

Overdose Prevention and Intimate Partner Violence: Unique Risks, Needs, and Strategies

Gabriela Zapata-Alma, LCSW, CADC

Associate Director, NCDVTMH

October 4, 2022



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Presenter



Gabriela Zapata-Alma,
LCSW, CADC

Associate Director

National Center on Domestic Violence,
Trauma, and Mental Health



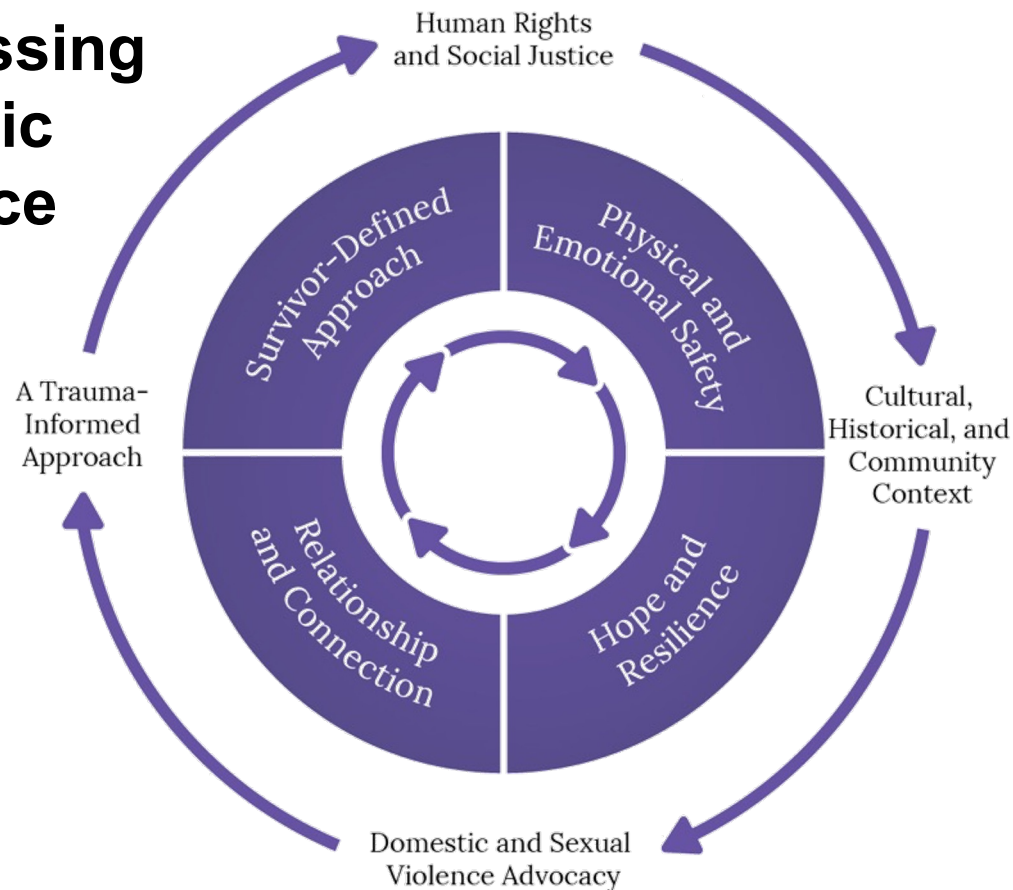
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NCDVTMH is a national resource center dedicated to addressing the intersection of domestic violence, trauma, substance use, and mental health

- 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:

- Assess individual risk and protective factors for fatal opioid overdose.
- Identify three evidence-based prevention methods for fatal overdose and safer substance use.
- Include awareness of intimate partner violence in overdose prevention planning.



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Overdose



Image Source: National Harm Reduction Coalition



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What is an overdose?

An overdose occurs when a **relatively** large dose overwhelms a person's body, resulting in severe health consequences, including death (if left untreated).

In the case of **opioids**, an overdose causes people to stop breathing. Without help, people will die from lack of oxygen.



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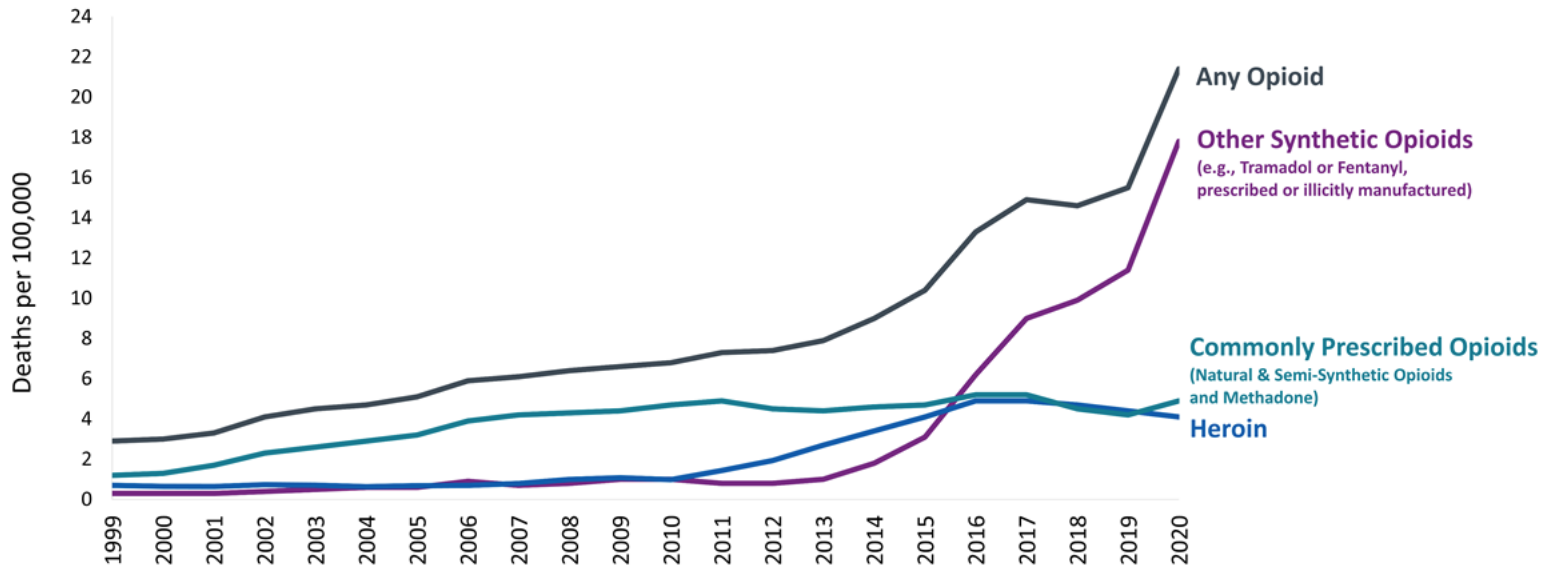
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Overdose is the Leading Cause of Accidental Death in the U.S.

