



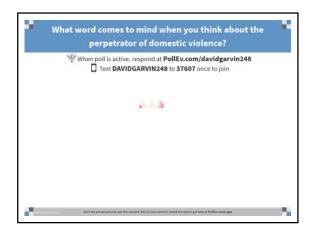
Presumption of competence and capacity to change

## THIS I BELIEVE







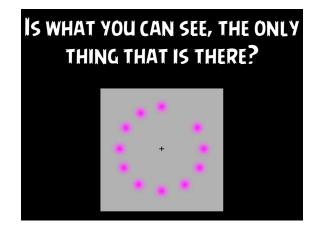




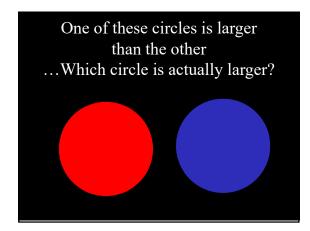


















# Sexual Assault and Substance Use

Women with substance use/abuse problems are more likely to have been sexually assaulted at some point in their lives, with as many as 60% of women and 20% of men undergoing substance abuse treatment reporting having survived physical, sexual or emotional abuse as a child

~(National Center for PTSD)

## What is the most common drug to facilitate sexual assault?

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- ☐ #1 Roofies/Rohypnol
- ☐ #2 Alcohol
- ☐ #3 Marijuana
- ☐ #4 Cocaine

Correct Answer

Alcohol is the most common drug used to facilitate sexual assaults. Unlike some other drugs, alcohol is legal, readily available, and socially acceptable (Scalzo) if not socially encouraged in some settings.

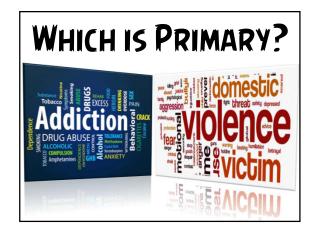




### **Strategic use of Alcohol**

- Perpetrators may get drunk or high in order to justify their actions, or may deliberately get victims drunk or high to facilitate sexual assault (Frost; Lisak; United Educators, 2003).
- Perpetrators may not need to be as physically forceful with an extremely intoxicated individual in order to subdue her/him (Lisak; United Educators; Scalzo).
  - In other words, alcohol or drugs may be used as an excuse and are a part of a plan.





# The Mock Trial and The Truth TRUTH-O-METER



### **OLDER BELIEFS ABOUT THE CAUSES OF VARIOUS CONDITIONS**

In the 1930's techniques used on mental health patients included:

- Insulin-induced comas
- Lobotomies
- Malarial infections
- Electroshock therapy

This continued into the 1940's and 1950's but fell out of favor...











## BLACK OUT Vs. Passing Out

### Black Out

- Full functioning
- Others can not discern
- Not doing anything that goes against your moral code
- o Don't remember what  $happened\ after\ the$ black out
- ${\color{red} \circ}$  Can be a few seconds or days

### Passing Out

• You are unconscious

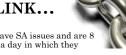


#### ISSUES WE ENCOUNTER WORKING WITH DRUG AND ALCOHOL AFFECTED MEN WHO ABUSE



- Their lives seem to be in more chaos than the non-drug/alcohol affected men who abuse.
- They, and their (ex)partners, tend to blame the drug/alcohol for the battering.
- Their overall denial seems higher.
- They are better at lying and manipulating.
- "I didn't come here for my drinking" is a major impediment to getting these
  men to work on their drug/alcohol issues while involved in battering
  intervention, sometimes the courts do not see this as something they want to
  take on and monitor
- The concept of "codependency" is a popular framework in the industry, even though it has serious conceptual and ethical problems when applied to real people's lives. When applied to survivors of a drug/alcohol affected batterer, the term blames the victim for her victimhood. A better term for this condition would be "captive dependent" or "hostage."
- Drug/alcohol affected men who who are engaged in accountably dealing with both issues will be spending a good deal of time away from family, work, etc.

### THERE IS A LINK...



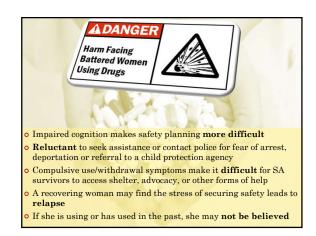
- Over 50% of men in BIPs have SA issues and are 8 times as likely to batter on a day in which they have been drinking.
- Half of partnered men entering SA treatment have battered in the past year and are 11 times as likely to batter on a day in which they have been drinking.
- 25%-50% of the women receiving services for DV have SA problems.
- Between 55% and 99% of women who have SA issues have been victimized at some point in their life5and between 67% and 80% of women in SA treatment are DV victims.

