Effective Treatment for Survivors of Intimate Partner Violence

Presented by:
Gabriela Zapata-Alma, LCSW, CADC

Webinar Facilitator:
Jessie O’Brien, LCSW, CASAC

NAADAC, the Association of Addiction Professionals
www.naadac.org
jobrien@naadac.org

Using Zoom Webinar
(Live participants only)

Chat
View Subtitles
Live Transcript

Presented by Gabriela Zapata-Alma, LCSW, CADC
Effective Treatment for Survivors of Intimate Partner Violence

Presented by Gabriela Zapata-Alma,
LCSW, CADC
Effective Treatment for Survivors of Intimate Partner Violence

Learning Objectives

As a result of participating in this session, attendees will be able to:

- Describe the multi-directional relationships between substance use disorders and intimate partner violence.
- Identify at least four strategies for increasing safe access to SUD treatment.
- Actively link survivors to anti-violence advocacy services in their community.

What’s the Connection?
Effective Treatment for Survivors of Intimate Partner Violence

Presented by Gabriela Zapata-Alma, LCSW, CADC
ACEs: Can Have Lasting Impacts

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: Positive Childhood Experiences ("counter-ACE")

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

Presented by Gabriela Zapata-Alma, LCSW, CADC
Less well recognized are the ways people who abuse their partners engage in coercive tactics targeted toward a partner’s mental health or use of substances.

Substance Use and Mental Health Coercion
Include a Range of Abusive Tactics Designed to:

- Undermine a partner’s sanity and sobriety
- Control a partner’s access to treatment
- Sabotage a partner’s recovery efforts
- Discredit a partner with potential sources of protection and support, and jeopardize child custody
- Exploit a partner’s mental health or substance use for personal or financial gain

Substance Use Coercion Study

- 26% had used substances to reduce the pain of SR
- 27% had been pressured or forced to use substances or health care beyond what they wanted in order to avoid something else
- 24% had felt they could not report that their partner had pressured or forced them to use something else
- 38% had felt their partner had pressured or forced them to use something else

Presented by Gabriela Zapata-Alma, LCSW, CADC
Abusive tactics often target a survivor’s attempts to seek assistance for mental health and/or substance use disorders

1-2
of the 2,733 survivors, partners used tactics to prevent or discourage them from getting help or following prescribed instructions.

60%
of the 2,733 survivors, partners threatened to report the survivor for being on their “sick list.”

Substance Use Coercion: In a Survivor’s Words

“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
Survivors are often introduced to substances by an intimate partner. Intimate partners play a large role in the initiation of substance use and escalation of substance use problems.

(Robertson, 2017; Amaro et al., 1995; Macy et al., 2013; Rothman et al., 2018; O'Brien et al., 2016)

---

Substance Use Coercion: Treatment and Recovery Sabotage

- Not allowed to attend recovery meetings or seek treatment
- Withholding transportation, childcare, or financial resources needed to engage in treatment and recovery services
- Keeping substances in home
- MAR: stalking at MAR appointments, stealing medications, using medications to coerce or control

(Warshaw et al., 2014)

---

Neurobiology of Relapse Cues in the Context of Substance Use Coercion

- Provoking relapse as a tactic of abuse:
  - Exposure to substances
  - Conditioned cues from the environment
  - Exposure to stressful experiences
- Involves activation of neural circuitry
  - Women tend to experience stronger cravings
- These can be "deliberately" activated by an abusive partner who engages in substance use coercion

(Warshaw et al., 2014)
Effective Treatment for Survivors of Intimate Partner Violence

Substance Use Coercion: Relationship Entrapment

Substances are commonly used by abusive partners to draw survivors back into or keep partners in abusive relationships.

