UNDERSTANDING SUBSTANCE USE COERCION IN THE CONTEXT OF INTIMATE PARTNER VIOLENCE: IMPLICATIONS FOR POLICY AND PRACTICE

SUMMARY OF FINDINGS
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EXECUTIVE SUMMARY

Substance use coercion is pervasive and detrimental to the health, wellbeing, and economic self-sufficiency of intimate partner violence (IPV) survivors and their children. Many survivors of IPV experience substance use coercion – tactics specifically targeted towards a partner’s use of substances as part of a broader pattern of abuse and control. This report draws on conversations held with key informants with lived experience and from a range of fields. Key informants discussed the prevalence, impact, and implications of substance use coercion and provided examples of common substance use coercion tactics. For example, abusive partners may:

- Introduce, pressure, coerce, or force survivors into using substances, including new or more addictive ones;
- Control survivors’ access to substances as a way to maintain power and control within the relationship;
- Force, pressure, or coerce survivors into engaging in illegal or unwanted activities to obtain substances or money for substances—this marks an under-explored trajectory into human trafficking;
- Limit survivors’ ability to call the police for help when being abused by threatening to report survivors’ substance use to law enforcement;
- Make threats related to survivors’ coerced substance use to jeopardize their ability to maintain custody of their children;
- Leverage stigma associated with substance use to isolate survivors from social networks and supports; and to manipulate and mobilize systems (e.g., child welfare, criminal justice) against them.

Substance use coercion profoundly impacts survivors and their children. It creates Catch-22 scenarios in which survivors have limited options and fewer opportunities to achieve economic self-sufficiency, which is critical for both safety and recovery. For example, when a survivor has a criminal record due to coerced substance use, it becomes much more difficult for them to access employment, housing, and some social services and benefits for which they would otherwise be eligible. Furthermore, survivors dealing with substance use coercion often face barriers in accessing domestic violence and substance use treatment services.

To better meet the needs of survivors experiencing substance use coercion, key informants offered potential policy and practice strategies, including ways to:

- Increase survivors’ access to a full range of substance use treatment and recovery services;
- Promote education and training on substance use coercion across systems that survivors and
their children encounter;

- Improve partnerships between domestic violence and substance use treatment services and better equip services providers and systems to support survivors experiencing substance use coercion;
- Strengthen survivors’ economic self-sufficiency;
- Encourage research on substance use coercion; and
- Cultivate a culture that values and seeks to deeply understand the barriers, progress, healing, and resiliency of persons with lived experiences as critical to informing all aspects of policy and practice.
INTRODUCTION

Intimate partner violence (IPV) is best understood as intentional, ongoing, and systematic abuse used to exercise power and control over an intimate partner (Warshaw, C. & Tinnon, E., 2018). This can take the form of intimidation, threats, physical violence, verbal abuse, sexual violence, enforced isolation, economic abuse, stalking, psychological abuse, or coercion, among other abusive tactics (Bancroft, L., 2003; Johnson, M.P. & Leone, J.M., 2005; Stark, E. 2007). Researchers have documented a range of trauma-related effects of IPV, including substance use (Rivera, E. et al., 2015). While some survivors use substances to cope with the traumatic effects of abuse, others are coerced into use by their abusive partners. Furthermore, abusive partners utilize coercive tactics targeting survivors’ use of substances as a mechanism of abuse and control; this is known as substance use coercion (Warshaw, C. et al., 2014). Common forms of substance use coercion include deliberately introducing survivors to substances, forcing or coercing them to use, interfering with their access to treatment, sabotaging their recovery efforts, and leveraging the stigma associated with substance use to discredit them with potential sources of safety and support. Substance use coercion is detrimental to survivors’ health, wellbeing, and economic stability and interferes with their ability to engage in both substance use disorder treatment and domestic violence (DV)1 shelter and other services.

The Substance Use and Mental Health Service Administration (SAMHSA) defines substance use disorders as occurring “when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home” (SAMHSA, 2019). Substance use disorders can be seen along a continuum, ranging from mild to severe and chronic (Office of The Surgeon General, 2016). Neurobiological research suggests that substance use disorders can alter brain reward, motivation, memory, and related circuitry (American Society of Addiction Medication, 2011). However, individual experiences of substance use disorder are nuanced and varied, as are the pathways to recovery (National Council on Alcohol & Drug Dependence, 2018). Wide-ranging approaches to recovery can include medications and a number of behavioral approaches (National Institutes of Health, 2019).

