

Mental Health and Substance Use Coercion in the Context of Intimate Partner Violence

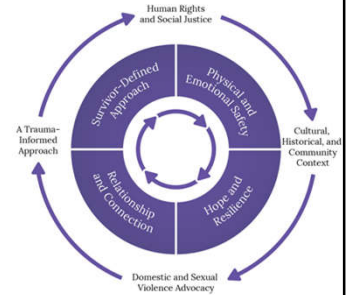
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www.NationalCenterDVTraumaMH.org

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

- Training and Technical Assistance
- Research and Evaluation
- Policy Development and Analysis
- Public Awareness



OBJECTIVES

- Identify common forms of mental health and substance use coercion
- Increase understanding of the impact of mental health and substance use coercion on survivors of IPV and their children
- Describe considerations for addressing mental health and substance use coercion in family, DVPO, and other court settings
- Learn strategies to better address mental health and substance use coercion in cases involving IPV

1. Overview and Framework

Thinking About Trauma, Substance Use, and Mental Health in the Context of Intimate Partner Violence (IPV)

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

- | IPV has significant MH and SU-related effects.
- | High rates of IPV and other trauma among people accessing MH and substance use disorder (SUD) treatment.
- | Use MH and SU issues used as a tactic of control.
- | IPV impacts people's ability to access and engage in MH and SUD treatment.
- | SU is a leading cause of child removal.
- | Integrated, culturally responsive, IPV- and trauma-informed approaches are critical to the safety and well-being of survivors and their children.

IPV has significant MH and SU consequences

PTSD, Major Depressive Disorder, Self-Injury

Suicide Attempts

Substance Use Disorder

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

3x PTSD, major depressive disorder, self-injury

4x Suicide attempts

6x Substance use disorder

Mental Health Impact of IPV: The Importance of Context

658 Women Survivors of IPV

Psychiatric Diagnosis* (52% during or after)

- 13% Prior to experiencing IPV
- 43% During the abusive relationship
- 44% After leaving abusive partner

Psychological Well-being

- 70% Good psychological well-being prior to IPV
- 90% Poor psychological well-being during IPV
- 65% Poor psychological well-being after leaving

Coercive Control Was a Primary Contributor

Mouling, et al., 2021 Encdvth

High rates of IPV among people accessing mental health and substance use disorder treatment

High rates of DV among women accessing 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, and 30%-60% of women in psychiatric ER settings Report victimization by an intimate partner

Baker et al., 2018; SAMHSA 2014 Information Memorandum, 2018

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Less Well Recognized Are Coercive Tactics Specifically Targeted Toward a Partner's Substance Use or Mental Health...

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Mental Health and Substance Use Coercion

Abusive Tactics Designed to Control a Partner by:

- Undermining their mental and emotional stability and well-being
- Coercing them into using substances
- Interfering with their ability to engage in treatment
- Sabotaging their healing and recovery efforts
- Discrediting them with potential sources of protection and support, and jeopardizing custody
- Exploiting their MH or SU for personal or financial gain

Warshaw et al., 2014

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Mental Health and Substance Use Coercion Surveys

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Mental health coercion is common

Domestic violence commonly targets mental health

In a survey of 2,546 callers to the National Domestic Violence Hotline:

89%

had experienced at least one type of mental health coercion, including:

- 4 in 5 said their partner accused them of being "crazy"
- 3 in 4 said their partner deliberately did things to make them feel like they were losing their mind
- 1 in 2 said their partner threatened to report they were "crazy" to keep them from getting things they wanted or needed (e.g. protection order or child custody)
- 1 in 2 sought help due to feeling depressed or upset. Of those, half said their partner tried to prevent or discourage them from getting help or taking prescribed medications


Mental Health and Substance Use Coercion Survey Report from the National Domestic Violence Hotline

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Mental Health Coercion Survey: Qualitative Findings

- Undermining Mental Health:** 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

Warshaw et al., 2014 

Mental Health Coercion: In Survivors' Words

"He'd tell me I shouldn't get any help or take medications because he didn't want anyone to know about my depression."

He'd say things really softly, under his breath... and when I'd ask what he had said, he'd tell me I'm crazy and that he didn't say anything."

