

Working at the Intersections of Substance Use and Intimate Partner Violence: What Every Provider Needs to Know

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Presenter



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Trauma, and Mental Health



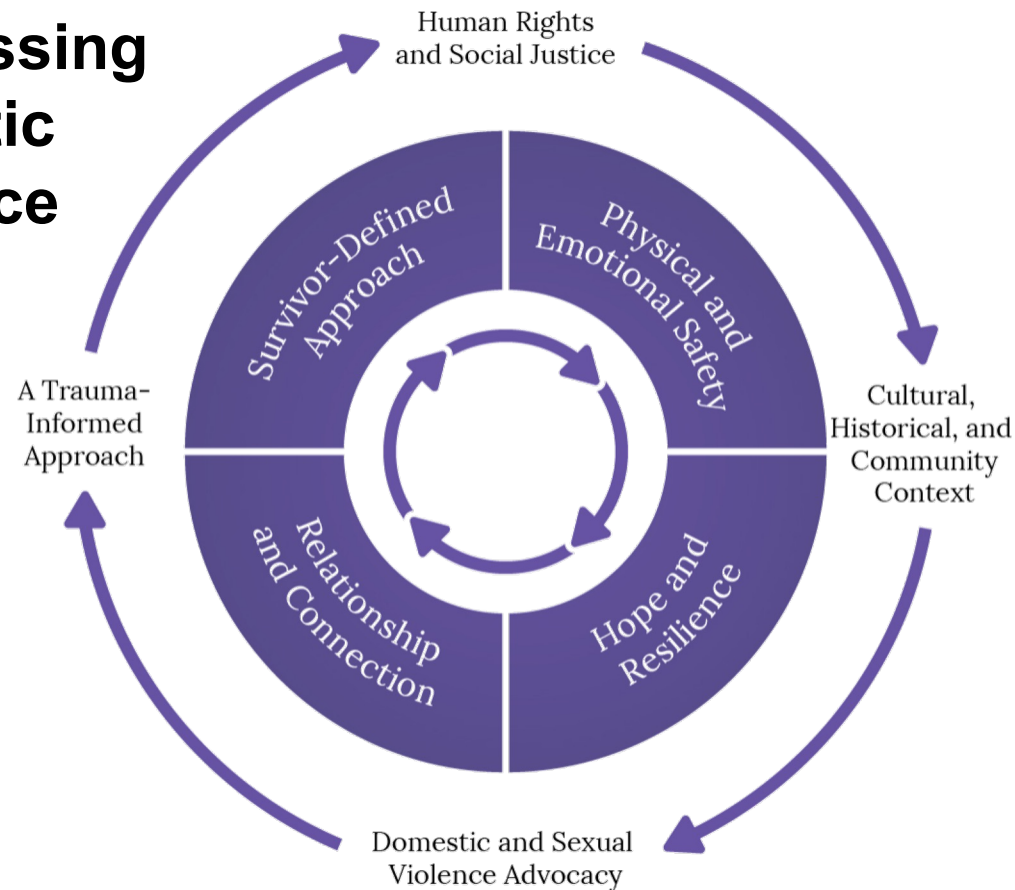
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NCDVTMH is a national resource center dedicated to addressing the intersection of domestic violence, trauma, substance use, and mental health

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



Learning Objectives

As a result of participating in this session, attendees will be able to:

- Describe the multi-directional relationships between substance use disorders and intimate partner violence.
- Identify at least four strategies for increasing safe access to SUD treatment.
- Actively link survivors to anti-violence advocacy services in their community.



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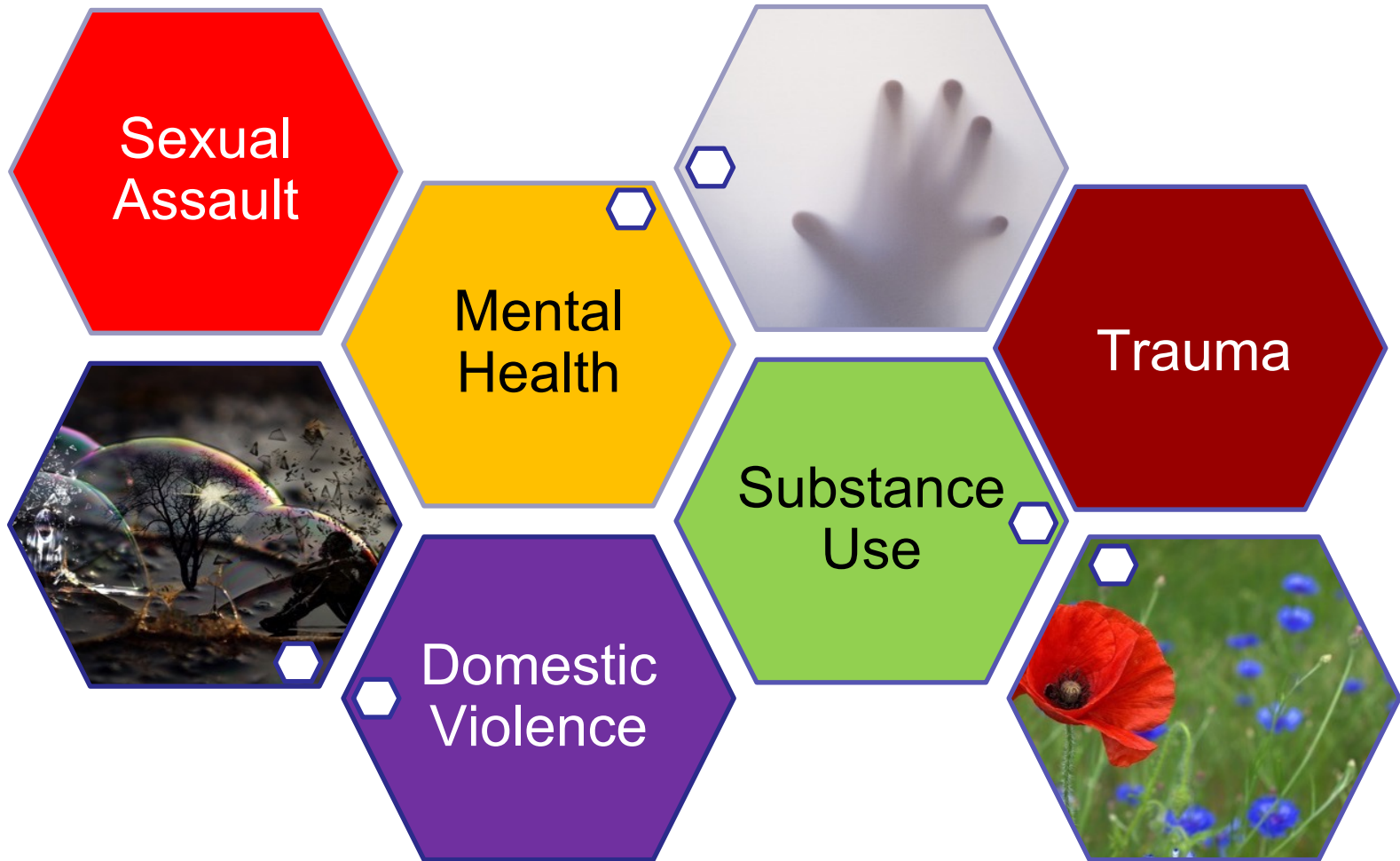
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What's the Connection?



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Intimate Partner Violence Has Significant Mental Health and Substance Use Effects

Victimization by an intimate partner increases one's risk for depression, PTSD, substance use and suicidality

3x

PTSD, Major depressive disorder, Self-harm

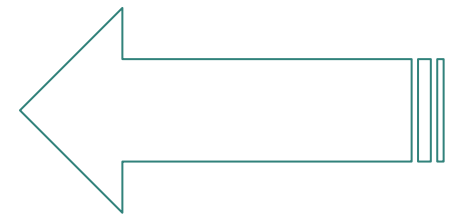
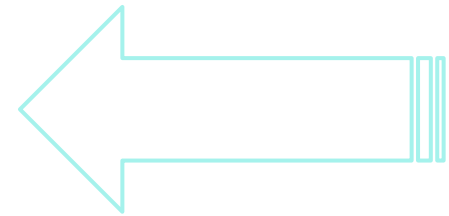
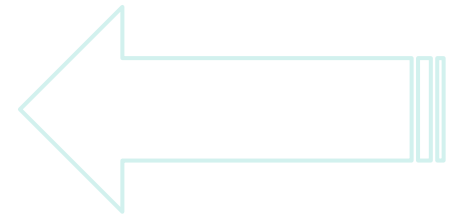
4x

Suicide attempts

6x

Substance use disorder

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Intimate Partner Violence is prevalent among people accessing mental health and substance use disorder services



High rates of DV among women accessing substance use disorder treatment

47%-
90%

Report DV in
their lifetime

31%-
67%

Report DV in
the past year

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High rates of DV among women accessing mental health treatment

