DOMESTIC ABUSE, MENTAL HEALTH ISSUES AND SUBSTANCE USE

Research has indicated that among women who have experienced domestic abuse there is a high incidence of substance use as well as mental health issues. Miller & Guidry (2001) stress that “(m)any women with co-occurring trauma and mental health symptoms suffer such crippling addictions as alcohol and drug abuse, self-injury, eating disorders, and process additions (self-sabotaging relationships, gambling and other risk-taking compulsions)” (p. 13). There is evidence that women’s mental health problems and substance use are linked to their experiences of abuse, sexual assault and other forms of gender based violence and trauma (Covington, 2003). It is therefore important that frontline counsellors be knowledgeable about addiction and mental health issues in order to provide support and/or appropriate referrals for these women.

LEARNING OBJECTIVES:

- To understand the relationship between substance use and domestic violence
- To understand the relationship between mental health issues and domestic violence
- To be knowledgeable of strategies that may assist in supporting women with substance abuse and/or mental health issues.

SCOPE OF THE PROBLEM

- Research has indicated that the stress caused by trauma can impact all areas of a person’s life including their emotional, mental and physical health and well-being (Parkes, 2007).

- Research conducted by the Women’s Mental Health and Addictions Action and Research Coalition (2002) shows a significant connection between mental health, addiction issues and women abuse and women abuse related trauma. The Coalition found that of the women involved with the mental health system 80% of participants had experienced either childhood abuse or violence in their current relationships.

- Other research has demonstrated that ongoing trauma may disrupt and alter brain chemistry which may lead to the development of Post Traumatic Stress Disorder (Haskell, 2003, Herman, 1992).

- Cascardi et al (1999) reviewed 14 studies that looked at the relationship between depression and violence against women and found that the prevalence of depression amongst abused women was 38-83% depending on the study location. This compares with a prevalence rate of 10% in the general population of women. Cascardi et al (1999) also looked at the research connecting the diagnosis of Post Traumatic Stress Disorder in women exposed to abuse and found high rates of PTSD ranging from 31-84%.

- Women’s use of substance has been found to be associated with current or historical experiences of abuse. Women in community samples report a lifetime history of physical and sexual abuse ranging from 36-51% while women with substance use issues report a lifetime history of abuse ranging from 55-99% (Najavits, Weiss & Shaw, 1997).
• 30-59% of women with substance use problems have PTSD which is most highly related to childhood sexual abuse or physical abuse (Logan et al, 2002). Logan et al (2002) also found that alcohol problems have been found to be up to 15 times higher among women who have experienced intimate partner violence than women in the general population.

• In the Stella Project, (2005) all the women with substance abuse issues who accessed anti-violence services saw a connection between their substance use and their experiences of violence. Almost two thirds of these women shared that they began abusing substances following experiences of relationship violence. The study also indicated that sexual and physical abuse in childhood is also strongly connected to substance use problems.

• There is evidence that abuse usually precedes substance abuse and mental health issues and most women experiencing addictions and PTSD have a history of sexual or physical childhood trauma (Najavits, Weiss & Shaw, 1997).

• A study of Illinois shelters found that as many as 42% of their clients abused alcohol or other drugs (Bennett & Lawson, 1994).

• CAMH (Centre for Addictions and Mental Health) acknowledges that “For some people, a common factor may lead to both mental health and substance use problems. This factor may be biological. It may also be an event, such as emotional or physical trauma”. “A history of trauma, and the persistence of symptoms related to trauma, is also very common among clients with mental health or substance use issue. About 25-66 per cent of people in substance use treatment will have histories of trauma though not all people who have experienced trauma will develop symptoms of posttraumatic stress disorder. Among women, the experience of physical and/or sexual violence, mental health problems and substance use problems is a significant issue” (CAMH, 2006).

• The connection between interpersonal violence, substance use and mental health issues is complex. Survivors of abuse may become dependent on substances partly as a way of coping with trauma symptoms and for reducing the stress of living in a violent situation. Substances can be useful in assisting someone to temporarily dissociate and to disconnect the traumatic event from her consciousness. Women who abuse substances are more vulnerable to violence due to their relationships with others who use substances and also because of impaired judgment while using substances (Covington, 2003). A cycle begins of “victimization, chemical use, retardation of emotional development, limited stress resolution, more chemical use and heightened vulnerability to further victimization” (Steele, 2000, p.72).

• A number of mental health issues are associated with a history of abuse including depression, dissociation, suicidal ideation, diagnoses of PTSD and dissociative disorders.

