

## Greater Nashua Continuum of Care

General Community Meeting

Wednesday February 1, 2023

Minutes taken by Hannah Stohler, GNCOC Clerk

### Minutes

#### 1. Welcome and Introductions

- a. GNCOC Chair Wendy LeBlanc welcomed everyone at 9 am.
- b. All attendees introduced themselves.
- c. Wendy explained the purpose and function of the COC for new attendees.

#### 2. Review of January 2023 Meeting Minutes

- a. Wendy LeBlanc made a request for a motion to accept the January 2023 Meeting Minutes. Mike Apfelberg made a motion to accept the January 2023 Meeting Minutes. Sue Mead asked for two edits to be made to the minutes; to change "The PATH Program engages people who are homeless or at risk of homelessness due to mental illness or substance use" to "at risk of homelessness due to mental illness or mental illness and substance use disorder" and to strike that the "PIT Count started in California" from the minutes as this is incorrect. These edits were accepted. Pam Wellman seconded the motion to accept the minutes. All voted in favor, no abstentions. The motion carried.

#### 3. Meeting Topic: Domestic Violence Presentation by Dawn Reams, Executive Director of Bridges

- a. [Bridges](#) is our area Domestic Violence agency, serving Nashua and 13 surrounding towns.
- b. What is Domestic Violence? A pattern of coercive behaviors used by one partner against another in the context of an intimate/former intimate relationship to gain control over the person to maintain the power in a relationship.
- c. There is a continuum of relationships: Healthy, Unhealthy, Abusive. A healthy relationship includes mutual respect, kindness, partnership, and equity. An unhealthy relationship lacks communication, respect, trust, only spending time together, and can be economically unequal. *A relationship can be unhealthy without crossing into being abusive.* Abusive relationships are about power and control; with communication that is harmful or threatening, mistreatment, false accusations of cheating, denying their behaviors/gaslighting, isolation from friends and family, physical violence, emotional violence, and more. In an abusive relationship, there is ONE person who is in control of the other person, who is taking intentional actions to isolate the other and control all of their behaviors. There is intent in taking this control.
- d. [Power and Control Wheel](#) - Power and Control Wheel is a common tool in Domestic Violence work, and comes in many iterations specific to different languages and subpopulations. It is a very powerful tool to help validate the experiences that a survivor has had. The wheel has different "spokes" that show the different domestic violence tactics and how they are used in an abusive relationship. These behaviors interact and reinforce one another. Domestic violence happens gradually and use the spokes of this wheel to beat down a survivor's self-esteem.
- e. [Cycle of Violence](#) - The Cycle of Violence is another tool that can be used to help validate a survivor's experience and understand that they are not alone. The three phases are "Honeymoon/Seduction phase" where everything is great, then it builds towards tension building or "walking on egg shells", and results in "explosion" such as yelling, screaming, threats, often resulting in physical violence. After the incident of violence, they revert back to honeymoon, being kind, buying flowers, and proclaiming they will never do it again. The cycle begins again, and a survivor believes that if they love the person more or do better, the abuser will change.

