Colorado Coalition Against Domestic Violence

ISSUE BRIEF

SUBSTANCE USE AND SHELTERS:

EMPOWERMENT PRINCIPLES FOR ADDRESSING SUBSTANCE USE IN DV ORGANIZATIONS

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CCADV works to eliminate domestic violence in all its forms.

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Organizations across Colorado and the nation routinely work with trauma survivors who use a resourceful array of strategies to endure incredibly demanding circumstances. One coping strategy, the use of substances, can challenge domestic violence advocacy organizations which seek to support individuals while also facilitating a group environment, particularly in shelters, where all program participants feel safe. How can domestic violence advocacy organizations support the safety and self-determination of women who are using substances? How can our engagement with these individuals best reflect our advocacy values?

Since 1978, Colorado Coalition Against Domestic Violence (CCADV) has represented domestic violence organizations and advocates across the state and the survivors they serve. The Coalition is dedicated to the elimination of domestic violence in all of its forms. Our philosophy includes the opposition to violence as a means of control. It supports equality in relationships and helping women assume power over their own lives. "We must work towards ending racism, homophobia, anti-Semitism, classism, and oppression of all traditionally silenced groups within the domestic violence movement. These oppressions are perpetuated by the same systems that profit by violence against women and children and cannot be separated from the overall mission of the Coalition, for the oppression of one woman is the oppression of all women.[i]"

Substance (Mis)Use by Trauma Survivors

Because a significant number of women who have experienced domestic violence are also facing a substance abuse issue, the question of how domestic violence programs, especially shelters, should address these dual issues is important.

All survivors of abuse deserve respect and safety, regardless of any addictions they may be facing.

> While using substances can initially serve as a survival strategy or coping mechanism anyone might use in the context of abuse, pain, illness or other trauma, studies indicate women are more likely to begin substance misuse in response to trauma.
>
> Unfortunately, using substances for any reason becomes problematic when misuse occurs or addiction is indicated. Safety is strongly compromised when domestic violence and chemical dependence co-occur. … Together, severity of injuries and lethality rates climb for chemically dependent battered women (Dutton, 1992). [ii]

All survivors of abuse deserve respect and safety, regardless of any addictions they may be facing. Furthermore, substance addictions are medical conditions and programs may not discriminate on the basis of health status. The Americans with Disabilities Act "requires that sexual assault and domestic violence agencies make reasonable modifications to policies and procedures to increase access to services ."[iii] FVPSA 2009[iv] identifies "for the purpose of preventing further violence, helping such victims to gain access to civil and criminal courts and other community services, facilitating the efforts of such victims to make decisions concerning their lives in the interest of safety, and assisting such victims in healing from the effects of the violence," the provision of 'Related Assistance' which includes "referrals for appropriate health-care services (including alcohol and drug abuse treatment)."

Because addiction and recovery issues are central to the batterer-generated and life-generated risks a battered woman must navigate to optimize safety and self-sufficiency, it is important that domestic violence advocacy programs routinely address substance abuse and support survivors' recovery. Safety and sobriety are intertwined issues which must be addressed together, and the best way for domestic violence programs to address these dual issues is through advocacy's empowerment framework.

Urinalysis Testing by DV Shelter Staff is Discouraged[v]

For women faced with both a partner's abuse and a substance abuse problem, the risks become more complex. The partner's abuse and the substance abuse need to be addressed in tandem.

For women facing domestic violence and substance use issues, urinalysis should only be conducted by substance abuse treatment staff as a therapeutic tool to support recovery. Domestic violence advocacy is built on the foundation of self-determination and empowerment. Domestic violence program staff work to empower battered women through validation of the woman's experience of abuse, through strategic analysis of batterer- and life-generated risks, through discussions of the woman's goals and priorities, and through weighing the options available to that woman. For women who are faced with both a partner's abuse and a substance abuse problem, the risks become more complex and the partner's abuse and the substance abuse need to be addressed in tandem. In order to establish the trusting rapport necessary for a battered woman to share information about her experiences of abuse and substance use, domestic violence program advocates must create and sustain an atmosphere of safety around such disclosures.

