

# **Domestic Violence and Alcohol**

*Alcohol is STILL a drug: an exploratory webinar series*

**Gabriela Zapata-Alma, LCSW, CADDC**

*Associate Director*

# NCDVTMH is a national resource center dedicated to addressing the intersection of domestic violence, trauma, substance use, and mental health

- Training and Technical Assistance
- Research and Evaluation
- Policy Development and Analysis
- Public Awareness



NCDVTMH is supported in part by Grant #90EV0437-01-00 from the Administration on Children, Youth and Families, Family and Youth Services Bureau, U.S. Department of Health and Human Services. Points of view in this document are those of the presenters and do not necessarily reflect the official positions or policies of the U.S. Department of Health and Human Services.

# Complex Intersections



# Domestic violence can have traumatic mental health and substance use effects and is prevalent among people accessing treatment



Victimization by an intimate partner increases one's risk for depression, PTSD, substance use and suicidality

**3x**

PTSD, Major depressive disorder, Self-harm

**4x**

Suicide attempts

**6x**

Substance use disorder

NATIONAL Center on Domestic Violence, Trauma & Mental Health

High rates of DV among women accessing substance use disorder treatment

**47%-90%**

Report DV in their lifetime

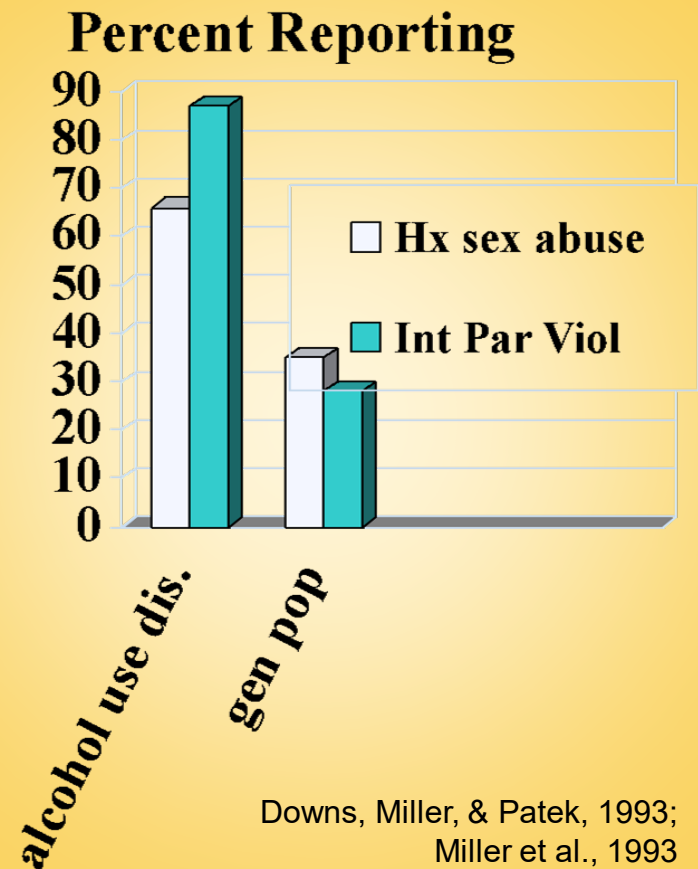
**31%-67%**

Report DV in the past year

NATIONAL Center on Domestic Violence, Trauma & Mental Health

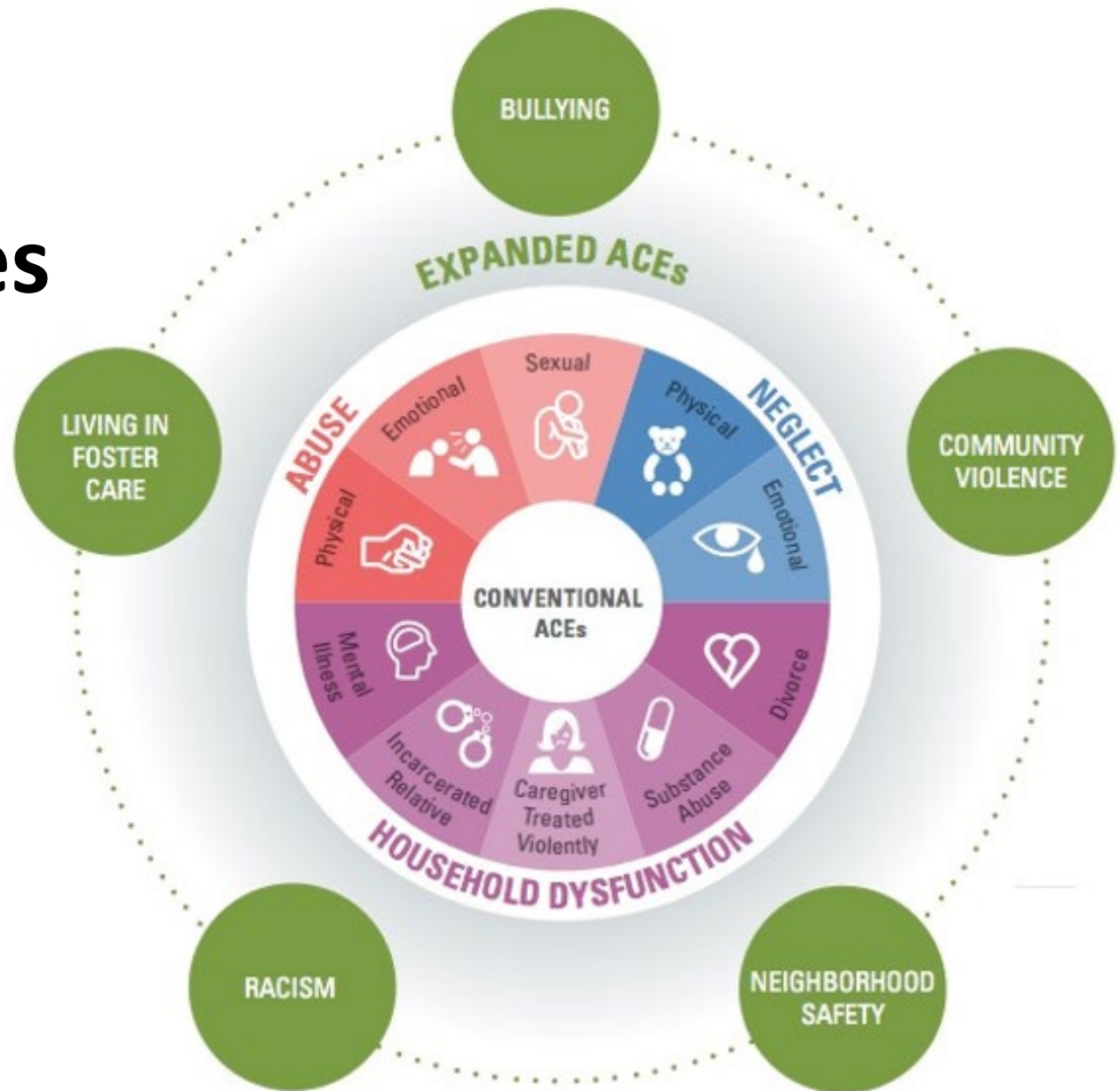
# Substance Use and the Victimization of Women

- Alcohol use disorders >4X higher in women with history of victimization.
- Prior assault is risk factor for AUD...
- ...which, in turn, is a risk factor for increased targeting.

