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  - Please remember to MUTE yourself during our presentation today.
  - Questions can be asked in chat box.
  - Today's session is being recorded and will be posted on the Mountain Plains ATTC website.
  - Slides are available right now on the Mountain Plains ATTC website
  - Instructions on how to obtain a Certificates of Attendance will be in an email following this session.

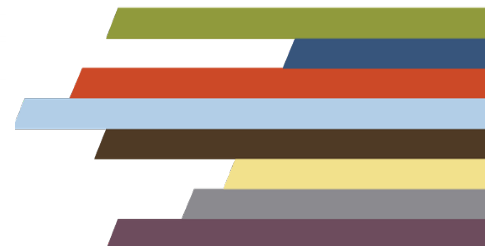


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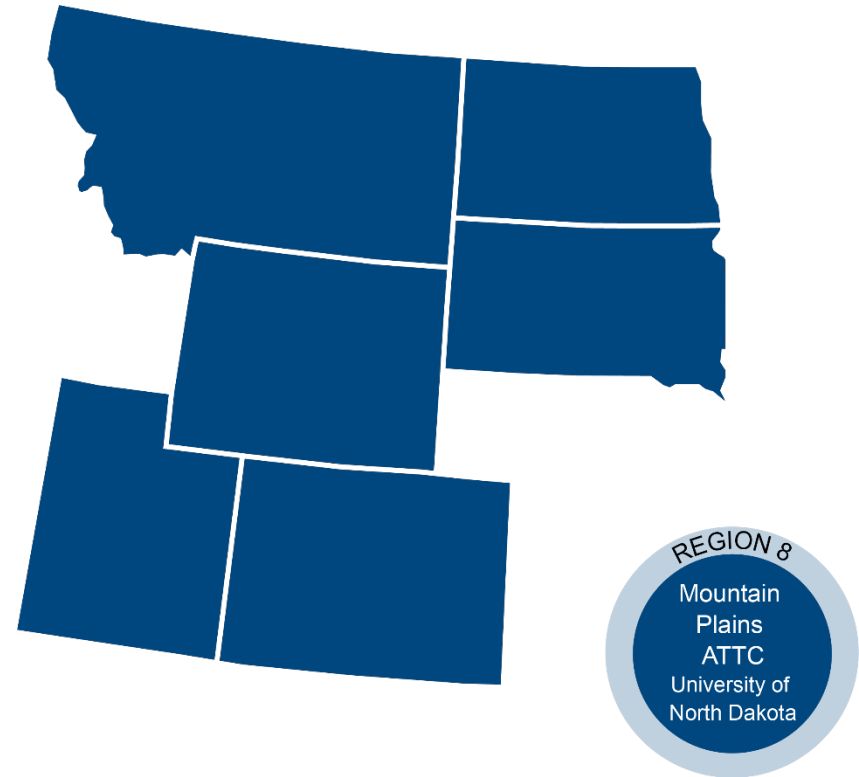
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Funded by Substance Abuse and Mental Health Services Administration

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Services Administration



# The Mountain Plains Addiction Technology Transfer Center

Provides training and technical assistance on evidence-based practices to providers offering substance use disorder in Region 8 (North Dakota, South Dakota, Montana, Wyoming, Colorado, and Utah). We are funded by the Substance Abuse and Mental Health Service Administration (SAMHSA)



# How we can continue to offer free training

## A SURVEY!

<https://ttc-gpra.org/P?s=507891>

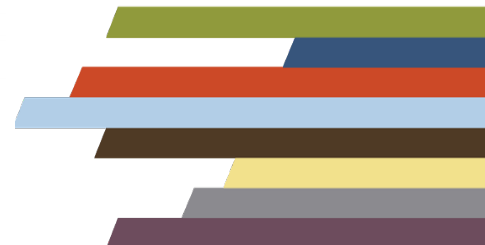


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**ATTC**

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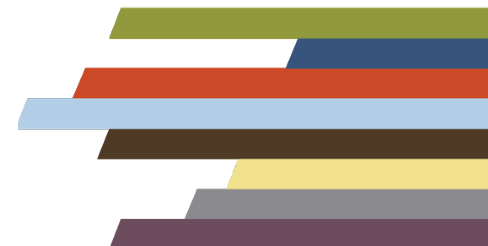
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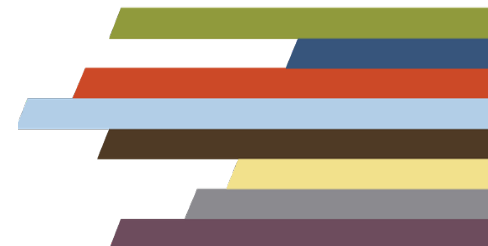
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# The Intersection of Intimate Partner Violence and Substance Use Disorders

