An Urgent Call for Collaboration at the Intersections of Domestic Violence, Mental Health, and Substance Use:

Research, Resources, and Recommendations for State Mental Health and Substance Use Disorder Treatment Directors, State FVPSA Administrators, and Practitioners
Overview

It has long been recognized that abuse by an intimate partner can have traumatic mental health and substance use effects. At the same time, there are high rates of domestic violence (DV) among people who receive treatment in mental health and substance use disorder treatment settings. In addition, people who perpetrate DV deliberately use mental health and substance use-related issues to undermine and control their partners and to keep them from achieving their treatment and recovery goals. These forms of abuse not only jeopardize the well-being of survivors and their children, but also compromise the effectiveness of mental health and substance use disorder treatment.

While most clinicians report that they would like additional training and resources on identifying and addressing domestic violence, many also report that they have not received training on how to ask or respond to domestic violence in the context of mental health and substance use treatment. Similarly, many DV programs report challenges in accessing services for survivors and their families with more complex mental health and substance use-related needs.

In order to address these intersecting issues, the U.S. DHHS, SAMHSA and ACF have issued an Information Memorandum calling for increased collaboration between domestic violence, mental health, and substance use disorder treatment service providers and systems. In addition to highlighting the research noted above, the Information Memorandum provides State Mental Health Commissioners and State Substance Use Disorder Treatment Directors with:

a. information about DV, including the prevalence of DV among individuals receiving services in mental health and substance use disorder treatment settings,

b. evidence of the impact of DV on substance use and mental health, and,

c. available training, resources and potential partners for developing effective responses to individuals and families experiencing DV.

For State Family Violence Prevention and Services Act (FVPSA) Administrators, the Information Memorandum provides:

a. information about the mental health and substance use effects of DV, and,

b. available training, resources, and potential partners for supporting DV programs in responding effectively to survivors, youth, and children experiencing the mental health and substance use-related consequences of DV.

Collaboration is also encouraged between DV service programs and mental health and substance use disorder treatment and peer recovery service providers and systems.

Research Cited

- There are high rates of DV among individuals seen in mental health and substance use disorder treatments settings.
- DV has significant mental health and substance use effects.
- DV is often targeted toward a partner’s mental health or substance use including attempts to undermine a partner’s sanity and sobriety, sabotage their treatment and recovery, and discredit them with sources of protection and support.
- Abusive partners undermine their partners’ relationship with their children, creating risks for children’s health, mental health and well-being.
- Experiencing a mental health or substance use disorder places individuals at greater risk for being controlled by an abusive partner.
- Stigma associated with substance use and mental illness contributes to the effectiveness of abusive tactics and can create barriers for survivors when they seek help.

Strategies Outlined For Mental Health, Substance Use Disorder Treatment And Domestic Violence System Providers:

- Encouraging mental health and substance use treatment and recovery support providers to receive training on identifying and responding to domestic violence in their work.

- Incorporating responses to domestic violence into state and local policy to safely link individuals and families to domestic violence services.

- Promoting whole-family treatment approaches.

- Developing partnerships with State FVPSA Administrators and state/territorial/tribal coalitions.

- Ensuring every state’s domestic violence programs are designed to serve all victims of DV and their families without unnecessary barriers for individuals experiencing mental health or substance use-related needs.

- Encouraging training on mental health, substance use and trauma-informed best practices for staff at DV programs.

- Fostering collaboration between domestic violence and mental health/substance use service providers.
INFORMATION MEMORANDUM

TO: State Mental Health and Substance Use Disorder Treatment Directors
    State Family Violence Prevention and Services Act (FVPSA) Administrators

SUBJECT: The Intersection of Domestic Violence, Mental Health, and Substance Use

PURPOSE:
(1) To provide State Mental Health and Substance Use Disorder Treatment Directors with information about domestic violence (DV), including information about the prevalence of DV among people receiving services in mental health and substance use disorder treatment settings. Also the impact of DV on substance use and mental health, as well as information about available training, resources, and potential partners for developing effective responses to individuals and families experiencing the traumatic effects of DV.
(2) To provide State Family Violence Prevention and Services Act (FVPSA) Administrators with information about the mental health and substance use effects of DV and about available training, resources, and potential partners for supporting DV programs in responding effectively to survivors, youth, and children experiencing the mental health and substance use-related consequences of DV.
(3) To encourage collaboration between the DV service system and the mental health and substance use disorder treatment and peer recovery systems.

