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# SAFELY SCREENING FOR SAFETY:

## BATTERED WOMEN IN SUBSTANCE ABUSE TREATMENT SETTINGS

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(Includes excerpts from Women Talk about Substance Abuse and Violence, ten women interviewed by Debi Edmund and Patti Bland; edited by Debi Edmund, 6/2000)

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• S A F E L Y S C R E E N I N G F O R S A F E T Y •



*Presented By*

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# ABOUT THE ISSUE

*There are very few adequate resources for the many invisible women who are both battered and chemically dependent. Our challenge as chemical dependency professionals is to develop empowering services to ensure both safety and sobriety for battered women seeking recovery in our treatment programs. Safety is an essential element frequently lacking in the lives of women and children who have been impacted by both substance abuse and domestic violence. Lack of safety can prevent access to treatment as well as undermine recovery efforts. Many women attempting to recover from chemical dependency also experience intimate partner violence. Although we cannot always ensure safety (or for that matter, sobriety) we are obliged to provide as safe an environment as possible for all women who use our services or work at our programs.*

Barriers to women's safety and sobriety are magnified when routine screening for domestic violence and sexual assault fails to occur. Screening for current domestic violence is not as common as routinely screening for a past history of abuse. However, all forms of abuse are often routinely neglected by treatment providers in our well meaning efforts to focus on the disease concept. Failure to ask key questions or to recognize cues indicating the presence of both domestic violence and sexual assault stems from a variety of causes. Concerns about triggering relapse, overwhelming the victim or defocusing treatment are often present. Other causes include: lack of time, sense of helplessness to assess outside one's own 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 as well as lack of trust in other system providers. These barriers are

compounded if they exist within a culture that routinely denies the prevalence of domestic violence and limits access to services for women dealing with multiple issues.

## Why Screen?

Domestic violence and addiction frequently occur in tandem although research indicates neither causes the other. Individually, each can be chronic, progressive and is often lethal. Together, severity of injuries and lethality rates climb (Dutton, 1992). Chemical dependency professionals have an ethical responsibility to routinely screen for domestic violence and sexual assault as well as offer options and services to women who may be at increased risk for more lethal domestic violence due to their own or a partner's substance abuse. "Nearly 75% of all wives of alcoholics have been threatened, and 45% have been assaulted by their partners" (AMA, 1994). Many researchers have found a correlation existing between violence and addiction. Depending on whose research you choose to cite, 60-95% of women in substance abuse treatment have experienced physical, sexual or emotional abuse (Miller, Downs, Covington et al). Chemical dependency professionals need to ask women in treatment as well as those who are seeking intervention services for their partners or participating in family counseling whether or not they are safe at home.

*"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."*

Research supports universal screening for women. That means asking every woman we see whether she is safe at home and in her relationships, both past and present.

## What is Domestic Violence?

Despite similarities, domestic violence and addiction are vastly different. According to the AMA (1994), domestic violence is a pattern of coercive behaviors, marked by physical, emotional or sexual abuse. Domestic violence as defined by the American Psychological Association (APA, 1996) is "a pattern of abusive behaviors including a wide range of physical, sexual, and psychological maltreatment used by one person in an intimate relationship to gain power un-

fairly or maintain that person's misuse of power, control and authority."

While domestic violence is a recovery issue it is not a disease. "Domestic violence is an attempt to control the behavior of a partner. Abuse is a misuse of power that uses the bond of intimacy, trust and dependency to make a partner feel unequal, powerless and unsafe" (Domestic Violence/Substance Abuse Interdisciplinary Task Force of the IL DHS, 7/2000). The decision to abuse an intimate partner is a behavioral choice made by batterers who generally rationalize their behavior by blaming their victims.

*"Well I told you to shut up and you wouldn't shut up."*

*"He said I was ugly. He said I was a bad wife. He said I was an unfit mother."*

Domestic violence is supported by belief systems sanctioned in our culture.

*"I went to the church and told them I was in fear of my life. People in the congregation said, 'Oh, it's okay,' denying that there was any abuse going on. It made me turn my back on my faith."*

Victims of intimate partner domestic violence are victims of an abusive partner and often victims of a violent crime. Sometimes the justice system's response to that crime is more abuse.

*"The cops would come and they'd say, you've been together how many years? Get over it. Kiss and make up."*

*"We came from a very small town, and when I got my divorce the judge told me, we do not mention the words domestic violence in this court room."*

Victims of domestic violence do not cause abuse nor do they 'like' it. They are not 'sick' but are often injured and traumatized by their partners. Sometimes they are re-victimized by others who fail to understand the nature of domestic violence.

