Strategies for building staff capacity to address intimate partner violence and provide trauma informed care for Black cis and transgender women

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Disclosures

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Learning Objectives

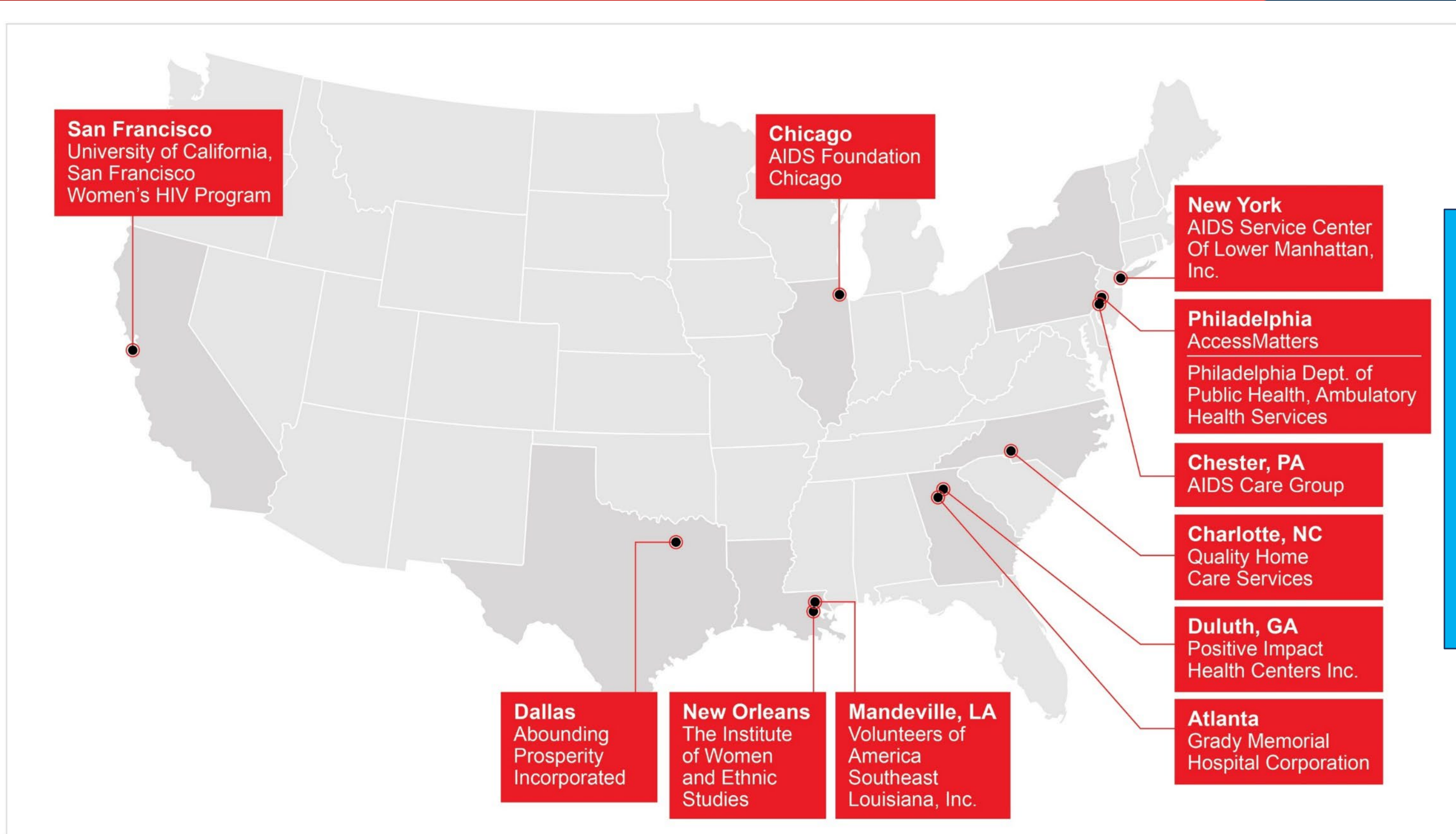
At the conclusion of this activity, participants will be able to:

1. Describe the multiple mental health challenges Black women with HIV face including community racialized trauma, adverse childhood experience and intimate partner violence.
2. Learn how to develop community and clinic-based approaches to implement trauma- informed HIV and behavioral health care tailored towards Black cis and trans women with HIV.
3. Gain resources and tools for building staff capacity to screen for intimate partner violence among Black cis and trans women and provide supportive services.

