
Making the Connection: Domestic Violence + Substance Abuse

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Goals for Application

1. Describe the health impacts of violence, including the links between DV and substance use.
1. Describe effective ways to integrate universal education into clinical visits and normalize the conversation about health and DV with all patients.



**DV, SA and HT are
Public Health Issues**

**Have you ever experienced so much stress that
you became physically ill?**

What began to happen to your body?

What are the health complaints you often hear from your patients?

Health Impacts of DSV

- Hypertension
- Low energy, chronic fatigue
- Insomnia + sleep disturbances
- Changes in appetite
- Eating disorders
- Chronic Pain Syndrome
 - Arthritis
 - Fibromyalgia
- Low/no libido
- Diminished oral health
- Vision and hearing impairments
- Headaches + migraines
- Mild to severe GI disorders
 - Stomach ulcers
 - Irritable Bowl Syndrome
- Survivors are more likely to experience:
 - Heart disease
 - Heart attack
 - Stroke

Health Impacts of DSV

- **Sexual and reproductive health impacts**

- Increases risk for unplanned pregnancy
- Poor pregnancy and birth outcomes
- GYN issues

- **Impacts on adolescent health**

- 3.5 times more likely to become pregnant
- High risk sexual behaviors
- Inconsistent or nonuse of protection
- Hx or current STI

- **Behavioral health impacts**

IPV and Substance Use

- **IPV and trauma have significant mental health (MH) and substance use (SU)-related effects**
 - People who access MH and SU treatment services experience high rates of IPV and other trauma
 - People who abuse their partners actively use MH and SU issues against their partners as a tactic of control
 - Both trauma and IPV affect people's access to and experiences of SU and MH treatment
- **Integrated approaches to IPV and SU are critical to the safety and recovery of survivors and their children**

DSV and Substance Abuse

- Intimate partner violence (IPV) is the strongest predictor of alcoholism in married women
- **Women experiencing abuse are:**



2.6 X more likely to use tranquilizers, sleeping pills, or sedatives

3.2 X more likely to use anti-depressants

2.2 X more likely to use prescription drugs

DSV and Substance Abuse

- Higher rates of MH and SU conditions among people who experience IPV

Women	<ul style="list-style-type: none">• Substance abuse 2-6x higher• Increased likelihood of opioid use• Increased PTSD, depression and suicidality
Gay men	<ul style="list-style-type: none">• Higher rates of depression and substance use
Trans women	<ul style="list-style-type: none">• Increased substance use associated with gender abuse

DSV and Substance Abuse

- **High rates of IPV among women in SU and opioid use disorder (OUD) treatment**
 - 47-90% - lifetime DV
 - 31-67% - past year DV
 - 90% of women attending a methadone clinic experienced DV
- **High rates of substance use among people accessing DV services**



Women, Opioids and IPV

- **Greater risk for over-prescription**
 - Higher rates of MH issues and painful medical conditions
 - More opioid prescriptions and higher doses
- **Greater risk for non-medically prescribed use**
 - More likely to initiate hazardous use, particularly after introduction by partner
 - Women with OUD - higher rates of IPV and childhood trauma
 - OUD + depression/PTSD
 - Self medicating to manage distressing feelings
- **Increasingly high risk for opioid OD**
 - Telescoping (shorter time to addiction) and added barriers to care
 - Major risk factor for pregnancy-related death

IPV, Substance Use and HIV/AIDS

- Frequently co-occur and amplify the effects
- SU to cope with or manage symptoms associated with abuse and trauma
- Women who use substances are at elevated risk for violence, abuse and coercion by intimate partners
- Substance use among MSM is correlated with both HIV risk and IPV
- Coercion to engage in high risk behaviors (unprotected sex, sharing needles)

Complex Connections: DV + SU

- Higher rates of chronic pain
- More likely to receive prescription pain medications including opioids
- Self-medication common
- May be coerced into using
- Using increases risk for coercion



17% of abused women
reported that a partner
prevented them from
accessing health care

compared to **2%** of
non-abused women

(McCloskey et al, 2007)

Stop and consider...



Can you think of a time when a patient's presenting health symptoms made you suspect there was a problem of DV, SA or HT but neither you or the patient said anything?

