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RESEARCH TO PRACTICE BRIEF

Meeting the Needs of Families Affected by Co-occurring Substance Use and Intimate Partner Violence

Jenna, 5, and her brother, Alex, 8, were referred to Child Protective Services. A case worker at their mother's residential drug treatment program reported that their father, who had primary custody of the children while their mother was detoxing from alcohol and opiates, was consistently late to scheduled visits. The children often showed up to the facility quiet and withdrawn. They both appeared to startle easily. At the most recent visit, the case worker overheard the father tell the children's mother that if she didn't leave the program immediately, he would take the kids and run. Focusing solely on the mother's substance use, the case worker had not identified the ongoing intimate partner violence that had been taking place in the home, nor had she identified a safety plan for the children or the mother when the mother entered the treatment program.

Families affected by co-occurring intimate partner violence (IPV) and substance use face unique and interconnected needs. Providing services requires consideration of the needs of the adult who is experiencing IPV, the child(ren) exposed to it, and the family unit as a whole, with a primary emphasis on ensuring the safety of all family members. This brief focuses on mothers who are experiencing IPV and who use substances, and it identifies promising practices and programs to meet the needs of these women and their children.

In this brief, we use the term *intimate partner violence* to refer to violence committed against a romantic partner as part of a pattern of behavior intended to exert power and control over the partner.[3] In addition to physical or sexual violence, IPV may also involve verbal and psychological abuse as part of an effort to exert

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control.[2,25] In heterosexual relationships, this type of violence is primarily committed by men against their female partners.[3] Therefore, in this brief, we focus on women who are abused by men. Although we acknowledge that IPV does occur in the reverse direction, as well as in same-sex couples, these issues are beyond the scope of this brief.

Prevalence of IPV and Substance Use

In the United States, over one-third of women have experienced physical violence, rape, and/or stalking by an intimate partner.[4] Rates of IPV are even higher among African American, American Indian or Alaska Native, and multiracial women.[4,9,20] While women of all ages, income levels, and geographic locations experience IPV, prevalence is greater among low-income women, young women, and women residing in urban areas.[5,9,10,20]

Children are often indirect victims of IPV, as they are frequently present in the home when IPV occurs.[7] An estimated 15.5 million children in the U.S. live in families in which IPV has occurred in the past year.[6] Substance use—by one or both partners—often co-occurs with IPV.[2,9,11,14] Research has consistently found higher rates of drug and alcohol use among women who experience IPV than among those who do not.[9,15,16,20] A review of the research found that, on average, an estimated 19% of women experiencing IPV abuse alcohol, while 9% report substance use.[15] Studies of women receiving services for their IPV-related needs show even higher rates of substance use, ranging from one-quarter to one-half.[1]

In addition, approximately one-quarter to one-half of men who commit IPV have histories of past or current substance use.[2] Although it is important to note that substance use does not necessarily cause men to be violent, intoxication may play a role in facilitating violence.[2, 17]

Consequences of IPV

Among women who have experienced IPV, the proportion who consider their physical or mental health to be poor is nearly three times higher than among women with no IPV history.[4] Research suggests that these effects increase as the violence becomes more severe, and effects may persist even after the IPV has ended.[4,14] Adverse physical and mental health outcomes are associated not only with physical IPV, but also with psychological abuse.[40]

- *Health Concerns*
  Studies consistently show that IPV is associated with significant long-term and short-term physical health problems.[14] These may include:
  - injuries resulting directly from the violence;
  - disabilities and chronic pain resulting from these injuries;
  - difficulty sleeping;
  - gastrointestinal issues;
  - cardiac symptoms (such as hypertension and heart disease);
  - stroke;
  - gynecological problems (including STIs); and
  - asthma.[4,9,11,14,16]

- *Mental Health Concerns*
  Women experiencing IPV are also at increased risk of a variety of mental health concerns, including:
  - Depression;
  - Posttraumatic Stress Disorder;
  - and suicidal ideation.[11,14,15,21,40]