Three Waves of Opioid Overdose Deaths



Wave 1: Rise in Prescription Opioid Overdose Deaths

Wave 2: Rise in Heroin Overdose Deaths Started in 2010

Wave 3: Rise in Synthetic Opioid Overdose Deaths Started in 2013

SOURCE: National Vital Statistics System Mortality File.

www.cdc.gov/drugoverdose/epidemic/index.html



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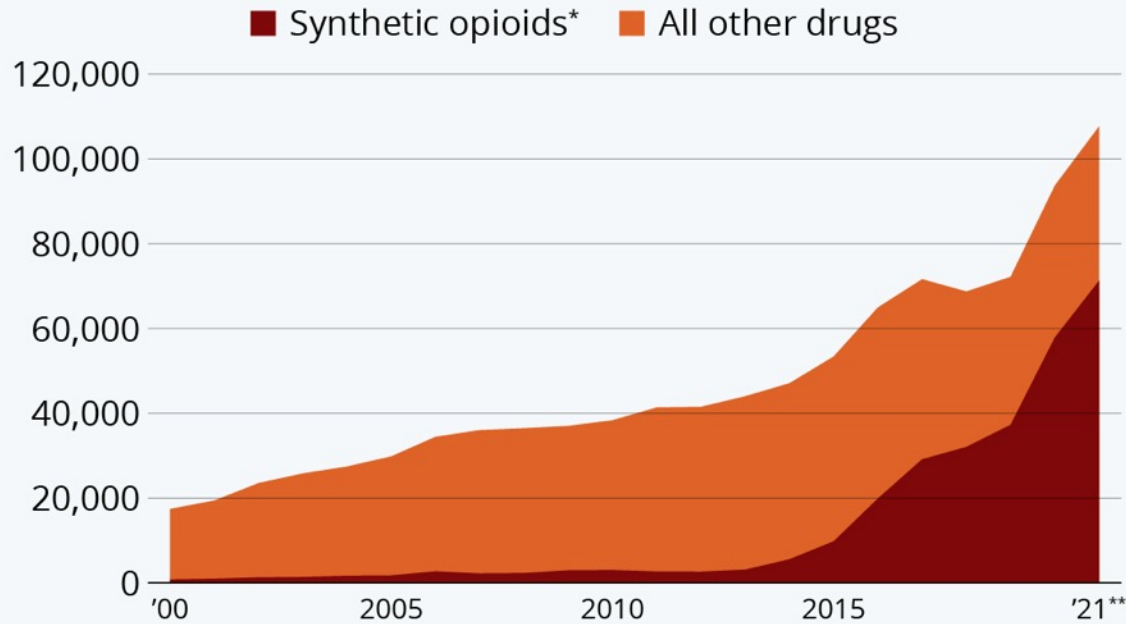


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<https://www.statista.com/chart/18744/the-number-of-drug-overdose-deaths-in-the-us/>

Fentanyl Fuels Surge in U.S. Drug Overdose Deaths

Number of drug overdose deaths in the U.S., by drug class



* mostly fentanyl, excl. methadone

** estimates for 2021 are based on provisional data.

Source: Centers for Disease Control and Prevention



statista



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80%

More than 80% of drug overdose deaths involved opioids.

85%

Nearly 85% of overdose deaths involved illicitly manufactured fentanyls,* heroin, cocaine, or methamphetamine (alone or in combination)

3 in 5

Potential opportunities to link people to care or to implement life-saving actions were present for more than 3 in 5 people who died from drug overdose.

<https://www.cdc.gov/drugoverdose/pubs/featured-topics/VS-overdose-deaths-illicit-drugs.html>



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www.facebook.com/ACOGNational/posts/overdose-and-suicide-are-leading-causes-of-maternalmortality-and-are-preventable/2942086665845848/

Overdose and suicide
are leading causes of
maternal mortality
and are preventable.

— MATERNAL MENTAL HEALTH AWARENESS MONTH —



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Evidence-Supported Opioid Overdose Prevention



Image source: National Harm Reduction Coalition

- Medication Assisted Recovery
- Naloxone Distribution
- Overdose Prevention Centers
 - Have existed in many countries worldwide, sanctioned ones recently opened in the US (NYC)



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We can help!

We can help by:

- Building trustworthy connections that foster open, person-centered conversations about alcohol and substance use
- Learning about risk factors for overdose
- Learning what an overdose looks like and what to do if someone may be overdosing



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We can help! (cont.)

