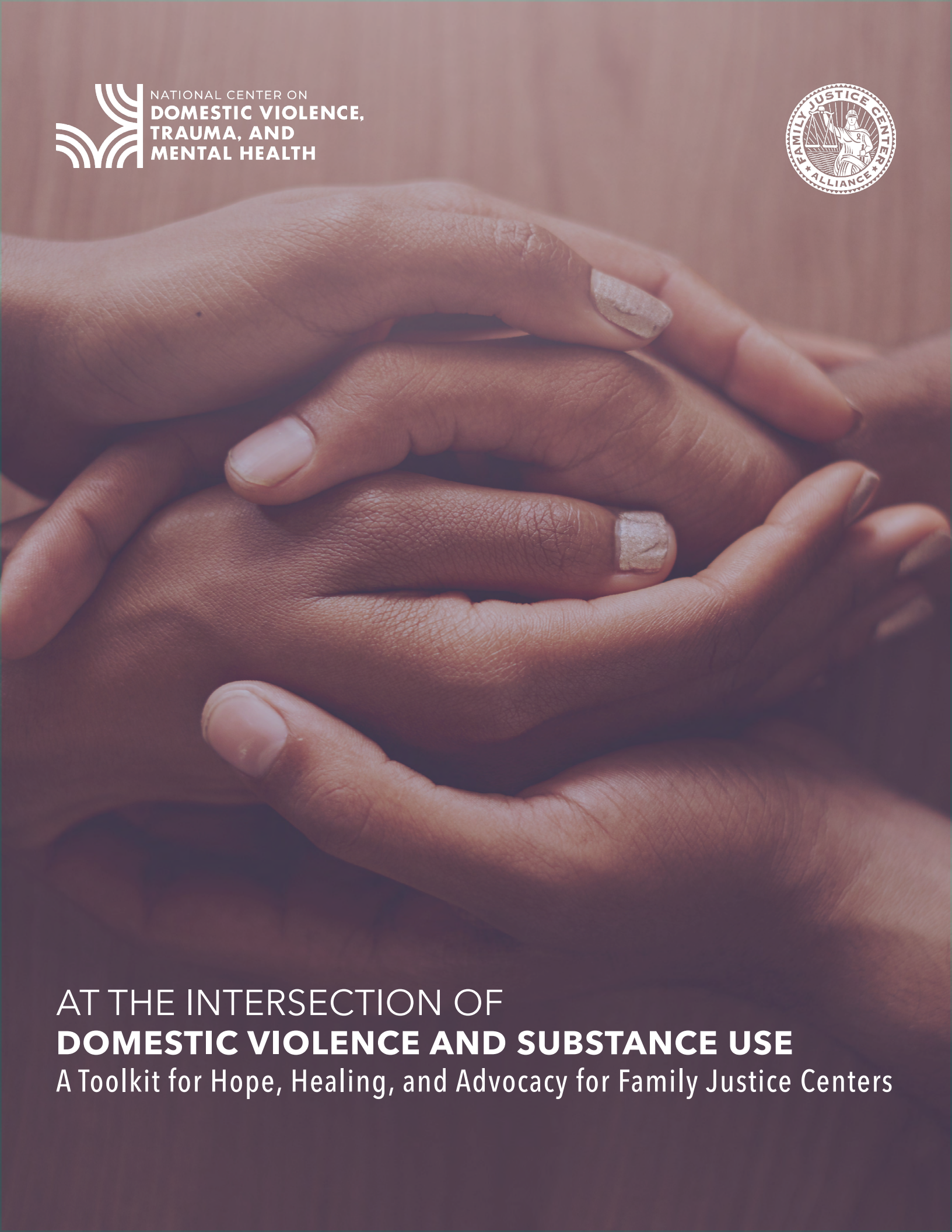

NATIONAL CENTER ON
DOMESTIC VIOLENCE,
TRAUMA, AND
MENTAL HEALTH

FAMILY JUSTICE CENTER ALLIANCE

AT THE INTERSECTION OF
DOMESTIC VIOLENCE AND SUBSTANCE USE
A Toolkit for Hope, Healing, and Advocacy for Family Justice Centers

TABLE OF CONTENTS

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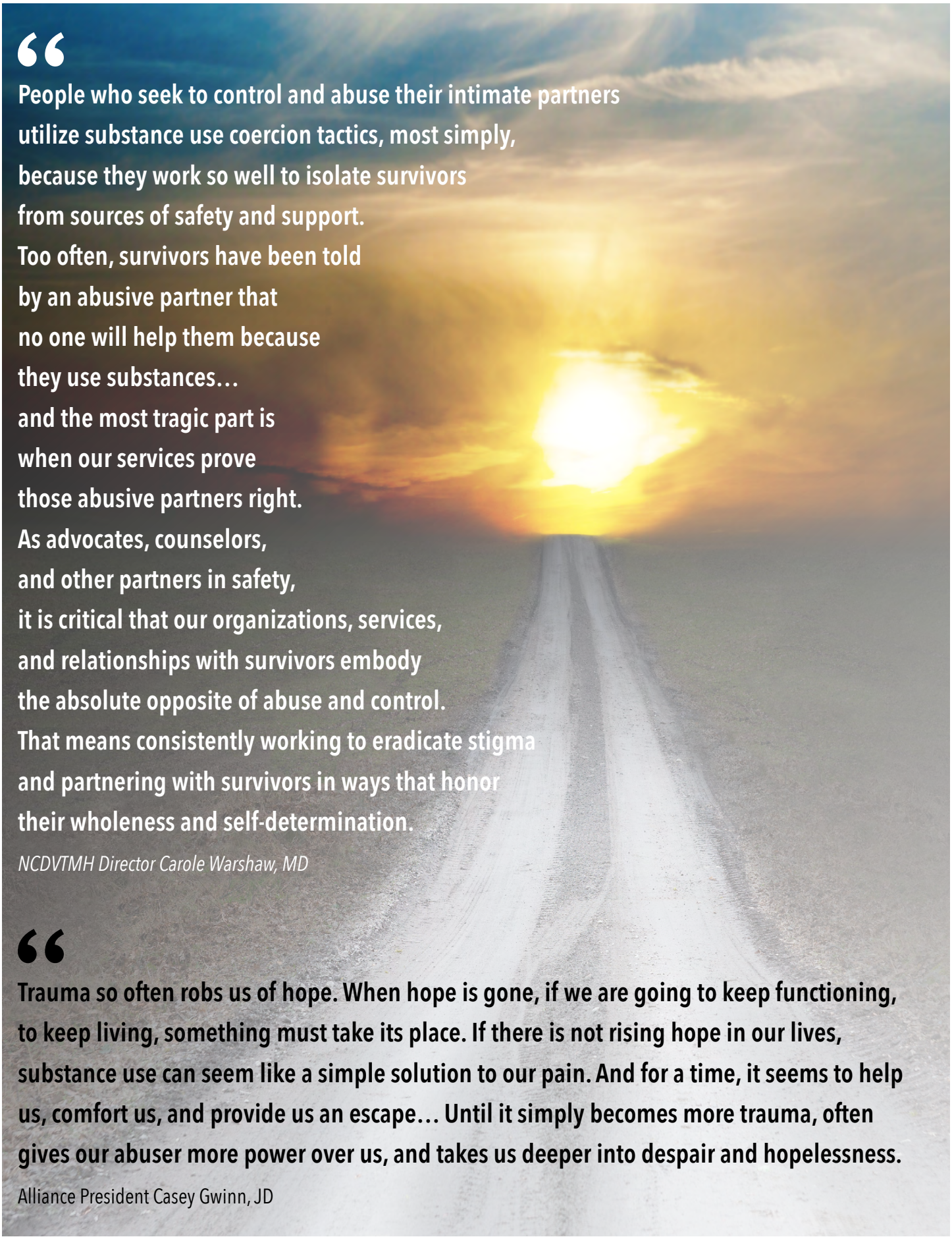


People who seek to control and abuse their intimate partners utilize substance use coercion tactics, most simply, because they work so well to isolate survivors from sources of safety and support. Too often, survivors have been told by an abusive partner that no one will help them because they use substances… and the most tragic part is when our services prove those abusive partners right. As advocates, counselors, and other partners in safety, it is critical that our organizations, services, and relationships with survivors embody the absolute opposite of abuse and control. That means consistently working to eradicate stigma and partnering with survivors in ways that honor their wholeness and self-determination.

NCDVTMH Director Carole Warshaw, MD

Trauma so often robs us of hope. When hope is gone, if we are going to keep functioning, to keep living, something must take its place. If there is not rising hope in our lives, substance use can seem like a simple solution to our pain. And for a time, it seems to help us, comfort us, and provide us an escape… Until it simply becomes more trauma, often gives our abuser more power over us, and takes us deeper into despair and hopelessness.

Alliance President Casey Gwinn, JD

INTRODUCTION

The *At the Intersection of Domestic Violence and Substance Use: A Toolkit for Hope, Healing and Advocacy for Family Justice Centers*, is one of a series of resources developed to support the provision of more holistic, hope-centered, and trauma-informed substance use advocacy and services in Family Justice Centers.

PURPOSE

1. This toolkit serves as an accompaniment to *At the Intersection of Domestic Violence and Substance Use: Hope, Healing and Advocacy for Family Justice Centers*, an 8-part Virtual Learning Series located on the Alliance's HOPEHub training platform.
2. The Virtual Learning Series explores the role of substance use in the lives of survivors, and offers a framework and resources for advocates and others working with and nurturing hope in FJC clients who experience substance use as part of the trauma or victimization they face from an abusive partner.
3. This toolkit offers a comprehensive array of resources, guidance, examples, and tips to enhance the implementation of the lessons offered through the Learning Series.

RESPONDING TO THE NEED

Many survivors of domestic and sexual violence are exposed to substance use, either through their own use, the use of a partner or ex-partner, or both. So often substance use by a survivor is directly related to trauma they have experienced as a result of victimization. Historically, Family Justice Centers have generally not included substance use services onsite, much less included substance use services with an understanding of victimization.

In 2018, the U.S. Department of Justice Office on Violence Against Women (OVW) recognized the challenges many advocates within Family Justice Centers and similar co-located service centers faced in providing services and advocacy to survivors experiencing substance use and substance use coercion. In response, OVW created the Substance Use and Family Justice Center Pilot Project with the goals of:

1. Increasing the capacity of Family Justice Centers to serve clients who experience substance use, substance use disorders, and substance use coercion.
2. Building relationships between substance use disorder treatment providers and FJC staff.
3. Increasing awareness, knowledge, and collaboration in an effort to create a more trauma-informed, hope-centered, and robust response to address the complex needs of survivors dealing with substance use-related needs.

PROJECT PARTNERS

The Substance Use and Family Justice Center Pilot Project is a collaboration between Alliance for HOPE International (Alliance) and the National Center on Domestic Violence, Trauma, and Mental Health (NCDVTMH), working in partnership with:

Strength United Family Justice Center in Van Nuys, CA

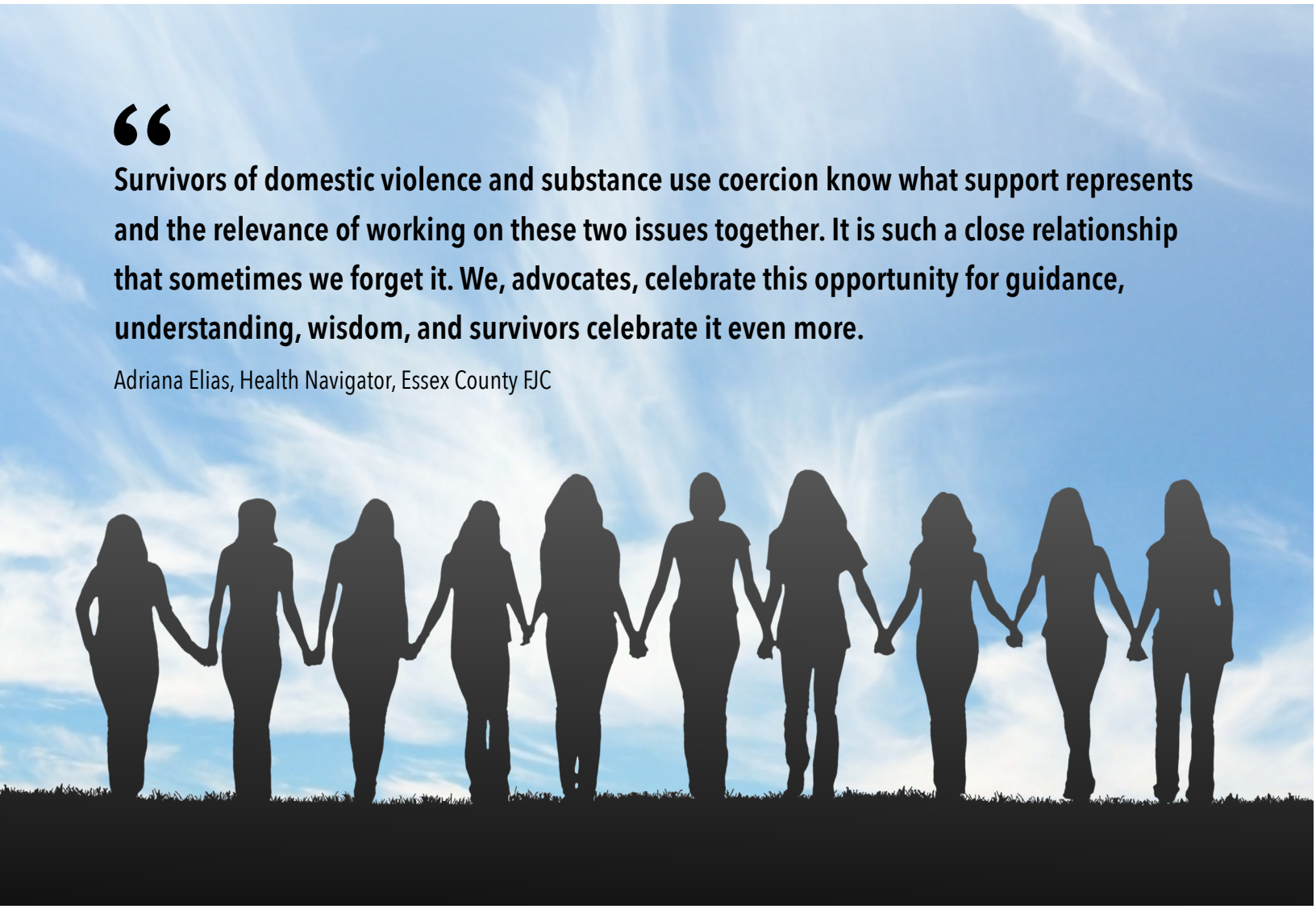
Crystal Judson Family Justice Center in Tacoma, WA

Essex County Family Justice Center in Newark, NJ

Our partners at the Crystal Judson Family Justice Center, the Essex County Family Justice Center, and the Strength United Family Justice Center have provided vital insight and ongoing guidance in all aspects of this project, including the development of this toolkit.

HOW TO USE THIS TOOLKIT

- **The Toolkit is intended to be used in conjunction with the Virtual Learning Series**. Together, they are designed to progressively build on one another. At the same time, the individual modules, toolkit sections, and tip sheets can also be used as stand-alone resources.
- **Section 1** discusses the importance of conducting a Substance Use Needs Assessment, offers instructions and tools that can be useful in both planning and adapting these resources for a Family Justice Center's specific context, and provides links to two sample substance use needs assessment forms.
- **Sections 2 - 7** each corresponds with one or more of the training modules, and offers a summary of information contained in the corresponding module(s), along with linked resources and tip sheets.
- **Appendix A** includes a glossary of terms; **Appendix B** includes a sample Needs Assessment; and **Appendix C** includes a complete list of tip sheets.
- Finally, the toolkit includes the use of **hyperlinks** throughout the document to allow the user a convenient way to move between sections of the toolkit and connect directly to the Virtual Learning Series.



