



Inspire Action for Social Change
Inspired Boost

**Supervised Visitation in the
Context of Intimate Partner
Violence and Mental Health and
Substance Use Series: Part I**

Presented by Gabriela Zapata-Alma, LCSW, CADC
*Associate Director, National Center on Domestic Violence,
Trauma, and Mental Health*

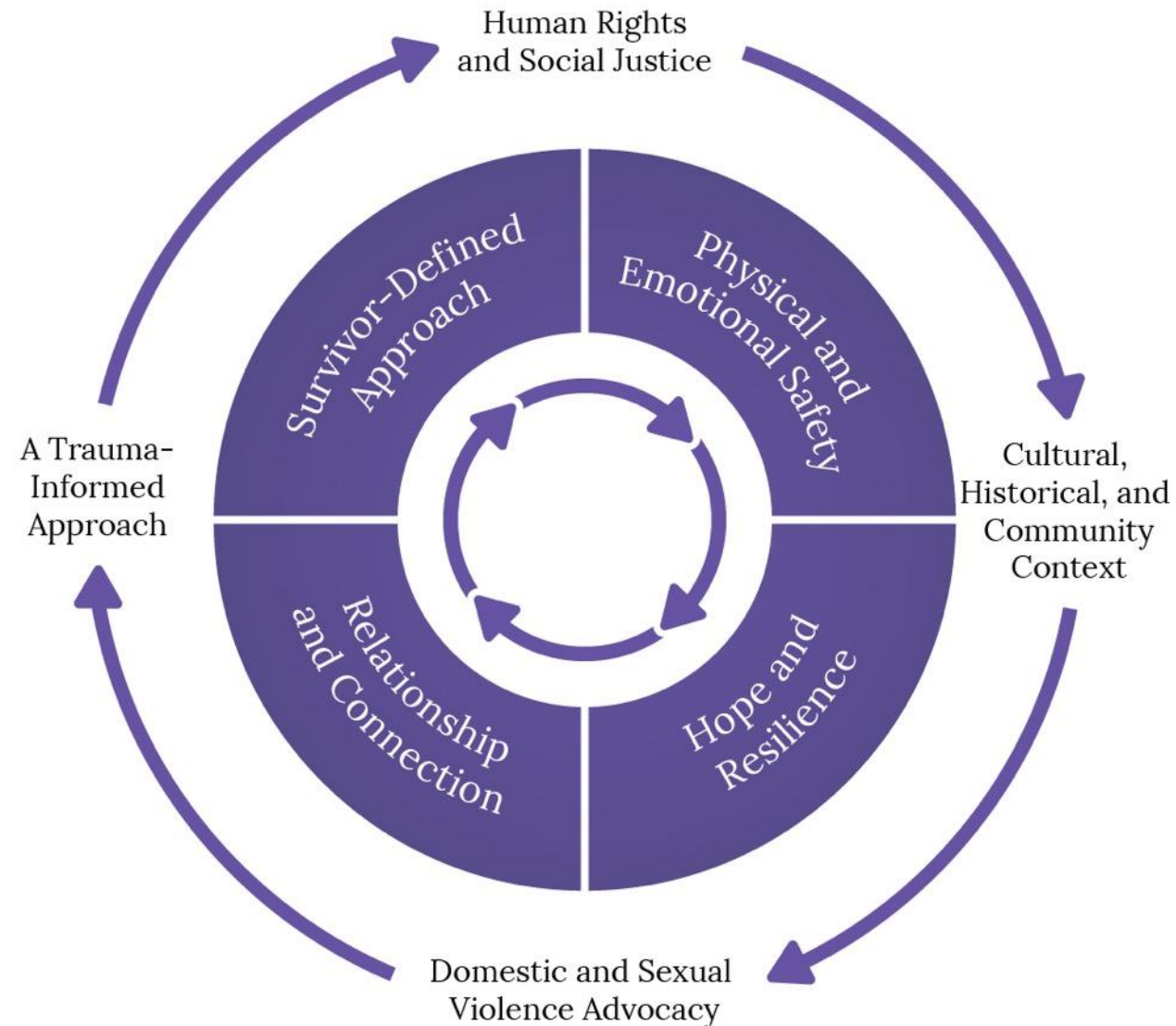
December 1, 2022

Supervised Visitation in the Context of Intimate Partner Violence and Mental Health and Substance Use Series: Part I

Gabriela Zapata-Alma, LCSW, CADC
Associate Director

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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In this 2-part series, we will:

- | Clarify the relationships between intimate partner violence, mental health, and substance use, including coercion related to mental health and substance use
- | Apply equity-based and trauma-informed lenses to better understand mental health and substance use as threat responses
- | Try out different tools to support reflective practice
- | Work together to identify strategies to build emotional safety into the program environment, services, and relationships



What's the connection?



Domestic and sexual violence (DSV) can have traumatic mental health and substance use effects

Victimization by an intimate partner increases one's risk for depression, PTSD, substance use and suicidality

3x

PTSD, Major depressive disorder, Self-harm

4x

Suicide attempts

6x

Substance use disorder

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High rates of DV among women accessing substance use disorder treatment