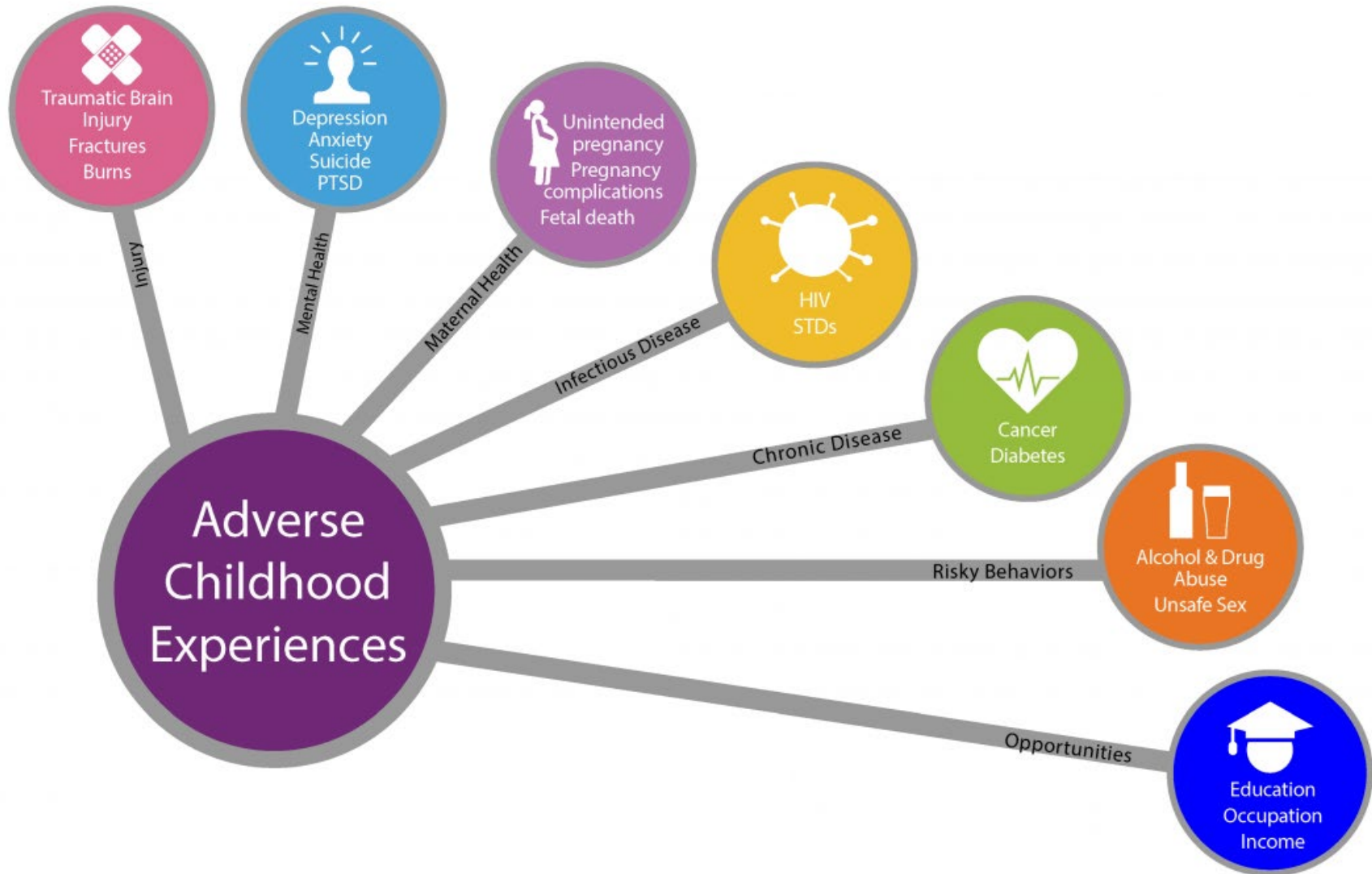


# Adverse Childhood Experiences

(Image source: Cronholm et al., 2015)



# ACEs: Can Have Lasting Impacts



# Trauma Prevention: Positive Childhood Experiences (“counter-ACE”)

(Sege & Brown, 2017; Narayan et al., 2018; Crandall et al., 2019; Bethell et al., 2019)

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Ongoing studies seek to identify significant positive childhood experiences that mitigate the effects of ACEs. Sege & Brown (2017) propose four key categories (directly quoted below):

1. Being in nurturing, supportive relationships
2. Living, developing, playing, and learning in safe, stable, protective, and equitable environments
3. Having opportunities for constructive social engagement and connectedness
4. Learning social and emotional competencies



# Trauma Prevention: Protective Factors

(APA, 2013)

- Social support
- Positive connection with a caregiver
- Socioeconomic stability
- Access to medical and mental health care



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**Less well recognized are the ways people who abuse their partners engage in coercive tactics targeted toward a partner's mental health or use of substances....**

# Substance Use Coercion Includes a Range of Abusive Tactics Designed to:

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- Undermine a partner's sanity and sobriety
- Control a partner's access to treatment and recovery capital
- Sabotage a partner's recovery efforts
- Discredit a partner with potential sources of protection and support, and jeopardize child custody
- Exploit a partner's substance use for personal or financial gain

**DV is often targeted toward undermining a partner's substance use disorder treatment and recovery**

**60%**

of the 3,224 National Domestic Violence Hotline callers who had sought help for substance use said their partners had tried to prevent or discourage them from getting help.

**26%**

Had used substances to reduce the pain of DV.

**27%**

Had been pressured or forced to use substances or made to use more than they wanted.