We can help by:

- Sharing information with survivors
- Supporting survivors with safety planning around their substance use
- Helping survivors access [naloxone](#) (the opioid overdose antidote)



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Let's Check In



What kinds of **overdose prevention** support does your program offer?



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Overdose: Risk Factors



Image source: National Harm Reduction Coalition



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Overdose Risk Factors: Community and Context

People experiencing housing instability

- OD found to be a leading cause of death (Baggett, 2012)

People in treatment for Opioid Use Disorder

- Detox was found to pose a higher risk for OD than no treatment (Strang, 2003)

People living with HIV/AIDS

- Found a 74% higher incidence of overdose (Green, 2012)

Quality of substance

- High rates of overdose driven by synthetic opioids in the drug supply, not increased use (Pardo et al., 2019)



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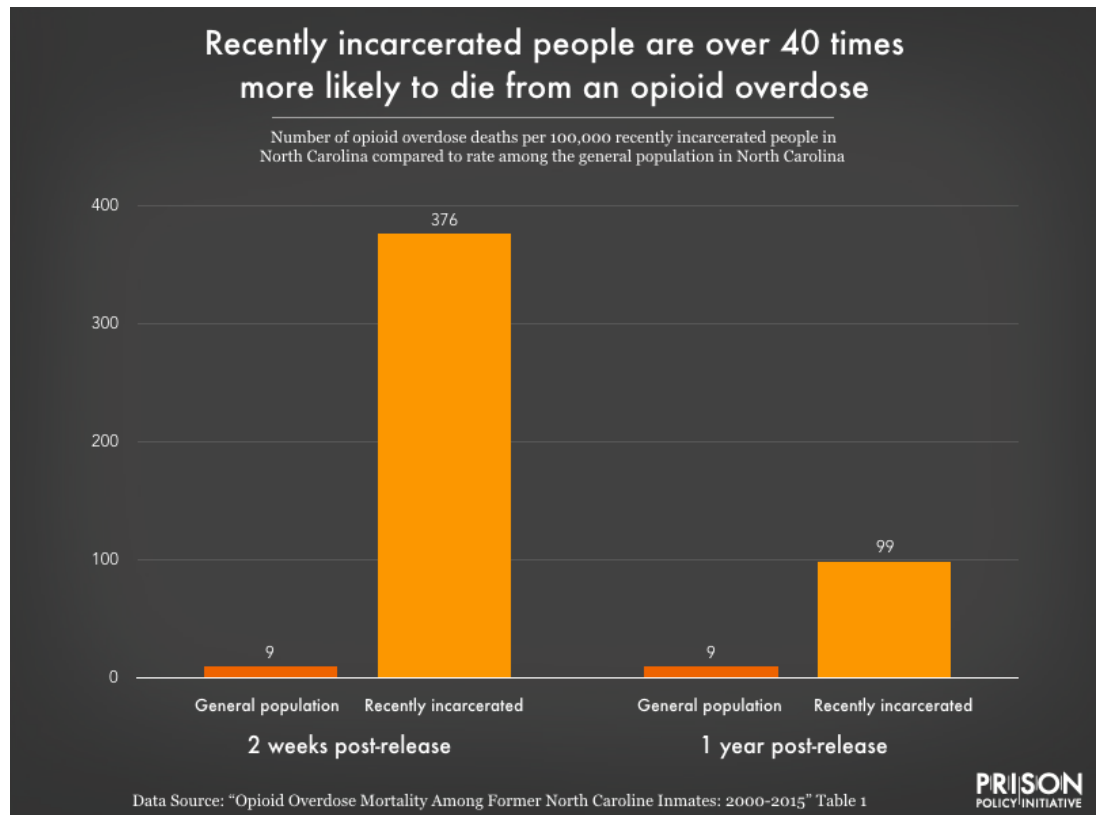
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Overdose Risk Factors: Community and Context (cont.)

People experiencing incarceration

OD found to be a
leading cause of death
(Binswanger, 2013)



www.prisonpolicy.org/graphs/postrelease_opioid_overdose.html



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Overdose Risk Factors: What about Domestic and Sexual Violence (DSV)?

Preliminary findings from a study led by Louisa Gilbert, PhD (Columbia University) has found that experiencing DSV increases risk of overdose.

- Women who experienced DSV (61% of women surveyed) **were more likely to overdose.**
- **94%** of women who use drugs and identify needing DV services found DV services **inaccessible.**



