

Supporting Indigenous Survivors of Domestic Violence Within Treatment and Recovery Settings

Cultural Awareness and Healing Support Conference
Four Directions

Presented by:

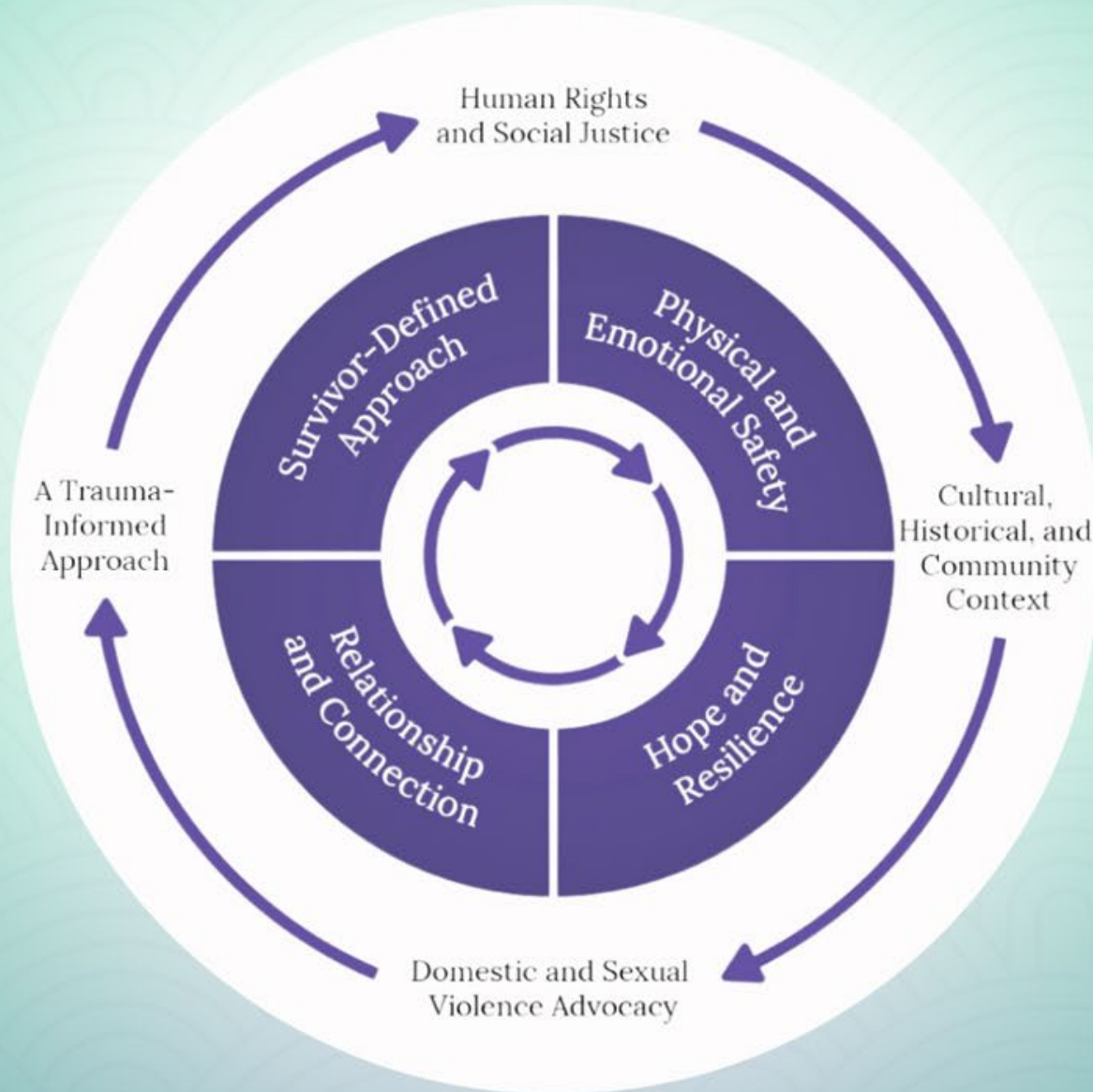
Tori Wynecoop (Spokane | Coeur D'Alene), MA, LSW

Tori Wynecoop,
LSW

TTA Manager



ACRTI Framework: Accessible, Culturally Responsive and Trauma-Informed





Land Acknowledgment

Us and Us

Caring for ourselves and for each other.

This presentation discusses:

Domestic Violence, Sexual Violence, Substance Use Coercion, and Trauma

This is a space that centers strengths, lived experiences, healing, and well-being.

*If at any point you need to take a break,
we encourage you to take care of yourself and return when you are ready.*



What's the Connection?

Substance Use

Trauma

Sexual Violence

Domestic Violence



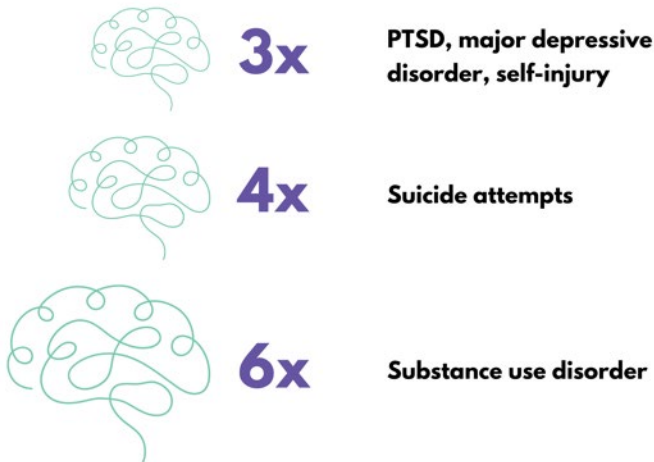
Experience Can Impact Connection



Domestic Violence and Indigenous Communities

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

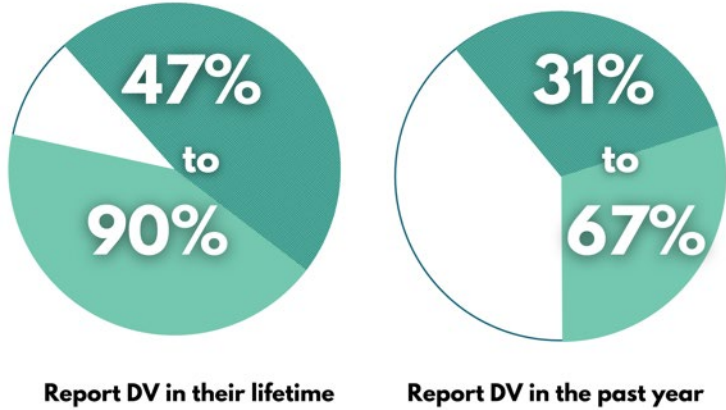
Victimization by an intimate partner increases one's risk for depression, PTSD, substance use, and suicidality



2019 Information Memorandum by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, and Administration for Children and Families, with



High rates of domestic violence (DV) among women accessing substance use disorder treatment