Black Women First Initiative

- US Department of Health & Human Services, Health Resources & Services Administration, HIV/AIDS Bureau,
  Ryan White Part F, Special Project of National Significance (HRSA/SPNS)
- 12 demonstration sites
- 1 Evaluation Technical Assistance Provider

Improving Care & Treatment Coordination for Black Women with HIV:



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Evaluation & Technical Assistance Center

University of Massachusetts, Lowell
Boston University
AIDS United
Impact Marketing

Intersectionality: Root Causes to inequities in care and treatment

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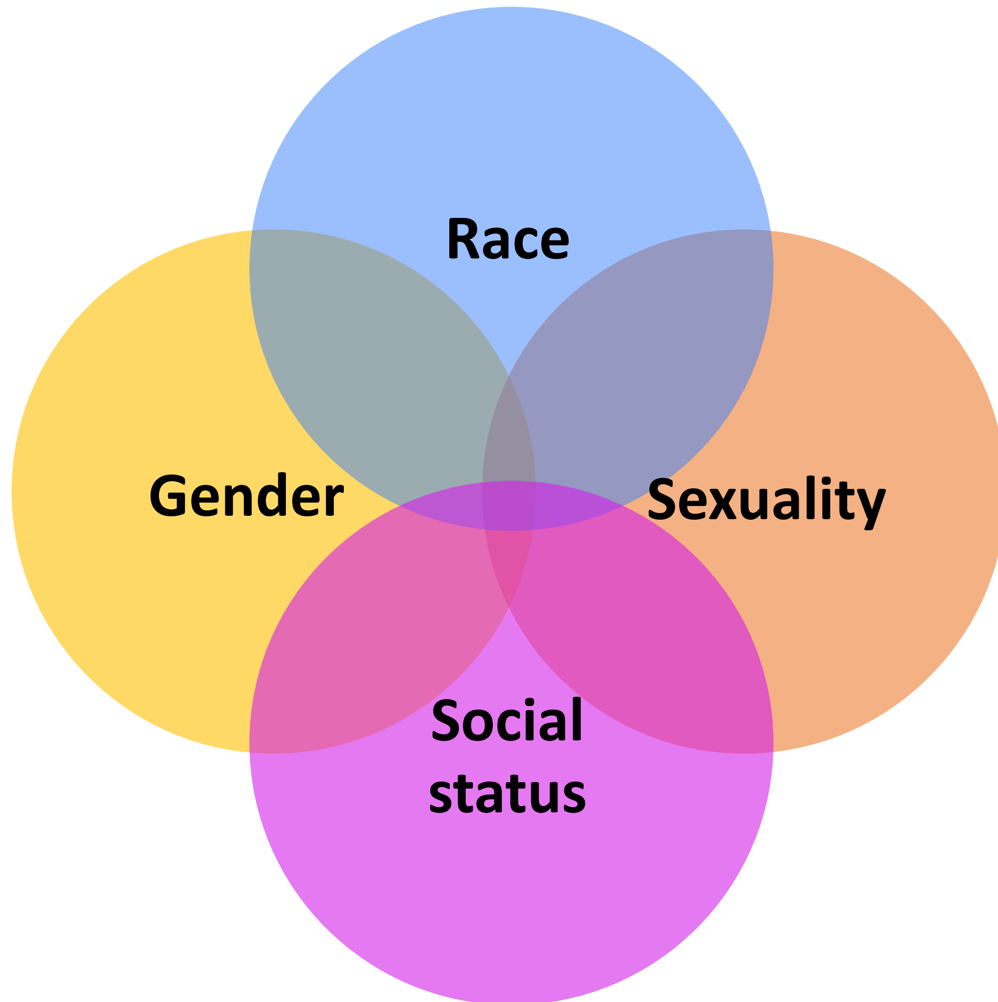

Social determinants

- Racism
- Housing
- Food
- Employment
- Intimate Partner Violence
- Stigma

Trauma

Intimate Partner Violence

- According to CDC, National Intimate Partner and Sexual Violence Survey (NISVS), intimate partner violence (IPV) describes *physical violence, sexual violence, stalking, or psychological harm* by a current or former partner or spouse, and can have direct and indirect effects on individual, family, and community health.
- Within organizations providing care, IPV can be addressed at the organizational level, by providing trainings and support for staff, and at the individual level, for the patients who are experiencing IPV receiving specialized care.

