NATIONAL CENTER ON
DOMESTIC VIOLENCE, TRAUMA, AND MENTAL HEALTH

Women and Substance Use: Providing Gender-Responsive Practices in Treatment Settings

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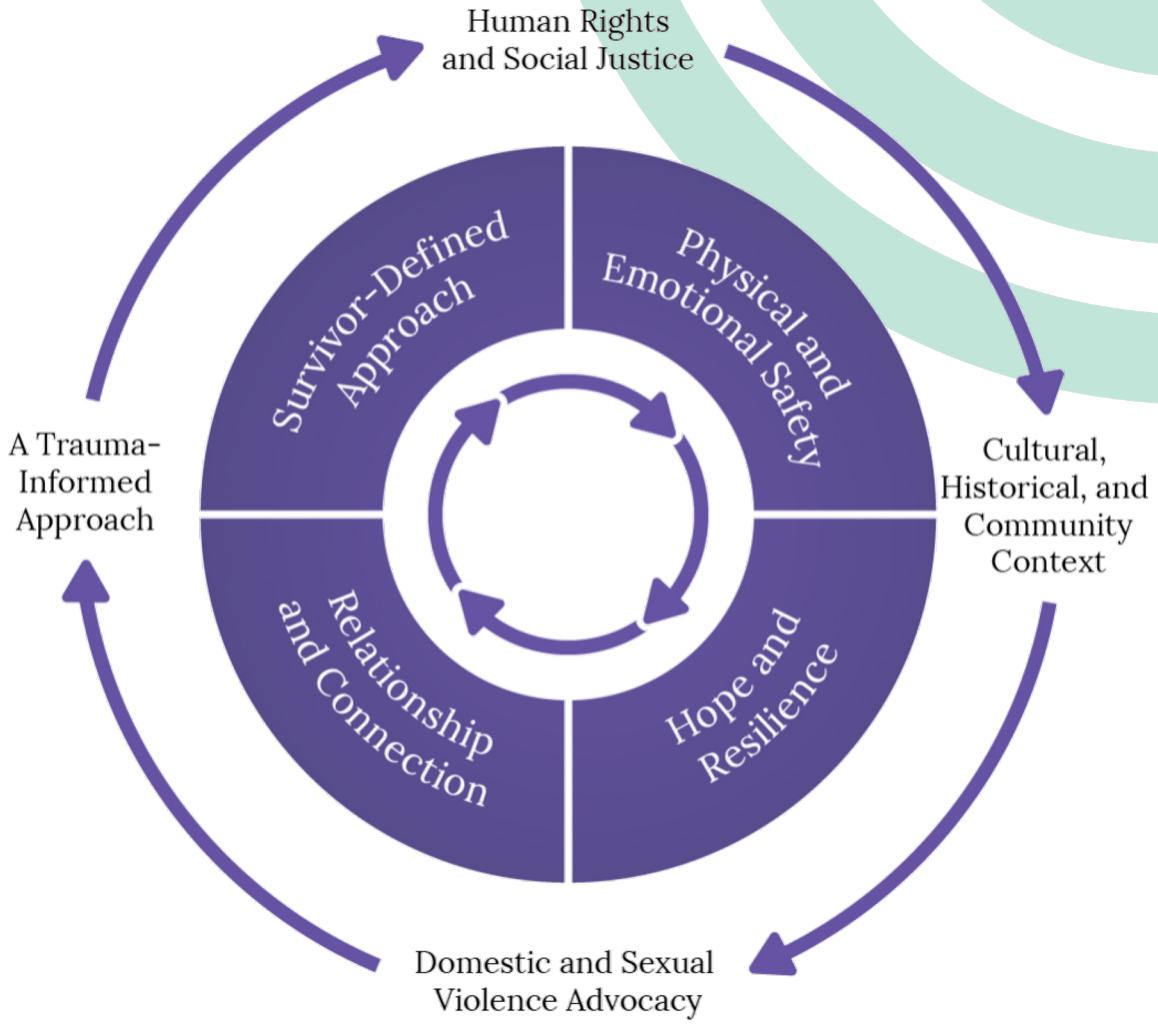
NCDVTMH is a Special Issue Resource Center Dedicated to Addressing the Intersection of Domestic Violence, Trauma, Substance Use and Mental Health

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



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Women and Substance Use

What risk factors are especially salient for women?

Women often differ from men in their:

- ***Introduction*** to substances
- ***Risk factors*** for developing substance use disorders (SUD)
- ***Negative effects*** of substance use
- ***Access*** to resources
- ***Recovery*** needs

Sex-Related Risk Factors

- Neurological changes and responses to substances can lead to quicker development of substance use disorders (SUDs).
- Hormonal differences can lead to more intense drug cravings, increased drug effects, and increased risk of relapse.
- Higher rates of co-occurring mental health concerns, including panic attacks, depression, anxiety, post-traumatic stress disorder, personality disorders and eating disorders.

(SAMHSA 2009)

NIDA 2015 https://www.drugabuse.gov/publications/drugfacts/substance-use-in-women

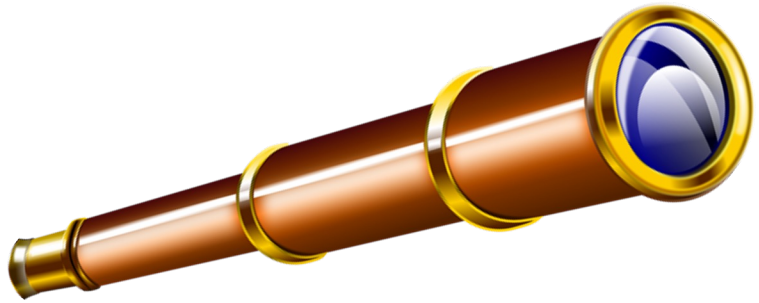
Sex-Related Risk Factors (cont.)

- More likely to need emergency care.
- More vulnerable to fatal overdose and substance-involved death.
- May experience more physical effects on heart and blood vessels.

NIDA 2015 https://www.drugabuse.gov/publications/drugfacts/substance-use-in-women

Telescoping Effect

Women typically enter substance use disorder treatment with more severe medical, behavioral, psychological, and social problems, in part, because women show a quicker progression from first using the substance to developing dependence.



(Greenfield et al., 2010)

Telescoping Effect (cont.)

Women tend to experience more adverse effects with shorter histories and smaller amounts of substance use.

- opioids (Hernandez-Avila et al., 2004)
- cocaine (Haas & Peters, 2000)
- marijuana (Khan et al., 2013; Hernandez-Avila et al., 2004; Ehlers et al., 2010)
- tobacco (NIH 2016)
- alcohol (Hernandez-Avila et al., 2004; Mann et al., 2005; Randall et al., 1999)

NIDA 2015 www.drugabuse.gov/publications/research-reports/substance-use-in-women/sex-gender-differences-in-substance-use-disorder-treatment

Gender-Related Risk Factors

- Substance use disorder within the family of origin
- Childhood physical and/or sexual abuse
- Assault and victimization
- Divorce (separation)
- Termination of parental rights and child separation
- Grief (especially the loss of partner or child)

NIDA 2015

Relationships & Initiation of Substance Use

Women's initiation of substance use is often associated with:

- Childhood homes that are chaotic
- Childhood exposure to domestic violence and/or other violence
- Experiencing childhood physical/sexual abuse
- Being expected to take on adult responsibilities as a child
- High levels of stress and distress

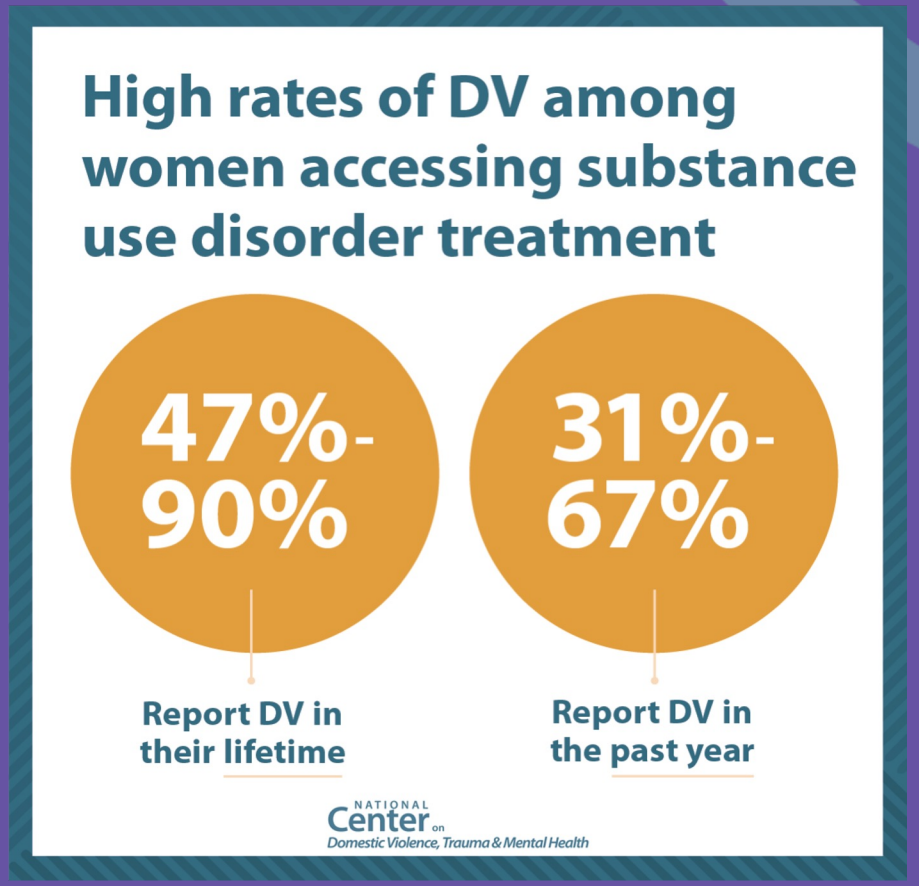
Women are often introduced to substance use by a significant other

SAMHSA TIP 51

Relationships & Ongoing Substance Use

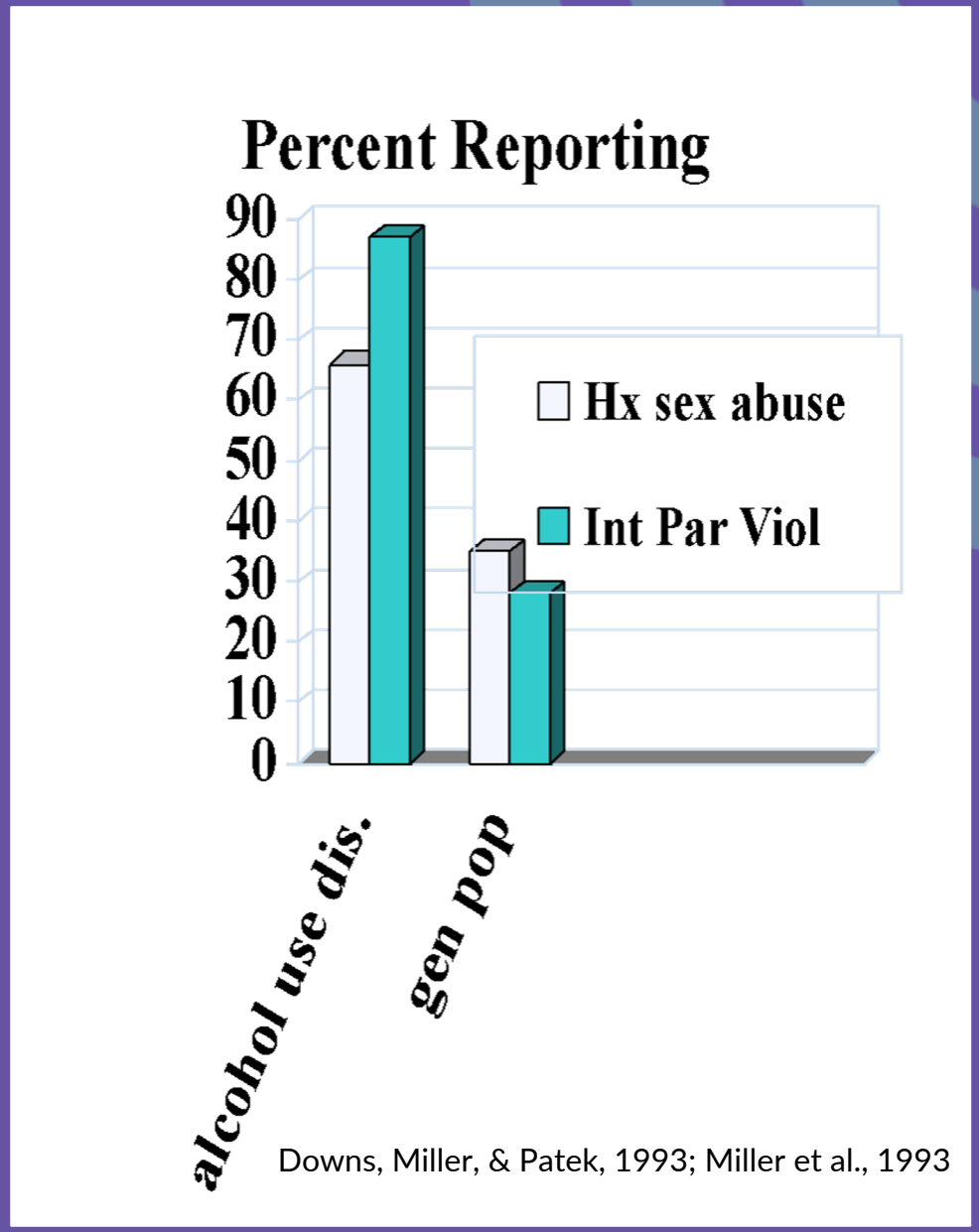
- Shared drug use may be experienced as a means of connection or seen as part of maintaining the relationship
- The experience of substance use may address feelings of isolation, loneliness
- Return to use is often associated with internal distress and/or relationship conflict
- Relationships influence substance use treatment engagement, retention, and outcome

Domestic and sexual violence (DSV) can have traumatic mental health and substance use effects and is prevalent among people accessing substance use disorder treatment



Substance Use and DSV

- Substance use disorders are over six times more prevalent in women with experiences of victimization
- Prior assault is risk factor for substance use…
- …which can increase targeting for assault and abuse



Downs, Miller, & Patek, 1993; Miller et al., 1993

Substance Use Coercion

- Introducing partner to substances
- Forcing or coercing partner to use, or to use unsafely
- Exposing to cues associated with use, increasing risk of return to use or riskier use.
- Forcing partner into withdrawal
- Coercing partner to engage in illegal acts
- Using substance use history as threat
- Sabotaging treatment; Stalking when accessing Medication Assisted Treatment; Stealing their meds
- Blaming abuse on partner's use and benefiting from lack of services
- Stigma re: women and addiction

Bland 2013; Warshaw & Tinnon, 2018

What are some common barriers women experience in attempting to access services?