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1 In this report, the term ‘intimate partner violence’ is used when describing abuse by an intimate partner. The term ‘domestic violence’ is used, as per convention, when describing services that address intimate partner violence (i.e., domestic violence programs).
The U.S. Department of Health and Human Services – including the Office of the Assistant Secretary for Planning and Evaluation (ASPE) and the Administration for Children and Families, Family and Youth Services Bureau’s Family Violence Prevention and Services Act (FVPSA) Program – and the FVPSA-funded National Center on Domestic Violence, Trauma, and Mental Health (NCDVTMH) have worked in partnership to raise awareness among federal agencies and the DV and substance use treatment fields about the prevalence and impact of substance use coercion and to encourage policy and practice innovations to address it.

As part of these efforts, ASPE and NCDVTMH held conversations with key informants from the DV, substance use, and human trafficking fields; these included direct service providers, state and national technical assistance providers, state officials, researchers, and individuals with lived experiences. Interviews were conducted with five main goals in mind:

1. To gather information on the dimensions of substance use coercion that key informants most often witness;
2. To better understand the impact of substance use coercion on survivors’ health, safety, recovery, and economic stability;
3. To learn more about the impact of substance use coercion on opioid use, addiction, and overdose-related deaths;
4. To explore ways that substance use coercion impacts survivors’ service engagement and outcomes;
5. To elicit broader policy and practice changes needed to better respond to substance use coercion.

This report describes the themes that emerged from these conversations. It also provides information on the wide-ranging implications of substance use coercion for policy, research and practice.

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2 These semi-structured discussions asked the same question of no more than nine people. ASPE and NCDVTMH developed separate semi-structured interview guides for individuals with lived experience, domestic violence experts, substance use experts, human trafficking experts, integrated programs, policy experts, and researchers.
METHODS

The information provided within this report was gathered via hour-long semi-structured telephone conversations with key informants. NCDVTMH and ASPE staff first identified and then interviewed key informants. Additional informants were identified using a “snowball” recruitment method: key informants were asked if they knew of any others doing related work and then some of those suggested were contacted for interviews.

From May to July 2019, 19 conversations were held with a total of 26 key informants. The same question was not asked of more than nine individuals and separate semi-structured conversation guides were created for each type of informant. Of the 26 key informants:

- seven focused on their experiences working in DV organizations;
- seven spoke from the perspective of working in substance use treatment or research settings;
- four shared their experiences working in integrated DV/substance use service settings;
- three spoke from a policy perspective;
- three shared their lived experiences of IPV and substance use coercion;
- one highlighted what they were seeing in their DV research; and
- one discussed their human trafficking work.

The information provided by the three key informants who identified as having lived experience of substance use coercion was prioritized in the analysis and preparation of this report.

Key informants were from diverse geographical regions in the United States and represented urban, rural, and suburban areas. In addition, key informants focused on both general and specific populations, including Indigenous and Native women, LGBTQ individuals, and pregnant and postpartum women. Several key informants specifically used gendered language, referring to survivors as women; others did not. Throughout this report, the terms “survivor” and “abusive partner” are used without gender qualifiers, as survivors and abusive partners can be of any gender.

Key informant conversations were recorded and verbatim notes were taken so that ASPE and NCDVTMH staff could complete a thematic analysis of all conversations. To do this, first, ASPE and NCDVTMH staff jointly coded three interviews. The themes that emerged from this initial review formed the basis of a coding guide used to complete the thematic analysis for all interviews. Throughout this process, NCDVTMH and ASPE staff regularly discussed recurring and emerging themes and ensured that both teams were using parallel coding processes. Once all interviews were coded, ASPE and NCDVTMH staff reviewed the overall themes as well as important themes from individual conversations.
This project utilized a phenomenological, qualitative approach. While this methodology allowed for the collection of rich and in-depth information, there are limitations to this approach that could lessen the generalizability of these findings. For example, key informants were selected using a non-random sampling method and because they had experience related to substance use coercion. Key informants provided information based on their professional and personal experiences, which is inherently subjective, and at times the information provided was anecdotal in nature. Finally, because this project utilized semi-structured interviews, it is possible that interviewers could have inadvertently influenced key informants. While interviews were systematically coded, the perspectives and beliefs of the coders could have impacted the extraction and analysis of themes.
KEY FINDINGS

This section details the main themes that emerged within the interviews, including:

- The coexistence of substance use, IPV, and substance use coercion;
- The types of substance use coercion that survivors experience and their impact;
- How substance use coercion affects service engagement and outcomes; and
- Recommended strategies for addressing the intersections of IPV, substance use, and substance use coercion.

