
CENTRE FOR RESEARCH ON VIOLENCE AGAINST WOMEN AND CHILDREN

CENTRE DE RECHERCHE SUR LA VIOLENCE FAITE AUX FEMMES ET AUX ENFANTS

A collaborative venture of Fanshawe College, The London Coordinating Committee to End Woman Abuse and The University of Western Ontario

Establishing Links:

Violence Against Women and Substance Abuse

by
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EXECUTIVE SUMMARY

Increasing attention is being paid to the relationship between substance use and abuse, and violence against women, but most of that attention has been focussed on the batterer. This report presents the findings of a survey designed to focus on women's experience of violence and their own substance use and abuse.

This survey of 25 addiction and anti-violence agencies in a five-county area (Middlesex, Huron, Perth, Elgin and Oxford) in Ontario, Canada determined that even though not all agencies formally screen for the other problem, there clearly is a coexistence of violence and substance use and abuse. It is estimated that *approximately two-thirds* of women seeking assistance at an addiction or anti-violence agency are also experiencing the other problem.

The survey also sought to determine the need for training with a focus on the coexistence issue. Although many service providers have some training in the other field, a minority of anti-violence workers have been exposed to training regarding the coexistence of the two problems. Most agencies supported the notion of training and resources in this area and several avenues for training and resource development were suggested.

This report recommends further work in agency collaboration, screening, information gathering, and development of training resources and opportunities.

BACKGROUND AND PURPOSE

The issue of the relationship between violence against women and substance abuse has recently received attention in the social services/health literature. Much of the available research, however, has focused on the abuser's substance use and its impact on family violence (Eberle 1982; Frieze and Knoble 1980; Hamilton and Collins 1981). Indeed much of the attention paid to this subject stems from a reaction against perpetrators and the justice system) allowing alcohol/drug use to be cited as an excuse for violent behaviour. Although the incidence of substance abuse among men who batter and the treatment issues surrounding this phenomenon are important, the women involved deserve to have their needs examined more fully. Unfortunately, many times the woman's substance use/abuse is overlooked as a potential problem or warning sign of the existence of violence in her life, past or present (Miller et al. 1989).

This project focuses on the perceived prevalence of the coexistence of violence against women and women's substance use/abuse. The project grew from a desire to address the needs of the victims of violence and/or women with substance abuse problems.

Throughout this report the term "coexistence" will be used extensively in reference to the existence of violence and substance abuse in the same situation or individuals. The dictionary definition of the term "coexist" is "to exist together". The term does not infer causation, rather, it suggests the interrelationship between two separate phenomena. The ARF LINK Educational Package (1995) elaborates on the idea of coexistence as follows:

the coexistence of two behaviours or conditions is different from one behaviour or condition being the cause of another. If one behaviour is stopped, the other does not automatically stop as well. This is the case with drug and alcohol use and violence against women and children in relationships. They may coexist and they may have an impact on each other, but they are not the cause of one another. (p.3, Module 3)

Two major theories can be postulated for the phenomenon of addiction in women who have been abused: that the alcohol, tobacco and/or drug abuse is a coping mechanism to deal with the current or past violence (Greaves 1996; Swett Jr. et al 1991; Miller, Downs and Gondoli 1989; Statistics Canada 1994; Day 1995) or that women who have problems with substances are more vulnerable to violence for various reasons including, among others, lowered self esteem (Harmer 1994, p.95), increased vulnerability (Martin 1992) and societal characterization of women substance users (Miller 1990, p.179).

Whatever the theory, the reality is that there is some overlap between the two problems (Groenfeld and Shain 1989; Miller and Downs 1993; Ratner 1993) which necessitates further study. Alcohol and drug use in women has not only been associated with a greater risk of woman abuse occurring, but also with a greater risk of frequency and duration of abuse and a greater risk of serious injury (Fagan and Wexler 1985). This is not an issue to be ignored or given cursory study. It is a serious and prevalent problem.

Recently, the Addiction Research Foundation worked closely with key stakeholders in the anti-violence and addictions field to create a comprehensive resource and training manual relating to the issue of the coexistence of substance abuse and violence against women, aptly named "LINK" (Addiction Research Foundation 1995). Along with addressing the issue of women's substance abuse and the link to violence against women, this resource manual includes the issue of the substance abuse by the batterer and the effect on children who witness violence. The present survey reflects a desire to focus on women and the link between violence and addiction.

The project team assembled for this study was interested in identifying and understanding the issue of the coexistence of violence against women and women's substance abuse within the five-county area (Middlesex, Elgin, Huron, Perth and Oxford) in Ontario served by the London Addiction Research Foundation Community Office, in order to develop educational resources suited to local circumstances and preferences.

This survey provided the opportunity to gather relevant information on which to build potential partnerships and to gain more in-depth understanding of the independence and interdependence of the two fields.

Working Definitions

Violence: A proposed United Nations Declaration defines violence against women as... "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty whether occurring in public or private life" (The Canadian Panel on Violence Against Women 1993).

Substance Abuse: "Drug dependence is a socio-psycho-biological syndrome manifested by a behavioural pattern in which the use of a given psychoactive drug (or class of drugs) is given sharply higher priority over other behaviours which once had significantly greater value (i.e. drug use comes to have a greater relative value) ...a key descriptive element is the priority given to drug-seeking over other behaviours." (Addiction Research Foundation 1990, p.30.)

These definitions were chosen for their inclusive nature and were made available in case any interviewees needed clarification. It should be noted that each agency collected data based on its own definitions which may or may not correspond to the ones provided.

Limitations

During the planning stages of the project, the Ontario government announced drastic cuts to anti-violence agencies and cut all funding (except Ministry of Housing) to second-stage housing services. Consequently, these agencies were in turmoil and were focused on political action to address the needs of the affected women, and to underscore the need for the continuation of funding for anti-violence agencies. Although almost all of these agencies still participated in the survey, the funding

climate influenced their answers to needs assessment based questions which will make planning for training more difficult.

Because agencies do not collect data on all the survey questions, some percentages had to be estimated. It is important to point out that the estimates are just that, estimates — not actual documented data. The percentages may range from being based on actual data to being based on the experience and judgement of the interviewee. It was decided during survey development that a scale of confidence in the estimates would not be productive. This decision was based on the experience of other Addiction Research Foundation staff who had used the confidence scale on different projects. Their opinion was that such a scale inherently implies questioning the accuracy of the respondent's estimate and does not add much information on the reliability of the estimates. Although no formal confidence measure was used, if the agencies mentioned their confidence level in the interview, this information was recorded and is stated qualitatively in the results section of the report.

The question dealing with the number of women served reflects only the clientele of the specific agencies surveyed and **in no way represents the number of women with either addiction and/or violence problems in the five-county area**. Any summing of this information is an under-estimate of the actual extent of either issue.