On average ›

30% of women in
outpatient settings

33% of women in
inpatient settings

30%-60% of women in
psychiatric ER settings

Report victimization by an
intimate partner

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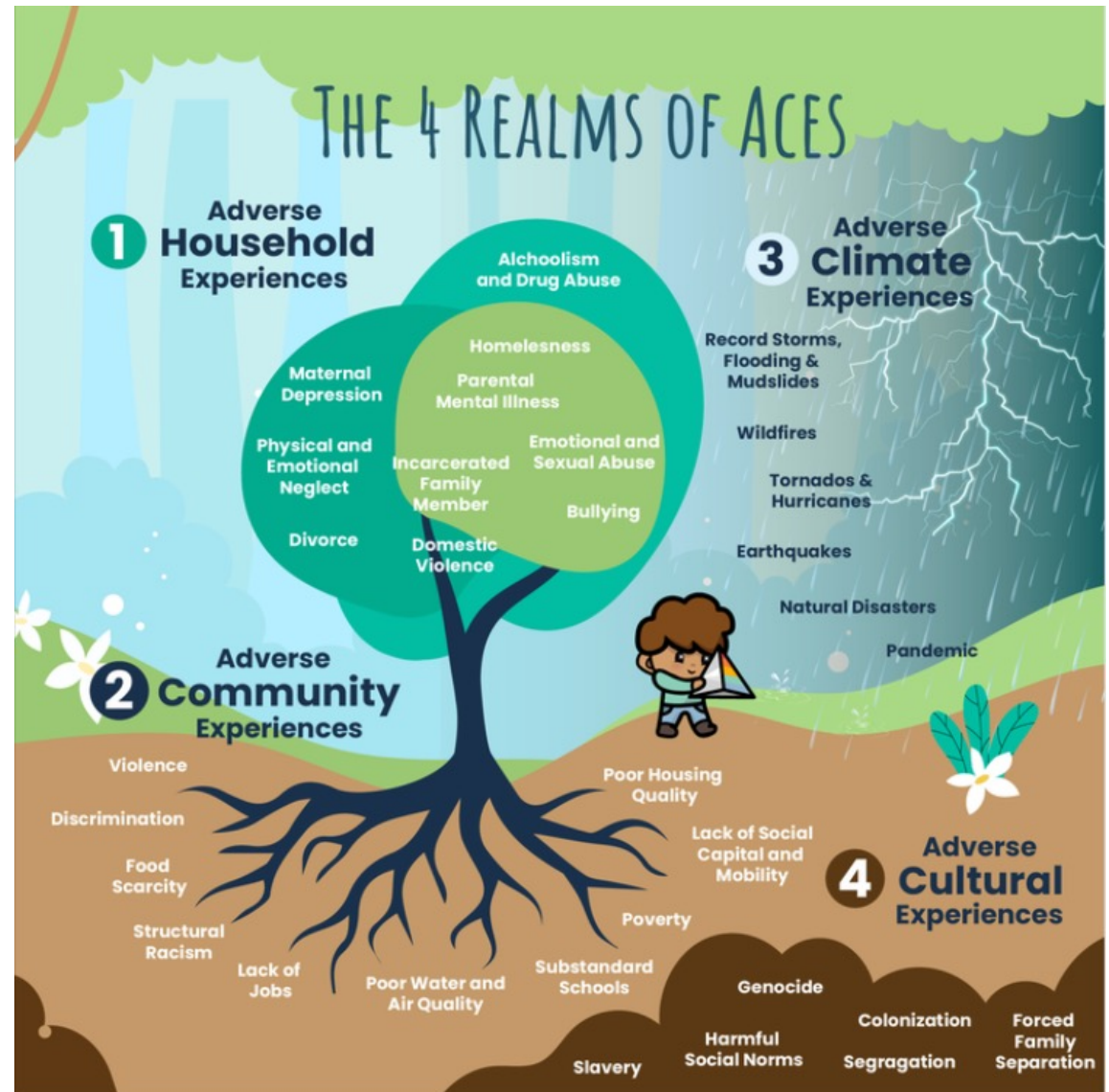
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Adverse Childhood Experiences

(Image source: Prism Lite
www.prismlite.org/aces/)



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Trauma Prevention: Positive Childhood Experiences (“counter-ACE”)

(Sege & Brown, 2017; Narayan et al., 2018; Crandall et al., 2019; Bethell et al., 2019)

Ongoing studies seek to identify significant positive childhood experiences that mitigate the effects of ACEs. Sege & Brown (2017) propose four key categories (directly quoted below):

1. Being in nurturing, supportive relationships
2. Living, developing, playing, and learning in safe, stable, protective, and equitable environments
3. Having opportunities for constructive social engagement and connectedness
4. Learning social and emotional competencies



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Trauma Prevention: Protective Factors

(APA, 2013)

- Social support
- Positive connection with a caregiver
- Socioeconomic stability
- Access to medical and mental health care



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Less well recognized are the ways people who abuse their partners engage in coercive tactics targeted toward a partner's mental health or use of substances.....



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Substance Use and Mental Health Coercion Include a Range of Abusive Tactics Designed to:

- Undermine a partner's sanity and sobriety
- Control a partner's access to treatment
- Sabotage a partner's recovery efforts
- Discredit a partner with potential sources of protection and support, and jeopardize child custody
- Exploit a partner's mental health or substance use for personal or financial gain



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Substance Use Coercion Study

NCDVTMH/NDVH Mental Health Coercion Survey, n=3,224; Warshaw et al., 2014

26%

Had used substances to reduce the pain of DV.

27%

Had been pressured or forced to use substances or made to use more than they wanted.

24%

Were afraid to call the police because their partner said they would be arrested or not believed.

38%

Said their partner had threatened to report their substance use to authorities to prevent them from getting something they wanted or needed (e.g. protection order or custody of their children).

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Mental Health Coercion Study

NCDVTMH/NDVH Mental Health Coercion Survey, n=2,733; Warshaw et al., 2014



4 in 5

Said their partner accused them of being “crazy”



3 in 4

Said their partner deliberately did things to make them feel like they were losing their mind



1 in 2

Said their partner threatened to report they were “crazy” to keep them from getting something they wanted or needed (e.g. protection order or custody of their children)

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Abusive tactics often target a survivor's attempts to seek assistance for mental health and/or substance use disorders

 **1 in 2**

of the 2,733 National Domestic Violence Hotline callers who had sought help for feeling depressed or upset said their partners had tried to prevent or discourage them from getting help or taking prescribed medications.

60%

of the 3,224 National Domestic Violence Hotline callers who had sought help for substance use said their partners had tried to prevent or discourage them from getting help.



Substance Use Coercion: In a Survivor's Words

“He threatened countless times to call the sheriff and the pastors and report my drinking. He discouraged me from getting help for my drinking. After I got help for drinking, if/when I drank again he would say, ‘See, you failed at this too.’ He would leave bottles all around when I was in recovery.”

Survey Participant

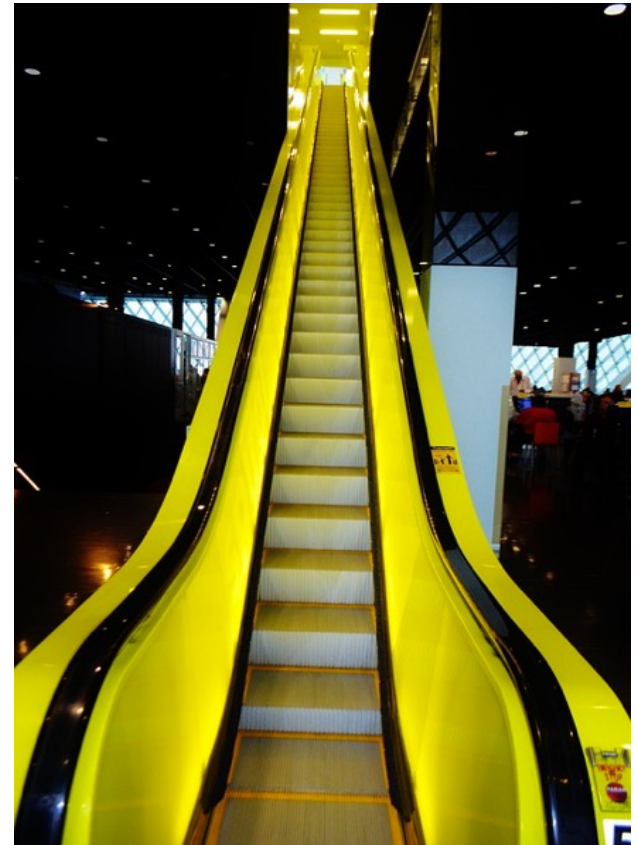


Introduction to Substances and Escalation of Substance Use

(Robertson, 2017; Amaro et al., 1995; Macy et al., 2013; Rothman et al., 2018; O'Brien et al., 2016)

Survivors are often introduced to substances by an intimate partner.

Intimate partners play a large role in the initiation of substance use and escalation of substance use problems.



