

Lesson 5: Culture*

1

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

Recognize the role culture plays in the lives of all domestic violence survivors

*The framework and concepts in this segment are adapted from the work of Sujata Warriar, PhD and are used with her permission.

Cultural Identity

2

What is your cultural identity?



Take a minute and
write a description
of your cultural identity
in as many words as you wish.



Cultural Factors

Here are some examples of cultural factors.

All of us have cultural factors that make up our identity.

Economic Status

Geographic Location

Class

Education

National Origin

Sexual Identity

Religion

Politics

Immigration Status

Race

Age

Language

Neighborhood

Profession

Spirituality

Gender Expression

Disability

Ethnicity

Cultural Factors

4

What cultural factors did you include when you described your cultural identity?

Impact of Cultural Identity

5

Your Cultural Identity

How does your cultural identity affect, limit or enhance your work?

Take a minute and write down the impact of your cultural identity on your work.

Survivor's Cultural Identity

How might a survivor's cultural identity affect, limit or enhance his/her access to resources and social support?

Impact of Cultural Identity - Examples

6

Some examples of how cultural identity may impact survivors (positively or negatively) include:

- Limited English proficiency may make it harder for a survivor to access mental health services.
- Homophobia expressed during group therapy may make it very hard for a lesbian to get the support she needs to heal.
- A survivor who was raised in a family that valued mental health care may feel empowered to access help.
- A survivor from a culture that thinks accessing mental health care is a sign of weakness may avoid getting help.

Lesson 6: Co-Occurring Factors

7

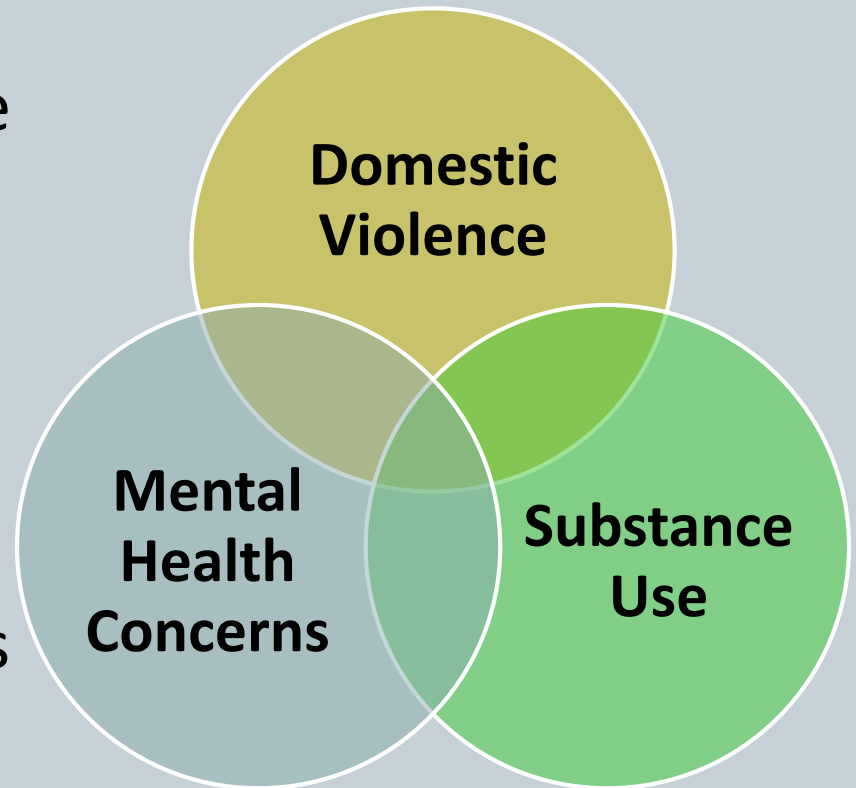
AS A RESULT OF THIS LESSON, YOU WILL BE BETTER ABLE TO:

Recognize the intersection of domestic violence, mental health concerns, substance use, trauma response, and traumatic brain injury.