Survey Respondents

To be included in this survey, agencies had to meet three criteria:

1. serve women
2. be either anti-violence specific or addiction specific
3. be housed within the five-county area (Middlesex, Elgin, Huron, Perth, Oxford)

A total of 27 agencies met these criteria and were included in the survey. The list of agencies was obtained and compiled by Leslie Knight (project coordinator) from the Drug and Alcohol Registry of Treatment (DART) for the addiction agencies and from the violence against women coordinating committees for the anti-violence agencies. The composition is as follows:

- 10 addiction agencies, including one detoxification service, three assessment/referral services, two short-term residential, three outpatient and one long-term residential service.
- 17 anti-violence agencies, including five second-stage housing, six transition homes, six community counselling programs.

Due to non-response to repeated telephone contacts, two agencies (one long-term residential addiction agency and one second-stage housing anti-violence agency) included in the initial list did not complete the questionnaire. This should be noted when numbers of women served are cited.

Method

The project team developed the survey:

1. to assess the relevant demographic/descriptive information concerning women in either anti-violence or addiction agencies; and
2. to assess the level of interest in relevant resources regarding the coexistence issue and to determine what format those resources should take.

The aim of the assessment information-gathering process was to customize the proposed resource development and training to the preferences of the local community.

The demographic information was collected in order to assess the extent of the coexistence problem in the five-county area and to provide relevant, local information and examples for use during the proposed follow-up community consultation and training. To avoid redundancy and non-relevant questions, the survey is slightly different for the anti-violence and addiction agencies. Questions Two and Eight were adapted to best capture information from the target audience.

A pilot test of the survey was conducted with two agencies from the anti-violence field and two agencies from the addiction field. The pilot agencies' comments were discussed by the project team and incorporated if deemed appropriate. Participation in the project was voluntary and a telephone number was provided to allow participating agencies to voice concerns relating either to the project in general or to the survey instrument itself. The survey was sent to all agencies with a letter of explanation and notice that they would be contacted in order to set up a mutually convenient time for the research consultant to telephone and complete the survey with them.

Each interview lasted approximately 15-20 minutes and was completed with the agency representative best qualified to provide appropriate answers. A few agencies with limited time faxed in their completed surveys and were only contacted by the consultant if there were any questions concerning their responses. Any anecdotal information provided by the agency representative that would identify a specific agency is confidential without express written consent from the agency. The results are reported in an aggregate manner with some non-identifying anecdotal information included.

RESULTS

The following information was gathered from the 25 interviews conducted with anti-violence and addiction agencies who serve women. (Where applicable, the format consists of: the quantitative information, a summary of open-ended questions and any anecdotal information collected during the interviews.)

Question 1: *Please briefly describe the client population with whom you work (e.g., gender, age, etc.).*

The addiction agencies reported a variety of age ranges, the most prevalent being 16 and up and none offer services to women only. Each service in the continuum of care for addiction (detoxification, assessment/referral, short-term or long-term residential, outpatient and continuing care) is represented in the surveyed agencies.

The anti-violence agencies surveyed deal exclusively with women. The majority (11 agencies) accept clients 16 and up. Two reported no age limit, one accepts women 18 and up and two did not mention age restrictions. The services provided all revolve around the safety of women who are or have experienced abuse and many of the services also deal with their children.

Question 2: *Please identify the services that you offer and provide an approximation of how many women were seen in your agency in the last reporting year.*

Type of Agency	Type of Service	Number of Agencies	Number of Women Seen* Per Year in Sampled Agencies
Anti-Violence	Residential Service**	11	1730
	Crisis Line Calls***	8	9876
	Outreach	8	328
	Counselling	13	2534
	Advocacy	13	1734
Addiction	Residential Treatment****	3	350
	Outpatient	9	760
	Day Treatment	1	48
	Assessment/Referral	8	839
	Detoxification	1	199

* not necessarily individual clients

*** not necessarily separated by gender

** London Second Stage Housing not included

**** Quintin Warner House not included

Other services mentioned by anti-violence agencies:

children's counselling and advocacy (316), sexual assault counselling and advocacy (396), public education (60), referral (750), violence prevention counsellor (no number estimated), peer counselling volunteers (70), victim witness work (261), group support (100).

Other services mentioned by addiction agencies:

case management (support) group (21); continuing care (n=3, 646).

It is important to note that these numbers reflect only the clientele of the specific agencies surveyed and in no way represent the number of women with either addiction and/or violence problems in the five-county area. Any summing of this information is an under-estimate of the actual extent of either problem. Please cite in context.

Question 3: Please specify the counties served by your agency.

Agencies in Study	Counties (Ontario)				
	Middlesex	Elgin	Oxford	Huron	Perth
ANTI-VIOLENCE					
Atlenos Native Family Violence Services	✓	✓	✓	✓	✓
Elgin Family Violence Centre		✓			
Family Services Perth-Huron				✓	✓
Family Violence Counselling Program			✓		
Sexual Assault Centre London	✓	✓	✓		
London Battered Women's Advocacy Centre	✓				
London Second Stage Housing Corporation*	✓	?	?	?	?
Optimism Place					✓
Women's Community House	✓				
Women's Rural Resource Centre of Strathroy and Area	✓				
Violence Against Women Services Elgin County		✓			

Agencies in Study	Counties (Ontario)				
	Middlesex	Elgin	Oxford	Huron	Perth
Women's Emergency Centre			✓		
Women's Shelter and Counselling Services of Huron				✓	
Emily Murphy Second Stage Residences					✓
Ingamo Family Homes Inc.			✓		
St. Thomas-Elgin Second Stage Transitional Residence		✓			
Phoenix Stage 2 Housing of Huron County				✓	
ADDICTION					
St. Joseph's Detoxification	✓	✓			
Maplewood Counselling Inc.	✓	✓	✓		
Onyota'aka Drug and Alcohol Counselling Centre	✓	✓	✓		
Quintin Warner House*	✓	?	?	?	?
Perth Addiction Centre					✓
St. Thomas Addiction Unit	✓	✓	✓	✓	✓
Salvation Army Addiction Education Prg	✓				
Thames Valley Addiction Assessment & Referral Centre	✓	✓	✓		
Turning Point Inc.	✓	✓	✓	✓	✓
Huron Addiction Assessment & Referral Centre				✓	

* did not participate

Note: most agencies will accept clients from anywhere if necessary and/or if space permits

Question 4: *Please list the primary reasons women seek assistance from your agency (*This is a summary of agency responses, most were mentioned more than once).*

Addiction Agencies:

