#safeformetoo

Joanne Guarino, BHCHP
Melinda Thomas, PA-C, BHCHP
Agenda

• Quick stats
• Joanne
• Trauma
• Establishing programming to meet the needs of women who have been traumatized
“Tell your story. Shout it. Write it.

Whisper it if you have to.

But tell it.

Some won’t understand it.
Some will outright reject it.

But many will thank you for it.

And then the most magical thing will happen.

One by one, voices will start whispering, ‘Me, too.’

And your tribe will gather.

And you will never feel alone again.”
Sexual Violence

- Sexual act that is committed or attempted by another person without freely given consent by the victim or against someone who is unable to give consent or refuse.
  - Sexual assault: fondling/groping/intentional sexual touching; voyeurism; exhibitionism; unwanted “sexts”
  - Rape: penetration
  - Sex abuse: children under 16-18
  - Sexual Harassment: coercion, physical touching, unwanted sexual attention
  - IPV
Prevalence

• 1 in 3 women and 1 in 4 men will experience SV in their life times

• 1/3 of female rape victims experienced it between ages 11-17 year old; 1 in 8 before age 10

• 27.3% women have experienced some form of unwanted sexual contact in their lifetime

National Intimate and Sexual Violence Survey (NISVS): Data brief 2015: updated release. Atlanta, GA. National Center for Injury Prevention and Control, Center for Disease Control and Prevention
49% of homeless people report being victims of violent attacks vs. 2% of the population
Sex work and violence

To examine the prevalence and structural correlates of gender based violence against female sex workers in an environment of criminalised prostitution.

Design Prospective observational study in Vancouver, Canada during 2006-8.

Participants Female sex workers 14 years of age or older (inclusive of transgender women) who used illicit drugs (excluding marijuana) and engaged in street level sex work. Analyses were based on 237 female sex workers who completed. Baseline visit and at least one follow up visit.

Main outcome measure Self reported gender based violence.

57% experienced gender based violence over an 18 month follow-up period. (3.62).

“Conclusions Our results demonstrate an alarming prevalence of gender based violence against female sex workers. The structural factors of criminalisation, homelessness, and poor availability of drug treatment independently correlated with gender based violence against street based female sex workers. Socio-legal policy reforms, improved access to housing and drug treatment, and scale up of violence prevention efforts, including police-sex worker partnerships, will be crucial to stemming violence against female sex workers.”

Joanne
Psychological Trauma

• Hyperarousal: expect danger
• Intrusion: reliving the event
• Constriction: withdrawal
• Person loses:
  • resource for coping
  • sense of safety
  • ability to self-regulate
  • perception of control
• Recovery requires:
  • connection to others
  • rebuilding of trust
    • awareness by others
  • feeling of safety
    • focus on positives
Respond

- Trauma informed practice
- Safe Spaces
Trauma Informed Care

• 4 Rs of TIC:
  • Realizing the prevalence of trauma
  • Recognizing how trauma affects individuals
  • Responding by putting this knowledge into practice: its not “whats wrong with you” its “what happened to you”
  • Resisting re-traumatization
TIPS for TIC

• Environment of safety

• Transparent/trustworthiness: clear and open communication

• Choice: individual choice in how to proceed

• Collaboration: we can do this together/mutual decision making

• Empowerment: focus on the individuals strengths
Fear of Disclosure

• Fear of not being believed especially if using at the time

• Fear of retaliation from perpetrator

• Fear of deportation

• shame/embarrassment

• In a hypervigilant state
Set up a sensitive practice environment

Handbook on Sensitive Practice for Health Care Practioners: Lessons from Adult Survivors of Childhood Sexual Abuse, Public Health Agency of Canada

Waiting areas
• Keep patient informed of length of wait or invite patient to check intermittently
• Provide printed materials related to interpersonal trauma

Introductions
• Allow enough time to help individuals understand fully what you are doing
• Do not assume the patient knows what is involved in an exam, treatment, or procedure
• Seek consent in an ongoing way throughout the encounter