• Godard, Cory, & Abi-Jaoude (2008) stress that “when women’s substance use and mental health are not identified as rooted in gender-based violence their experiences are often compartmentalized, their safety may be compromised through inappropriate treatment and the impacts of abuse may be misdiagnosed as mental health or addiction problems in isolation from her unsafe life context. Similarly, if substance use and mental health issues are not acknowledged as impacts of abuse,
women seeking safety and support from anti-violence services may not receive appropriate services” (p. 7).

SUPPORTING WOMEN IN SHELTERS WHEN THEY PRESENT WITH ALCOHOL AND/OR MENTAL HEALTH CONCERNS:

A report by the British Columbia Centre of Excellence for Women’s Health titled Tracking Alcohol Use in Women Who Move Through Domestic Violence Shelters (2004) stresses the importance of the support provided by shelters in the areas of health, income, housing and related issues and how this support can have “a pivotal impact in helping women restructure their lives and reduce their use of substances” (p. 11). The report noted that women’s substance use decreased after their shelter stays both in shelters that offered brief interventions and those that offered more substantive interventions. The authors suggest that given the complex interrelationships of substance use and abuse, the alcohol and drug specific as well as broader work done by the shelters’ staff appears to bring about positive change. They stress that it is important for shelter staff to provide an environment in which it is safe to talk about addictions and substance use and offer support in order for women to feel safe to address these issues. The authors point out that women entering a shelter are often at a point in their lives where they are contemplating change and their shelter stay can be an opportunity for them to begin to look at both domestic abuse as well as substance abuse issues in their lives. This study also points to the need for collaboration between substance use treatment providers and domestic violence shelters. It is recommended that wherever possible shelters forge alliances with detox, addiction counselling and treatment resources in their specific communities.

The Stella Project (2005) stresses that if anti-violence programs ignore drug and alcohol issues women may be:

- Less likely to leave a violent partner
- In greater danger of more severe violence
- More likely to have an ineffective criminal justice intervention
- More likely to lose their children
- Less likely to benefit from counselling
- Less likely to be admitted to a transition house or provided with permanent housing

A THREAD FOR YOUR TAPESTRY OF INTERVENTIONS

Baker and Cunningham (2008), point out that shelter workers will meet women in various stages of recovery from substance abuse, including the detoxing phase. They suggest that shelters develop expertise in screening and treating substances or else work in conjunction with addiction assessment and treatment agencies. They
stress the importance of viewing women in all of their complexities and addressing their multitude of struggles and needs.

In regards to women presenting at shelters with mental health issues, Baker and Cunningham suggest that it is important not to pathologize women and their coping strategies but at the same time it is equally important not to ignore illnesses which might require hospitalization, medication or some sort of medical intervention.

A THREAD FOR YOUR TAPESTRY OF INTERVENTIONS

- The Women’s Mental Health and Addictions Action Research Coalition (2002) has outlined a number of best practices in providing services to abused women with concurrent mental health and addiction issues. The following are recommended:
  - A woman centered approach
  - Collaboration between addiction services, abuse services and mental health resources
  - Sharing of resources including staff and space
  - Dealing with concurrent issues
  - Providing a continuum of services
  - Services should be trauma informed
  - Provision of cross training opportunities

Parkes (2007) stresses that women need support in order to build new skills to recover and heal from the impacts of violence, mental health problems and addictions. She also states that anti-violence workers can enhance a woman’s sense of empowerment by assisting her to see a broad range of choices in all aspects of her life not only those directly related to the violence she has experienced. Parkes sees discussing options and choices as essential activities that can assist women to empower themselves.

McEvoy & Ziegler (2006) recommend using the acronym RICH to remember the four most important things that frontline workers can offer women – respect, information, connection and hope.

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Connection is vital to providing support to women impacted by violence, mental health and/or substance use issues. Therefore it is essential for frontline workers to develop a relationship with women before asking questions about substance use or mental health issues (Parkes, 2007). Parkes outlines the following suggestions for working with women with mental health and/or substance use issues:
Help women to make linkages between structural and social inequalities like poverty, unemployment, demands of childrearing and their mental health problems

Do not make assumptions about how issues or challenges are interconnected to individual women

Provide information about the impact of trauma on substance abuse and mental health issues

Take a positive attitude no matter what unusual mental states a woman is experiencing or has experienced – all women need acceptance

Watch your language. Take your cues from a woman on how she wants her problem to be described.