Depression and PTSD, which frequently co-occur, are the most common mental health diagnoses among women who experience IPV.[14] Nearly half of women experiencing IPV have depression, nearly two-thirds have PTSD, and almost one-fifth experience suicidal ideation.[15]

IPV, Substance Use, and Health

Research has found that the vast majority of women who use substances have experienced trauma in their lives, including IPV.[1] Women may initiate or intensify their use of substances as a method of coping with the trauma or stress of IPV.[1,14,37] The stress of experiencing IPV may also lead women to develop mental health disorders, such as post-traumatic stress disorder (PTSD) or depression, which may subsequently lead to substance use to reduce the symptoms of these disorders.[14,15,22,23,40]

Reciprocally, substance use, mental health, and physical health problems may lead to an increased risk of IPV.[9,11,23,25,26] For example, women who use substances may be more likely to enter into relationships with violent men who also use substances.[1] Substance use may also retain women in abusive relationships by hindering their ability to protect themselves, impairing their judgment, or increasing their financial dependency on their partner.[1,26]

IPV and Substance Use During Pregnancy

Studies have found that between 3 and 11 percent of pregnant women experience IPV.[12,13] IPV during pregnancy presents risks to the health of both the mother and the fetus from trauma[14,29] and is associated with adverse pregnancy outcomes, such as preterm delivery, low birthweight, and miscarriage.[14,16,27,28,29] Women who experience violence are more likely to use drugs and alcohol both before and during pregnancy.[16,18,21]

Impacts of IPV and Parental Substance Use on Children

Exposure to IPV and parental substance use can have far-reaching effects on children's development. Many of the risks associated with exposure to IPV are similar to those associated with exposure to parental substance use, and both increase children's risk for developing social, emotional, behavioral, and cognitive disorders.[10,33,34,37] Despite these similarities, the problems of parental substance use and IPV also create unique challenges for children, which manifest in different ways. The table below indicates common problems associated both with IPV exposure and with parental substance use, as well as symptoms that are more strongly associated with one issue or the other.

Symptomatology Associated with IPV and Substance Use

IPV and Substance Use	IPV	Substance Use
Depression	PTSD	"Parentification"
Anxiety	Distress/irritability (infants)	Hyperactivity
Aggression	Developmental delays	Impulsivity
Loneliness	Sleep problems	Guilt, shame
Confusion	Low self-esteem	Chronic stress due to chaotic home environment
Difficulties at school	Difficulties with peer relationships	

Sources: 7, 10, 30, 33, 34, 35, 37, 41

In addition, both children exposed to IPV and those whose parents use substances are at a greater risk of being abused and neglected.[10,31,32,33] Rates of physical child abuse are at least twice as high in families with IPV than in families with no IPV.[32] For families in which parents have substance use disorders, even though parents may not be physically abusing their children, they may be less able to meet the needs of the children, potentially resulting in child neglect.[33,35,37] A common issue in these families is "parentification," in which the child takes on adult roles and responsibilities in order to compensate for the substance-using parent's impaired ability to function.[33,35,36]

It is important to note that not all children exposed to IPV or parental substance use experience these detrimental effects. In the case of IPV exposure and parental substance use, each child's unique characteristics and personal resiliency—as well as factors such as age, socioeconomic status, length and severity of the IPV, and the quality of parent-child relationships—play a role in determining what challenges, if any, the child will develop.[10,37,41]

Interventions

To meet the needs of families experiencing co-occurring IPV and substance use, it is crucial that service providers address both issues, since either problem can compound the other.[25,37] For example, IPV can hinder women's efforts to recover from addiction, while substance use can make women more vulnerable to IPV and impair their capacity to protect themselves and their children from abuse.[14,25,44] Both issues should therefore be addressed concurrently and in a coordinated manner.[1,2,25,37,46]

The multiple and interconnected needs of families experiencing co-occurring IPV and substance use will likely require the involvement of more than one social service agency.[1,49] It is important that service providers collaborate, share information, and integrate their services to the greatest extent possible, all while approaching the families with a truly trauma-informed practice.[1,2,45,46]

Assessments

The most important priority to address when working with families affected by co-occurring IPV and substance use is to ensure the safety of all family members.[48,71] Clinicians should first consider the immediate safety needs of women and their children, including the possible need for shelter, and should be aware of local resources that are available to meet these safety needs.[48] In order to help women and their children access these resources, it is key that providers be able to identify when a family is experiencing co-occurring IPV and substance use.