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Substance Use Coercion: Treatment and Recovery Sabotage

- Not allowed to attend recovery meetings or seek treatment
- Withholding transportation, childcare, or financial resources needed to engage in treatment and recovery services
- Keeping substances in home
- MAR: stalking at MAR appointments, stealing medications, using medications to coerce or control



Neurobiology of Relapse Cues in the Context of Substance Use Coercion

- **Provoking relapse as a tactic of abuse:**
 - Exposure to substances
 - Conditioned cues from the environment
 - Exposure to stressful experiences
- **Involves activation of neural circuitry**
 - Women tend to experience stronger cravings
- **These can be “deliberately” activated by an abusive partner who engages in substance use coercion**



Substance Use Coercion: Relationship Entrapment

(Edwards et al., 2017; Robertson, 2017; Amaro et al., 1995; Macy et al., 2013; Rothman et al., 2018; O'Brien et al., 2016; Kunins et al., 2017; Stella Project, 2007; Zweig et al., 2002)

Substances are commonly used by abusive partners to draw survivors back into or keep partners in abusive relationships.

- Supplying survivors with substances as a way to “apologize”
- Controlling survivors’ access to substances
- Using the threat of (or actual) withdrawal as a way to harm, intimidate, and control them
- Forcing survivors into illegal activities
- Threatening to report survivors’ substance use to law enforcement and/or child protective services
- Using substance use history (including treatment records) against survivors in legal matters, including child custody



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A common power and control tactic is to undermine a survivor's relationship with their children



Yet, research consistently shows that attachment to the non-abusive caregiver is most protective of children's resilience and development



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**What tactics of
MH/SU coercion
have you noticed
coming up in
your programs?**



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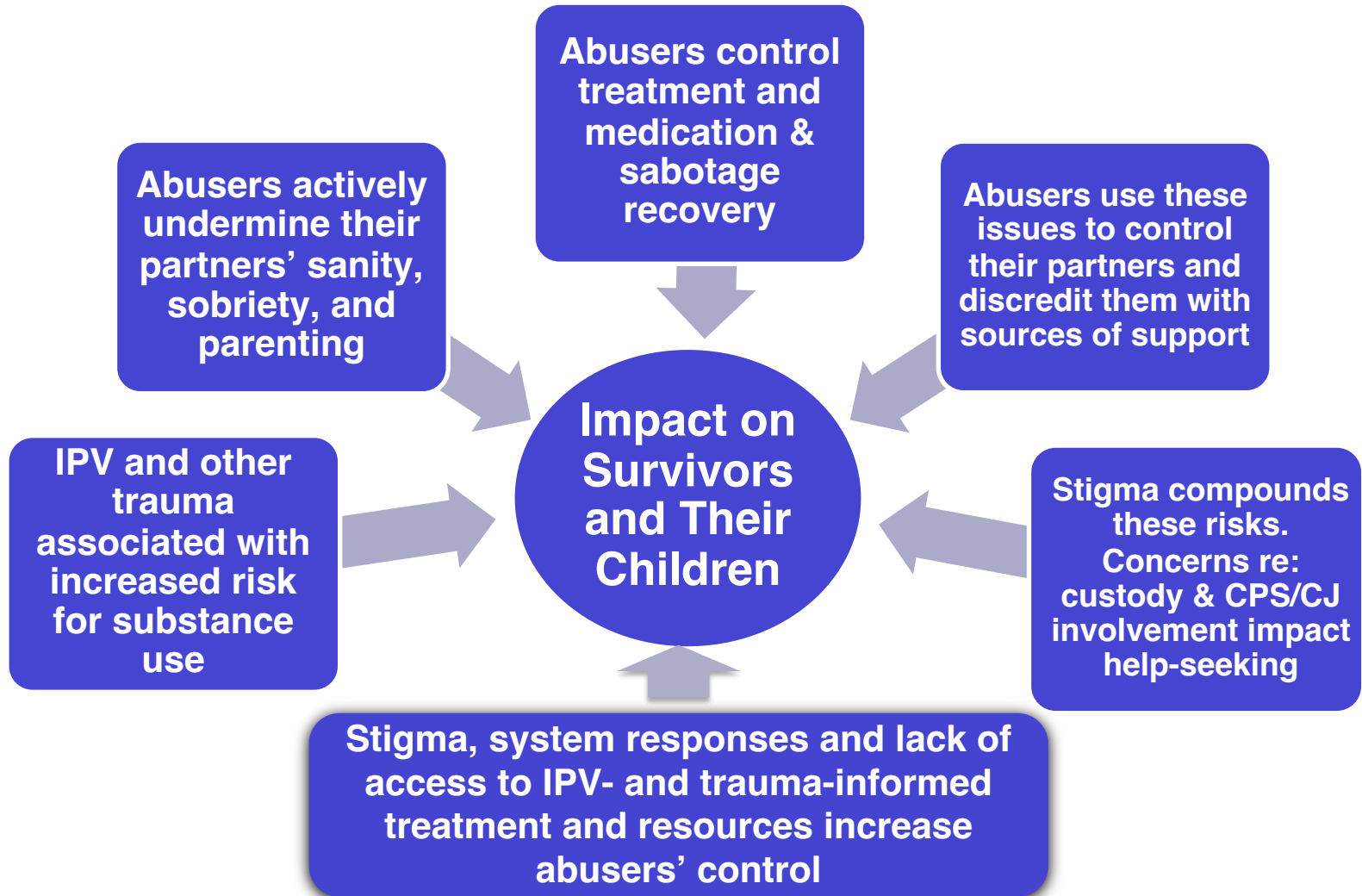
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Trauma, IPV, and MH/SU Coercion: The Complexity of Control Tactics



Experiencing a mental health or substance use disorder places individuals at greater risk for being controlled by an abusive partner

Stigma associated with mental health and substance use conditions contributes to the effectiveness of abusive tactics and can create barriers for survivors when they seek help. This is further exacerbated by **structural violence**.



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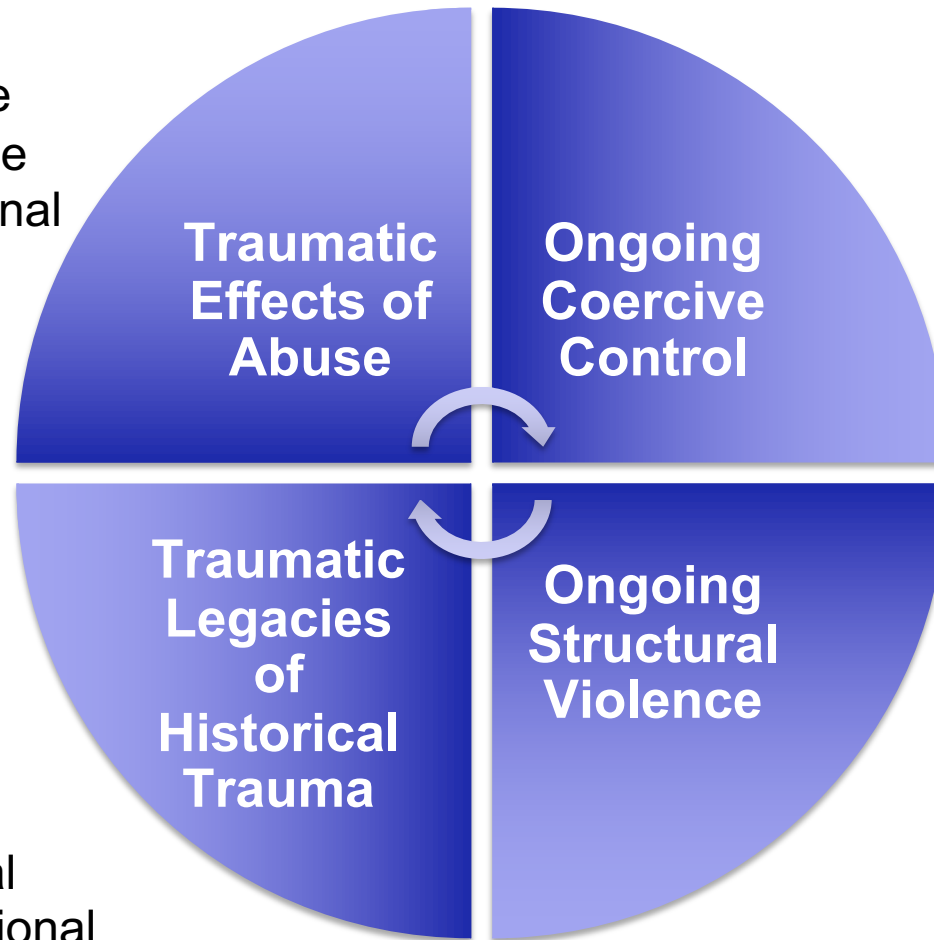


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Interpersonal and Structural Violence

- Health
- Mental Health/Suicide
- Substance Use
- Intergenerational
- Interpersonal
- Economic

- Health & MH
- Economic
- Social
- Cultural & Spiritual
- Environmental
- Transgenerational



- Undermining Sanity and Sobriety
- Jeopardizing health and wellbeing
- Controlling Access to Resources

- Policies that perpetuate structural violence and discrimination



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Given the realities of
substance use coercion,
**how can we enhance safety
and recovery for survivors?**