"Survivors of domestic violence and substance use coercion know what support represents and the relevance of working on these two issues together. It is such a close relationship that sometimes we forget it. We, advocates, celebrate this opportunity for guidance, understanding, wisdom, and survivors celebrate it even more.

Adriana Elias, Health Navigator, Essex County FJC

CHAPTER 1

NEEDS ASSESSMENT

WHAT IS A NEEDS ASSESSMENT?

Needs assessments are a systematic way to identify survivor, FJC, and community needs and strengths, gathering quantitative and/or qualitative information. They can identify gaps between current experiences and desired services or outcomes. We recommend every Family Justice Center conduct a Needs Assessment before implementing Substance Use Protocols and related services in a Center, typically led by the Director of Client Services. We strongly recommend that the Core Direct Services Team in a Center and the Leadership Team in a Center complete the Needs Assessment separately, then dialogue on their answers and conclusions before moving forward with the HOPEhub Online Learning Academy Course offered as part of this Toolkit.

For more information on needs assessments, please see:

- Futures Without Violence's Conducting a Thoughtful Needs Assessment: A Comprehensive Approach to Program Design for Adult and Children Survivors of DV Webinar
- OVC's Guide to Conducting a Needs Assessment

WHAT WILL THE NEEDS ASSESSMENT ON SUBSTANCE USE PRODUCE?

The Needs Assessment will help clarify:

– what, if any, substance use services are currently provided through your Center, either onsite or offsite

– what services survivors have requested or would like to be provided

– reporting requirements related to substance use

– and needed services and supports offered that can be provided by your Center

The Substance Use Needs Assessment below may be implemented as a stand-alone assessment, or incorporated as an element of a larger needs assessment being conducted at a Family Justice Center on all other service needs of survivors.

HOW DO WE ADMINISTER THE NEEDS ASSESSMENT?

- This Toolkit includes a sample needs assessment form that your FJC can use for both your core services team(s) as well as your leadership team(s). FJC leadership and core services staff may hold different viewpoints. Therefore, we recommend FJC direct services staff members and FJC Leadership Team members both complete the assessment separately. This can provide a more holistic view of Center needs and strengths and can identify any differing viewpoints between staff and leadership. It's important that diverse staff members from all departments or areas are represented.
- As feasible, it is important to consider who is involved in your needs assessment process from beginning to end - and who has the power, authority, or decision-making responsibilities. This is especially important when interpreting results and making programmatic changes. Are there differences between who is at the table and who accesses your FJC's services? What are those differences, and how do they relate to social identity? Are survivors meaningfully involved- and paid- for their contributions? Who else should be involved?
- While there is no wrong time to administer a needs assessment, certain times can be more advantageous. This includes before making programmatic changes or during periods that are less busy for the direct services team. Your program can administer a needs assessment once or multiple times. Some programs first use needs assessments as baseline measures and then repeat them after making programmatic changes to evaluate impact.
- We recommend maintaining anonymity, including to protect staff members and to support them in providing the most honest responses possible. Think through all potential ways a staff member could be identified by their responses. For example, the needs assessment won't be anonymous if staff members must email their responses. Handwritten responses can also identify staff members.
- We recommend you use an online platform to administer the survey. There are many free online survey platforms available, such as SurveyMonkey and Google Forms. Both programs allow you to easily export your data to spreadsheets for further analysis.

HOW DO WE ANALYZE THE DATA?

We recommend key steps be followed once you have gathered all information from the assessments.

- **Clean and manage the data.** Once your results are in Excel format, take time to inspect all responses. Some things to look out for: duplicate responses, incomplete responses, and information that identifies a staff member (e.g., someone wrote in a name in a comment box- this should be removed).
- **Analyze all numeric data**. You can create tables or graphs that show the distribution of responses for each quantitative item, with the number of staff members who selected each option. Many questions include "unknown" as an option, and this is important to include in tables or graphs. You can also create side-by-side tables or graphs comparing responses from leadership and core services staff. This can help you to see patterns within the data.
- **Analyze the comment box data**. Open-ended responses are just as important as numeric data! It can help to collect all open-ended responses from each question and review them for themes. Again, it can be helpful to create separate lists of responses comparing leadership and core services staff.
- **Seek assistance if needed.** There are plenty of evaluators and technical assistance providers that can help guide your FJC in managing and analyzing your data. This includes The American Evaluation Association. If you don't have anyone on staff who is comfortable in working with spreadsheets and data, there are likely resources in your community that can help.

HOW DO WE MAKE SENSE OF THE DATA?

All data and results are open to interpretation. The meaning that is derived from data is in part determined by who is interpreting the results. Working with diverse staff, survivors, and community members to interpret results can yield critical insights that can be used in driving effective programmatic change. We recommend holding "listening sessions" or focus groups with diverse staff as well as survivors to get their feedback on the results of the needs assessment and ideas for programmatic change. Focus groups for staff and survivors should seek to ensure safety and confidentiality. Here are some other key tips:

- Staff members and survivors should be representative of your FJC, including by department, role, length of tenure or service receipt, and should represent a diversity of social identities, centering those who experience more marginalization or exclusion.
- Survivors should be paid for their time, and it is customary to provide childcare, light refreshments, and transportation.
- Because focus groups will include a discussion of substance use, it is critical to maintain confidentiality and anonymity. As an important safety consideration, FJCs must be aware of any mandated reporting requirements related to substance use (particularly impacting people who are pregnant and/or parenting) and any reporting requirements should be discussed before the focus group so that people can make an informed decision about their participation.
- Before holding any focus groups, please review this guide, developed under the OVW Sexual Assault Demonstration Initiative, which provides excellent information on how to run focus groups. This post provides basic ideas to help make your focus groups more culturally responsive. The questions you ask should be tailored to your FJC and your needs assessment results.

When done thoughtfully, this Needs Assessment will allow your FJC to learn more about resources, and strengths of survivors who use substances, your staff and program, and your community. It can also provide information on the nuances, differences, and shared experiences among people surveyed and can be a transformative vehicle for change.

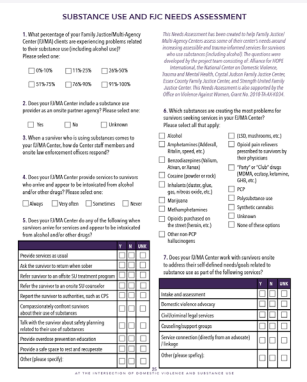
CONDUCT FOCUS GROUPS WITH SURVIVORS

All Family Justice Centers seeking to assess the needs of survivors related to substance use must create safe, confidential opportunities for survivors to talk about their needs and challenges. We recommend hosting Focus Groups with survivors seeking services in Centers and outreach to survivors who are not coming to Family Justice Centers. Some survivors, for example, may engage with a local community-based domestic violence or sexual assault agency. Family Justice Centers should partner with local agencies to help get feedback from survivors who are not coming to Centers.

Reluctance to come to a Center could be due to the policies of a Center or community perceptions, whether accurate or inaccurate, of a Center. Holding focus groups with survivors with a variety of experiences and who hold diverse social identities can help to contextualize Needs Assessment results and provide valuable input on policy or programmatic changes. The Family Justice Center Alliance has an excellent Survivor Focus Group Toolkit for use in developing Family Justice Centers. It can be easily adapted by adding questions about a survivor's needs related to substance use services.

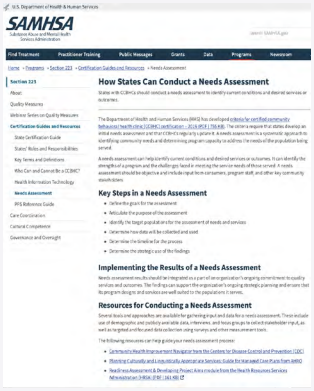
CLICK BELOW TO ACCESS THE FOLLOWING RESOURCES

IN THE APPENDIX: SUBSTANCE USE AND FJC'S NEEDS ASSESSMENT

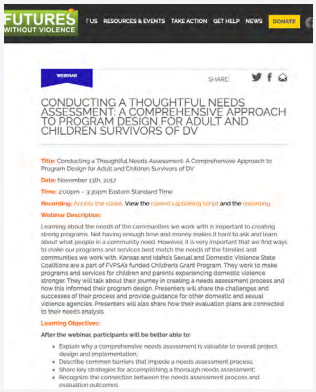


ALLIANCE FOR HOPE'S SURVIVOR FOCUS GROUP TOOLKIT

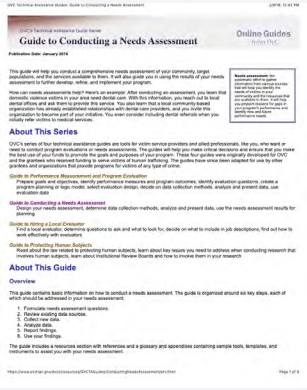
SAMHSA'S HOW STATES CAN CONDUCT A NEEDS ASSESSMENT



FUTURES WITHOUT VIOLENCE'S WEBINAR: CONDUCTING A THOUGHTFUL NEEDS ASSESSMENT



OVC'S GUIDE TO CONDUCTING A NEEDS ASSESSMENT



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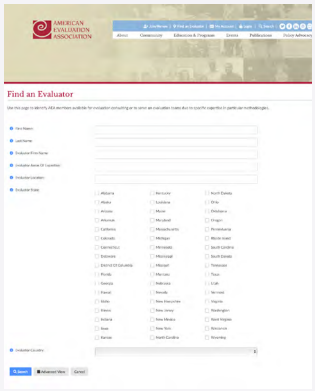
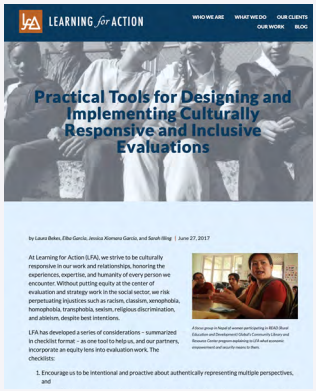


NATIONAL SEXUAL VIOLENCE RESOURCE CENTER'S LISTENING TO OUR COMMUNITIES: GUIDE FOR FOCUS GROUPS

LEARNING FOR ACTION'S PRACTICAL TOOLS FOR DESIGNING AND IMPLEMENTING CULTURALLY RESPONSIVE AND INCLUSIVE EVALUATIONS



CHAPTER 2

UNDERSTANDING SUBSTANCE USE

CLICK TO ACCESS THE VIRTUAL LEARNING SERIES: LESSON 1 AND LESSON 2

RELATIONSHIP BETWEEN DOMESTIC VIOLENCE, SEXUAL ASSAULT, TRAUMA, AND SUBSTANCE USE

- It is not uncommon for people who have experienced abuse, trauma, and victimization in adulthood, childhood, or both, to use substances as a way to cope with the physical and/or emotional pain of abuse.
- Many survivors are introduced to substances by a partner who is seeking to exert power and control over them and may even be pressured or forced to use substances as a tactic of abuse.
- Intimate partners often play a large role in escalating substance use problems.
- Abuse and victimization can increase the risk of developing a substance use disorder, while at the same time, substance use can increase the risk of being targeted for abuse or victimization by someone seeking to cause harm.
- While substance use by someone who causes harm can increase the lethality of the abuse, substance use does not cause abuse or victimization.
- Surviving strangulation by an abusive partner can negatively impact survivors' physical and mental health, including increased risks of depression, anxiety, suicidality, and trauma (Bichard et al., 2021); while it is unclear whether brain injury increases the risk of developing a substance use disorder (Olsen & Corrigan, 2022) the traumatic mental health impacts of strangulation can play a role in increasing the risk of developing a substance use disorder.
- It is important to recognize the presence and impact of cumulative trauma on survivors, including adverse childhood experiences that can increase the risk of developing a substance use disorder and other health conditions, as well as experiences of collective trauma and marginalization that can create barriers to resources that aid in safety and well-being.
- A trauma-informed approach seeks to understand a person's substance use from their own perspective, within the context of their life.

COERCION RELATED TO MENTAL HEALTH AND SUBSTANCE USE

- In addition to the adverse health effects survivors can face because of victimization, people who seek to cause harm or control their partners often directly target survivors' mental health and substance use in patterns of abuse known as mental health coercion and substance use coercion.
- Mental health coercion: "…often involves the use of force, threats, or manipulation and can include deliberately attempting to undermine a survivor's sanity, preventing a survivor from accessing treatment, controlling a survivor's medication, using a survivor's mental health to discredit them with sources of protection and support, leveraging a survivor's mental health to manipulate police or influence child custody decisions, and/or engaging mental health stigma to make a survivor think no one will believe them, among many other tactics." (Warshaw & Tinnon, 2018, p.5)
- Substance use coercion: "… often involves the use of force, threats, or manipulation and can include forcing a survivor to use substances or to use more than they want, using a survivor's substance use to undermine and discredit them with sources of protection and support, leveraging a survivor's substance use to manipulate police or influence child custody decisions, deliberately sabotaging a survivor's recovery efforts or access to treatment, and/or engaging substance use stigma to make a survivor think that no one will believe them, forcing a partner into withdrawal, among many other tactics." (Warshaw & Tinnon, 2018, p.5)

DYNAMICS AND DIMENSIONS OF SUBSTANCE USE

- Substance use exists on a spectrum; not all substance use qualifies as a substance use disorder or "addiction."
- The defining feature of a substance use disorder is continued use despite negative consequences. At the same time, it's important to understand that survivors may be coerced to use substances by an unsafe partner or continue using substances because of circumstances that are outside of their immediate control.
- Avoid the use of labels when discussing substance use and people who use substances, especially those that are shaming or judgmental
- Substance use experiences are highly variable and influenced by three key components known as drug, set, and setting.
- The drug, set, and setting framework can help people nonjudgmentally reflect on and discuss their substance use while identifying potential safety strategies.

COMMONLY USED SUBSTANCES

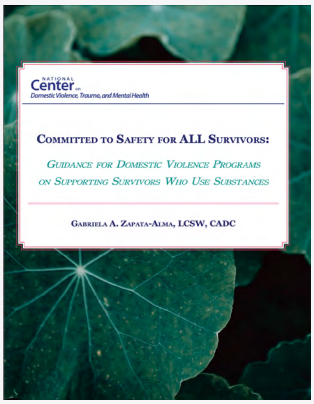
- Survivors who are coerced to use substances may not always know what substances they've been exposed to or that they've been exposed to a substance.
- Knowing about different substances and their effects can be helpful for safety planning in the context of substance use coercion.
- Information about substances and their effects should never be used against a survivor (i.e., to suspect a survivor of using substances or to discredit a survivor.)

