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Substance Abuse: Building a Bridge to Safety for Battered Women

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Introduction

Advocates for battered women often neglect screening for substance abuse. Failure to ask key questions or recognize addiction cues may stem from: lack of time, a sense of helplessness to assess outside an area of expertise, fear of "opening up a can of worms," concerns about angering or hurting a woman's feelings, lack of knowledge of community resources or a lack of trust in other system providers. These barriers are compounded if they exist within a culture that routinely denies access to services for women with substance abuse or addiction issues.

"He drank and he used marijuana heavily. He also used other drugs. The abuse kept going. Not even just when he drank. I mean stressful times. He really hurt me, and I remember just lying, pregnant, in a ball, sobbing as he just drank himself into oblivion."

Why Screen?

Domestic violence and addiction frequently occur in tandem although research indicates neither causes the other. Individually, each can be chronic, progressive and often lethal. Together, severity of injuries and lethality rates climb (Dutton, 1992).[1] Battered women's advocates have an ethical responsibility to routinely screen for addiction issues and offer services to women who may be at increased risk for more lethal domestic violence due to their own or a partner's substance abuse. Advocates for battered women need to ask women about both their own substance use as well as their partners' use. "Nearly 75% of all wives of alcoholics have been threatened, and 45% have been assaulted by their partners (AMA, 1994)." [2] A recent study in Memphis, TN found in 94% of domestic violence calls, the assailant had used alcohol alone or in combination with cocaine, marijuana, or other drugs within six hours of the assault. Brookoff et al found 92% of assailants and 42% of victims in the Memphis study used alcohol or other drugs on the day of the assault (Brookoff, 1997).[3]

"And drinking kept me in the relationship longer. When you're drinking and you're in that vicious circle, the other vicious circle doesn't matter. All I cared about was getting another drink."

Finding out whether substance abuse or addiction is impacting safety and providing effective advocacy requires more than checking off boxes or asking questions from a list. While research supports universal screening the first requirement for respectful screening is an honest evaluation of one's own attitudes and beliefs about addiction.

Chemically dependent battered women have little reason to trust. Both their bodies and their partners have let them down. Respectful screening involves conveying the message addiction and violence can happen to anyone. Advise women: "Any woman is vulnerable; you are not alone should these problems be facing you." A successful intervention requires internally moving beyond the notion, "Why doesn't she just quit?" or "Why doesn't she just leave?" Questions such as these convey lack of knowledge and failure to understand the complexity of safely ending a relationship with either a substance or an abusive partner. Honestly discussing sobriety as a safety risk is extremely important. A woman's

"Somebody wanted to show me support, listen to me, not yell at me, not scream at me, just look at some options, . . . Through them showing love to me, I began to love myself. I didn't deserve the punishment, the continuous bad relationships, continuous abusing the drugs, and the shame and the guilt I felt from all that. I deserved better. It was also okay to heal from all of that."

"It (using) kept me isolated so I stayed at home in my room with the curtains drawn. On top of him keeping me isolated and not allowing me to go anywhere. I think the biggest thing it did was keep me from getting out and getting the help I needed."

decision to keep using or to decline treatment, advocacy or shelter should not be viewed as failure. Recovery is both an option and a process that can take time. Screening and referral can help build a bridge from substance abuse or addiction to health and safety for chemically dependent battered women and their children. Women facing the dual stigma of both addiction and domestic violence may be reluctant to openly seek help. Generally speaking, women do not self-identify as either addicted or battered unless their safety is assured. Safety includes knowing you are not being labeled or judged. Chemically dependent battered women tell us they benefit most from advocates who: " . . . *try to make you feel like you aren't the only one. And that somebody else did make it. And someone else has made a life for themselves. They try to make you feel that you're not worthless or useless.*"

Screening In . . . Not Out

"All I know is when I was being abused, all I wanted was more and more. The marijuana wasn't enough. Then I started getting into the crack. It was easier just to stay stoned and numb and not have to deal with it. The drugs were what made me forget about all the abuse and set aside the fear and terror I had from the abuse and that was my only escape. It was a way to get away from my husband and not feel trapped."

