

Substance Abuse in Shelter & Serving Survivors Struggling with Addiction

Tennessee Domestic Violence Shelter Best Practices Manual / Section I

While the state of Tennessee requires that shelters prohibit the use of illegal drugs and alcohol on shelter property, shelter staff come face to face with problems stemming from substance use every day. Survivors may turn to drugs and alcohol to cope with the abuse and pain or they may be forced to use by their abuser. According to the CDC between 40-60% of victims of domestic violence and sexual assault who are seeking services report a substance use problem and more than 90% of addicts seeking treatment report being sexually assaulted at some point in their life.

Survivors with drug or alcohol problems face additional barriers when trying to leave violent relationships. Often perpetrators will sabotage attempts to reduce or stop substance use, force their victims to use or sell substances, and spend family income on substances which places survivors in a financially unstable position. Survivors who use substances may fear the removal of their children, or their partner may act as the only point of supply for substances. These behaviors, combined with those generally associated with domestic violence, dramatically increase a survivor's vulnerability.

For more see the Power and Control Model for Substance Abuse via NNEDV
<http://www.ncdsv.org/images/WomensSubAbusewheelNOSHADING.pdf>

In general, the longer a victim stays in a relationship, the more severe and repetitive the violence becomes. As the violence increases, the victim's substance use risk is likely to rise. It is important that shelters are receptive to survivors who struggle with addiction, and advocates are equipped to work with them. It is important for shelters to have close relationships with alcohol and drug treatment programs in their area, because the greatest success comes from concurrent, holistic treatment that is addressing both safety and substance use. Often a relapse in one area leads to a relapse in the other.

Note that substance use is prohibited on shelter property, but survivors who use substances are not. Survivors who struggle with addiction deserve resources and safety as much as any other survivor.

Social Substance Use ← Continuum of Substance Use → Problem Substance Use

Levels of substance use are fluid and change in response to shifting biological, psychological and social factors. Substance use is often labeled as problematic or not, which does not reflect the more complicated continuum of substance use. Where we are on the continuum does not necessarily depend on the substance we are using. Although the harmful effects of illicit substances tend to appear more quickly than the effects of some legal substances, such as alcohol and tobacco, the latter can have lethal long-term health consequences as well. It is also possible to overdose on prescribed medications or to become overly reliant on legal substances, like caffeine. The legality of a substance does not necessarily

predict where we fall on the continuum, nor does the legality of a substance ensure that there will be no harmful consequences.

Determining when substance use is problematic can be challenging, especially when considering that the level of use may fluctuate as survivors attempt to cope with the violence they experience. Advocates should ask survivors what they need from the program and focus on meeting survivors' needs as they identify them. This means being open to discussing substance abuse concerns and identifying community resources that can help clients address those concerns.

It is important not to make assumptions about the cause of a survivor's behaviors. Nodding off, incoherence, slurred speech and other behaviors can be the result of exhaustion, hearing impairments, head injuries and other effects of violence. Even if these behaviors are related to substance use, these are not dangerous or threatening behaviors and therefore do not warrant asking a survivor to leave shelter. Often survivors who are under the influence of substances are content and stable, because they are engaging in a coping strategy.

If the survivor's behavior is disruptive or there are other residents who are dealing with their own substance use issues, you may want to ask the survivor who is under the influence to go to their room or another private space. This request must be made in a transparent way so as not to seem as though the survivor is being punished for their coping strategy.

When survivors are under the influence of substances, it is not the best time to engage in conversations about safety planning or alternative coping behaviors. The most important thing is that the survivors are safe. Give the survivor time to sleep, to rest and to decide if they want to engage in programming such as case management, safety planning, or treatment referral.

Opioids, Domestic Violence, and Mental Health

In their publication "Mental Health and Substance Use Coercion: Prevalence and Implications for Mental Health and Substance Use Policy" the National Center on Domestic Violence, Trauma, and Mental Health (NCDVTMH) discuss the complex interplay between mental health and substance abuse, specifically the compounding influence of IPV on mental health and substance use disorders.

According to research, domestic violence survivors face a greater risk of experiencing a range of mental health conditions, including depression, PTSD, substance use disorders, and suicidality. In addition, research shows high rates of domestic violence among those receiving services in mental health and substance use treatment settings. In 2012, the National Domestic Violence Hotline collaborated with NCDVTMH to further explore these connections, the research specifically targeted tactics of coercion by abusive partners targeting their partner's mental health and substance use.

