

# The Crossroads of Domestic Violence & Mental Health

**Brittany Love, MA**  
**November 30th, 2022**



Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

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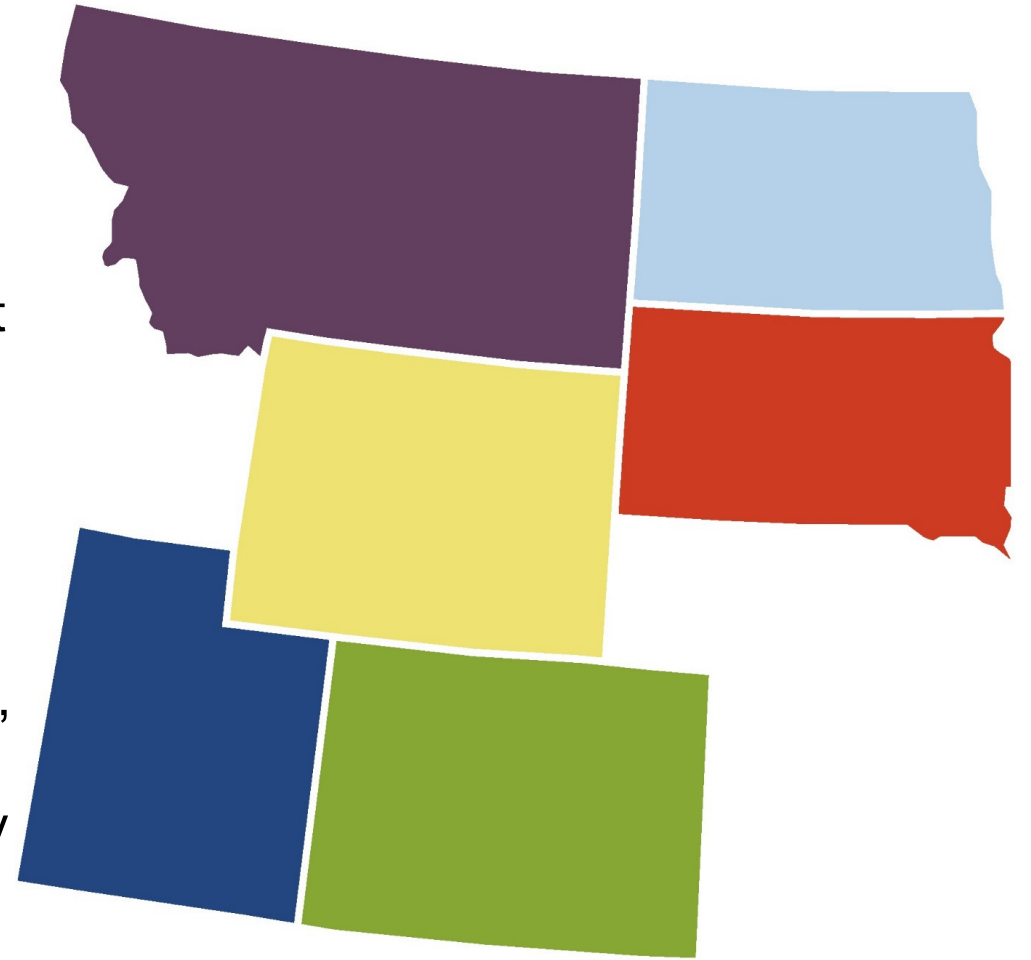
At the time of this presentation, Miriam Delphin-Rittman, Ph.D. served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of Kenneth Flanagan and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement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

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# The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



# Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



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

STRENGTHS-BASED  
AND HOPEFUL

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

HEALING-CENTERED AND  
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS  
PARTICIPATING IN THEIR  
OWN JOURNEYS

PERSON-FIRST AND  
FREE OF LABELS

NON-JUDGMENTAL AND  
AVOIDING ASSUMPTIONS

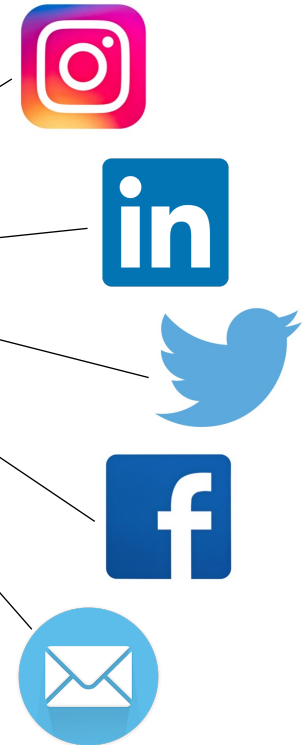
RESPECTFUL, CLEAR  
AND UNDERSTANDABLE

CONSISTENT WITH  
OUR ACTIONS,  
POLICIES, AND PRODUCTS

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# The Crossroads of Domestic Violence & Mental Health