Tracy A. Evanson, PhD, RN, PHNA-BC

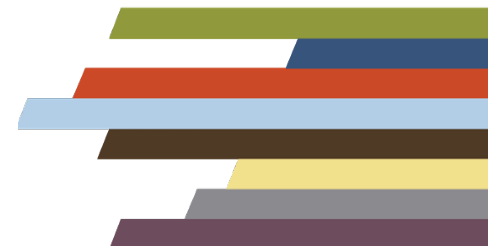
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# Intimate Partner Violence (IPV) Defined

- A systematic pattern of learned behaviors that a person uses to control, dominate, or coerce a current or former intimate partner.
- The behaviors occur over time and are likely to become more frequent and severe.
- Includes physical, psychological, and sexual abuse, stalking, coercion related to mental health and substance use, as well as destruction of property and pets.



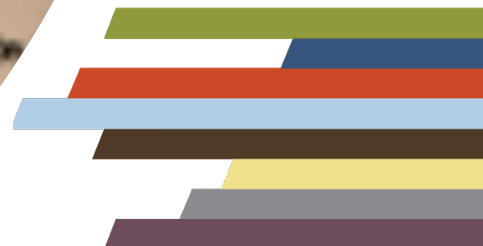
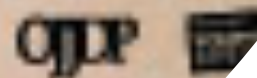
A close-up, circular crop of a child's face. The child has light skin and a single visible blue eye. A single tear is visible on the cheek. The text is overlaid on the lower half of the face.

# **Violence is learned. Teach a positive lesson.**

Break the cycle of violence.  
Call the Hotline:  
800-799-SAFE (7233)



children's institute





Power and control is what drives the behaviors



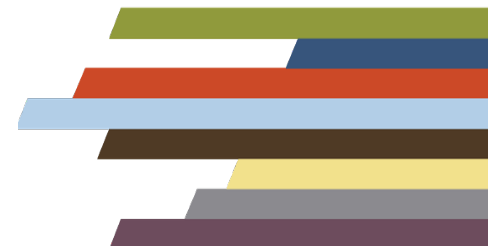


Approximately 1 in 4 women and nearly 1 in 10 men have experienced sexual violence, physical violence and/or stalking by an intimate partner in their lifetime and reported some type of IPV-related impact (Smith et al., 2018)

Who are  
victims/survivors?



**National Hotline: 800-799-SAFE**



# Psychological Aggression

Men are slightly more likely than women to be on the receiving end of psychological aggression by an intimate partner during their lifetime.



Nearly half of men  
**48.8%**



and half of women  
**48.4%**

have experienced psychological aggression by an intimate partner during their lifetime.

*CDC, 2010*

The most common form of psychological aggression by an intimate partner that is experienced by male and female victims differs.

For women it is being called names  
(like ugly, fat, stupid)  
**(64.3%)**

and for men it is having one's  
whereabouts tracked  
**(63.1%)**



## *Victims of intimate partner violence\* commonly report negative impacts such as:*

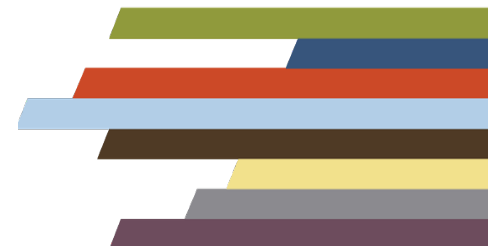


\*Among victims who experienced contact sexual violence, physical violence, and/or stalking by an intimate partner in their lifetime.

