

NATIONAL  
**HEALTH  
RESOURCE  
CENTER**  
ON DOMESTIC  
VIOLENCE

# Supporting IPV Survivors through Harm Reduction

Wednesday, Oct 9, 2024

*Spanish and ASL interpretation*

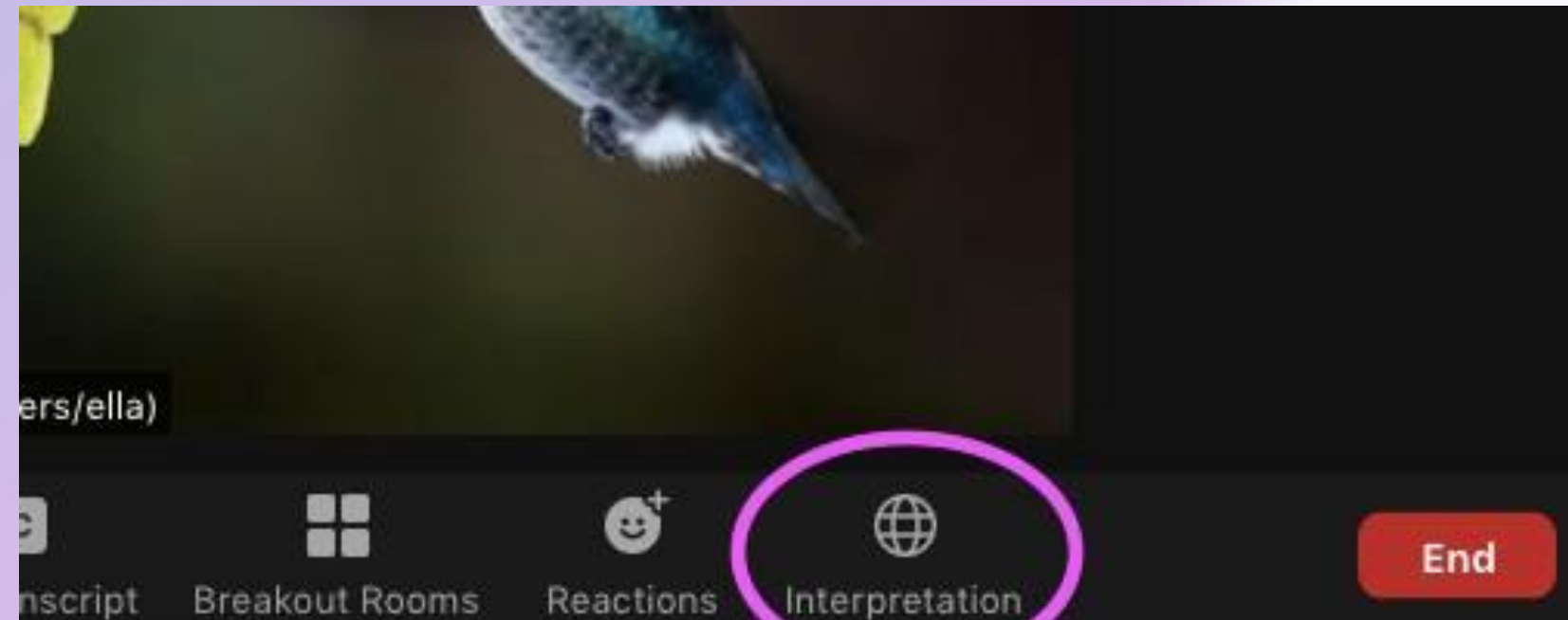
*Webinar will be recorded, shared with participants and archived online*

**HEALTH PARTNERS**   
ON IPV + EXPLOITATION

# How To Access Language Interpretation on Zoom

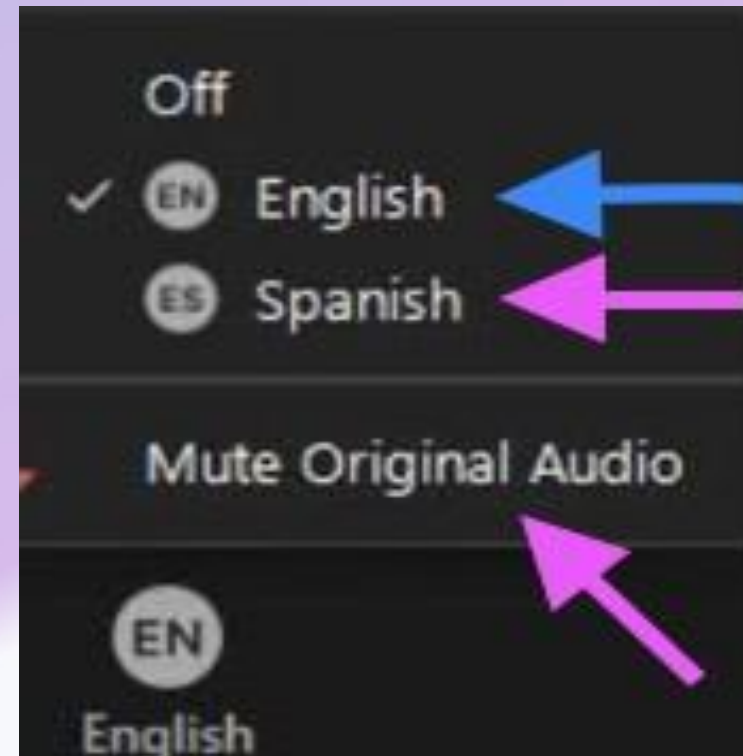
## Cómo Activar la Interpretación de Idiomas en Zoom

