Substance Use Coercion as a Barrier to Safety, Security, and Economic Stability: Implications for Research, Policy, and Practice

A Communications Guide by the National Center on Domestic Violence, Trauma, and Mental Health
Background

NCDVTMH's 2014 national Mental Health and Substance Use Coercion Surveys—in collaboration with the National Domestic Violence Hotline—found that more than 60% of those who sought help for substance use said their abusive partners had tried to prevent them from accessing treatment.

Substance use coercion is a critical issue for survivors of intimate partner violence (IPV) that has widespread implications for state and federal policymakers and for the domestic violence, substance use, legal, and child welfare fields.

Substance Use Coercion:
- a form of abuse targeted toward a partner’s use of substances
- a critical issue affecting survivors across many settings and systems

Recognizing the far-reaching impacts of substance use coercion on survivors and their families, NCDVTMH partnered with the Family Violence Prevention and Services Act (FVPSA) Program and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) at the U.S. Department of Health and Human Services to convene a technical expert meeting in Washington, D.C. in 2019.
NCDVTMH invites you to read and share the full reports, which include a meeting summary, key informant interviews, a literature review, and a policy brief with recommendations for research, practice, and policy at the local, state, and federal levels. View the reports, along with a webinar and expanded resources, here.
Understanding substance use coercion and the intersections of substance use and domestic violence

WHAT IS SUBSTANCE USE COERCION?

Coercive tactics targeting a partner's use of substances as part of a broader pattern of abuse and control

COMMON FORMS OF SUBSTANCE USE COERCION

- Deliberately introducing a partner to substances
- Forcing or coercing them to use
- Interfering with their access to treatment
- Sabotaging their recovery efforts
- Leveraging the stigma associated with substance use to discredit them with sources of safety and support

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

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.”
Integrating Services: Why and How

Integrating Services for DV and Substance Use

Cross-sector collaboration is limited, yet there is a:

- High level of need
- High desire for cross-training, access to collaborative or integrated services, and policy strategies to address system barriers

Improving DV and Substance Use Services

Among DV programs:

- 69% wanted expedited referrals for SUD treatment
- 51% wanted funding for more onsite substance use services

19% of state substance use disorder treatment systems report solid partnerships with state domestic violence agencies.

Why Integrate Services?

"Coordinated and integrated DV and substance use treatment services uniquely benefit survivors and are associated with decreased substance use and, in some cases, decreased experiences of violence."

Improving DV and Substance Use Services

- Increase access to co-located and integrated models
- Decrease barriers with:
  - Childcare
  - Transportation to treatment
  - Extended stays in treatment
  - Mobile intake at shelters
- Enhance training on DV, substance use, and substance use coercion

Improving DV and Substance Use Services

- Peer support and harm reduction models
- Trauma-informed, gender-responsive, and two-generation approaches
- Centering the voices of people with lived experience

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
Integrated Service Models: A Continuum

**Coordinated:** domestic violence and substance use treatment programs provide separate services at their own facilities, but with considerable input and cross-referrals between programs

**Co-located:** staff from substance use treatment programs are housed within domestic violence programs and vice versa

**Integrated:** domestic violence and substance use services are offered under one roof
At every step, services must be ACRTI:

Accessible
Culturally-Responsive
and
Trauma-Informed
To address substance use coercion, we must increase cross-sector collaboration and training on the intersections of substance use and domestic violence.

Join the conversation.

Using this Communications Guide

In addition to reading and sharing the full reports from the 2019 technical expert meeting, NCDVTMH encourages you to engage your colleagues and community in these important conversations.

The following section contains suggested talking points and action steps. Please use these as inspiration for:

- Emails to organizational members and supporters
- Presentations to partners and funders
- Training and strategizing with your team
- Social media posts—especially in combination with the downloadable graphics here
Sample Talking Points to Guide Conversations

- Common forms of substance use coercion include:
  - Deliberately introducing a partner to substances
  - Forcing or coercing them to use
  - Interfering with their access to treatment
  - Sabotaging their recovery efforts
  - Leveraging the stigma associated with substance use to discredit them with potential sources of safety and support

- Substance use coercion creates barriers for survivors, impacting their ability to:
  - Access services
  - Engage in treatment
  - Maintain recovery
  - Retain custody of their children
  - Attain economic self-sufficiency
Sample Talking Points to Guide Conversations

- Urgent action is needed to develop and scale coordinated, co-located, and integrated services.

- 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.

- More research is needed to better understand the scope and impact of substance use coercion and to evaluate what interventions are most effective.

- Addressing the multiple barriers to service access and engagement is a critical priority for state and federal policymakers, for local domestic violence and substance use disorder treatment providers, and for survivors and their families.

- Center survivors’ lived experiences. When devising new policies and procedures, survivors must be at the helm.
At the policy level:
- Fund cross-sector collaboration and training
- Support funding requirements that include integrated responses
- Support culturally-specific and Indigenous programs, services, and innovative approaches
- Address system-level issues that create barriers for survivors experiencing substance use coercion

At the research level:
- Evaluate substance use coercion interventions
- Quantitatively and qualitatively study the impact of substance use coercion and the effect of integrated services
- Contextualize ongoing research with regard to social, racial, and economic disparities

At the program level:
- Meet survivors where they are
- Center the voices of people with lived experience
- Implement peer support and harm reduction approaches
- Increase access to services by offering transportation and childcare
Further Resources

Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence

Mental Health and Substance Use Coercion Surveys
NCDVTMH provides training, technical assistance, and consultation across the fields of domestic and sexual violence, trauma and healing, mental health, substance use, and more.

To inquire about training or to receive more information and resources on these issues, please contact NCDVTMH at:

www.nationalcenterdvtraumamh.org  P: (312) 726-7020
info@ncdvtmh.org  TTY: (312) 957-0449

Please tag @ncdvtnmh when sharing these materials on social media. Thank you!