TIP SHEETS

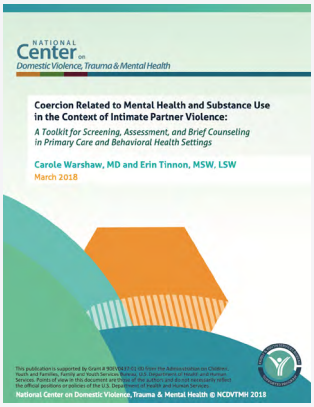
- Understanding Substance Use as a Threat Response Using the Power-Threat-Meaning Framework
- Elements of a Trauma-Informed Approach to Substance Use
- Common Tactics of Substance Use Coercion
- Why Might Survivors Continue to Use Substances?
- Drug, Set, and Setting
- Practice Scenario: Drug, Set, and Setting

CLICK BELOW TO ACCESS THE RESOURCES

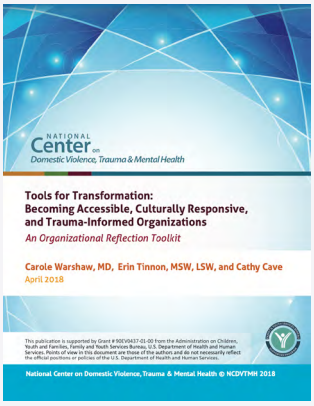
NCDVTMH'S GUIDE COMMITTED TO SAFETY FOR ALL SURVIVORS: GUIDANCE FOR DOMESTIC VIOLENCE PROGRAMS ON SUPPORTING SURVIVORS WHO USE SUBSTANCES



NCDVTMH'S TOOLKIT ON COERCION RELATED TO MENTAL HEALTH AND SUBSTANCE USE IN THE CONTEXT OF INTIMATE PARTNER VIOLENCE

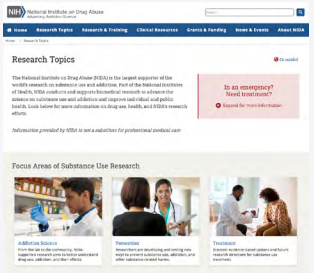


NCDVTMH'S TOOLKIT AND IMPLEMENTATION GUIDES ON TOOLS FOR TRANSFORMATION: BECOMING ACCESSIBLE, CULTURALLY RESPONSIVE, AND TRAUMA-INFORMED ORGANIZATIONS

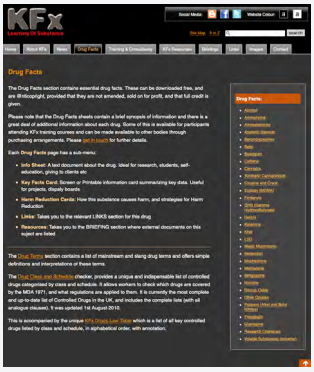


GREAT LAKES PREVENTION TECHNOLOGY TRANSFER CENTER'S RESOURCE LIST FOR NON-STIGMATIZING LANGUAGE

NATIONAL INSTITUTE ON DRUG ABUSE



KFX LEARNING OF SUBSTANCE



CHAPTER 3

PROTECTING SUBSTANCE USE PRIVACY, CONFIDENTIALITY, AND INFORMED CONSENT

CLICK TO ACCESS THE VIRTUAL LEARNING SERIES: LESSON 3

PROTECTING SUBSTANCE USE PRIVACY

- Substance use information has special protections in order to protect people from:
  - – Stigma
  - – Negative consequences if they seek help
  - – Having their substance use information used against them in legal proceedings
- Substance use confidentiality is a safety need for survivors because of the ways that their substance use information is used to isolate them from sources of safety, stability, and support, as well as to threaten their connection with their families

MANDATED REPORTING OF SUSPECTED CHILD ABUSE OR NEGLECT RELATED TO SUBSTANCE USE

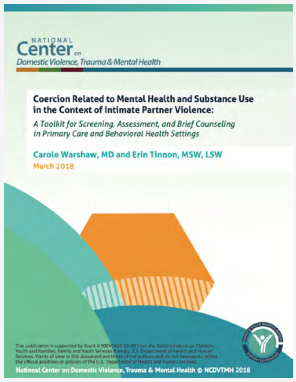
- Mandated reporting requirements can vary according to a staff member's role as well as local statutes
  - – **Roles**: Some roles (such as attorneys or DV advocates) may have extra confidentiality protections
  - – **Statutes**: What falls under mandated reporting varies widely across states and territories, including differences in whether substance use during pregnancy or by a parent/guardian falls under mandated reporting requirements
- Stigma related to substance use (as well as DV) can contribute to increased involvement in child protective systems; at the same time, it's important for staff to remember that substance use is not an indication of unsafe parenting or caregiving
  (Child Welfare Information Gateway, 2021)
- For more information on parental substance use, visit the section titled Supporting Survivors as Parents
- VAWA Confidentiality Requirements / VOCA

TIP SHEETS

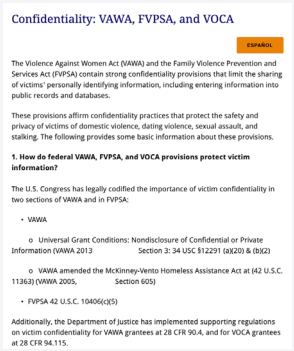
- Best Practices in Substance Use Confidentiality
- Mandated Reporting and Substance Use: Key Action for Administrators
- Trauma-Informed Mandated Reporting: Key Action for Mandated Reporters

CLICK BELOW TO ACCESS THE RESOURCES

NCDVTMH'S TOOLKIT ON COERCION RELATED TO MENTAL HEALTH AND SUBSTANCE USE IN THE CONTEXT OF INTIMATE PARTNER VIOLENCE



NNEDV'S CONFIDENTIALITY: VAWA, FVPSA, AND VOCA

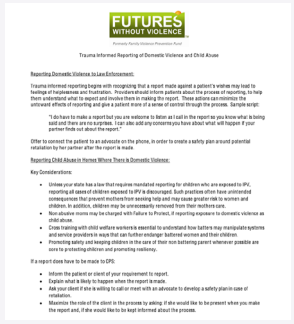


CHILD WELFARE INFORMATION GATEWAY MANDATORY REPORTERS OF CHILD ABUSE AND NEGLECT

NNEDV'S SAFETY NET PROJECT

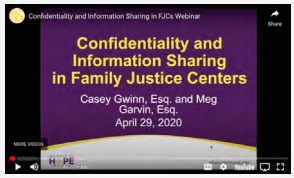
CHILD WELFARE INFORMATION GATEWAY STATUTES SEARCH

FUTURES WITHOUT VIOLENCE TRAUMA-INFORMED REPORTING OF DV OR CHILD ABUSE



SAMHSA SUBSTANCE USE CONFIDENTIALITY REGULATIONS

ALLIANCE WEBINAR BY CASEY GWINN AND MEG GARVIN:



CHAPTER 4

TRAUMA-INFORMED CONVERSATIONS ABOUT SUBSTANCE USE

CLICK TO ACCESS THE VIRTUAL LEARNING SERIES: LESSON 4 AND LESSON 6

ADVOCACY RESPONSES TO SUBSTANCE USE COERCION

- Intake
  - – Create access to substance use resources without requiring self-disclosure of substance use
  - – Consider substance use confidentiality, who may have access to a survivor's intake information, and whether substance use information contained in an intake could be used against a survivor in legal matters or to limit access to needed resources
  - – Clearly communicate the limits of confidentiality and how information may be used prior to asking any information involving substance use
  - – Build safety and confidentiality into services so that survivors can safely discuss substance use and substance use coercion
- DV/SA education
  - – Integrate information about substance use coercion into DV/SA education
  - – Remember that tactics of substance use coercion can be part of the pattern of abuse even when a survivor does not use alcohol or other substances
- Integrate awareness of substance use coercion into safety planning
  - – Remain survivor-defined and focus on their priorities; only they can know what is safe and realistic in their situation
  - – Recognize that strategies that increase substance use safety may increase danger or coercive tactics from an abusive (ex-)partner
  - – Check in with the person about what parts of their safety plan might need to be different if they (or the person causing harm) are under the influence of (or experiencing withdrawal from) alcohol or another substance
- Active service connections
  - – Cultivate an array of substance use resources that respond to survivor's self-defined preferences and needs
  - – Local cross-training and collaboration can be important steps in cultivating safe, accessible, and DV-informed substance use resources
  - – Offer resources that support each area of recovery capital

OVERDOSE PREVENTION SAFETY PLANNING

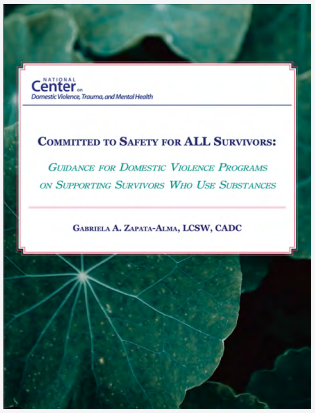
- Accidental overdose is the leading cause of accidental death in the U.S.
- Tactics of substance use coercion can increase overdose risk for survivors
- Offering information about overdose prevention, access to naloxone (the opioid overdose antidote), and support to make an overdose prevention safety plan can help survivors to prevent accidental fatal overdose
- Medical training or expertise is not required in order to support someone with overdose prevention safety planning or to respond to a potential overdose
- Widespread overdose prevention education and naloxone access are essential for reducing fatal overdoses on a community level
- Many states have enacted Good Samaritan overdose immunity laws that offer varying levels of protections against being arrested, charged, and/or prosecuted for possession of substances or paraphernalia for people seeking emergency medical care for an overdose

TIP SHEETS

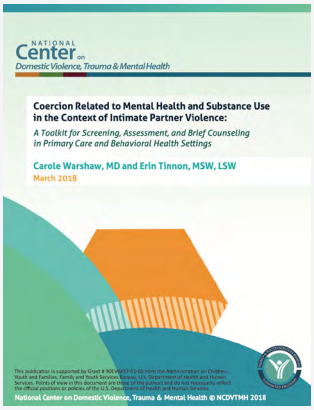
- Trauma-Informed Conversation Openers
- Recovery Capital
- Supporting Someone Who Seems Under the Influence of Substances
- Preventing Overdose: How Advocates Can Help
- Overdose Risk Factors
- Overdose Prevention Safety Planning Strategies

CLICK BELOW TO ACCESS THE RESOURCES

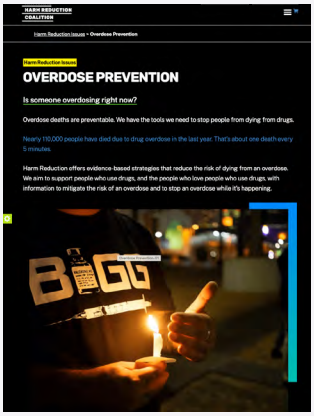
NCDVTMH'S GUIDE COMMITTED TO SAFETY FOR ALL SURVIVORS: GUIDANCE FOR DOMESTIC VIOLENCE PROGRAMS ON SUPPORTING SURVIVORS WHO USE SUBSTANCES



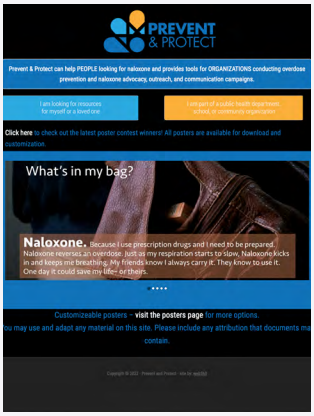
NCDVTMH'S TOOLKIT ON COERCION RELATED TO MENTAL HEALTH AND SUBSTANCE USE IN THE CONTEXT OF INTIMATE PARTNER VIOLENCE



OVERDOSE PREVENTION RESOURCE: NATIONAL HARM REDUCTION COALITION



OVERDOSE PREVENTION RESOURCE: PREVENT AND PROTECT



CHAPTER 5

SUPPORTING SURVIVORS AS PARENTS

CLICK TO ACCESS THE VIRTUAL LEARNING SERIES: LESSON 7

PARENTAL SUBSTANCE USE: PREVALENCE AND POTENTIAL CONCERNS

- Prevalence: 1 in 8 children (or roughly 8.7 million) live with at least one parent who has a diagnosable substance use disorder (Lipari & Van Horn, 2017)
- Parental substance use or substance use disorder does not automatically mean that a child's safety and wellbeing are at risk (Child Welfare Information Gateway, 2021)
- It can be difficult to separate the impacts of parental substance use on children from other common concerns, including domestic violence, poverty, trauma, social isolation, and housing instability
- Parental substance use does increase the likelihood of child welfare involvement, out-of-home placements for children, and increase barriers to reunification (Child Welfare Information Gateway, 2021), all of which can be deliberately used by an abusive partner to threaten, control, and entrap a survivor as well as jeopardize their connection with their children (Phillips et al., 2020)

SUPPORTING PARENTS AND CHILDREN IMPACTED BY SUBSTANCE USE

- People who are pregnant and/or parenting and use substances face increased stigma, shame, and barriers to desired resources
- Eradicating stigma, judgement, and shame are essential to supporting pregnant or parenting survivors and their children
- Offer services and resources that support safety planning around substance use, social connectedness, parent-child bonding, and access to desired resources
- Promote protective factors and focus on family strengths

EVIDENCE-SUPPORTED CLINICAL INTERVENTIONS

Parents often experience increased barriers to accessing desired services and resources. It is always important to help people address any barriers they may experience. Common barriers include transportation, childcare, food insecurity, and stigma, which is especially intense for people who are pregnant or parenting.

Here's a selection of evidence-supported and promising clinical interventions specifically for supporting parents who use substances and their children.

– Mindfulness Based Parenting Intervention

– Celebrating Families! (English version)

– ¡Celebrando Familias!
(Latin American and Spanish language version)

– Wellbriety and Celebrating Families! Partnership
(Native American version)

– Mothering from the Inside Out

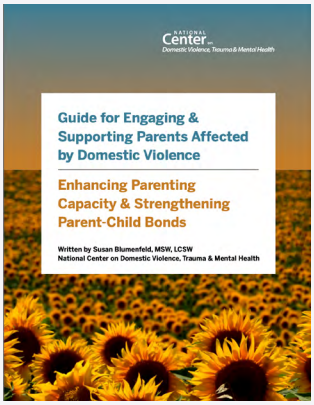
TIP SHEETS

- Advocating at the Intersections of Substance Use Coercion and Child Protective Services
- Supporting Parents and Caregivers Who Use Substances
- Promoting Protective Factors

