# Substance Abuse and Domestic Violence: Stories of Practitioners that Address the Co-Occurrence among Battered Women

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# *Substance Abuse and Domestic Violence*

## *Stories of Practitioners That Address the Co-Occurrence Among Battered Women*

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*In the literature on domestic violence, it is indicated that substance abuse has been present around the domestic violence episode. We know that substance abuse does not cause violence, although it is closely associated with the incident. Much of what has been written focuses on the batterer and substance abuse. Little information is available about battered women. Of the literatures that exists, there is some discussion about how battered women may medicate themselves due to the violence they experience. Other literature describes that neither domestic violence nor substance abuse programs are prepared to address the needs of women who experience the co-occurrence of violence and substance abuse. This article will describe how two different service programs were developed to address the needs of battered women who use. The article will describe a philosophy for this work, how assessments are conducted, how women were identified for the program, and how services were designed.*

***Keywords:*** *substance abuse; domestic violence; battered women; domestic violence services; substance abuse treatment*

*In the field of domestic violence*, it is clear that substance abuse has been an issue of continued concern. We are aware that frequently men who batter use drugs or alcohol, often prior to their violence. We know that substance abuse contributes to a lowering of inhibitions but that it does not cause the abuse. Often, these men, who

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abuse substances and are violent toward women, still abuse women when they have drug sobriety. We are just beginning to consider how to approach this problem with men. In the United Kingdom and in a very few programs in the United States, attempts are made to address both problems simultaneously.

What is discussed less in the literature are battered women who are addicted to drugs or alcohol. Few programs are equipped to address the needs of women who present these concerns to shelters, domestic violence programs, or substance abuse programs. Often, the capacity to recover from both the substance use and violence is defined by the fact that there are few safe places for a woman to go. What is even in less supply is an environment where appropriate, knowledgeable, and competent support is available. To serve battered women with substance abuse problems, we must include their realities in the work that we do. As one advocate put it, "These women have very complicated lives, and we must include their realities in our work to better support them."

What follows is the story of three practitioners who have focused their attention on this issue. We will discuss their stories because so little has been discussed about the intersection of substance abuse, domestic violence, and services for women in research and in practice. The stories will focus on how these practitioners came to address the issues among this population. Furthermore, the methods they used to assess the needs of the women and shape service to meet their needs is also a central theme in their stories.

Having grown up in a house where domestic violence occurred, abuse was not uncommon to Barbara Rogers. Her initiation into a world of violence began as a child, when she witnessed her father physically abuse her mother. At a young age, Barbara decided that if she ever found herself in a similar situation, she would fight back. And years later, she did.

Married, with children, Barbara counted herself among the many women who are victims of domestic abuse. Her attempts to fight back were met with harder hits and harsher attacks. Unable to overpower her abuser, she resorted to letting the abuse occur. Barbara knew she was being abused, physically and emotionally. What she did not know was how to stop it. And just as she, as a

child, had watched her mother beaten, her children now witnessed her abuse.

Seeking refuge, Barbara turned to drugs and alcohol to escape the reality of the violent world she lived. Using drugs and alcohol gave her a sense of control. The substances, she explained, also helped her to create a denial system. In an altered state, her abuse did not seem too bad, and at times, she forgot it existed at all.

When the effects of the drugs and alcohol wore off, reality resurfaced. Although she did not feel as though she needed the assistance of a shelter, because neither her bruises nor her psychological damage was visible to the eye, Barbara eventually did enter a shelter for battered women. In the shelter, Barbara noticed that many of the women would hide and drink alcohol or leave the shelter to drink. This behavior was familiar to her. They too, she understood, were trying to mask the pain of their abuse.

Barbara left the battered women's shelter and entered a chemical treatment program for 30 days. This, she recalled, was a pivotal point in her life. Committed to becoming and staying drug and alcohol free, Barbara began getting involved with community resources and became more knowledgeable about substance abuse. For many years, she had been naïve to the harm she was doing to herself and her children. But now, she was ready to take accountability for her actions and change her life.

In the shelter and in treatment, Barbara's basic needs were met. She was provided food and housing. But once released from treatment, she would have to provide for herself and her children. Fearful of returning to her old habits, Barbara never returned to her old friends or her old environment. She quickly enrolled in a support group and began volunteering at the shelter at which she had once stayed.

Barbara considered herself fortunate. Unlike other victims of domestic violence, she found the resources and support she needed to start a new life. Committed to helping women in violent relationships heal, she continued to volunteer at the shelter while she studied at a local community college. The shelter hired her as a community outreach worker and later promoted her to woman's advocate. Still, she felt her work was not done. Realizing that much of her progress was fostered by the time she spent in the chemical treatment program, Barbara returned to African

American Family Services (formally the Institute for Black Chemical Abuse) as a volunteer, where she was later hired as an intervention specialist.