Reduced Access to Resources

Women living with a substance use disorder have fewer social and economic resources as compared to their male counterparts.

(Beckman & Amaro, 1986; Gomberg & Nirenberg, 1993; SAMHSA 2016).

Women who engage in “problem drinking” are more likely to be divorced single parents, and to have lower income than their male counterparts.

(Beckman & Amaro, 1984; Beckman & Amaro, 1986; Gomberg & Nirenberg, 1993).

Recovery Support Needs

Given these barriers, how can we support women's access, engagement and retention?

Values Identification

- Values Card Sort is an easy way to encourage self-discovery and connection with one's core values.
- Can be fun and help build community.
- Values Card Sort materials available for free here: www.motivationalinterviewing.org/sites/default/files/valuescardsort_0.pdf

Miller et al., 2001

Activity: Values Identification

Circle your top three values from list
(feel free to add your own)

Number them 1-3 with #1 being the top.

Next, think of an important decision you recently made.

- How did your values inform your decision?
- Share what you'd like in groups of 2-3.

Supporting Women in Recovery: Key Strategies

- Gender Responsive Care
- IPV/Trauma-Informed Approaches
- Building safety for survivors
- Improving access, engagement & retention
- Pregnancy & Parenting
- Family-Based Treatment
- Recovery support services
- Holistic & comprehensive services

Gender-Responsive Care

- Engages and responds to women's unique experiences
- Relational-orientation
- Uses a trauma-informed approach
- Provides a healing environment
- Services are holistic and comprehensive to respond to the needs of women and their family

(SAMHSA TIP 51)

The Power of Relationship: Activity

Fishbowl: We need 2 volunteers who identify as **extraverts**

Volunteers: Tell us about a person who had a positive impact on your life

- What were some of their qualities?
- How did they make you feel?
- What helped you feel connected to them?

The Power of Relationship: Activity

Fishbowl: We need 2 volunteers who identify as **introverts**

Volunteers: Tell us about a person who had a positive impact on your life

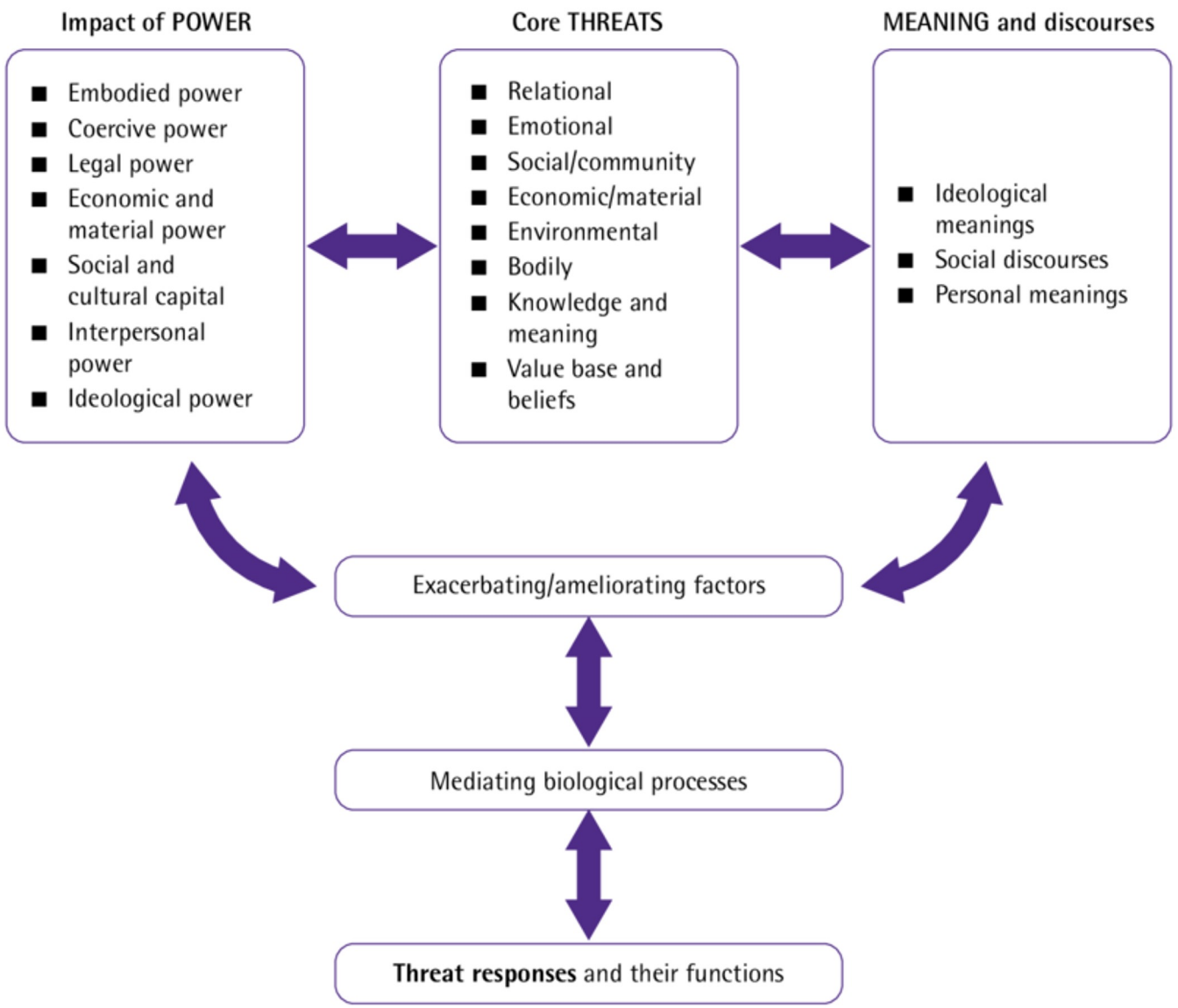
- What were some of their qualities?
- How did they make you feel?
- What helped you feel connected to them?

Listeners: jot down themes you notice

For survivors of ongoing intimate partner violence, [or other types of violence], **responding to trauma raises an additional set of concerns, particularly when the trauma is unremitting and 'symptoms' may reflect a protective response to ongoing danger and coercive control.**

Warshaw 2009

Power Threat Meaning Framework: General Patterns Template



Johnstone & Boyle (2018)

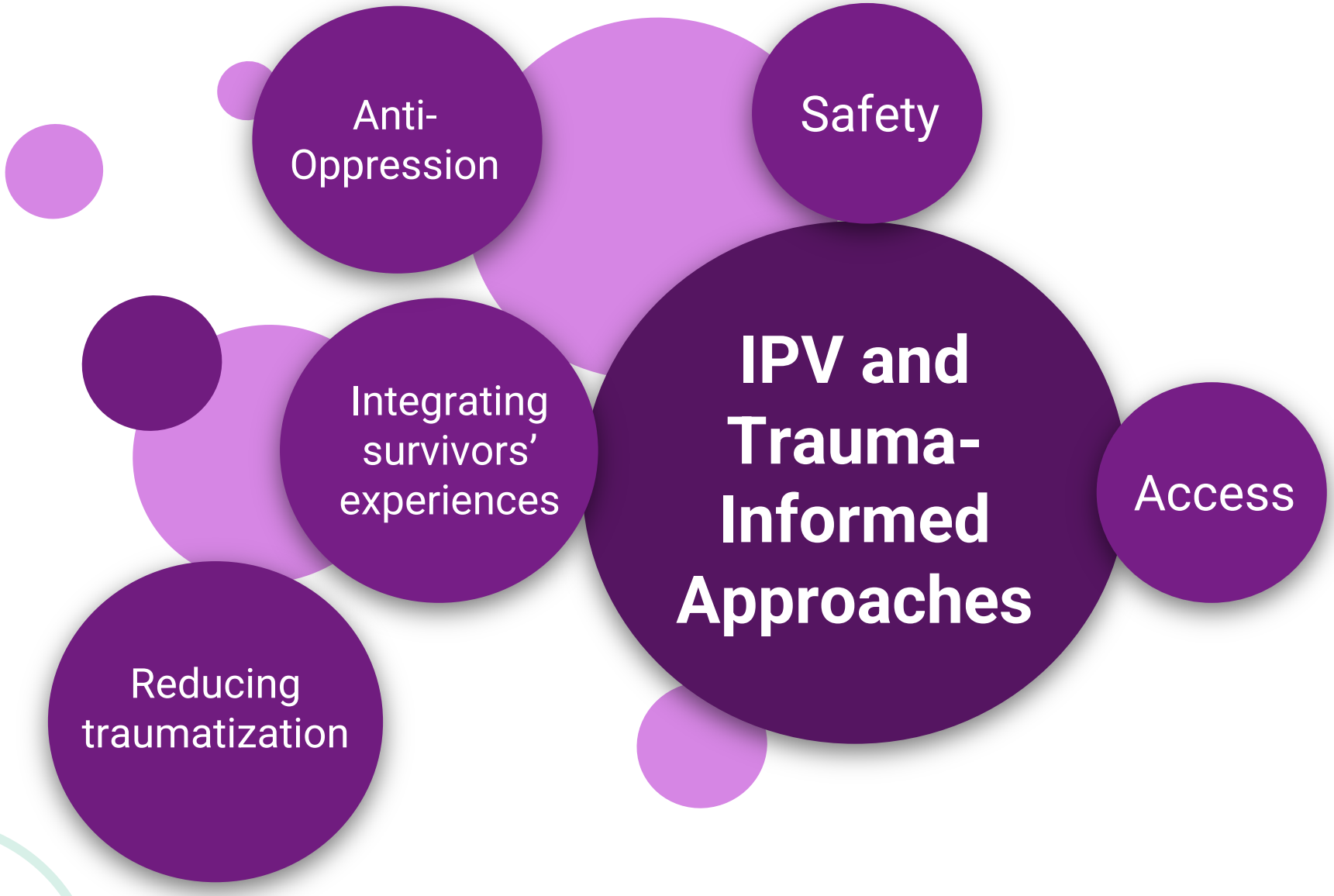
Power Threat Meaning: Core Reflection Questions

- What happened?
  - How is **power** operating in this person's life?
- What was the impact?
  - What kind of **threats** does this pose?
- What sense do they make of it?
  - What is the **meaning** of these experiences for them?
- What has helped them to survive?
  - What kinds of **threat responses** are they using?

Johnstone & Boyle, 2018

How Do Trauma and IPV Affect Access to Care?

- **Impact of Trauma**
  - Avoidance of trauma reminders; Reluctance to reach out when trust has been betrayed;
- **Impact of IPV**
  - Treatment interference by abusive partner
- **Impact of Our Own Responses and Settings**
  - Retraumatization in service settings; Misperception of trauma responses and coping strategies
- **Responding in culturally resonant, trauma-informed ways can help to counteract these effects.**


Anti-Oppression
Safety
Integrating survivors' experiences
IPV and Trauma-Informed Approaches
Access
Reducing traumatization

Defining an IPV and Trauma-Informed Approach

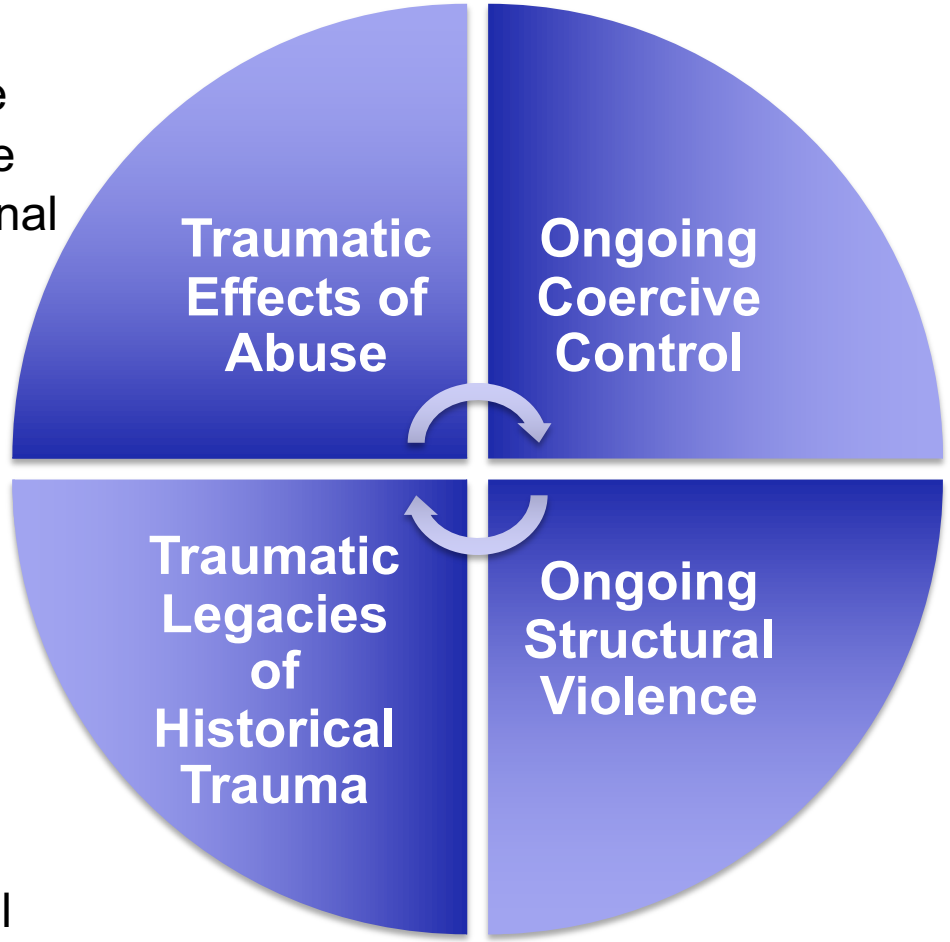
- **Recognizes the pervasiveness and impact of trauma and victimization**
  - on clients, staff, organizations, and communities
- **Ensures that this understanding is incorporated**
  - into every aspect of administration, culture, environment, and service delivery
- **Provides guidance on and actively works to decrease retraumatization and support resilience, healing, and well-being**
  - at every level of the organization through the work we do and the way we work

Defining an IPV and Trauma-Informed Approach (cont.)

