

National Indigenous Women's Resource Center

Presents

*Working With Women Who Are Victims
of Domestic Violence & Substance Abuse*



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Define the Issues

Connections

Similarities & Differences

Native women are the most battered, raped, stalked and murdered group of women in the US...70% of the time by non-native offenders.

Substance abuse ranges up to 85% in some native communities. (*also have the highest rates of abstinence...*)

Violence against women includes battering, rape and other forms of sexual violence.

These are violent crimes.

Substance abuse can be *experimentation, a survival tool, self-medication, coping mechanism &/or a step toward* addiction.

Chemical dependency is addiction, compulsive behavior, defined as *a disease.*

Appropriate responders? Appropriate actions?

Substance abuse and Battering are intertwined:

- **Co-occurrence**
- **Root causes**
- **Impact**
- **Grassroots histories**

Up to 100% of people in treatment, both men & women have histories of domestic & sexual violence.

Victimization is painful.

Alcohol & other drugs are pain killers.

KEY POINTS:

- **Alcohol and most other drugs do not cause violence.**
- **No drug causes battering or rape.**
- **All the forms of rape and battering can cause alcoholism.**

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

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

Substance 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***

**Know our differences
but
ESTABLISH COMMON
GROUND**

Gender Issues

- Women who use are often stereotyped as “sluts,” promiscuous, “bad women”
- Drunkenness by men is often framed as “normal” male behavior
- Women used 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 from going to treatment.

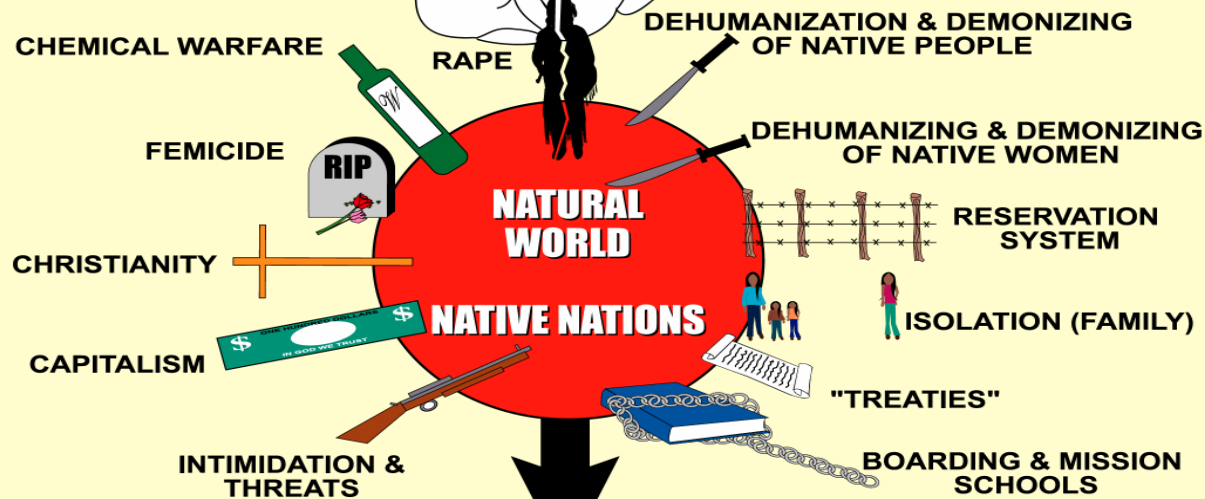
- **Both began as grassroots movements**
- **Commitment and dedication**
- **Caring and courageous**
- **Understand alcohol and most other drugs do not cause violence; never battering**
- **Addictions and violence against women/children is unnatural**
- **The best interests of the people at heart**

**The root causes of
addictions and violence
are the same.**

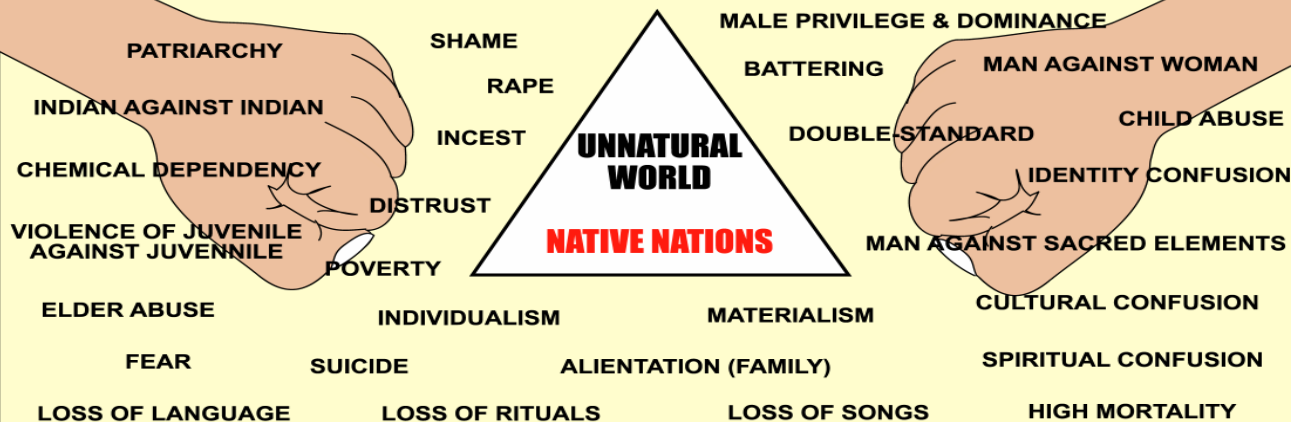
**Before colonization,
there were no addictions
and
violence against women
and children was
extremely rare.**

- *basis for hope & vision*

WHEN GENOCIDE FAILED, THE NEXT TACTIC COLONIZATION = OPPRESSION



IMPACT OF COLONIZATION (INTERNALIZED OPPRESSION)



**Undoing Internalized Oppression
And
Reclaiming Our Natural Belief System
Provides
the Foundation for Advocacy
And
Substance Abuse/Chemical Dependency
Treatment.**

IT'S ABOUT RELATIONSHIPS

***Violence against women
and
Substance abuse are about
POWER & CONTROL.***

***But,* different definitions & context.**

BATTERING:



***Considering the levels of pain
battering, rape, collusion & re-
victimization cause,
high levels of substance abuse are
logical.***

Neither violence against women and substance abuse/dependency occur in isolation.