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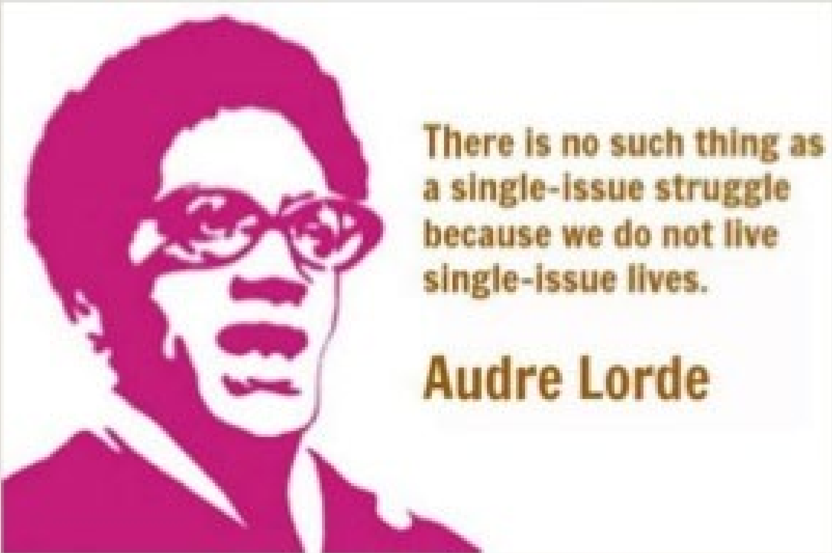
Intersectionality



Intersection of race, gender and IPV in the Black communities

- We live contextual lives consisting of multiple identities, such as race, sex, sexuality, gender, socioeconomic status/class, ability status, etc.
- These “intersect” to multiply our oppressions & vulnerabilities to injustice

Intimate Partner Violence In African-American/Black Communities

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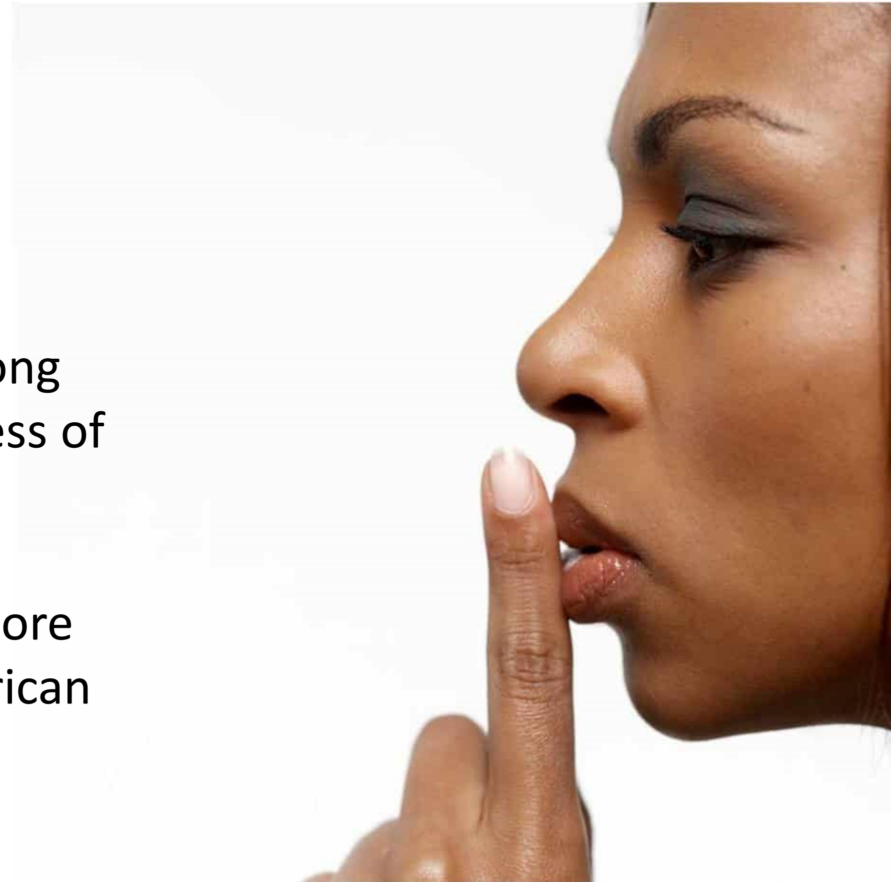
IPV among Black communities is related to economic factors.

