



11<sup>th</sup> Annual Tribal Healing to Wellness Court  
Virtual Enhancement Training

Monday June 21, 2021  
12:15pm AKT | 1:15pm PT | 2:15pm MT  
3:15pm CT | 4:15pm ET

# SUBSTANCE USE COERCION IN THE CONTEXT OF INTIMATE PARTNER VIOLENCE: IMPLICATIONS FOR TRIBAL COURTS

PRESENTED BY:

CAROLE WARSHAW

GWENDOLYN PACKARD



## PRESENTERS



**Gwendolyn Packard**

*Training and Technical Assistance Specialist*

National Indigenous Women's Resource Center

[GPackard@NIWRC.org](mailto:GPackard@NIWRC.org)



**Carole Warshaw, MD**

*Director*

National Center on Domestic Violence, Trauma, and Mental Health

[CWarshaw@NCDVTMH.org](mailto:CWarshaw@NCDVTMH.org)





**NATIONAL  
INDIGENOUS**  
WOMEN'S RESOURCE CENTER

National Indigenous Women's Resource Center (NIWRC) is "dedicated to reclaiming the sovereignty and safety of native women"

National Indian Resource Center funded by the Family Violence Prevention Services Administration since 2010

Serving Indian Nations, Alaska native villages, Native Hawaiians and tribal communities

Our mission is "to provide national leadership to end violence against native women by supporting culturally grounded grass-roots advocacy"




U.S. DHHS Administration on Children, Youth and Families, Family and Youth Services Bureau, Family Violence Prevention and Services Program:

Special Issue Resource Center Dedicated to Addressing the Intersection of Domestic Violence, Trauma, Substance Use, and Mental Health

- Comprehensive Array of Training & Technical Assistance Services and Resources
- Research and Evaluation
- Policy Development and Analysis
- Public Awareness






NCDVTMH is supported 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.



# ▶ OBJECTIVES

- Describe common forms of mental health and substance use coercion
- Describe the impact of mental health and substance use coercion on survivors of IPV and their children
- Describe the implications of mental health and substance use coercion for tribal court professionals





# ADDRESSING TRAUMA, MENTAL HEALTH, SUBSTANCE USE AND INTIMATE PARTNER VIOLENCE (IPV)



## WHAT ARE THE CONNECTIONS

IPV has significant health, mental health, and substance use-related effects

There are high rates of IPV and other trauma among people accessing substance use disorder (SUD) treatment

People who abuse their partners actively use substance use issues against their partners as a tactic of control.

IPV impacts survivors' ability to access and engage in substance use disorder treatment.

Substance use is a major cause of child removal

Integrated approaches to IPV, trauma, and substance use are critical to the safety and recovery of survivors and their children





# ▶ WHAT IS DOMESTIC VIOLENCE?

Domestic Violence (DV) is a **pattern of assaultive and coercive behaviors** designed to **dominate and control** a partner through **fear and intimidation**

People who perpetrate DV use a **combination of coercive tactics** that include physical assault, sexual violation, psychological abuse, economic control, social isolation, stalking, deprivation, intimidation, and threats, including:

- Threats and coercion related to deportation, custody, reproduction, disability, HIV status, sexual orientation, gender identity, substance use, mental health, housing, economic stability, and access to services.
- These behaviors **result in physical and psychological harm**



# ▶ PREVALENCE OF IPV IN THE US

## Lifetime IPV, Rape, Stalking or Physical Victimization

- 35.6% of women; 28.5% of men

## Rates are as high or higher among people who are lesbian, gay and bisexual

- 43.8% of lesbian women; 61.1% of bisexual women; 26.0% of gay men; 37.3% of bisexual men; 25%-54% trans individuals\*\*

## Rates are **highest** among **American Indian and Alaska Native communities**

**Women** more likely to experience multiple forms of IPV and to be **more severely affected**



## ▶ IPV HAS SIGNIFICANT MH & SU EFFECTS

**Women:** Increased PTSD, depression, suicidality, chronic pain, insomnia, and substance/opioid use; High rates of IPV among women dx with a SMI

**LGBTQ individuals:** Higher rates of depression and substance use among gay men; Incr. SU associated with gender abuse of transgender women