Chemically dependent battered women typically experience barriers to services and are often denied shelter, housing, employment, child custody, health insurance and other services. Impacted by both domestic violence and addiction, they are attempting to survive in a world that condemns them for both their substance abuse and their partner. Failure to provide safe services for chemically dependent battered women is a form of institutionalized oppression. Shelter policies that deny access to services for an entire class of people are both discriminatory and oppressive and cannot be tolerated. The reason battered women are screened for substance abuse is not to deny access to services but to improve advocacy and safety planning. Model programs in Washington state welcome women seeking safety and sobriety and are committed to reducing service barriers and ending isolation for chemically dependent battered women and their children.

"For me the substance abuse when I first started using was over abuse, was over a rape, and so that's how I learned to cope with any type of abuse was to get high, and it made everything okay."

A commitment to serve women dealing with both domestic violence and substance abuse requires critical thinking about battered women's advocacy program policies. Policies supporting a sober environment must be balanced with guidelines allowing women who are unable to refrain from use to safely tell us they need help. We must keep in mind that the immediate risk from domestic violence may be more dangerous than the risk from chronic drug or alcohol abuse. Also, we must recognize that health risks from overdose or withdrawal can be as lethal as any batterer.

Ideally substance use and abuse should be discouraged as a safety issue for those living and working in our shelters and programs. Guidelines supporting both abstinence and harm reduction are important. This can be challenging for both battered women and advocates who may or

may not experience problems with alcohol or other drugs. No access to alcohol or other inappropriate drugs when in shelter programs is a minor inconvenience if you are not an alcoholic or an addict. However, this inconvenience becomes a major barrier to safe services for chemically dependent battered women. Chemically dependent battered women have a right to ask us to support their sobriety. To do so is empowering. To do so makes it possible for them to get free from both batterers and substances that put them at risk.

"The drugs are an element of control. If they can keep you on the drugs, using or addicted to the drugs, they're in control. And it's like strings on a puppet. They just keep you under control because you want that other hit. You want that other drink."

Understanding Domestic Violence, Substance Abuse and Addiction

Understanding the impact of dual problems may very well enhance a woman's chances for achieving both safety and sobriety. A correlation between substance abuse and domestic violence occurs in 44% to 80% of reported domestic violence incidents depending on what research one chooses to cite (Mackey, 1992).[4] Even though most women are neither chemically dependent nor battered, if women experience domestic violence and develop substance abuse or addiction, risks to their health and that of their children increase significantly. Substance abuse may occur as a coping method some battered women use as they attempt to survive the ongoing threat of violence directed at them by intimate partners seeking to gain or maintain power and control (Bland, 1994).[5]

"When I was a little kid, we all got like, shots of whiskey. And I loved it. You got that warm feeling and everything was going to be okay."

Some battered women may consider using substances less emotionally and physically damaging than facing daily bouts of physical, emotional and sexual abuse with little to blunt the pain.

The Minnesota Coalition for Battered Women notes abused women may also use alcohol or drugs for a variety of other reasons including: coercion by an abusive partner, chemical dependency, cultural oppression, over-prescription of psychotropic medication or, for women recently leaving a battering relationship, a new sense of freedom (1992).[6]

"I thought alcoholics were the people in the gutters, the winos pushing their shopping carts with all their belongings in it. And I figured since I had a job, a car, the whole nine yards, that I was doing pretty good."

It is critical for advocates to recognize the different safety and advocacy needs of women who are alcoholic/addicts versus those who use or misuse substances. Alcohol and drugs affect the brain and the body whether or not addiction is present. Substance abuse is a destructive pattern of drug use including alcohol, which leads to significant (social, occupational, medical) impairment or distress. Often the substance use continues in spite of significant life problems related to that use.

Substance use and misuse are behaviors not character defects. According to the American Society for Addiction Medicine, addiction is not a behavior, it is a disease. When a person begins to exhibit symptoms of tolerance (the need for significantly larger amounts of substance to

achieve intoxication) and withdrawal (adverse reactions after a reduction of substance) it is likely that the person has progressed from abuse to dependence and addiction (1994).[7] *"One day I didn't want to drink and I had to. It was the scariest feeling."* Addiction, according to the medical model, is considered a primary chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. Addiction is characterized by continuous or periodic impaired control over drinking alcohol or using other drugs, preoccupation with drugs or alcohol, use of drugs or alcohol despite adverse consequences, and distortions in thinking, most notably denial.