IPV within Black communities occurs more frequently among couples with low incomes, those in which the abusive partner is underemployed or unemployed, particularly when they are not seeking work, and among couples residing in very poor neighborhoods, regardless of the couple's income.

Alcohol problems (binge drinking, dependency) are more frequently related to intimate partner violence for African Americans than for Whites or Hispanics.



Barriers To Accessing Services

- "Telling all of my business"
- The extension of the family looks different in the Black communities
  - Programs don't serve the extended family
  - Programs don't provide compassionate services to black cis or trans women
- We as a community don't say it's ok to talk about things outside of the family. Ex) sexual orientation
- Organizations not being culturally relatable to Black cis or trans women
- Lack of having things that look like "us"

Barriers To Accessing Services 2

- Cultural and/or religious beliefs that restrain the survivor from leaving the abusive relationship or involving outsiders.
- Lack of transportation to safe shelter
- Outside of service area
- Distrust of law enforcement, criminal justice system, and social services.
- Lack of culturally and linguistically appropriate services.
- Lack of safe shelter; especially for trans women
- Fear that their experience will reflect on or confirm the stereotypes placed on their ethnicity.

Programs and Services

How can the Organization respond?

DIVERSE LEADERSHIP, PRESENCE, AND PROGRAMMING

Capacity Training for Staff

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Budget for Emergency Resources for IPV Survivors

- Hotels
- Transportation
- Identification
- Birth Certificates
- Clothing
- Food
- Toiletries

Individual/Interventionist response?

- Acknowledge that oppression exists - make it visible
- Identify your personal biases, values, privileges and life lessons to understand how your perceptions can block a clients access to services.
- Increase your capacity to explore multiple ways of knowing
- Connect with the individual
- Understand the meaning they attach to their experiences
- Co-create meaning through conversation
- Recognize and value the diversity of black cis and trans women

Creativity and the connection to Trauma Informed Care (TIC) services

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- Healing for Black IPV survivors are not supported by "one-size-fits-all" services and one must consider historical trauma and its impact.
- Interventions for Black women should build on their strengths.

Morgan, R., & Freeman, L. (2009). The healing of our people: Substance abuse and historical trauma. *Substance Use & Misuse, 44(1),* 84-98.

Trauma Informed Care Service System For Black Cis or Trans Survivors of IPV

- African American/Black survivors need access to culturally specific programs that operate in the context of the African American community. This involves giving consideration to a daily life of victimization and to historical trauma that often accompanies a sense of hopelessness, which differentiates African American survivors from others..
- Programming should be viewed as a holistic initiative, including issues of poverty, violence and trauma.
- Agency work toward having more women of color in agency leadership positions.
- Providing in-services and trainings to staff and volunteers and by incorporating inclusivity into organizational practices
- Comprehensive community-based interventions must include an early identification of abused women, perhaps by using lay African American community outreach workers, appropriate referrals to community resources, shelters or support groups.

Trauma Informed Care Service System For Black Survivors of IPV

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- Get to know each client as an individual. No two Black survivors will have the same experiences and/or coping skills.
- Pay attention to the messages sent in our programs
- Be inclusive of all sexual orientations

Trauma Informed Care Service System For Black Survivors of IPV 2

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- Support groups can be very helpful, but only if members ultimately turn from discussion of how they were victimized to real support for taking control of their lives and developing strategies for doing so.
- Don’t underestimate the Black life experiences that may include displacement, disability, or a lifetime experience of violence.
- Don’t stereotype or confuse socio-economic background with culture.
- Don’t assume that a African-American/Black interventionist knows what is best for that African-American/Black survivor.