**24%**

Were afraid to call the police because their partner said they would be arrested or not believed.

**38%**

Said their partner had threatened to report their substance use to authorities to prevent them from getting something they wanted or needed (e.g. protection order or custody of their children).

NATIONAL  
Center <sup>on</sup>  
Domestic Violence, Trauma & Mental Health

# Substance Use Coercion: In a Survivor's Words

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“He threatened countless times to call the sheriff and the pastors and report my drinking. He discouraged me from getting help for my drinking. After I got help for drinking, if/when I drank again he would say, ‘See, you failed at this too.’ He would leave bottles all around when I was in recovery.”

Survey Participant

# Neurobiology of Relapse Cues in the Context of Substance Use Coercion

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- **Provoking relapse as a tactic of abuse:**
  - Exposure to substances
  - Conditioned cues from the environment
  - Exposure to stressful experiences
- **Involves activation of neural circuitry**
  - Women tend to experience stronger cravings
- **These can be “deliberately” activated by an abusive partner who engages in substance use coercion**

# Substance Use Coercion: Treatment and Recovery Sabotage

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- Keeping alcohol in home, active attempts to provoke setbacks in recovery goals
- Trying to influence care, attempts to get person involuntarily discharged from treatment, stalking at appointments
- Not allowed to attend recovery meetings or seek treatment
- Withholding transportation, childcare, or financial resources needed to engage in treatment and recovery services

A common power and control tactic is to undermine a survivor's relationship with their children

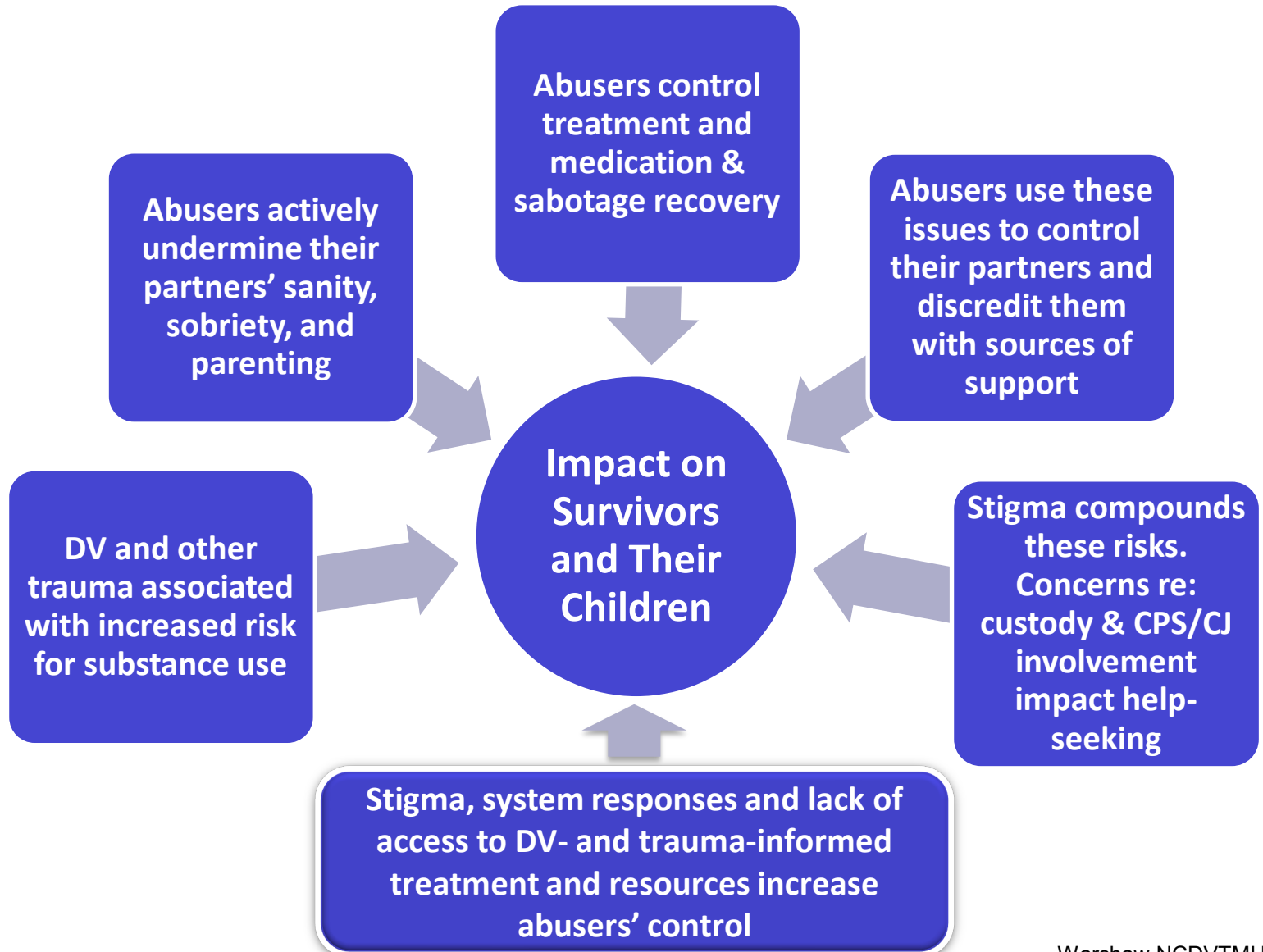
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**Yet, research consistently shows that attachment to the non-abusive caregiver is most protective of children's resilience and development**



# Trauma, DV, and SU Coercion: The Complexity of Control Tactics



# Alcohol Use and Abusive Behavior

(Edmund & Bland, 2011; SAMHSA/CSAT, 2012; Chermack et al., 2009)

