Recovering in Safety

Community-based participatory research on intimate partner violence and substance use in rural Vermont

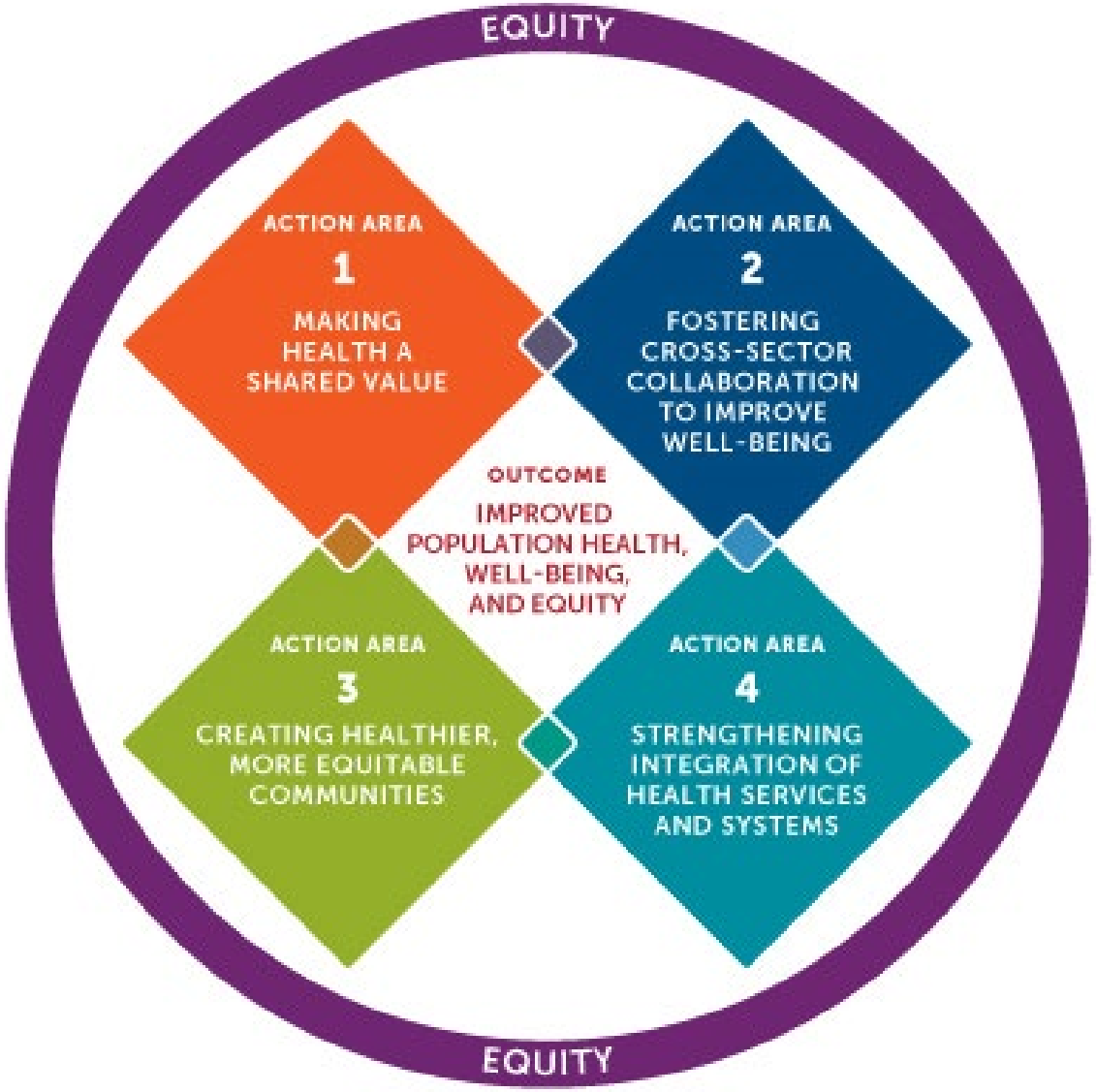
Presentation by Rebecca Stone and Diane Kinney

Research by Rebecca Stone, Diane Kinney, Emily Rothman
with assistance from Julia K. Campbell and Nafisa Halim