Brittany Love, MA

# Meet Yvonne





# Domestic Violence is a Widespread Problem

- 1 in 4 women in her lifetime is impacted by DV and 1 in 7 men have been the victim of severe physical violence by an intimate partner.
- LGBTQIA community experiences violence at similar or higher rates of violence.
- Physical and Psychological abuse are linked to a number of adverse health effects.

# THE IMPACT OF DOMESTIC VIOLENCE ON HEALTH

## DV LEADS TO ADVERSE HEALTH CONSEQUENCES



### PHYSICAL AND CHRONIC

**SHORT-TERM**  
bruises,  
fractures &  
injuries

**LONG-TERM**  
chronic pain, headaches,  
fatigue, immune, endocrine &  
gastrointestinal disorders

**2x** the risk of  
asthma,  
irritable bowel  
syndrome & diabetes



### MENTAL HEALTH

DV SURVIVORS ARE:

**3x** MORE LIKELY TO HAVE A MENTAL HEALTH CONDITION

**DEPRESSION**  
is as high as

**70%**

**PTSD**  
is as high as

**84%**



### HEALTH RISK BEHAVIORS

DV SURVIVORS ARE:

**6x** more likely  
to become  
dependent on  
drugs or alcohol

**2x** more likely to smoke, become  
obese, and practice sexual risk  
behaviors, increasing risk for  
STDs and HIV



### REPRODUCTIVE HEALTH

DV INCREASES RISK FOR:

Unintended pregnancies and poor  
pregnancy & birth outcomes

## DV BURDENS THE HEALTH SYSTEM

The **MEDICAL COST**  
**BURDEN** from DV in  
the first year after  
victimization is as high as

**\$7** BILLION

**HEALTH CARE**  
**UTILIZATION &**  
**COSTS** for abused  
women are up to  
and stay higher for up to 5 years  
after victimization

**20%**  
**HIGHER**

**CHILDREN WHO WITNESS ABUSE ARE**

**3x**

more likely to use mental health  
services, and are more likely to  
use all health care services

## THE CYCLE OF VIOLENCE

THIS IS ONLY PART OF THE PICTURE.

DV OFTEN GOES  
UNDIAGNOSED &  
UNDISCLOSED.



## DV IS HIGHLY PREVALENT



**1 IN 3 WOMEN**

**WILL EXPERIENCE DV IN HER LIFETIME.**

DV affects over **12 MILLION** Americans every year,  
**DISPROPORTIONATELY YOUNG, LOW-INCOME**  
**WOMEN OF COLOR.**

## DV'S IMPACT EXTENDS BEYOND HEALTH

DV REDUCES **QUALITY OF LIFE & LIFETIME POTENTIAL,**  
AND LEADS TO:

↓ Loss of productivity  
and wages from  
missing work

↑ Need for  
housing  
services

↑ Risk for  
future  
victimization

**WITNESSING ABUSE AS A CHILD RAISES RISK FOR  
ADULT VICTIMIZATION & PERPETRATION.**

**DV IS A CRITICAL HEALTH ISSUE. IT'S TIME TO LEVERAGE THE SHIFTING  
HEALTH POLICY LANDSCAPE AND FOCUS ATTENTION AND RESOURCES ON DV.**



Made possible with the support of Blue Shield of California Foundation. Read the full report on [jsi.com: http://bit.ly/2cUhaD](http://bit.ly/2cUhaD).



