# Domestic Violence Response

## FOR MENTAL HEALTH SERVICE PROVIDERS

# This Course Made Possible by



The Seattle Human Services Department, Domestic Violence and Sexual Assault Prevention Division.

This project is supported by Grant No. 2007-FW-AX-K001 awarded by the Office on Violence Against Women, U.S. Department of Justice.

*The opinions, findings, conclusions, and recommendations expressed in this course are those of the authors and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.*

# Created by the DV/MH Collaboration Project



The development of this course was a collaborative effort by the following:

- **City of Seattle** Human Service Department, Domestic Violence and Sexual Assault Prevention Division
- **Consejo Counseling and Referral Service** – a social service organization that primarily serves Latino/as and has domestic violence and mental health programs
- **King County Coalition Against Domestic Violence** – a county-wide membership organization
- **New Beginnings** – a domestic violence organization
- **Seattle Counseling Service** – a mental health and addictions organization that primarily serves people who are LGBTQ
- **Sound Mental Health** – a community mental health organization

# Project Focus



The organizations are partners in the **Domestic Violence and Mental Health Collaboration Project,** a grant-funded effort to improve services for survivors of domestic violence with mental health concerns.

Since Seattle Counseling Service and Consejo specialize in serving LGBTQ and Spanish-speaking immigrant and refugee communities respectively, these communities are also a focus of the project.

# Enhancing Knowledge



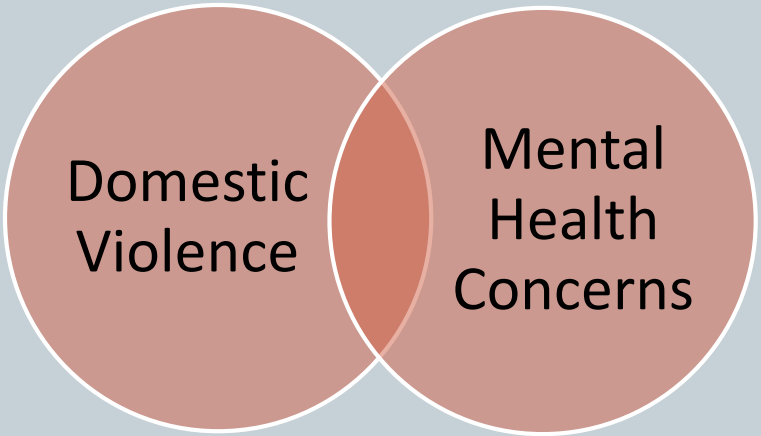
This course is a component of the Enhancing Knowledge Initiative of the project.

While the mental health providers at the partner organizations participate in this course, the domestic violence advocates at the partner organizations will participate in a course on mental health response.

# How will taking this course lead to change?



The purpose of this course is to increase your ability to respond appropriately to domestic violence in a mental health setting.




This is one step in a process of systems change that the partners are undergoing in order to work together more effectively and to improve services.

# Other Project Steps



The other steps include:

- Creating more welcoming environments
- Enhancing knowledge of the intersection of DV and MH
- Making more effective referrals
- Utilizing liaisons
- Conducting cross-disciplinary case reviews
- Building stronger relationships between the partner organizations
- Increasing collaboration

# Expectations for this Course



- This course is intended to cover domestic violence response only.
- The content has been tailored specifically for mental health providers.
- Information on domestic violence basics is provided in the course entitled “Domestic Violence Basics for Mental Health Professionals”
- If you are interested in learning more, please see the “Learn More” section at the end of this course.

# Course Contents

This course has 8 lessons:

1. Utilizing the Flowchart
2. Talking with People Who Have Experienced Domestic Violence
3. Identifying Domestic Violence
4. Identifying Risks and Planning for Safety
5. Accessing Domestic Violence Advocacy Services
6. Counseling Domestic Violence Survivors
7. Collaboration and Consultation
8. Utilizing Liaisons

# Learning Objectives



AS A RESULT OF THIS COURSE, YOU WILL BE BETTER ABLE TO:

1. Utilize the project flowchart to decide how to assist a survivor of domestic violence.
2. Communicate effectively with people who have experienced domestic violence.
3. Utilize the Power and Control Wheel and the Equality Wheel to identify the presence of domestic violence.
4. Identify domestic violence related safety risks.
5. Assist someone who is experiencing domestic violence with basic safety planning.