47%-90%

Report DV in their lifetime

31%-67%

Report DV in the past year

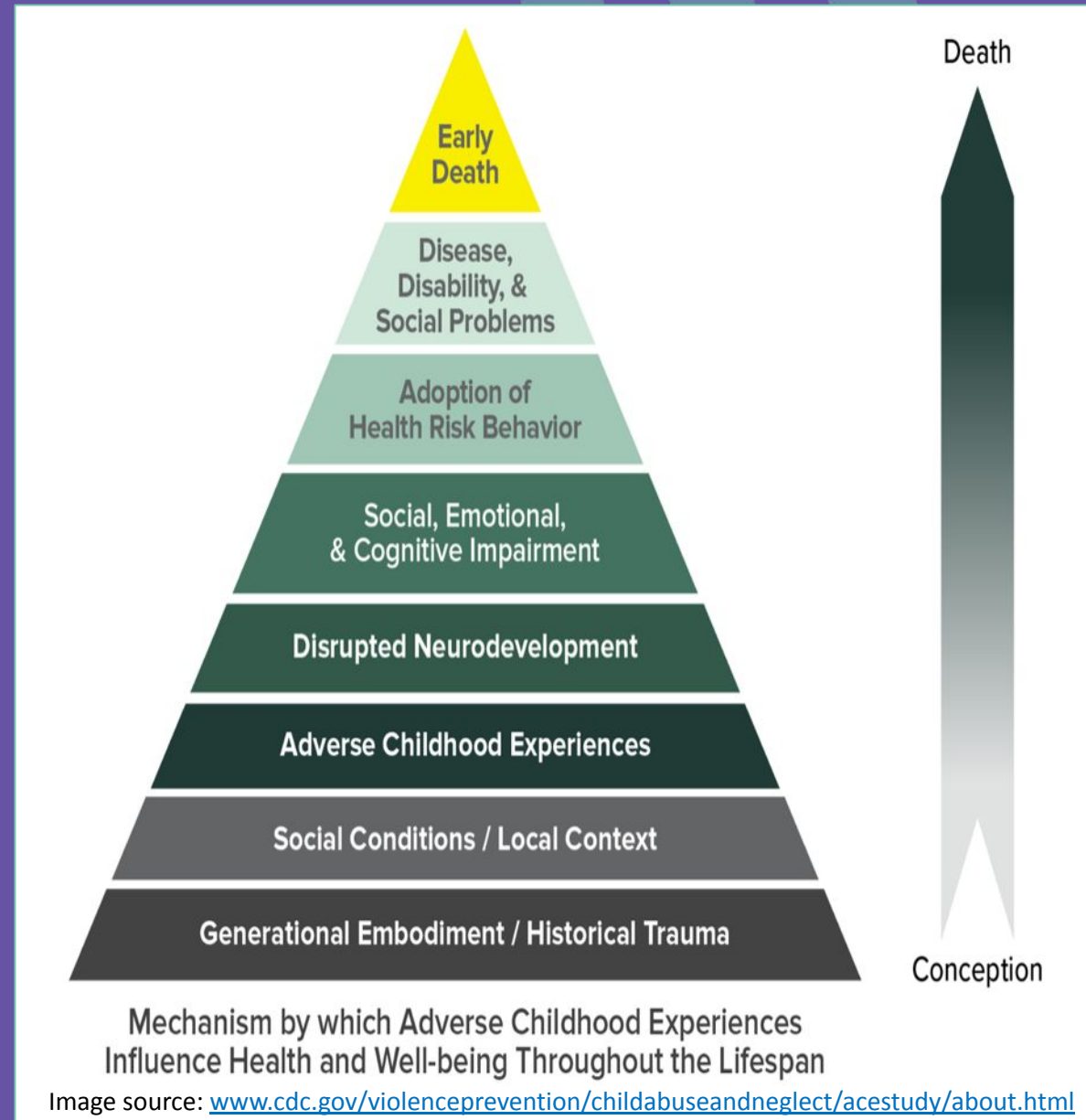
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Cumulative Trauma

Many survivors of DSV have also experienced other kinds of trauma and forms of oppression

Adverse Childhood Experiences have been linked to an array of health risks, including substance use (Felitti et al., 1998)



DV is often targeted toward undermining a partner's mental health treatment and recovery



of the 2,733 National Domestic Violence Hotline callers who had sought help for feeling depressed or upset said their partners had tried to prevent or discourage them from getting help or taking prescribed medications.

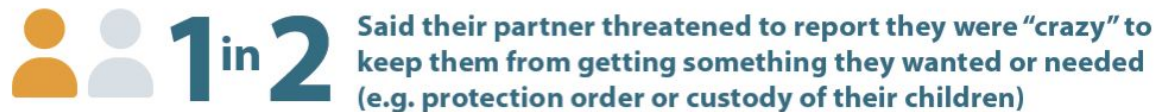
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Said their partner accused them of being "crazy"



Said their partner deliberately did things to make them feel like they were losing their mind



Said their partner threatened to report they were "crazy" to keep them from getting something they wanted or needed (e.g. protection order or custody of their children)



DV is often targeted toward undermining a partner's substance use disorder treatment and recovery

60%

of the 3,224 National Domestic Violence Hotline callers who had sought help for substance use said their partners had tried to prevent or discourage them from getting help.

26%

Had used substances to reduce the pain of DV.

27%

Had been pressured or forced to use substances or made to use more than they wanted.

24%

Were afraid to call the police because their partner said they would be arrested or not believed.

38%

Said their partner had threatened to report their substance use to authorities to prevent them from getting something they wanted or needed (e.g. protection order or custody of their children).

