Building Relationships with Victim Service Providers

INTEGRATIVE SERVICES PROJECT: ENHANCING SAFETY AND SOBRIETY FOR WOMEN.

ISP IS A SPECIAL PROJECT OF THE IOWA COALITION AGAINST DOMESTIC VIOLENCE
Learning objectives

- Learn about the co-occurrence of domestic violence and substance abuse.
- Understand the value of service integration between victim advocacy and substance abuse.
- Learn and develop ideas for service integration in your community.
1997: Initial research was done on the relationships between women’s experiences of partner violence and substance abuse in 9 domestic violence/sexual assault programs & 7 substance abuse agencies across eastern Iowa.
Women in Substance Abuse Treatment Reporting Physical Abuse in Past 6 Months

- Yes: 67%
- No: 33%
Women in Substance Abuse Treatment Reporting Psychological Abuse in Past 6 Months

- Yes: 93%
- No: 7%
Women in Substance Abuse Treatment
Reporting Partner Abuse in Lifetime

- Yes: 90%
- No: 10%
Women in Shelter, Safe Homes or Receiving Outreach Domestic Violence Services Report of Substance Use

- 35% Alcohol Dependence
- 26% Problems with Drug Use
- 39% No Significant Use Reported
‘I couldn't 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.’
ISP Process

- Collaborative learning environment
- Increase staff knowledge
- Educational programming
- Integrated Services
The importance of service integration
**Co-occurring disorder (mental illness):** 340,000 adolescents and 7.9 million adults have co-occurring disorders (samhsa.gov).

**Multi-cultural:** SUD in African-American population 12.4% vs. Nat’l avg of 10.2%, Native Americans had the highest rate of drug related death in 2010 (samhsa.gov). Problems such as access to care, language differences, cultural competence among staff, etc. negatively effects all non-white/European races in receiving adequate treatment.

**Housing:** In 2003, 38% of homeless people were dependent on alcohol and 26% abused drugs. Substance use is higher in the homeless population as only 15% of people in the general population reported drug use in the past year (nationalhomelessness.org).

**Women and Children/Gender Specific:** Due to unique barriers to services and substances effecting women differently, gender specific services are preferred by staff and clients at all levels of care. (Downs, 2007)

**Domestic Violence:** 90% of women in treatment have experienced DV in their lifetime. (Downs, 2001)
67% of women in substance abuse treatment reported physical abuse in the past six months prior to treatment. 90% reported partner abuse in their lifetime.

26% of women in domestic violence programs reported alcohol dependence, 39% reported a drug problem. (This is an underestimate)
It’s not enough

- Referrals
- Open door policies
- “She can talk about it if she wants to.”
- Single question during assessment, then no further assessment. “Have you ever been a victim or perpetrator of domestic violence?”
- “Just leave him.”
“Yeah, that (emotional abuse) was the big reason why I had a drug problem in the first place…”

“I had no idea that it wasn’t my fault until an advocate came to my group. He always told me he beat me because I’m a drunk.”

“One thing that I think would probably be beneficial is places like the (agency) here to have some sort of a substance abuse person there to offer services, I mean I know that they let you know, “Okay, here’s some of the resources in town,” but when you’re in domestic violence relationship and you’re just getting out of it, sometimes, I don’t know what it is, you just don’t have all your strength and everything inside of you to just go out and get whatever help you may need, and in my particular situation, my drug addiction was directly related to domestic violence.” (ISP AREA GRANT RESEARCH, 2007)
Safety and sobriety

- Trauma increases a woman’s risk for substance abuse.
- Substance abuse makes it harder to escape a violent situation or heal from past abuse. Continuing unresolved feelings about abuse is a relapse trigger.
- Substance use impairs judgment which makes safety planning more difficult.
- It is much easier to control a victim who is addicted; it’s common for perpetrators to sabotage recovery.

(Patti Bland, 1997).
Substance abuse increases lethality

- While substance abuse does not cause violence, it can make a violent situation more dangerous.

- If a perpetrator is intoxicated, there is a greater risk the victim will be injured or killed. If the victim is intoxicated, she may find it harder to get safe. (Patti Bland, 1997)

- Being in treatment can increase a woman’s risk to be stalked/tracked by perpetrator.

