

Let's Talk About Intimate Partner Violence: Integrating Culturally Responsive Approaches for Survivors of Domestic Violence and Intimate Partner Violence within Mental Health Services and Organizations

Tori Wynecoop-Abrahamson, TTA Manager

National Center on Domestic Violence, Trauma, and Mental
Health

Great Lakes Mental Health Technology
Transfer Center

August 25, 2022

Brought To You By:



The Great Lakes ATTC, MHTTC, and PTTC are funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) under the following cooperative agreements:

Great Lakes ATTC: 1H79TI080207-03

Great Lakes MHTTC: 1H79SM-081733-01

Great Lakes PTTC: 1H79SP081002-01

Disclaimer

This presentation was prepared for the Great Lakes MHTTC under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the Great Lakes ATTC, MHTTC, and PTTC.

At the time of this presentation, Miriam E. Delphin-Rittmon, Ph.D., served as Acting Assistant Secretary for Mental Health and Substance Use at SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

This work is supported by a cooperative agreement IH79SM-081733-01 from the DHHS, SAMHSA.

Language Matters

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf



Great Lakes (HHS Region 5)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Get Connected!

Website:

| [Great Lakes MHTTC](http://www.mhttcnetwork.org/greatlakes)

www.mhttcnetwork.org/greatlakes

Join the mailing list

| [Great Lakes MHTTC](http://www.mhttcnetwork.org/greatlakes)

Multi-media sites:

[The Great Lakes Current](#) (YouTube)

[The Great Lakes Wave](#) (Anchor Podcasts)



[@gmhttc](https://twitter.com/gmhttc)



[@greatlakesmhttc](https://www.facebook.com/greatlakesmhttc)

Thank you for joining us!

A few housekeeping items:

- **Technical Issues:** If you are having technical issues, please individually message **Jen Winslow or Ann Schensky** in the chat section at the bottom of your screen and they will be happy to assist you.
- **Questions for the speaker:** Please put any questions for the speaker in the Q&A section and we will do our best to get them answered.

Additional Housekeeping

- We will be using live transcription during the presentation.
- At the end of this session, you will be automatically redirected to a very brief survey.
- Certificates of attendance will be sent out via email to all who attended the full session. This can take up to 2 weeks.
- The recording and presentation materials will be available within the next week on the Great Lakes MHTTC website.



Presenter

Tori Wynecoop-Abrahamson, TTA Manager

National Center on Domestic Violence, Trauma,
and Mental Health

Integrating Culturally Responsive Approaches for Survivors of Domestic Violence and Intimate Partner Violence within Mental Health Services and Organizations

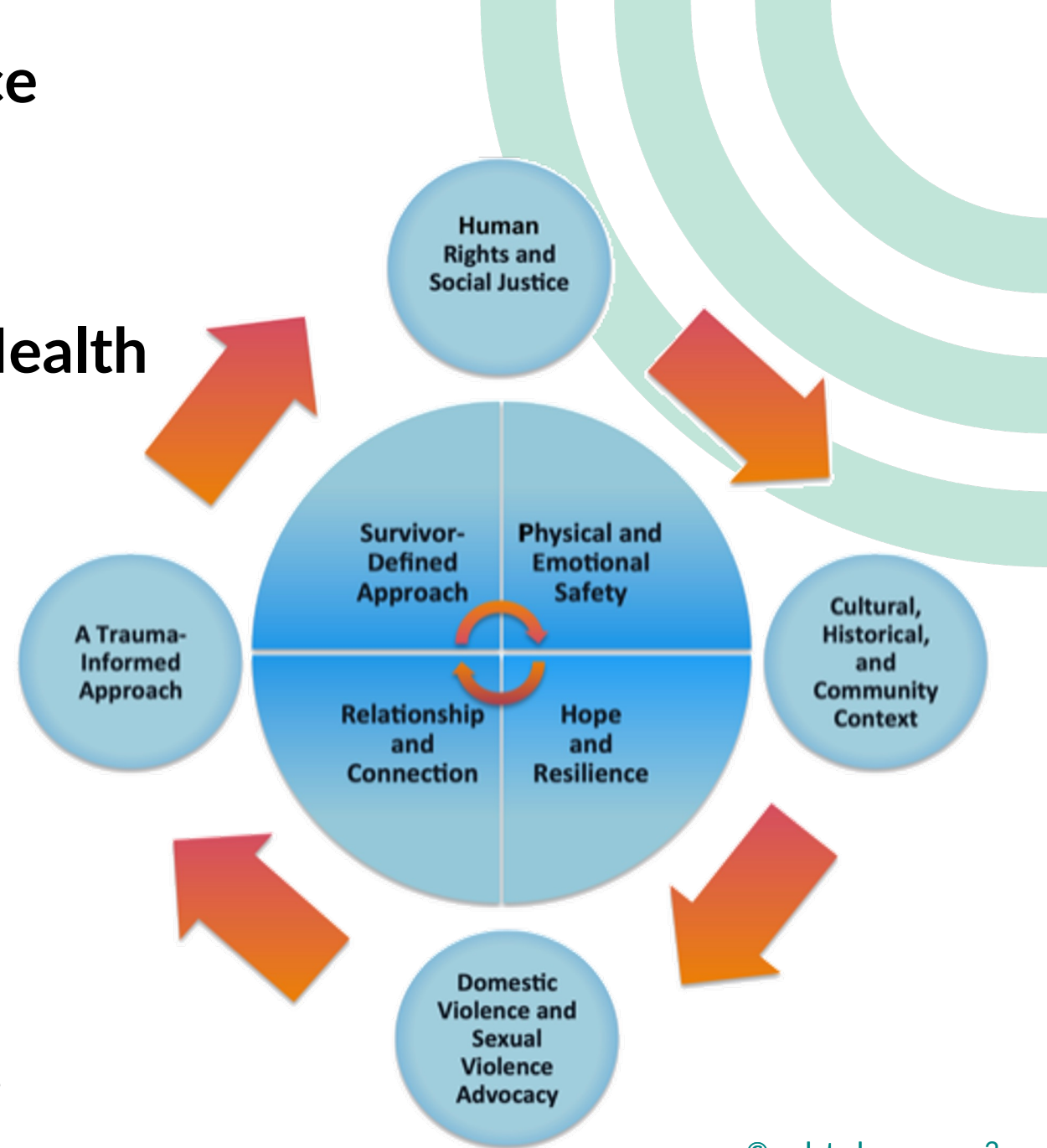
| Victoria Wynecoop-Abrahamson, LSW
Training and Technical Assistance Manager