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



PTSD, Major depressive disorder, Self-harm



Suicide attempts



Substance use disorder



# IPV is Prevalent among People accessing Mental Health and Substance Use Disorder Treatment

## 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

## High rates of DV among women accessing mental health treatment

On average ›

**30%** of women in  
outpatient settings

**33%** of women in  
inpatient settings

**30%-60%** of women in  
psychiatric ER settings

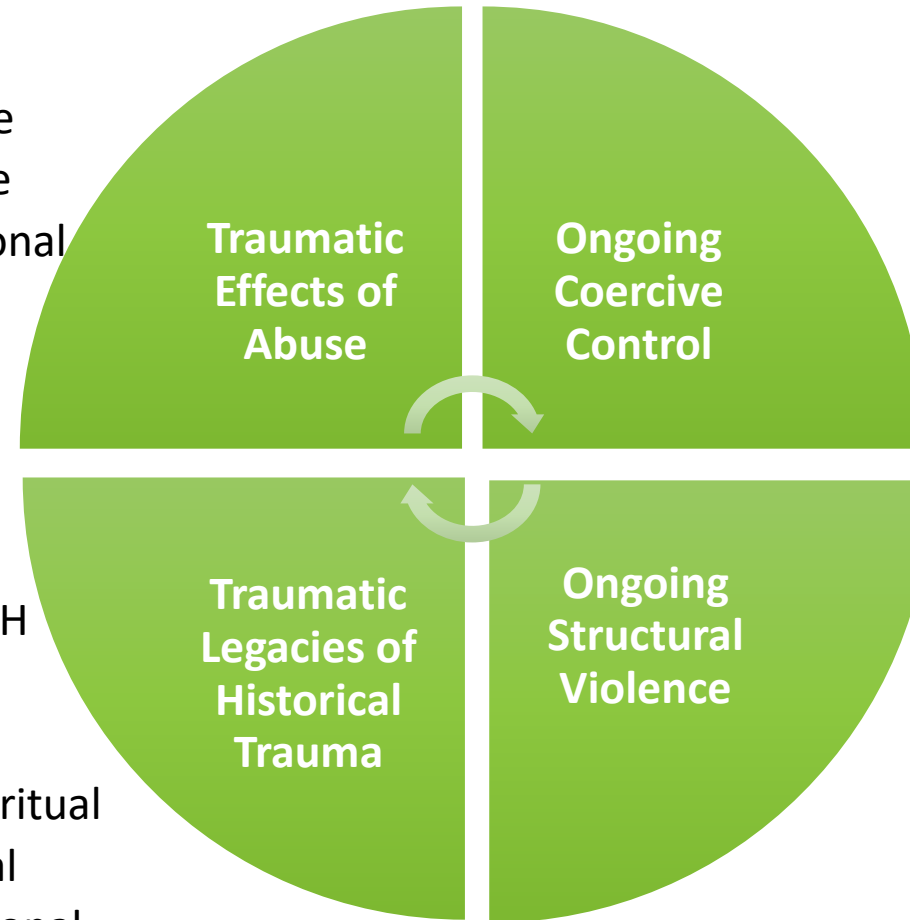
Report victimization by an  
intimate partner



# Trauma, Substance Use, Mental Health and IPV in a Broader Social Context

- Health
- Mental Health/Suicide
- Substance Use
- Intergenerational
- Interpersonal
- Economic

- Health and MH
- Economic
- Social
- Cultural & Spiritual
- Environmental
- Transgenerational



- Undermining Sanity and Sobriety
- Jeopardizing health and wellbeing
- Controlling Access to Resources

- Policies that perpetuate structural violence and discrimination



## Mental Health and Substance Use Coercion Include a Range of Abusive Tactics Designed to:

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



# Mental Health Coercion Survey

National Domestic Violence Hotline & NCDVTMH Survey

N=2,733

- 86% Ever **called “crazy”** or accused of being crazy
- 74% Deliberately did things to **make you feel like you are going “crazy”** or losing your mind
- 52% Ever **sought help for feeling upset or depressed**
- 49% *If “yes”* Has your partner or ex- **tried to prevent or discourage from getting** that help or taking prescribed meds for those feelings
- 50% Partner or ex- ever **threatened to report to authorities that you are “crazy”** to keep you from getting something you want or need (e.g., custody of children, medication, a PO



# Mental Health Coercion Survey: Qualitative Findings

**Undermine Sanity:** Call pathologizing names; “diagnose” partner; attempt to convince others that partner is unstable/mentally ill; gaslighting; blaming the abuse on partner’s mental health

**Treatment Interference:** Attempt to influence diagnosis; coerce partner to overdose and then try to have partner committed

