

Co-occurring Substance Use Disorders and Domestic Violence

While there is no causal link between domestic violence and substance abuse – there is a significant correlation which must be addressed simultaneously.

Characteristics of a substance use disorder include:

- ▶ Brain disorder
- ▶ Increased tolerance
- ▶ Loss of control
- ▶ Continued use despite adverse consequences
- ▶ Withdrawal symptoms after reduction of use

Scope of the Problem:

- ▶ Women who have been abused are 15 times more likely to abuse alcohol and nine times more likely to abuse drugs than women who haven't been abused (Shipway, L., 2004)
- ▶ 36% of victims in domestic violence shelters also have substance abuse problems (Collins, J. and Spencer, D., 2002)
- ▶ 90% of women in drug treatment had experienced intimate partner violence (Miller, 1994)

Domestic Violence and Substance Use:

- ▶ **Using emotional abuse** – put down and make to feel guilty about use
- ▶ **Using physical abuse** – abuse for using, force to use
- ▶ **Using isolation** – keep from the people that are supportive of recovery
- ▶ **Minimize, deny, blame** – shift the responsibility for the abuse to victim, stating it is due to her use
- ▶ **Using sexual abuse** – force to prostitute for drugs or money for drugs
- ▶ **Encouraging dependence** – introduce her to drugs, encourage or force her to use
- ▶ **Using economic abuse** - take her money, force her to sell drugs, prevent from getting job
- ▶ **Using threats and psychological abuse** – threaten to hurt if she does/doesn't use

Barriers to service:

- ▶ While they often need services the most they are often the least likely to receive them, keeping them and their children at risk
- ▶ Denied shelter due to rules regarding abstinence
- ▶ Denied access to treatment as they have nowhere to send children
- ▶ Fear of losing children
- ▶ Stigma and guilt
- ▶ Employment and housing impacted if substance abuse is disclosed
- ▶ Lack of gender specific treatment
- ▶ _____
- ▶ _____
- ▶ _____

Safety Concerns:

▶ Increased lethality rates

- Acute and chronic effects of chemical dependency may prevent victim from accurately assessing risk
- Feeling an increased sense of power – believing self-defense is possible, not recognizing the impact of substances on reflexes

▶ Women's Health risks

- More female alcoholics than men die from suicide, accidents, circulatory disorders, and liver cirrhosis (Smith & Weisner, 2000)
- Greater severity of liver disease with shorter duration of use than men (Kubbs, 2000)
- Women with substance use disorders are at increased risk for HIV, TB, Hepatitis and other STDs (Francis & Cargill, 2001)

▶ Impaired judgment

- Affects safety planning

Cues

While it is important to recognize possible cues of substance use in order to provide support it is important not to jump to conclusions. Possible cues (Bland, 2008):

- ▶ Slurred speech, long pauses, rambling
 - Could be head injury or stroke; broken jaw, missing teeth, tongue injury; or deafness
- ▶ Rapid speech, hostile tone, hang-ups
 - Could be fear or frustration; mental health disorder; or anger
- ▶ Loud, overly friendly/hostile/argumentative
 - Relief, ruptured ear drum, frustration
- ▶ Sudden mood shifts
 - Trauma, depression, or other psychiatric disability
- ▶ Difficulty with fine motor skills
 - Head injuries, Parkinson's
- ▶ Loss of train of thought
 - Head injury, stress
- ▶ Droopy eyelids
 - Fatigue, exhaustion, narcolepsy
- ▶ Hoarse
 - Strangulation, screaming for help
- ▶ Staggering, swaying
 - Gross motor deficit; injury
- ▶ Red eyes, dilated pupils
 - Crying; concussion; or allergy
- ▶ Tremors
 - Fear; medication; or trauma
- ▶ Scratching
 - Allergy; scabies or lice