- Supplying survivors with substances as a way to “apologize”
- Controlling survivors’ access to substances
- Using the threat of (or actual) withdrawal as a way to harm, intimidate, and control them
- Forcing survivors into illegal activities
- Threatening to report survivors’ substance use to law enforcement and/or child protective services
- Using substance use history (including treatment records) against survivors in legal matters, including child custody

(Edwards et al., 2017; Robertson, 2017; Amaro et al., 1995; Macy et al., 2013; Rothman et al., 2018; O’Brien et al., 2016; Kunins et al., 2017; Stella Project, 2007; Zweig et al., 2002)

A common power and control tactic is to undermine a survivor’s relationship with their children.

Yet, research consistently shows that attachment to the non-abusive caregiver is most protective of children’s resilience and development.

What tactics of MH/SU coercion have you noticed coming up in your programs?
Effective Treatment for Survivors of Intimate Partner Violence

Presented by Gabriela Zapata-Alma, LCSW, CADC

Interpersonal and Structural Violence

- Health
- Mental Health/Suicide
- Intergenerational
- Economic
- Cultural & Spiritual
- Transnational

- Traumatic Effects of Abuse
- Global Violence
- Ongoing Coercive Control

- Understanding Safety and Stability
- Jeopardizing health and wellbeing
- Consulting Access to Resources

- Ongoing Structural Violence
- Traumatic Legacies of Historical Trauma

Experiencing a mental health or substance use disorder places individuals at greater risk for being controlled by an abusive partner

Stigma associated with mental health and substance use conditions contributes to the effectiveness of abusive tactics and can create barriers for survivors when they seek help. This is further exacerbated by structural violence.
Given the realities of substance use coercion, how can we enhance safety and recovery for survivors?

Resource

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


Initial Steps:
Preparing your practice or organization

- Universal training on IPV and MH/SU Coercion
- Accessible, culturally-responsive, and trauma-informed care
- Center survivors' self-defined goals and concerns
- Develop relationships with local anti-violence advocacy programs
- Attend to safety and confidentiality
- A culture of staff support and community care
Effective Treatment for Survivors of Intimate Partner Violence

5/11/2022

Continuum of Responsiveness

- **Informed:** Programs that are aware of the dynamics of IPV, MH, and SUD, including mental health coercion and substance use coercion
  - Cross-training, interdisciplinary teams, referral partnerships, etc.
- **Collaborative:** Programs that have active collaborations across DSV/MH/SUD fields
  - Co-facilitated groups in both settings, active linkages, co-location, etc.
- **Integrated:** Full integration of DSV/MH/SUD services
  - Integrated assessment and service planning, menu of services offered across programs and provided based on survivor’s self-defined needs, “no wrong door” approach, etc.

Key Elements: Clinical and Peer Support Services

- Routine IPV screening and assessment
- Validate and affirm survivors while recognizing the impact of abuse and trauma
- Address immediate and ongoing safety needs
- Partner with survivors on safe strategies for mitigating substance use coercion
- Link to local advocacy services
- Treatment interventions that are evidence-based for survivors

Beyond Screening

Building Safe Opportunities to Discuss IPV
Setting the Table for Conversations About IPV, SU, and SU Coercion

How do we build safety for survivors to be able to discuss their situations with us?

Accessible Information on IPV, SU, and Resources

- Self-disclosure can increase risks for survivors
- Make information and resources available without requiring self-disclosure
- Print and digital materials are accessible and discreet
- Staff are knowledgeable about IPV, SU, and SU coercion, and can share information as well as link to local resources

Confidentiality is a Safety Need

- Confidentiality and the limits of confidentiality
- Privacy practices
- Options to protect sensitive information (EHRS, EOBs, billing, referrals, etc.)
- Private communications and offering safer contact options
- Safety in tele-services
- Flexibility in service times and locations

Presented by Gabriela Zapata-Alma, LCSW, CADC
Effective Treatment for Survivors of Intimate Partner Violence

Presented by Gabriela Zapata-Alma, LCSW, CADC

5/11/2022

Documentation with MH and SU Coercion in Mind

- Any information that becomes available to an abusive partner can increase that person’s danger, including their location, the fact that they are seeking treatment, and/or that they disclosed the abuse.
- Records can be subpoenaed to support an abuser’s case against your client.
- Thoughtful documentation of IPV and its effects can benefit survivors who want to use records to prove that the abuse occurred, bolster their credibility, or provide evidence of their ability to be a good parent. (Warshaw & Tinnon, 2018)

