

SUMMARY OF KEY RESULTS: ADDRESSING DOMESTIC VIOLENCE AND SUBSTANCE USE DISORDERS

The National Center on Domestic Violence, Trauma, and Mental Health (NCDVTMH) partnered with The National Association of State Alcohol and Drug Abuse Directors (NASADAD) to administer a needs assessment of state/territory Women's Service Coordinators or their designees. The purpose of this needs assessment was to better understand partnerships, policies, and training related to meeting the needs of DV survivors within substance use disorder (SUD) treatment programs. This needs assessment was administered from May-August 2019. Representatives from 26 states and territories participated in this survey. The majority of respondents (19) self-described as working within state SUD treatment and recovery agencies, 14 of whom serve as Women's Services Coordinators, overseeing initiatives such as Pregnant & Parenting Women Grants.

Partnerships with Domestic Violence Agencies and Offices

First, respondents were asked about the nature and quality of their partnerships with DV agencies and offices within their state/territory, along with barriers to collaboration. When asked about the extent to which their agency works with DV personnel to address the intersection of substance use and DV:

- 5 (19%) described their partnership(s) as "solid,"
- 8 (31%) described their partnership(s) as "limited,"
- 10 (39%) reported that there is "interest in partnering but no active partnerships," and
- 3 (11%) reported that there is "no partnership and currently not a priority."

The 13 respondents with active partnerships were then asked to select which types of DV offices they work with in their state/territory. 8 (62%) partner with state/territory offices that oversee DV-related funding (e.g., FVPSA, VAWA, VOCA). Another 8 (62%) partner with state/territory DV coalitions; 2 (15%) reported partnering with Tribal DV offices, programs, and/or coalitions. When asked to describe these partnerships, respondents indicated that 8 (62%) occur as part of Planning (Steering, Advisory, etc.) Committees, 4 (31%) occur via jointly funded projects, 4 (31%) occur as part of inter-agency agreements, and 3 (23%) occur through legislatively-established initiatives.

All respondents were given a list of potential barriers in collaborating with DV agencies and offices and were asked to indicate whether or not this is a concern within their state/territory:

Barrier	Yes	No	Skipped
Limited capacity, resources, and/or time	17 (74%)	6 (26%)	3
Limited dedicated funding	17 (71%)	7 (29%)	2
Legislative mandates or policies that lead to siloed services	12 (55%)	10 (45%)	4
Limited relationships with administrators or others from the DV field	12 (50%)	12 (50%)	2
Limited information on the prevalence of DV amongst people in need of substance use treatment and recovery services	10 (42%)	14 (58%)	2
Collaboration with DV agencies and offices not currently a priority	7 (33%)	14 (67%)	5

Policy Responses

Next, respondents were asked about policies related to meeting the needs of DV survivors within SUD treatment and recovery services. When asked if their state/territory has any requirements that incorporate responses to DV (e.g., screening, counseling for DV) within SUD treatment and/or recovery services, 9 (36%) said yes and 16 (64%) said no. Respondents were also asked about DV-related requirements as a part of state/territory SUD workforce development and training. They were given a list of potential activities and were asked to indicate which were in practice in their state/territory:

Activity: Does your state/territory...	Yes	No	Skipped
Utilize other strategies to increase the substance use treatment workforce’s knowledge of DV	11 (50%)	11 (50%)	4
Offer any training on how to best serve individuals in substance use disorder treatment who experience DV	11 (48%)	12 (52%)	3
Require DV-specific education as part of your professional licensure or certification process	5 (22%)	18 (78%)	3
Have published guidelines on how to address DV for individuals living with substance use disorders	4 (18%)	18 (82%)	4

In addition, respondents were asked whether their state/territory Opioid Plans address any needs related to DV. Of the 24 respondents who completed this item, 3 (12%) said “yes,” with 21 (88%) responding “no.” Two of the three respondents who indicated that their state/territory Opioid Plan addresses DV-related needs shared that this occurs more generally under the umbrella of trauma, trauma-informed care, and trauma-responsive services.

Finally, respondents were asked to describe federal, state, territory, or local policy changes that they see as promoting more effective services for DV survivors who use substances. 13 respondents provided substantive information in their own words. Three respondents provided input related to service delivery, including:

- A) increasing access to co-located or integrated models where DV and SUD treatment services are held under one roof;
- B) decreasing barriers to services; and
- C) enhancing training on DV, substance use, and substance use coercion.

The following is an example of a comment related to service delivery¹:

- “Transportation to treatment on demand to protect the women and children. Extended stays in treatment. Mobile intake and assessment offered at DV shelters.”

The other ten respondents provided feedback on state/territory- and federal-level responses related to requirements, licensing, funding, inclusion in meetings, Feedback state/territory- and federal-level responses interagency policy development, state statutes, and federal policy guidance to states.

Some examples of requirements include those written into Funding Opportunity Announcements (FOAs), added to Substance Abuse Prevention and Treatment Block Grants, and incorporated into discretionary grants. Respondents indicated that these requirements should focus on screening and treatment for DV survivors within substance use disorder treatment settings, cross-training on DV and substance use, and the intersection with human and sex trafficking.

Feedback on state/territory- and federal-level responses

Some examples of feedback in this area¹:

- “Have intentional funding for this target group. Make changes in state statutes/policies/licensing as state requirements and intentional joint funding to address the needs of this target group, including in the justice-involved and public safety systems.”
- “Having these requirements for services to DV survivors who use substances put directly in statutes and rules would be helpful, versus just requiring it through certain grant funding.”

¹ Minor copyedits were made to improve readability and flow

KEY TAKEAWAYS

About half of respondents reported partnering with DV agencies and offices within their state/territory; this most often occurs with offices responsible for DV funding, or with state/territory DV coalitions.

- Major barriers to partnership include limited capacity, resources, time, and funding, with legislative mandates or policies that lead to siloed services also cited as problematic.
- Most states/territories do not have requirements on incorporating responses to DV within substance use treatment and/or recovery services. However, about half of respondents indicated that their state/territory requires some manner of DV-related training as part of workforce development.
- The vast majority of respondents indicated that their state/territory's Opioid Plan does not address DV-related needs.

In several states/territories, DV and SUD are jointly addressed; however, more work is needed to reduce barriers to collaboration, cross-train the workforce, and explore how best to serve DV survivors dealing with opioid use and other SUDs.

For questions about this needs assessment or to provide comments, please contact:

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