# Learning Objectives continued



AS A RESULT OF THIS COURSE, YOU WILL BE BETTER ABLE TO:

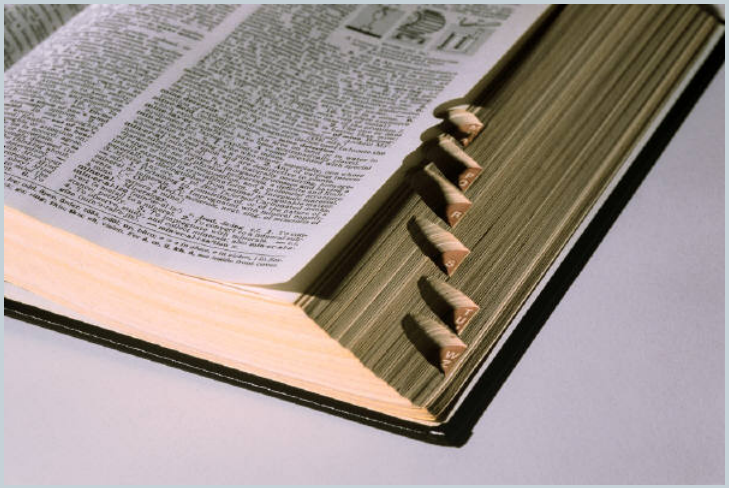
6. Make an appropriate referral for domestic violence advocacy services.
7. Support the empowerment and recovery of survivors of domestic violence.
8. Collaborate with a domestic violence advocate.
9. Obtain consultation from a domestic violence advocate.
10. Utilize your organization's DV/MH Collaboration Project liaison.

# A Note about Language



Accompanying this course is a glossary
that was created by the DV/MH Collaboration Project.

If you are not familiar
with a word or term
used in the course,
please check the glossary
for more information.



# Lesson 1: Utilizing the Flowchart



AS A RESULT OF THIS LESSON, YOU WILL BE BETTER ABLE TO:

**Utilize the project flowchart to decide how to assist a survivor of domestic violence**

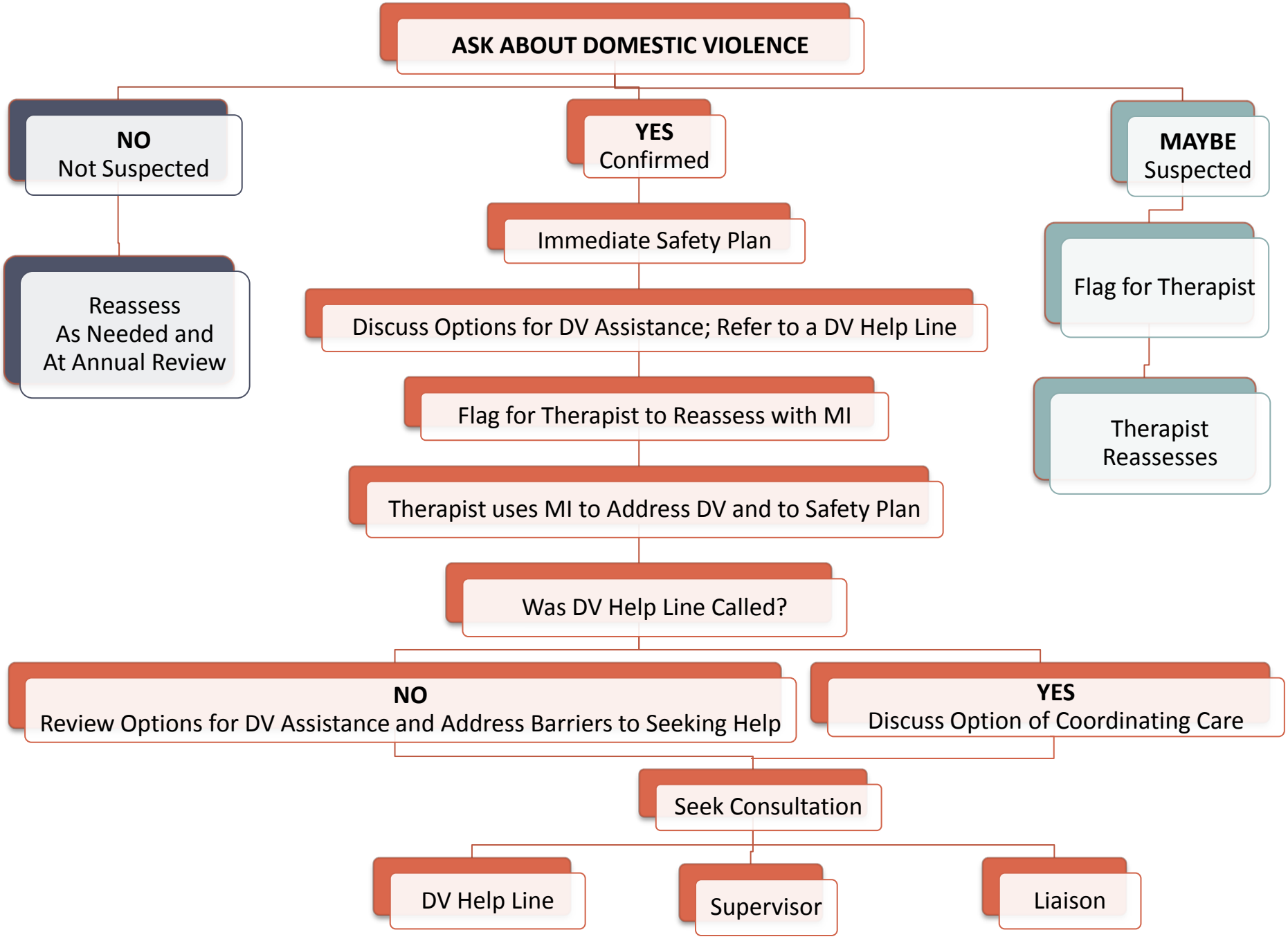
# Flowchart



The next slide depicts a flowchart for responding to domestic violence.

Each step of the flowchart will be explained in subsequent slides.

There is a print version of the flowchart for your future reference.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NO
Not Suspected
Reassess
As Needed and
At Annual Review
YES
Confirmed
Immediate Safety Plan
Discuss Options for DV Assistance; Refer to a DV Help Line
Flag for Therapist to Reassess with MI
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# Asking about DV - Context



ASK ABOUT DOMESTIC VIOLENCE

Service recipients should be screened for DV during their intake. It is helpful to provide a context for why you are asking service recipients about DV.

You may wish to say something like:

*Because domestic violence is so common and because it can impact emotional wellbeing and substance use, we ask everyone about it.*

# Asking about DV - Questions



If your organization does not have screening questions for DV, here are some questions you may wish to ask:

- *Are you in a relationship with someone who is abusive to you?*
- *Do you ever feel afraid of your partner?*
- *Do you ever feel controlled or isolated by your partner?*
- *Has your partner ever forced you to do something you didn't want to do?*

# Asking about DV - Observations



If you observe that a service recipient has injuries, you should acknowledge that you see them and ask if they were caused by their partner.

If you think the service recipient's mental health symptoms may be connected to abuse they experienced, you should ask if the service recipient feels there is a connection.

# Asking about DV – Cultural Considerations



In the DV Basics course we addressed that everyone has a cultural identity and that culture can be a resource and/or a barrier when dealing with DV. Keep that in mind when you ask about DV.

Use terminology that is culturally relevant to the service recipient.

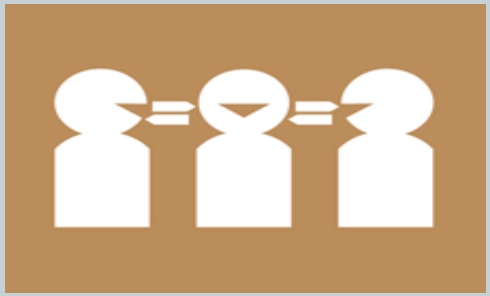
Do not minimize their experiences with DV because of perceptions about their cultural identity.

You may need to educate the service recipient about what you will do with the info, if they choose to share it.

# Asking about DV – Language Considerations



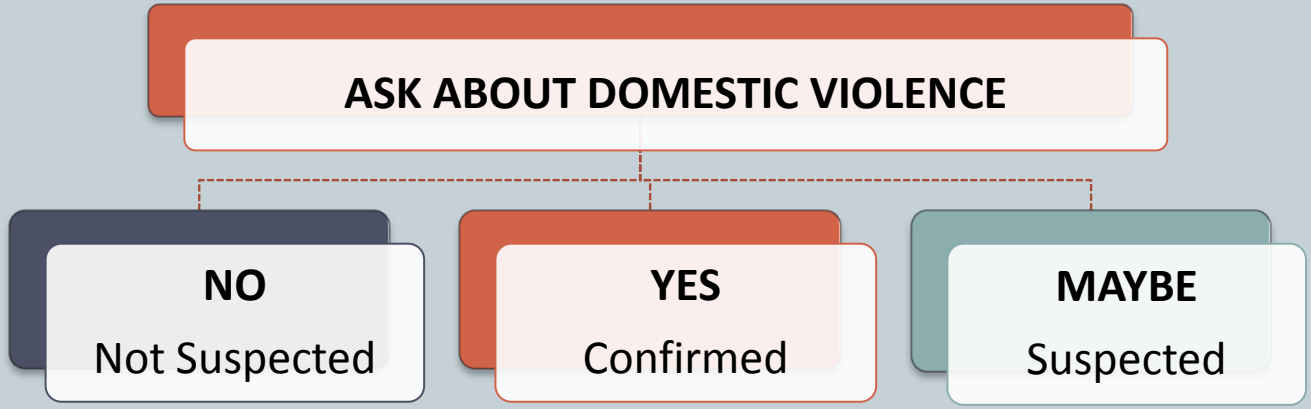
If you do not speak the same language as the service recipient, you need to use an interpreter to have this conversation. Using a child, family member or friend to interpret this conversation could put the service recipient at risk.