Clothing
• Meet patient fully clothed before and after
• Explain why removal of clothing is necessary/ collaborate with them to find an agreeable solution
• Minimize amount of clothing being removed and length of time patient must be disrobed
• Leave the room while the patient is changing
Touch
• Describe what is involved before and during the exam or treatment
• Seek consent before beginning and when shifting from one part of the body to another
• Encourage individuals to ask you to pause, slow down, or stop the examination or treatment at any time to lessen their discomfort or anxiety
• When a presenting problem necessitates examination of areas of the body other than the site of the symptoms, explain the rationale

Genital, rectal exams and procedures
• Acknowledge discomfort
• Offer a running commentary about what you are doing
• Minimize time the patient must remain in a subordinate position
• Drape parts of the body not being examined
SAVE the situation

• Stop what you are doing and focus fully on the present situation
• Appreciate and understand the person's situation
• Validate the person's experience
• Explore the next steps with the patient
Create an environment that prioritizes the safety of victims

- Create and environment that enhances rather than discourages discussion about abuse and its health impact

- Create an environment that prioritizes the safety of victims

- **Build the skills** of healthcare staff so that they understand the dynamics of violence and abuse; are able and willing to assess for abuse; and can effectively respond to victims and their children

- Create an **institutionalized and integrated response** to violence and abuse

- Develop **culturally appropriate responses** and resource materials

- Become part of a coordinated response within the larger community through **collaborative partnerships** with local violence and abuse partners and others
Create Safe Spaces
HER SATURDAY
Creating a safe space for women
How we started

- Bi-Annual Women’s Health Fairs
  - well attended and appreciated
  - Community building

- Feedback from women: not comfortable during the week
HER info

- Started February 2017
- 4 hours per day/Saturday mornings: 7am-11am
- Activities and non clinical services draw women in
- Safe, women’s only space
- 130-150 women per day
- Flyers to the shelters and local service providers
## Staffing Breakdown

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<th>Staff</th>
<th>FTE</th>
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<tr>
<td>RN</td>
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<td>Admin</td>
<td>0.2</td>
</tr>
<tr>
<td>Security</td>
<td>0.1</td>
</tr>
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</table>

**Total staffing** .7 FTE total
Volunteers

- Volunteer recruiter: screens and trains volunteers
- Women’s Health Initiative Americorps help orients them
- 6-7 volunteers per Saturday
- Volunteer duties
- Lots of patient interaction
What goes on?

- Haircuts
- Facials
- Yoga
- Mindfulness
- Crafts
- Healthcare bingo
- Movies
- Education Tables
Integrative modalities

- Mindfulness
- Yoga
- Reiki
- Acupuncture
- Positive affirmations
Clinical Services

- NP/PA
- RN
- CM
- Behavioral health
- Screenings: dermatology/cancer screenings/STI testing
Feedback

• “this place makes me feel safe”

• “I come every Saturday, it is my favorite part of the week:

• “I know I can talk to people here, its good for me and thanks”

• “feel supported”

• “nice to just sit back and not think about things”
Gives high spirit
Strength
Hope
Courage

Empathetic

Helpful
Challenges

- Over doses
- Behavioral Health: individual sessions vs. groups
- Volunteers: keeping high standard
- Staff
- Not enough time: they want expanded hours
- Bathrooms: working all night/drug use
Me Too Movement

Founded in 2006 (by Tarana Burke) to help survivors of sexual violence, particularly Black women and girls, and other young women of color from low wealth communities, find pathways to healing.

“Our vision was to address both the dearth in resources for survivors of sexual violence and to build a community of advocates, driven by survivors, who will be at the forefront of creating solutions to interrupt sexual violence in their communities.”

#metoo hashtag went viral and started a conversation

Taken from https://metoomvmt.org/about/#history
Clothesline project
http://clotheslineproject.info/about.html

- Started on Cape Cod 1990 by Cape Cod’s Women’s Defense Agenda

- "Learned that during the same time that 58,000 soldiers were killed in Vietnam War, 51,000 U.S. women were killed by men the loved them"

- Clothesline is made up of t-shirts created by survivors of violence or created in honor of someone who has experienced violence

- Visual reminder of ongoing sexual violence, IPV and child abuse
Stand up for me.
Protect me.
Educate others.
Advocate for me.
Know the signs.
Understand it.
Prevent it....
#safeformetoo

- Giving a voice, support and empowerment to women experiencing homelessness
#safeformetoo event

- Over 200 women attended
- Extra mental health clinicians
- Space to write their stories
- Better food
- Counseled volunteers on what to expect
#safeformetoo

I was in an abusive relationship for 7 years.
I had to realize that I was stronger than the words he used and started to fight back. It took years for me to recover from the pain and mental abuse but when I did, I found a strong woman residing within.
Always get CONSENT before any sexual encounter!