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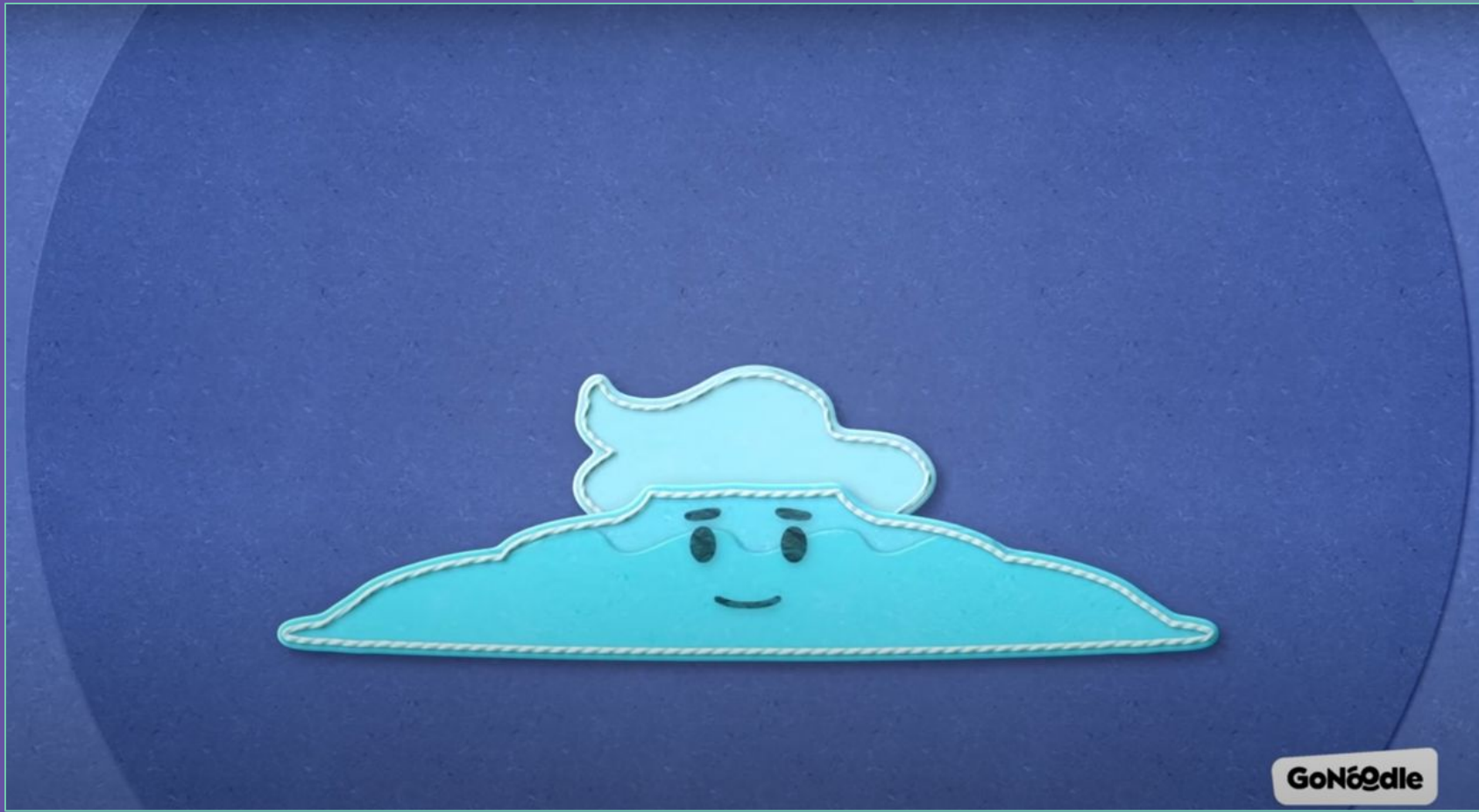




While exposure to DV can impact children's physical, psychological, and emotional well-being, research consistently shows that attachment to the non-abusive primary caregiver is what is most protective of children's resilience and development.



Mind-Body Break: Melting Flow



<https://youtu.be/FTzXFPh6CPI>

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Experiences of mental health and substance use places individuals at greater risk for being controlled by an abusive partner.

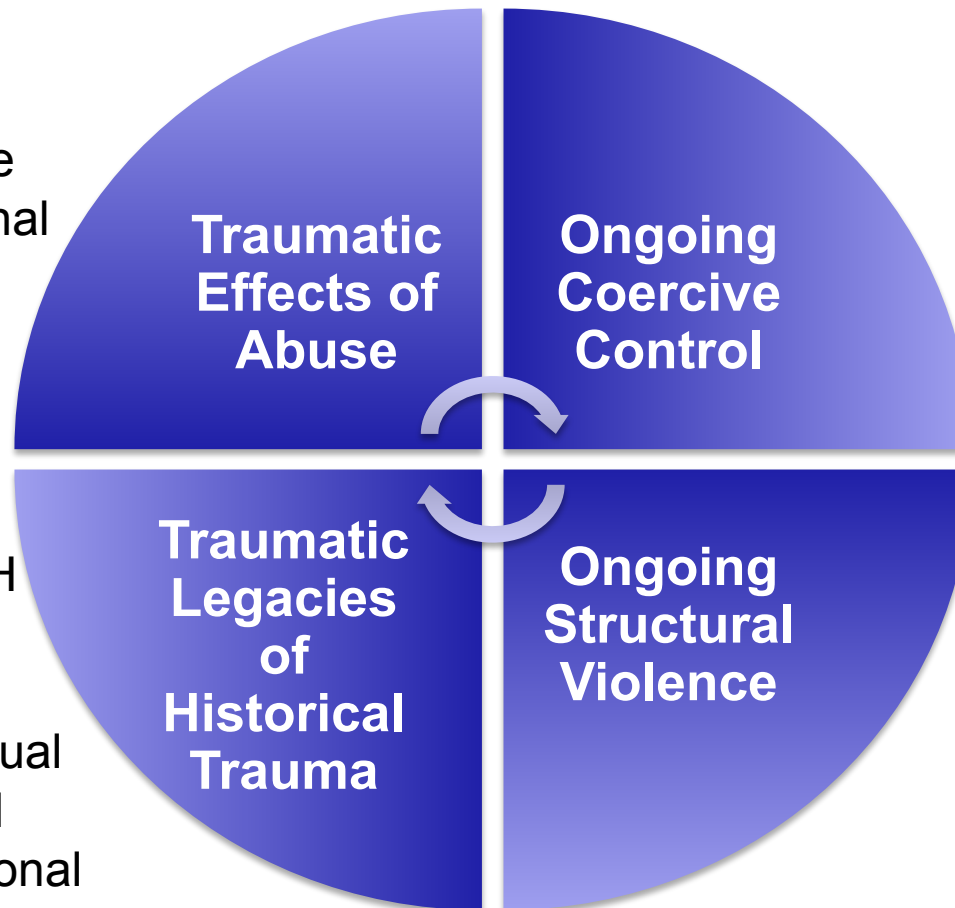
Stigma associated with mental health and substance use concerns contributes to the effectiveness of abusive tactics and can create barriers for survivors when they seek help. This is further amplified within experiences of **structural violence**.