# What is Domestic Violence?

- Domestic violence is a **pattern** of behaviors used by one partner to maintain **power and control** over another partner in an intimate relationship.
- It is a belief based on experiences and observations
- Domestic violence is **not caused** by alcohol/drugs
- Other factors that **do not cause** domestic violence:
  - The relationship or the victim
  - Anger or stress
  - Being out of control or “blacking out”
  - Children

# Power and Control Wheel



Adapted from:  
Domestic Abuse Intervention Project  
Duluth, MN

# Mental Health Coercion

Use of force, threats, or  
manipulation

Deliberately attempting to  
undermine sanity (gaslighting)

Preventing partner from  
accessing treatment

Controlling medication

Using mental health to discredit

Engaging mental health stigma to  
make survivor think no one will  
believe them

# Mental Health

- Domestic violence is not in-itself a mental illness
- Trauma can lead to mental health complications for victim

Depression

Sleep deprivation

Anxiety

Hypervigilance

PTSD

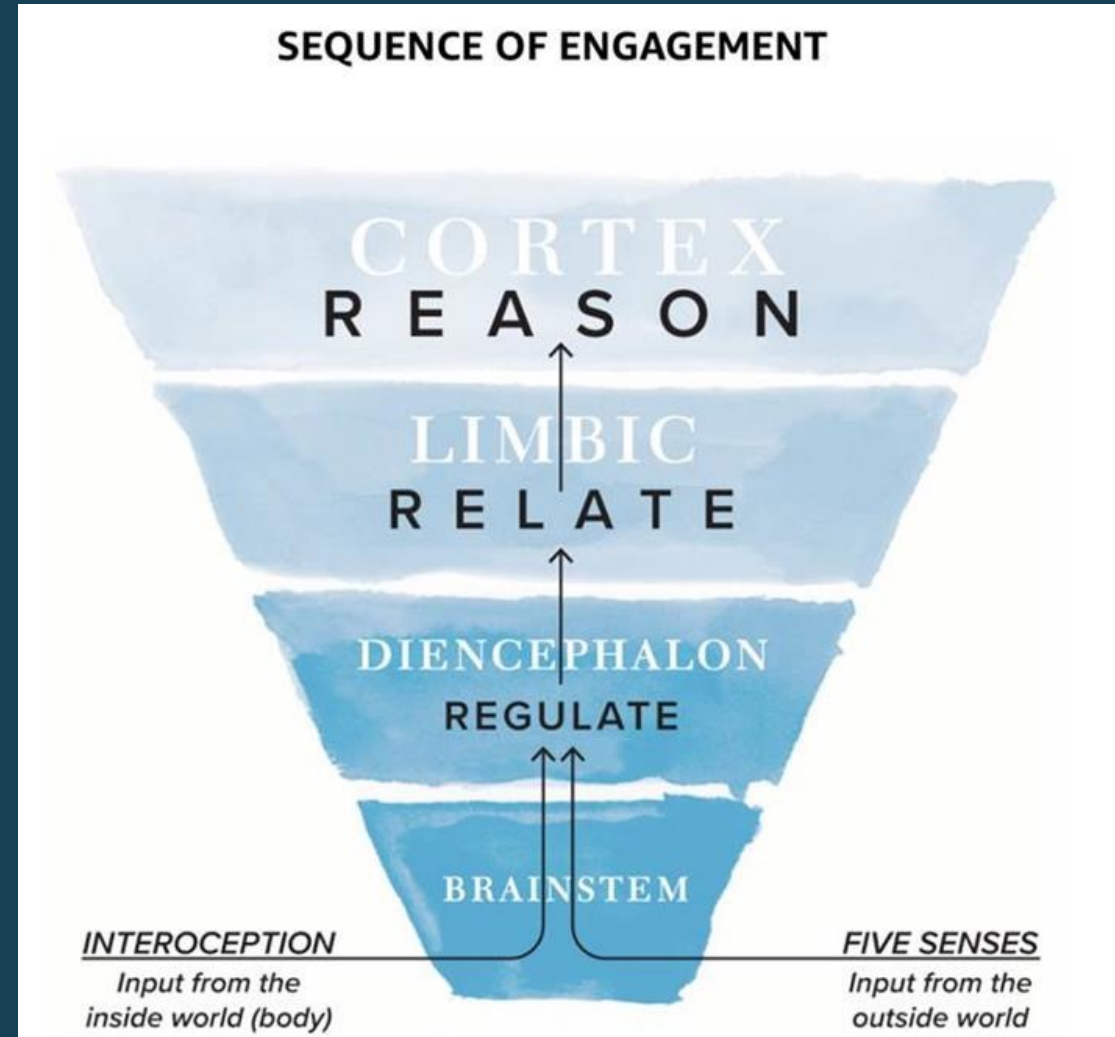
Eating disorders

# Domestic Violence, Trauma, & Mental Health

- Trauma is an exceptional experience in which powerful and dangerous events overwhelm a person's capacity to cope. (Rice & Groves, 2005)
- The experience doesn't have to be life threatening to trigger a trauma-response.
- The event creates the harmful impact however, the response matters most!



# Domestic Violence, Trauma, & Mental Health



# What Barriers Prevent Victims from Leaving?

Fear

Hope for change

Financial security

Children

Lack of legal  
consequences

Lack of support

Shattered self-worth

Children

Love

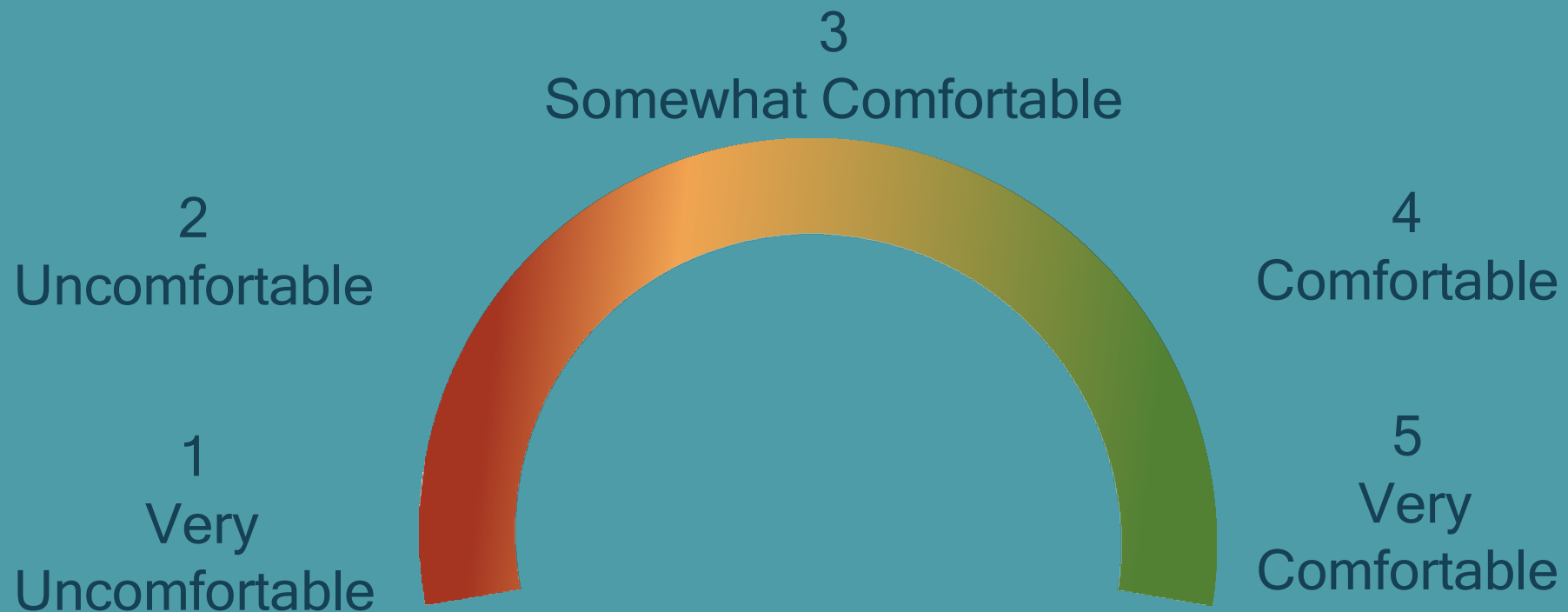
Immigration status



# A Trauma-Informed Response

# Self Reflection: On a Scale of 1 to 5

How comfortable are you addressing domestic violence?



