

COMPLEX CONNECTIONS: DOMESTIC VIOLENCE (DV), OPIOID USE, AND TRAUMA

MICROMODULE



FLORIDA DEPARTMENT
OF CHILDREN AND FAMILIES
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LEARNING OBJECTIVES

By the end of the training module, participants will be able to:

- Identify connections among opioid/other substance use, DV, and trauma.
- Recognize the unique ways opioid use can impact DV.
- Use a companion quick reference resource to identify connections among opioid use, DV, and trauma and to respond empathically and with resource linkage to disclosures.

KEY TERMS AND DEFINITIONS

- **Domestic violence (DV) and intimate partner violence (IPV):** While DV typically refers to abuse happening between two people in a relationship (e.g., spouse, partner, parent and child, siblings), IPV refers more specifically to violence by someone with whom a person has an intimate relationship including current or former spouses, sexual partners, someone a person is dating, or someone with whom a person has a significant emotional connection.¹ These terms are used interchangeably in this module as are terms like survivor, parent, and client.
- In both cases, this violence can be understood as intentional, ongoing, systematic abuse intended to exercise power and control over the survivor. This can take the form of physical, sexual, emotional, and/or economic abuse or exploitation and can include emotional manipulation of children, threats related to deportation or child custody, outing a partner's gender identity or sexual orientation, and coercion around reproduction, substance use, and mental health.²

KEY TERMS AND DEFINITIONS

- **Coercion:** Use of force or manipulation to control an intimate partner's thoughts, actions, and behaviors through violence, intimidation, threats, degradation, isolation, and/or surveillance. In the context of intimate partner violence, coercion can involve financial, psychological, physical, sexual, reproductive, and other kinds of abuse to undermine and control an intimate partner. Two specific forms of coercion discussed in this module are mental health coercion and substance use coercion.³
- **Perpetrator:** The abuser, also sometimes referred to as the **batterer**.
- **Survivor:** A person being abused physically, verbally, sexually, or in another harmful manner. This person can also be called a **victim**, though survivor is the preferred term.

CONNECTIONS AMONG OPIOID USE, DOMESTIC VIOLENCE, AND TRAUMA

- DV/IPV research
- Study by the National Domestic Violence Hotline (NDVH) and the National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH)

DV SURVIVORS AND MULTIPLE FORMS OF INTERPERSONAL TRAUMA



- Research suggests that DV survivors often experience multiple forms of interpersonal trauma throughout their lives, including abuse or neglect in childhood, sexual assault, intergenerational trauma, community violence, and/or witnessing family violence as a child.⁴

OPIOID/OTHER SUBSTANCE USE

- Such victimization places survivors at significantly higher risk for depression, anxiety, posttraumatic stress disorder, somatization, medical problems, substance use, and suicide attempts, whether or not they have suffered physical injury.⁵
- Histories of sexual or physical abuse and comorbid mental disorders are associated with the persistence of opioid use.⁶



CONNECTED ADVERSITIES

Women who have been diagnosed with opioid use disorder (OUD):

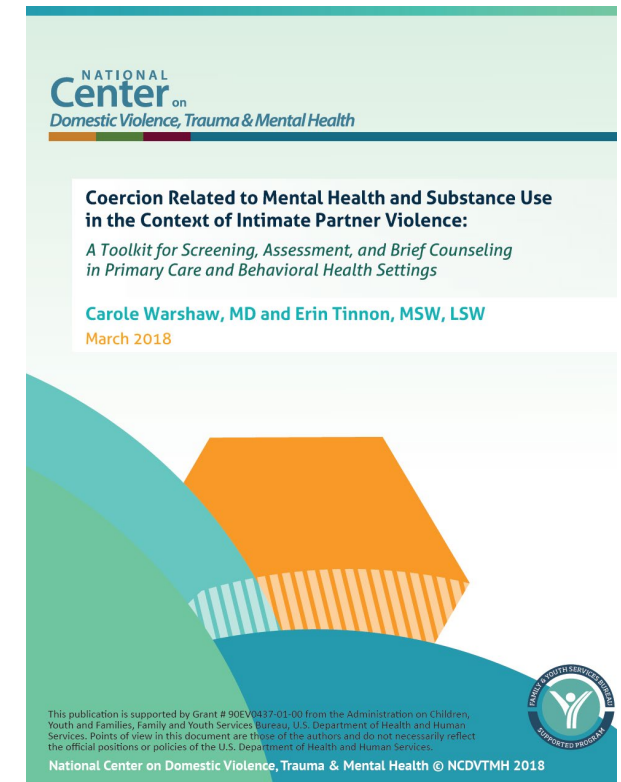
- Are more likely to have experienced DV, sexual violence, and childhood sexual abuse.
- Are more likely to have been prescribed opioids for chronic pain.
- Are more likely to self-medicate to cope with trauma.⁷