The results demonstrate how common it is for abusers to engage in behaviors designed to undermine their partners' sanity and sobriety, control their partner's ability to engage in treatment, and discredit their victims in order to distance and isolate them from support systems. While survivors of domestic violence may use substances to cope with emotional trauma or chronic pain, they may also be coerced

into using by an abusive partner, who then sabotages their recovery and uses their substance use condition to further his or her control.

Further compounding this issues is the ongoing opioid crisis happening across Tennessee and the nation. Many survivors of domestic violence begin their struggles with addiction using prescription drugs to manage their physical pain related to the abuse, or to cope with anxiety, depression, and other mental health concerns caused or worsened by the abuse they have experienced. Even now, with widespread knowledge of the opioid crisis, much of the pain medication prescribed to survivors of domestic violence lends itself to misuse and addiction, particularly when coupled with the compounding factors discussed above.

Like asthma and diabetes, addiction is a chronic, relapsing disease that requires long-term care and management. Research has shown that effectively addressing behavioral health issues like addiction involves four basic elements: promote health and well-being, prevent substance abuse, provide treatment and foster recovery.

Screening can give advocates important framework for how to bring up substance use in discussion with their clients. It is vital to note that screening tools are not meant as a method to bar survivors from receiving services. Remember, struggles with substance use and mental health do not make someone ineligible for shelter or supportive services. Screening tools should be used simply as guiding resources to help advocates feel more comfortable with broaching the subject of substance use.

The CAGE Screening Tool is a very simple, easy to remember set of questions that can help you talk with survivors about substance use.

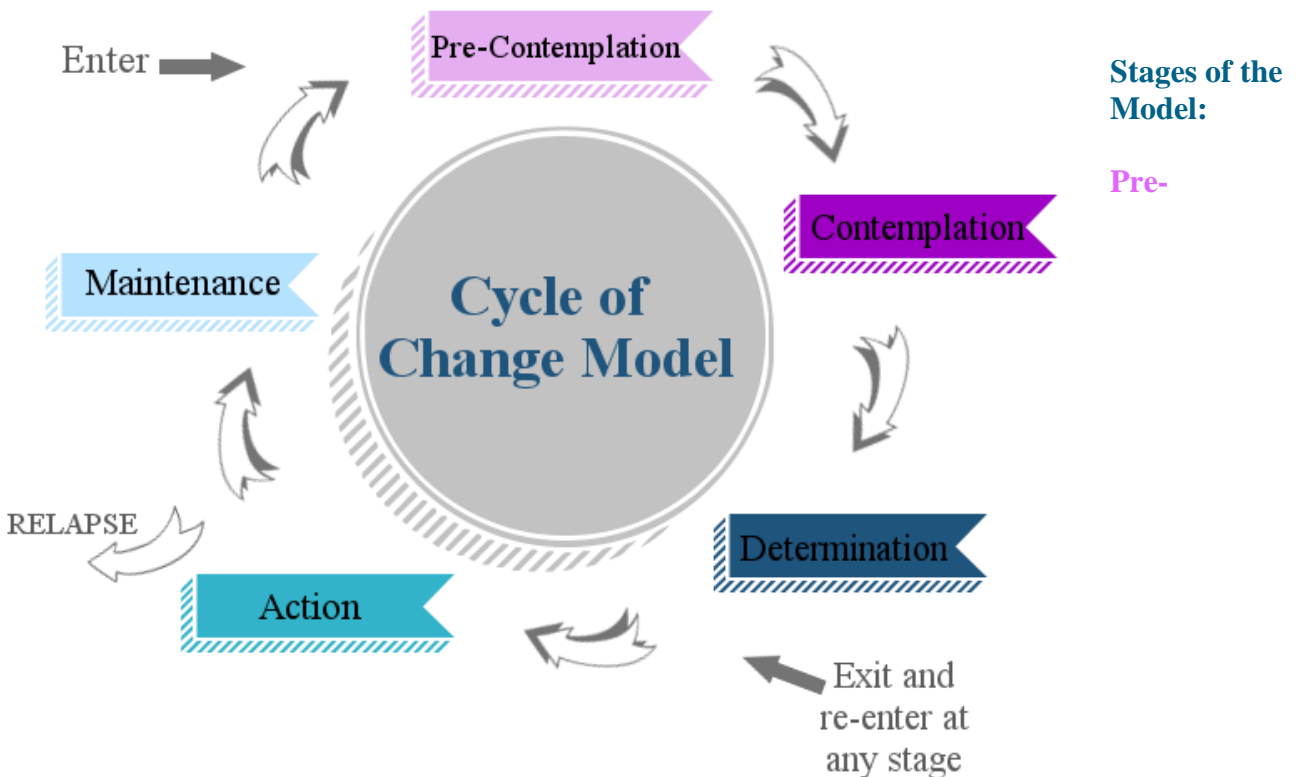
You can view this tools from several sources:

- Johns Hopkins Healthcare-
https://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/CAGE%20Substance%20Screening%20Tool.pdf
- The National center on Alcohol Abuse and Alcoholism-
<https://pubs.niaaa.nih.gov/publications/arh28-2/78-79.htm>
- The Tennessee Association of Alcohol, Drug & other Addiction Services-
<https://www.taadas.org/publications>

Language use can impact our understanding of issues surrounding substance use and may lead to misunderstandings. It may also lead us away from a trauma-informed approach to clients struggling with substance abuse and into a more victim-blaming frame of understanding. When we are unsure of the intent behind certain terms, we can often find ourselves dehumanizing the survivors that we are working with and reducing them to only one set of characteristics.

Instead of...	Use...	Why?
Crazy, Psychotic, Nuts, Bipolar	Person with mental health concerns OR Person living with [diagnosed illness NOT your opinion on mental health]	It's good practice to prioritize the person over any behaviors or illnesses they may have. Calling someone 'crazy' dehumanizes them and prioritizes their behavior over their identity as a person.
Addict/junkie/alcoholic	Person who uses substances	Addiction is a medical term that might not describe or fit right with some clients. These terms also label a person with their substance use first rather than centering the individual as someone who deals with substance use as only one characteristic of their lives.
Clean	Not using/cutting back on substance use	This term associates substance use (and by connection substance users) with being filthy/dirty/unclean.
User	Person who uses substances	Advocates must acknowledge that a person is an individual with many characteristics first, and substance use is only one part of a survivor's life.

Cycle of Change. The cycle of Change theory can be useful in understanding the different stages involved in addressing drug and alcohol use. People have to move through each stage in succession in order to successfully reduce or stop using substances. Most people attempting to stop using substances move around the cycle several times before they become substance free. Advocates can think of this process as very similar to the pattern in which many survivors return to their abuser several times before leaving for good. Similarly, health and safety have a great impact on ending substance dependence.



Contemplation: Client is unaware of a problem, being in denial and minimizing a problem, and presenting excuses for why substances are needed

How to Help Survivors in this Stage:

1. Raise Awareness of the problem in a non-judgmental manner and emphasize the possibility of change.
2. Safety plan with the acknowledgement that substance use impacts survivor’s risks and safety.
3. Help survivor to make links between their substance use and experiences of violence and abuse, especially substances as a tool of power and control.
4. Provide resources local drug/alcohol agencies without judgment.

Contemplation: Client may see some of the negative consequences of substance use but is ambivalent towards change; seesaw of considering and rejecting change.

How to Help Survivors in this Stage:

1. Normalize ambivalence and help to weigh pros and cons of treatment to begin tipping the balance in favor of change.
2. Emphasize the survivor's free choice, responsibility and self efficacy for change.
4. Mirror client's language when talking about substance use, and use client's goals as a tool to talk about positive change.
5. Talk positively about local drug/alcohol agencies.

Determination / Preparation: Client is motivated to make change and looking for ways to change; this is a window of opportunity.

How to Help Survivors in this Stage:

1. Acknowledge the significance of the choice to seek treatment and affirm survivor's ability to change despite the difficult road ahead.
2. Suggest choices for action and help survivor decide most appropriate, achievable path.
3. Discuss survivor's worries & fears.
4. If survivor is fearful about attending a new service, suggest a drug/alcohol worker comes to them at an agreed location.

Action: Client is actively doing things to change and modify behavior but is not yet stable.

How to Help Survivors in this Stage:

1. Cheer on the survivor, celebrate even small victories and milestones.
2. Support survivor in steps to make change.
3. Reinforce that all feelings and difficulties are normal part of treatment journey.
4. Reflect back to goals.
5. Safety plan around possible interference of treatment by abuser.
6. Let the survivor know that relapse is normal and it will not jeopardize their ability to seek services and treatment.