*"My parents, my family they liked him. They said it was my fault he started drinking, because I was nagging him. I wasn't treating him right. That was the reason he broke my face, broke my nose, broke my jaws. I was doing something to cause him to hit me. It was my fault."*

Victims of domestic violence are not ‘co-dependent.’ They are survivors. They survive threats, intimidation and abuse that may not be obvious.

*“The first time he tried to kill me, we went and saw a psychiatrist, family counseling, and I actually did kick him out of the house. The psychiatrist wanted him back in the house, told us we should be able to work it out.”*

Sometimes victims of domestic violence do not survive.

### **Understanding Domestic Violence and Substance Abuse**

*“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.”*

Understanding the impact of dual problems may very well enhance a woman’s chances for achieving both safety and sobriety. 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).

*“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.”*

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. This can make efforts at recovery futile unless the domestic violence has been identified and safety is addressed.

*“The drug didn’t hurt as much as reality hurt.”*

The Minnesota Coalition for Battered Women (1992) 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. Chemical dependency professionals must explore coercion as a treatment issue.

*“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.”*

### **Talking to Women about Coercion as a Treatment Issue**

Many women find it easier to discuss their partner’s substance use as opposed to their partner’s abusive behavior. A conversation about an abusive partner’s substance abuse gives one the opportunity to explore any history of coercion that may be linked to the addiction. If a woman discloses her partner abuses substances, a counselor 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 about controlling behavior. It provides an opportunity to explore drug related domestic violence as well as to identify being introduced to drugs, forced to use substances or denied access to treatment, aftercare or other supports systems as domestic violence.

*“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.”*

Women disclose their partners put them on the street to trade sex for drugs against their will. I/V drug users may be particularly vulnerable when targeted by batterers.

Many women I/V drug users begin their drug use in the context of a relationship. They may never shoot up alone. Their partner shoots-up for them. Introducing a partner to illicit drug use is a form of domestic violence. Another form of abuse occurs when a batterer deliberately uses dirty needles or cottons or misses a vein on purpose. This also poses a risk for transmission of disease including

hepatitis and HIV. Maintaining power and control by serving as a connection or determining a partner's drug supply can also be a form of domestic violence.

*“When I talked to him on the phone, he'd always tell me, all you've got to do is tell me babe, and I'll go get you some more. He kept telling me that's all I needed, a couple of bong hits or a couple of rocks and I'd be just fine.”*

*“I left the shelter because he bought a bag of cocaine. And so, here I was back in the same abusive relationship all over again. I wanted to be strong and even though I wanted to be out of an abusive relationship, my addictions took me back.”*

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 risk. An abusive partner may increase violence as the recovering battered woman becomes harder to control. When screening reveals the presence of domestic violence or sexual assault, validate a woman's survival and praise her sincerely for finding her own way to cope. 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. I guess drinking or drugging may have worked for awhile but sometimes it adds new problems or stops working at all. 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?”*

### **The Family Disease – Risks when Domestic Violence is Present**

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 conjoints that include their abuser. While a chemically dependent battered woman may ask to participate in counseling that includes her abusive partner, counselors should advise her of both the risks and limitations of such a plan. Family counseling in a treatment setting that includes battered women should provide safety planning for children and an opportunity for client linkage to its sister domestic violence victim service program. Couples counseling is contraindicated.

*“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.”*

Women participating in the family component of treatment while partner is in substance abuse treatment should also be screened for domestic violence. If domestic violence is identified these women may consider participating in support groups such as Al -Anon or Nar-Anon but risks should be explored and referral to a domestic violence advocate should be offered. Sometimes practicing detachment and avoiding enabling can lead to increased risk for harm if their partner is a batterer. Should a woman be partnered with an abuser who is enrolled in a chemical dependency treatment program, under no circumstances should she be asked to lift a protection, no contact or other type of restraining order in order to support that partner’s recovery from substance abuse. Couples counseling is contraindicated here also.

### **Domestic Violence is a Recovery Issue**

While research supports universal screening, actually finding out whether domestic violence or sexual assault is impacting safety and sobriety requires more than checking off boxes or asking questions from a list. The first requirement for respectful screening is an honest evaluation of one’s own attitudes and beliefs about domestic violence and sexual assault. Before a woman can open up to a counselor she must feel safe. Components of safety include ensuring confidentiality, being culturally competent, and avoiding judgmental or overly directive interactions.

## Separation Violence

According to the U.S. Department of Justice, up to 75% of DV assaults are reported to the police after separation. At least 31,260 women were killed by their current or former intimate partners in the United States since 1976. Between 30% and 50% of all female homicide victims are killed by their current or former male intimate partners, compared to less than 4% of male partners killed by an intimate partner (US Dept. of Justice, 1998).