While definitive research on whether OUD increases risk for victimization or whether victimization leads to OUD, adverse consequences abound.⁸



THE SUBSTANCE USE COERCION SURVEY⁹

- A pair of surveys conducted by NDVH in consultation with NCDVTMH provided the first quantitative data on (1) the prevalence of mental health and (2) substance use coercion.
- Both surveys were administered over a 6-week period. The Substance Use Coercion Survey (the focus of this module) involved interviews with 3,248 NDVH callers who identified as having experienced IPV and who were not in immediate crisis.



SURVEY: SUBSTANCE ABUSE AND DV FINDINGS



The Substance Use Coercion Survey found:¹⁰

- 26.0% reported using alcohol or other drugs as a way to reduce the pain of their partner's or ex-partner's abuse.
- 27.0% said that a partner or ex-partner had pressured or forced them to use alcohol or other drugs or made them use more than they wanted.

SURVEY FINDINGS: SANITY AND SOBRIETY



Survey results also found abusive partners:¹¹

- Intentionally undermine their partners' sanity or sobriety.
- Called them “crazy” and did things deliberately to make them feel “crazy,” discouraged or prevented them from getting help, and engaged in other adverse strategies.

SURVEY FINDINGS: SANITY AND SOBRIETY¹²



- 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.”
- 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.

OPIOID-SPECIFIC CONSIDERATIONS

- Without opioids, a person with an OUD feels dysphoric and physically ill and only feels normal by taking opioids again. The need to escape the discomfort and intensely negative emotional states of withdrawal becomes the driving force of continued use.¹³
- With all of these opioid brain effects, it is easy to see how DV perpetrators could exacerbate situations by saying or doing things that make their partners (often parents in the child welfare system) who are not in treatment feel as if they are losing their mind.

OPIOID-SPECIFIC CONSIDERATIONS

- **Even after opioid use stops, brain changes linger.** A person's ability to make plans and manage impulses stays underactive. That's why return to substance use is very common,¹⁴ including to self-manage distressing feelings.¹⁵
- It is important to consider that even if DV parents/survivors on your caseload are participating in a medication-assisted treatment (MAT) program, they may remain vulnerable to a perpetrator's efforts to undermine their sanity and sobriety, especially in early recovery.

RELEVANT HELPING PROFESSIONAL RESPONSE¹⁶



As part of your routine inquiry about IPV, you could say something like: “DV is much more than physical abuse. Many people say that their partners abuse them emotionally or call them ‘crazy’ or other demeaning names related to their mental health. Many people say that their abusive partners do or say things to intentionally make them feel like they might be ‘going crazy,’ interfere with their treatment or medication, or do things to undermine them with their friends and family or with other people they might turn to for help. Have you ever experienced anything like that?”

For more examples, see companion quick reference resource.

SURVEY FINDINGS: SABOTAGE AND INTERFERENCE



The NDVH /NCDVTMH survey also found:¹⁷

- Abusive partners interfere with survivors' treatment and sabotage their recovery (may stigmatize survivors as "addicts").
- 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.

SURVEY FINDINGS: SABOTAGE AND INTERFERENCE¹⁸

- **15.2%** of survey respondents reported that, in the last few years, they tried to get help for their use of alcohol or other drugs.
- Of those, **60.1%** said that their partner or ex-partner had tried to prevent or discourage them from getting that help.

COERCIVE TACTICS

- It is important for clinicians and other helping professionals to be aware of the ways that abusers use coercive tactics to control their partners and of the impact these tactics have not only on survivors' health, mental health, and well-being but also on their ability to engage in treatment and achieve their treatment and recovery goals.¹⁹



SURVEY FINDINGS: CONTROLLING MEDICATIONS



The survey also found that abusive partners:²⁰

- Control survivors' medications.

INTERFERENCE WITH MEDICATION/OTHER TREATMENT

Abusive partners might control/interfere with survivors' medication by:²¹

- Preventing them from accessing their medication (e.g., withholding meds, selling meds, taking meds themselves).
- Preventing them from taking their medication as prescribed.
- Coercing them to take more than they were prescribed.
- Forcing them to overdose on their meds.
- Leveraging mental health symptoms to get survivors to engage in behaviors they don't want to engage in.
- Threatening involuntary commitment and then calling a suicide hotline to garner support for doing so.