- f. Escalating danger: Some overt signs of escalating danger include strangulation, substance abuse, depression or rage over the survivor leaving, sudden unemployment, threats of suicide, access to weapons, lack of respect for authority, etc. Bridges uses the Lethality Assessment, which are 11 questions based on prevalent themes in domestic violence homicides. Our police department ask these questions when called to a DV case and if screened in, they call a Bridges team member to the scene. Bridges speaks with the survivor, sets up a follow up conversation for the next day.
- g. Challenges to leaving: threats towards safety of victim, children, or pets, threats of suicide by the abuser, fear, economic dependence, love, hope, danger, and distrust of systems and others promising to help are common reasons that someone experiencing domestic violence does not leave. Bridges does not tell people to leave because it can cause shame and potentially disengage the victim from using them as a resource. If they choose to stay, Bridges will create a safety plan with them. In situations where children are involved, they must contact DCYF as mandated reports. It takes someone experiencing domestic violence on average 7-10 times to attempt leaving before leaving for good. By telling them to leave, they are less likely to come back for help when they need it next time. Lethality - the most dangerous time in a domestic violence relationship is when someone attempts to leave.
- h. Why does abuse happen? Learned behavior, beliefs in rigid, hierarchical gender roles, attitudes that objectify and devalue people based on sex or gender, minimizing/denying/or blaming abusive behavior on others.
- i. Abuse cannot be blamed on: anger/stress, financial problems, substance abuse, behaviors of the victim, problems in the relationship, inevitable result of childhood trauma.
- j. How common is abuse? More than 10 million adults experience domestic violence annually in the US - every 3 seconds. 1 in 4 women and 1 in 10 men experience sexual violence, physical violence, or stalking by an intimate partner during their lifetime. During COVID, domestic violence increased by 33% globally per the *American Journal of Emergency Medicine*. The intensity and lethality of violence also increased during COVID.
- k. Intersectionality - 84% of indigenous women in the United States have experienced domestic violence. Immigrant women and girls are up to two times more likely to experience domestic violence than the general population. People identifying as LGBTQ are twice as likely to experience domestic violence. People who are bisexual are twice as likely to experience domestic violence as those who identify as gay or lesbian. Transgender individuals are three times as likely to be stalked. Transgender women of color are at the highest risk of death for domestic violence in the US.
- l. Safety - Safety requires more than the absence of physical violence. A victim who is no longer hit by a partner but has no way to feed their children or pay rent is not safe. They are not safe if they are still experiencing the debilitating effects of trauma or live in social isolation. Victims are safe when there is no violence, their basic human needs are met, and they experience wellbeing.
- m. What can we as providers do to better support survivors of domestic violence? Be sure that they are safe in the moment at your office/wherever they are. Actively listen. Remain calm and supportive. Help ground them by tying them into the here and now. Express concern and reassure them. Call a Bridges advocate for a gentle handoff - they can come pick them up from your office, or if after hours meet at the hospital or police department and help them find somewhere safe to go for the night.
- n. What can Bridges do? Safety planning, crisis intervention, assist in finding safe housing, emergency shelter, transitional housing, assistance in obtaining a restraining order, legal assistance, coordination with law enforcement, victims compensation support, ongoing emotional support and support groups.
- o. If someone is experiencing Domestic Violence in NH and doesn't want to press charges, can they still be prosecuted? If police are on the scene and there are signs of physical violence,

than NPD will arrest them, but chances of the case going forward without a cooperating witness (the victim) are slim.

- p. Safety for DV advocates? They have alarms, safety alarms, and police support. This happens very infrequently.

#### 4. Meeting Topic: Sexual Assault Presentation by Dawn Reams, Executive Director of Bridges

- a. What is Sexual Assault? Broadly defined, sexual violence is any type of unwanted sexual contact. This can include words and actions of a sexual nature against a person's will and without their consent. It includes rape, child sexual abuse, drug facilitated sexual assault, incest, exploitation, unwanted sexual contact/touching, revenge porn, molestation, sexual harassment, phone calls/texts/sexts.
- b. What is consent? Dawn shared the [Tea Consent](#) video. Consent is enthusiastic participation, verbally expressed, sober, conscious, freely given, and can stop at any time.
- c. Consent cannot happen if someone is drunk or high, threatened or coerced, has disabilities, or is in a relationship of trust with the offender. A person cannot consent if they are a minor. Consent must be expressed willingly and can be revoked at any time.
- d. "The Perfect Victim" - The "Perfect Victim" is a model against which all other (normal, flawed, human) victims are judged. *"The perfect victim says no clearly and often, fights off her attacker like a honey badger, and if she can't get away, she continues to profess her non-consent throughout the encounter, ideally by shouting no and continuing to fight as best she can."* This is an unrealistic standard pushed by the media, and makes it seem simple to prosecute these cases.
- e. 86% of sexual assaults are perpetrated by someone known to the victim. Misconception is that these are random people jumping out of alleys; 86% of the time sexual assault is perpetrated by someone known to the victim. We are taught to protect ourselves with pepper spray and to be careful walking alone at night, when in fact most often perpetrators are a family member, romantic partner, or friend.
- f. Southern NH Medical Center does sexual assault kits by SANE Nurses/Doctors to reduce trauma to survivor in the medical examination process. In this process, one person completes the kit, then hands it off directly to the police. If the survivor wants to prosecute, the kit goes to the Crime lab in NH for DNA analysis. It can take up to two years for this evidence to be available.
- g. Sexual Assault is the most underreported crime in the country. 68% of sexual assaults go unreported. False reports are less than 2% of these reports which is the same rate of other crimes. It is very rare that someone is prosecuted. Out of 1000 rapes, 995 perpetrators will walk free. Bridges has developed the Child Advocacy Center in town that supports children have been abused, with hopes of increasing this percentage for children who have been sexually abused.
- h. Understanding trauma - Domestic Violence and Sexual Assault cause trauma! The DSM-5 for Trauma shows that it creates intense fear, helplessness, horror. Acute trauma is one single overwhelming event, and complex trauma is extended exposure to trauma and experiences that are linked to development and/or relationships. *"The experience of multiple, chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature and in early life onset changes how you view the world and how you view yourself."*
- i. The brain and trauma - trauma can overwhelm our ability to have sense of control, make meaning of our experiences, and maintain connection to others. Bridges works to normalize this for survivors and let them know that this is normal and they aren't alone.
- j. Trauma responses: Fight, Flight, Freeze, and Fawn (people pleasing/going along with someone to survive).

