APPENDIX

Screening Tools

Screening Guidelines Developed by Pilot Sites

Guidelines for Completing Domestic Violence and Substance Abuse Screens
Domestic Violence Screening Tool
Substance Abuse Screening Tool

Screening Tools for Substance Abuse

Short Michigan Alcoholism Screening Test (SMAST)
Michigan Alcoholism Screening Test (MAST)
Commonly Abused Drugs (Courtesy of NIDA)

Screening Tools for Domestic Violence

Sample Screening Questions (for victim and perpetrator)
Red Flags of Abusive Partners

Guidelines for Completing Domestic Violence and Substance Abuse Screens

Introduction

In March 2000, four sites in the state of Illinois began integrating/coordinating domestic violence and substance abuse services for adult women as part of the Substance Abuse/Domestic Violence Initiative, funded by the Illinois Department of Human Services, Office of Alcoholism and Substance Abuse. Part of the Initiative was to conduct substance abuse screenings at the domestic violence agencies and domestic violence screenings at the substance abuse treatment facilities. As a result, screening tools for adult women were developed and modified. Although there are no hard and fast rules regarding the use of the screening tools, the original four sites have put together guidelines they feel should help in the work to best meet clients' needs.

When to complete screen

In DV setting: In many domestic violence shelters there is the initial intake of a client when she first enters shelter. The assessment phase often continues and is a time that staff uses to further determine her appropriateness/readiness for life in shelter as well as services that she may need. In many instances this is the time period in which her Service Plan may also be developed. It is best to complete the substance abuse screening during this time period. It is important that she be made aware of all services that are available to her through the domestic violence agency.

The same is often true for non-residential clients seeking domestic violence services. The first several appointments include things such as rapport building, safety planning and service planning. It is recommended that during the service planning phase the substance abuse screening be done along with letting her know what services are available to her through the domestic violence agency.

In the substance abuse setting: Within substance abuse treatment facilities there is a myriad of paperwork to be completed at the time of intake. It is believed that intake is the best time to complete a domestic violence screen also. In some instances this will determine what treatment group is the best fit for a client's needs. Of course, it is unlikely that screening upon intake into detoxification would be productive.

How and Where

Since sobriety greatly impacts a woman's ability to get and stay safe, a screening for alcohol and drug abuse should be done with every client whether she is seeking shelter or non-residential services. It is important to remember when working with victims that her substance abuse may be a very reasonable response to the trauma that she may be dealing with on a daily basis.

In both settings it is imperative that the screening be completed with only the woman present. In some cases the woman may show up for services/intake with children or

significant others. It is of utmost importance that these people be excused from the room so that the staff member and the woman can talk freely with no potential ramifications for the woman. Children that are able to verbalize what has gone on during the screening could be given headphones to listen to or could be temporarily placed with another staff member so that the screen can be completed in privacy. Pre-verbal children do not pose the same threat to disclosure.

All screens should be completed in privacy. Many facilities have common areas where clients congregate. A screening should never be completed in these areas. They should be completed in a private room with the door closed if the client feels comfortable with that circumstance. If she is uncomfortable with the door closed then she may make the request to keep it open.

All screenings should be completed by trained staff. *Under no circumstances* should the screening be given to the client to be filled out. Though documentation necessitated having closed ended questions, staff is encouraged to ask the questions in a conversational style starting with the least intrusive. Staff training should consist of a basic understanding of both domestic violence and substance abuse and their intersections as well as an opportunity to discuss and practice the questions to be asked. It should also include reviewing who to contact with questions/concerns, should they arise. Training should be done on an on-going basis.

It is important to remember that the client always has the right to refuse the screen. A woman may have many reasons for not wanting to disclose her history. One reason may be a fear that her disclosure may affect services offered to her. Please remember to remind the client that the screening is being completed only to be better able to help her get the services that would best address her needs.

When to re-screen

As we all know, many of our clients will leave services only to return later. The question then arises as to when to complete another screen. In the case of a domestic violence client who is an admitted drug user the time that would be spent doing a screening for substance abuse may be better spent just talking with her about her most recent use.

In the case of client who has received services in the recent past it is necessary to re-screen. It is imperative that it be determined where the client is at the time of service. Remember, she has gotten services from you in the past so she may be more ready/able to discuss her domestic violence/substance abuse history.

After Screening

Upon completion the screen should be given to the staff member who is the liaison for the agency that deals with the issue being screened. This person can then make the determination as to whether or not the woman is in need of integrated domestic violence/substance abuse services.