Two things to remember moving forward…

It is important to recognize that the people you service may carry deep wounds from things that happened to their people, rather than or in addition to what happened to them as individuals. Families often come to our programs with significant histories of trauma that impact their current functioning and needs.

It is also important for services providers to remember that because of historical trauma, many survivors of violent crime, such as those from Black communities are forced to confront multiple layers of traumatic experiences as they recover and heal.

Case Study

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Alexandria

Strengths

Challenges

Interventions

HERS+
University of San Francisco California
San Francisco, CA

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Background

- The Women's Specialty Clinic at the University of California San Francisco provides primary care services and has a robust social service program that includes: medical social workers, complex care managers, substance use counseling, an Intensive Outpatient Program and behavioral health treatment delivered through a trauma informed framework.

Background 2

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- The admin team sought an IPV program to collaborate with to provide improved services for our clients. Before the HRSA SPNS grant, the clinic had a loose relationship with WOMAN Inc., an organization founded in 1978 that focuses on providing care to survivors and its mission is to end IPV.

Background 3

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Our team reached out to Woman Inc. when we decided to apply for the HRSA SPNS grant (May of 2020) to establish a formal relationship and to pay them for the services they would provide which included:

- Consultation with program administration (Katy Davis and Emmy Naranjo Cabatic) about key things to consider when asking about/screening for IPV (e.g. what are good questions? How to create a safe space, etc?)
- Trainings for staff: Initially we decided on 2 trainings per year—one for all WHP staff and partners and 1 for our psychosocial team, Rita DaCasaia and South Van Ness partners. We have updated that to 3 consultations per year for our the psychosocial/care management teams based on particular topics—Safety planning, lethality assessments, and when/how to engage police.
- Healthy Relationships workshops with patients: quarterly meetings. Started with a lot of content and definitions but patients gave feedback that they wanted more time to engage. Now, presenting small amount of content and 3 open-ended questions to guide discussion.

Impact of relationship with WOMAN Inc and Implementation of clinic based IV services:

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- The team has a strong working collaboration with Woman Inc. Both organizations give each other honest, direct feedback in kind and respectful manner.
- We are able to reach out directly to the directors of the program when one of our patients is in an IPV crisis and they guide us through the options and steps to help our patient—shelter options, how to ask for housing transfer, how to get an Emergency restraining order, how to get a long term restraining order. Helps our staff feel like we are being held while we are trying to hold our patient who is in crisis. Feel less alone and feel like we are doing all that we can for the patient.
- Implementation of clinic based IPV services include : staff training (understanding that some staff may have or are currently involved in a IPV situation- so being mindful of judgmental or critical voices). Make sure to provide additional trainings to keep staff up to date on new tools and strategies.
- Focus on trauma informed IPV assessments/ screenings. Effective, culturally sensitive and compassionate communication tools. "Anyone, Anywhere" philosophy- IPV can happen to anyone, so remember to screen all Black cis and transgender women regardless of any preconceived notions. Check biases at the door!

Impact of relationship with WOMAN Inc and Implementation of clinic based IV services 2

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- Offer supportive services / resources anyway if the client does not disclose IPV and allow them to decide if they choose to engage.
- Coordination of care with social services and prescribers-maintain communication about a client who may be at risk or is in need of services.
- Collaborate with community agencies about their IPV services and see if there are gaps in our program that may be filled.
- Make contact with local law enforcement to strategize about ways to address IPV needs for Black cis and transgender community members. Sensitivity towards these populations- possibly have 1 or 2 contact persons.
- Tips to engage clients- cultural sensitivity , eliminate pressure to “leave” if client states they are not ready. Be curious about what they may need and what would make them feel safe. If engaged in sex work, do not judge- continue to offer trauma informed care. Continue to offer supportive services including invitations to workshops, therapy etc.

