

Overview of Substance Use Coercion and Family Court (U.S.)

Carole Warshaw MD, Director
National Center on Domestic Violence, Trauma and Mental Health

Substance Use Coercion and Family Law Webinar University of Manitoba February 8th, 2023

©ncdvtmh

1



Domestic Violence, Trauma & Mental Health

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 and Technical Assistance Services and Resources
- Research and Evaluation
- Policy Development and Analysis
- Public Awareness

©ncdvtmh

Overview and Framework for Thinking About Substance Use, Mental Health, Trauma, and IPV in the Context of Family Law

©ncavtmi

3

Substance Use, Mental Health, Trauma, and IPV: What Are the Connections?

- IPV has significant mental health (MH) and substance use (SU)related effects
- There are high rates of IPV and other trauma among people accessing MH and substance use disorder (SUD) treatment
- People who abuse their partners actively use MH and SU issues against IPV survivors as a tactic of control
- Substance use is a major causes of custody loss/child removal
- Factoring of MH/SU coercion into case dispositions and integrated approaches to IPV, MH/SU, and trauma are critical to the safety and healing of survivors and their children

©ncdvtmh

Intimate Partner Violence Has Significant Mental Health and Substance Use Effects

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

attempts

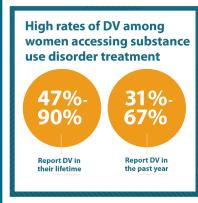
Substance use disorder

©ncdvtmh

Wagner et al., 2009; Bennett et al., 1994; Hemsing et al., 2015; Smith et. al., 2012; Ogle et al., 2003; Eby, 2004; LaFlair, et al., 2012; Bueller et al., 2014; Nuttrock et al., 2014; Nathanson et al., 2012; Lipsky et al., 2008; Breiding et al., 2014; Bonomi et al., 2009; Gonzalez, et al., 2014; Khalifeh, et al., 2015; Friedman et al., 2007

5

IPV is prevalent among people accessing mental health and substance use disorder treatment



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

Rivera et al. 2015 (NCDVTMH); Phillips et al. 2014 (NCDVTMH

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...

oncavani.

7

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

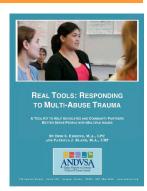
- Undermine a partner's sanity and sobriety
- Control a partner's access to treatment
- Sabotage a partner's recovery efforts
- Discredit a partner with potential sources of protection and support and jeopardize custody
- Exploit a partner's mental health or substance use for personal or financial gain

©IICUVIIIII

Q

IPV survivors and advocates have been talking about these forms of abuse for many years



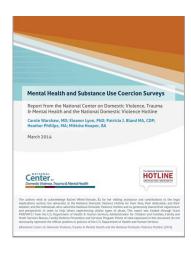


Qualitative descriptions of these tactics also appear in a number of research studies

9

©ncdvtmh

NDVH/NCDVTMH Mental Health and Substance Use Coercion Surveys



First large quantitative study of mental health and substance use coercion

10

		Mental Health Coercion Survey National Domestic Violence Hotline and NCDVTMH Survey			
				N=2,733	
	•	86%	•	Ever called "crazy" or accused of being crazy	
	•	74%	٠	Deliberately did things to make you feel like you are going "crazy" or losing your mind	
	٠	53%	•	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)	
cdvtmh				Warshaw C., Lyon E., Bland P., Phillips H., Hooper M., NCDVTMH/NDVH, 2014	

11

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?

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?