IF you document MH/SU, then also be sure to include:

- The connections between symptoms and abuse
- If and how the abuse creates barriers to participation in services
- A survivor’s efforts to protect and care for their children (Warshaw & Tinnon, 2018)

Safety in Conversations: Privacy

- Talk privately
  - If someone declines, save questions for another time.
  - Do not insist on meeting privately; this can increase danger and/or recovery sabotage for a survivor.
- Recognize ways an abusive partner may try to control or sabotage services

©ncdvtmh
**Conversation Starters: Substance Use Coercion**

If it is safe for someone to talk about IPV, MH, and SU, here are some ways we can open conversation:

- "Many people have shared with us that their partner or ex-partner pressured them to use substances, or use in ways that they didn’t want to. I wonder if this is something you’ve experienced?"
- "Sometimes people who have been hurt by a partner find themselves using substances to deal with the pain. This is a pretty common reaction. If this is something you can relate to, know that we’re here to support you."

*(Warshaw & Tinnon, 2018)*

**Asking about substance use coercion if a (ex-)partner uses substances**

- "Does your partner force you to use when they use? Have they ever spent all of your money on drugs or alcohol without your consent? Does your partner’s use affect your use?"
- "Has your partner ever forced or coerced you into doing something illegal (e.g., dealing, stealing, trading sex for drugs) or other things you felt uncomfortable with in order to obtain alcohol or other drugs?"

*(Warshaw & Tinnon, 2018)*

**Recognize the potential impact of coercion on a person’s situation**

- How have experiences of abuse and trauma contributed to...
  - ...the development of MH and SUD conditions?
  - ...the exacerbation of MH and SUD conditions?
  - ...sabotaged treatment and recovery efforts?
- How can symptoms and needs be understood as threat responses and survival strategies?

*(Warshaw & Tinnon, 2018)*
Substance Use Coercion: What to listen for

- **Self-medication:** Do you ever use substances to deal with abuse?
- **Coerced use:** Has your partner ever made you use substances, 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 substances, or make you go into withdrawal and then use that to control or manipulate you?

(From Warshaw & Tinnon, 2018)

---

Substance Use Coercion: What to listen for 2

- **Undermining:** Does your partner justify name-calling, criticizing, belittling, and undermining you because of your substance use?
- **Blaming:** Has your partner told you that you are to blame for abuse or sexual assault because of your substance use?
- **Threatening:** Has your partner ever threatened that you would lose custody of your children because of your alcohol or drug use?

(From Warshaw & Tinnon, 2018)

---

Substance Use Coercion: What to listen for 3

- **Coerced Illegal Activities:** Has your partner ever forced or coerced you into engaging in illegal activities in order to obtain alcohol or other drugs?
- **Inducing Fear:** Have you ever been afraid to call the police for help because your partner said you would be arrested for substance use, that your children would be taken away, or that you would be deported due to substance use?
- **Sabotaging Recovery:** Has your partner ever stopped you from cutting down or quitting substances? Has your partner ever prevented you from attending a recovery meeting, interfered with your treatment, taken your MAT, or sabotaged your recovery in other ways?

(From Warshaw & Tinnon, 2018)
Effective Treatment for Survivors of Intimate Partner Violence

Presented by Gabriela Zapata-Alma, LCSW, CADC

49

Ask About the Children

- Their perception of impact on their children and any potential concerns they may have around their children's wellbeing
- Their efforts to protect and care for their children
- Any power and control tactics being used to undermine their attachment with their children
  - Are there threats to leverage child protective systems or child custody proceedings against them?
  - Are there threats of disclosing MH/SU concerns to their children or other trusted supports?

