TREATING INDIVIDUALS LIVING WITH DOMESTIC VIOLENCE AND SUBSTANCE USE

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OBJECTIVES

- Understand introductory facts, figures, and models of intimate partner violence
- Explore the intersection of intimate partner violence and substance use
- Identify appropriate responses for working with this population
GUIDELINES AND EXPECTATIONS

- Really heavy material
- Will watch video of a survivor describing some of her experiences
- We all bring our own set of experiences to this room
- Tend to yourself
LANGUAGE

- Domestic Violence vs Intimate Partner Violence
- Victim, Survivor
- Perpetrator, Offender, Batterer
- Gender Pronouns

Whatever words we utter should be chosen with care for people will hear them and be influenced by them for good or ill.

Buddha
Domestic violence is the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another.

It includes physical violence, sexual violence, psychological violence, and emotional abuse. The frequency and severity of domestic violence can vary dramatically; however, the one constant component of domestic violence is one partner’s consistent efforts to maintain power and control over the other.

http://www.ncadv.org/
Occurs across age, socio-economic status, sexual orientation, gender, race, religion, and nationality.

Does not necessarily include physical violence, though it often does.

Can result in physical injury, psychological trauma, and even death.

Aftermath of IPV can last a lifetime, and patterns transmit across generations.

http://www.ncadv.org/
On average, 20 people every minute are physically abused by an intimate partner
1 in 4 women and 1 in 9 men experience severe intimate partner violence
1 in 3 women and 1 in 4 men experience some form of violence by an intimate partner, may not be considered “intimate partner violence”
Intimate partner violence accounts for 15% of violent crime
Only one third of people who are injured by intimate partners receive medical care for their injuries
1 in 3 women and 1 in 20 male murder victims are killed by intimate partners
72% of murder-suicides are perpetrated by intimate partners
20,000 calls a day to domestic violence hotlines

https://www.speakcdn.com/assets/2497/domestic_violence2.pdf
Explosive Incident

Healthy Relationships

“Honeymoon” Stage

CYCLE OF VIOLENCE

Tension Building
The Duluth Model is a framework for understanding and addressing patterns of violence against women. It recognizes the interplay between systems and institutions, patriarchy, and sexism to create a context for violence. Key components of the model include physical and sexual violence, coercion, intimidation, emotional abuse, economic abuse, isolation, minimizing, blaming, and using children.
Duluth Model
SARAH’S STORY

https://www.powerandcontrolfilm.com/all-videos/
SARAH’S STORY: DEBRIEF

What components of the power and control wheel did you notice in Sarah’s story?
POWER AND CONTROL WHEEL ADAPTATIONS

- Bullying
- Child abuse
- Children coping with family violence
- Immigrants
- Legal charges
- LGBT
- Older adults
- Post separation
- Teens
- Workplace abuse
INTIMATE PARTNER VIOLENCE AND SUBSTANCE USE
INTIMATE PARTNER VIOLENCE & SUBSTANCE USE

- Correlation, not causation
- Relationship patterns that escalate in frequency and severity over time
- Overlapping populations, but separate fields
- Treating one issue without the other interferes with treatment efficacy
25-50% of men who commit acts of domestic violence have a co-occurring substance use problem

Women with substance use problems are more likely to experience domestic violence

Victims of domestic violence are more likely to receive, and become dependent on prescription drugs, and alcohol

Childhood physical abuse is associated with later substance use among youth
Direct and indirect effects

Abusive partner may feel angry or threatened when partner seeks substance use treatment

Dynamics of intimate partner violence can lead to disengagement from treatment services
  - Controlling behavior
  - Substance use as part of intimate partner violence
  - Substance use as part of “making up”

Severity of abuse may be impacted by level of intoxication or sobriety for one or both partners
  - Sobriety is not necessarily safer
WHAT IS THE FOCUS OF TREATMENT?

- Differences in priorities, terminology, and philosophy of care
- Substance Use: sobriety
- Intimate Partner Violence: safety
- Holistic approach requires flexibility and consumer-driven goal setting
REVISITING LANGUAGE

- Intimate Partner Violence: empowerment, developing control, resiliency, safety
- Substance Use: denial, enabling, codependent, powerlessness, disease
TRAUMA-INFORMED CARE
WHAT IS TRAUMA-INFORMED CARE?

A program, organization, or system that:

- **Realizes** the widespread impact of trauma and understands potential paths for recovery;
- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices;
- Seeks to actively **resist** re-traumatization.
Effects of IPV often present as mental health conditions

Many women diagnosed with mental health conditions were not asked about their relationships or trauma histories

Some people need additional services to address mental health conditions
- People aren’t abused because of their mental health conditions

For many people, symptoms resolve when they are safe and supported

Implications of being diagnosed with mental illness has custody and court implications
Multi-event, deliberate traumas inflicted by another human impacts memory, especially dissociation and amnesia

Survivors’ stories can be fragmented

Focus is to understand their memories of abuse rather than establishing an objective and clear “truth”

Person-defined advocacy requires us to start where the survivor is, which may not be with a fully detailed verbal account of abuse.
SCREENING FOR INTIMATE PARTNER VIOLENCE

- All people presenting for substance use treatment should be screened for intimate partner violence
  - At intake
  - Throughout treatment
    - Substance use treatment is male-dominated field; intimate partner violence is primarily enacted by men
- Important to collect information about:
  - Physical health conditions and injuries
  - Stressors and supports
  - Relationship dynamics
- Frame questions thoughtfully
  - Need for cross-training
EXPLORING RELATIONSHIP BETWEEN SUBSTANCE USE AND VIOLENCE

- When does violence occur in relation to substance use?
- How much of the violent behavior occurs while intoxicated?
- What substances are used before the violent act(s)?
- What feelings precede and accompany the use of substances?
- Are substances used to "recover" from the violence?
- What is the role of substance use in non-physical aspects of intimate partner violence (finances, sexual acts, threats, etc.)?
Questions:

Does your program screen for intimate partner violence?

