



## **Transcript: 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 (Part 2)**

Presenter: Tory Wynecoop-Abrahamson  
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JEN WINSLOW: Good morning, everyone. We'll be starting in just a moment. So just hang tight.

Welcome, everyone to today's webinar. 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 with our presenter, Tory Wynecoop-Abrahamson. This webinar is co-sponsored by the Great Lakes MHTTC and SAMHSA. The Great Lakes ATTC, MHTTC, and PTTC are funded by SAMHSA under the following cooperative agreements.

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A few housekeeping items. If you are having any technical issues, please individually message me, Jen Winslow or Ann Schensky in the chat section at the bottom of your screen, and we will be happy to assist you. If you have any questions for the speaker, please put them in the Q&A section at the bottom of your screen rather than the chat. It helps us keep those questions organized, and we will do our best to get them answered.

We will be using live transcription during the presentation, and at the end of the 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 session in full. This can take up to two weeks. And if you are not seeing it, please make sure to check your spam or junk folders.

The recording and presentation materials will be available within the next week on the Great Lakes MHTTC website. Now, this is our presenter, Tory Wynecoop-Abrahamson, is a citizen of the Spokane tribe located in Eastern Washington State, and the training and technical assistant manager at the National Center on domestic violence, trauma, and mental health.



She began her advocacy journey during her undergraduate career at Illinois College by establishing a sexual assault support group in response to the #MeToo movement. After graduation, she returned home to the Spokane Indian reservation and worked as a domestic violence advocate providing assistance to survivors of domestic violence, sexual assault, teen dating violence, stalking, and elder abuse.

Assistance for survivors often include accessing resources for civil and criminal court cases, mental health support, and substance use services. This position encouraged Tory to pursue and complete a Master of Social Work at the University of Chicago Crown Family School of Social Work Policy and Practice. Prior to joining MCDVTMH, Tory provided SAMHSA funded training and technical assistance to tribal communities and nations with a focus on building program capacity and sustainability in the areas of suicide prevention, substance abuse, and mental health.

Welcome, everybody, and thanks for being here.

TORY WYNECOOP-ABRAHAMSON: Sorry, I had a difficult moment locating my mute button, but thank you so much for that introduction. I'm going to go ahead and share my screen and start my presentation. OK.

So as mentioned, my name is Tory Wynecoop, and my pronouns are she her hers. And I'm just really excited to be here with all of you today. Before we get started, I just wanted to let everyone know that I'm going to have today's webinar try to be as interactive as possible. This just includes inputting your questions in the Q&A box. And we also have three activities that I'm going to have us participate in, where there are three activities where I give you the option of utilizing a QR scan code, or a link that would be placed in the chat as we get closer to those activities.

And this is more or less to help us engage with reflection questions, collaborate, and give us the opportunity to share our own thoughts within the format of the pamphlets that I've provided for today. There are also a couple of activities that does require something to write with and a piece of paper, so please have these ready when we get to that time and the time allotted for those activities.

And again, I will be answering questions throughout today's webinars, so feel free to input your questions into the Q&A chat box at any time, and the individuals that are here will help facilitate that by pausing me and reading the question out loud.

So with that being said, the National Center on Domestic Violence is a special resource center that is dedicated to addressing the intersection of domestic violence, trauma, substance use, and mental health. We have four focus



areas that include training and technical assistance, research and evaluation, policy and development analysis, and public awareness.

And so I want to draw everyone's attention to the image that's on the right hand side here. And this is the center's integrated approach that we use here. And there are four key principles that are here on the outside, which include the human rights and social justice approach, the cultural, historical, and community context, domestic violence and sexual violence advocacy, and a trauma informed approach. And these four key principles are informed by the core principles that can be found in the middle of this image, which include survivor defined approach, physical and emotional safety, health and resilience, and relationship and connection.

So for today's session, it will have an emphasis on the key principle of cultural, historical, and community context, and how the core principles or other frameworks that you work within can help inform us of cultural humility, cultural responsiveness, and equity based approaches while working with survivors of domestic violence and intimate partner violence.

Here are today's objectives. The first one is define culturally responsive services for domestic violence and intimate partner violence survivors in mental health settings. The second is to identify at least two examples of culturally responsive approaches to support survivors of domestic violence and intimate partner violence.

So as I said in the beginning, I'm going to try and make this webinar as interactive as possible to help foster learning and collaboration around the topic of cultural responsiveness. And to help us get more comfortable in using the chat function and the Q&A function, for this, the chat function, I invite you all to put into the chat the following. The first, your name, pronouns, organization, and location. And the second, your favorite dish to eat.

And I just want to note that I have seen participants already put into the chat the name and organizations, and I think that's great. So now, just place your favorite dish to eat. Yeah, I see we have individuals from, it's a wide audience today. That's great. Pizza. Pizza is a very popular dish so far.

Caramel rolls, sushi, tacos. I think my favorite is definitely pasta. Think I eat pasta every other day, which may or may not be a good thing. I don't know, but yeah. Thank you to everyone who's sharing in the chat. It's just going so fast that I am having difficulty keeping up right now. But it's great. I really enjoy that there's so many here today.

Thank you for your responses.

So values, purpose, and vision. The accessible, culturally responsive, and trauma informed approach that I just discussed in the previous slide with the core principles and the key principles integrates several components and



approaches to help us guide in assisting survivors of domestic violence and interpersonal violence. And as we will see throughout the session, applying the values, purpose, and vision to engage with survivors through a cultural humility and equity based approach is relational to our interpersonal and institutional self awareness and reflection.

By fostering self-awareness and reflection, we are better prepared to identify oppressive practices and overcome them to be better aligned with values and intentions that fully support domestic violence and intimate partner violence survivors in their own unique journeys.