CDC, 2010

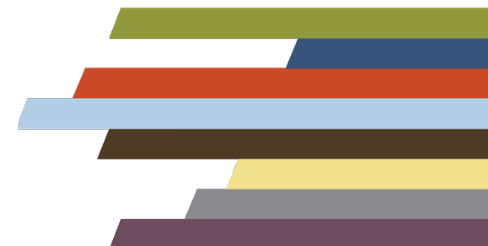
# Costs of IPV

- In 2017 dollars, the cost of IPV in the United States, including health care and productivity losses was estimated to be \$9.3 billion (McLean & Bocinski, 2017)
- The lifetime per-survivor cost of IPV is \$103,767 with 59% going to health care costs (CDC, 2018)



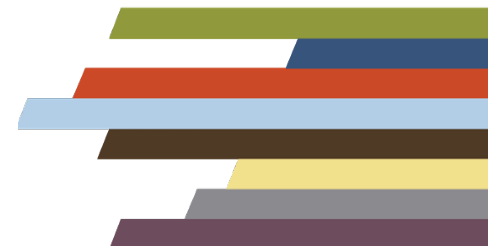
# The Co-Occurrence of IPV and SUDs

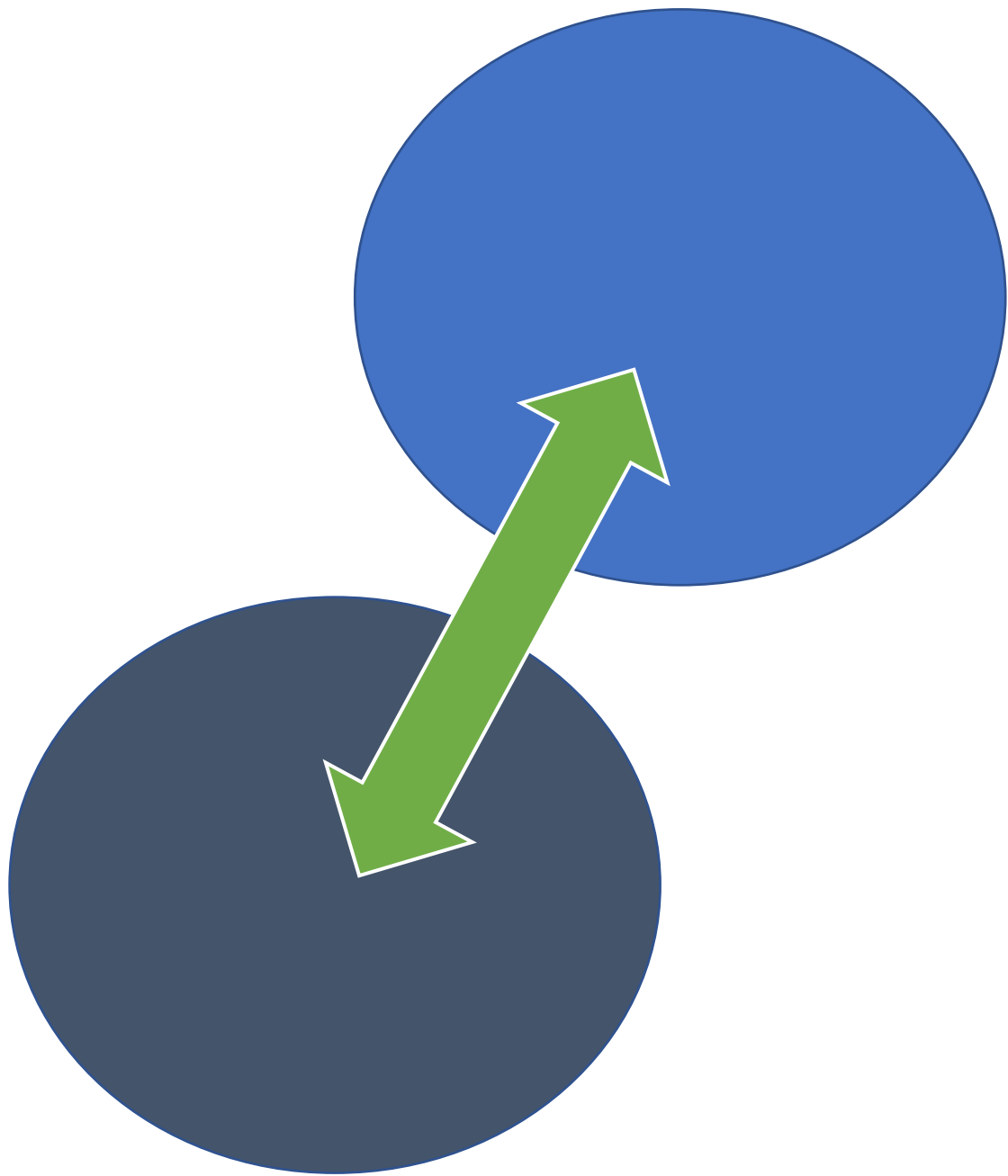
- Among women survivors of IPV
  - 18-72% report substance use or abuse
  - The prevalence is consistently higher when compared with persons who have not experienced IPV
- Among women with SUDs
  - 47-90% of women in SUD treatment settings report experiencing IPV during their lifetime
  - 31-67% report experiencing IPV within the past year
  - Consistently higher than the prevalence reported in national studies with the general population



