



California Women's Technical Assistance and Training Project
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Helping Women Navigate Methamphetamine & Violence

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This training is provided by the California Women, Children & Families Technical Assistance Project through a contract with the State of California Alcohol & Drug Programs.

With Contributions from...

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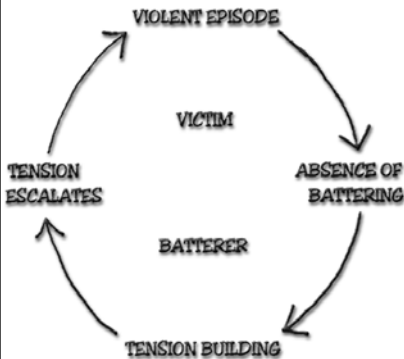
Overview

- Violence Experienced by Female Methamphetamine Addicts
- Related Mental Health Issues/Illnesses
- Additional Treatment Issues
- Treatment Models Addressing Violence
- Taking Care of the Caregiver
- Questions for Discussion

What violence-related issues do women methamphetamine users have when they enter treatment?

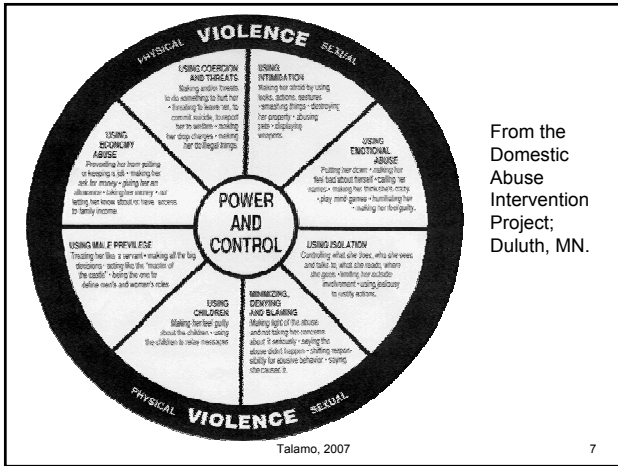
What is intimate partner violence and how does it affect victims?

THE CYCLE OF VIOLENCE



The Cycle of Violence includes 3 stages:
The Tension Building Stage
The Violent Episode
The Absence of Violence Stage

Domestic violence increases in frequency and severity. It is never an isolated incident or a one-time occurrence.



From the Domestic Abuse Intervention Project; Duluth, MN.

1: “The Calm Before The Storm” Stage

- Begins with a calm period, but tension and stress slowly build. May be “minor” incidents: pushing, threats, throwing things... but no outbreak of severe violence. Victim likely to try and delay movement to the next stage by trying to “stay out of the way” of the abuser, please and placate them, and avoid doing anything that might make them angry. This can go on for extended periods, and can lead to considerable rationalization, excuse-making, and denial of the problem. However, eventually, the victim is likely to feel of sense of “when will it break?”. The victim may even act in ways in which she or he thinks is likely to lead to the next stage, just to end the waiting period.

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2: “Violent Stage”

- Begins with some explosive outburst and significant violence...many think violent couples live constantly in this stage, and do not recognize the other 2 stages. Police, family, friends, neighbors, etc...may intervene, and victim may receive services. Just as likely is that the incident goes undetected by outsiders; the victim may hide the bruises, tell neighbors the T.V. was on loudly, call in sick to work, etc.... Children are at significant risk at this stage to be hurt, by accident during the parent's struggle, after directly intervening to halt the abuse and protect one parent, and by the abuser during different incidents. The abuse of the child may be seen by the abuser as parenting or discipline, but may also come after specific threats to the victim to harm the child.

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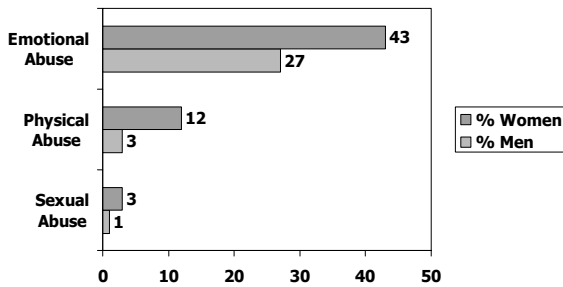
3: "Honeymoon Stage"

It is likely marked by closeness and affection from the abuser. The abuser is likely to be very sorry about the abuse, to promise to get help or never hit again, and show their regret with gifts, affection, attention, etc... the victim may feel very loved after this, may decide the violence was a one-time incident, and may decide to forgive the partner. It can be very hard for the victim to see the Cycle of Violence at this time, and confront the denial and leave the relationship.