IPV and MH/SU Coercion in a Broader Social Context

- Health
- Mental Health, Suicide
- Substance Use
- Intergenerational
- Interpersonal
- Economic

- Health and MH
- Economic
- Social
- Cultural, Spiritual
- Environmental
- Transgenerational



- Undermining Sanity and Sobriety
- Jeopardizing health and wellbeing
- Controlling Access to Resources

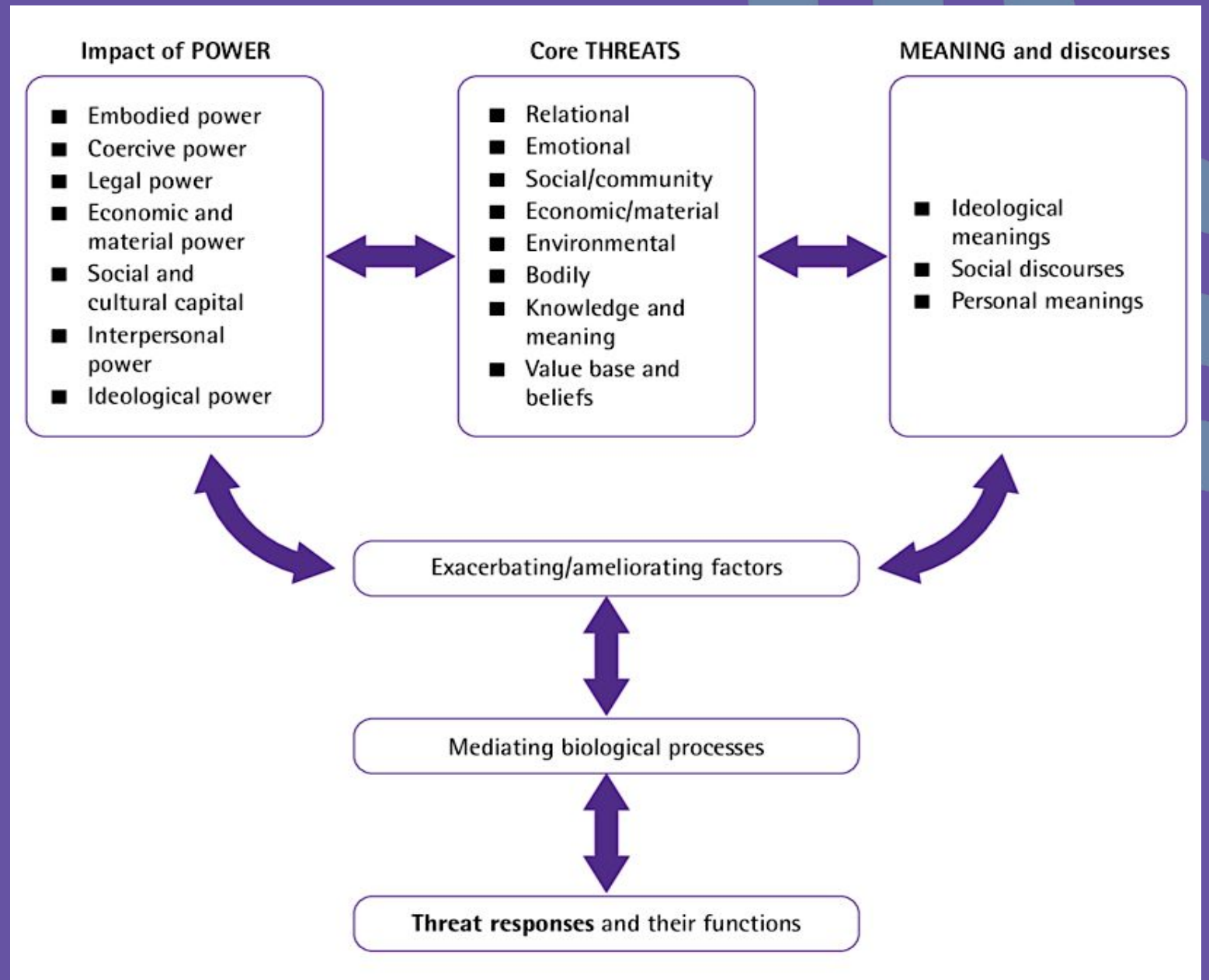
- Policies that perpetuate structural violence and discrimination



Power Threat Meaning Framework

Johnstone & Boyle (2018)

For more information:
www.bps.org.uk/power-threat-meaning-framework



Reflective Practice: Think – Pair – Share

| 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)



Power Threat Meaning: Organizational Reflection

| Impact of Power

- How is our setting and interactions replicating inequitable power dynamics?
- How can we share power and work from a place of empowerment?

| Core Threats

- How do our actions contribute to equity or inequity?
- How can we counteract marginalization in our settings and services?


| Meaning and Discourses

- How are we perpetuating ideological oppression?
- How can we practice honoring multiple perspectives?

| Threat Responses

- What kinds of defenses are we using to maintain the status quo?
- What do we need in order to create sustainable change?