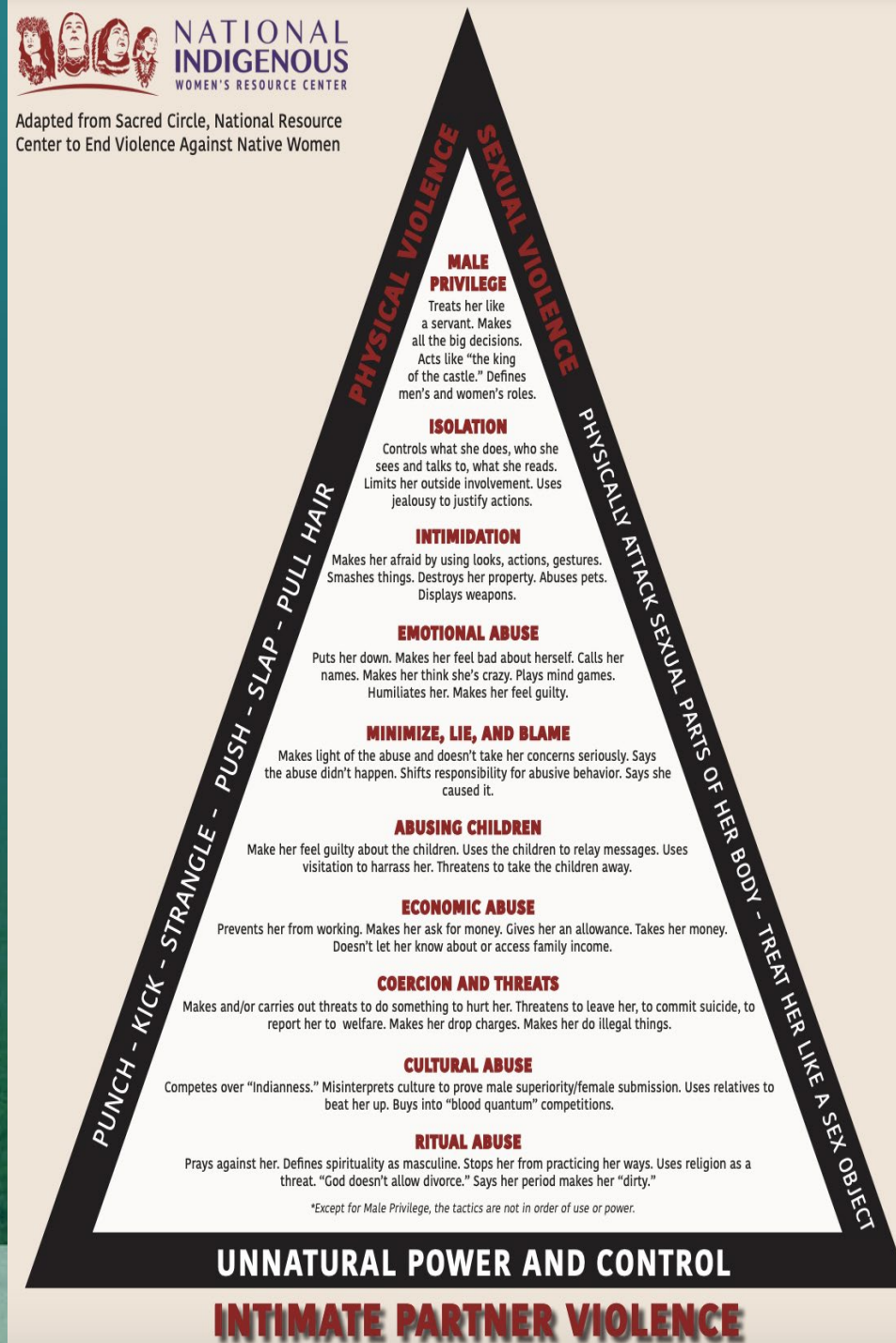


2019 Information Memorandum by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, and Administration for Children and Families, with

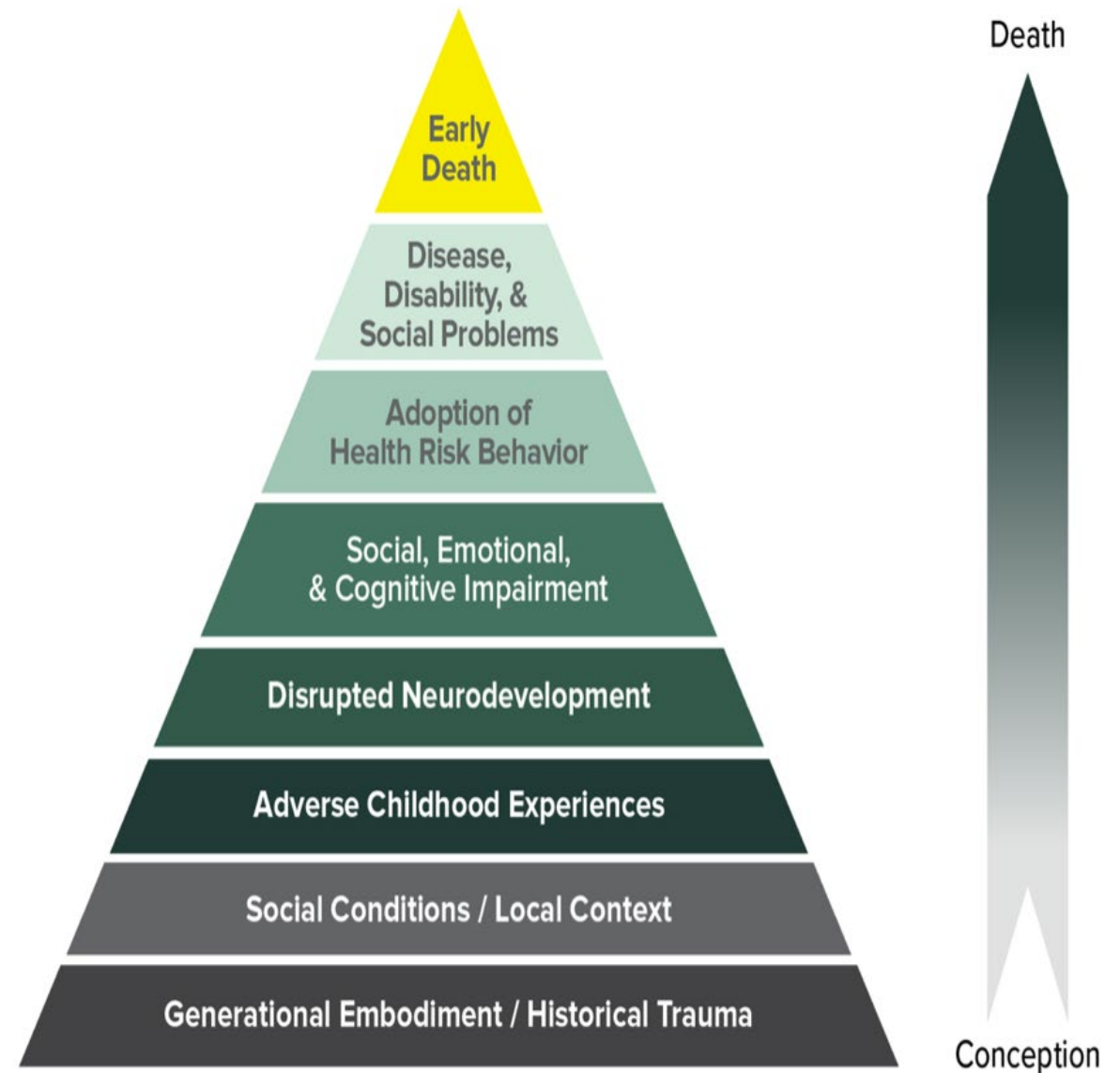


Domestic Violence

- A pattern of abusive behavior that one partner uses to gain or maintain power and control over another
- A *pattern* of coercive behavior or tactics that is *culturally learned* and *socially condoned*