BACKGROUND
Domestic violence, substance use, and mental health are all issues with major health consequences that impact a large number of people across the country. While these issues have historically been addressed separately, many people seeking services in DV programs also require mental health or substance use services. Likewise, significant numbers of persons in behavioral health programs have experienced or are experiencing DV. Increasing collaboration and coordination between systems providing services to these populations can help ensure that all individuals and families have the support they need to overcome these issues.

What is Domestic Violence? When generally defined, DV is a pattern of coercive behavior, including acts or threatened acts, that are used by a perpetrator to gain power and control over a current or former spouse, intimate partner, dating partner, or person with whom the perpetrator shares a child or household in common. This behavior includes, but is not limited to, physical or sexual violence, emotional and/or psychological intimidation, verbal abuse, stalking, economic control, harassment, threats, physical intimidation, or injury. For state specific definitions of domestic violence, search the state statutes database on the Child Welfare Information Gateway.

(While the term "domestic violence" is commonly used by many state agencies and human services professionals, the term "intimate partner violence" (IPV) is often used by researchers, clinical professionals, and some federal agencies to refer to this pattern of behavior. For the purpose of this memorandum, the terms can be used interchangeably.)
Studies conducted in substance use disorder treatment settings have found high rates of DV victimization among women accessing services. Read the NEW Information Memo from @hhsgov, @ACFHHS and @SAMHSAgov to learn more: http://bit.ly/DVcollaboration.


New SAMHSA and ACF Information Memo highlights the mental health and substance use-related effects of DV, including coercive tactics targeted towards a partners’ mental health and substance use, and the need for more collaborative approaches to supporting survivors of DV and their families: http://bit.ly/DVcollaboration.

@NCDVTMH’s new report with @ACFHHS and @samhsagov offers strategies, available training, resources and potential partners for developing effective responses at the intersections of domestic violence, substance use and mental health. #DV #substanceuse #mentalhealth: http://bit.ly/DVcollaboration.
Sample Talking Points

Use these sample messages as inspiration for your conversations.

While it has long been recognized that domestic violence has significant mental health and substance use-related effects, the lack of collaboration between systems often leaves survivors and their families without ways to address both safety and recovery needs.

The uniqueness of the challenges faced by survivors of DV underscores the need for collaboration between the mental health, substance use disorder treatment, and DV fields.

New Information Memorandum from SAMHSA and ACF calls for increased collaboration between State Mental Health and State Substance Use Treatment Directors and State Family Violence Prevention and Services Act (FVPSA) Administrators.

The Information Memorandum highlights the mental health and substance use-related effects of DV, including abusive tactics targeted towards a partner’s mental health and substance use, and the need for more collaborative approaches for supporting survivors of DV and their families.
Infographics

Spread the word! Use the following graphics (attached along with this Partner Guide) on social media.

High rates of DV among women accessing substance use disorder treatment

- 47%-90% Report DV in their lifetime
- 31%-67% Report DV in the past year

High rates of DV among women accessing mental health treatment

- On average:
  - 30% of women in outpatient settings
  - 33% of women in inpatient settings
  - 30%-60% of women in psychiatric ER settings

Report victimization by an intimate partner

- 47% of women in outpatient settings
- 31% of women in inpatient settings
- 30%-60% of women in psychiatric ER settings

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

- 3x PTSD, Major depressive disorder, Suicide attempts
- 4x Substance use disorder

DV is often targeted toward undermining a partner’s mental health treatment and recovery

- 1 in 2 of the 2,733 National Domestic Violence Hotline callers who had sought help for feeling depressed or upset said their partners had tried to prevent or discourage them from getting help or taking prescribed medications.
- 4 in 5 said their partner accused them of being “crazy”
- 3 in 4 said their partner deliberately did things to make them feel like they were losing their mind
- 1 in 2 said their partner threatened to report they were “crazy” to keep them from getting something they wanted or needed (e.g., protection order or custody of their children)

DV is often targeted toward undermining a partner’s substance use disorder treatment and recovery

- 60% of the 3,224 National Domestic Violence Hotline callers who had sought help for substance use said their partners had tried to prevent or discourage them from getting help.
- 26% had used substances to reduce the pain of DV
- 27% had been pressured or forced to use substances or had to use more than they wanted.
- 24% were afraid to call the police because their partner said they would be arrested or not believed.
- 38% said their partner had threatened to report their substance use to authorities to prevent them from getting something they wanted or needed (e.g., protection order or custody of their children)

While exposure to DV can impact children’s physical, psychological, and emotional well-being, research consistently shows that attachment to the non-abusive primary caregiver is what is most protective of children’s resilience and development.