NCDVTMH is a Special Issue Resource Center Dedicated to Addressing the Intersection of Domestic Violence, Trauma, Substance Use and Mental Health

- Training and Technical Assistance
- Research and Evaluation
- Policy Development and Analysis
- Public Awareness



NCDVTMH is supported in part by grant #90EV0530 from the Administration on Children, Youth and Families, Family and Youth Services Bureau, U.S. Department of Health and Human Services. Points of view in this document are those of the presenters and do not necessarily reflect the official positions or policies of the U.S. Department of Health and Human Services.



Objectives

- | 1. Define culturally responsive services for DV and IPV survivors in mental health settings
- | 2. Identify at least two examples of culturally responsive approaches to support survivors of DV and IPV



Introductions

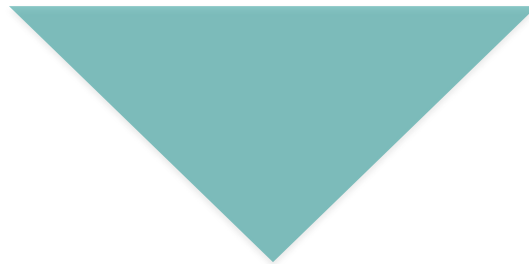
I invite you all to please type into the chat:

1. Name, pronouns, organization, and location
2. Favorite dish to eat



Values, Purpose, and Vision

What We Mean by Accessible,
Culturally Responsive and
Trauma-Informed



**Fully Incorporating an
Integrated Approach**



Definitions

Intimate Partner Violence

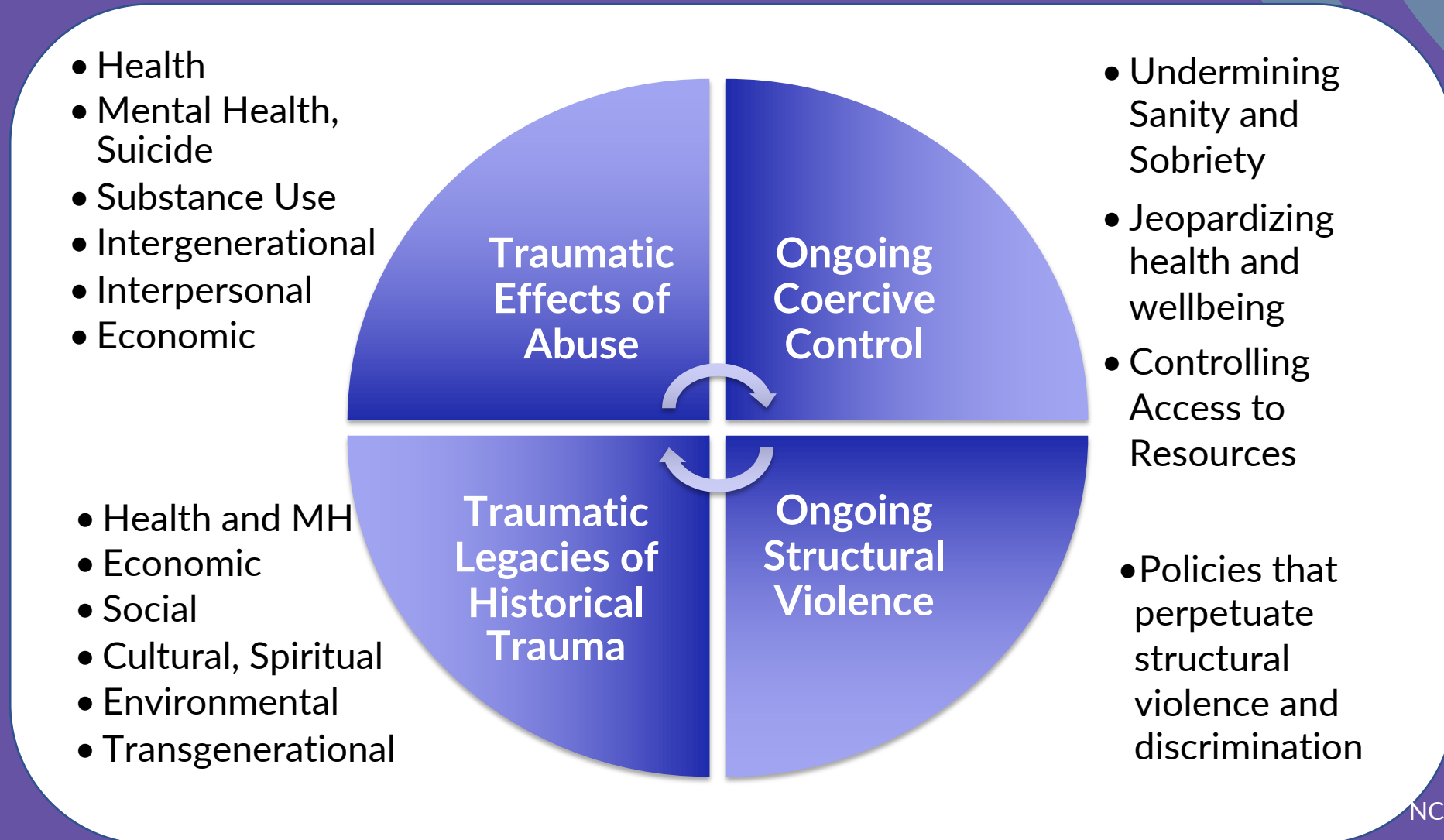
- | Experience of stalking, physical, sexual, emotional, financial, cultural, and other forms of abuse by an intimate partner or ex-partner.