Co-Occurrence of DV, MH, and Substance Use

8

While most who have experienced domestic violence do not experience chemical dependence or mental illness, it is important to acknowledge many survivors are dealing with chemical dependency as well as mental health concerns stemming from trauma.¹

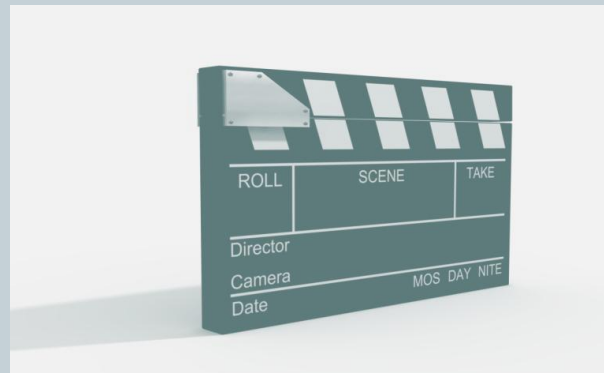


CD-DV-MH Labels Video

9

Please exit this lesson, click on the link for the CD-DV-MH Labels Video, and then return to Lesson 6, Slide 10.

Please note you may NOT share the link to this video with others.



Reactions

10

Take a couple of minutes and write down your reactions to the video you just viewed.



What do you think the service recipient experienced?

How might this impact someone's willingness to meet with more than one service provider?

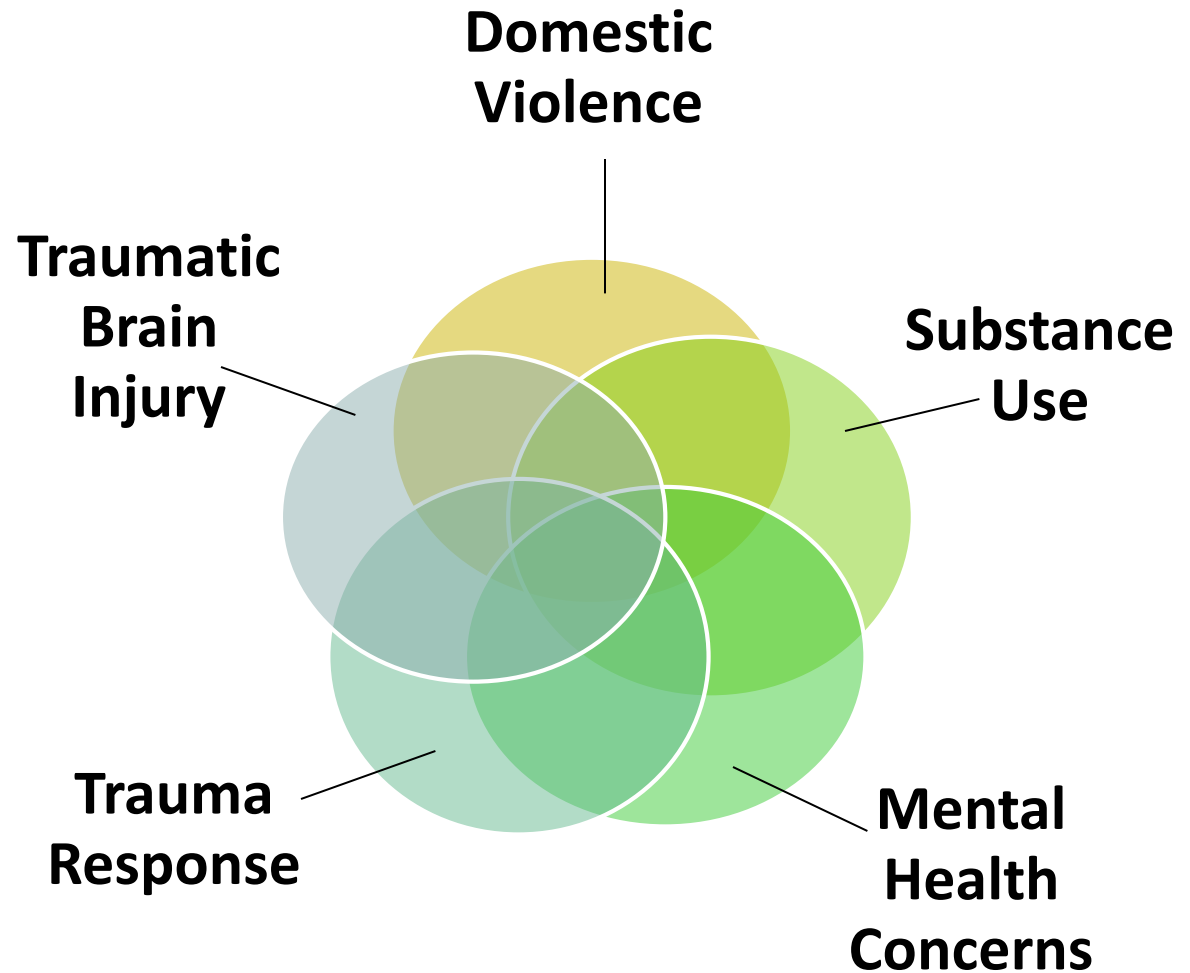
How might this impact someone's ability to get their needs met?