Urinalysis by domestic violence shelter staff is discouraged because:

- **A trusting, safe atmosphere is undermined by advocates administering urinalysis for rule-monitoring purposes, or by enacting punitive measures when a survivor is found to have used substances while in shelter.** Furthermore, since denial is typically a product of shame and concern about punitive sanctions, if women in a shelter typically deny substance use, then more safety around disclosure and increased demonstration of staff understanding is needed.

- **Urinalysis is an invasive procedure which highlights the power differential between an advocate and a survivor.** Survivors will frequently feel punished or judged by the process of providing a sample, and even more so if the production of the sample is observed or if the sample tests positive and punitive measures are taken.

- **If termination of services is the outcome of a positive drug screen, then there is no potential benefit to a survivor from being subjected to urinalysis.** Mandating survivors to undergo a procedure which undermines feelings of safety and offers survivors no benefit is contrary to the core values of self-determination and empowerment.

- **Rule monitoring is not a sufficient goal to justify urinalysis.** Supervisors need to help staff understand that behaviors are the issue to be addressed, not chemical use itself.

- **"Unless staff administering a urinalysis are trained in universal precautions regarding biohazards , prudence would dictate not exposing staff to work related exposure."** [vi]

When Substance Use Necessitates a Report to CPS.

The fact of a parent's use of a substance is not in and of itself an action which merits a report to Child Protective Services. In Colorado, the Children's Code, CRS § 19-1-103(1)(a), instructs that a report must be made to Child Protective Services when a child is on the premises where a controlled substance is

manufactured, or when a child tests positive at birth for a Schedule I controlled substance, unless the mother lawfully took the substance as prescribed.

Context is essential in determinations of when a report to Child Protective Services is warranted. This is true for abuse/neglect in general, for instances when there is domestic violence being perpetrated, and for instances when a caregiver is using substances. In all circumstances domestic violence advocates are required by law to protect a survivor's confidentiality except to the extent of a mandated report. An advocate must evaluate the context of a situation and the particulars of how a given circumstance is impacting the particular child(ren). Behaviors occur on a spectrum, and similar circumstances impact individual children differently. When unsure as to a potential child maltreatment situation, victim advocates should err on the side of victim confidentiality and discuss the concerns more fully with the parent[vii]. Some circumstances which may rise to the level of harm to warrant a report could include:[viii]

- Selling, distributing, or giving drugs or alcohol to a child,
- Using a controlled substance that impairs the caregiver's ability to adequately care for the child,
- Exposing a child to the criminal sale or distribution of drugs.

Using a Trauma-Informed Framework

Substance abuse can and should be addressed by domestic violence advocates within a trauma-informed framework built on safety and empowerment.

Women who are surviving domestic violence face victim-blaming attitudes and discrimination, both of which discourage women from talking about their experiences of abuse. For women who are additionally facing substance abuse issues the disincentives for talking about their experience are multiplied. Only when a survivor is able to address both the abuse and the substance will that individual be able to sustain either safety or sobriety. Receiving trauma-informed advocacy support for both abuse and substance issues requires that advocates be well-informed about the interconnections between trauma and addiction, safety and sobriety. A well-trained advocate can then engage in routine screening for substance abuse issues with domestic violence survivors and incorporate substance abuse into conversations about risks, priorities, and safety planning.

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Characteristics of Trauma-Informed Services[ix]

- Infused with knowledge about the roles that violence and victimization play in the lives of women.
- Designed to minimize the possibilities of victimization and re-victimization.
- Hospitable and engaging for survivors.
- Facilitate recovery.
- Operate on an empowerment model.
- Respect a woman's choices and control over her recovery.
- Based on a relational collaboration between the woman seeking services and the service provider that minimizes the power imbalance.
- Emphasize women's strengths.