THE COEXISTENCE OF SUBSTANCE USE, IPV, AND SUBSTANCE USE COERCION

Key informants provided information on the prevalence of substance use coercion, how often IPV and substance use coexist, and other factors that contribute to survivors’ use of substances. Substance use and IPV may coexist without abusive partners specifically leveraging substance use coercion, but key informants focused primarily on substance use coercion in particular.

- **Prevalence of Substance Use Coercion:** All key informants emphasized that substance use coercion is a major concern for survivors. Some noted that substance use coercion is so common that it could be considered as nearly universal among survivors who use substances. While many stated that the term “substance use coercion” is not yet widely recognized, most providers were familiar with the concept and have observed its manifestations in their work.

- **Prevalence of Coexisting Substance Use and IPV:** Key informants’ anecdotal estimates of the number of people dealing with both IPV and substance use also varied based on setting and context, ranging from 30 percent in some to “nearly” 100 percent in others. Key informants within the substance use treatment field described IPV as nearly universal among women accessing treatment services. Survivors’ use of substances ranges from minimal use to poly-substance addiction. One key informant commented that rates of substance use may be underreported in certain communities, including some immigrant communities, because of particularly intense stigma surrounding use.

- **Types of Substances Used by Survivors:** Overall, alcohol, opioids, marijuana, cocaine, and methamphetamines were cited as the substances most commonly used by survivors, with one key informant describing these substances as the easiest to access and therefore the most frequently used. There was some variation by region and sociocultural context. For example, prescription opioid use was particularly prevalent in rural West Virginia and Ohio whereas heroin and fentanyl were described as more common in urban areas. In addition, informants from states with high rates of opioid use highlighted concerns about the number of opioid-
related deaths they were seeing, including within DV shelters, and the impact on both survivors and DV program staff.

- **Additional Factors:** Key informants noted that survivors often describe substance use as a coping strategy to manage the physical and emotional pain associated with IPV. Survivors may use substances to cope with the longstanding effects of childhood trauma as well. They emphasized that for some survivors, substance use may be seen as a way to connect with others in their social circles, particularly when use of substances is normative. This makes recovering from substance use and leaving the abusive relationship particularly isolating, which may contribute toward continued use.

### TYPES OF SUBSTANCE USE COERCION AND ITS IMPACTS

Key informants described an array of substance use coercion tactics that they had witnessed within their programs or heard survivors describe, learned about in their research, seen among their peers, or experienced themselves. They reported that abusive partners frequently use physical violence, verbal and emotional abuse, and sexual assault to reinforce these tactics. Substance use coercion tactics are made more potent when abusive partners can leverage other vulnerabilities, such as those created by stigma, discrimination, or limited financial resources. This section provides information on the types of substance use coercion tactics described by key informants, organized by themes with specific examples provided.

#### Tactics Related to the Use of Substances

- **Initiation into Substance Use:** Key informants detailed several pathways through which survivors first use substances. Some survivors begin using substances because their abusive partner urged them to use. In some cases, this may be a coercive tactic to keep them in the relationship, or it can be introduced as a recreational activity or way to bond. Either way, this commonly progresses to continued use and then to physical dependence. Survivors who have used substances prior to their involvement in an abusive relationship often have to deal with abusive partners’ deliberate attempts to escalate the frequency of their use and/or to get them to use new or more addictive substances. One key informant noted that the introduction of substances may or may not start out as coercive, but often increases an abusive partner’s power and control within the relationship.

- **Forced Use:** Many key informants shared that abusive partners force survivors to use substances. This includes utilizing or threatening violence to make survivors use, forcibly injecting survivors with substances, controlling survivors’ dosage, and drugging survivors without their knowledge. A few key informants stated that abusive partners may force survivors to use via unsafe supplies or paraphernalia. Key informants reported that abusive partners force survivors to use substances to keep them awake, induce paranoia, increase their sexual compliance, or impair their memory. Some abusive partners make survivors use substances and then sexually assault them while they are under the influence. Forced use is particularly problematic for survivors who are drug tested as a condition of their parole or to maintain housing and other benefits that enable survivors to move toward economic stability. This tactic
can be used to keep survivors from doing the things they need to do for themselves and their children, to jeopardize their employment, and to isolate them from crucial social supports.