Cumulative Trauma



Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Cultural Dimensions

Guiding Principles of Recovery Oriented Systems of Care

Everyone's path is unique and often includes a combination of pathways.

Our path is largely shaped by:

- Culture
- Social Identities
- Positionality





Reflective Practice

- How has colonization influenced my views on domestic violence?
- What would it look like to approach the intersection of domestic violence and substance use with connection, empowerment, and healing?

Substance Use and Indigenous Communities

Common Tactics of SU Coercion

- Introducing to substances, escalating pattern of use
- Forcing or coercing partner to use, or to use unsafely
- Using or coercing the use of substances to facilitate sexual violence
- Provoking cravings and setbacks in recovery goals
- Using the threat of or actual withdrawal to intimate or coerce
- Coercing partner to engage in illegal acts
- Threatening disclosure of substance use history, especially to law enforcement, courts, and child protective services
- Sabotaging and stalking at treatment, stealing medications
- Blaming abuse on substance use
- Leveraging stigma and oppression

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



Substance use coercion is common

Domestic violence often includes substance use coercion

Substance use coercion refers to coercive tactics focused on substance use, as part of a broader pattern of abuse and control



A survey of 3,056 callers to the National Domestic Violence Hotline found:

of callers had experienced at least one form of substance use coercion



over
1 in 4

had used substances to reduce the pain of domestic violence



over
1 in 4

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

Mental Health and Substance Use Coercion Surveys Report from the National Domestic Violence Hotline and



Native respondents were more likely to experience EVERY form of substance use coercion



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



Substance use coercion blocks access to help

Substance use coercion isolates survivors from sources of help

Substance use coercion refers to coercive tactics focused on substance use, as part of a broader pattern of abuse and control

A survey of 3,056 callers to the National Domestic Violence Hotline found:



of callers who had sought help for substance use said their partner tried to prevent or discourage them from getting help

24%

were afraid to call the police for help because their partner said they would be arrested or not believed

38%

said their partner threatened to report their substance use to authorities to keep them from getting things they wanted or needed (e.g. protection order or child custody)

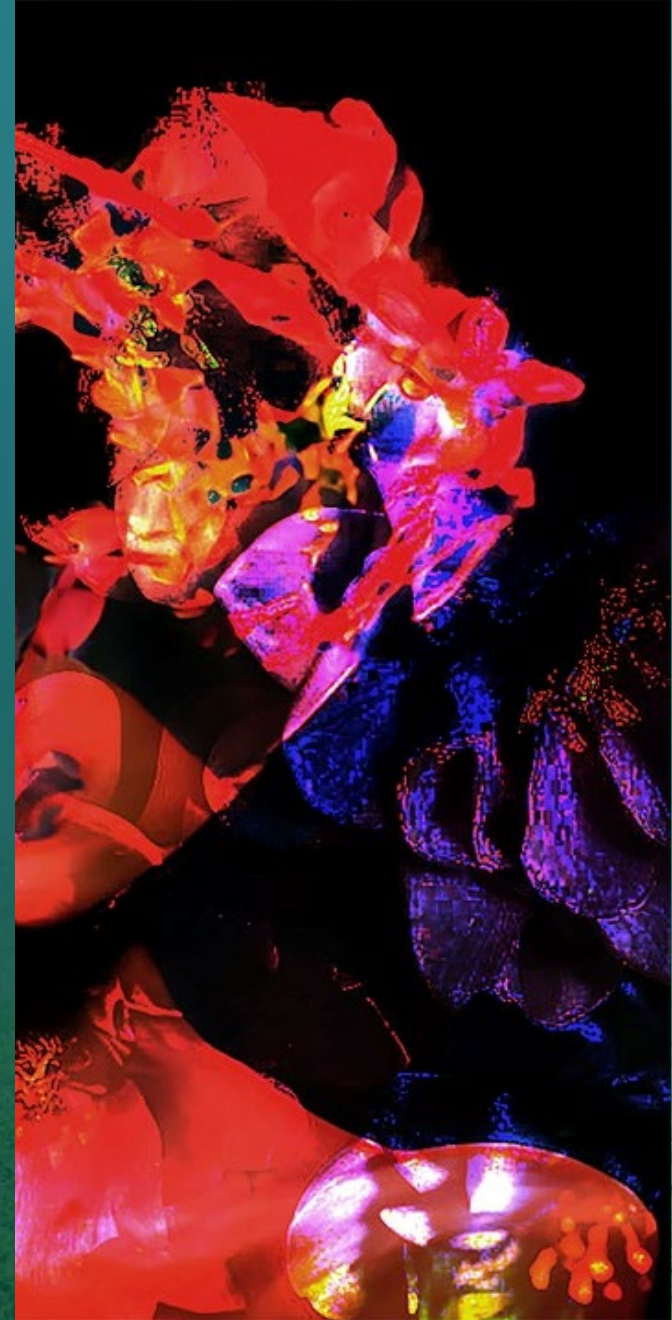
Mental Health and Substance Use Coercion Surveys Report from the National Domestic Violence Hotline and



“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 Respondent

(Warshaw et al., NCDVTMH, 2014)