Survey Participant

"He told me that if I tried to leave he was going to take the kids and I would be in a Psych Ward."

Survey Participant

(Warshaw et al., NCDVTMH, 2014)



Substance Use Coercion Survey

National Domestic Violence Hotline and 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?

Warshaw et al., 2014

Warshaw C., Lyon E., Bland P., Phillips H., Hooper M., NCDVTMH/The Hotline, 2014

Substance Use Coercion: Qualitative Findings

- Coerced use:** Initiated into using; pressured to use with partner, unable to refuse; Manipulated/threatened into using; Drugged by partner
- Treatment Interference and Recovery Sabotage:** Prevented from attending meetings/treatment; Transportation/childcare withheld; Harassed into leaving; Stalking at MAT; Meds controlled/diverted; Substances kept in home; Forced to watch partner use; Escalating violence if tried to cut down or stop
- Threats to Report or Discredit:** Reported to judges, CPS, police, probation/parole officers, employers; Made false allegations;
- Opioid-Specific Coercion:** Controls supply; Forces to use unsafely; Injures partner to obtain pain meds; Threatens withdrawal; Coerces into illegal activities; Plants drugs; Jeopardizes custody, housing, jobs, and public benefits

Warshaw, et al., 2014 

Substance Use Coercion: In a Survivor's Words

"He threatened countless times to call the sheriff and the pastors and report my drinking. He discouraged me from getting help for my drinking. After I got help for drinking, if/when I drank again he would say, 'See, you failed at this too.' He would leave bottles all around when I was in recovery."

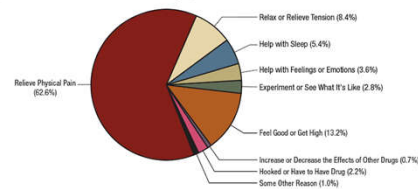
Survey Participant

(Warshaw et al., NCDVTMH, 2014)



Main Reason for Most Recent Non-Medically Prescribed Prescription Pain Reliever Use - Aged 12 > in 2017

Figure 25. Main Reason for the Most Recent Prescription Pain Reliever Misuse among People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year: Percentages, 2017



11.1 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year

Note: The percentages do not add to 100 percent due to rounding.



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 glutamatergic pathways, including pathways involved in the stress response).
- These can be "deliberately" activated by an abusive partner who engages in substance use coercion**

Uhl, et al., 2019; Warshaw et al., 2014

MH and SU Coercion Are Also Used to Undermine Parenting:

People who perpetrate domestic violence actively try to undermine their partners' relationships with their children, creating risks for their children's health, mental health, and well-being

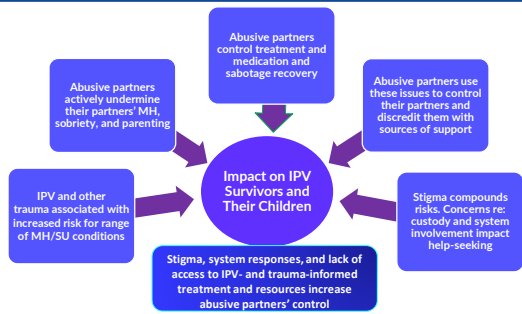


Yet, research consistently shows that attachment to the non-abusive caregiver is what is most protective of children's resilience and development

Lieberman et al., 2005; Nayan et al., 2019

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Trauma, IPV, and MH/SU Coercion: Complex Picture



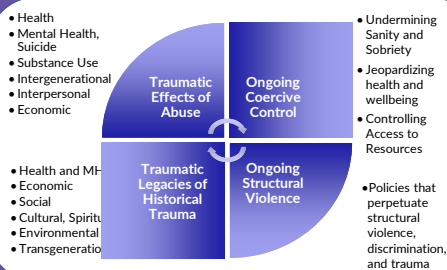
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Experiencing a mental health or substance use disorder places individuals at greater risk for being controlled by an abusive partner

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 inequities.