Services Provided To Patients/Clients

- Access to any member of the social service team either in clinic, via telephone, email or text. Use concise communication or "safe words" so the client may share what they need.
- Placement of flyers in the clinic space, newsletters via email and other forms of communication about IPV support.
- Staff work with the client on safety planning i.e- emergency restraining orders. Support in calling law enforcement if warranted (which can also be challenging for this population). Understanding the complex history between the Black community and law enforcement in this country, contacting law enforcement may not be an option for some clients. Long term safety planning may include housing and employment changes, school changes for children, identifying any possible "safe" members of the community who can assist in an emergency, exploring income support, planning for mental health emergency needs- medication, hospitalization, advance directive, securing permanent restraining orders. etc.
- Support the client in securing or starting the process of obtaining a restraining order.

Services Provided To Patients/Clients 2

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- Explore all housing options available to the client in an emergency or the transfer of housing during long term planning for example.
- Provide referrals to mental health treatment- may have on site therapist or a community referral. Seek culturally sensitive and/or LGBTQIA adjacent therapist who may be remote, willing to travel to client or in the clinic. Extra importance on trauma therapy techniques and flexibility to support the client who may have to be "in and out" of treatment while in a IPV situation. Mental health challenges include: Depressive symptoms-sleep disturbance, appetite changes, decreased self worth and negative self image, poor focus and concentration or feelings of hopelessness/ helplessness. Anxiety symptoms: racing thoughts, rapid heartbeat, excessive sweating, hypervigilance, fear of "something bad happening" or symptoms of PTSD (post traumatic stress disorder)-grouped into four types: intrusive memories, , negative changes in thinking and mood, and changes in physical and emotional reactions.
- Coordination of care with any other agencies to secure child-care support/ resources.
- Coordination with PCP if client left home without their medications and need refills.

Limitations/Challenges

- To engage or not to engage with law enforcement- client may be on probation or parole and may fear incarceration. Fear that their child may be taken away. Fear that they may not be believed. Fear of retaliation.
- Finding emergency housing – afterhours or weekends can be especially difficult.
- Funding – may have limits to provide ride sharing services, food, child-care, income replacement concerns etc.
- Client may not want to or be able to leave a situation. Speaking with a client for years about their IPV situation but they state -finances, love, housing stability etc. as reasons to stay.
- Limited staff training about IPV- staff fear of retaliation for helping a client in an IPV situation. (May be from the same neighborhood for example).
- Mental health crisis and the intersection of IPV care. Some clients may fear being "locked" in inpatient psych if the share their IPV story- again fear of not being believed.

Case Study

- Employed Late 30’s Cis Bisexual identified Black woman sought IPV support from her PCP while in her medical appointment.
- Client stated that her partner was in her home and only allowed her to leave to go to her medical appointment.
- Client reported being held at gun point, pistol whipped, hit in the face and choked on several occasions. Also reported that he threatened to kill her several times.
- She reported that the onset of the relationship was rapid and it had been approximately 2 months.
- Client provided partner food, clothing and shelter.
- Client feared communication with her family would upset the partner- so she increased her isolation.

Case Study 2

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- Client agreed to go to the police with staff present but expressed concerns about not being believed or "nothing happening" to the partner.
- Client was supported by PCP with coordination support from her case manager, social worker, therapist and team director.
- Client secured a temporary restraining order.
- Sought shelter with a friend but eventually left town temporarily but now is in need of support to move from her stable housing. Her team is working to transfer her housing.
- Partner was arrested.
- Client has history of loose engagement in services including therapy but she is being offered trauma therapy treatment again.
- Will need ongoing support from community and clinic based providers.

Path Forward

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- Seeing an improvement in IPV service collaboration between agencies.
- Spotlight on importance of mental health and its treatment , which allows for increased engagement.
- More trainings and tools for staff
- Open dialogue (and hopefully funding) about Cis Black and Trans women with mental health and IPV supportive needs.

Resources

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- https://beam.community/
  - Black Emotion and Mental Health Collective
- https://www.freeblacktherapy.org/home
  - Free Black Therapy
- https://therapyforblackgirls.com/
  - Therapy for Black Girls
- https://gcadv.org/
  - Georgia Coalition Against Domestic Violence

Thank you!

Any questions?

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