SUBSTANCE USE DISORDERS AND TRAUMA

While most victims of interpersonal violence do not experience substance use disorders, it is important to acknowledge that many individuals receiving services from domestic violence/sexual assault programs are dealing with substance use and recovery issues, some of which may stem from trauma.

The Illinois Department of Human Services Domestic Violence/Substance Abuse Interdisciplinary Task Force adapted this definition of substance use disorders from definitions developed by the American Psychiatric Association and the American Society for Addiction Medicine (IDHS, 2000):

> Substance use disorders "involve dependence on, or abuse of, alcohol or other drugs, including the over-use or non-medical use of prescription drugs. Substance abuse is a destructive pattern of use of drugs including alcohol, which leads to clinically significant (social, occupational, medical) impairment or distress. Often the substance use continues in spite of significant life problems related to that use. When a person begins to exhibit symptoms of tolerance (the need for significantly larger amounts of the substance to achieve intoxication) and withdrawal (adverse reactions after a reduction of the substance), it is likely that the person has progressed from abuse to dependence."

The role of trauma in substance abuse

Trauma can increase an individual's risk for substance abuse. Some people may use alcohol or drugs as an anesthetic, to relieve the pain caused by violence. If the pain continues, and the "self-medicating" continues, conditions are perfect for dependence to develop (SAMHSA, 1997). Substance abuse or dependence also makes it harder to escape a violent situation, or to heal from past abuse (IDHS, 2000).

"We see child sexual abuse and we see a whole lot of physical and mental abuse, and then victims want to cover it up with something, so they reach out for drugs and alcohol," says Paula Lee, Shelter Coordinator at South Peninsula Haven House in Homer, AK. "And then that becomes an issue" (Lee, 2010).

Research consistently shows a strong correlation between substance abuse or dependence and interpersonal violence:

- One study of Illinois domestic violence shelters revealed as many as 42 percent of people receiving services abused alcohol or other drugs (Bennett & Lawson, 1994).

- Data from a National Institute on Drug Abuse study noted 90 percent of women in drug

treatment had experienced severe domestic violence from a partner during their lifetime (Miller, 1994).

- Approximately 74 percent of women in substance abuse treatment have experienced sexual abuse (Kubbs, 2000).

- About 70 percent of prescriptions for tranquilizers, sedatives and stimulants are written for women (Roth, 1991), and some experts believe psychotropic medication is over-prescribed for battered women (Minnesota Coalition for Battered Women, 1992).

- The Minnesota Coalition for Battered Women (1992) notes abused women may use alcohol or drugs for a variety of reasons, ranging from coercion by an abusive partner to substance dependence, cultural oppression, over-prescription of psychotropic medication or, for women recently leaving a battering relationship, a new sense of freedom.

Continuing violence or unresolved feelings about abuse make it harder to for a victim to stay away from alcohol or drugs (IDHS, 2000). An individual may use alcohol or drugs to "stuff" feelings about the abuse (SAMHSA, 1997). A survivor of multi-abuse trauma shares:

> "I drank and used to numb out. It hurt so bad, and I didn't even know where the hurt came from, and so all I wanted to do was numb out."

When drinking and drug use stop, buried emotions often come to the surface. For many survivors, these feelings of pain, fear or shame can lead to relapse if not addressed (Simmons et. al., 1996). Another survivor shares:

> "After my first black-out at 13, I never stopped drinking until I went to residential treatment at the age of 26. I knew I had been sexually assaulted by my father, my uncles and my grandfather from age 8 to 13, but my daily black-out drinking helped me to think that it didn't affect me. My black-out drinking helped me to believe that rather than the rapes being the truth, I must be crazy. In the middle of treatment, after repeated prodding by the counselors, reality hit and I broke down … then the counselors told me they couldn't help me with the incest issues."

Individuals coping with violence and their own substance abuse often find themselves caught up on a merry-go-round. Substance abuse makes it harder to escape a violent situation, or to heal from past abuse. At the same time, continuing violence or unresolved feelings about past abuse make it harder to stay away from alcohol or drugs.