**On your computer, find the  
Interpretation Globe Icon at the  
bottom of your screen**



**En su computadora, busque el globo  
terráqueo que dice Interpretación en la  
parte inferior de su pantalla.**

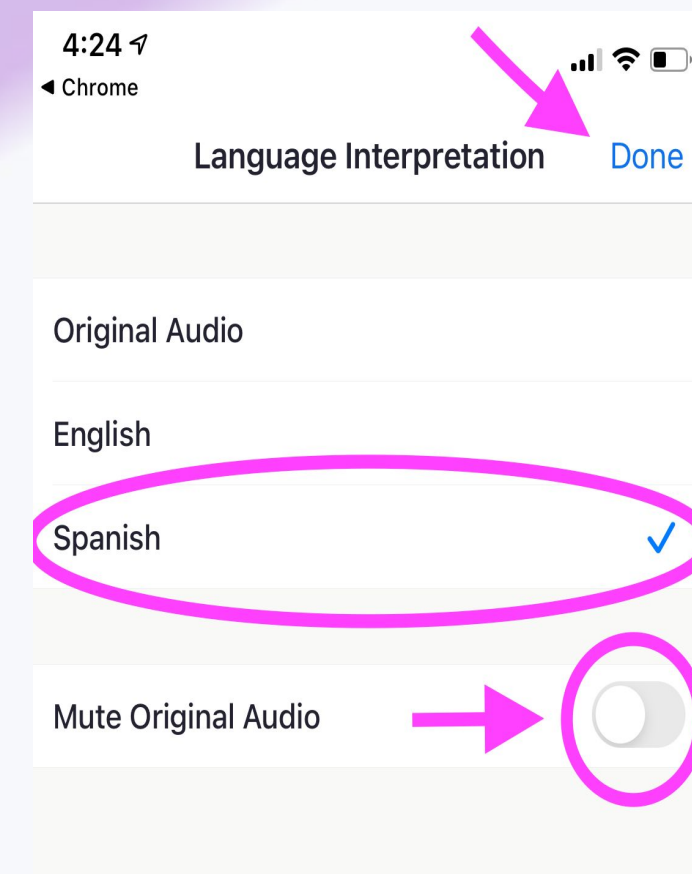
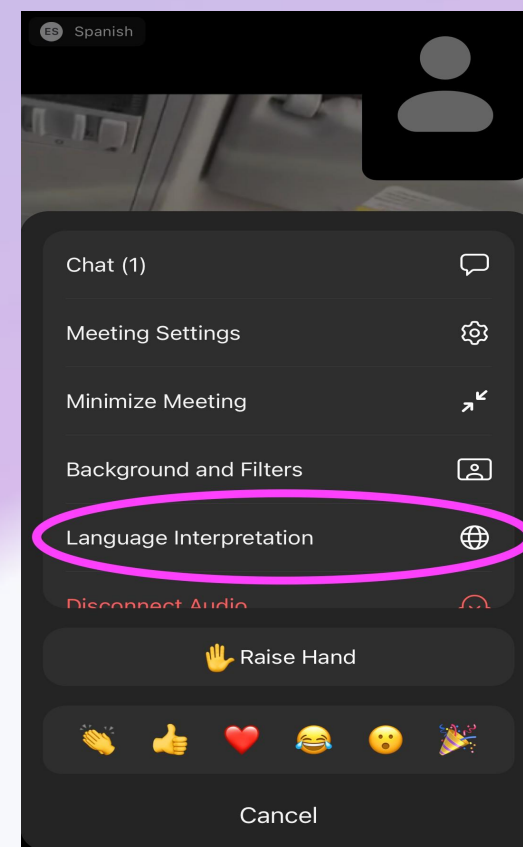
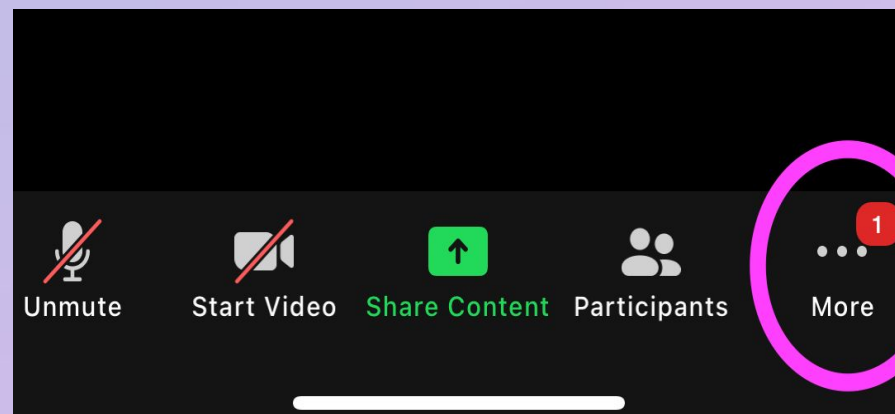
**Choose English as your language. Make sure to NOT mute original audio so that you can hear the main room**



**Seleccione Español. Asegúrese de Silenciar Audio Original, si solo desea escuchar al intérprete**



If you are on a smart device, look for the three dot menu and choose Language Interpretation.  
Then, select English.



Desde un dispositivo inteligente, busque el menú de tres puntos y elija Interpretación. Después, escoja “Español” y silencie el audio original.



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# Viewing Slides

**We have both English and Spanish slides being shared simultaneously.**

**Go to view options at the top right corner of Zoom to select the language you prefer to change the screen you're viewing.**

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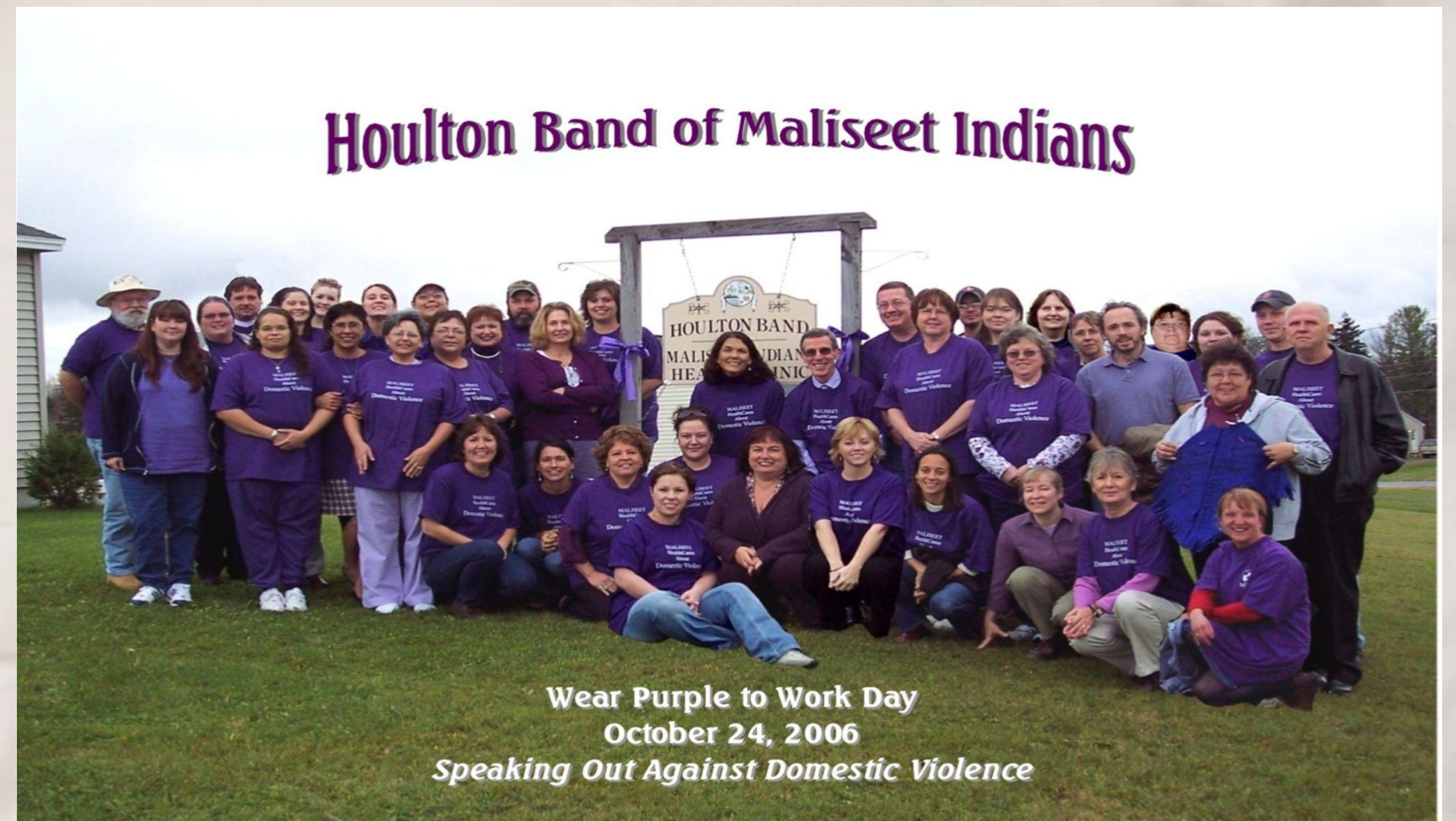
**HEALTH PARTNERS**   
ON IPV + EXPLOITATION





## Uplifting 25 Years of Health Cares About Domestic Violence (HCADV) Day

October 9, 2024





## Proclamation

I do hereby proclaim October 8 as Health Cares About Domestic Violence Day in Pennsylvania and urge all health care providers to take action against abuse by routinely screening their patients for domestic violence.