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Trauma, Substance Use, Mental Health, and IPV in a Broader Social Context: Traumatic Effects + Ongoing Risk



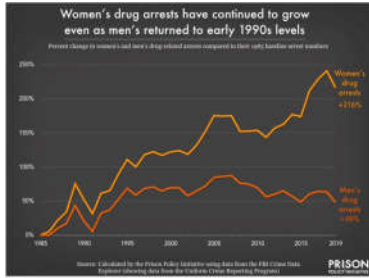
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Part 2. Mental Health and Substance Use Coercion:

Implications for Practitioners

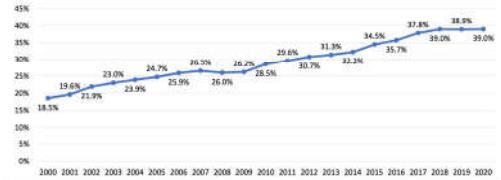
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Substance Use is a Major Factor in Women's Incarceration



<https://www.prisonpolicy.org/blog/2020/11/10/women-drug-enforcement/>
Herins, 2020

Substance Use is a Major Cause of Child Removal Prevalence of Parental Substance Use as an Identified Factor for Child Removal in the U.S. 2000-2020



These data indicate that the prevalence of parental alcohol or other drug (AOD) abuse as an identified condition of removal of children and placement in out-of-home care has increased from 2000 to 2020. Data from 2000 show a prevalence rate of 18.3%. This increased to 39.0% in 2020, an increase of 20.7%.

Substance Use, Particularly During Pregnancy, is a Leading Cause of Child Removal: State Policies

- 25 states and the District of Columbia consider substance use during pregnancy to be child abuse under civil child-welfare statutes, and 3 consider it grounds for civil commitment.
- 26 states and the District of Columbia require health care professionals to report suspected prenatal drug use, and 8 states require them to test for prenatal drug exposure if they suspect drug use.

<https://www.gutmacher.org/state-policy/explore/substance-use-during-pregnancy>

Parental Alcohol or Drug Abuse as an Identified Condition of Removal for Children Under 1 Year, 2020

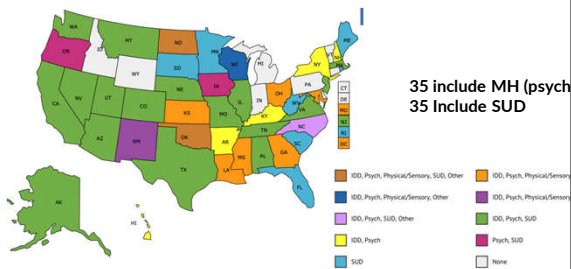


When looking at information regarding children removed from their homes and placed in out-of-home care who had parental alcohol or other drug (AOD) abuse as an identified condition of removal, there has been a particular interest in understanding how this is affecting families involved in child welfare with children under age 1. Just 1% of the children under age 1 (50.7%) removed from their homes and placed in out-of-home care had parental AOD abuse as an identified condition of removal. The percentage for children age 1 and older (6.2%) was closer to the overall national average (19.0%).

Note: Estimate based on all children in out-of-home care at some point during the fiscal year.

Source: AFCARE Data, 2020 v1.

Psychiatric Disability is Also a Leading Cause of Child Removal: State Termination of Parental Rights Laws that Include Parental Disability



National Center for Parents with Disabilities (2022). Map of State Termination of Parental Rights Laws that Include Parental Disability dashboard! The Turin Institute for Disability Policy. <https://hellorbrandeis.edu/resources-with-disabilities/map-nz/index.html>

Large Group Discussion:

- How do abusive partners leverage these policies against survivors?