Domestic Violence

- | Experience of stalking, physical, sexual, emotional, financial, cultural, and other forms of abuse by an intimate partner, ex-partner, household member, family member, or other close social support.



DV and Trauma in a Broader Social Context



Power Over vs. Power With





Identity, Belonging, and Positionality



Wynecoop-Abrahamson, 2016



Experience Shapes Us: How We Are, Think, and Engage

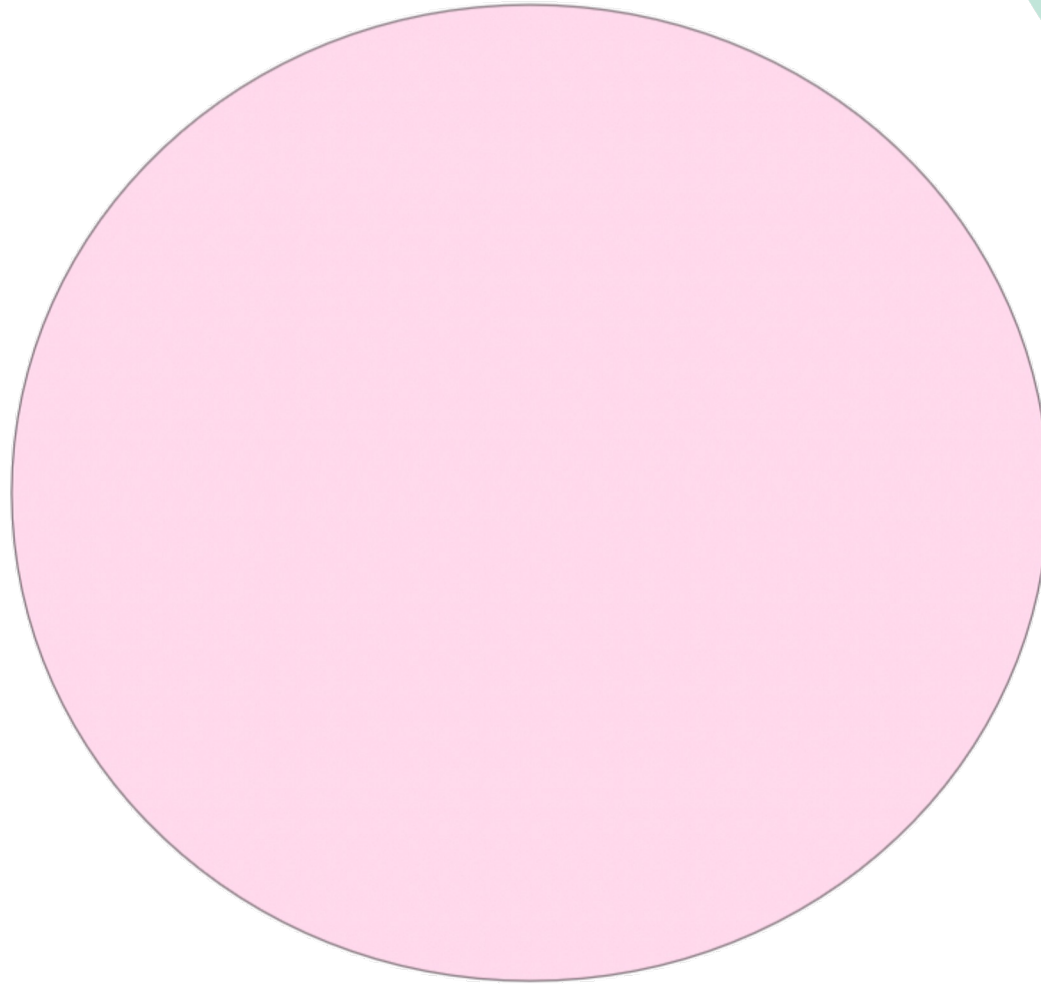


Cave, 2014



Cultural Pie

Who Am I?



Reflection Questions:

1. What was this activity like for you?
2. What challenges came up as you created your pie?
3. What strengths and resources are found in your pie?
4. What would happen if someone removed or ignored a piece of your pie?



Social Identity Mapping

- | Piece of blank paper
- | Pen, pencil, marker, or crayon to write with
- | Identify 1-2 social identities
 - Social identities are how we identify with (or are identified by others as) belonging to certain groups and often include aspects such as race, ethnicity, gender, sexual orientation, ability, nationality, etc.

