

CHAPTER 4  
**TRAUMA-INFORMED CONVERSATIONS  
ABOUT SUBSTANCE USE**

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



# 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.

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a CSUN community agency



# 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

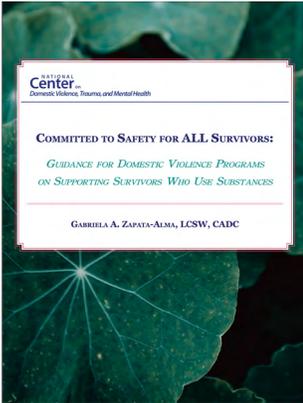
- Accidental overdose is the leading cause of accidental death in the U.S.
- Tactics of substance use coercion can increase overdose risk for survivors
- Offering information about overdose prevention, access to naloxone (the opioid overdose antidote), and support to make an overdose prevention safety 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

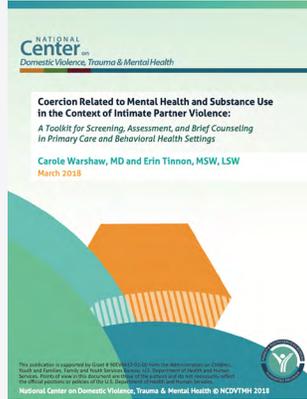
- [Trauma-Informed Conversation Openers](#)
- [Recovery Capital](#)
- [Supporting Someone Who Seems Under the Influence of Substances](#)
- [Preventing Overdose: How Advocates Can Help](#)
- [Overdose Risk Factors](#)
- [Overdose Prevention Safety Planning Strategies](#)

CLICK BELOW TO ACCESS THE RESOURCES

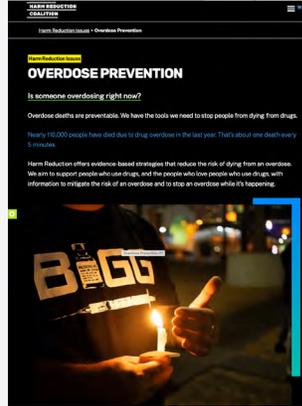
NCDVTMH'S GUIDE COMMITTED TO SAFETY FOR ALL SURVIVORS: GUIDANCE FOR DOMESTIC VIOLENCE PROGRAMS ON SUPPORTING SURVIVORS WHO USE SUBSTANCES



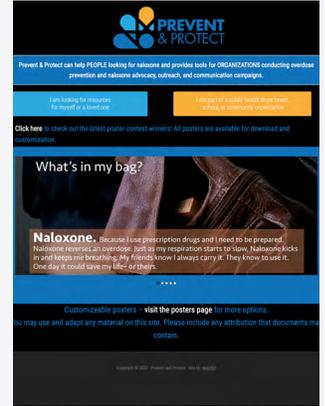
NCDVTMH'S TOOLKIT ON COERCION RELATED TO MENTAL HEALTH AND SUBSTANCE USE IN THE CONTEXT OF INTIMATE PARTNER VIOLENCE



OVERDOSE PREVENTION RESOURCE: NATIONAL HARM REDUCTION COALITION



OVERDOSE PREVENTION RESOURCE PREVENT AND PROTECT



# 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

## Physical

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

## Social

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

## 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.
  - o 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.
  - o 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](#)





# HOPE

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