Universal Education

- Opportunity to **reach survivors** who don't or won't disclose
- Adopt simple strategies for integrating **universal education** with routine assessment and trauma-informed response
- Everyone has **30 seconds** to change a life
- Creates a **safe and welcoming space** for survivors to talk about their health and relationships
- Use a **team-based** approach

Moving Beyond Screening

- Shifting from disclosure-based screening to universal education, assessment and brief counseling for DSV with all patients serves as:
 - **Primary prevention** - for those never exposed
 - **Secondary prevention** - for individuals with histories of DSV
 - **Intervention** - for those experiencing DSV (including those who don't/won't disclose)

What We've Learned...



- Patients support assessments
- No harm in assessing for DSV
- Interventions improve health and safety outcomes
- **Patients often do not disclose**
- Missed opportunity to provide support if DSV is not addressed routinely

Screening alone, without a response, is ineffective

(Feder et al, 2014; O'Doherty et al. 2014)

Survivors' Requests...

What do survivors say that they want providers to do and say?

- **Be nonjudgmental**
- **Listen**
- **Offer information and support**
- **Don't push for disclosure**

(Chang et al. 2006)

An easy add to what you already do...

- Simple **evidence-informed** intervention
- Discusses safe and healthy relationships universally
- Helps survivors identify trauma and health impacts, making the connection between their relationship and their health
- Educates survivors on how to help others
- Plants seeds for harm reduction strategies, care and support

CUES

1. Confidentiality
2. Universal Education & Empowerment
3. Support, warm hand-off, follow up



Confidentiality: Do no harm

Before any discussion about DSV, always:

- Understand your reporting requirements
- Talk to clients/patients alone or in a way that makes them feel safe
- Never use a family member or friend as an interpreter, use profession and trained interpreters only
- Disclose the limits of confidentiality



Disclosing Limits of Confidentiality

“Before we get started, I want you to know that everything here is confidential. What that means is that I won’t talk to anyone else about what is happening unless you tell me that you are being hurt physically or sexually by someone or planning to hurt yourself or others.”

Universal Education & Empowerment

1. **Introduce the Card** - Normalize the conversation

- *"Because violence in relationships is so common, I've started giving this card to all my clients."*

2. **Open the Card** - Do a quick review

- *"It's kind of like a quiz. It talks about safe and healthy relationships."*

Universal Education & Empowerment

3. **Make the Connection & Empower** – Help survivors make the link between their relationship and their health
- **“Is this happening in your relationship?”**
 - **“Does any of this sound like your story?”**
 - Offer two cards so patient can help a friend or family member, regardless of disclosure
 - *“We give this to everyone so they know how to get help for themselves if they were to need it, and so they can help others who may need it.”*

Support, Warm Handoffs and Follow-up...

If disclosure happens:

- Assessment and EHR documentation
- Trauma informed response
- Harm reduction strategies
- Warm referral to advocacy services
- Mandatory reporting when appropriate

If disclosure does not happen:

- Information on resources
- Preventative approach
- Offer 2 cards to patients

Steps for Trauma Informed Response

1. Thank them for sharing
2. **Convey empathy and validation** for survivors who are experiencing fear, shame, anxiety or embarrassment
3. Remind them of the limits to confidentiality
4. **Discuss harm reduction** strategies
5. Let them know you will support them **unconditionally and without judgment**
6. Address any immediate safety or health concerns
7. **Refer** to DSV partner for support services
8. Follow up at next encounter

Trauma Informed Response

Disclosure is NOT the goal
Support before report!

Trauma Informed Reporting

First,

- Address the issue they came in for

Then,

- Remind them of the limits of confidentiality discussed at the start of the conversation
- Remind of your priority to keep them safe and your requirement to report
- Invite them to be a part of the process with you

Guidelines for Universal Education

- **How Often?**

- At least once annually, but preferably more often

- **When?**

- At all visits!