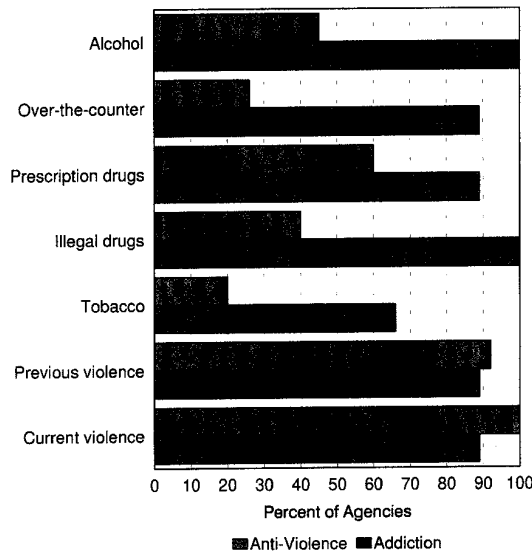
- ♀ the client's own substance abuse or problems resulting from another's substance abuse
- ♀ involvement with the law related to an alcohol or drug related offence
- ♀ need assistance with an addiction problem that is coupled with a serious mental illness and/or HIV sero+
- ♀ intoxication
- ♀ the 4 Ls as they relate to addiction problems: Liver (medical reason), Loss (death, failure), Love (problems in a relationship) and Law (probation and parole)
- ♀ family support, treatment program, customary care agreement (a voluntary agreement regarding client care)

Anti-Violence Agencies:

- ♀ safety from abuse (housing, physical, sexual and emotional) for self and children
- ♀ counselling (individual and group)
- ♀ referrals, advocacy
- ♀ education, information
- ♀ support, supportive listening
- ♀ sexual assault counselling (past or present assault)
- ♀ information about court process, preparation to testify in court
- ♀ affordable housing
- ♀ crisis intervention

Question 5a: As part of your intake/screening/assessment process, do you typically ask about any of the following?

Does Your Agency Screen for...
(anti-violence n=15, addiction n=9)



- Anti-violence agencies reported that they do not formally screen for substance abuse problems and addiction agencies reported that they do screen for violence issues.

- Fewer than half of the anti-violence agencies screen for alcohol or illegal drugs yet more than half do screen for prescription drugs.

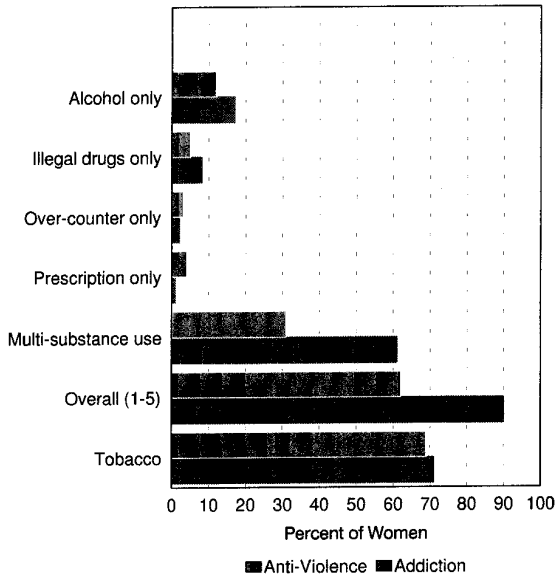
A possible explanation for this phenomenon was given by one anti-violence agency: “our agency only screens for illegal drug use if it is suspected the client is using and we only screen for prescription and over-the-counter drugs because medication has to be locked up during the woman's stay”. There was a similar explanation given by the small number of anti-violence agencies (20%) that screen for tobacco use: “we need to know if the women smoke because there are only certain designated smoking areas”.

- 88% of addiction agencies report screening for previous and current experience with violence. It would be interesting to know exactly how this information is collected.

- Although tobacco is the most frequently used substance among women substance abusers, fewer than 70% of addiction agencies screen for its use.

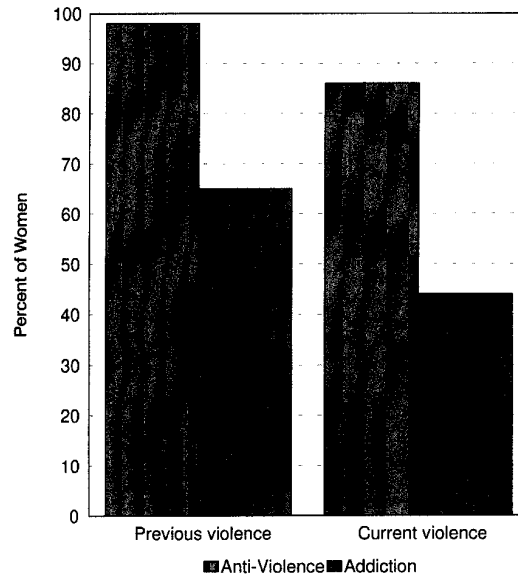
Question 5b: Please provide the percentage of women in your program who have experienced or are experiencing problems with: (Please note: If you do not have actual data, please give your best estimate)

Estimates of the Percent* of Women Presenting with Substance Abuse Issues



* average of all respondents

Estimates of the Percent* of Women Presenting with Violence Issues



* average of all respondents

An average of 63% of women seeking assistance with violence issues are estimated to also have a substance abuse problem and an average of 66% of women seeking assistance with an addiction problem are estimated to have also had previous experience with violence.

This finding would seem to support the coexistence hypothesis. It also provides an idea of the perceived prevalence of the problem in the study area. Approximately 70% of women are identified as smokers (tobacco use) as compared to approximately 30% in the general population (Statistics Canada 1994).

There is large variation of alcohol only problems (0-70%), illegal drugs (0-35%) and multi-use problems (0-95%) among the anti-violence agencies. The addiction agencies (in general) have much less variation among agencies of women with each substance problem. This may reflect the fact that their primary mandate is addiction and that their percentages were based more on actual collected and recorded information. The addiction agencies vary widely in their reports of the percentage of women who have experienced previous (18- 98%) and current (2-90%) violence.

This wide range has many possible explanations. It may be that some women are not comfortable disclosing their experience with violence or they may be afraid of losing their children if they admit to violence in the home. Information collection procedures and variations in definitions of violence may also contribute to the percentage differential. The variation in anti-violence agencies for women with previous experience with violence is much tighter (range of 15%) but current violence has a reported range of 80%. The respondents were reasonably confident in the estimates for this question, although some anti-violence agencies were giving educated guesses because substance abuse information is not consistently collected or recorded.

