Welcome to the webinar! We will begin in a moment.

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Webinar Objectives

- Review the concepts of mental health and substance use coercion including data from two recent surveys
- Discuss the implications for survivors, for DV advocates, and for health and behavioral health care providers
Thinking about Mental Health and Substance Use Coercion in the Context of Behavioral Health Integration
But first, take a moment..
**DV & Other Trauma...**

- Can have significant mental health and substance abuse consequences
  - Higher rates of depression, PTSD, suicidality, substance use among survivors of DV, childhood trauma and structural violence

- And, play a significant role in development & exacerbation of mental health and substance use conditions
  - ACE study, CIDI Study, Gender-Based Violence & Mental Health Study

At the same time.....

Experiencing a Mental Health or Substance Use Condition Puts Women at Greater Risk for Being Abused
High Risk for Abuse Among Women Receiving Mental Health Services

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>OP Prevalence</th>
<th>MI</th>
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</thead>
<tbody>
<tr>
<td>Adult physical</td>
<td>42%-64%</td>
<td>87%</td>
</tr>
<tr>
<td>Adult sexual</td>
<td>21%-41%</td>
<td>76%</td>
</tr>
<tr>
<td>Child physical</td>
<td>35%-59%</td>
<td>87%</td>
</tr>
<tr>
<td>Child sexual</td>
<td>42%-45%</td>
<td>65%</td>
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</tbody>
</table>

Women living with chronic mental illness experience higher rates of abuse. Women abused in childhood experience higher rates of psychiatric symptoms, homelessness and sexual assault as adults. Women in inpatient settings experience high rates of DV. Across studies, lifetime prevalence rates average 30% OP, 33% inpatient, 60% psychiatric ER. Cross-setting studies have found current abuse rates of 26% and past year rates of 16%.

Jacobson 89, Lipschitz et al 96, Goodman et al 95, Friedman 2007, Cluss et al 2010, Oram 2013
High Risk for Victimization Among Women in Substance Abuse Treatment

- **Higher Rates of Substance Use Among Survivors of DV**
  - Rates of substance use 2x-6x as high; Range from 18%-72%

- **High Rates of DV Among Women in Substance Use Treatment Settings**
  - 47%-90% lifetime DV
  - 31%-67% past year

- **Self-medication common**
- **May be coerced into using**

Black et al., 2011; Breiding et al., 2014; Schneider & Burnett, 2009; Engstrom et al., 2012, Downs, 2001, Angerson, 2002; Gonomi et al., 2006; Eby, 2004; Smith et al., 2012; LaFlair et al, 2012; Nathanson et al, 2012, SAMHSA 2014; Rivera et al, 2016
### How Does this Work? Risk vs. Vulnerability

<table>
<thead>
<tr>
<th>Batterers use MH &amp; substance use-related issues to control their partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control of meds, Coerced overdose, Coerced use of substances, Control of treatment, Undermining sanity, credibility, parenting &amp; recovery, “She was out of control”</td>
</tr>
</tbody>
</table>

**Stigma, poverty, discrimination & institutionalization compound these risks**

**WHY DOES THIS WORK?**

- Reports of abuse attributed to delusions
- Symptoms of trauma misdiagnosed as MI
- Assumptions that MI precludes good parenting
- Internalized stigma

[Warshaw 2009]
Recent Research

- Extent to which people who abuse their partners engage in behaviors designed to:
  - Undermine their partners’ sanity and sobriety
  - Control their partners’ ability to engage in treatment
  - Discredit their partners with potential sources of protection and support

- Part of broader pattern of coercive control

Warshaw, Lyon, Bland, Phillips, Hooper, 2014
Focus Survey Objectives: Mental Health & Substance Use Coercion

- To learn more about mental health & substance use coercion among DV survivors calling the NDVH Hotline
- To raise awareness about mental health & substance use coercion
- To develop strategies for incorporating questions about mental health & substance use coercion into DV assessments
- To develop interventions for responding to mental health & substance use coercion
Focus Surveys are:

• Brief (4-5 questions)
• Short-term
• Centered around a specific issue
• Often in partnership with another organization
• Only completed it is safe for the caller to talk longer
Who was surveyed: Identified as victim/survivor of domestic violence and was not currently in immediate crisis

How: After having completed the normal service portion of their Hotline call, agreed to participate after Hotline staff explained the survey’s topics and were assured participation was voluntary and anonymous