Mental Health and Substance Use Coercion: Implications for DVPO Court

Abusive parties use MH/SU coercion to manipulate courts

- Impugn partner's credibility
- File sensitive documents (including partner's medical records) in the public record
- Claim partner is mentally unstable in order to obtain own PO against partner
- Intimidate petitioner into dropping the case due to concerns about MH/SU being used against them

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Mental Health and Substance Use Coercion: 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 Encdvtnh

Child Custody

- | Intersection of IPV (including coercive control) and MH/SUD
- | Court may have concerns about both parents
- | Court has to make decisions regarding best interests of the children but often has limited options
- | Treatment/services may be ordered for either/both parties; availability of providers is limited

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Leveraging Stigma: Implications for Family and Dependency Courts

Findings from 2023 Hotline Survey on MH/SU Coercion

Among the 5,940 Respondents Who Were Pregnant at Time of the Abuse

- | Partner restricted access to behavioral health services and culturally-specific healing supports
 - 60% of respondents who sought MH services
 - 68% of respondents who sought SUD treatment services
- | Partner used behavioral health issues against them to jeopardize custody
 - 62% of those who sought MH services
 - 72% of those who sought SU services
- | Partner made false allegations related to MH/SU
 - 78% reported abusive partner made false claims about their MH or SU

Phillips, Warshaw, and Zapata-Alma, 2024 Encdvtnh

Leveraging Stigma: Implications for Family and Dependency Courts

Findings from 2023 National DV Hotline Survey on MH/SU Coercion

Among the 5,940 Respondents Who Were Pregnant at Time of the Abuse

Legal system involvement

- 66% of respondents who sought SUD treatment services reported that their partner used their substance use against them to get them in legal trouble.
- 58% of respondents who sought MH treatment services reported that their partner used their mental health against them to get them in legal trouble.

Jeopardizing housing stability

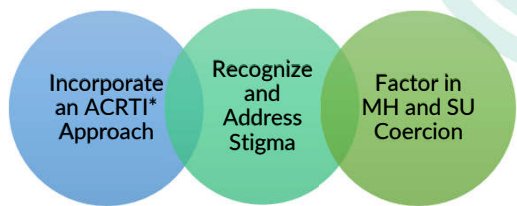
- 63% of respondents who sought MH services reported that their partner used claims about their MH against them to make it harder for them to get or keep housing.
- 72% of respondents who sought SUD treatment services reported that their partner used claims about their SU against them to make it harder for them to get or keep housing.

Phillips, Warshaw, and Zapata-Alma, 2024 Encdvtnh

Substance Use Coercion: Leveraging Stigma



Responding to People Experiencing the MH and SU Effects of IPV and Other Trauma in Family Court: Key Components



*Accessible, Culturally Responsive, Trauma-Informed Approach

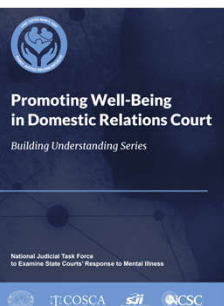
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Incorporate an Accessible, Culturally Responsive, IPV- and Trauma-informed Social Justice Approach:

- Recognize and address the impact of trauma on judges and court personnel and on the people who come before us
- Work to change the conditions that produce it



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Guidance from the National Council for State Courts

Chapters

- Chapter 1: Understanding Well-Being in Domestic Relations Court
- Chapter 2: Understanding Trauma, Its Impacts, and How to Create a Trauma-Responsive Court
- Chapter 3: Understanding the Spectrum of Mental Health Conditions
- Chapter 4: Understanding the Impact of Mental Health Conditions on Parenting Capacity
- Chapter 5: Mitigating the Risk of Children's Adverse Experiences During and Following Divorce
- Chapter 6: Understanding the Benefits of Early Case Intervention



https://www.ncsc.org/_data/assets/pdf_file/0034/84949/Understanding-Well-Being.pdf

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Keep in Mind...Many of Us Experience Multiple Types of Trauma: Cumulative Trauma Can Affect How We....

- Manage our emotions
- Trust and value ourselves and our communities
- Trust other people and systems
- How we think and process information
- How we respond to others, including to people accessing our services

For survivors of IPV, responses to trauma can also impact perceived credibility

Teicher et al., 2014; Harris, 2001; Soakvitne et al., 2000; Lanius et al., 2011; NDVTMH 2013

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Parallel Process

Impact of stress and trauma on organizations and communities



Impact on staff who work there



Impact on people accessing services



Bloom, S. SAGE for Organizations, Warshaw 2013 Encdvtmh

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Being Aware of Our Own Responses:

- Fear of being overwhelmed or making bad decisions
- Concern about being perceived as biased
- Helplessness and inadequacy if can't "fix" or predict outcomes
- Frustration with parties for not responding to our needs to do a good job
- Lack of attention to personal history and vicarious trauma
- Avoid, dismiss, blame, label, control

When competence is tied to mastery and control

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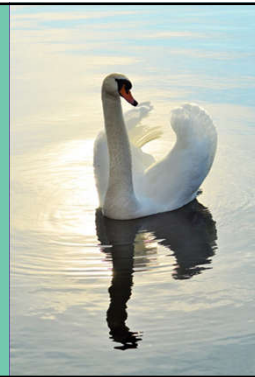
Notice Your Response

(Save the Antelope Video)

Mental Health and Substance Use-Related Stigma

Take a Moment to Reflect

1. What experiences have influenced my views on mental health and parenting?
2. What experiences have influenced my views on substance use and parents who use substances?
3. How do these views show up in my work?



When Mental Health or Substance Use is Raised in a Custody or Dependency Case..

- | Our responses to MH conditions should not be based on stigma
- | **Recognize that MH diagnoses represent symptom constellations, NOT parenting capacities.**
- | View mental health conditions in a fuller context (impact on children and parenting, efforts to address, strengths and supports, contributing factors, etc.)
- | Remember that treatment and medication are helpful to some people but there is no "one-size fits" all approach
- | Consider whether a person's MH condition is impacting their ability to participate in their legal case or court proceedings, and if so, what can help
- | **Be aware that "stigma around mental health conditions persists. Parties know this. It is not uncommon for parties to weaponize mental health diagnoses to influence custody determinations"**
- | Get support from your mental health and substance use communities



Think About the Ways Mental Health and Substance Use-Related Stigma Impacts Survivors' Credibility

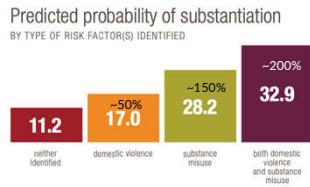
For Example:

In your experience, how often are drug screens recommended when the opposing party claims their partner is using substances?

How have you seen these results impact decision-making?

Toxicology Screens: Potential for Bias: Informed Consent + Minimizing Test and Report

Positive toxicology results and/or DV increased the likelihood of abuse/neglect claims being "substantiated", despite all other case details remaining the same.



Victor, BC, Grogan-Kaylor, A, Ryan, JP, Perron, BE, & Gilbert, TT. (2018). Domestic violence, parental substance misuse and the decision to substantiate child maltreatment. *Child Abuse & Neglect*, 79, 435-451; Roberts et al., in process

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A drug test is not a parenting test.

DOCTORS DRUG TEST BLACK AND POOR FAMILIES AT HIGHER RATES, RISKING FAMILY SEPARATION
article by Elizabeth Brico

Drug testing during pregnancy and postpartum without informed consent violates the rights of Black and Brown birthing parents and is an injustice.

Pregnant Black patients were drug tested more often than white patients before delivery, a *JAMA Health Forum* analysis of patients in a large Pennsylvania health system from March 2018 to June 2021 found but were less likely to have positive drug screens (Jarlenski, et al., 2023)

<https://www.instagram.com/p/CY6tWZ0w16/>

Part 3.

Addressing Mental Health and Substance Use in Family Court:

Factoring in the Impact of Intimate Partner Violence

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Key Considerations for addressing MH and SU Coercion in Family Court

- Consider the role MH/SU coercion may be playing
- Recognize "Red Flags"
- Incorporate into assessments
- Consider the impact on children
- Recognize IPV-related risks to recovery; Safety plan around MH/SU coercion
- Make dispositions that minimize opportunities for party to use a court order to further their abuse
- Refer to services that are both DV- and trauma-informed and work for survivors



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Notice Red Flags:

The Abusive party has:

- Done things to create/exacerbate partner's condition or interfere with treatment and then claims partner is an unfit parent
- Never indicated concern about the children's safety prior to litigation
- Their own history of MH/SU concerns that they minimize/fail to address
- Filed private information/medical records and other sensitive information to embarrass their partner

The abusive party is requesting provisions that seem punitive, excessive, and/or difficult to comply with:

- E.g., demanding that the other party sign a release of all their medical records or undergo a U/A upon demand

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Small Group Discussion: How Can Courts Best Respond to MH and SU Coercion?