MEDICATION SIDE EFFECTS²²

It is important to consider the potential for:

- Medication side effects that could place the survivor at greater risk for harm (e.g., sedation, agitation).
- Medication induction complications during a transition to MAT, including increased risk for withdrawal.



OPIOID-SPECIFIC CONSIDERATIONS

- Unlike the situation with other substance use disorders, several effective medications (methadone and, more recently, naltrexone and buprenorphine in various forms) are available to treat opioid addiction.²³
- However, these medications only work when they are taken as directed. If access is controlled by a perpetrator (e.g., stalking the survivor while visiting the MAT program, withholding transportation to/from the MAT program, withholding timely access to the medication itself), adverse effects can result, including initiation of withdrawal and craving.

SAMPLE MEDICATION QUESTION/PROMPT

- Does the survivor have concerns about their partner stealing, using, or selling their medications?²⁴
- It is important to ensure perpetrators are not selling a parent's/survivor's opioid treatment medications on the underground market and thereby undermining the parent's recovery and safety.



SAMPLE MEDICATION DISCUSSION/PROMPT

- Does the parent's/survivor's partner know the survivor is receiving MAT?
- Does the survivor need help figuring out how to protect himself/herself if the abusive partner interferes with access to treatment, prevents the survivor from taking treatment medication, or coerces the survivor into taking too much medication?²⁵
- Parents/survivors 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 abusive partner or if their abusive partner is stealing their meds to sell or uses them.

PARTNER MANIPULATIONS²⁶

- Caution: An abusive partner may appear very concerned but may actually be trying to manipulate the survivor's perceptions and control the survivor's 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.



SAMPLE QUESTION/PROMPT²⁷

- “Sometimes, people who are being hurt by someone in their life or who have been hurt in the past use alcohol or other drugs to help them cope or get through the day. This includes over-the-counter medications, prescriptions, and other kinds of drugs and substances that may or may not be legally available. Many survivors report their abusive partner makes them use alcohol or other drugs, makes it hard for them to stop or prevents them from stopping, uses their alcohol or other drug use as a way to control them, or does other hurtful things related to their alcohol or other drug use. Does this sound like anything you might be experiencing?”
- For more examples, see companion quick reference resource.



SURVEY FINDINGS: DISCREDIT SURVIVOR

Other results of the survey
found abusive partners:²⁸

- Discredit survivors with friends, family, helping professionals, and in the courts.



SURVEY FINDINGS DISCREDIT SURVIVOR

- Use the survivor's substance use to undermine and discredit the survivor with sources of protection and support.
- Leverage a survivor's substance use to manipulate police or influence child custody decisions.
- Attempt to access medical records to use against the survivor in court cases.²⁹



DISCREDITING STRATEGIES FROM SURVEY³⁰



- 37.5% said that a partner or ex-partner had threatened to report their substance use to someone in authority to keep them from getting something they wanted or needed (e.g., custody of children, a job, benefits, a protective order).
- 24.4% reported being afraid to call the police for help because their partner said police wouldn't believe them because they were using or that they would be arrested for being under the influence of alcohol or other drugs.

EXPLOITATION FOR PERSONAL/FINANCIAL GAIN



- Substance use coercion can include survivor's risk for being coerced into illegal activities, unwanted sex, and exploitation/trafficking under the threat of forced withdrawal for financial gain.³¹
- 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.

OPIOIDS AND EXPLOITATION

- The ability of opioids to dull both physical and emotional pain is often associated with exploitation.



OPIOID USE AND SEXUAL EXPLOITATION

A perpetrator can leverage opioids to:

- Exacerbate a parent's/survivor's vulnerability.
- Be a method to coerce a parent/survivor to submit.
- Be used by the parent/survivor as a mechanism of coping with the physical and mental traumas of being exploited.



PREDATORY SEXUAL VIOLENCE/TRAFFICKING

- On the mental health side, exploitation victims (particularly trafficked women and girls) are at high-risk for suicide from the emotional and physical violence that they are experiencing.³²
- Some survivors turn to opioids and other drugs after their exploitation as a way of numbing the emotional pain.



HELPING PROFESSIONAL REMINDER

- *"If you take away substances and don't deal with the trauma and pain underneath, then you leave [survivors] completely bare and exposed, with no anesthesia." Angela Browne speaking at the Faces of Family Violence and Trauma conference, New Haven, CT, May 12, 2000³³*

HELPING PROFESSIONAL GUIDANCE: QUICK REFERENCE RESOURCE COMPANION

- Given the many forms of DV 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 see the companion quick reference resource associated with this module.