- **Fosters an awareness of what we, as service providers, bring to our interactions**
  - including our own experiences of trauma as well as the ways we are affected when we are truly open to the experiences of other people
- **Recognizes ongoing and historical experiences of discrimination and oppression, and works to address social conditions that perpetuate abuse, trauma, discrimination and disparities**

IPV and Trauma in a Broader Social Context

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



- Undermining sanity and sobriety
- Jeopardizing health and wellbeing
- Controlling Access to Resources

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

•Policies that perpetuate structural violence & discrimination

Warshaw 2015

IPV & Trauma-Informed Environment

Physical and Sensory Environment

- Accessible
- Welcoming
- Inclusive
- Healing
- Attends to potential trauma reminders

Attending to Sensory Impact: Creating Emotional Safety

Things that might be challenging:

- Noise, chaos, clutter, level of sensory stimulation
- Physical space, privacy needs

Things that might be trauma reminders:

- Sights, sounds, colors, smells
- Poor lighting, closed or locked doors, rules
- Hearing other people's stories; certain activities or expressions

Attending to Sensory Impact: Creating Emotional Safety (cont.)

Things that might be helpful

- Calming, soothing colors, and décor
- Brightness and soft lighting
- Quiet spaces to be with other people or alone
- Communal spaces where there is activity you can join
- Safe places to be outside
- Flexibility and choice

IPV & Trauma-Informed Environment 2

Cultural and Linguistic Environment

that is responsive to the people and communities being served

IPV & Trauma-Informed Environment 3

Relational Environment

- Caring
- Respectful
- Empowering
- Transparent
- Demonstrates Trustworthiness
- Strives to create emotional safety

IPV & Trauma-Informed Environment 4

Programmatic Environment

Predictable and consistent, while also maximizing flexibility and responsiveness to individual and family needs.

Image source: Mark Strobl https://flic.kr/p/9xcuCw

IPV & Trauma-Informed Environment 5

Trauma Self-Awareness and Stewardship

Of what we bring to our interactions, including:

- Our personal experiences of trauma
- How our work may impact us personally

Increasing Access for Women Who Experience Trauma & IPV

- Recognize that experiences of lifetime trauma and IPV are common among the people we are serving
- Build safety into services and interactions for people to be able to discuss trauma, IPV, and safety
- Offer services and referrals that help address self-defined concerns about trauma and IPV as part of treatment and continuing recovery
- Treatment-on-demand, array of options
- Services based on need, not ‘compliance’
- Partner with domestic violence and sexual assault programs to ensure a continuum of services for survivors and their children

Locating Domestic Violence and Sexual Assault Services

National Sexual Assault Hotline
800.656.HOPE
online.rainn.org
Free. Confidential. 24/7
RAINN

STRONGHEARTS
Native Helpline
1-844-7NATIVE

Building Safety for Women to Talk about their Experiences

- Integrating awareness and sensitivity to IPV/trauma-related needs starts with the very first contact
- Neither pry into, nor silence, trauma stories
- Build trusting relationships characterized by mutuality, allow time for relationship to develop
- Engender and express nonjudgmental approach and unconditional positive regard
- Informed consent, confidentiality, transparency
- Minimally invasive, focus on building safety and trust rather than focusing on collecting information
- Culturally-responsive, trans-affirming care

Improving Engagement and Retention: Strategies

- Relational orientation
- Treatment-on-demand
- Motivational enhancement
- Appointment Reminders and assertive outreach
- Resource advocacy, address resource needs
- Flexible treatment schedule
- Collaborative (ongoing) treatment planning/feedback
- Strengths-based
- Recovery orientation
- Holistic services, address co-occurring concerns
- Engage women in improving services

(Research to Practice Brief. National Infants Assistance Resource Center. UC Berkeley;; Jones and Kaltenbach, 2013)

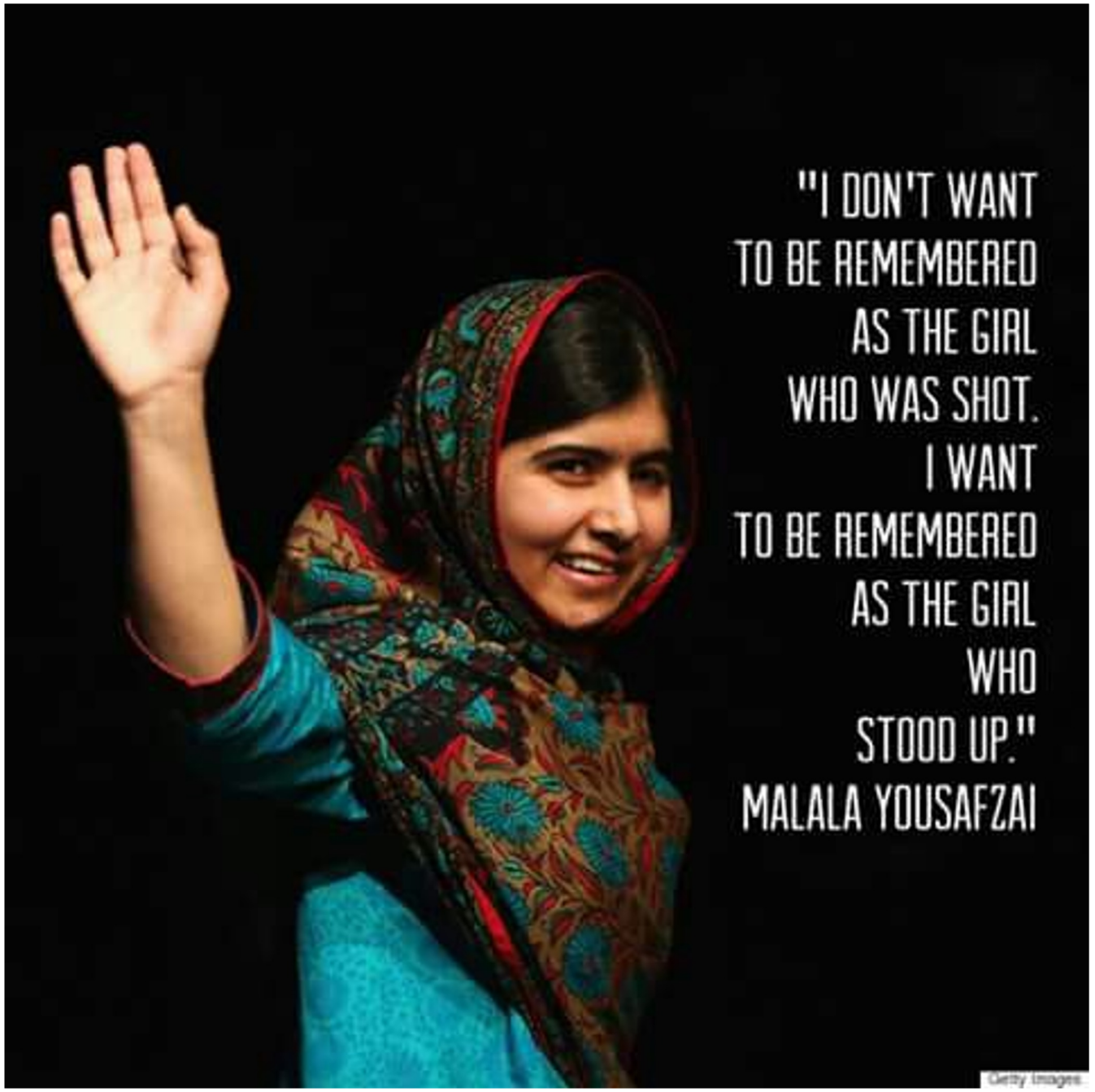
Redefining Self

Women are often defined as our relationship to others or our role, but that doesn't tell us much about ourselves.

Reflect: how would someone have described you when you were ten years old?

Share with a partner: three words that describe you today.

from Helping Women Recover by S. Covington


"I DON'T WANT
TO BE REMEMBERED
AS THE GIRL
WHO WAS SHOT.
I WANT
TO BE REMEMBERED
AS THE GIRL
WHO
STOOD UP."
MALALA YOUSAFZAI

Supporting Treatment Completion and Aftercare

- Help address barriers
  - resource advocacy, flexible scheduling, in-home services
- Women-only gender-responsive services
- Case management support, especially for those who experience concerns related to housing and/or parenting
- Peer-based programming
- Coordinating mom's services with children's services

(Coughey et al., 1998; SAMHSA TIP 51, 2009)

Pregnancy and Recovery

- Reproductive Health Screening
- Barriers to Care
- Pregnancy Support
- Birthing Support
- Post-Pregnancy Support

Reproductive Health Screening

- Pregnancy screenings
- "Would you like to become pregnant in the next year?"
- Reproductive coercion and increased IPV risk during pregnancy
- Unfettered access to reproductive health services

Treatment Barriers for Pregnant/Parenting Women

Many women who are pregnant or have young children do not seek treatment, or drop out of treatment early.

Many fear negative interactions with Child Protective Services, including the removal of their children.

(SAMHSA TIP 51)

Pregnancy and Substance Use Disorders

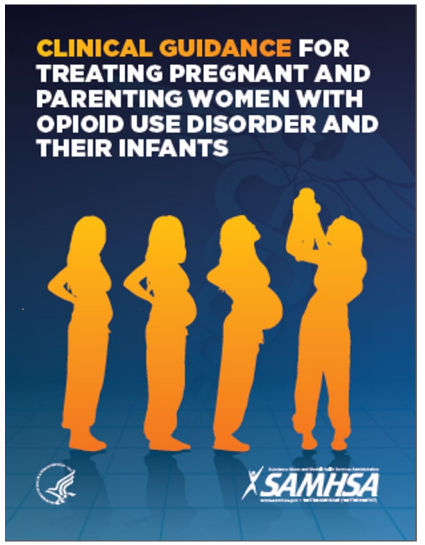
People tend to know that substance use during pregnancy is harmful.

Naturally increased motivation to address substance use.

Those who aren't able to stop using, by definition, have a substance use d/o.

Supporting Pregnant & Parenting Women in Recovery from Opioid Use

- Medically supervised withdrawal from opioids is **not** recommended during pregnancy (increased fetal distress, risk of miscarriage, relapse, and fatal overdose)
  - Buprenorphine and methadone are the safest medications for managing opioid use disorder during pregnancy
  - MAT dose has no effect on risk for Neonatal Abstinence Syndrome
- Tobacco cessation support



SAMHSA's 2018 *Clinical Guide* includes 16 factsheets on Prenatal Care, Infant Care, and Maternal Postnatal Care. HHS Publication No. (SMA) 18-5054

Birthing Support

- Support with preparing for labor and delivery (L&D) and advocating with L&D professionals
- Doula support, particularly those trained in DV/SV trauma-informed birth support
- Birth and 4th trimester/post-pregnancy planning
- Childcare planning (for other children)

Reddy et al. (2017) Opioid Use in Pregnancy, Neonatal Abstinence Syndrome, and Childhood Outcomes: Executiv Summary of a Joint Workshop by the Eunice Kennedy Shriver National Institute of Child Health and Human Development, American College of Obstetricians and Gynecologists, American Academy of Pediatrics, Society fo Maternal-Fetal Medicine, Centers for Disease Control and Prevention, and the March of Dimes Foundation. *Obstetric and gynecology*, *130*(1), 10–28. doi:10.1097/AOG.0000000000002054

Responding to Neonatal Abstinence Syndrome (NAS)

- Mothers and infants rooming together at hospital is associated with reduced need for medication and shorter hospital stays
- Extended skin-to-skin contact with mother (kangaroo care)
- Breastfeeding is recommended for women on buprenorphine and methadone (good for baby, support mom with lactation and self-care plan)
- NAS not associated with increased risk of SUD

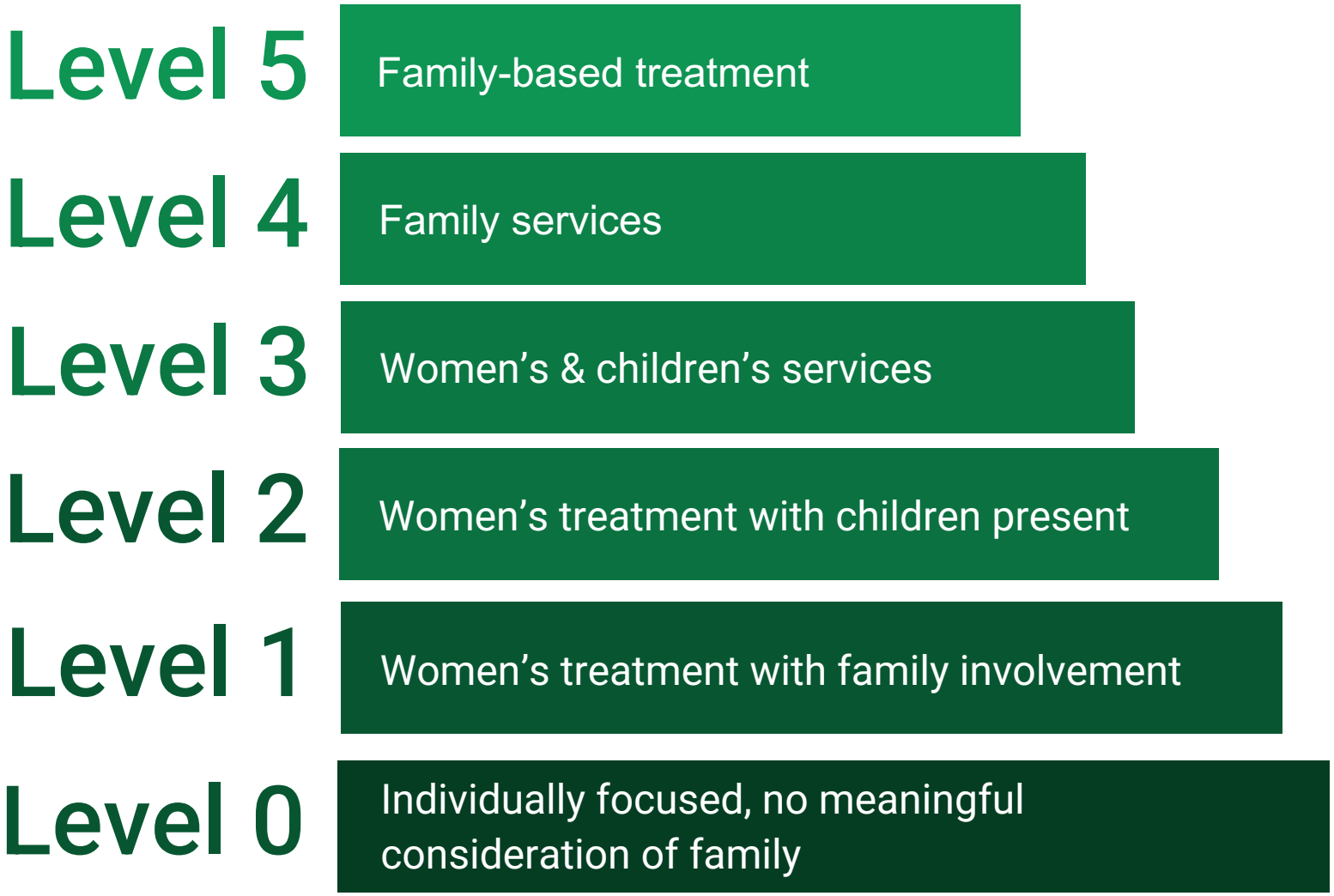
SAMHSA 2018, HHS Publication No. (SMA) 18-5054

Supporting Women During the Postpregnancy Phase

- **4th Trimester** (parent/infant dyad)
- **Diminishing contact w/ physician or midwife**
  (often a significant support source throughout pregnancy)
  - Pediatrician = new physician relationship, can be supportive or shaming experience
- **Lacking/insufficient social supports**
  - Isolation, overwhelm, sleep deprivation
  - Lack of positive parenting role models
  - Child care issues (including older children)
- **Behavioral health needs**
  - Continuing recovery planning
  - Overdose prevention & reversal
  - Supporting maternal mental health

IMAGE: ERIN MCPHEE

Continuum of Family Substance Use Treatment Services



Werner, D., Young, N.K., Dennis, K, & Amatetti, S. 2007.