**Mercer County, Pennsylvania  
Proclamation, 2002**





[South East Regional Health Consortium \(SEARHC\)](#) members Jennifer Young (Injury Prevention Specialist) and Nancy Jo Bleier (Director, Social Services)





Shine the Light, 2013





# Past HCADV Day Activities



## Illinois Health Cares (From Hope & Health News & Views Publication, Spring, 2011)

Participating in HCADV Day at Illinois Valley Hospital are Dr. Anthony Ghidorzi, Joan Fernandez, IVCH Community Outreach Coordinator and Coalition Member of Illinois Health Care of LaSalle, Livingston and Bureau counties and IVCH registered nurses Renee Olsen, Mary Sue Martyn and Carolyn Clayton. About 200 awareness ribbons were handed out according to Fernandez



## HEALTH CARES ABOUT DOMESTIC VIOLENCE DAY Twitter Town Hall

Wed. October 14th, 2020 @ 10am Pacific  
Follow @WithoutViolence on Twitter  
#HCADV  
#DVAM



Futures Without Violence, HCADV  
Day, October 14, 2020



## Field Notes, 2003

(Nancy Hines, RN Family Violence Nurse Liaison,  
Sinai Hospital of Baltimore, Baltimore, MD)

- Nancy Hines conducted ground rounds at the hospital; distributed purple ribbons to hospital staff designating Domestic Violence Awareness Month; created a domestic violence bulletin board display; and included a note on the issue in employee pay stubs.

(Lorraine Beaver, Advocate, Abused Women's Aid  
in Crisis (AWAIC), Anchorage, AK)

- Lorraine Beaver, advocate, held an informational booth with volunteers from many different hospital departments, involving speakers, singers, the clothesline project and t-shirt making for victims and survivors of domestic violence. She held a domestic violence training the following day for providers



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**FUTURES**  
WITHOUT VIOLENCE®

**Futures Without Violence is a health and social justice nonprofit with a mission to heal those among us who are traumatized by violence today – and to create healthy families and communities free of violence tomorrow.**

**Home to the National Health Resource Center on Domestic Violence and Health Partners on IPV + Exploitation.**



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**The National Health Resource Center on Domestic Violence (HRC)** is a federally-designated resource center that has supported health care professionals, domestic violence experts, survivors, and policy makers at all levels as they improve health care's response to domestic violence, and increase the capacity of domestic violence advocates to address survivor health needs.

The HRC is funded by a grant from the Family Violence Prevention & Services Program, Family & Youth Services Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, and is a member of the Gender Based Violence Resource Network.

Learn more: [www.ipvhealth.org](http://www.ipvhealth.org)





# Health Partners on IPV + Exploitation

Health Partners on IPV + Exploitation is led by Futures Without Violence (FUTURES) and funded by HRSA BPHC to work with community health centers to support those at risk of experiencing or surviving intimate partner violence, human trafficking, or exploitation and to bolster prevention efforts.

**Learn more:** [www.healthpartnersipve.org](http://www.healthpartnersipve.org)

**Online toolkit:** [www.IPVHealthPartners.org](http://www.IPVHealthPartners.org)



Learn more: <https://healthpartnersipve.org/>

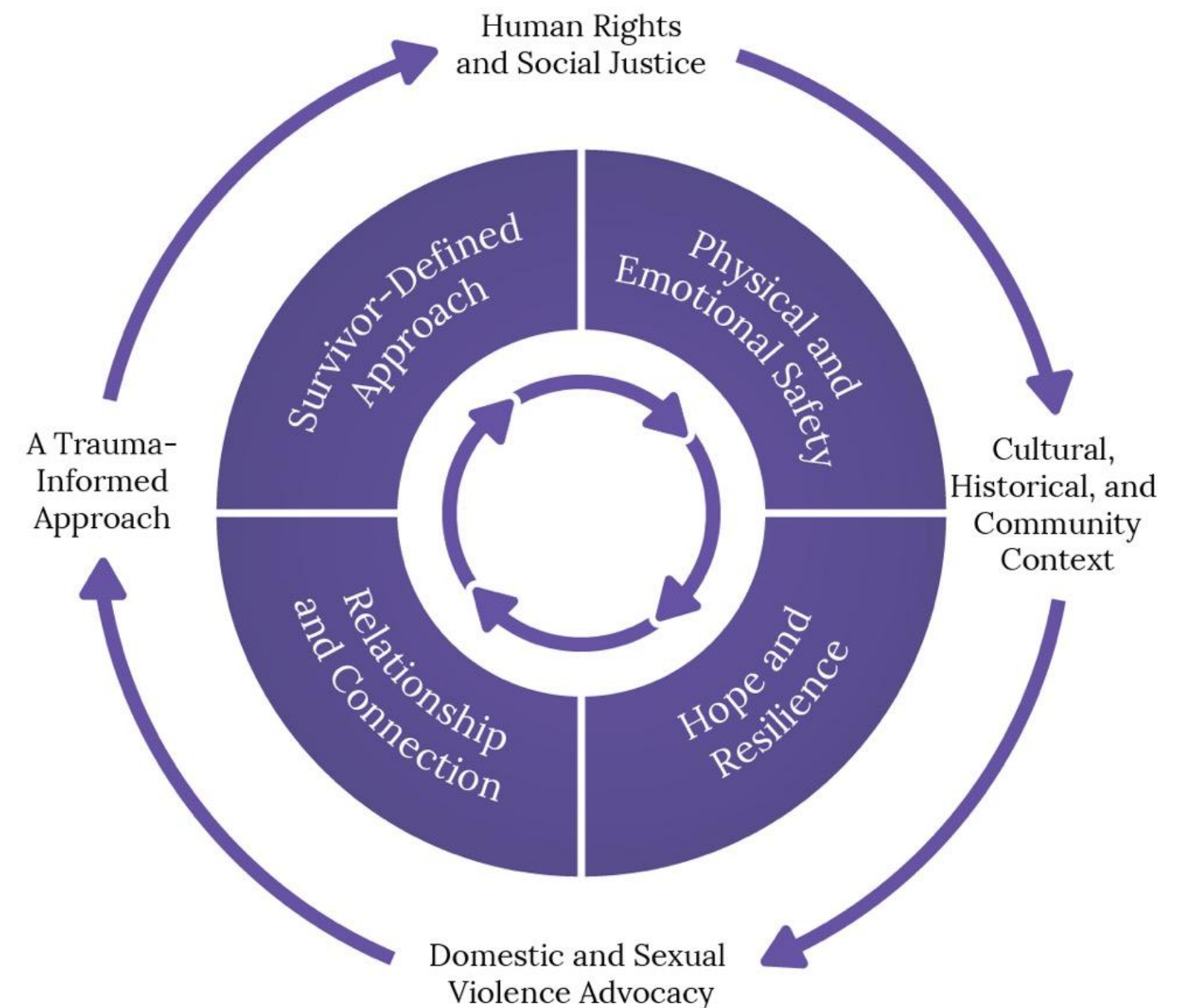
# National Center for Domestic Violence, Trauma and Mental Health (NCDVTMH) is a Special Issue Resource Center Dedicated to Addressing the Intersection of Domestic Violence, Trauma, Substance Use and Mental Health

<https://ncdvtmh.org/>

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



NCDVTMH is supported in part by grant #90EV0530-01-00 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 presenters and do not necessarily reflect the official positions or policies of the U.S. Department of Health and Human Services.