**Control of Medications:** Prevent from taking, force to take (wrong dose/overdose), steal meds, call partner an addict for taking meds

**Threats to Report or Discredit:** Report meds/treatment to influence custody; Use MH diagnoses to make false allegations and obtain protective order





# Substance Use Coercion

National Domestic Violence Hotline & NCDVTMH Survey  
N = 3,224

- 26% Ever **used substances to reduce pain** of partner abuse?
- 27% **Pressured or forced to use** alcohol or other drugs, or made to use more than wanted?
- 15.2% **Tried to get help** for substance use?
- 60.1% **If yes, partner or ex-partner tried to prevent or discourage you from getting that help?**
- 37.5% **Partner or ex-partner threatened to report** alcohol or other drug use to someone in authority to keep you from getting something you wanted or needed?
- 24.4% **Afraid to call the police** for help because partner said they wouldn't believe you because of using, or you would be arrested for being under the influence?



# Introduction to Substances, Coerced Use, and Escalation of Substance Use

- Survivors often introduced to substances by an intimate partner
- Abusive partners play major role in initiation of substance use and escalation of SU problems
- Coercive tactics range from being pressured to use with partner and unable to refuse; being manipulated, threatened or forced into using; being drugged



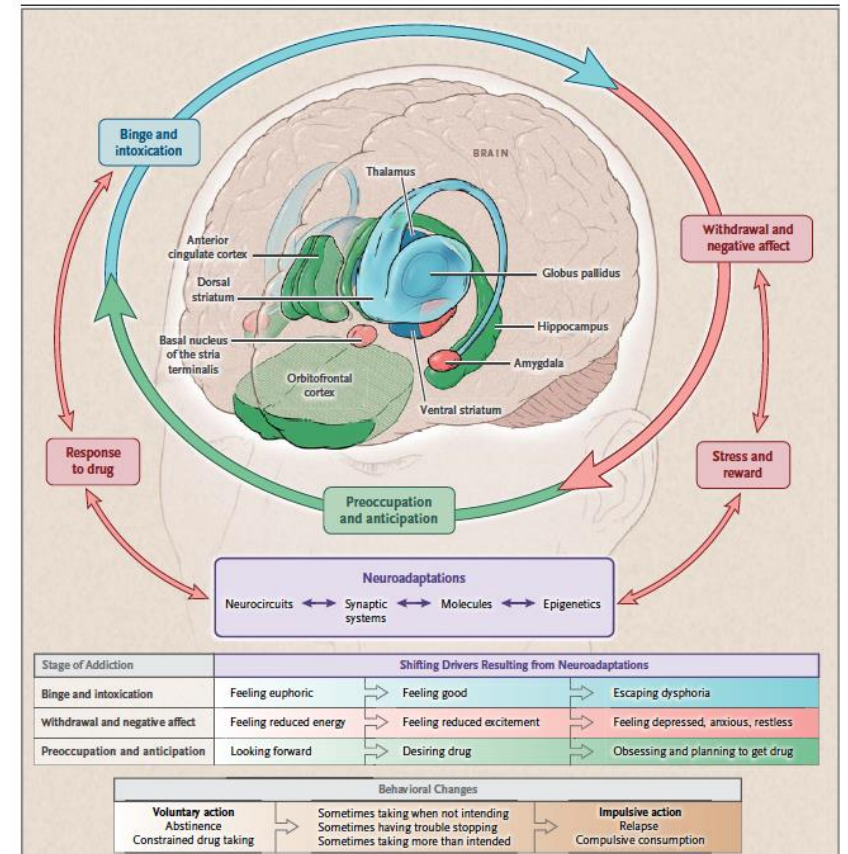
# Substance Use Coercion Survey: Treatment Interference and Sabotage

- Not allowing partner to attend mutual aid meetings (such as AA) or seek treatment; harassing into leaving
- Withholding transportation, childcare, and/or financial resources for treatment
- Keeping substances in the home
- Controlling medications, stealing medications, using medications to coerce or control
- Escalating violence if partner tries to stop using



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

- **Provoking relapse as a tactic of abuse:**
  - Exposure to addictive/rewarding drugs
  - Conditioned cues from the environment
  - Exposure to stressful experiences
- **Involves activation of neural circuitry** (e.g., reward, incentive, salience, and glutaminergic pathways, including pathways involved in the stress response).
- **These can be “deliberately” activated by an abusive partner who engages in substance use coercion**



# Substance Use Coercion Survey Additional Qualitative Findings

- **Blaming Abuse on Partner's Substance Use** and benefiting from stigma and lack of access to services
- **Substance Use-Related Sexual Coercion:** Coerced or forced substance use tied to coerced or forced sex
- **Threats to Report or Discredit:** Reported to judges, police, probation and parole officers, CPS, employers; False allegations; Videotaping



In addition, people who abuse their partners actively try to undermine their partners' relationships with their children, creating risks for their children's health, mental health and well-being.