# HARM FACING BATTERED WOMEN USING DRUGS

- Impairs her ability to leave
- Reduces her ability to protect herself and her children
- o If illegal drugs, puts her in harm's way
- Effects of SA **prevent her** from accurately assessing the level of danger posed by the perpetrator
- Erroneously believes she can defend herself against physical assaults
- o If getting high is a "couple thing" her non-use may threaten her perpetrators access



1	1



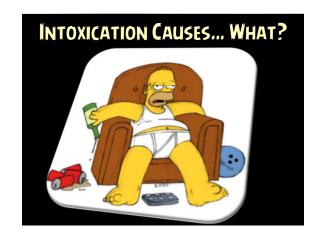














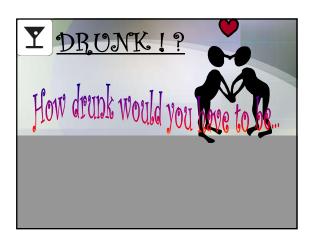


# **AN ABSURD EQUATION**

"Wait until we get home"

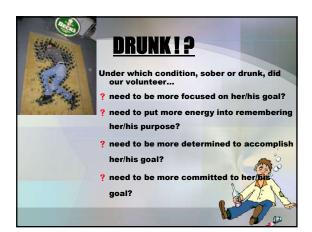
+ "I was out of control"

= A very patient out of control person



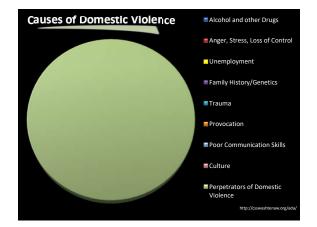




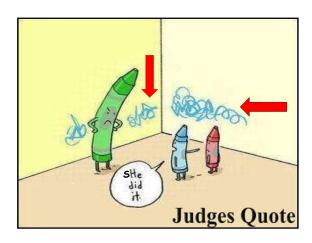


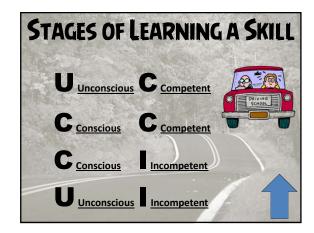
# Which is the most accurate statement?

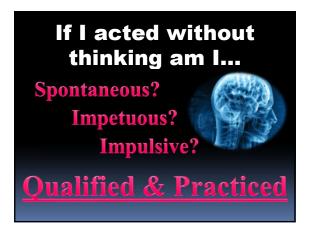
- 1. He battered her because he was intoxicated
- 2. He battered her while he was intoxicated
- 3. He battered her in spite of being intoxicated











# REMEMBER: HE THOUGHT IT WAS A GOOD IDEA! Men who batter and abuse are not all that different than the rest of us...similar, but turned up 1. I want what I want, when I want it and I am willing to get it at another's expense! 2. Who has not thought about hitting another person...men who batter, have the same thought, but think it is a good idea! 3. ... and Justifications abound!

#### FACTS ABOUT DOMESTIC VIOLENCE AND AOD

- ${\color{blue} \bullet}$  Rates of domestic violence were almost 15 times higher in households where husbands were described as often drunk as opposed to never drunk.  $^2$
- Women who have been victims of violence have a higher risk of alcohol and other drug problems.<sup>5</sup>



# FACTS ABOUT DOMESTIC VIOLENCE AND AOD



- ${\color{blue} \bullet}$  Alcohol is present in more than  ${\bf 50\%}$  of all incidents of domestic violence.  $^3$
- ${\color{blue} \bullet}$  76% of physically abusive incidents occur in the absence of alcohol use.  $^4$



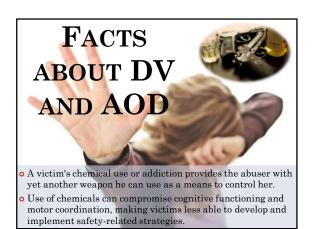
# Facts about Domestic Violence and AOD



- Battered women often report that, in addition to medicating the emotional and physical pain of trauma, chemical use helped to reduce or eliminate their feelings of fear and became part of their day-to-day safety strategies.
- Battered women are disproportionately represented in chemical dependency treatment populations. <sup>7,8 & 9</sup>



# FACTS ABOUT DOMESTIC VIOLENCE AND AOD • Chemically involved battered women are less likely to be believed or taken seriously by others; they are more likely to be blamed for the violence. • Many chemically dependent battered women are addicted to drugs that were prescribed by the health care providers from whom they sought help. 10



# ALL THOSE FACTS ARE TRUE, BUT... • Alcohol and drugs do not cause domestic violence. • Domestic violence does not cause addiction, but may include drug or alcohol misuse. • REMEMBER..."You can have strep throat and a broken leg at the same time."



