LITERATURE REVIEW:

INTIMATE PARTNER VIOLENCE, SUBSTANCE USE COERCION, AND THE NEED FOR INTEGRATED SERVICE MODELS

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INTRODUCTION

Intimate partner violence (IPV) is best understood as intentional, ongoing, and systematic abuse intended to exercise power and control over an intimate partner (Warshaw, C. & Tinnon, E., 2018). This can take the form of intimidation, threats, physical violence, verbal abuse, sexual violence, enforced isolation, economic abuse, stalking, psychological abuse, or coercion, among other abusive tactics (Bancroft, L., 2003; Johnson, M.P. & Leone, J.M., 2005; Stark, E. 2007).

Research consistently shows that being abused by an intimate partner increases one's likelihood of substance use as well as associated harmful consequences. At the same time, research suggests that people who use substances are significantly more likely to experience abuse by an intimate partner compared to people who do not (Rivera, E.A. et al., 2015). In addition, people who use substances are at increased risk for assault by intimate partners and others, including while using or intoxicated (Mohler-Kuo, M. et al., 2004; Jessell, L. et al., 2017). Experiencing multiple forms of violence, abuse, or trauma throughout one's life further increases the risk of developing substance use-related problems.

Substance Use Coercion

In the context of IPV, *coercion* refers to the use of force or manipulation to control a partner's thoughts, actions, and behaviors through violence, intimidation, threats, degradation, isolation, and/or surveillance. The term *substance use coercion* refers to coercive tactics targeted toward a partner's use of substances as part of a broader pattern of abuse and control (Warshaw, C. & Tinnon, E., 2018).

Furthermore, many IPV survivors experience coercive tactics specifically related to their use of substances, as part of a broader pattern of abuse and control – tactics referred to as **substance use coercion** (Warshaw C. et al., 2014). Substance use coercion often involves the use of force, threats, and manipulation. Common tactics include forcing or coercing a partner to use, preventing them from accessing treatment, sabotaging their recovery, threatening to report them to authorities, and discrediting them with sources of protection and support. Societal stigma associated with substance use contributes to the success of these tactics; discrimination and systemic barriers amplify these risks.

In order for domestic violence (DV)[1] and substance use treatment services to be more effective, safe, and accessible for survivors, there is an urgent need for services that address both needs; this includes coordinated, co-located, and integrated services (Mason, R. et al., 2017; Schumacher, J.A. & Holt, D.J., 2012; Bennett, L. & O'Brien, P., 2010). In this context, **coordinated services** models include those in which DV and substance use treatment programs provide separate services at their own facilities, but with considerable input, feedback, and cross-referrals between programs (Bennett, L.

1 Within this literature review, the term 'intimate partner violence' is used when describing abuse by a partner. The term 'domestic violence' is used, as per convention, when describing services that address intimate partner violence.

& Bland, P.J., 2008). **Co-located services** models are those in which staff members from substance use treatment programs are housed within DV programs and vice versa (Macy, R.J. & Goodbourn, M., 2012). In this literature review, **integrated services** refers to models in which both DV and substance use services are offered under one roof (Bennett, L. & Bland, P.J., 2008).

The purpose of this literature review is two-fold: **1)** to provide an overview of the current research on substance use coercion and **2)** to provide information on published research on integrated services. While coordinated and co-located services models show promise in improving outcomes for survivors who use substances, the focus of this review is on integrated services models, which were identified by experts on substance use and IPV as a particularly useful approach (see ***Understanding Substance Use Coercion in the Context of Intimate Partner Violence: Implications for Policy and Practice***).

HOW PREVALENT IS SUBSTANCE USE COERCION?

Initial research suggests that substance use coercion is common among IPV survivors. A 2014 survey conducted by the National Domestic Violence Hotline (NDVH) in partnership with the National Center on Domestic Violence, Trauma, and Mental Health found high rates of abuse specifically targeting survivors' use of substances (Warshaw, C. et al. 2014). While DV programs and substance use treatment providers have described these tactics for decades, this survey provided the first quantitative data on the issue (see text box for qualitative data from the survey). This study found that among 3,025 National Domestic Violence Hotline callers:

- **26.0 percent reported that they had used alcohol or other drugs to reduce the pain of abuse.**
- **27.0 percent reported that their abusive partner had pressured or forced them to use substances or made them use more than they wanted.**
- **Of the 15.2 percent of all callers who had recently tried to get help for their substance use, 60.1 percent reported that their abusive partner tried to prevent or discourage getting that help.**
- **37.5 percent reported that their abusive partner threatened to report their substance use to the authorities to keep them from getting something that they want or need, including custody of children, a job, benefits, or a protective order.**
- **24.4 percent reported that they had been afraid to call the police for help because their partner said that they wouldn't believe them because they were using, or that they would be arrested for being under the influence of alcohol or other drugs.**

In reviewing these results, it is important to keep in mind that the only eligibility criteria for participating in this survey were 1) identifying as a domestic violence survivor, 2) not being in immediate crisis, and 3) agreeing to participate in the survey after the topic was described. Callers were not prescreened for whether they use substances. This context makes these prevalence rates even more troubling.

SURVIVORS' EXPERIENCES WITH SUBSTANCE USE COERCION:
Qualitative Data from The National Domestic Violence Hotline Survey

The National Domestic Violence Hotline Survey also gathered stories in survivors' own words about their experiences of substance use coercion. Survivors related the following:

- One caller reported that her partner threatened her if she tried to get help for her substance use.
- Another caller stated that her partner made a false report in custody court that she was using substances even though she was not.
- A caller shared that her ex-partner would be physically abusive towards her every time she would try to seek treatment.
- A caller reported that her abusive partner forbade her from drinking any alcohol *except* when he was trying to manipulate her into having sex, at which time he would attempt to get her drunk.
- One caller said her ex-partner drugged her drinks and then called the police to say she was using. She also stated that she never used drugs voluntarily, but was afraid to call the police because he would say she was using.

METHODOLOGY

The literature review focused on two related areas: substance use coercion and integrated services addressing substance use and IPV.

Substance Use Coercion

In February 2019, the authors completed a comprehensive review of the literature on substance use coercion. They utilized 41 unique keyword searches in PubMed, PsycInfo, ProQuest, VAWNET, Google Scholar, Google, and selected Listservs to complete this scan. Some examples of keywords utilized include: "forced use substances," "substance use coercion," "'domestic violence' AND 'substance use' AND 'manipulate,'" "'relationship' AND 'coercion' AND 'substance'." To supplement this search strategy, the authors also included articles identified during previous literature reviews. In addition, they searched the references in relevant articles to identify additional literature.

Following this search, the authors reviewed all documents and ultimately selected 20 for inclusion. These 20 documents were selected because they were the only ones that described specific substance use coercion tactics. Documents selected included qualitative studies, quantitative studies, practitioner toolkits, literature reviews, law review articles, and editorials in scientific journals. Three of the documents were practitioner toolkits published by domestic violence organizations. The other 17 came from several academic fields, including public health, criminal justice, psychology, and sociology. The vast majority used qualitative data, either in presenting original research or summarizing extant research.

Integrated Services Addressing Substance Use and IPV

In May 2019, the authors completed a review of literature on integrated services addressing substance use and IPV. Staff utilized 16 unique keyword searches in PsycInfo, Google Scholar, Google, and VAWNET. Examples of keywords include "'substance use' AND 'integrated services' AND 'domestic violence,'" "substance treatment survivor domestic violence," and "'services' AND 'domestic violence' AND 'substance.'" The authors also reviewed the references in relevant articles in an effort to identify additional literature. To supplement this search strategy, they included articles found during previous literature reviews. Upon completing the literature scan, the authors reviewed all articles and documents and selected 13 that focus on integrated service models for survivors of IPV. Articles represented scoping reviews, randomized controlled studies, meta-analyses, quantitative research, and systematic reviews. They found no qualitative studies on this topic. All articles came from academic fields such as psychology, sociology, or healthcare.

KEY FINDINGS

SUBSTANCE USE COERCION TACTICS

This literature scan found no articles that use the term "substance use coercion" or that are solely dedicated to advancing knowledge of substance use coercion. However, all of the articles selected describe **substance use coercion tactics** and therefore provide important evidence that contributes to our understanding of substance use coercion. This includes descriptions from the perspectives of both survivors and service providers who work with survivors who use substances. The types of substance use coercion tactics reported can be grouped into six categories: 1) abuse directly related to survivors' substance use, 2) coercion related to supplying and controlling substances, 3) threats to call law enforcement about survivors' substance use, 4) coercion related to children and custody, 5) undermining survivors' recovery efforts and access to treatment and services, and 6) coercion into sex work. Identified tactics are listed below.