In her new role, the number of women she served who had histories of drug and/or alcohol abuse and were in violent relationships intrigued Barbara. She sought information about the cross section of domestic violence and substance abuse. She talked with community leaders and health professionals but was told that little literature existed. Barbara knew firsthand, however, that the duality of substance abuse and violence was real in the lives of many women. With her assistance, African American Family Services received a grant to provide services to battered women who were also substance abusers. With the grant, her collection of data on the dual nature of domestic violence and substance abuse began.

Barbara's data collection began by talking with the women at the center. She knew that many women would be slow to reveal intimate accounts of their personal lives. After all, she was reluctant when she first sought help as a victim of abuse. However, she found that by telling her story, honestly and openly, the women related to her and began to open up. So Barbara talked about her low self-esteem, described her feelings of violation, and shared the creation of her denial system. She used the techniques that were successfully used on her. And the women spoke.

At first, they did not want to speak personally about themselves. Instead, they preferred to talk about their children or other people close to them. Many times, the denial systems they had created prohibited them from seeing themselves in their own lives, and therefore, they were unable to "feel" because they had shut down their thoughts and emotions. But Barbara worked with them until they could focus on themselves. And when they did, they addressed issues of self-esteem, self-worth, decision making, boundaries and limits, and goals for the future. She helped the women consider issues of safety and resources while assuring them of her support and confidentiality. And it was this trust that allowed other issues, such as economic problems, sexual disease, and past abuses, to be addressed. These items, commonly referred to as secondary content, were the catalysts for additional program support.

Like Barbara, Gloria McGee saw the duality of domestic violence and substance abuse in the lives of women she worked with. A recovered substance abuser, Gloria wanted to help other women turn their lives around. After earning her bachelor's degree in social welfare, Gloria continued her educational development by taking various training classes on substance abuse. Her professional career began when she was hired by family services as an alcoholism counselor.

Among her responsibilities as an alcoholism counselor, Gloria was tasked with providing counseling services to women at a local shelter. It was at the shelter that Gloria quickly recognized conflicting philosophies between shelter and family services staff. Staff at the shelter believed the women were not "sick," but rather they were "just beaten." They seemed reluctant, Gloria recalled, to admit that the women had codependent problems that they could not handle. Family services staff, on the other hand, believed that the women were sick because they were alcoholics. And therefore, they wanted to focus treatment on the alcoholism. Gloria believed that the coexistence of the two problems had to be addressed for the women to be served effectively. With this perspective, she started Alcoholics Anonymous (Alanon) groups in the shelter.

In working with the women, Gloria became knowledgeable about battery, the anger involved in violent relationships, and the ways different backgrounds, religions, and values effect women's responses to domestic violence. She used models from Casa De Esperanza, a proactive shelter for Latina women, in developing her program. Having become more knowledgeable of domestic violence issues, Gloria left family services to be an assessment specialist at the Minnesota Institute for Black Chemical Abuse, now known as African American Family Services.

African American Family Services, she said, acknowledged the needs of the women they served and were ready to implement programs to meet them. Because they were a grassroots organization, Gloria believed, they were open to listening to the concerns of the women and developing programs accordingly. Specifically, they were interested in providing better services to African American women, who they determined to benefit less from traditional treatment. Program components included educational

presentations, identification of resources, and group dialogue. It was through the group dialogue that Gloria noticed parallels between her training on substance abuse and domestic violence. The women discussed issues of denial, defenses (trying to protect their mate or children), secrecy, and the escalation or progression of the problem if no intervention was present.

The success of her program, Gloria believed, came as a result of the following: (a) The development of program elements came from the voices of the women they would serve, (b) the workers wanted to work within their communities and viewed their work as more than a job, and (c) resources were available that allowed women to move forward in their lives once the more severe problems they faced were abated.

As a result, many women's lives positively changed because of the services they received.

Not unlike Barbara and Gloria, Antonia Vann wanted to effectively change not only her life but also the lives of the people in her community. In 1989, she founded Asha Family Services (Asha).

Asha is a nonprofit, African American–governed organization committed to providing domestic violence and substance abuse services to men, women, and children. Asha primarily serves people of African descent, and therefore, its staff and board of directors comprises predominantly African Americans. Many of Asha's staff are former convicts, prostitutes, or victims or come from families were domestic violence and/or substance abuse was present. The providers come from the same community as the people they serve. And they receive education and ongoing training to equip them with the knowledge to address substance abuse and domestic violence issues. This makeup, Antonia believed, gives Asha's providers and clients a shared history and insight into the needs and issues confronting the perpetrators, victims, and witnesses of abuse. In addition, she believed, Asha's providers have a unique ability to view violence in the complete context it was created.

