BIRTHING PEOPLE, SUBSTANCE USE AND DOMESTIC VIOLENCE

Examining the Intersections & Connecting Survivors to Supports

Mae Reale





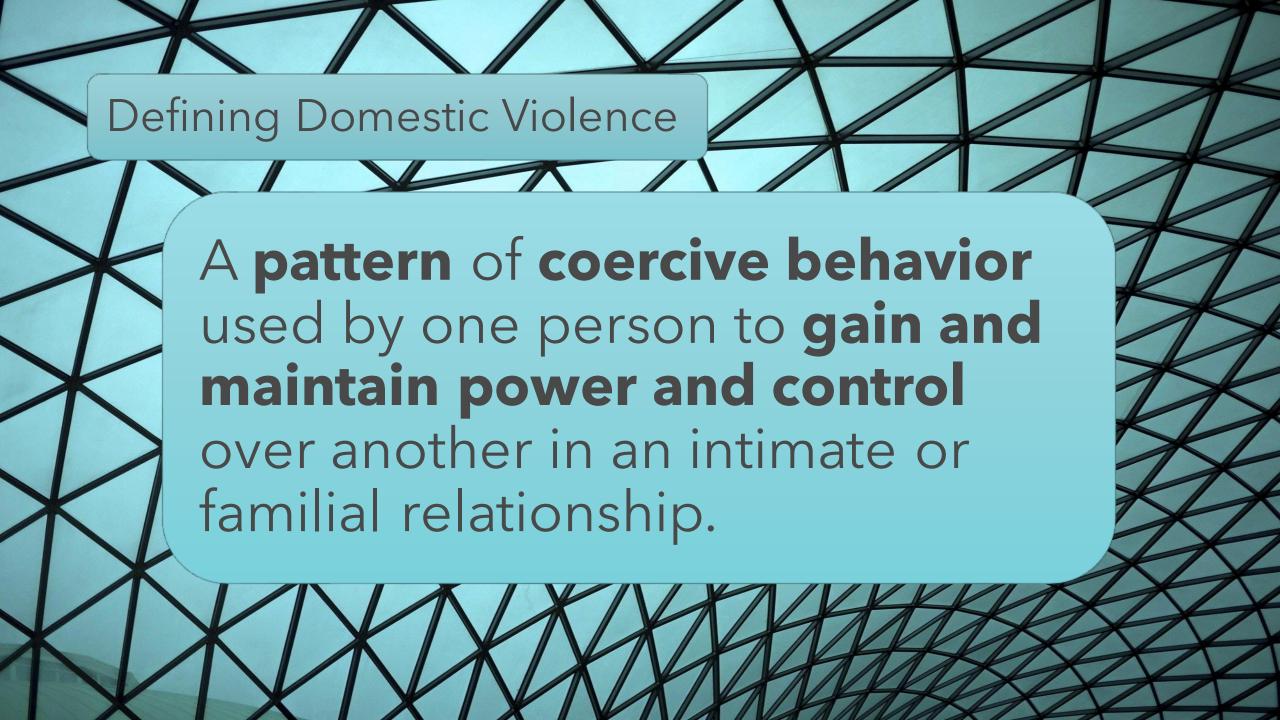
Objectives

By the end of this training, you will be able to:

Recognize substance use coercion as a tactic of abuse.

Explain the impact of intimate partner violence on the health of birthing people.

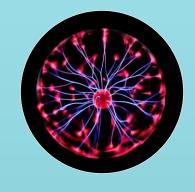
Identify the intersection of intimate partner violence, substance use coercion, and the health of birthing people.







A Few Key Points



Abusers are responsible for their choices.



Ending a relationship is not always safe or desired.



Survivors are the experts of their situation.



Domestic Violence Counts: A Snapshot of One Day in PA

On just ONE completely normal day in September 2022, the 59 local domestic violence programs in PA served:

3,030:

1,576 adult and children survivors found refuge in emergency shelters, transitional housing, hotels, motels, or other housing