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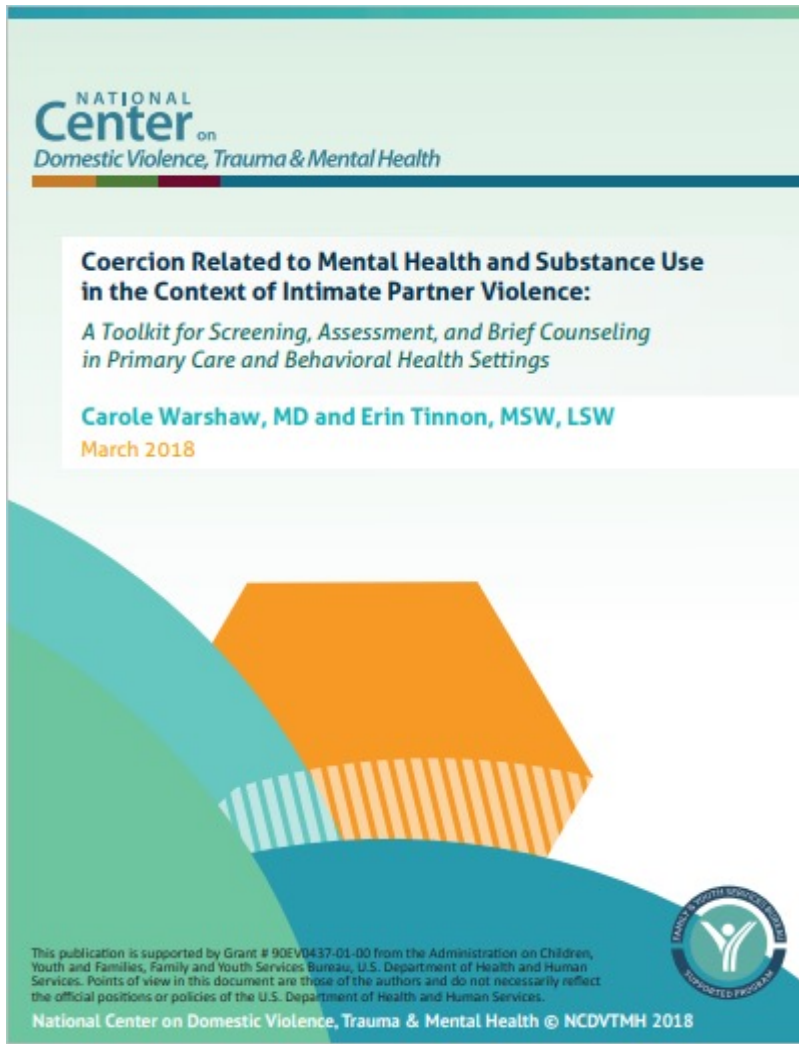


Resource

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

www.nationalcenterdvtraumamh.org/publication/s-products/coercion-related-to-mental-health-and-substance-use-in-the-context-of-intimate-partner-violence-a-toolkit/



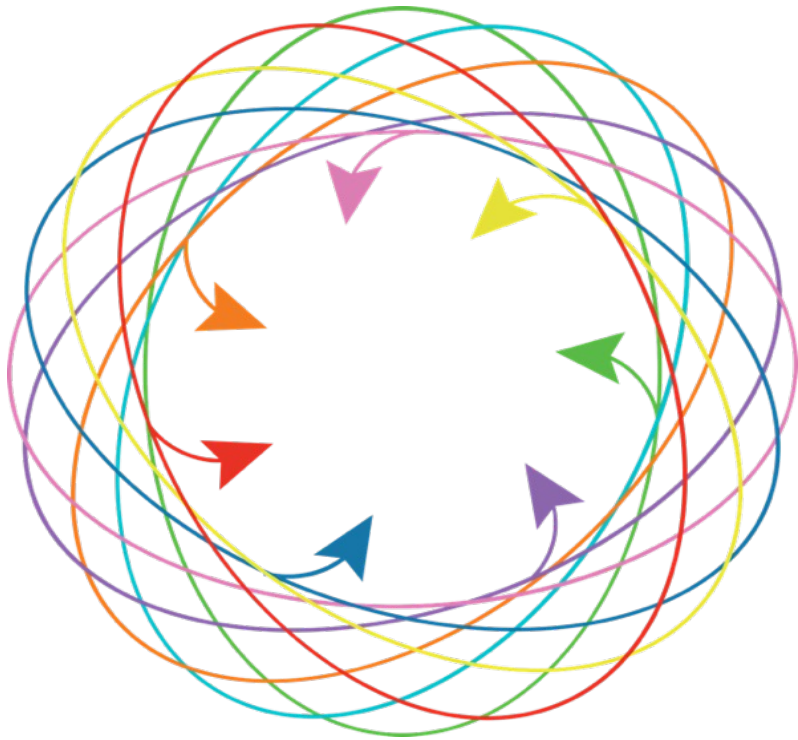
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Initial Steps: Preparing your practice



- Universal training on IPV and MH/SU Coercion
- Accessible, culturally-responsive, and trauma-informed care
- Center survivors' self-defined goals and concerns
- Develop relationships with local anti-violence advocacy programs
- Attend to safety and confidentiality
- A culture of staff support and community care



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Continuum of Responsiveness

- **Informed:** Programs that are aware of the dynamics of IPV, MH, and SUD, including mental health coercion and substance use coercion
 - Cross-training, interdisciplinary teams, referral partnerships, etc.
- **Collaborative:** Programs that have active collaborations across DSV/MH/SUD fields
 - Co-facilitated groups in both settings, active linkages, co-location, etc.
- **Integrated:** Full integration of DSV/MH/SUD services
 - Integrated assessment and service planning, menu of services offered across programs and provided based on survivor's self-defined needs, 'no wrong door' approach, etc.



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Key Elements: Clinical and Peer Support Services

- Routine IPV screening and assessment
- Validate and affirm survivors while recognizing the impact of abuse and trauma
- Address immediate and ongoing safety needs
- Partner with survivors on safe strategies for mitigating substance use coercion
- Link to local advocacy services
- Treatment interventions that are evidence-based for survivors



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Beyond Screening

Building Safe Opportunities to Discuss IPV



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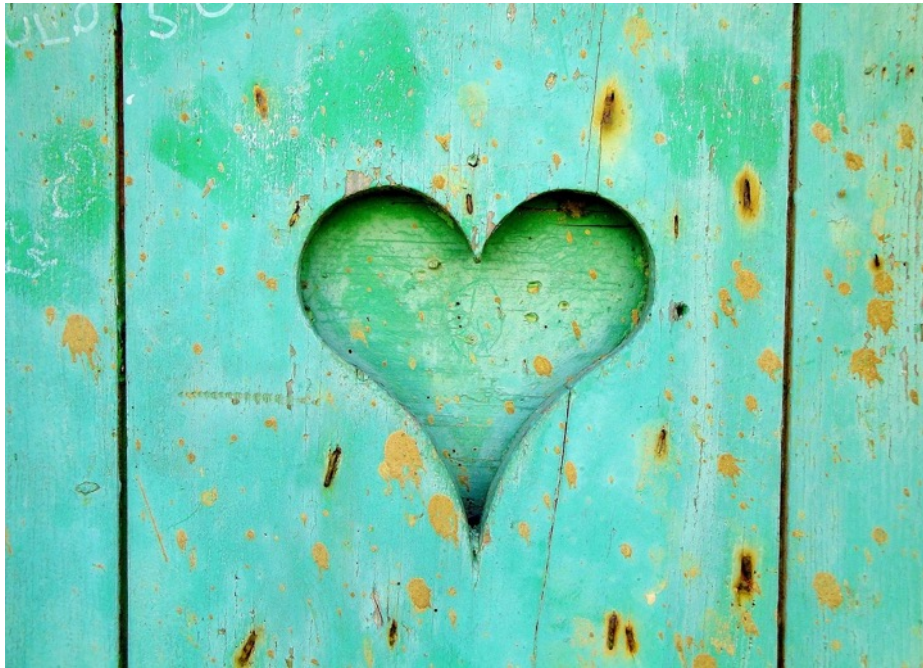
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Setting the Table for Conversations About IPV, SU, and SU Coercion



How do we build safety for survivors to be able to discuss their situations with us?



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Accessible Information on IPV, SU, and Resources

- Self-disclosure can increase risks for survivors
- **Make information and resources available without requiring self-disclosure**
- Print and digital materials are accessible and discreet
- Staff are knowledgeable about IPV, SU, and SU coercion, and can share information as well as link to local resources



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Confidentiality is a Safety Need

(Warshaw & Tinnon, 2018)

- Confidentiality and the limits of confidentiality
- Privacy practices
- Options to protect sensitive information (EHRs, EOBs, billing, referrals, etc.)
- Private communications and offering safer contact options
- Safety in tele-services
- Flexibility in service times and locations



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Documentation with MH and SU Coercion in Mind

(Warshaw & Tinnon, 2018)

- **Any information that becomes available to an abusive partner can increase that person's danger**, including their location, the fact that they are seeking treatment, and/or that they disclosed the abuse.
- **Records can be subpoenaed** to support an abuser's case against your client.
- **Thoughtful documentation of IPV and its effects can benefit survivors** who want to use records to prove that the abuse occurred, bolster their credibility, or provide evidence of their ability to be a good parent.



