

Working at the Intersections of Substance Use and Intimate Partner Violence: What Every Provider Needs to Know

What's the Relationship Between Intimate Partner Violence (IPV), Substance Use (SU), Mental Health (MH), and Trauma?

- Being abused by an intimate partner can adversely impact a person's physical health, mental health, and use of substances.
- Many people accessing mental health and/or substance use services have experienced abuse from an intimate partner recently or in their lifetime.
- An unsafe partner may attempt to employ a survivor's substance use as a way to strengthen their abuse and control over a survivor. This includes introducing a survivor to substances as a way to exert power over them as well as using stigma to isolate them from sources of safety and support.
- Women who use substances experience increased risk of being targeted for abuse or victimization by someone seeking to cause harm.
- Survivors are never to blame for the abuse they experience; all people deserve to be treated with dignity, respect, and safety, regardless of their substance use.
- While substance use by someone who causes harm can increase the lethality of the abuse, substance use does not cause abuse or victimization.
- It is important to recognize the presence and impact of cumulative trauma on survivors, including adverse childhood experiences, as well as experiences of collective trauma and marginalization that often create barriers to resources that aid in safety and well-being.
- A trauma-informed approach understands substance use a potential survival response and seeks to understand a person's substance use from their own perspective, within the context of their life.

Coercion Related to Mental Health and/or Substance Use

- People who attempt to harm or control their intimate partners often target survivors' mental health and/or substance use in patterns of IPV 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."ⁱ
- **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."ⁱⁱ
- A growing body of research confirms what survivors and domestic violence (DV) advocates have reported for years: these forms of IPV are incredibly common and that more collaboration and cross-training is needed in order to better support survivors.^{iii iv}
- Stigma related to substance use and mental health increase the effectiveness of these patterns of IPV.

Key Steps in Supporting Survivors Experiencing Substance Use Coercion^v vi

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1. Build physical and emotional safety into the relational, programmatic, and physical/tele-health environment.
2. In the context of a safe physical and emotional environment, create opportunities for survivors to discuss their experiences, including MH/SU coercion.
3. Recognize the tactics of MH/SU coercion.
4. Validate and affirm survivors.
5. Offer to collaborate on safety strategies and potential resources.
6. Connect to desired resources, including DV advocacy resources.
[National Domestic Violence Hotline](#): 1-800-799-SAFE; 1-800-787-3224 (TTY), Text: START to 88788
[StrongHearts](#) (Native helpline): 1-844-7NATIVE; Chat: strongheartshelpline.org
[Love is Respect](#) (for teens): Call: 1-866-331-9474; Text: LOVEIS to 22522; Chat: loveisrespect.org
[National Sexual Assault Hotline](#): 1-800-656-HOPE; Chat: online.rainn.org
7. Never advise or try to persuade a survivor to leave a relationship – this can be very dangerous. Instead, express unconditional support and the importance of safety planning whether they stay in or leave the relationship.

Five Elements that Enhance Effectiveness of Evidence-Based Practices for Survivors of IPV^{viii}

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 self-defined goals
5. A focus on individual strengths as well as cultural strengths

Additional [NCDVTMH](#) Resources to Address Substance Use Coercion

- [7 Common Practices in Substance Use Disorder Care That Can Hurt Survivors and What You Can Do Instead](#) (tip sheet)
- [ATTC & NCDVTMH Resources for Addressing Substance Use Disorder and Intimate Partner Violence](#) (resource list)
- [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](#) (toolkit)
- [Committed to Safety for ALL Survivors: Guidance for Domestic Violence Programs on Supporting Survivors Who Use Substances](#) (guide)
- [In Honor of Domestic Violence Awareness Month: Responding to Substance Use Coercion in Treatment and Recovery Services](#) (ATTC Messenger e-publication)
- [IPV-Specific Trauma Interventions](#) (online repository)
- [Palm Card on Mental Health Coercion](#) (palm card)
- [Palm Card on Substance Use Coercion](#) (palm card)
- [Understanding Substance Use Coercion](#) (online repository)

For more information, contact info@ncdvtmh.org

References

- ⁱ [Warshaw, C., & Tinnon, E. \(2018\) *Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence*. National Center on Domestic Violence, Trauma, and Mental Health, p.5.](#)
- ⁱⁱ Ibid.
- ⁱⁱⁱ [Warshaw, C., Lyon, E., Bland, P.J., Phillips, H., & Hooper, M. \(2014\). *Mental Health and Substance Use Coercion Surveys*. National Center on Domestic Violence, Trauma, and Mental Health & National Domestic Violence Hotline.](#)
- ^{iv} [SAMHSA, ACF, & NCDVTMH. \(Jan. 2019\). Information Memorandum to State Mental Health and Substance Use Disorder Treatment Directors, and State Family Violence Prevention and Services Act Administrators, on the Intersection of Domestic Violence, Mental Health](#)
- ^v Ibid. Warshaw & Tinnon (2018)
- ^{vi} Zapata-Alma, GA. (2021). *Substance Use Coercion Palm Card*. National Center on Domestic Violence, Trauma and Mental Health.
- ^{vii} Wynecoop-Abrahamson, V. (2022). *Mental Health Coercion Palm Card*. National Center on Domestic Violence, Trauma, and Mental Health.
- ^{viii} [Warshaw, C., Sullivan, CM, & Rivera, EA. \(2013\). *A Systematic Review of Trauma-Focused Interventions for Domestic Violence Survivors*. National Center on Domestic Violence, Trauma, and Mental Health.](#)