1+1+1+1+1 = ?

DV, MH, Brain Injury, Trauma Response, and Substance Use often co-occur.

Addressing one without considering the others can be harmful.

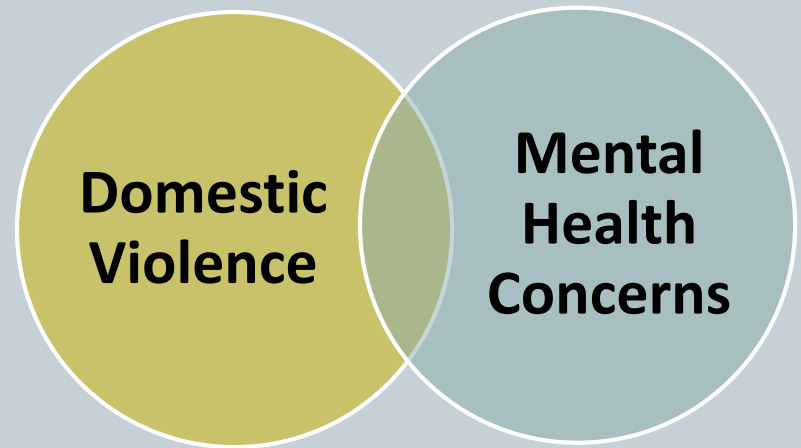
Service recipients want a holistic, integrated response.



DV and Mental Health

12

Among women with mental health concerns, DV is particularly common, and among people who have experienced DV, mental health concerns are very common.



Women who have been victimized by an intimate partner are more likely to experience a wide array of physical and mental health conditions including frequent headaches, gastrointestinal problems, depression, anxiety, sleep problems and Post Traumatic Stress Disorder (PTSD).^{2,3,4}