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Abuse During Past 30 Days



Courtesy of J.Cohen, Talamo, 2007

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DV Victims & Substance Abuse

- **Victims of domestic violence are more likely to have drug/alcohol problems than the population in general.**
 - 89% of women entering treatment in one study reported a history of interpersonal violence (Lincoln et al. 2006)
 - In one recent study, 59% of women with drinking problems experienced past year severe intimate partner violence (vs. 13% with no drinking problem) (Weinsheimer et al, 2005)
 - Illicit drug use rates among women in violent relationships are 2-3 times those of women in general population (Cunradi, 2000)
- **For some their substance dependency results in at-risk relationships; for others substance dependency results as a way of coping with intimate partner violence.**

(Sid Gardner, Substance Abuse, Domestic Violence & Child Welfare, Family to Family Conference, Talamo, 2007)

DV Perpetrators & Substance Abuse

“Correlation not Causation”

- Alcohol and drug use does not cause domestic violence.
- Alcohol/drug use is correlated with an increase in intensity and severity of violence.
 - 8 times more likely injury with heavy drinking (Falls-Stewart (2003)
 - “Results also show a strong link between victim injury and drug and alcohol use by the perpetrator. These findings suggest that some of the inhibitors that may prevent persons from hurting others under ordinary circumstances are relaxed when persons are under the influence of drugs and alcohol.”(DoJ 2000 report)
- One quarter to one-half of men who batter also have substance abuse problems (Gondolf 1995)

(Sid Gardner, Substance Abuse, Domestic Violence & Child Welfare, Family to Family Conference, 2007)
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Chicken or the Egg Does Not Matter

- For some their substance dependency results in at-risk relationships
- For others substance dependency results as a way of coping with intimate partner violence
- Whether substance use or intimate partner violence came first – the addicted woman in a violent relationship must address both issues in order to recover
- Establishing safety and appropriate substance use interventions are first steps

(Deborah Werner, Substance Abuse, Mental Health & Domestic Violence, On-Track Program Resources, California Department of Health Services 2007)

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What are the violence-related concerns of female methamphetamine users within their families?

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Family Violence Issues

- Family culture of intergenerational substance abuse
 - normalizes meth use & addictive lifestyle
 - may normalize violence
 - Family history of abuse may compound meth use
- Violence→Abuse→PTSD→Transmission of Abuse

Greenberg and Talamo, 2007

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Family Violence and Substance Abuse Have Many Commonalities

- Pervasive social and health problems
 - Impact all cultural and economic groups
 - Potentially life threatening and tend to exacerbate with time
 - Often inter-generational
 - Affect all members of the family
 - Stigma and shame are barriers to help
 - Denial of problem is common
 - Co-occurring mental health problem (e.g., depression) common
 - Often lead to other problems (legal, housing, health, financial)
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- Gender responsive, trauma informed services
 - Integrated, comprehensive services
 - Ongoing recovery support

The Werner Hartman Group, 2004

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Trauma/Abuse History



- Childhood and/or Adult Experiences of Physical, Sexual, Emotional Abuse or Neglect
- Witnessing/Participation in Drug-Related Violence
- Witnessing/Participation in Community Violence
- P.T.S.D.
- Acute Stress Disorder

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Co-Occurring Mental Illness and Methamphetamine Dependence

- In 2002, nearly 2 million women aged 18 or older were estimated to have both serious mental illness (SMI) and a substance use disorder during the past year. This represents almost 2 percent of all adult women.
- Women with co-occurring SMI and a substance use disorder were more likely than men with co-occurring SMI and a substance use disorder to have received treatment for a mental disorder and/or specialty substance use treatment during the past year.

