



CHAPTER 2

UNDERSTANDING 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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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 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

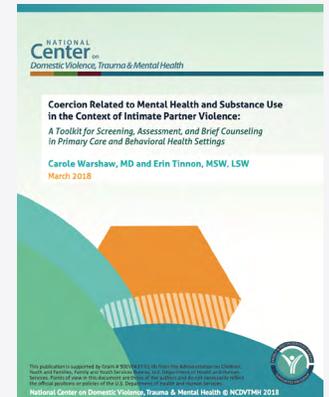
- [Understanding Substance Use as a Threat Response Using the Power-Threat-Meaning Framework](#)
- [Elements of a Trauma-Informed Approach to Substance Use](#)
- [Common Tactics of Substance Use Coercion](#)
- [Why Might Survivors Continue to Use Substances?](#)
- [Drug, Set, and Setting](#)
- [Practice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

CLICK BELOW TO ACCESS THE RESOURCES

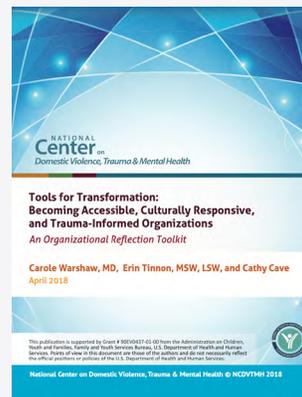
NCDVTMH'S GUIDE COMMITTED TO SAFETY FOR ALL SURVIVORS: GUIDANCE FOR DOMESTIC VIOLENCE PROGRAMS ON SUPPORTING SURVIVORS WHO USE SUBSTANCES



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



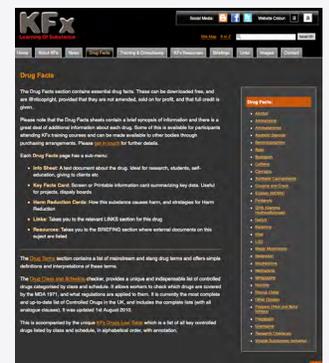
NCDVTMH'S TOOLKIT AND IMPLEMENTATION GUIDES ON TOOLS FOR TRANSFORMATION: BECOMING ACCESSIBLE, CULTURALLY RESPONSIVE, AND TRAUMA-INFORMED ORGANIZATIONS



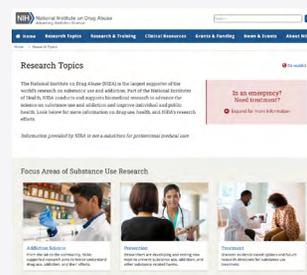
GREAT LAKES PREVENTION TECHNOLOGY TRANSFER CENTER'S RESOURCE LIST FOR NON-STIGMATIZING LANGUAGE



KFX LEARNING OF SUBSTANCE



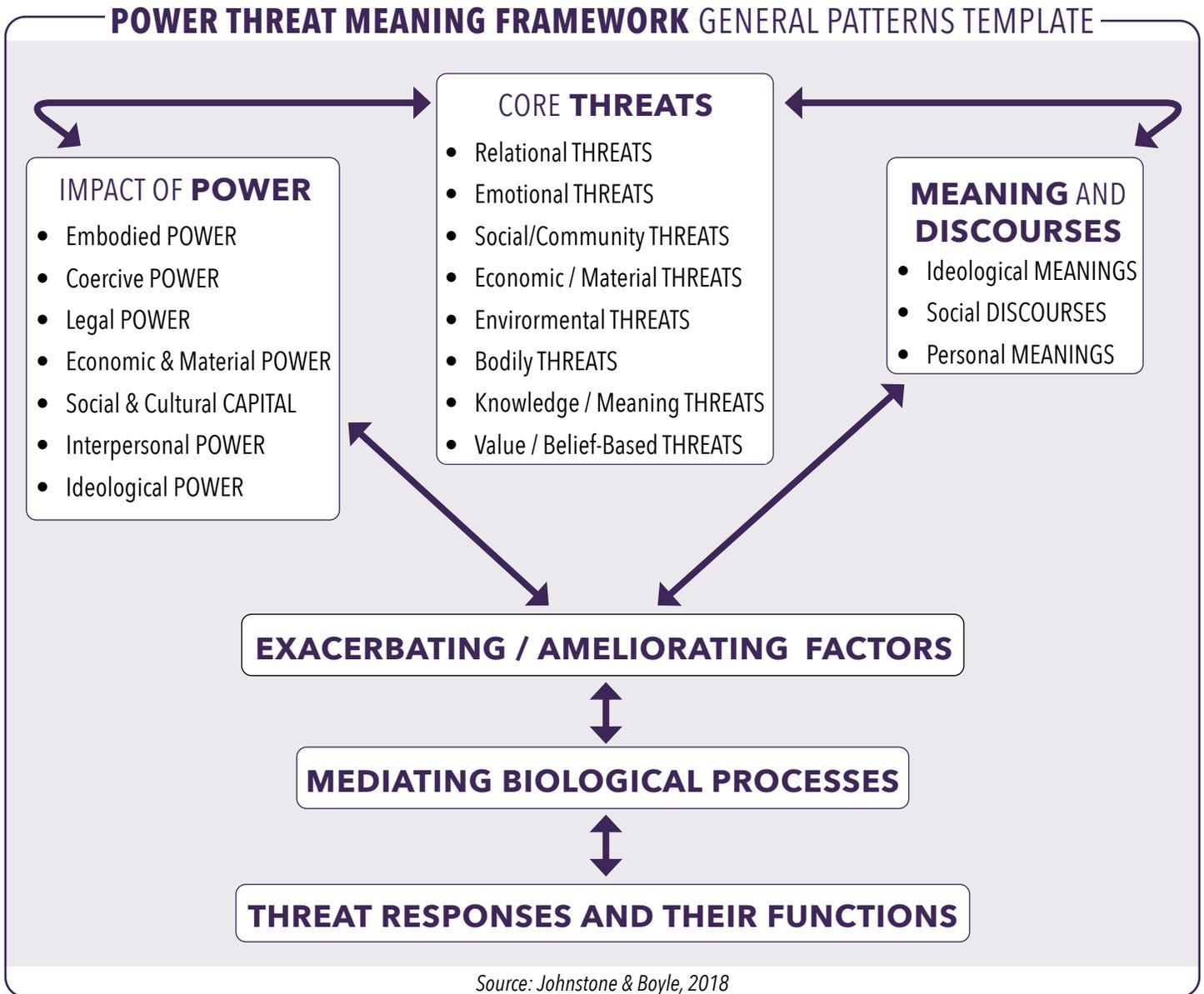
NATIONAL INSTITUTE ON DRUG ABUSE



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.



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 is 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 & Montañó, 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

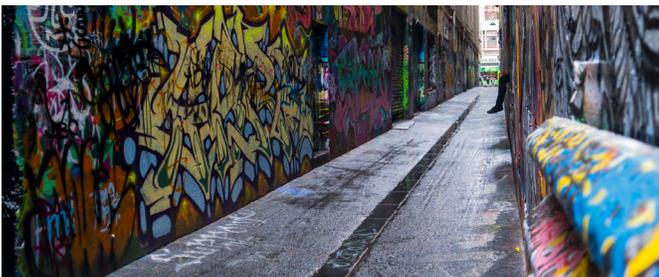
This framework illustrates the three key areas that influence substance use experiences: drug, set, and setting (Zinberg, 1984). A change in any of these key areas can have a large impact on a person's experience of substance use. Advocates and survivors can combine this framework with knowledge of power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



HOPE

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