Abuse directly related to survivors' substance use

- **Using survivors' substance use as a justification** for abuse and violence (Macy, R. et al., 2013; AVA, 2018; Edmund, D.E. & Bland, P.J., 2011)
- **Damaging survivors' self-esteem** by verbally abusing or insulting them because of their substance use (AVA, 2018)
- Utilizing survivors' intoxication to **coerce sex or to sexually assault survivors** (Logan, T.K. et al., 2002; El-Bassel, N. et al., 2011; O'Brien, P. et al., 2016)
- **Denying that the abuse happened** by suggesting that survivors imagined it or injured themselves while they were intoxicated (AVA, 2018)

Coercion related to supplying and controlling substances

- **Encouraging survivors to use substances or initiating them into use** (Robertson, L, 2017; Amaro, H. et al., 1995; Macy, R. et al., 2013; Rothman, E. et al., 2018; O'Brien, P. et al., 2016)
- Facilitating survivors' **progression from substance use to addiction** (Macy, R. et al., 2013; Amaro, H. et al., 1995; Robertson, L., 2017)
- Forcing survivors to **use substances against their will and without their consent** (Robertson, L., 2017; Edwards, K. et al., 2017; Logan, T.K. et al., 2002; Stella Project, 2007)
- **Supplying survivors with substances as a way to "apologize"** for abuse and violence (Edwards, K. et al., 2017)
- Controlling survivors' access to substances as a way to **keep them in the relationship** (Robertson, L., 2017; Rothman, E. et al., 2018; Amaro, H. et al., 1995; Macy, R. et al., 2013; Edmund,

D.S. & Bland, P.J., 2011; Kunins, H. et al., 2017; Stella Project, 2017; Zweig, J.M. et al., 2002)

- **Forcing survivors into withdrawal** as a way to harm and control them (Robertson, L., 2017; Rothman, E. et al., 2018; Amaro, H. et al., 1995; Macy, R. et al., 2013)

Threats to call law enforcement about survivors' substance use

- **Planting drug paraphernalia and calling the police** as a way to intimidate and threaten survivors (Amaro, H. et al., 1995)
- **Threatening to report survivors' substance use** to law enforcement as a mechanism of control (Robertson, L., 2017, Amaro, H. et al., 1995; Rothman, E. et al., 2018; AVA, 2018; Stella Project, 2017; Bennett, L. & Bland, P.J., 2008)

Coercion related to children and custody

- Exploiting survivors' fear of child removal by **threatening to call the authorities about their substance use** (Stella Project, 2017)
- Using survivors' substance use against them by **reporting them to child welfare/child protective services or threatening them with loss of custody** of their children (Amaro, H. et al., 1995; AVA, 2018; Edmund, D.S. & Bland, P.J., 2011; Bennett, L. & Bland, P.J., 2008)
- Using survivors' substance use as a way to try to **turn survivors' children against them** (Amaro, H. et al., 1995)
- **Encouraging or forcing survivors to use substances so that they appear irresponsible** to the court in custody cases (Rothman, E. et al., 2018)

Undermining survivors' recovery efforts and access to treatment and services

- **Sabotaging survivors' attempts to discontinue substance use or achieve recovery** (Macy, R. et al., 2012; Rothman, E. et al., 2018; AVA, 2018; Edmund, D.S. & Bland, P.J., 2011; Stella Project, 2007; Bennett, L. & Bland, P.J., 2008)
- **Discouraging survivors from accessing substance use treatment services** (Macy, R. et al., 2012; Rothman, E. et al., 2018; Amaro, H. et al., 1995; Choo, E. et al., 2016; El-Bassel, N. et al., 2011; McCloskey, L.A. et al., 2007; Nicolaidis, C., 2007; Bennett, L. & Bland, P.J., 2008)
- **Interfering with substance use** treatment (e.g., forcing a survivor to lower their methadone dose, requiring that a survivor ask their permission to attend an appointment) (Kunins, H. et al., 2017)
- **Stalking survivors at substance use treatment services** and showing up at survivors' programs without their consent (Amaro, H. et al., 1995)
- **Escalating violence** in response to survivors' recovery or cessation of substance use (Choo, E. et al., Macy, R. et al., 2012; Edmund, D.S. & Bland, P.J., 2011; Kunins, H. et al., 2017; Stella Project, 2017)