# Introduce yourself!



- Share your name, pronouns and where you're joining us from
- Share one thing that brings you joy
- 1 word that comes to mind when you think of harm reduction



# Speakers



**Virginia Duplessis, MSW**  
**(She/Her)**  
Director  
National Health Resource Center  
on Domestic Violence



**Tori Wynecoop-Abrahamson, MA, LSW**  
**Spokane|Coeur D'Alene (She/her)**  
Training and Technical Assistance Manager  
The National Center on Domestic Violence,  
Trauma and Mental Health



**Megha Rimal, MSW**  
**(She/Her)**  
Program Specialist  
Health and Workplace Team





# Tech Support



**Tammy Aguiniga-Garretson**  
**(She/Her)**  
Program Assistant  
Health



**Kenede Pratt-McCloud**  
**(She/her)**  
Program Assistant  
Health Partners on IPV + Exploitation



**Jake Sese, MPH**  
**(he/him)**  
Program Assistant  
Health Partners on IPV + Exploitation

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## Learning Objectives

At the end of the webinar, participants will be able to:

1. Define behavioral health, mental health and substance use coercion impacts of IPV.
  2. Identify harm reduction strategies to enhance organizational capacity for fostering healing, connection, and empowerment with survivors accessing programs.
  3. Describe how to build partnerships between community-based organizations and health settings to promote bi-directional referrals.
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## Framing: Health Equity

**Individuals and communities have equitable access to the things necessary for well-being and self-determination, such that no one's health outcomes are the result of interpersonal or structural oppression.**

A health equity approach requires:

- Centering historical marginalized, exploited, and oppressed communities.
- Focusing on structural and systems change, not individual behavior change.

# Zoom Poll

How is behavioral health connected to the intersections of mental health, substance use & IPV?



# MH and SU Coercion: A Range of Abusive Tactics Designed to:

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To undermine a partner's sanity and sobriety

Control a partner's access to treatment

Sabotage a partner's recovery efforts

Discredit a partner's relationship with potential sources of protection and support

Jeopardize custody of children

Exploit a partner's mental health or substance use for personal or financial gain





# Mental health coercion is common

## Domestic violence commonly targets mental health

In a survey of 2,546 callers to the National Domestic Violence Hotline:



had experienced at least one type of mental health coercion, including:



**4 in 5**

said their partner accused them of being “crazy”



**3 in 4**

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



**1 in 2**

said their partner threatened to report they were “crazy” to keep them from getting things they wanted or needed (e.g. protection order or child custody)



**1 in 2**

sought help due to feeling depressed or upset. Of those, half said their partner tried to prevent or discourage them from getting help or taking prescribed medications

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

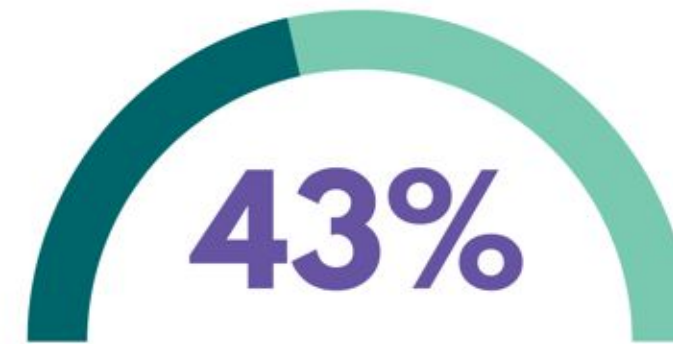




# Substance Use Coercion is Common

## 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**





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# Harm Reduction Definition and Strategies



# Defining Harm Reduction

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- Anything done to eliminate or reduce the harmful or potentially deadly consequences of a behavior.
- Quality of individual and community life as the criteria for successful interventions and policies.
- Philosophy that is not specific to drug use.
- Anyone can use a harm reduction approach.
- Non-judgemental and non-coercive services.



# Harm Reduction: Examples of Services

- Overdose prevention education and naloxone distribution
- Syringe services
- Safer use resources
- Safer sex resources
- Peer-based support
- Medication Assisted Recovery (MAR/MAT)
- Health, medical, and legal information and resources
- Other resource Referrals



# Four Main Steps

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- | Overcoming all-or-nothing thinking
- | Creating an environment of empowerment and free choice
- | Collaborating in self-defined goals
- | Reflecting on impact and reconsidering strategies

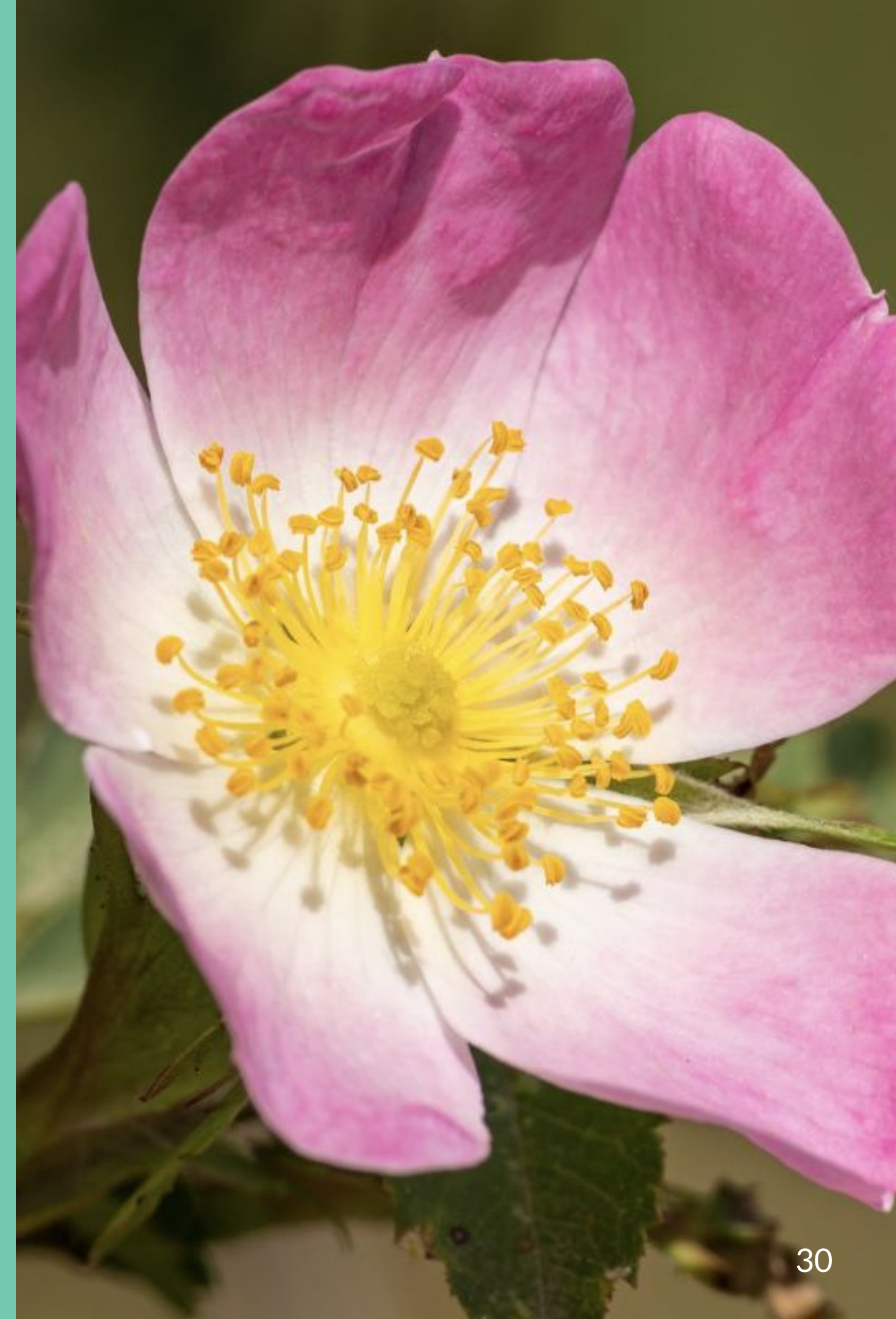




# Our Role

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- | Build trustworthy relationships, services, and environments.
- | Foster open communication about substance use and mental health.
- | Focus on an individual's self-defined preferences, goals, and solutions.
- | Support *any positive change* as the person defines it for themselves.
- | Highlight and build on strengths and successes.