Under no circumstances should the substance abuse screen be included in the domestic violence file. Although the Illinois Domestic Violence Act provides protection for information contained within domestic violence files, the best practice would be to include only subtle documentation of substance abuse. You may wish to document that she is addressing substance abuse issues or that she has been referred for substance abuse groups due to the fact that these services are also offered to meet the needs of family members who are concerned about another's substance abuse issues. Each agency should weigh the value of documenting substance abuse recovery successes in victim files against the risk of stigmatizing the victim.

The domestic violence screening can be included in the substance abuse treatment file. Again, care should be taken to reduce the stigma that may be attached to a client who has experienced domestic violence. Subtle documentation of specifics of her history should be documented only selectively.

DOMESTIC VIOLENCE AND SUBSTANCE ABUSE INITIATIVE
Domestic Violence Screening Tool

Client Name or
ID:_____

Screen Completed
by:_____Date:_____

As part of our interview with *everyone* who comes to us for help, we always include questions about other issues besides substance abuse. We feel it is really important to help you with as many of your problems as we can. We understand that sometimes in order to help with one problem other problems must also be addressed.

In most homes where there is substance abuse, families have other problems too. I'm going to ask some questions to see whether any of these things have happened to you or your family. If we find that you need help, we will help you take whatever actions are necessary to ensure your safety and recovery, if you wish.

	Current Rel.		Past Hist	
1. Are you currently experiencing conflicts with your family or partner that cause you stress?	YES	NO	YES	NO
2. Are you currently experiencing, or have you ever experienced any of the following in your relationships with your family or partner?				
a) being called names, being put down, told you are worthless	YES	NO	YES	NO
b) pushing, grabbing, shoving, hitting or restraining	YES	NO	YES	NO
c) being kept away from family and friends, prevented from leaving your home, or going where you wanted to go	YES	NO	YES	NO
d) receiving threats that your partner is going to hurt you, your children, other family members or pets	YES	NO	YES	NO
e) belongings being broken or destroyed	YES	NO	YES	NO
f) throwing things, punching walls	YES	NO	YES	NO
g) feeling intimated or afraid to leave home	YES	NO	YES	NO
h) controlling access to money or not being allowed access to your money	YES	NO	YES	NO
i) being threatened with lost custody or a DCFS case in regard to your children	YES	NO	YES	NO
j) have your children witnessed any abuse	YES	NO	YES	NO
k) having sex in ways that made you uncomfortable or afraid	YES	NO	YES	NO

	Current Rel.		Past Hist..	
l) have you ever obtained or tried to obtain an Order of Protection	YES	NO	YES	NO
3. Is this person still involved with you?	YES	NO	YES	NO
a) In what way is this person still involved with you?				
b) When was the last time any of the above incidents happened?				
4. Have the police ever been called to your home because of an argument?	YES	NO	YES	NO
5. Are you or have you ever been afraid of your partner?	YES	NO	YES	NO
6. Have you ever sought help for any health problems related to stress in the past?	YES	NO	YES	NO
IF YES, Has your partner been supportive of past recovery efforts from any of these problems?	YES	NO	YES	NO
7. Do you believe your partner will be supportive of your present treatment?	YES	NO	YES	NO
8. Do you have any concerns or fears of physical harm?	YES	NO	YES	NO

IF YES,
Can you give me an example?

_____

_____

_____

9. Do you believe that the abuser will be at the treatment facility or in the area of the facility during your treatment?	YES	NO	YES	NO

IF YES, please give his name and description:

_____

_____

Suggestion:_____

Reason:_____

Client Agreeable: YES NO MAYBE

Comments and/or observations of client:

DOMESTIC VIOLENCE AND SUBSTANCE ABUSE INITIATIVE

Substance Abuse Screening Tool

Client Name or ID:_____

Screen Completed by:_____ Date:_____

As part of our interview with everyone who comes to us for help, we include questions about other issues besides domestic violence. We feel it is really important to help you with as many of your problems as we can. We understand that sometimes in order to help with one problem, other problems must also be addressed.

Many of the victims/survivors who come to us also have problems with alcohol or drugs. We have a program that is especially designed to help women who are dealing with domestic violence and substance abuse. Of course, we encourage you to stop using and to possibly enter a substance abuse treatment program. Be assured that all of your answers will be kept confidential.