Relationships and 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

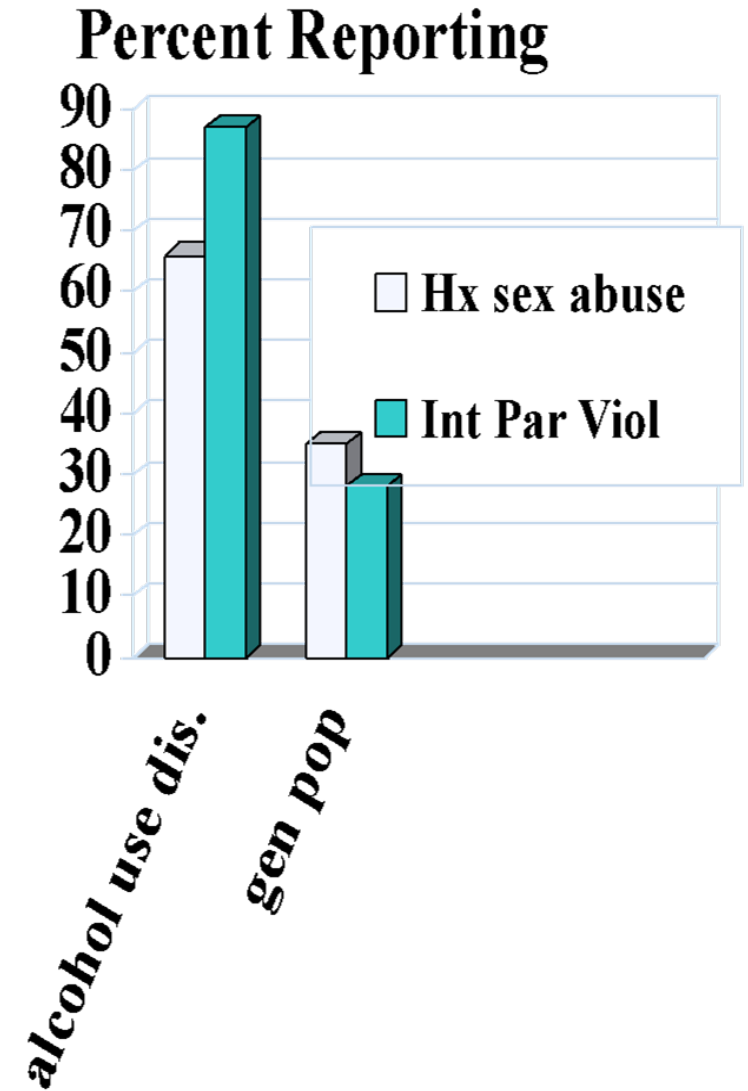
Women's Unique Substance Use Experiences

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



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



Pregnancy and Recovery

- Reproductive Health Screening
- Barriers to Care
- Pregnancy and Birthing Support
- Post-Pregnancy Support
- Indigenous Birth Justice



Practice: Recognizing Substance Use Coercion



Morgan recently entered the shelter and names her top goal is securing stable income. She shares that every time she tried to get a job, her ex would tell her that she was “too sick to hold down a job” because of her substance use. Morgan says she’s tried getting help for substance use before but that her ex would somehow find her and start showing up at the treatment center, making it dangerous and frightening for her to attend. She also shares that her ex has threatened to call her employer and report her substance use in the past.



Small Group Discussions

- In your program, what do you think survivors' concerns would be after having these kinds of experiences?
- How might advocates and service providers misinterpret, misjudge, or misunderstand behaviors and responses?



Definitions

- Decolonization: “An attempt to deconstruct or dismantle existing policies and programs that are rooted in colonial thinking”.
- Indigenizing: “Building something new that is grounded in Indigenous ways of knowing”.

Accessible, Culturally Responsive, and Trauma-Informed Organizations

- Prioritizes survivor autonomy and self-determination
- Minimizes retraumatization
- Recognizes symptoms as survival strategies
- Empowerment-based approach

ACRTI: Cultural and Linguistic Environment



- Affirming
- Responsive and resonant
- Language justice
- Accessibility in communications
- Cultural sources of strength, healing, pride, resilience
- Representation matters

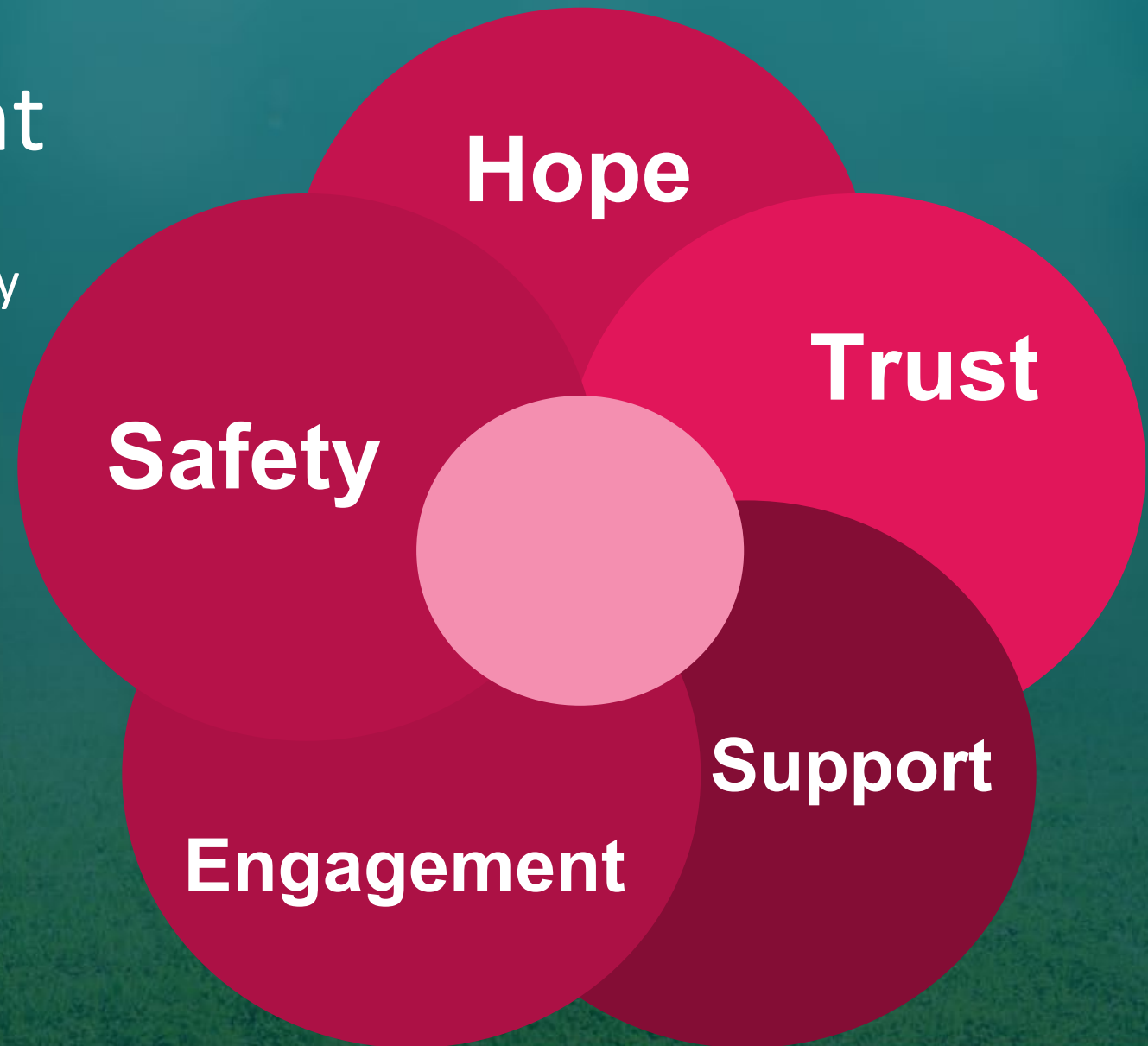
ACRTI: Physical and Sensory Environment

- Accessible
- Welcoming
- Inclusive
- Reflects communities being served
- Attends to potential sources of harm or trauma reminders