- During the first violent partner relationship, 68% of the abusive partners were using alcohol or drugs or both at the time of a violent incident, 31% of the victims were using at the time. In current partner relationships, 67% of the abusive partners were using at the time of a violent incident, 43% of the victims were using at the time. (Downs, 2001)
Meet with domestic violence/sexual assault agency(ies) and talk about co-occurrence issues.

Ask for education on basic domestic violence/sexual assault issues and services for your staff. Invite advocates to present at an all-staff meeting.

Offer training to their staff on substance use disorders and services you provide.
Strategies for service integration

- Attend conferences victim service advocates attend
- NCDVTMH website - webinars, books, reference materials
- Read books, articles and other media
Contact a sister agency and ask to do a presentation for their support group. Consider presenting on coping skills, substance use in the family/adolescents, etc. If it goes well, ask to come on a rotational basis. Ask to be included in more groups.

Call your local advocacy center and ask them to do an educational presentation in your group(s). If it goes well, ask them to come on a rotational basis and find out if they can present in other groups. If the group is co-ed, encourage the advocate to present on healthy relationships, witnessing DV in the home, and surviving childhood abuse.
Strategies for service integration

- Case conference with an advocate.

- If a victim/survivor discloses abuse, offer to have an advocate come speak to her/him during one of your sessions or speak with an advocate over the phone while in session. This can be much safer for the victim/survivor as the perpetrator may never know that they are receiving DV/SA services while in treatment.

- Offer to keep copies of No Contact Orders and other important documents in client files; this can be very helpful if the victim/survivor decides to leave.

- Have Safety Plans readily available to discuss and complete during sessions (and be sure you are trained on how to complete!)
Strategies for service integration

- Ask about coming for case consultation at a staff meeting.
- Invite an advocate to be a part of your local family/treatment court (if they aren’t already!).
- If you are met with resistance from your agency, frame this work as “trauma informed.” Encourage your agency to consider completing a QSO agreement with your sister agency.
Once a relationship is established with a specific staff or support group person, talk about a joint group! One could be done in treatment or at the victim advocacy center.

If you are a prevention specialist, offer to do joint community work/presentations together. Offer to do some outreach and education on an individual basis to victims/survivors in shelter.
Assessment

- Are you afraid of your partner? When was the worst time something like this happened? When did this start? (from Ellen Pence)
- CAGE-DV
- P/C Wheel for Women’s Substance Abuse
- Spouse Abuse Risk Assessment (from Patti Bland)
- Safety Planning
- Be sure to have a “what’s next” plan if a client discusses domestic violence/sexual assault that involves more than just a referral.
- Follow up, screen often, consider confidentiality when putting it in her file.
- DO NOT automatically advise the victim/survivor to leave their partner. This can increase their risk of lethality.
Examples of integrated services in Iowa

- Co-led groups
- Providing SA and DV education in already established groups
- Regular consultations and in-services on DV and SA issues
- Co-led public education
- Drug court/family court involvement
- Policy development re: screening, expediting admission to treatment
- Co-located services
What are your ideas for your community?

Let’s brainstorm your ideas!
Challenges to integrating services

- It’s a long process for trainings and implementing integrated services.
- Differing philosophical backgrounds and service provision for women.
- Continued education for new staff
- Funding sources
**Books:** Trauma Stewardship by Lipsky
Trauma and Recovery by Herman
Treating Addicted Survivors of Trauma by Evans
Women: Alcohol and Other Drugs by Engs
A Place Called Self by Brown

**Movies:** Addiction Series Disc 1,2,3,4
Breaking the Cycle of Addiction and Abuse: Donna’s story
Hidden Victims: Children of Domestic Violence

**Websites:** www.nationalcenterdvtraumamh.org

**Articles:** Safely Screening for Safety by Patti Bland
The Integrative Services Project: Fostering Collaboration by Rindels, Atkinson, Jones, Downs
Using Trauma Theory to Design Services by Harris, Fallot
Women, Co-occurring Disorders and Violence Study by Clark, Power
Outcomes for Women with Co-occurring Disorders and Trauma by Morrissey, et al.
Women’s Use of Physical and Non Physical Self Defense Strategies by Downs, Rindels, Atkinson

**Curriculum:** Real Tools by Patti Bland
Seeking Safety by Lisa Najavits
Blue Sky by ISP
Silvia Benitez and Megan Jones
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