Even if you do speak the same language, keep in mind that the term “domestic violence” means different things to different people, so you should be clear what you are asking about and clarify that you understand their response.

# Is Domestic Violence Present?






In Lessons 2 and 3 we will provide you with more information about how to talk about domestic violence and how to help a service recipient determine if they are experiencing DV.

Whether you confirm, suspect, or do not suspect DV will determine where to go next on the flow chart.

# DV is Not Suspected - NO




We cannot know definitively if DV is present or absent. If you do not suspect DV after asking about it, then you do not need to take any further action immediately. However, it is important to reassess for DV if you notice signs of it later. Since relationships change and DV can develop later, the service recipient should be screened again for DV minimally at each annual review.

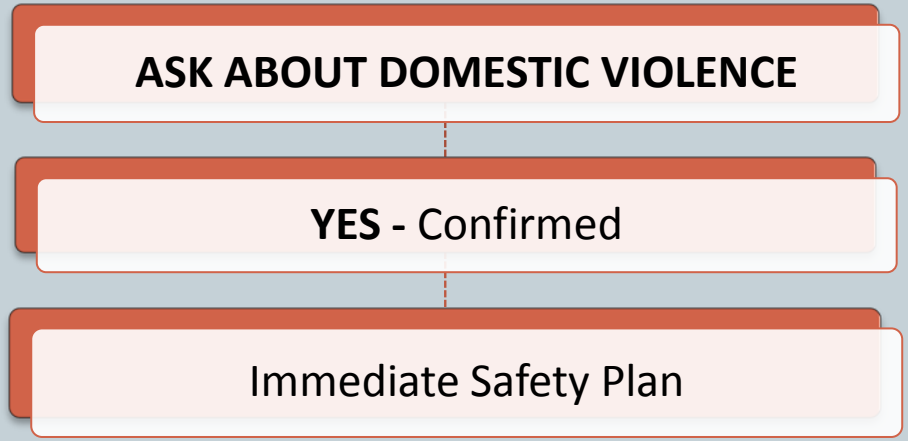
# DV is Suspected - MAYBE




If the person screening for DV at intake suspects that the service recipient is experiencing DV, but the service recipient does not disclose this, then this should be flagged for the therapist. The therapist should reassess for DV after establishing rapport and trust with the service recipient. A disclosure is more likely at this point.

# DV is Confirmed - YES



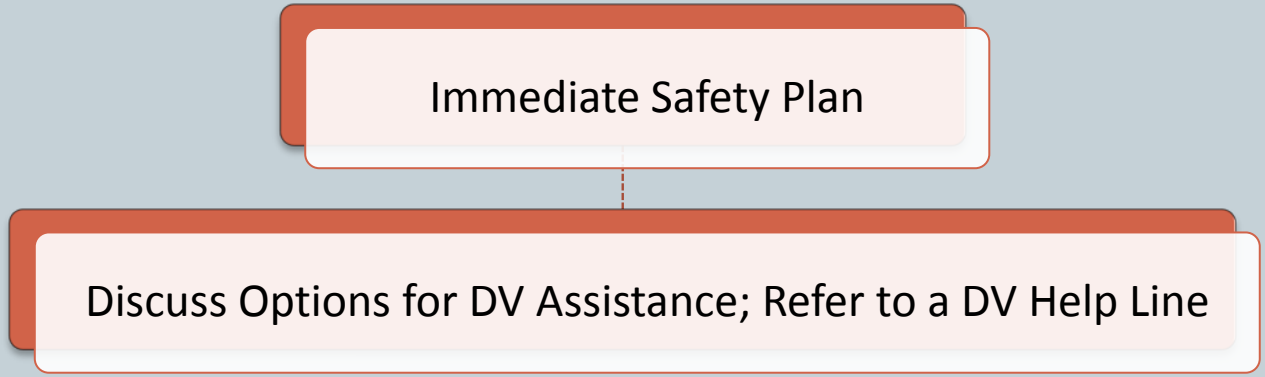



If the service recipient is a target of domestic violence, then you need to do some basic safety planning. Lesson 4 covers how to identify risks and plan for safety.

If the service recipient is a perpetrator of DV, then you can contact a DV Help Line for suggestions on how to respond and you should contact your supervisor. Working with perpetrators is outside the scope of this course.