- **Controlling Access to Substances:** The majority of key informants said that abusive partners control access to substances as a way to maintain power and control within the relationship. Some reported that the trajectory from introducing or forcing a survivor to use substances to controlling access to substances is common among survivors who experience addiction. Key informants stated that abusive partners withhold substances as a coercive tactic, force survivors into withdrawal or threaten to induce withdrawal, and control the dosage given to survivors. Controlling the dosage given to survivors has been reported as especially endangering. It puts survivors at greater risk for overdosing because they have been intentionally misinformed about the amount they are being administered and thus, misled about their tolerance level.

- **Coercion into Engaging in Illegal or Unwanted Activities:** Many key informants reported that abusive partners coerce or force survivors to engage in illegal or unwanted activities related to substances. This includes forced or coerced sex work or the selling and transport of illicit drugs. One respondent said that survivors who do not know how to inject themselves may be coerced into sex work, with their partner only providing the substance after the survivor has brought back money or substances in exchange for illegal or unwanted activities. Several key informants highlighted the fact that coerced sex work is a pathway into human trafficking and therefore poses major risks to survivors. Coercion into engaging in illegal activities can create significant, compounding problems for survivors, particularly if they are arrested and then have a criminal record. This can make it extremely difficult for survivors to obtain housing, become employed, and maintain custody of their children, all of which further entrap them in an abusive relationship. Coercion into sex work or subsequent labor trafficking introduces new risks into survivors’ lives, including additional or more severe violence, sexual assault, and related health concerns.

### Leveraging Systems against Survivors

Nearly all key informants described ways that abusive partners leverage systems against survivors. This occurs in relation to both the stigma surrounding substance use and the legal risks associated with it. For example, key informants shared that abusive partners often turn survivors’ substance use - including coerced or forced use - against them in court proceedings, using the stigma associated with substance use to make survivors seem less credible to the court. Abusive partners use these tactics to the detriment of survivors by leveraging a range of systems against them, including the criminal justice, child protection and child custody, and immigration systems.

- **Leveraging Law Enforcement Systems:** Most key informants said that abusive partners make a range of threats concerning reporting survivors’ substance use to the police. This tactic is also often used to limit survivors’ ability to obtain help from the police while they are being abused.
When the substances in question are illicit, this is a credible, coercive threat in itself. Key informants reported that abusive partners explicitly tell survivors that law enforcement officers will not believe their reports of abuse because they are intoxicated. Furthermore, they also tell survivors that as a result of their substance use, their children will be taken away if they call the police for help. Several key informants shared that abusive partners threaten to tell police that survivors are using even when they have not been. Survivors who have warrants out for arrest may be at particular risk as abusive partners may threaten to call the police on them to maintain power and control in the relationship. Finally, a few key informants talked about multiple instances in which survivors were forced or coerced into claiming responsibility for their abusive partners’ substance involvement (i.e., drug possession or trafficking) when there was a risk of arrest. For example, male abusers may manipulate a female partner into covering for them by claiming that she would be treated more leniently by law enforcement because she is a woman.

- **Leveraging Child Protective Services or Child Welfare Systems:** The majority of key informants reported that it is common for abusive partners to actively try to sabotage survivors’ ability to maintain custody of their children. This includes forcing survivors to claim responsibility for the abusive partners’ substances. Key informants report that abusive partners often threaten to call child protective services or child welfare on survivors because of coerced substance use. These tactics become particularly problematic for survivors when they are already afraid to reach out to systems for help. These tactics profoundly impact survivors who are parents, many of whom would do anything to protect and support their children.

- **Leveraging Immigration Systems:** Key informants described ways that abusive partners, particularly U.S. citizens and legal residents, leverage threats regarding immigration systems against survivors as an aspect of substance use coercion. This includes coercing immigrant survivors to use substances or stay in the abusive relationship by threatening their families who are still in their country of origin, threatening to harm a survivor’s family or children from whom they are separated if they attempt to seek treatment for their substance use or leave the relationship, or preventing survivors from seeking treatment or leaving the relationship by reporting survivors to immigration authorities.