INTER DISCIPLINARY RESEARCH LEADERS

Support provided by

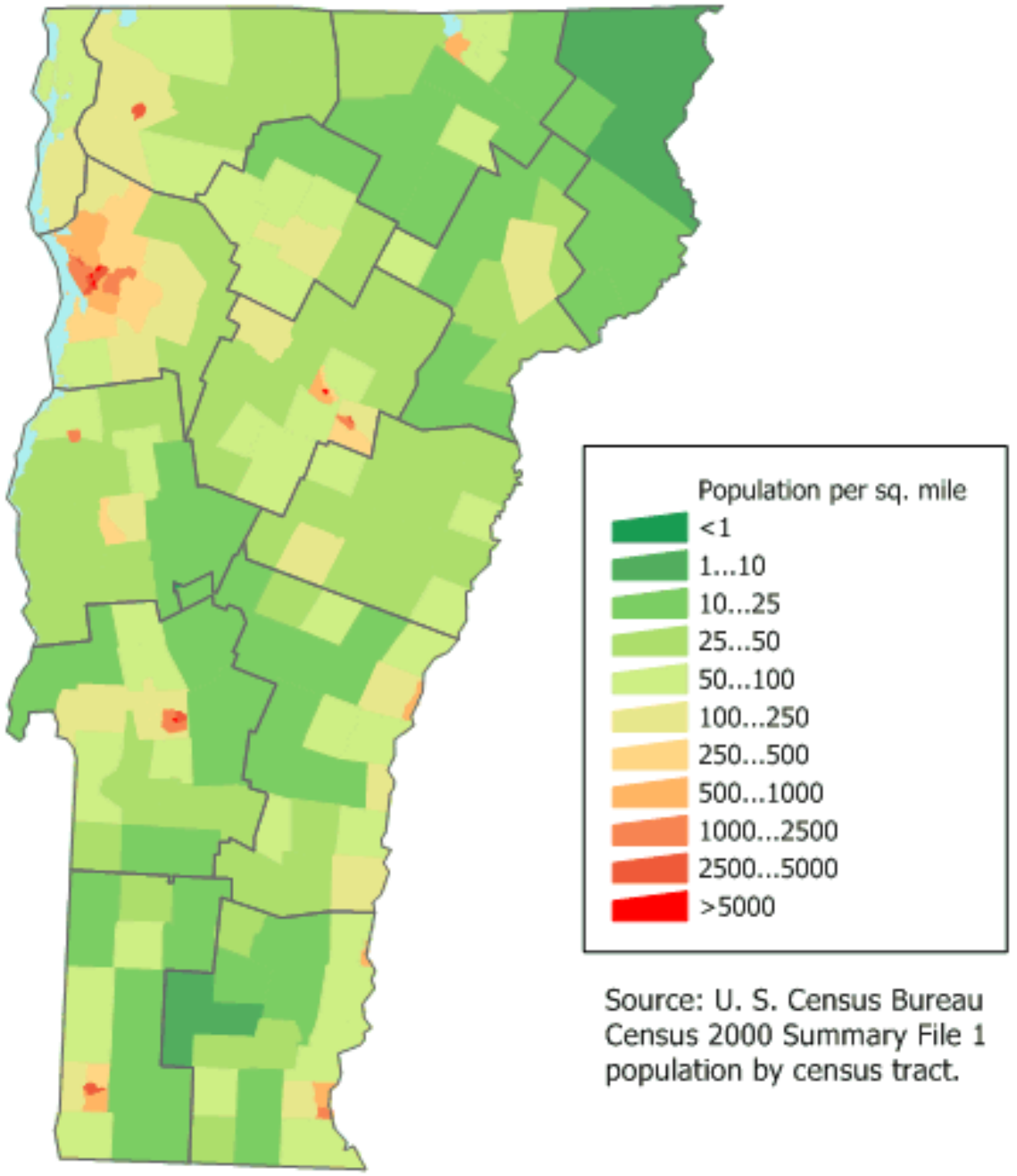
Robert Wood Johnson Foundation



Robert Wood Johnson Foundation

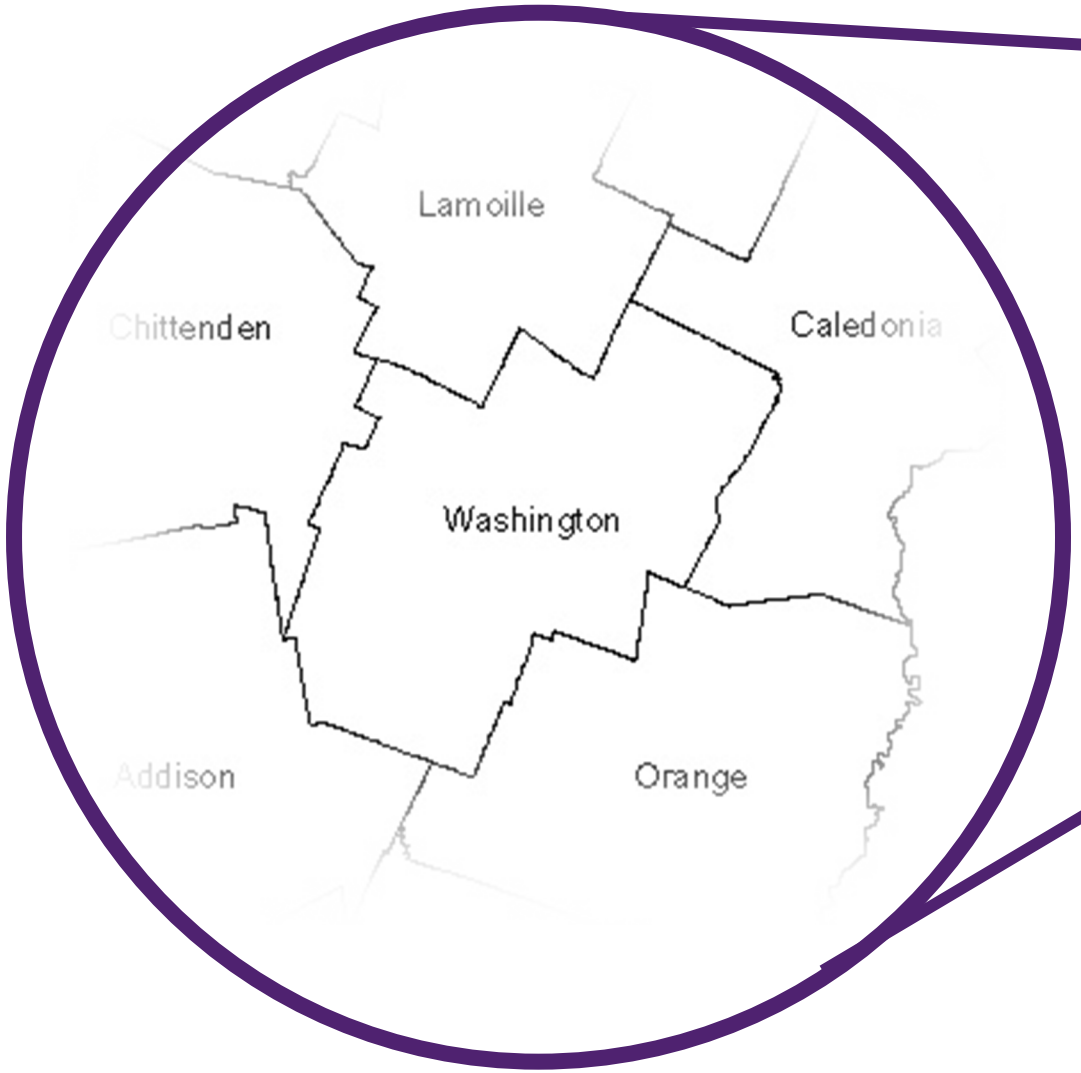
65%

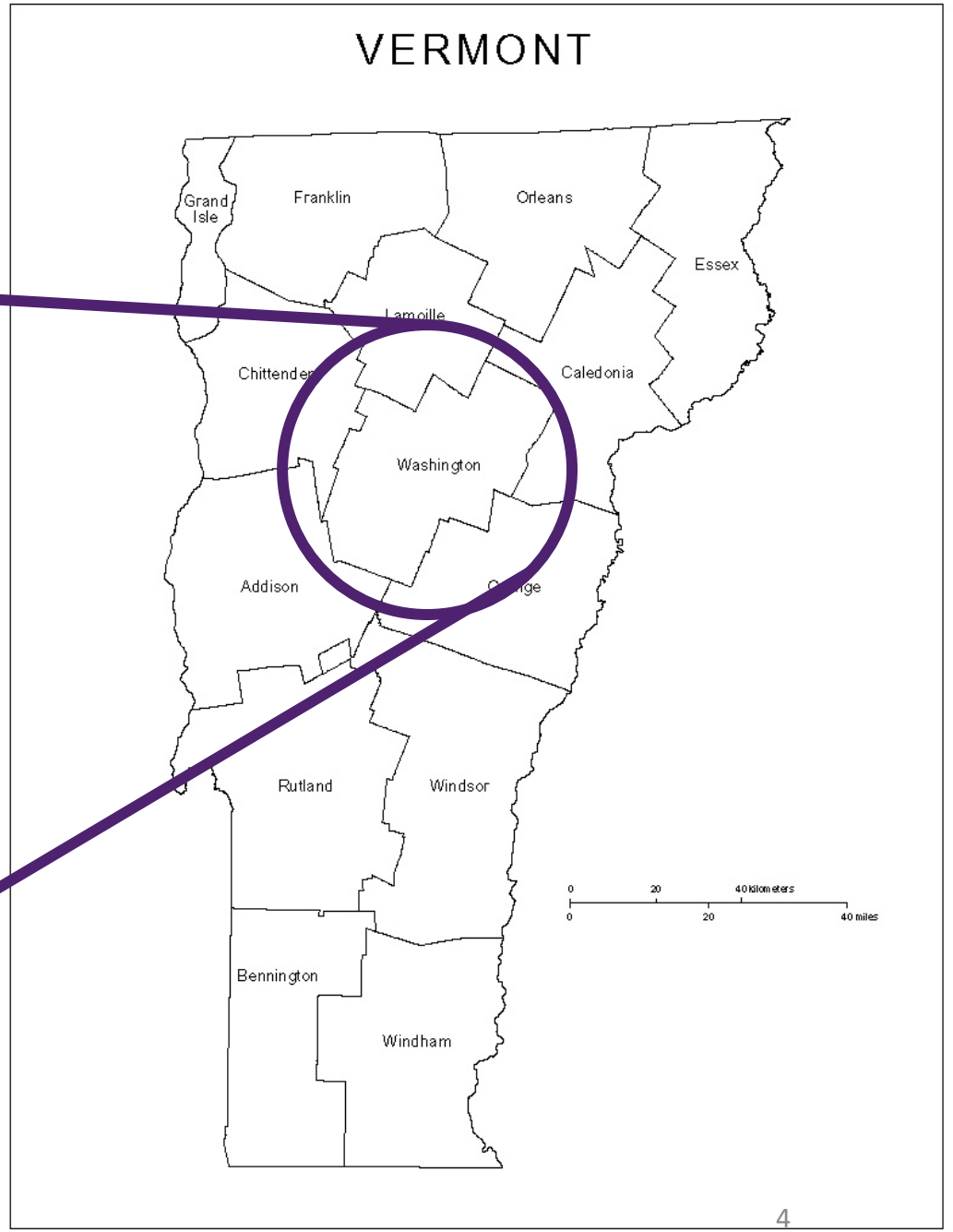
of Vermont's population lives in rural areas