Help women lessen their self-blame for the violence, trauma, mental health and/substance use problems in their lives. Use statements like “It is very common for women who have experienced abuse to …” “You are not the only one to ……” “You are not to blame for the abuse in your life”.

Help women to recognize and respond to their distress signals. Ask questions like “What are the warning signs that you are moving into an emotional crisis” or “What helps you when you are distressed” or “How can I support you when you are feeling emotionally overwhelmed?”

Support self-efficacy. Honor where women are at and affirm them for how they have survived. Acknowledge and encourage all efforts moving towards safety.

Address safety issues – both internal and external. Assist women to recognize and manage their cues for using substances, their triggers for mental health issues and/or trauma responses.

Support the development of safe relationships and connections. Provide information and referrals to appropriate support groups or resources in the community.

Support women who are mothering. Acknowledge the importance of mothering in their lives regardless of whether their children are with them or not. If possible refer women to mental health supports or substance use resources that are flexible and responsive to the needs of mothers.

It is essential to explain the limits of confidentiality during the initial intake. If you have to report to Children’s Services it is recommended that you inform women of your requirement and why. If at all possible involve women in making the calls.

All shelters have policies for dealing with substance abuse issues within the shelters. Most shelters will not accept women into the shelter that are intoxicated or high. In these situations it is important to be able to refer these women to safe resources for detoxing or supports that provide a safe bed until they are sober and able to access the shelter. In some cases, shelters allow women who are residents and return to the shelter after using to remain in the shelter as long as they are compliant and agree to go their rooms. It is then important for a counsellor to meet with the resident the following day to address the issue of substance use. If a resident returns to the shelter and has been using and is aggressive or abusive it is necessary to deny her access to the shelter but it is important that she is directed to a resource where she is safe.

Having brochures and printed information regarding substance abuse may be useful for some individuals accessing shelters. Likely, it is as helpful to be connected to a counsellor that is willing to discuss the issue of abuse and trauma and substance abuse and is knowledgeable about community resources. As a frontline
counsellor working in a shelter it is important to be informed about treatment options and providers in the community. Ideally, women should be referred to treatment providers that are sensitive to the issues of domestic abuse. It may be in the woman’s best interests to work collaboratively with the treatment agency.

When completing safety plans with residents who have a history of substance abuse it is important to include a plan for sobriety as part of the safety plan. Using substance can impact the woman’s ability to keep herself safe. Likewise, it is important to address mental health issues when supporting women to develop personalized safety plans (see Module on Safety Planning).

Shelters provide an opportunity to provide first stage trauma intervention including establishing safety, psycho-education, learning to manage trauma responses and connecting women to appropriate supports and services. This means that women are not asked to uncover painful memories or early experiences of abuse. But it is important to educate women about the impacts that trauma may have had and helping her to understand how the past may be impacting the present (Haskell, 2003).

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Haskell (2001) outlines the following ways that frontline counsellors can be of assistance to women in shelters experiencing mental health and addiction issues related to trauma:

Establishing safety is the first concrete step in the healing and recovery process. By developing a safety plan women are able to establish a sense of personal power and control. A safety plan is needed when ever there is a possibility of further abuse. A safety plan needs to also include ways of maintaining sobriety or at the very least using safely. A safety plan needs to also address managing of trauma symptoms.

Education helps a woman to learn how trauma impacts how she feels thinks and behaves. She may benefit from learning about flashbacks, dissociation and numbing.

Managing trauma responses: teach women ways of managing their trauma responses. Strategies include grounding techniques, containment exercises and self-soothing exercises.

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Godard, Cory & Abi-Jaoude (2008) recommend the following:

Seeing woman as experts on their own experience and involving them in the development of the support they receive as well as their treatment plans
Using a holistic approach – recognize woman as whole people, taking women’s lives into consideration and acknowledging the connection between abuse, substance use and mental health.
Helping to build collaborations between the various sectors
Reducing barriers to ensure greater accessibility for women to resources
**A THREAD FOR YOUR TAPESTRY OF INTERVENTIONS**

It is also important to know that some women experience mental health issues that are not caused by trauma or oppression. These women may be assisted by obtaining psychiatric diagnoses and prescribed medications. Women with psychiatric mental health issues are more vulnerable to abuse than are other women and the abuse that they experience will impact their mental health issues.