Both require collusion by many individuals, groups and communities.

**The differences in
belief systems &
language impact our
responses and
approaches.**

**Battering and rape are more than a
mental health issue.**

They are gender based, violent crimes.

**Substance abuse/chemical
dependency is a mental health issue.**

<u>Object:</u>	<u>Substance Abuse</u>	<u>Women Who Are Battered</u>	<u>Batterers</u>
Identity	Recovering/Patient	Survivor/Victim/Woman	Offender/criminal/Recovering Batterer
Goal	Recovery	Safety/Freedom/Heal	Non-violent/respectful
Method	Treatment/Medical model	Advocacy/activism	Criminal justice/Re-education
Approach	Self-help/peer/social services	Social change/Grassroots	Legal/social accountability
Control Issues	“Powerlessness” Over substance	Controlled/Power taken	Power & Control over intimate partner
Use/drug	Addiction/mental health	Survival/tactic/impact	Tactics/abuse/excuse/collusion
Causes	Disease/biology/environment	Culture/socialization/gender-based	Culture/socialization/gender-based
Family	Dysfunction/enable/roles/co-dependent	Survival strategies	Targets/tactics
Behaviors	Relapse part of recovery	Trapped by fear, violence, lack support	Purposeful
Expertise	Experience/education	Experience	Systems

Advocates are the biased supporters of women.

Treatment Counselors are trained to be objective and maintain a “professional” relationships.

COUNSELING

- Self
- Past-oriented
- Childhood
- Family issues
- Feelings – expression
- Self-image
- Personal goals
- Parenting
- Communication
- Personal responsibility
- Individualism
- Trust issues
- “professionalism”
- Case management

ADVOCACY

- Safety/violence
- Personal expertise
- Needs/resources
- Systems
- History
- Culture
- Oppression
- Medical, legal, other advocacy
- Social change
- Collective
- Connections
- Grassroots
- Relate as women
- Accountable to women

Preparation: Review Treatment Policy & Programming

Assess safety & accountability in:

- Hiring (standards & background checks)
- EAP
- Personnel policies
- Outreach – safety & access
- Protection Orders
- Security guards
- Staff training

- Facility (safety/access)
- Assessment inclusive of battering?
- Admissions
- Groups – topics & participants
- Family programs and visitation
- Confidentiality policies
- Follow-up and aftercare

Provide “best practices” policy as needed.

Working Relationships with Counselors/ Treatment Programs

- Share food, make time to connect
- Build a common ground (goals, barriers etc.)
- Cross-training
- In-services, informal info. sharing

Working with Treatment Programs/ Counselors

- Acknowledge common ground
- Clarify role of advocates (“not foster parents..”)
- Clarify purpose of confidentiality policy: safety & respect
- Provide means for communication between women & treatment program that honors her integrity & privacy

Some women who are battered/raped may misuse or abuse alcohol and other drugs:

- to survive
- may be forced to use by their batterer
- part of PTSD
- response to chaos and trauma; over-whelmed
- some may become addicted as a result
- some addicted before battering occurred

Individual history & context of drug abuse are extremely important in determining if a woman is misusing, abusing or addicted.

Women know themselves and their history.

Open the door through conversation.

Offer appropriate care & referrals.

**More Commonalities:
Unseen Injuries Resulting From
Battering &/Or Substance Abuse:**

- **Concussion syndrome**
- **Exhaustion**
- **Traumatic Brain Injury**
- **Sleep deprivation**

It IS Complicated

Check Your Expectations – for yourself
and the women you work with

Trust

Rely on relationships as Women

Feel free to ask questions

POLICY

- **POLICIES ARE GUIDELINES**
- **PRIORITIZE SAFETY**
- **KEEP SIMPLE: “NO POSSESSING OR USING OF ALCOHOL/STREET DRUGS IN SHELTER”**
- **AVOID BLANKET POLICIES THAT DENY WOMEN WHO ARE USING ACCESS TO ADVOCACY OR SHELTER**

PREPARATION

- ▣ PLAN TIME TO GET TO KNOW THE PERSON
- ▣ MAKE NO ASSUMPTIONS
- ▣ BE AWARE OF STEREOTYPES & MYTHS
- ▣ BE COMFORTABLE WITH RAGE, ANGER, TEARS, FEARS, PAIN, GRIEVING
- ▣ PRIORITIZE SAFETY
- ▣ CONFIDENTIALITY IS IMPERATIVE
- ▣ KNOW YOUR RESOURCES

HEALING & RECOVERY

- Are processes
- Require safety
- Take time
- Require as little decision-making, stress & change as possible

KEY FACTORS

- Non-judgmental listen
- Accurate information
- TRUST
- Know your resources

But what if...?

- She comes to the shelter drunk or high?
- She's disruptive?
- She's violent?
- Other:

Thinking Out of the Box

- Train people in recovery about advocacy, dynamics of battering etc. as “duel responders”

Caution: interview process & background checks imperative!

- Safe houses &/or motels with duel responders for short-term, emergency response
- other responses ?

Any other questions?

Concerns? Comments?