# DV is Confirmed – DV Assistance



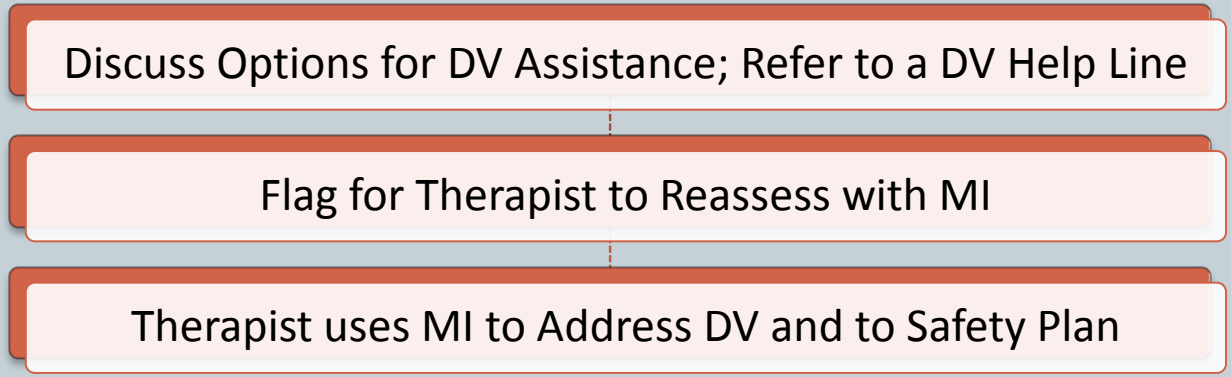



After you have done some safety planning with the service recipient, you should discuss their options for DV assistance and refer them to a DV Help Line.

Lesson 5 explains how to access DV advocacy services including help lines.

# DV is Confirmed – Therapist Role



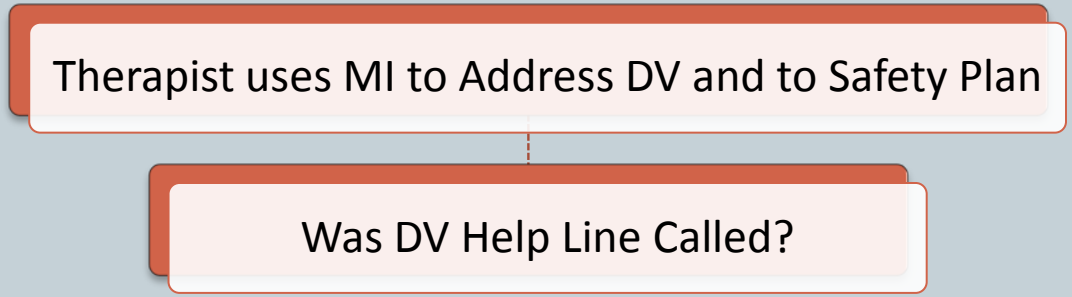



The person conducting the intake should flag confirmed DV, so that the assigned therapist knows to address the DV by utilizing motivational interviewing and by doing further safety planning. Safety planning should be an ongoing process since circumstances change and rehearsing the plans can help prepare the survivor for responding to danger.

Lesson 6 covers how to use utilize motivational interviewing and other counseling interventions to address DV.

# DV is Confirmed – Help Line Utilization



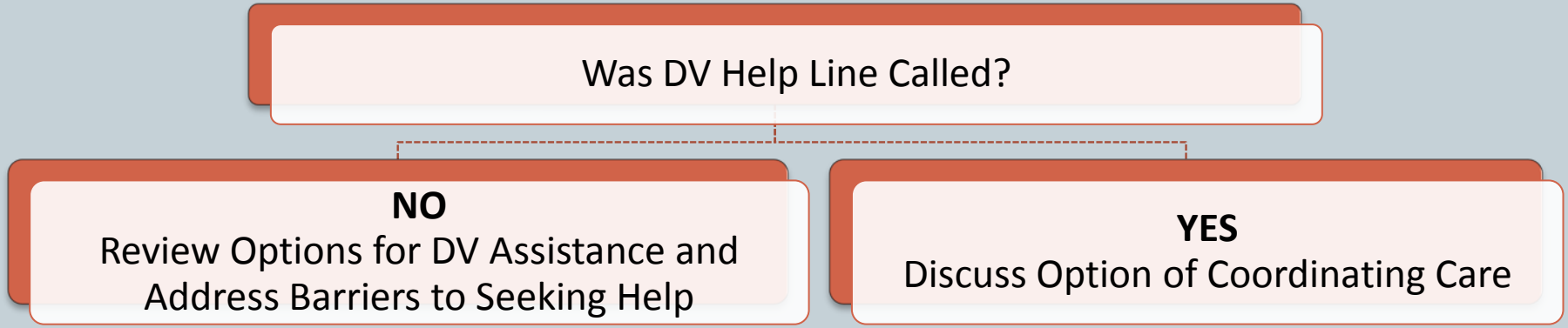



The therapist should follow up with the service recipient during a subsequent appointment to see if he/she called a DV help line.