Best Practice Resources

Guidance for addressing substance abuse within domestic violence advocacy organizations can be found in:

❖ *Substance Abuse: Building a Bridge to Safety for Battered Women.*
By Patricia J. Bland. **For the Washington State Coalition Against Domestic Violence.** Reprinted July 2008
http://www.wscadv.org/resourcesPublications.cfm?aId=08BB66B2-C298-58F6-09AC8E27A4300617

Written for domestic violence advocates, this guide underscores how women from all walks of life are at risk for domestic violence and chemical dependency. This document provides guidance on interacting with women around sobriety, and discusses how screening, identification and intervention can provide empowering options. Women from all walks of life get safe and sober and raise safe, healthy children. To be a bridge to safety and sobriety, advocates should screen for substance abuse as part of a safety plan.

❖ *Safety and Sobriety: Best Practices in Domestic Violence and Substance Abuse*
Domestic Violence/Substance Abuse Interdisciplinary Task Force Of the Illinois Department of Human Services. January 2005
http://www.dhs.state.il.us/OneNetLibrary/27897/documents/CHP/DSVP/SafetySobrietyManual.pdf

In recognition of how safety from abuse and sobriety are interconnected, the Illinois DHS supported an interdisciplinary task force and pilot project to cross-train Domestic Violence and Substance Abuse workers to screen all women receiving services for both domestic violence and substance abuse. This guide was developed based on insights gained through the pilot programs and includes best practice guidance for domestic violence workers and for substance abuse treatment workers. Screening for substance use by domestic violence workers relies on a process of building trust to share information and make better safety plans, whereas substance use assessment or testing should be done only by professional substance abuse treatment workers.

❖ *Getting Safe And Sober: Real Tools You Can Use. A Teaching Kit For Use With Women Who Are Coping With Substance Abuse, Interpersonal Violence And Trauma. 2nd Edition – Revised 2008.*
By Debi Sue Edmund, Patricia J. Bland, Cecilia Leal Covey. Alaska Network on Domestic Violence and Sexual Assault. Second Edition – Revised 2008.
http://www.andvsa.org/pubs/Real%20Tools%20Manual_08Version.pdf

The primary goal of this support group manual is to help advocates and providers better meet the safety needs of battered women and survivors of sexual assault who are impacted by their own or another's substance use, misuse or addiction. Getting Safe and Sober is a practical tool kit which can be used to train service providers about the needs of women whose experience includes both substance abuse and victimization. It includes "***Model Protocol For Working With Women Impacted By Domestic Violence And Substance Abuse***" by Patricia J. Bland, of ANDVSA and Lupita Patterson, of WSCADV. Pages 38-45 address the question of how advocates should respond to dual domestic abuse and substance abuse concerns. This resource also contains screening materials, and training and group evaluation tools.

❖ *Beyond Labels: Working with Abuse Survivors with Mental Illness Symptoms or Substance Abuse Issues.*
By Dianne King Akers, Michelle Schwartz, and Wendie Abramson. SafePlace. 2007.
http://safeplace.org

This manual provides information, tools and resources for domestic violence and rape crisis center staff to better understand the connection between mental health, substance abuse, and trauma. Readers will be better able to support survivors experiencing mental health and substance abuse issues. Chapter 6 details how supporting survivors with substance abuse issues entails screening for substance use, working with a

survivor to develop a plan, and using the harm reduction framework to support recovery efforts. This manual will help domestic violence and rape crisis center staff understand their obligations under the ADA, and will help staff to create a center more welcoming to these survivors.