Taken together, these tactics increase survivors’ risk for loss of child custody, incarceration, overdoses, injuries, and fatalities, and severely limit survivors’ ability to access or maintain housing or employment or call the police for help when they are being abused.

**Interference with Treatment and Recovery**

The majority of key informants reported that abusive partners attempt to interfere with survivors’ substance use treatment and sabotage their recovery via a range of tactics:

- **Controlling Access to Substance Use Treatment and Recovery Services:** Abusive partners use a variety of tactics to inhibit survivors’ ability to access substance use treatment and recovery services. This includes controlling access to transportation so that survivors cannot attend appointments (a major issue in rural and isolated areas), using violence to scare survivors out
of participating in treatment, and threatening to take away survivors’ children if they continue treatment. One key informant shared that abusive partners may interfere with medications used as part of substance use treatment; for example, an abusive partner may steal a survivor’s buprenorphine and then sell it. Another key informant highlighted that these tactics can be subtle and yet still be effective. For example, an abusive partner may fail to show up to drive a survivor to an appointment, or they may fail to watch the children after having agreed to as a way to keep survivors from attending services.

- **Weaponizing “Romantic” Jealousy:** A few key informants shared that abusive partners try to coerce survivors out of going to treatment by weaponizing “romantic” jealousy. For example, an abusive partner may become enraged over the possibility of a survivor meeting someone new while in treatment, or they may fabricate a narrative that the survivor is in love with their counselor.

- **Sabotaging Recovery:** Substance use disorder treatment providers said that relapse among survivors is commonly due to interference by an abusive partner. When survivors are trying to abstain from use, abusive partners may bring substances into the home to tempt them, use in front of survivors, or force them to use together. Key informants reported that it is not uncommon for abusive partners to stalk or harass survivors while they are receiving services, which is both a major safety concern and a way that abusive partners coerce survivors into stopping services. Survivors who have left their abusive relationship and are doing well in treatment often have to contend with an abusive partner who re-enters their lives and destabilizes their recovery.

Key informants reported that abusive partners also interfere with healthcare access more broadly. Survivors may be reluctant to access needed medical care, such as routine exams, preventive check-ups, and prenatal or postpartum services due to ongoing substance use coercion.

### Enforcing Social Isolation

Key informants described ways abusive partners wield substance use coercion tactics to isolate survivors from important sources of social support. Friends and family often provide tangible resources, like funds for a security deposit for a new apartment, a ride to work, or childcare, that survivors can use to get out of an abusive relationship. This makes abusive partner-enforced social isolation in the context of substance use coercion particularly harmful.

- **Using Stigma Associated with Substance Use to Isolate Survivors from Family and Friends:** Key informants report that abusive partners commonly use the stigma of substance use to isolate survivors from family and friends, at times completely cutting them off from important relationships. For example, an abusive partner may tell a survivor’s friends and family members about their substance use as a way to curtail their access to those social supports. Some key informants reported that abusive partners have tried to turn survivors’ children against them by telling them about their substance use.
• **Controlling Survivors’ Access to Connection and Support from Other People Who Use Drugs:** For survivors in relationships with abusive partners within the same social circle and drug using community, abusive partners sometimes act as a gatekeeper to prevent access to that community and its social supports. When a survivor’s social world has been narrowed to only people within the same drug using community, it makes it much harder for them to leave their relationship and abstain from using as they may lose their entire social network. If a survivor decides to end the relationship and continue using, they may be unable to avoid their abusive partner if they are both in the same social circle.

**Substance Use Coercion and Economic Stability**

All key informants stated that substance use coercion creates economic barriers for survivors, which can further entangle them in abusive relationships, limit their ability to seek safety and stability, and compromise their efforts towards recovery. Substance use coercion creates and contributes to the following types of economic barriers:

• **Regulating Survivors’ Access to Employment:** The majority of key informants reported that abusive partners control survivors’ employment options, which is particularly problematic in the context of substance use coercion. First, abusive partners may prohibit survivors from working or undermine their confidence in their ability to work, using violence or threats of violence to enforce this. Survivors may lack work experience as a result. Furthermore, coerced substance use often jeopardizes survivors’ employment. In addition, survivors who are able to work may rely on irregular, unreliable, or under-the-table jobs, which are often lower paying and may expose them to sexual harassment and other forms of abuse. Key informants observed that some survivors engage in sex work by choice as a way to provide for themselves and their children. Regardless of their form of employment, survivors who are able to make money report other forms of economic abuse, including the theft of their earnings by abusive partners. Survivors may also be made responsible to financially support their abusive partner, creating additional stressors. For example, abusive partners may divert the money needed for food or rent to the provision of substances, placing survivors in financially precarious situations. Taken together, these tactics serve to keep survivors trapped within abusive relationships.