"I am for the first time in my 41 years dealing with life on life's terms without somebody telling me how to do it. I can actually talk to people now without being drunk. I can actually laugh without being high. And I can actually walk out a door without being paranoid . . . That feels so good. Because I want to live."

Although a person may choose to use alcohol or drugs a person does not choose how one's body will respond to that choice. Alcoholics and addicts do not cause addiction and they do not 'like' it. They have a major illness. The number one symptom of this illness is to believe one is well.

This belief plus social acceptance of drinking or taking medication to kill pain makes it hard for alcoholic addicts to seek help they need. Many times they don't seek help. As advocates we must remember addiction is treatable and long-term recovery is possible.

"I was a blackout drinker from the age of 15. My alcoholism was sitting home sipping wine all day. I could sip a whole gallon. I thought I was crazy. Not really thinking, it's the alcohol."

Supporting Recovery: Effective Safety Planning

Chemically dependent battered women may have a hard time recognizing options or gauging their safety. Some women may experience blackouts. Blackouts may mean the absence of memories for some events. Experiencing a blackout does not mean a person has passed out or lost consciousness. Nor does it mean psychological blocking out of events or repression. A blackout is an amnesia-like period often associated with heavy drinking. People in a blackout state may appear to be functioning normally but later have no memory of what occurred (Kinney and Leaton, 1991).[8]

"For me once I pick up the alcohol or the other substances, it's like that safety plan goes out the window."

Safety planning problems can include being unable to recall a safety strategy, not knowing how an injury was sustained or failing to remember making a police report, let alone remembering a court date.

The only memory substance users have of what happens during use is the one that is formed when they are under the influence of alcohol or in a drugged state. Thus if a person under the influence inaccurately perceives herself as safe or "able to handle it," sobering up the next day may not correct her impaired memory. This distortion of perception is termed euphoric recall and theoretically has the potential to increase risk for substance abusing battered women (Johnson, 1980).[9]

While blackouts impact memory, there is no evidence to support the contention that a blackout alters judgment or behavior at the time of its occurrence (Kinney and Lepton, 1991).[10] Thus, batterers cannot be excused for their behavior when they are under the influence merely because they cannot remember it. Euphoric recall, like blackout, may be misused by batterers to minimize, rationalize or deny their abusive behavior: "*He was more abusive when he was drinking and he was abusive when he was not drinking.*" "*The abuse escalated, especially when he was coming down from coke, or if he had a hangover from coke.*"

"If you sober up a perpetrator and he doesn't have treatment for his issues, then what do you have? You have a sober perpetrator. And now he's more aware."

Advocates must consistently give the message that using substances as an excuse for violence is not acceptable. Collusion with this erroneous belief helps a batterer avoid accountability for abusive actions and mistakenly encourages a victim to believe once substance abuse ceases the violence will finally stop.

"This man tried to strangle me. After that happened, then I relapsed. And I was in relapse mode off and on for a whole year after that."

Recovery for women, especially battered women, is all about empowerment. Recovery is built on an individual woman's experience, strength and hope as well as her belief that change can successfully occur for herself and for her children. Women may not be able to choose how their bodies respond to substances but they have power to take action. This power may be reflected in their decision to go to whatever lengths are necessary to survive for themselves and for their children -- when they are ready and when it is safe to do so. Recovery is hampered when domestic violence occurs. Abusers want to exert power and will use any strategy or tactic to maintain control over their partner.

"Going to a meeting wouldn't be anything he would tolerate because there would be other men there . . . his controlling made it real difficult for me to do what I needed to do for myself."

I/V drug users may be particularly vulnerable when targeted by batterers. Illicit drug use can provide batterers with an opportunity to abuse their partner. Examples of abuse through illicit drug use include: forcibly initiating or first establishing drug use in the context of a relationship, forcing their partners to trade sex for drugs, serving as the drug connection or determining the victim's drug supply, or the abusive partner always shoots-up for the victim, or the batterer deliberately uses dirty needles or cottons or misses a vein on purpose. This last tactic poses a risk for transmission of disease including hepatitis and HIV.

Both battered women and addicted women may blame themselves if they are unable to stay safe or sober. If the battered woman and addicted woman are one and the same, the level of guilt and shame may be compounded.