Warshaw C., Lyon E., Bland P., Phillips H., Hooper M., NCDVTM/TheHotline, 2014

13

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



©ncdvtmh

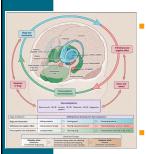
Roberson, 2017; Amaro et al., 1995; Macy et al., 2013; Rothman et al., 2018; O'Brien et al., 2016, Warshaw et al., 2014

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

15

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

ASAM (Hajela et al., 2011); Warshaw et al, 2014

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

©ncavtmr

17

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

©**ncdvtm**h

Engstrom, et al., 2012, Rivera et al., 2015; Gilbert, 2019

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, law enforcement, housing, jobs, probation/parole; planting drugs

Bland 2013, Warshaw & Tinnon, 2018

19

©ncdvtmh

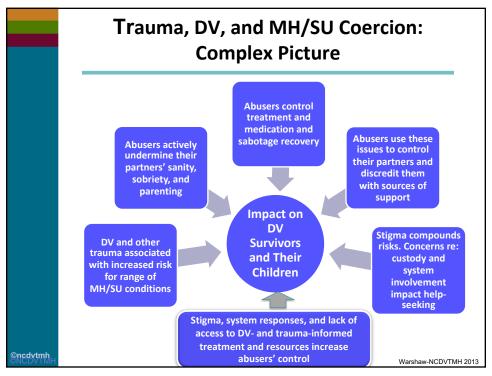
In addition, people who abuse their partners actively try to undermine their partners' relationships with their children, creating risks for their children's health, mental health and well-being.



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

21

©ncdvtmh



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**.

©ncdvtmh

23

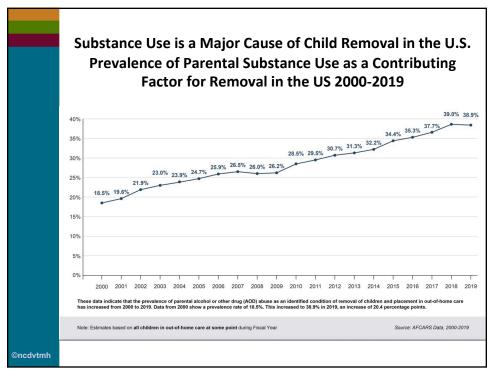
Trauma, Substance Use, Mental Health, and IPV in a Broader Social Context Undermining • Health Sanity and Mental Sobriety Health/Suicide Jeopardizing • Substance Use health and Intergenerational **Traumatic** Ongoing wellbeing Interpersonal Effects of Coercive Controlling Abuse Control • Economic Access to Resources **Ongoing** Health and MH Legacies Structural Violence Policies that • Economic perpetuate **Historical** Social Trauma structural Cultural and violence and Spiritual discrimination • Environmental • Transgenerational ©ncdvtmh

Mental Health and Substance Use Coercion

Impact on Civil and Criminal Legal and Child Welfare System Involvement and Intersection with Family Courts

©ncdvtmh

25



NDVH Surveys

Implications for Family and Dependency Courts

Custody and Permanency: Relevant Data

- 50% (MH coercion survey) and 37.5% (SU coercion survey) said partners threatened to report MH/SU to authorities, including:
 - 72% of callers whose partners prevented or discouraged them from getting mental health treatment
 - 94% of callers whose partners had prevented or discouraged them from getting SUD treatment

Warshaw et al., 2014

27

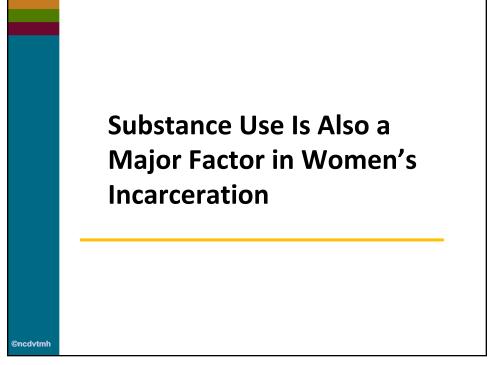
Implications for Family Courts

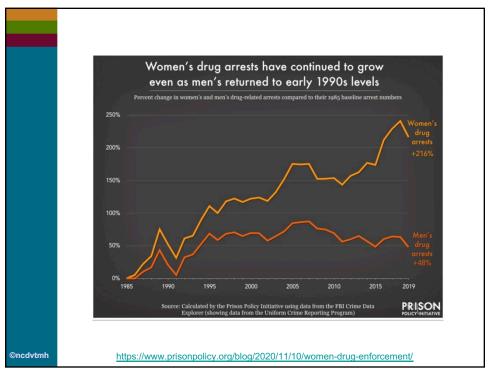
Custody:

- Is the MH/SUD issue a genuine concern?
- Red flags / Things to consider:
 - The party raising the issue (abusive partner) did things to exacerbate the condition or interfere with treatment
 - The party raising the issue (abusive partner) never indicated concern about the children's safety prior to litigation

White-Domain

©IICUVIIIII





Implications for Drug and Criminal Courts

Criminal 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 by SUD and/or coerced by abusive partner
- Survivor is literally left "holding the bag"
- Abusive partner interferes with treatment required by probation, sentencing agreement, or reunification plan
 - Court mandated treatment providers not trained on safe effective treatment for survivor of IPV (sobriety-oriented, random drug testing, rigid treatment requirements)

Increase risk of custody loss

31

©ncdvtmh

Mental Health and Substance Use-Related Stigma Impact Survivors' Credibility

What can Family Courts do to support the safety and recovery of survivors of IPV?

encuviiiii

33

Factor Mental Health and Substance Use Coercion into Assessments and Dispositions

- Consider the role that mental health and substance use coercion may be playing in cases you are seeing
- Recognize "Red Flags:" Abusive partner raising MH or SU as an issue; Challenges following through with court required treatment and services



- Incorporate questions MH and SU coercion into assessments and factor into dispositions; Consider potential role of coercion in + drug screens for survivors and survivors' ability to meet court requirements
- Recognize IPV-related risks to recovery: Maintaining recovery may be difficult while experiencing coercion and threats to safety; Ultimatums, threats, and pressure not helpful to recovery; IPV, SU coercion, stress of leaving, and fear of losing children can impact relapse

34

Recognize How Mental Health and Substance Use Coercion May Come Up

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 and calling LE or probation officer

35

©ncdvtmh

Incorporate Conversations About Mental Health and Substance Use Coercion Into Assessments When Mental Health or Substance Have Already Been Raised as an Issue

Incorporate Conversations About Mental Health and Substance Use Coercion Into Your 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?

37

©ncdvtmh

Factor IPV and Substance Use Coercion into Family and Dependency 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

Obtain Informed Consent Before Drug Testing Pregnant Individuals or Neonates

Statement by the American College of Obstetrics and Gynecology

"Before performing any test on the pregnant individual or neonate, including screening for the presence of illicit substances, informed consent should be obtained from the pregnant person or parent.

This consent should include the medical indication for the test, information regarding the right to refusal and the possibility of associated consequences for refusal, and discussion of the possible outcome of positive test results."

©ncdvtmh

39

Refer Treatment Programs that Address Barriers for IPV Survivors

- Staff are trained on SU coercion, IPV, and trauma
 - Address philosophical barriers for survivors of IPV (e.g. responsibility for their use of substances; non-empowerment-based approach)
- Services are both IPV- and trauma-informed
 - Develop safety protocols to ensure survivors do not have to attend treatment in the same setting as their abusive partner or ex-partner or with others who might not be safe
 - Offer flexible appointment times for survivors receiving MAT
 - Partner with survivors on safe ways to access to treatment and medication; factor substance use coercion into relapse prevention
- Services meet survivors where and how they are
 - Reduce unnecessary restrictions/requirements that prevent those most in need from accessing services; offer harm-reduction approach
 - Provide transportation, childcare, extended stays, intakes at DV programs
 - Harm reduction approach

Collaboratively Strategize Ways to Safely Access Treatment and Services

Discuss:

- Safe communication: Telehealth safety; Safe times and places to receive calls, texts, and mail
- Safe strategies for keeping appointments: Stalking risk, appointment schedules, and treatment alternatives
- Staying connected to services if pressured to leave
- Options for maintaining control of medications
- Legal documents that enable the abusive partner to have control over the person's benefits or care
- Threats to subpoena records, coerce into using, or report substance use
- Informed consent and choice re: drug testing
- Referrals to DV programs

Warshaw and Tinnon, 2018

41

©ncdvtmh

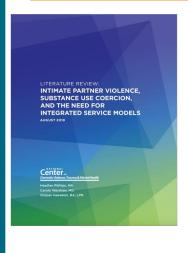
Offer Referral to Comprehensive IPV-Informed Services and Foster Collaborative Approaches

- Integrated Services: IPV-informed Continuum of Care
 - Gender responsive, culturally resonant, LGBTQ2SIA-affirming, 2generation, IPV- and TI services, including detox and NAS/NOWS treatment that address MH/SU coercion, including PPW programs
 - Harm reduction, Recovery Oriented Systems of Care, Syringe Exchange programs; Holistic pain management
 - Resources and support (insurance, transportation, childcare);
 Attention to disparities
- Collaborative Approaches
 - Coordination between DV, Family, and Drug Courts and DV experts
 - Partnerships between MH/SU and DV providers: Training, consultation, and referral; Coordinated, co-located, and/or integrated services

©ncdvtmh

Gilbert et al., 2006, 2016, Myers et al., 2015; 2004 Collins CCADV

Refer to Integrated DV and SUD Services When Possible



- 3 published studies suggest that coordinated and integrated services uniquely benefit survivors and are associated with decreased substance use and, in some instances, reductions in reported experiences of violence
- Integrated services have had limited uptake, highlighting the need to support the development and replication of integrated service models and community-level interventions.

Morrisev et al., 2005: Bennett and O'Brien, 2007: Gilbert et al., 2006

43

©ncdvtmh

Offer Evidence-Based Practices that Address Substance Use, Trauma, and IPV



- Most trauma-informed and trauma-specific approaches focus on past trauma
- There are a handful of SUD treatment modalities that specifically address ongoing IPV
- There are also several treatment models for gender-based violence, trauma, and SUD that have been tested with IPV survivors
- None specifically address substance use coercion, although new models are emerging

Sedgewick, 2020; Warshaw & Tinnon, 2018; Greenfield, 2016; Gilbert et al., 2006, 2016, Myers et al., 2015; Collins, 2015

44

Enhance Effectiveness for People Experiencing Relationship-Based Violence

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



- Psychoeducation about the causes and consequences of IPV, including its traumatic effects
- 2. Awareness of mental health and substance use coercion and sabotaging of recovery efforts
- 3. Attention to ongoing safety
- Cognitive and emotional coping skill development to address trauma-related symptoms and support goals
- A focus on survivors' strengths as well as cultural strengths on which they can draw

45

Questions to Consider

- To what extent have you seen substance use coercion play a role in loss of custody, child removal, and/or incarceration of survivors?
- How can courts best factor in the role of MH and SU into their assessment, treatment planning, and decision-making processes? Into criminal charges for nonviolent substance userelated crimes?
- How could understanding substance use coercion impact statutes related to substance use and child abuse and neglect?
- How can 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 courts ensure access to services that incorporate an understanding of MH and SU coercion and IPV?
- What additional partnerships and resources are needed?