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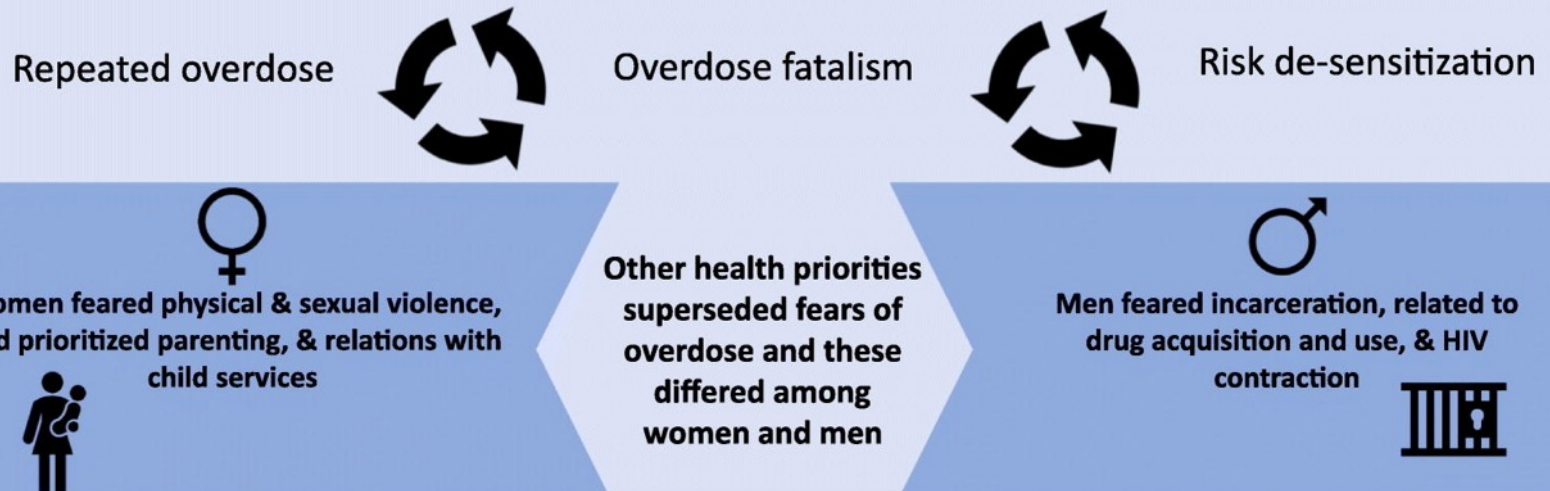
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A Qualitative Exploration of Gender Differences in Risk Experiences among Women and Men Who Use Fentanyl

Women's and men's interpretation of overdose as a chronic condition created a cycle of fatalism that downplayed overdose risk



Gender-responsive harm reduction strategies that address non-overdose concerns may enhance engagement among women and men who use fentanyl



Harris, MTH, Bagley, SM, Maschke, A, Schoenberger, SF, Sampath, S, Walley, AY, & Gunn, CM. (2021). Competing risks of women and men who use fentanyl: "The number one thing I worry about would be my safety and number two would be overdose" *Journal of Substance Abuse Treatment*, 125. <https://doi.org/10.1016/j.jsat.2021.108313>



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Overdose Risk Factors: Dynamics of Use and Individual Factors

- Using alone
- Prior overdoses
- Erratic pattern of use
- Mixing substances (any)
- Using opioids with central nervous system depressants (i.e. downers)
- Physical health conditions
- Not 'testing' the dose
- Pattern of impulsivity
- History of suicidality, self-injury, depression or depressed mood
- Recent period of abstinence
- Route of administration
- Not having an overdose prevention plan
- Seeks profound intoxication



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Practice:

Identify Overdose Risk Factors

Kellie recently called seeking resources after experiencing physical violence from her current partner.

She shares that she:

- Uses opioid pills and alcohol daily, and
- Is prescribed benzodiazepines for anxiety that she usually takes 1-2x/week
- But finds she's taking them daily recently because of heightened anxiety.
- She has a history of suicide attempts and depression.



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Practice:

What Risks Did You Notice?

Kellie recently called seeking resources after experiencing **physical violence** from her current partner.

She shares that she:

- uses **opioid pills and alcohol daily**, and
- is prescribed **benzodiazepines** for anxiety that she usually takes 1-2x/week
- but finds she's taking them **daily recently** because of heightened anxiety.
- She has a history of **suicide attempts and depression.**



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Recognizing and Responding to Potential Opioid Overdose



Image Source: Harm Reduction Coalition



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Nearly 40% of overdose deaths occur **while a bystander is present**. Naloxone access for bystanders can help save lives. See CDC #VitalSigns.



 VitalSigns™

www.cdc.gov

https://www.cdc.gov/drugoverdose/images/vitalsigns-40-percent-medium.jpg?_=65223



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Signs of Opioid Overdose



trouble walking
or talking



won't wake up



difficulty breathing,
gurgling sounds, or
unusual snoring



cold, clammy skin



grey, purple or blue
lips or nails



tiny pupils

Canada's source for
HIV and hepatitis C
information



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Intoxication vs. Overdose

Profound Intoxication

- Can be aroused (responds to stimuli, such as sternal rub)
- Speech is slurred
- Breathing (>8x/min)

It can take *HOURS* for a person to overdose... or mere moments (*fentanyl*).

Overdose

- Unresponsive to stimuli
- Can open eyes but not speak
- Breathing slowly or not at all
- Less than 8x/min
- May hear choking, gurgling or snoring sound
- Blue/gray lips and/or fingertips



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Responding to an Opioid Overdose

Overdose death can be
PREVENTED

Take Home Naloxone Kits reverse overdose and save lives.

Follow the **SAVE ME** steps below to save a life.
If the person must be left unattended at any time, put them in the recovery position.



STIMULATE
Unresponsive?
CALL 911



AIRWAY



VENTILATE
1 breath every
5 seconds



EVALUATE



MUSCULAR INJECTION
1 mL of Naloxone



EVALUATE
2nd dose?



First Nations Health Authority
Health through wellness

Artwork created by:
towardtheheart.com

Naloxone is available as:

- intramuscular injection
- auto-injector
- nasal spray

Naloxone is increasingly available through local harm reduction orgs, public health agencies, pharmacies, and other resources.



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Post-Overdose Support

Overdose Recovery Position



1. tilt head back, lift chin to open airway

2. turn to one side, place hand against chin

3. bend knee against floor

4. tilt head back, check breathing

5. call emergency and wait till it arrives

Continue to support the person until first responders arrive and/or for at least 1-2 hours after the overdose. Naloxone can wear off and the person can overdose again. Comfort them and prevent them from using more.



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Medical Attention is Recommended



Image source: National Harm Reduction Coalition

- Risk may persist after the naloxone wears off
- There could be other substances in their system that contribute to overdose
- Naloxone only works for opioids
- Overdose immunity laws exist in many areas



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Overdose Immunity Laws

These laws aim to encourage people to seek medical attention for suspected overdose by offering some protections against some legal consequences associated with opioid use.