91 Washington State women were killed by their current or former male partners between January 1997 and August 2000. “An additional 35 people were killed in domestic violence related fatalities. These included the children, friends and family of abused women. Two law enforcement officers were killed by abusers as they intervened in domestic violence” (Hobart, 12/2000).

These numbers echo the 38 DV homicides Washington State local press reported in 1999. According to the press, in 40% of 1999 DV homicides in Washington State, a female victim was trying to leave or had left her partner. The female murder victim had a protection order in 16% of these cases (WA State Fatality Review Project, WSCADV, 2000).

## Defining Success

Chemical dependency professionals are not responsible for ‘curing’ DV. Define success not as “getting her to leave” (she may leave but the partner may follow). Success does not involve making decisions for a battered woman. Rather, define success as breaking the isolation and giving the message:

⚙ *“You are not alone and this is not your fault.”*

When asked what kept her from getting help, a recovering formerly battered woman in Seattle said:

*“The feeling of isolation both being a female alcoholic, that internalized shame, and then the internalized shame I had from the domestic violence.”*

Again, our challenge is not to get women to leave, more importantly, our challenge is to support their safety process, provide information, assist with referrals and convey the notion that:

☼ “No one ever has the right to hurt you to get their way.”

This message is especially important for the chemically dependent battered woman to hear, for she may buy into the negative societal view that alcoholic/addicted women are worthless and deserve to be punished.

*“I had been raped, gang raped, when I was 17 and I had been using. I didn’t even realize it was rape until a woman pointed that out to me. She said any time you have sex without your consent it’s a form of rape. I think that the attitude about women, if you hadn’t put yourself in that situation then that wouldn’t have happened to you. What do you expect?”*

Best practice for chemical dependency professionals requires counselors to refrain from telling battered women to end their relationships or leave. Effective screening and intervention requires system-wide respect for women’s choices and autonomy. Screening for safety cannot guarantee sobriety or survival but may increase a woman’s options and improve her odds. Women benefit from non-judgmental counseling that acknowledges the impact of multi-abuse trauma issues on both their sobriety as well as their safety and that of their children. Counselors for chemically dependent battered women must understand getting sober is a process possible for addicted battered women only when tools to support safety are provided as part of the recovery process.

*“Somebody wanted to show me support, listen to me, not yell at me, not scream at me, just look at some options, instead of that. 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.”*

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 disease of addiction and their abusive partner. The majority of domestic violence service programs in the United States currently fail to provide shelter services for chemically dependent battered women. This is a form of able-bodyism. Chemical dependency professionals need to

advocate for an end to shelter policies that deny access to services for an entire class of people. This is both discriminatory and oppressive and cannot be tolerated.

### **Safety Planning Challenges for Chemically Dependent Battered Women**

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).

*“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.”*

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.

*“Getting off the chemicals has made it much easier for me to deal with the other situations I need to in order to get back on my feet.”*

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 be insufficient to correct the distortion. This toxic thinking or distortion of perception is termed euphoric recall (Johnson, 1980) and theoretically has the potential to increase risk for substance abusing battered women.

*“For me once I pick up the alcohol or the other substances, it’s like that safety plan goes out the window.”*

While blackouts impact memory, there is no evidence to support the contention that a blackout alters judgement or behavior at

the time of its occurrence (Kinney and Leaton, 1991). 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.”*

Counselors 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 can mistakenly encourage a victim to believe once substance abuse ceases the violence will definitely stop.

*“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.”*

### **Domestic Violence as a Barrier to Recovery**

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 is present.

*“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.”*

Abusers want to exert power and will go to whatever lengths are necessary to gain and maintain control. When women get off the merry-go-round of addiction and find themselves still trapped in a web of violence stress is magnified and can lead to slips.

*“Going to a meeting wouldn’t be anything he would tolerate because there would be other men there. Something could happen. So his controlling made it real difficult for me to do what I needed to do for myself.”*

A recovering battered woman may blame herself if she is unable to stay safe or sober. The level of guilt and shame may be compounded if treatment providers are unaware of the reality of her experience. Domestic violence can lead to isolation particularly if a batterer prevents a woman from seeking help or getting support. Many times domestic violence is reflected in a woman’s seeming choice to leave treatment against medical advice or her failure to complete aftercare or attend support groups. A treatment provider may mistake coercion for bad choices or failure to ‘hit bottom.’