Identifying IPV

A number of signs can alert practitioners to the possibility that IPV is occurring in the home. Women who are experiencing IPV may exhibit:

- Bruises or other untreated injuries, particularly to the face and neck;
- Stress-related health problems, including headaches, chronic pain, stomach complaints, fatigue, sleep disorders, and pregnancy complications;
- Psychological signs of abuse, such as shame, guilt, low self-esteem, traumatization, anxiety, panic attacks, and depression; or
- Social isolation and loss of social support systems.[2,37]

Further, be alert to reports of behaviors that may indicate that a man is abusing his partner, including:

- Threatening to harm his partner or others;
- Threatening to leave his partner or take her children away;
- Exhibiting jealousy or controlling behavior;
- Prohibiting family from spending time with friends or extended family;
- Damaging property; or
- Preventing his partner from attending counseling or substance use treatment groups.

Screening for IPV can help clinicians identify whether IPV is occurring and, if so, the nature of the violence and the extent of danger it poses.[2,52] After establishing that IPV is taking place in the home, the woman should be referred to an IPV service provider for an in-depth IPV assessment.[2]

Making meaningful connections with women with trauma histories must be the primary goal for clinicians. The focus cannot solely be on completing assessments and obtaining information. A real effort needs to be made to create rapport and a safe space before expecting the woman to open up about highly sensitive issues. Once this dynamic has unfolded, the following tips should be kept in mind when conducting interviews to screen for IPV :

- **Interview the client alone.** This will make it easier and safer for her to disclose the abuse and will help to build trust.[2,44] Friends and family members should not be present during the interview, since abusers may obtain information from them about what was said, potentially placing the woman at risk.[2]
- **Continue to build trust.** Since women may be reluctant to discuss their experiences with IPV and may feel a great deal of shame about this topic, it is important to develop an environment of trust and safety.[37]

- **Maintain confidentiality.** Assure the woman that nothing she says will be disclosed to her partner.[44] Avoid leaving information about IPV resources or voicemail messages referencing the IPV.[44]
- **Be cautious, respectful, and sensitive.** Acknowledge that this is a sensitive topic, and begin with the least sensitive questions in order to put the woman at ease.[37,44] Avoid using terms like "domestic violence," at least at first; instead, use terms such as "inappropriate behavior" or "behavior that is unsafe".[37] Recognize that discussing the abuse may be traumatic, and avoid pressing for unnecessary details.[44]
- **Avoid criticizing the abusive partner.** Since the woman often cares about her partner, attacking or criticizing him may lead her to defend him or to shut down the conversation.[2,37]
- **Emphasize that the abuse is not her fault.** Questions should be framed in such a way as to place the blame on the abuser, not on the woman experiencing IPV. Avoid questions such as, "What did you do to make your partner angry?" and "Why do you stay with him?"[44] Instead, emphasize that there is no excuse for her partner's behavior.[2]

Examples of the types of questions to ask during the screening interview include:

- "Could you tell me about your relationship with your partner?"[44]
- "All couples argue. How do you and your partner argue?"[44]
- "How safe do you feel with your partner?"[37]
- "Has there been a time when you felt afraid of your partner? If so, can you tell me what happened?"[44]
- "Does your partner ever act jealous or possessive of you? Can you tell me more about that?"[44]
- "Can you tell me about a situation when your partner pushed, slapped, or hit you?"[37]
- "How does your partner attempt to control your alcohol or other drug use?"[37]