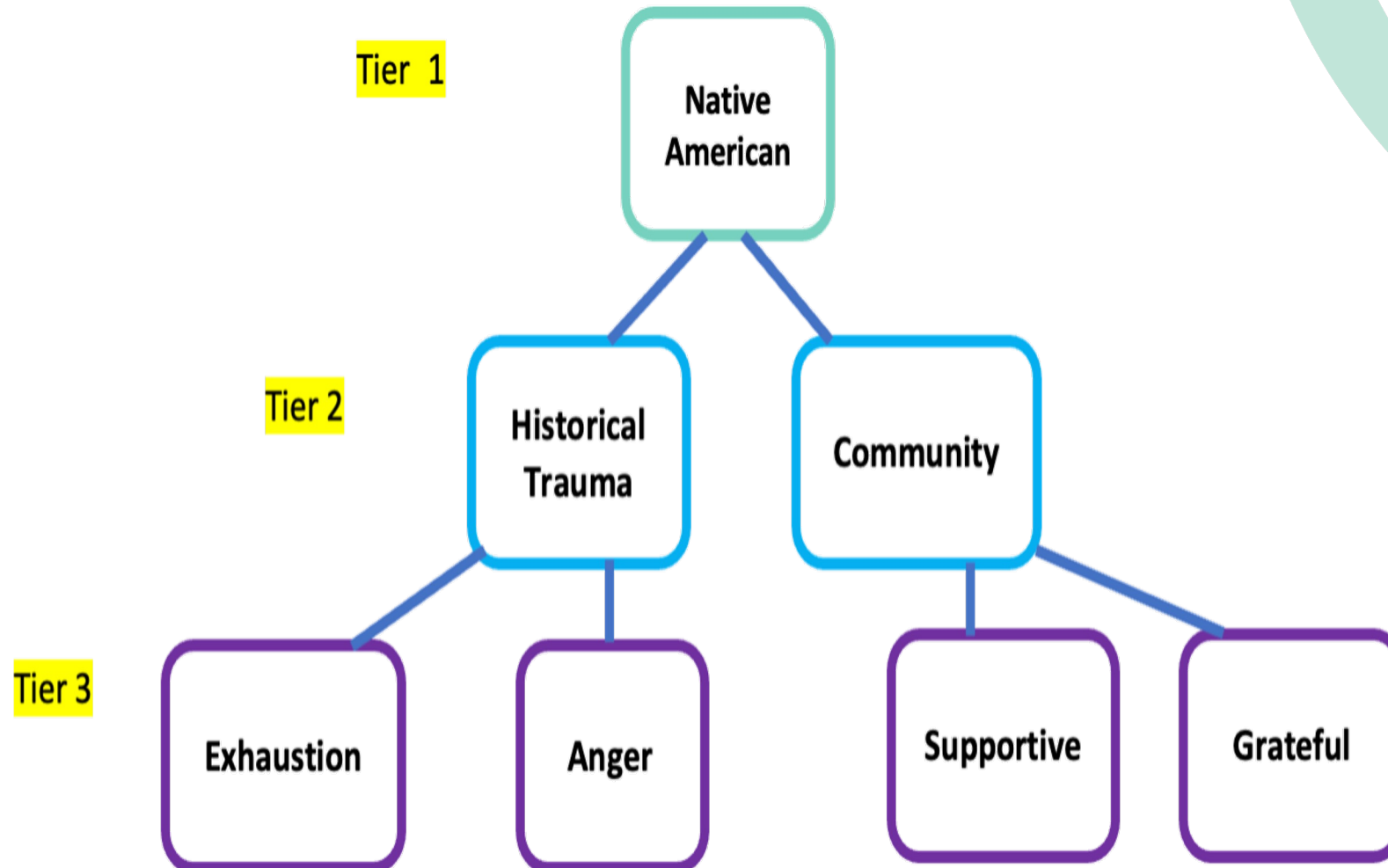


Social Identity Mapping: Instructions

- | **Tier 1:** Select one of your social identities (race, ethnicity, gender, etc.) and place at the top that
- | **Tier 2:** Think about events, interpretations, or values that you may hold with this social identity. Consider this question: How do you interpret this social identity through your personal lens?
- | **Tier 3:** Emotions or feelings evoked when you review the above tiers. This is based on the impact the social identity has had on your life.