Case Scenario: Kim

Case Scenario: Kim

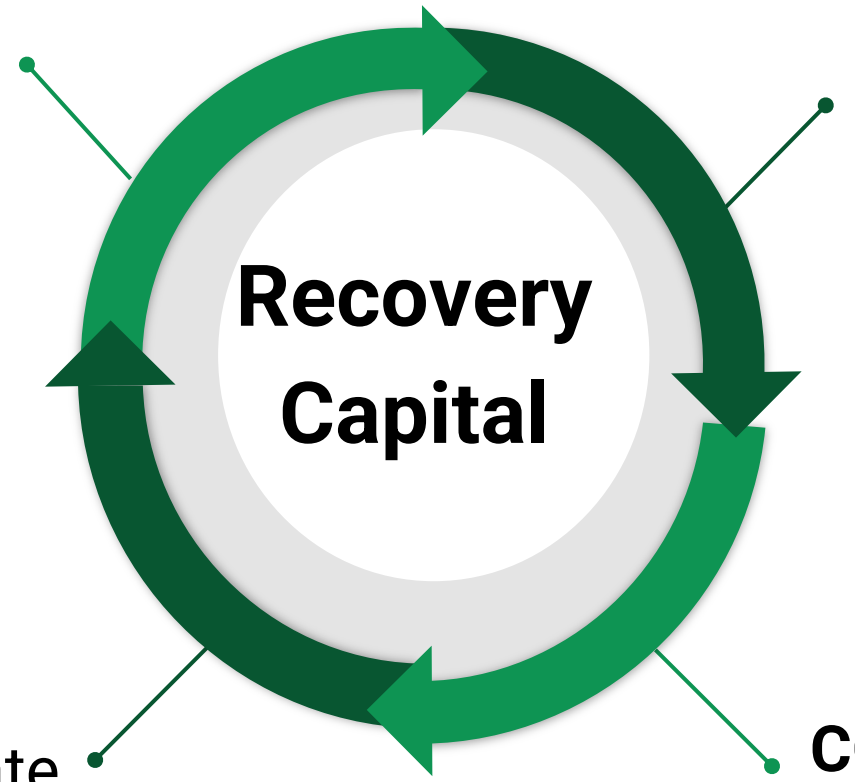
Kim is a 24-year old woman who recently started accessing services in your program with her 2-year old daughter shortly after finding out that she is pregnant. She has been injecting 2-3 bags of heroin daily, drinks alcohol 1-2 times/week (usually about 2 beers per setting), and smokes roughly 10 cigarettes/day. She is still in her first trimester and wants to quit all substances immediately. She was living with her boyfriend (who supplied her drugs) up until recently and is temporarily staying with friends. Kim does not currently have a source of income and discloses a history of suicide attempts starting in early adolescence.

What are some services and resources you might offer or recommend to Kim?

Recovery Support Services

Given women's unique needs and experiences, how does your program support women's recovery capital?

HUMAN
Skills, education, self-efficacy, hopefulness, personal values.



PHYSICAL
Physical health, safe shelter, basic needs, financial resources.

SOCIAL
Family, intimate relationships, kinship, social supports.

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

(White & Cloud, 2008)

What is included in Recovery Support Services?

- Vocational support
- Resource advocacy
- Service coordination and linkage
- Outreach
- Relapse prevention
- Housing assistance and services
- Child care
- Transportation support
- Family, parent, child development support
- Peer-to-peer services, mentoring, and coaching
- Mutual aid groups
- Life skills
- Substance use education

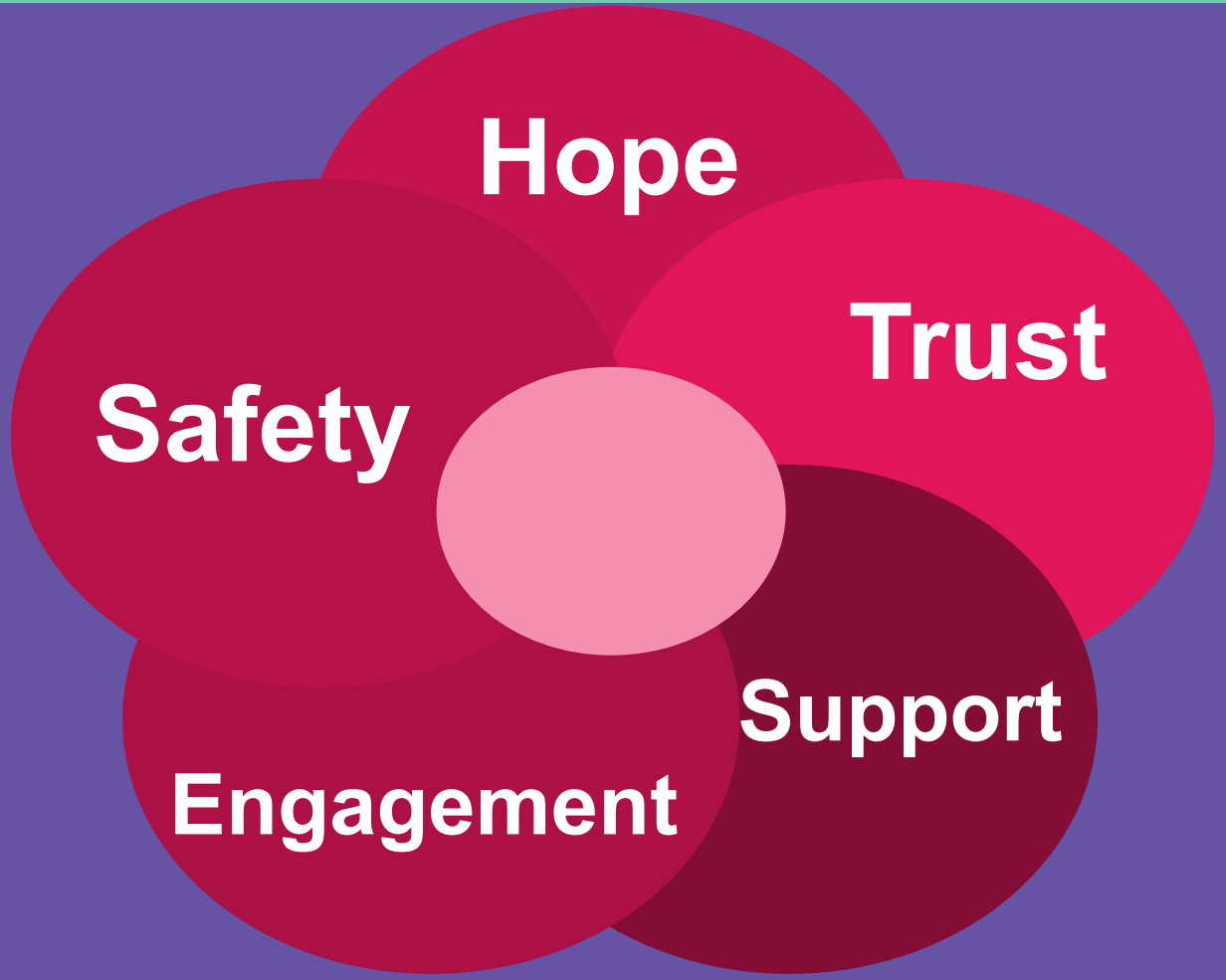
(CSAT/SAMHSA, 2008)

Relationally-Oriented Recovery Support

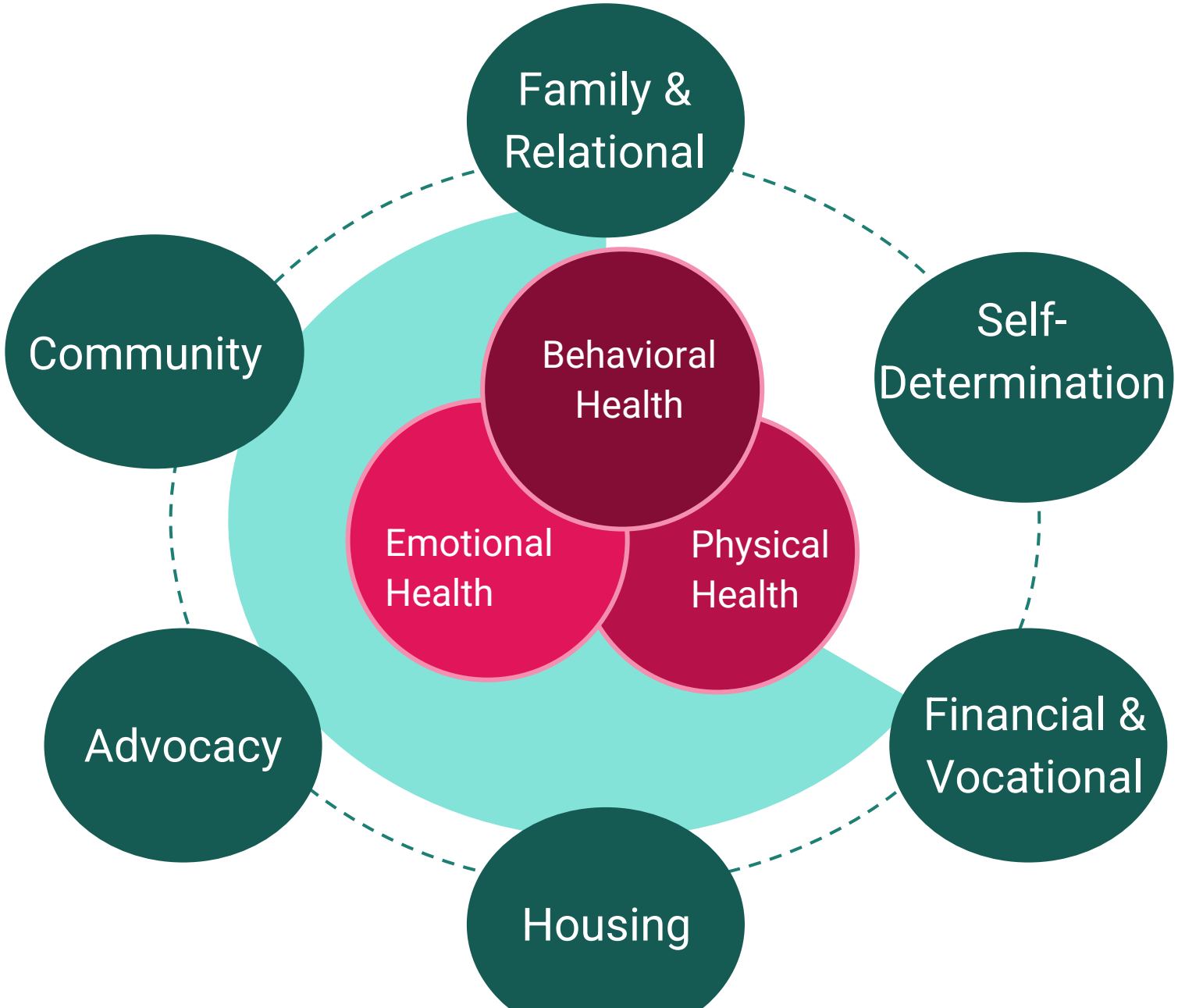
Include:

- Flexible treatment schedule
- Family/dependent care resources
- Couple, family, and children's services
- Coordinating children's services with mother's
- Parenting development and support
- Support navigating legal, entitlement, educational, and other systems for individual and her children
- Feminine-identified supports and recovery models
- Women-only recovery-oriented spaces

Healing is Relational: Peer-Based Recovery Support



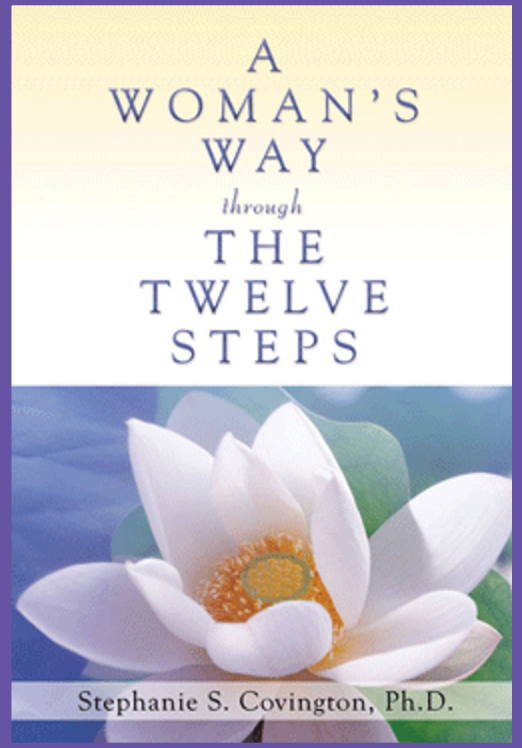
Holistic Services



Gender-Responsive Approaches When Using 12-Step Programs

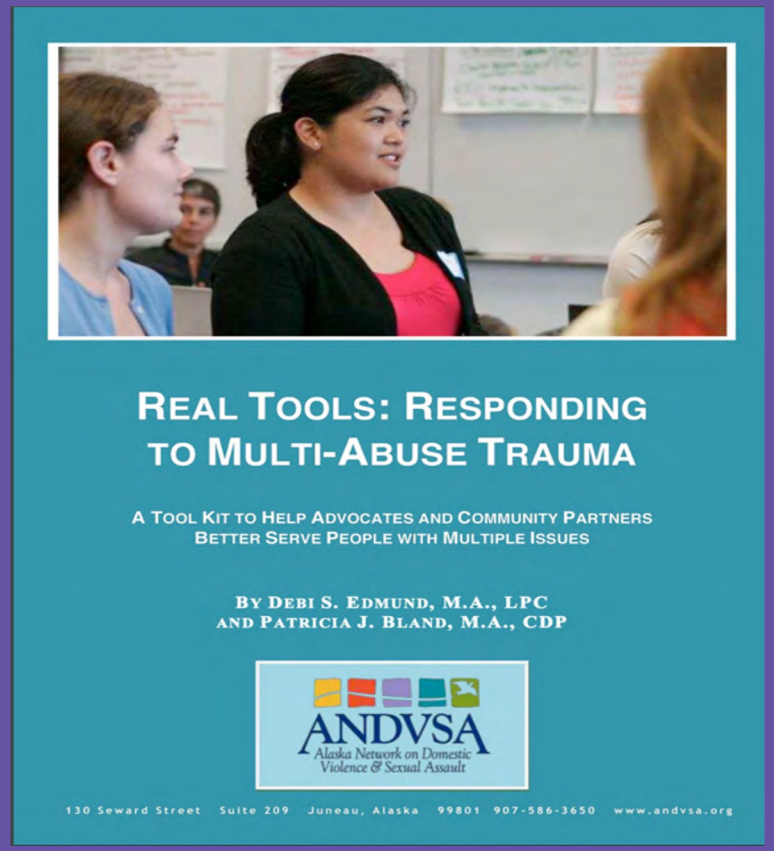
A Woman's Way Through The Twelve Steps

By Dr. Stephanie Covington



“First things first”… Which is first? Safety or Sobriety?

