

Overview of Substance Abuse (SA) Connections and Intimate Partner Violence

From NIWRC Advocacy Curriculum, Part 1. Session 4 -Trauma Impact and Effects

- Half of the men in batterer intervention programs appear to have SA issues (Gondolf, 1999) and are eight times as likely to batter on a day in which they have been drinking (Fals-Stewart, 2003).
- Between a quarter and half of the women receiving victim services for IPV have SA problems (Bennett & Lawson, 1994; Downs, 2001; Ogle & Baer, 2003).
- Average amount of alcohol consumed prior to a violent episode was only about an ounce, equal to a beer or glass of wine. (Pernanens, 1991)
- Between 55 and 99 percent of women who have SA issues have been victimized at some point in their life (Moses, et al., 2003) and between 67 and 80 percent of women in SA treatment are victims of IPV (Cohen, et al., 2003; Downs, 2001).
- While many people believe that men use their being drunk or stoned as an excuse for violence, research indicates that the criminal justice system no longer accepts this excuse. The reverse is true for victims, however; her use of alcohol and drugs increases the degree criminal justice professionals attribute responsibility to her for her own victimization. (Klostermann & Fals-Stewart, 2006).
-Substance Abuse and Intimate Partner Violence; Larry Bennett and Patricia Bland; VAWNet

... viewing intimate partner violence (IPV) as simply another trauma and sexual assault (SA) as simply another trauma-managing behavior are reductionist and ignore the gender and power elements in both SA and IPV.
-Substance Abuse and Intimate Partner Violence; Larry Bennett and Patricia Bland; VAWNet

Substance abuse can be:

- a survival tool
- part of self-defense
- self-medication
- a form of suicide
- a cry for help
- coerced by batterer

The combination of battering/IVP/ sexual violence and alcohol/other drugs leads to:

- more intense and frequent violence
- increased substance abuse
- increased relapse

Substance Use/Abuse:

- Increases vulnerability & risk for more violence and re-victimization
- Decreases access to services and safety
- *Stopping self-medication without proper supports can be life-threatening.*

Each survivor will tell you what they need:

“When I was using, I didn’t have the ability to reach out for help, nor did I feel I needed it. Not using made me feel again, and when I felt again, I knew I needed help, because the pain was there. And that’s when I reached out (for help with the violence). If I would continue using, I would never have reached out.”

“Once I walked away from that abuse (violence), I knew the next thing I had to do was do something about the substance abuse. And then, when I made up my mind that I wanted to quit the drugs also, the advocates at the shelter were right there for me and got me into a treatment program.”

Gender Issues

- Women who use are often stereotyped as “sluts,” promiscuous, “bad women”
- Drunkenness by men is often framed as “normal” male behavior
- Using at the time of victimization are at great risk for victim-blaming, re-victimization & self-blame
- Men who use while violent, often have their violence minimized, collusion increases
- Childcare & custody issues prevent women, in particular, from going to treatment

At the Same time:

Experiencing a mental health or substance abuse condition puts someone at greater risk for being abused. And symptoms, i.e., a trauma reaction or survival skill, may be a direct result of coercive control.

Traumatic Effects of Abuse or Coercive Control:

For example:

- **High rates of substance abuse** among women who have been victimized
- Self-medication is common; may be symptom specific
- **High rates of victimization** among women in substance abuse treatment
- May be coerced into using or dealing; using increases risk for coercion

Nayak et. al. 2012, Heffner et. al. 2011, Lipskey et. al. 2010, Schneider et. al. 2009

Mental Health and Substance Use Coercion:

Abusers use mental health and substance abuse issues to control their partners:

- Undermine sanity, sobriety, credibility, and parenting
- Coerced overdose, coerced use, coerced illegal activities, coerced sex
- Control meds; Control treatment; Sabotage recovery
- Use against survivor to prevent access to support, resources, protection & custody
- “She was out of control”
- Discredit their partners with sources of protection and support and to jeopardize custody
- Exploit their partners substance use for personal or financial gain

Why does this work?

- Stigma associated with mental health and substance abuse conditions
- Reports of abuse not taken seriously
- Assumptions that mental illness and substance use precludes good parenting
- Poverty, discrimination, isolation and fear

Warshaw, Lyon, Bland, Phillips, Hooper, 2014

Safety Concerns for Survivors

- Impaired cognition may make safety planning more difficult
- Effects of substance may prevent accurate assessment of:
 - The level of danger posed by perpetrator
 - Capacity to defend against physical assaults
- Also, individuals impacted by substances may be reluctant to seek assistance or contact police
 - for fear of arrest, deportation, or referral to a child protection agency

- Compulsive use/withdrawal symptoms may make it difficult to access shelter, advocacy, or other forms of help
- A recovering survivor may find the stress of securing safety leads to relapse
- If a survivor is using or has used in the past, they may not be believed
 - Patricia Bland 2014