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



# IPV and Opioids

- IPV increases a person's risk for opioid use.
- High rates of IPV among people accessing OUD treatment:
  - 90% of women accessing services in a methadone clinic had experienced IPV
- Women who experience IPV are at increased risk for relapse and for Opioid OD
- IPV and Opioid ODs have increased during COVID-19
- IPV and substance use coercion create unique risks that directly threaten safety and well-being.



# Substance Use Coercion and Opioids

- Introducing partner to opioids/controlling supply
- Threatening to put a partner into withdrawal
- Coercing partner to engage in illegal activities
- Forcing partner to use unsafely
- Injuring partner to obtain pain meds
- Sabotaging treatment: Stalking at regular MAT appointments; Keeping a partner from meeting treatment requirements; Controlling or diverting meds
- Using opioid history as threat and tactic of control: Custody, CPS, LE, housing, jobs, probation/parole; planting drugs





# Amplification of Risks in the Context of IPV

### **Greater Risk for Over-Prescription:**

- Higher rates of IPV, SV and CSA plus depression, PTSD and painful medical conditions
- More likely to be prescribed opioids for chronic pain (physical and emotional pain), given higher doses, use for longer time

### **Greater Risk for Non-Medically Prescribed Use**

- More likely to self-medicate to manage distressing feelings
- More likely to initiate hazardous use, particularly after introduction by partner

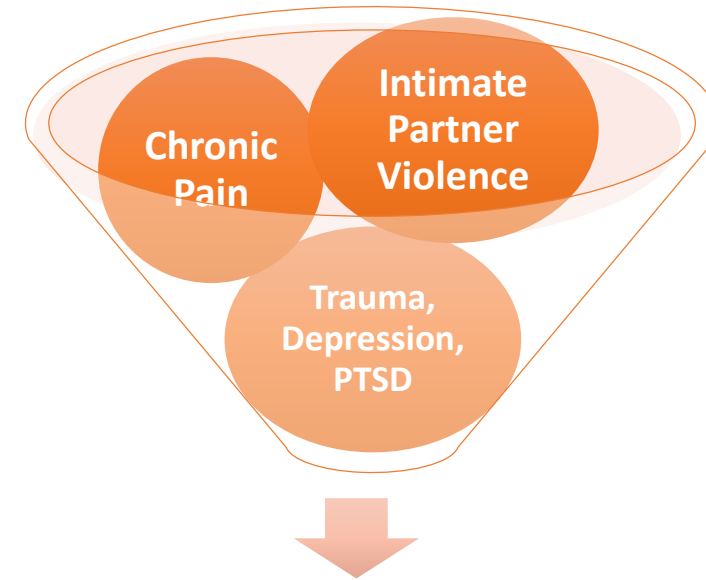
### **Increased Risk for Opioid OD**

- Telescoping
- Barriers to care (stigma, childcare, IPV)
- Opioid-related suicide

### **Opioid Use During Pregnancy and NAS**






## Trauma, Opioids and IPV: Multiple Pathways; Multiple Risks





Over-prescribing, Self-medication, Coerced Use;  
Shorter Time to Addiction; NAS Limited Access to  
Comprehensive TI SU Treatment and Pain Management;  
Sabotaged Recovery; Role of stigma  
Risk for Sexual Coercion and Human Trafficking;  
Risk for Incarceration, Deportation, and CPS Involvement