What is your program already doing well in terms of screening?

What changes do you want to make to your program’s approach to screening?
WHEN INTIMATE PARTNER VIOLENCE IS DISCLOSED

- Address safety
- Assure person they are believed
- Collaboratively identify options
- Assess for health concerns, including detox/medical care
QUESTION:

- What resources and referrals do you need to build in your network to effectively work with individuals experiencing intimate partner violence?
TRAUMA INFORMED CARE: KEY PRINCIPLES (SAMHSA)

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, historical, and gender Issues
WHY DON’T THEY LEAVE?

- Not a trauma-informed approach to intimate partner violence
- Covertly places responsibility for violence on the victim
- Better questions:
  - Why are they abusive?
  - Why aren’t they held accountable for their abuse?
  - Why aren’t victims protected?
- Trauma-informed considerations for why people enact violence
  - History of exposure to intimate partner violence and other forms of violence
  - Institutionalized misogyny
  - Toxic masculinity
WHY DON’T THEY LEAVE?

- IPV does not necessarily end when the victim escapes
  - Abusers frequently continue to stalk, harass, threaten, and try to control the victim after they escape.
- Abusive dynamics can intensify because the abuser feels a loss of control over the victim
- Victims are in the greatest danger when they escape
  - 1/5 of homicide victims with restraining orders are murdered within two days of obtaining the order
  - 1/3 are murdered within the first month

Victims don’t choose to stay; they are unable to escape.

https://ncadv.org/learn-more
WHY DON’T THEY LEAVE?

- Fear
- Believing abuse is normal
- Shame, blame
- Cultural/religious reasons
- Language barriers/immigration status
- Lack of money/resources
- Children
- Disability
- Lack of social support; unsupportive friends and family
- Love
| Lack of support by law enforcement & legal system | Victims arrested/charged; dissuaded to file charges  
Reluctance to prosecute cases; pleas for lesser charges  
Limitations of order of protection  
Custody concerns |
| --- | --- |
| Lack of resources | Not enough shelter beds, particularly for men, trans/gender non-conforming people  
Requirements to enter, remain in shelter  
Lack of safe, affordable housing |
| Lack of societal support | Women’s worth contingent on relationship status  
Rationalization of abuser’s behavior  
Normalizing violence |
Exposure to childhood violence
  - Adverse Childhood Experiences (ACEs)

Societal norms that directly or indirectly excuse violence against women

Messages about what it means to “be a man” or “be a woman”

Societal and cultural beliefs about substance use are often gendered
INTEGRATED TREATMENT APPROACH

- Empowering sense of responsibility for substance use while dispelling the notion of responsibility for partner’s behavior
- Importance of helping survivor develop their own sense of competency, power, and ability to make decisions
- Abstinence can both increase and decrease stress
  - Reduction of problems associated with substance use
  - Loss of a coping skill
- PTSD and perception of safety can impact participation in treatment
AREAS FOR CONSIDERATION

- Social Functioning
- Parenting Needs
- Financial and Legal Concerns
- Relapse Prevention
Duluth Model

RESISTING RETRAUMATIZATION

ESCALATING DANGER

VIOLATING CONFIDENTIALITY:
- Interviewing her in front of family members.
- Telling colleagues issues discussed in confidence without her consent.
- Calling the police without her consent.

NORMALIZING VICTIMIZATION:
- Failing to respond to her disclosure of abuse.
- Acceptance of intimidation as normal in relationships.
- Belief that abuse is the outcome of non-compliance with patriarchy.

TRIVIALIZING AND MINIMIZING THE ABUSE:
- Not taking the danger she feels seriously.
- Expecting tolerance because of the number of years in the relationship.

IGNORE THE NEED FOR SAFETY:
- Failing to recognize her sense of danger.
- Being unwilling to ask, “Is it safe to go home?” or “Do you have a place to go if the abuse escalates?”

NOT RESPECTING HER AUTONOMY:
- “Prescribing” divorce, sedative medications, going to a shelter, couples counseling, or the involvement of law enforcement. Punishing her for not taking your advice.

BLAMING THE VICTIM:
- Asking what she did to provoke the abuse.
- Focusing on her as the problem and asking, “Why don’t you just leave?” “Why do you put up with it?” or “Why do you let him do that to you?”

Medical Power & Control

INCREASED ENTRAPMENT
Duluth Model

TRAAUMA-INFORMED RESPONSES
SELF CARE

- Trauma invites dissociation and/or flooding
- Self-care is not an indulgence, it’s a necessity
- What is one specific thing you will do to take care of yourself today?
Questions?

Comments?
REFERENCES AND RESOURCES

- Domestic Abuse Intervention Programs: Home of The Duluth Model: https://www.theduluthmodel.org/wheels/


- Love is Respect (teen DV resource): 1-866-331-9474 www.loveisrespect.org/ or text “loveis” to 22522

- National Center on Domestic and Sexual Violence: http://www.ncdsv.org/
REFERENCES AND RESOURCES

- National Center on Domestic Violence, Trauma, and Mental Health: http://www.nationalcenterdvtraumamh.org
- National Coalition Against Domestic Violence: http://www.ncadv.org/
- National Domestic Violence Hotline: https://www.thehotline.org/ 1-800-799-SAFE
- Power and Control: Domestic Violence in America: https://www.powerandcontrolfilm.com/
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