# Conversation Starters: Substance Use Coercion

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| “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.”



# Harm Reduction: Substance Use Examples

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- | Fentanyl and Xylazine Checking
- | Safer Injection Practices
- | Safer Injection Kit
- | Safer Snorting Kit
- | Safer Smoking Practices

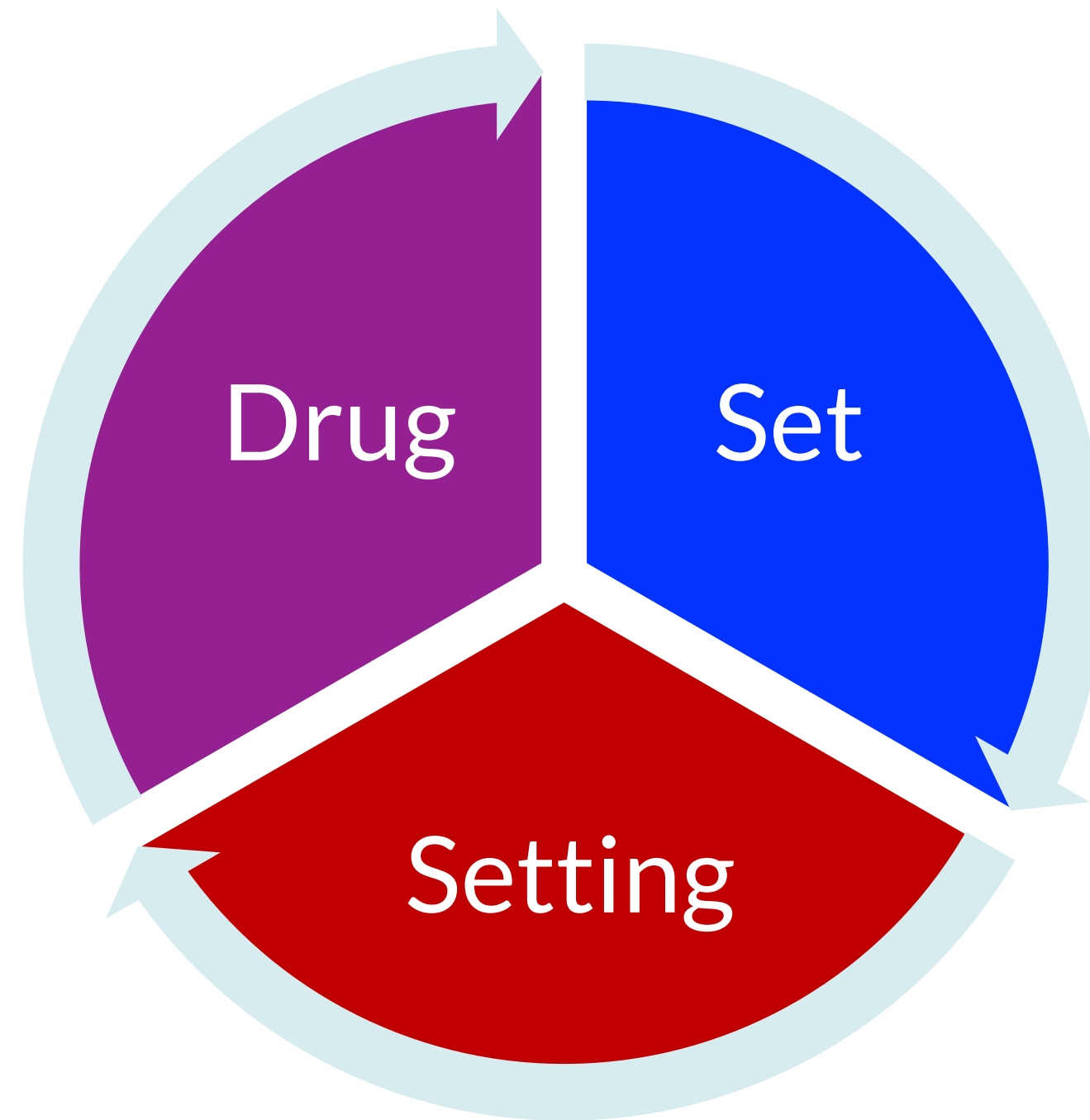


Krieger et al., 2018 ; Image: [DanceSafe.org](https://dancesafe.org)





**Drug:** The substance itself, route of administration, the amount used, and ultimately the chemical action it has on an individual's body (including brain).



**Set:** Mindset, disposition, physical health, cultural attitudes about use, expectations of the experience.

**Setting:** Environmental factors surrounding use, including time of day, location, how substances are obtained, social context of use, whether use needs to be hidden, and socio-cultural factors.



# Conversation Starters: Mental Health Coercion

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If it's safe for someone to talk about IPV and MH, here's a way we can open conversation:

- “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.”



# Harm Reduction: Mental Health Examples

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- | Safe strategies for keeping appointments and for staying connected to services if facing isolating abuse tactics
- | Safe times or places to receive communication
- | Whether keeping regular appointments raises concerns about being stalked. Discuss ways to stagger appointment times or consider alternative ways to meet
- | Options for maintaining control of medication(s)
- | Any legal documents that enable the unsafe person to have control over the person's care or finances





# Actively Listen and Offer Strengths-Based Support

- “What’s been helpful as you’ve been going through this?”
- “How are the other people in your life supporting you?”
- “What are some things you’re doing to keep yourself (and your children) as safe as possible?”
- “What other supports would be helpful?”
- “We can talk about some safety strategies and resources if that would be helpful.”