Since DV help lines are the gateway to community-based DV advocacy services, this will let the therapist know if the service recipient is reaching out for help for the DV.

# DV is Confirmed – Help Line Utilization cont.



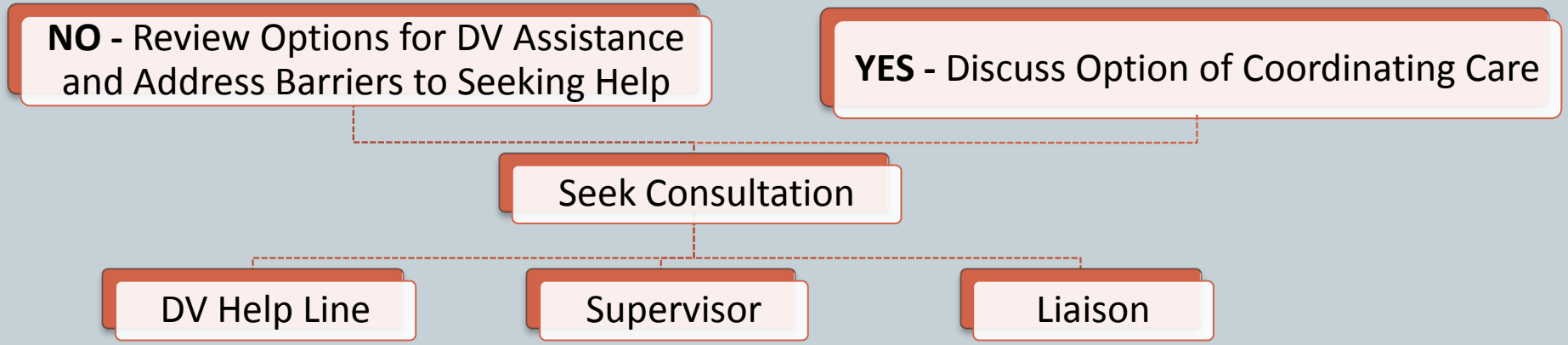



If the service recipient did not call a DV help line, ask why. See if you can help the service recipient overcome the barriers to calling. Offer to have them call from your office, if that is possible and something they want to do.

If the service recipient is accessing DV services, talk to them about the option of having you coordinate their care with their DV advocate. Lesson 7 explains how to collaborate with a DV advocate.