Additional Useful Resources

Substance Abuse Treatment and Domestic Violence: Treatment Improvement Protocol (TIP) Series 25. U.S. Department Of Health And Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment
http://ncadi.samhsa.gov/govpubs/bkd239/default.aspx

The primary purpose of this document is to provide the substance abuse treatment field with an overview of domestic violence so that providers can understand the particular needs and behaviors of batterers and survivors and tailor treatment plans accordingly. The suggestions are intended to help providers move toward a more integrated delivery system that can provide the appropriate holistic care to survivors who suffer from both of these complex, intertwined problem. This requires an understanding not only of survivors' issues but also of when it is necessary to seek help from domestic violence experts. The TIP also may prove useful to domestic violence support workers whose survivors suffer from substance-related problems. Each field can benefit enormously from the expertise of the other, and cooperation and sharing of knowledge will pave the way for the more coordinated system of care discussed in Chapter 6.

Creating Trauma Services for Women with Co-Occurring Disorders: Experiences from the SAMHSA Women with Alcohol, Drug Abuse and Mental Health Disorders who have Histories of Violence Study. D.J. Moses, B. Glover Reed, R. Mazelis, B. D'Ambrosio. August 2003
http://www.nationaltraumaconsortium.org/documents/CreatingTraumaServices.pdf

The *Women, Co-Occurring Disorder and Violence Study* sites conducted the pioneering trauma work on which this document is based. They sought to design and improve systems and services to make them more welcoming, responsive, and effective for women with mental health, substance abuse and trauma histories. This document reviews the impact of trauma on women's lives , looks at what it means to provide trauma-specific services for women with co-occurring disorders, and makes suggestions for redesigning systems and services to be trauma-informed.

Trauma and Recovery: The Aftermath of Violence - from Domestic Abuse to Political Terror
By Judith Herman. Basic Books. Revised edition, 1997.

From the Publisher: When *Trauma and Recovery* was first published in 1992, it was hailed as a groundbreaking work. In the intervening years, Herman's volume has changed the way we think about and treat traumatic events and trauma victims. In a new afterword, Herman chronicles the incredible response the book has elicited and explains how the issues surrounding the topic have shifted within the clinical community and the culture at large. *Trauma and Recovery* brings a new level of understanding to a set of problems usually considered individually. Herman draws on her own research in domestic violence as well as on the vast literature of combat veterans and victims of political terror, to show the parallels between private terrors such as rape and public traumas such as terrorism.

End Notes

[i] From the CCADV Website, ©2007 Colorado Coalition Against Domestic Violence. http://www.ccadv.org/mission.htm

[ii] **Getting Safe And Sober: Real Tools You Can Use. A Teaching Kit For Use With Women Who Are Coping With Substance Abuse, Interpersonal Violence And Trauma. 2nd Edition – Revised 2008.** By Debi Sue Edmund, Patricia J. Bland, Cecilia Leal Covey. Alaska Network on Domestic Violence and Sexual Assault. p.11-12

[iii] **Beyond Labels: Working with Abuse Survivors with Mental Illness Symptoms or Substance Abuse Issues.** By Dianne King Akers, Michelle Schwartz, and Wendie Abramson. SafePlace. 2007. P. 137.

[iv] **Family Violence Prevention and Services/Grants for Domestic Violence Shelters and Related Assistance/Grants to States.** Department of Health and Human Services, Administration for Children and Families. May 2009. P. 5-6.

[v] **Safety and Sobriety: Best Practices in Domestic Violence and Substance Abuse.** Domestic Violence/Substance Abuse Interdisciplinary Task Force Of the Illinois Department of Human Services. January 2005. P. 22-24.

[vi] bid.

[vii] Personal communication with Julie Field, Esquire, Director of The Confidentiality Institute, on 11/24/09.

[viii] **Parental Drug Use as Child Abuse: Summary of State Laws.** Child Welfare Information Gateway. U.S. Department of Health and Human Services. May 2009. P.

[ix] **Creating Trauma Services for Women with Co-Occurring Disorders:** ***Experiences From the SAMHSA Women With Alcohol, Drug Abuse and Mental Health Disorders Who Have Histories of Violence Study.*** D.J. Moses, B. Glover Reed, R. Mazelis, B. D'Ambrosio. August 2003. P. 20.