Coercion into sex work

- **Coercing survivors into sex work** as a way to obtain substances or acquire money for substances, often exposing them to additional abuse and violence at the hands of their clients (Robertson, et al., 2017; Amaro, H. et al., 1995; Rothman, E. et al., 2018; Macy, R. et al., 2013)
- Entrapping survivors in a double-bind related to sex work, including **coercing survivors into sex work** in order to obtain substances for their abusive partner, and **then abusing survivors because they engaged in sex work** (Amaro, H. et al., 1995; El-Bassel, N. et al., 2011; Macy, R. et al., 2013)

IMPACTS OF SUBSTANCE USE COERCION

This literature scan also provided information about the direct impacts of substance use coercion on survivors. Taken together, the articles suggest that substance use coercion affects survivors in the following ways:

- Experiencing fear or reluctance to contact law enforcement for protection;
- Blaming themselves for the abuse because substances were involved;
- Being unable to access social services, employment, housing, and other services because of coerced substance use (e.g., through failing drug screening tests, substance-related criminal records);
- Having difficulty accessing substance use treatment services and supports due to threats, manipulation, and violence;
- Facing heightened difficulty in leaving an abusive relationship, including due to abusive partners controlling their access to services and peer support, as well as dependence on their abusive partner to supply substances to avoid withdrawal; and
- Resuming substance use or relapsing as a result of substance use coercion.

It is important to note that the extant literature provides little to no information on how substance use coercion impacts the children of survivors or the bond between survivors and their children. However, it does suggest that survivors who are pregnant or parenting may be particularly affected by coercive threats targeted toward their children. Threats related to custody of their children can also impede survivors' attempts to leave abusive relationships, access services, or maintain recovery (Macy, R. et al., 2013). This is compounded in jurisdictions where "exposure to domestic violence" is grounds for child welfare involvement, placing survivors' ability to maintain custody of their children in even greater jeopardy.

Survivors face additional barriers to economic self-sufficiency and safety

Survivors who experience multiple forms of discrimination and marginalization are at disproportionate risk for harms associated with substance use coercion (Jacobs, M.S., 2017; Morrison, A.M., 2006). For example, survivors who have a criminal record, including as a result of coerced substance use, face even more limited options for employment, housing, social services, maintaining child custody, and economic self-sufficiency (deVuono-Powell, S. et al., 2015; Umez, C. & Pirius, R., 2018; Solomon, A.L., 2012; Hirsch, A.E. et al., 2002; Vallas, R. et al., 2015). In addition, given the disparities in criminalization of substance use by race (Drug Policy Alliance, 2018; Netherland, J.& Hansen, H., 2017), survivors of color may be at greater risk regarding coercive threats to call law enforcement about their substance use (Jacobs, M.S., 2017). Immigrant survivors without documentation may be at increased risk for harm from abusive partners threatening to disclose their immigration status to the authorities (National Network to End Domestic Violence, 2017).

Finally, certain populations may find themselves at higher risk for child welfare involvement as a result of substance use coercion. For example, in many jurisdictions, survivors who are pregnant or parenting and use substances are at risk for criminalization or termination of parental rights (Stone, R., 2015) and are particularly vulnerable to substance use coercion. In addition, given the disparities in child welfare involvement by race (Child Welfare Information Gateway/Children's Bureau, 2016) due to disproportionate and disparate needs, racial bias and discrimination, child welfare system factors, and geographic context, survivors of color may be particularly at risk when their abusive partners threaten to call child welfare or child protective services. These are only a few examples that describe how the convergence of substance use coercion and systemic discrimination can increase harm to survivors and their children.

KEY TAKEAWAY

Abusive partners utilize substance use coercion tactics because they achieve abusive partners' goals of controlling survivors. Overall, substance use coercion impacts survivors' safety, health, custody of children, options for economic self-sufficiency, ability to access services, and their attempts at recovery. While this literature scan identified a handful of tactics that add to our overall conceptualization of substance use coercion, it is largely consistent with the findings from the National Domestic Violence Hotline Study and ongoing reports from survivors, domestic violence programs, and substance use treatment services providers.

INTEGRATED SERVICES

IPV and substance use were historically seen as separate issues. Until fairly recently, the standard practice for providing services to survivors who use substances was via a sequential model, wherein substance use was usually addressed before IPV (Bennett, L. & O'Brien, P., 2010). As a result, survivors who used substances were at times screened out of or discharged from DV programs because providers saw them as "not ready" to address IPV yet or as having needs the programs could not meet. Consequently, this placed survivors at greater risk from both their abusive partners and their substance use. At the same time, survivors accessing substance use treatment programs frequently found that program staff did not understand the dynamics of IPV or the ways in which abusive partners can endanger them when obtaining treatment services or reducing their substance use. The sequential model of service delivery had the unintended consequence of potentially placing survivors at greater risk of injury, overdose, or fatality from both substance use and violence by an intimate partner.