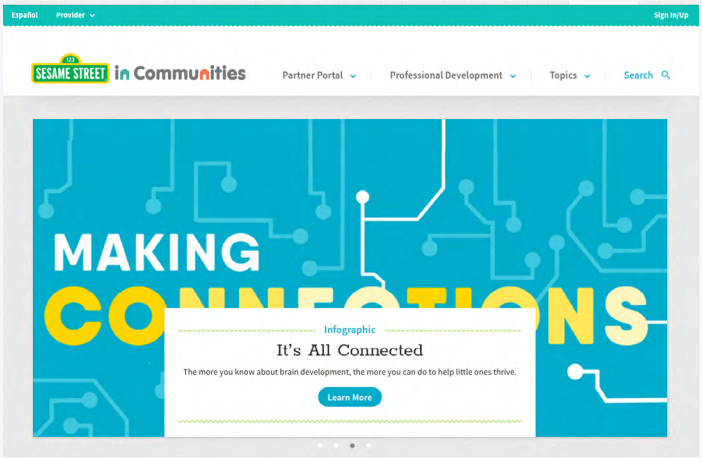
CLICK BELOW TO ACCESS THE RESOURCES

NCDVTMH'S FAMILY-CENTERED TOOLKIT FOR DOMESTIC VIOLENCE PROGRAMS

NCDVTMH'S GUIDE FOR ENGAGING AND SUPPORTING PARENTS AFFECTED BY DOMESTIC VIOLENCE

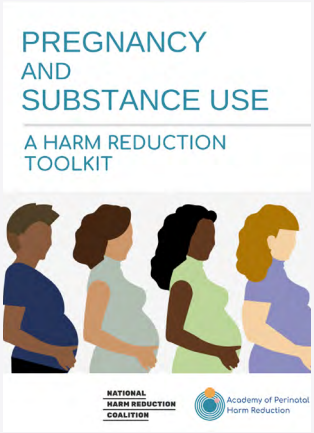


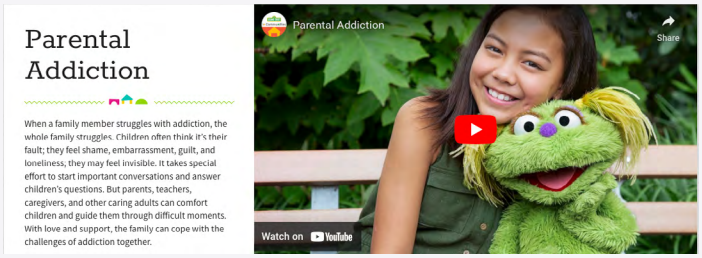
SESAME STREET IN COMMUNITIES HAS VARIOUS HELPFUL TOPICS

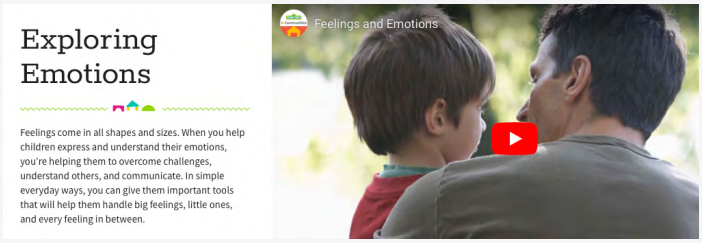


ACADEMY OF PERINATAL HARM REDUCTION (APHR)

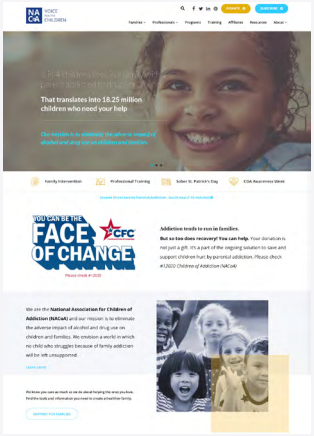
APHR'S PREGNANCY AND SUBSTANCE USE TOOLKIT



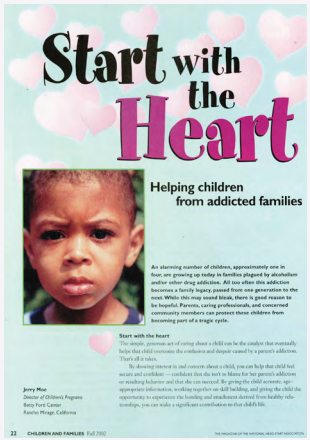


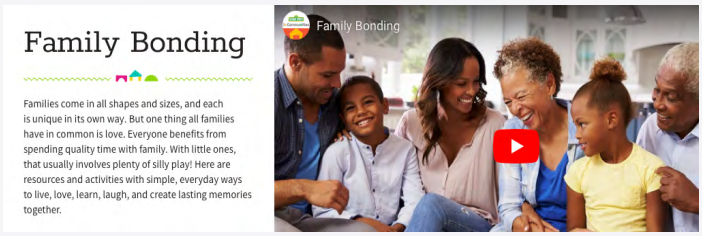


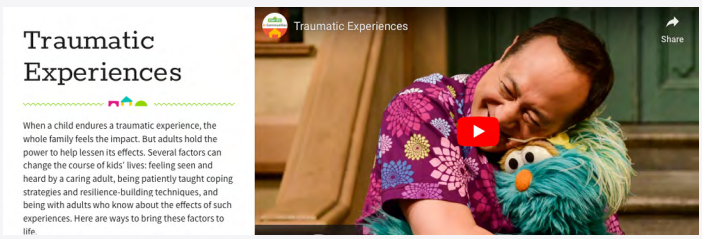
NATIONAL ASSOCIATION FOR CHILDREN OF ADDICTION



NACA'S START WITH THE HEART PAMPHLET







CHAPTER 6

DEVELOPING COMMUNITY PARTNERSHIPS

CLICK TO ACCESS THE VIRTUAL LEARNING SERIES: LESSON 5

WHY DEVELOP COMMUNITY PARTNERSHIPS WITH SUBSTANCE USE SUPPORT RESOURCES?

- Substance use support resources can be difficult for people to navigate on their own and are not always DV/SA-informed and prepared to safely assist survivors
- Advocates can help survivors locate and safely access desired resources
- FJCs/MAs can support local resources in becoming more accessible and responsive for survivors of DV/SA as well as create more access to FJC/MA services for survivors who are already accessing substance use resources

SUBSTANCE USE DISORDER (SUD) TREATMENT SYSTEM

- There is a range of treatment services, from outpatient (where people continue living in the community) to residential (where people reside within the treatment program)
- SUD treatment is based on medical necessity, which is determined by a holistic assessment of the person, their pattern of use, health, and overall situation
- **Commonly offered services:** SUD counseling (individual, family, group), psychoeducation, care coordination, Medication Assisted Recovery (MAR), withdrawal management, and may also offer family or children's services, peer-based recovery support, and specialized programming to meet the needs of specific groups, such as: women, people who are pregnant or parenting, veterans, LGBTQ individuals, and services for Deaf or hard-of-hearing individuals
- **Mental Health (MH):** While some treatment centers will actively screen out people experiencing MH symptoms or who have a MH diagnosis, others offer integrated MH/SUD services. Survivors are more likely to benefit from integrated services
- **Family-based services:** Survivors with children (or other family members in their care) are more likely to benefit from services that are family-based or at least offer some family and children's services

RECOVERY COMMUNITY ORGANIZATIONS (RCOS)

- RCOs are non-profit organizations that provide peer-based support services, including recovery support services, public education, and policy advocacy, with a focus on fostering long-term recovery and building communities that foster long-term recovery
- RCOs embrace multiple pathways of recovery, understanding that each person's recovery is unique, self-defined, and self-directed, while also being supported by peers, allies, and access to recovery capital
- **Commonly offered services:** Services focus on supporting recovery and access to recovery capital and commonly include recovery coaching, vocational support, resource advocacy, outreach, housing navigation, life skills, mutual aid groups, and transportation, as well as supportive family, parent, and children's resources. Services are most often offered by people with lived experience of long-term recovery as well as family members of people with lived experience

HARM REDUCTION ORGANIZATIONS

- Harm reduction organizations offer services and resources to help people mitigate risks and harms associated with substance use, as well as promote overall health and well-being for individuals and communities
- Harm reduction organizations offer collaborative and empowerment-based services that are nonjudgmental and noncoercive with a focus on supporting health, well-being, safety, and quality of life, for people who use substances as well as the larger community
- **Commonly offered services:** overdose prevention education and access to overdose prevention services and materials, safer substance use materials including syringes, sexual health materials, peer-based support, referral and linkage to health resources and other basic needs, and sometimes offer medication assisted recovery (MAR)

OPPORTUNITIES FOR COLLABORATION

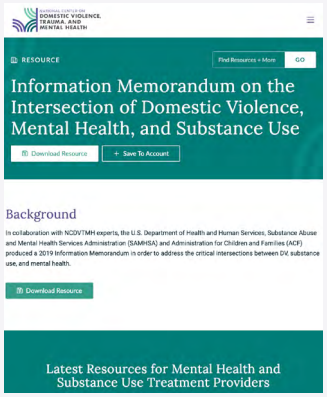
- Collaboration with community-based substance use providers can benefit survivors (and their children) in many ways, including:
  - – Increasing accessible and affirming services for survivors
  - – Creating seamless access to anti-violence services for survivors who are already accessing substance use services with community-based providers
  - – Raising awareness of available community resources through combined outreach strategies, including community education and social media
- There are many ways to foster collaboration with community-based partners, see the Opportunities for Collaboration tip sheet for more ideas and information

TIP SHEETS

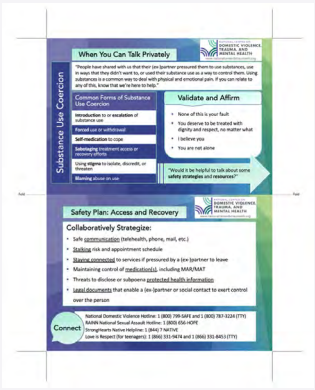
- Locating Substance Use Support Resources
- Safety Planning Around Accessing Substance Use Resources
- Opportunities for Collaboration

CLICK BELOW TO ACCESS THE RESOURCES

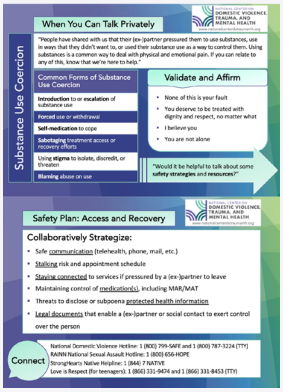
NCDVTMH'S INFORMATION MEMORANDUM (IN COLLABORATION WITH SAMHSA AND ACF) AND PARTNER GUIDE



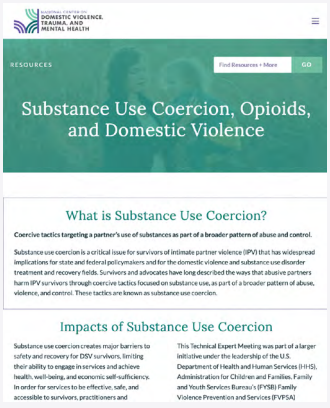
SUBSTANCE USE COERCION PALM CARD: 8.5X11



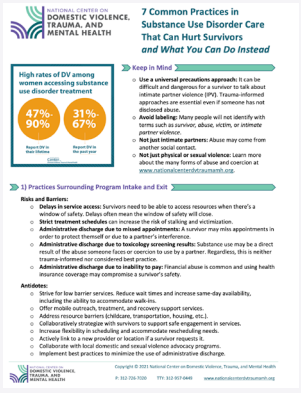
SUBSTANCE USE COERCION PALM CARD: 5X7



NCDVTMH'S REPORTS AND COMMUNICATIONS GUIDE ON SUBSTANCE USE COERCION



NCDVTMH'S TIP SHEET 7 COMMON PRACTICES IN SUBSTANCE USE DISORDER CARE THAT CAN HURT SURVIVORS AND WHAT YOU CAN DO INSTEAD



NCDVTMH'S RESOURCES FOR SUBSTANCE USE DISORDER, RECOVERY, AND MENTAL HEALTH PROVIDERS

NCDVTMH'S TOOLKIT ON COERCION RELATED TO MENTAL HEALTH AND SUBSTANCE USE IN THE CONTEXT OF INTIMATE PARTNER VIOLENCE

CHAPTER 7

INTEGRATING SUBSTANCE USE SUPPORT IN MENTAL HEALTH SERVICES

CLICK TO ACCESS THE VIRTUAL LEARNING SERIES: LESSON 8

This section is for centers that already offer trauma or mental health counseling and are considering adding integrated counseling to support survivors with goals related to substance use. At the same time, this information can be helpful for centers that do not plan to offer these services, as it can provide ideas for what kinds of services may be helpful.

This section is not meant to imply that centers should add these kinds of services or become licensed as substance use disorder treatment providers; that is a decision that can only be made by individual centers in response to community needs and available resources.

Why Consider Offering Integrated Substance Use Support?

- Integrated approaches to address substance use and domestic violence uniquely benefit survivors who use substances (Phillips et al., NCDVTMH, 2020)
- Integrated approaches to substance use, mental health, and trauma are more effective than siloed, sequential, or parallel approaches (Torchalla et al., 2012)
- Substance use disorder treatment resources can be difficult to access in many communities, especially for survivors who may face treatment and recovery sabotage from an abusive partner or ex-partner
- Many of the most commonly used mental health and trauma counseling approaches are also effective for supporting people with their goals related to substance use

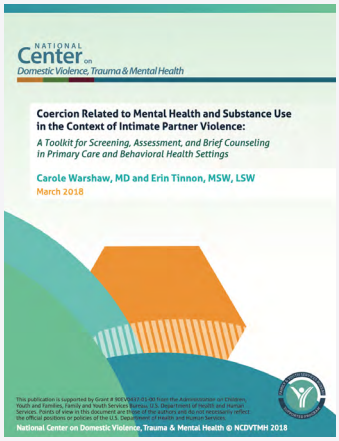
If your center decides to offer counseling support for substance use resources, consider what confidentiality requirements, and needs this may raise, and plan for these in advance. See the section titled Protecting Substance Use Privacy, Confidentiality, and Informed Consent for more information.

TIP SHEETS

- Clinical Assessment
- Integrating Substance Use and Mental Health Support
- Supporting Continuing Recovery

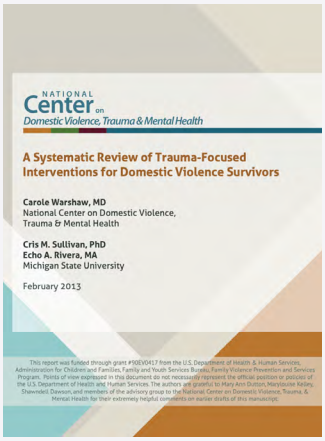
CLICK BELOW TO ACCESS THE RESOURCES

NCDVTMH'S TOOLKIT ON COERCION RELATED TO MENTAL HEALTH AND SUBSTANCE USE IN THE CONTEXT OF INTIMATE PARTNER VIOLENCE

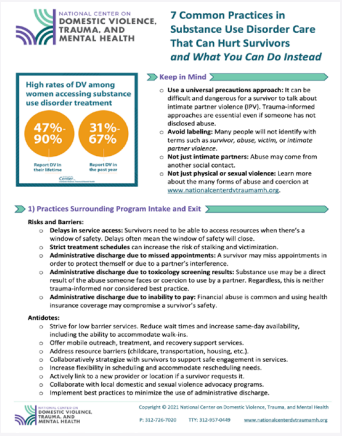


NCDVTMH'S ONLINE REPOSITORY OF TRAUMA-FOCUSED INTERVENTIONS

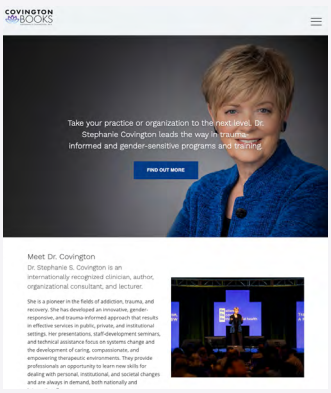
NCDVTMH'S SYSTEMATIC REVIEW OF TRAUMA-FOCUSED INTERVENTIONS FOR DV SURVIVORS



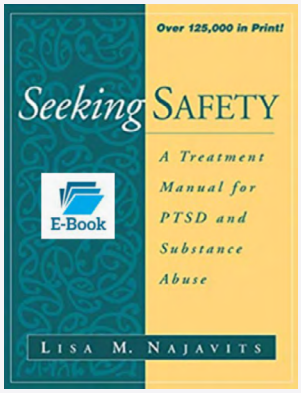
NCDVTMH'S TIP SHEET 7 COMMON PRACTICES IN SUBSTANCE USE DISORDER CARE THAT CAN HURT SURVIVORS AND WHAT YOU CAN DO INSTEAD



