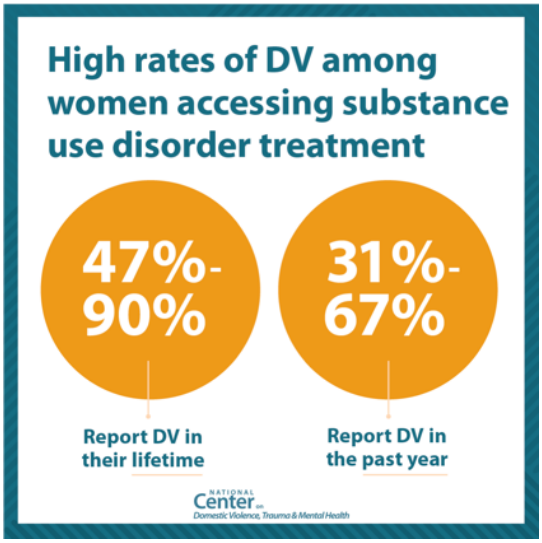
NATIONAL CENTER ON DOMESTIC VIOLENCE, TRAUMA, AND MENTAL HEALTH

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



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.

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 themself 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 insurance coverage may compromise a survivor's safety.

Antidotes:

- Strive for low barrier services. Reduce wait times and increase same-day availability, including the ability to accommodate walk-ins.
- Offer mobile outreach, treatment, and recovery support services.
- Address resource barriers (childcare, transportation, housing, etc.).
- Collaboratively strategize with survivors to support safe engagement in services.
- Increase flexibility in scheduling and accommodate rescheduling needs.
- Actively link to a new provider or location if a survivor requests it.
- Collaborate with local domestic and sexual violence advocacy programs.
- Implement best practices to minimize the use of administrative discharge.

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2) Using Sequential Approaches to Trauma and Substance Use Disorders

Risks and Barriers:

- **Turning survivors away** from services and telling them to address the IPV first (or vice versa)
- **Silencing survivors** by saying that substance use services are not places to talk about abuse and trauma: Telling survivors that these experiences should be discussed elsewhere or only later in recovery is harmful in both treatment and recovery spaces.

Antidotes:

- Offer evidence-based integrated services for trauma and substance use disorders.
- Train all staff and volunteers on trauma, IPV, and sexual violence.
- Employ peer-based recovery support specialists.

Not talking about abuse or trauma is a risk to my recovery.

A survivor who was told she couldn't talk about her trauma until she was in "recovery maintenance"

3) Using Approaches that Disregard Contextual Factors

Risks and Barriers:

- **Focusing on personal accountability** presents a barrier to recovery and can increase danger for survivors. It comes across as victim-blaming and can be retraumatizing.
- **Blaming the abuse or trauma on substance use** or implying that the abuse will cease once a person is abstinent from substances: These are forms of victim-blaming and also common abusive tactics of substance use coercion.
- **Drug refusal and assertiveness training** disregards the realities a survivor may face and can increase their danger. This is also a subtle form of victim-blaming because it implies that a survivor is too passive or too aggressive, ignoring the fact that appearing passive or aggressive is likely part of what has helped that person to survive.
- **Only focusing on autonomy and internal motivation** without also coming from a place of empathy and partnership, as well as offering holistic services: While focusing on internal motivation is vital to supporting self-defined priorities and solutions, doing so without empathy or an understanding of external factors (such as ongoing abuse) can set someone up for failure and result in greater shame and danger.

Antidotes:

- Empathize, seek to understand a person from their own point of view.
- Partner and collaborate; approach each person as the expert on their life.
- Support recovery capital; use approaches that are sensitive to the social-environmental context.
- Integrate attention to IPV and other safety needs into all aspects of treatment and recovery services.

What's <u>your</u> role in that?

Many survivors heard this after sharing their experiences of abuse with a trusted counselor or recovery support; they found this response deeply harmful.

COMMON FORMS OF

SUBSTANCE USE COERCION

- **Deliberately introducing a partner to substances**
- **Forcing or coercing them to use**
- **Interfering with their access to treatment**
- **Sabotaging their recovery efforts**
- **Leveraging the stigma associated with substance use to discredit them with sources of safety and support**

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4) Requiring Participation in Mutual Aid Recovery Groups (Twelve Step, SMART Recovery, etc.)

Risks and Barriers:

- A survivor may be required to attend groups with people who have abused or assaulted them in the past. Gender-specific groups are not necessarily safe, as people may have been abused by someone of the same gender.
- A survivor in early recovery may be targeted by a more senior group member who seeks to exert power over them, including physical, sexual, emotional, and financial forms of abuse.
- In-person groups may not be safe (stalking) while tele-based groups could also pose a risk (tech-based abuse).
- While many survivors have shared positive experiences with participating in Twelve Step programs, some aspects can be harmful if not adapted to the unique experiences of survivors:

Step 4: Make a "Searching and Fearless Moral Inventory"	**Steps 8 and 9: Make Amends**
Survivors say: Due to the trauma they've experienced, making a moral inventory only deepens their experience of shame, which in turn contributes to ongoing chaotic substance use. **Instead:** Accountability will come as a survivor heals, not before.	**Survivors say:** Being told to make amends to someone who abused them is deeply harmful and keeps survivors from accessing help. This is a way victim-blaming can show up in recovery. **Instead:** It was healing for survivors to hear that they did not need to make amends to someone who had harmed them because the person being harmed is never at fault for the abuse.
Slogans about "Insanity"	**"First Things First" Slogan**
These can be harmful because of the nearly universal presence of gaslighting as part of IPV, including calling a survivor "crazy," blaming a survivor's mental health for the abuse, and intentionally trying to convince a survivor that they cannot trust their own sense of reality. **Instead:** Experiencing empathy and validation is healing. Survivors can then embrace that they are doing their best in this moment.	What comes first? Safety? Recovery? This can be harmful because it implies that the abuse and danger a survivor faces will be resolved if they engage in recovery. Not only is this false, but it can imply that a person's substance use is to blame, which is a harmful and dangerous message for survivors. **Instead:** Meet people where they are. People are experts on their own lives; survivors know best what would be helpful and safe at this time.

Antidotes:

- Embrace multiple pathways of recovery and support self-directed recovery.
- If the person is interested, share information on a variety of traditions and resources, without any implied expectation that people must or should attend.
- Remember that mutual aid traditions support freedom of choice. Requiring attendance or participation is not aligned with any mutual aid tradition.

What was most helpful to you in recovery?

Hearing from my counselor: "You don't have to go to AA or forgive anyone."

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5) Unknowingly Including an Unsafe Partner in SUD Services

Risks and Barriers:

- **Conjoint, couples, or family-based** services may include an unsafe partner without the provider realizing the partner is unsafe; this is a barrier to engagement and poses safety risks.

Antidotes:

- Build safety in service relationships and environments so survivors feel safe talking about their experiences.
- Engage in private conversations with survivors about their social supports prior to including their social supports in services.
- Provide information on and ask about experiences of substance use coercion.
- Be aware of how someone's partner may try to interfere with their services. This can be subtle (such as promising transportation and then not providing it) or more obvious (such as trying to turn the provider against the person).

6) Coercive Services: Attempting to Exert Power Over People Accessing Services

Risks and Barriers:

- **Undermining personal decision-making and limiting choices** replicates the gaslighting and control tactics a survivor experiences from a partner. Trauma-informed services work to maximize a person's voice and choice. A common example of this undermining is when services communicate that a person is not able to make their own decisions until they are sober.
- **Abstinence-only services** are not aligned with person-centered and recovery-oriented approaches; abstinence may in fact increase danger for a survivor.
- **Defining people's needs and goals for them:** Trying to force our problem definition or goals onto a person—for example trying to convince someone that they have a "problem" or trying to "break through denial"—not only replicates abuse, but is not trauma-informed or culturally-responsive.

Antidotes

- Trauma-informed, recovery-oriented, and harm reduction services
- Power with, not power over; supportive structure without power struggles
- A balance of predictability and flexibility
- Relational approaches that are rooted in providers' trustworthiness
- Human rights-based approaches and person-directed recovery: People have the right to experiment with potential solutions and naturally evolve in their self-defined needs and goals.

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7) Not Believing People, Suspiciousness, or Pathologizing Approaches

Risks and Barriers:

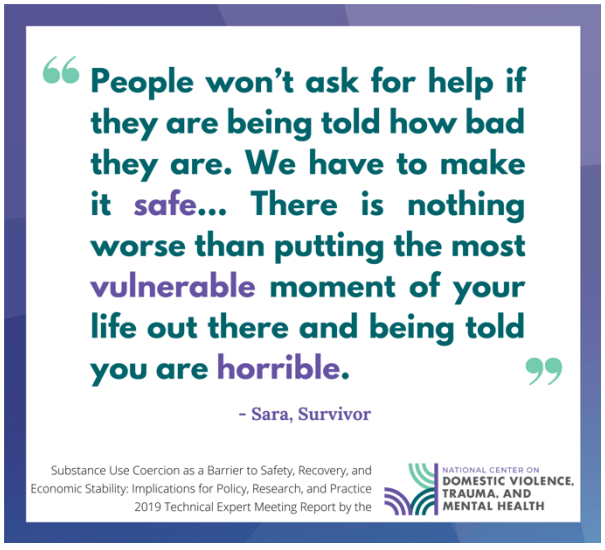
- **Not believing survivors** replicates the undermining and gaslighting that survivors often face in abusive relationships. It is revictimizing and retraumatizing.
- **Toxicology screening** that is non-consensual or used to limit a person's choices or access to services is untherapeutic and dehumanizing.

Antidotes

- Use anti-stigma approaches that are strengths-based and rooted in empathy and collaboration.
- A pragmatic perspective that recognizes the impact of stigma: Understandably, people often feel like they cannot share everything that is happening in their lives.
- QTIP: Quit taking it personally!
- Focus on being trustworthy and recognizing when services come across as judgmental or invasive.
- Respect boundaries: People need to be able to push us away before they can invite us in.
- Appreciate nuance: Believe people in their truth and also understand that reality is complex, peoples' lives are complex, and multiple truths often co-exist.
- Understand what actually builds trust and connection. Offer services that foster trust and connection both with staff and among people accessing program services.

What was most healing for you in treatment?

When a counselor said to me: "Thank goodness you had something to get you through that. No matter what, you are not at fault for someone else's decisions. You deserve to be treated with respect and dignity."



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