# Additional Safety Planning Tips

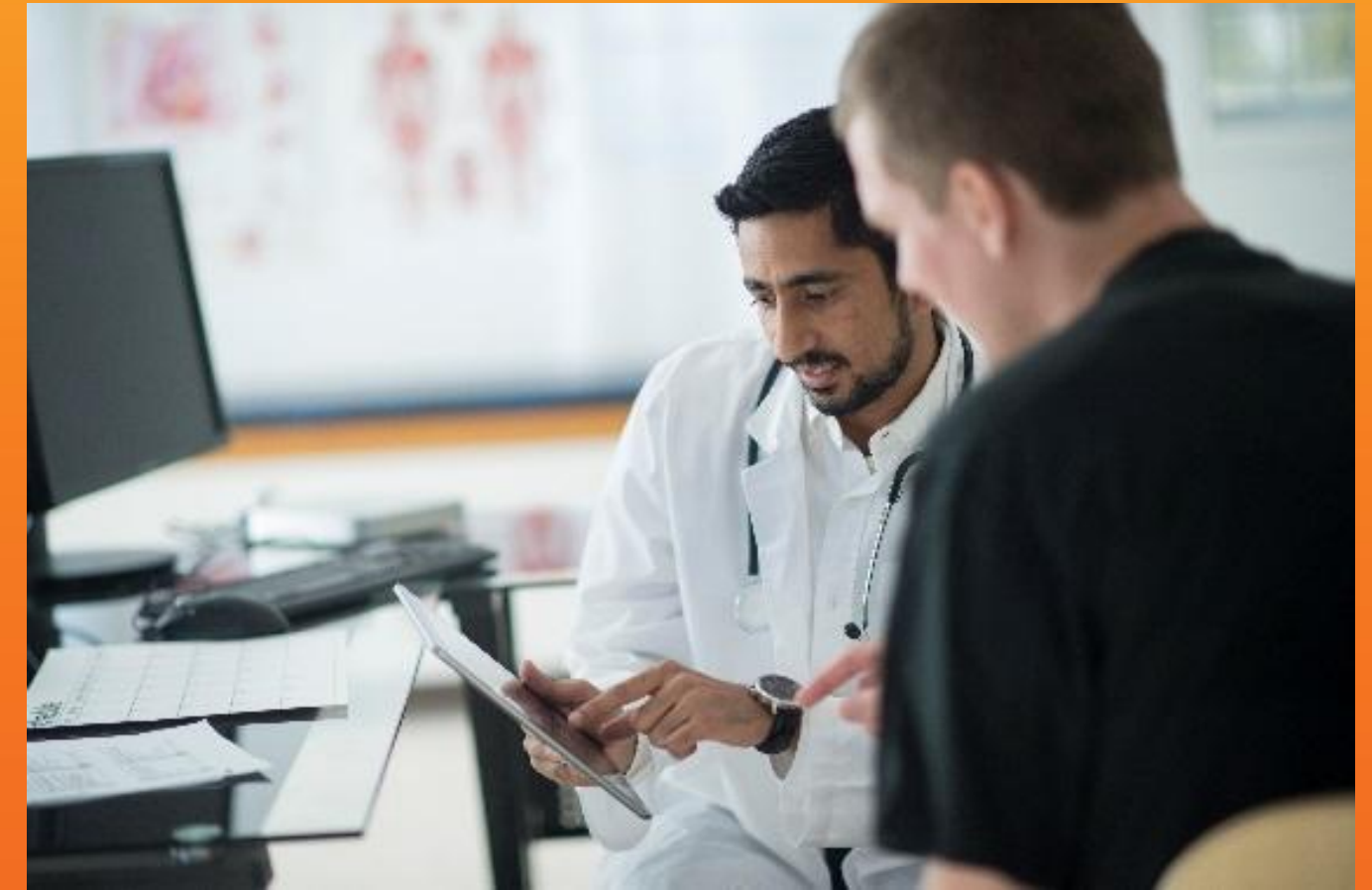
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- | Remain person-centered, focus on their priorities
- | Approach with empathy and compassion
- | Integrate MH and SU safety with overall safety planning
  - What may increase safety related to MH and SU may increase danger related to domestic violence (and vice versa).
  - Individualized and integrated safety planning are key, there is no 'cookie cutter' approach here.
  - Knowledge of DV, drug-set-setting, and wellness recovery action planning are helpful here
- | Build in a follow-up plan



# Universal Education

Provides an opportunity for clients to make the connection between violence, health problems, and risk behaviors.



*\* If you currently have IPV/HT screening as part of your health center requirements: we strongly recommend first doing universal education.*



# CUES: An Evidence-based Intervention

Confidentiality  
Universal Education  
Empowerment  
Support



(Above: four images of safety card tools)

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# Building and Sustaining Partnerships

# Overview of Health Centers (HCs)

Health centers are community-based and patient-directed organizations that deliver no-cost/ low-cost comprehensive primary health care.

## They often include:

- ❑ Pharmacy
  - ❑ Mental health services
  - ❑ Substance abuse programs
  - ❑ Oral health services
- 
- Located in medically underserved areas and for medically underserved populations.
  - Find a health center here: <https://findahealthcenter.hrsa.gov/>



*Photo: CHC Staff at Asian Health Services in Oakland, CA in 2021*



# Anti-Violence Advocacy Programs

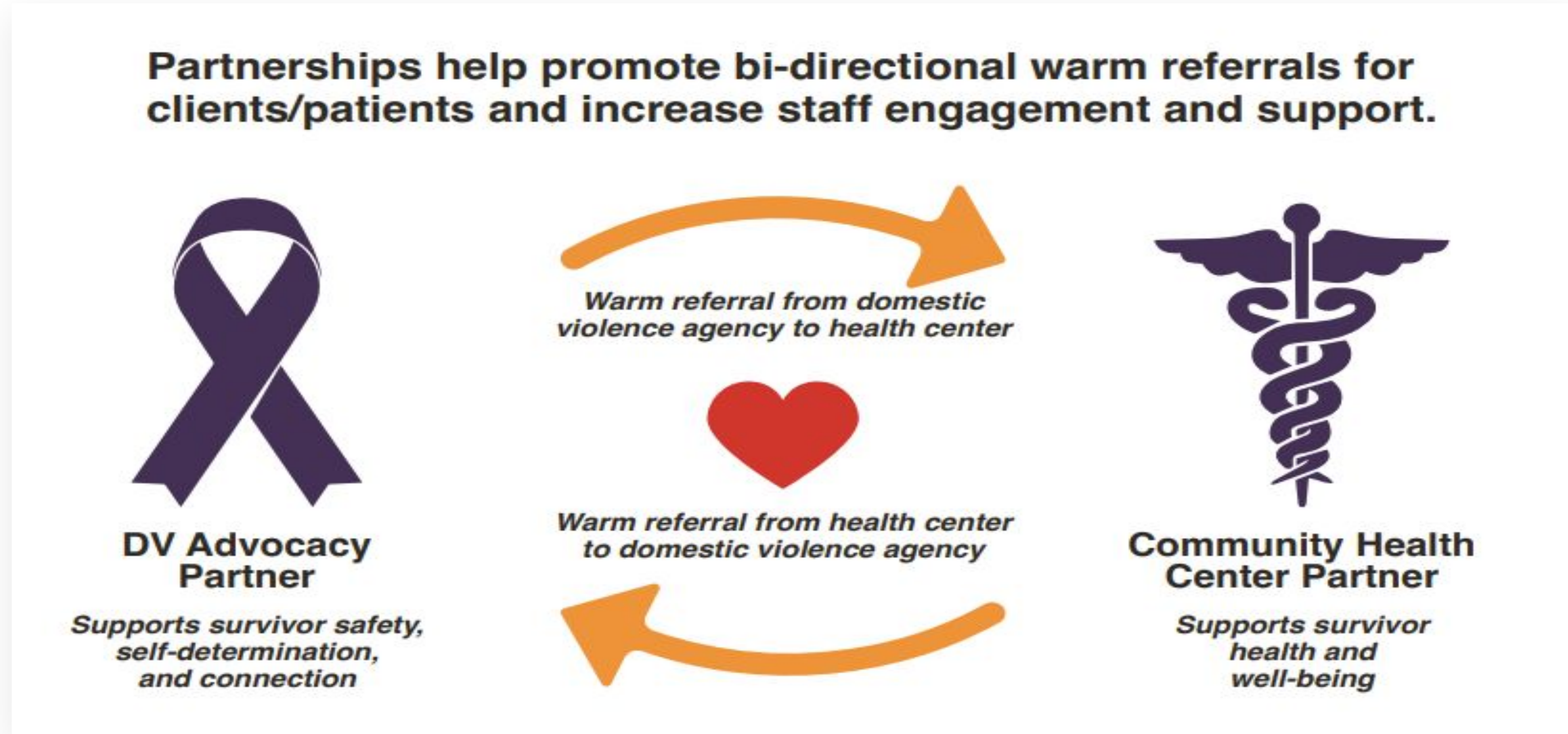
Domestic violence and sexual assault programs have vast experiences working with survivors of violence and assist them to identify ways to increase personal safety while assessing the risks.