Social Identity Mapping: Example

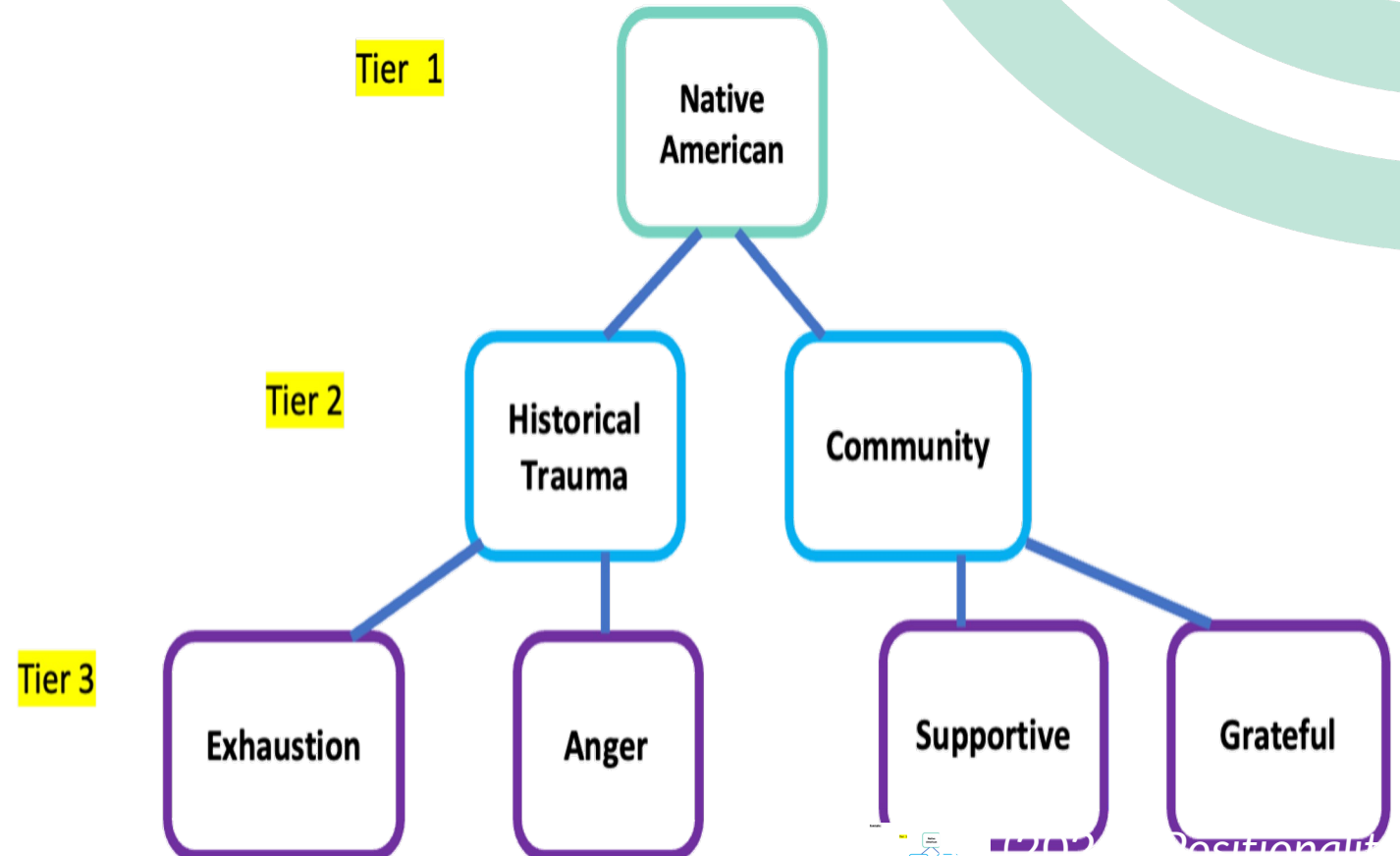


Adapted by Meagan Pollock's activity, *Positionality*

<https://drive.google.com/file/d/16OCIUAK5VUwuK2qvBLEBvS10BZ5Zr123/view>

Social Identity Mapping: Instructions and Example

- | **Tier 1:** Your selected social identity
- | **Tier 2:** How do you interpret this social identity through your personal lens?
- | **Tier 3:** Your emotions and feelings in response to tiers 1-2



Adapted by Meagan Pollock's activity, *Positionality*

<https://drive.google.com/file/d/16OCIUAK5VUwuK2qvBlEBvS10BZ5Zr123/view> ©ncdvtmh | 25

Reflection Questions:

1. Reflecting on your map, how do you experience privilege and/or marginalization?
2. If you hold social identities that have a mixture of marginalization and privilege, how do you hold space for this within yourself and when you collaborate with others?
3. What connections do you notice between your cultural pie and social identities?
4. With social identities come biases. How do your social identities influence your potential to become disengaged from a client or colleague?



Understanding the Connections:

- *Cultural Pie*
- *Positionality*
- *ACRTI Approach*



Accessible, Culturally-Responsive, and Trauma-Informed Approach



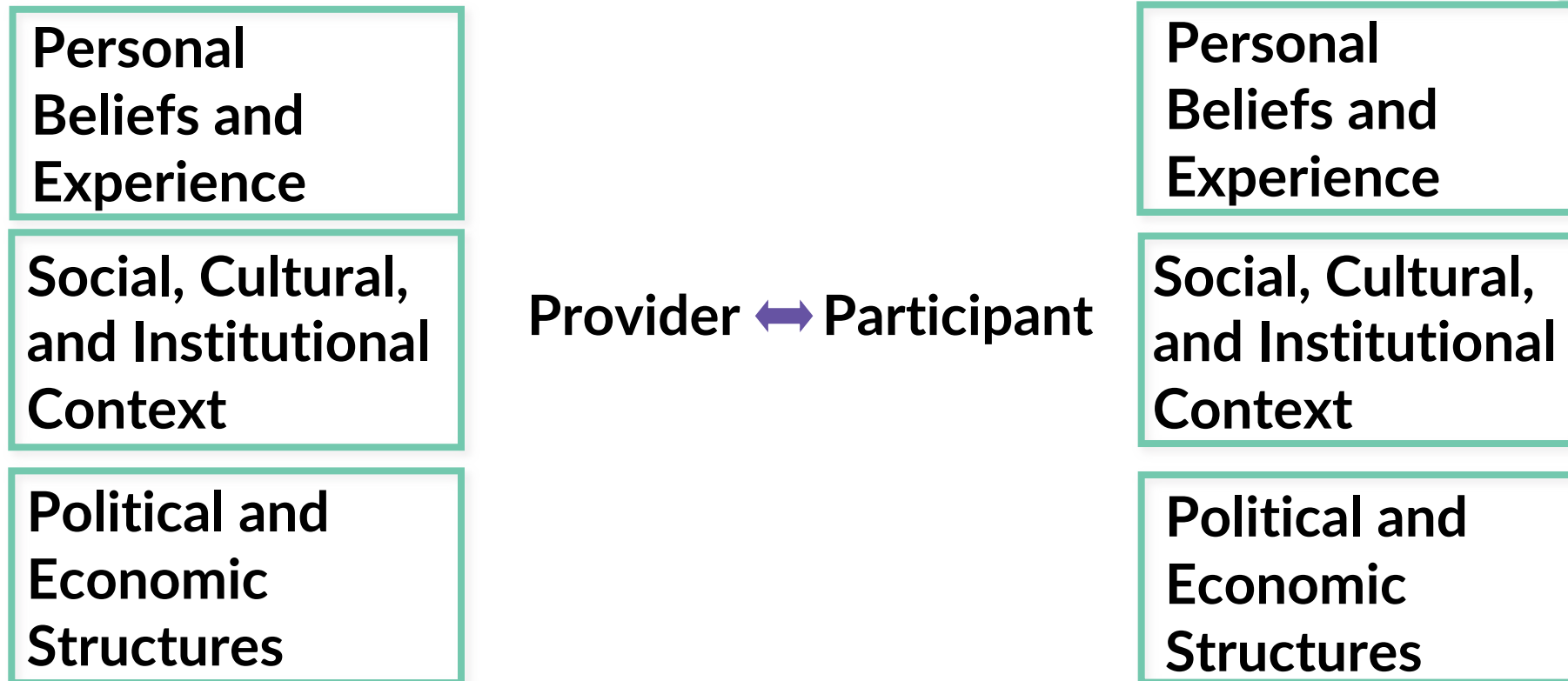
Wynecoop-Abrahamson, 2016



Do Our Behaviors Line Up with Our Intentions?



Accessible, Culturally Responsive, and Trauma-informed (ACRTI) Approach



We Are Always Part of the Equation!



Individual-Work-Culture Connection



Vivian & Hormann, 2014



Reflective Practice

1. What do I need to learn about, understand and consider about another's beliefs, values, and experiences before I act?
2. What do I need to be curious about?
3. How can I incorporate cultural responsive approaches in our work at the interpersonal level? At the institutional level?
4. What do I need to learn about, understand and consider about another's beliefs, values, and experiences before I act?