In addition to domestic violence and substance abuse, Asha addresses the issues of spirituality, healing, sexism, oppression, rituals, and pre- and post-incarceration in its delivery of services. Program elements focus on culture, cultural cues, and language. Antonia explained the importance of using this holistic approach,

characterized by multiple support systems working with the entire family, in getting men and women invested in seeking and receiving help. This oftentimes means, she explained, looking beyond the obvious need to end the violence and the use of substances, to focusing on ensuring that the basic needs of housing, food, and safety are met. It also means, she added, creating an environment that is welcoming to the population being served. For Asha, this is manifested in many ways, from Afrocentric artwork and color schemes to the way people are greeted when they enter the property.

Among Asha's programs and services are the following:

- Asha Women of Color "Sister Circles": a safe place to exchange ideas and experiences, sister circle members receive domestic violence and sexual assault prevention information via peer support counseling, systems advocacy, and case management.
- Children's Advocacy Project: provides direct services, advocacy, education, support, and facilitation of healing for children who witness or experience domestic abuse.
- Ujima Men's Educational Program: a 24-week, nontraditional abuser treatment program created by and for African American men.
- Ujima Jr.: a 16-week "alternative to aggression" course for African American males ages 13 to 17, which provides training, instruction, education, and social interaction skills development.
- Fatherhood and Responsibility: Brother to Brother: A stand-alone and aftercare program designed for the self-development, response development, relationship development, and healing of African American males toward their children, women, family, and community.
- Family and Individual Case Management: provides intense case management, including in-home, and assists families in accessing assessed and needed services.
- HIV/AIDS Community Outreach/Education: provides direct support, information, education, and referral for treatment and counseling to individuals at higher risk for HIV infection and other communicable diseases.
- SOAR (Solutions and Options Applied With Respect) Resource: provides one-stop services, including domestic abuse, mental health, and substance abuse treatment for welfare-to-work customers.

Other services and programs include family and individual case management, outpatient mental health and substance treatment clinic, criminal justice system education, and community education and training.

## SUMMARY

The interviews of the three women featured in the case studies above revealed a number of commonalities:

- Different ethnic groups may respond differently to traditional treatment methods; therefore, culturally specific strategies should be implemented to maximize treatment success.

Although aspects of her work with African American women mirrored issues encountered by White female victims of abuse (e.g., low self-esteem and denial of the abuse), Barbara noticed differences among the groups that would influence her delivery of service. For example, she noted the demeanor or presentations of the women about their situations are generally different. While White women tend to see themselves as a "victim," Black women traditionally need help in recognizing that they have indeed been victimized. Native American women, however, tend to not talk about their experience from a personal perspective but rather listen and tell stories about third parties because of their cultural silence surrounding domestic violence issues.

- Women often have more problems than they initially present, and they need to feel comfortable before they can share those experiences.

All three women discussed the prevalence of sexual abuse among the women they served. Each noted that when working in group settings, participants tend to speak freely and openly when they perceive a feeling of trust. This trust is often established by the facilitator sharing her personal experience, demonstrating a similar background or experience, and/or being able to communicate in a language that is understood and accepted by the group.

- Listening to what women tell you about their lives can provide invaluable information for program development.

Each of the women interviewed described how the voices of women being served drove the development of programs intended for them. Acknowledging that one program may not meet all of a woman's needs, they emphasized the importance of having resources and referrals available to assist in treatment.

The women interviewed do not dispute the value and importance of traditional learning and educational preparation for working with victims of domestic violence. Rather, they promote a value-added component to service delivery that also places value on shared experience, history, community, and culture. And furthermore, they encourage systems and organizations to identify the cross section of substance abuse and other problems that

may accompany the domestic abuse. Finally, they acknowledge the importance of program evaluation, noting that client referrals and increases in men seeking services are indicators of program success; however, these items need to be coupled with formal, quantifiable data.

More than 20 years ago, perhaps without knowing it, Barbara Rogers and Gloria McGee did groundbreaking work that would greatly influence the field of domestic violence. As a result of their personal experiences, they found a way to meet their needs as well as the needs of other women by developing groups that would address domestic violence and substance abuse issues in one setting. And not stopping there, these ladies encouraged their employers to also develop programs for African American men who were substance abusers and perpetrators of violence against their partners. These women were not researchers or renowned practitioners but rather women who had experiences and enough insight to listen to the voices of the women they served, not allowing their own histories to be the only voice of truth.

Today, other practitioners, such as Antonia Vann, use their personal experience, expertise from working in the field, and input from clients they serve to shape their organizations' program development.

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