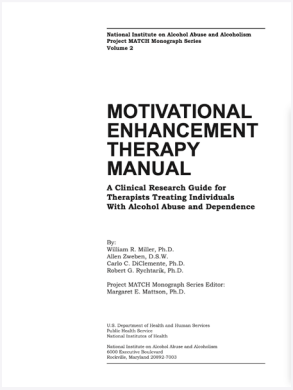
HELPING WOMEN RECOVER AND BEYOND TRAUMA



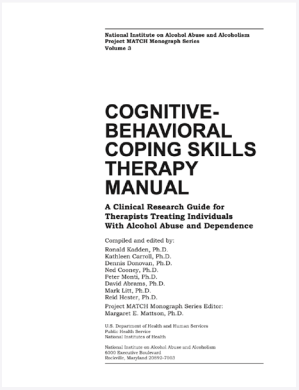
SEEKING SAFETY



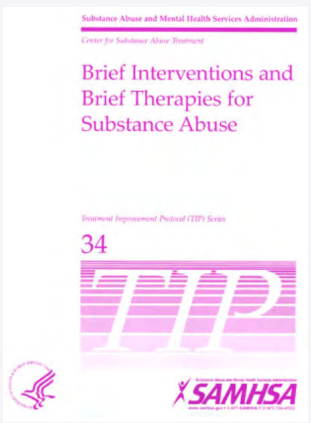
MOTIVATIONAL ENHANCEMENT THERAPY (MET)



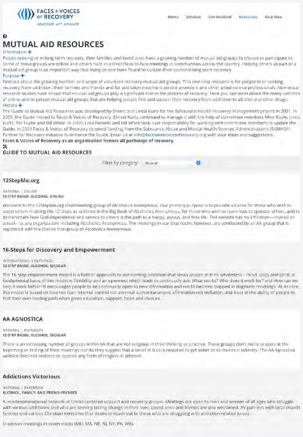
COGNITIVE BEHAVIORAL THERAPY (CBT)



SAMHSA TIP 34 ON BRIEF INTERVENTIONS AND BRIEF THERAPIES



MUTUAL AID COMMUNITY RECOVERY GROUPS



RECOVERY COMMUNITY ORGANIZATIONS

REFERENCES

Balousek, S., Plane, M.B. & Fleming, M. (2007). Prevalence of Interpersonal Abuse in Primary Care Patients Prescribed Opioids for Chronic Pain. J Gen Intern Med 22, 1268–1273. https://doi.org/10.1007/s11606-007-0257-6

Bernardy, N., & Montaño, M. (2019). Opioid Use Among Individuals with Posttraumatic Stress Disorder. PTSD Research Quarterly, 30(1).

Bichard, H, Byrne, C, Saville, CWN, & Coetzer, R. (2021). The neuropsychological outcomes of non-fatal strangulation in domestic and sexual violence: A systematic review. Neuropsychological Rehabilitation. DOI: 10.1080/09602011.2020.1868537

Burnette, JL, Forsyth, RB, Desmarais, SL, & Hoyt, CL. (2019). Mindsets of addiction: implications for treatment intentions. Journal of Social and Clinical Psychology 38(5).

Child Welfare Information Gateway. (2021). Substance Use: A primer for child welfare professionals. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

Child Welfare Information Gateway. (2020). How the child welfare system works. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

Cohen, J.B., Dickow, A., Horner, K., Zweben, J.E., Balabis, J., Vandersloot, D., Reiber, C. (2003). Abuse and violence history of men and women in treatment for methamphetamine dependence. American Journal on Addictions, 12(5), 377-385.

Coughey, K, Feighan, K, Cheney, R, & Klein, G. (1998) Retention in an Aftercare Program for Recovering Women, Substance Use & Misuse, 33:4, 917-933, DOI: 10.3109/10826089809056249

Development Services Group, Inc., & Child Welfare Information Gateway. (2015). Promoting protective factors for in-risk families and youth: A guide for practitioners. U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Children's Bureau.

Downs, W. (2001) Alcohol problems and violence against women: Report of summary findings. United States Department of Justice, Document Number 188267, Grant No. 96-WT-NX-0005. Retrieved 4/19/08 from http://www.ncjrs.gov/pdffiles1/nij/grants/188267.pdf

Freisthler, B, Wolf, JP, Wiegmann, W, & Kepple, NJ. (2017). Drug use, the drug environment, and child physical abuse and neglect. Child Maltreatment, 22(3), p.245–255. https://doi.org/10.1177/1077559517711042

Gwinn, C. & Hellman, C. (2019). Hope Rising: How the Science of HOPE Can Change Your Life. Morgan James Publishing.

Jahn Moses, D.J., Reed, B.G., Mazelis, R., & D'Ambrosio, B. (2003). Creating trauma services for women with co-occurring disorders. Substance Abuse and Mental Health Services Administration. Retrieved 4/19/08 from www.prainc.com/wcdvs/ pdfs/CreatingTraumaServices.pdf

Johnstone, L. & Boyle, M. with Cromby, J., Dillon, J., Harper, D., Kinderman, P., Longden, E., Pilgrim, D. & Read, J. (2018). The Power Threat Meaning Framework: Towards the identification of patterns in emotional distress, unusual experiences and troubled or troubling behaviour, as an alternative to functional psychiatric diagnosis. Leicester: British Psychological Society.

Kelly, JF & Westerhoff, CM. (2010). Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. International Journal of Drug Policy 21(3), p. 202-207.

Lipari, R.N. and Van Horn, S.L. (2017). Children living with parents who have a substance use disorder. The CBHSQ Report: August 24, 2017. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rock.

Moyers, T. B., & Miller, W. R. (2013). Is low therapist empathy toxic? Psychology of Addictive Behaviors, 27(3), 878–884.

NIDA. 2020, January 22. Substance Use in Women DrugFacts.

O'Hagan A, Wilson M. Women and substance abuse: gender-specific social, biological and psychological differences and treatment considerations. Forensic Res Criminol Int J. 2018;6(2):90–98. DOI: 10.15406/frcij.2018.06.00189

Olsen, CM, & Corrigan, JD. (2022). Does Traumatic Brain Injury Cause Risky Substance Use or Substance Use Disorder? Biological Psychiatry, 91(5), p.421-437. https://doi.org/10.1016/j.biopsych.2021.07.013

Phillips, H, Warshaw, C, & Kaewken, O. (2020). Literature review: intimate partner violence, substance use coercion, and the need for integrated service models. National Center on Domestic Violence, Trauma, and Mental Health.

Shipway L (2004). Domestic violence: A handbook for health professionals: Psychology Press.

Substance Abuse and Mental Health Services Administration (SAMHSA, 2015). Substance Abuse Treatment: Addressing the Specific Needs of Women. Treatment Improvement Protocol (TIP) Series, No. 51. HHS Publication No. (SMA) 13-4426. Rockville, MD: Substance A.

Torchalla, I, Nosen, L, Rostam, H, & Allena, P. (2012). Integrated treatment programs for individuals with concurrent substance use disorders and trauma experiences: A systematic review and meta-analysis. Journal of Substance Abuse Treatment, 42(1), p.65-77.

Victor, BG, Grogan-Kaylor, A, Ryan, JP, Perron, BE., & Gilbert, TT. (2018). Domestic violence, parental substance misuse and the decision to substantiate child maltreatment. Child Abuse & Neglect, 79, p31-41. https://doi-org/10.1016/j.chiabu.2018.01.030

Warshaw, C, & Tinnon, E. (2018). Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence: A Toolkit for Screening, Assessment, and Brief Counseling in Primary Care and Behavioral Health Settings. National Center on Domestic Violence, Trauma, and Mental Health

Warshaw, C., Lyon, E., Bland, P., Phillips, H., & Hooper, M. (2014). Mental Health and Substance Use Coercion Surveys. National Center on Domestic Violence, Trauma & Mental Health.

White, W. & Cloud, W. (2008). Recovery capital: A primer for addictions professionals. Counselor, 9(5), 22-27.

Zapata-Alma, GA. (2020). Committed to Safety for ALL Survivors: Guidance for Domestic Violence Programs on Supporting Survivors Who Use Substances. Chicago, IL: National Center on Domestic Violence, Trauma, and Mental Health (NCDVTMH).

Zinberg, NE. (1984). Drug, Set, and Setting: The Basis for Controlled Intoxicant Use. Yale University Press.

APPENDIX A

GLOSSARY OF TERMS

This glossary is meant to help clarify many terms commonly used throughout these materials and when talking about substance use in general. Please note that stigmatizing language (such as "addict", "alcoholic", or "substance abuse") has intentionally not been included. Research shows that stigmatizing language is associated with lower levels of staff compassion and higher levels of stigma (Kelly & Westerhoff, 2010), both of which are barriers to healing (Moyers & Miller, 2013) and discourage seeking help (Burnette et al. 2019). For more information on avoiding stigmatizing language, check out this Language Matters tip sheet.

- **Abstinent, Abstaining** from [a specific substance], **Abstinence:** Not using one or more substance(s).
- **Family Justice Centers:** Multi-agency collaborative that brings services together under one roof – allowing survivors of domestic and sexual violence to access multiple services in one location. To be considered an affiliated Family Justice Center, by Alliance for HOPE International, a Center must have a centralized intake process and the following full-time, onsite partners: A community-based organization (at least one: DV or SA Program); Law enforcement investigators/detectives; Specialized prosecutors; and Civil legal services. An affiliated Center must also: Adhere to and demonstrate the implementation of Family Justice Center Guiding Principles in service delivery; Engage meaningfully and regularly with the Family Justice Center Alliance program technical assistance team; and provide de-identified data/statistics to the Alliance when requested.
- **Hope:** Hope is the belief that your future can be brighter than your past and that you have a role to play in making it happen. Hope involves goal setting, agency (willpower to pursue goals), and pathways thinking (strategic ability to find ways to achieve goals even in the face of barriers or obstacles). Hope is measurable, malleable, and cultivatable. (Snyder, 2002). Hope can be taught to children and adults (Gwinn, Hellman, 2019).
- **Intoxicated, Intoxication:** Experiencing behavioral, emotional, physiological or cognitive changes due to recent use or exposure to a substance. Not all use results in intoxication.
- **Medication-Assisted Treatment or Recovery (MAT, MAR):** Accessing FDA-approved medications under the care of medical and other treatment professionals as part of evidence-based care for substance use disorders. Examples include methadone and Suboxone for opioid use disorders.
- **Multi-Agency Center:** To be considered an affiliated Multi-Agency Center by Alliance for HOPE International, a center must have at least three different co-located service providers; adhere to and demonstrate the implementation of Family Justice Center Guiding Principles in service delivery; engage meaningfully with Alliance's technical assistance team; and provide requested statistics and data to Alliance.
- **Mutual Aid Community Recovery Groups:** Peer-run groups where members support one another's recovery. Examples include: Twelve Step, SMART Recovery, Women for Sobriety, and more.
- **Naloxone:** The medication that is used to temporarily reverse an opioid-related overdose.
- **Overdose:** A relatively large dose that has exceeded a person's tolerance for a substance, resulting in serious (often life-threatening) negative impacts on their physical health, mental health, or both.
- **Recovery:** Desire to or already in the process of making or maintaining changes related to substance use with a goal of improving one's situation or life.
- **Recovery Capital:** The internal and externals resources that can aid a person in their recovery process.
- **Recovery Community Organization (RCO):** RCOs commonly offer a range of recovery support services, as well as support public awareness and education to combat community stigma and support long-term recovery. Staff and leadership are typically people in long-term recovery, as they personally define for themselves.
- **Recovery Support:** An array of services that are often delivered by people with lived experience of recovery designed to offer individualized and holistic support.
- **Route of Administration:** Method for using a substance. Examples include: smoking, snorting, drinking, eating, injecting, etc.

- **Sober, Sobriety:** Clear-minded, clear-mindedness.
- **Substance:** A mind-altering drug, including alcohol and tobacco.
- **Substance Use:** The activity of using a mind-altering substance, including alcohol. Does not indicate any specific pattern of use or whether there are any problems or risks associated with use.
- **Substance Use Coercion:** The coercive tactics involving substances or substance use history that are used against a survivor as part of a broader pattern of abuse and control by a partner, ex-partner, or other close social contact.
- **Substance Use Disorder Treatment:** An array of services aimed at helping people address a diagnosable substance use disorder, including: withdrawal management, medication assisted treatment, counseling, residential, inpatient, intensive outpatient, outpatient services, and other recovery services.
- **Toxicology Screening:** Biomedical (urine, breath, blood, etc.) testing that detects the presence of a substance (such as urine drug testing and breathalyzers).
- **Withdrawal:** Physical, behavioral, and/or psychological changes that can occur when a person reduces or stops using a specific substance. Withdrawal can range from none to life-threatening.

LIST OF ACRONYMS USED IN THIS TOOLKIT

- **DV:** domestic violence
- **DV/SA:** domestic violence and sexual assault
- **FJC/MA or FJCs:** Family Justice Center / Multi-Agency Centers
- **NCDVTMH:** National Center on Domestic Violence, Trauma, and Mental Health
- **NNEDV:** National Network to End Domestic Violence
- **OVW:** Office on Violence Against Women
- **SA:** sexual assault
- **SAMHSA:** Substance Abuse and Mental Health Services Administration

SAMPLE NEEDS ASSESSMENT FORM

This Needs Assessment has been created to help Family Justice/ Multi-Agency Centers assess some of their center's needs around increasing assessible and trauma-informed services for survivors who use substances (including alcohol). The questions were developed by the project team consisting of: Alliance for HOPE International, the National Center on Domestic Violence, Trauma and Mental Health, Crystal Judson Family Justice Center, Essex County Family Justice Center, and Strength United Family Justice Center. This Needs Assessment is also supported by the Office on Violence Against Women, Grant No. 2018-TA-AX-K034.

1. What percentage of your Family Justice/Multi-Agency Center (FJ/MA) clients are experiencing problems related to their substance use (including alcohol use)? Please select one:

☐ 0%-10% ☐ 11%-25% ☐ 26%-50%

☐ 51%-75% ☐ 76%-90% ☐ 91%-100%

2. Does your FJ/MA Center include a substance use provider as an onsite partner agency? Please select one:

☐ Yes ☐ No ☐ Unknown

3. When a survivor who is using substances comes to your FJ/MA Center, how do Center staff members and onsite law enforcement officers respond?

4. Does your FJ/MA Center provide services to survivors who arrive and appear to be intoxicated from alcohol and/or other drugs? Please select one:

☐ Always ☐ Very often ☐ Sometimes ☐ Never

5. Does your FJ/MA Center do any of the following when survivors arrive for services and appear to be intoxicated from alcohol and/or other drugs?

	Y	N	UNK
Provide services as usual	☐	☐	☐
Ask the survivor to return when sober	☐	☐	☐
Refer survivor to an offsite SU treatment program	☐	☐	☐
Refer the survivor to an onsite SU counselor	☐	☐	☐
Report the survivor to authorities, such as CPS	☐	☐	☐
Compassionately confront survivors about their use of substances	☐	☐	☐
Talk with the survivor about safety planning related to their use of substances	☐	☐	☐
Provide overdose prevention education	☐	☐	☐
Provide a safe space to rest and recuperate	☐	☐	☐
Other (please specify):	☐	☐	☐

6. Which substances are creating the most problems for survivors seeking services in your FJ/MA Center? Please select all that apply:

- ☐ Alcohol
- ☐ Amphetamines (Adderall, Ritalin, speed, etc.)
- ☐ Benzodiazepines (Valium, Ativan, or Xanax)
- ☐ Cocaine (powder or rock)
- ☐ Inhalants (duster, glue, gas, nitrous oxide, etc.)
- ☐ Marijuana
- ☐ Methamphetamines
- ☐ Opioids purchased on the street (heroin, etc.)
- ☐ PCP
- ☐ Other non-PCP hallucinogens (LSD, mushrooms, etc.)
- ☐ Opioid pain relievers prescribed to survivors by their physicians
- ☐ "Party" or "Club" drugs (MDMA, ecstasy, ketamine, GHB, etc.)
- ☐ Polysubstance use
- ☐ Synthetic cannabis
- ☐ Unknown
- ☐ None of these options

7. Does your FJ/MA Center work with survivors onsite to address their self-defined needs/goals related to substance use as part of the following services?