In recent years, and in light of these challenges, practitioners, policymakers, and researchers have expanded interest in integrated, coordinated, and co-located service models for this population.[2] Joint DV and substance use treatment services can be thought of as occurring along a continuum from least to most integrated:

- Many programs offer referrals to provide additional supports for IPV and substance use.
- Some programs provide coordinated services in which there are formal agreements between DV and substance use treatment programs that cover cross-trainings, referrals, and service coordination.
- A limited number of programs provide truly integrated services, offering both DV and substance use treatment services under one roof.

Practice-based evidence and emerging research suggest that coordinated and integrated service models have the potential to greatly improve outcomes for survivors who use substances (Bennett, L. & Bland, P.J., 2008; Bennett, L. & O'Brien, P., 2010; Bailey, K. et al., 2019; Armstrong, E.M. et al., 2019; Macy, R.J. et al., 2012; Mason, R. & Wolf, M., 2014). This section of the literature review provides information on the prevalence and the efficacy of integrated services because they were identified by experts in the field as a "promising practice" for supporting survivors dealing with substance use coercion.

Prevalence

This literature scan was unable to locate any recent articles that provide clear information on the prevalence of fully integrated services specifically for survivors who use substances. However, we

2 There are additional service models that allow abusive partners to access IPV-related services within substance use treatment facilities. These models, while important and largely situated within substance use treatment programs, have not been included in this review because the focus is solely on service approaches to support survivors.

identified two studies that provide limited information about IPV service provision within substance use treatment facilities. In a study of over 10,000 substance use treatment facilities, Capezza et al. (2015) found that 38.4 percent provide IPV services. Similarly, a 2014 study of 13,342 substance use treatment facilities found that 36 percent offer IPV-focused services (Cohn, A. & Najavits, L.M., 2014). However, neither study specified whether the services were for survivors or perpetrators. Furthermore, neither of these studies was able to provide information on the type or extent of IPV-related services provided.

A recent study provides some information on integrated services within the United States. However, interpreting the results requires some thoughtfulness as the sample included programming that supports both survivors and abusive partners (Armstrong, E.M. et al., 2019). This study utilized a purposive sample of 204 programs identifying as addressing IPV (both victimization and perpetration) and substance use. Programs incorporating an understanding of both IPV and substance use into their services most often did so via advocacy or service coordination, groups, or screening. They also reported on the administrative areas in which both issues were most frequently addressed: this includes policies and procedures, training, and community education. This study found that when substance use treatment programs or multi-service organizations address IPV in a systematic way, they most often do so using an internal strategy, such as through in-house experts or staff. In contrast, IPV-focused agencies that address substance use most often did so via an external strategy, such as partnering with an outside treatment organization.

Evidence

As part of this literature scan, we focused on identifying articles that provide evidence on the efficacy of integrated IPV-substance use treatment services. Notable evidence-based and evidence-informed interventions focusing on substance use and trauma more generally (e.g., Seeking Safety, Helping Women Recover) were excluded from this scan because they did not specifically analyze outcomes for IPV survivors. We found three articles that provided evidence for the efficacy of integrated services.

Morrissey et al. (2005) completed a 5-year, quasi-experimental study funded by the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration, which investigated the effects of integrated treatment services for women who have been physically or sexually abused. All treatment sites offered a variety of services, including trauma-specific services, substance use treatment, DV advocacy and counseling services, parenting skills training, resource coordination, crisis intervention services, and peer-led services. Five of the nine treatment sites were identified as providing enhanced integrated counseling addressing trauma/abuse, mental health, and substance use. Fifty percent of women served by these five sites and who reported drug use at baseline were no longer using at six-month follow-up. Among women served by the four less-intensive integrated programs, 34 percent who reported using drugs at baseline were not using at six-month follow-up.