Of those women with substance abuse issues at both types of agencies, the majority are identified as having multi-use problems. The project team was interested in the combinations of substances contained within the multi-use category. During the interview, if the agency representative identified women with multi-use problems, they were asked what the most prevalent multi-use combination is for women at their agency. Despite the fact that tobacco was the most used substance, the majority mentioned alcohol in combination with some other substance. No real trend in the secondary substance was established. The following is a list of the main multi-use combinations cited:

Addiction:

- 1) alcohol in combination with some other drug
- 2) alcohol and prescription drugs is a major one for women
- 3) alcohol and cannabis and alcohol and crack are common
- 4) alcohol and illegal drugs and alcohol and over the counter are most prevalent
- 5) alcohol and prescription drugs

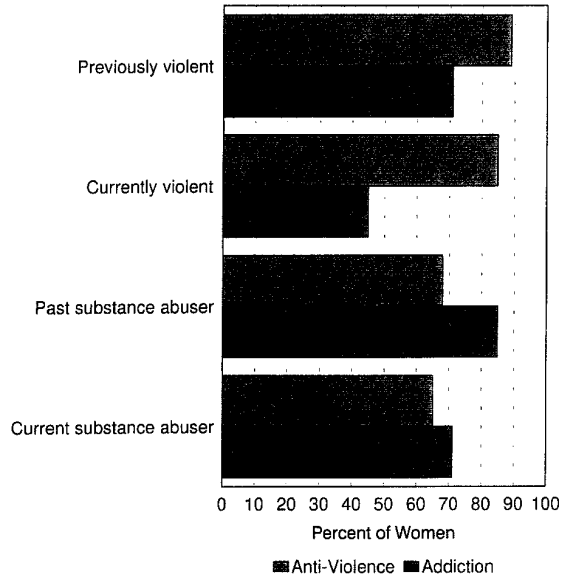
Anti-Violence:

- 1) alcohol and illegal drugs is main problem for women
- 2) alcohol and prescription drugs and alcohol & marijuana main combinations for women
- 3) alcohol and pot, crack or prescription drugs are most prevalent
- 4) alcohol and prescription drugs
- 5) usually prescription drugs and some other substance

Tobacco was not mentioned by any of the agencies as a significant problem in the multi-substance combinations even though it was the most prevalent substance (70%) used by women in both addiction and anti-violence agencies. This indicates both a reluctance to consider the abuse of tobacco as the major substance abuse problem, and a clear need for professional education on this issue.

Question 6: Please estimate the percentage of women in your program who have partners who:

Estimates of the Percent* of Women with Partners who were/are...



* average of all respondents

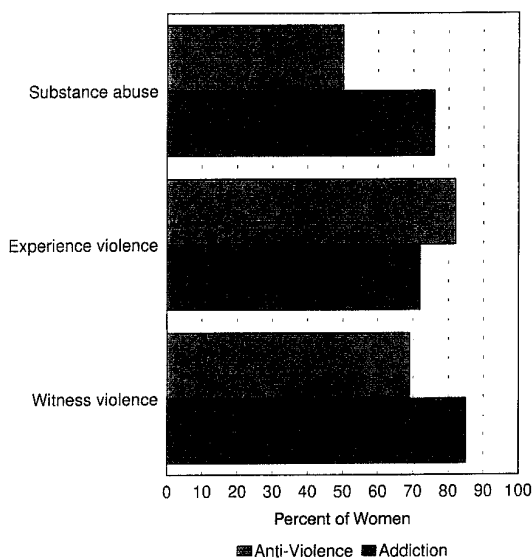
* The respondents had less confidence in the estimates for this question. This was especially true among the anti-violence agencies estimating the substance abuse of partners and among the addiction agencies for estimating the violent behaviour of the partners.

● 72% (range: 50-98%) of women presenting at addiction agencies were estimated to have partners who have been violent in the past and an average of 45% (range: 2-90%) with partners who are currently violent.

● 65% (range 25-90%) of women presenting at anti-violence agencies are estimated to have partners who are currently abusing substances and 68% (range: 25-90%) who previously abused substances. These numbers give partial support to the hypothesis that substance abuse is prevalent among batterers. The numbers are higher for women presenting at addiction agencies: 85% of their partners have previously abused substances and 71% of their partners are currently abusing. It should be noted that addiction agencies are more likely than anti-violence agencies to inquire about this specific family history and this may contribute to the higher reported percentages.

Question 7: Please estimate the percentage of women in your program who report a history of:

Estimates of the Percent* of Women with Problems in their Family of Origin



* average of all respondents

* This question gave rise to the least amount of confidence in the percentage estimates. This fact should be kept in mind when drawing any inferences from the data.

● The respondents from the anti-violence agencies estimate that 50% of women presenting at their agencies reported substance abuse in their family of origin compared to 76% in addiction agencies. Some respondents commented to the interviewer that they viewed experiencing violence as encompassing witnessing violence in the family of origin and noted that even if they were seen as separate issues, one rarely occurred without the other.

● Anti-violence agencies estimated that an average of 82% (range: 70-95%) of the women presenting at their agencies also had experienced violence in their family of origin with addiction agencies estimating a lower percentage (73%).

Question 8:

Addiction Agencies: For women who have experienced violence, do you... (Check all that apply)

- a) *Refer out (Agencies cited as possible targets for violence issue referrals):*
Shelters, advocacy centres, hospital social work departments, second-stage housing facilities, family counselling agencies, general practitioners and police were among the agencies mentioned.
- b) *Address the problem internally (Ways indicated to address the **violence problem within the addiction agency**):*
- ♀ individual counselling if necessary/desired
 - ♀ education, emotional counselling if desired
 - ♀ a weekly childhood issues class dealing with violence issues
 - ♀ allow women to talk it out and encourage them to take positive steps to deal with it
- c) *Do not address the problem (Reasons for not addressing the violence problem internally):*
- ♀ not equipped
 - ♀ there are very few women in the program and not enough resources to accommodate a trained professional in the area of violence issues

Anti-Violence Agencies: For women who have experienced substance abuse problems do you...

- a) *Refer out (Agencies cited as possible targets for addiction problem referrals):*
Addiction counselling agencies, psychiatric services, hospitals, Children Aid Societies, detox, Alcoholics Anonymous, Addiction Research Foundation, family physicians were among the avenues cited for referrals.
- b) *Address the problem internally (Ways cited for addressing the **addiction problem within the anti-violence agencies**):*
- ♀ talking, counselling, encouraging them to get help; there are rules in the shelter for no use of alcohol or drugs while staying there — must leave shelter if using
 - ♀ help with withdrawal if necessary (extra staff); emotional support; house rules prohibit drinking and/or doing drugs
 - ♀ discuss the problem if workers see any evidence of it, otherwise cannot do too much
 - ♀ have a contract with the women for attending meetings, abstinence; they always have outside help with the addiction issue
 - ♀ encourage/facilitate AA; there are house rules including no drinking and no drugs
 - ♀ counselling or trying to get clients to accept a referral to substance abuse treatment
 - ♀ counselling and encouraging the women to follow through with treatment
 - ♀ harm-reduction model of counselling and clear guidelines on alcohol and drug use
 - ♀ only address substance use when it is an obvious problem, it is not an acceptable coping mechanism, contract with clients for no drinking or drugs
 - ♀ counselling relating to how substance abuse interplays with violence

- ♀ work on their sexual abuse issues and expose them to other coping strategies (find that the substance abuse declines as sexual abuse issues dealt with); clients are using substances to numb the body; try to give clients a sense of community

Question 9: Does your agency collaborate with other agencies in the following fields?