Barriers to service

A significant number of interpersonal violence survivors who also have substance use disorders experience barriers to services. Barriers may include:

SAFETY ISSUES: SUBSTANCE USE DISORDERS

While substance abuse does not cause violence, it can make a violent situation more dangerous in a variety of ways:

• If the perpetrator is intoxicated, there is a greater risk a domestic violence victim will be injured or killed. Research shows the presence of violence and substance abuse together increases both severity of injuries and lethality rates (Dutton, 1992). Fatality Review panels in Washington state identified substance use as an issue in 73% of the reviewed domestic violence homicide cases over a two-year period. In those cases, 100% of the abusers and 62% of the victims had substance use disorders (WSCADV, 2006).

• Substance abuse makes it harder for a victim to get safe, for several reasons (IDHS, 2000): Substance abuse impairs judgment, which makes safety planning more difficult. The victim may avoid calling police for fear of getting arrested or being reported to a child welfare agency. And, a victim may be denied access to shelters or other services if intoxicated.

• In an abusive relationship, the victim's recovery may threaten the partner's sense of control (Foley, 2010). To regain control, the partner may try to undermine recovery in a variety of ways: pressuring the victim to use alcohol or drugs; discouraging the victim from keeping counseling appointments, completing treatment or attending meetings; or escalating the violence (SAMHSA, 1997).

Participants in a support group for people with multiple abuse issues in Seattle, WA have disclosed that batterers may try to lure them from shelter by offering drugs, sabotage recovery efforts by demanding they leave treatment against medical advice, prevent them from attending community support groups, make false or exaggerated allegations to the Office of Children's Services, terrorize them with threats of institutionalization and/or blame them for their abuse because of their substance use disorder (Bland, 2007).

• *Fear of legal sanctions.* A victim of violence who has substance abuse issues may be reluctant to contact police or seek other assistance for fear of prosecution or investigation by a child welfare agency (IDHS, 2000). Karen Foley, a behavioral health specialist and founder of Triple Play Connections in Seattle, says:

> "People can't call the police when there's substance abuse involved, because there's paraphernalia, or there might be drugs on site. So somebody's life might be in danger and they don't feel safe to call the police" (Foley, 2010).

• *Fear of being judged.* Societal attitudes tend to view addiction as a moral failing rather than as a health problem. This can lead to isolation and shame, which may be

compounded when domestic violence and/or sexual assault co-occur. People with a substance use disorder face tremendous stigma and are often considered bad parents, bad people, bad victims and resistant to treatment.

• *Self-blame.* Victims may have been told in the past that violence or other abuse was their fault because of their alcohol or drug use. As a result, they may not recognize domestic violence or sexual assault for what it is. A survivor shares an experience that happened to her when she was in her teens:

A survivor of multi-abuse trauma shares:

"I'd call my mom drunk and say, 'He hit me again, but I really deserved it this time.' I can't even imagine saying that today."

"I hadn't even realized a couple incidents in my life were sexual assault. It's so clear when I think about it now. I was just blaming myself. Well, I shouldn't have been drinking. There was this big party. The mom was drinking with the kids, and people were coming over, and there was drinking and pot. I remember being in a room and a person maybe five years older than me came in and raped me. And then another person came in who was much older than that. I think he was maybe 10 or 15 years older than I was. So it's interesting that I blamed myself. It seems like a lot of young girls do that."

• *Behavior that bars an individual from services or creates challenges for staff.* Withdrawal symptoms, along with the compulsion to use, may make it difficult for victims of domestic violence/sexual assault who are substance-dependent to access services such as shelter, advocacy, or other forms of help (IDHS, 2000). Challenging behavior may include coming back to shelter intoxicated, violating curfews or failing to keep appointments.