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IF you document MH/SU, then also be sure to include:



(Warshaw & Tinnon,
2018)

- The connections between symptoms and abuse
- If and how the abuse creates barriers to participation in services
- A survivor's efforts to protect and care for their children



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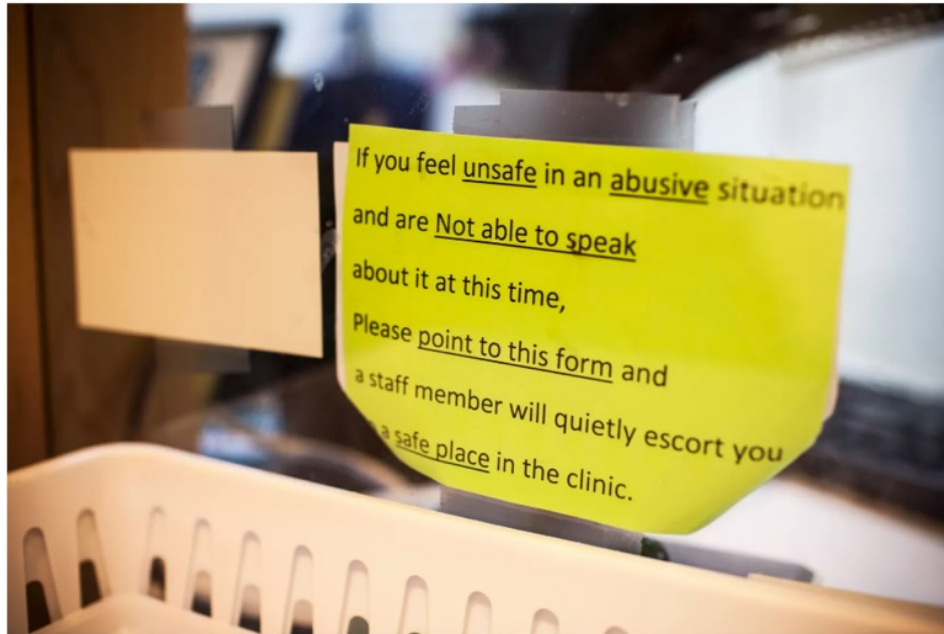
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Safety in Conversations: Privacy



A sign inside the dosing room to help those who could be dealing with domestic violence. | Kainaz Amaria/Vox

- Talk privately
 - If someone declines, save questions for another time.
 - Do not insist on meeting privately, this can increase danger and/or recovery sabotage for a survivor.
- Recognize ways an abusive partner may try to control or sabotage services



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Conversation Starters: Substance Use Coercion

If it is safe for someone to talk about IPV, MH, and SU, here are some ways we can open conversation:

- “Many people have shared with us that their partner or ex-partner pressured them to use substances, or use in ways that they didn’t want to. I wonder if this is something you’ve experienced?”
- “Sometimes people who have been hurt by a partner find themselves using substances to deal with the pain. This is a pretty common reaction. If this is something you can relate to, know that we’re here to support you.”



Asking about substance use coercion if a (ex-)partner uses substances

- “Does your partner force you to use when they use? Have they ever spent all of your money on drugs or alcohol without your consent? Does your partner’s use affect your use?”
- “Has your partner ever forced or coerced you into doing something illegal (e.g., dealing, stealing, trading sex for drugs) or other things you felt uncomfortable with in order to obtain alcohol or other drugs?”



Recognize the potential impact of coercion on a person's situation

- How have experiences of abuse and trauma contributed to...
 - ...the development of MH and SUD conditions?
 - ...the exacerbation of MH and SUD conditions?
 - ...sabotaged treatment and recovery efforts?
- How can symptoms and needs be understood as threat responses and survival strategies?

(Warshaw & Tinnon, 2018)



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Substance Use Coercion: What to listen for



- **Self-medication:** Do you ever use substances to deal with abuse?
- **Coerced use:** Has your partner ever made you use substances, made you use more than you wanted, or threatened to harm you if you didn't?
- **Manipulation:** Does your partner control or restrict your access to substances, or make you go into withdrawal and then use that to control or manipulate you?



Substance Use Coercion: What to listen for 2



- **Undermining:** Does your partner justify name-calling, criticizing, belittling, and undermining you because of your substance use?
- **Blaming:** Has your partner told you that you are to blame for abuse or sexual assault because of your substance use?
- **Threatening:** Has your partner ever threatened that you would lose custody of your children because of your alcohol or drug use?



Substance Use Coercion: What to listen for 3



- **Coerced Illegal Activities:** Has your partner ever forced or coerced you into engaging in illegal activities in order to obtain alcohol or other drugs?
- **Inducing Fear:** Have you ever been afraid to call the police for help because your partner said you would be arrested for substance use, that your children would be taken away, or that you would be deported due to substance use?
- **Sabotaging Recovery:** Has your partner ever stopped you from cutting down or quitting substances? Has your partner ever prevented you from attending a recovery meeting, interfered with your treatment, taken your MAT, or sabotaged your recovery in other ways?



Ask About the Children

- Their perception of impact on their children and any potential concerns they may have around their children's wellbeing
- Their efforts to protect and care for their children
- Any power and control tactics being used to undermine their attachment with their children
 - Are there threats to leverage child protective systems or child custody proceedings against them?
 - Are there threats of disclosing MH/SU concerns to their children or other trusted supports?



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Scenario: Morgan



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Scenario: Morgan

Morgan recently called asking about resources. She's currently living with her boyfriend because she doesn't have a source of income or another place to stay. She shares that every time she tries to work, her boyfriend tells her that she's "too sick to hold down a job" because of her SU. Morgan says that the last time she tried to get help, her boyfriend accused her of having an affair with the therapist. In addition to stable work and housing, Morgan hopes that services can help her "deal with the constant ups and downs" of her relationship. When you ask about these 'ups and downs', she responds, "He's always telling me I'm crazy and keeping me up all night arguing, I figure every couple goes through stuff like this."

- **What are some signs of SU coercion?**
- **How might you help Morgan safely access the services she wants?**



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Support Physical Safety, Emotional Safety, and Safe Access to Services

Brief Interventions in Person-Centered Services



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Validate and Affirm

- **“It is never your fault when someone harms you – regardless of what your partner or society tells you. You always deserve to be treated with dignity and respect.”**
- **“Your partner might find other people to agree that mental health or substance use gives them a right to control or abuse you. Undermining your credibility with other people is a way to strengthen their control because it makes it difficult for you to get support, be believed, and trust what you know to be true.”**
- **“I believe you, you are not alone.”**



Consent Matters: Ask Permission

Unless the person has directly requested this kind of support, ask for permission before:

- Asking additional follow up questions
 - “Would it be alright if we took a moment to talk a little more about this right now?”
- Offering additional information or feedback
 - “I have some information you might find useful, would it be alright to go over it together?”



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Consent Matters: Respect the “No”

If a person declines, it is vital that their “no” is respected.

- We can ask whether it would be okay to check in with them about this in the future.
 - “Thanks for letting me know, it’s important to me that our time together focuses on what you find important and helpful. Would it be alright if I checked in with you about this in the future?”
- If no, we can invite them to bring this up with us at any time.
 - “I hear you. Please feel free to bring this up with us in the future if we can support you in any way.”



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Actively Listen and Offer Strengths-Based Support

- “How does your partner’s behavior affect how you think or feel?”
- “What are some of the ways you get through this? What do you find works the best?”
- “What are some of the ways that you protect yourself and your children?”
- “We can talk about some safety strategies and resources if that would be helpful.”



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Collaboratively Strategize Ways to Safely Access Treatment and Recovery Services

Discuss:

- Safe strategies for keeping appointments and for staying in treatment if pressured to leave
- Safe times or places to receive calls and mail
- Options for maintaining control of medication(s), including medications used in recovery
- Whether keeping regular appointments raises concerns about being stalked. Discuss ways to stagger appointment times or consider alternative treatments
- Any legal documents that enable the abusive partner to have control over the person's care or finances



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Link to Desired Resources

*Connecting with
Anti-Violence Advocates*



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What's included in Advocacy Services?

Advocates are experienced with:

- Partnering with survivors to support their physical, emotional, and financial safety
- Crisis support
- Advocating across complex systems, including legal systems
- Locating needed resources, including housing, transportation, legal aid, children's resources, etc.
- Many programs also offer IPV counseling services for survivors and their children



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NATIONAL CENTER ON
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TRAUMA, AND
MENTAL HEALTH

National Domestic and Sexual Violence Hotlines



NATIONAL DOMESTIC VIOLENCE HOTLINE

THEHOTLINE.ORG

1-800-799-SAFE (7233) | 1-800-787-3224 (TTY)



STRONGHEARTS
Native Helpline
1-844-7NATIVE



National Sexual Assault Hotline
800.656.HOPE
online.rainn.org

Free. Confidential. 24/7

RAINN



love is respect org

chat at loveisrespect.org

SMS text "loveis" to 1-866-331-9474

call 1-866-331-9474

Discuss your options anonymously.
Peer advocates are available 24/7.