There is a wide range of collaborative effort among the agencies surveyed. Within the fields (i.e., addiction-addiction and anti-violence-anti-violence), not only is micro-level collaboration quite high but macro-level collaboration, such as local and provincial planning, is also high. Between field collaboration is not as uniform or, in most cases, as deep as within fields. That said, it is encouraging to note that there are a few fairly well developed partnerships between the two fields. For example, an anti-violence representative participating on the board of an addiction agency is quite a significant step in acknowledging that co-existence is a problem and may lead to innovative ways to serve women with both issues. On the other hand, there were a few agencies who had fairly low level collaborations (e.g. referrals only), where there is potential for a deeper level with more knowledge, desire and facilitation. The full extent of inter-agency collaboration is illustrated by a chart in Appendix A.

Question 10a and b:

		Substance Abuse	Violence Against Women	Coexistence sub abuse/ violence against women
a) In the past year, have you or your staff attended any workshops/received any training in the areas of:	Anti-Violence	46%	87%	38%
	Addiction	89%	44%	89%
b) Do you think there would be an interest in your agency in education or training in the areas of:	Anti-Violence	62%	69%	81%
	Addiction	43%	75%	89%

Approximately half of anti-violence agencies have had training in substance abuse in the past year with the time devoted to this type of training ranging from three to 21 hours. This suggests some acknowledgement of the coexistence problem and a certain level of base information in the anti-violence field. Also, 44% of addiction agencies have had some sort of training in violence against women in the past year which also suggests at least partial acknowledgement of the coexistence problem.

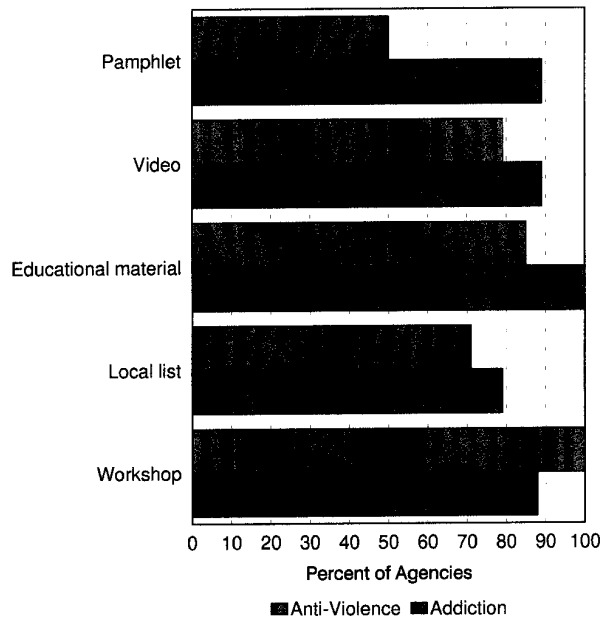
Half of the agencies reported that they had already received some sort of training in the coexistence of substance abuse and violence against women. When prompted for the type of training received the following responses were given:

- ♀ Judith Carscaden (“The Cutting Edge”) did some training in the coexistence area
- ♀ training was focused more on the man's substance abuse and how it relates to violence against women (two agencies)
- ♀ involved in a one-day teleconference on the coexistence (two agencies); the Women of Substance Conference.

It is worth noting that one agency stated that “we are not convinced that there is a correlative relationship between these phenomena [violence against women and substance abuse]” and was therefore not interested in training.

For one agency, interest in training in substance abuse was dependent on whether the trainer had a thorough understanding of the anti-violence field. For another, the focus and goal of the training would have to be specific and clear before the agency would commit to any training. Quite a few agencies mentioned that time and finances are an issue for any possible training.

Question 10c: *If you are interested in training or education, which format or formats do you feel would be most appropriate for your agency?*

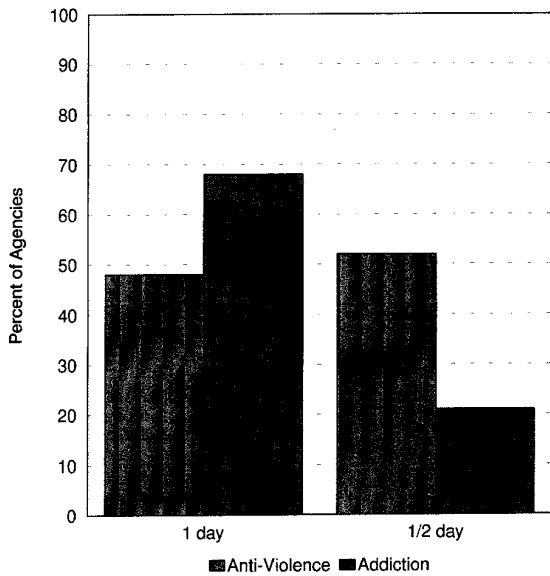


The workshop and concise educational material prompted the most interest in both the addiction and anti-violence agencies. Some of the agencies gave responses concerning education aimed at the public not just for the addiction and/or anti-violence professionals. An in-house consultant, correspondence courses, a series of one to two-hour presentations, 30-second public service announcements and teleconferences were mentioned as alternate formats for training. Other

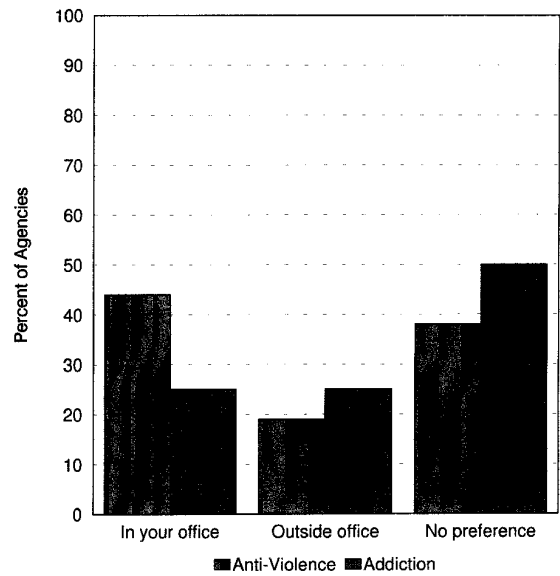
comments on resources include: “aim the concise educational material at teens (possibly posters or videos)”, “the concise educational material should not be based on the 12 Steps” and, “a list of local resources probably already exists”.