As a frontline counsellor it is not your responsibility to diagnose women or assign them a psychiatric label. It is part of your responsibility to know about a woman’s existing diagnosis if she should choose to share that information. It is important to explore more information about the diagnosis – for example asking who gave her the diagnosis and when was she diagnosed. It may also be helpful to inquire about her understanding of the diagnosis and what it means to her. It may be useful for you to understand the diagnosis and its possible consequences. It is more important to look beyond the label and see her as a woman who has experienced violence in her life. If it appears that a woman’s mental health may present risks to herself or to others it is advisable to connect her to a community resource that can provide the necessary supports. My mental health is a useful website to locate mental health resources throughout the province.

http://www.mymentalhealth.ca

**THROUGH HER EYES**

**CASE EXAMPLE # 1:**

Tina came into the shelter with her three children after experiencing ongoing abuse by her partner. Tina shared that her partner, John, had increasingly become addicted to cocaine during their four year relationship. As his use increased, she stated that his behaviour became more unpredictable and at times very violent. When Tina was asked how she coped with the violence, she admitted to her use of drugs as a way of self-medicating. The frontline counsellor did not judge Tina and instead acknowledged that it was a common coping mechanism for many women who have experienced violence in a relationship. The counsellor explored with Tina other ways that she had found to self-soothe and provided Tina with information about treatment options should she choose to access them. As Tina became more comfortable with the counsellor, she disclosed more about her drug use. She stated that her partner had forced her to engage in sexual activities with other men for money to support his drug habit. Tina shared that in order to be with these other men she chose to get high so that she would not feel anything during the experience. Tina talked about feeling a lot of shame about her behaviour and blamed herself for engaging in unhealthy activities. She shared her struggle to stay clean as sometimes she had flashbacks and was in such emotional pain that she did not feel that she could manage without the drugs. The counsellor once again normalized her struggles. Tina was taught some basic relaxation exercises. The counsellor demonstrated some grounding exercises and met with Tina twice a day to review the exercises with her.
When Tina left the shelter she was referred to a follow-up counsellor and began attending the women’s group for women who had experienced domestic abuse. She also enrolled her children in the children’s program and she attended the parenting group.

Tina was not judged for her behaviours and was supported to learn more about the connection between abuse and substance use. Eventually, she asked to be referred to a treatment program. The counsellor contacted AADAC and made a referral to the Women’s Enhanced Treatment Program. Tina signed an agreement permitting the AADAC and her follow-up counsellor to have a discussion regarding working collaboratively to support Tina.

Tina recently enrolled in a community college program and is living in the community with her three children. She has been clean for three years and states that she is managing well as a single parent.

CASE EXAMPLE #2:

Jackie came to the shelter after being seriously assaulted by her x-partner, Frank. Jackie had large bruises on her arms and she showed the counsellor where her Frank had pulled some of her hair out. Jackie had separated from Frank 6 months prior. They had been in a common law relationship for 16 years and during that time, Jackie explained that Frank had broken her arm twice, and said that there were numerous times that she isolated herself because of the bruises on her face or arms. Jackie explained that she had started attending a women’s counselling group and gradually she said she got the courage to end the relationship with Frank. She said that she was managing well and found the group to be very supportive as she took the step of leaving the relationship. Jackie then shared how she was at a wedding in the small community that she and Frank had lived in. Frank was also there and followed her home. He managed to push himself into the house. He had been drinking a lot and she said that he became very emotionally abusive yelling and calling her names. She stated that he grabbed her and threw her to the ground and pinned her there while he spit on her, punched her in the face and pulled out some of her hair. Jackie said that the violence went on for almost a half hour and she feared for her life. She explained that she was able to get to a phone and call the police when Frank let go of her to go to the bathroom. The police arrived, arrested Frank and transported Jackie to the shelter.

While Jackie was in the shelter she shared that she was having a difficult time focusing, she was startled easily and was having difficult time breathing. The counsellor that worked with Jackie provided her with information about trauma and normalized Jackie’s symptoms connecting them to the violence she had experienced. The counsellor spent time teaching Jackie how to breathe deeply. The counsellor also helped Jackie to identify healthy ways that she could soothe herself – and provided her with materials for a self-care box. Jackie was also taught some simple grounding techniques to use when she was feeling anxious and overwhelmed. The counsellor encouraged Jackie to take off her shoes and tap her toes on the floor, to take deep breaths and look around the room naming things that she saw, heard, and physically could feel. Jackie gradually began to feel more confident that she could manage her trauma symptoms.