- How can courts factor MH and SU coercion into their assessment, planning, and decision-making processes around DVPOs and custody?
- How can courts ensure access to assessments and services that incorporate an understanding of MH and SU coercion and IPV?
- What additional partnerships and resources would be helpful?

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Be Specific with Evaluators Regarding MH/SU Coercion

Require/Request Recommendations that Factor in MH/SU Coercion

- Ask evaluators to incorporate questions about MH and SU coercion into assessments and evaluations



Consider the Impact of MH/SU Coercion on the Children

- | The person's perception of the impact of DV, MH, and SU on their children and any potential concerns they may have around their children's wellbeing
- | Their efforts to protect and care for their children
- | Any things their partner does to undermine their relationship with their children
 - | Are there threats to leverage child protective systems or child custody proceedings against them?
 - | Are there threats of disclosing MH/SU concerns to their children or other trusted supports?



Support Safe Parenting

If the non-abusive parent/caregiver is using alcohol or other substances

- | What are the potential risks to child safety?
- | What can they do to protect and care for their children?
 - Support parents to safety plan around their substance use in order to minimize risks of it interfering with safe parenting
- | How can they build on existing cultural, spiritual, and family strengths and protective factors?
- | What kinds of resources and support would be helpful?



Factor DV and MH/SU Coercion into Family Court Dispositions

- | **Non-offending parent is using substances or has a MH condition but children not endangered**
 - Safety planning around MH/SU and MH/SU coercion
 - Access to MH/SU treatment and wrap around services that factor in MH/SU coercion (if desired)
- | **MH/SU present and concerns about children**
 - Develop plan that incorporates attention to safety and MH/SU coercion and that supports the non-offending parent and children; Consider ADA/accommodations
 - Revisit decision once survivor has access to necessary safety and resources including integrated DV/MH/SU services
 - Ensure abusive party does not control discourse or perceptions about partner's MH and/or SU



Minimize Opportunities for Abusive Party to Use Court Orders to Further Their Control

- | Ensure provisions do not require broad **access to treatment records**
- | Do **NOT** allow abusive party to require the other party do **drug-testing on demand**. A positive drug screen is not an indicator of poor parenting
- | Address **financial and other barriers** to accessing testing and treatment:
 - E.g. consider ordering use of a vehicle or financial relief (where appropriate); order abusive party to return ID/other documents that other party will need to comply with the order



Limited Access to IPV-informed Treatment Impacts Healing and Recovery

Considerations for Court-ordered Treatment and Services



**Considerations for Your Referral Recommendations:
Treatment Programs that Address Barriers for IPV Survivors**

- Staff are trained on MH/SU coercion, IPV, and trauma**
 - Address philosophical barriers for survivors of DV (e.g., responsibility for their use of substances; non-empowerment-based approach)
- Services are both IPV- and trauma-informed**
 - Have 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

**Considerations for Your Referral Recommendations:
Treatment Programs that Address Barriers for IPV Survivors**

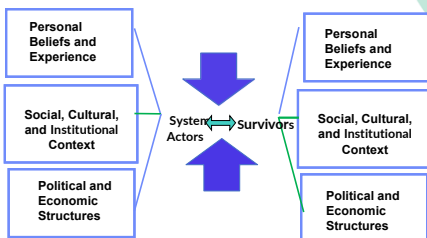
- Services meet survivors where and how they are**
 - Reduce unnecessary restrictions/requirements that prevent those most in need from accessing services; offer harm-reduction approach
 - Provide transportation, childcare, extended stays, intakes at DV programs
 - Incorporate a harm reduction approach and are gender-responsive, culturally resonant, and trauma-informed

Discussion

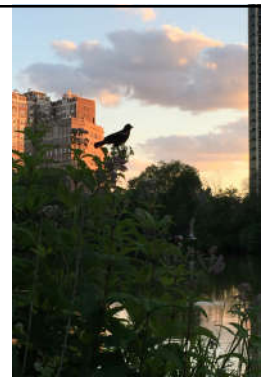
What strategies can Courts use to account for the safety and recovery of survivors while protecting the best interests and well-being of their children?