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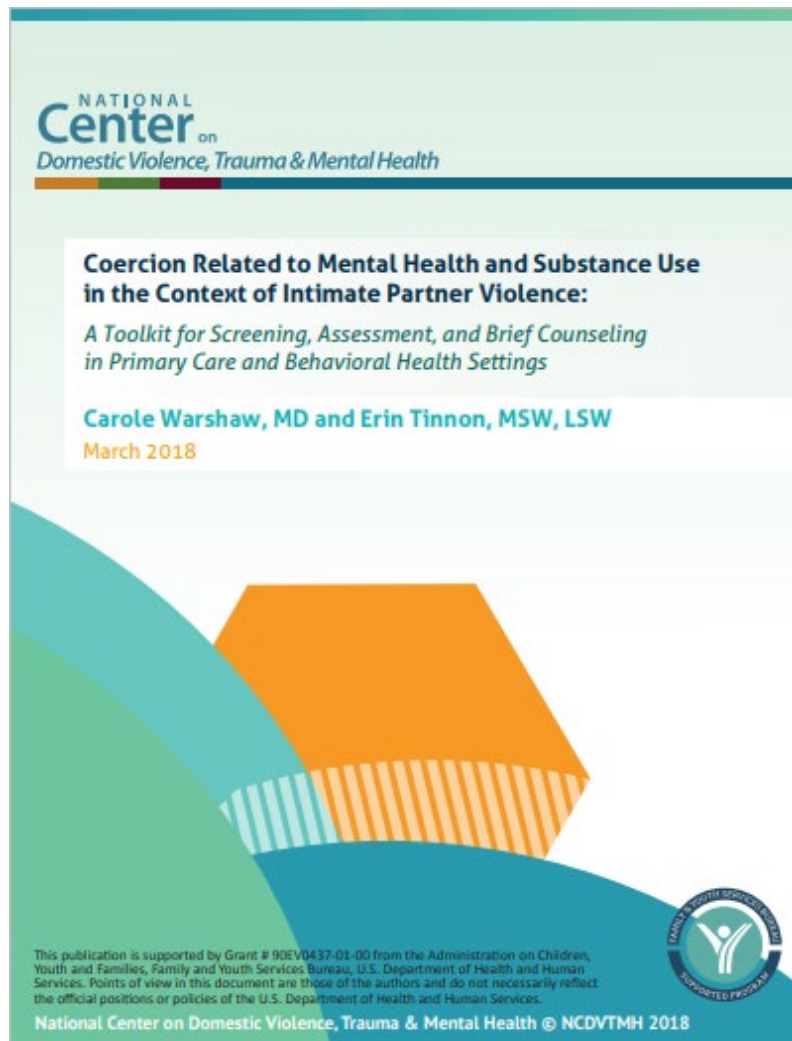
- High rates of alcohol use among people who abuse their intimate partners
- Alcohol use does not cause domestic violence
- Alcohol use can increase the *lethality* of abuse
- Denying or delaying protective measures to see if DV resolves with alcohol use disorder (AUD) treatment can be dangerous for survivors
- Integrated services for AUD and abusive behavior is more effective than siloed approaches

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Given the realities of alcohol use and domestic violence, **how can we enhance safety and recovery for survivors?**



# Resource



## 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

[www.nationalcenterdvtraumamh.org/publications-products/coercion-related-to-mental-health-and-substance-use-in-the-context-of-intimate-partner-violence-a-toolkit/](http://www.nationalcenterdvtraumamh.org/publications-products/coercion-related-to-mental-health-and-substance-use-in-the-context-of-intimate-partner-violence-a-toolkit/)

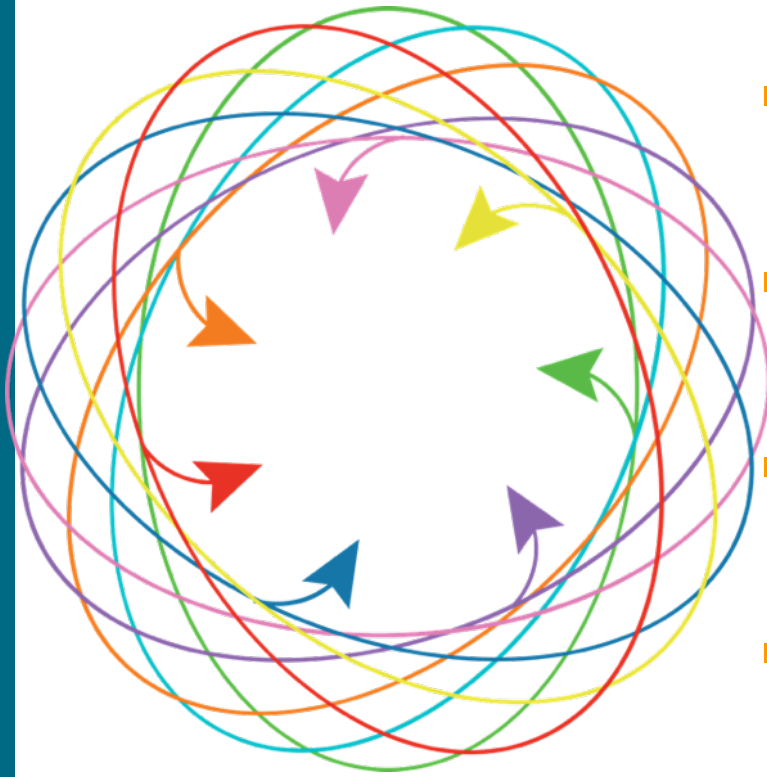
# Continuum of Responsiveness

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- **Informed:** Programs that are aware of the dynamics of DV and alcohol use, including substance use coercion
  - Cross-training, interdisciplinary teams, referral partnerships, etc.
- **Collaborative:** Programs that have active collaborations across DV/AUD fields
  - Co-facilitated groups in both settings, active linkages, co-location, etc.
- **Integrated:** Full integration of DV/AUD services
  - Integrated assessment and service planning, menu of services offered across programs and provided based on survivor's self-defined needs, 'no wrong door' approach, etc.

# Initial Steps: Preparing your practice or organization

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- Universal training on IPV and MH/SU Coercion
- Accessible, culturally-responsive, and trauma-informed care
- Center survivors' self-defined goals and concerns
- Develop relationships with local DV advocacy programs
- Attend to safety and confidentiality
- A culture of staff support and community care

# 7 Common Practices in Substance Use Disorder Care That Can Hurt Survivors and What You Can Do Instead



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TRAUMA, AND  
MENTAL HEALTH**

## 7 Common Practices in Substance Use Disorder Care That Can Hurt Survivors *and What You Can Do Instead*

High rates of DV among  
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47%-  
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Report DV in  
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31%-  
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Report DV in  
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### ➤ Keep in Mind ➤

- **Use a universal precautions approach:** It can be difficult and dangerous for a survivor to talk about intimate partner violence (IPV). Trauma-informed approaches are essential even if someone has not disclosed abuse.
- **Avoid labeling:** Many people will not identify with terms such as *survivor*, *abuse*, *victim*, or *intimate partner violence*.
- **Not just intimate partners:** Abuse may come from another social contact.
- **Not just physical or sexual violence:** Learn more about the many forms of abuse and coercion at [www.nationalcenterdvtraumamh.org](http://www.nationalcenterdvtraumamh.org).