DV and Mental Health continued

13

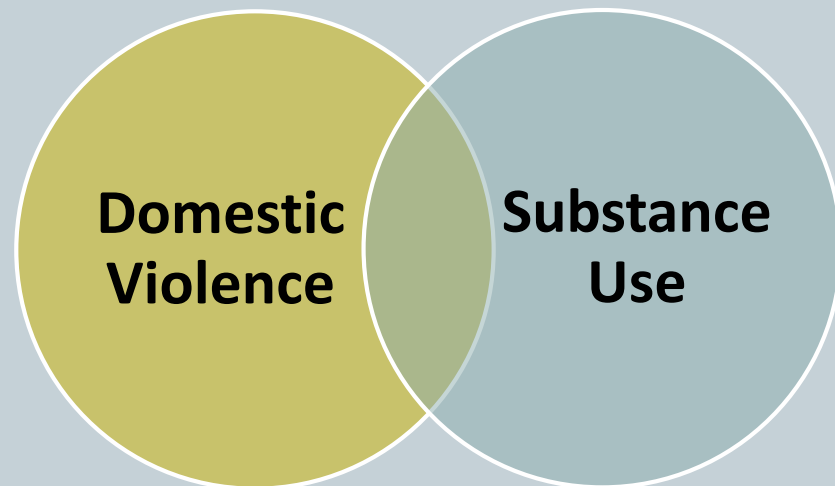
Women who experienced an abusive relationship have significantly higher rates of depression, anxiety, and post-traumatic stress disorder *after* the abuse than they did before.¹⁶

Out of 303 depressed women who were part of a large random sample, 55% reported having been abused in adulthood by “a family member or someone they knew well, such as a boyfriend.”¹⁷

DV and Substance Use

14

Substance use may be a tactic of control used by a batterer. It may also be a coping strategy used by a survivor.



Spousal abuse has been identified as a predictor of developing a substance abuse problem.

Substance abuse and high-risk alcohol use are more prevalent among women who experience DV.¹⁹

DV and Substance Use continued

15

Participants in New Beginnings' support group for chemically dependant battered women reported that batterers have:

- Tried to lure them from shelter by offering drugs
- Sabotaged their recovery efforts by demanding they leave treatment
- Prevented them from attending self-help or support groups
- Terrorized them with threats of institutionalization
- Blamed them for their substance use

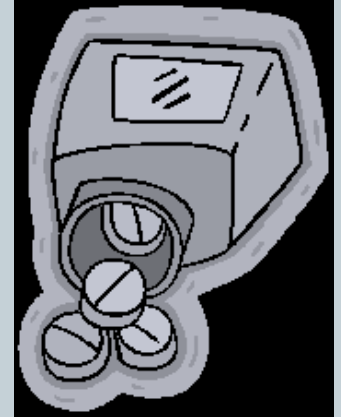


DV and Substance Use continued

16

Survivors have also shared that batterers have:

- Insisted on their use of illegal substances
- Escalated their violence when drugs have not been available
- Been violent after the survivor has used drugs or alcohol, so that calling 911 does not feel like a viable option
- Threatened to disclose the survivor's substance use to family members or in court

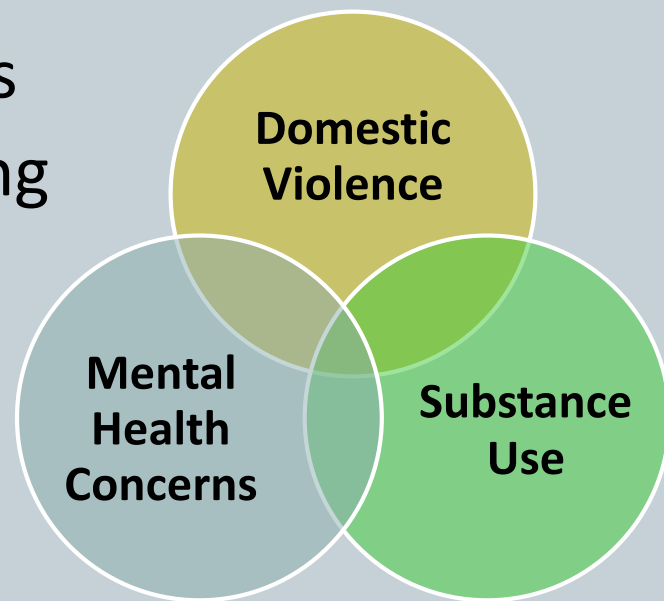


DV, MH and Substance Use

17

Not only do DV, MH and Substance Use frequently overlap, they also share several points in common. They all¹²:

- Involve power and control dynamics
- Impact entire families, often harming three generations or more
- Thrive in silence and isolation
- Limit freedom
- Carry great societal stigma/shame
- Can result in incarceration, institutionalization or homelessness



DV, MH and Trauma Response

18

Trauma response can look identical to symptoms of mental health disorders and they can co-occur.