A low-angle, upward-looking photograph of several modern skyscrapers with glass facades, creating a sense of height and power. The buildings are dark against a lighter sky, and the perspective is from the ground looking up.

Power Over vs. Power With



Cultivating collaborative and empowering relationships



Trauma Prevention: Positive Childhood Experiences (“counter-ACE”)

Ongoing studies seek to identify significant positive childhood experiences that mitigate the effects of ACEs. Sege & Brown (2017) propose four key categories (directly quoted below):

1. Being in nurturing, supportive relationships
2. Living, developing, playing, and learning in safe, stable, protective, and equitable environments
3. Having opportunities for constructive social engagement and connectedness
4. Learning social and emotional competencies



Trauma Prevention: Protective Factors

(APA, 2013)

- | Positive connection with a caregiver
- | Socioeconomic stability
- | Access to medical and mental health care
- | Social support



**What do
we need in
order to
show up in
ways that
center
equity and
healing?**



Free Write

Reflect on what we've discussed during this session and how it can support your work with families experiencing IPV, MH, and/or SU.

Freely write, draw, or record a message to yourself using the words below as a starting place:

I am most present with myself and others when...



Thank You!



Contact Information

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[www.NationalCenterDVTraumaMH.org/
newsletter-sign-up](http://www.NationalCenterDVTraumaMH.org/newsletter-sign-up)

Twitter: [@ncdvtmh](https://twitter.com/ncdvtmh)

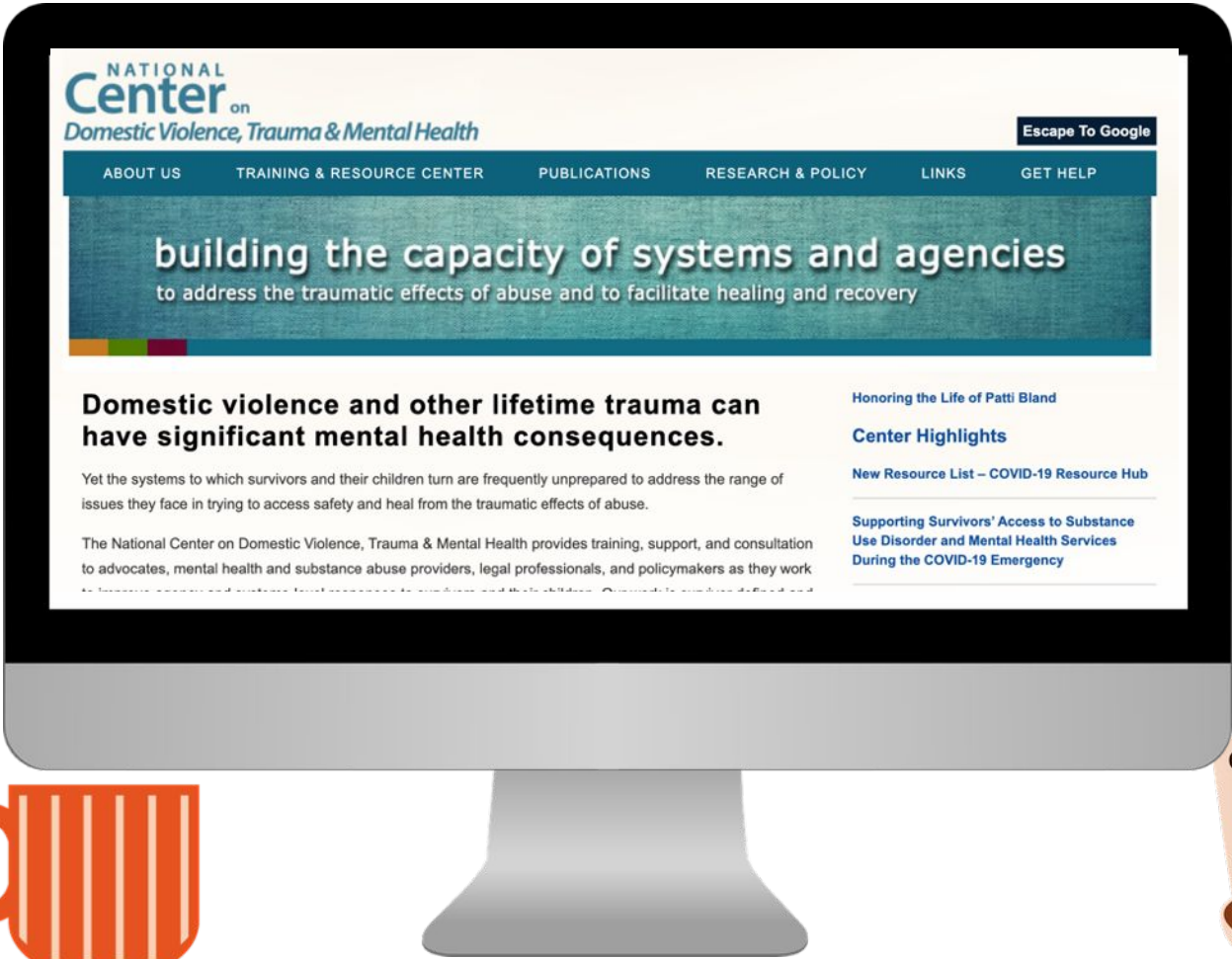
Instagram: [@ncdvtmh](https://www.instagram.com/ncdvtmh)