**Advocates connect patients to additional services like:**

- Crisis safety planning (usually 24/hour hotline)
- Housing (emergency and transitional)
- Legal advocacy for IPV/HT, family court, immigration, labor
- Support groups/counseling
- Children's services
- Employment support



# The Heart of the Model: Building Meaningful Partnerships



Download a sample MOU: <https://healthpartnersipve.org/resources/sample-memorandum-of-understanding/>

Find your State and Tribal DV Coalitions:

<https://nnedv.org/content/state-u-s-territory-coalitions/>

<https://www.niwrc.org/tribal-coalitions>

Find a health center near you: <https://findahealthcenter.hrsa.gov/>

# Strategies for Building Partnerships

- Learn about your local resources
- Identify champions
- Set clear goals for collaboration
- Establish an MOU
- Meet and talk regularly
- Engage in cross training
- Build a system for warm handoffs
- Use a “backdoor” number for immediate advocate support
- Consider co-locating an advocate

See DV survivor health center enrollment tools:

<https://healthpartnersipve.org/futures-resources/increasing-health-care-enrollment-for-survivors-of-domestic-violence/>

Learn more about partnerships:

<https://healthpartnersipve.org/resources/partnerships-between-hcs-and-dv-and-sv-advocacy-programs-bi-directional-infographic/>





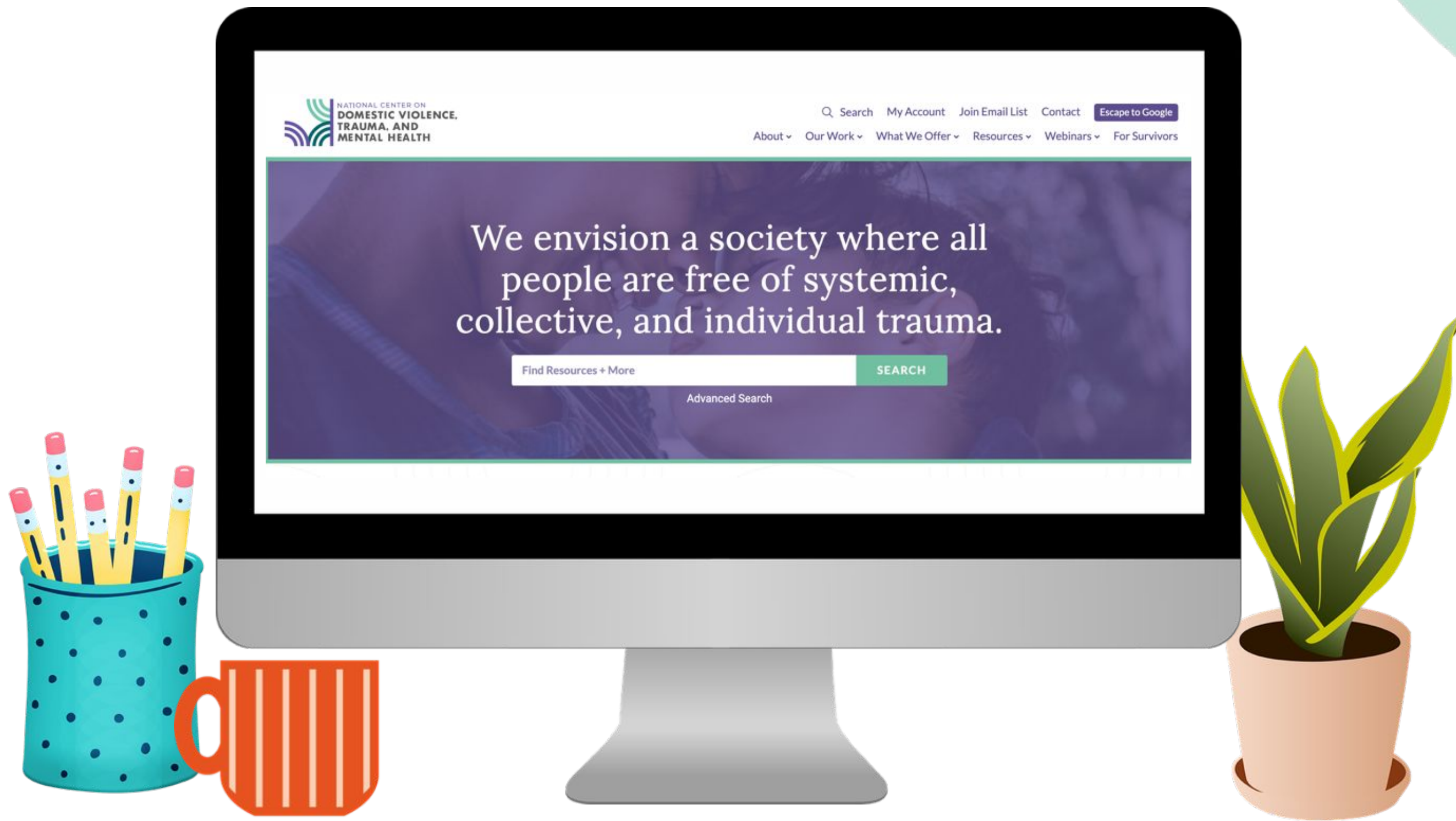
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# Resources

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# Resources

[www.NationalCenterDVTraumaMH.org](http://www.NationalCenterDVTraumaMH.org)





**COMMITTED TO SAFETY FOR ALL SURVIVORS:**

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

GABRIELA A. ZAPATA-ALMA, LCSW, CADC

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

**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.

National Center on Domestic Violence, Trauma & Mental Health © NCDVTMH 2018





## Safety Cards- Population and Setting Specific

- Adolescent Health
- Farmworkers
- American Indian/Alaska Native, and Hawaiian
- College Campus
- HIV+
- Lesbian, Gay, Bisexual, Questioning (LGBQ)
- Pregnant or parenting teens
- Primary Care
- Reproductive Health Settings
- Transgender/Gender Non-conforming
- Muslim Youth



<https://store.futureswithoutviolence.org/>

QR code to access HRC resources



[www.IPVHealth.org](http://www.IPVHealth.org): online toolkit  
for building health and advocacy  
partnerships

# Adaptable Health Center Protocol on IPV/HT

In English and Spanish

<https://healthpartnersipve.org/futures-resources/sample-health-center-protocol/>

[Name of Community Health Center]	
MANUAL: Clinical	Section:
Exploitation, Human Trafficking, and Intimate Partner Violence	
Policy Approved:	Procedures Last Revision Date:
Policy Last Review Date:	Procedures Last Review Date:

**Protocol for HRSA-supported Community Health Centers to Engage Patients through Universal Education Approaches on Exploitation (E), Human Trafficking (HT), Domestic Violence (DV) and Intimate Partner Violence (IPV)**

**Protocol Purpose:** This protocol purpose is to prevent exploitation, human trafficking, domestic violence, and intimate partner violence by helping patients have healthy relationships and promote their health as workers. This will occur through universal education about healthy relationships and fair labor practices for the prevention of abuse, violence, and exploitation. The protocol will enable the health center to provide trauma-informed, survivor-centered care; intervention with clinical and case management services; and formalized ways to connect patients with community-based services that provide resources for domestic violence, employment assistance, housing, food, civil legal aid, and other basic needs. Also, health centers will attend to the patients' physical and mental health needs and create safety plans in partnership with community-based advocates. Patients often have physical and emotional safety needs that must be supported by trauma-informed protocols and healing services. For example, health impacts of domestic violence and human trafficking/exploitation include exacerbation of chronic illness, sexually transmitted infections, reproductive coercion, traumatic brain injuries and history of strangulation, anxiety, depression, and post-traumatic stress disorder (PTSD). (For more information about the health impact of trauma and abuse, and to download community health center tools on these topics visit: <https://ipvhealthpartners.org/>).

