Advocating at the Intersections of Domestic Violence, Trauma, and Substance Use Coercion

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www.NationalCenterDVTraumaMH.org
NCDVTMH is a Special Issue Resource Center Dedicated to Addressing the Intersection of Domestic Violence, Trauma, Substance Use and Mental Health

- Training and Technical Assistance
- Research and Evaluation
- Policy Development and Analysis
- Public Awareness

NCDVTMH is supported in part by grant #90EV0530 from the Administration on Children, Youth and Families, Family and Youth Services Bureau, U.S. Department of Health and Human Services. Points of view in this document are those of the presenters and do not necessarily reflect the official positions or policies of the U.S. Department of Health and Human Services.
What’s the connection?

- Sexual Violence
- Trauma
- Domestic Violence
- Substance Use
- Mental Health
Domestic and sexual violence (DSV) can have traumatic mental health and substance use effects.

Victimization by an intimate partner increases one’s risk for depression, PTSD, substance use, and suicidality:

- PTSD, major depressive disorder, self-injury: 3x
- Suicide attempts: 4x
- Substance use disorder: 6x

High rates of domestic violence (DV) among women accessing substance use disorder treatment:

- Report DV in their lifetime: 47% to 90%
- Report DV in the past year: 31% to 67%
Cumulative Trauma

Many survivors of DSV have also experienced other kinds of trauma and forms of oppression.

Adverse Childhood Experiences have been linked to an array of health risks, including substance use.

(Felitti et al., 1998)
DV, SU and Trauma in a Broader Social Context

- Health
- Mental Health, Suicide
- Substance Use
- Intergenerational
- Interpersonal
- Economic

- Health and MH
- Economic
- Social
- Cultural, Spiritual
- Environmental
- Transgenerational

- Traumatic Effects of Abuse
- Ongoing Coercive Control
- Traumatic Legacies of Historical Trauma
- Ongoing Structural Violence

- Undermining Sanity and Sobriety
- Jeopardizing health and wellbeing
- Controlling Access to Resources
- Policies that perpetuate structural violence and discrimination
Women often differ from men in their:

- **Introduction** to substances
- **Risk factors** for developing substance use disorders (SUD)
- **Negative effects** of substance use
- **Access** to resources
- **Recovery** needs
Substance use coercion is very common

Domestic violence often includes substance use coercion

Substance use coercion refers to coercive tactics focused on substance use, as part of a broader pattern of abuse and control.

A survey of 3,056 callers to the National Domestic Violence Hotline found:

- 43% of callers had experienced at least one form of substance use coercion.
- Over 1 in 4 had used substances to reduce the pain of domestic violence.
- Over 1 in 4 had been pressured or forced to use substances or made to use more than they wanted.

Mental Health and Substance Use Coercion Surveys Report from the National Domestic Violence Hotline and...
Substance use coercion isolates survivors from sources of help

Substance use coercion refers to coercive tactics focused on substance use, as part of a broader pattern of abuse and control.

A survey of 3,056 callers to the National Domestic Violence Hotline found:

- 60% of callers who had sought help for substance use said their partner tried to prevent or discourage them from getting help.
- 24% were afraid to call the police for help because their partner said they would be arrested or not believed.
- 38% said their partner threatened to report their substance use to authorities to keep them from getting things they wanted or needed (e.g., protection order or child custody).
Substance Use Coercion: In a Survivor’s Words

“He threatened countless times to call the sheriff and the pastors and report my drinking. He discouraged me from getting help for my drinking. After I got help for drinking, if/when I drank again he would say, ‘See, you failed at this too.’ He would leave bottles all around when I was in recovery.”

Survey Participant

(Warshaw et al., NCDVTMH, 2012)
What kinds of substance use coercion tactics have survivors in your programs experienced?
Common Tactics of SU Coercion

- Introducing to substances, escalating pattern of use
- Forcing or coercing partner to use, or to use unsafely
- Exposing to cues associated with use to provoke a setback in recovery goals
- Using the threat of or actual withdrawal to intimate or coerce
- Coercing partner to engage in illegal acts
- Threatening disclosure of substance use history and disclosing private health information to harm and isolate
- Sabotaging treatment, stalking when accessing Medication Assisted Treatment, stealing medications
- Blaming abuse on substance use and benefiting from lack of services
- Leveraging stigma and oppression
EFFECTS OF
SUBSTANCE USE COERCION
ON SURVIVORS

- Adversely impacts mental and physical health and well-being
- Increases isolation and entrapment
- Creates barriers to economic stability
- Jeopardizes custody
- Undermines recovery
- Prevents access to treatment
- Increases overdose risk
How can we help?