Workshop Preferences

Length

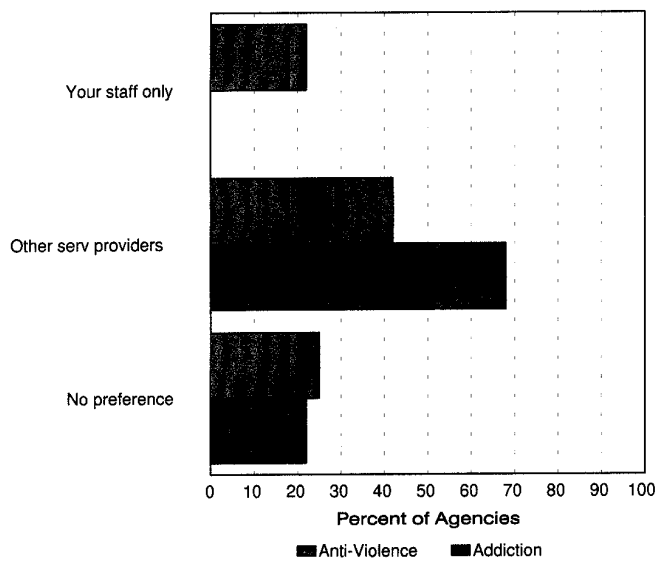


Location



The option of 2-3 days was not chosen

Participation



No addiction agencies chose "your staff only"

Four anti-violence agencies would prefer to have “their staff only” participate in any coexistence training. During the interview, two of the seven anti-violence agencies who preferred training with other service providers expressed a desire to have only other anti-violence service providers included. The reasons for this included wanting the training to be specific to anti-violence work (with homogeneous, specific examples used) and the idea that training together may not be as productive as training separately due to differences in theoretical perspectives. That said, respondents were forced to choose their first preference but many agencies added that other options were acceptable if the ideal could not be fulfilled. The amount of time to be spent on training and the location of the workshop were necessarily linked to time and budget restraints and to the amount and depth of the information to be disseminated. These are important considerations when planning begins for a LINK workshop.

Question 10d: *How much staff time would be appropriate to commit to training in your agency?*

	Average	Sum	Range
<i>Time per staff</i>	6.3 hrs	n/a	4-16 hrs
<i>Number of staff</i>	8 staff/agency	203	0-40

Again, many agencies noted that the number of staff interested and the time per staff to be spent were dependent on time and budget resources. It is encouraging to note that a total of 203 staff were reported to be interested in coexistence training from the 25 agencies surveyed (of course there may be other interested service providers). Even if half this amount could actually attend, it would be the start of a very successful information dissemination campaign.

Question 10e: *Would you or someone in your agency be interested in participating in a time-limited (under six months) working group to oversee this project and/or to address the coexistence of violence against women and substance use?*

Yes 54%
 No 46%

Question 10f: *Would you be willing to participate in a focus group to discuss resource development?*

Yes 68%
 No 32%

Question 11: *Any other comments:*

Respondents added notes reflecting the need for increased understanding of the coexistence of violence against women and substance abuse and the need to target people for training who don't already have knowledge of the issues. Funding and time restraints were noted as impacting on possible training. All additional comments can be found in Appendix B.

Limitations of the data

There are a number of data issues that need reiteration to ensure proper interpretation of the numbers and percentages provided. The number of women seen (Question 2) does not necessarily indicate distinct people. At least one agency keeps data on the number of sessions completed vs. individual women seen. The service categories (Question 2) are not mutually exclusive. For example, the same woman could be counted in outreach, counselling and residential services at an anti-violence agency OR in assessment and residential services in an addiction agency. The crisis line numbers may include men and family members, not just women.

The level of confidence in the estimates provided varied widely between and within each type of agency. The estimates which were of most concern to a number of agencies were the tobacco use and all of Questions Six (re: women whose partners have violence or substance abuse issues) and Seven (re: women with problems in their family of origin). Some anti-violence agencies, responsibly, would not even attempt a guess at some of the substance abuse questions due to no confidence in any estimate.

During the interviewing a responded raised the issue "violence" vs. "abuse" as the main descriptor in the survey. The person believed that the word "violence" connotes physical or sexual whereas "abuse" is more inclusive. The choice was made to use "violence" mainly due to possible confusion when the term "substance abuse" was being used. It is unclear if this issue caused any problem in the estimates. It is this author's opinion that it did not. The issue was also raised of substance "use" vs. "abuse" especially for tobacco and alcohol since both are legal and have widespread use. This was an issue with only a small minority of the anti-violence agencies but is a valid point. This author's bias may be toward a better understanding of the addiction vs. the anti-violence field and for this reason, "use" vs. "abuse" was not seen as an issue. Again, this author does not believe that this issue had any detectable effect on the results of the survey.

DISCUSSION

This exploratory/descriptive study concerning the coexistence of violence against women and women's substance abuse has two major segments: collecting information on the prevalence and client history of the problem and a needs assessment component on addiction and anti-violence agencies' preferences for training in a five-county area in Ontario.

Prevalence and Client History

The results of this study seem to support the coexistence of substance abuse problems in women and violence against women. It is estimated that an average of 66% of women in substance abuse agencies have had previous experience with violence, in line with the range of findings from other study reports.

A similar descriptive study showed that “over 90% of participants of the Women's Choices Program [an addiction program in British Columbia] self-reported historical and/or current abuse” (McConnell 1994a, p.37). Miller (1990) reports that “retrospective accounts of childhood experiences have found that alcoholic and drug-abusing women were more likely to report both physical and emotional abuse during childhood than women who are neither alcoholics nor drug abusers” (p.189). This point is further elucidated by Miller and Downs (1993): “significantly more women in alcoholism treatment programs (41%) report severe violence than women in households (9%) (p.141). Also, Swett and Halpert (1994) found that mean scores on the Michigan Alcohol Screening Test were significantly higher among women who reported a history of physical abuse than among those who had not been physically abused.

The prevalence of substance abuse problems and violent behaviour in the partners of affected women was included in this survey as it is relevant to the problems women face. The survey found that an average of 65% of women presenting at anti-violence agencies are estimated to have partners who are currently abusing substances and that an average of 62% of women presenting at addiction agencies had partners who were currently or previously violent. This gives partial support to the fact that women's partners may be more abusive when drinking (Miller 1990; Pernanen 1979; Fagan et al. 1983). These findings are also in line with other descriptive information on partners. For instance, Miller and Downs (1993) report that approximately 70% of women in alcoholism treatment programs sampled had experienced violence at the hands of their partner and Martin (1992) reports 72% of women admitted to a women's shelter claimed their husband had alcohol problems.

Difficulties in the women's family of origin have also been shown to affect the problems of the women later in life (Miller and Downs 1993). As Blount et al. (1994) point out, “there are data on the importance of the family of origin in abusive relationships, indicating that observing abuse, as well as being subject to it, are both predictors of involvement in later abusive relationships. These phenomena are also predictors of alcohol and other drug involvement..” (p.166).

Although the agencies responding to this survey were not too confident in their estimates for this question, the results are in line with other studies. The present study found that an average of 63% of women presenting at both agencies had substance abuse problems in their family of origin and an average of 73% had a history of violence (witnessing or experiencing) in their family of origin.