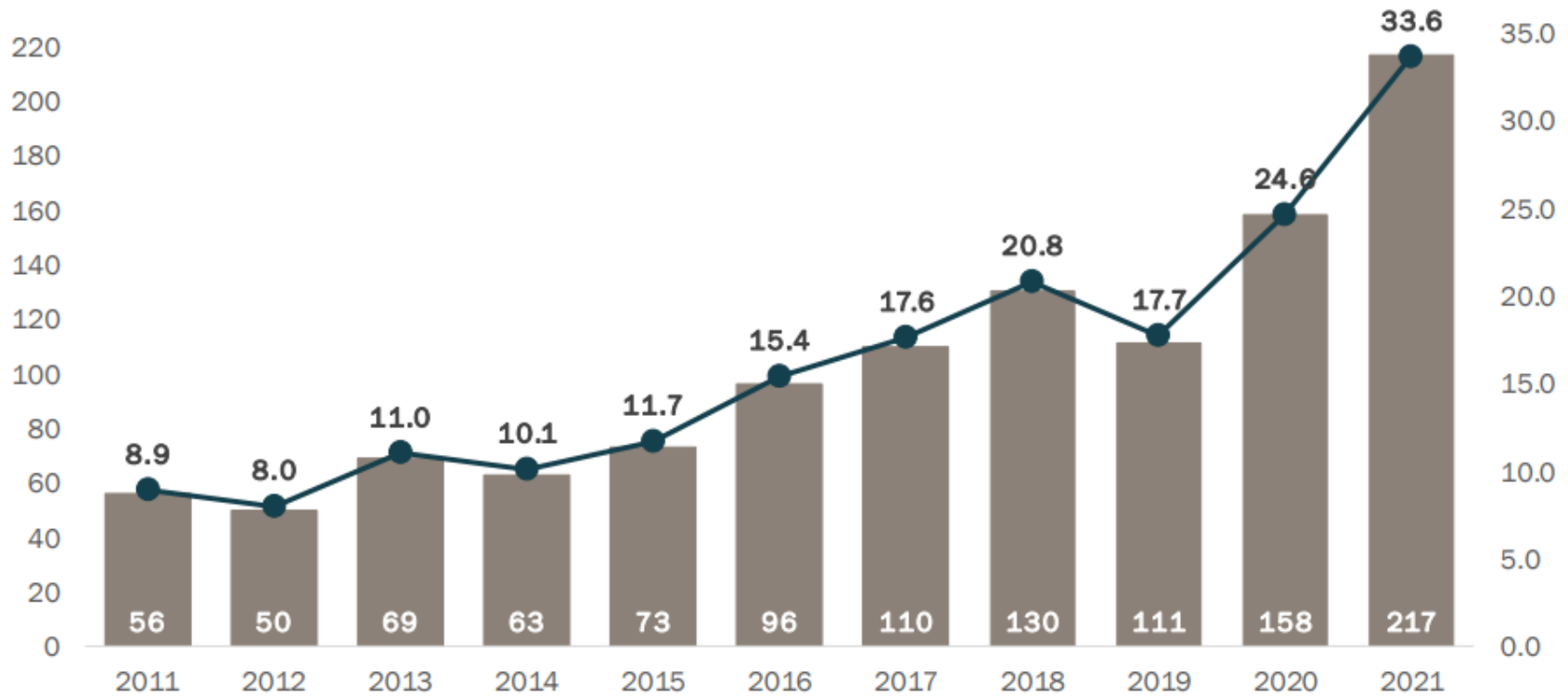
https://upload.wikimedia.org/wikipedia/commons/7/7c/Vermont_population_map.png

Our Community





The number and rate per 100,000 of opioid-related deaths over the past 10 years.



*2021 data is preliminary and subject to change.

For more comparisons to previous years: Annual Opioid-Related Deaths Report

https://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP-MonthlyOpioidRelatedFatalOverdoses.pdf

'The Drug Became His Friend': Pandemic Drives Hike in Opioid Deaths

In the months since the pandemic took hold in the U.S., the opioid epidemic has taken a sharp turn for the worse. More than 40 states have seen evidence of increases in overdoses.

Family and friends mourned Jefrey Scott Cameron, who died of an accidental overdose earlier this year, in Barre, Vt.

