

COMMON METHODS OF COERCIVE CONTROL IN IPV

Creating a Trauma-Informed Environment

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This presentation will explore coercive control as a tactic of intimate partner violence, including coercive substance use and coercive sexual exploitation.

We will review what is currently known about the rates of substance abuse experienced by survivors and offenders of IPV and engage participants in a discussion about the misunderstanding regarding causality for violence and what obstacles survivors may encounter when seeking treatment.

We will talk about what we mean by "being trauma-informed," what this means when working with offenders who use coercive tactics, some characteristics that may be seen in offender evaluations and how to address them in treatment planning and intervention.

We welcome open dialogue about interventions participants have used or seen that they feel are effective and explore problematic situations participants may have encountered.



WE WILL COVER

- A Working Definition of Coercive Control
- Identify Coercive Tactics
- Common Myths about SUDs and DV
- Briefly (like really, really briefly) Define “Trauma-Informed”
- Screening Tools that Might Be Useful
- Tips to Assist Survivors in Recognizing Coercive Control
- Ways of Addressing Tactics with Offenders
- Resources You Can Use in Sessions NOW

HOUSEKEEPING...

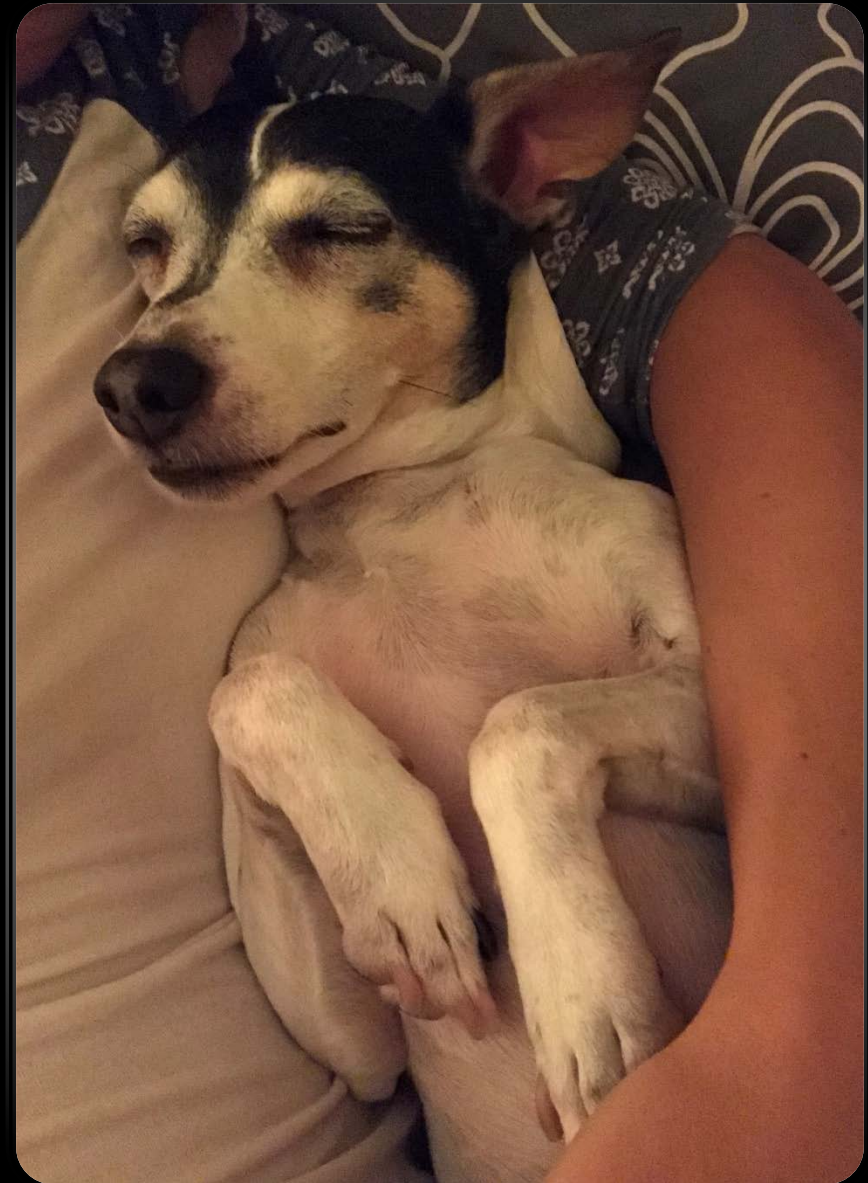
Trigger Warning:

Topics covered, media shared, language used

Gender Binaries – When gender-specific language is used, it is not meant in any way to minimize or disregard the experiences of transgender survivors, male survivors, LGBTQ+ survivors, or survivors in same-gender relationships, or to deny the existence of female primary aggressors.