Maintenance: Client continues to maintain behavioral change on a long term basis

How to Help Survivors in this Stage: Help clients to identify and use strategies to prevent relapse e.g. finding activities to keep busy, new sources of pleasure, different ways to seek enjoyment and positive feedback.

Notes on Relapse: The experience of a substance use disorder often includes periodic relapse, or times when a person returns to a pattern of behavior that they have begun to change and steps back to one of the first three stages in the cycle. Strong or overwhelming emotions, both positive and negative, can trigger craving for substances and potentially a relapse, especially in individuals who have few or no healthy outlets to express those emotions.

“A woman may use alcohol or drugs to “stuff” her feelings about the abuse. When she stops drinking alcohol or using drugs, buried emotions may come to the surface. These feelings of pain, fear, or shame can lead to relapse if not addressed.”

(Substance Use/Abuse in the Context of Domestic Violence, Sexual Assault, and Trauma, Bland & Edmund, 2014)

Advocates should remember that survivors in shelter may find the stress of securing safety and meeting their goals overwhelming and this can lead to relapse. Advocates should encourage survivors to start again and not get demoralized. Emphasize that relapse is not a failure but an opportunity to grow.

How to Help Survivors Who Experience Relapse:

1. Help prepare for and expect relapse as a normal part of the recovery process.
2. Avoid demoralization.
3. Urge them to get back onto the track and not give up.
4. Make sure survivors know that relapse doesn't mean they will lose support.

Safety Planning and Harm Reduction with Survivors Who Struggle with Substance Use:

Shelters practice *harm reduction* by providing safe shelter, food and support for survivors who have experienced violence, whether or not they ultimately decide to leave their abuser. **This lets survivors know that they have support no matter what.** Shelters should also assure victims that they will be supported and receive services regardless of past or present substance use.

Harm reduction principles allow survivors to feel safer, which minimizes the risk for increased substance use or relapse. An important piece of safety planning with survivors who have histories of substance use is developing a relapse prevention plan. This includes assuring survivors that they will continue receiving connection and support even after a relapse.

Discussions about substance abuse when safety planning should include:

- The various stressors experienced, not just the violence.
- How has the survivor managed to cope with the violence and other stressors?
- How does the survivor feel about how they have been coping? How has the coping helped? How has it not been helpful? Are they interested in exploring other ways to cope?
- How does the survivor find ways to take care of themselves? How can you support them in this?

Discussion specifically about substance abuse should include:

- How does the survivor feel about their substance use? Does it affect their life?
- Do they see their substance use connected to their experience of violence?
- Does their partner use substances as a means to control them (control their behavior or their supply)?
- Does the abuser use substance use as an excuse for violence?
- Does the survivor think the substance use sometimes gets in the way of safety?

- If Yes, how and in what areas?
- How have they planned for safety, or what have they done to stay safe before?
- How can you help support the survivor in feeling safer?
- Can they use substances with safer people or in safer settings?
- Do they know what types of situations might “trigger” stressors to their substance use?
- What have they done / can they do to deal with those triggers?
 - How can you support the survivor in this?
- Is the survivor interested in making any changes in their level of substance use?
- If so, do they know what changes they would like to make?
- Do they have any idea about how they might make those changes?
- How can you support them in this?
 - Are they interested in talking about their substance use? Is there anyone else they might benefit from talking to about the substance use?
 - Have they accessed supports for substance use in the past?
- What was helpful?
- What has not been helpful?
- How can you help them to find support that they are comfortable with?

Resources:

Association of Maternal & Child Health Programs, *Opioids, Domestic Violence, and Mental Health*, <http://www.amchp.org/AboutAMCHP/Newsletters/Pulse/MayJune2017/Pages/Opioids,-Domestic-Violence-and-Mental-Health.aspx>

National Center on Domestic Violence, Trauma & Mental Health, *Substance Use/Abuse in the Context of Domestic Violence, Sexual Assault, and Trauma*, http://nationalcenterdvtraumamh.org/wp-content/uploads/2015/10/NCDVTMH_PatriciaBland_DebiEdmund_SubstanceUseDVSATraumaCurriculum.pdf

National Center on Domestic Violence, Trauma & Mental Health, *Mental Health and Substance Use Coercion Surveys*, http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2014/10/NCDVTMH_NDVH_MHSUCoercionSurveyReport_2014-2.pdf

Tennessee Association of Alcohol, Drug & other Addiction Services, Free Publications, <https://www.taadas.org/publications>