Source: GAO analysis of jurisdiction laws. | GAO-21-248

<https://www.gao.gov/products/gao-21-248> (as of 2021)



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Overdose Prevention: Opioids and Stimulants

- In 2017, opioids were present in 75% of overdoses related to cocaine and in 50% of overdoses related to methamphetamine. (Kariisa, 2019)
- Mixing substances increases overdose risk.
- Opioids may be present in stimulants (and other substances) that a person is using without their knowledge.
- Naloxone is only effective in reversing overdoses due to an opioid.



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Fentanyl Testing

Testing for the presence of fentanyl helps people to make more informed choices about their use of substances, supporting safer use including overdose prevention.



Image: DanceSafe.org

Overdose Prevention: Stimulant (not opioid related)

Pittman 2005

Severe Signs & Health Issues

- Difficulty breathing
- High blood pressure
- High body temperature
- Hallucinations
- Extreme agitation/anxiety
- Chest pains
- Seizures
- Stroke
- Irregular heart rhythm



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Overdose Prevention: Stimulants (not opioid related)

What can we do if someone may be overdosing?

Seek emergency medical attention

- There is no single medication to reverse a stimulant overdose (like naloxone can for opioid overdose); emergency medical care is needed.
- Emergency medical care will focus treating and/or preventing heart attack, stroke, and organ shut-down.



Health Promotion Strategies for Stimulant Use

- HIV and Hepatitis-C prevention and treatment
- Sexual healthcare, safer sex materials and sexual harm reduction support
- Supporting nutrition and hydration (particularly prior to using and while coming down)
- Routine healthcare
- Access to behavioral healthcare



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Trauma-Informed Follow Up



- Follow up with and support the person. Neutralize shame, support overdose prevention planning.
- Provide emotional support for anyone who was involved in responding to the overdose.
- Follow up with staff - create space for checking in and accessing support.
- Honor those whom we've lost to overdose.



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Providing Overdose Education



Image source: Harm Reduction Coalition



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3 in 5

More than 3 in 5 people who died from a drug overdose had an identified opportunity for linkage to care or life-saving actions.



https://www.cdc.gov/drugoverdose/images/vitalsigns-3-in-5-medium.jpg?_=65230



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Learn – Access - Share

In order for opioid overdose prevention to be effective, the person must be able to access a naloxone kit and share the information with their support networks.



Image source: Harm Reduction Coalition

Overdose cannot be reversed by the person experiencing it.



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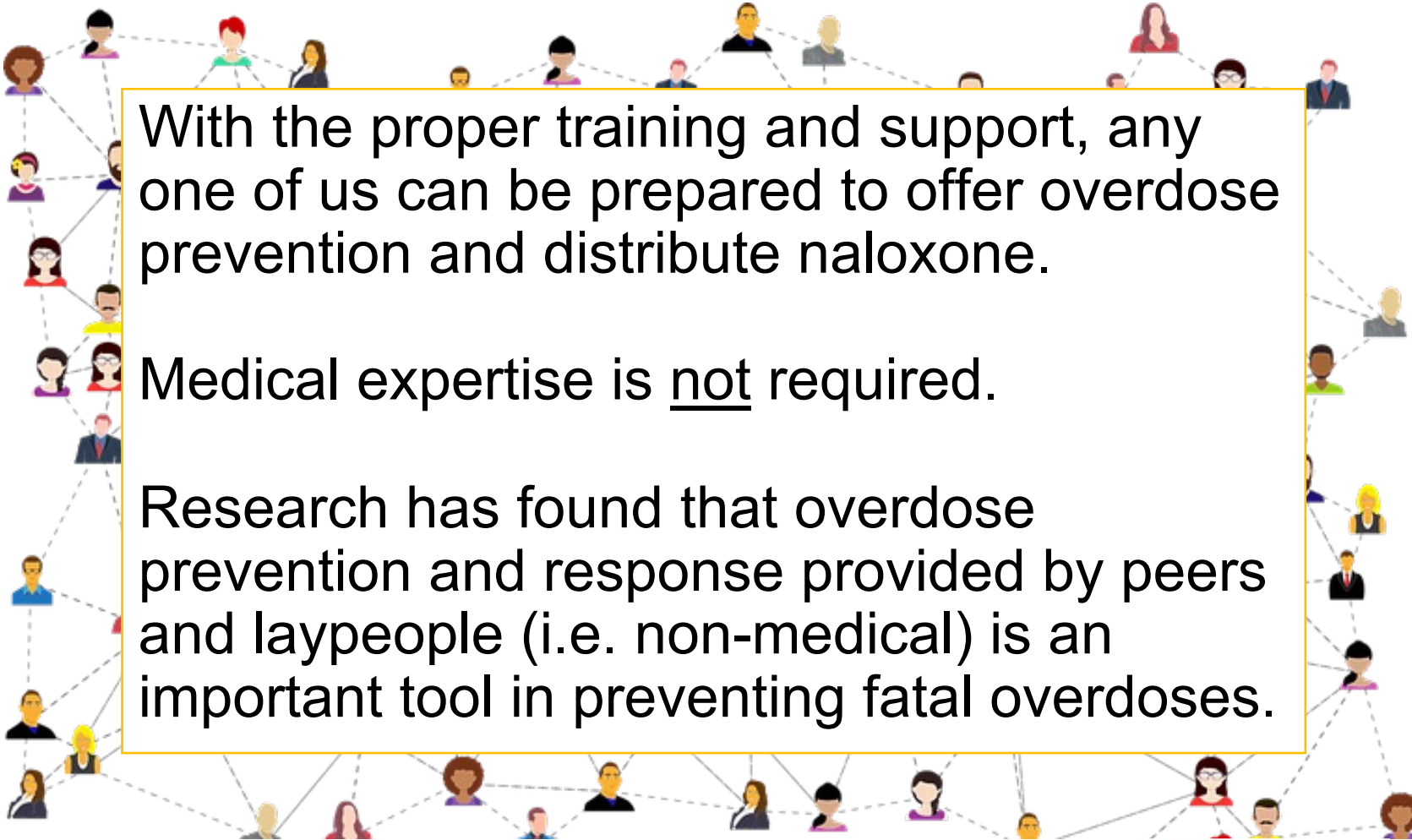
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Who Can Provide Overdose Prevention Support?