By Hilary Swift and Abby Goodnough Photographs by Hilary Swift

Published Sept. 29, 2020 Updated Sept. 30, 2020

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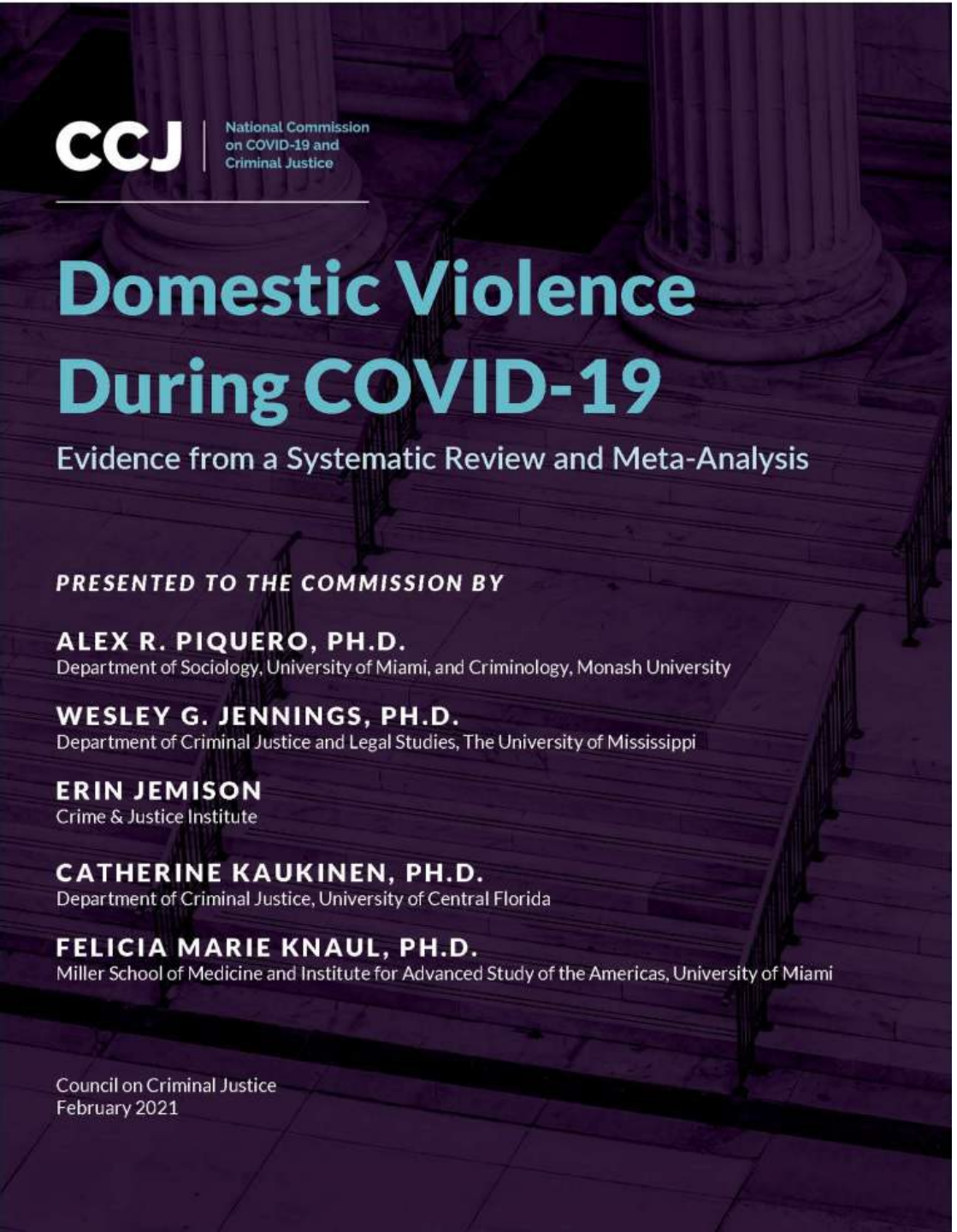
BARRE, Vermont — On the first Friday in June, Jefrey Cameron, 29, left his home around midnight to buy heroin. He had been struggling with addiction for seven years but had seemingly turned a corner, holding down a job that he loved at Basil's Pizzeria, driving his teenage sister to the mall to go shopping and sharing a home with his grandmother. But then the coronavirus pandemic hit.



Domestic violence incidents increased 8.1% after jurisdictions imposed pandemic-related lockdown orders.

Data: Calls for service, crime reports, hotline registries, health records.

A separate report to the Commission in August documented a 9.7% increase in domestic violence calls for service during March and April, starting *before* state-level stay-at-home mandates began.

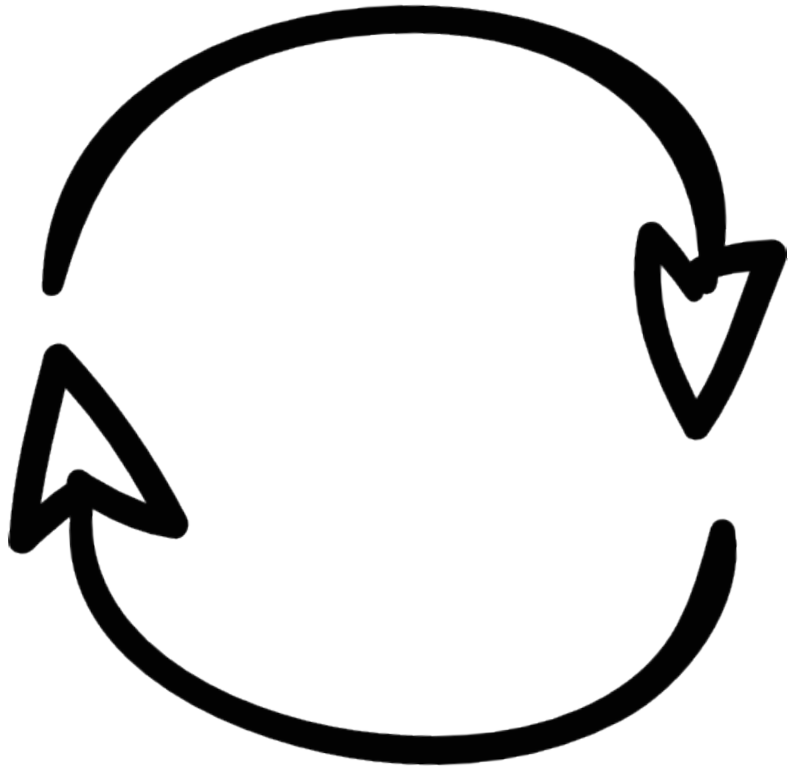
CREATING SAFER COMMUNITIES
ENDING VIOLENCE AGAINST WOMEN
TOGETHER

Coordinated Community Response

Meets monthly to discuss domestic and sexual violence in Washington County.

Includes: Advocates, states attorney's office, victim assistance, county hospital, local primary care providers, health department, mental health services, substance use treatment providers and recovery coaches, local and state police, Department of Corrections, Head Start, housing organizations, and local justice centers.

Substance Use

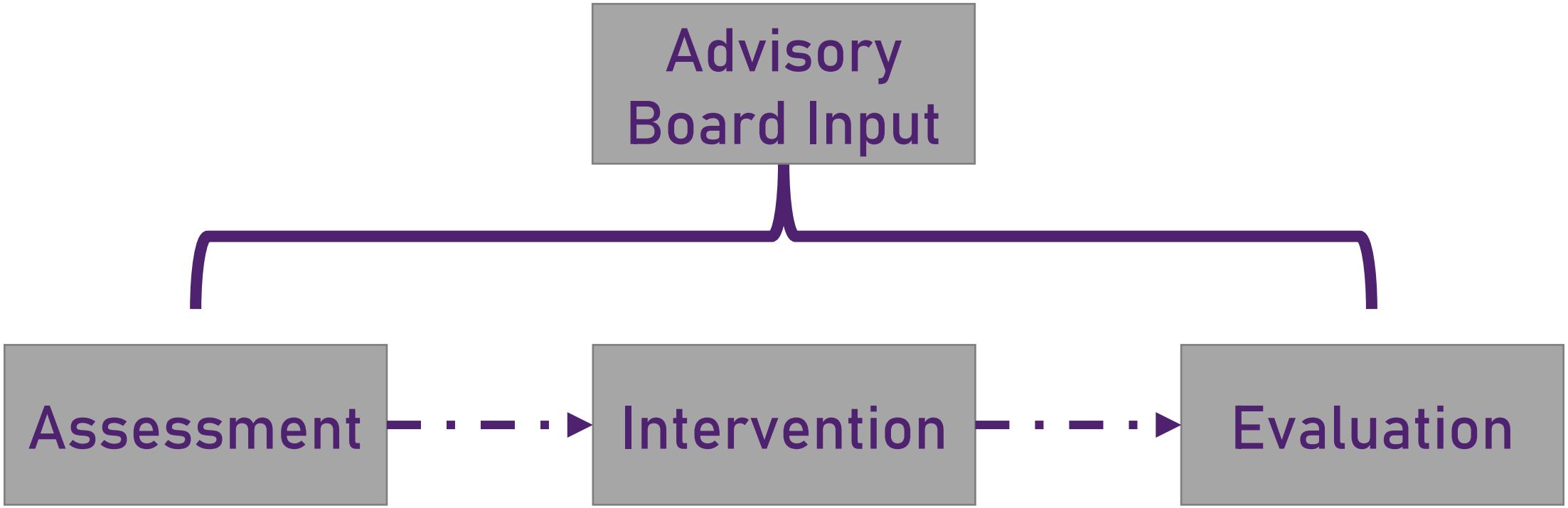


Intimate Partner Violence

Community-based participatory research

"A collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community and has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities."