It does not matter if it is trauma response, a mental health disorder, or both.

What matters is if the symptoms are impacting the ability of the person to cope with the demands of everyday life.



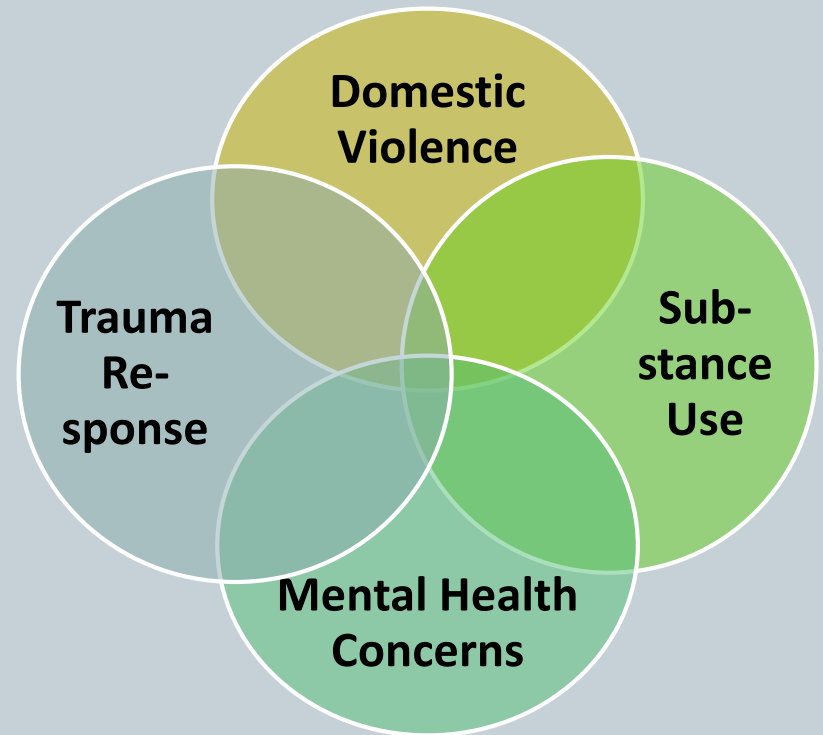
DV, MH, Trauma, and Substance Use

19

Many people who have experienced DV, trauma, or mental health concerns use alcohol and/or drugs to cope.

Of course, this may worsen their mental health.

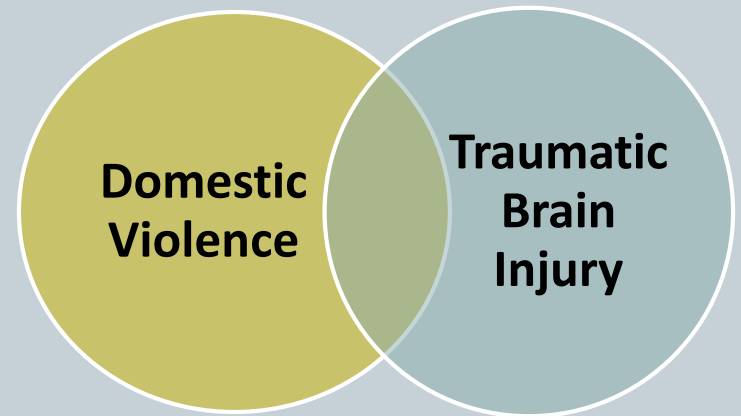
People with mental health disorders who are also abusing alcohol or drugs are referred to as having “co-occurring disorders.”



DV and Traumatic Brain Injury

20

Many DV survivors are assaulted in the head or neck area or are strangled. These assaults can result in traumatic brain injuries (TBI).



The survivor may not realize they have a TBI.