# Mental Health and IPV

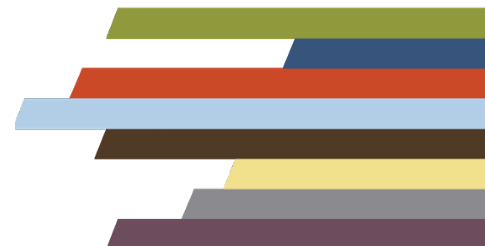
- Depression
  - IPV survivors have 3 times the risk of developing a major depressive disorder, when compared with women who have not experienced IPV (Beydoun et al., 2012)
- PTSD
  - 31% - 84% of IPV survivors meet the criteria for PTSD (Woods, 2005)
  - 3 times higher risk (Beydoun et al., 2012)
- Suicide
  - women who make suicide attempts experience higher rates of IPV than women who do not
  - women who experience IPV have higher rates of suicide attempts and suicidal ideation than women who have not been victimized by an intimate partner. (Warshaw et al. 2018)





# IPV and SUDs Among Survivors: A Bidirectional Relationship

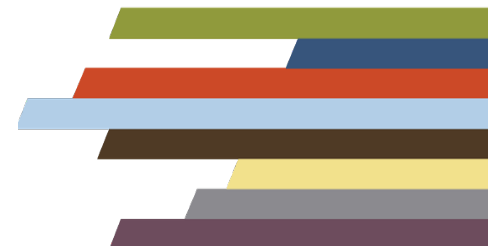
**National Hotline: 800-799-SAFE**





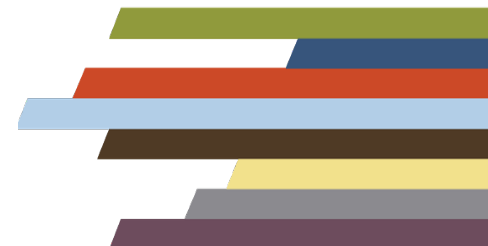
# SUD precedes IPV

- Women with SUDs may be easier to “control”
- The effects of substances may prevent women from accurately assessing the level of danger posed by their partners
- The use of substances may cause problems with memory that can cause a woman to question what occurred