1. Do you feel any of your family members (including the abuser) have/had alcohol or drug problems? YES NO
   IF YES, please explain_____

2. Does your abuser's violence become more dangerous when he is under the influence of drugs or alcohol? YES NO

3. Tell me about your alcohol/drug use:

DRUG TYPE/NAME	AGE STARTED	HOW MUCH & OFTEN	EFFECT OF USE	DATE LAST USED
Alcohol (whiskey, gin wine, beer)				
Marijuana/Hash (pot, weed, grass)				
Cocaine (snow, crack, rock, coke)				
Stimulants (speed, amphetamines uppers)				
Narcotics (heroin, morphine, codeine, Demerol)				
Sedatives, barbiturates, tranquilizers (valium, librium,				

qualudes, sleepeze)				
Hallucinogens (PCP, LSD, mushrooms, peyote)				
Inhalants (glue, paint, gasoline)				

4. Have you ever used alcohol or drugs to cope with fear, stress, physical or emotional pain? YES NO

5. Do you drink or use drugs more than you intended to at times? YES NO

6. Do you ever feel bad or guilty about drinking or using drugs? YES NO

7. Has anyone ever expressed concern about your substance use? YES NO

8. Has your substance use ever caused you any legal trouble (i.e.-disorderly conduct, DUI, etc.)? YES NO

9. Have you ever attended 12 step groups such as AA, NA, CA, ALANON? YES NO

10. Have you ever had treatment for alcohol or drug problem? YES NO
IF YES, please explain_____
_____

Suggestion:_____

Reason:_____

Client Agreeable: YES NO MAYBE

Other observations or comments:

_____Smell of alcohol
_____Signs of IV drug use (i.e. tracks)
_____Unusual or extreme behavior (nodding off, overly alert, slurred speech)
_____Staggering
_____Tremors
_____Glassy eyed/pupils dilated
_____Unkempt appearance
_____Poor hygiene
_____Argumentative, defensive or angry at questions about substance abuse

Short Michigan Alcoholism Screening Test

NAME _____ Date of Birth _____

Date of Administration _____

SMAST

YES NO

( ) ( ) 1. Do you feel you are a normal drinker? (By normal we mean you drink *less than* or *as much* as most other people.)
( ) ( ) 2. Does your partner, a parent, and/or other near relative ever worry or complain about your drinking?
( ) ( ) 3. Do you ever feel guilty about your drinking?
( ) ( ) 4. Do friends or relatives think you are a normal drinker?
( ) ( ) 5. Are you able to stop drinking when you want to?
( ) ( ) 6. Have you ever attended a meeting of Alcoholics Anonymous?
( ) ( ) 7. Has drinking ever created problems between you and your partner, a parent or other near relative?
( ) ( ) 8. Have you ever gotten into trouble at work or school because of drinking?
( ) ( ) 9. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?
( ) ( ) 10. Have you ever gone to anyone for help about your drinking? If YES, was this other than Alcoholics Anonymous or a hospital? (If YES, code as YES; if NO, code as NO.)
( ) ( ) 11. Have you ever been in a hospital because of drinking? IF YES: Was this for (a) detox; (b) alcoholism treatment; (c) alcohol-related injuries or medical problems, e.g., cirrhosis or physical injury incurred while under the influence of alcohol (car accident, fight, etc.).
( ) ( ) 12. Have you ever been arrested for drunken driving, driving while intoxicated, or driving under the influence of alcoholic beverages?
( ) ( ) 13. Have you ever been arrested, even for a few hours, because of other drunken behavior?

Note: Husband and wife changed to partner.

Michigan Alcoholism Screening Test (MAST) [1]

Answer Yes or No for each question as it applies to you.

Yes(0)	No(2)	1. Do you feel you are a normal drinker?
Yes(2)	No(0)	2. Have you ever awakened the morning after some drinking the night before and found you could not remember a part of the evening before?
Yes(1)	No(0)	3. Does your partner (or do your parents) ever worry or complain about your drinking?
Yes(0)	No(2)	4. Can you stop drinking without a struggle after one or two drinks?
Yes(1)	No(0)	5. Do you ever feel bad about your drinking?
Yes(0)	No(2)	6. Do friends or relatives think you are a normal drinker?
Yes(0)	No(0)	7. Do you try to limit your drinking to certain times of the day or to certain places?
Yes(0)	No(2)	8. Are you always able to stop drinking when you want to?
Yes(5)	No(0)	9. Have you ever attended a meeting of Alcoholics Anonymous (AA)?
Yes(1)	No(0)	10. Have you gotten into fights when drinking?
Yes(2)	No(0)	11. Has drinking ever created problems with you and your partner?
Yes(2)	No(0)	12. Has your partner (or other family member) ever gone to anyone for help about drinking?
Yes(2)	No(0)	13. Have you ever lost friends or girlfriends/boyfriends because of drinking?
Yes(2)	No(0)	14. Have you ever gotten into trouble at work because of drinking?
Yes(2)	No(0)	15. Have you ever lost a job because of drinking?
Yes(2)	No(0)	16. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?
Yes(1)	No(0)	17. Do you ever drink before noon?
Yes(2)	No(0)	18. Have you ever been told you have liver trouble? Cirrhosis?
Yes(5)	No(0)	19. Have you ever had delirium tremens (DTs), severe shaking, heard voices, or seen things that weren't there after heavy drinking?
Yes(5)	No(0)	20. Have you ever gone to anyone for help about your drinking?
Yes(5)	No(0)	21. Have you ever been in a hospital because of drinking?
Yes(2)	No(0)	22. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was a part of the problem?
Yes(2)	No(0)	23. Have you ever been seen at a psychiatric or mental health clinic, or gone to a doctor, a social worker, or clergy for help with an emotional problem in which drinking had played a part?
Yes(2)	No(0)	24. Have you ever been arrested, even for a few hours, because of drunk behavior?
Yes(2)	No(0)	25. Have you ever been arrested for drunk driving after drinking?