ACRTI: Relational Environment

- Rooted in relationship and community
- Caring
- Respectful
- Empowering
- Transparent
- Trustworthy
- Representation matters



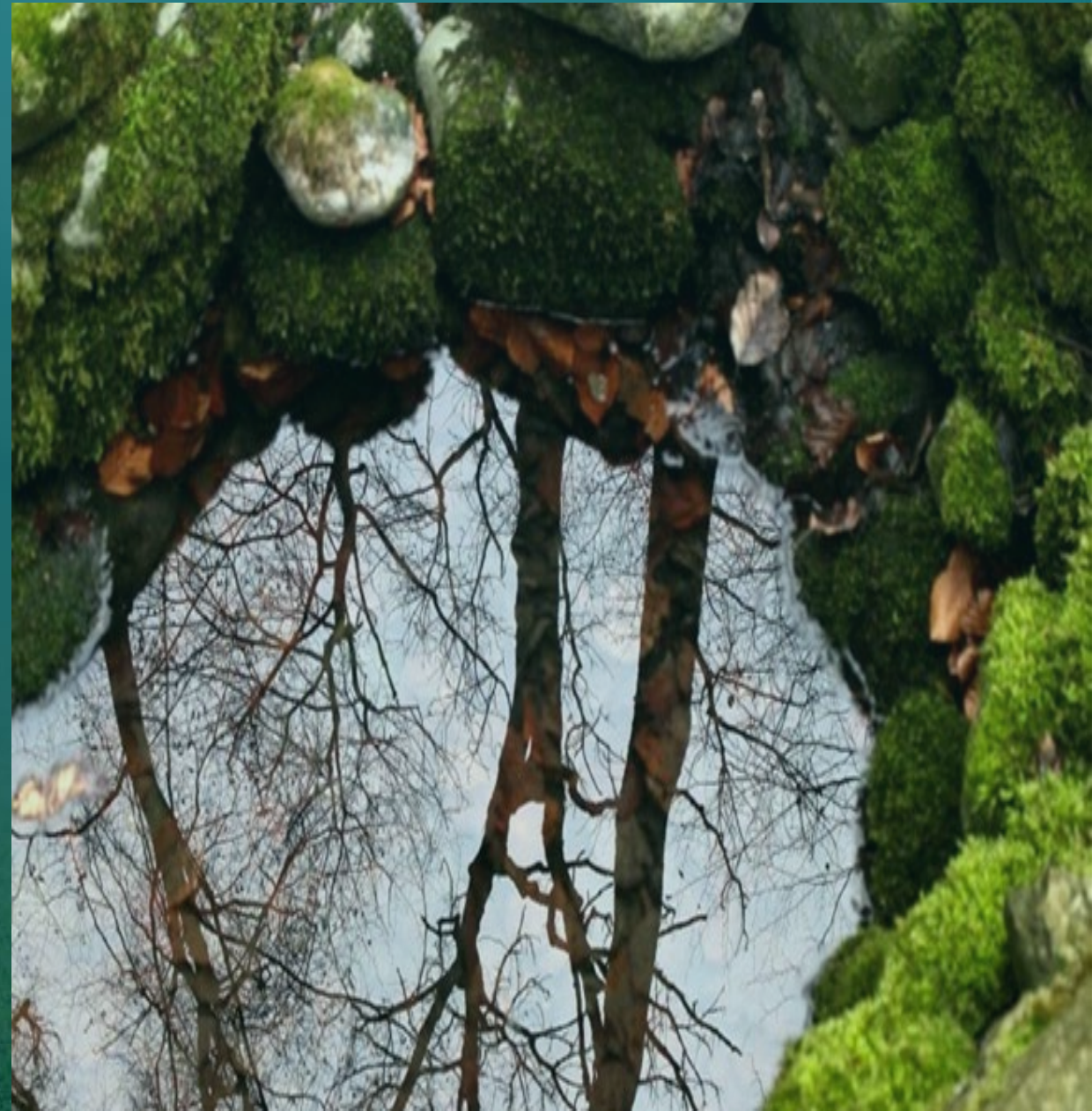
Programmatic Adaptations to Support Emotional Safety

- Initial Engagement
- Peer Support
- Policies



ACRTI: Self-Awareness and Trauma Stewardship

- Reflective Practice
- Supportive Supervision
- Self-care, self-nurturing



Effective Supervision: Accommodation and Accountability

- Establishing physical and emotional safety
- Clear expectations
- Exploring impact of the work



Feedback and Evaluation



ACRTI: Community Care Resources and Support



- Family-sustaining compensation
- Employee assistance programs
- Comprehensive benefits
- Universal onboarding and training
- Ongoing professional development opportunities

Creating Community Partnerships

Collaboration, Outreach, and Referral:

- What are you already doing?
- Who can you build partnerships with?
- How can you help those partnerships be more effective?



Considering Our Environments Activity

Individual, with a partner, or in a group:

- Review worksheet
- Fill out assigned strategy

Question & Answer



Thank You!

Contact Information

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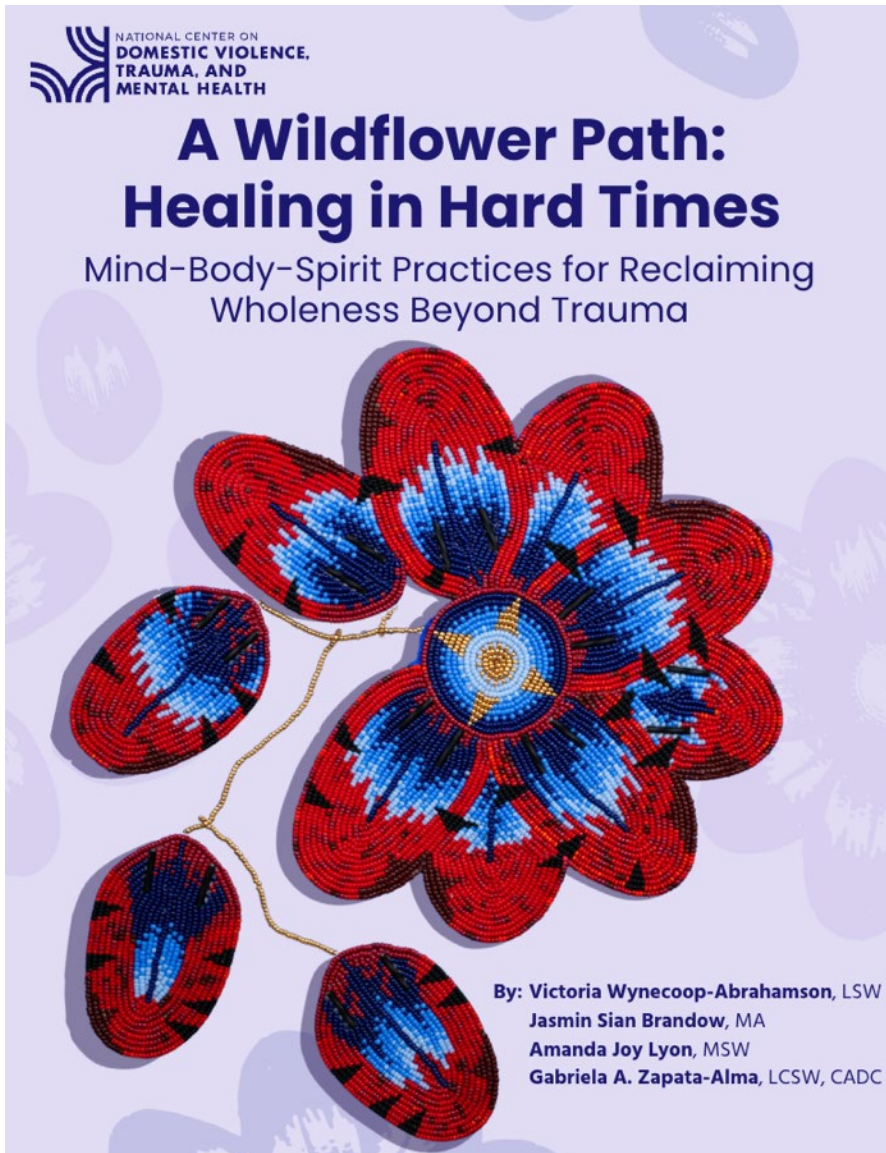
312-726-7020 ext. 2026