When: Both performed over 6-week period
Mental Health Coercion: February 1, 2012-March 14, 2012
Substance Use Coercion: April 23, 2012-June 4, 2012
- February 1 - March 14, 2012
- 2,546 adult female callers who identified as Victims/Survivors of DV participated

Mental Health Coercion Focus Survey
Mental Health Coercion Survey
National Domestic Violence Hotline & NCDVTMH

N=2,546

- 86% Partner or ex-partner ever called you “crazy” or accused you of being crazy
- 74% Partner/ex deliberately did things to make you feel like you are going “crazy” or losing your mind
- 53% You ever sought help for feeling upset or depressed
- 49% If “yes”, partner or ex- tried to prevent or discourage from getting that help or taking prescribed meds for those feelings
- 50% Partner/ex threatened to report to authorities that you are “crazy” to keep you from getting something you want or need (e.g., custody of children, medication, a PO)

Warshaw, Lyon, Bland, Phillips, Hooper  NCDVTMH/NDVH 2014
Mental Health Coercion

Participants reported batterers:

- Telling friends/family that survivor is unstable
- “Diagnosing” survivor
- Attempting to convince police/doctors that survivor is mentally ill
- Name-calling
- Gas-lighting: Twisting situations around to make survivor look/feel crazy
Mental Health Coercion

Participants reported:

- Threats to report use of medication/treatment to courts to influence custody
- Batterers use of mental health diagnosis to make false allegations against survivor and get protective order
“That’s like hitting the nail on the head of all the things he was doing to me. He told me that if I tried to leave he was going to take the kids and I would be in the psych ward.”

Survey participant
Batterer Interference with Treatment

Manipulation of Treatment
- Attempting to influence diagnosis
- Trying to have survivor committed
- Blaming survivor’s mental health for relationship problems/abuse

Control of Medication
- Prevents survivor from taking medication
- Forces survivor to take medication/over-medicate
- Stealing medication
- Calling survivor addicted
Number of Tactics Used
(Out of 3)

- None: 11%
- One: 16%
- Two: 33%
- Three: 40%

The more tactics experienced, the more likely a survivor was to seek help.
Impact of Mental Health Coercion

- Isolation from resources & support
- Devastating impact on relationships with children
- Depression, anxiety, suicidal ideation
- Limited access to medication, treatment
Poll

How often does mental health coercion come up in your work with survivors/patients?

- All the time
- Often
- Sometimes
- Never
Substance Use Coercion Focus Survey

- April 23 - June 4, 2012
- 3,056 adult female callers who identified as Victim/Survivor of DV participated
Mechanism of Control: Abusers Pose Risks to Partners

- Introducing partner to drugs
- Forcing or coercing partner to use (e.g. dirty needles, cottons, noxious substances)
- Coercing partner to engage in illegal acts (e.g. dealing, stealing, prostitution)
- Using drug history as threat (deportation, arrest, CPS, custody, job, etc.)
- Isolating partner from recovery and other helping resources
- Sabotaging recovery efforts
- Blaming abuse on partner’s use and benefiting from:
  - Lack of services for women with substance use issues
  - Societal beliefs re: women & addiction

Bland 2012
Substance Abuse Coercion Survey
National Domestic Violence Hotline & NCDVTMH

N = 3,056

- 26% Ever used substances to reduce pain of partner abuse?
- 27% Pressured or forced to use alcohol or other drugs, or made to use more than wanted?
- 15.2% Tried to get help for substance use?
- 60.1% If yes, partner or ex-partner tried to prevent or discourage you from getting that help?
- 37.5% Partner or ex-partner threatened to report alcohol or other drug use to someone in authority to keep you from getting something you wanted or needed?
- 24.4% Afraid to call the police for help because partner said they wouldn’t believe you because of using, or you would be arrested for being under the influence?

Warshaw, Lyon, Bland, Phillips, Hooper NCDVTMH/NDVH 2014
Substance Use Coercion Continuum

Participants reported:

- Being pressured to use with partner, but able to refuse
- Being coerced to use via manipulation and threats
- Being forced to use or watch their partner use
- Being drugged by partner
Substance Use Coercion

“He would tell everyone I’m crazy and on drugs, even though I’ve never had a history of mental health issues and he’s the one who put the drugs in my face.”