With the proper training and support, any one of us can be prepared to offer overdose prevention and distribute naloxone.

Medical expertise is not required.

Research has found that overdose prevention and response provided by peers and laypeople (i.e. non-medical) is an important tool in preventing fatal overdoses.



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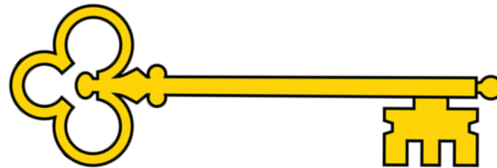


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Key Steps in Overdose Education

Build Trustworthy Relationships

- Develop a relationship that keeps the door open for discussing substances no matter where the person is in their own process (i.e. 'meet them where they are').
- Provide nonjudgmental and non-coercive education around overdose risk and prevention.



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Non-Coercive Information Sharing 1

ELICIT - PROVIDE - ELICIT

- *What are some things you're already doing to increase your safety?*
- *Sometimes people experience _____, what's been your experience?*
- *What do you think about _____?*
- *If you were to try doing something differently, how might you go about it?*



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Non-Coercive Information Sharing 2

ELICIT - PROVIDE - ELICIT

In a compassionate, non-stigmatizing, and person-centered manner, we can provide information and/or feedback:

- *Would it be alright if I shared some information about _____ with you?*
- *I have information on _____ that you might find relevant. May I share it with you?*



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Non-Coercive Information Sharing 3

ELICIT - PROVIDE – ELICIT

Reaction:

- *What do you think about that?*
- *How does that fit in with your experience?*

Additional Questions:

- *What else might be helpful to know?*

Next Steps:

- *What do you think you'll do?*
- *How would you like to move forward?*



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Key Steps in Overdose Safety Planning

Support individuals to...

- Create an overdose prevention plan
- Access naloxone on an ongoing basis
- Recognize risk factors and strategize around how to mitigate these factors
- Know tolerance changes with frequency and amount used
- Start low and go slow especially when their pattern of use has recently changed or is inconsistent
- Avoid mixing substances, especially downers
- Avoid using alone
- Keep a naloxone kit nearby when using



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Integrated Safety Planning

- Remain survivor-defined, focus on their priorities
- Integrate substance use safety planning with overall safety planning
 - What may increase safety related to substance use may may increase danger related to DSV (or vice versa).
 - Individualized and integrated safety planning are key, there is no 'cookie cutter' approach here.
- Build in a follow-up plan

Resource: Never Use Alone

www.NeverUseAlone.com

NEVER USE ALONE

Web : www.NeverUseAlone.com
Phone : 1-800-484-3731 Available 24/7
FB : www.facebook.com/Neverusealone

(800)484-3731
No Judgement
No Shaming
No Preaching
Just Love!



Call us if you are going to
Use Alone!
1-800-484-3731

One of our operators will stay on the line with you while you use, to try and ensure that you don't die from fentanyl poisoning!

HOW IT WORKS

When you call, one of our volunteer operators will answer your call. You will be asked for your first name, exact location (down to the exact room you're in), and the phone number you're calling from.

After you've given us the required information, you can go ahead and use your substance. We ask that you let us know when you're done. If you stop responding afterward, we will notify emergency services of a "unresponsive person" at the location you've given us.

All calls are confidential. We do not store your personal information anywhere, and we never share your info with anyone other than EMS if we have to call them. So far we've called EMS for 35 callers, and not once has anyone been charged with anything!



CONFIDENTIAL

We don't share your personal info with anyone other than EMS, if we have to call them. We are NOT affiliated with any law enforcement agency, or treatment center!



TREATMENT RESOURCES

If you are interested in getting help, we have a large list of free/low cost, and state funded facilities throughout the country. We will never push this on you though.



HARM REDUCTION RESOURCES

If you need Narcan, or access to safe supplies, we can assist you with locating resources within your state.

NO JUDGEMENT, NO SHAMING, NO PREACHING @ YOU TO QUIT, JUST LOVE!



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What Can We Do? Next Steps

- Fight stigma within ourselves, our programs, and our communities
- Partner with survivors and offer harm reduction-based integrated safety planning
- Collaborate with harm reduction organizations
- Support naloxone access by having it on-site as well as helping survivors to access take-home naloxone kits
- Support expanded legal protections for people seeking medical care for a suspected overdose
- Plan an event for International Overdose Awareness Day to raise awareness as well as honor those whom we've lost to overdose