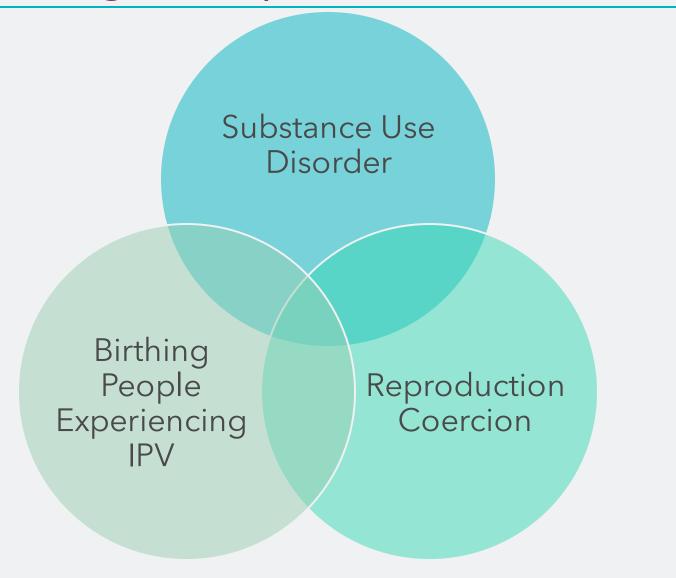
1,454 non-residential adult and child supportive services including counseling, legal advocacy, and support groups.

There were also 840 hotline contacts on that day.

Source: National Network to End Domestic Violence (2023). 17th Annual Domestic Violence Counts Report. Washington, DC. Retrieved from: NNEDV.org/DVCounts.



Understanding Complex Connections

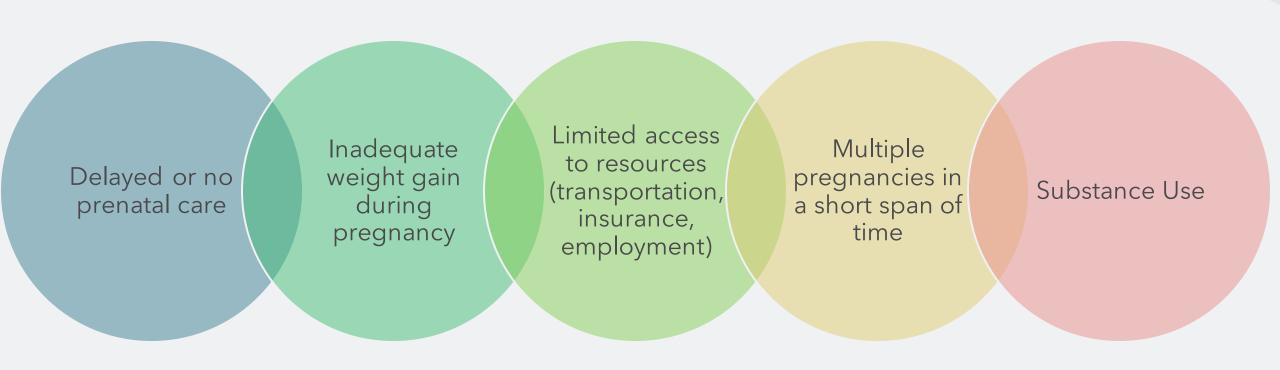






People who perpetrate intimate violence gain additional coercive tactics when someone is or has recently been pregnant.





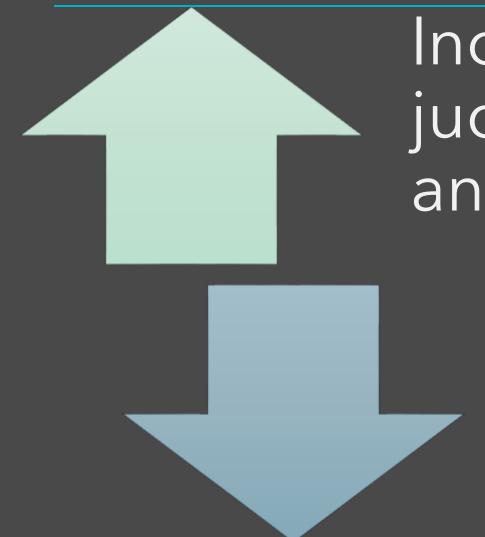


Manipulate an existing addiction

Introduction as a means of power & control







Increased judgment, stigma, and violence

Reduced Access to Healthcare



USING THREATS AND PSYCHOLOGICAL ABUSE:

Making and/or carrying out threats to do something to hurt her. Instilling fear. Using intimidation, harassment, destruction of pets and property. Making her drop charges. Making her do illegal things. Threatening to hurt her if she uses/ does not use drugs.

USING EMOTIONAL ABUSE:

Making her feel bad about herself, calling her names, making her think she's crazy, playing mind games, humiliating her, putting her down and making her feel guilty for past drug use.

POWER

AND

CONTROL

USING ECONOMIC ABUSE:

Making or attempting to make her financially dependent. Preventing her from getting or keeping a job. Making her ask for money. Taking her money, welfare checks, pay checks. Forcing her to sell drugs.