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Never advise or try to persuade a survivor to leave a relationship



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Palm Card on Substance Use Coercion

The graphic is a palm card with a dark blue background and white text. On the left, a vertical bar contains the text 'Substance Use Coercion'. The top right features the logo for the National Center on Domestic Violence, Trauma, and Mental Health, including the website address www.nationalcenterdvtraumamh.org. The main content is organized into several sections: a title 'When You Can Talk Privately', a quote, a list of 'Common Forms of Substance Use Coercion', a 'Validate and Affirm' section with a bulleted list, and a large arrow pointing right containing a question.

Substance Use 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?”

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Palm Card on Substance Use Coercion

Safety Plan: Access and Recovery



Collaboratively Strategize:

- Safe communication (telehealth, phone, mail, etc.)
- Stalking risk and appointment schedule
- Staying connected to services if pressured by a (ex-)partner to leave
- Maintaining control of medication(s), including MAR/MAT
- Threats to disclose or subpoena protected health information
- Legal documents that enable a (ex-)partner or social contact to exert control over the person

Connect

National Domestic Violence Hotline: 1 (800) 799-SAFE and 1 (800) 787-3224 (TTY)
RAINN National Sexual Assault Hotline: 1 (800) 656-HOPE
StrongHearts Native Helpline: 1 (844) 7NATIVE
Love is Respect (for teenagers): 1 (866) 331-9474 and 1 (866) 331-8453 (TTY)



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Palm Card on Mental Health Coercion

The graphic is a palm card with a blue and green background. On the left, a vertical blue bar contains the text 'Mental Health (MH) Coercion'. The top right corner features the logo for the National Center on Domestic Violence, Trauma, and Mental Health, with the website address www.nationalcenterdvtraumamh.org. The main content is organized into several sections: a title 'When You Can Talk Privately', a quote about partner support, a list of common forms of MH coercion, a 'Validate and Affirm' section with a bulleted list, and a large arrow pointing right containing a question about safety strategies and resources.

Mental Health (MH) Coercion

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?**”

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Palm Card on Mental Health Coercion

Safety Plan: Access and Autonomy



Collaboratively Strategize:

- Safe communication and appointments (telehealth, phone, mail, etc.)
- Staying connected to services if others attempt to interfere
- Maintaining control of medication(s)
- Ways to protect confidentiality and protected health information
- Legal documents that enable a (ex-)partner or social contact to exert control over the person
- Maintaining autonomy and preventing unnecessary commitment

Connect

National Domestic Violence Hotline: 1 (800) 799-SAFE and 1 (800) 787-3224 (TTY)
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Evidence-Based, Evidence-Supported and Promising Practices

Enhancing Treatment
Effectiveness for Survivors



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SUD, MH, and Trauma Treatment in the Context of IPV

- Numerous evidence-based treatments for PTSD
- Majority focus on past trauma
- For survivors of IPV, trauma is often unremitting and symptoms may reflect a response to ongoing danger and coercive control
- Abusive partners may discourage or prevent survivors from accessing treatment or taking medications as prescribed or coerce them to use substances when in recovery



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How does one heal while still under siege?



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Responding to the needs of IPV survivors involves a **combination of a trauma-informed approach**, plus:

- **IPV-specific approaches** that can be incorporated into any treatment modality
- **Gender-responsive services** that have been specifically developed or adapted for survivors of IPV, including two-generation (family-based) modalities
- **Culturally-specific approaches** that are responsive to the needs and experience of survivors from particular communities at particular points in time



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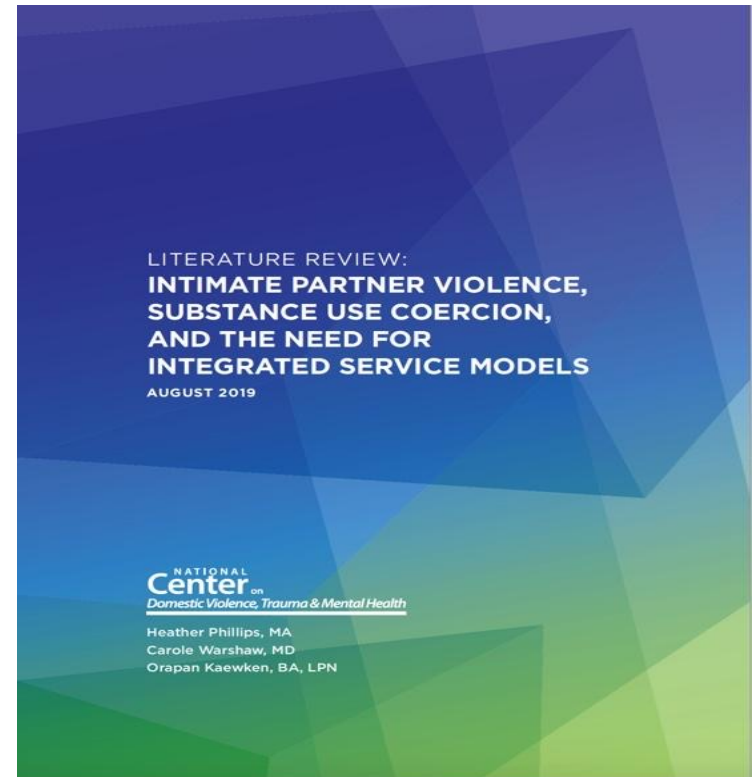
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Evidence for Integrated Services for Survivors of IPV Who Use Substances

(Morrisey et al., 2005; Bennett and O'Brien, 2007; Gilbert et al., 2006)

3 published studies suggest that integrated services may uniquely benefit survivors of IPV who use substances with enhanced outcomes, including decreases in substance use and experiences of violence



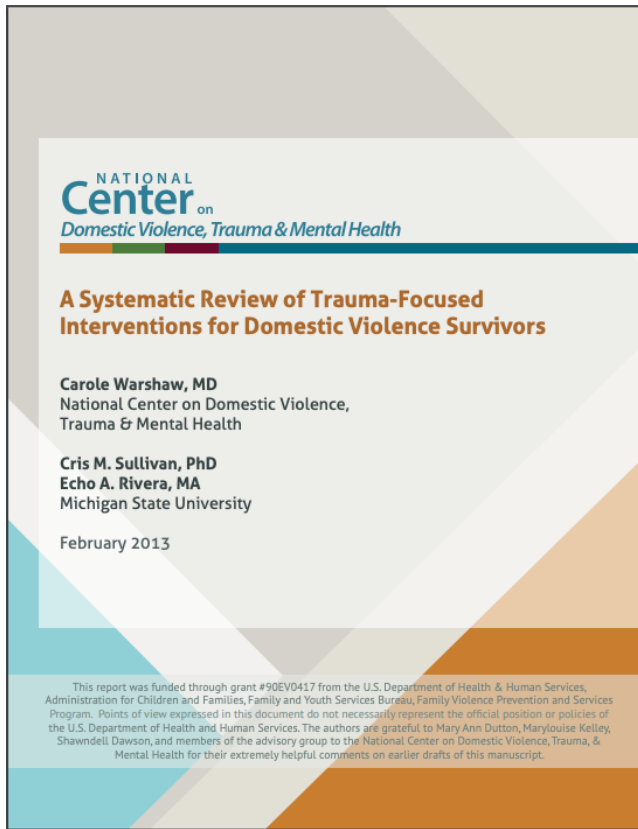
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Evidence-Based Integrated SUD and Trauma Treatment for Survivors of IPV



- Helping Women Recover (S. Covington, PhD)
- Seeking Safety (L. Najavits, PhD)

For more information on EBP and IPV, see:
A Systematic Review of Trauma-Focused Interventions for Domestic Violence Survivors
www.NationalCenterDVTraumaMH.org/wp-content/uploads/2013/03/NCDVTMH_EBPLitReview2013.pdf



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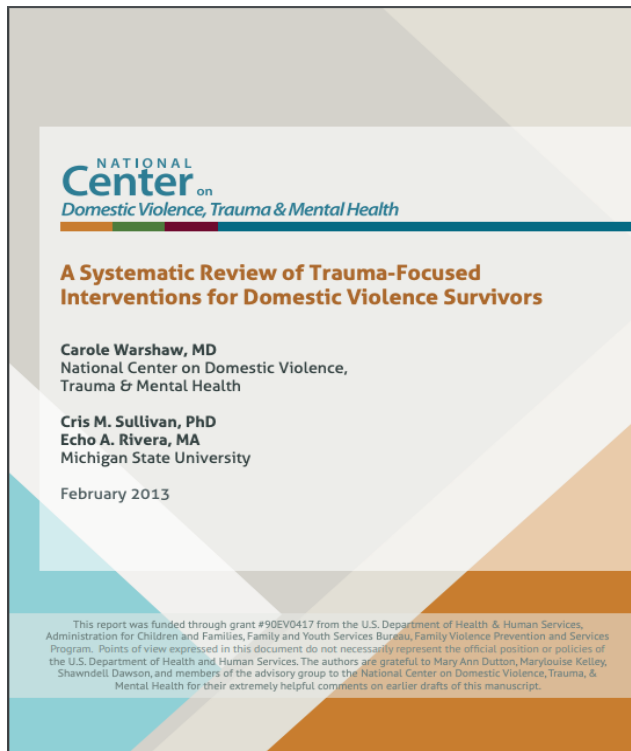