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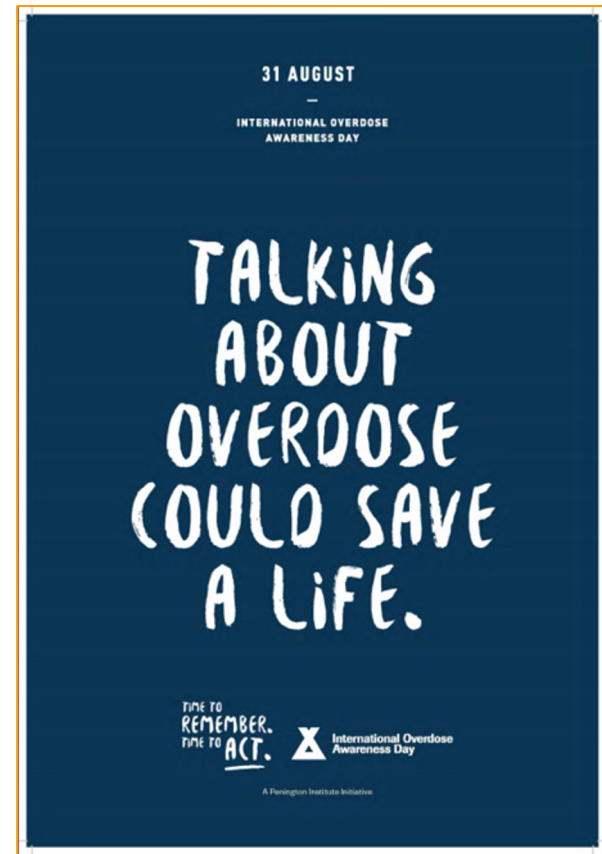
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International Overdose Awareness Day is 8/31

Plan an overdose awareness event in honor of International Overdose Awareness Day on **August 31st**.

For ideas and free resources, check out www.overdoseday.com



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Find Naloxone

US States, Washington DC, and Puerto Rico

- Next Distro: <https://nextdistro.org/naloxone>

Illinois: <https://nextdistro.org/illinois>

Indiana: <https://nextdistro.org/indiana>

Michigan: <https://nextdistro.org/michigan>

Minnesota: <https://knowthedangers.com/naloxone-finder/>

Ohio: <https://odh.ohio.gov/know-our-programs/project-dawn>

Wisconsin: <https://nextdistro.org/wisconsin>



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Harm Reduction Resources

National Harm Reduction Coalition

- Overdose Prevention: <https://harmreduction.org/issues/overdose-prevention>
- Safer Use: <https://harmreduction.org/issues/safer-drug-use>

Chicago Recovery Alliance

- Overdose Prevention: <https://anypositivechange.org/tag/od-training-videos>
- Better Vein Care: <https://anypositivechange.org/better-vein-care>

Vital Strategies COVID-19 Harm Reduction Toolkit

- www.vitalstrategies.org/resources/covid-19-harm-reduction-toolkit

Naloxone info for prescribers and pharmacists

- Prescribetoprevent.org



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Additional NCDVTMH Resources



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COMMITTED TO SAFETY FOR ALL SURVIVORS:

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

GABRIELA A. ZAPATA-ALMA, LCSW, CADC



Great Lakes (HHS Region 5)

MHTTC

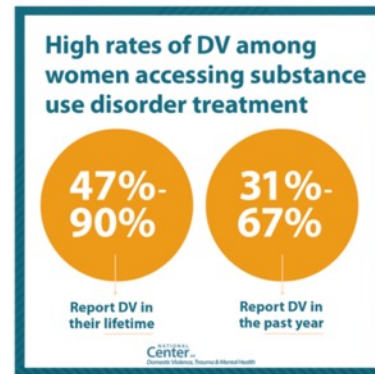
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7 Common Practices in Substance Use Disorder Care That Can Hurt Survivors and *What You Can Do Instead*



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**DOMESTIC VIOLENCE,
TRAUMA, AND
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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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.”

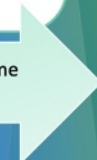
Common Forms of Substance Use Coercion


- 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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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

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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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

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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

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.

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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

This report was funded through grant #90EV0417 from the U.S. Department of Health & Human Services, Administration for Children and Families, Family and Youth Services Bureau, Family Violence Prevention and Services Program. Points of view expressed in this document do not necessarily represent the official position or policies of the U.S. Department of Health and Human Services. The authors are grateful to Mary Ann Dutton, Marylouise Kelley, Shawndell Dawson, and members of the advisory group to the National Center on Domestic Violence, Trauma, & Mental Health for their extremely helpful comments on earlier drafts of this manuscript.



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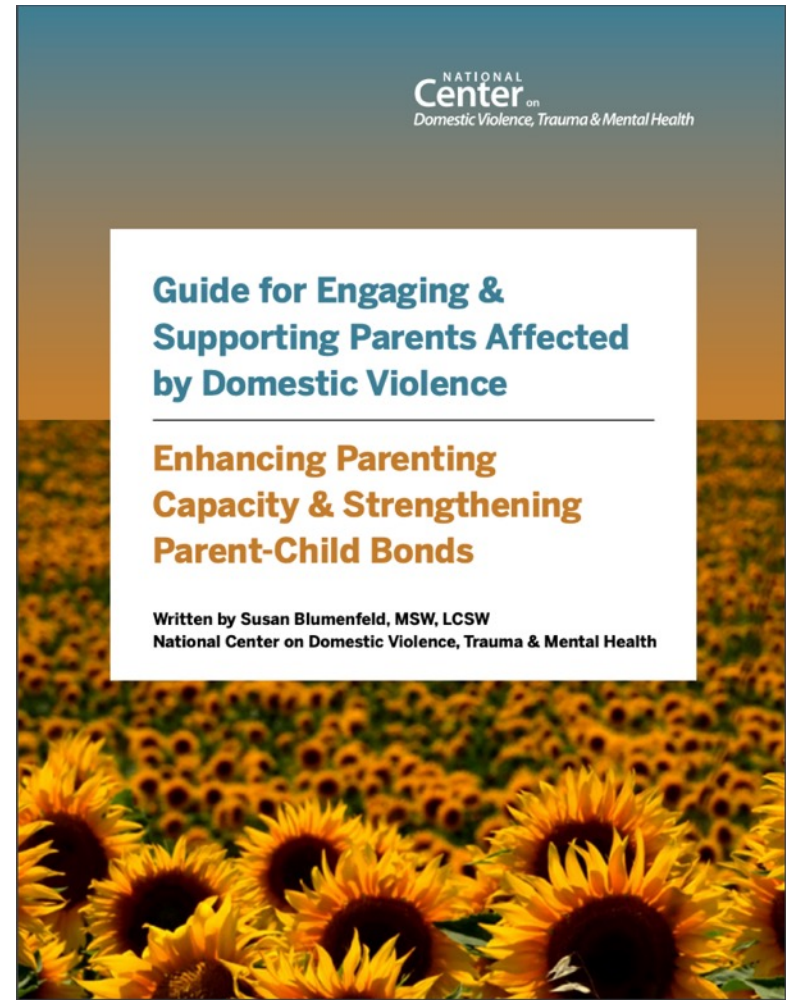


