

Intimate Partner Violence and Homelessness: The Dilemma of Providing Services to the Couple in Conflict

Healthcare for the Homeless Conference
May 2015



Community Healthlink
A Member of UMass Memorial Health Care

Introduction to HOAP

- The only Health Care for the Homeless provider in Worcester.
- Services Provided :
 - Case Management
 - Outreach
 - Housing
 - Permanent Supported Housing and Transitional Housing
 - Behavioral Health
 - Counseling
 - Psychiatry
 - Substance Abuse Treatment
 - Integrated Primary Care
 - Behavioral health and psychiatric consultants





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Why We Are Here

- Intimate Partner Violence is frequently encountered in the HCH setting
- Addressing housing needs and Substance abuse care often involves engaging a couple
- Limited resources and low barriers for service provision
- Secondary Trauma and primary risks to staff
- Addressing issues of confidentiality and control
- Desensitization to trauma

DISCLAIMER

Outline of Presentation

- What is Intimate Partner Violence and how does it relate to the care and services we provide?
- Case Study 1
- Case Study 2
- Case Study 3
- What we've learned
- Discussion?/Questions

What is IPV?

- Intimate Partner Violence (IPV) is a pattern of coercive and controlling behaviors that exert power and control over a current or former partner. It may include anyone of the following acts, physical injury, psychological abuse, sexual assault, progressive social isolation, stalking, deprivation, intimidation and threats. IPV does not always involve physical violence, but always involves control.



Renee

- 31 y.o. Woman
- History of MDD, PTSD,
- Polysubstance dependence
- Multiple IPV relationships
- Staying in emergency shelter



Renee



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Leandro



- 55 y.o. Man
- H/O Opiate dependence
- Chronic homelessness

Initially receiving services through us at HOAP, both moved to Boston, Where Leandro was incarcerated after physically assaulting Renee

Renee



- 31 y.o. Woman
- History of MDD, PTSD,
- Polysubstance dependence
- Multiple IPV relationships
- Staying in emergency shelter

Craig



- 35 y.o. Man
- H/O Mood disorder, PTSD
- Antisocial personality d/o
- Opiate dependence
- Multiple incarcerations

Met during substance abuse treatment program in Boston. Soon both returned to Worcester, after learning she was pregnant with their child

Renee



- Case Management
- Housing - independent
- Medical care
- Mental health
- Suboxone treatment

Craig



- Case management
- Mental health care
- Suboxone treatment

Craig and Renee disengage from services and opt to transfer onto Methadone maintenance for ongoing SA treatment

Dilemmas in this case

- Secondary trauma to staff
- The devil you know: safer with your abuser than without?
- Primary risk to staff
- Communicating ambivalence through staff
- Victim isolation from staff
- Discord among staff while advocating for clients

Rita

- 50 y.o Woman
- H/O Major depression, PTSD
- Chronic alcoholism
- Lupus with coronary artery disease
- Severe hip disease, unstable gait
- Staying in emergency shelter



Rita



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Kyle



- 53 y.o. Man
- H/O Major depression, PTSD
- Alcoholism in remission

Initially rough sleeping, they were housed together through the Housing First Program, in Worcester. They were subsequently moved to a nearby suburb after declining separate housing placements.

Rita



- Case Management
- Housing
- Medical care
- Mental health
- Advocated for alcohol treatment

Kyle



- Case Management
- Housing
- Medical care
- Mental health

Rita



- Concerned about her high risk drinking, in light of her trauma and serious health issues a legal commitment for treatment (section 35) was sought

Kyle



- Incarcerated after assaulting Rita
- He moved back in to their apartment on release



October 7, 2014

Dilemmas in this case

- Abuser as advocate
- Desensitization to Violence
- Victim isolation from caregivers
- Staffing considerations (one CM, 2 people)

Nancy

- 34 y.o. Woman
- H/O Dual Dx: Bipolar disorder
- Cocaine and opiate addiction
- Homeless in Worcester
- Emergency shelter
- No support system



Nancy



- 34 y.o. Woman
- H/O Dual Dx: Bipolar disorder
- Cocaine and opiate addiction
- Homeless in Worcester
- Emergency shelter
- No support system

Miguel



- 44 y.o. Man
- H/O Childhood trauma,
- PTSD, Opiate dependence
- Multiple incarcerations

Nancy



- Case Management
- Medical care
- Mental health and
- Suboxone treatment

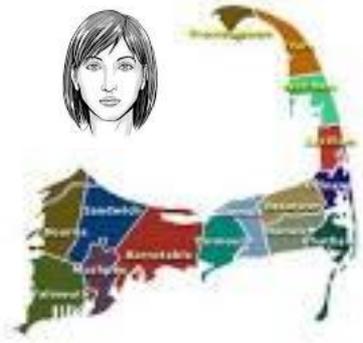
Miguel



- Case management
- Medical and
- Mental health care
- Suboxone treatment
- For substance abuse

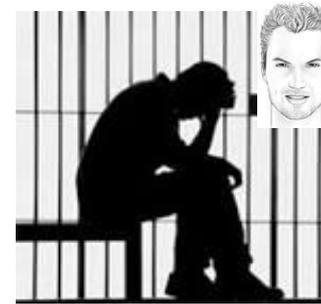
Attempts made to house each independently, though clearly they were cohabitating. Nancy learned she was pregnant during an evaluation of physical abuse

Nancy



- Gave birth to a healthy baby boy, taken by DCF
- Nancy enters treatment through a Cape Cod residential treatment facility
- Working with DCF and reunites with her son

Miguel



- Miguel was incarcerated for drug charges

Miguel is released from jail, reconnects with Nancy and she returns to Worcester. Her Daughter is quickly taken by DCF. Miguel and Nancy are both incarcerated

Nancy



- Nancy briefly relapses upon release, but quickly seeks SA treatment at HOAP
- Self advocates for a treatment program

Miguel



- Miguel enters into SA treatment and moves into a congregate shelter
- He sees Nancy regularly

While they remain engaged as a couple; they remain committed to their recovery, living apart

Dilemmas in this case

- Secondary trauma, made worse by seeing the perpetrator; hopelessness
- Conflict in care: both received primary care in our clinic
- Direct staff risk: confrontation with Miguel
- Substance abuse linkages to control and ongoing abuse
- Partner violence vs risk of street violence
- Positive outcome

What We've Learned

- Universal precautions – be aware and always ask
- Staff support and supervision
- Assign consumers to different providers when possible
- IPV training and awareness
- Abusive relationships are complex
- Ensure communication among staff to improve outcomes
- Keep Pandora's box open