### ➤ 1) Practices Surrounding Program Intake and Exit ➤

#### Risks and Barriers:

- **Delays in service access:** Survivors need to be able to access resources when there's a window of safety. Delays often mean the window of safety will close.
- **Strict treatment schedules** can increase the risk of stalking and victimization.
- **Administrative discharge due to missed appointments:** A survivor may miss appointments in order to protect themselves or due to a partner's interference.
- **Administrative discharge due to toxicology screening results:** Substance use may be a direct result of the abuse someone faces or coercion to use by a partner. Regardless, this is neither trauma-informed nor considered best practice.
- **Administrative discharge due to inability to pay:** Financial abuse is common and using health

# Key Elements:

## Clinical and Peer Support Services

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- Routine DV screening and assessment
- Validate and affirm survivors while recognizing the impact of abuse and trauma
- Address immediate and ongoing safety needs
- Partner with survivors on safe strategies for mitigating DV and substance use coercion
- Link to local advocacy services
- Treatment interventions that are evidence-based for survivors



# Palm Card on Substance Use Coercion

The graphic is a palm card with a dark blue background and light blue/green accents. It features a vertical title on the left, a quote at the top, a list of coercion forms in the middle, and affirmations and a question at the bottom. A large arrow points from the affirmations to the question.

**Substance Use Coercion**

**When You Can Talk Privately**

“People have shared with us that their (ex-)partner pressured them to use substances, use in ways that they didn’t want to, or used their substance use as a way to control them. Using substances is a common way to deal with physical and emotional pain. If you can relate to any of this, know that we’re here to help.”

**Common Forms of Substance Use Coercion**

- Introduction** to or **escalation** of substance use
- Forced** use or withdrawal
- Self-medication** to cope
- Sabotaging** treatment access or recovery efforts
- Using **stigma** to isolate, discredit, or threaten
- Blaming** abuse on use

**Validate and Affirm**

- None of this is your fault
- You deserve to be treated with dignity and respect, no matter what
- I believe you
- You are not alone

“Would it be helpful to talk about some **safety strategies** and **resources**?”

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www.nationalcenterdvtraumamh.org

# Palm Card on Substance Use Coercion

## Safety Plan: Access and Recovery



### Collaboratively Strategize:

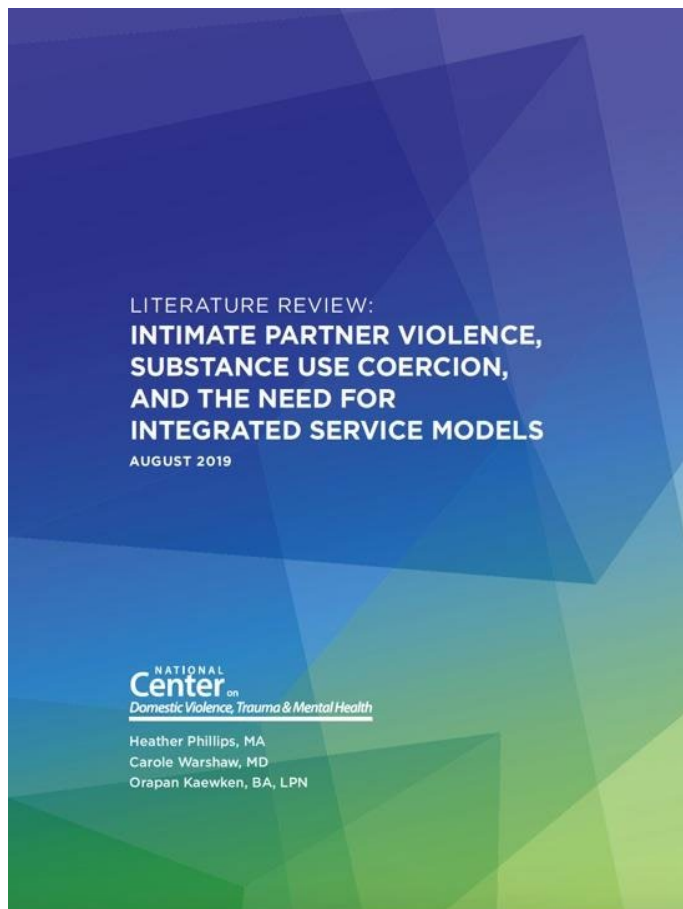
- Safe communication (telehealth, phone, mail, etc.)
- Stalking risk and appointment schedule
- Staying connected to services if pressured by a (ex-)partner to leave
- Maintaining control of medication(s), including MAR/MAT
- Threats to disclose or subpoena protected health information
- Legal documents that enable a (ex-)partner or social contact to exert control over the person

### Connect

National Domestic Violence Hotline: 1 (800) 799-SAFE and 1 (800) 787-3224 (TTY)  
RAINN National Sexual Assault Hotline: 1 (800) 656-HOPE  
StrongHearts Native Helpline: 1 (844) 7NATIVE  
Love is Respect (for teenagers): 1 (866) 331-9474 and 1 (866) 331-8453 (TTY)

# Evidence-Based Integrated SUD and Trauma Treatment for Survivors of DV

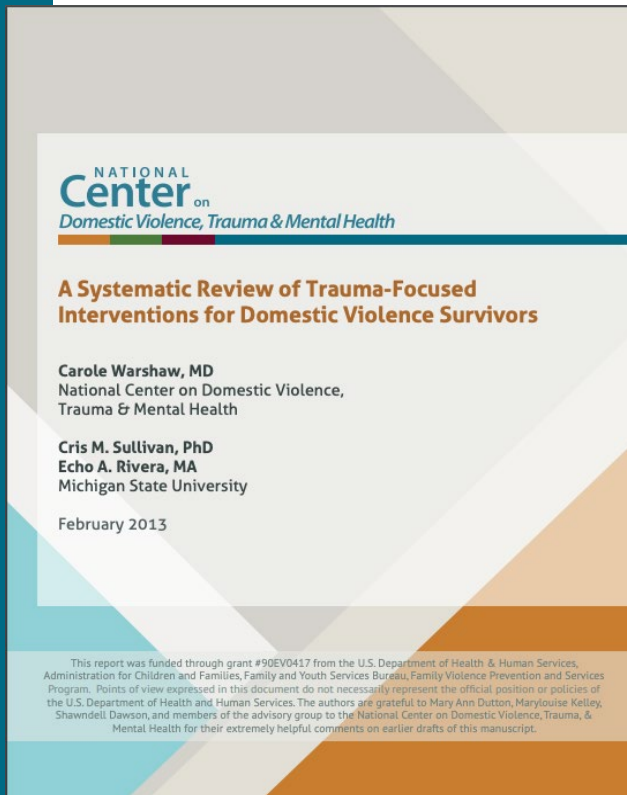
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- Helping Women Recover  
(S. Covington, PhD)
- Seeking Safety  
(L. Najavits, PhD)

