

# Substance Use Coercion: Policy Implications for Domestic Violence Survivors

We know that being abused by an intimate partner can have traumatic health, mental health and substance use-related effects. The human and economic costs of domestic violence, including healthcare costs,<sup>1</sup> are well documented. Less well recognized, however, are the ways that domestic violence abusers deliberately try to use mental health and substance use issues to undermine and control their partners, and to actively keep them from meeting their goals related to treatment and recovery. These forms of abuse undermine not only the wellbeing of survivors but also the overall effectiveness of mental health and substance use disorder treatment. For example, while domestic violence victims may use alcohol or other drugs to cope with trauma,<sup>2</sup> abusive partners may also force or coerce them to use and/or sabotage their attempts at recovery.<sup>3</sup> Substance use disorder treatment programs that fail to address these tactics will be compromised in their effectiveness. Recent epidemiological studies have found that opioid use, abuse, and overdose among women are increasing at alarming rates, making this particularly salient for initiatives designed to address the national opioid epidemic.<sup>4</sup>

## How often do survivors experience these tactics?

A survey conducted by the National Domestic Violence Hotline, in consultation with the National Center on Domestic Violence, Trauma & Mental Health, found disturbingly high rates of abuse specifically targeting women's mental health and/or substance use. While survivors have reported these tactics for decades, this survey provided the first quantitative data on the issue, including that abusive partners intentionally undermine their partners' sanity or sobriety; control their access to medication; sabotage their treatment and recovery efforts; and undermine their credibility with friends, family, helping professionals, and in the courts.<sup>5</sup> Stigma associated with substance use and mental illness contributes to the effectiveness of these abusive tactics. While this paper focuses on substance use, the study found similar results regarding mental health.

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1 National Center for Injury Prevention and Control. (2003). Costs of Intimate Partner Violence Against Women in the United States. (<https://www.cdc.gov/violenceprevention/pdf/book-a.pdf>).

2 Bennett, L., & O'Brien, P. (2007). Effects of coordinated services for drug-abusing women who are victims of intimate partner violence. *Violence Against Women*, 13(4), 395-411.

3 Warshaw C., Lyon E., Phillips H., Bland P., Hooper M. (2014). Mental Health and Substance Use Coercion Survey: Report on Findings from the National Center on Domestic Violence, Trauma & Mental Health and the National Domestic Violence Hotline (<http://www.nationalcenterdvtraumamh.org/publications-products/mental-health-and-substance-use-coercion-surveys-report/>).

4 Opioid Use, Misuse and Overdose in Women (2016). US Department of Health and Human Services, Office on Women's Health. Washington, DC.

5 Warshaw C., et al. Coercion Survey: Report.

## The Substance Use Coercion Survey (3,248 participants):

- ◆ **26.0%** reported using alcohol or other drugs as a way to reduce the pain of their partner or ex-partner's abuse.
- ◆ **27.0%** said that a partner or ex-partner had pressured or forced them to use alcohol or other drugs, or made them more than they wanted.
- ◆ **15.2%** reported that, in the last few years, they tried to get help for their use of alcohol or other drugs; of those, **60.1%** said that a partner or ex-partner had tried to prevent or discourage them from getting that help.
- ◆ **37.5%** said that a partner or ex-partner had threatened to report their alcohol or other drug use to someone in authority to keep them from getting something they wanted or needed (e.g. custody of children, a job, benefits, or a protective order).
- ◆ **24.4%** reported being afraid to call the police for help because their partner said they wouldn't believe them because they were using, or that they would be arrested for being under the influence of alcohol or other drugs.

## What are the policy recommendations?

Any efforts by Congress to respond to the national opioid epidemic should:

- ◆ Incentivize training for substance use disorder treatment providers, including programs for pregnant and parenting women, on how to recognize and respond to intimate partner violence and specifically to substance use coercion.
- ◆ Promote collaboration between community-level treatment and recovery support providers and local domestic violence programs;
- ◆ Include attention to the role of trauma, including both past and *ongoing trauma*, in prevention, training, and intervention strategies;
- ◆ Disseminate best practices on responding to domestic violence to substance use disorder treatment providers (at all levels of services including intake and assessment, counseling and treatment, relapse prevention and recovery support, overdose prevention, documentation and referral, protocols regarding protection of sensitive information, and all outreach and programming);
- ◆ Increase access to comprehensive trauma-informed, gender-responsive, 2-generation substance use disorder treatment with a full range of MAT options, including transportation and childcare support and to integrated domestic violence and substance use disorder treatment services; and
- ◆ Improve data collection of existing federal surveys by including questions about coerced use and efforts by an abusive partner or others to interfere with treatment and/or sabotage recovery.

For more information, visit [nationalcenterdvtraumamh.org](http://nationalcenterdvtraumamh.org) or contact Carole Warshaw, MD, Director, NCDVTMH, at [cwarshaw@ncdvtmh.org](mailto:cwarshaw@ncdvtmh.org), or Sally Schaeffer, policy consultant, at [sally@uncorkedadvocates.com](mailto:sally@uncorkedadvocates.com).