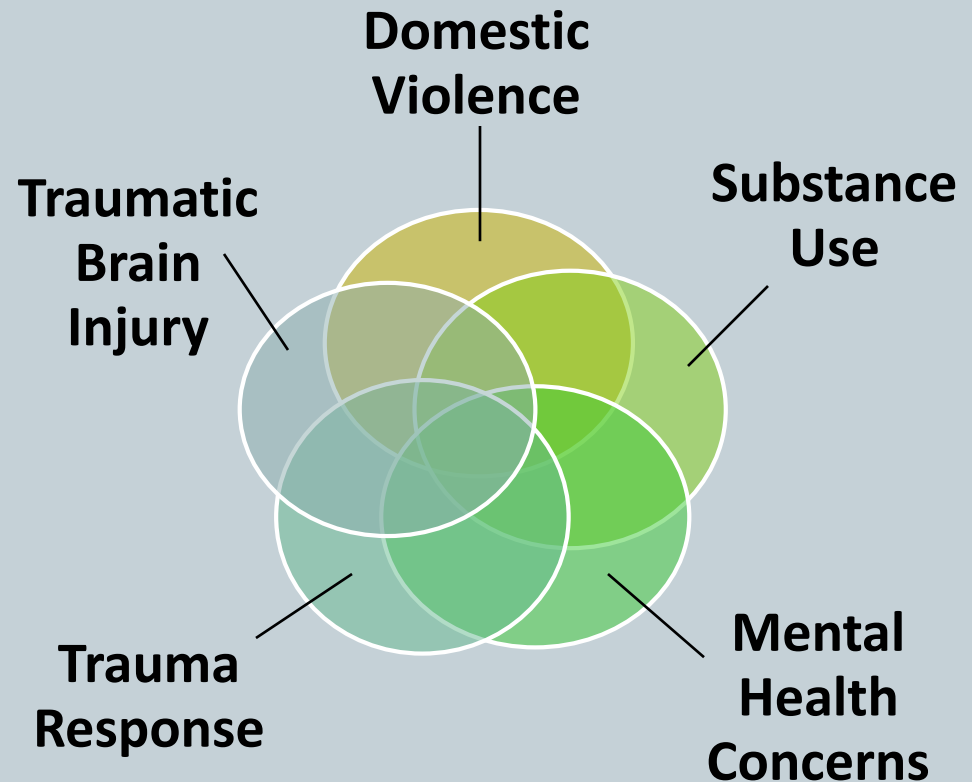
The symptoms of TBI can look identical to mental health disorders, trauma response, and even substance abuse.

A medical exam may be needed to diagnose a TBI.

DV, MH, Trauma, Substance Use, and TBI

21

Regardless of whether a DV survivors' behaviors or concerns result from trauma, a MH disorder, substance use, or a brain injury, we want to ensure that we approach our work with them from a trauma-informed perspective.



Components of Trauma-Informed Advocacy

22

As we discussed in Lesson 1, trauma-informed DV advocacy includes:

1. A welcoming and inclusive environment
2. Fostering the survivor's sense of control
3. A recognition of the impact of trauma



Coming Attractions

23

Now that you are more familiar with mental health basics, you are ready for the course, “Mental Health Response for Domestic Violence Advocates.” As a result of that course you will be better able to:

- Communicate effectively with survivors who have mental health concerns
- Explain why survivors might harm themselves or feel suicidal
- Make an appropriate referral for mental health services
- Collaborate and consult with MH service providers
- Utilize your organization’s liaison

Closing Thoughts

24

Addressing domestic violence and mental health concerns can be rewarding and it can be challenging. It is common for people who do this work to experience vicarious traumatization. As you incorporate the knowledge you learned through this course into your work, take some time to consider these questions:

- *What support do you need to do this work?*
- *How will you get the support you need?*
- *What will sustain your efforts?*

Thank You

25

The creation of this course was a team effort of the Enhancing Knowledge Initiative Work Group of the Domestic Violence and Mental Health Collaboration Project:



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We would also like to thank Meg Crager for her contributions.