# Enhancing Effectiveness for People Experiencing Relationship-Based Violence

Based on our systematic review, the following can enhance existing EBPs:



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 goals
5. A focus on survivors' strengths as well as cultural strengths on which they can draw

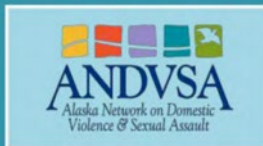
# Community Recovery Groups



## REAL TOOLS: RESPONDING TO MULTI-ABUSE TRAUMA

A TOOL KIT TO HELP ADVOCATES AND COMMUNITY PARTNERS  
BETTER SERVE PEOPLE WITH MULTIPLE ISSUES

BY DEBI S. EDMUND, M.A., LPC  
AND PATRICIA J. BLAND, M.A., CDP



130 Seward Street Suite 209 Juneau, Alaska 99801 907-586-3650 www.andvsa.org

- Never mandate or pressure participation
- If survivor wants to access, support with safety planning
- Help bridge potentially challenging concepts such as ‘powerlessness’
- Check out helpful resources:
  - Gender-specific groups
  - Women For Sobriety
  - A Women’s Way Through the 12-Steps by S. Covington PhD
  - [Real Tools p.228](#)
  - NCDVTMH’s [7 Common Practices in SUD Care That Can Hurt Survivors and What You Can Do Instead](#)

# Offer Multigenerational Services



Our Family-Centered Toolkit contains much more information on supporting survivors and their children, including interactive activities focusing on three core areas:

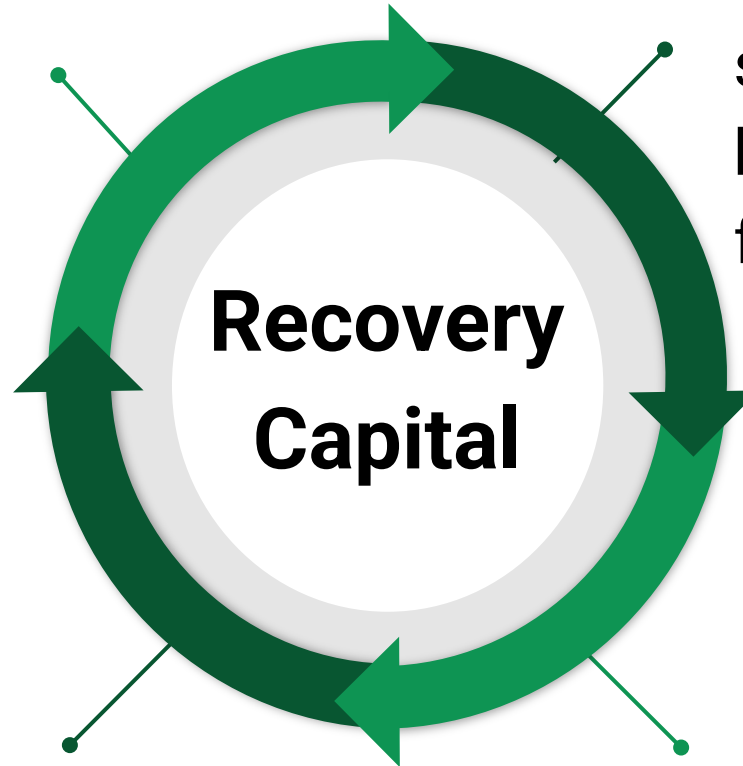
1. Co-regulating and soothing
2. Moving and playing together
3. Creative and expressive arts

## **HUMAN**

Skills,  
education,  
self-efficacy,  
hopefulness,  
personal  
values.

## **PHYSICAL**

Physical health,  
safe shelter,  
basic needs,  
financial resources



## **SOCIAL**

Family,  
safe intimate  
relationships,  
kinship,  
social

## **COMMUNITY**

Anti-stigma,  
recovery role  
models,  
peer-led support  
groups.

(White & Cloud, 2008)

# Thank You!







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**Center** on

*Domestic Violence, Trauma & Mental Health*

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**Gabriela Zapata-Alma LCSW, CADC**

Associate Director

[info@ncdvtmh.org](mailto:info@ncdvtmh.org)

**More ways to connect**

[www.nationalcenterdvtraumamh.org/newsletter-sign-up/](http://www.nationalcenterdvtraumamh.org/newsletter-sign-up/)

Twitter: [@ncdvtmh](https://twitter.com/ncdvtmh)

Instagram: [@ncdvtmh](https://www.instagram.com/ncdvtmh)

Facebook: [www.facebook.com/ncdvtmh](https://www.facebook.com/ncdvtmh)

# Additional NCDVTMH Resources



[www.NationalCenterDVTraumaMH.org](http://www.NationalCenterDVTraumaMH.org)



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**COMMITTED TO SAFETY FOR ALL SURVIVORS:**

*GUIDANCE FOR DOMESTIC VIOLENCE PROGRAMS  
ON SUPPORTING SURVIVORS WHO USE SUBSTANCES*

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**GABRIELA A. ZAPATA-ALMA, LCSW, CADC**

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**Coercion Related to Mental Health and Substance Use  
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**Carole Warshaw, MD and Erin Tinnon, MSW, LSW**