USING PHYSICAL ABUSE:

Inflicting or attempting to inflict physical injury by pushing, slapping, beating, choking, stabbing, shooting. Physically abusing her for getting high/not getting high.

ENCOURAGING DRUG DEPENDENCE:

Introducing her to drugs, buying drugs for her, encouraging drug use and drug dependence.

USING ISOLATION:

Controlling what she does, who she sees and talks to, what she reads, where she goes. Limiting her outside involvement. Keeping her away from people supportive of her recovery. Preventing her from attending drug treatment and NA/AA meetings.

USING SEXUAL ABUSE:

Coercing or attempting to coerce her to do sexual things against her wishes. Marital or acquaintance rape. Physically attacking the sexual parts of her body. Treating her like a sex object. Forcing her to prostitute for drugs or drug money.

MINIMIZING, DENYING, AND BLAMING:

Making light of the abuse and not taking her concerns seriously. Saying the abuse didn't happen. Shifting responsibility for abusive behavior. Saying she caused the abuse with her drug use.

Adapted from the Domestic Abuse Intervention Programs Duluth Model Power & Control Wheel





Reproductive Coercion

Impeding, limiting, or forcing a partner's choices related to reproductive and sexual health.

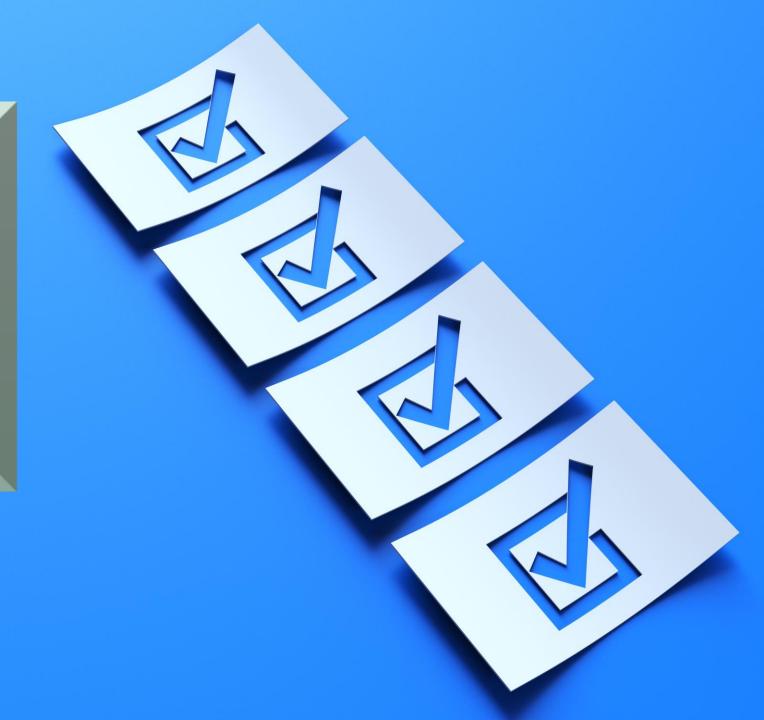
Complex Denial of **Connections** Recovery Options Undermining of Sobriety & Parenting Impact on DV Šurvivors Exploited Stigma & Their Children NCDVTMH, Warshaw, 2013