We can best support survivors by approaching substance use like any other safety concern, through:

- Empowerment
- Voluntary services
- Supporting survivors’ self-defined goals
- Resource access
- Safety planning

Eradicating stigma is key
Setting the Table for Conversations About Substance Use

How do we build safety for survivors to be able to discuss substance use with us?
Uprooting Stigma: Reflective Practice

- What experiences have influenced my views on substance use and people who use substances?
- How do these views show up in my advocacy?
- How does substance use stigma show up in our program?
- What would it look like to approach substance use with connection, empowerment, and healing?
Conversation Starters: Substance Use Coercion

If it is safe for someone to talk about substance use, here are some ways we can open conversation:

• “Many people have shared with us that their partner or ex-partner pressured them to use substances, or use in ways that they didn’t want to. I wonder if this is something you’ve experienced?”

• “Sometimes people who have been hurt by a partner find themselves using substances to deal with the pain. This is a pretty common reaction. If this is something you can relate to, know that we’re here to support you.”
Asking about substance use coercion if an abusive partner uses substances

• “Does your partner force you to use when they use? Have they ever spent all of your money on drugs or alcohol without your consent? Does your partner’s use affect your use?”

• “Has your partner ever forced or coerced you into doing something illegal (e.g., dealing, stealing, trading sex for drugs) or other things you felt uncomfortable with in order to obtain alcohol or other drugs?”

NCDVTMH (Warshaw & Tinnon), 2018
Validate and Affirm

• “It is never your fault” when someone harms you, even if you are drinking or using – regardless of what your partner or society says. Substance use does not justify violence against you on any level. You deserve to be treated with dignity and respect, no matter what.”

• “Your partner might find other people to agree that substance use gives them a right to control or abuse you. Undermining your credibility with other people is a way to strengthen their control because it makes it difficult for you to get support, be believed, and trust what you know to be true.”

• “I believe you, you are not alone.”
Actively Listen and Offer Strengths-Based Support

“How does your partner’s behavior affect how you think or feel?”

“What are some of the ways you get through this? What do you find works the best?”

“What are some of the ways that you protect yourself and your children?”

“We can talk about some safety strategies and resources if that would be helpful.”
Consent Matters: Ask Permission

Unless the person has directly requested this kind of support, ask for permission before:

<table>
<thead>
<tr>
<th>Offering information or feedback related to substance use</th>
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<tbody>
<tr>
<td>• “I have some information you might find useful, would it be alright to go over it together?”</td>
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</table>

<table>
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<tr>
<th>Asking additional follow up questions about substance use</th>
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<tbody>
<tr>
<td>• “Would it be alright if we took a moment to talk a little more about substance use right now?”</td>
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</table>
IMPROVING DV and SUBSTANCE USE SERVICES

“Harm reduction has always been our way of life. Working with people where they are, without judgment or stigma, is how we keep our communities safe.”

- National Indigenous Women's Resource Center

Substance Use Coercion as a Barrier to Safety, Recovery, and Economic Stability: Implications for Policy, Research, and Practice 2019 Technical Expert Meeting Report by the National Center on Domestic Violence, Trauma, and Mental Health
Stages of Change

Prochaska, DiClemente, & Norcross, 1992

Permanent Exit

Setback
Pre-Contemplation
Maintenance
Contemplation
Action
Preparation
# Meeting People Where They Are

<table>
<thead>
<tr>
<th>Stage</th>
<th>How Advocates Can Help</th>
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<tbody>
<tr>
<td>Pre-Contemplation</td>
<td>Build relationship. Focus on their self-defined needs and access to desired resources.</td>
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<tr>
<td>Contemplation</td>
<td>Gentle curiosity and reflective listening. Remain neutral regarding any potential change. Support skill building.</td>
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<tr>
<td>Preparation</td>
<td>Help to brainstorm options, craft potential solutions, and connect with resources to support change.</td>
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<tr>
<td>Action</td>
<td>Affirm any positive step as defined by the individual. Normalize missteps. Help re-work strategies and solutions as needed.</td>
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<tr>
<td>Maintenance</td>
<td>Help to make any adjustments needed to maintain gains long-term.</td>
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<tr>
<td>Setback</td>
<td>Provide emotional support and help neutralize any feelings of shame. Help refine strategies and connect with desired resources.</td>
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**Safety planning is important at every stage**
PERSONAL
Health, housing, resources, skills, self-efficacy, hopefulness, personal values.