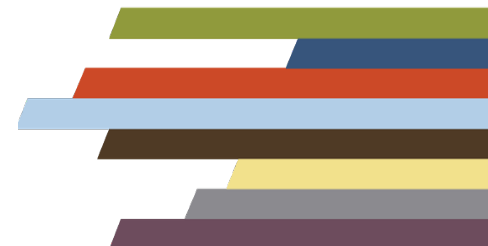
# IPV Precedes SUD

- Coping
  - Psychological effects
  - Acute and chronic pain

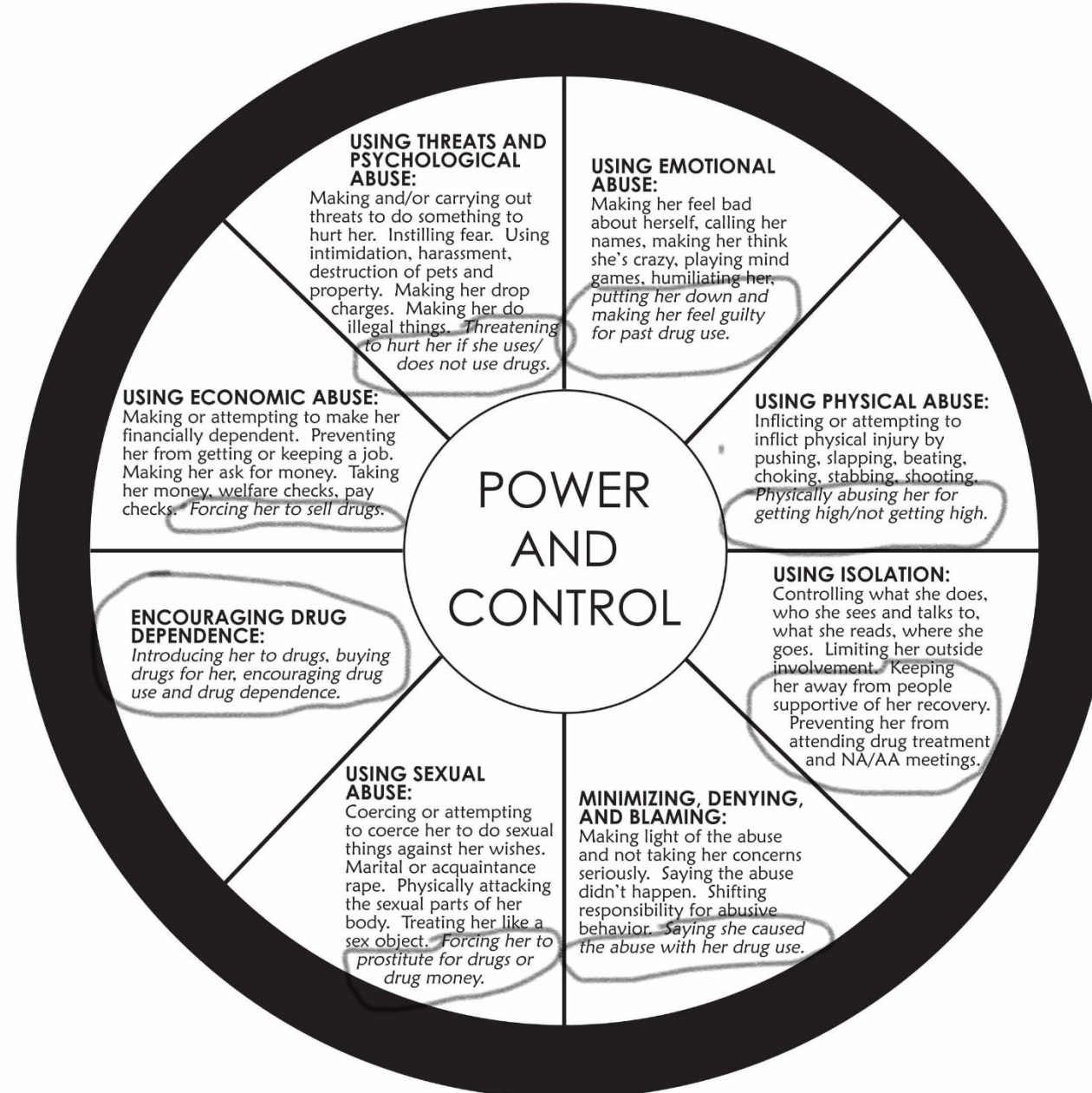


# IPV Precedes SUD

- Substance use as a method of control/coercion
  - Perpetrators may play a role in survivors initiating use of substances as a way to gain control, and then to maintain power and control
  - This needs to be viewed in the context of the other tactics used to dominate, coerce and control the survivor



# POWER AND CONTROL MODEL FOR WOMEN'S SUBSTANCE ABUSE



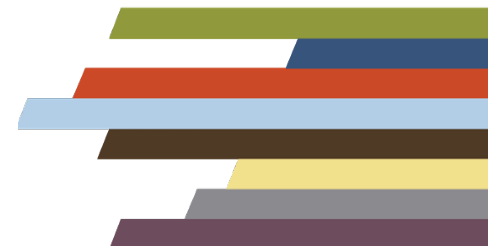
# Consequences for Survivors with SUDs

- Stigma/Bias
  - “Victim-Blaming”
  - Credibility of survivors is often in doubt.
  - When survivors have either a history of SUD and/or mental health condition, she will have an even higher level of doubt placed on her (Warshaw & White-Domain, 2014)
  - One study found that when police responded to an IPV call, they were more likely to arrest women who were intoxicated than women who were not, even when they were identified as the victim (Houry et al., 2006)