	Y	N	UNK
Intake and assessment	☐	☐	☐
Domestic violence advocacy	☐	☐	☐
Civil/criminal legal services	☐	☐	☐
Couseling/support groups	☐	☐	☐
Service connection (directly from an advocate) / linkage	☐	☐	☐
Other (please speficy):	☐	☐	☐

8. Does your FJ/MA Center offer any of the following services and supports?

	YES- ONSITE	YES- BY SERVICE CONNECTION	NOT AVAILABLE	UNKNOWN
Individual substance use (SU) counseling	☐	☐	☐	☐
Recovery mutual aid support groups (12- STEP, SMART Recovery, etc.)	☐	☐	☐	☐
Group-based substance use counseling	☐	☐	☐	☐
Integrated trauma and substance use treatment groups (such as Seeking Safety or Helping Women Recover)	☐	☐	☐	☐
Withdrawal management (formerly detoxification) services	☐	☐	☐	☐
Overdose prevention education and/or planning	☐	☐	☐	☐
Medication Assisted Treatment (MAT) services	☐	☐	☐	☐
Intensive outpatient SU disorder treatment services	☐	☐	☐	☐
Residential SU disorder treatment services	☐	☐	☐	☐
Gender-responsive SU disorder treatment services	☐	☐	☐	☐
Family-based treatment programs where survivors can bring their young children	☐	☐	☐	☐
Other (please specify):	☐	☐	☐	☐

9. What are the greatest unmet needs for survivors seeking services at your FJ/MA Center, as related to their use of substances (including alcohol)?

10. Are any of the FJ/MA Center staff or onsite partners required to report pregnant survivors who are actively using substances at the time they seek services? Please select one:

☐ Yes ☐ No ☐ Unknown

If yes, who is required to report, and to whom?

11. Are any of the FJ/MA Center staff or onsite partners required to report survivors who are parents and are actively using substances at the time they seek services, absent of signs of abuse or neglect? Please select one:

☐ Yes ☐ No ☐ Unknown

If yes, who is required to report, and to whom?

12. What supports and resources would you like to see available for staff to work with survivors who use substances (including alcohol)?

13. Overall, does your program have any other needs or concerns around supporting survivors who use substances?

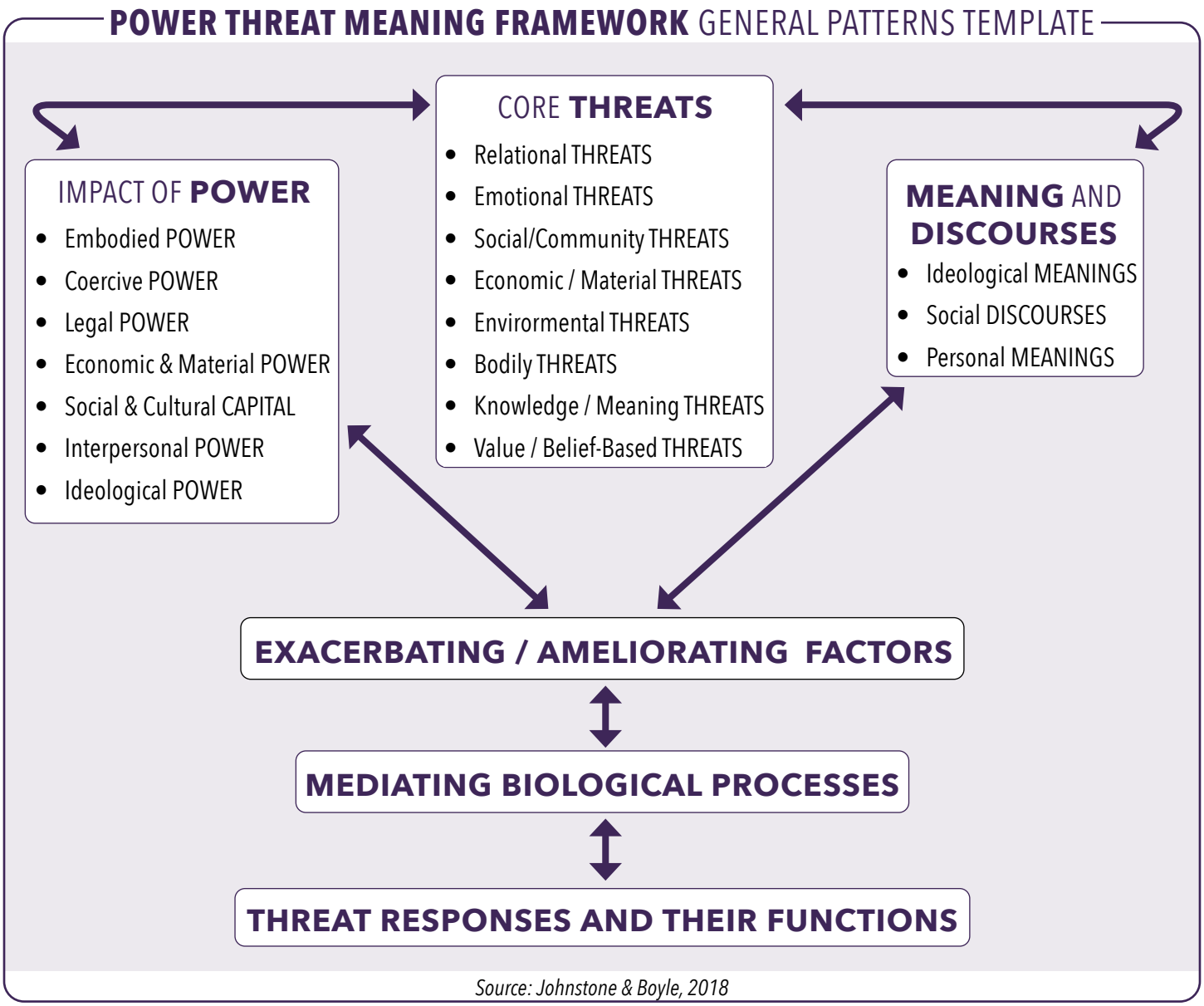
APPENDIX C

TIP SHEETS

UNDERSTANDING SUBSTANCE USE AS A THREAT RESPONSE

USING THE POWER-THREAT-MEANING FRAMEWORK (JOHNSTONE & BOYLE, 2018)

Substance use (as well as mental health symptoms) are best understood within the context of the person's situation and environment. This framework can help situate a person's substance use as part of their survival response.



Source: Johnstone & Boyle, 2018

CORE REFLECTION QUESTIONS

1. What happened? How is **POWER** operating in this person's life?
2. What was the impact? What kind of **THREATS** does this pose?
3. What sense do they make of it? What is the **MEANING** of these experiences for them?
4. What has helped them to survive? What kinds of **THREAT RESPONSES** are they using?

ELEMENTS OF A TRAUMA-INFORMED APPROACH TO SUBSTANCE USE

USING A 'NO WRONG DOOR' APPROACH

- Survivors are warmly welcomed in services and approached with dignity
- Survivors are not turned away or screened out because of substance use

HONORING SELF-DEFINED NEEDS AND SOLUTIONS

- Advocates and other staff 'meet the person where they are' with genuine acceptance and care, honoring each survivor as the expert on their own experience
- Advocates and other staff do not assume that a person needs or wants a substance use resource just because they use substances
- Advocates and other staff actively listen to what a survivor shares as well as empathetically listen for what a survivor may be feeling or thinking but hasn't been able to say yet

RECOGNIZING HOW SUBSTANCE USE CONCERNS ARE LINKED TO TRAUMA, DOMESTIC VIOLENCE, AND SEXUAL ASSAULT, INCLUDING ONGOING DANGER

- Advocates and other staff take a matter-of-fact approach to substance use
- Advocates and other staff integrate awareness of substance use and substance use coercion into safety planning
- Advocates and other staff recognize how stigma related to substance use is used by people who cause harm to endanger survivors and isolate them from sources of safety
- Stigma related to substance use is actively countered within the center, with any partners or systems a survivor may come into contact with, and within the greater community

COMMON TACTICS OF SUBSTANCE USE COERCION

This a list of common tactics of substance use coercion. Bear in mind, this list is not exhaustive and many substance use coercion tactics can be used against survivors even when they do not use substances.

- **BLAMING:** When an abusive partner blames their harmful and controlling behavior on substance use (either their own substance use or a survivor's substance use)

- **UNDERMINING:** When an abusive partner uses a survivor's substance use history to denigrate them, including name-calling, criticizing, belittling, and undermining them

- **THREATENING:** When an abusive partner uses a survivor's substance use history to threaten them, such as threatening a survivor with losing custody of their children because of their substance use or threatening to disclose a survivor's substance use history to law enforcement

- **COERCED USE:** When an abusive partner pressures, coerces, or forces a survivor to use substances (or use substances in a way that don't want to, such as using more or using in riskier ways). This can include threatening to harm a survivor if they don't comply with an abusive partner's pressure or demands

- **MANIPULATION:** When an abusive partner controls or restricts a survivor's access to substances. This can include an abusive partner threatening a survivor with withdrawal or forcing a survivor into withdrawal in order to exert power and control over them

- **SELF-MEDICATION:** When a survivor uses substances to cope with the emotional or physical pain of abuse

- **COERCED ILLEGAL ACTIVITIES:** When an abusive partner forces or coerces a survivor to engage in illegal activities in order to have access to substances

- **INDUCING FEAR:** When an abusive partner uses the stigma and criminalization of substance use to threaten a survivor and block them from seeking help. Examples include a survivor being afraid to call the police because an abusive partner has told them that police will arrest them, take away their children, or deport them due to substance use

- **SABOTAGING RECOVERY:** When an abusive partner deliberately attempts to interfere with a survivor's recovery and access to resources that aid in recovery. Examples include stopping a survivor from managing or stopping their substance use, preventing a survivor from attending substance use resources (recovery meetings, harm reduction services, treatment, etc.), stealing or controlling medications used in recovery, withholding resources that are needed for engaging in substance use services (such as transportation, childcare, insurance coverage, etc.), and provoking setbacks in substance use goals

WHY MIGHT SURVIVORS CONTINUE TO USE SUBSTANCES?

Substance use is often influenced by interwoven factors. Below are some of the common factors that may be helpful to keep in mind. At the same time, the best way to understand a person's unique situation is by creating a safe environment that fosters open discussion.

SUBSTANCE USE COERCION

- Many survivors are introduced to substances by an unsafe partner, who often plays a large role in escalating substance use problems (Phillips et al., 2020)
- Survivors may be coerced to use substances by an abusive partner; one study found over a quarter of survivors had experienced this kind of abuse (Warshaw et al., 2014)
- For more information, see the tip sheet Common Tactics of Substance Use Coercion

TO AVOID WITHDRAWAL

- It is common for people to use a substance in order to avoid withdrawal
- In some situations, withdrawal may require specialized services
- Survivors often experience many increased barriers to accessing specialized withdrawal management resources
- It is common for an abusive partner to threaten or force a survivor with withdrawal as a tactic of abuse; for this reason, a survivor may find the idea of withdrawal particularly frightening or avoid it entirely because it reminds them of their trauma
- Women can be at greater risk of experiencing withdrawal and more intense cravings due to neurobiological and hormonal differences (NIDA, 2020)

TO NUMB PAIN, EXPERIENCE JOY, OR CREATE A SENSE OF CONNECTION

- Everyone needs to be able to experience connection and joy, while also having supports and resources to cope with pain
- Being abused by an intimate partner can interfere with a person's positive experiences and social connections, increasing risks related to depression, suicidality, and substance use (Phillips et al., 2020)
- Substances may be used to numb emotional or physical pain related to domestic violence, other traumatic experiences, and health conditions (Warshaw et al., 2014; Bernardy & Montaño, 2019)
- Substances may be used to deal with injuries from an abusive partner, especially when a survivor hasn't been able to access effective medical care due to an abusive partner's interference or other barriers (such as stigma, fear of mandated reporting, or lack of medical coverage)

LACK OF ACCESS TO NEEDED TREATMENT RESOURCES

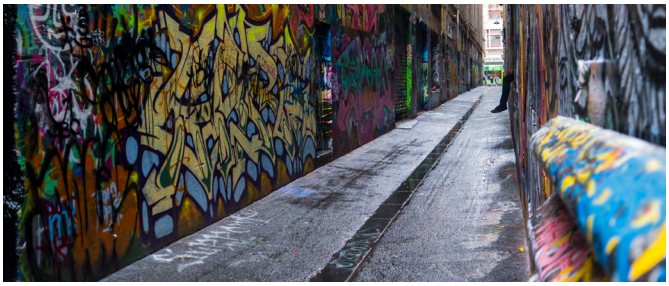
- Treatment can be difficult to access in many communities, even when a person is not victimized and has stable access to resources
- Common barriers include transportation, childcare, health insurance, income, stigma, fear of substance use records being used against them in legal proceedings, and fear of negative interactions with child protective service agencies
- Survivors often experience many additional barriers to accessing effective treatment, including substance use coercion
- Existing treatment resources may not be prepared to meet the unique safety and recovery needs of survivors and their children
- When treatment is hard to access, ineffective, or unsafe, it is common for people to react with a sense of hopelessness

DRUG, SET, AND SETTING

This framework illustrates the three key areas that influence substance use experiences: drug, set, and setting (Zinberg, 1984). A change in any of these key areas can have a large impact on a person's experience of substance use. Advocates and survivors can combine this framework with knowledge of power and control to enhance safety planning around substance use and substance use coercion.

DRUG: The substance itself, how the substance is used (drinking, eating, injecting, smoking, etc.), the amount of the substance used, and ultimately how the substance impacts a person's body.

SET: A person's mindset and disposition prior to and during use, their physical health, their cultural perspectives on substance use, as well as their expectations of the substance use experience.



SETTING: Environmental factors surrounding use including time of day, location of use, how substances are obtained, social context of use, whether use needs to be hidden, as well as community perspectives on substance use.

PRACTICE SCENARIO: DRUG, SET, AND SETTING

Use the scenario below to practice identifying the different aspects of drug, set, and setting.

SCENARIO:

Morgan recently called asking about resources because it's "no longer safe" to continue staying with her boyfriend and she's afraid he'll follow her if she tries to stay with a friend. Morgan shares that he's followed her before when she's tried to self-detox from heroin at friend's houses, and that before she knew it, she'd be back at his place using again. Morgan shares that she doesn't have a source of income and that every time she's tried to work, her boyfriend tells her she's "too sick to hold down a job" even though he also uses heroin and works. When asking whether she might be interested in substance use resources, Morgan shares that on some level, heroin has helped her deal with the 'constant ups and downs' of her relationship. When you ask about these 'ups and downs', she responds, "He's always telling me I'm crazy and keeping me up all night fighting. I figured every couple goes through stuff like this, but it's gotten really scary lately. Is this normal?"