*“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.”*

### **Screening Builds a Bridge to Safety and Sobriety**

*“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.”*

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 don’t routinely 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 counselors 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.”*

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 vul-

nerable; 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 safety as a relapse issue is extremely important. A woman’s decision not to leave an abuser immediately or to decline getting a protection order or shelter should not be viewed as failure. Getting safe, like recovery, is a process that can take time. Leaving or getting a protection order can sometimes increase a woman’s risk. Rather than directing what actions a woman should take, our role as counselors is to explore what options are available. We can then discuss probable outcomes rather than consequences and assist our clients to develop plans to support both their safety and sobriety.

### **The Intervention is in the Asking**

*“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.”*

It is not necessary chemical dependency counselors to become shelter workers or legal advocates but it is important for them to ask about domestic violence and sexual assault. Countless intervention opportunities are missed when counselors are afraid to ask lest they offend or view intervention as futile. The intervention is in the asking. When women are respectfully asked about 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 recovery process and help build a healthy and powerful alliance that benefits both her and her children.

## We Share a Similar Story

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 a romantic relationship could happen to anyone. Any woman may use substances or find herself with a partner. This being the case, any woman could find herself having a problem with either or both 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.”*

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). Other supportive options include: Support Groups Addressing Safety and Sobriety and gender specific treatment.

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 reaching both goals of safety and sobriety. The major 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.

## Gender Specific Treatment Recommended

*“For domestic violence survivors, women’s meetings are probably safer.”*

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.

## Advocacy Based Counseling

Chemical dependency professionals must partner with battered women’s advocates and encourage them to understand issues recov-

ering women face. Counselors must also advocate for the inclusion of women with substance abuse issues in shelters and other victim service programs and demand that advocates understand the impact of chemicals on safety planning and advocacy based counseling as well as on her very survival.

*“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.”*

Battered women’s advocates primarily utilize advocacy based counseling which must be fine tuned when working with addicts. Chemically dependent battered women may have withdrawal issues, memory distortions and cognitive deficits. Advocacy-based counseling for this group of women may need to include a referral to a chemical dependency professional as well as: Repeating information, providing structure and simplifying goals.

*“And it feels in the beginning that it’s the end of the world, but it’s actually the beginning of a new life.”*

## 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 domestic violence and sexual assault as part of a recovery plan.

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

*“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.”*

• S A F E L Y S C R E E N I N G F O R S A F E T Y •

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# AND NOW WHAT ?

## Developing Strategies for Safety and Sobriety

Both safety planning and relapse prevention are key issues for chemically dependent battered women. Support groups recognizing women's needs to maintain both safety and sobriety rather than prioritizing one at the expense of the other are most effective.

*"I get a lot of support on both issues this time around."*

Integrated strategies drawing from both fields are most useful. Part of safety planning involves helping women determine safer coping mechanisms than drug and alcohol use. Clear nonjudgmental information connecting the impact of substance use on one's ability to make safe decisions is very useful.

Refer women to your local domestic violence victim service program where they can begin important work such as role playing a safety plan that may include but is not limited to:

- 1.) Identifying who to call for help
- 2.) Having a code word children will recognize to let them know it's time to call 911
- 3.) Removing weapons from their usual spot in the home
- 4.) Understanding how to get a protection order and a host of other safety options (all of which are easier to effectively carry out when one is sober)
- 5.) Knowing how to contact local domestic violence advocates
- 6.) Assembling important papers and records which may include but are not limited to: Social security numbers for both a woman and her children, lease, house title, health insurance, immunization records
- 7.) For Immigrant or Refugee women: assembling: marriage

certificate, residency permit, green card, passport and children's passports (can be difficult because batterer often has papers locked away)

- 8.) For Native women: making sure to bring the Tribal Enrollment Card
- 9.) Knowing how substance use may impact safety
- 10.) Knowing when and where to run in a life threatening situation as the only thing you may be able to save in a hurry is your own life and that of your child.

Encourage battered women's advocates in your area to refer women your local chemical dependency treatment program, self help groups and other support systems designed to help substance-abusing women reduce harm as they strive to get and stay sober. Often safety plans and relapse prevention plans can look remarkably similar. Women attempting to get sober may develop a plan that may include but is not limited to:

Women attempting to get sober may develop a plan that may include but is not limited to:

- 1.) Identifying who to call for help (e.g. sponsor, counselor, Alcohol Drug Help Line); forming support systems, knowing about safe meetings
- 2.) Knowing information and education about addiction
- 3.) Removing substances and paraphernalia from the home
- 4.) Recognizing unsafe persons, places, things
- 5.) Understanding how to deal with legal and other problems stemming from addiction (e.g. health, CPS involvement, poor nutrition)
- 6.) Assembling paperwork to determine eligibility for assistance or to begin seeking employment, school, housing or other options
- 7.) Knowing how domestic violence can be a relapse issue
- 8.) 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
- 9.) Learning how to parent, engaging in relationships, developing sober friendships

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

### Know Your Local Resources

“I needed more than a 12 step program.”