Bennett and O'Brien (2007) completed an outcomes evaluation of an Illinois-based demonstration project on the effects of integrated and coordinated services on survivors who use substances. This

study found that coordinated and integrated services are associated with statistically significant improvements in self-efficacy and decreases in substance use among survivors. A total of 128 survivors were interviewed at entry to services and again four to six months later. On average, survivors accessing coordinated and integrated services reported six days of substance use per month at baseline and one day of substance use per month at follow-up. Furthermore, at follow-up, 87 percent of survivors reported not using substances during the previous month. Interestingly, during the course of this study, survivors reported a 20 percent increase in feelings of vulnerability related to IPV. The authors suggest that this may be due to increased abuse or violence from intimate partners as a result of survivors' reduction in substance use.

Gilbert, El-Bassel, et al. (2005) completed a randomized controlled trial on the short-term effects of an integrated relapse prevention and relationship safety intervention for women on methadone. The goal of the intervention was to reduce drug use and experiences of IPV. As compared to the control group, women who participated in the intervention had 3.3 greater odds of decreased substance use, 7.5 greater odds of decreased minor abuse of any form, 5.3 odds of decreased minor psychological IPV, 7.1 greater odds of decreased severe physical IPV, and 6.1 odds of decreased severe psychological IPV. However, the intervention had no effect on decreasing heroin or marijuana use, specifically. The authors note that this may be due to the pain-relieving qualities of both substances.

KEY TAKEAWAY

These three studies suggest that integrated services may uniquely benefit survivors and are associated with decreased substance use and, in some cases, a reduction in reported experiences of violence.

Recommendations for Future Research

While the findings from these integrated services studies are promising, there is a continued and ongoing need for additional research on service approaches for survivors dealing with both substance use and IPV. Based on the findings of this literature scan, additional research is recommended in the following six areas:

- the prevalence of fully integrated IPV-substance use services, coordinated services, and co-located services;
- the *overall* effectiveness of integrated, coordinated, and co-located services for both substance use and IPV-related outcomes;
- the *comparative* effectiveness of fully integrated, coordinated, and co-located IPV-substance

use treatment services on substance use and IPV-related outcomes;

- best practices for the implementation of integrated, coordinated, and co-located services, including within residential domestic violence program settings;
- best practices for residential substance use treatment services for survivors who are pregnant and parenting; and
- effectiveness of integrated, coordinated, and co-located IPV-substance use treatment services that are gender-responsive, culturally relevant, and trauma-informed.

Any research completed in this area needs to take into consideration the complexity of both IPV and substance use. This includes incorporating an understanding of substance use coercion into all studies, given the ways that abusive partners interfere with and sabotage survivors' access to services and recovery. Research should also be survivor-centered, with a focus on survivors' stated needs and their perceptions of what safety, recovery, and wellbeing mean for them. There is also a need to document outcomes related to use of specific substances. Given the lethality of the current opioid epidemic, there is an urgent need for research on the efficacy of integrated, coordinated, and co-located services for survivors who use opioids.

This literature scan has also identified major gaps in research on substance use coercion, including:

- the prevalence of substance use coercion, including in a variety of service and treatment settings;
- the impact of substance use coercion on survivors' health, recovery, access to services, and safety;
- the impact of substance use coercion on survivors' parenting and child wellbeing;
- the effectiveness of interventions to address substance use coercion; and
- the effectiveness of IPV and substance use services, including integrated, co-located, and coordinated services, in meeting the needs of survivors experiencing substance use coercion.

However, currently there are no validated, published scales of substance use coercion, which is a major barrier to making progress in any of these priority areas.[3]

In expanding research on substance use coercion, there are a number of priority areas related to impact, including:

- the role that abusive partners play in survivors' initiation into substance use and subsequent usage trajectories, including those that lead to addiction;

3 Although the lack of a validated published scale of substance use coercion has been a barrier to research in these three areas, a measure of substance use coercion (The Substance Use-Related Coercion Scale or SURCS) is currently under development (NCDVTMH, 2020).

- substance use coercion during pregnancy and consequent neonatal abstinence syndrome;
- the impact of substance use coercion on child custody decisions;
- the relationship between substance use coercion and human trafficking; and
- the nexus of opioids and substance use coercion, including a focus on opioid overdose-related deaths among survivors.

All research completed on the impact of substance use coercion needs to hold an understanding of social, racial, and economic disparities at its center, as survivors experiencing multiple forms of marginalization are at greater risk of harm. Additionally, future work in this area should be conducted using community-based participatory research models that center survivors' voices and experiences. Research in this area will also need to undergo a translational process so that domestic violence programs, substance use treatment providers, and other service systems can easily understand and apply research findings. Research in this area can help pave the way to more effective prevention and services for survivors and their children dealing with both substance use and IPV.

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