

Criminalization and Experiences of Violence:

Developing Responsive Harm Reduction Services for Survivors of Violence and Criminalization

People experience harm in different, complex ways at both the structural¹ and interpersonal levels. When people are criminalized because of illicit drug use, criminalized labor (like drug selling or sex work), or other stigmatized actions that are often survival behaviors, they are also more vulnerable to experiencing interpersonal violence. These intersecting experiences (along with poverty, racism, sexism, homophobia, and transphobia) create structural barriers and risks, making it more challenging to identify,

access, and engage with supportive services. As part of providing holistic, person-centered care, service providers must consider the broader contexts shaping experiences, options, and opportunities for the people and communities they serve. The following recommendations are designed to support service providers who work with people who survived or continue to experience interpersonal and structural violence related to drug use, criminalized labor, involvement in the criminal-legal system, and homelessness.

1. Understand the ways in which people experience criminalization.

People who use drugs remain systematically criminalized for their use, even when local policies support non-arrest or alternatives to incarceration. Individuals are put at risk of heightened policing, arrest, and sanction for their participation in (and sometimes simply proximity to) criminalized economies like the sex trade and drug selling. This can lead to involvement with the child welfare system, and there are additional risks related to immigration or parole/probation status. These risks are particularly acute

for Black and brown parents, who have often experienced interactions with Child Protective Services (CPS) as punitive and causing intergenerational harm, rather than as healing or supportive to their families. Families deserve support and intentional investment of resources into families and communities to remedy these racial inequities. A key principle of harm reduction is meeting people where they are at, which includes understanding experiences of harm – particularly the systemic harm of criminalized survival.

2. Recognize the places where people experience harm and violence.

Harm can be both interpersonal and systemic, referred to as harm within communities and harm against communities, respectively. Interpersonal violence can mean harm perpetrated by partners, peers, family members, individuals encountered through work, and people who are representatives of the system (for example, law enforcement). This might manifest as intimate partner

violence, familial violence, trafficking, or assault. Harm against communities includes criminalization and policing, dismantling of families through the family welfare system, gentrification, and other ways in which systems oppress entire groups of people. The interplay of these two experiences can present unique challenges and barriers to traditional support.

¹ Structural violence refers to a form of violence wherein social structures or social institutions harm people by preventing them from meeting their basic needs. (Lee, Bandy. *Violence: An Interdisciplinary Approach to Causes, Consequences, and Cures*. Wiley-Blackwell. Feb 2019.)



3. Understand how system involvement can bring about more harm than good. Explore alternative forms of intervention and justice for survivors.

As service providers to criminalized people, many harm reduction programs already understand that the presence of law enforcement is not always welcome. The people we serve are frequently incarcerated, reported to child welfare systems, or experience law enforcement mistreatment, even when calling for help to report being a victim of violence. It is important that people are able to make fully informed decisions when they experience violence. For example, parents should know their rights at the beginning of any CPS investigation and have access to legal assistance, and all options should be self-driven and not mandatory. Hospitals should obtain informed consent prior to drug testing parents and their newborns, and policies should reflect the limited

utility of this information; a drug test is not a parenting test. Too often, a desire for justice is conflated with carceral approaches, and survivors of harm are offered few options. Centering healing and finding out what a person needs for justice or resolution can mean a range of approaches, including transformative justice, restorative justice, community accountability, or even no immediate action. This may also include having approaches specifically for clients of SSPs who identify other clients or staff members as perpetrators of harm. Presenting more options cannot always completely mitigate unintended consequences, but it can allow a survivor of violence to regain some control of their situation.

4. Know that harm reduction includes reducing the harm of violence.

While our harm reduction approaches often center on mitigating the health risks of substance use, they can also be applied to the health risks of interpersonal violence. Just like not everyone wants to cease substance use, not everyone wishes to leave a domestic violence situation or to involve law enforcement after experiencing harm. Our principles of harm reduction are broad and can be applied to our work

with people across a spectrum of behaviors and experiences. The practice of harm reduction involves more than a set of public health tools; it's working from a place of empathy and respect, an openness to learning from our clients/participants, prioritizing relationship-building, and affirming the nonlinear nature of growth and healing.

5. Trauma-informed spaces benefit everyone.

Even for those clients who do not actively seek support, everyone is a person who has experienced harm. Considering experiences of violence will help us to deepen our cultural humility and reimagine our approaches. Understanding cultural humility and addressing stigma of people who enact harm, people who experience harm, and the complexities in between should be a continual process of learning and growth for all our organizations and partners. With the goal of initiating and sustaining cultures of continuous learning, we can endeavor to become more responsive, more accountable, and more creative in what service provision looks like.

For more information, please consider the following resources:

- » [Survived and Punished](#), supporting incarcerated survivors of violence.
- » [National Center on Mental Health / Substance Use / Domestic Violence](#), a training center grounded in approaches to domestic violence which supports a range of survivor experiences.
- » [CDC's National Harm Reduction Technical Assistance Center](#)
- » [Key Ingredients for Successful Trauma-Informed Care Implementation](#), an Issue Brief from SAMHSA, April 2016
- » [TransformingHarm.org](#), a resource hub dedicated to ending violence through non-carceral solutions

[NASTAD's Drug User Health team](#) offers training and technical assistance around this and other topics related to SSP implementation through the [CDC's National Harm Reduction Technical Assistance Center](#). Request TA [here](#) or contact us at druguserhealthTA@nastad.org.