- a.) The Alcohol Drug Help Line Domestic Violence Outreach Project can be reached at 206-722-3700 or 1-800-562-1240 (WA State only). They can provide information about accessing Detox services and ADATSA as well as Washington State programs such as the Washington State Coalition on Women’s Substance Abuse Issues. They can also provide information about gender specific treatment options in Washington such as Residence XII, Kirkland; Perinatal Treatment Services, Seattle; Mom’s Program, Tacoma; Isabella House, Spokane and Riel House, Yakima as well as other treatment and support group options for those impacted by both substance abuse and domestic violence in Washington state.
- b.) The Washington State Alcohol Drug Clearinghouse provides literature, videos, and information about substance abuse and addiction, much of it for free. To order call 1-800-662-9111 toll free from Washington State. From Seattle or out of state call 206-725-9696 or FAX 206-722-1032. E-mail: [clearinghouse@adhl.org](mailto:clearinghouse@adhl.org) Web site: <http://www.adhl.org/clearinghouse>
- c.) New Beginnings for Battered Women and their Children provides a weekly drop-in support group for chemically dependent battered women seeking safety and sobriety in Seattle/King County. Contact 206-783-2848 for information.
- d.) Eastside Domestic Violence Program provides a transitional housing program for chemically dependent battered women and their children that includes on-site out patient treatment services through Therapeutic Health Services. Call 425-746-1940 for information.
- e.) The Mom’s and Women’s Recovery Center in Pierce County, Washington provides screening, assessment, intervention, treatment and support for women addressing both substance abuse and domestic violence issues. Call Sue Winskill at 253-798-6655.
- f.) Recommended reading: Safety and Sobriety: Best Practices in Domestic Violence and Substance Abuse, Domestic Vio-

lence/Substance Abuse Task Force of the IL DHS 7/2000. For information about this publication contact: [www.state.il.us/agency/dhs](http://www.state.il.us/agency/dhs) ).

g.) The Washington State Coalition Against Domestic Violence has the following materials developed or written by Patti Bland, M.A. CCDC available upon request. Please contact Leigh Hofheimer for copies: [leigh@wscadv.org](mailto:leigh@wscadv.org)

- 1.) Support Agreement
- 2.) Non-Use Agreement
- 3.) Sample Screening Questions for Shelter Intake Form
- 4.) Sample Safety Plan
- 5.) Manifestations of Violence (group tool)
- 6.) Non-shaming meeting documentation form and progress note form
- 7.) Article: Chemical Dependency and Domestic Violence: Screening Pregnant and Postpartum Women for Safety and Sobriety, accompanying bibliography and PowerPoint presentation for perinatal health care providers
- 8.) Article: Collaborative Strategies for Addressing Women's Safety and Sobriety
- 9.) Sample Guideline for working with chemically dependent women
- 10.) Sample Policy for working with chemically dependent battered women
- 11.) Women Talk about Substance Abuse and Violence, ten women interviewed by Debi Edmund and Patti Bland; edited by Debi Edmund, 6/2000)
- 12.) Screening Tools for Substance Abuse

• A N D N O W W H A T ? •



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# END NOTES

- 1.) Please see: *Domestic Violence/Substance Abuse Task Force of the IL DHS 7/2000, Safety and Sobriety: Best Practices in Domestic Violence and Substance Abuse*. For information about this publication contact: [www.state.il.us/agency/dhs](http://www.state.il.us/agency/dhs) ).
- 2.) Special thanks to the women from New Beginnings Wednesday night support group addressing chemical dependency and domestic violence in Seattle, WA and their sisters in Springfield, IL. Grateful acknowledgements to Debi Edmund of Springfield, IL who served as their editor, Lee Berg, R.N. of St. Joseph's Hospital, Syracuse, NY who provided technical assistance, Greta Krueger from Residence XII who always believed, The Alaska Network on Domestic Violence and Sexual Assault for their on-going commitment to Safety and Sobriety and, as always, thanks to the Alcohol Drug Help Line Domestic Violence Outreach Project Staff (both past and present) in Seattle, WA for everything they do.



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# FORMS

## Lethality Scale – modified

Jackie Campbell, Ph.D.