Survey Participant
Substance Use Coercion: Discrediting

- Participants that reported abusive partners:
  - Threatened to report them to judges, CPS, police, probation officers
  - Made false allegations
  - Reported current and past substance use
“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
Substance Use Coercion: Treatment Interference & Sabotage

- Not allowed to attend AA meetings/seek treatment (at all or alone)
- Withholding transportation/financial resources needed to access treatment
- Keeping substances in the home after treatment
Number of Tactics Used
(Out of 3)

- None: 57%
- One: 19%
- Two: 14%
- Three: 10%

Of those who reported any, 58% reported more than one. The more reported, the more likely they sought help.
Substance Use Coercion and Substance-Facilitated Sexual Violence

- Pressure to use connected to coerced sex
- Sexual violence when passed out
- Using substances as a way to justify sexual behavior
Poll

How often does substance use coercion come up in your work with survivors/patients?

- All the time
- Often
- Sometimes
- Never
Trauma in the Context of Domestic Violence: What Do We Know?

Impact on DV Survivors & their Children

- Abusers actively undermine their partners' sanity, sobriety, & parenting.
- Abusers control treatment and medication & sabotage recovery.
- Abusers use these issues to control their partners and undermine their credibility.
- Effects of trauma increase risks; Stigma & discrimination compound these risks.
- Responses may be survival strategies.
- Symptoms may be a response to ongoing danger and coercive control.

©Warshaw-NCDVTMH 2013
Trauma in the Context of Domestic Violence: What Do We Know?

DV & other Trauma can have significant mental health & substance abuse effects

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Impact on DV Survivors & their Children
Mental Health & Substance Use Coercion: How Does this Play Out?

Abusers actively undermine their partners’ sanity, sobriety and parenting

Abusers control treatment and medication & sabotage recovery

Abusers use these issues to control their partners & undermine their credibility

Trauma & DV have significant mental health & substance use effects

Impact on DV Survivors & their Children

Trauma-related effects increase risk. Stigma & discrimination compound these risks

Responses May be Survival Strategies
Symptoms May be a Response to Ongoing Danger and Coercive Control

Warshaw et. al 2014
Implications for Practice
The impact of seeing how pervasive and impactful these experiences were for callers made a deep impression on many advocates, prompting them to begin weaving this very specific type of assessment and safety planning into their calls on a regular basis.

“\textit{I wanted to go to a meeting (AA) after I got hung over, \textit{but he wouldn’t let me.}}”

Abuser said her counselor was a “jerk.” Kept alcohol in the house after she returned from rehab.

She started craving alcohol as a way to cope, and that drove her to reach out for help.

“\textit{Whenever I thought about going to AA, he got mad.”}

Ex-partner recently came back to pick up his stuff & took her anxiety medication from the house. She cannot get more because it is a controlled substance.

Abuser would switch stories and events around to make her feel like she’s loosing her mind or to confuse her. When he escalates, he says, “go get help!” or “What personality are you today?”
Caller: “I am so glad you are asking these questions.”

Advocate: “It fundamentally changed the way I assess in my calls.”
Implications for Advocates

• Recognize as part of DV
• Ensure accessibility of DV services
• Include as part of intake/assessment
• Incorporate into safety planning
• Advocacy with other systems
Building Support: Assessment

Asking questions about difficult & stigmatizing issues:

- Communicates safety to disclose
- Provides context and perspective
- Offers an opportunity for connection
- Creates space for considering options
Implications for Health, Mental Health and Substance Use Treatment Providers
Implications for Integrated Behavioral Health Treatment

- Factors that led to development of mental health or substance use condition
- Circumstances that impact treatment and recovery
Mental Health Treatment in the Context of DV: Things to Keep in Mind

- **Incorporate questions about** mental health and substance abuse coercion
- **Ask about** depression and suicidality in context
- **Think about** trauma triggers in the context of ongoing danger
- **Ensure** choice and control re: medication
- **Consider** impact of trauma & DV including TBI on information processing
- **Facilitate access** to community DV resources

Warshaw et. al. 2009
Ask About Mental Health & Substance Use Coercion

- Has your partner ever tried to control your medication, or access to treatment? Has he/she actively undermined your sobriety/recovery?
- Has your partner deliberately done things to make you feel like you are “going crazy” or “losing your mind?”
- Has your partner ever forced you to use substances, take an overdose, or kept you from routines that are healthy for you?
- Has your partner blamed you for his/her abusive behavior by saying you’re the one who is “crazy” or an “addict?”
- Has your partner used your substance use or mental health condition as a way to undermine you with other people?
- Has your partner threatened to take your children away because you are receiving substance abuse or mental health treatment?
Asking About Mental Health Coercion
Ask Mental Health Coercion as Part of a DV Assessment:

- If a person does indicate that they are being abused by an intimate partner, also ask about how the abuse has affected their mental health.