It is reflective of the research being cited & for ease of language.

There can NEVER be too many pictures of dogs, cats, or other fur babies in a presentation...just saying. 😊





WHAT IS COERCIVE CONTROL?

A pattern of behavior, often via subtle, pervasive tactics, seeking to take away another person's liberty or freedom, to remove their sense of self.

A black and white photograph with a somber and threatening atmosphere. In the lower right corner, a person is cowering against a light-colored wall, their head buried in their arms. A large, dark shadow of a hand reaching down from above is cast onto the wall, dominating the upper half of the frame. The text "COERCIVE TACTICS" is overlaid in white, bold, sans-serif capital letters on the right side of the image.

COERCIVE TACTICS

GASLIGHTING



A pervasive pattern of manipulation and brainwashing that encourages the victim to doubt their own mind, thoughts, feelings, and even sanity.

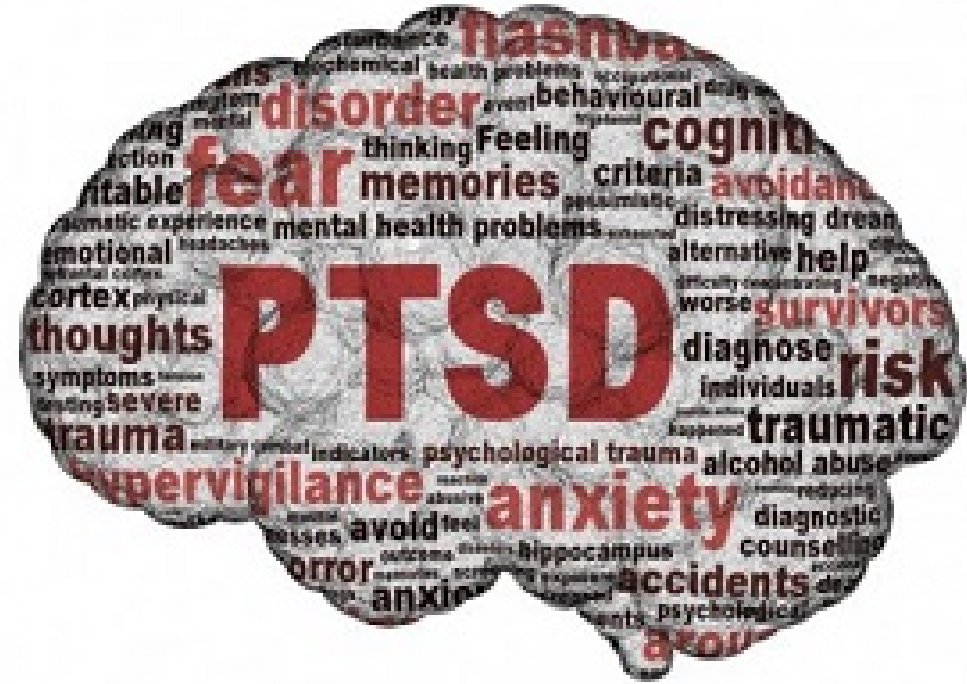
Potentially lethal form of mind control and psychological abuse.

"If you repeat a lie often enough, it becomes accepted as the truth."