50

Scenario: Morgan

Morgan recently called asking about resources. She's currently living with her boyfriend because she doesn't have a source of income or another place to stay. She shares that every time she tries to work, her boyfriend tells her that she's "too sick to hold down a job" because of her SU. Morgan says that the last time she tried to get help, her boyfriend accused her of having an affair with the therapist. In addition to stable work and housing, Morgan hopes that services can help her "deal with the constant ups and downs" of her relationship. When you ask about these 'ups and downs,' she responds, "He's always telling me I'm crazy and keeping me up all night arguing, I figure every couple goes through stuff like this."

- What are some signs of SU coercion?
- How might you help Morgan safely access the services she wants?

51
Support Physical Safety, Emotional Safety, and Safe Access to Services

Brief Interventions in Person-Centered Services

Validate and Affirm

- “It is never your fault when someone harms you – regardless of what your partner or society tells you. You always deserve to be treated with dignity and respect.”
- “Your partner might find other people to agree that mental health or substance use gives them a right to control or abuse you. Undermining your credibility with other people is a way to strengthen their control because it makes it difficult for you to get support, be believed, and trust what you know to be true.”
- “I believe you, you are not alone.” (Warshaw & Tinnon, 2018)

Consent Matters: Ask Permission

Unless the person has directly requested this kind of support, ask for permission before:

- Asking additional follow up questions
  - “Would it be alright if we took a moment to talk a little more about this right now?”
- Offering additional information or feedback
  - “I have some information you might find useful, would it be alright to go over it together?”
Consent Matters:
Respect the “No”

If a person declines, it is vital that their “no” is respected.

- We can ask whether it would be okay to check in with them about this in the future.
  - “Thanks for letting me know, it’s important to me that our time together focuses on what you find important and helpful. Would it be alright if I checked in with you about this in the future?”
- If no, we can invite them to bring this up with us at any time.
  - “I hear you. Please feel free to bring this up with us in the future if we can support you in any way.”

Actively Listen and Offer Strengths-Based Support

- “How does your partner’s behavior affect how you think or feel?”
- “What are some of the ways you get through this? What do you find works the best?”
- “What are some of the ways that you protect yourself and your children?”
- “We can talk about some safety strategies and resources if that would be helpful.”

Support Coping Strategies and Emotional Safety

- Expand and strengthen safe support network
- Explore how responses to abuse contribute to their physical and emotional safety
- Explore whether and how any coping responses create additional hardship, and offer person-centered support
- Provide psychoeducation on trauma responses and help differentiate from necessary vigilance
Collaboratively Strategize Ways to Safely Access Treatment and Recovery Services

Discuss:

- Safe strategies for keeping appointments and for staying in treatment if pressured to leave
- Safe times or places to receive calls and mail
- Options for maintaining control of medication(s), including medications used in recovery
- Whether keeping regular appointments raises concerns about being stalked. Discuss ways to stagger appointment times or consider alternative treatments
- Any legal documents that enable the abusive partner to have control over the person’s care or finances

Link to Desired Resources

Connecting with Anti-Violence Advocates

What’s included in Advocacy Services?

Advocates are experienced with:

- Partnering with survivors to support their physical, emotional, and financial safety
- Crisis support
- Advocating across complex systems, including legal systems
- Locating needed resources, including housing, transportation, legal aid, children’s resources, etc.
- Many programs also offer IPV counseling services for survivors and their children
Effective Treatment for Survivors of Intimate Partner Violence

Presented by Gabriela Zapata-Alma, LCSW, CADC

5/11/2022

National Domestic and Sexual Violence Hotlines

Never advise or try to persuade a survivor to leave a relationship

Palm Card on Substance Use Coercion
Evidence-Based, Evidence-Supported and Promising Practices

Enhancing Treatment Effectiveness for Survivors

SUD, MH, and Trauma Treatment in the Context of IPV

- Numerous evidence-based treatments for PTSD
- Majority focus on past trauma
- For survivors of IPV, trauma is often unremitting and symptoms may reflect a response to ongoing danger and coercive control
- Abusive partners may discourage or prevent survivors from accessing treatment or taking medications as prescribed or coerce them to use substances when in recovery
How does one heal while still under siege?