- Many people say that their abusive partners do or say things to make them feel like they might be ‘going crazy,’ interfere with their treatment or medication, or do things to undermine them with their friends and family or with other people they might turn to for help. Have you ever experienced anything like that?”
Ask as Part of a Mental Health History

- Ask about the relationship of mental health symptoms to current abuse or previous trauma, including mental health coercion.
- Ask how their partner responds when they are symptomatic.
- When discussing medication & treatment planning, ask about how they think their partner might respond.
Ask About Mental Health Coercion

- **Gaslighting**: Does your partner do things to make you feel “crazy” or like you are “losing your mind”?
- **Undermining**: Does your partner tell you that you are lazy, stupid, “crazy,” or a bad parent because of your mental health condition? That no one will believe you because of your mental health condition?
- **Blaming**: Has your partner blamed you for the abuse by saying that you’re the one who is “crazy”?
- **Discrediting**: Has your partner ever used your mental health condition to undermine or humiliate you with other people?
- **Threatening**: Has your partner ever threatened that you will lose custody of your children because of your mental health status?
Ask About Mental Health Coercion

- **Jeopardizing:** Has your partner ever done things that cause your mental health symptoms to get worse?
  
  Has your partner ever tried to prevent or discourage you from accessing mental health treatment or taking your prescription medication? Prevent you from eating or sleeping?

- **Controlling:** Has your partner ever tried to control your prescription medication (such as by forcing you to take an overdose, giving you too much or too little medication, or preventing you from taking it at all)?
  
  Does your partner restrict or interfere with your ability to speak for yourself with doctors or mental health professionals?

- Does your partner have control of your finances or guardianship? Is your partner legally able to make decisions for you as part of a psychiatric Advance Directive?

- **Threatening:** Has your partner ever threatened to have you committed to a psychiatric institution?
What Next?

Responding When Someone Discloses Mental Health Coercion
Offer Perspective

- Remember that a partner who is abusive may try to find other people to agree that your mental health needs give him/her a right to control or abuse you. This is not so.

- Even if you have had many hospitalizations, or used medication for years, you have the same right to safety and dignity as anyone else.
Discuss Coping Strategies: Counteract Abuser Control

- Survivors may find it helpful to talk about how the abuse is affecting how they think and feel.
  - Are there things you’ve noticed about how your partner’s behavior is affecting how you think or feel?
  - What are some of the things you do to help you cope? What have you found to be most helpful?
  - How are your responses to the abuse helping you to stay safe, both physically and emotionally?
  - Are there ever times when you find your responses or coping strategies are getting in the way of staying safe or creating additional difficulties for you? What have you noticed? What have you been thinking about this? Are there things that you think might be helpful to you?
Discuss Trauma Triggers; Distinguish from Necessary Vigilance; Create Emotional Safety

- Physical, psychological, and emotional abuse can affect our emotional well-being
  - You might feel continually afraid, loud noises startle you, you may have nightmares or trouble sleeping, you may have sudden, upsetting memories of abusive incidents that interfere with activities.

- Being aware of your feelings can help you to anticipate situations which are likely to trigger a trauma response and to make decisions about how to handle them.
  - Let’s think about what might be helpful. What are some of the things that help you feel calmer and more like yourself?

Markham 2009, ASRI
Strategize About Ways to Safely Access Treatment & Services

Discuss:

- Safe times and places to make or receive calls, to send information, and to schedule appointments
- EHR privacy concerns and protection of sensitive information
- Options for managing medication safely
- Safe strategies for keeping appointments
- Any legal documents giving an abusive partner control
- Referrals to DV advocacy programs
Think About Documentation

- Document relationship of symptoms to abuse, including mental health and substance use coercion
- Discuss potential to subside when safe
- Carefully frame diagnoses and medication
- Describe strengths, coping strategies, & ability to care for and protect children
- Describe engagement in treatment; Make sure treatment plan is acceptable and doable
- Observations about abuser

Markham D 2007, Warshaw 2007
Asking About Substance Use Coercion
Ask About Substance Use Coercion as Part of a DV Assessment

“Sometimes, people who are being hurt by someone in their life or who have been hurt in the past use alcohol or other drugs to help them cope. This includes over-the counter, prescription and other kinds of drugs and substances that may or may not be legally available.