—attributed to various sources

GASLIGHTING TACTICS

- False Hope
- Lying & Exaggerating
- Repetition
- Escalate When Challenged
- Wearing out the Victim
- Forming Codependent Relationship
- Dominate, Intimidate and Control
- Regularly reminding victim of their flaws or weaknesses





SOME RESPONSES

- Loss of sense of self
- Feeling a need to apologize constantly
- Hyper-vigilance, hyper-startle
- Beginning to make negative comments about self
- Making excuses for the gaslighter's behavior
- Questioning what is known to be true
- General confusion
- Depression
- Anxiety

SUBSTANCE USE AS COERCIVE CONTROL

Efforts to undermine a partner's sanity

Efforts to undermine a partner's sobriety

Efforts to induce disability and dependency

Efforts to control a partner's access to treatment, support groups, and/or other services

Efforts to control a partner's treatment itself, including medications, completing program assignments, testing

Efforts to undermine a partner's recovery at all

Efforts to undermine a partner's ability to maintain custody of her children

Efforts to undermine a partner with family, friends, and the systems where they may seek help, and to prevent them from accessing resources, support, shelter, and even protection

There are wounds
that never show on the body
that are deeper
and more hurtful
than anything that bleeds.

-Laurell K. Hamilton-

"I like you better when you're drunk/high."

"You're more fun when you're high/drunk."

"Cocaine/Meth will make you lose that baby weight."

"You're a crack whore!"

"Drunk!"

"Don't bother calling the cops, nobody will believe you, you're an addict."

"If you don't go to treatment you go to jail; I'm not taking you to treatment."



Domestic Violence and Substance Disorder in the US

Between a quarter and half of the women receiving victim services for Domestic Violence also report, or present with Substance Abuse-related problems

Between 55 and 99 percent of women who have SA issues have been victimized at some point in their life, and between 67 and 80 percent of women in SA treatment are also victims of DV

DOMESTIC VIOLENCE SURVIVORS IN UTAH...

- Experience **TWICE** the rate of...
 - Mental illness (**29.8%** vs. 13.7%)
 - Substance abuse (**9.8%** vs. 4.3%)
- ...than women in Utah who have NOT experienced intimate partner violence

SOUNDS
PRETTY BAD,
HMM?



USING RELIGION

- God said...
- Patriarch says...
- "Had a revelation..."
- Bearing false witness

"Some people try to be tall by cutting off the heads of others." —Paramahansa Yogananda



SEXUAL COERCION

Unwanted sexual activity that happens when you are pressured, tricked, threatened, or forced in a nonphysical way.



Wearing you down by asking for sex again and again or making you feel bad, guilty, or obligated

“If you really loved me, you’d do it.”

“Come on; it’s my birthday.”

“You don’t know what you do to me.”



Making you feel like it's too late to say no

“But you’ve already gotten me all worked up.”

“You can’t just make someone stop.”

“Don’t be shy, I can tell you’re ready.”

“You owe me.”



Telling you that *not* having sex will hurt your relationship

“Everything's perfect. Why do you have to ruin it?”

“I'll break up with you if you don't have sex with me.”

“People in love make love together, you're saying you don't love me?”

“We're married.”



Lying or threatening to spread rumors about you

“Everyone thinks we already have, so you might as well.”

“I’ll just tell everyone you did it anyway.”

“What would you friends/family say if they knew...”



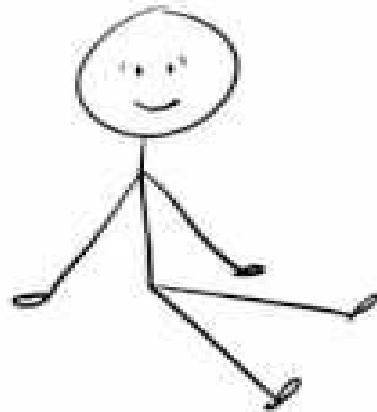
Making promises to reward you for sex; punish you for not complying

“I’ll make it worth your while.”

“Don’t you know who I am?”

“You know I have a lot of connections. Who’s going to believe you?”

CONSENT TEA





NATIONAL DOMESTIC VIOLENCE HOTLINE SURVEY, 2014

- Attempting to identify prevalence of coercive control experiences among hotline callers
- Respondents were adult women who had experienced domestic violence (DV)
- Were not in immediate crisis
- Had completed the service portion of their hotline call
- Agreed to participate after hotline staff explained the surveys' topics, and were assured that survey participation was voluntary and anonymous
- Each survey—one on mental health coercion and one on substance use coercion—was conducted by hotline staff over a period of six weeks and involved over 2,500 participants

Mental Health Coercion Items

Survey Question Responses

Responses to each survey question are as follows:

- **Question One:** Has your partner or ex-partner ever called you “crazy” or accused you of being “crazy”?
 - 2,149 callers (85.7%) answered yes to this question.
- **Question Two:** Has your partner or ex-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)?
 - 1,197 callers (50.2%) answered yes to this question.
- **Question Three:** 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?
 - 1,740 callers (73.8%) answered yes to this question.
- **Question Four:** In the last few years, have you ever gone to see someone like a counselor or social worker or therapist or doctor to get help with feeling upset or depressed?
 - 1,231 callers (53.2%) answered yes to this question.
- **Question Five (asked If “yes” to Question Four):** Has your partner or ex-partner ever tried to prevent or discourage you from getting that help or taking medication you were prescribed for your feelings?
 - 560 callers (49.6%) answered yes to this question.

SUDs Coercion Items

Survey Question Responses

Responses to each survey question are as follows:

- **Question One:** Has your partner or ex-partner ever pressured or forced you to use alcohol or other drugs, or made you use more than you wanted?
 - 801 callers (27.0%) answered yes to this question.
- **Question Two:** 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 order)?
 - 964 callers (37.5%) answered yes to this question.
- **Question Three:** Have you ever been afraid to call the police for help because your partner or ex-partner said they wouldn't believe you because you were using, or you would be arrested for being under the influence of alcohol or other drugs?
 - 527 callers (24.4%) answered yes to this question.
- **Question Four:** Have you ever used alcohol or other drugs as a way to reduce the pain of your partner or ex-partner's abuse?
 - 545 (26.0%) answered yes to this question.
- **Question Five:** In the last few years, have you ever tried to get help for your use of alcohol or other drugs?
 - 306 callers (15.2%) answered yes to this question.
- **Question Six (asked if "yes" to Question Five:** Has your partner or ex-partner ever tried to prevent or discourage you from getting that help?
 - 181 callers (60.1%) answered yes to this question.

NDVC HOTLINE 2014 SURVEY RESULTS SHOWED THAT EXPERIENCING MENTAL HEALTH AND SUBSTANCE USE COERCION WAS COMMON AMONG HOTLINE CALLERS:

- 89% had experienced at least one of the three types of mental health coercion asked about
- 43% had experienced at least one of the three types of substance use coercion
- Most of the survivors who reported any type, reported more than one.
- Most survivors who reported their abusive partners had actively contributed to mental health difficulties or their use of substances... **also** said their partners threatened to use the difficulties or substance use against them with important authorities, such as legal or child custody professionals, to prevent them from obtaining custody or other things that they wanted or needed.

LIZZY GLAZER

"IT'S TIME TO TALK ABOUT PSYCHOLOGICAL AND VERBAL ABUSE"



STIGMA & COERCIVE CONTROL

- What stigmas might be involved?
- How might stigma play a key role in perpetuating an environment in which abusive partners are able to employ these tactics successfully?



GOT STIGMA?

- Intoxicated victims are more likely to be blamed than sober victims.
- Aggression toward an inebriated victim is considered more acceptable than aggression toward a sober one.

**HOW
ABOUT
SOME
MORE?**

- “She’s bipolar and freaking out!”
- “He’s crazy! He won’t take his meds!”
- “Everybody knows they have these episodes.”
- “You don’t know what I have to deal with all the time.”



WHAT DOES THIS MEAN FOR SOMEONE
SEEKING HELP?

WHAT IS TRAUMA?

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.



DOMESTIC VIOLENCE IS ALWAYS TRAUMATIC

- A domestic violence incident is traumatic for **EVERYONE** involved
 - Being labeled as a “**Victim**” or “**Child Witness**” or an “**Abuser**” is traumatic
- Having to tell that story to all of the people involved (police, family, shelter workers, advocates, courts, counselors, etc) is traumatic
- Having to tell the story over and over and over and over? Traumatic.
- Hearing the story can even be traumatic





SOME LONG-TERM EFFECTS OF TRAUMA

- Self-Neglect or Self-Injury
- Eating Disorders
- Suicide Attempts
- Chronic Pain
- Depression, Anxiety, Panic Attacks
- Sleep Disorders
- Sexual Dysfunction
- Aggression Towards Others
- Substance Abuse

Emily Nagoski

“The truth about unwanted arousal”





KITTENS



**GOT
BIAS?**

WE ARE ALL
VULNERABLE TO
ASSUMPTIONS...