# DV is Confirmed – Consultation



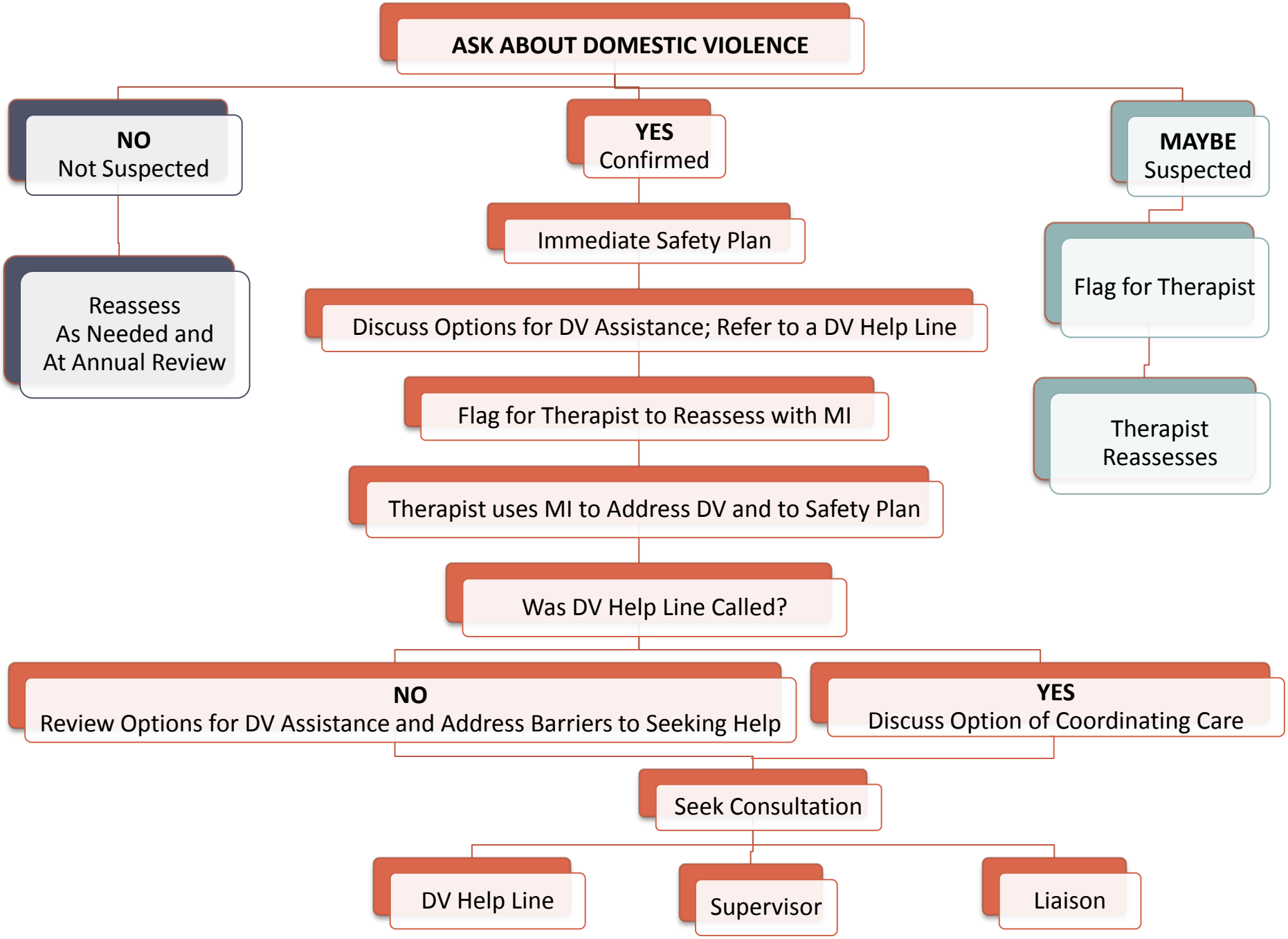



After you have talked to the service recipient about reaching out for DV help, it is your turn. You should seek consultation about how to best help this service recipient. You can call a DV help line for consultation, talk to your supervisor or contact a liaison for your organization. If the liaison cannot help you, then the liaison will connect you to someone at your organization or at a partner organization who can. This is also covered in Lesson 7.

# The Flowchart



Now that we have discussed all of the steps on the flowchart, take a moment to review the chart as whole again on the next slide.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# Lesson 2: Talking with People Who Have Experienced Domestic Violence



## AS A RESULT OF THIS LESSON, YOU WILL BE BETTER ABLE TO:

**Communicate effectively with people who have experienced domestic violence.**

# Labels



Labels can be great.

They can help us figure out what is in a box or a can on the shelf of a grocery store. (*Oh, it's peas*.)

They can help us find common ground. (*You're an Aries? Me too!*)

# Labels continued



They can help us get our point across with fewer words. For example, it is faster to say “survivor” or “consumer” than it is to say “a person who has experienced domestic violence” or “a person who receives mental health care” or even “a person who has experienced domestic violence and has mental health concerns.”

However, labels can sometimes be hurtful or demeaning. We all have many attributes and most of us do not want to be solely identified by just *one* of them.

# What Should We Call Sonia?



On Mondays Sonia participates in a domestic violence support group. At the group the other women refer to her as a "**survivor.**" The facilitator refers to her as "**program participant**."

On Tuesdays Sonia goes to individual therapy. Her therapist thinks of her as a "**client**."

On Wednesdays Sonia attends an LGBTQ AA meeting. The others there know her as an "**alcoholic**" and as a "**Lesbian.**"

On Thursdays Sonia has group therapy. There she is known as a "**consumer**."

# What Should We Call Sonia? continued



On Fridays Sonia gets medical care. Her doctor sees her as a "**patient**" and also as "**disabled**."

On Saturdays Sonia spends time with her family. Her family sees her as a "**sister**," "**niece**," "**aunt**," and "**cousin**."

On Sundays Sonia prays in Spanish at a predominantly Latino congregation. The priest calls her a "**congregant**."

*How should we refer to her? Which label fits best? Should we label her according to our primary role when we are with her? Which label helps us to see her holistically? What do you think she would prefer?*

# People First Language*



The disability rights movement has provided us with an objective way to communicate about individuals without reducing them to being just about *one* aspect of themselves.

People First Language eliminates generalizations, assumptions and stereotypes by focusing on the person rather than the disability.

As the term implies, People First Language refers to the individual first and the disability second.

It's the difference between saying “the mentally ill” and “a person with mental health concerns.”

# People First Language continued



People First Language is used to tell what a person HAS, not what a person IS.

It emphasizes abilities not limitations.

It avoids negative words that imply tragedy, such as afflicted with, suffers, victim, prisoner and unfortunate.

It promotes understanding, respect, dignity and positive outlooks.