Footnotes

1. Bland, P. J., and Edmund, D. (2008). *Getting safe and sober: Real tools you can use: An advocacy teaching kit for working with women coping with substance abuse, interpersonal violence, and trauma, 2nd Edition*. Retrieved from <http://www.andvsa.org/wp-content/uploads/2009/12/real-tools-2-english-2008.pdf>.
2. Campbell, J., and Lewandowski, L. (1997). Mental and physical health effects of intimate partner violence on women and children. *Psychiatric Clinics of North America*, 20 (2), 353-374.
3. Lehmann, P. (2000). Posttraumatic stress disorder and child witnesses to mother-assault: A summary and review. *Children and Youth Services Review*, 22 (3/4), 275-306.
4. Graham-Bermann, S., and Levendosky, A. (1998). Traumatic stress symptoms in children of battered women. *Journal of Interpersonal Violence*, 13 (1), 111-128.

Footnotes continued

5. Ehrensaft, M.K., Moffitt, T.E., and Caspi, A. (2006). Is domestic violence followed by an increased risk of psychiatric disorders among women but not among men? A longitudinal cohort study. *American Journal of Psychiatry*, 163 (5), 885-892.
6. Scholle, S., Rost, K., and Golding, J. (1998). Physical abuse among depressed women. *Journal of General Internal Medicine*, 13, 607-613.
7. The Family Violence Prevention Fund. (2010). *Intimate partner violence and healthy people 2010 fact sheet*. Retrieved from [http://endabuse.org/userfiles/file/Children and Families/ipv.pdf](http://endabuse.org/userfiles/file/Children_and_Families/ipv.pdf).
8. Bland, P. J., and Edmund, D. (2008). *Getting safe and sober: Real tools you can use: An advocacy teaching kit for working with women coping with substance abuse, interpersonal violence, and trauma, 2nd Edition*. Retrieved from <http://www.andvsa.org/wp-content/uploads/2009/12/real-tools-2-english-2008.pdf>.

Reference Books, Manuals and Reports

Information for this course was also compiled from the following sources:

- *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition.* (1994). Washington, DC: American Psychiatric Association.
- King Akers, D., Schwartz, M., & Abramson, W. H. (2007). *Beyond labels: Working with abuse survivors with mental illness symptoms or substance abuse issues.* Austin, TX: SafePlace.
- Siegel, Daniel J. (2010). *Mindsight: The new science of personal transformation.* New York: Bantam Books.
- Starr, K. & Fawcett, J. (2006). *If I had one more day: Findings and recommendations from the Washington State domestic violence fatality review.* Seattle: The Washington State Coalition Against Domestic Violence.

Web-Based References

Information for this course was also compiled from the following sources:

- Brain Injury Association of Washington – www.braininjurywa.org
- National Alliance on Mental Illness – www.nami.org
- National Institute of Mental Health – www.nimh.nih.gov
- Witness Justice - www.witnessjustice.org
- Trauma Brain Injury and Domestic Violence Fact Sheet retrieved from www.rehab.state.al.us/Home/Services/VRS/TBI/Traumatic%20Brain%20Injury%20and%20Domestic%20Violence/TBI%20and%20DV%20Facts.pdf

References – Presentation & Curriculum

Information for this course was also compiled from the following sources:

- Warshaw, C. (2007, November). *Trauma-Informed Advocacy: Presentation for U.S. Department of Justice, Office on Violence Against Women's Disabilities Grant Program's 2006 Grantees All-Site Meeting*. St. Louis, MO.
- Warshaw C., Pease T., Markham D., Sajdak L., Gibson J. (2007). *Access to advocacy: Serving women with psychiatric disabilities in domestic violence settings: A curriculum for domestic violence advocates*. Chicago, IL.: Domestic Violence & Mental Health Policy Initiative.