Facebook: www.facebook.com/ncdvtmh



Additional Resources

www.NationalCenterDVTraumaMH.org





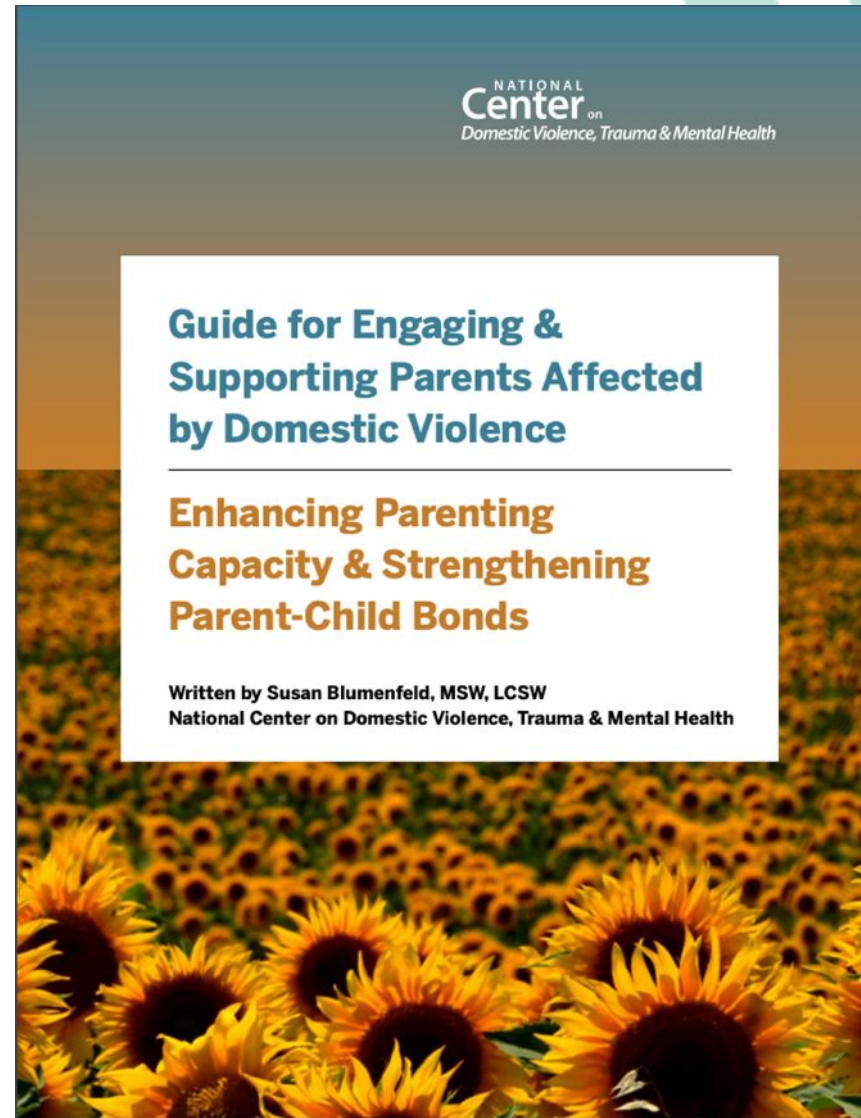
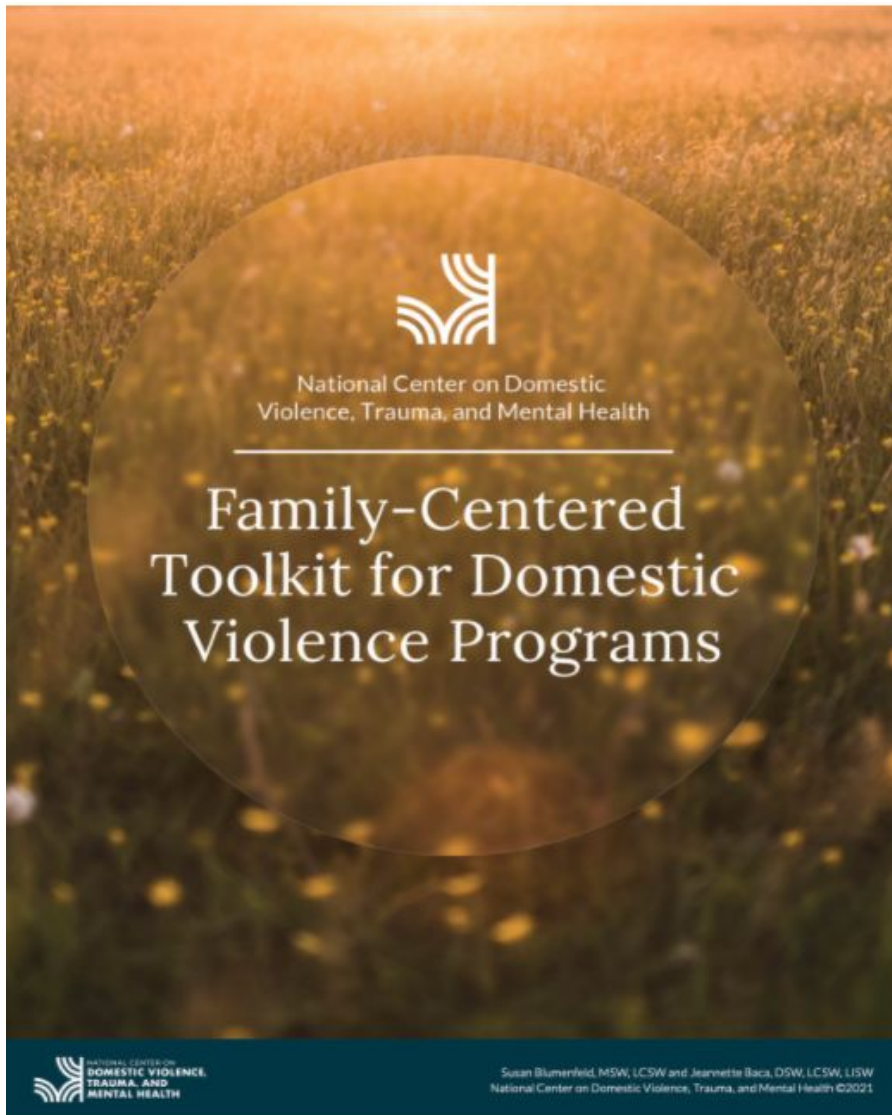
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COMMITTED TO SAFETY FOR ALL SURVIVORS:

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

GABRIELA A. ZAPATA-ALMA, LCSW, CADC







**Tools for Transformation:
Becoming Accessible, Culturally Responsive,
and Trauma-Informed Organizations**

An Organizational Reflection Toolkit

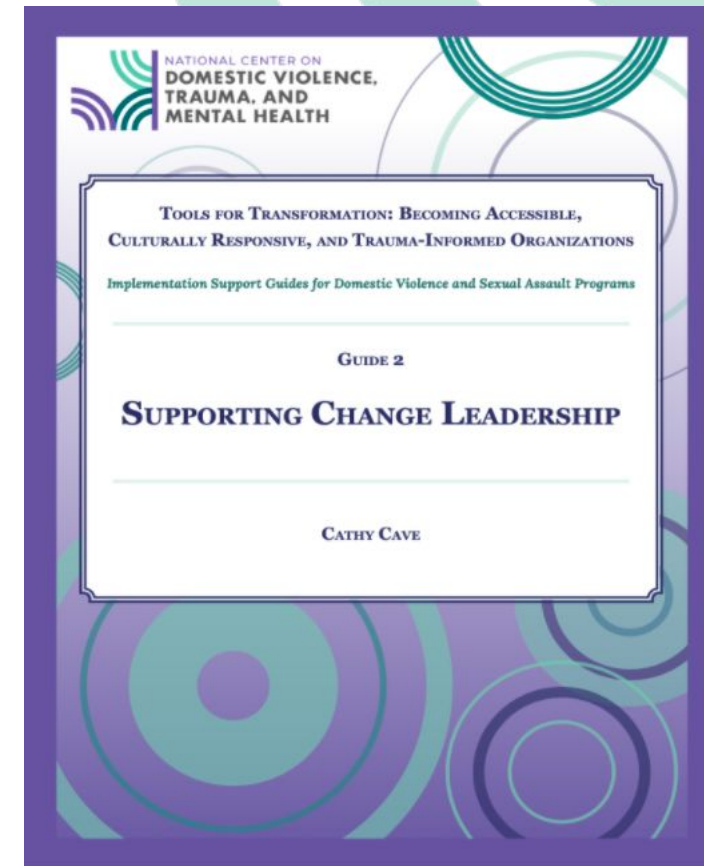
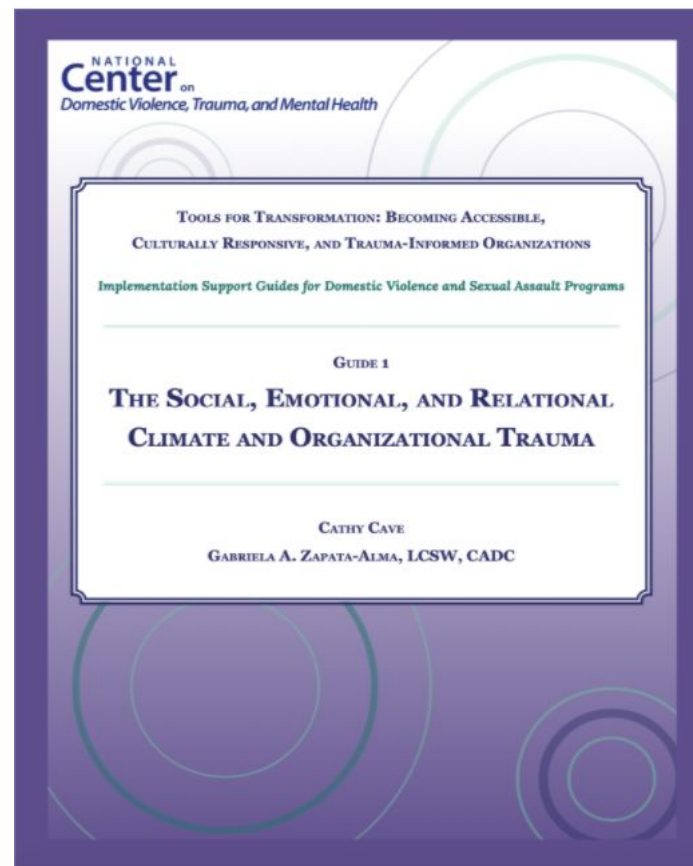
Carole Warshaw, MD, Erin Tinnon, MSW, LSW, and Cathy Cave

April 2018



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When You Can Talk Privately

“People have shared with us that their (ex-)partner pressured them to use substances, use in ways that they didn’t want to, or used their substance use as a way to control them. Using substances is a common way to deal with physical and emotional pain. If you can relate to any of this, know that we’re here to help.”

Substance Use Coercion

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**?”

Available in English and Spanish

Safety Plan: Access and Recovery

Collaboratively Strategize:

- Safe communication (telehealth, phone, mail, etc.)
- Stalking risk and appointment schedule
- Staying connected to services if pressured by a (ex-)partner to leave
- Maintaining control of medication(s), including MAR/MAT
- Threats to disclose or subpoena protected health information
- Legal documents that enable a (ex-)partner or social contact to exert control over the person

Connect

National Domestic Violence Hotline: 1 (800) 799-SAFE and 1 (800) 787-3224 (TTY)
RAINN National Sexual Assault Hotline: 1 (800) 656-HOPE
StrongHearts Native Helpline: 1 (844) 7NATIVE
Love is Respect (for teenagers): 1 (866) 331-9474 and 1 (866) 331-8453 (TTY)

When You Can Talk Privately

“How does your partner support your mental health? People have shared that sometimes their partners say hurtful things or try to make them think they are ‘losing their mind.’