For a number of reasons, women may be unwilling to disclose that they are being abused. For example, they may fear that they will be stigmatized, that their partners will retaliate against them, or that their children will be taken away.[37, 40] They may also see the abuse as a private family matter, or they may blame themselves for their partner's behavior.[2, 40]

IPV and Cultural Considerations

Clinicians must have an awareness of cultural context in order to address IPV across different populations and communities. Numerous factors can influence the reporting or underreporting of IPV by women of different cultural or ethnic backgrounds including:

- Fear of isolation and alienation;
- A strong loyalty to immediate and extended family;
- Cultural norms that emphasize privacy and not trusting outsiders;
- Fear of rejection from family, friends, the church, and community;
- Distrust of law enforcement and the unwillingness to subject loved ones to a criminal and civil justice system they may feel are racially and/or culturally biased;
- And misgivings about the cultural or linguistic competency of shelter and intervention services. [75,77]

Women from immigrant communities may hesitate to leave abusive partners based on a variety of factors including:

- A lack of awareness of their legal rights;
- Fear of deportation of themselves, their partners and/or their children;
- Succumbing to pressure by extended family members to keep the family unit together;
- A fear of dishonoring their family or being disowned as a result of the social stigma that their community places on a woman who divorces or abandons her partner;
- Strict adherence to religious rules around marriage;
- And fear of social isolation that may be exacerbated due to a lack of a social network, language barriers, lack of access to transportation or ESL classes. [75,76]

In light of the impact of IPV amongst various cultural and ethnic groups, it is important for programs to offer services that are culturally sensitive to the diverse needs of these communities. Some basic recommendations include providing *broad skills development training*. [76] Such training could include offering or collaborating with organizations that offer: English language instruction, training on using public transportation and map reading, computer classes, personal finance management, driving classes, or job search strategies. [76]

It is also vital to *provide assistance in accessing services*.[76] Such assistance could be in the form of helping survivors connect to services that are provided in their native language, putting them in touch with skilled interpreters, helping them access shelters that can support their particular cultural needs, and connecting them to agencies that offer legal aid with child custody issues, immigration status or other matters relevant to their case. [76,77] Offering survivors access to support groups with participants of similar cultural backgrounds, where they can discuss their experiences and ways to improve their lives, is another means toward enhancing culturally competent services. [76]

Thus, even if a woman is being abused, the initial screening may not reveal that IPV is taking place. It is therefore important to continue to be alert to the signs of IPV and to conduct additional screenings over time.[2,37]

Identifying Substance Use

As with IPV, be aware of signs that may indicate substance use, including:

- Physical signs, such as needle marks or drug paraphernalia in the home;[33]
- Psychological signs, such as shame, guilt, denial, or low self-esteem;[37]
- Impaired ability to make rational decisions; or[37]
- Odd behavior that may indicate that the client is under the influence of alcohol or drugs.[33]

Although it is important to be alert to these possible red flags, substance use or addiction may be present even without any visible signs.[33] Substance use screening can therefore be useful in determining whether substance use is occurring. Home visitors may also find it helpful to use a brief screening tool, such as the CAGE or UNCOPE questionnaires.[33] If the screening indicates that the client may have a substance use disorder, the client should be referred to a substance use treatment provider for a thorough assessment to determine whether, and what type of, treatment is needed.[33,35,37]

Understandably, clients may be reluctant to discuss their substance use. As with screening for IPV, substance use screening must be an ongoing process that involves building trust and rapport with the client.[37]

Safety Planning

Information obtained from IPV and substance use screenings will help to inform safety planning, which involves working with the client to identify options that may help to increase her safety and the safety of her children.[44] Safety planning is an ongoing process that involves discussions of the benefits and drawbacks of various options and addresses both short-term and long-term risks to safety.[2,44]

Safety plans should include:

- Strategies to decrease the likelihood of physical violence by the abusive partner and promote the safety of the woman and her children, such as:
  - Determining what to do and where to go when the abusive partner becomes violent or threatens violence;
  - Gathering important documents and personal items that will be needed should the woman and her children need to leave suddenly;
  - Adding or changing door or window locks or installing a security system; and/or
  - Informing individuals such as friends, neighbors, coworkers, and school officials about the abusive situation and any restraining orders that are in place.[44]
- Strategies for addressing barriers to safety, such as:
  - Income (as the abuser may be the family's main source of financial support);
  - Housing/shelter;
  - Health care (including resources for mental wellness, if needed); and
  - Child care (including where the children will stay if their mother enters a long-term residential program).[44,45]
- Contact information for neighbors, friends, and family members that can provide safety and support if needed.[44]
- A list of local IPV resources such as shelters, family services agencies, and law enforcement agencies and information on how to access these re-sources.[44,48]

Safety plans should also take into account the client's substance use, as well as any mental health issues, and how these issues may affect her safety.[45] In particular, when women experiencing IPV seek treatment for substance use or try to stop using substances, their risk of being harmed by their partner may increase.[45] An abuser may feel that his partner's sobriety threatens his control over her, and he may react with threats or violence.[45,2] Safety plans should include strategies for reducing substance use or maintaining sobriety and should consider ways that abusive partners may try to undermine these efforts.[37,45]

Depending on the age of the child and the family's circumstances, it may also be beneficial to develop a child safety plan that details what to do during a violent situation.[44] This may help children feel safer and give them a sense of control.[44,45] Such a safety plan should include specific steps to take when violence is occurring, such as:

- Calling a safe adult, such as a friend or family member, and asking for help;
- Finding a safe location in the house to avoid the violent interaction;
- Escaping from the house in an emergency and finding a safe place to go; and
- Calling the police.[44]

Case Management

Clinicians can act as case managers and advocates by helping address barriers that families face in accessing services, making appropriate referrals, and coordinating among service providers to ensure that families' multiple needs are met. Providing advocacy to help women access services and identify legal options has also been cited as a promising strategy for preventing further IPV victimization.[55] In their role as case managers and advocates, clinicians can:

- **Provide information about available services.** Being knowledgeable about the resources available in their communities is critical.[2,44,55]
- **Develop relationships with service providers.** Reach out to IPV organizations and substance use treatment programs for assistance in the case management process.[44]
- **Address logistical barriers to accessing treatment.** Strategize with women about ways to address barriers to treatment, such as the need for child care, transportation, housing, or economic support.[37,44] Many women also struggle with a real fear of losing custody of their children if they reach out for help.
- **Address motivational barriers to accessing treatment, if necessary.** Not all women will feel motivated or ready to seek treatment. In general, service providers should adopt a woman-centered approach that involves finding out what changes the client would like to make and providing information about treatment options if she is interested.[45]
- **Help women develop social support networks.** The encouragement and support of family and friends is important for recovery from substance use disorders and can also prevent or reduce mental health issues.[33,40] This social support is particularly important for women experiencing IPV.[40] Clinicians can help women strengthen their social support networks and identify potential sources of support, including family members, friends, therapists, and support groups.[40,51]
- **Explore options for leaving the relationship.** If the client is interested in leaving the abusive relationship, the clinician can discuss with her various options, including where to stay and, if she is financially dependent on her partner, any employment or education resources that may help her achieve economic self-sufficiency.[2,37]

Making Referrals

Women and families experiencing co-occurring IPV and substance use may benefit from referrals to a wide variety of programs and services. Women should be referred to programs and services that offer both physical and psychological safety and that understand and support clients' need to feel safe.[2, 37] In addition, if possible, women should be referred to a single location where they can access several different types of services in order to reduce the burden of traveling to multiple locations.[37,45,49] When referring women to residential programs, clinicians should ensure that these programs provide accommodations for children, if possible.[33,45]

Although each woman's needs are different, referrals to the following types of services may be needed:

- **Temporary housing.** Women who choose to leave an abusive home situation can be referred to IPV shelters or to transitional housing programs, depending on their needs. When making referrals, it is important to ensure that the programs do not have restrictions that exclude women who are actively using substances.[45] Although some IPV shelters require residents to abstain from drug use, this may not be an immediate possibility for some women, and discontinuing substance use may exacerbate trauma or mental health symptoms.[2,33,45,46]