W. K. Kellogg Foundation
Community Health Scholars Program


Advisory Board Input
Assessment
Intervention
Evaluation


Pain Points
- Can't get help from police due to disconnect between departments
- Car accident/crash/injury
Lack of transportation (such as cab co)
How might we incentivise individuals/organizations to Provide a ride program to support getting individuals to treatment
Stigma
How do we normalize the Language to be less shaming?
Unintended consequences
How might we Provide more support to help individuals learn/develop the skills and tools to maintain in the face trigger. (People, Places, things)
of privacy
3
Pain Points
ART Bus issues 2
Can't bring Kids
run into others on the bus
of info about how to
treatment
go to drug/tx court
crimes
turn-over in staffing

Methods: Study design

Phase 1: Needs Assessment

Interviews with survivors

Interviews with other community stakeholders

Brief demographic survey

Qualitative data analysis and interpretation

March 2019 – February 2020

Phase 2: Intervention Design

Human-centered design strategies

Community meetings and engagement

Piloting promising interventions

November 2019 – June 2020

Phase 3: Implementation and Process Evaluation

Evaluation of feasibility, accessibility

Collection of qualitative and quantitative data

Instrument development

Dissemination of results

March 2020 – February 2021

THE JOURNAL OF RURAL HEALTH

ORIGINAL ARTICLE

"He Would Take My Shoes and All the Baby's Warm Winter Gear so We Couldn't Leave": Barriers to Safety and Recovery Experienced by a Sample of Vermont Women With Partner Violence and Opioid Use Disorder Experiences

Rebecca Stone, PhD;[1] Julia K. Campbell, MPH;[2] Diane Kinney, MS;[3] & Emily F. Rothman, ScD[2]

1 Sociology Department, Suffolk University, Boston, Massachusetts
2 Department of Community Health Sciences, Boston University School of Public Health, Boston, Massachusetts
3 Circle, Inc., Barre, Vermont

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For further information, contact: Julia Campbell, MPH, Department of Community Health

Abstract

Purpose: This qualitative study explored themes about barriers to substance use treatment for women who experience intimate partner violence (IPV) and opioid use in rural Vermont. The goal was to collect descriptive information to aid in the development of intervention ideas to facilitate better treatment access for women in this situation.

Methods: One-on-one telephone interviews with 33 rural Vermont women who experienced both IPV and opioid use took place between February and August 2019.

Findings: There were 5 main themes that emerged as barriers to accessing

Geographic Isolation

Social Isolation

Inappropriate or inaccessible services

Stigma in small towns

WE NEED A LIGHTBULB MOMENT AND YOU CAN HELP

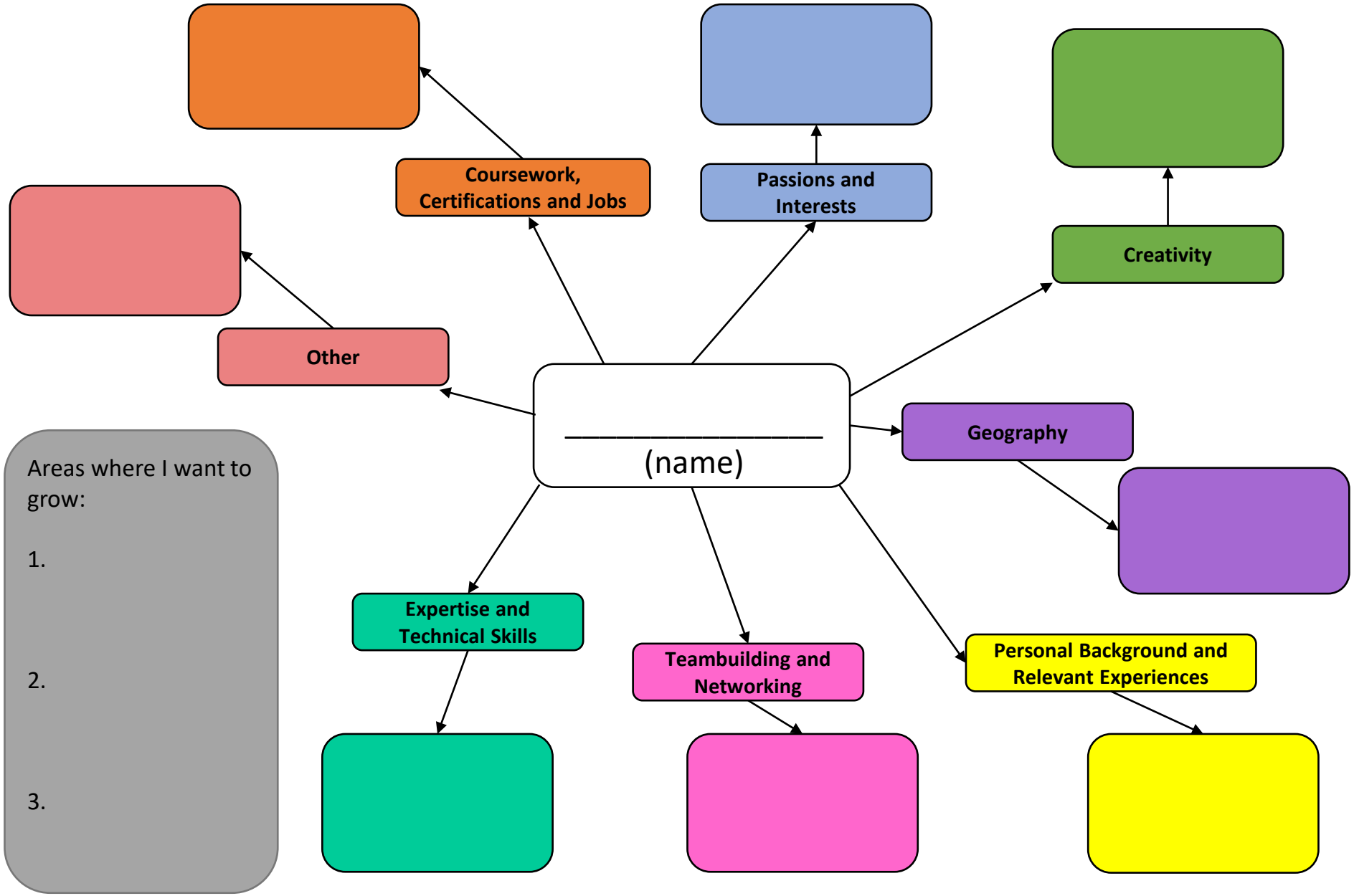
Please join us for an idea-generating event to create solutions for Vermonters experiencing partner violence and opioid use.

This event is hosted by Diane Kinney, Emily Rothman, and Rebecca Stone, and supported by the Robert Wood Johnson Foundation

Capitol Plaza, Montpelier, VT
October 10, 2019
9:00AM - 3:00PM
Event is fully catered and parking is avilable.