SAMHSA National Survey on Drug Use and Health, 2002

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Other Mental Health Issues

- Depression: Major Depression; Bipolar I,II disorders
- Anxiety: P.T.S.D.; Panic Disorder; O.C.D.; etc.
- ADD/ADHD
- Schizophrenia, Schizoaffective Disorder
- Personality Disorders
- Arrested Development

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Mental Health Issues, continued

- Substance-Induced Disorders:
 - Amphetamine-Induced Psychotic Disorder
- Poly-Drug Abuse:
 - Alcohol
 - Marijuana
 - Vertical vs. Horizontal

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Case Study – Complexity of Co-Occurring Disorders

- Lisa, 28 year-old
- Methamphetamine Abuse and Cocaine Dependence
- Paranoid Schizophrenia
- HIV +, Hep C
- Psychotic episodes escalate violent circumstances

Criminal and Legal Issues

- Mandated Treatment for Drug/ETOH Cases
- CPS Cases: Parenting; Family Treatment
- Desire for Family Reunification
- Domestic Violence: Anger Management

Case Study

- Violet, 31-year-old Romanian-American with 5 kids (none in her custody)
- Hx of Methamphetamine Dependence, followed by Cocaine Dependence
- Fighting for youngest 2 kids

What violence-related issues keep women from engaging, attending regularly, and staying in treatment?

Case Study

- Grace, 32-year-old
- Methamphetamine Dependence
- Major Depressive Disorder, Recurrent
- P.T.S.D.
- Unexpressed grief due to parents' deaths and loss of children
- Ex-boyfriends stalk her and try to deal her meth

Client Community Issues of Violence

- Triangles (even quadrilaterals!)
- Men (clients, boyfriends, ex-boyfriends, or male friends)
- Threats to female meth clients
 - insistence on sex, dating
 - stalking former/current lovers
- Therapeutic Community is made unsafe for all clients

Additional Concerns

- Fear of information
- Violence, fear and paranoia which often result from meth use and mental illness are compounded by the serious physical impact on so many of the body's systems (e.g. lack of sleep and nutrition)

Models for Addressing Violence

- Women's Group
- Family Systems approach
- Seeking Safety: A Training Manual for P.T.S.D. and Substance Abuse
 - safe coping, handling trauma
- Women's Addiction Workbook
 - recovery specifically for women, addresses issues of violence & abuse

Lisa Najavits, Ph.D., www.seekingsafety.org, info@seekingsafety.org, Lnajavits@hms.harvard.edu

Treatment Planning

- Address co-occurring mental illness
 - Strength-based approach helpful
 - David Mee-Lee, M.D., www.dmlmd.com
- If 3 or more risk factors (Levels of Burden), address these additional stressors in tx plan
- Include provision for treatment community safety in informed consent
- Arrange meetings with community members in question with counseling and management staff if possible

Integrated Treatment

- Collaborative multi-disciplinary team
- Ongoing assessment and planning
- Integrated psychosocial counseling and skill building
- Access to mental health care
- Social support
- Individualized, strength-based services
- Trauma informed programming
- Maintaining Safety

(Deborah Werner, Substance Abuse, Mental Health & Domestic Violence, On-Track Program Resources, California Department of Health Services 2007)

Comprehensive Treatment

- Engagement
- Screening
- Assessment
- Safety
- Prioritizing Target Symptoms
- Psychosocial Interventions
- The Value of A Friend
- Pharmacological Interventions
- Case Management & Crisis Intervention
- On-Going Community/Recovery Support

(Deborah Werner, Substance Abuse, Mental Health & Domestic Violence, On-Track Program Resources, California Department of Health Services 2007)

How can providers help the women, and cope themselves with the violence in their clients' lives and recovery?

Taking Care of the Caregiver

- Teamwork



- Reflective Supervision
- Encouragement of Self-Care

Care for Caregivers: Teamwork

- Group Supervision & Consultation
 - assistance with treating complex co-occurring psychiatric and substance issues
 - countertransference management
- Staff input re Therapeutic Community
 - counselors, admin and research staff all have important observations which facilitate containment and management of clients' mental health and substance treatment needs
- Use of modified Therapeutic Community concepts in staff meetings

Care for Caregivers: Reflective Supervision

- Reflective Supervision
 - provides empathy and promotes sense of self-efficacy
 - encourages relationship-based interaction, which resonates with agency focus on client- and strength-driven work

Care for Caregivers: Self-Care

- Encouragement of Self-Care
 - use of modified T.C. concepts to build in stress management and foster connection with other staff (including pot-luck meals)
 - Prize of the Week' for fun and morale
 - adherence to schedule to allow time for outside activities and recuperation

Areas for Growth

- Do we need more interventions around safety and violence? How can we assure the physical and psychological safety of clients and staff?
- Consider factors of co-occurring mental illness, violence, and family issues.

Further Information

Cohen, J. C., Dickow, A., Horner, K., Zweben, J. E., Balabis, J., Vandersloot, D., & Reiber, C. (2003). Abuse and violence history of men and women in treatment for methamphetamine dependence. *American Journal on Addictions, 12*, 377-385.