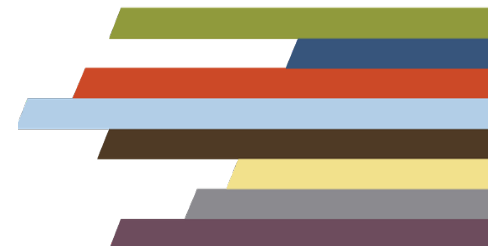
# Consequences for Survivors with SUDs

- Fear of seeking treatment/recovery services
  - A study of callers to the National Domestic Violence Hotline (800-799-SAFE) found that approximately 15% had attempted to seek help for substance use. Of those, 60% reported that their partner prevented or discouraged such treatment (Warshaw et al., 2014)
- Fear of seeking help from other sources
  - 24% of survivors reported they had been afraid to call police because their partner told them they would either not be believed or they would be arrested because of their substance use. (Warshaw et al., 2014)
  - For women with children, the fear of losing custody because of their substance use is often a driving factor in staying with an abusive partner or not seeking help.



# SUDs Among Perpetrators of IPV

- Most research looks at the relationship between SUD and IPV among survivors; the relationship with perpetrators is not as well-studied. (Rivera et al., 2015)
- Some studies have indicated that once the perpetrator's substance use was accounted for, women's substance use was no longer associated with any significant risk of victimization (Rivera et al., 2015)
- One large national study found that alcohol use disorders and cocaine use disorders were most strongly associated with IPV perpetration (Smith et al., 2012)





# SUDs Among Perpetrators of IPV

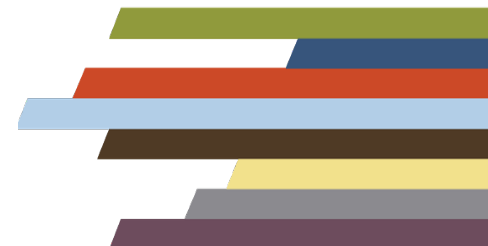
- The relationship between SUDs and perpetration of IPV is strongest for those men who think IPV is appropriate in certain situations
- A common misunderstanding is that perpetrators are extremely intoxicated or are out of control with they batter
- IPV often continues even after a perpetrator receives treatment and is in recovery
- *A majority of those with SUDs are never perpetrators of IPV*

(Bennet & Bland, 2008)



# IPV in our COVID-19 World

- The U.N reports that globally, calls to IPV hotlines have increased 2-4 times, since the onset of the COVID-19 pandemic
- Increased time spent in the confines of home, results in greater exposure to IPV
- Changes in employment status, income, family roles and responsibilities, etc. may all contribute to increased incidents of violence
- Stay-at-home orders can force survivors into dangerous situations (SAMHSA, 2020)
- IPV and SUD services and other help may be less accessible (APA, 2020).



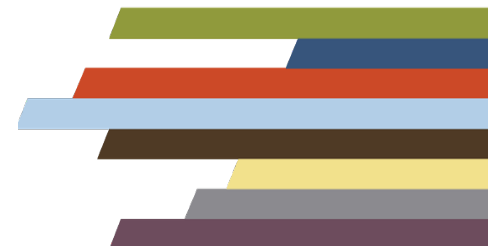
# Recommendations for SUD Service Providers

- Develop a collaborative working relationship with your local and/or state IPV programs—both survivor and perpetrator programs
- Work with your local/state IPV programs to establish cross-training for your agency/staff
- Develop and implement protocols for:
  - Assessment for IPV—both perpetration and victimization
  - Brief counseling/safety planning for survivors
  - Warm referrals to IPV services for survivors and perpetrators
  - Gender-responsive, trauma informed models of service delivery
- **800-799-SAFE**



# MyPlan app

- [www.myplanapp.org](http://www.myplanapp.org)
- Available for computer, smartphones and other electronic devices
- free application that can help the user to determine if a relationship is unsafe and to create a “best” action plan based on her characteristics and values—will help with safety planning
- Secure PIN (incorrect entries will result in a neutral screen)
  - Recommended to delete after use
- Has a chat feature that will get them to a live person for assistance



# Take-Home Messages

- It is important to know that most survivors do recover from IPV and have remarkable resilience
- IPV perpetrators use a survivor's SUD as a way to control them, often undermine a survivor's efforts to achieve sobriety, and isolate them from sources of support.
- If the needs of IPV survivors are not addressed concurrent with their SUD treatment/recovery needs, SUD treatment/recovery may not be effective, achievable, or may even put survivors at risk for greater harm
- Creating relationships with local/state IPV services is essential in collaboratively and holistically addressing the needs of both survivors and perpetrators
- National Domestic Violence Hotline: 800-799-SAFE



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