WHAT IS TRAUMA-INFORMED?

We keep using these words.

Do they mean what we
think they mean?



TRAUMA-INFORMED PROGRAMS & PROVIDERS RECOGNIZE THE FOLLOWING:

The survivor's need to be respected, informed, connected, and hopeful regarding their own recovery.

The interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety.

The need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower.

How is this different from traditional, older models?

We've Heard:

Being “too trauma-informed” runs the risk of failing to hold people accountable for their actions.

Reality

Trauma is never seen as an excuse.
Being Trauma-Informed means
recognizing that healing trauma is
the largest part of recovery from
anything.

Being Trauma-Informed

A trauma-informed approach seeks to resist re-traumatization of clients as well as staff.

Organizations often inadvertently create stressful or toxic environments that interfere with the recovery of clients, the well-being of staff and the fulfillment of the organizational mission.



TRAUMA INFORMED CARE FOR SURVIVORS OF DOMESTIC VIOLENCE



Looks at behaviors as strategies

Addiction as a strategy to cope with trauma

Strength Based – survivors have the capacity to secure safety and recover from the effects of DV

Not limited to DSM labels

Is an Empowerment Model

**WHEN DO WE NEED TO SCREEN FOR
TRAUMA?**



SCREENING TOOLS FOR TRAUMA

- **Lethality Assessment Protocol (LAP)**
 - Pulled from the Campbell Danger Assessment
 - Training offered by the UDVC
 - 60+ Police Departments trained
- **Campbell Danger Assessment**
- **Adverse Childhood Experiences Questionnaire**
 - 10 item questionnaire about experiences before adulthood, including exposure to domestic violence
- **HITS (Hurt, Insult, Threaten, and Scream)**
 - 4 question assessment meant for medical professionals
- **The Trauma Screening Questionnaire**
 - 10 question assessment of PTSD criteria
- **Substance Abuse Coercion Checklist: National Center on Domestic Violence, Trauma, and Mental Health**

HOW WE LISTEN MATTERS

- If we only identify someone as being an “addict,” or by their diagnosis, then we are not listening to their story...We are likely missing the most important part of their story
- We want the movie, not just the clip or the snapshot...
 - often in a crisis situation, we’re only seeing one moment, and that’s expected and maybe all we can do in the moment to save a life...
- But as we move into offering resources and treatment, we need to know more so we can begin to create the possibility of success for sustainable change and long-term safety.



ADDRESSING COERCIVE CONTROL WHEN WORKING WITH SURVIVORS

- First, **BELIEVE** them.
- Coercive Control should be reviewed with survivors as part of safety planning, individual counseling and group discussions, and activities that support survivors' parenting and well-being.
- Efforts to respond to coercion can also be incorporated into education and advocacy within the health, mental health, substance abuse, and legal systems.
- Make use of the Power & Control and Equality Wheels.
- Help our survivors advocate for themselves by helping courts understand these dynamics.



Poet says....