SOCIAL
Family, intimate relationships, kinship, social supports.

CULTURAL
Community-level presence and access to pathways of healing that are culturally resonant.

COMMUNITY
Anti-stigma, recovery role models, peer-led support groups.
Many pathways, many seasons

<table>
<thead>
<tr>
<th>Natural</th>
<th>Harm Reduction</th>
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<tbody>
<tr>
<td>Cultural Healing Practices</td>
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<tr>
<td>Mutual Aid Groups</td>
<td>Moderation</td>
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<td>Medication-Assisted</td>
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<tr>
<td>Faith-Based</td>
<td>Tech-Based</td>
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<tr>
<td>Treatment (IP/OP)</td>
<td>Fitness-Based</td>
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<tr>
<td>Family-Based</td>
<td>Body-Work</td>
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<td></td>
<td>Quantum</td>
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<tr>
<td></td>
<td>...and more!</td>
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</table>
Where trauma breaks meaning, culture makes meaning

Image Source: Community art by people who access www.streethealth.ca services
Substance Use Support Resources

- White Bison: https://whitebison.org/
- National Harm Reduction Coalition: https://harmreduction.org
- Harm Reduction Works: https://linktr.ee/hrw
- IHS’s Treatment Locator: www.ihs.gov/findhealthcare/
- SAMHSA’s Treatment Locator: www.samhsa.gov/find-treatment
Indigenous Harm Reduction Informational Resources

Indigenizing Harm Reduction led by Victoria Wynecoop-Abrahamson LSW (Spokane|Coeur d'Alene) at NIWRC’s Women are Sacred conference

- Indian Country Harm Reduction ECHO Program: www.indiancountryecho.org/program/harm-reduction
- Indigenous Harm Reduction Team (I-HEART): https://www.ihrt.ca/
Additional Resources

www.NationalCenterDVTraumaMH.org
COMMITTED TO SAFETY FOR ALL SURVIVORS:

GUIDANCE FOR DOMESTIC VIOLENCE PROGRAMS
ON SUPPORTING SURVIVORS WHO USE SUBSTANCES

GABRIELA A. ZAPATA-ALMA, LCSW, CADC
Advocating at Complex Intersections: Domestic Violence, Substance Use Coercion, and Child Protective Services

Domestic Violence and Substance Use: What Are the Connections?
Being abused by an intimate partner can have traumatic effects, including using substances to cope with emotional and physical pain. At the same time, using substances can increase targeting and victimization by an abusive partner, which often includes substance use coercion.

What Is Substance Use Coercion?
Substance use coercion is a pattern of domestic violence (DV) where substance use is leveraged as part of the abuse. These tactics include an abusive partner’s efforts to intentionally:
- Coerce or force a survivor to use substances
- Blame abuse on substance use
- Escalate substance use to instigate problems
- Use withdrawal to intimidate or coerce
- Sabotage treatment and recovery, including controlling medications used in recovery
- Isolate from sources of safety and stability
- Undermine parent-child attachment
- Leverage legal systems against survivors

The pervasive stigma and criminalization of substance use strengthens the effectiveness of these tactics.
For more information on substance use coercion, check out http://www.nationalcenterontrauma.org/publications-products/su-coercion-reports.

Addressing Substance Use Coercion
In order for services to be effective, safe, and accessible to survivors, practitioners and policy makers need to understand the ways that substance use coercion impacts survivors and their children.

Where Does Child Protective Services (CPS) Fit In?
It is a common tactic of substance use coercion to either threaten CPS involvement or engage CPS systems in attempts to harm and control survivors and their children. At the same time, studies suggest that the simple presence of DV or substance use can increase findings of child abuse or neglect; this risk was largest when both DV and substance use were present.\(^1\)
7 Common Practices in Substance Use Disorder Care That Can Hurt Survivors and What You Can Do Instead

Keep in Mind

- Use a universal precautions approach: It can be difficult and dangerous for a survivor to talk about intimate partner violence (IPV). Trauma-informed approaches are essential even if someone has not disclosed abuse.
- Avoid labeling: Many people will not identify with terms such as survivor, abuse, victim, or intimate partner violence.
- Not just intimate partners: Abuse may come from another social contact.
- Not just physical or sexual violence: Learn more about the many forms of abuse and coercion at www.nationalcenterdytraumamh.org.