ADDITIONAL PRACTICE QUESTIONS:

- What tactics of power and control do you notice in the scenario?
- What are some ways an advocate or counselor could integrate awareness of both substance use and substance use coercion into safety planning with Morgan?
- What kinds of resources might be helpful to offer Morgan? How could an advocate or counselor help Morgan to safely access the resources she desires?

BEST PRACTICES IN SUBSTANCE USE CONFIDENTIALITY

1. Informed written consent is required in order to share or exchange any information that may suggest a history or current substance use.

- **a.** The written consent to release information includes (at a minimum):
  - **i.** what information is to be shared
  - **ii.** who is authorized to release this information
  - **iii.** to whom can it be released
  - **iv.** for what purpose
  - **v.** the dates during which the consent is valid
  - **vi.** how to revoke consent

2. Even with consent, information is only shared when there is a need to do so in order to support the person accessing services in their self-defined goals.

3. Documentation regarding substance use is limited to what is needed or required in order to support the person in their self-defined goal(s).

4. Any documentation of a survivor's substance use also includes attention to:

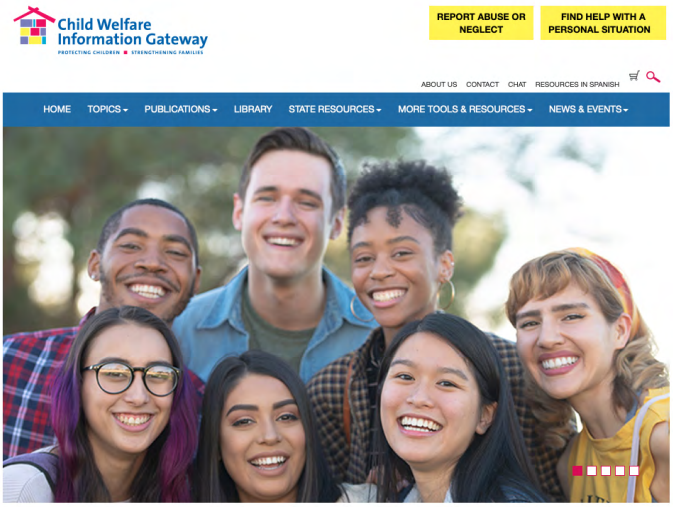
- **a.** A survivor's strengths, coping strategies, and observations of their ability to care for and protect their children and other family members
- **b.** The relationship between these concerns to the abuse and victimization they've experienced
- **c.** The potential for these concerns to subside when the person is safe and connected to desired resources
- **d.** Any attempts by an unsafe partner or ex-partner to interfere with, control, or sabotage a survivor's engagement in recovery, recovery services (such as treatment), and other services (such as housing, medical care, etc.).

MANDATED REPORTING AND SUBSTANCE USE
KEY REPORTING ACTIONS FOR ADMINISTRATORS

1. Know what the requirements are in your municipality.

a. Consult with the local child welfare agency.

b. In the U.S., you can also consult the Child Welfare Information Gateway Statutes Search.



2. Consider whether different staff members have different levels of confidentiality protections based on their role.

a. If so, then consider how this informs your Center's overall procedures, including screening, assessment, resource navigation, data storage, and information sharing.

3. Create policies and protocols to reflect legal requirements as well as protect confidentiality.

a. In creating program and documentation flows, ensure that survivors are informed of their confidentiality rights and the limits of confidentiality (including mandated reporter requirements) prior to staff asking them questions or collecting their information.

4. Ensure staff have the necessary training and support to implement established policies and procedures.

a. Work to eliminate stigma related to parental or perinatal substance use within center staff and services.

b. Prepare and support advocates to be able to assist and advocate for survivors who may be impacted by child protective systems.

TRAUMA-INFORMED MANDATED REPORTING
KEY REPORTING ACTIONS FOR MANDATED REPORTERS

Prior to asking questions and/or offering services, explain:

1. Confidentiality rights

2. The limits of confidentiality

3. Mandated reporting requirements

If a report needs to be made:

1. Openly discuss the need to make a report with the individual

2. Invite the person to be present when the report is made so that they can observe everything that is said, offer any information they would like to have included, and ask questions

3. Describe what is likely to happen after a report is made

a. If the next steps are unclear, seek clarity from the child welfare agency

b. This resource from the Child Welfare Information Gateway can also help clarify the process: How the Child Welfare System Works

4. Ask if/how they would like to receive updates

5. Offer advocacy support, including safety planning, active resource connections, and system advocacy

a. Survivors may be at increased risk of danger from an abusive (ex-)partner when there is child welfare involvement. Ongoing safety planning and advocacy are especially important during this time

TRAUMA-INFORMED CONVERSATION OPENERS

It is essential that centers work to ensure safety, confidentiality, and nonjudgmental services so that survivors are able to discuss substance use and substance use coercion in their pursuit of safety. With that in mind, these are some ways advocates and counselors can open conversation about substance use and substance use coercion, as well as validating responses (Warshaw & Tinnon, NCDVTMH, 2018).

Conversation Openers

- "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."

As Part of a Danger Assessment

If a survivor shares that an (ex-)partner uses substances, asking one of these follow-up questions can help open conversation about substance use coercion.

- "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?"

Asking About the Impact of DV/SA on Substance Use

If a survivor has shared having a substance use history, it can be helpful to ask about how DV/SA has impacted their experience of substance use and/or recovery.

How their experiences of – overdose or withdrawal, stigma related to their substance use, using when they would rather not, and/or their struggles with recovery

Might be related to – living with fear, isolation, and entrapment, experiencing economic control, physical violence, and/or sexual assault, being stalked, and/or dealing with injury-related disability, chronic pain, interpersonal betrayal, or trauma-related mental health symptoms

Asking About the Impact of DV/SA on Substance Use

See Common Tactics of Substance Use Coercion for more information

Validating Responses

Validate and Affirm

- "It is never your fault when someone harms you, even if you are drinking/using – regardless of what your partner or society says. Your use does not justify violence against you on any level. You deserve to be treated with dignity and respect."
- "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."

Consent Matters

Unless the person has directly asked for support around their substance use, it is important to ask permission before asking more questions about substance use or offering substance use specific resources.

- "Would it be alright if we took a moment to talk more about substance use right now?"
- "I have some information on [insert topic here, for example: substance use coercion, overdose prevention, local harm reduction resources, etc.] you might find useful, would it be alright if we took a moment now to go over it together?"

RECOVERY CAPITAL

Access to resources is vital for supporting safety related to DV/SA and substance use. Recovery Capital refers to the collection of internal and external resources that aid people in their journey of well-being (White & Cloud, 2008). This list is not exhaustive; there are often additional important resources according to individual, cultural, and community contexts.

Human

- Personal values
- Knowledge, education, skills
- Problem solving capacities
- Self-awareness
- Self-esteem
- Self-efficacy
- Self-confidence
- Hopefulness
- Vision of past, present, future
- Sense of meaning and purpose
- Interpersonal skills

Social

- Family
- Intimate relationships
- Kinship
- Variety of social supports across environments (school, work, etc.)
- Social supports that are safe and support recovery efforts

Physical

- Physical health
- Financial resources
- Healthcare access
- Safe housing
- Clothing
- Food
- Transportation

Community

- Active efforts to reduce stigma
- Recovery role models who are visible, local, and diverse
- Accessible and diverse mutual aid recovery groups
- Local recovery community support organizations
- Culturally responsive recovery resources

SUPPORTING SOMEONE WHO SEEMS UNDER THE INFLUENCE OF SUBSTANCES

Supportive Responses

- Invite the person to speak privately (protect their confidentiality)
- Show concern for their well-being
  - o "You don't seem like yourself today, how are you feeling?... What would feel helpful right now?"
- Use calm and reassuring tones and body language
- Communicate clearly and concisely
- Repeat yourself as needed
- Strive for a peaceful and soothing environment
- Give space and give time
- Be aware of your personal beliefs and expectations
- Remain fully present
- Assess for any immediate safety needs
  - o If the person is showing signs of potential overdose, engage overdose prevention and response protocols
  - o If the person is unresponsive or in need of medical attention (chest pains, etc.), seek medical attention while safe guarding the person's confidentiality
- Offer choices that feel accessible and relevant
- Empathize – what could have led to this person becoming this intoxicated? Is this part of a trauma response? Were they coerced to use or drugged?
- Sitting quietly with the person as a soothing presence can be helpful
- If unsure how you can help or what to do, consult with a supervisor or other staff member

Be careful with assumptions and avoid jumping to conclusions

Many potential signs of intoxication are also common signs of domestic violence, sexual assault, abuse, strangulation, trauma, stress, and partner-inflicted brain injury, as well as mental and physical health conditions.

Things to Avoid

- Turning someone away or withholding services
- Assumptions that someone's behavior or mental status is due to intoxication
- Assumptions that someone is unable to get anything of the available services
- Assumptions that people pose a risk to safety
- Allowing personal reactions to guide your responses
- Expressing (verbally or nonverbally) judgment, anger, disinterest, disapproval, shame, or other stigmatizing or moralizing responses
- Ignoring or dismissing what someone is saying or requesting

PREVENTING OVERDOSE
HOW ADVOCATES CAN HELP

- **Develop policies and practices** that help survivors feel safe enough to discuss substance use and substance use coercion
- **Foster open conversations** about substance use coercion that center the survivor's perspective and preferences
- Learn to recognize a **potential overdose** and how to respond
- Have **naloxone** on hand in case of an opioid overdose
- Help survivors access naloxone kits and **safer use materials**
- Offer survivors assistance with developing strategies to decrease their overdose risk and creating an **overdose prevention plan**
- Learn about **overdose risk factors**
- **Share overdose prevention information** with survivors and support them in sharing this information with their trusted social supports
- **Share unbiased information** in a nonjudgmental and noncoercive manner
- Attend to safety needs related to substance use and substance use coercion in **DV/SA safety planning**
- **Facilitate safe access** to medication assisted treatment for those who desire it
- **Support overall health and wellbeing**, including access to resources that support: nutrition, hydration, physical health, mental health, stable housing, and social connectedness

OVERDOSE RISK FACTORS

Learning about and helping others strategize around overdose risk factors is an important element of overdose prevention safety planning. This list (Zapata-Alma, NCDVTMH, 2020) focuses largely on risk factors related to opioid overdose since opioids are involved in the majority of overdoses.

- **Using alone** - there is no one to recognize the overdose, reverse it, and get help.
- **A history of past overdoses** – previous overdoses lower one's overdose threshold, making it easier to overdose in the future.
- **Not having an overdose prevention plan** – lack of support and planning for how to prevent an overdose, including access to naloxone, increases a person's risk for death if they do experience an overdose.
- **Physical health conditions** – it is easier to overdose when our internal systems and/or organs are already compromised by a health condition.
- **Using more than one substance at a time**, including alcohol and/or prescriptions.
    - Using opioids with other 'downers' (such as alcohol, sleep aids, anxiety medications, or mixing different kinds of opioids) will create stronger effects that depress breathing, making overdose more likely. People may not realize the substance they are using is mixed with others.
    - Using opioids or depressants and stimulants together may result in someone using larger quantities or for a longer period of time because the unwanted effects of one drug is masked by another. Also, stimulants will generally wear off faster, potentially leaving someone at increased risk of opioid overdose.
- **Not 'testing' the dose** – by using a tiny amount of the substance to 'test' it (rather than going directly to using their more typical amount) the person can better understand both the strength of the substance as well as their current tolerance level.
- **Recent period of abstinence** – tolerance, especially to opioids, can change quickly and dramatically, even within the same day. A recent period of abstinence reduces a person's tolerance level, making overdose more likely. Recent abstinence may not be planned or voluntary, but could be due to recently being in a setting where substance use is not allowed or available, such as a shelter, jail, a nursing home, or after hospitalization.
- **Erratic pattern of use** – inconsistent use, or using different forms of substances (or perhaps the same substance but from different sources) can all lead to dramatic shifts in tolerance.
- **History of depression, low mood, impulsivity, suicidality, and/or self-injury** – someone with this history may be less likely to take measures to prevent overdose, and/or may use in a more haphazard or impulsive manner.
- **Detoxification from opioids without maintenance medication** – reduces a person's tolerance as well as increases the risk of return to use, creating a very high risk for overdose.
- **Faster route of administration** – routes of administration that are more direct increase the risk of overdose because a larger and stronger amount of the substance is more quickly absorbed by the body. Using intravenously presents the highest overdose risk, followed by snorting, then smoking, then eating the substance. That said, it is possible to overdose by any route of administration.
- **Seeking profound intoxication** – someone who seeks the sensation of profound intoxication is more likely to use a larger amount and/or a more direct route of administration.

OVERDOSE PREVENTION SAFETY PLANNING STRATEGIES

These are some key strategies in helping survivors to prevent accidental fatal overdose (Zapata-Alma, NCDVTMH, 2020):

- Collaboratively strategize to create an overdose prevention safety plan
  - o The best plan is one that is realistic and actionable
  - o Much like DV/SA safety planning, overdose prevention planning is only as useful as it is individualized
  - o One way to open this conversation is by asking, ***"what are some things you do to stay as safe as possible while using substances, including alcohol?"***
- Help expand access to naloxone
  - o Partner with local harm reduction and/or public health agencies, who may distribute naloxone or know how to access it within your community
  - o Some areas offer naloxone through local pharmacies, and it can be covered by insurance in many cases. Be sure to call ahead to see where it is available, and whether there will be any financial cost associated with obtaining it.
- Help individuals understand how tolerance can quickly shift and increase risk of overdose, especially when there are changes in the frequency, amount, quality, or source of substances used

Potential overdose safety strategies include:

- Start with a small amount and use slowly, especially when tolerance may have changed or the quality of the substance is unknown
- Avoid mixing substances, especially 'downers'
- Checking substances for the presence of fentanyl
- Use with people who are trusted and considered safe social supports
- Discuss overdose prevention and response strategies with using partners
- Keep naloxone kits on hand
- If must use alone, consider using an overdose prevention resource like Never Use Alone

ADVOCATING AT THE INTERSECTIONS OF SUBSTANCE USE COERCION AND CHILD PROTECTIVE SERVICES

What are the intersections between substance use coercion and child protective services (CPS)?

It is a common tactic of substance use coercion to either threaten CPS involvement or engage CPS systems in attempts to harm, threaten, and control survivors and their children. At the same time, studies suggest that the simple presence of DV or substance use can increase CPS findings of child abuse or neglect even when all other case facts remain the same; this risk was largest when both DV and substance use were present (Victor et al., 2018; Freisthler et al., 2017).

How can advocates support survivors and their families at these intersections?