*Adapted From the Texas Council for Developmental Disabilities

# Examples of People First Language

| People First Language | Labels that Stereotype or Devalue |
|---|---|
| Person with a disability | The handicapped, the disabled |
| Person without a disability | Normal or typical person |
| Person with a mental illness, person who has an emotional or psychiatric disability | Mentally ill, emotional disturbed, insane, crazy, demented, psycho, maniac, lunatic |
| Person with an intellectual or cognitive disability | Mentally retarded, retarded |
| Person who uses a wheelchair or who has a mobility impairment | Wheelchair bound, confined to a wheelchair, crippled |
| Accessible bathrooms, buses, parking | Handicapped bathrooms, buses, parking |
| Person who has experienced domestic violence | Victim |

# Survivor *versus* Victim



When talking about people who have experienced domestic violence, many use the terms “survivor” and “victim” interchangeably, but they do have different connotations.

In cases of DV homicides, “victim” would be the appropriate term.

The chart on the following slide compares the meaning of the terms “survivor” and “victim.”

# Survivor *versus* Victim continued



| Survivor | Victim |
| --- | --- |
| Used by the DV movement | Used by the criminal legal system |
| Describes someone who experiences a pattern of power and control by an intimate partner | Describes someone against whom a crime has been committed |
| If the control tactics are legal (e.g., it is not a crime to humiliate someone), then a survivor would not be considered a “victim” by the criminal legal system. | For example, a man who has a decade-long pattern of abusive and controlling behavior towards his partner could be considered a “victim” by the legal system, if the police arrest his partner for assaulting him on one occasion. |

# Emphasis on Respect



It is important to be respectful of the preferences of the person you are assisting and to allow them to decide which label, if any, they will use.

Some will find the terms “victim” or “survivor” to be helpful in naming their experience.

Others will feel that it describes them as being *solely* about their experience with DV.

Still others will see those labels as describing points on their journey. As they heal and become safer they may see themselves as transforming from a “victim” to a “survivor.”

# Emphasis on Respect continued



Keep in mind that labels may prevent some who have experienced domestic violence from clearly identifying their situations as DV and seeking support.

When we attend to how the person self-identifies and when we use people first language, we are better able to communicate respectfully and helpfully.

# Self-Determination and Autonomy



Because DV involves the loss of making choices for oneself and the loss of the right to govern oneself, the DV movement frequently talks about self-determination and autonomy. It is helpful to understand these terms.

**Self-Determination** = Deciding according to one's own mind regardless of outside influence: free will; capable of determining one's own actions.

**Autonomy** = Right of individual to govern her/himself according to her/his own reason.

# Culture and Valuing Individual Rights



Not all cultures value self-determination and autonomy as much as mainstream American culture. However, regardless of the service recipient's cultural identity, you can explore what these values mean to them and how the DV is impacting what they do value.

Both community mental health and domestic violence professionals are encouraged to support the self-determination and autonomy of service recipients and to help them make choices for themselves to extent that they are able to do so.

# Supporting Survivors' Choices



The survivor is the expert on the situation and is the one who will have to live with the consequences of any decisions.

It can be difficult to refrain from making or heavily influencing decisions for the survivor, particularly when s/he is asking you to do so.

However, it is also difficult to make significant, life changing decisions without having all the necessary information and without being the one who has to live with the consequences.

# No Clear Right or Wrong



It can be helpful to know that there is not a right or wrong answer.

Leaving someone who is abusive may be the best choice for one person and may result in misery or death for another.

Calling the police or obtaining an order for protection might help protect one person and might endanger another.

Unfortunately, there is no way to be sure of the outcome of any choice. Even experienced DV advocates cannot predict what will or will not happen in a particular DV situation.

# Supporting Survivor Choices Supports Safety



Supporting self-determination and autonomy, however, is a reliable way of increasing safety.

People who are abusive often tell their partners that they are stupid, that they make bad choices, that their judgment cannot be trusted.

When other people try to make decisions for survivors, they are unintentionally colluding with the abusive partner and reinforcing the idea that the survivor cannot be trusted to make choices.

Only when survivors can govern their own lives will they be safer.

# Trust



Survivors are unlikely to reveal the extent of the abuse they have experienced unless they have reason to believe that doing so will result in meaningful assistance and will not jeopardize their safety.[1]

Survivors have had their trust broken by people who claimed to love them. It may be difficult for them to trust you, but it is important that they can trust someone enough to be able to tell their story and receive assistance.

# Giving Trust



*"Trust me like I trust you."*

-- Service recipient who participated in the
- DV/MH Collaboration Project's Needs and Strengths Assessment

Believing what a survivor tells you can greatly contribute to creating a mutually trusting relationship. If the survivor seems confused or inconsistent, try asking yourself:

- *"What might be happening to make this seem true for her?"*
- *"How might her statement be related to her emotional or physical safety?"*

Adapted from Getting Safe and Sober: Real Tools You Can Use, 2nd Edition – Revised 2008 by Patricia J. Bland and Debi Edmund.