• *Discrimination.* Ability to find or maintain employment, housing or health insurance may be threatened by disclosure of current or past substance abuse problems. This may be true even if an individual has been in recovery for several years. Even some domestic violence shelters subtly discriminate against people with substance abuse issues, says Karen Foley of Triple Play Connections in Seattle:

> "How do people who are using to cope with the violence go into a shelter or transitional living program that isn't equipped to deal with their substance abuse or addiction? A program that often kicks them out and sends them back to their abuser rather than helping them get clean and sober or access treatment?" (Foley, 2010)

• *Inability to afford appropriate services.* People may be unable to afford treatment if they do not have insurance, or have insurance that doesn't cover services adequately (a problem for an increasing number of middle-class people as well as those living in poverty).

• *Unavailability of services.* Treatment centers in many communities have lengthy waiting lists, due in large part to reduced funding for treatment, so even those individuals who recognize the need for treatment may be delayed in getting it (Obtinario, 2010).

• *Lack of education on the part of providers about the nature of substance use disorders.* A surprising number of providers still buy into the idea that people who are dependent on alcohol or drugs really could stop using if they wanted to, or if they tried a little harder. A survivor shares:

> "They'd say, 'You just need to watch your drinking and don't get so carried away with it.' Well, that doesn't work with alcoholism. I kept trying to do it right, I'm telling you! And I tried to 'do it right' for years."

Sometimes individuals are caught up in a no-win cycle, in which they can't access services at either a shelter or a treatment center. Naomi Michalsen, Executive Director of Women In Safe Homes (WISH) in Ketchikan, AK, explains:

> "We say things like, 'You probably should do some work with the substance abuse first.' We're trying to tell her what to do. So she goes to the treatment center and knocks on the door. They open the door and say, 'We don't take children.' What does the woman do? She doesn't get either. And we're not helping anybody, because I believe that the majority of the women that are in these situations have a coping mechanism and are using. So that's a barrier."

Empowering people with substance use disorders

When someone has a substance use issue, supporting sobriety can be as empowering as supporting safety, if sobriety is the individual's choice. Even if the person does not choose – or is unable – to stop at this time, there are many ways for an advocate to be of help. Here are some ways to empower people who have substance use disorders:

• Be willing to work with people who seek your services regardless of whether they are using or not using. When she encounters someone with substance abuse issues, "we're going to work with that person to try to hook them up with the resources they need," says Cindy Obtinario, a chemical dependency/domestic violence specialist with New Beginnings in Seattle, WA:

> "Whether that means they go to detox, or the emergency room if they can't get into detox, whether that means they get involved in inpatient or outpatient treatment, whether that means they get in for an assessment right away or perhaps get no formal treatment. We will work with the person that has the alcohol or drug issue based on where they are" (Obtinario, 2010).

• Help people find alternate ways to feel powerful. Assist people in finding an alternate means of empowerment as replacement for the sense of power induced by substances.

Validate that anyone facing interpersonal violence might use drinking or drugging to cope but there are safer ways to survive domestic violence, rape trauma and abuse, as well as homophobia, racism, ageism, ableism, classism and other forms of pain and oppression (Bland, 2008).

• Encourage appropriate use of support groups. Because people impacted by substance use, misuse or addiction may be at greater risk for injury and lethality, support groups addressing substance use as a safety issue are often essential for individuals impacted by domestic violence and sexual assault. If 12 Step groups are used to support recovery, help the individual find ways to interpret 12-Step concepts that are appropriate for survivors of abuse, or find a sponsor who has an appropriate understanding of the dynamics of domestic violence (Obtinario, 2010). Encourage women to attend all-women's meetings if they find mixed-gender groups intimidating. A survivor shares:

A survivor of multi-abuse trauma shares:

"I drank and used to numb out. It hurt so bad, and I didn't even know where the hurt came from, and so all I wanted to do was numb out."