- k. Effects of Sexual assault include trauma, substance use, depression, self-harm, shame, secrecy, low self-esteem, fear of others and environment, anxiety, panic attacks, flashbacks, nightmares, and more.
- l. Intersectionality - 1 in 4 girls and 1 in 6 boys experience sexual abuse by age 18. People with disabilities are two times as likely to experience sexual assault. 60% of black girls experience childhood sexual abuse. People are more likely to blame the victim if they are black/Latinx. Transgender survivors of sexual abuse are less likely to seek help.
- m. Healing can take a long time. Phases include acute crisis, outward resolution, and re-integration. There is no set time frame for healing from sexual assault - it can take years.
- n. Last year, Bridges saw 2106 people in our community. They served 75 individuals in shelter, 13 people in transitional housing, 122 people in support groups, 196 with restraining order support, 98 people for hospital advocacy, 199 educational sessions provided to the community, and 254 children supported through children's advocacy programs. Bridges also provides school-based prevention programming.
- o. Bridges is one of 12 Domestic Violence agencies in the State of New Hampshire and a member of the NHCADSV.
- p. Their locations are 28 Concord St Nashua and 16 Elm Street Ste 2 Milford NH. Anyone can walk in without an appointment between 8:30 - 4:30 pm. They have a 24 hour support line which is 603-883-3044.
- q. Questions from the attendees:
  - Since it's so hard to prosecute, do you encourage people to file a report? Dawn responded that it depends on the person - we give them realistic expectations and resources surrounding the process and allow them to make the best decision for themselves.
  - Do you see survivors of sex trafficking? Dawn responded yes, most often through the hospitals. Similar to domestic violence and sexual assault, trafficking often begins with a relationship and by someone that the person knows and then escalates.

## 5. Other Business

- a. Bob Mack shared about the Healthcare Coordination Subcommittee, which provides wrap around case support for individuals experiencing homelessness with health issues that are in hospitals or elsewhere that are not medically stable enough to access shelters or sustain themselves in a motel. Bob is looking for consistent, increased participation to continue this meeting. One topic that came up in these conversations was an increase in need for respite care in our community. This meeting occurs the **fourth Thursday of the month at 9 am on zoom**. Bob will send out the calendar invitation via the listserv. Please attend!
- b. Bob Keating wanted to discuss winter sheltering efforts in Nashua given the crises occurring in Manchester and the upcoming dangerous cold weather coming this weekend.
  - Michael Reinke from Nashua Soup Kitchen reported that their warming station is open 24/7 at 2 Quincy Street. Folks are welcome to come in and go out all day long. At 8 pm they move over to the new shelter at 35 Spring Street. They have averaged 17 people staying on cots there, with as many as 23.
  - Southern NH Rescue Mission has no "overflow" but their programs take people daily out of the cold. If you are registered guest this Friday night, you will be able to stay all day Saturday. If you are a guest starting Saturday you can enter at 1 pm.
  - Nashua Emergency Preparedness is working on creating and disseminating graphics/flyers through social media on prevention of hypothermia and frost bite and actions to avoid in cold temps. They are buying space blankets for outreach efforts. Mark from Southern NH Rescue Mission stated they have space blankets and handwarmers that they could share. Sue Mead thanked Mike Apfelberg for ordering 100 Space blankets. Outreach workers will be delivering them to people on Friday and encouraging them to go to the Warming Center.