Many tools and resources, including tips for supporting survivors in 12-Step



www.nationalcenterdvtraumamh.org/wp-content/uploads/2012/09/RealTools_RespondingtoMultiAbuseTrauma_BlandandEdmund.pdf

Women for Sobriety

“Women for Sobriety (WFS) is an organization whose purpose is to help all women find their individual path to recovery through discovery of self, gained by sharing experiences, hopes and encouragement with other women in similar circumstances… Our “New Life” Program acknowledges the very special needs women have in recovery – the need to nurture feelings of self-value and self-worth and the desire to discard feelings of guilt, shame, and humiliation.”

https://womenforsobriety.org

THANK YOU!

Unknown author, 2021

CONTACT INFORMATION

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Additional Resources

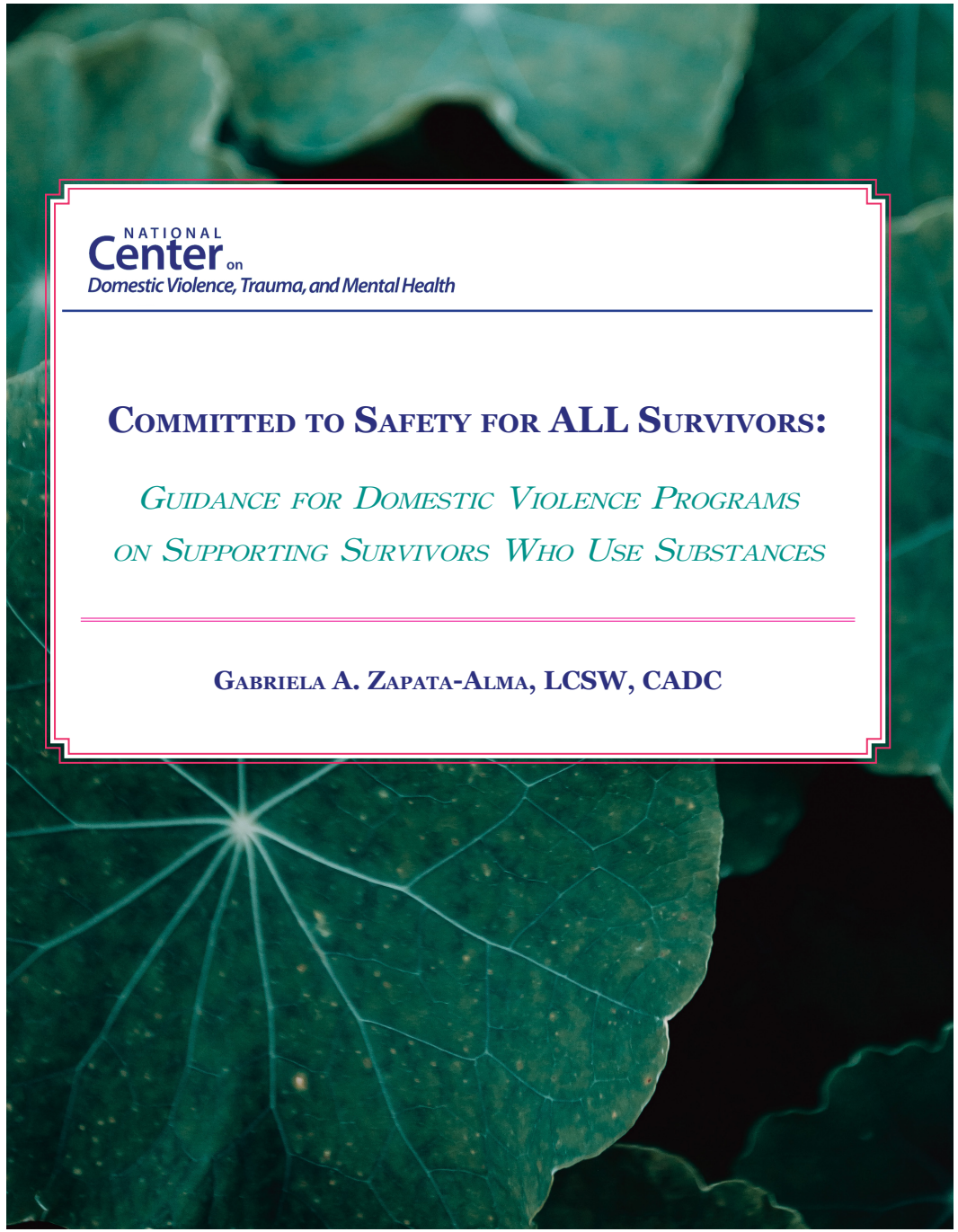
www.NationalCenterDVTraumaMH.org

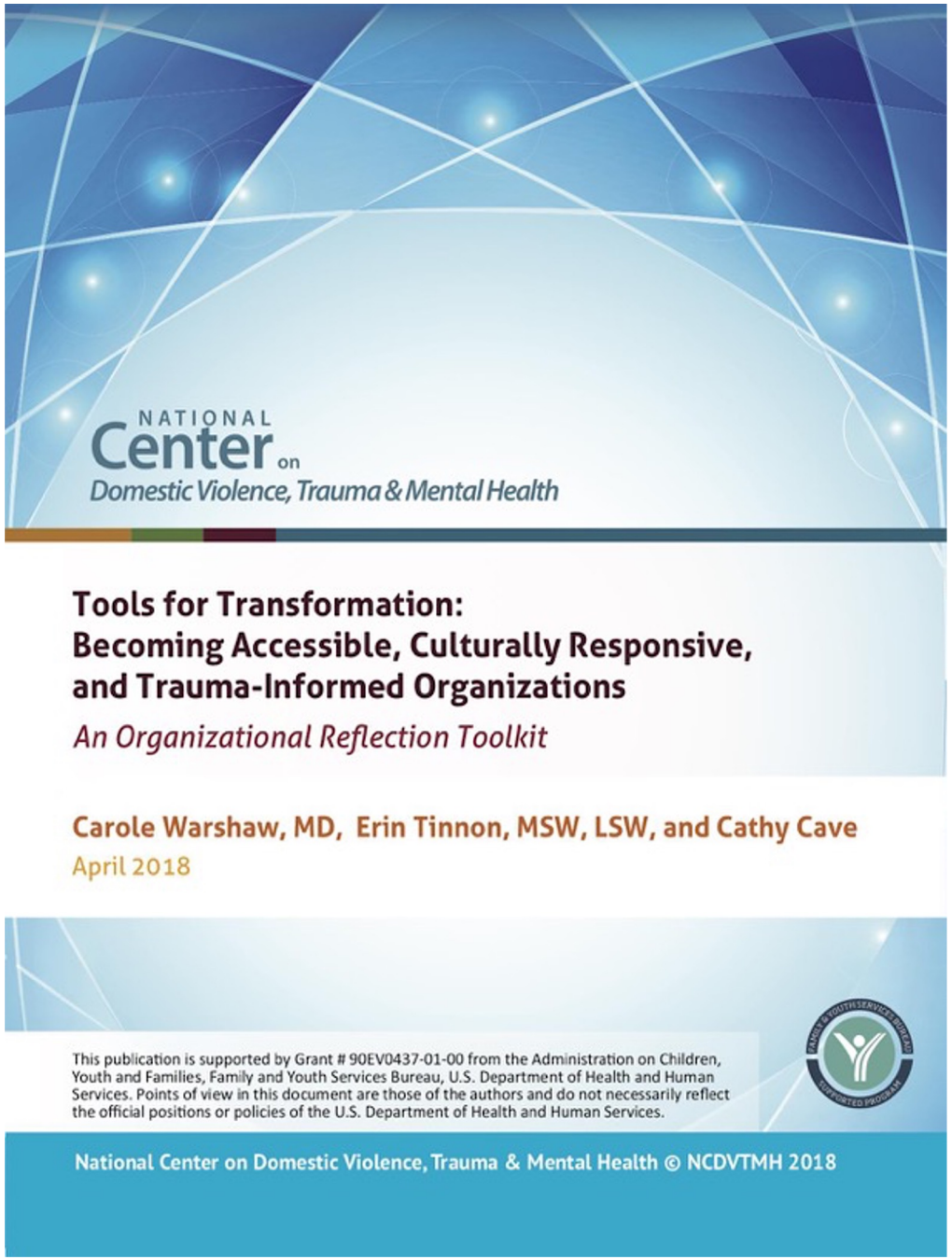
www.NationalCenterDVTraumaMH.org/newsletter-sign-up

Twitter: @ncdvtmh

Instagram: @ncdvtmh

Facebook: www.facebook.com/ncdvtmh


NATIONAL
Center on
Domestic Violence, Trauma, and Mental Health
COMMITTED TO SAFETY FOR ALL SURVIVORS:
GUIDANCE FOR DOMESTIC VIOLENCE PROGRAMS
ON SUPPORTING SURVIVORS WHO USE SUBSTANCES
GABRIELA A. ZAPATA-ALMA, LCSW, CADC



GUIDE 1

THE SOCIAL, EMOTIONAL, AND RELATIONAL CLIMATE AND ORGANIZATIONAL TRAUMA

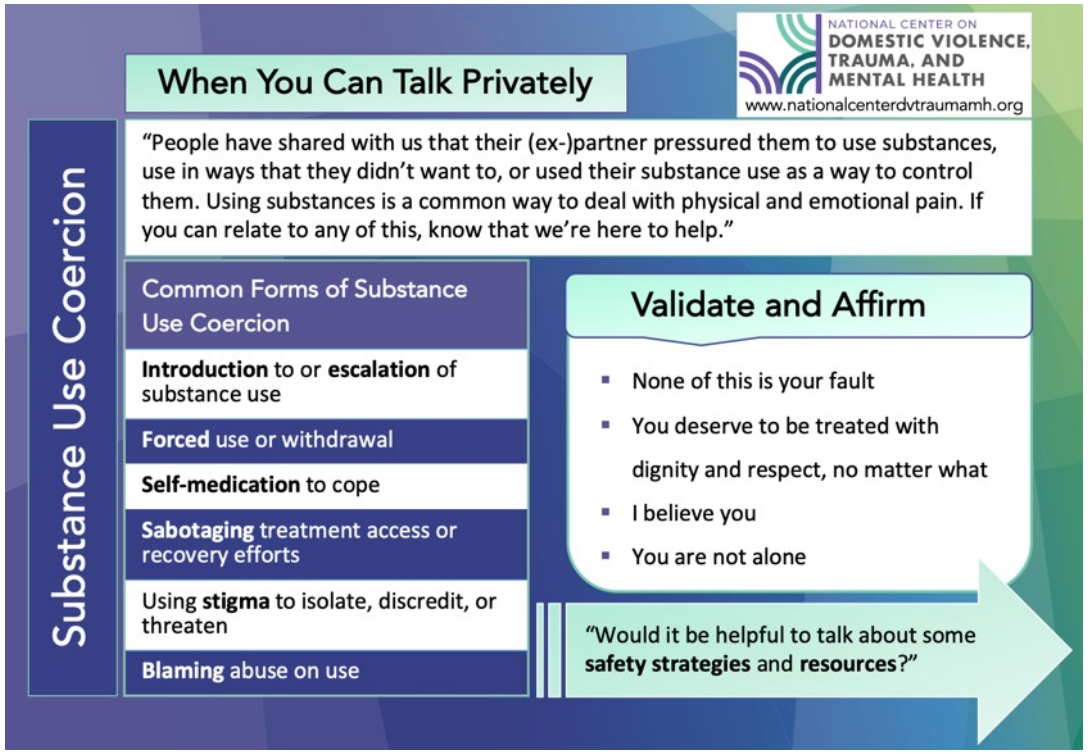
CATHY CAVE

GABRIELA A. ZAPATA-ALMA, LCSW, CADC

GUIDE 2

SUPPORTING CHANGE LEADERSHIP

CATHY CAVE


When You Can Talk Privately
NATIONAL CENTER ON DOMESTIC VIOLENCE, TRAUMA, AND MENTAL HEALTH
www.nationalcenterdvtraumamh.org
Substance Use Coercion
"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?"


Safety Plan: Access and Recovery
NATIONAL CENTER ON DOMESTIC VIOLENCE, TRAUMA, AND MENTAL HEALTH
www.nationalcenterdvtraumamh.org
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)

Coacción por Consumo de Sustancias

Cuando Hable en Privado:

NATIONAL CENTER ON DOMESTIC VIOLENCE, TRAUMA, AND MENTAL HEALTH
www.nationalcenterdvtraumamh.org

"Las personas han compartido con nosotros que su (ex)pareja les presionó para que consumieran sustancias, que las consumieran de una forma que no querían, o que utilizaron su consumo de sustancias como una forma de control. El consumo de sustancias es una forma habitual de afrontar el dolor físico y emocional. Si usted se identifica con algo que he dicho, sepa que estamos aquí para ayudarle."