A British Columbia Day-Evening-Weekend pilot program for women who collected client information on family of origin problems cite 88% of women in the program had substance abuse in their family of origin (McEwan 1994). Miller and Downs (1993) report that “approximately two-thirds of women in alcoholism treatment programs (65%) and in shelters (64%) experienced severe violence from either parent compared to 38% of women in households (p.141).

Coexistence Issue as a Priority

It is notable that others in the addictions and anti-violence fields have identified the need to increase addiction and anti-violence cooperation. Hansen (1994) in her assessment of the needs of British Columbia for women's issues following the Symposium on Innovative Addictions Programming for Women identified the need to “build and strengthen linkages at the field level between those delivering violence and addictions services” by strengthening information exchange and through co-leading and community development (p.141).

Blount et al. (1994) went further, stating that “alcohol counselling should be a mandatory part of programs involving the abused and/or abusive partners if they drink at all” and that “households where spouse abuse and alcohol coexist should be considered particularly volatile” (p.176). Strengthening links between existing programs dealing with women such as victim assistance, alcohol and drug treatment and mental health counselling is identified as one of the key priorities recommended by the Task Force on Family Violence (Coombe 1994).

Substance Abuse as a Coping Mechanism for Abused Women

During the survey, some anecdotal comments, the majority from anti-violence agencies, concerning substance abuse as a coping mechanism surfaced. Some anti-violence agencies felt that the addiction may just be a coping mechanism for the women and would subside once the violence issue was taken care of, although, as one agency stated, it is not a healthy coping strategy. The initial part of this statement, that is the idea of substances as a coping mechanism, is supported in the literature. For example, “relief of unpleasant feelings has been cited as a reason for drinking among female problem drinkers” (Miller 1990, p.197).

Greaves (1996) quotes a woman living in a shelter saying “[Smoking]... helped to soften the blow, helped me cope with him and his bashings.” (p.61). On the other hand, the idea that substance use/abuse will subside once the violence is stopped is not supported. “If drugs are used to cope, the need to medicate may become chronic. Over time this can lead to a serious drug dependence problem...even if drug use is limited to high-anxiety periods, and dependence is not a concern, it may be detrimental because it can hinder the resolution of the real problem — the violent experience” (Addiction Research Foundation, LINK module 3, p.10).

If one accepts the theory of substance abuse in abused women as a coping mechanism, the approach of both anti-violence and addiction agencies, once the link has been established, is to address the underlying issues and facilitate new methods of coping (McConnell 1994b). Some of the agencies participating in this survey also stated that substance use/abuse was not a healthy method of coping. This was reflected in their policies concerning the use of alcohol or drugs while they were in the anti-violence agency: most cited policies in which the woman would/could be asked to leave the agency for using. Although it is an understandable policy, this may not be the most effective way

of dealing with the problem. While it is accepted that substance abuse cannot be encouraged, one has to recognize that substance use/abuse is a difficult problem to deal with (e.g., quitting “cold turkey”) and needs to be addressed in a firm but understanding manner.

Information Collection

A major finding from this survey is the lack of information collection occurring on the questions raised in the survey. It is especially important to the coexistence issue that, in general, the anti-violence agencies do not formally screen for substance abuse problems/issues. One possible reason to limit information collection may be the threat of files’ being subpoenaed for use in court against the woman. If they do screen for substance issues, most agencies cited a purely functional reason: that the women must agree to abstain from alcohol/drugs while in the agency, that smoking is only allowed in designated areas and that prescription drugs have to be locked up during their stay. An oft-cited reason for not collecting this information stems from the crisis nature of many of the anti-violence agencies. They feel that battered women are in crisis and must have their safety issues dealt with immediately. Information collection, if done at all, is not a priority.

This is an understandable position but may not account for the benefits of data collection for research and planning purposes, and designing future services for women. Knowing if the woman has substance abuse problems, the extent and type of problems and other related family issues could lead to a more comprehensive plan of action for service provision. Although the agencies identified that they either internally dealt with or referred women with substance abuse issues to appropriate agencies, they would only know that the woman had a problem if she told them or if she were visibly high or drunk. That approach may leave many undetected substance abuse problems in women who either are not aware of, or able to acknowledge, the problem (i.e., prescription drugs, tobacco).

This is also true for addiction agencies. Although this type of agency reported a high rate of screening for previous or current violence (88%) in their female clients, the exact type of screening question asked is not known. These agencies also had difficulty with the questions surrounding the family and/or significant other's use/abuse of substances and violent behaviour. Again, this type of information is not only useful for research and planning but also for individual client treatment planning. Evaluations of programs could also be enhanced by recording this type of information. It may be that women who present with addiction problems who have experienced violence in their past could benefit from particular treatment settings.

Training Issues

The majority of agencies (over 80%) were interested in training related to the coexistence of substance abuse and violence against women. Only 38% had previous exposure to coexistence training in the anti-violence field whereas 89% of addiction agencies had some previous training in this area. The amount and type of training varied widely but, in general, the training was quite cursory in depth and short in length.

As stated in the results section, concise educational material and a workshop were the most popular forums suggested for coexistence training. The preferences for workshop formatting were straightforward except for two areas: some anti-violence agencies expressed concern over joint training with service providers from the addiction field and that many of the preferences were the

ideal and could be changed if required.

The number of staff (203) interested in training is very encouraging. Participation of a representative number of service providers from both the anti-violence and addiction fields (and others as appropriate) is essential to the success of any training. Cross-field discussion, sharing of ideas and joint planning is necessary to ensure that the information disseminated during training is concrete and relevant. Also, lack of cross-participation would defeat one of the main purposes of the training which could be to get the two fields talking and creating partnerships.

Some of the other forums suggested for dissemination of coexistence information are interesting and possibly viable options. For instance, those agencies in which staff cannot leave for safety, time or resource issues, could have a one to two-hour condensed presentation of the information and/or participate in a teleconferenced presentation. Of course this depends on time and resources available for training.

Overall, there appears to be interest and excitement among most of the agencies in learning more about the coexistence of violence against women and substance abuse, particularly as it impacts women's substance use. About one-half of agencies surveyed expressed interest in participating in a time-limited working group on the coexistence issue and 65% were willing to participate in a focus group. (It must be kept in mind that the second stage housing agencies were working under the assumption that they would no longer be providing programming service and therefore could not participate.)

The Dilemma of Service

When two equally important and devastating issues are present in the same situation, it is very difficult for service providers to make decisions concerning the order of the issues to be addressed. For instance, for a woman presenting at a social service agency with both violence and addiction issues, should the violence or the addiction be dealt with first? At present, it seems that this question is answered in part by the severity of each problem but mostly by which type of agency at which the woman appears. As reported in the results of question eight, most agencies in either the addiction or anti-violence field make an attempt to deal with both problems in some way. Unfortunately, this may amount to a very cursory treatment of one of the woman's problems. Once immediate safety needs are dealt with, recognizing the interrelationship of the two issues may assist both the addiction and anti-violence fields in deciding on and providing appropriate and timely treatment/service for both problems.