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MENTAL HEALTH

Enhancing Effectiveness for People Experiencing Relationship-Based Violence

Based on our systematic review, the following can enhance existing EBPs:

1. Psychoeducation about the causes and consequences of IPV, and their traumatic effects
2. Awareness of mental health and substance use coercion, and sabotaging of recovery efforts
3. Attention to ongoing safety
4. Cognitive and emotional coping skill development to address trauma-related symptoms and support goals
5. A focus on survivors' strengths as well as cultural strengths on which they can draw



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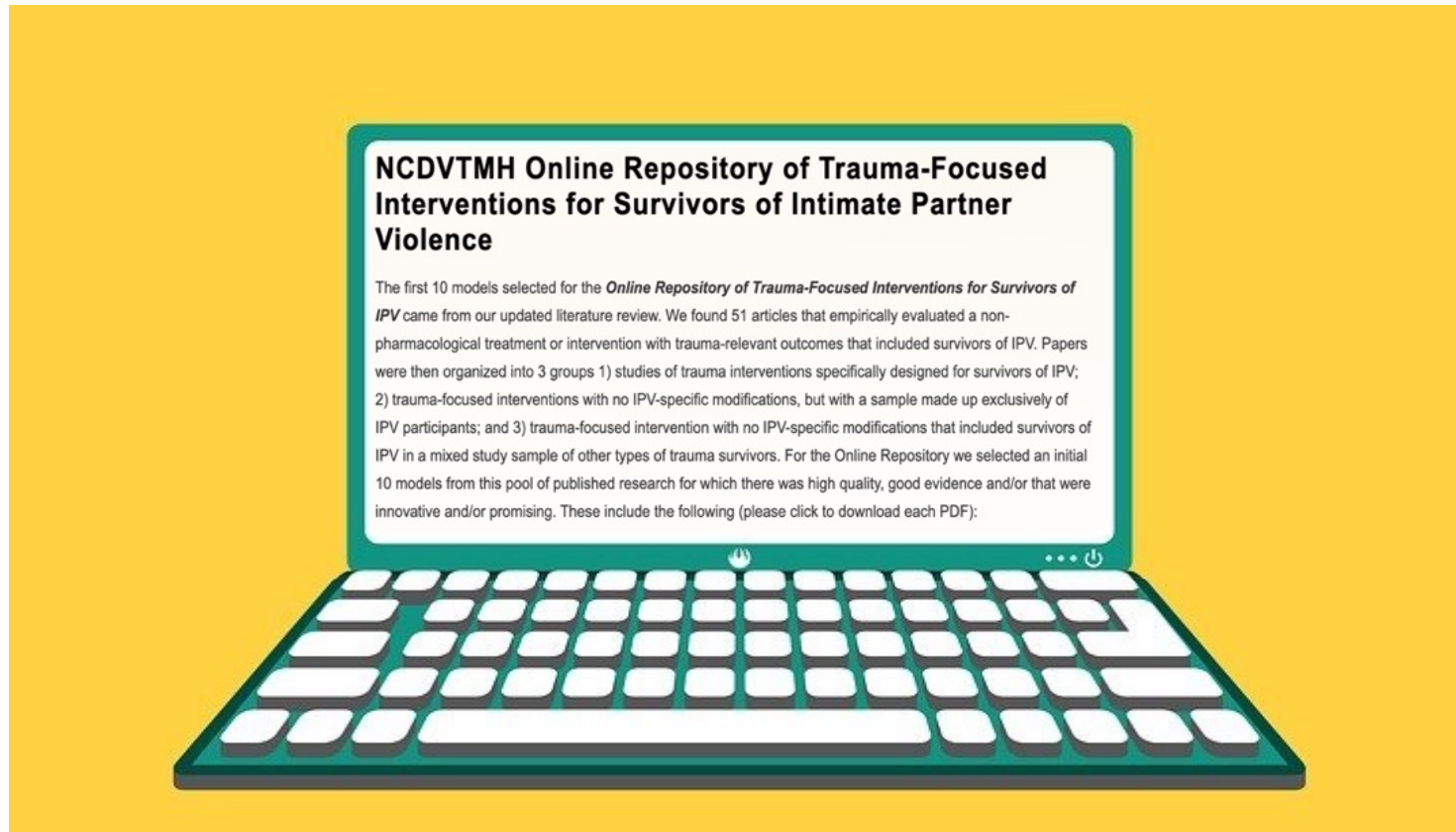
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NCDVTMH's Online Repository of IPV-Specific Trauma Interventions

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



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Community Recovery Groups

Never mandate or pressure participation

If survivor wants to access, support with safety planning

Help bridge potentially challenging concepts such as 'powerlessness'

Check out helpful resources:

Gender-specific groups

Women For Sobriety

A Women's Way Through the 12-Steps
by S. Covington PhD

[Real Tools p.228](#)

NCDVTMH's [7 Common Practices in SUD Care That Can Hurt Survivors and What You Can Do Instead](#)



REAL TOOLS: RESPONDING TO MULTI-ABUSE TRAUMA

A TOOL KIT TO HELP ADVOCATES AND COMMUNITY PARTNERS
BETTER SERVE PEOPLE WITH MULTIPLE ISSUES

BY DEBI S. EDMUND, M.A., LPC
AND PATRICIA J. BLAND, M.A., CDP



130 Seward Street Suite 209 Juneau, Alaska 99801 907-586-3650 www.andvsa.org



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PERSONAL

Health, housing,
resources,
skills, self-
efficacy,
hopefulness,
personal values

SOCIAL

Family,
safe intimate
relationships,
kinship,
social supports



CULTURAL

Community-level
presence and
access to
pathways of
healing that are
culturally
resonant

COMMUNITY

Anti-stigma,
recovery role
models,
peer-led support
groups



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Culturally-Specific Sources of Support, Healing, and Resilience

In all of this, let us not forget our traditions, relationships, beliefs, and culture as sources of support, healing, and resilience

Where trauma breaks meaning, culture makes meaning



Image Source: Community art by people who access www.streethhealth.ca services



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Additional NCDVTMH Resources



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Domestic Violence, Trauma, and Mental Health

COMMITTED TO SAFETY FOR ALL SURVIVORS:

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

GABRIELA A. ZAPATA-ALMA, LCSW, CADC



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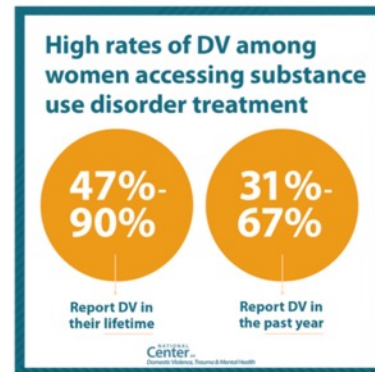
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7 Common Practices in Substance Use Disorder Care That Can Hurt Survivors and *What You Can Do Instead*



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MENTAL HEALTH**

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



➤ 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



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Palm Card on Substance Use Coercion

Substance Use Coercion



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www.nationalcenterdvtraumamh.org

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.”

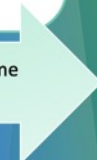
Common Forms of Substance Use Coercion


- 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?**”





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www.nationalcenterdvtraumamh.org

Safety Plan: Access and Recovery

Collaboratively Strategize:

- Safe communication (telehealth, phone, mail, etc.)
- Stalking risk and appointment schedule
- Staying connected to services if pressured by a (ex-)partner to leave
- Maintaining control of medication(s), including MAR/MAT
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- Legal documents that enable a (ex-)partner or social contact to exert control over the person

Connect

National Domestic Violence Hotline: 1 (800) 799-SAFE and 1 (800) 787-3224 (TTY)

RAINN National Sexual Assault Hotline: 1 (800) 656-HOPE

StrongHearts Native Helpline: 1 (844) 7NATIVE

Love is Respect (for teenagers): 1 (866) 331-9474 and 1 (866) 331-8453 (TTY)



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Palm Card on Mental Health Coercion



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

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

Mental Health (MH) Coercion

Safety Plan: Access and Autonomy



Collaboratively Strategize:

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**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

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**A Systematic Review of Trauma-Focused
Interventions for Domestic Violence Survivors**