Formas Comunes de Coacción por Consumo de Sustancias

- **Introducción** o **intensificación** del consumo de sustancias
- **Forzar** el consumo o la abstinencia
- **Automedicación** para hacer frente a la situación
- **Sabotear** el acceso al tratamiento o los esfuerzos de recuperación
- Utilizar el **estigma** para aislar o amenazar
- **Culpar** del abuso al consumo

Validar y afirmar

- Nada de esto es su culpa
- Merece ser tratado(a) con dignidad y respeto, pase lo que pase
- Yo le creo
- No está solo(a)

"¿Sería útil hablar de algunas **estrategias y recursos de seguridad**?"

Plan de Seguridad: Acceso y Recuperación

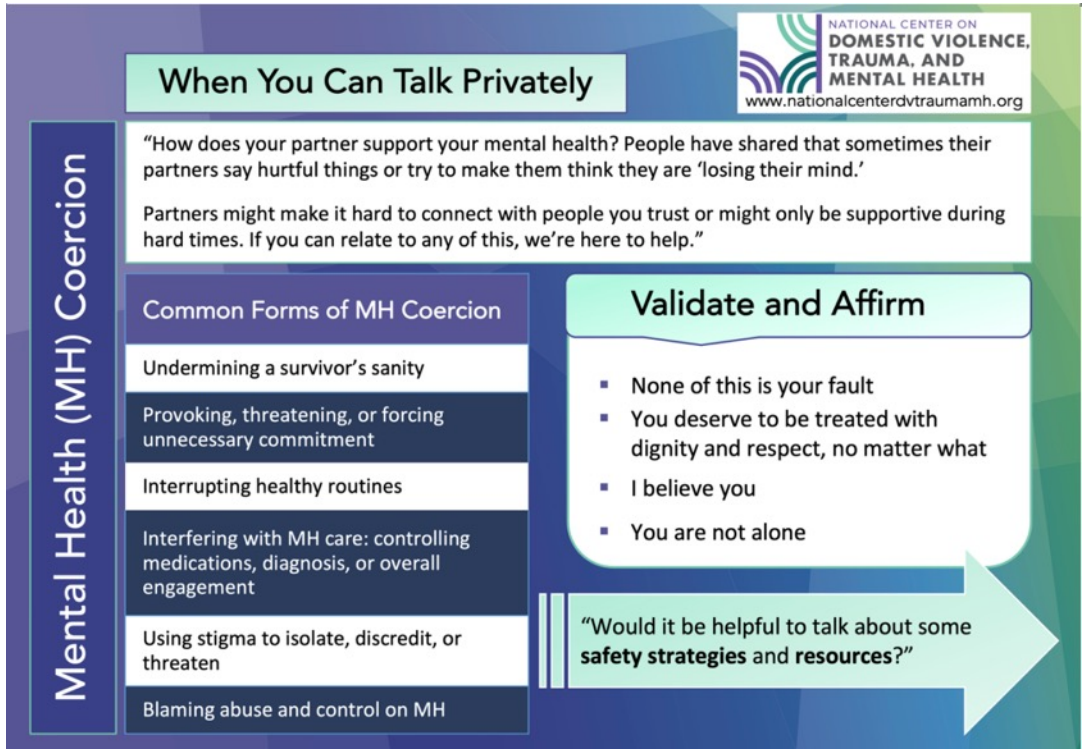
NATIONAL CENTER ON DOMESTIC VIOLENCE, TRAUMA, AND MENTAL HEALTH
www.nationalcenterdvtraumamh.org

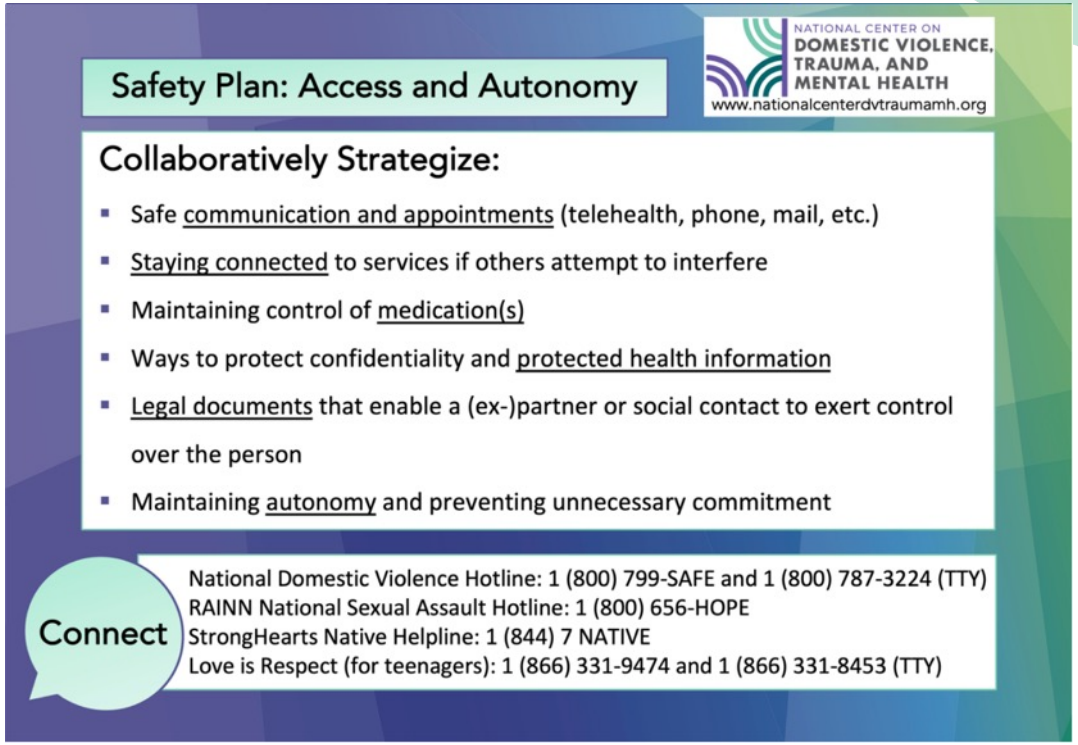
Elaborar Estrategias en Colaboración:

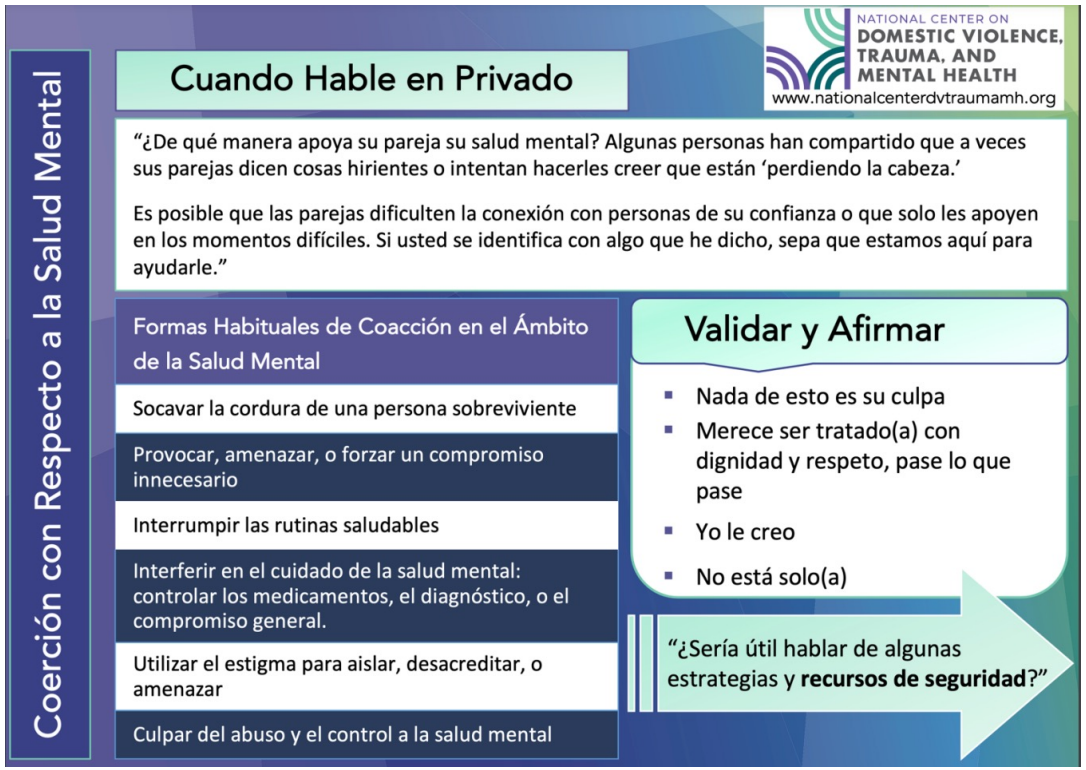
- Comunicación segura (telesalud, teléfono, correo, etc.)
- Riesgo de acoso y horario de las citas
- Mantener la conexión con los servicios si la (ex)pareja presiona a la persona para que se marche
- Mantener el control de el/los medicamento(s) incluyendo MAR/MAT (tratamiento asistido con medicación o recuperación asistida con medicación)
- Documentos legales que permitan a la (ex)pareja o al contacto social ejercer el control sobre la persona
- Amenazas de divulgación o citatorios con respecto a la información de salud protegida

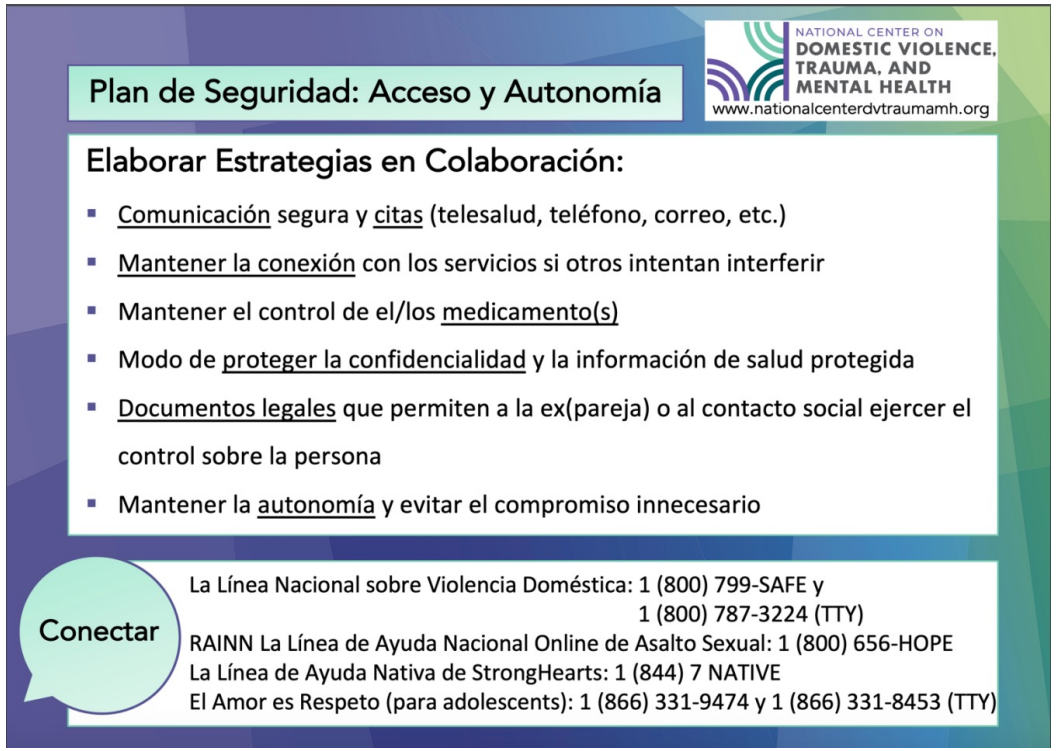
Conéctese

La Línea Nacional sobre Violencia Doméstica: 1 (800) 799-SAFE y 1 (800) 787-3224 (TTY)
RAINN La Línea de Ayuda Nacional Online de Asalto Sexual: 1 (800) 656-HOPE
La Línea de Ayuda Nativa de StrongHearts: 1 (844) 7 NATIVE
El amor es respeto (para adolescents): 1 (866) 331-9474 y 1 (866) 331-8453 (TTY)


When You Can Talk Privately
NATIONAL CENTER ON DOMESTIC VIOLENCE, TRAUMA, AND MENTAL HEALTH
www.nationalcenterdvtraumamh.org
Mental Health (MH) Coercion
"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?"

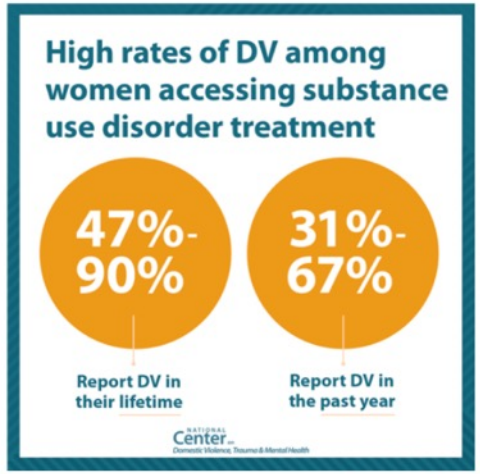

Safety Plan: Access and Autonomy
NATIONAL CENTER ON DOMESTIC VIOLENCE, TRAUMA, AND MENTAL HEALTH
www.nationalcenterdvtraumamh.org
Collaboratively Strategize:
Safe communication and appointments (telehealth, phone, mail, etc.)
Staying connected to services if others attempt to interfere
Maintaining control of medication(s)
Ways to protect confidentiality and protected health information
Legal documents that enable a (ex-)partner or social contact to exert control over the person
Maintaining autonomy and preventing unnecessary commitment
Connect
National Domestic Violence Hotline: 1 (800) 799-SAFE and 1 (800) 787-3224 (TTY)
RAINN National Sexual Assault Hotline: 1 (800) 656-HOPE
StrongHearts Native Helpline: 1 (844) 7 NATIVE
Love is Respect (for teenagers): 1 (866) 331-9474 and 1 (866) 331-8453 (TTY)


Coerción con Respecto a la Salud Mental
Cuando Hable en Privado
NATIONAL CENTER ON DOMESTIC VIOLENCE, TRAUMA, AND MENTAL HEALTH
www.nationalcenterdvtraumamh.org
"¿De qué manera apoya su pareja su salud mental? Algunas personas han compartido que a veces sus parejas dicen cosas hirientes o intentan hacerles creer que están 'perdiendo la cabeza.'
Es posible que las parejas dificulten la conexión con personas de su confianza o que solo les apoyen en los momentos difíciles. Si usted se identifica con algo que he dicho, sepa que estamos aquí para ayudarle."
Formas Habituales de Coacción en el Ámbito de la Salud Mental
Socavar la cordura de una persona sobreviviente
Provocar, amenazar, o forzar un compromiso innecesario
Interrumpir las rutinas saludables
Interferir en el cuidado de la salud mental: controlar los medicamentos, el diagnóstico, o el compromiso general.
Utilizar el estigma para aislar, desacreditar, o amenazar
Culpar del abuso y el control a la salud mental
Validar y Afirmar
Nada de esto es su culpa
Merece ser tratado(a) con dignidad y respeto, pase lo que pase
Yo le creo
No está solo(a)
"¿Sería útil hablar de algunas estrategias y recursos de seguridad?"