• **Keeping Survivors from Attaining Educational Goals:** Key informants noted that abusive partners actively interfere with survivors’ educational goals. This includes making survivors drop out of school by harassing, stalking, and putting them down, as well as controlling finances to prevent survivors from paying for school.

• **Preventing Survivors from Accessing Services, Public Benefits, and Programs:** As a result of substance use coercion, survivors may be disqualified from programs like the Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF). This may be due to ongoing coerced substance use or drug-related convictions, which may prohibit access to these programs on their path to self-sufficiency. For example, key informants reported that abusive partners may coerce or force survivors to use substances and then report the survivor’s use to keep them from accessing these programs.
• **Jeopardizing Survivors’ Access to Housing:** Key informants described housing as a major concern for survivors and their children. Many survivors rely on abusive partners for housing. The loss of housing puts survivors and their children at risk for homelessness and other harms. For survivors who use substances, obtaining new housing can be especially difficult, as some forms of housing are not available to those who actively use. In addition, if a survivor has a history of evictions due to the actions of an abusive partner, it may be much more difficult for them to obtain housing. These difficulties are compounded when survivors have been prevented from maintaining employment by their abusive partners, or when substance use coercion has led to financial precarity.

• **Threatening Survivors’ Connections with Their Children:** Respondents described how abusive partners leverage the combination of substance use coercion and survivors’ connections with their children to impact survivors’ economic stability. Survivors may be forced to stay with an abusive partner solely to be able to financially provide for their children. Abusive partners also use survivors’ coerced substance use against them in custody battles that drain their finances and impact their benefits.

A survivor’s enforced dependence on an abusive partner for financial support, housing, childcare assistance, substances, and other needs often keeps them in an abusive relationship. The economic impact of substance use coercion heightens survivors’ social marginalization, often creating further entrapment in abusive relationships.

**SERVICE ENGAGEMENT AND OUTCOMES**

Key informants discussed barriers survivors face in accessing DV and substance use treatment services. These often result from a lack of awareness about how substance use, IPV, and substance use coercion intersect.

**Barriers Survivors Face in Domestic Violence Programs**

Key informants described barriers that survivors who use substances face in accessing DV services:

• **Sobriety Requirements:** Some key informants stated that some DV programs require survivors to abstain from substance use to access services. Survivors who use substances may be screened out from DV programs and told to return when sober, or survivors may be discharged from services due to ongoing use. As a result, survivors may return to unsafe situations and abusive partners.

• **Lack of Training:** Many DV program staff members have not received training on how to effectively work with survivors who use substances. Staff may be concerned that survivors who use may cause other survivors in recovery to relapse, or they may be worried about safety risks for children. Due to limited training, programs may not recognize substance use as a coping
mechanism or understand substance use coercion as a tactic of control.

- **Staff Attitudes and Stigma:** Key informants shared that stigma around substance use is a major issue, as staff may have negative perceptions of survivors struggling with substance use which can create barriers to services. Stigma associated with human trafficking also reduces access for survivors experiencing substance use coercion. Negative staff attitudes can further marginalize survivors and contribute to the shame, guilt, and inadequacy that some survivors report feeling.

- **Limited Resources:** DV programs often run at or above capacity, particularly within their residential services, and work within limited budgets. Key informants reported that DV programs may perceive survivors who use substances as creating additional programmatic needs, which they may not feel equipped to meet.

### Barriers Survivors Face in Substance Use Treatment Programs and Recovery Services

Key informants described barriers for survivors accessing substance use treatment and recovery services, including the following:

- **Limited Understanding of IPV and Substance Use Coercion:** Substance use treatment providers with limited understanding about substance use coercion and IPV may misinterpret survivors’ behaviors as a lack of engagement with services, according to some key informants. When survivors access substance use treatment services, their partners’ threats and violence often increase; in turn, the structure of substance use treatment services may make it easier for abusive partners to exert control over survivors. Providers may not know that some abusive partners stalk and harass survivors when they access services, particularly services that require a regular schedule; this can decrease treatment attendance and lead to survivors being discharged from the program. Additionally, when services are provided in mixed-gender settings or when the partners are the same gender, survivors and their abusive partners may be placed in the same program, creating major treatment and safety barriers for survivors. Finally, substance use treatment services commonly utilize a perspective of individual-level accountability and responsibility, which may compound any feelings of shame and self-blame about the abuse they have experienced.