### Does the perpetrator:

1. Call you obscene names? .....  Yes  No
2. Blame you for things that happen to him/her .....  Yes  No
3. Have access to weapons? .....  Yes  No
4. Have suicidal ideas or attempts .....  Yes  No
5. Have access to you? .....  Yes  No
6. Seem unwilling to stay separated from you (e.g.,s/he tracks, stalks, or phones you?). .....  Yes  No
7. Make threats to you? .....  Yes  No
8. Has no desire to stop his violent behavior? .....  Yes  No
9. Get extremely upset or feel abandoned? .....  Yes  No
10. Get hostile, furious, or rageful? .....  Yes  No
11. Get extremely jealous and blame you for all sorts of behavior? .....  Yes  No
12. Threaten to kill pets (or has killed pets)? .....  Yes  No
13. Damage property .....  Yes  No
14. Been reported for child abuse? .....  Yes  No

## INTERVIEW QUESTIONS

Please describe the FIRST incident of violence or abuse in your most recent relationship.

Please describe the LAST (MOST RECENT) incident of violence or abuse in your most recent relationship. (Probe for description)

Please describe the TYPICAL incident of violence or abuse in your most recent relationship. (Probe for description)

Please describe the WORST incident of violence or abuse in your most recent relationship. (Probe for description)

Have you been the victim of violence or abuse in this relationship? (Probe for description)

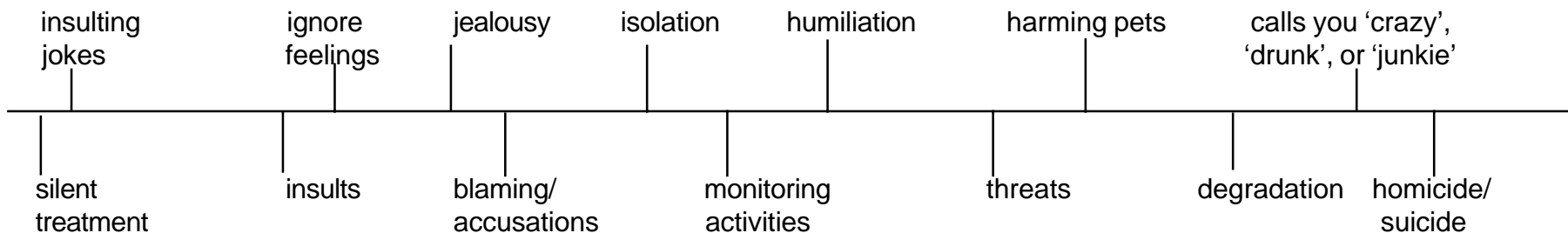
Did you see or hear your parents, or parent figures (grandparents, foster parents, etc.) being violent with one another when you were a child? (Probe for description)

Were you physically or sexually abused by anyone as a child? (Probe for description)

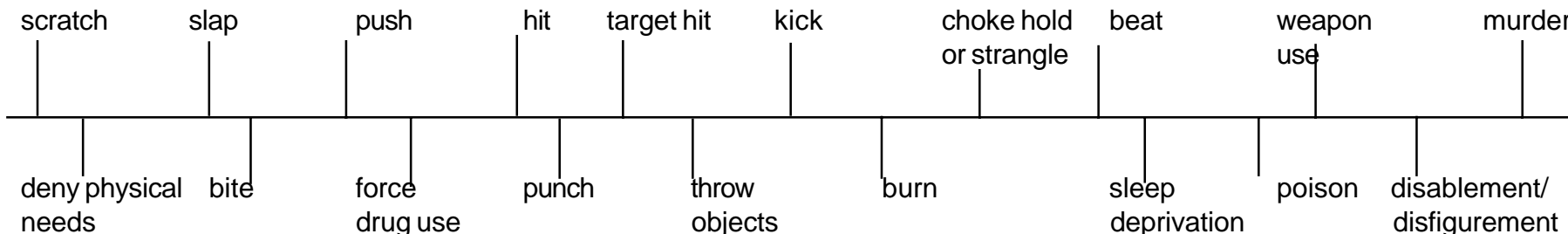
### 32 Manifestations of Violence

Abuse can occur in different forms. It can be physical, emotional, sexual, spiritual, social and/or economic. The lists below describe some of the tactics of abuse batterers use as they attempt to gain or maintain power and control over their intimate partners. Abuse does not always progress in regular steps as shown here. Sometimes the abuse may advance from pushing or hitting directly to more severe physical violence such as use of weapons. Although each relationship is unique, any type of abuse must be considered a serious cause for concern. Despite different circumstances, it is important to remember abuse can escalate (especially if intervention fails to occur). A coordinated community response holding batterers accountable for these abusive behaviors is essential as is a response acknowledging and respecting the rights of DV victims. **EXERCISE:** It is helpful for people to be aware of the tactics of domestic violence. Circle the type(s) of abuse you are now experiencing, (or have experienced in the past). Notice if the violence is increasing in intensity, severity or frequency. Talk to an advocate to develop or review your current safety plan or explore your options. Remember, domestic violence or sexual abuse directed at you is never your fault (*even if you were drinking or using drugs*).