The counsellor provided Jackie with the names and numbers of individuals and agencies that provide individual trauma counselling.
RESOURCES:
The AADAC website has excellent information sheets that you can print to give women; there are also links to community resources [www.aadac.com](http://www.aadac.com), [www.aadac.com/documents/treatment_and_support_for_women.pdf](http://www.aadac.com/documents/treatment_and_support_for_women.pdf). This link will take you directly to a page outlining women specific addiction programs

My Mental Health - [www.mymentalhealth.ca](http://www.mymentalhealth.ca). Has links to mental health resources in communities throughout Alberta

REFERENCES:


British Columbia Centre of Excellence for Women’s Health (2004). Tracking alcohol use in women who move through domestic violence shelters. [www.bcysth.ca/resources.html](http://www.bcysth.ca/resources.html)


Centre of Addiction and Mental Health [www.camh.net](http://www.camh.net). CAMH is Canada’s leading addiction and mental health organization. It has an excellent website that has information regarding addiction and mental health issues. The website also has information in a variety of languages. There is a series of self-directed tutorials on a variety of mental health and addiction issues.

Coalescing on women and substance abuse: Linking research, practice and policy; sponsored by the British Columbia Centre of Excellence for Women’s Health. [www.bccewh.bc.ca](http://www.bccewh.bc.ca) in conjunction with Canadian Women’s Health Network and the Canadian Centre on Substance Abuse. This site has a number of information sheets on the connection between abuse, substance use and mental health.


Freedom from violence: Tools for working with trauma, mental health and substance abuse (2007); Resource Tool Kit; B.C. Association of Specialized Assistance and Counselling Programs [www.endingviolence.org/node](http://www.endingviolence.org/node).


Women’s mental health and addictions action research coalition. (2007). Implementing a women abuse screening protocol: Facilitating connections between mental health, addictions and woman abuse. WHMAARC.


APPENDIX A: Substance abuse wheel
APPENDIX B:

A THREAD FOR YOUR TAPESTRY OF INTERVENTIONS

A SUMMARY OF SUGGESTIONS FOR WORKING WITH WOMEN WITH SUBSTANCE USE ISSUES AND/OR MENTAL HEALTH ISSUES:

Provide an environment in which it is safe to talk about substance use and/or mental health issues.

Collaborate with detox, addiction counselling, treatment resources and mental health services in the community. Provide cross training opportunities if possible. By building collaborations between the various sectors you will reduce barriers for women accessing these services.

See women as experts on their own experience and involve them in the development of the support they receive as well as their treatment plans.

Use a holistic approach- a woman centered approach. Recognize women as whole people, taking women’s lives into consideration and acknowledging the connection between abuse, substance use and mental health.

Do not pathologize women and their coping strategies.

It is equally important not to ignore illnesses which might require hospitalization, medication or some sort of medical intervention.

Address safety issues – both internal and external. Assist women to recognize and manage their cues for using substances, their triggers for mental health issues and/or trauma responses. By developing a safety plan women are able to establish a sense of personal power and control.

Help women to recognize and respond to their distress signals. Ask questions like “What are the warning signs that you are moving into an emotional crisis” or “What helps you when you are distressed” or “How can I support you when you are feeling emotionally overwhelmed?”

Services should be trauma informed. Provide information about the impact of trauma on substance abuse and mental health issues.

Educate women about the effects of trauma and how trauma may impact how they feel, think and behave. Women benefit form learning about flashbacks, dissociation and numbing.

Teach women how to manage trauma responses. Strategies include grounding techniques, containment and self-soothing.

Discuss options and choices as essential activities that can assist women to empower themselves.
Help women to make linkages between structural and social inequalities like poverty, unemployment, demands of childrearing and their mental health problems.

Watch your language. Take your cues from a woman on how she wants her problem to be described.

Help women lessen their self-blame for the violence, trauma, mental health and/substance use problems in their lives. Use statements like “It is very common for women who have experienced abuse to …” “You are not the only one to ……” “You are not to blame for the abuse in your life”.

Support self-efficacy. Honor where women are at and affirm them for how they have survived. Acknowledge and encourage all efforts moving towards safety.

Support the development of safe relationships and connections. Provide information and referrals to appropriate support groups or resources in the community.

Support women who are mothering. Acknowledge the importance of mothering in their lives regardless of whether their children are with them or not. If possible refer women to mental health supports or substance use resources that are flexible and responsive to the needs of mothers.

It is essential to explain the limits of confidentiality during the initial intake. If you have to report to Children’s Services it is recommended that you inform women of your requirement and why. If at all possible involve women in making the calls.

Have brochures and printed information regarding substance abuse.