- c. Bob Mack initiated conversation on landlord incentives - providing financial support and wrap around services to clients so that landlords are willing to take on chronically homeless individuals. He asked if there was opportunity for funding for a program like this, would agencies participate in case management support aspect? Heather Nelson responded that they are currently hiring for a "Landlord Engagement Coordinator" to help build relationships with existing landlords. Job description is on their website, and this role could potentially be leveraged with the incentive program Bob brought up.
- d. Overview of PIT Count - Sue Mead shared that the PIT Count went really well: we had 10 different agencies participate with a total of 34 volunteers. Great turnout! We don't yet have the unduplicated total, but they engaged 33 individuals who took the survey - 26 males and 7 females. Sue expressed gratitude to all who donated, including Apparel Impact for coffee in the morning, Grace Human Trafficking who gave bags, Revive who provided Narcan, United Way who provided "a whole bunch of good stuff". Sue also shared about the recent *Mayor's Taskforce on Substance Use* legislative breakfast that talked about the intersection of substance use, workforce issues, and housing.

## 6. Capacity Updates

- a. Emergency Shelters
  - Nashua Soup Kitchen and Shelter has 2 beds for single women, 3 bds for single men, and will be moving families over to Spring Street starting tomorrow.
  - Southern NH Rescue Mission has 1 bed open for men, 11 beds open for women.
- b. Transitional Housing
  - Marguerite's Place is at capacity.
  - Family Promise is at capacity.
  - Front Door is at capacity.
  - Cynthia Day Program (for parenting and pregnant women with SUD) has openings for 2-3 people.
  - Harbor Care GPD Program (Veterans Transitional Housing) has 3 openings at Buckingham, 3 openings at Dalianis house, and 2 openings at BAE facility in Manchester. For veterans experiencing homelessness, have them connect with 211.
- c. Permanent Supportive Housing
  - 28 Individuals on the Coordinated Entry List as Chronically Homeless in Nashua; 10 of whom have vouchers in hand and are looking for apartments, 14 of whom are in process of approval for mainstream or Permanent Supportive Housing voucher, 4 of whom are unresponsive. Of the 28, 19 are male, 7 are female, and 2 are transgender; 0 are under 18, 1 is 18-24, 26 are 25-61, and 1 is 62+. For 62+, not eligible any longer for mainstream vouchers so they try to target for PSH vouchers. In total, 180 households have been housed and 248 individuals have been housed.
- d. Rapid Rehousing
  - Doug Howard from Front Door Agency reported that the list of individuals is fluid currently, and that it is a matter of landlords being able to work with the individuals.
- e. Wrap around Services - no updates.

## 7. Other Announcement

- a. Wendy LeBlanc asked that if individuals have announcements to share to please email Ashley Jackson, GNCOC Coordinator beforehand to share out to the group in interest of time. She requested that any announcements today were new business only.
- b. Mike Apfelberg invited all to participate in the Youth Homelessness Subcommittee monthly meeting **TOMORROW MORNING** at 9 am on zoom. Please let Mike know if you would like to participate and you will be added to the list.
- c. Mike Apfelberg shared that their annual Nashua Nor'easter run will take place at the end of February and to contact him if you would like to participate.

- d. Shannon from St. Joseph Hospital shared that they offer free grief support groups to the community three times a month at the YMCA. Individuals do not have to be a patient at St. Joseph's or a member of the YMCA to participate. Contact her with more questions.
- e. Chertina Walker from ICA thanked everyone for their work on the PIT and reminded everyone to review their PIT and HIC data and to get back to ICA with support.
- f. Wendy LeBlanc shared that next month's meeting focus will be DATA with a presentation by ICA.
- g. Adam from St. Patrick's Church shared that their parish offers free memorial services, funeral masses, or burials for those who cannot afford the cost, or pass with no next of kin. They have already performed 30.
- h. Officer Joe from Nashua Police Department shared two relevant and sobering statistics with the group from NPD's internal data collection.
  - Overdose deaths for 2022 were up 109% from previous years, from 22 in 2021 to 46 in 2022. This is 96% above the two-year average, 53% above the 4 year average, 32% above the 6 year average; it is the worst it has ever been.
  - Suicides are up 9%, up 27% from 2-year average, 4% from 4-year average, and 33% from 6-year average. In January, they have already had 2 overdose deaths, 11 overdoses, and 3 suicides.

**8. Adjournment**

- a. Chair Wendy LeBlanc adjourned the meeting at 10:30 am.