



# INTERDISCIPLINARY RESEARCH LEADERS

RESEARCH BRIEF | May 2021

## Rural Vermont Residents Experiencing Intimate Partner Violence and Opioid Use Face Multiple Barriers to Recovery and Safety

### WHY WE DID THIS STUDY

Intimate partner violence (IPV) and opioid use disorder (OUD) are major public health concerns in the United States, especially among residents of rural areas. Opioid use and IPV contribute separately to poor health and psychosocial outcomes in rural communities, and together they create a synergistic effect: Opioid use may precede IPV, and experiencing IPV is related to subsequent opioid use.

The purpose of this study was to identify and address some of the barriers faced by women in rural Vermont in trying to achieve safety from IPV and enter recovery for OUD. Findings pointed to a lack of cross-training between IPV and substance use disorder, so we created a curriculum to help recovery specialists address this need. We then delivered a training to IPV advocates and substance use disorder recovery coaches and analyzed efficacy and acceptability.

### HOW WE DID THIS STUDY

*Phase 1: Exploratory analysis:* We conducted one-on-one telephone interviews with 33 women in rural Vermont who had experiences with both IPV and OUD. The interview guide was developed in consultation with our community partner, Diane Kinney (co-executive director of Circle, a domestic violence shelter in central Vermont) and our project advisory board of four individuals with lived experiences of IPV and OUD. Interviews covered experiences with IPV and opioid use, participants' perceptions of the relationship between IPV and OUD, and participants' experiences with help-seeking, including barriers or obstacles to care, and what they would change to help other people in similar situations. Through thematic analysis of our qualitative data, we identified five major themes from the interviews to inform our intervention.

*Phase 2: Intervention development:* We transformed Phase 1 interviews into six "illustrations" that represented the

### KEY FINDINGS

- Rural Vermont residents experiencing intimate partner violence (IPV) and opioid use disorder (OUD) face multiple barriers to recovery and safety.
- A community brainstorming event generated multiple possible interventions including housing and cross-training of service providers.
- Our cross-training workshop showed promising results in improved knowledge and preparation for helping clients with complex needs.
- There is a large service and resource gap for people experiencing OUD and IPV. Bringing people with lived experience together with professionals and volunteers can help create interventions to fill that gap.



Research team members, advisory board members, and invited human services professionals participate in brainstorming activities at our 2019 ideation workshop. (Photograph used with participant permission.)

many complex issues faced by women when seeking safety and recovery. We then held an all-day “ideation workshop” in Montpelier on October 10, 2019, inviting 35 representatives from professions in substance use treatment and recovery, children’s protective services, advocates for survivors of IPV, and sexual assault. Workshop participants worked in groups to read an illustration and to identify resources, currently inaccessible or nonexistent, that could address its issues. The workshop generated many ideas to improve service provision for people experiencing IPV and substance use. Two major solutions offered were: (1) safe, recovery-supportive housing for women with children, and (2) cross-training survivor advocacy and substance use treatment/recovery workforces.

*Phase 3: Cross-training event:* To develop a cross-training curriculum, we partnered with Recovery Vermont, which trains and certifies peer recovery coaches. Due to the ongoing COVID-19 pandemic, we held the training event via Zoom. We invited 20 survivor advocates and 20 peer recovery coaches to join us for an all-day workshop on February 26, 2021. Attendees currently working as peer recovery coaches attended a session with community partner Diane Kinney (Circle, Inc) to learn about IPV, while current survivor advocates attended a session with trainers from Recovery Vermont to learn about substance use disorder, paths to recovery, and the role of peer recovery coaches. To evaluate our training workshop, we

conducted pre-and post-training surveys.