Partners might make it hard to connect with people you trust or might only be supportive during hard times. If you can relate to any of this, we’re here to help.”

Common Forms of MH Coercion

Undermining a survivor’s sanity

Provoking, threatening, or forcing unnecessary commitment

Interrupting healthy routines

Interfering with MH care: controlling medications, diagnosis, or overall engagement

Using stigma to isolate, discredit, or threaten

Blaming abuse and control on MH

Validate and Affirm

- None of this is your fault
- You deserve to be treated with dignity and respect, no matter what
- I believe you
- You are not alone

“Would it be helpful to talk about some **safety strategies and resources?**”

Mental Health (MH) Coercion

Available in English and Spanish

Safety Plan: Access and Autonomy

Collaboratively Strategize:

- Safe communication and appointments (telehealth, phone, mail, etc.)
- Staying connected to services if others attempt to interfere
- Maintaining control of medication(s)
- Ways to protect confidentiality and protected health information
- Legal documents that enable a (ex-)partner or social contact to exert control over the person
- Maintaining autonomy and preventing unnecessary commitment

Connect

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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)

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

High rates of DV among women accessing substance use disorder treatment



➤ Keep in Mind ➤

- **Use a universal precautions approach:** It can be difficult and dangerous for a survivor to talk about intimate partner violence (IPV). Trauma-informed approaches are essential even if someone has not disclosed abuse.
- **Avoid labeling:** Many people will not identify with terms such as *survivor*, *abuse*, *victim*, or *intimate partner violence*.
- **Not just intimate partners:** Abuse may come from another social contact.
- **Not just physical or sexual violence:** Learn more about the many forms of abuse and coercion at www.nationalcenterdvtraumamh.org.

➤ 1) Practices Surrounding Program Intake and Exit ➤

Risks and Barriers:

- **Delays in service access:** Survivors need to be able to access resources when there's a window of safety. Delays often mean the window of safety will close.
- **Strict treatment schedules** can increase the risk of stalking and victimization.
- **Administrative discharge due to missed appointments:** A survivor may miss appointments in order to protect themselves or due to a partner's interference.
- **Administrative discharge due to toxicology screening results:** Substance use may be a direct result of the abuse someone faces or coercion to use by a partner. Regardless, this is neither trauma-informed nor considered best practice.
- **Administrative discharge due to inability to pay:** Financial abuse is common and using health

**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

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

SUMMARY OF FINDINGS

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Question and Answer



Join Us for this 5-part Series on Sustainability and Leadership

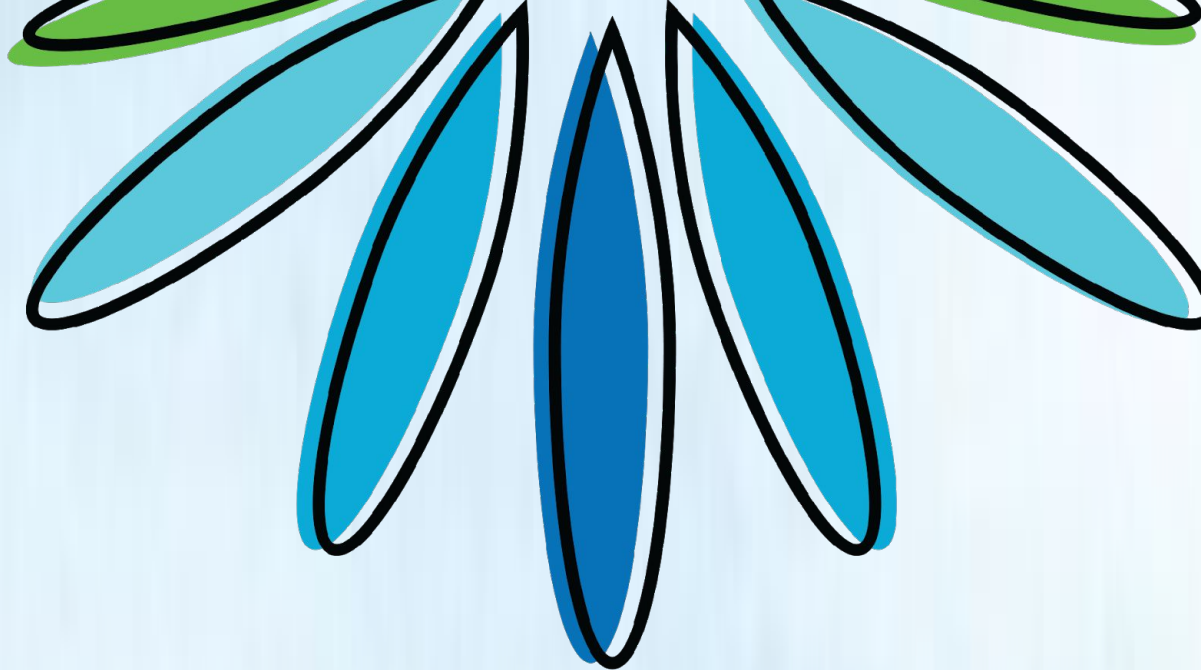
Supervised Visitation in the Context of Intimate Partner Violence and Mental Health and Substance Use

December 8, 2022

7-8:30 AM Hawaii / 9-10:30 AM Alaska / 10-11:30 AM Pacific / 11 AM-12:30 PM Mountain

12-1:30 PM Central / 1-2:30 PM Eastern

Registration for this session: <http://www.inspireactionforsocialchange.org/inspired-sessions>



We are here to provide you support - please contact us anytime!

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