twynecoop@ncdvtmh.org



Additional Resources



A Wildflower Path: Healing in Hard Times

Mind-Body-Spirit Practices for Reclaiming
Wholeness Beyond Trauma

- 6-part webinar series already available
- Toolkit coming soon!

Additional Resources

Substance Use Support Resources

- **White Bison:** <https://whitebison.org/>
- **National Harm Reduction Coalition:** <https://harmreduction.org>
- **Harm Reduction Works:** <https://linktr.ee/hrw>
- **IHS's Treatment Locator:** www.ihs.gov/findhealthcare/
- **SAMHSA's Treatment Locator:** www.samhsa.gov/find-treatment
- **SAMHSA's List of Virtual Recovery Resources:**
www.samhsa.gov/sites/default/files/virtual-recovery-resources.pdf

Additional Resources

Indigenous Harm Reduction Informational Resources

- **Indian Country Harm Reduction ECHO Program:** www.indiancountryecho.org/program/harm-reduction
- **Indigenous Harm Reduction Team (I-HEART):** <https://www.ihrt.ca/>
- **Indigenous Harm Reduction by First Nations Health Authority:** www.fnha.ca/WellnessSite/WellnessDocuments/FNHA-Indigenous-Harm-Reduction-Principles-and-Practices-Fact-Sheet.pdf
- **Culture Saves Lives:** www.icad-cisd.com/pdf/Publications/Culture-saves-lives-promising-practice.pdf

Additional Resources

National Indigenous Coalitions

- [Coalition to Stop Violence Against Native Women](#)
- [Minnesota Indian Women's Sexual Assault Coalition](#)
- [Mother Nation](#)
- [Seven Dancers Coalition](#)
- [National Indigenous Women's Resource Center](#)
- [Uniting Three Fires Against Violence](#)

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Additional Resources



312-726-7020
info@ncdvtmh.org



Talking with survivors about feeling distressed or overwhelmed can sometimes feel uncomfortable. Our own worries, biases, and past experiences in our work, lives, and communities can shape how we relate to the people we intend to assist. There are ways we can approach these conversations that are transparent about our intentions and respectful of others' beliefs about what is helpful in times of overwhelm, emotional distress, and feeling unwell.

With our understanding of the impact of violence, coercive control, and trauma, we can expect to regularly meet people in our services who experience difficulty feeling calm, clear, grounded, connected, and physically and emotionally safe. When our support is inclusive, accessible, culturally responsive, and trauma-informed, we can be respectful of everyone's values, health, and well-being, and provide resources that allow survivors to feel supported, present, and safe. It is also important to make our own well-being a priority as we work.

Policy and Practices that Protect People from Mental Health Stigma and Discrimination

The ways we work with people who experience emotional distress or crisis must be in compliance with the Americans with Disabilities Act, the Fair Housing Act, and the Civil Rights Act to ensure we do not add to the discrimination against people who have already experienced violence, trauma, and marginalization. Our intake processes are meant to determine if someone needs our support because they experienced domestic violence, not meant to screen people out or turn people away because of fears related to mental health concerns or substance use.

During intake, consider what you need to know and why, as well as what you need to document and why. As we get to know survivors better, we can talk openly about distress and overwhelm. This allows us to offer comfort, share information about the effects of violence, better understand what is helpful to each survivor, and provide wanted resources for support.

www.ncdvtmh.org

October 2023 1 →

Guide for Emotional Support

- For advocates, survivors, and other staff members
- Develop a support plan prior to crisis and distress, utilize during, evaluate and update after

Link: [Guide for Emotional Support](#)

Translations available:

- **English, Spanish, French**
- **Urdu and Arabic:** culturally adapted to better serve Muslim survivors of domestic violence.
- **Chinese, Korean, Hindi, and Tagalog:** culturally adapted to better serve Asian survivors of domestic violence.

Additional Resources

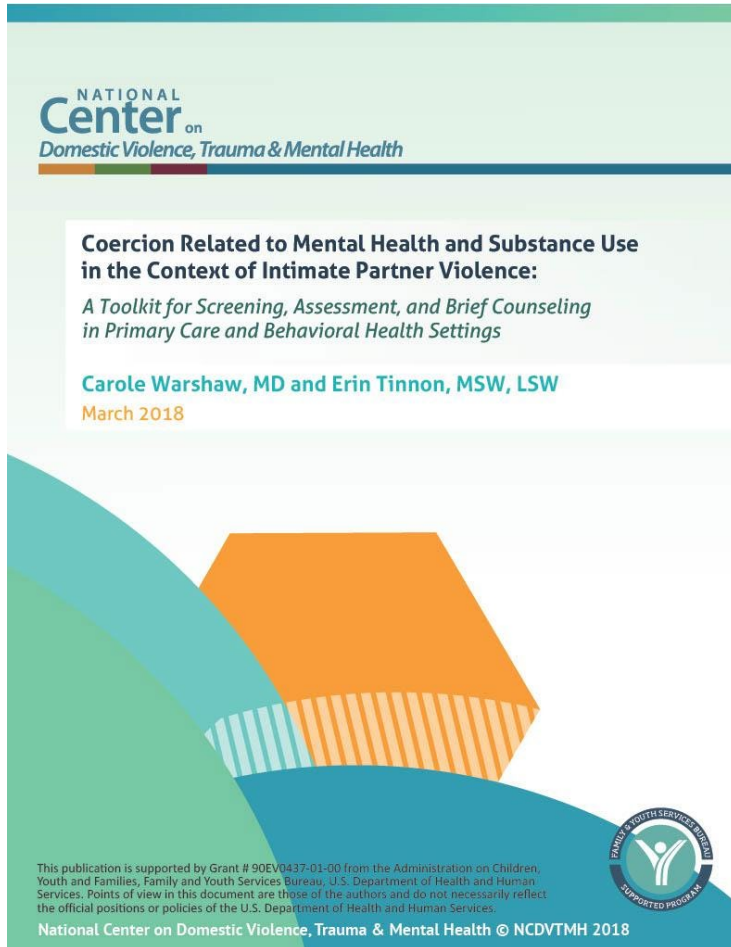


Do I Want to See a Therapist?