Responding to the needs of IPV survivors involves a combination of a trauma-informed approach, plus:

- **IPV-specific approaches** that can be incorporated into any treatment modality
- **Gender-responsive services** that have been specifically developed or adapted for survivors of IPV, including two-generation (family-based) modalities
- **Culturally-specific approaches** that are responsive to the needs and experience of survivors from particular communities at particular points in time

Evidence for Integrated Services for Survivors of IPV Who Use Substances

3 published studies suggest that integrated services may uniquely benefit survivors of IPV who use substances with enhanced outcomes, including decreases in substance use and experiences of violence

(Morrisey et al., 2005; Bennett and O'Brien, 2007; Gilbert et al., 2006)
Effective Treatment for Survivors of Intimate Partner Violence

Evidence-Based Integrated SUD and Trauma Treatment for Survivors of IPV

- Helping Women Recover
  (S. Covington, PhD)
- Seeking Safety
  (L. Najavits, PhD)

For more information on EBPs and IPV, see:
A Systematic Review of Trauma-Focused Interventions for Domestic Violence Survivors

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?

Three words that describe you today.

Recovery and Redefining Self

Enhancing Effectiveness for People Experiencing Relationship-Based Violence

Based on our systematic review, the following can enhance existing EBPs:

1. Psychoeducation about the causes and consequences of IPV and their traumatic effects
2. Awareness of mental health and substance use coercion, and sabotaging of recovery efforts
3. Attention to ongoing safety
4. Cognitive and emotional coping skill development to address trauma-related symptoms and support goals
5. A focus on survivors’ strengths as well as cultural strengths on which they can draw
Effective Treatment for Survivors of Intimate Partner Violence

NCDVTMH’s Online Repository of IPV-Specific Trauma Interventions
www.nationalcenterdvtraumah.org/publications-products/online-repository-of-trauma-focused-interventions-for-survivors-of-intimate-partner-violence/

Community Recovery Groups
- Never mandate or pressure participation
- If survivor wants to access, support with safety planning
- Help bridge potentially challenging concepts such as ‘powerlessness’
- Check out helpful resources:
  - Gender-specific groups
  - Women For Sobriety
  - A Women’s Way Through the 12-Steps by S. Covington PhD
  - Real Tools p.228
  - NCDVTMH’s 7 Common Practices In SUD Care That Can Hurt Survivors and What You Can Do Instead

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

SOCIAL
Family, safe intimate relationships, kinship, social support.

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

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

Recovery Capital

Presented by Gabriela Zapata-Alma, LCSW, CADC
Culturally-Specific Sources of Support, Healing, and Resilience

In all of this, let us not forget our traditions, relationships, beliefs, and culture as sources of support, healing, and resilience.

Where trauma breaks meaning, culture makes meaning.

Supporting Survivors and their Children Healing Together

How does your program support parent-child attachment?
What resources would help support family-based services?

Parent-Child Attachment
Effective Treatment for Survivors of Intimate Partner Violence

5/11/2022

Presented by Gabriela Zapata-Alma, LCSW, CADC

Resource: Circle of Security®

Reflective Practice with SASS

Applying SASS in Reflective Practice

Can be used in individual reflection, clinical supervision, and team meetings

1. What are some of the family’s strengths and values?

2. How are you and your program supporting this family’s SASS?

3. What are some additional opportunities and ideas for the future?
Our Family-Centered Toolkit contains much more information on supporting survivors and their children, including interactive activities focusing on three core areas:

1. Co-regulating and soothing
2. Moving and playing together
3. Creative and expressive arts

Facilitate Multigenerational Healing

Healing from interpersonal trauma involves restoring safety, connections, capacities, trust, dignity, respect, meaning and hope:

- Physical and emotional safety
- Empowering information, collaboration, and choice
- Building on strengths and resilience
- Supporting coping and relational skills
- Cultivating safe, supportive relationships
- (Re)Connecting with traditions, culture, community, spirituality, and meaningful activities