- **Other IPV services.** Whether or not they are considering leaving their partner, women may benefit from other services offered by many IPV organizations, including counseling, support groups, case management, and legal advocacy.[44,49,55] Support groups can be beneficial in facilitating connections between women who have experienced IPV, allowing them to build on each other's strengths.[45]
- **Legal Advocacy Services.** Legal advocacy can help women navigate the legal system and make decisions about what legal actions to take, if any, against their abuser.[55]
- **Substance use and/or mental health treatment.** Regardless of the format or setting, treatment for women experiencing co-occurring IPV and substance use should be gender-specific, trauma-informed, and culturally appropriate and should: incorporate harm reduction strategies; use empowerment, rather than confrontational approaches; promote self-esteem and self-efficacy; emphasize that the IPV is not the woman's fault; and address possible childhood trauma.[1,2,37,44,45,51]
- **Parenting support services.** Both women and their children may benefit from programs that offer parenting skills training and resources, particularly since the stress of experiencing IPV may negatively affect women's parenting.[2,10, 33,65] A number of programs offer parenting training and support for women combined with trauma treatment for their children.
- **Basic needs services.** Women and children, especially those fleeing abusive home situations, may need help accessing basic resources, such as food, clothing, financial support, transportation, child care, and medical care.[33,44]
- **Employment and education services.** Women may benefit from education, job training, or other employment services that can help them achieve long-term financial stability and independence from their abusive partner.[33,44,50]

Evidence-Based Programs for Women

- The **Community Advocacy Project (CAP)** offers advocacy services to women who have experienced IPV and to their children. Trained paraprofessionals provide assistance in obtaining community-based services and social support in an effort to empower women and reduce the likelihood of future IPV.[57,58] *http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=262*
- **Seeking Safety** is a cognitive-behavioral program for those with co-occurring PTSD and substance use.[57] The model provides psychoeducation, helps clients achieve safety, and develops coping skills. The program can be offered in a variety of settings and formats.[57] *http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=376*
- The **Trauma Recovery and Empowerment Model (TREM)** is a group-based program for women who have been physically or sexually abused. TREM helps women recover from trauma by teaching coping skills, fostering social support, and addressing mental health symptoms and substance use.[57] *http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=158*

Therapeutic Interventions

The best way to help children in families experiencing co-occurring substance use and IPV is to support their mothers in achieving safety and abstaining from substance use.[10,37,44,45] Meeting the safety, mental health, and substance use treatment needs of mothers will promote more effective parenting, thereby improving outcomes for children.[71]

However, many children also need treatment to help them recover from the effects of their exposure to IPV, parental substance use, and possible child abuse or neglect. In these cases, it is recommended that treatment for both the mother and child occur simultaneously.[71] Providing trauma therapy for children along with parenting support and skills training for their mothers is important for meeting the needs of these children.[71]

Determining Children's Treatment Needs

Not all children exposed to IPV experience trauma symptoms or require mental health treatment.[10,41,62] Whether a child needs treatment, and the type of treatment required, will depend upon characteristics such as the child's protective factors, supports, and coping skills.[10]

If the mother is able to effectively respond to her child's emotional or behavioral difficulties, treatment may not be needed. However, often the mother and child can benefit from trauma-specific treatment that provides parenting skills training.[62]

It is a good idea to conduct a trauma screening on all children exposed to IPV.[62] If the screening indicates that trauma symptoms are present, the child should be referred to a trained clinician for a comprehensive trauma assessment to determine the type of treatment needed.[62]

- Review of Child and Adolescent Trauma Screening Tools
  http://www.childsworld.ca.gov/res/pdf/KatieA/ChildAdolescentTraumaScreenTools.pdf
  A great resource for screening tools

Programs for Children and Their Parents

Programs for children and parents should have the following key goals:

- **Address trauma symptoms.** Treatment programs should focus on addressing the effects of violence and traumatic events on children's lives in a way that is developmentally and culturally appropriate and responsive to the child's individual needs and family circumstances.[10,42,62,71] In particular, treatment should help children with affect regulation and impulse control.[42]
- **Promote the mother-child attachment.** Programs should involve mothers in their child's treatment, if possible.[54] A secure attachment to a caregiver is a key protective factor in reducing the harmful effects of trauma exposure,[10,41] and combined parent-child treatment can enhance this attachment.[54]
- **Improve parenting.** Programs should provide parents with strategies to respond to children's trauma symptoms and difficult behaviors.[62,71] Programs may help mothers to practice more effective supervision and discipline, to provide more structure for their children, to help their children better manage their emotions, and to improve their communication with their children.[35,54] Increasing the quality of parenting can help alleviate children's behavioral and emotional trauma symptoms.[54]
- **Strengthen children's social supports,** including their relationships with extended family, peers, teachers, and community members.[10,37,41,54] These informal social supports are an important protective factor and can help children better handle stress.[10,41]

- **Increase resiliency** by improving children's self-esteem (a key factor in developing effective coping strategies) and building on their individual protective factors, such as their adaptability or positive outlook.[10,37]

Evidence-Based Programs for Children and Parents

- **Child-Parent Psychotherapy (CPP)** is a program for children between birth and 5 years of age who have experienced trauma.[57] CPP works to strengthen the attachment between the parent and child and helps the parent understand how her own experiences with trauma affect her interactions with her child.[57,58] *http://promising.futureswithoutviolence.org/?program=child-parent-psychotherapy-cpp*
- **Parent-Child Interaction Therapy (PCIT)**, a program for children between 2 and 12 years of age who exhibit disruptive behaviors, provides coaching to parents as they interact with their children.[68,70] Therapists speak to parents through a wireless earphone from behind a one-way mirror.[68] *http://promising.futureswithoutviolence.org/?program=parent-child-interaction-thera*
- **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)** offers individual sessions for children and parents, as well as joint parent-child sessions.[49] TF-CBT is designed to address trauma symptoms in children ages 3 to 18 while also providing treatment for their parents.[66,70] *http://promising.futureswithoutviolence.org/?program=trauma-focused-cognitive-behavioral-therapy-tf-cbt*
- More information about programs for children and families exposed to IPV can be found on the website *http://promising.futureswithoutviolence.org/*,[70] which includes information, tools, and resources for working with these families, as well as a database of evidence-based programs.

Whether, and to what extent, fathers should be involved in their children's treatment is a complex issue.[30] Fathers may present safety risks both to their children and to their children's mothers.[30] In many cases, however, fathers will continue to be involved in their children's lives on a regular basis.[30] Thus, it may be beneficial for fathers to participate in parenting programs, either in parenting groups specifically for men with histories of violence or in their children's treatment programs.[30] Fathers' participation in such programs may help them take responsibility for their children's emotional development.[30] However, it is important to consider the safety risks of involving the father in these programs, and any such involvement should be with the consent of the mother and child.[30] Stay tuned for our upcoming brief on engaging fathers for more information.

Conclusion

Understanding the unique and interconnected needs of families affected by co-occurring substance use and intimate partner violence is crucial in order to maintain safety for all involved. Clinicians must be alert to signs that may indicate presence of substance use and/or IPV, and integrate ongoing screening into their service provision. With an emphasis on ensuring the safety of all family members, service providers can refer affected mothers and their child(ren) to a variety of services to support mental health and substance use recovery, long-term financial stability and increased resiliency. It is unrealistic to think one agency will have the capacity to meet all of the affected families' needs. Collaboration is crucial, as is a trauma-informed response.

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The National Abandoned Infants Assistance Resource Center's mission is to enhance the quality of social and health services delivered to children who are abandoned or at risk of abandonment due to the presence of drugs and/or HIV in the family by providing training, information, support, and resources to service providers who assist these children and their families. The Resource Center is located at the University of California at Berkeley, and is a service of the Children's Bureau.

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