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Violence, Trauma, and Mental Health

Family-Centered Toolkit for Domestic Violence Programs



Susan Blumenfeld, MSW, LCSW and Jeannette Baca, DSW, LCSW, LISW
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Domestic Violence, Trauma & Mental Health

Guide for Engaging & Supporting Parents Affected by Domestic Violence

Enhancing Parenting Capacity & Strengthening Parent-Child Bonds

Written by Susan Blumenfeld, MSW, LCSW
National Center on Domestic Violence, Trauma & Mental Health



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

SUMMARY OF FINDINGS

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**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
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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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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.

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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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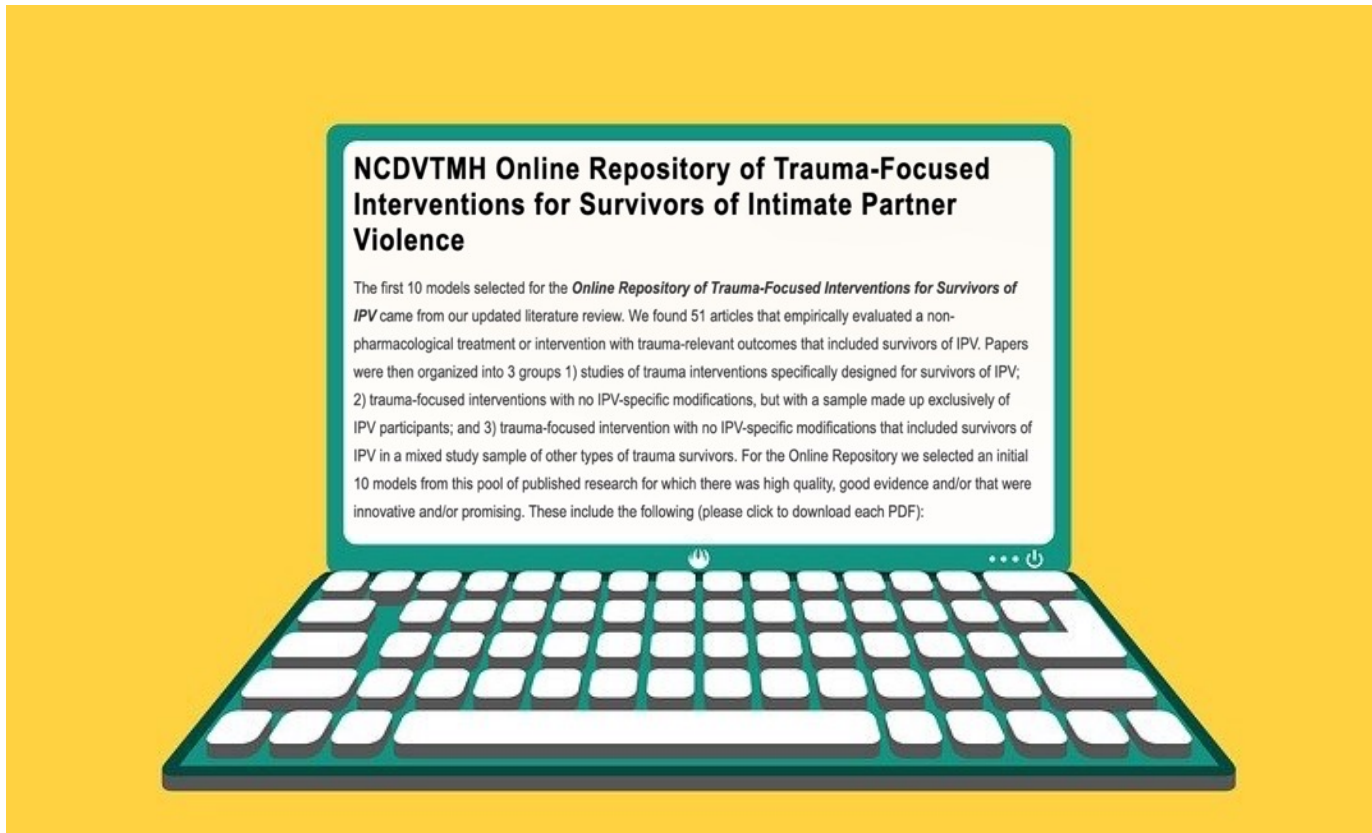
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NCDVTMH's Online Repository of IPV-Specific Trauma Interventions

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



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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



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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.

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Gabriela Zapata-Alma LCSW, CADC

Associate Director

info@ncdvtmh.org

More ways to connect

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

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Gabriela Zapata-Alma LCSW, CADC

Associate Director

info@ncdvtmh.org

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Thank You!



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Question and Answer



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