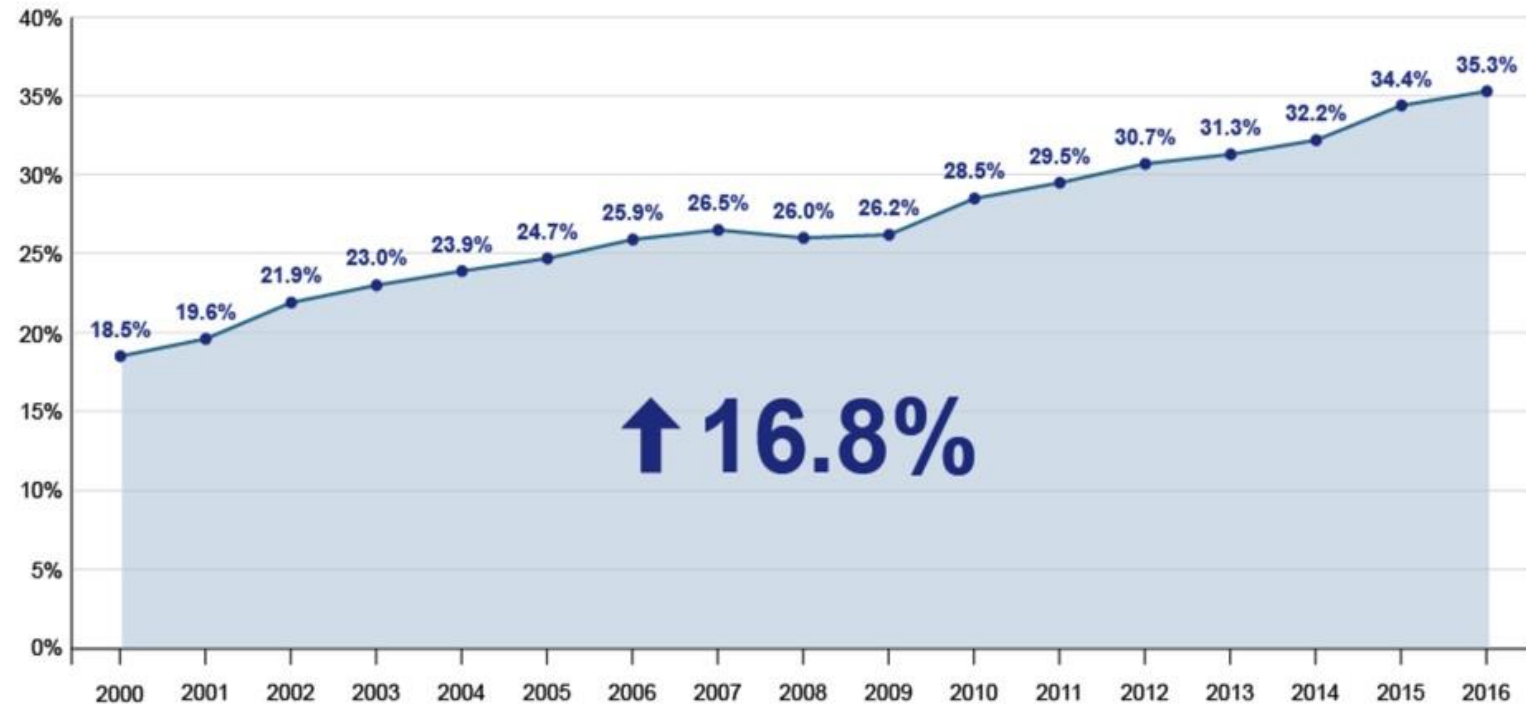


Experiencing a mental health or substance use disorder places individuals at greater risk for being controlled by an abusive partner

**Stigma** associated with mental health and substance use conditions contributes to the effectiveness of abusive tactics and can create barriers for survivors when they seek help. This is further exacerbated by **structural violence**.



# Prevalence of Parental Substance Use as a Contributing Factor for Removal in the US 2000-2016



Note: Estimates based on all children in out-of-home care at some point during Fiscal Year