Additional NCDVTMH Resources
Effective Treatment for Survivors of Intimate Partner Violence

Presented by Gabriela Zapata-Alma, LCSW, CADC
Effective Treatment for Survivors of Intimate Partner Violence

Presented by Gabriela Zapata-Alma, LCSW, CADC

NCDVTMH’s Online Repository of IPV-Specific Trauma Interventions

Resource: NCDVTMH’s COVID-19 Hub

www.nationalcenterdvtraumamh.org/trainingta/covid/

©ncdvtmh
Effective Treatment for Survivors of Intimate Partner Violence

Resources: IPV & COVID-19

COVID-19 Resources (NCDVTMH)
nationalcenterdvtraumamh.org/2020/04/new-covid-19-resource-n2

Resources on the Response to COVID-19 (NEDV)

COVID-19 for Survivors, Communities, and DV/SA Programs (Futures Without Violence)
www.futureswithoutviolence.org/get-updates-information-covid-19/

Safety Planning (NDVH)
www.thel Hotline.org/2020/03/13/staying-safe-during-covid-19/

Safety Planning App: www.myplanapp.org

National Domestic and Sexual Violence Hotlines

Gabriela Zapata-Alma LCSW, CADC
Associate Director
info@ncdvtmh.org

More ways to connect
www.nationalcenterdvtraumamh.org/newsletter-sign-up/
Twitter: @ncdvtmh
Instagram: @ncdvtmh
Facebook: www.facebook.com/ncdvtmh

Presented by Gabriela Zapata-Alma, LCSW, CADC
Effective Treatment for Survivors of Intimate Partner Violence

Presented by Gabriela Zapata-Alma, LCSW, CADC

UPCOMING WEBINARS

- May 20, 2022
  - By: Jay Gittelsohn, PhD

- June 1, 2022
  - Using Solution-Focused Therapy (SFT) to Engage the Most Challenging Clients
  - By: Tori North, LCSW, MAC, LAC

- May 25, 2022
  - Women in Recovery Specialty Online Training Series: CEU from a Sociocultural Perspective
  - By: Annette Smith, PhD, LPC-S, NCC-S, NCC

- June 29, 2022
  - Trauma-Informed Relapse Prevention
  - By: Gwendolyn Bammel, LMSW, CAADC, CCS, CTS

- May 25, 2022
  - By: Joy Erlichman Miller, PhD

- June 1, 2022
  - Using Solution-Focused Brief Therapy (SFBT) to Engage the Most Challenging Clients
  - By: Teri Pichot, LCSW, MAC, LAC

- May 25, 2022
  - Deconstructing Substance Use and Wellness From a Sociocultural Perspective
  - By: Karla Sapp, EdD, LPC-S, LMHC-S, NCC

- June 29, 2022
  - Trauma Informed Relapse Prevention ©
  - By: Gwendolyn Bammel, LMSW, CAADC, CCS, CTS

Advances in Technology in the Addiction Profession
Wellness and Recovery in the Addiction Profession
Ethics in Practice
Clinical Supervision in the Addiction Profession
Addiction Treatment in Military & Veteran Culture

Women in Recovery Specialty Online Training Series

Part One: Substance Use Disorder (SUD) in Women with a Focus on Pregnant and Parenting Persons - Earn 1.5 CEs for $25

Part Two: Engaging Women of Color in Addiction Treatment - Earn 1.5 CEs for $25

Part Three: Addressing Tobacco Use With Telehealth for the Pregnant Population - Earn 1.5 CEs for $25

Part Four: Substance Use Disorders (SUD) and Mood Disorders in Postpartum Women - Earn 1.5 CEs for $25

Part Five: The Last Uniform of Women: Reclaiming Our Recovery - Earn 1.5 CEs for $25

Part Six: Come On Get Happy: Women, Recovery, and Happiness - Earn 1.5 CEs for $25

www.naadac.org/specialty-online-trainings