- **Lack of Trauma-Informed Services and Trauma-Specific Treatment:** Key informants noted that the relative lack of trauma-informed and trauma-specific substance use treatment services is a barrier in itself for survivors.

- **Insufficient Funding to Meet Service Needs:** Substance use treatment services often have limited resources compared to the number of people in need of treatment. Therefore, survivors may face few treatment options and long waitlists to obtain services. This is compounded in rural, remote, and underserved communities.

- **Few Programs Responsive to Survivors’ Gender-Related Needs:** There are very few substance use treatment programs that are gender-specific or are responsive to the needs of LGBTQ+
people. Female survivors may experience additional gender-related challenges; for example, female survivors who have been abused by male partners may not feel safe in mixed-gender settings.

**Barriers Survivors Face in Residential Settings**

Key informants described barriers specific to residential DV and substance use treatment services. Group living settings bring challenges, such as negotiating shared space, managing conflicts, and even experiencing abuse. These challenges may drive survivors to discontinue services or trigger substance use to cope, leading to service discharge. Residential services often have many rules and regimented living arrangements, which may remind survivors of the power and control dynamics within abusive relationships. Concerns about children may make it more difficult for survivors to fully engage in services, as residential substance use treatment services may require survivors to leave their children in the care of others. Survivors who have to leave their children with abusive partners may exit treatment early out of concern for their children’s wellbeing. In addition, if abusive partners are unable to care for their children including due to their own substance use, survivors may not be able to leave their children to access services. Given the choice between their children’s safety and their own recovery efforts, survivors often choose to prioritize their children’s safety.

**PRÁCTICE AND POLICY RECOMMENDATIONS FROM KEY INFORMANTS**

Given the multiplicity of barriers that survivors experiencing substance use coercion face in accessing services, key informants recommended a range of strategies to increase service access.

**Improving Partnerships**

At community and state levels, improved partnerships between DV and substance use treatment services can lead to improved outcomes for survivors and their children. Key informants urged providers to build relationships across sectors to improve the coordination of services. Suggested strategies included:

- **Developing formal state-level partnerships between Family Violence Prevention and Services Act (FVPSA) State Administrators and State Substance Use Disorder Treatment Administrators:** This strategy can be used to support local partnerships between DV programs and substance use disorder treatment providers, as well as to encourage state-wide cross-training initiatives.

- **Establishing formal partnerships between DV programs and substance use disorder treatment providers:** Formalizing partnerships through shared funding or memoranda of understanding can help sustain this work.

- **Instituting joint training:** Cross-training on IPV, substance use, substance use coercion, and
treatment options is critical to the development of collaborative partnerships. Furthermore, key informants also recommended cross-trainings on how to identify IPV, substance use, and substance use coercion; how to work with survivors with experiences of substance use, mental health concerns, and trauma; how to connect survivors with needed resources and services; how to respond when a survivor overdoses; and harm reduction practices to support survivors’ wellbeing and safety.

- **Building strong cross-referral processes:** Programs are encouraged to develop staff expertise and confidence in initiating and following up on referrals across service settings.

- **Offering integrated services:** Key informants noted that integrated services, in which both substance use and DV programs can be accessed under one roof, may be especially beneficial to survivors.

- **Building partnerships across multiple systems:** Abusive partners manipulate and leverage systems against survivors. To mitigate these effects, key informants recommended building partnerships among the systems that survivors interact with, including child welfare services, the criminal justice system, early childhood services, housing services, trauma treatment provider networks, and social services.

**Practice Recommendations**

Key informants offered a number of approaches to improve DV and substance use treatment services for survivors experiencing substance use coercion. They emphasized that programs are often most effective when they center the perspectives of individuals who have experienced substance use coercion in making changes to improve services. In tandem with this, key informants recommended that programs understand the intersections between substance use coercion and ways survivors are marginalized. Given the pervasiveness of trauma in the lives of survivors experiencing substance use coercion, informants highlighted the importance of ensuring that programs are trauma informed. Key informants also recommended that both DV and substance use treatment programs employ harm reduction approaches that screen survivors into services based on need and provide continuous survivor-defined support regardless of substance use status. This helps to ensure that services are accessible to all.