# Why might a survivor choose not to disclose DV?

Shame, judgement, stigma

Fear, threats

Lack of trust in systems

Afraid children can be taken away

Not knowing what's going to happen

Lack of awareness of victim status and rights

Language barriers

Lack of knowledge around community services

# Supportive Role

- Advocate to make violence unacceptable
- Identify warning signs of DV
- Provide supporting statements
- Safety plan (if needed)
- Provide referrals
- Promote trauma-informed practices within the workplace

# Trauma-Informed Workplace

- **Empower individuals:** using individuals' strengths to empower them in the development of their treatment
- **Choice:** informing patients regarding treatment options so they can choose the options they prefer
- **Collaboration:** maximizing collaboration among health care staff, patients, and their families in organizational and treatment planning
- **Safety:** ensuring physical and emotional safety
- **Trustworthiness:** creating clear expectations with patients about what proposed treatments entail, who will provide services, and how care will be provided



# CUES

## AN EVIDENCE-BASED INTERVENTION TO ADDRESS DOMESTIC AND SEXUAL VIOLENCE IN HEALTH SETTINGS

shown to improve health and safety outcomes for survivors

Survivors say they want health providers to:

**Be nonjudgmental • Listen • Offer information and support • Not push for disclosure**

### C: Confidentiality

- ▶ Know your state's reporting requirements and share any limits of confidentiality with your patients.
- ▶ Always see patients alone for part of every visit so that you can bring up relationship violence safely.
- ! Make sure you have access to professional interpreters and do not rely on family or friends to interpret.

"Before we get started I want to let you know that I won't share anything we talk about today outside of the care team here unless you were to tell me about [find out your state's mandatory reporting requirements]."



Safety cards are available for different settings, communities and in a variety of languages at [jvhhealth.org](http://jvhhealth.org)

### UE: Universal Education + Empowerment

- ▶ Give each patient two safety cards to start the conversation about relationships and how they affect health.
- ▶ Open the card and encourage them to take a look. Make sure patients know that you're a safe person for them to talk to.
- ! Offering safety cards to all patients ensures that everyone gets access to information about relationships, not just those who choose to disclose experiences of violence.

"I'm giving two of these cards to all of my patients. They talk about relationships and how they affect our health. Take a look, and I've also included one for a friend or family member. On the back of the card there are resources you can call or text, and you can always talk to me about how you think your relationships are affecting your health. Is any of this a part of your story?"

### S: Support

- ▶ Though disclosure of violence is not the goal, it will happen -- know how to support someone who discloses.
- ▶ Make a warm referral to your local domestic/sexual violence partner agency or national hotlines (on the back of all safety cards).
- ▶ Offer health promotion strategies and a care plan that takes surviving abuse into consideration.
- ! What resources are available in your area for survivors of domestic and sexual violence? How about for LGBTQ, immigrant, or youth survivors? Partnering with local resources makes all the difference.

"Thank you for sharing this with me, I'm so sorry this is happening. What you're telling me makes me worried about your safety and health..."

A lot of my patients experience things like this. There are resources that can help. [Share name, phone and a little about your local DV program] I would be happy to connect you today if that interests you."

# Supporting Disclosure Example

“I’m glad that you felt you could share this with me. Let’s think about some things that might be helpful to you. If you want, I can help to connect you with an advocate who has experience helping people whose partners are being harmful to them. I can also share some ideas that might helpful if you would like.”

