

SAFE RECOVERY TOGETHER DEMONSTRATION PROGRAM TO SUPPORT DOMESTIC VIOLENCE SURVIVORS AND FAMILIES

This document highlights research and practice from the National Center on Domestic Violence, Trauma, and Mental Health (NCDVTMH) that can help inform the President's FY23 budget proposal under the Family Violence Prevention and Services Act (FVPSA) Program at HHS.

Background on Substance Use Coercion and Domestic Violence: In 2019, the Substance Abuse and Mental Health Services Administration (SAMHSA) and Administration on Children and Families (ACF) released an Information Memo calling for [Collaboration at the Intersection of Domestic Violence, Mental Health, and Substance Use](#). The SAMHSA/ACF Information Memo highlights the mental health and substance use-related effects of domestic violence, including abusive tactics targeted towards a partner's mental health and substance use, and the need for more integrated/collaborative approaches for supporting survivors of domestic violence and their families.

The Administration's call for action with this budget proposal is based on research over the past 35 years which has consistently demonstrated that experiencing abuse by an intimate partner is associated with a wide range of mental health and substance use-related consequences. Both clinical and population-based studies indicate that victimization by an intimate partner places people at significantly higher risk for depression, anxiety, posttraumatic stress disorder, substance use, and suicide attempts, whether or not they have suffered physical injury.

In addition, people who abuse their partners engage in coercive tactics related to their partner's mental health or substance use. These tactics—known as mental health and [substance use coercion](#)—are part of a broader pattern of abuse and control designed to undermine a partner's sanity, coerce them into using substances, sabotage their recovery, and then discredit them with potential sources of protection and support.¹

The COVID-19 pandemic has exacerbated the gender-based violence crisis in our country and, at the same time, increased the demand for mental health and substance use disorder services. In 2019, NCDVTMH conducted a needs assessment of over 570 local and Tribal domestic violence programs on their capacity to meet the needs of survivors and their children related to substance use or mental health. Prior to COVID, [over 70%](#) of the domestic violence programs saw an increased need for mental health and substance use services within domestic violence programs, yet [the vast majority felt unprepared to meet this critical need](#).

The recent [Substance Use Coercion as a Barrier to Safety, Recovery, and Economic Stability report](#) by HHS reflects this awareness as only 19% of state substance use disorder treatment systems have solid partnerships with domestic violence agencies.²

RECOMMENDATIONS

The President's FY23 budget recommended \$30 million under FVPSA office for demonstration grants to support families affected by domestic violence at the intersection of substance-use coercion, housing instability, and child welfare involvement. This demonstration project will help alleviate the problem that pregnant and parenting

¹ Warshaw et al. (2014). MH & SU Coercion Surveys Report from NCDVTMH and NDVH (pp. 1–26).

² National Center on Domestic Violence, Trauma, and Mental Health (NCDVTMH) and the National Association of State Alcohol and Drug Abuse Administrators (NASADAD) (2019). Summary of Key Results: Addressing Domestic Violence and Substance Use Disorders. Chicago, IL. NCDVTMH.

domestic violence survivors can face, especially high barriers to accessing services to address substance-use coercion.

This pilot grant program would help support a coordinated community response to help survivors with these needs. The three pillars and goals would be:

1. Enhance ability of domestic violence programs to support survivors who use substances to optimize their safety and recovery;
2. Supportive housing services that get survivors into stable housing as quickly as possible and then providing the necessary support as they rebuild their lives;
3. Systems change to encourage community collaborations with local policymakers to prevent and address substance use coercion so children can stay with their parents and minimize child welfare involvement.

Eligible entities: At \$30 million/year, this pilot could support 25-30 different grants for 3-5 years to go to domestic violence coalitions, tribal coalitions, or local providers with a focus or set-aside for culturally responsive organizations. The grants would have an evaluation component, and up to 5% for technical assistance/resource center(s).

If you have any questions, please contact Sally Schaeffer, policy consultant to NCDVTMH, at sally@uncorkedadvocates.com.

For over 20 years, the National Center on Domestic Violence, Trauma, and Mental Health (NCDVTMH) has enhanced agency- and system-level responses to survivors and their families through comprehensive training and technical assistance, research and evaluation, policy development, and public awareness. Emphasizing an accessible, culturally responsive, and trauma-informed (ACRTI) approach, we offer training and consultation to domestic violence and sexual assault advocates, programs, and coalitions; healthcare, mental health, and substance use treatment providers; legal and child welfare professionals; and local, state, and federal policymakers.