Talking about substance use

- ▶ Always in the context of domestic violence and sexual assault
- ▶ Start by discussing partner's use
- ▶ Don't ask "Do you?" ask "When you?"
- ▶ Other possible openers:
 - *"You have been under a lot of stress lately. We both know anyone will look for a way to feel better when feeling stressed. I am concerned about you because we have noticed alcohol on your breath this morning. Lots of women we work with drink for a lot of good reasons. I am concerned about you. How can I help you find a safer way to cope?"*
 - *"Many women tell me their partners don't want to drink or use alone. How often do you find yourself using when you don't really want to?"*
 - *"How often does your partner use alcohol or drugs to intimidate you? How might your partner use substances against you?"*
 - *"What reasons do you have that make you think using substances may not be the safest coping tool?"*
 - *"What have you done to cope when alcohol/drugs aren't available?"*
 - *"A lot of people tell us they would like to stop but are too overwhelmed. That is normal."*
 - *"Can you think of any reasons why drinking or using substances might not be the safest option right now?"*
- ▶ **If she admits to substance use**
 - Validate
 - *"No one has the right to hurt you. You did not cause the abuse – even if you were drinking or using."*
 - *"Drinking and drugging can kill pain for a while but there are safer ways to cope."*
 - *"You deserve credit for finding strength to talk about this. Your safety can improve your children's safety and well-being."*
 - Safety plan options include:
 - Support groups
 - Programs that address DV, Substance Abuse & trauma
 - Refer to treatment and/or 12 step recovery groups
- ▶ If she doesn't admit to substance use:
 - Remember it is common to deny or minimize substance abuse, regardless of trauma.
 - Take this as opportunity to **review the benefits of abstinence from substances**. Do not argue – keep it safe for her to come back and ask for help later if needed.
 - *"I am glad to hear there are not concerns about substance use right now. Should that ever change, this is a safe place to talk about it."*
 - *"Since the majority of women in chemical dependency treatment have experienced abuse we ask everyone about it. Even if it doesn't apply to you, you may have a friend that could find this information useful."*

Safety, Sobriety, and Wellness Plans

Address impact of substance abuse, trauma, and mental health on safety and DV on recovery and wellness

- ▶ **Strategize** **Steps to reduce risk/use/harm**
Secure and hide money, extra keys, and important documents
- ▶ **Develop** **Options to keep safe/sober/well**
A code with family/friends to signal the need for help
- ▶ **Identify** **Trusted allies/safe sponsors/strengths**
Safe neighbor to call 911 if altercation is heard
- ▶ **Plan** **Means to escape abuser/drugs/unhealthy coping tools**
Escape routes, places to hide and store clothing & other items
- ▶ **Discuss** **Referral resources**
Local advocates, shelter, legal options, 911
- ▶ **Avoid** **Dangerous persons/places/things/health risks**
Rooms where weapons/potential weapons are present
- ▶ **Tools** **HALT (Hungry, angry, lonely, tired)/One day at a time**
Recognize vulnerabilities; deal with both safety and sobriety

Self-care

It is important for victim service providers to take time to take care of themselves to prevent burn-out and vicarious trauma. Self-care is an ethical imperative as it allows providers to protect themselves so they are able to effectively assist individuals who have experienced trauma (Pearlman and Caringi, 2009). Some self-care strategies include:

- ▶ Supportive relationships
- ▶ Setting and maintaining boundaries
- ▶ Manage caseloads
- ▶ Nourish mind, body, and spirit
- ▶ Nutritious diet
- ▶ Healthy sleep routines

References:

- Bland, P. (2008). *Getting safe and sober: Real tools you can use*. 2nd Edition. Juneau, AK: Alaska Network on Domestic Violence and Sexual Assault.
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Kubbs, M. ed. (2000). *Women and Addiction in Washington State, A Report to the State Division of Alcoholism and Substance Abuse*. Seattle, WA: Washington State Coalition on Women's Substance Abuse Issues.

Pearlman, L.A. & Caringi, J. (2009). Living and working self-reflectively to address vicarious trauma. In Courtois, C.A. & Ford, J.D. eds., *Treating complex traumatic stress disorders: An evidence-based guide*. New York: The Guilford Press.

Shipway, Lyn. (2004). *Domestic Violence: A Handbook for Health Professionals*. New York: Psychology Press.

Smith, W.B., and Weisner, C. (2000). Women and alcohol problems: A critical analysis of the literature and unanswered questions. *Alcoholism: Clinical and Experimental Research* 24:1320-1321.

Miller, B. (1994). Partner Violence Experiences and Women's Drug Use: Exploring Connection. *Drug Addiction Research and the Health of Women*. Ed. C. Washington and A. Roman. Rockville, MD: U.S. Department of Health and Social Services, National Institute on Drug Abuse.

Additional Resources:

- ▶ National Child Traumatic Stress Network www.nctsn.com
- ▶ National Center on DV, Trauma, & Mental Health www.nationalcenterdvtraumamh.org/home.php
- ▶ National Coalition Against Domestic Violence www.ncadv.org
- ▶
- ▶ Substance Abuse and Mental Health Services Administration GAINS center <http://gainscenter.samhsa.gov/>