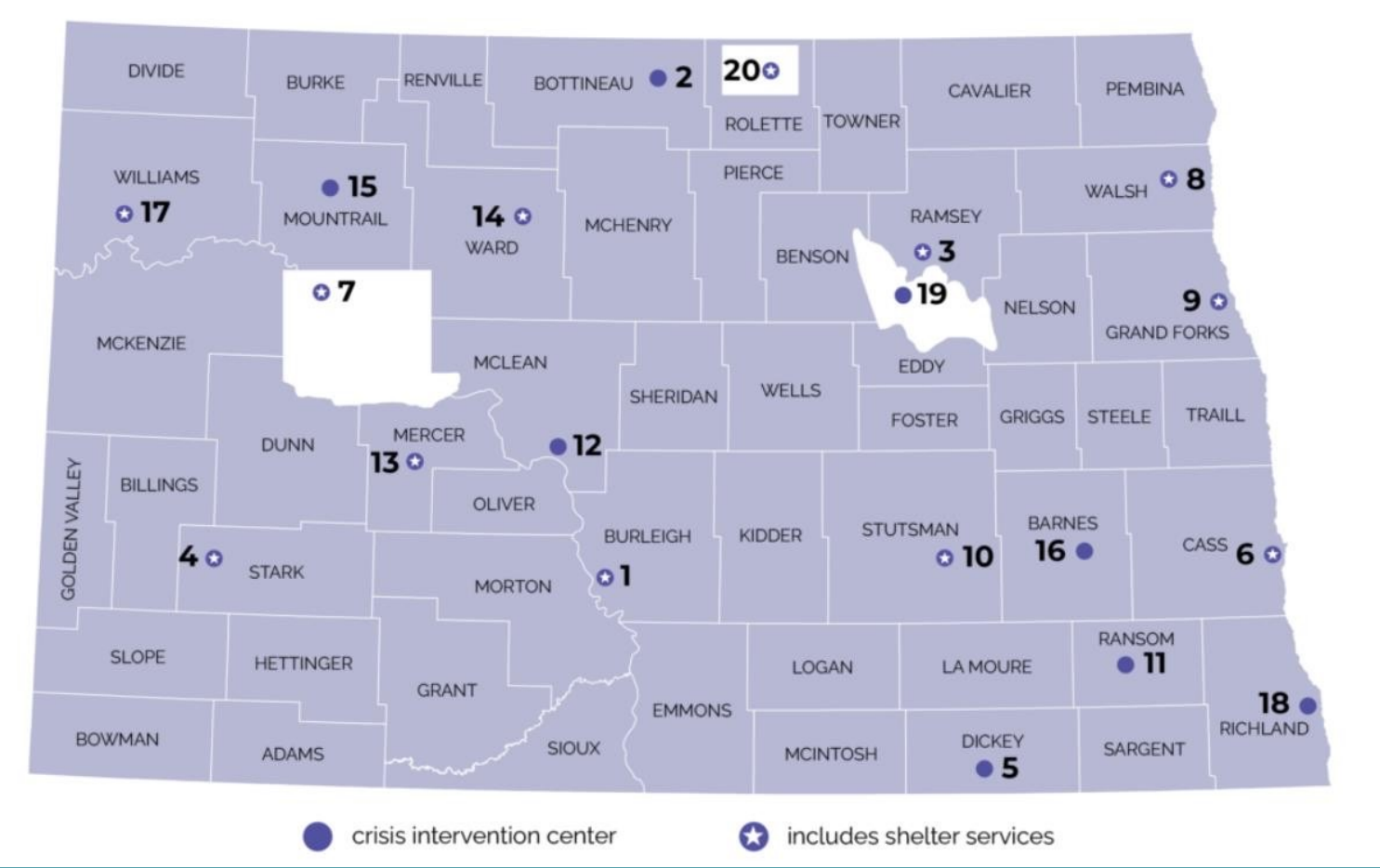
## Provide Referrals

CVIC/DV agency

## Law enforcement

## Social services

**National DV Hotline**  
**1-800-799-7233**



# Community Violence Intervention Center

211 S. 4<sup>th</sup> Street  
Grand Forks, ND 58201

Main Office: 746-0405

24-Hr Crisis Line: 746-8900

Toll Free: 1-866-746-8900



[cviconline.org](http://cviconline.org)

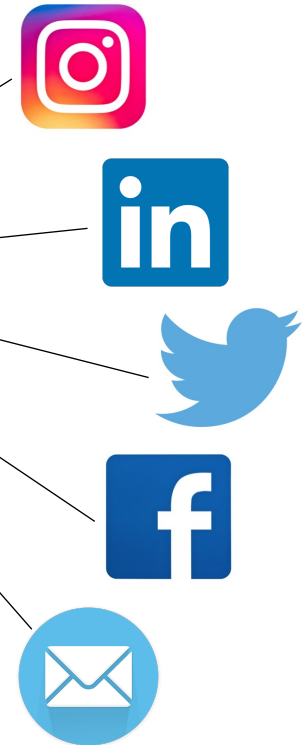


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**Thank You!**