Talking to Women about Substance Use and Safety

Many women find it easier to discuss their partner's substance use as opposed to their own. This is particularly true of women in abusive

relationships whose abusers drink or use drugs. A conversation about an abusive partner's substance abuse gives one the opportunity to explore any history of substance use, abuse and possible addiction.

"I made it for 30 days. The minute I got out of safe environment I was right back with the man and by midnight using."

If a woman discloses her partner abuses substances, an advocate might state: " Many women tell me their partners don't want to drink or drug alone. How often have you found yourself stuck using when you didn't want to?" This is a non-judgmental way to elicit information and provides an opportunity to explore drug related domestic violence.

Chemically dependent battered women may believe their safety will be assured if they just get sober. For a chemically dependent battered woman, getting sober can pose new risks. An abusive partner may increase violence as the recovering battered woman becomes harder to control. Before screening for substance abuse affirm a woman's survival and praise her sincerely for finding her own way to cope. Appropriate advocacy includes validating a victim's survival strategies as well as identifying risks. This should lead to a discussion where you can include the following: "You deserve credit for finding a way to cope. Tell me what made you able to survive? Many women I see tell me when they experience pain they find a way to deal with it. Some women tell me they become compulsive cleaners, others get into shopping, eating or not eating, sleeping a lot or working too much. Have you tried any of these ways of coping? A lot of women tell me the best way to cope is to numb out by drinking or drugging. How often has this worked for you? Can you think of any reasons why drinking or drugging could be unsafe for someone with an abusive partner? What kinds of luck have you had with other coping skills?"

"He was always saying the reason he would abuse me was because of my drug use, even though he had his drug use, or he would bring the drugs to me."

"I could not recover from substance abuse if I was still being physically abused, mentally abused, because I would be right back to using. So they walk hand in hand. I would not recover from one unless I address the other, and vice versa."

The Intervention is in the Asking

It is not necessary for advocates to become chemical dependency counselors but it is important for them to ask about substance use. Countless intervention opportunities are missed when advocates are afraid to ask lest they offend or view intervention as futile. The intervention is in the asking. When women are respectfully asked about both their use and their safety, they hear, even if they are not yet ready to listen or enact change immediately. Often women will later share comments such as, "*You know, when you said . . . it really made sense to me.*" Supporting women through their process of change requires an understanding that motivation comes from within. It also takes knowledge of local resources. Safety and sobriety are indeed possible. Acknowledging the woman before you has managed to survive, sincerely appreciating her individual strengths and recognizing her innate dignity can support her own process and help build a healthy and powerful

alliance that benefits both her and her children.

Safety and sobriety can be addressed respectfully if we acknowledge both substance use (e.g., a glass of wine with dinner), and being in an intimate relationship (e.g., dating or having a partner) is a common experience both for the women we serve and for us. This means misuse of substances or abuse within an intimate relationship could happen to anyone. This being the case, any woman could find herself having a problem with substances or a partner through no fault of her own.

"The more you tell your story, the more you talk about what you did to get clean and sober, the stronger it makes you the more you hear it. And the longer we're away from the abuser, and the more education we get, and the more we talk to other people about it, the stronger we become, and the more aware."

Women suffering from addiction don't know when they have the first drink or take the first drug what the future will hold. They expect to 'feel better' or 'kill pain' and find themselves believing they can 'control' it. Unfortunately, addiction is about loss of control and powerlessness. This loss of control and powerlessness does not mean one is weak or helpless. Instead, those who experience addiction cannot reasonably predict what will happen when they use. One is powerless only in terms of how one's liver, one's body and one's brain respond once alcohol or other drugs are introduced inside it. Many addicted women don't want to stop using alcohol or drugs. They want the craving, the problems and the pain of withdrawal to stop. They want to be like everybody else who can have a social drink or take medication without serious physical ramifications. Unfortunately, like anyone else discovering an allergy (e.g., an allergy to bee stings), the addict, once "stung," must forever avoid substances or experience life-threatening consequences. Fortunately, we can support women's empowerment through our knowledge of options and available resources. The Alcohol Drug Help Line Domestic Violence Outreach Project can provide information about Washington State programs addressing both domestic violence and chemical dependency. They can be reached at 206-722-3700 or 1-800-562-1240 (WA State only).