March 2018

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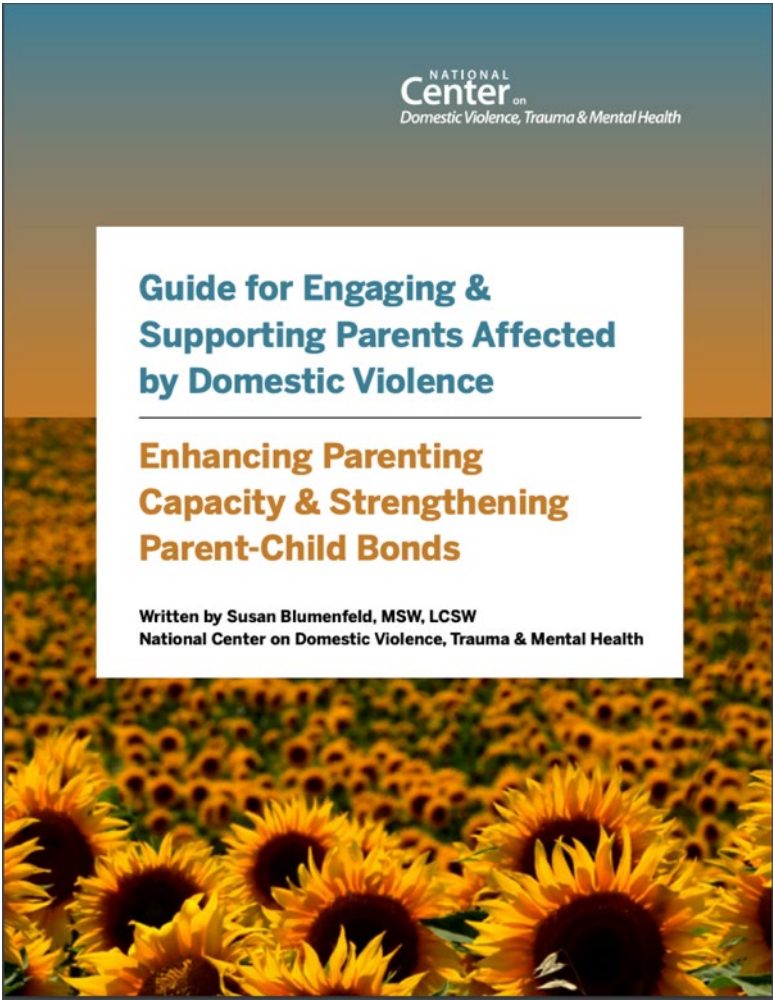
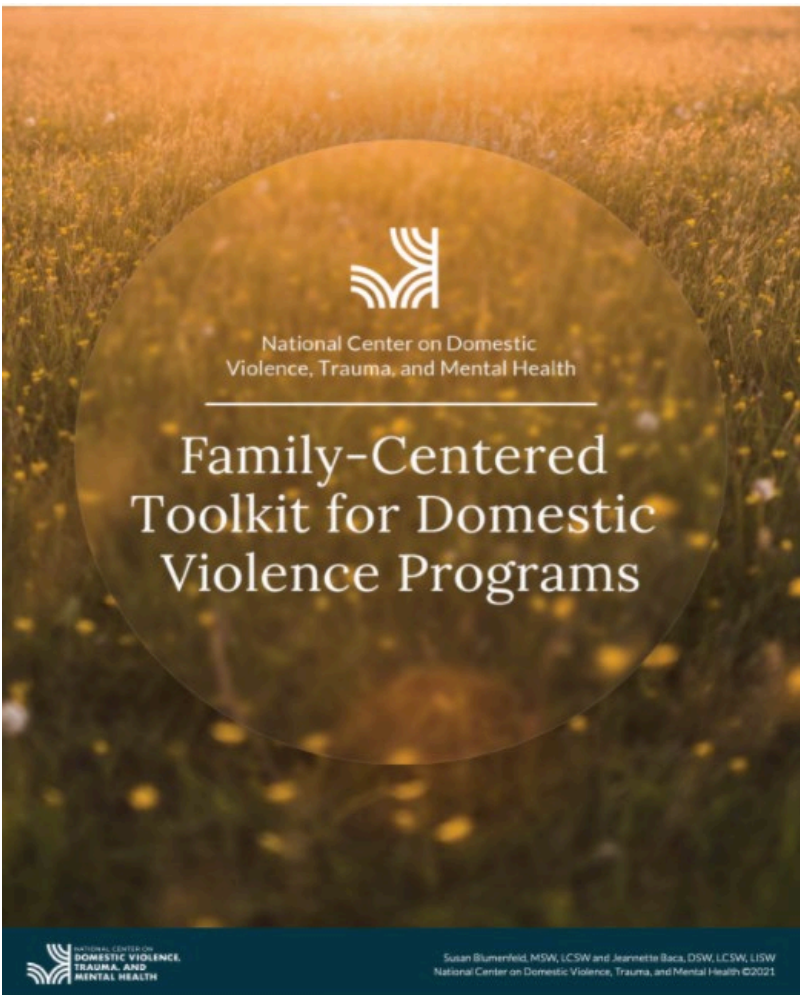
**A Systematic Review of Trauma-Focused  
Interventions for Domestic Violence Survivors**

**Carole Warshaw, MD**  
National Center on Domestic Violence,  
Trauma & Mental Health

**Cris M. Sullivan, PhD**  
**Echo A. Rivera, MA**  
Michigan State University

February 2013

This report was funded through grant #90EV0417 from the U.S. Department of Health & Human Services, Administration for Children and Families, Family and Youth Services Bureau, Family Violence Prevention and Services Program. Points of view expressed in this document do not necessarily represent the official position or policies of the U.S. Department of Health and Human Services. The authors are grateful to Mary Ann Dutton, Marylouise Kelley, Shawndell Dawson, and members of the advisory group to the National Center on Domestic Violence, Trauma, & Mental Health for their extremely helpful comments on earlier drafts of this manuscript.



**UNDERSTANDING  
SUBSTANCE USE COERCION  
IN THE CONTEXT OF  
INTIMATE PARTNER VIOLENCE:  
IMPLICATIONS FOR POLICY  
AND PRACTICE**

SUMMARY OF FINDINGS

**NATIONAL  
Center**  
*Domestic Violence, Trauma & Mental Health*

SUMMARY AND REPORT:  
**SUBSTANCE USE COERCION  
AS A BARRIER TO SAFETY,  
RECOVERY, AND ECONOMIC  
STABILITY: IMPLICATIONS  
FOR POLICY, RESEARCH, AND  
PRACTICE**

OCTOBER 24-25, 2019 | TECHNICAL EXPERT MEETING

**NATIONAL  
Center**  
*on  
Domestic Violence, Trauma, and Mental Health*

Carole Warshaw, MD  
Heather Phillips, MA  
Elaine Alpert, MD  
Jasmin Brandow, MA  
Crystal Brandow, PhD



## Recommendations for Suicide Prevention Hotlines on Responding to Intimate Partner Violence

*National Center on Domestic Violence, Trauma & Mental Health  
in Collaboration with: The National Domestic Violence Hotline,  
The National Suicide Prevention Lifeline, and The University of  
Rochester Laboratory of Interpersonal Violence and Victimization*

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Catherine Cerulli JD, PhD  
Gillian Murphy PhD  
Patricia Bland MA, CDP  
Karen Carlucci MSW, LCSW  
John Draper PhD