This protocol also serves as a support resource for health center staff. Given the prevalence of violence and exploitation in communities, health center employees also have personal experiences of violence, abuse, trauma, or exploitation, and may experience vicarious trauma, secondary traumatic stress, or PTSD re-traumatization from caring for patients affected by violence. The community-based resources in this protocol also serve as resources for staff. In addition, it is recommended that health centers create workplaces free from domestic violence, sexual harassment and violence, and stalking (helpful policies and toolkits are available through [Workplaces Respond to Domestic and Sexual Violence: A National Resource Center](https://www.workplacesrespond.org/), a project of Futures Without Violence, visit <https://www.workplacesrespond.org/>).

This protocol addresses both [intimate partner violence \(IPV\)](#) and [domestic violence \(DV\)](#) and the terms are used interchangeably (with "domestic violence" as the broader term across the document).

1

(Version: July, 2021)

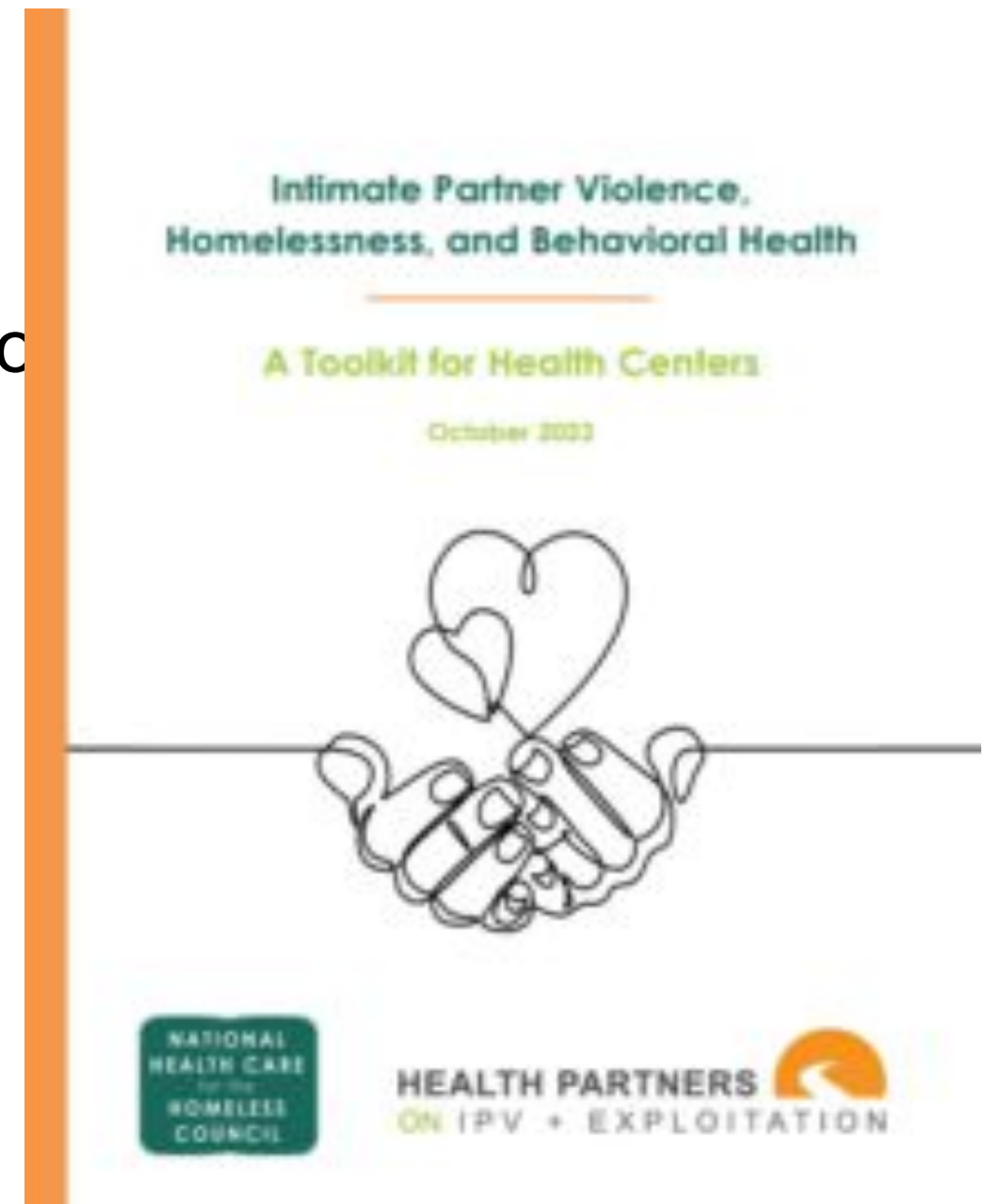


# Intimate Partner Violence, Homelessness, and Behavioral Health: A Toolkit for Health Centers

Developed in collaboration with the National Health Care for the Homeless Council, the following toolkit is intended to assist health centers and community-based programs in addressing the intersection of IPV and homelessness in four domains:

- Foundations of intersectional practice
- Provider self- and team-care
- Guidance on clinical conversations
- Community partnership

<https://healthpartnersipve.org/futures-resources/intimate-partner-violence-homelessness-and-behavioral-health-a-toolkit-for-health-centers-2/>





Join us at the 10th Futures Without Violence  
Conference on Health

September 9 - September 11, 2025

Hilton Union Square, San Francisco

WHO SHOULD SUBMIT AND ATTEND? Healthcare workers, domestic and sexual violence advocates, survivors, policymakers, researchers, public health practitioners, behavioral health providers, students, healthcare administrators, and YOU!

CALL FOR ABSTRACTS  
***OPENS OCTOBER, 2024***

ABSTRACT DEADLINE  
***JANUARY 13TH, 2025***

REGISTRATION OPENS  
***FEBRUARY, 2025***

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[futureshealthconference.org](https://futureshealthconference.org)

[conference@futureswithoutviolence.org](mailto:conference@futureswithoutviolence.org)







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# Thank you and Evaluation!

**Please open the link that's posted in the chat box and complete the post-survey.**

<https://redcap-std.hs.pitt.edu/redcap/surveys/?s=97RYNLP9C3RNN7NH>

**Stay connected by signing up for our monthly e-list: Catalyst for Change**

**To register, please refer to the bottom of the page:**

[www.healthpartnersipve.org](http://www.healthpartnersipve.org)