1) Practices Surrounding Program Intake and Exit

Risks and Barriers:

- Delays in service access: Survivors need to be able to access resources when there’s a window of safety. Delays often mean the window of safety will close.
- Strict treatment schedules can increase the risk of stalking and victimization.
- Administrative discharge due to missed appointments: A survivor may miss appointments in order to protect themselves or due to a partner’s interference.
- Administrative discharge due to toxicology screening results: Substance use may be a direct result of the abuse someone faces or coercion to use by a partner. Regardless, this is neither trauma-informed nor considered best practice.
- Administrative discharge due to inability to pay: Financial abuse is common and using health
Tools for Transformation: Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations
An Organizational Reflection Toolkit

Carole Warshaw, MD, Erin Tinnon, MSW, LSW, and Cathy Cave
April 2018

This publication is supported by Grant #90VY0007-01-00 from the Administration on Children, Youth and Families, Family and Youth Services Bureau, U.S. Department of Health and Human Services. The contents do not necessarily reflect the official positions or policies of the U.S. Department of Health and Human Services.

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When You Can Talk Privately

“People have shared with us that their (ex-)partner pressured them to use substances, use in ways that they didn’t want to, or used their substance use as a way to control them. Using substances is a common way to deal with physical and emotional pain. If you can relate to any of this, know that we’re here to help.”

Common Forms of Substance Use Coercion

- Introduction to or escalation of substance use
- Forced use or withdrawal
- Self-medication to cope
- Sabotaging treatment access or recovery efforts
- Using stigma to isolate, discredit, or threaten
- Blaming abuse on use

Validate and Affirm

- None of this is your fault
- You deserve to be treated with dignity and respect, no matter what
- I believe you
- You are not alone

“Would it be helpful to talk about some safety strategies and resources?”

Safety Plan: Access and Recovery

Collaboratively Strategize:

- Safe communication (telehealth, phone, mail, etc.)
- Stalking risk and appointment schedule
- Staying connected to services if pressured by a (ex-)partner to leave
- Maintaining control of medication(s), including MAR/MAT
- Threats to disclose or subpoena protected health information
- Legal documents that enable a (ex-)partner or social contact to exert control over the person

Connect

National Domestic Violence Hotline: 1 (800) 799-SAFE and 1 (800) 787-3224 (TTY)
RAINN National Sexual Assault Hotline: 1 (800) 656-HOPE
StrongHearts Native Helpline: 1 (844) 7NATIVE
Love is Respect (for teenagers): 1 (866) 331-9474 and 1 (866) 331-8453 (TTY)
When You Can Talk Privately

“How does your partner support your mental health? People have shared that sometimes their partners say hurtful things or try to make them think they are ‘losing their mind.’ Partners might make it hard to connect with people you trust or might only be supportive during hard times. If you can relate to any of this, we’re here to help.”

Common Forms of MH Coercion
- Undermining a survivor’s sanity
- Provoking, threatening, or forcing unnecessary commitment
- Interrupting healthy routines
- Interfering with MH care: controlling medications, diagnosis, or overall engagement
- Using stigma to isolate, discredit, or threaten
- Blaming abuse and control on MH

Validate and Affirm
- None of this is your fault
- You deserve to be treated with dignity and respect, no matter what
- I believe you
- You are not alone

“Would it be helpful to talk about some safety strategies and resources?”

Available in English and Spanish

Safety Plan: Access and Autonomy

Collaboratively Strategize:
- Safe communication and appointments (telehealth, phone, mail, etc.)
- Staying connected to services if others attempt to interfere
- Maintaining control of medication(s)
- Ways to protect confidentiality and protected health information
- Legal documents that enable a (ex-)partner or social contact to exert control over the person
- Maintaining autonomy and preventing unnecessary commitment

Connect

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Guide for Engaging & Supporting Parents Affected by Domestic Violence

Enhancing Parenting Capacity & Strengthening Parent-Child Bonds

Written by Susan Blumenfeld, MSW, LCSW
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Thank You!
Contact Information

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