Many people report their partner makes them use alcohol or other drugs, makes it hard for them to stop or prevents them from stopping, uses their alcohol or other drug use as a way to control them, or does other hurtful things related to their alcohol or other drug use. Does this sound like anything you might be experiencing?”
Ask About Substance Use Coercion

- **Self-medication:** Do you ever use alcohol or other drugs to numb the effects of abuse?
- **Coerced use:** Has your partner ever made you use alcohol or other drugs, 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 alcohol or other drugs or make you go into withdrawal and then use that to control or manipulate you?
- **Undermining:** Does your partner justify name-calling, criticizing, belittling, and undermining you based on your use of alcohol or other drugs?
- **Blame:** Has your partner told you that you are to blame for abuse or sexual assault because of your use of alcohol or other drugs?
- **Threatening:** Has your partner ever threatened that you would lose custody of your children because of your alcohol or drug use?
Ask About Substance Use Coercion

- **Coerced Illegal or Sexual Activities**: Has your partner ever forced or coerced you into engaging in illegal activities (e.g., dealing, stealing, trading sex for drugs) or other activities that you felt uncomfortable with in order to obtain alcohol or other drugs? Used alcohol or drugs to get you to engage in sexual activities you were uncomfortable with?

- **Inducing Fear**: Have you ever been afraid to call the police for help because your partner said you would be arrested for being high or that your children would be taken away?

- **Sabotaging**: Has your partner ever stopped you from cutting down or quitting alcohol or other drugs when you wanted to?

- Has your partner ever prevented you from attending a recovery meeting, interfered with your substance use disorder treatment, or sabotaged your recovery in other ways?
Ask as Part of a Substance Use History

Ask about the relationship of substance use & recovery efforts to experiences of trauma & DV. Fold into SUD screening.

- Have you ever tried to **Cut** down on your drinking? Has your partner ever tried to stop you from **Cutting** down on your drinking or **Coerced** you into using?

- Have you ever been **Annoyed** by someone criticizing your drinking? Have you ever been made to feel **Afraid** by someone’s criticizing your drinking? Has your partner used your drinking as a way to threaten you or prevent you from getting help?

- Have you ever felt **Guilty** about your drinking? Have you ever felt coerced into drinking (or using drugs) or engaging in illegal activities or other behaviors you weren’t okay with or that compromised your integrity, and then felt **Guilty** about it?

- Have you ever had an **Eye-opener** in the morning? Have you **Ever** had a drink in the morning, because things felt so hopeless or painful or because that felt like the only way you could survive or get through the day?
Substance Use in Context

**Survivor’s assessment of:**

- Relationship of substance use to current and past abuse
- Role of abusive partner in maintaining substance use & how impacted
- Survival strategies
- Function substance abuse serves (how it helps)
- Impact and other risks (how it hurts)
- Attempts to stop, goals, barriers, options and strategies
What Next?

Responding When Someone Discloses Substance Use Coercion
Offer Perspective

- No one has the right to hurt you. You did not deserve this.

- It is never your fault when someone harms you even if you were drinking or using. You did not cause this, an abuser chose to be violent.

- I’m so glad you found a way to survive. Drinking or drugging can kill pain for a while but there are safer ways of coping that can cause you less grief.

- You deserve a lot of credit for finding the strength to talk about this. Your safety can improve your children’s safety and well-being, too.
DV Safety Planning: Issues Specific to Substance Abuse Treatment

- Abstinence and recovery efforts may be sabotaged.
- Survivors may be reluctant to seek assistance or contact police for fear of arrest, deportation or referral to CPS.
- Substance use and withdrawal may make it more difficult to keep scheduled appointments or to access shelter or other services.
- Keeping regular appointments can increase stalking risk.
- Women who are in recovery may find the stress of securing safety leads to relapse.