When we respond in culturally resonant, trauma-informed, person centered, and survivor-defined ways, people feel safer talking about their experiences, are more likely to access our services, and are more likely to find our services helpful.





THANK YOU!



Unknown author, 2021



CONTACT INFORMATION

Victoria Wynecoop-Abrahamson
(Spokane | Coeur D'Alene)

Training and Technical Assistance Manager

twynecoop@ncdvtmh.org



Additional Resources

www.NationalCenterDVTraumaMH.org



www.NationalCenterDVTraumaMH.org
[/newsletter-sign-up](http://www.NationalCenterDVTraumaMH.org/newsletter-sign-up)
Twitter: [@ncdvtmh](https://twitter.com/ncdvtmh)
Instagram: [@ncdvtmh](https://www.instagram.com/ncdvtmh)
Facebook: www.facebook.com/ncdvtmh



Tools for Transformation: Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations

An Organizational Reflection Toolkit

Carole Warshaw, MD, Erin Tinnon, MSW, LSW, and Cathy Cave
April 2018

This publication is supported by Grant # 90EV0437-01-00 from the Administration on Children, Youth and Families, Family and Youth Services Bureau, U.S. Department of Health and Human Services. Points of view in this document are those of the authors and do not necessarily reflect the official positions or policies of the U.S. Department of Health and Human Services.



National Center on Domestic Violence, Trauma & Mental Health © NCDVTMH 2018

GUIDE 1

THE SOCIAL, EMOTIONAL, AND RELATIONAL CLIMATE AND ORGANIZATIONAL TRAUMA

CATHY CAVE

GABRIELA A. ZAPATA-ALMA, LCSW, CADC

GUIDE 2

SUPPORTING CHANGE LEADERSHIP

CATHY CAVE

Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence:

*A Toolkit for Screening, Assessment, and Brief Counseling
in Primary Care and Behavioral Health Settings*

Carole Warshaw, MD and Erin Tinnon, MSW, LSW

March 2018

This publication is supported by Grant # 90EV0437-01-00 from the Administration on Children, Youth and Families, Family and Youth Services Bureau, U.S. Department of Health and Human Services. Points of view in this document are those of the authors and do not necessarily reflect the official positions or policies of the U.S. Department of Health and Human Services.

National Center on Domestic Violence, Trauma & Mental Health © NCDVTMH 2018



When You Can Talk Privately

"How does your partner support your mental health? People have shared that sometimes their partners say hurtful things or try to make them think they are 'losing their mind.'

Partners might make it hard to connect with people you trust or might only be supportive during hard times. If you can relate to any of this, we're here to help."

Common Forms of MH Coercion

- Undermining a survivor's sanity
- Provoking, threatening, or forcing unnecessary commitment
- Interrupting healthy routines
- Interfering with MH care: controlling medications, diagnosis, or overall engagement
- Using stigma to isolate, discredit, or threaten
- Blaming abuse and control on MH

Validate and Affirm

- None of this is your fault
- You deserve to be treated with dignity and respect, no matter what
- I believe you
- You are not alone

"Would it be helpful to talk about some safety strategies and resources?"

Mental Health (MH) Coercion

When You Can Talk Privately

"People have shared with us that their (ex-)partner pressured them to use substances, use in ways that they didn't want to, or used their substance use as a way to control them. Using substances is a common way to deal with physical and emotional pain. If you can relate to any of this, know that we're here to help."

Common Forms of Substance Use Coercion

- Introduction to or escalation of substance use
- Forced use or withdrawal
- Self-medication to cope
- Sabotaging treatment access or recovery efforts
- Using stigma to isolate, discredit, or threaten
- Blaming abuse on use

Validate and Affirm

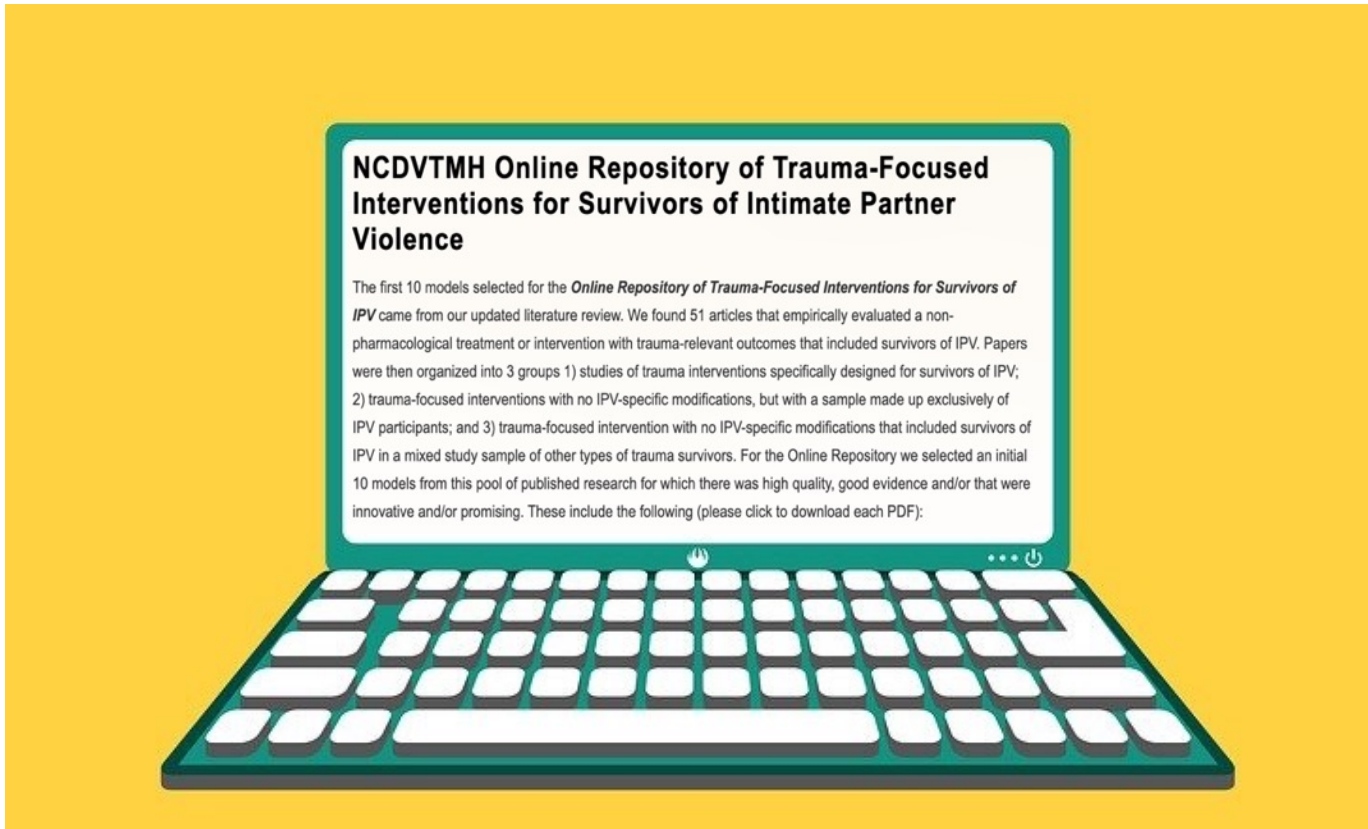
- None of this is your fault
- You deserve to be treated with dignity and respect, no matter what
- I believe you
- You are not alone