I help another woman by lifting her out of a deep hole instead of bringing her down together.

I was 13. He was 27. He followed me into the bathroom in the restaurant. I'm still healing and will be for a long time. And that's okay.

Keep it Safe for me. It's important if you change your mind and get Hurt Pattern.

Yes, I must change and make you feel safe in the world of women. I want things to change and I want you to change your mindset first.
STRONG.
POWERFUL.
BEAUTIFUL.
INTELLIGENT.
INDEPENDENT.
WOMEN!!!
SPOT

- Supportive Place for Observation and Treatment
- Disclosures because of relationships established
- Trusting environment, low threshold
- Bathrooms
Services Offered
- Medical monitoring
- Treatment of overdose (oxygen, IV fluids, naloxone)
- Counseling about safer injection techniques
- Connection to primary care, behavioral health services, and addictions treatment
- Naloxone rescue kit distribution

Staffing Model
- Registered nurse specializing in addiction
- Harm reduction specialist builds relationships and links people to treatment
- Peers who are in recovery offer support
- Rapid response clinician (MD/NP/PA) available for emergency
Needle exchange/Harm reduction

Women’s Drop-in hours
# Bad Date Reporting Form

Staff Name/contact #: __________________________________________ Sex Worker Name/Alias: __________________________________________

Date of incident: _____________________________ Gender: ____________ Age: ____________

Date of Report: _____________________________

Time of incident: _______ am ________ pm Location picked up: _____________________________ Location of incident: _____________________________

Picked up by: [ ] Foot  [ ] Car  [ ] Truck  [ ] Bicycle  [ ] Other _____________________________

Description of vehicle: _____________________________ outside clean [ ] outside dirty [ ]

Colour: _____________________________ License Plate: ____________ inside clean [ ] inside dirty [ ]

Smell: _____________________________ Size________________ Anything on the seat? _____________________________

Old / New ______ Make of vehicle? _____________________________ Circle type of vehicle:

![Vehicle Options]

Other details about the car _____________________________

Suspect Description: Age: __________ Name: _____________________________ Gender: __________ Hair colour: _____________________________

Hair type: __________ Facial Hair: __________ Height: __________ Weight: __________ Build: __________

Wearing: __________ Tattoos (what and where): __________ Scars (what and where): __________


What did suspect say?: _____________________________

[ ] Robbed  [ ] Raped  [ ] What happened? _____________________________
St. Anthony Shrine

- Women’s clinic
- Twice weekly NP/RN/LADC
- Women who are rough sleeping/SUD/Sex work/Trauma
Women's Spring Health Fair

ST. ANTHONY SHRINE
100 ARCH STREET

wednesday
March 20,
8:30a-12:30p

• Primary Care
• Pap Tests
• Mammogram scheduling
• Medication Education & Management
• Recovery support & detox calls
• Referrals to behavioral health
• Referrals to dental services
• Hygiene Supplies
• STI Testing & Counseling
• Sweet Treats
• Hot coffee
• Safe Space for Women

Boston Health Care for the Homeless Program
Vicarious Trauma

- EAP
- Trauma Informed Supervision
- Managers support/work together to problem solve
- Trauma Counselor available for staff (individually or in groups)
Partnerships

- BMC DV program
- BARCC
- EVA Center: Sex Trafficking: survivor led
- DOVE: Domestic Violence Ended
What else are we trying to do?

- Safe for me too travel show
- SANE training
- People doing sex work/looking at that population
- We need to have more tailored programming
- Educate staff re: sex work/transactional sex/survival sex
IT'S OUR TURN

All women deserve to be heard!
“And though she may be broken, she is not defeated. She will rise unfettered, unbeaten, unimpeded”

Sara Furlong Burr, When Time Stands Still
Resources

- https://metoomvmt.org/about/
- https://www.futureswithoutviolence.org/health
- https://www.bmj.com/content/339/bmj.b2939
- http://clotheslineproject.info/about.html
Thank you!!