FOR QUESTIONS OR FOR ADDITIONAL INFORMATION



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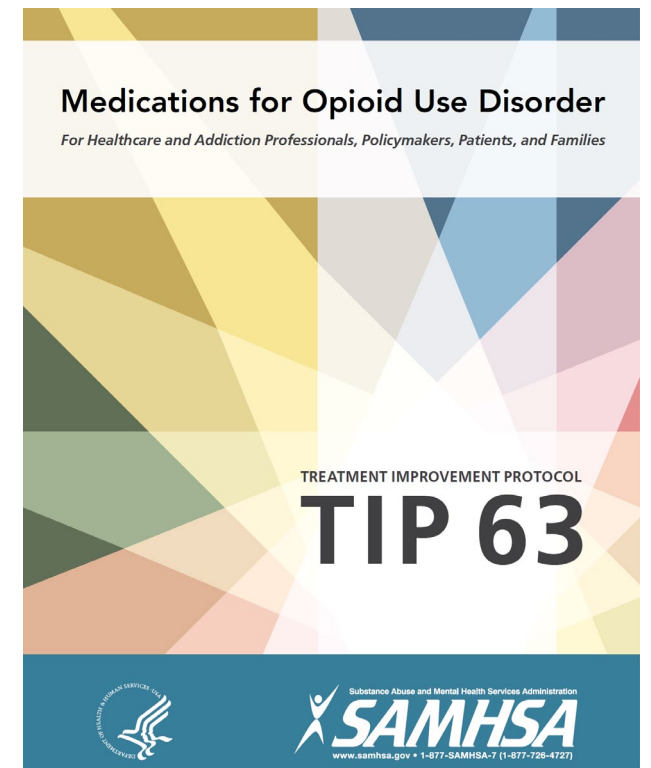
<http://www.training.fadaa.org/>

Child Welfare & Family Court Opioid Use Disorder Trainings

The Florida Alcohol and Drug Abuse Association in partnership with the Department of Children and Families offers a series of training modules designed for Child Welfare Protective Investigators, Child Welfare Case Managers, Florida Judges, Judiciary Staff and Child Welfare Stakeholders. These comprehensive modules focus on increasing understanding of the opioid crises in Florida, the effects on family systems, and how to engage recovery resources. The trainings were funded by the federal State Targeted Response to the Opioid Crisis (O-STR) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA).

RESOURCES

- SAMHSA. (2018). *Medications for Opioid Use Disorder. Treatment Improvement Protocol (TIP) Series 63*, HHS Publication No. (SMA) 185063FULLDOC. Rockville, MD: SAMHSA. Retrieved from <https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Documents-Including-Executive-Summary-and-Parts-1-5-/SMA18-5063FULLDOC>