Carole Warshaw, MD
National Center on Domestic Violence,
Trauma & Mental Health

Cris M. Sullivan, PhD
Echo A. Rivera, MA
Michigan State University

February 2013

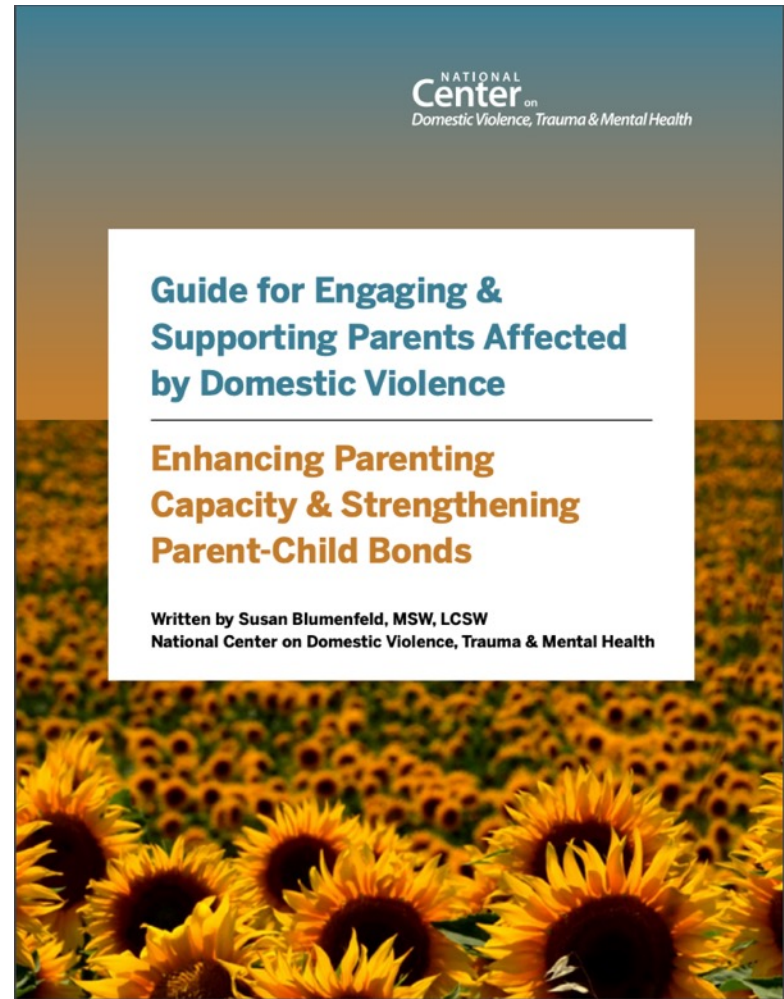
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MENTAL HEALTH**

**UNDERSTANDING
SUBSTANCE USE COERCION
IN THE CONTEXT OF
INTIMATE PARTNER VIOLENCE:
IMPLICATIONS FOR POLICY
AND PRACTICE**

SUMMARY OF FINDINGS

**NATIONAL
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Domestic Violence, Trauma & Mental Health

**SUMMARY AND REPORT:
SUBSTANCE USE COERCION
AS A BARRIER TO SAFETY,
RECOVERY, AND ECONOMIC
STABILITY: IMPLICATIONS
FOR POLICY, RESEARCH, AND
PRACTICE**

OCTOBER 24-25, 2019 | TECHNICAL EXPERT MEETING

**NATIONAL
Center**
*on
Domestic Violence, Trauma, and Mental Health*

Carole Warshaw, MD
Heather Phillips, MA
Elaine Alpert, MD
Jasmin Brandow, MA
Crystal Brandow, PhD



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**NATIONAL CENTER ON
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MENTAL HEALTH**

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*

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September 2018

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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

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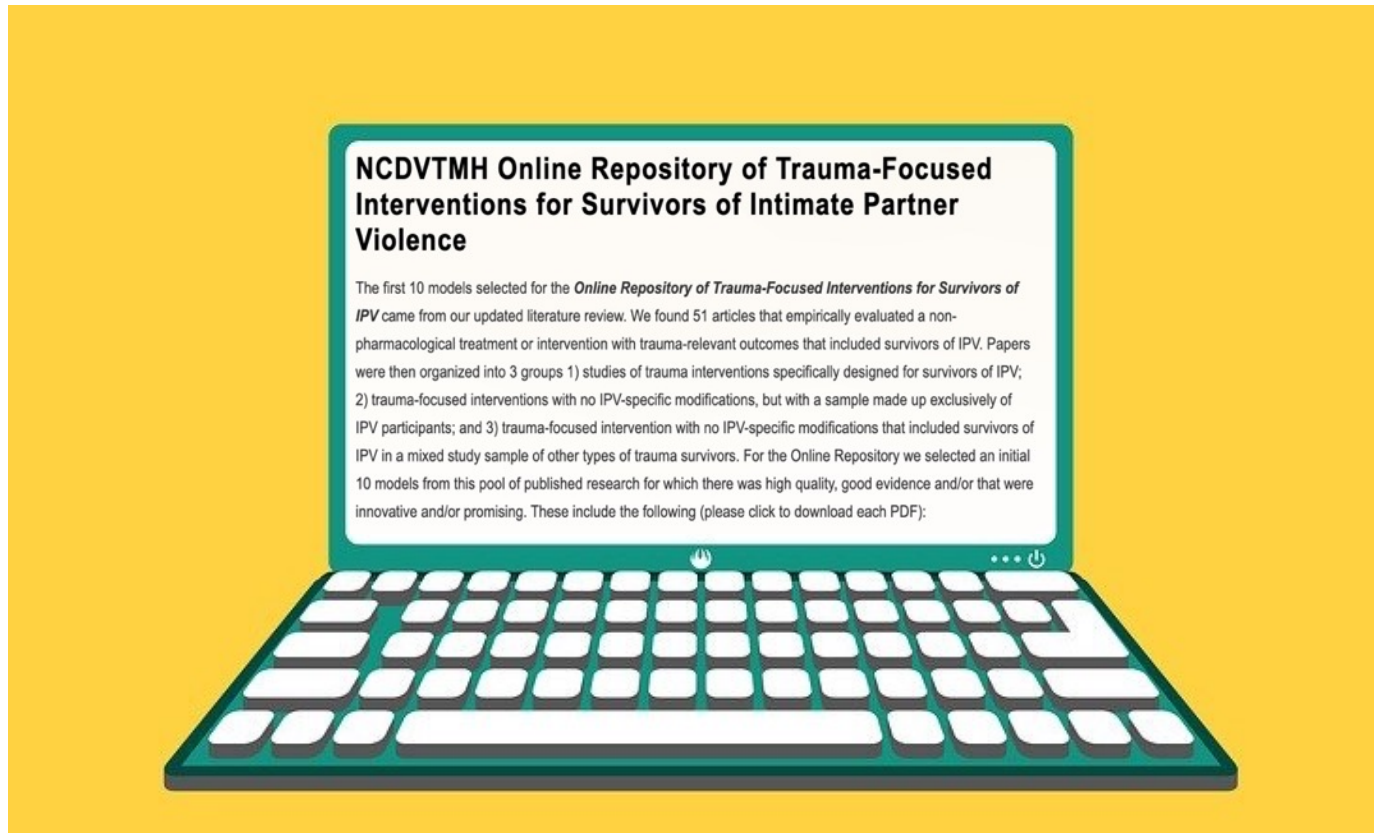
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NCDVTMH's Online Repository of IPV-Specific Trauma Interventions

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



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Resource:

NCDVTMH's COVID-19 Hub

www.nationalcenterdvtraumamh.org/trainingta/covid/

COVID-19

RESOURCES & UPDATES

In response to the current national emergency, NCDVTMH will continue to provide updates, resources, and tip sheets to support domestic violence and sexual assault advocacy organizations and coalitions in responding to the trauma, mental health, and substance use-related needs of survivors and their families.

[Click to View Resource Hub](#)



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Resources: IPV & COVID-19

COVID-19 Resources (NCDVTMH)

nationalcenterdvtraumamh.org/2020/04/new-covid-19-resource-hub

Resources on the Response to COVID-19 (NNEDV)

https://nnedv.org/latest_update/resources-response-coronavirus-covid-19/

COVID-19 for Survivors, Communities, and DV/SA Programs

(Futures Without Violence) www.futureswithoutviolence.org/get-updates-information-covid-19/

Safety Planning (NDVH) www.thehotline.org/2020/03/13/staying-safe-during-covid-19/

Safety Planning App: www.myplanapp.org



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STRONGHEARTS

Native Helpline

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love is respect V org

chat at loveisrespect.org

SMS text "loveis" to 1-866-331-9474

call 1-866-331-9474

Discuss your options anonymously.
Peer advocates are available 24/7.

NATIONAL Center_{on}

Domestic Violence, Trauma & Mental Health

Gabriela Zapata-Alma LCSW, CADC

Associate Director

info@ncdvtmh.org

More ways to connect

www.nationalcenterdvtraumamh.org/newsletter-sign-up/

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Instagram: [@ncdvtmh](https://www.instagram.com/ncdvtmh)

Facebook: www.facebook.com/ncdvtmh



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MENTAL HEALTH**

Thank You!



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Question and Answer



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