Bland 2012
DV Safety Planning: Issues Specific to Substance Abuse Treatment

- Acute and chronic effects of alcohol and other drugs may affect accurate assessment of danger.

- Under the influence, one may feel an increased sense of power and erroneously believe self-defense against physical assaults is possible, not realizing the impact of substances on motor functioning and reflexes.

- Substance use and misuse can impair judgment and thought processes (including memory) making safety planning more difficult.
Planning for Safety

“Given what you have shared with me:

• What are some of the ways your partner might use your substance use against you that would make using unsafe?

• How can I be most helpful to you? If there is one thing I can do for you today what would that be?
Safety Planning & Substance Use

- Being involved in a custody dispute can be stressful. Your partner may attempt to undermine your parenting skills. Can you identify any reasons why drinking or using drugs right now could be harmful to your case? Can you share with me what your partner might say about your drinking or drug use?
If a Survivor is Experiencing Substance Use Coercion, They Might Want...

- To talk with their substance abuse treatment provider about how the abuse is related to their use of substances and strategize ways to incorporate safety concerns into treatment, recovery and relapse prevention plans.

- Help in finding a substance use disorder treatment program, twelve-step or other peer-based group that is culturally congruent, gender-responsive and sensitive to trauma and DV.

- To think about whether using is affecting their ability to think clearly and protect themselves.

- Consider working with a DV advocate to talk about the abuse and find ways to increase their safety.
Facilitating Healing, Resilience and Well-Being

Trauma-Specific Intervention in the Context of DV
Facilitating Healing, Resilience and Well-Being

Healing from trauma involves:

- Restoring safety, connections, capacities, trust, meaning and hope
- Accessing empowering information
- Honoring strengths and resilience
- Emotional and interpersonal skill-building
  - Enhancing affect regulation and interpersonal skills, anticipate & prepare for trauma triggers
- Developing or reconnecting with supportive aspects of culture, community & spirituality and engaging meaningful activities.
Trauma Treatment Considerations

- **Symptom-focused vs. Holistic approach**
  - PTSD treatment targets specific symptoms; Complex trauma treatment addresses multiple domains; Culturally specific approaches may draw on more holistic traditions

- **Past abuse vs. Ongoing risk**
  - Most trauma treatment models focus on past abuse; Few are designed for survivors still under siege
  - Some evidence-based treatments for PTSD can be harmful in context of complex trauma and/or ongoing abuse
  - Women experiencing current abuse often excluded from clinical trials
  - Abusers often control access to treatment

- **Importance of Culture**
  
Trauma-Specific Treatment for Survivors of Domestic Violence

- **PTSD Treatment**
  - Robust evidence base: CBT, Prolonged Exposure, EMDR
  - Emerging evidence: Mindfulness-based interventions, Mind-Body therapies, Trauma-sensitive Yoga, Virtual therapies

- **DV + PTSD Treatment**
  - 9 RCTs but evidence still limited: Modified CBT, yoga-based therapy; often out of the relationship
  - Culturally Specific: Grady Nia Project; Healing our Women

- **Complex Trauma Treatment**
  - Hybrid EBPs for less severe complex trauma (e.g. STAIRS): Interpersonal and affect regulation skill building
  - Consensus Phase-Based for Complex trauma: EB modalities embedded in relational, developmental matrix; Safety & stability, integrating experience of trauma, reconnecting & rebuilding
  - Gender-responsive trauma & substance abuse treatments

- **Culturally Specific Responses to Collective Trauma**
  - Trauma Rocks, Namelehuapono, Konon:kwe Council
Responding to MH and Substance Use Coercion in Clinical Practice: Summary

- **Ask routinely:** Incorporate questions about mental health and substance use coercion into behavioral health histories
- **Validate perceptions,** acknowledge impact, express concern
- Collaborate to **develop safe strategies** for addressing coercive behaviors and their effects
- **Document** in ways that link symptoms and ability to participate in treatment to the abuse; document efforts to protect and care for children
- **Provide linkages** or “warm referrals” to community-based domestic violence resources
- **Incorporate** considerations about mental health and substance use coercion into **long-term treatment and safety** considerations
- **Ensure that all services are both DV- and trauma-informed**
Questions
Selected NCDVTMH Resources


Online Resource on Health and IPV

www.healthcaresaboutipv.org

Offers patient and provider educational tools and resources.
Thank you!