BE AWARE OF BIASES

RECOGNIZE THE POWER DIFFERENTIAL

Moving Beyond a Screening Question

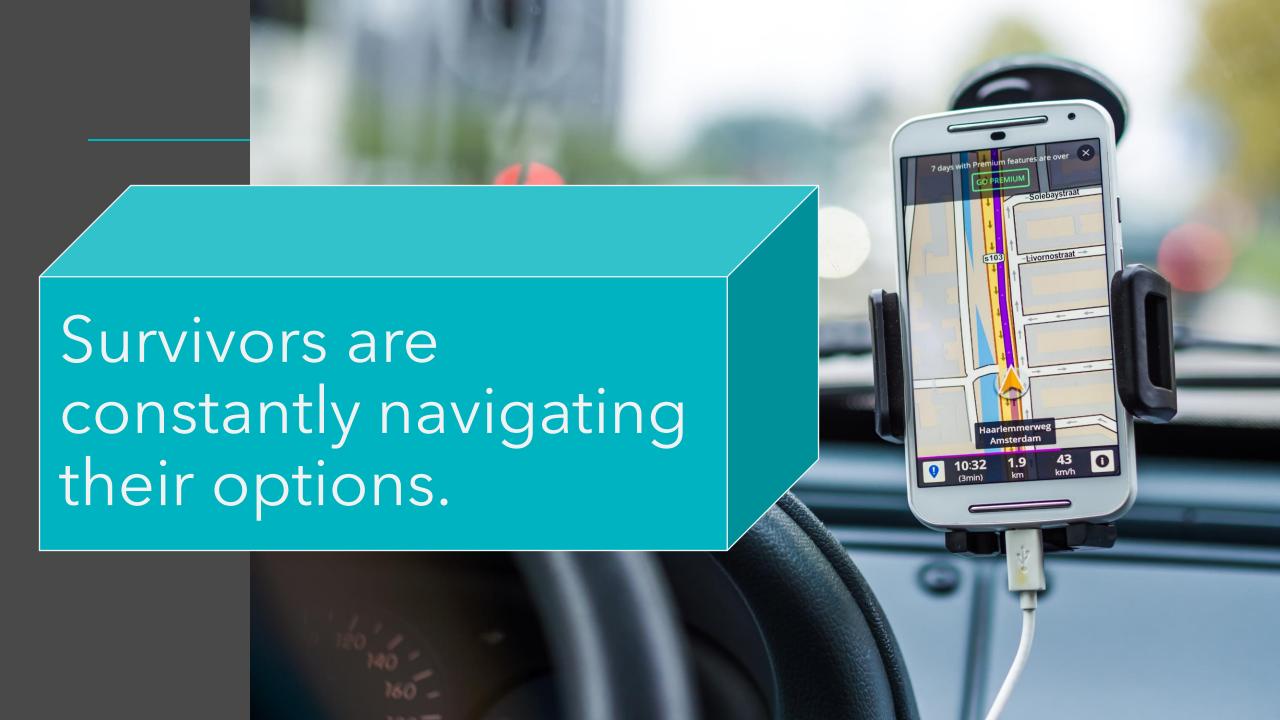




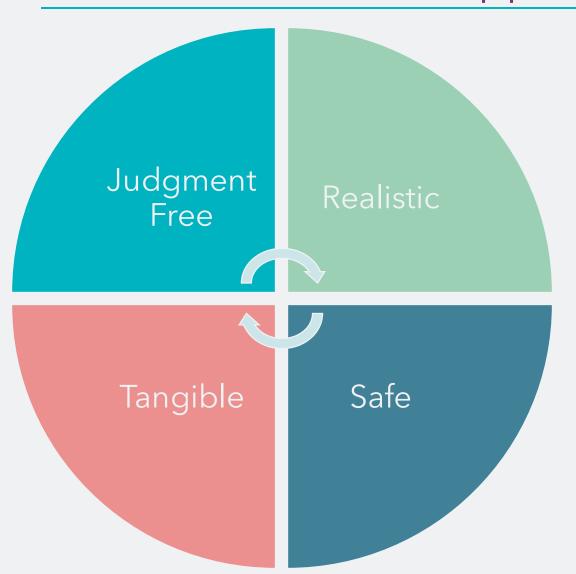
Normalize the conversation.

Reach out to your DV program to talk about how to ask.

Express concerns without judgment.



Survivor-Centered Support







Some Helpful Questions

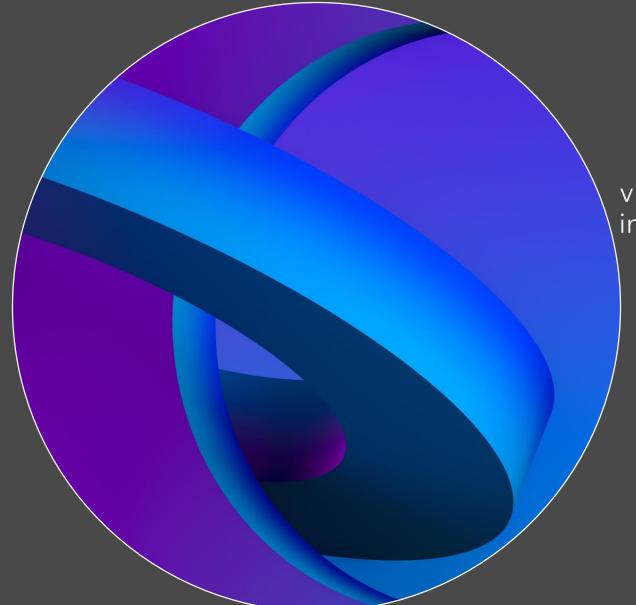
What do you need from me?