Please RSVP to rstone@suffolk.edu

Asset Map: Addressing Intimate Partner Violence and Opioid Use



From data to “illustrations”

Melanie

Melanie was prescribed opioids for pain relief after she was injured in a car accident. Her prescribing doctor was eventually shut down: "One day, I go to my regularly scheduled appointment, and there's yellow tape all around the doctor's office. He had been illegally prescribing opioids to multiple people. I found myself addicted and unable to get a prescription." She found a different doctor, but they told her that she no longer had a medical need for opioids. By this point, Melanie was physically dependent on the opioids and started buying them on the street.

She soon started a relationship with a boyfriend who was also using opioids. Their relationship was characterized by abuse: "It was physical. It was emotional, verbal. It was public. The fights didn't always stay inside. We would have physical fights right outside in the street, blow for blow, with him striking me and me striking him. "When I went to jail, my boyfriend was the one to bond me out, and he had drugs waiting for me."

Melanie became pregnant and the abuse worsened. She wanted to keep her baby, but she felt trapped. She knew that if she stopped using opioids and went through withdrawal, she might miscarry and lose her baby. But she thought that if she tried to get help and her opioid use was discovered, there would be DCF involvement and "I would have lost him anyway." She tried to "get myself off it and taper down, taper off, but I never did," and her baby was removed from her custody soon after birth.

After losing custody of her first child, Melanie entered a new relationship and was soon pregnant again. However, her charges related to partner violence and drug use "ended up catching up with me." During her pregnancy with her daughter, she returned to jail for a month. Through this process, she was able to secure a place in a residential treatment center where she could stay with her infant daughter. She has also started Vivitrol treatment.

When asked about what could be done to help women like her, Melanie mentioned that she had been to multiple residential treatment facilities in the past, but those programs were "only for two or three weeks." She has been in her current program for six months and is not focused on an exit date. She also likes that her program allows her to "work on many things" – physical and mental health, substance abuse treatment, anger management, "it's kind of like the whole package." Another thing that would help is making jails safer for people who are substance dependent. "It amazed me when I was incarcerated that only if you had a prescription would they give you these detox meds. They said, 'Detox won't kill you.' That's inaccurate. Detox can kill you. It amazes me that addicts have to suffer a hard detox. Opioid detox is dangerous. Alcohol detox is dangerous. Everybody deserves to safely detox off a substance."

Debbie

Debbie was diagnosed with a painful, degenerative disease in her 20s and was prescribed high doses of painkillers. One of her family members would steal her medication and sell them, so she moved in with her boyfriend, who was also involved in selling drugs. He would keep control of her medication and use it to keep her dependent on him. He also isolated her from her friends and family.

After their home was raided by law enforcement and her boyfriend was sentenced to prison, Debbie found herself isolated and without resources. She started selling drugs with family members and then with a new boyfriend, who shielded himself from risk by sending Debbie to do the drug pick-ups. This placed her at heightened risk of arrest. Debbie has a long history of arrests and periods of incarceration.

Debbie eventually lost custody of her children, which sent her into a spiral of grief and depression during which she turned to using even more drugs to numb her pain: "I just didn't want to feel anything." She explains, "When I didn't have my kids, I started using more, and people would be like, 'Well, if you wanna get your kids back, then you wouldn't use,' or 'Since you got your kids taken away, then that's the reason for you not to use,' and that's totally not the case at all. It makes you feel less of a person, and like I said before, it numbs you. Opioids numb you. It just numbed me to everything."

Her boyfriend took advantage of her vulnerability at this stage and encouraged her to stay numb. "Our whole relationship was centered around drugs," she explained. It also centered around violence. "One of the first times that we got in an all-out, drag-out fight was over a pill, being slammed up against the wall, hair being pulled, pushed, shoved. we were so bad [with our drug use] at that point – and he used that to govern me. He knew that that's what I wanted, and he could control me with that." He also videotaped Debbie without her consent and used that tape to blackmail her. Eventually, after an incident where her boyfriend strangled her, Debbie went to the police to report the abuse and sought treatment.

When asked about what could be done to help women like her, Debbie feels she would have asked for help sooner had she not faced so many barriers. She faced waitlists for treatment: "You don't even want to go to begin with, and you call, and you try to get in, and by the time they call you and are like 'A bed's ready,' you're either dead or you don't wanna go anymore." She also struggled with insurance, especially for treating co-occurring mental health and substance use disorders. "It's really hard to home in on your addiction when you have these other untreated mental health issues that you can't get treated because you don't have insurance." Debbie perceives her criminal record to be a barrier. "I can't get help with housing, I don't get money from anyone, I don't get a housing subsidy. I can't even get help with a domestic violence organization or the emergency house." Finally, there is the stigma of seeking help, especially in a small town. "It sucks when you say, "I'm going to Circle," and everyone knows you're going for domestic violence."