A Tool for Reflection and Self-Advocacy

- For people who have experienced domestic violence and are considering therapy.
 - This may be used to explore if a therapist is a good fit, make informed decisions about continuing or ending therapy, and get the most from therapy sessions.
- Also useful for advocates supporting survivors in their therapy journey.
- Available in English and Spanish

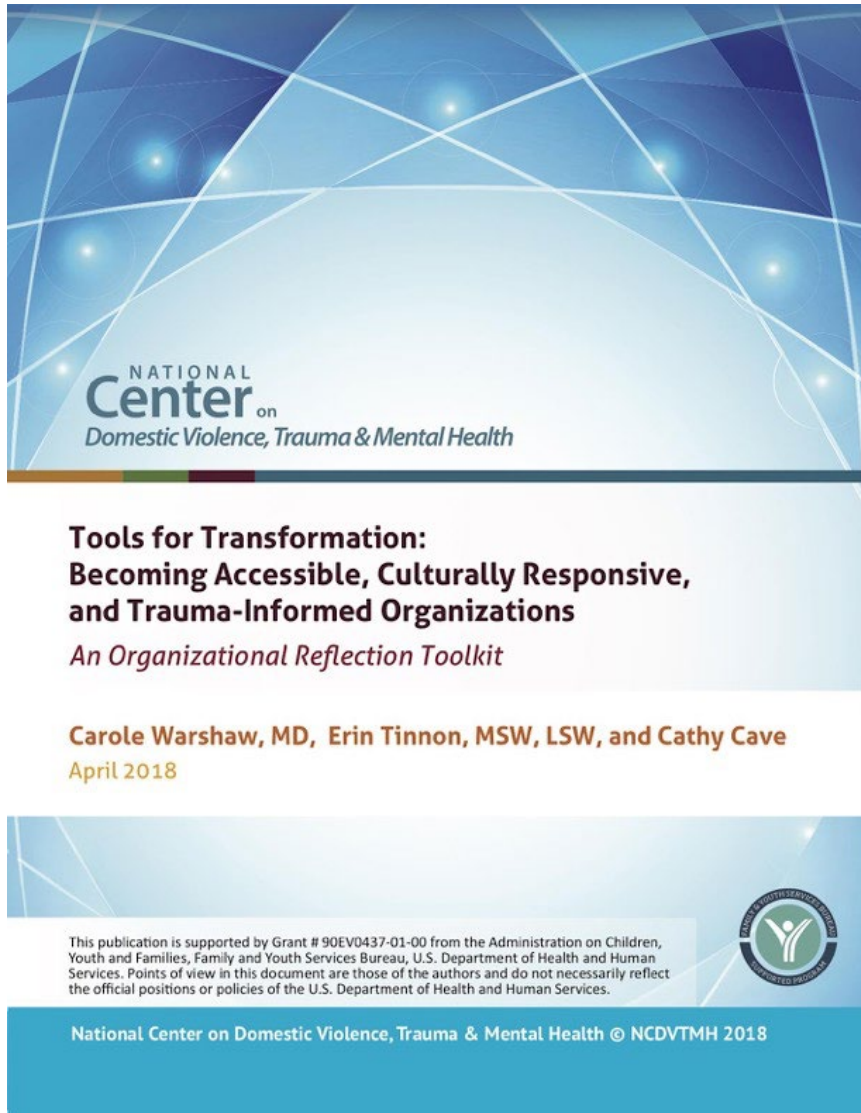
Additional Resources



Coercion Related to MH and SU in the Context of IPV

- **Toolkit:**
 - [Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence](#)
- **Organizational Assessment and Action Plan:**
 - [Key Elements for Responding to Mental Health and Substance Use Coercion in Clinical Practices](#)

Additional Resources



Tools for Transformation Becoming ACRTI Organizations

- [Tools for Transformation: Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations](#)
 - [Implementation Support Guide 1: The Social, Emotional, and Relational Climate and Organizational Trauma](#)
 - [Implementation Support Guide 2: Supporting Change Leadership](#)

Additional Resources

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."

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?"

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

When You Can Talk Privately:

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

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www.ncdvtmh.org

NATIONAL CENTER ON DOMESTIC VIOLENCE, TRAUMA, AND MENTAL HEALTH

Conversations about Substance Use

- [Substance Use Coercion Palm Card for Practitioners](#)
 - Available in English, Spanish, and French
- [Substance Use Coercion Palm Card for Advocates](#)

Additional Resources

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?"

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When You Can Talk Privately:

"People have shared that sometimes their partners say hurtful things or try to make them think that they are "going crazy" or "losing their mind." Partners might do things to harm your mental health, interfere with mental health care, or make it difficult to do things for your own self-care. If you can relate to any of this, know that we are here to help.

Common Forms of Mental Health Coercion:

- Undermining a survivor's sanity
- Provoking, threatening, or forcing unnecessary commitment
- Interrupting health routines
- Interfering with mental health care: controlling medications, diagnosis, or overall engagement
- Using stigma to isolate, discredit, or threaten
- Blaming abuse and control on mental health

Validate and Affirm:

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

"Would it be helpful to talk about some safety strategies and resources?"