Source: AFCARS Data, 2000-2016



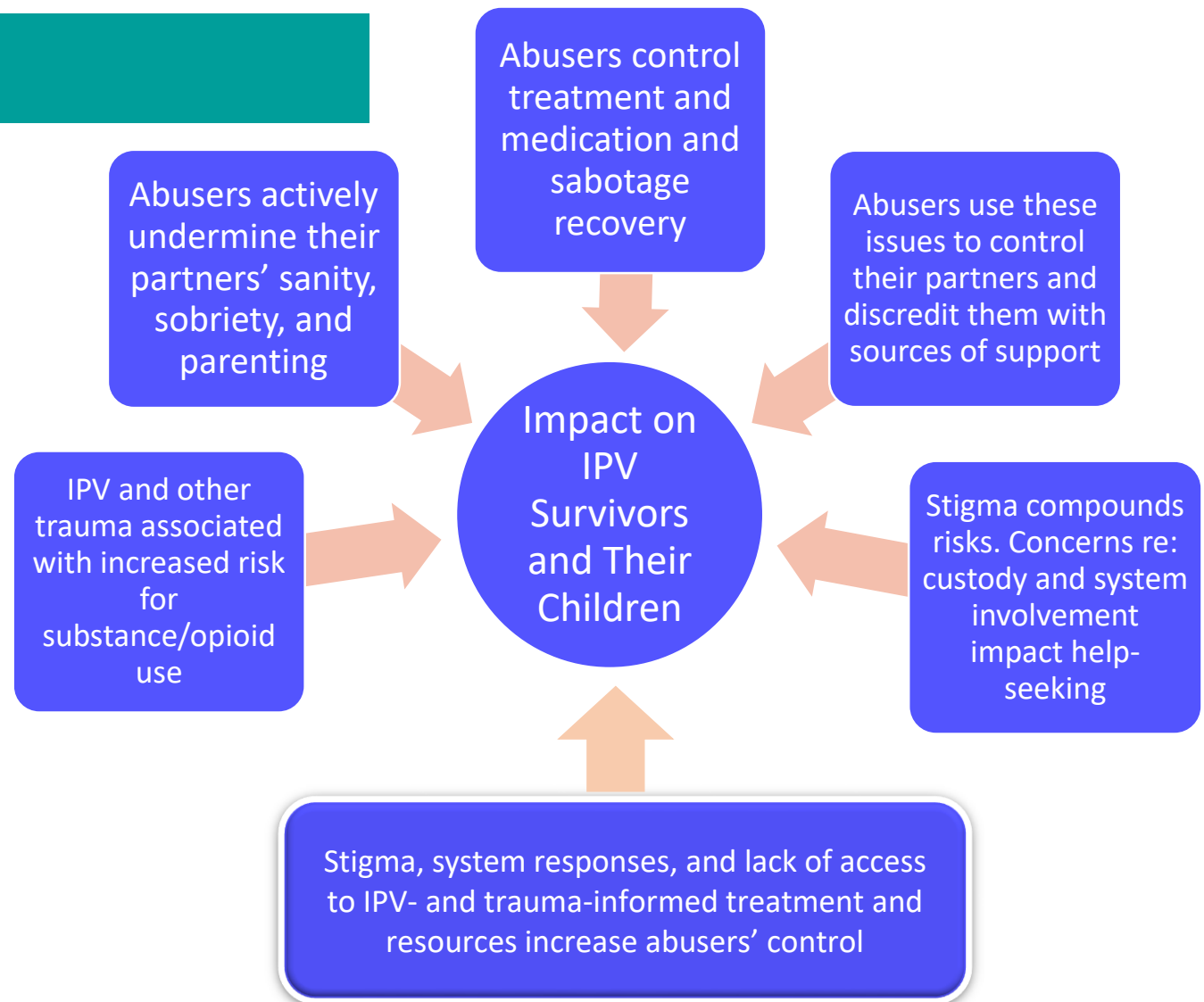
# Implications for Drug Courts

## Justice System Contexts:

- Arrest and incarceration for substance use-related crimes
- Cannot seek help for fear of arrest (or losing children to child welfare)
- Theft, sex work, dealing compelled by induced physiological dependence and/or coerced by abuser
- Survivor is literally left “holding the bag”
- Abusive partner interferes with treatment required by probation, sentencing agreement, or reunification plan



# Trauma, IPV, and Substance Use Coercion: Complex Picture



## COVID-19-RELATED RISKS FOR SURVIVORS OF IPV

### **IPV more frequent and severe\***

- More severe injuries

### **Increase in coercive control**

- Less access to safety and support
- Greater opportunity to exert power and control
- Sabotaging mental health and substance use treatment and recovery

### **Impact on mental health, substance use, suicidality and ODs**

- Increased anxiety, grief, and fear
- Stress of COVID, abuse-related trauma, isolation, finances, and loss
- Lack of access to usual coping strategies, supports, and treatment
- Telehealth-specific barriers: Abusive partner in the home; tech safety concerns



## Recognize the Importance of Partnering with Domestic Violence Services

The uniqueness of the challenges faced by survivors of IPV underscores the need for establishing ongoing partnerships and referral relationships with domestic violence organizations.