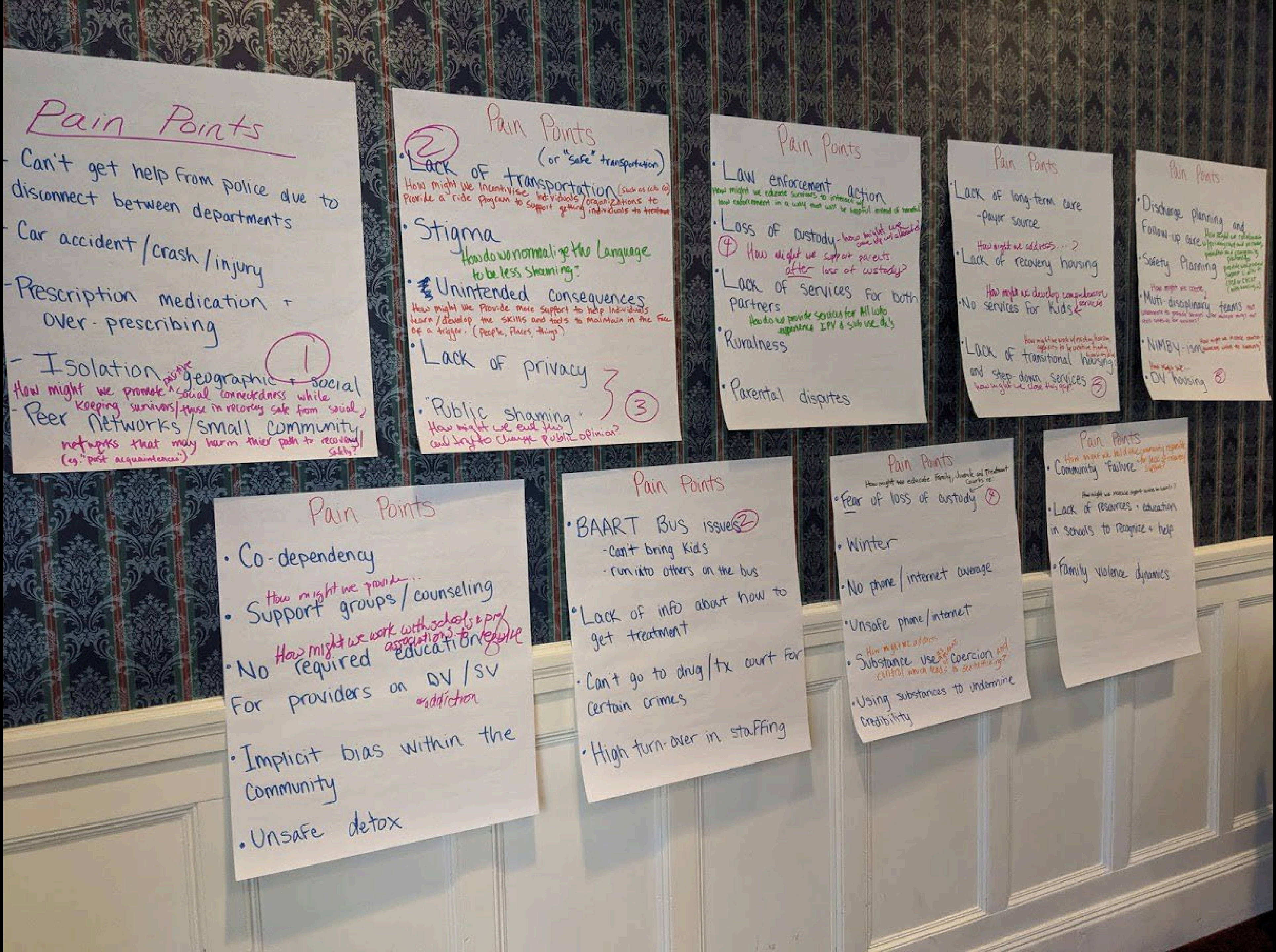
Gina

Gina's relationship with her wife was once healthy and free of abuse. Gina had struggled with opioid use in the past but had been in recovery for several years. They were raising a blended family together, with Gina's son from a previous relationship and her wife's three teenaged children. However, when her wife became involved with some friends from the past and started using heroin, things quickly soured. Her wife became "impossible to please," constantly unhappy and nitpicking Gina for every little thing. When she was withdrawing from the drugs, she would verbally belittle Gina and break down her self-esteem. "We did nothing but fight," Gina says. "I could not do anything right. I could not do anything to make her happy." Eventually, Gina ended up "falling back into" misusing prescription opioids, then using heroin. While she was using, Gina would frequently get into altercations with acquaintances, which resulted in her accumulating a lengthy criminal record.

Gina sought help from her local domestic violence agency but found that her wife was already receiving services there, so the agency could not also serve Gina. She also realized that the domestic violence agency couldn't help her with her substance use concerns and that the services she needed were "decentralized" and available only by going to multiple agencies. Additionally, Gina and her wife became involved with DCF and their children were placed with family members, who had never approved of their relationship and took this opportunity to prevent Gina and her wife from seeing the children at all, and this added further wrinkles to her situation.

Eventually, Gina "got into some trouble" that landed her in drug court, and "that program saved my life." Through this program, she was able to get into treatment. She completed less than two weeks of treatment before being "kicked out" for fighting, and she briefly went back to using before deciding that she couldn't stand losing her family forever, so she asked to come back. The program length is 30 days, but Gina stayed for 62 before she felt comfortable leaving. She also requested that her probation sentence be extended to give her additional structure and accountability: "I'm not ready to just drop off from having consequences over my head. I don't think I'm ready for that. So I got one year of probation just for the extra help and support." Gina's wife also went to treatment and they are currently working to regain custody of their children.

When asked what would help women like her, Gina explained that we need easier access to long-term treatment options and shorter waiting lists. She feels that there are not enough long-term residential facilities, especially programs just for women. Relying on public transportation has also been an issue for her, because she runs into old acquaintances on the bus and this is how conflicts arise, or they "hit me up for drugs." Relatedly, she has been on a daily dosing schedule that requires her to get to the clinic every day, but she feels that if she could get take-home doses this would also reduce her likelihood of run-ins with these problematic people from her old life.


Pain Points
- Can't get help from police due to disconnect between departments
- Car accident / crash / injury
- Prescription medication + over-prescribing
- Isolation geographic + social
How might we promote positive social connectedness while keeping survivors / those in recovery safe from social networks that may harm their path to recovery / safety?
- Peer networks / small community (eg. "past acquaintances")
1
Pain Points
2
• Lack of transportation (or "safe" transportation)
How might we incentivise individuals / organizations to provide a ride program to support getting individuals to treatment
• Stigma
How do we normalize the language to be less shaming?
• Unintended consequences
How might we provide more support to help individuals learn / develop the skills and tools to maintain in the face of a trigger. (People, Places, things)
• Lack of privacy
• "Public shaming"
How might we end this and try to change public opinion?
3
Pain Points
• Law enforcement action
• Loss of custody
4 How might we support parents after loss of custody?
• Lack of services for both partners
How do we provide services for all who experience IPV & sub use d/o's
• Ruralness
• Parental disputes
Pain Points
• Lack of long-term care
-Payor source
How might we address...?
• Lack of recovery housing
How might we develop comprehensive services
• No services for kids
• Lack of transitional housing and step-down services
5
Pain Points
• Discharge planning and follow-up care
• Safety Planning
• Muti-disciplinary teams
• NIMBY-ism
• DV housing
5
Pain Points
• Co-dependency
How might we provide...
• Support groups / counseling
How might we work with schools & prof associations to require
• No required education for providers on DV / SV or addiction
• Implicit bias within the community
• Unsafe detox
Pain Points
• BAART Bus issues 2
-can't bring kids
-run into others on the bus
• Lack of info about how to get treatment
• Can't go to drug / tx court for certain crimes
• High turn-over in staffing
Pain Points
• Fear of loss of custody 4
• Winter
• No phone / internet coverage
• Unsafe phone / internet
How might we address
• Substance use coercion
• Using substances to undermine credibility
Pain Points
• Community "Failure"
• Lack of resources + education in schools to recognize + help
• Family violence dynamics


Joan Marie Misek
Katherine Higgins

High-priority interventions

Transportation

Housing, especially recovery housing

Gender-specific support groups

Cross-training of recovery and IPV workforce

Training on IPV/SUD for human services workforce

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Transportation

Housing, especially recovery housing

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Training on IPV/SUD for human services workforce

Recovering in Safety

Crosstraining Workshop
for Recovery Coaches and Survivor Advocates

February 26th, 2021
9AM – 12PM and 1PM – 4PM

Morning Welcome


Survivor Advocacy
for recovery coaches
Morning Welcome
Recovery Coaching
for survivor advocates

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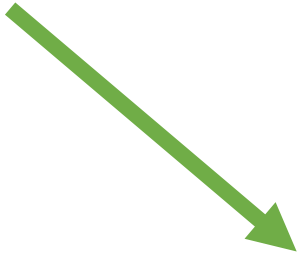
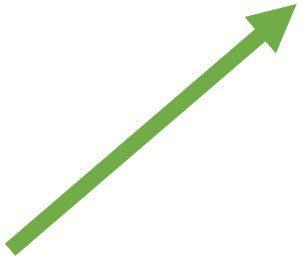