"Would it be helpful to talk about some safety strategies and resources?"

Substance Use Coercion

NCDVTMH's Online Repository of IPV-Specific Trauma Interventions

www.nationalcenterdvtraumamh.org/publications-products/ncdvtmh-online-repository-of-trauma-focused-interventions-for-survivors-of-intimate-partner-violence/



Recommendations for Suicide Prevention Hotlines on Responding to Intimate Partner Violence

National Center on Domestic Violence, Trauma & Mental Health

*in Collaboration with: The National Domestic Violence Hotline,
The National Suicide Prevention Lifeline, and The University of
Rochester Laboratory of Interpersonal Violence and Victimization*

Carole Warshaw MD
Karen Foley MSW, CDP
Elaine J. Alpert MD, MPH
Norma Amezcua
Nadia Feltes
Catherine Cerulli JD, PhD
Gillian Murphy PhD
Patricia Bland MA, CDP
Karen Carlucci MSW, LCSW
John Draper PhD

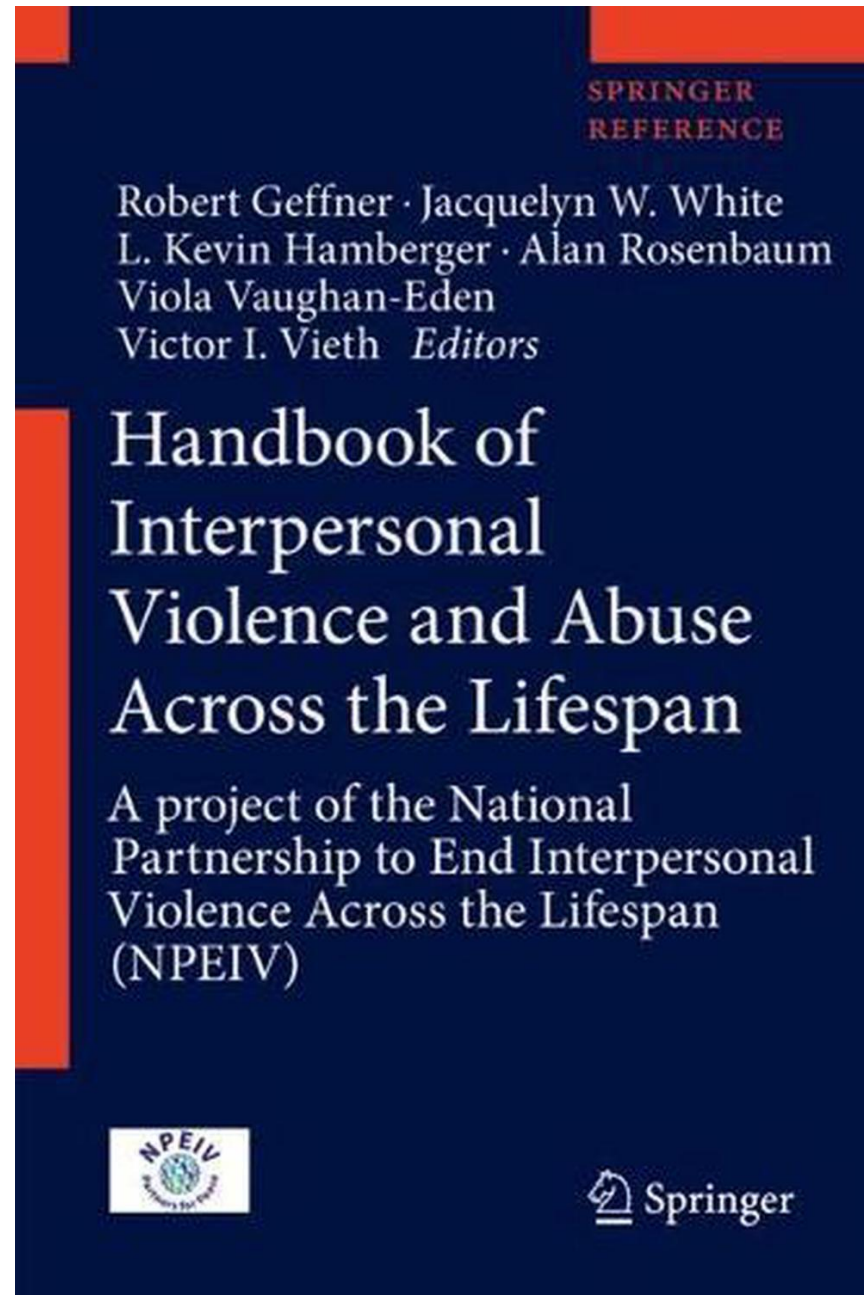
September 2018

This publication is supported by Grant #90EV0437-01-00 from the Administration on Children, Youth and Families, Family and Youth Services Bureau, U.S. Department of Health and Human Services. Points of view in this document are those of the authors and do not necessarily reflect the official positions or policies of the U.S. Department of Health and Human Services.