"The Fourth Step of taking a personal inventory while working the 12-Step program can be a problem. Many survivors of abuse feel they have to take responsibility for the abuser's actions but a knowledgeable sponsor working an honest program will redirect them like my sponsor did for me. For me taking inventory meant looking at the truth of my fears and resentments while understanding there were times in my life when people did hurtfully horrendous things to me through no fault of my own … and forgiveness is to cease to have 'a resentment against.' It is not an invitation to, nor an excuse for, the abuser. I forgave my father to get the rage out of my spirit but I would never trust him again with myself, or ever with my children."

Another survivor shares: "You don't make amends to a dealer and you don't make amends to a batterer, a rapist or an abuser."

• Be aware of alternative support groups. Be aware of and refer to alternative support groups such as Women for Sobriety or Wellbriety groups or Talking Circles for Native Alaskans and American Indians where these groups are available.

• Be aware of the singleness of purpose in 12-Step and some other support groups. Chemical dependency counselor and ANDVSA statewide training team member, Tia Holley says, "Some group members may react negatively to full disclosure. I tell people in the program that everything that affects their life affects their recovery." Experiencing domestic violence and sexual assault can lead to relapse. Seeking safety can also be a factor in relapse. Advocates and other providers should encourage the development of local resources and support groups where it is safe for participants to talk about recovery in the context of domestic violence, sexual assault and child sexual abuse (Holley, 2011).

• Stress that substance use or abuse does not justify violence. Victims of sexual assault or domestic violence often blame themselves for the violence they have suffered, and this is especially true if they have been using alcohol or drugs. Victims often believe they are being abused because of their substance use and people around them often believe this as well (IDHS, 2000). A survivor shares:

> "I'd call my mom drunk and say, 'He hit me again, but I really deserved it this time.' I can't even imagine saying that today."

• If a person is in recovery from a substance use disorder, include relapse prevention in safety plans. When people are harmed, they may be more likely to use substances to cope. They may use alcohol or drugs to medicate physical and/or emotional pain. They may even be coerced into use by a partner — the abuser will often do whatever it takes to keep the victim under control, including forcing use of substances. Include plans for continued sobriety as part of safety planning, and help the individual understand ways an abuser may attempt to undermine sobriety (IDHS, 2000).

• If a person is not ready to stop using, discuss ways to reduce risk. Discuss alcohol or drug use as a safety issue and explore options (Obtinario, 2010). Are there ways to cut back on drinking or using? Can the individual find a safe environment and be with safe people before using? "I always connect alcohol or drug use to safety," says Cindy Obtinario of New Beginnings in Seattle. "We always talk about that as part of a safety plan. It's standard."

• Avoid being judgmental, even if you are unable to continue services at this particular time. Cindy Obtinario says:

> "When someone chooses not to be sober, it's still important to let her know that we're concerned for her and talk about safety. And then talk about harm reduction. Let her know that while our guidelines about use and participation in group require non-use that day, she's welcome to come back. We have no animosity toward her because she's made a choice to use and to leave" (Obtinario, 2010).

Working with other providers

When coordinating services with substance abuse treatment providers:

• Develop relationships with individual treatment providers. Cindy Obtinario of New Beginnings has worked for several years to develop relationships with substance abuse counselors. She says:

> "They've been pretty good. Because we've had that conversation, I can call and say, 'We've got this woman here, she's in a dangerous situation, and we are attempting to get her an assessment so that we can best refer her to get the treatment needs she has met, in order to also keep her safe'" (Obtinario, 2010).

- Be aware of which providers and community support groups provide the highest degree of physical and psychological safety for people who have interpersonal violence issues.

- Educate treatment providers about the safety needs of people coping with interpersonal violence. For example, emphasize that couples counseling can be very dangerous for domestic violence victims (IDHS, 2000). Also be aware of possible danger if a personal care attendant or caregiver is involved in counseling sessions with a victim who has disabilities (Leal-Covey, 2011).

- Confrontational techniques are often not effective with victims of interpersonal violence and can be interpreted by survivors as an extension of how an abuser treats them (IDHS, 2000). Seek out treatment providers who use motivational interviewing, solution based therapy or other empowering approaches that are more appropriate for survivors of violence or abuse.

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