

SAFETY PLANNING
DEMYSTIFIED - PART
THREE: HOW TO BRING SURVIVOR
SAFETY INTO EVERYDAY
INTERACTIONS

Safety Planning with Survivors around Substance Abuse and Mental Health Issues



RISK VS. VULNERABILITY
SAFETY PLANNING TACTICS
HARM REDUCTION

## Presenters



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• Georgia Criminal Justice Coordinating Council

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Questions...



# Review - Key Qualities of Good Safety Planning • Formal vs. Informal Survivor-led What the survivor is Filling out a form willing and able to do O Spontaneous, asneeded · Fluid and ongoing Multifaceted Batterer-generated and • In the moment life-generated risks Trauma-informed Emotional safety Review: Batterer-Generated vs. Life- Generated Risks Life-Generated - VULNERABILITY Batterer-Generated - RISK • Risk of physical and sexual Financial considerations violence · Home location Child-related risks Physical and mental health Financial risks • Inadequate response from Risks of psychological harm major social institutions and drug and alcohol use Discrimination based on · Risks to friends and family race, ethnicity, gender, Risks involving arrest or sexual orientation, or other bias legal status Review - Trauma-Informed Safety Planning • Reduce Re-traumatization Emotional Safety – feeling accepted; safe from emotional attack or harm • We are skilled at attending to physical safety, but emotional safety is harder to measure Emotional abuse more harmful than physical O Hard for survivors to find sense of calm and safety

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Who	ıs t	he sii	rvivoi	۲r



- O How the survivor identifies is important
- o Be humble, inquisitive
- What is possible or normal for you may not be the same for the survivor
- Allow for possibilities, but don't make assumptions or rely on stereotypes

# The Intersection of Substance Abuse, Mental Illness and Domestic Violence



# **BARRIERS TO SAFETY**



# Why Are We Talking About This?



- Abuse and violence play a critical role in the development of mental health & substance use disorders
- At the same time, experiencing a mental health or substance use condition puts women at greater risk for being abused

NCDVTMH, 201

### Risk vs. Vulnerability

- Batterers use mental health substance abuse issues to control their partners
  - o Control of meds
  - Coerced overdose
  - Control of treatment
  - Undermining sanity, credibility, parenting & recovery
  - "She is crazy! She was out of control"



Gaslight, 1944



# Mental Health Coercion Focus Survey,

National Center on Domestic Violence, Trauma and Mental Health with the National Domestic Violence Hotline Has your partner or ex-partner ever called you "crazy" or accused you of being "crazy"? Yes: 86%

Do you think your partner or ex-partner has ever deliberately done things to make you feel like you are going crazy or losing your mind? Yes: 74%

Has your partner ever threatened to report to authorities that you are "crazy" to keep you from getting something you want or need (e.g. custody of children, medication, protective order)?
Yes: 50%

February 1- March 14, 2012 2,546 adult female callers who identified as Victims/Survivors of DV participated

© 2015 National Center on Domestic Violence, Trauma and Mental Health and National Domestic Violence Hotline



# Substance Use Coercion Focus Survey,

National Center on Domestic Violence, Trauma and Mental Health with the National Domestic Violence Hotline Has your partner or expartner ever pressured or forced you to use alcohol or other drugs, or made you use more than you wanted?

Yes: 27%

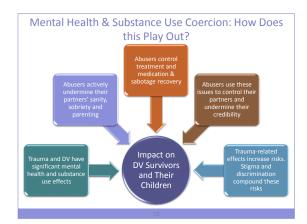
Have you ever used alcohol or other drugs as a way to reduce the pain of your partner or ex-partner's abuse?

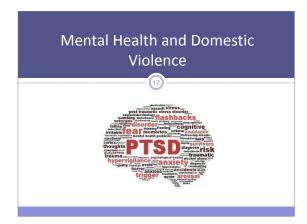
Has your partner or ex-partner ever threatened to report your alcohol or other drug use to anyone in authority to keep you from getting something you want or need (e.g. custody of children, a job, benefits, or a protective orden)?

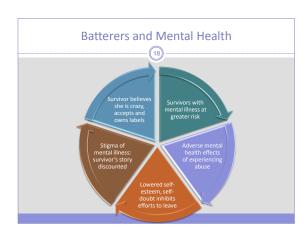
Yes: 37.5%

April 23 - June 4, 2012 3,056 adult female callers who identified as Victim/Survivor of DV participated

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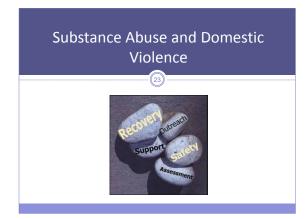