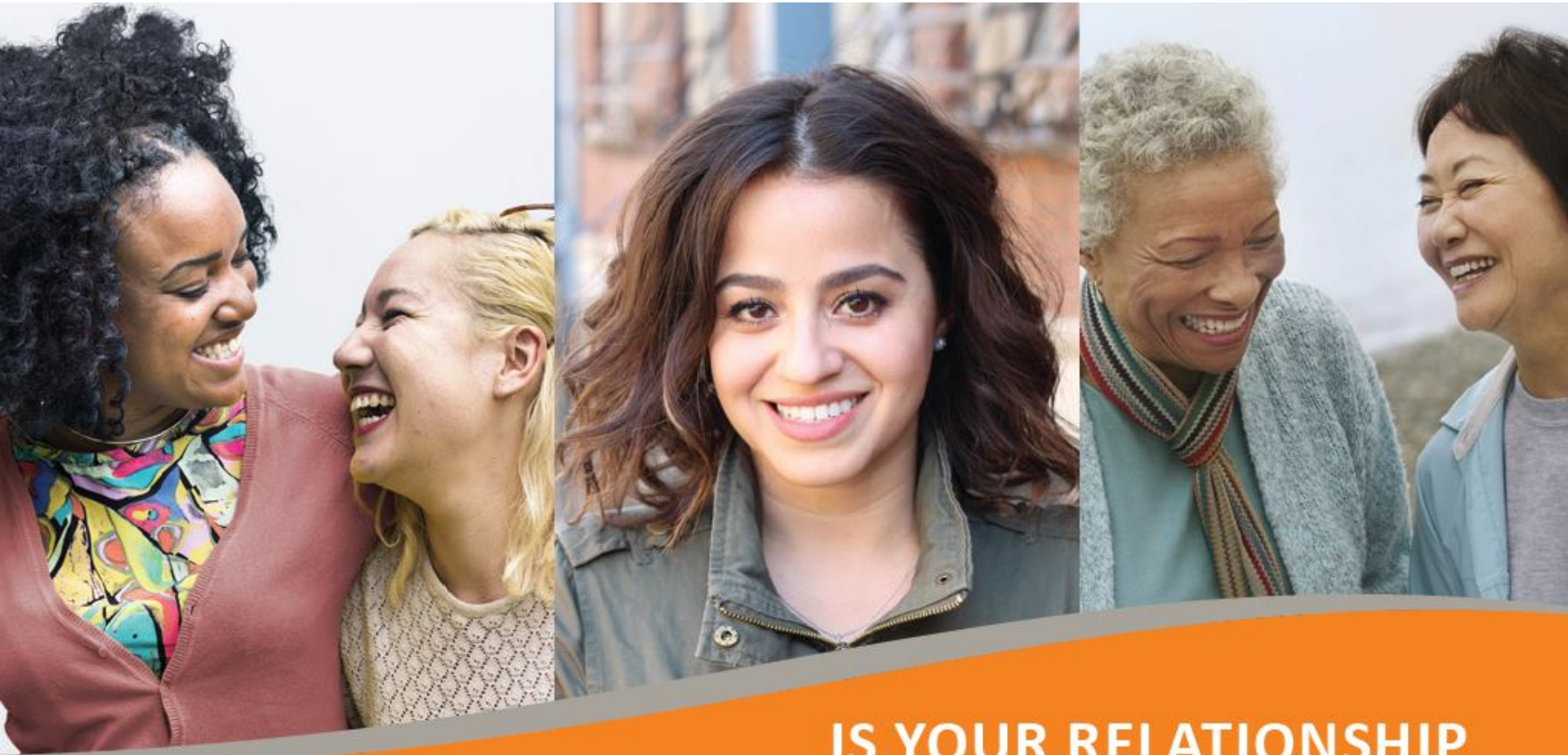
- **Where?**

- When the patient is safe, alone, and comfortable

- **Who?**

- Everyone regardless of age, gender or orientation

General Health Card



**IS YOUR RELATIONSHIP
AFFECTING YOUR HEALTH?**

Adolescent Health Card



HANGING OUT OR HOOKING UP?

STD/HIV + Getting Tested Card



**Sex, Relationships
and Getting Tested: Taking control of your health**

LGBQ Card

**Caring Relationships,
Healthy You**



Trans/GNC Card

Trans/GNC? In a relationship?
Caring Relationships,
Healthy You



You Can Make A Difference!

Women who talked to their healthcare provider about experiencing abuse are:

4 times more likely to use an intervention such as:

- Advocacy
- Counseling
- Protection orders
- Shelter
- Other services

McCloskey et al. (2006)

Health centers are key to violence prevention

Information for promoting domestic violence and health partnerships for domestic violence/sexual assault advocates, and for health centers.

IPVHealthPartners.org

Free training and technical assistance tools

National Health Resource Center on Domestic Violence

- Survivor education / safety cards
- Training curricula
- Clinical guidelines
- State reporting information
- Documentation tools
- Pregnancy wheels
- Posters
- Policy papers
- Online toolkit:



For more information, please visit the [National Health Resource Center on Domestic Violence website](#).

Archived Webinar

**IPV/HT, Substance Abuse and Treatment with a
lens on Behavioral Health, Substance Abuse
Programs and DV Agencies**

<http://bit.ly/DVandSU>

Questions?

Thank You!

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