46



violence-a-toolkit/



47

©ncdvtmh

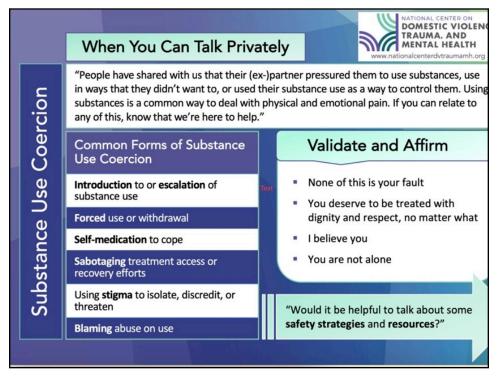
Selected NCDVTMH Resources

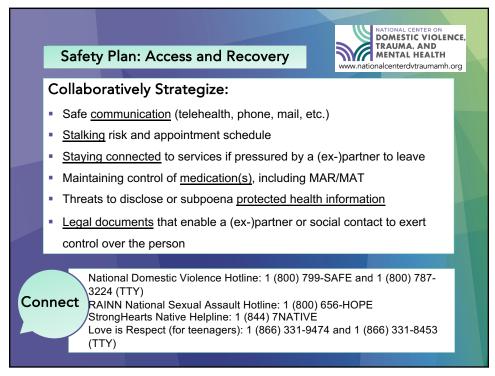
- Resources on Substance Use Coercion:
 http://www.nationalcenterdytraumamh.org/2020/10/new-series-suc/
- Toolkit on Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence: www.nationalcenterdvtraumamh.org/publications-products/coercion-relatedto-mental-health-and-substance-use-in-the-context-of-intimate-partner-
- SAVING LIVES: Meeting the Needs of Intimate Partner Violence
 Survivors Who Use Opioids http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2019/09/SavingLiveReport-May2019.pdf
- SAMHSA/ACF Information Memorandum Calling for Collaboration Between the Mental Health, Substance Use and DV Fields:

 <u>bit.ly/DVcollaboration</u> and Partners' Guide:

 <u>www.nationalcenterdvtraumamh.org/2019/09/new-resource-memo-from-samhsa-and-acf-calls-for-collaboration-on-dv-substance-use-and-mental-health/</u>

©ncdvtmh







NCDVTMH Toolkit on Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence

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



©ncdvtmh

51

7 Common Practices in Substance Use Disorder Care That Can Hurt Survivors and What You Can Do Instead National Center on Practice of Common Pract

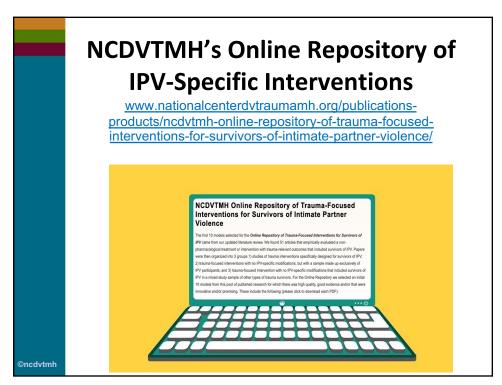


result of the abuse someone faces or coercion to use by a partner. Regardless, this is neither trauma-informed nor considered best practice.

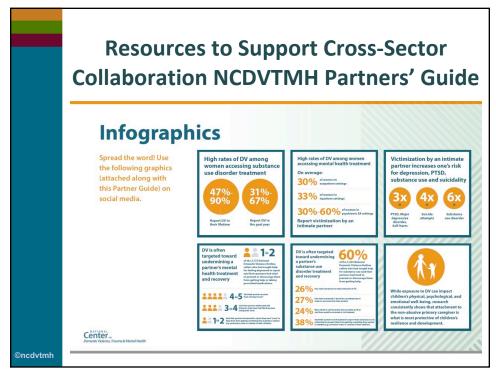
Administrative discharge due to inability to pay: Financial abuse is common and using health

©ncdvtmh









NCDVTMH is supported by Grant #90EV0530 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.



©ncdvtmh

57

Center on Domestic Violence, Trauma & Mental Health

Carole Warshaw MD

P: 312-726-7020 www.nNationalCenterDVTraumamh.org cwarshaw@ncdvtmh.org

Funded by the Family Violence Prevention and Services Program,
Family and Youth Services Bureau.
Administration for Children and Families,
U.S. Department of Health and Human Services