Afternoon Workshop

Recent Jams

Owned by anyone

Crosstraining: Group 7

Feb 26, 2021

Crosstraining: Group 3

Feb 26, 2021

Crosstraining: Group 8

Feb 26, 2021

Crosstraining: Group 5

Feb 26, 2021

Crosstraining: Group 1

Feb 26, 2021

Crosstraining: Group 2

Feb 26, 2021

Crosstraining: Group 4

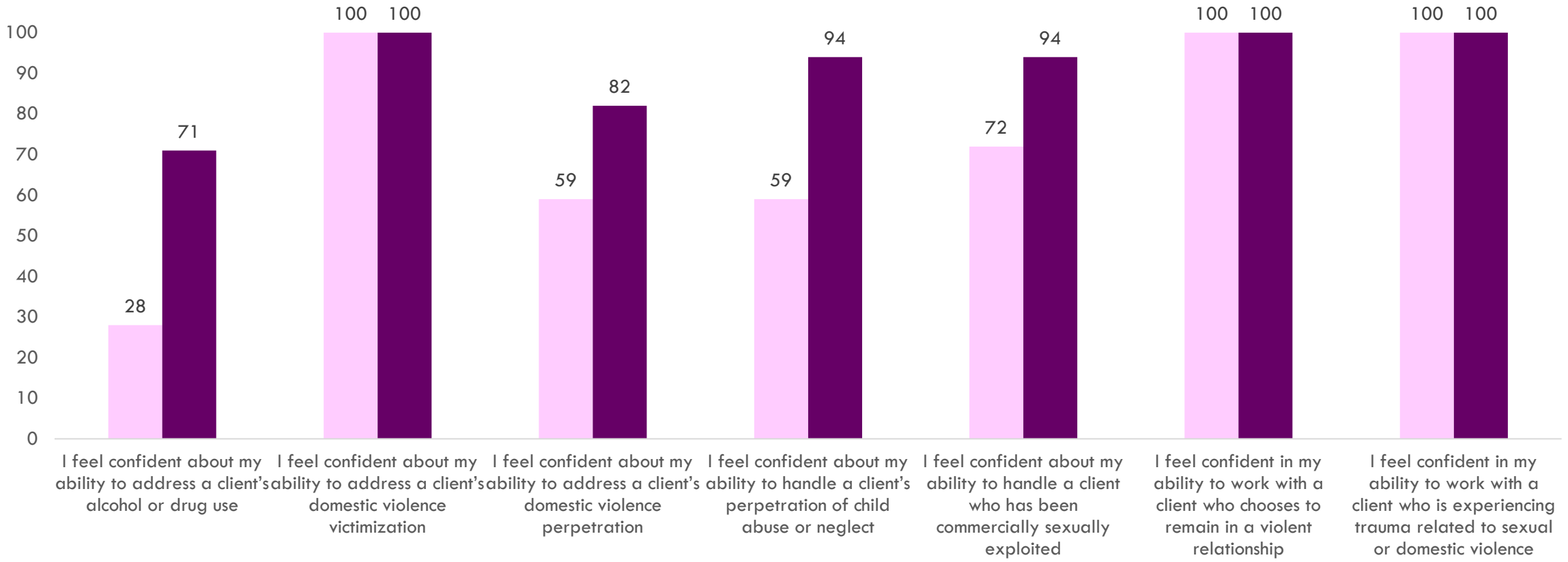
Feb 26, 2021

Crosstraining: Group 6

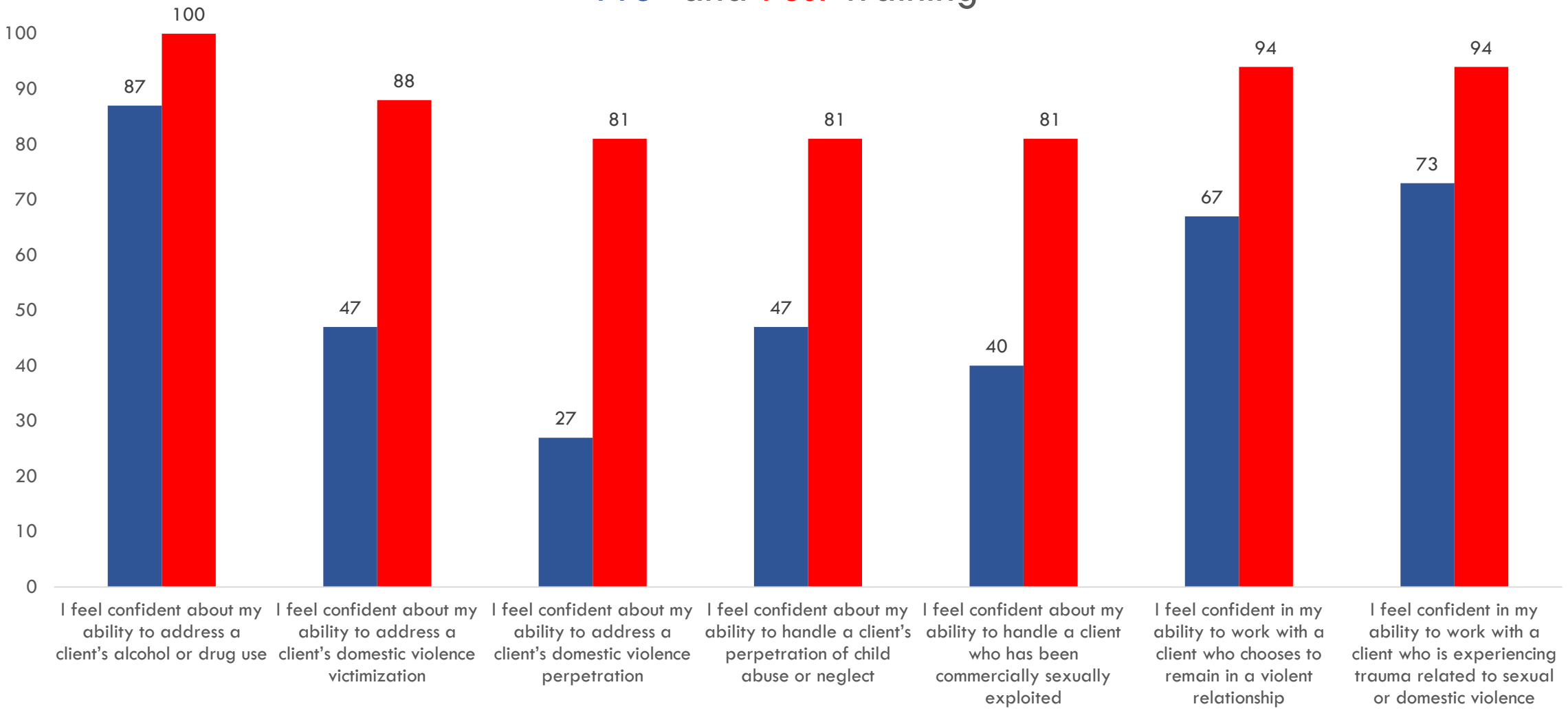
Feb 26, 2021

View
Mute
Stop Video
Security
Participants
34
Polls
Chat
Share Screen
Record
Live Transcript
Breakout Rooms
Reactions
More
End

% of Domestic Violence Advocates Agreeing with Statements about Self-Efficacy Pre and Post Training



% of Recovery Coaches Agreeing with Statements about Self-efficacy
Pre- and Post Training



Domestic Violence Advocates & Recovery Coaches Rating Training Experience on a 0 (*not all all*) to 10 (*very much*) scale

Recent developments

Bus stop located one mile from MAT clinic was moved closer.

Advocates increasingly trained as recovery coaches statewide.

Opening of “Foundation House,” a new recovery residence for women and their children.

Increased presence of advocates on statewide taskforces.

Ongoing work together, e.g., student projects creating informational products for Circle.

The issues of IPV and substance use are intertwined & overlooked, leaving many to fall through the gaps.

Researcher-community partnerships can have meaningful impact.

There is so much more work to do!