September 2018

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## Tools for Transformation: Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations

*An Organizational Reflection Toolkit*

Carole Warshaw, MD, Erin Tinnon, MSW, LSW, and Cathy Cave

April 2018

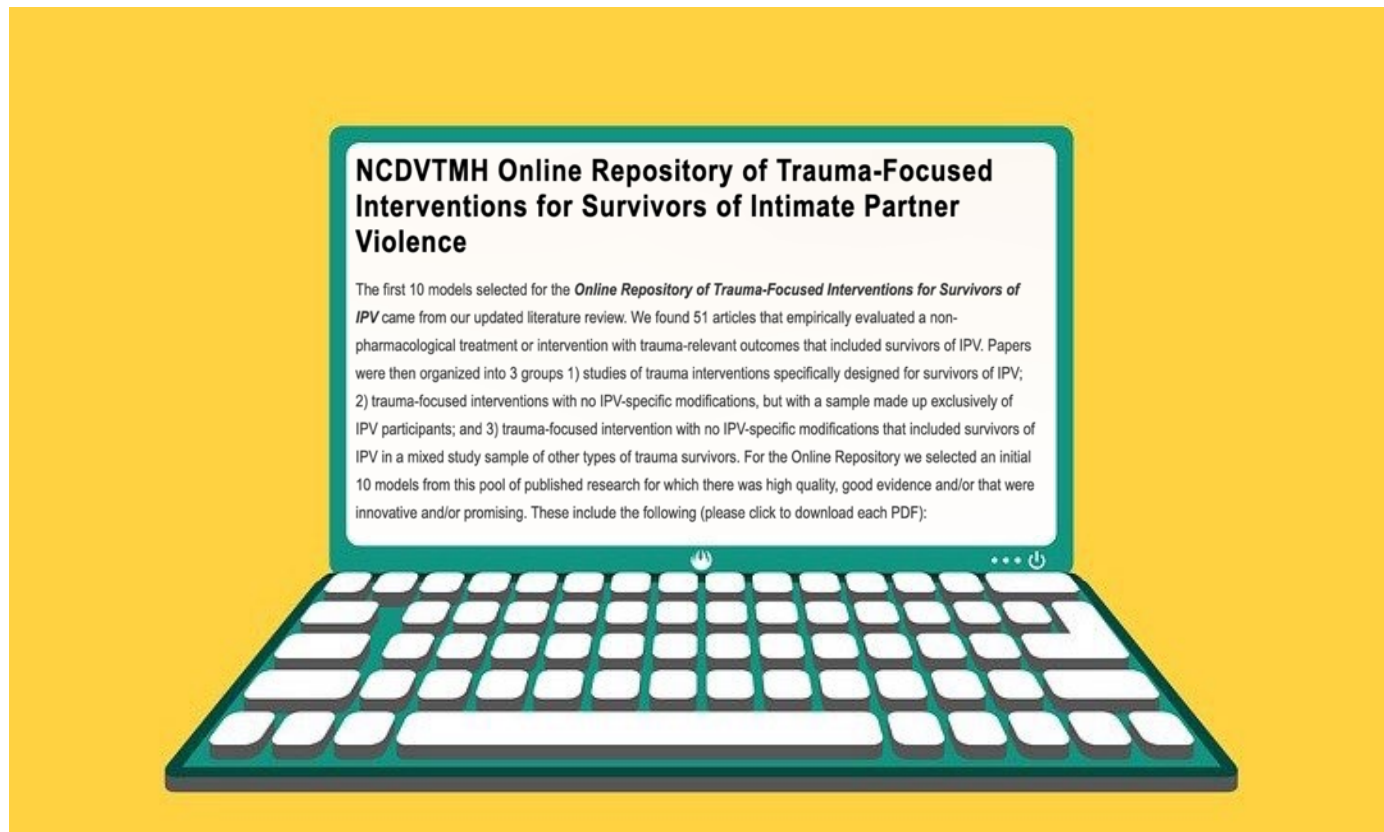
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# NCDVTMH's Online Repository of IPV-Specific Trauma Interventions

[www.nationalcenterdvtraumamh.org/publications-products/ncdvtmh-online-repository-of-trauma-focused-interventions-for-survivors-of-intimate-partner-violence/](http://www.nationalcenterdvtraumamh.org/publications-products/ncdvtmh-online-repository-of-trauma-focused-interventions-for-survivors-of-intimate-partner-violence/)



# Resource:

# NCDVTMH's COVID-19 Hub

[www.nationalcenterdvtraumamh.org/trainingta/covid/](http://www.nationalcenterdvtraumamh.org/trainingta/covid/)

## COVID-19

### RESOURCES & UPDATES

In response to the current national emergency, NCDVTMH will continue to provide updates, resources, and tip sheets to support domestic violence and sexual assault advocacy organizations and coalitions in responding to the trauma, mental health, and substance use-related needs of survivors and their families.

[Click to View Resource Hub](#)

# Resources: IPV & COVID-19

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COVID-19 Resources (NCDVTMH)

[nationalcenterdvtraumamh.org/2020/04/new-covid-19-resource-hub](https://nationalcenterdvtraumamh.org/2020/04/new-covid-19-resource-hub)

Resources on the Response to COVID-19 (NNEDV)

[https://nnedv.org/latest\\_update/resources-response-coronavirus-covid-19/](https://nnedv.org/latest_update/resources-response-coronavirus-covid-19/)

COVID-19 for Survivors, Communities, and DV/SA Programs (Futures Without Violence)

[www.futureswithoutviolence.org/get-updates-information-covid-19/](http://www.futureswithoutviolence.org/get-updates-information-covid-19/)

Safety Planning (NDVH)

[www.thehotline.org/2020/03/13/staying-safe-during-covid-19/](http://www.thehotline.org/2020/03/13/staying-safe-during-covid-19/)

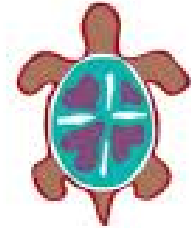
Safety Planning App: [www.myplanapp.org](http://www.myplanapp.org)

# National Domestic and Sexual Violence Hotlines



**NATIONAL DOMESTIC VIOLENCE HOTLINE**

**THEHOTLINE.ORG**  
1-800-799-SAFE (7233) | 1-800-787-3224 (TTY)



**STRONGHEARTS**  
Native Helpline  
1-844-7NATIVE



  
National Sexual Assault Hotline  
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Discuss your options anonymously.  
Peer advocates are available 24/7.

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