How we respond matters

**In a Culturally Responsive, IPV- and Trauma-Informed Approach,
We Are Also Part of the Equation**



Thoughts?
Questions?



NATIONAL CENTER ON DOMESTIC VIOLENCE, TRAUMA, AND MENTAL HEALTH

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www.NationalCenterDVTraumaMH.org


NATIONAL CENTER ON DOMESTIC VIOLENCE, TRAUMA, AND MENTAL HEALTH

Resources for Supporting People Who Experience Mental Health and Substance Use Coercion in Family Court

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

<https://ncdvtmh.org/resources/legal/>

www.NationalCenterDVTraumaMH.org



Conversations about Substance Use

- Substance Use Coercion Palm Card for Practitioners
 - Available in English, Spanish, and French
- Substance Use Coercion Palm Card for Advocates



Additional Resources

Conversations about Mental Health

- Mental Health Coercion Palm Card for Practitioners
 - Available in English, Spanish, and French
 - Culturally adapted and available in Korean, Urdu, Arabic, Hindi, Chinese, and Tagalog
- Mental Health Coercion Palm Card for Advocates



CALL TO ACTION- NEW RESEARCH FINDINGS HIGHLIGHT THE IMPACT OF INTIMATE PARTNER VIOLENCE ON MATERNAL MENTAL HEALTH

NATIONAL CENTER ON DOMESTIC VIOLENCE, TRAUMA, AND MENTAL HEALTH

Heather Phillips, MA; Carole Warshaw, MD; Gabriela A. Zapata-Alma, LCSW, CADC

Pregnant and parenting people who experience intimate partner violence (IPV) are at high risk for interlocking forms of abuse that target their access to behavioral health services while making it harder to maintain housing and child custody.

<https://ncdvtmh.org/wp-content/uploads/2024/05/Brief-Report-Final.pdf>



Additional Resources

Committed to Safety for ALL Survivors

Toolkit:

- Committed to Safety for ALL Survivors: Guidance for Domestic Violence Programs on Supporting Survivors Who Use Substances

Additional Resources



Survivor Health Connections

- Seamless access to desired resources that support survivor safety and well-being, based on their self-defined goals
- *Accessibility and Effectiveness of Behavioral Health Services for Survivors of Domestic Violence: A Summary of Survey and Listening Session Results*

Additional Resources



Supporting Organizational Collaboration Across Services

- [Collaborating with Substance Use Resources](#)
- [Collaborating with Mental Health Resources](#)
- [Collaborating with Domestic Violence Programs](#)

Additional Resources



7 Common Practices in SU Disorder Care that Can Hurt Survivors and What You Can Do Instead

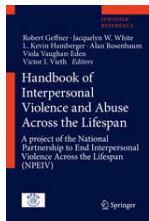
- 7 common practices in substance use disorder care that can further endanger or re-traumatize survivors of intimate partner violence and trauma.
 - It details the risks and barriers caused by these practices as well as recommended alternative approaches and "antidotes".
- [Link to resource](#)

Chapters

- Chapter 1: Understanding Well-Being in Domestic Relations Court
- Chapter 2: Understanding Trauma, Its Impacts, and How to Create a Trauma-Responsive Court
- Chapter 3: Understanding the Spectrum of Mental Health Conditions
- Chapter 4: Understanding the Impact of Mental Health Conditions on Parenting Capacity
- Chapter 5: Mitigating the Risk of Children's Adverse Experiences During and Following Divorce
- Chapter 6: Understanding the Benefits of Early Case Intervention

https://www.ncsc.org/_data/assets/pdf_file/0034/84949/Understanding-Well-Being.pdf

Resources to Support Mental Health Treatment for Survivors of Domestic Violence



Mental Health Treatment in the Context of Intimate Partner Violence: *Warshaw & Zapata-Alma, 2021*



Systematic Review of Trauma-Focused Interventions for Domestic Violence Survivors: *Warshaw, Sullivan, and Rivera, 2013*





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