RECOMMENDATIONS

- ▶ that a time-limited (under six months) working group be established to address these issues with representative membership from addiction and anti-violence agencies.
- ▶ that both addiction and anti-violence agencies recognize that women presenting with a primary problem of either addiction or violence have a high probability of experiencing the other problem in some form as well.
- ▶ that the anti-violence and addiction representatives have some discussion and set guidelines on dealing with the coexistence problem (e.g., How does an addiction agency deal with the violence issue? How do they assess the *extent* of the problem? Where should they refer?).
- ▶ that each addiction and anti-violence agency should assess its level of cooperation with the other field and attempt to increase the interagency *collaboration* (e.g., Is it possible to share (expenses and time) a worker versed in both fields?).
- ▶ that the working group and/or a representative from each field look into innovative programs that deal with both issues to assess their relevance and applicability to the local area.
- ▶ that the policy of asking women who use substances while staying in anti-violence agencies to leave be given closer examination and possible alternatives suggested.
- ▶ that mixing addiction and anti-violence service providers in training be reviewed individually with the agencies that expressed concerns about this approach prior to the provision of training.
- ▶ that all training material acknowledges different theoretical perspectives and provide working definitions for both violence against women and substance abuse .
- ▶ that before any training occurs, the Addiction Research Foundation provide reasonably detailed information to all possible participants on the intended content and format .
- ▶ that priorities be set for the type of client history information concerning violence and addiction each agency could/should collect and that some type of procedure for collecting that information and an agreed upon format be put in place.
- ▶ that the idea of a standardized measure for collecting the degree of either a violence or substance abuse problem be examined.



APPENDIX A

Question 9: Does your agency collaborate with other agencies in the following fields?

Type of Agency	Types of Collaboration with....	
	Violence Agencies	Addiction Agencies
A D D I C T I O N	<ul style="list-style-type: none"> ▶ referrals ▶ sometimes work closely with men's anti-violence program ▶ planning committee ▶ co-group with perpetrators ▶ cross-training ▶ inter-agency programming ▶ staff member sits on board of women's shelter and family violence coalition committee ▶ deal with violence agencies/ issues through Ministry of Correctional Services ▶ sit on committees together ▶ public and professional education ▶ with consent: case conferencing, information sharing/gathering, treatment planning, London Coordinating Committee to End Woman Abuse ▶ speaking engagements with women's agencies' staff training 	<ul style="list-style-type: none"> ▶ referrals ▶ sits on board for addiction agency and involved in planning for addiction treatment ▶ local and provincial planning ▶ sit on Council for Action on Alcohol & Drugs, Alcohol & Drug Recovery Association of Ontario, LEAD (Learning Experience in Addictions Development) ▶ substance abuse in the workplace Drug Awareness Week subcommittee ▶ District Health Council task force ▶ local Community Action Group ▶ sit on committees together ▶ do public and professional education

Type of Agency	Types of Collaboration with...	
	Violence Agencies	Addiction Agencies
ANTI VIOLENCE	<ul style="list-style-type: none"> ▶ extensive resources deployed to support London Coordinating Committee to End Women Abuse ▶ sit on boards ▶ work on a consultation basis ▶ general support ▶ member Perth County Coalition to end women abuse ▶ member of the coordinating committee ▶ joint staff meetings, projects and professional development, collaborative public education ▶ work with other shelters ▶ liaise and network on an ongoing basis ▶ referral/exchange information on ongoing basis ▶ program consultation ▶ nationally/internationally collaborative ▶ referrals ▶ consultations on cases ▶ planning committee participation ▶ work with Children's Aid Society, probation, coalition to end woman abuse & various committees (partner, elder and sexual abuse) ▶ co-facilitate a group with shelter staff 	<ul style="list-style-type: none"> ▶ do not collaborate (other than recent work on LINK); no need to build substantial collaboration, energy focused on violence and related issues ▶ sit on boards ▶ work on a consultation basis ▶ general support ▶ advocacy ▶ refer ▶ joint staff meetings, projects and professional development, collaborative public education ▶ sit on the board of Perth Addiction Centre ▶ represented on domestic assault review ▶ on board at addiction counselling agency ▶ secondment of staff to ARF ▶ participate in surveys ▶ referrals and consultation concerning mutual clients ▶ supported internal staff training by ARF

APPENDIX B

Question 11: *Any other comments:*

All Responses (paraphrased):

- ▶ alcoholism and violence are two separate issues; alcoholism does NOT facilitate violence against women
- ▶ there definitely is a co-existence [between addiction and women who are abused], especially want to do something for the children; need to be more proactive rather than reactive; need to understand what women are going through in terms of their addiction and how it helps them in relation to the violence situation
- ▶ don't deny there is a co-existence; if one works in the fields of addiction or violence they will see the problem; need a different approach to addiction and violence because they overlap so much, it needs to be more women specific
- ▶ want to learn more about the coexistence of violence and addiction, and sexual abuse issues
- ▶ recognize co-existence as a coping skill although it is not necessarily a healthy skill (the agency does NOT condone it); the agency wants the women to get help with their addiction
- ▶ do not make note of drinking problems; only concerned with legal issues and safety issues
- ▶ the coexistence and substance abuse in general among the population of abused women is an issue they should be paying more attention to-- especially in youth
- ▶ she went to the Women of Substance Conference and although she really enjoyed it she thought that it was like "speaking to the converted"-- we need to target people who are not converted (i.e., don't already have knowledge of the problem); an idea is to participate in the annual United Way conference at the beginning of Drug Awareness Week, maybe include a section on the coexistence of substance abuse and women abuse
- ▶ time and budget restraints are an issue with any training; the co-existence of the two problems is an issue, they both affect self-esteem of the women, she may use the alcohol or drugs to cope
- ▶ see women abusing/using in her work-- it is an issue; as other resources dry up, their agency gets many more women who need their services whose **primary** problem may not be violence
- ▶ aware that there is a connection between the two (substance abuse by women and violence against women)
- ▶ the issue needs to be looked at; not too much information on this, the information needs to be more concrete
- ▶ he's had a long term interest in this area (more the man's substance abuse) from a professional angle; especially its effect on the family
- ▶ she would like to encourage the work of looking at the relationships between violence against women and substance abuse
- ▶ definitely a strong co-existence between violence and addiction; she feels strongly not to use substance abuse as a rationale for violence; see some women who use substance as a coping mechanism; substance abuse among the abused is more of a problem than some women acknowledge, especially depression related medication--they don't think they are addicted
- ▶ interesting work and much needed
- ▶ would like to see the resources used be culturally appropriate (Native) for the team here



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