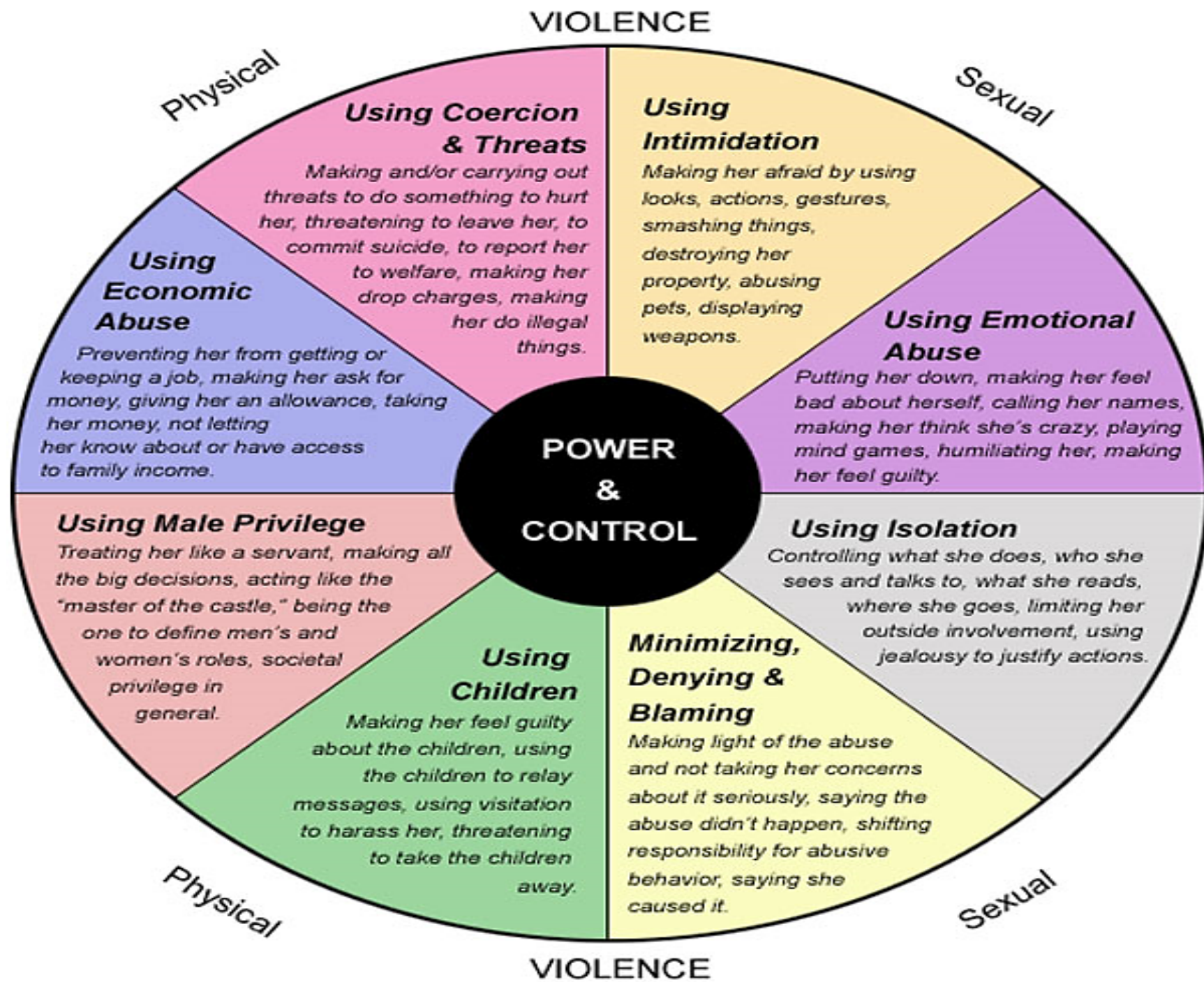
- Focus on strengths
- Reduce shame
- Use affirming language
- Communicate concerns and needs to referral sources
- Always screen for trauma
- Recognize the possibility of coercive control via substance use
- Ask around in the community, know what agencies and resources are truly trauma-informed

