CHAPTER 6
DEVELOPING COMMUNITY PARTNERSHIPS

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

NATIONAL CENTER ON
**DOMESTIC VIOLENCE,
TRAUMA, AND
MENTAL HEALTH**

FAMILY JUSTICE CENTER ALLIANCE

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

- FJC's/MA's 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
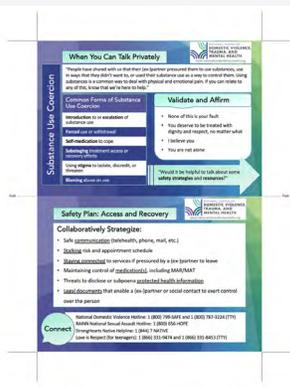
TIP SHEETS

- Locating Substance Use Support Resources

- Safety Planning Around Accessing Substance Use Resources

- Opportunities for Collaboration

CLICK BELOW TO ACCESS THE RESOURCES

SUBSTANCE USE COERCION PALM CARD: 5X7

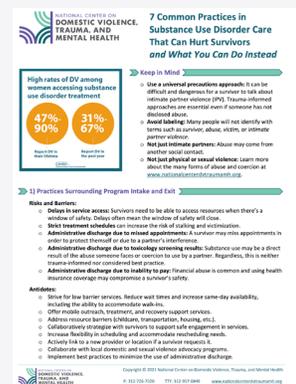**SUBSTANCE USE COERCION PALM CARD: 8.5X11**

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

NCDVTMH'S REPORTS AND COMMUNICATIONS GUIDE ON SUBSTANCE USE COERCION
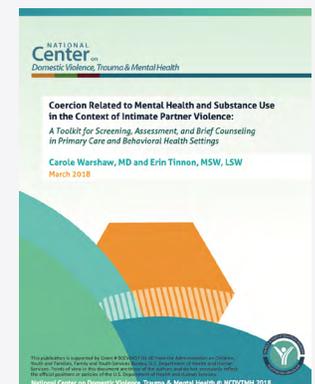

NCDVTMH'S TIP SHEET 7 COMMON PRACTICES IN SUBSTANCE USE DISORDER CARE THAT CAN HURT SURVIVORS AND WHAT YOU CAN DO INSTEAD

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

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)

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"