Key informants also provided specific practice recommendations to decrease barriers for survivors experiencing substance use coercion including:

- providing transportation for survivors to access services;
- utilizing peer advocates to assist with engagement, address stigma, nurture hope, and develop meaningful connections;
- offering culturally-specific services in both DV and substance use treatment programs;
- offering linguistically-accessible services in the primary languages spoken by survivors;
- hiring staff with expertise in IPV at substance use treatment agencies, and hiring staff with expertise in substance use at DV programs;
involving attention to both IPV and substance use into program services, including safety, relapse prevention, and treatment plans;
- taking into account survivors’ challenges around childcare and parenting in substance use treatment programs;
- expanding multi-generational substance use treatment service models;
- providing services that are trauma-informed, gender-responsive, and culturally relevant;
- increasing service accessibility to survivors living in more remote areas; and
- using a harm reduction approach.

Given the profound barriers to economic stability, safety, and recovery that survivors face, key informants also provided recommendations on partnering with other sectors. This includes working in partnerships with housing-related providers in the community to prioritize access to safe, stable, high quality, affordable housing for survivors and their children. Key informants also recommended collaborating with economic mobility and self-sufficiency programs to support employment opportunities for survivors, especially those with criminal justice involvement or histories.

Policy Recommendations

Several key informants identified local, state, and federal policy-related strategies. This includes increasing survivors’ access to substance use treatment services through regulations, grant programs, block grants, contracts, and funding opportunity announcements (FOAs). Key informants noted this could involve encouraging programming that specifically addresses substance use coercion and IPV, including through a continuum of in-house services and collaborative partnerships between substance use treatment and DV programs.

Additional policy recommendations include:
- educating policymakers about substance use coercion and the intersection of substance use and IPV;
- looking to the work of grassroots and community-based organizations for effective approaches for survivors who use substances;
- recognizing the role of evidence-based models, such as medication-assisted treatment (see https://www.samhsa.gov/medication-assisted-treatment) and Syringe Service Programs, which take an evidence-based approach to mitigate harm, decrease the transmission of infectious diseases, and connect survivors to treatment and recovery support (see https://www.cdc.gov/ssp/index.html);
- supporting new research to further the understanding of substance use coercion including its prevalence, impact, and strategies to address it;
- factoring substance use coercion into criminal justice reform initiatives, child protection/child welfare services policies, and immigration policies to reduce the likelihood that abusive partners can leverage these systems against their partners;
developing policies to support the replication of previous federally-funded pilots of integrated DV and substance use services for survivors and their children;

increasing the reach and flexibility of existing funding streams (e.g., the Victims of Crime Act and the Violence Against Women Act) to better support survivors of IPV who use substances; and

supporting a wide variety of service options, including Tribal programs, religious and secular programs, harm reduction programs, clinical services, and peer-led programs for survivors dealing with both substance use and IPV.
CONCLUSION

Key Informants shared a rich array of experiences related to the intersections of IPV, substance use, and substance use coercion, as well as recommendations for addressing this pressing constellation of issues. They provided examples of how common substance use coercion is in the lives of survivors, the forms substance use coercion can take, and its far-reaching impact on survivors and their children. Furthermore, key informants highlighted the intentional use of these tactics by abusive partners to establish and maintain control over survivors, impacting their overall health and well-being, their access to treatment and services, their ability to maintain recovery, and their capacity to achieve economic stability.

Policy and practice recommendations include widespread education; cross-sector collaboration at all levels; development, implementation, and evaluation of innovative service models; and expansion of access to a full array of collaborative and integrated DV and substance use treatment and recovery services. Informants emphasized that treatment and recovery options should include two-generation services that are gender responsive, culturally relevant, and trauma informed, and that address needs related to housing, employment, and economic stability. Finally, informants stressed the importance of centering the voices of survivors who have experienced substance use coercion in the development of policy, research, and programming in this arena and the importance of addressing system-level issues that make it harder for survivors who are dealing with substance use coercion to reclaim their lives.
REFERENCES