www.ncdvtmh.org

NATIONAL CENTER ON DOMESTIC VIOLENCE, TRAUMA, AND MENTAL HEALTH

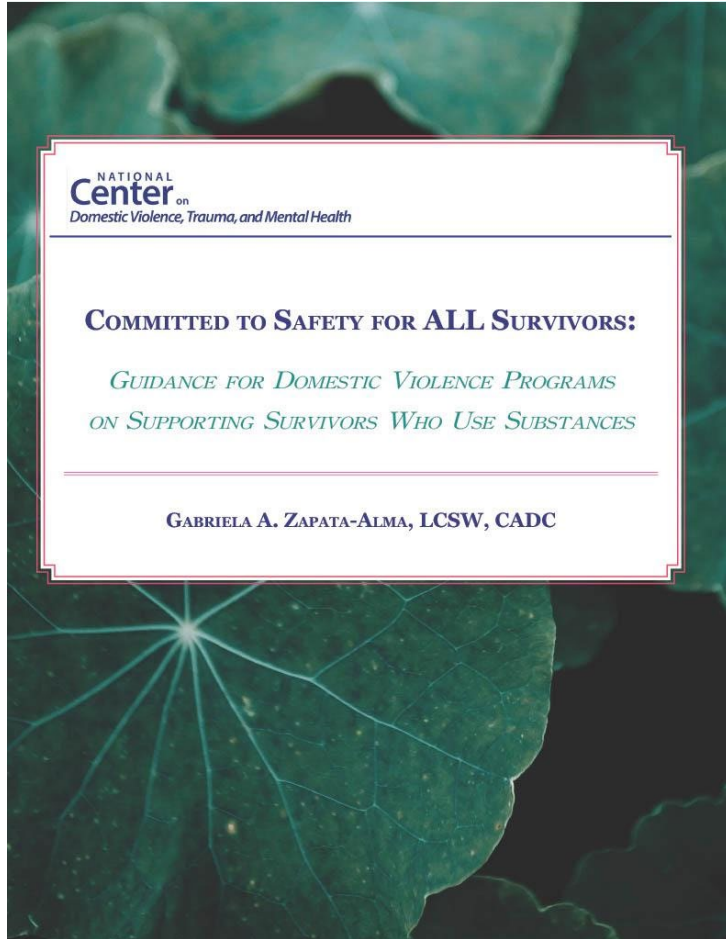
Conversations about Mental Health

• Mental Health Coercion Palm Card for Practitioners

- Available in English, Spanish, and French
- Culturally adapted and available in Korean, Urdu, Arabic, Hindi, Chinese, and Tagalog

• Mental Health Coercion Palm Card for Advocates

Additional Resources



Committed to Safety for ALL Survivors

Toolkit:

- [Committed to Safety for ALL Survivors: Guidance for Domestic Violence Programs on Supporting Survivors Who Use Substances](#)

Additional Resources

The screenshot shows a website page with a purple header and a white main content area. The header includes the organization's logo and navigation links. The main content area features a large heading, a paragraph of text, a list of four resource categories, and three resource cards. The bottom of the page has a purple footer with the text 'Supporting Survivors to Reach Desired Resources'.

OUR WORK Find Resources + More **GO**

Survivor Health Connections: Increasing Access to Desired Resources

The trauma of domestic and sexual violence often impacts survivors' mental health and use of substances. Survivors and advocates alike often encounter significant obstacles when seeking support for these issues. This compilation of resources is designed to help both domestic violence advocates and behavioral health providers (including mental health and substance use specialists) increase survivors' access to resources that support their safety and well-being.

These resources were developed in response to barriers and recommendations shared by survivors, advocates, and behavioral health providers. They fall into four main categories:

- [Locating Behavioral Health and Domestic Violence Resources](#)
- [Supporting Survivors to Reach Desired Resources](#)
- [Supporting Organizational Collaboration](#)
- [Increasing Accessibility for Survivors](#)

RESOURCE
Accessibility and Effectiveness of Behavioral Health Services for Survivors of Domestic Violence: A Summary of Survey and Listening Session Results
[Read More](#)

TOOLKIT
Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence
[Read More](#)

RESOURCE
Key Elements for Responding to Mental Health and Substance Use Coercion in Clinical Practices
[Read More](#)

Locating Behavioral Health and Domestic Violence Resources

RESOURCE
Locating Domestic Violence and Sexual Assault Advocacy Resources
[Read More](#)

RESOURCE
Locating Mental Health Support Resources
[Read More](#)

RESOURCE
Locating Substance Use Support Resources
[Read More](#)

Supporting Survivors to Reach Desired Resources

Survivor Health Connections

- Seamless access to desired resources that support survivor safety and well-being, based on their self-defined goals
- [Accessibility and Effectiveness of Behavioral Health Services for Survivors of Domestic Violence: A Summary of Survey and Listening Session Results](#)

Additional Resources

The screenshot shows a webpage with a purple header. On the left, it says 'TRAINING'. On the right, there is a search bar with 'Find Resources + More' and a 'GO' button. Below the header, the title 'Trauma-Informed Responses to Emotional Distress and Crisis' is displayed in white. Underneath the title is a button that says '+ Save To Account'. The main content area has a white background with a light green pattern. It starts with a 'Brief Overview' section, followed by a paragraph of text. Below that is a 'Webinar Information' section with a list of five webinar titles, each preceded by a right-pointing chevron and a small '2016-2017 WEBINAR SERIES' label.

TRAINING

Find Resources + More GO

Trauma-Informed Responses to Emotional Distress and Crisis

+ Save To Account

Brief Overview

NCDVTMH's webinar series on Trauma-Informed Responses to Emotional Distress and Crisis is designed to support DV/SA advocates in partnering with survivors experiencing emotional distress, mental health crises, and/or psychiatric disabilities. The series provides an opportunity to explore existing frameworks for thinking about trauma and mental health and to examine our understandings of crisis and distress. It reminds us that we are talking about people and the complex courses of their lives, not about categories, labels, or diagnoses. Finally, it discusses the knowledge, skills, practices, and reflective processes needed to support people with a wide range of experiences of distress and ways of coping and being in the world.

Webinar Information

- 2016-2017 WEBINAR SERIES - Trauma-Informed Responses to Emotional Distress and Crisis: An Introduction
- 2016-2017 WEBINAR SERIES - Responding to Mental Health Crisis: Incorporating Peer Support Practices
- 2016-2017 WEBINAR SERIES - Responding to Mental Health Crisis: Program Policies That Support Trauma-informed Responses to Emotional Distress and Crisis
- 2016-2017 WEBINAR SERIES - Responding to Mental Health Crisis: The What and Whys of Self-injury
- 2016-2017 WEBINAR SERIES - Responding to Mental Health Crisis: Trauma-informed Approaches to Conversations About Diagnosis, Treatment and Medication

Trauma-Informed Responses to Emotional Distress and Crisis

- Training Series:
 - [Trauma-Informed Responses to Emotional Distress and Crisis](#)
 - Five webinars with supporting materials on mind-body

Additional Resources



Understanding Substance Use Coercion in the Context of IPV

- This report summarizes findings from conversations with key informants from a range of fields including domestic violence advocates, substance use disorder treatment providers and harm reduction specialists, researchers, policymakers, and people with lived experience.
- [Link to resource](#)

Additional Resources

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

High rates of DV among women accessing substance use disorder treatment

47%-90%	31%-67%
Report DV in their lifetime	Report DV in the past year

Center for Substance Abuse 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 insurance coverage may compromise a survivor's safety.

Antidotes:

- Strive for low barrier services. Reduce wait times and increase same-day availability, including the ability to accommodate walk-ins.
- Offer mobile outreach, treatment, and recovery support services.
- Address resource barriers (childcare, transportation, housing, etc.).
- Collaboratively strategize with survivors to support safe engagement in services.
- Increase flexibility in scheduling and accommodate rescheduling needs.
- Actively link to a new provider or location if a survivor requests it.
- Collaborate with local domestic and sexual violence advocacy programs.
- Implement best practices to minimize the use of administrative discharge.

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7 Common Practices in SU Disorder Care that Can Hurt Survivors and What You Can Do Instead

- 7 common practices in substance use disorder care that can further endanger or re-traumatize survivors of intimate partner violence and trauma.
 - It details the risks and barriers caused by these practices as well as recommended alternative approaches and “antidotes”.
- [Link to resource](#)



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