# ▶ MENTAL HEALTH AND SUBSTANCE USE COERCION

## A Survivor May

- Be unable to comply with treatment requirements
- Have difficulty keeping appointments
- Face barriers due to stigma/inflexible expectations
- Relapse due to stress trauma, threats, coercion
- Be reluctant to seek assistance or contact police
- Be coerced into engaging in illegal activities.

## An Abuser May

- Try to manipulate your perceptions; Make false allegations
- Prevent partner from participating in treatment; deliberately sabotage recovery efforts
- Coerce partner to use so they will screen positive
- Use MH/SU to undermine partner's credibility, obtain a PO, or access clinical records
- Coerce partner to use or overmedicate, then videotape or put into withdrawal causing them to miss appointments
- Coerce partner into committing a crime & calling LE or probation/parole officer



## ▶ INCORPORATING CONCEPTS INTO ASSESSMENTS

- Has your partner deliberately done things to make you feel like you are “going crazy” or “losing your mind?”
- Has your partner ever forced you to use substances, take an overdose, or kept you from routines that are healthy for you?
- Has your partner ever tried to control your medication or prevent you from accessing treatment? Have they deliberately done things to sabotage your recovery?
- Has your partner blamed you for their abusive behavior by saying you’re the one who is “crazy” or an “addict?”
- Has your partner used your substance use or mental health condition as a way to discredit you with other people?
- Has your partner threatened to take your children away because you are receiving substance use or mental health treatment?
- Has your partner ever coerced you into doing things you didn’t want to do by threatening to put you into withdrawal?



## Ask as Part of a Mental Health or Substance Use History

- Ask about the **relationship of substance use/mental health symptoms to current abuse or previous trauma, including mental health and substance use coercion**
- Ask **how their partner responds when they are using or symptomatic.**
- When discussing **medication and treatment planning**, ask about how they think their partner might respond



# Factor IPV and Substance Use Coercion into Family Court Dispositions

## **Non-offending parent is using substances but children not endangered**

- Safety planning around SU and SU coercion
- Access to SU treatment and wrap around services that factor in SU coercion (but not required)

## **Substance use present and concerns about children**

- Develop plan that incorporates attention to safety and SU coercion and that supports the non-offending parent and children
- Revisit decision once survivor has access to necessary safety and resources including integrated DV/SU services
- Ensure abusive party does not control discourse or perceptions about partner's mental health and/or substance use



# Implications for Policy and Practice

- How can Tribal Courts best factor in the role of MH and SU into their assessment, treatment planning, and decision-making processes?
- How can Tribal Courts incorporate an understanding of substance use coercion and IPV into strategies for responding to the impact of parental substance use on children?
- How can Tribal Courts ensure access to services that incorporate an understanding of MH and SU coercion and IPV?
- What additional partnerships and resources are needed?





PLEASE USE THE CHAT BOX TO SUBMIT YOUR RESPONSE

What can tribal courts do to support the safety and recovery of survivors of IPV?





▶ PLEASE USE THE CHAT BOX TO SUBMIT YOUR RESPONSE

What are some of the barriers related to accessing treatment for people in your community?





PLEASE USE THE CHAT BOX TO SUBMIT YOUR RESPONSE

How familiar do you think the people who work in your tribal court are with the concepts of mental health and substance use coercion?







PLEASE USE THE CHAT BOX TO SUBMIT YOUR RESPONSE

What are the ways that mental health and substance use coercion come up in your tribal court?





PLEASE USE THE CHAT BOX TO SUBMIT YOUR RESPONSE

To what extent have mental health and substance use coercion been a factor in cases you have seen?





PLEASE USE THE CHAT BOX TO SUBMIT YOUR RESPONSE

- How could information about substance use coercion be helpful in tribal court cases when victims/survivors of IPV and SU coercion:
  - Have been charged with substance use-related crimes?
  - Are involved in the children protection system?
- Are there other situations in which this information could be helpful?





**Gwendolyn Packard**

*Training and Technical Assistance Specialist*

National Indigenous Women's Resource Center

[GPackard@NIWRC.org](mailto:GPackard@NIWRC.org)

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



**Carole Warshaw, MD**

*Director*

National Center on Domestic Violence, Trauma, and Mental Health

[CWarshaw@NCDVTMH.org](mailto:CWarshaw@NCDVTMH.org)

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





PIDAMAYA!  
THANK YOU!

[www.Home.TLPI.org](http://www.Home.TLPI.org)  
[info@TLPI.org](mailto:info@TLPI.org)