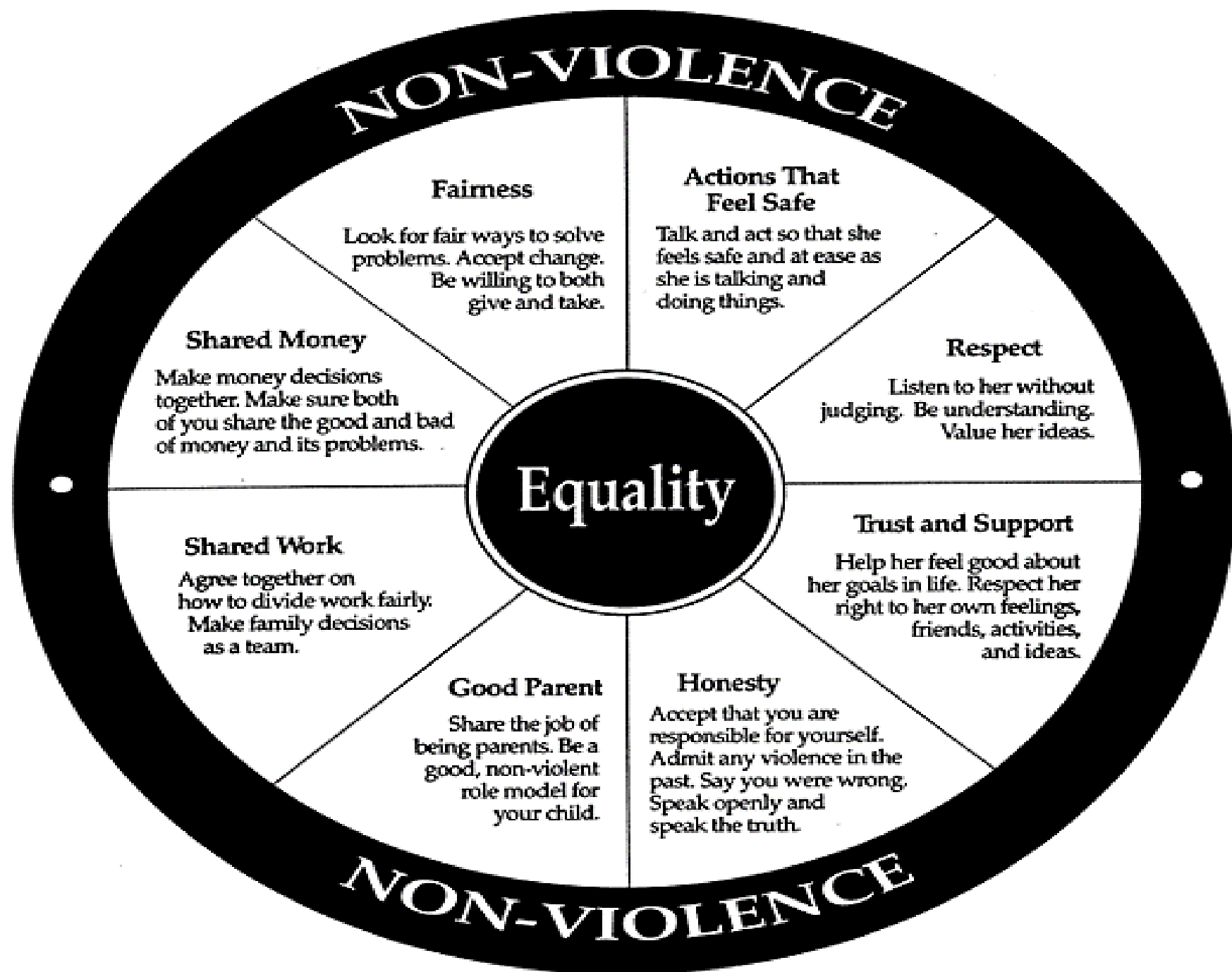
TRACY ULLMAN "WHAT WERE YOU WEARING?"



ADDRESSING COERCIVE CONTROL WHEN WORKING WITH OFFENDERS

- First, **connect** with them, without collusion.
- Coercive Control should be reviewed with offenders as part of safety planning, individual counseling and group discussions, and activities that support offenders' parenting and well-being.
- Efforts to utilize coercion can be a response to health, mental health, substance abuse, and legal systems. The behavior meets a need.
- Make use of the Power & Control and Equality Wheels.
- Help educate stakeholders on the needs the offender is meeting by using these behaviors. This is not an excuse, this is a safety concern.
- Help the offender to find other ways to meet their needs and to let go of the need when it is unhealthy.
- Meditation, Mindfulness, Emotion Identification & Regulation





COMMON NEEDS THAT WE HAVE ENCOUNTERED "REASONS FOR CONTROL"

- "She lost custody of her other kids. I just want to make sure she's taking care of my kids the right way."
- "She is bipolar. I just want to make sure she's ok."
- "Men have needs."
- "In my culture...."
- "Women are like children. Someone needs to watch them or they will get in to trouble."
- "As the patriarch of my family..."
- "I make the money and therefore..."
- "She agreed that I would make all the decisions."
- "I've been cheated on before."
- What else have you heard? (discussion)



Poet says....

- Focus on strengths
- Reduce shame
- Use affirming language
- Communicate concerns and needs to referral sources
- Always screen for trauma
- Recognize the possibility of coercive control via substance use
- Ask around in the community, know what agencies and resources are truly trauma-informed





QUESTIONS?
THOUGHTS?



READY FOR SOME DOWN TIME?

REFERENCES & LINKS TO RESOURCES

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