



Complex Connections: Domestic Violence (DV), Opioid Use, and Trauma: Quick Reference Resource

The chart below applies findings from a pair of surveys on the prevalence of mental health and substance use coercion conducted by the National Domestic Violence Hotline (NDVH) in consultation with the National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH). The findings outlined below focus specifically on opioid use. Also, in recognition that the source of coercion among parents in the child welfare system can come from more sources than an intimate partner, the term “partner” as used by NDVH and NCDVTMH, has been broadened to “abuser” or “perpetrator”. Given the many forms of domestic violence and range of experiences common to parents in the child welfare system affected by opioid use, being able to think creatively with survivors about their particular circumstances, priorities, and needs is critical to strategizing about safety and developing meaningful treatment and resource response options. Please note there is some overlap among the issues in the chart below; therefore, the associated responses may also apply to more than one perpetrator tactic.

Perpetrator's Coercive Tactics	As part of a routine inquiry about IPV, you could say something like...	Other Considerations
The perpetrator intentionally undermines the survivor's sanity or sobriety.	<ul style="list-style-type: none">DV is much more than physical abuse. Many people say that their perpetrators abuse them emotionally or call them 'crazy' or other demeaning names related to their mental health or substance use condition. Many people also say that their abusive perpetrators do or say things to intentionally make them feel like they might be 'going crazy,' have you ever experienced anything like that?Does your abuser intentionally do things to make you feel “crazy” or like you are “losing your mind”?Does your abuser tell you that you are crazy or a bad parent because of your opioid use disorder (OUD) or other substance abuse or mental health condition?	<ul style="list-style-type: none">Abusive parties can “trigger” survivors by their mere presence. The abusive party knows exactly how and what to say to cause the survivor to react in a manner that appears “crazy.”

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<p>The perpetrator intentionally undermines the survivor's sanity or sobriety (continued).</p>	<ul style="list-style-type: none"> • Does your abuser ever keep you up all night or try to prevent you from sleeping? • Has your abuser blamed you for the abuse by saying you're the one who is crazy? • Does your abuser tell you no one will believe what you say because of your OUD or other substance use or mental health condition? 	<ul style="list-style-type: none"> • The look on the perpetrator's face—or a gesture or smell—can cause the survivor to re-experience a traumatic incident through a flashback and thereby appear unreasonable, irrational, and even hysterical, when the survivor is actually a calm, creative, intelligent person who has been traumatized.
<p>The perpetrator interferes with the survivor's treatment and sabotages their recovery process.</p>	<ul style="list-style-type: none"> • Has your abuser ever prevented you from attending a recovery meeting, interfered with your OUD or other SUD treatment, or sabotaged your recovery in any way? • Does your abuser restrict or interfere with your ability to speak for yourself with doctors or substance abuse or mental health professionals? Has your abuser ever tried to sabotage your work or school by disclosing your diagnosis or falsely claiming you are risk to yourself or others? 	<ul style="list-style-type: none"> • Such interference or sabotage is very frequent. The Coercion Survey found that 50% of those who sought help for their mental health and over 60% of those who sought help for substance use, said their partners tried to interfere with treatment.

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<p>The perpetrator interferes with the survivor's treatment and sabotages their recovery process (continued).</p>	<ul style="list-style-type: none"> • Has your abuser ever tried to manipulate you by making you go into withdrawal? • Does your abuser interfere with your treatment or medication, or do things to undermine them with friends and family, or with other people you might turn to for help? 	<ul style="list-style-type: none"> • An abuser may appear very concerned but may actually be trying to manipulate the survivor's perceptions and control their treatment. Helping professionals should be wary of involving a partner or family member in treatment without previously (and privately) ascertaining that the person is safe and making sure that the survivor wants that person involved.
<p>The perpetrator controls or otherwise interferes with the survivor's opioid treatment medication.</p>	<ul style="list-style-type: none"> • Has your abuser ever tried to prevent or discourage you from pursuing medication-assisted treatment (MAT) for your OUD? • Has your abuser ever tried to prevent you from taking your opioid treatment medication as prescribed, coerced you to take more than you were prescribed, forced you to overdose on your meds, or stigmatized you for taking medications in the first place? • Has your abuser ever tried to take or sell your prescription medication for an opioid or other substance or mental health disorder? 	<ul style="list-style-type: none"> • For survivors receiving MAT, they may benefit from talking with their medical team about long acting injectable medications as appropriate, especially if taking daily medications is disrupted or made impossible by an abuser, or if their abuser is stealing their meds to sell or use themselves.

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<p>The perpetrator controls or otherwise interferes with the survivor's opioid treatment medication (continued).</p>	<p>For survivors who answer "yes" to one or more of the previous medication questions, you might respond as follows:</p> <p><i>"Let's talk about a safe place for you to leave medications where you could still access them as prescribed."</i></p> <p>You might also discuss strategies to make sure pharmacies and treatment providers do not call or send mail to the home or to the primary insurance holder if it is the abuser.</p>	<ul style="list-style-type: none"> • It may also be important to discuss any potential for medication side effects that may place the survivor at greater risk for harm (e.g., sedation, agitation, etc.), especially effects of new medications and complications during a transition to MAT, including increased risk for withdrawal.
<p>The perpetrator exploits the survivor for personal or financial gain.</p>	<ul style="list-style-type: none"> • Does your abuser control your access to opioids or other drugs, and then use that control to manipulate you or make you do things that you don't want to do? • Has your abuser ever forced or coerced you into doing something illegal (e.g., dealing, stealing, trading sex for drugs) or other things? • Has your abuser ever had you take too much medication as a means of sexual coercion or to get you to do something you might not otherwise do? 	<ul style="list-style-type: none"> • Opioid/other substance use coercion can include a survivor's risk for being coerced into illegal activities, unwanted sex, and exploitation/trafficking under the threat of forced withdrawal. • Opioids can be a chemical tool to keep survivors in check while they're being sexually exploited including through threat of acute withdrawal from Narcan as a way of getting them to comply. • Survivors may use opioids/ other substances to cope with the physical and mental traumas of being exploited.

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General coercive tactics.	<p>Are there other things your abuser has done that you'd like to talk with me about?</p> <p>What have you noticed about how this is affecting you? What can I do to support you?</p>	Create a safe environment to talk with survivors about their relationships and what they want, what they have tried, what their concerns are, what obstacles they face, and what might be most helpful to them and their children.

Citations

The resources below were used or adapted to create this document. Readers are encouraged to review these comprehensive resources in their entirety for additional information including safety planning and to reach out to their local domestic violence partners for referral guidance.

- NCDVTMH. (2018). 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. Retrieved from http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2018/03/NCDVTMH_MHSUCoercionToolkit2018.pdf
- Futures Without Violence. (2018). Health eBulletin. Retrieved from <https://www.futuresw.ithoutviolence.org/wp-content/uploads/Health-eBulletin-DVAM-18.pdf>



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