I wanted, to help further set up this conversation, I wanted to define domestic violence and intimate partner violence. So intimate partner violence is experience of stalking, physical, sexual, emotional, financial, cultural, and other forms of abuse by an intimate partner or ex partner. And domestic violence is the 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.

So why focus on culturally responsiveness, specifically for survivors of IPV and DV. Isn't cultural responsiveness always important regardless of experiences and trauma? And the answer is yes. Culture informs, shapes, and influences everything. And cultural responsiveness is an important dimension of care for every person.

And this becomes particularly important for survivors of intimate partner violence, and domestic violence, and other trauma because of the ways that culture and power dynamics are intertwined within our society and the organizations that we work in. So survivors are deeply aware of power dynamics because survival depends on this awareness. And so this particular aware of power dynamics that come up in provider relationships, excuse me, let me rephrase that.

So power dynamics that come up in provider relationships and within organizations should strive for culturally responsive and equity-based approaches as part of reducing the risk of retraumatization and revictimization when working with survivors of domestic violence and intimate partner violence.

So defining cultural responsiveness in relation to provider organizations and survivor interactions is not going to be one size fits all. You can have a very generalized term, but that is a little difficult since each of us work in communities and environments that are different across the states, and in particular, the Great Lakes region. So therefore, to define cultural responsiveness is dependent on the population you're working with, the historical and community legacies of trauma, again, how are power dynamics



showing up, and how it's pervasive in the context of domestic violence and intimate partner violence context. And how you are centering the voices of the survivors that you are working with.

So since survivors are deeply aware of power dynamics and power imbalances, I want to give a couple examples of how this can show up in our practice and organizations. So when we are looking at dynamics that are power over, service providers and organizations tend to have punitive practices that can be controlling or dismissive of the survivor's experience, especially if the survivor's background is not rooted in Western culture.

It's important throughout today's session that we're thinking about how we can move away from a power over dynamic into a power with. Power with allows survivors to determine their autonomy and the choices that are best for them. This means that service providers are collaborating with the survivor to identify resources, possibility of choices, and integrating a cultural responsive approach that fit the needs and wants of survivors of the forefront.

So to put simply, the survivors are guiding this process. And so as I stated, I would like to give my own examples. And so my first example is a time that I felt a provider or institution had power over me. And this has more or less to do with the intake process and looking at when I was first engaging with these services. Looking at their intake process, specifically about race and ethnicity, and within their race and ethnicity options, they did not have an option for Native American or American Indian.

I had to check the box for other. So the cultural norms and expectations that were centered in this situation definitely were not mine or of my own cultural background that includes an Indigenous or Native American perspective. Perhaps they had other cultural responsive approaches that were integrated, but definitely not for my own community.

And so that intersection with my positionality and cultural worldviews was essentially zero. It was difficult to have conversations that revolved around differences of opinions around mental health, suicide, domestic violence. And this power imbalance maintains because there was never questions about what my perspective may be, and if my perspective was brought up, perhaps that in a way, it was implied that my perspective was wrong and that I needed to view it in this certain or particular way.

And to have this partnership be strengthened I think would have been very helpful to have more of an awareness of the populations that were within the community that they served, and perhaps how the cultural context that they are working within may differ or may be completely opposite of the cultural context for my own background.



So now I want to share a time that I felt a provider or institution had power with me. And again, this has to do with the intake process that I was introduced to. Specifically, for the ethnicity and race portion, and within their section about ethnicity and race, they included options not only for Native American, but also included a list of the different tribes and nations that I may be affiliated within that specific region.

So my cultural norms and worldview were honored in this situation because not only did they have Native American, but they had a very thorough understanding that Native American cultures in general are not monolithic, and that each tribe has their own practices. And so this helps the power dynamics to be actively shared in a respectful partnership because I felt heard, and respected, and understood that I don't have a very strong Western context in that it's difficult to access services, especially from my own historical and collective trauma that I've experienced within my own community.

And any gaps that were apparent within either the intake process or the sessions themselves, they were bridged by asking me questions, and what my level of accountability was, engaging with certain practices, or if I had any suggestions that I thought might help with my own journey through mental health services.

And I just want to note that my examples are based on services that were located outside of Native communities, and that's important because outside of Native communities, it's often very rare for me to interact with services that have a deep and thorough connection to the native communities that surround the area.

So reflecting back on domestic violence and trauma, and a social context, and power dynamics, the power over, and power with demonstrate that each of us have ways that we self identify, connect to, and sustain ourselves, and make connections to people that we trust. So in this image, we have the inner circle that represents the connection with self. And then we have the outer circle that represents our connections to trusted others. And then the arrows represent experiences that are disconnecting or disruptive to feeling safe, welcome, and part of a community.

The circle of collective trauma and the ongoing legacies of oppression can prevent any of us from feeling safe at work in service settings. Experiences with trauma and domestic and sexual violence committed by people we love, trust, or need in our lives can be devastating. Disruption to a sense of belonging in our own communities contributes to the feelings of being othered and unsafe, and experiencing racism, sexism, heterosexism, ageism, and all other forms of oppression based on location, cultural identity, spirituality,



country of origin, or immigration status, can jeopardize a survivor's feelings of safety.

So before I move forward, I just want to leave space to see if anyone has questions up to this point.

JEN WINSLOW: There are no questions in the chat so far. Just a reminder to put them in the Q&A. If I do see any in the chat though, I will make sure to let you know.

TORY WYNECOOP-ABRAHAMSON: Thank you.

So identity, belonging and conditionality. It's important to understand that we cannot determine identity for another person. So don't assume. What is important is unique to each individual, so it's important to ask. And anything we think we know about someone's identity, cultural priorities, or parenting style must be checked out with the person. It is truly a case of each of us being an expert in our own experiences and lives.