Plan de Seguridad: Acceso y Autonomía
NATIONAL CENTER ON DOMESTIC VIOLENCE, TRAUMA, AND MENTAL HEALTH
www.nationalcenterdvtraumamh.org
Elaborar Estrategias en Colaboración:
Comunicación segura y citas (telesalud, teléfono, correo, etc.)
Mantener la conexión con los servicios si otros intentan interferir
Mantener el control de el/los medicamento(s)
Modo de proteger la confidencialidad y la información de salud protegida
Documentos legales que permiten a la ex(pareja) o al contacto social ejercer el control sobre la persona
Mantener la autonomía y evitar el compromiso innecesario
Conectar
La Línea Nacional sobre Violencia Doméstica: 1 (800) 799-SAFE y 1 (800) 787-3224 (TTY)
RAINN La Línea de Ayuda Nacional Online de Asalto Sexual: 1 (800) 656-HOPE
La Línea de Ayuda Nativa de StrongHearts: 1 (844) 7 NATIVE
El Amor es Respeto (para adolescents): 1 (866) 331-9474 y 1 (866) 331-8453 (TTY)

NATIONAL CENTER ON DOMESTIC VIOLENCE, TRAUMA, AND MENTAL HEALTH

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



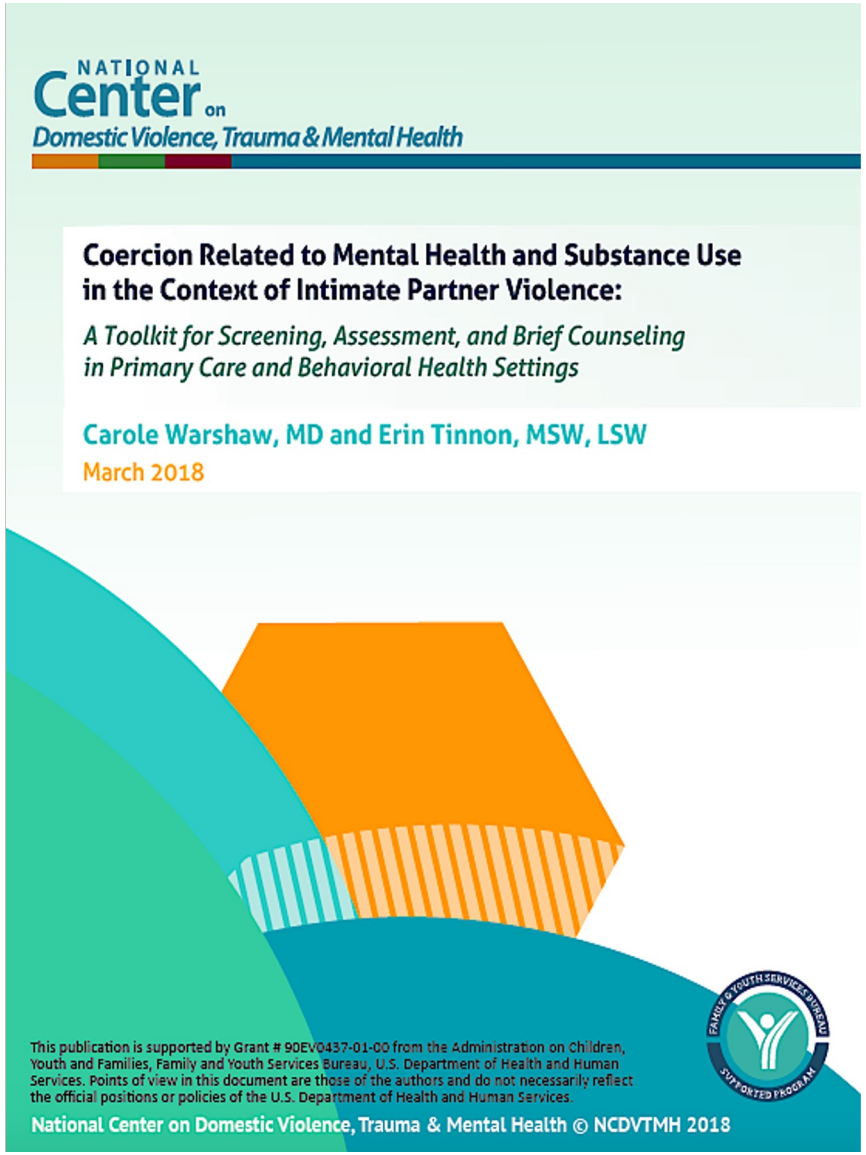
Keep in Mind

- **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 themself 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


NATIONAL
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Domestic Violence, Trauma & Mental Health
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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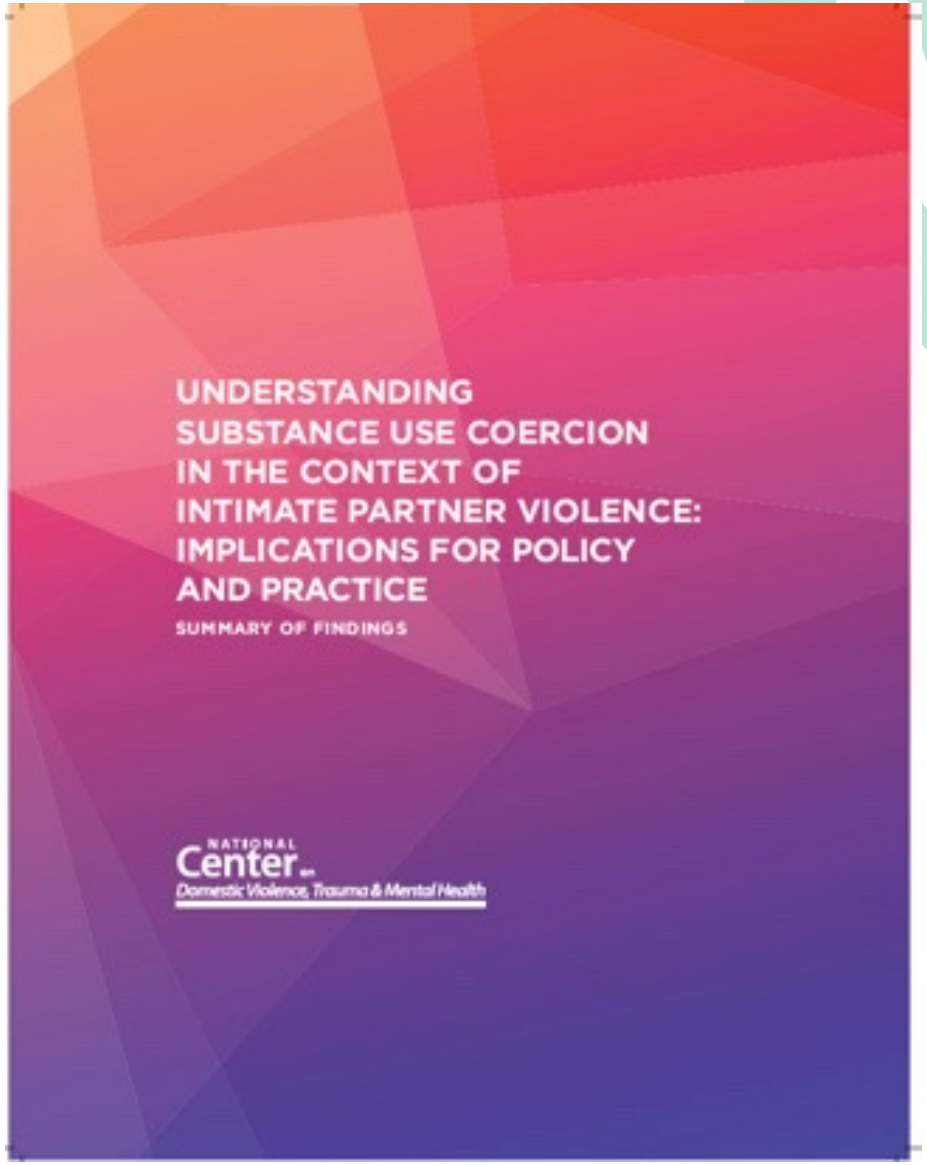
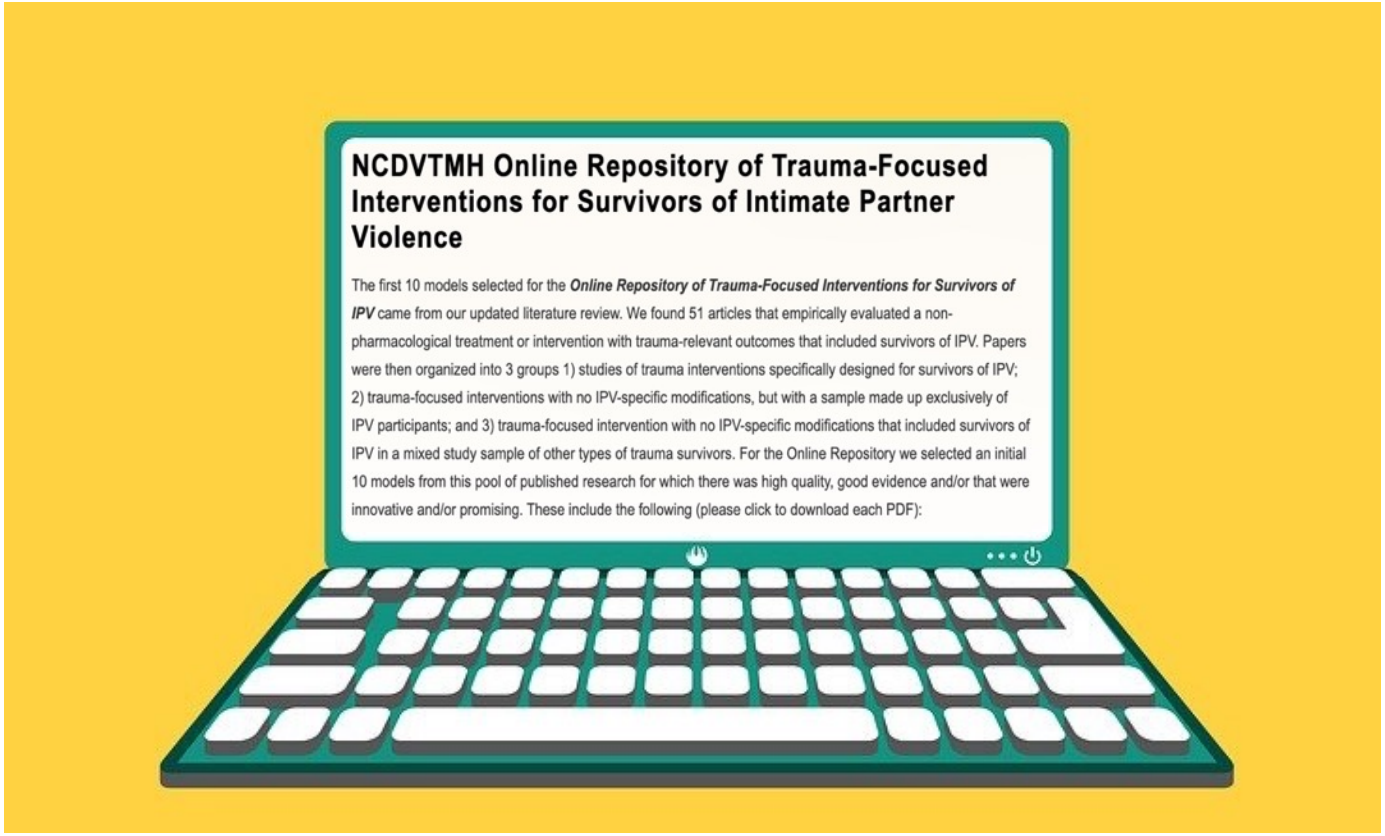
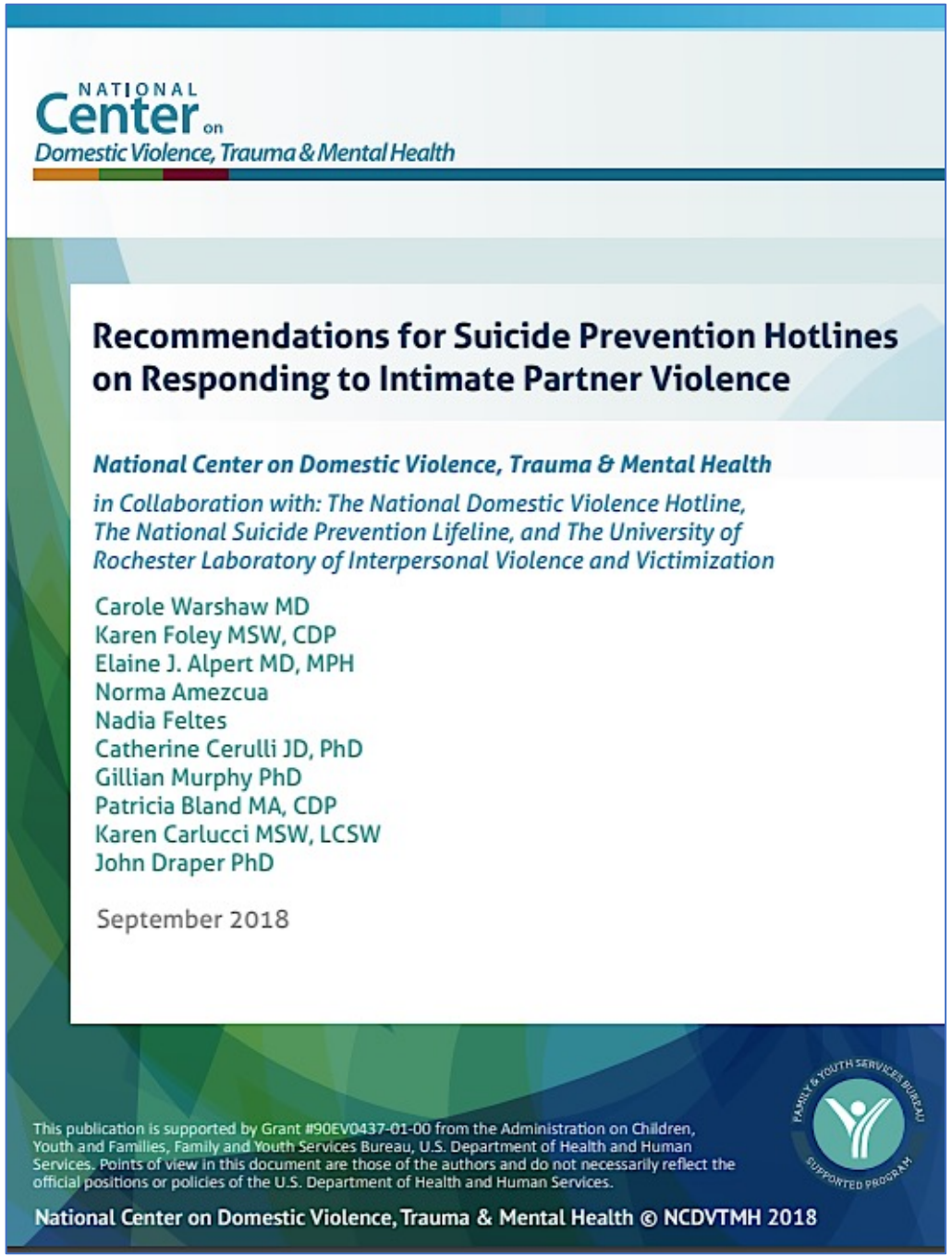