National Center on Domestic Violence, Trauma & Mental Health © NCDVTMH 2018

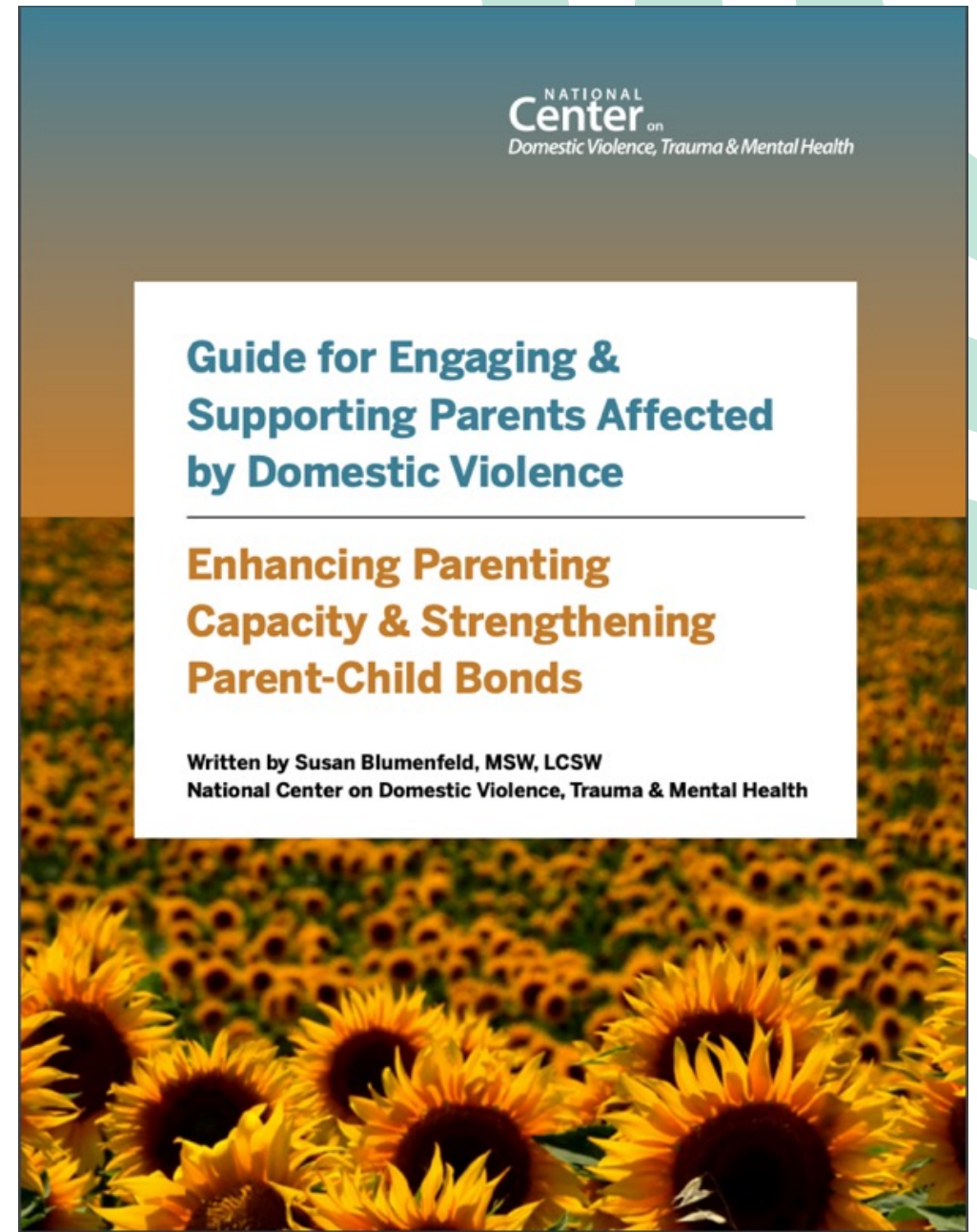




Mental Health Treatment in the Context of Intimate Partner Violence

Warshaw & Zapata-Alma, 2020





7 Common Practices in Substance Use Disorder Care That Can Hurt Survivors *and What You Can Do Instead*

High rates of DV among women accessing substance use disorder treatment



➤ Keep in Mind ➤

- **Use a universal precautions approach:** It can be difficult and dangerous for a survivor to talk about intimate partner violence (IPV). Trauma-informed approaches are essential even if someone has not disclosed abuse.
- **Avoid labeling:** Many people will not identify with terms such as *survivor*, *abuse*, *victim*, or *intimate partner violence*.
- **Not just intimate partners:** Abuse may come from another social contact.
- **Not just physical or sexual violence:** Learn more about the many forms of abuse and coercion at www.nationalcenterdvtraumamh.org.

➤ 1) Practices Surrounding Program Intake and Exit ➤

Risks and Barriers:

- **Delays in service access:** Survivors need to be able to access resources when there's a window of safety. Delays often mean the window of safety will close.
- **Strict treatment schedules** can increase the risk of stalking and victimization.
- **Administrative discharge due to missed appointments:** A survivor may miss appointments in order to protect themselves or due to a partner's interference.
- **Administrative discharge due to toxicology screening results:** Substance use may be a direct result of the abuse someone faces or coercion to use by a partner. Regardless, this is neither trauma-informed nor considered best practice.
- **Administrative discharge due to inability to pay:** Financial abuse is common and using health

COMMITTED TO SAFETY FOR ALL SURVIVORS:

*GUIDANCE FOR DOMESTIC VIOLENCE PROGRAMS
ON SUPPORTING SURVIVORS WHO USE SUBSTANCES*

GABRIELA A. ZAPATA-ALMA, LCSW, CADC