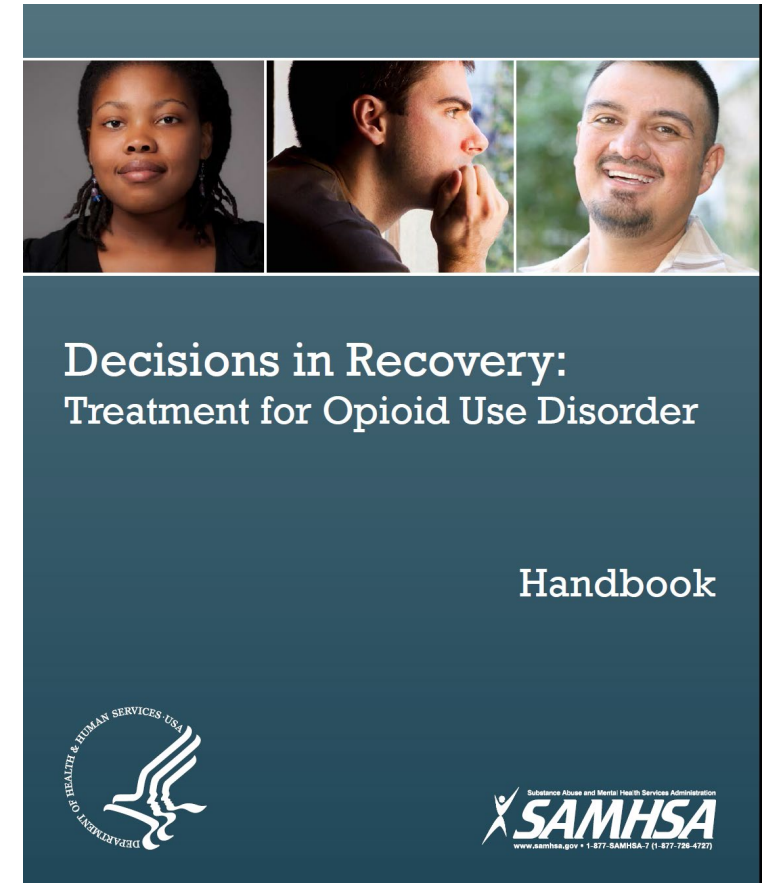
RESOURCES

- SAMHSA. (2018). *Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants*. HHS Publication No. (SMA) 18-5054. Rockville, MD: SAMHSA. Retrieved from <https://store.samhsa.gov/product/Clinical-Guidance-for-Treating-Pregnant-and-Parenting-Women-With-Opioid-Use-Disorder-and-Their-Infants/SMA18-5054>



OTHER RESOURCES

- SAMHSA. (2016). *Decisions in Recovery: Medications for Opioid Use Disorder*. HHS Publication No.(SMA)16-4994. Rockville, MD: SAMHSA. Retrieved from <https://store.samhsa.gov/product/Decisions-in-Recovery-Treatment-for-Opioid-Use-Disorders/SMA16-4993>



CITATIONS

1. Theresa's Fund. (2019). *The Lingo of Domestic Violence*. Retrieved from <https://www.domesticshelters.org/articles/identifying-abuse/the-lingo-of-domestic-violence>
2. 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
3. Ibid.
4. Becker, K.D., Stuewig, J., & McCloskey, L.A. (2010). Traumatic stress symptoms of women exposed to different forms of childhood victimization and intimate partner violence. *Journal of Interpersonal Violence*, 25(9), 1699-1715. Retrieved from https://www.researchgate.net/profile/Kimberly_Becker/publication/40812473_Traumatic_Stress_Symptoms_of_Women_Exposed_to_Different_Forms_of_Childhood_Victimization_and_Intimate_Partner_Violence/links/551199fa0cf20bfdad4ed35e/Traumatic-Stress-Symptoms-of-Women-Exposed-to-Different-Forms-of-Childhood-Victimization-and-Intimate-Partner-Violence.pdf?origin=publication_detail

CITATIONS

5. 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
6. Hser, Y.I., Evans, E., Grella, C., Ling, W., & Anglin, D. (2015). Long-term course of opioid addiction. *Harvard Review of Psychiatry*, 23(2), 76-89. doi: 10.1097/HRP.0000000000000052. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/25747921>
7. Futures Without Violence. (2018). *Health eBulletin*. Retrieved from <https://www.futureswithoutviolence.org/wp-content/uploads/Health-eBulletin-DVAM-18.pdf>
8. Smith, P.H., Homish, G.G., Leonard, K.E., & Cornelius, J.R. (2012). Intimate partner violence and specific substance use disorders: Findings from the National Epidemiologic Survey on Alcohol and Related Conditions. *Psychology of Addictive Behaviors*, 26(2), 236-245. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3883081/pdf/nihms535008.pdf>

CITATIONS

9. 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
- 10-11 Ibid.
12. NCDVTMH. (2011). *Representing Domestic Violence Survivors Who Are Experiencing Trauma and Other Mental Health Challenges: A Handbook for Attorneys*. Retrieved from <http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/AttorneyHandbookMay282012.pdf>
13. Substance Abuse and Mental Health Services Administration. (2018). *Medications for Opioid Use Disorder. Treatment Improvement Protocol (TIP) Series 63, HHS Publication No. (SMA) 185063FULLDOC*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document-Including-Executive-Summary-and-Parts-1-5-/SMA18-5063FULLDOC>

CITATIONS

14. Ibid.

15. 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

16–30 Ibid.

31. Futures Without Violence. (2018). *Health eBulletin*. Retrieved from <https://www.futureswithoutviolence.org/wp-content/uploads/Health-eBulletin-DVAM-18.pdf>

32. Administration for Children and Families, National Human Trafficking Resource Center (n.d.). Sex Trafficking Fact Sheet. https://www.acf.hhs.gov/sites/default/files/orr/fact_sheet_sex_trafficking.pdf

33. Quote from Angela Browne speaking at the Faces of Family Violence and Trauma conference, New Haven, CT, May 12, 2000. Retrieved from <https://www.dhs.state.il.us/page.aspx?item=38459>