## WHAT WE FOUND

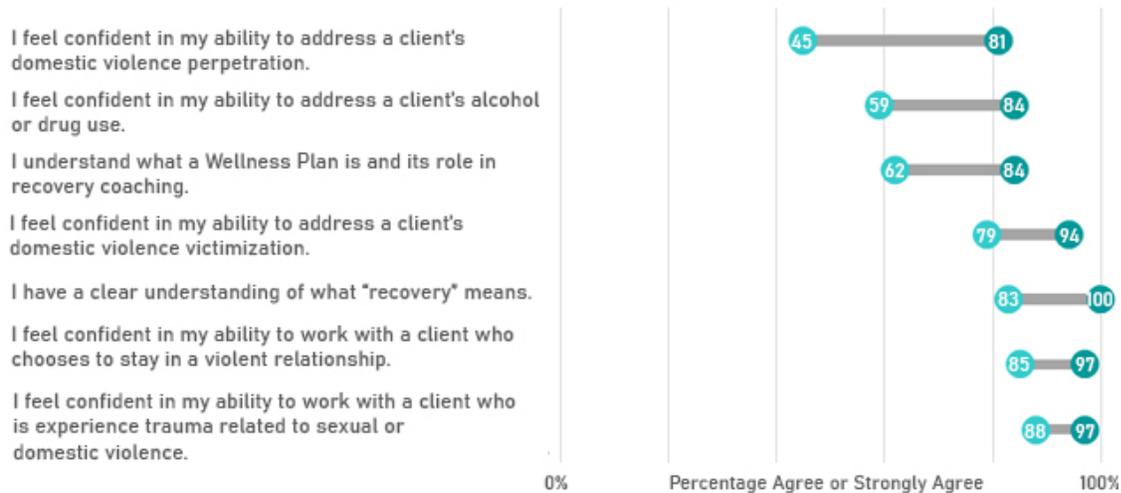
In Phase 1, we identified five major themes from the interviews: (1) challenges associated with geographic isolation and transportation, (2) inaccessibility of existing IPV and OUD services, (3) lack of integrated IPV and OUD services, (4) social isolation, and (5) amplification of stigma in small rural communities.

Results from Phase 1 qualitative interviews demonstrated that existing services did not meet the needs of rural residents experiencing IPV and OUD. Geographic isolation meant that participants often lived far from service providers, and transportation issues made it difficult to get treatment or services. These challenges were often exacerbated by harsh Vermont winter weather. The relative lack of service providers meant that participants faced long wait-lists for beds in IPV shelters or substance use disorder treatment clinics, with few options available for women with

**“He would take my shoes and all the baby’s warm winter gear so we couldn’t leave.”**

— Research participant

## Advocate and Recovery Coach Cross-Training Pre- and Post- Measures



dependent children. Long wait times served to temporarily or permanently deter people from seeking care, especially if long wait times were a recurring problem. Existing services tended to be designed to meet the needs of IPV or OUD populations separately, but not the complex needs of people experiencing both. Finally, social isolation and stigma limited information-sharing, leaving many unaware of available services in their communities. While a lack of proximity to neighbors facilitates social isolation by making it harder for rural residents to develop friendships and social support networks, shame and fear associated with reporting and utilizing services for IPV and OUD may act as a compounding deterrent to help-seeking behavior.

In Phase 3, our evaluation of the cross-training workshop resulted in improved participant confidence on multiple key items. We found increases in participant understanding of the roles of peer recovery coaches and survivor advocates, as well as reported increases in confidence working with clients struggling with IPV or substance use. Additionally, participants overwhelmingly agreed that “this training addresses a need in my community,” “I would recommend this training to a peer,” and “I hope there is a more advanced version of this training available soon.” Open-ended survey responses revealed that participants

enjoyed connecting with recovery coaches and advocates from across Vermont. When asked how the training could be improved, responses were divided between feeling the training was too long, especially in the online format, but wanting *more* content, including advanced sessions on substance use disorder and on specific skills like motivational interviewing.

### WHAT THESE FINDINGS MEAN

Our results demonstrate that there is a large service and resource gap for people experiencing IPV and OUD, and that bringing people with lived experience together with human services professionals and volunteers can help us create interventions to fill that gap. Our cross-training workshop brought the results of our research to coaches and advocates and improved their understanding of each others’ roles and their preparation to help clients in complex situations. However, a single training is not enough. Additional investment in housing, transportation, and direct support to rural substance use treatment and survivor advocate organizations is necessary to meet the needs of rural Vermont residents. Our next steps are to improve and expand the cross-training workshop, and to continue community-engaged research to build local capacity and connections.

### ABOUT THE AUTHORS

This brief was authored by Rebecca Stone of Suffolk University, Emily Rothman, Julia Campbell and Nafisa Halim of Boston University, and Diane Kinney of Circle. RS, ER and DK are 2021 Robert Wood Johnson Foundation Interdisciplinary Research Leaders fellow(s). For questions, please contact Rebecca Stone (rstone@suffolk.edu).