# A Culture of Accountability

A culture of accountability is the only thing that will end domestic violence and sexual assault.



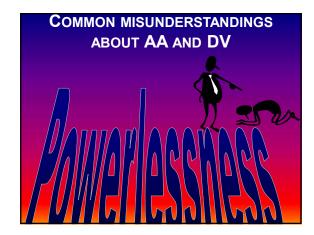
## **Survivor safety**

The <u>most</u> essential consideration is the safety of domestic violence survivors.

The interventions must account for the safety of victims whether they are in <u>domestic</u> <u>violence programs</u> or in <u>substance abuse</u> <u>treatment.</u>

Ask Yourself:

How is what I am doing enhancing survivor safety?



## What is step #1 of the 12 steps of Alcoholics **Anonymous?**



"We admitted we were powerless over alcohol-that our lives had become unmanageable"

Does this read like you though it did?

## THEORETICAL COMPARISONS

#### **MEN BATTER**

- ✓ Because they can and we let them.
- Because it is effective.
- Because they want what they want when they want it.
- ✓ To stop her from doing something, to get her to do something, or simply to revel in dominance

#### **ALCOHOLICS/ADDICTS USE**

- o Because it is a disease.
- Because they have lost the power to choose.
- o Because it's their best
- Because they can't imagine life with it or
- without it.
- Because they have a different physiological reaction to it than non alcoholics or addicts.



# Safety and sobriety are interconnected

Lack of sobriety, either in victims or in offenders, increases the risk for further violence against victims.

Lack of victim safety threatens the sobriety of both victim and offender.

Abstinence and sobriety are not sufficient conditions for safety.



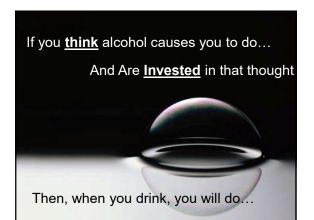
# Al-Anon on Domestic Violence

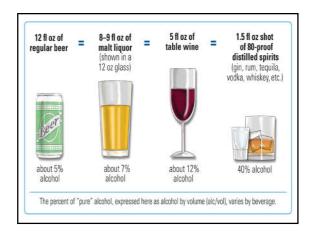
- No one has to accept violence...we all deserve to be safe
- Al-Anon doesn't advocate any particular course of action. We are not urged to either stay or go...All of us deserve to remain safe long enough to discover this for ourselves.
- These decisions are best left to each individual member



## **Disinhibition notes:**

- No such inhibition center has ever been located in the brain.
- If disinhibition explained the relationship between substance abuse and woman abuse we would expect assailants/perpetrators who were substance abusers to be non-violent when their substance use was terminated...this is not the case

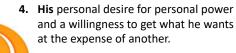






## **IMPORTANT FACTORS:**

- **1. His** growing up in a violent and substance-abusing family
- **2. His** believing that violence against women is sometimes acceptable
- **3. His** believing that alcohol or drugs can make people violent.







#### RECOMMENDATIONS FOR COUNSELORS

- ${\color{blue} \circ}$  Give priority to safety and explore safety-related options;
- o Provide referral information to the local domestic violence service provider as a resource designed primarily to assist with safety-related needs;
- primarily to assist with safety-related needs;

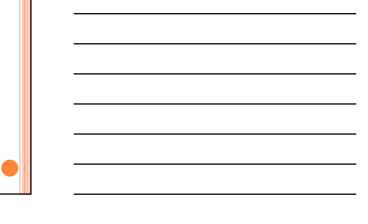
  Provide complete and accurate information about the purposes of twelve-step groups and codependency groups and the potential limitations of these forums as sources of help regarding safety-related concerns;

  Provide referral information to Al-Anon and other resources designed to provide help for family members of substance abusers; and

  Offer opportunities to become educated about chemical dependency independent of her partner.

#### SURVIVORS WITH CHEMICALLY Dependent Partners $^{12}$

- o Codependency and Effects of Victimization
- o Implications of Codependency Treatment for Survivors
- o Recommendations for Substance Abuse Treatment Counselors
- o Relational Model (Self-in-Relation Model)



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When victims of domestic violence are encouraged to stop the behaviors associated with codependency—enabling, caretaking, over-responsibility for a partner's behavior, not setting limits or defining personal boundaries—they are, in essence, being asked to stop doing the very things that may be keeping them and their children most safe. These behaviors are not symptomatic of some underlying "dysfunction," but are the life-saving skills necessary to protect them and their children from further harm.