"I got clean and sober and started working, and putting money away to get out of the relationship. And I think he saw that. He became more demanding. Attempts to be controlling escalated. His abuse of the kids escalated, as I was sober. His attempts seemed more desperate."

Support Groups and Treatment: Making Referrals [11]

When possible, encourage chemically dependent battered women to consider attending a support group addressing issues pertaining to both domestic violence and chemical dependency. Integrated support groups offer women a format to heal utilizing techniques that are applicable for both goals of safety and sobriety. The primary goal of successful groups addressing these issues is to be a safe place where women can tell their story, be believed and begin the healing and connection process.

"For domestic violence survivors, women's meetings are probably safer."

While chemical dependency is often considered the 'family disease,' looking for a 'family cure' when domestic violence is present can be dangerous. Battered chemically dependent women should not be required to participate in family counseling or any counseling that

includes their abuser. While a chemically dependent battered woman may choose to participate in counseling that includes her abusive partner, advocates should advise her of both the risks and limitations of such a plan. When referring women to chemical dependency treatment programs, ask if their family counseling includes safety planning for children. In order to hold treatment programs accountable to recovering battered women, it is important to build strong linkages between the treatment program and the local domestic violence victims service program.

"Once I walked away from that abuse (domestic violence), I knew that the next thing I had to do was something about the substance abuse. And then when I made up my mind that I wanted to quit drugs also, the advocates at the shelter were right there for me, and got me into a treatment program."

Women with substance abusing partners may consider participating in 12 step or other support groups such as Al -Anon or Nar-Anon but the risks should be explored with the domestic violence advocate. Sometimes practicing detachment and avoiding enabling can lead to increased risk for harm if a partner is a batterer. If a woman is partnered with an abuser who is enrolled in a chemical dependency treatment program, under no circumstances should she be asked to remove a protection, no contact or other type of restraining order in order to support that partner's recovery from substance abuse.

"And it feels in the beginning that it's the end of the world, but it's actually the beginning of a new life."

Additionally, chemically dependent battered women should be encouraged to consider gender specific treatment as an option that may best enhance their chances for both safety and sobriety.

As domestic violence advocates, it is critical to educate local treatment providers about the philosophy and functions of advocacy based counseling and the risks of domestic violence to chemically dependent women. Chemically dependent battered women may need the treatment provider and the domestic violence advocate to work together when working for her safety and supporting sobriety. Advocacy based counseling looks different for chemically dependent battered women who may have withdrawal issues, memory distortions and cognitive deficits as well as warrants or Child Protective Services to deal with. Advocacy-based counseling may include: Repeating information, providing structure, simplifying goals, advocating for their inclusion in shelters and other victim service programs and understanding the impact of chemicals on safety planning and role identity.

"I have my youngest daughter back. She lives with me. My oldest daughter is getting married and my middle daughter is a college student."

Helping Women Develop a Plan

When asked to do so, help women develop a plan that will support their wishes for safety and sobriety. A plan may include, but not be limited to, some of the following:

- Identifying who to call for help (e.g., sponsor, counselor, Alcohol Drug Help Line); forming support systems, knowing about safe meetings;

- Knowing information and education about addiction;
- Removing substances and paraphernalia from the home;
- Recognizing unsafe persons, places, things;
- Understanding how to deal with legal and other problems stemming from addiction (e.g., health, CPS involvement, poor nutrition);
- Assembling paperwork to determine eligibility for assistance or to begin seeking employment, school, housing or other options;
- Knowing how domestic violence can be a relapse issue;
- Understanding physical, emotional, cognitive, environmental and other cues indicative of risk and having a plan to deal with it; recognizing role of stress and craving, having a plan to deal with it ;
- Learning how to parent, engaging in relationships, developing sober friendships; and

Knowing when and where to run in a life-threatening situation that puts your sobriety and your safety, at risk.

"I've gained more confidence in myself. I don't have to run and hide in a closet anymore."

"Knowledge is power, knowledge is power."

Conclusion

Women from all walks of life are at risk for domestic violence and chemical dependency but screening, identification and intervention can provide empowering options. Women from all walks of life get safe and sober and raise safe, healthy children. Be a bridge to safety and sobriety, screen for substance abuse as part of a safety plan.

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