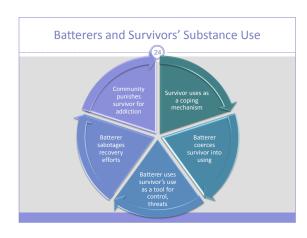




The Batterer's Behavior	
• The batterer may:	
<ul> <li>Interfere with treatment, medication, do things to intentionally</li> </ul>	
make illness worse	
<ul> <li>Emotional abuse – name calling, reinforcing label of mental illness</li> </ul>	
<ul> <li>Use mental illness to justify abusive behavior to survivor, others (family, friends, law enforcement)</li> </ul>	
Make threats concerning children: parenting, custody, competency	
	1
Effects of abuse on mental health	
• The survivor may:	
<ul> <li>Have higher rates of depression, anxiety, PTSD</li> <li>Begin to internalize messaging: "I'm crazy, it's my fault, I'm</li> </ul>	
overreacting, imagining things"  • Believe she doesn't deserve help (counseling, support, medication,	
or treatment)  Already have a mental illness whose effects are worsened by the	
abuse  O Be ashamed to talk to friends, family or an advocate about her	
mental illness	
Mental Illness and Vulnerability	
Stigma attached to both domestic violence and mental	
illness  • Survivor may display behaviors related to mental illness	
that result in negative reactions from:  o Law enforcement	
Advocacy programs     DFCS	
Housing resources     Employers	
The batterer exploits these vulnerabilities and uses them to further control the victim	







The Batterer's Behavior	
• The batterer may:	
<ul> <li>Force or coerce the survivor into using</li> <li>Control survivor's access to substances</li> </ul>	
Blame survivor for use/addiction	
Force survivor into illegal activities or unwanted sexual activities in	
exchange for drugs  O Interfere with or sabotage recovery efforts	
Effects of Abuse on Substance Use	
<ul> <li>Survivor may:</li> <li>Use substances to cope/escape from abuse</li> </ul>	
Use to placate batterer	
Feel hopeless or worthless	
Feel ashamed or embarrassed     Feel too overwhelmed or unsafe to work on recovery	
Believe that domestic violence situation takes priority over recovery,	
or vice versa	
Substance Use and Vulnerability	
Stigma attached to both domestic violence and addiction	
<ul> <li>Survivor may display behaviors related to substance use that result in negative reactions from:</li> </ul>	
Law enforcement	
Advocacy programs	
o DFCS	
<ul><li>Housing resources</li><li>Employers</li></ul>	
• The batterer exploits these vulnerabilities and uses them	
to further control the victim	

### Intersectionality



- Part of the reason why these tactics work so well is that they rely on discrimination and stigma:
  - o Racism
  - Sexism
  - Heterosexism and homophobia
  - Ableism
  - O Stigma related to HIV status
- It is essential to consider the survivor's complete identity
   – what is her "walk-around world"?

# Safety Planning, Mental Illness, and Substance Abuse



# **Building Trust**



- Survivors have valid reasons for not trusting others. <u>Trust is key in establishing a rapport, developing a realistic safety plan:</u>
  - O Be willing to earn trust
  - o Explain what you are doing and why
  - O Confidentiality is key
  - O Walk the talk
  - o Admit when you don't have the answers
  - $\,\circ\,$  Avoid policies and rules that shut down trust

Safety	Planning:	Information	Gathering
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- · Ask non-blaming, open-ended questions
- · Keep an open mind
- Invite input from survivor: what does your mental health/substance use look like when you're with your partner? What does it look like when you're not with your partner?
- Can we talk about how your mental health/drug or alcohol use impacts your safety?
- I'm here to help you strategize steps to increase your safety when you're

# Safety Planning: Information Gathering



#### • Questions to ask:

- Has your partner ever done things that cause your mental health symptoms to get worse?
- Has your partner ever prevented you from accessing treatment or taking medication?
- Has your partner ever threatened to have you committed to an inpatient treatment program?
- O Has your partner ever made you use alcohol or drugs?
- $\,\circ\,$  Have you used alcohol or other drugs to numb the effects of abuse?

# Safety Planning: Tactics



#### e Batterer

- Access to treatment, meds, AA/NA meetings
- AA/NA meetingsEmotional safety, triggers
- Legal safety: custody of children, TPO

# The Survivor

- Self-awareness around triggers, use of drugs/alcohol
- Safety around using (when, where, how?)
- Maintaining resources, employment, housing

#### The Environment

- Being in public, in court, in shelter
- Identifying healthy support systems
- MH/SA service providers who understand DV dynamics

Harm	Rec	luction	<b>Approach</b>	١
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- Acknowledges that some ways of using drugs/alcohol are safer than others
- Safety planning around use, not abstinence
- Quality of life of survivor, not cessation of all use, used to determine success
- Non-judgmental, non-coercive provision of services and resources
- Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use

#### Scenario 1



Dayna, Caucasian, 35yrs old, has 3 children (ages 2, 6 and 10). She is working with the legal advocate to file for a TPO against her husband, who is the father of her 3 children. Danya shares that:

- She has been diagnosed with bipolar disorder
- Husband threatens to use that against her in court/take custody of the children
- The only counseling he has allowed (she is on his insurance plan) is couples counseling

## Scenario 2



Angie, African American, 49 years old, no children. She is currently residing in the shelter after leaving her abusive boyfriend of two years.

Angie shares that:

- She struggles with alcoholism, and she and her boyfriend regularly drank together and took prescription pain pills
- Angie has been to AA meetings before, and is concerned that she will see her ex-boyfriend there
- Night staff suspect that Angie has been coming back to the shelter drunk, due to slurred speech and smell of alcohol on her breath

Resources
http://www.nationalcenterdvtraumamh.org/     http://harmreduction.org/about-us/principles-of-harmreduction/     http://georgiafatalityreview.com/