What do you need from [my organization]?

What are you most concerned about?

What do you need today?

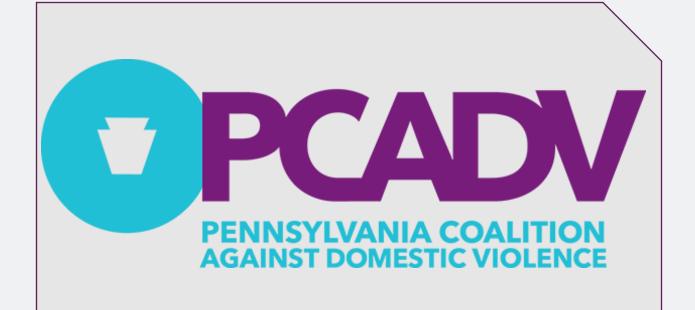




Meaningful, robust collaborative partnerships with your local domestic violence program is the key to increasing safety and supports for all of your patients.

Domestic violence programs can help survivors to connect with engage with healthcare providers!





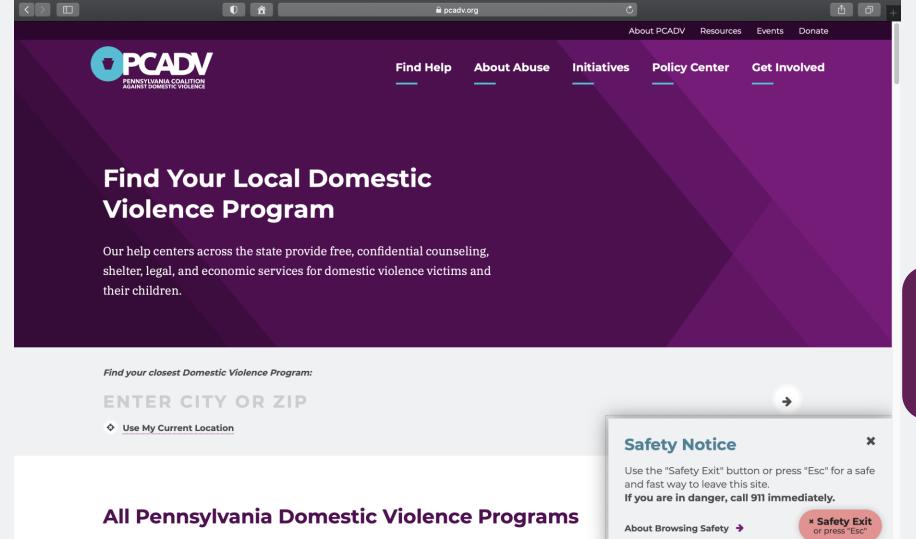
Network of programs that provide services in all 67 counties

Our Services

- Free
- Voluntary
- Survivor- Centered
- Trauma-Informed
- Confidential



Find Your Local Domestic Violence Program



Filter Dy Congress Child and Bennesentation Frances of House Convel Assoult Congress



www.pcadv.org/findhelp/find-your-localdomestic-violenceprogram



All PCADV Programs Provide

Counseling

Shelter & Safe Housing

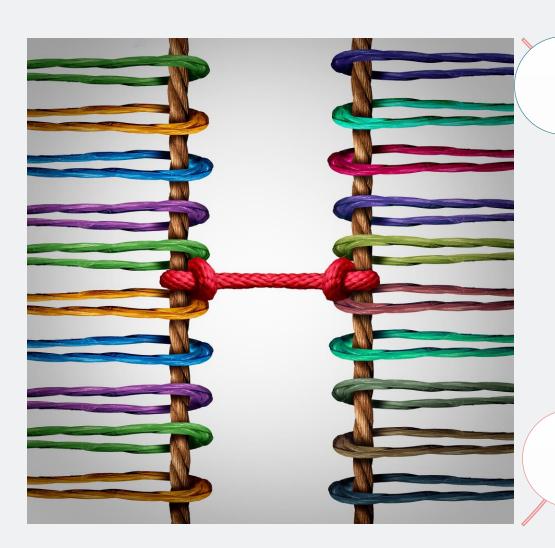
Legal Advocacy

Medical Advocacy Advocates at your local program









Cross-training about your roles and work

Schedule regular, ongoing meetings

Celebrate the successes of collaboration

Warm Referrals



Questions?



Contact Information

Mae Reale, MA

Health Education Specialist PCADV

mreale@pcadv.org

Phone: (717)-545-6400 ext. 118