- **Raised awareness** and recognition of the many tactics of substance use coercion
- **Safety** for people to be able to talk about DV, substance use, and substance use coercion and access desired resources without fear of punishment, retribution, or having their families separated
- **Resources** that address self-defined needs, especially those that support safety and economic stability (including housing, transportation, childcare, and more)
- **Expanding** the focus from a survivor's substance use to also consider:
  - o The abuse and danger they may be facing from an unsafe partner or ex-partner, including tactics of substance use coercion
  - o How they are striving to protect and care for their children
  - o Child safety; drug test results do not indicate whether or not a child is safe
  - o The potential for any identified concerns to resolve with the appropriate support and resources that aid in safety and stability
  - o A survivor's self-defined needs and preferences, as well as their access to desired resources that help address those needs
- **A critical review** of how stigma associated with DV and substance use may impact staff perceptions, influence staff decisions, and potentially shape programmatic policies and procedures

SUPPORTING PARENTS AND CAREGIVERS WHO USE SUBSTANCES

- Cultivate safe and nonjudgmental relationships with parents/caregivers and their children
- Focus on family and parenting strengths
- Respect the person's role as a parent or caregiver
- Support parent/caregiver-child bonding
- Support parents/caregivers to safety plan around their substance use to minimize the risk of it interfering with safe parenting

  o These are some areas that can be helpful to discuss with parents/caregivers to strategize around safety while remaining survivor-led:

  - What are the potential risks to child safety, from the viewpoint of the parent/caregiver?
  - How are they protecting and caring for their children? Would it be helpful to talk about additional strategies?
  - How can we build on existing family strengths and protective factors?
  - What kinds of resources and support would be helpful?
  - The drug, set, and setting framework is a relevant tool for safety planning in this situation (see the Drug, Set, and Setting tip sheet)

- Approach parents/caregivers with empathy, understanding that discussing substance use may raise feelings of fear, guilt, or other challenging feelings, and responding with affirming emotional support
- Strengthen social support networks
- Actively connect with desired resources, including children's resources
- Advocate for timely access to desired resources that are culturally resonant, trauma-informed, DV/SA-informed, gender responsive, and family-based
- Cultivate access to peer-based support resources
- When parents are ready to talk about their substance use with their children, help them share information that is simple, fact-based, and age-appropriate
- Promote protective factors

PROMOTING PROTECTIVE FACTORS

Protective factors help mitigate risks that families face and are associated with improved well-being. This list of protective factors comes from a literature review commissioned by the U.S. Department of Health and Human Services, Administration on Children, Youth, and Families (Development Services Group Inc. & Child Welfare Information Gateway, 2015). Advocates, counselors, and leadership can consult this list (as well as the tip sheet on Recovery Capital) to identify which of these factors are actively supported through currently offered services and resources, as well as to address any potential gaps in desired services and resources.

Individual

- Sense of purpose
- Sense of hope
- Self-regulation skills
- Relational skills
- Problem-solving skills
- Involvement in positive activities

Relational

- Parenting competencies
- Positive peers
- Caring adults

Community

- Positive community environment
- Positive school environment
- Economic opportunities

LOCATING SUBSTANCE USE SUPPORT RESOURCES

This list contains a diversity of substance use support resources in order to meet people where they are and support self-defined goals. Keep in mind that any resources that support self-defined safety, stability, social connectedness, and empowerment will also support well-being in relation to substance use. Each of these resources is a starting place and may not reflect all of the resources available in your community. It can be helpful to also check in with community members, colleagues, and other local resources.

HARM REDUCTION RESOURCES

National Harm Reduction Coalition

Academy of Perinatal Harm Reduction

MUTUAL AID SUPPORT GROUPS

Faces and Voices of Recovery's resource directory

SAMHSA's virtual recovery resource list

HRH413's Harm Reduction Works

RECOVERY COMMUNITY ORGANIZATIONS

Faces and Voices of Recovery's Association of Recovery Community Organizations

SUBSTANCE USE DISORDER TREATMENT

SAMHSA's National Helpline:
1-800-662-HELP (4357) or 1-800-487-4889 (TTY)

Available 24 hours/day, 365 days/year, in English and Spanish

Confidential referrals to local treatment services, support groups, and community-based organizations for people seeking assistance and their family members

NIAAA's Alcohol Treatment Navigator

SAMHSA's Behavioral Health Treatment Services Locator (SUD or mental health)

SAMHSA's Treatment Locator (SUD)

SAMHSA's Opioid Treatment Program Directory (methadone)

SAMHSA's Buprenorphine Practitioner Locator (buprenorphine)

SAMHSA offers interactive tools to support people considering treatment for opioid use disorder

SAFETY PLANNING AROUND ACCESSING SUBSTANCE USE RESOURCES

A common tactic of substance use coercion used by partners who seek to harm and control survivors is to attempt to prevent survivors from accessing desired substance use resources and sabotage their recovery. Advocates can help with safety planning and advocating with providers for safe access to treatment services. Investing in community education and partnerships also increases safe access for survivors.

Here are some common risks survivors face when trying to access substance use resources as well as ideas for safety strategies. Ultimately, each survivor is the expert on their situation and knows best what is accessible, possible, and safest within their unique situation.

	POTENTIAL SAFETY RISK	IDEAS FOR SAFETY PLANNING
COMMUNICATIONS, PRIVACY, AND CONFIDENTIALITY	• Phone, telehealth, mail, email, electronic health records, insurance benefits, and other forms of communication may be intercepted by an unsafe (ex-)partner and used to locate, harm, threaten, and control a survivor • Substance use service records may be disclosed or subpoenaed by an unsafe (ex)partner as part of abusive tactics to threaten, control, isolate, or discredit survivors	• Strategize around safe ways, times, and places to receive communication and access telehealth • Offer tech safety strategies • Strategize around maintaining privacy of protected health information, including substance use and mental health information • Advocate for the highest level of privacy and confidentiality protections
ROUTINE SCHEDULE	• Many services require a set appointment schedule or only offer drop-in services according to a set schedule that is often publicly available • Some services may require more rigid schedules than others (for example, methadone treatment tends to have more rigid schedules than office-based buprenorphine for opioid use disorders) • Service providers may not recognize the unique risks survivors face. This can lead to denying requests for flexibility within services and involuntarily discharging survivors if they miss appointments	• Staggering appointments • Accessing services on different days and times, or at different locations • Are there certain days, times, or locations that are safer? • Would a slightly different service allow more flexibility? (For example, telehealth vs. in-person? Support groups vs. individual therapy? Buprenorphine vs. methadone?) • Advocate for flexible schedules (if desired by a survivor)

CONTINUED

	POTENTIAL SAFETY RISK	IDEAS FOR SAFETY PLANNING
SERVICE LOCATION	• The most accessible service location may also present a higher risk • This is especially true in communities where substance use resources are centralized in one location (either because there is only one local provider or because the community has centralized services in an effort to increase service access) • An unsafe (ex-)partner may present as needing substance use resources at the same location so they can have greater access to a survivor • Service providers may not recognize the unique risks survivors face and deny or delay their requests for transfer to a different location	• Sometimes a less convenient location is safer but also creates other challenges (transportation, childcare, work schedules, court dates, etc.) • Offer support in weighing the options and helping address resource gaps • It may be safer for a survivor to access gender-specific resources if the abusive (ex-)partner is not the same gender • Some providers will work to ensure that an abusive (ex-)partner will not be served in the same location • Advocate for transfer to another location (if desired by a survivor) • Considering partnering with substance use resources to increase safe access for survivors within your center
MAINTAINING SERVICE CONNECTIONS	Substance use coercion tactics include: • Pressuring a survivor to not access or leave substance use resources • Withholding or jeopardizing resources that are needed in order to access substance use resources (such as transportation, childcare, insurance coverage, etc.) • Controlling or stealing medications, using medications to coerce a survivor, or denigrating a survivor because they are prescribed medications as part of their recovery • Actively trying to turn service providers against a survivor by interfering with their engagement and attempting to influence a provider's perspective of a survivor (for example, trying to convince a provider that a survivor is selling their medication and should be discharged from treatment)	• Strategize ways to stay connected to substance use services and maintain control of medications • Safety plan around preventing fatal overdose as well as potential resources if a survivor doesn't have access to their prescribed medication or is coerced into taking more than prescribed • Support access to desired resources and address barriers (transportation, childcare, etc.) • Educate providers on common tactics of substance use coercion, how to recognize them, and safely counteract them • Advocate with providers (if desired by a survivor) to create safe access for survivors

OPPORTUNITIES FOR COLLABORATION

Informed Programs

- Informed programs are aware of the relationship between DV/SA and substance use (including substance use coercion), and weave this understanding throughout their programming in order to increase their accessibility and effectiveness
- These programs routinely engage in cross-training and have established active service connection partnerships
- They may also employ interdisciplinary teams that include both DV/SA advocates and substance use specialists (treatment, peer support, and/or harm reduction)

Collaborative Programs

- In addition to being informed, collaborative programs also share or trade services
- Examples include co-facilitating groups at both organizations, having a staff member from one organization on-site part of the time with the partner organization, and co-located services

Integrated Programs

- Integrated programs use a truly 'no wrong door' approach where a menu of available services to respond to both DV/SA and substance use are offered across programs and provided based on survivor's self-defined needs by an interdisciplinary team

Resources to support collaboration and cross-training:

- NCDVTMH's toolkit on Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence
- NCDVTMH's Information Memorandum and Partner Guide
- NCDVTMH's reports and communications guide on Substance Use Coercion
  - o Substance Use Coercion Palm Card: 8.5x11
- NCDVTMH's tip sheet 7 Common Practices in Substance Use Disorder Care That Can Hurt Survivors and What You Can Do Instead
- NCDVTMH's resources for substance use disorder, recovery, and mental health providers
- Alliance webinar: "From Tension to Collaboration: Collaboration in FJCs"

CLINICAL ASSESSMENT OF SUBSTANCE USE

Formal Diagnosis

Determine whether a formal diagnostic assessment is needed. Some questions to consider include:

- Do survivors find it necessary or useful?
- What is the potential impact on survivors?
  - Keep in mind the range of potential responses, from someone finding it very helpful and de-stigmatizing, to someone finding it to be very judgmental and stigmatizing.
- Is a formal diagnosis needed for determining eligibility or accessing funding?

Determine how you will support accessible, culturally relevant, and trauma-informed services in situations where a survivor does not find a diagnosis helpful but it is required for eligibility or funding.

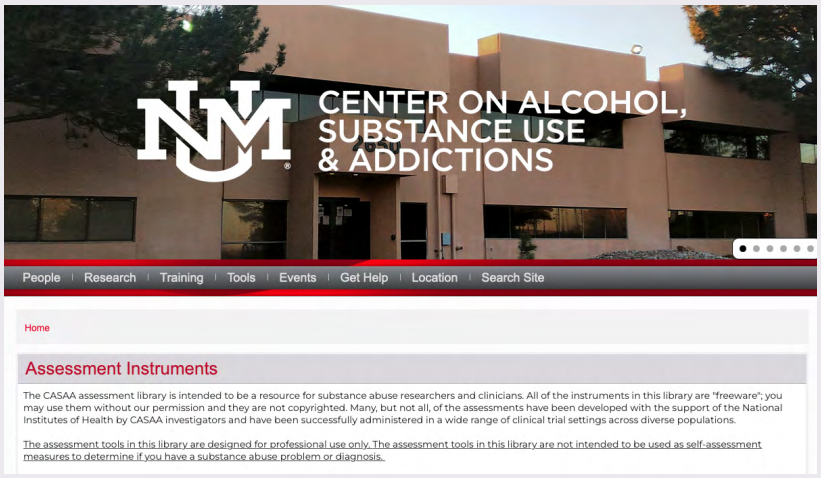
Areas to Assess

- The interplay between a survivor's substance use and their experiences of abuse, victimization, and substance use coercion
- Overall pattern of substance use
- Functional analysis and context of use
- Adverse consequences associated with use
- Recovery capital
- Stage of change

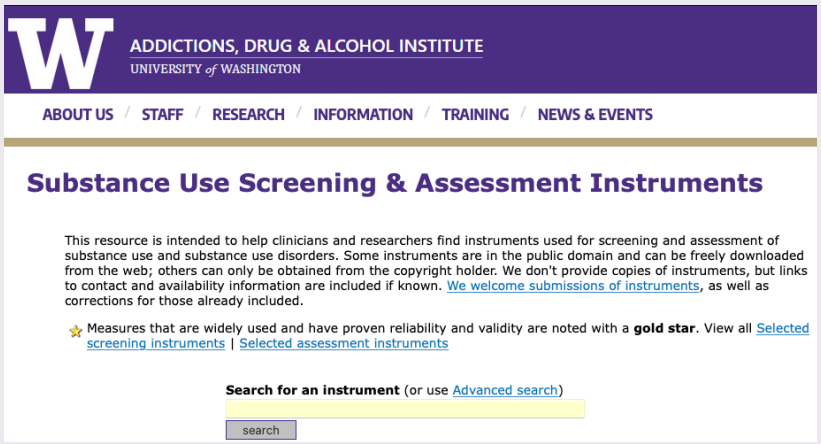
Valid and Reliable Substance Use Disorder Screening and Assessment Tools

Critically assess how useful these validated tools may be in your setting and whether they have been tested with populations who are similar to those who access your center.

- Center on Alcohol, Substance Use, and Addictions (University of New Mexico)



- Alcohol and Drug Abuse Institute (University of Washington)



INTEGRATING SUBSTANCE USE AND MENTAL HEALTH SUPPORT

Brief Therapies

- Motivational Enhancement Therapy (MET)
- Cognitive Behavioral Therapy (CBT)
- MET-CBT combination
- Solution-Focused Therapy

Additional Resource:

- SAMHSA TIP 34 on Brief Interventions and Brief Therapies

Evidence-Based Integrated Trauma and Substance Use Disorder Treatment for Survivors

These therapies can be offered as groups or individually with survivors. Survivors do not need to have a formal diagnosis and staff do not need to be licensed clinicians, although previous experience facilitating groups is helpful when delivering this in a group setting.

- Helping Women Recover and Beyond Trauma
- Seeking Safety

Additional Resources:

- NCDVTMH's Online Repository of Trauma-Focused Interventions
- NCDVTMH's Systematic Review of Trauma-Focused Interventions for Domestic Violence Survivors

Enhancing Therapy Effectiveness for Survivors of Domestic Violence

Based on NCDVTMH's systematic review, these five elements can be added to existing evidence-based interventions to enhance their effectiveness for survivors:

1. Psychoeducation about the causes and consequences of IPV, and their traumatic effects
2. Awareness of mental health and substance use coercion, and sabotaging of recovery efforts
3. Attention to ongoing safety
4. Cognitive and emotional coping skill development to address trauma-related symptoms and support goals
5. A focus on survivors' strengths as well as cultural strengths on which they can draw

SUPPORTING CONTINUING RECOVERY

How Counselors and Advocates Can Support Continuing Recovery

- Start early and support ongoing recovery planning throughout the counseling process
- Help people build an individualized coping toolbox that includes an awareness of what kinds of situations can act as cues for craving experiences
- Help people anticipate the kinds of situations that present a risk to their recovery goals and support strategizing to safely prevent or navigate these situations
- Support people with creating a recovery setback response plan
- Offer aftercare planning and connection to aftercare services. Aftercare can include:
    - Alumni community
    - Recovery support services
    - Peer-based support
    - Recovery Management Check-Ups
    - Support desired connections with community-based supports, including:
        - Mutual aid community recovery groups
        - Recovery Community Organizations
        - Safe social supports
        - Other desired resources, including mental health and housing support
- Women's continuing recovery services - what's been found to work best for women (Coughey et al., 1998; SAMHSA TIP 51, 2015)
    - Address barriers through active service connections, resources, flexible scheduling, ensuring accessible services, especially for those who want support with housing, as well as parenting or children's resources
    - Offer women-only gender responsive services, where women have access to feminine-identified counselors if desired
    - Offer peer-based support; this has been found to be especially important for women who had more complex concerns or who did not feel emotionally connected with counseling staff
    - For women who are also parents or caregivers, help coordinate their services with children's services

CONTRIBUTING AUTHORS

Gabriela A. Zapata-Alma, LCSW, CADC (NCDVTMH)

Carole Warshaw, MD (NCDVTMH)

Heather Phillips, MA (NCDVTMH)

Casey Gwinn, JD (Alliance)

Raeanne Passantino, MA (Alliance)

Susan Williams, MPA (Alliance)

DESIGN

Yesenia Aceves (Alliance)

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