UNDERSTANDING SUBSTANCE USE COERCION IN THE CONTEXT OF INTIMATE PARTNER VIOLENCE: IMPLICATIONS FOR POLICY AND PRACTICE
SUMMARY OF FINDINGS
NATIONAL
Center on
Domestic Violence, Trauma & Mental Health

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/




NATIONAL
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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
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Elaine J. Alpert MD, MPH
Norma Amezcua
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Gillian Murphy PhD
Patricia Bland MA, CDP
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John Draper PhD
September 2018
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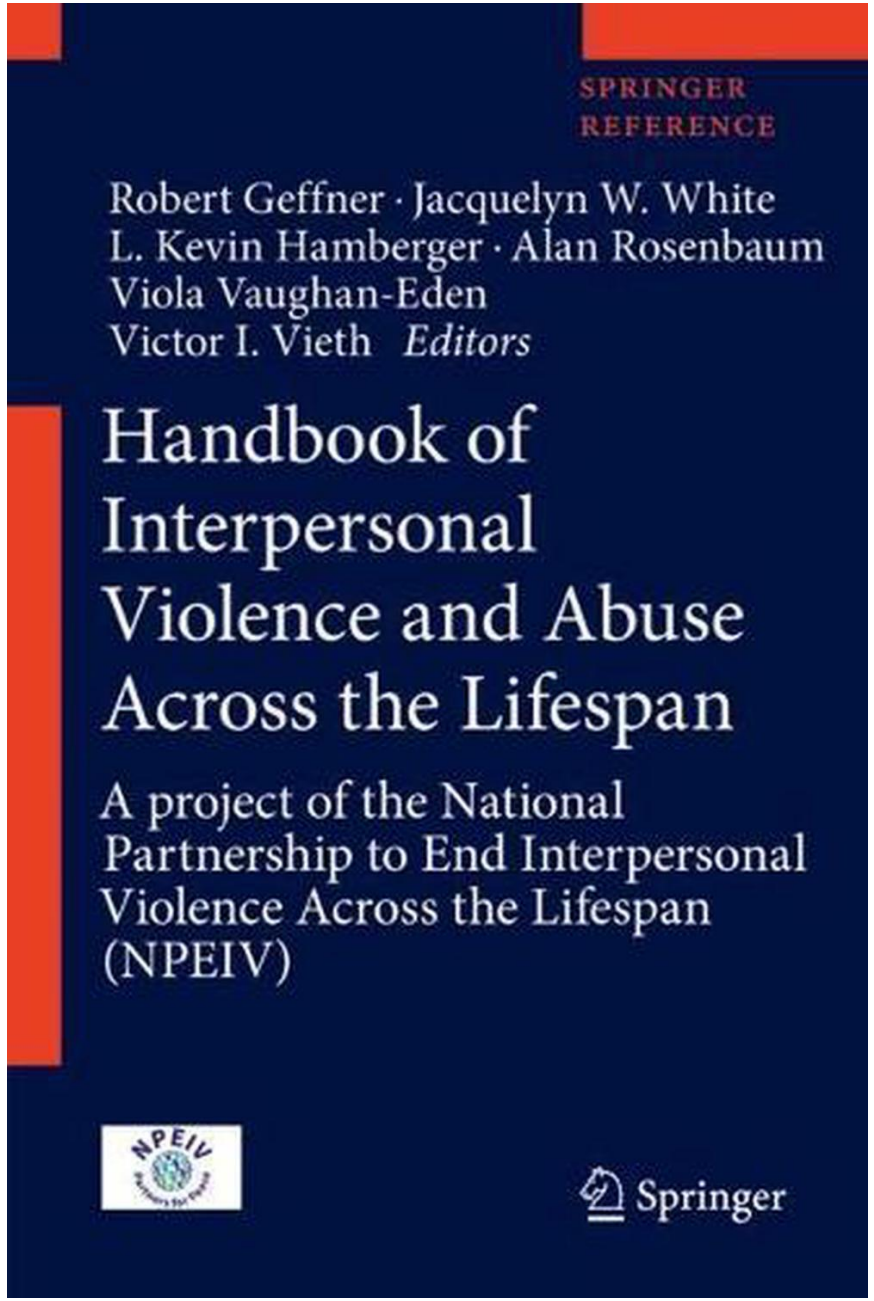
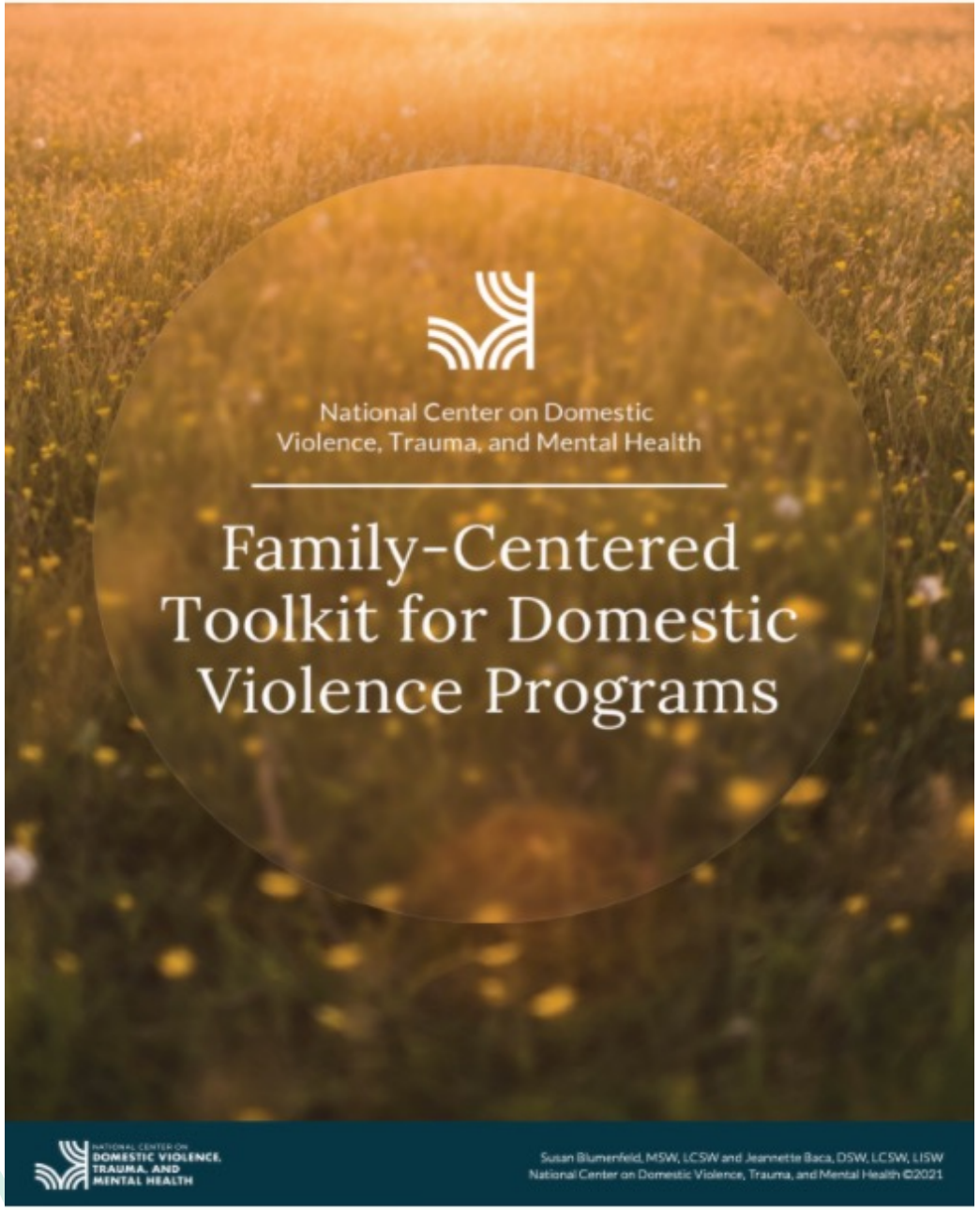


Mental Health Treatment in the Context of Intimate Partner Violence

Warshaw & Zapata-Alma, 2020


National Center on Domestic
Violence, Trauma, and Mental Health
Family-Centered
Toolkit for Domestic
Violence Programs
NATIONAL CENTER ON
DOMESTIC VIOLENCE,
TRAUMA, AND
MENTAL HEALTH
Susan Blumenfeld, MSW, LCSW and Jeannette Baca, DSW, LCSW, LISW
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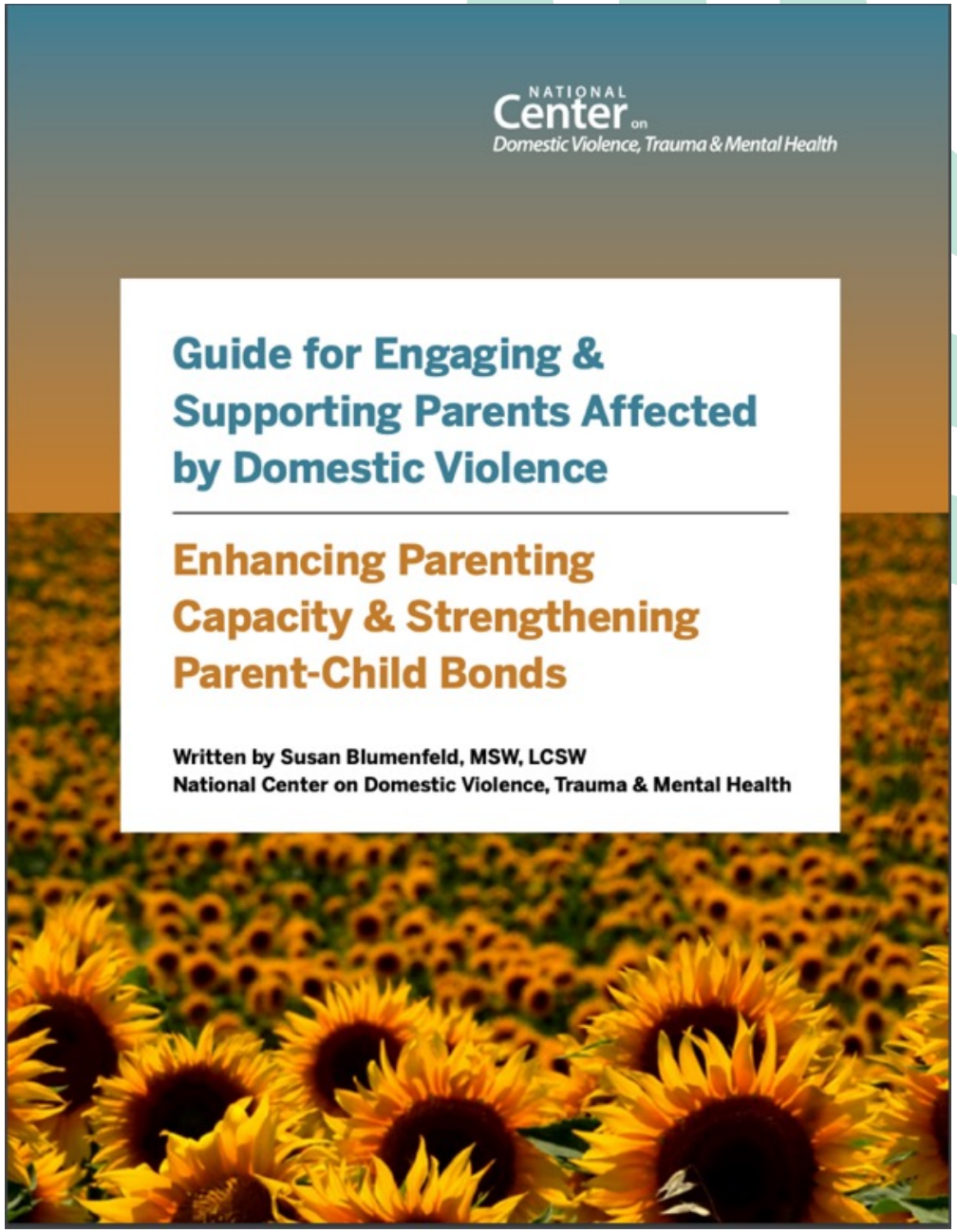
NATIONAL
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Guide for Engaging &
Supporting Parents Affected
by Domestic Violence
Enhancing Parenting
Capacity & Strengthening
Parent-Child Bonds
Written by Susan Blumenfeld, MSW, LCSW
National Center on Domestic Violence, Trauma & Mental Health