#### Emotional Abuse

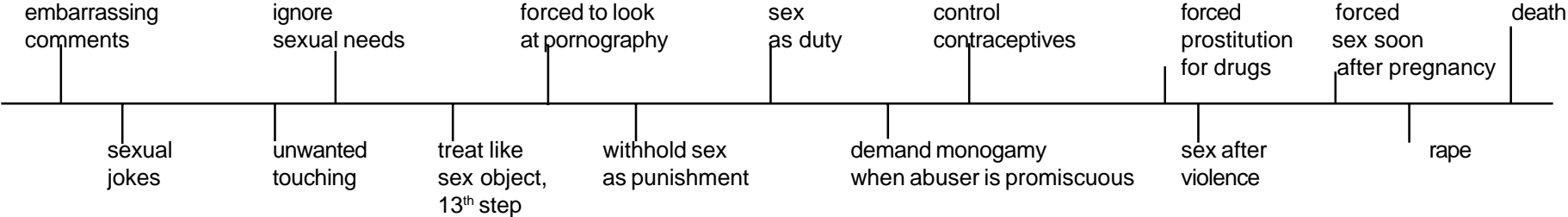


#### Physical Abuse

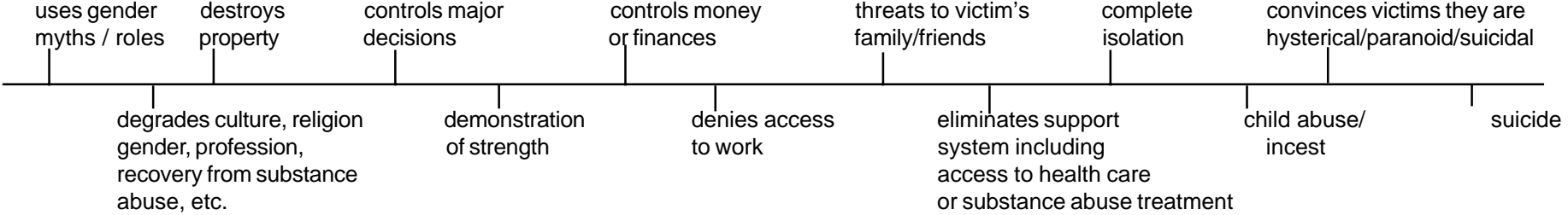


(Manifestations of Violence, continued)

**Sexual Abuse**



**Social / Environmental Abuse**



## Spouse Abuse Risk Assessment

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Risk Factors	LOW (L)	Moderate (M)	High (H)	Comments
History of Abuse	No prior reports or injuries	Prior minor injuries	Subsequent incident or serious injury	
Substance Abuse	None	Some use, non-contributing factor	Significant use, contributing factor	
Extent of Physical Injury	No medical treatment needed	Minor physical injuries/treatment	Major physical injury/hospitalization/injury during pregnancy	
Use of Weapons	None	Weapons available, not used	Weapons used, or threat to use	
Emotional Maltreatment	None/infrequent	Frequent/chronic	Threats of death or serious injury/stalking	
Location of Children	Known/no risk	Known/minimal risk	Unknown, or with perpetrator	
Forced Sex	No evidence or allegation	Allegation with no evidence	Evidence of forced sex	
Family Stressors	None	Minimal	Multiple	
Location of Perpetrator	Known, no access to victim	Known, access to victim	Unknown, or at large	
Assault History	None	Infrequent/occasional episodes	Frequent/chronic episodes	
Fear of Perpetrator	None	Minimal	Significant	
Safety Plan	Appropriate	Vague	None	

Any "H" must be thoroughly evaluated; majority of "M's" require additional evaluation; advise the victim of the assessment and recommendations

Warning/Protection Plan:

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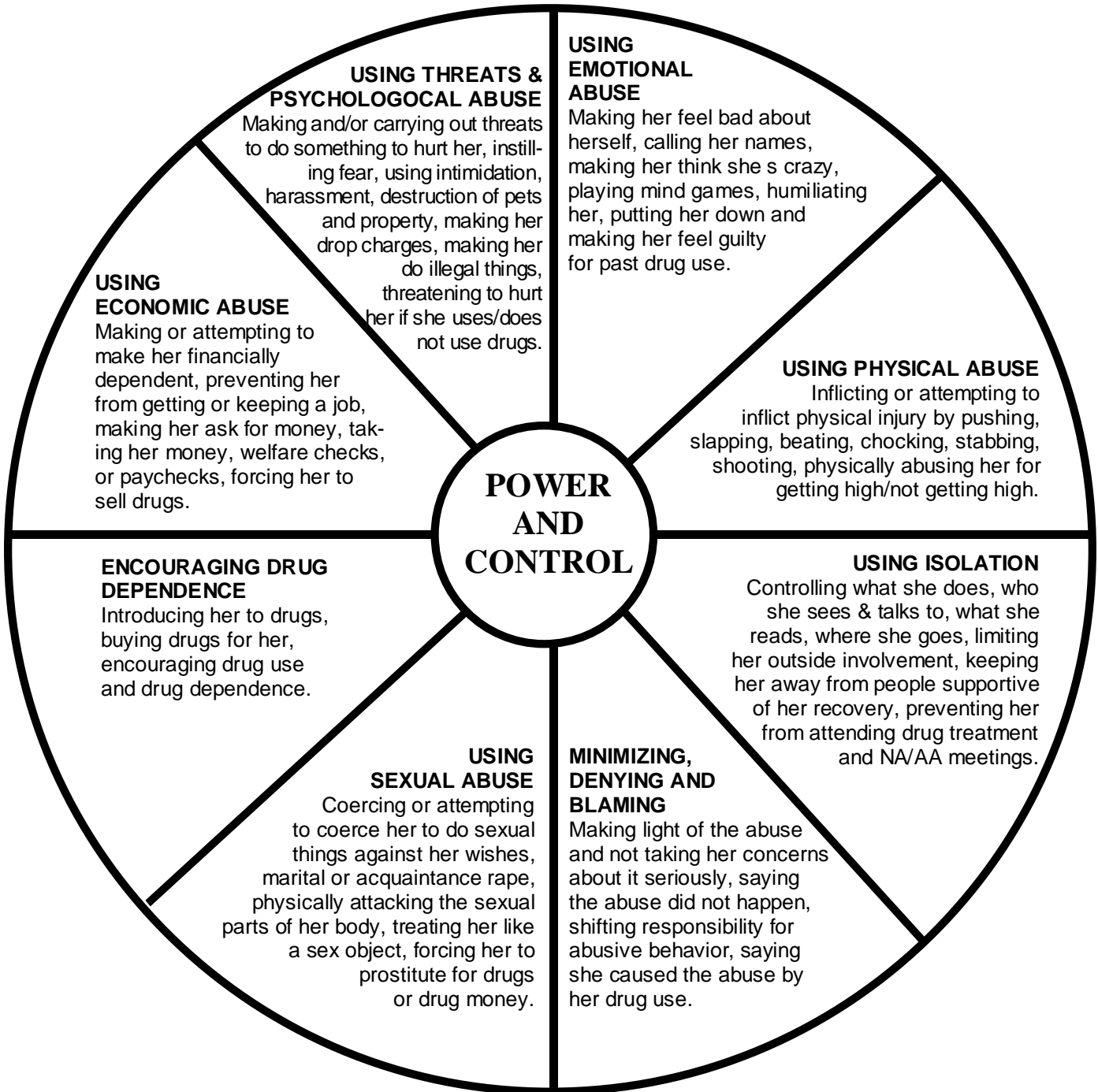


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# A Power and Control Model for Women's Substance Abuse



Copyright 1996 - Marie T. O Neil  
Adapted from: Domestic Abuse Intervention Project, Duluth, MN

• S A F E L Y S C R E E N I N G F O R S A F E T Y •

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# ABOUT THE AUTHOR

*Patti Bland, MA. CCDC, received a Master's degree in Public Communications from Fordham Uni-*

*versity in 1979 and a Certificate in Addiction Studies from Seattle University in 1990. Patti began her career at Residence XII Treatment Center for Women in Burien, WA. She has served both as an advocate and lead chemical dependency counselor at New Beginnings for Battered Women and their Children's shelter and community-based program in Seattle for eleven years. Patti developed the Domestic Violence/ Chemical Dependency Outreach Project for King County at the Alcohol Drug Help Line in*

*1994. She also served as the Domestic Violence Trainer for Providence Health System Family Violence Program for five years. Patti is an Adjunct Professor at Antioch University and Seattle Central Community College.*



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• S A F E L Y S C R E E N I N G F O R S A F E T Y •

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