[1] A score of 4 or more suggests evaluation by an AOD professional **Note**: The term wife is replaced by partner.

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Substances: Category and Name	Examples of *Commercial* and Street Names	DEA Schedule*/ How Administered**	*Intoxication Effects*/Potential Health Consequences
Cannabinoids			*euphoria, slowed thinking and reaction time, confusion, impaired balance and coordination*/cough, frequent respiratory infections; impaired memory and learning; increased heart rate, anxiety, panic attacks; tolerance, addiction
hashish	boom, chronic, gangster, hash, hash oil, hemp	I/swallowed, smoked	
marijuana	blunt, dope, ganja, grass, herb, joints, Mary Jane, pot, reefer, sinsemilla, skunk, weed	I/swallowed, smoked	
Depressants			*reduced anxiety; feeling of well-being; lowered inhibitions; slowed pulse and breathing; lowered blood pressure; poor concentration*/fatigue; confusion; impaired coordination, memory, judgment; addiction; respiratory depression and arrest; death *Also, for barbiturates—sedation, drowsiness*/depression, unusual excitement, fever, irritability, poor judgment, slurred speech, dizziness, life-threatening withdrawal *for benzodiazepines—sedation, drowsiness*/dizziness *for flunitrazepam*—visual and gastrointestinal disturbances, urinary retention, memory loss for the time under the drug's effects *for GHB—drowsiness, nausea*/vomiting, headache, loss of consciousness, loss of reflexes, seizures, coma, death *for methaqualone—euphoria*/depression, poor reflexes, slurred speech, coma
barbiturates	*Amytal, Nembutal, Seconal, Phenobarbital:* barbs, reds, red birds, phennies, tooies, yellows, yellow jackets	II, III, V/injected, swallowed	
benzodiazepines (other than flunitrazepam)	*Ativan, Halcion, Librium, Valium, Xanax:* candy, downers, sleeping pills, tranks	IV/swallowed, injected	
flunitrazepam***	*Rohypnol:* forget-me pill, Mexican Valium, R2, Roche, roofies, roofinol, rope, rophies	IV/swallowed, snorted	
GHB***	*gamma-hydroxybutyrate:* G, Georgia home boy, grievous bodily harm, liquid ecstasy	I/swallowed	
methaqualone	*Quaalude, Sopor, Parest:* ludes, mandrex, quad, quay	I/injected, swallowed	
Dissociative Anesthetics			*increased heart rate and blood pressure, impaired motor function*/memory loss; numbness, nausea/vomiting *Also, for ketamine—at high doses, delirium, depression, respiratory depression and arrest* *for PCP and analogs—possible decrease in blood pressure and heart rate, panic, aggression, violence*/loss of appetite, depression
ketamine	*Ketalar SV:* cat Valiums, K, Special K, vitamin K	III/injected, snorted, smoked	
PCP and analogs	*phencyclidine:* angel dust, boat, hog, love boat, peace pill	I, II/injected, swallowed, smoked	
Hallucinogens			*altered states of perception and feeling; nausea:* persisting perception disorder (flashbacks) *Also, for LSD and mescaline—increased body temperature, heart rate, blood pressure; loss of appetite, sleeplessness, numbness, weakness, tremors* *for LSD—persistent mental disorders* *for psilocybin—nervousness, paranoia*
LSD	*lysergic acid diethylamide:* acid, blotter, boomers, cubes, microdot, yellow sunshines	I/swallowed, absorbed through mouth tissues	
mescaline	buttons, cactus, mesc, peyote	I/swallowed, smoked	
psilocybin	magic mushroom, purple passion, shrooms	I/swallowed	
Opioids and Morphine Derivatives			*pain relief, euphoria, drowsiness*/nausea, constipation, confusion, sedation, respiratory depression and arrest; tolerance, addiction, unconsciousness, coma, death *Also, for codeine—less analgesia, sedation, and respiratory depression than morphine* *for heroin—staggering gait*
codeine	*Empirin with Codeine, Fiorinal with Codeine, Robitussin A-C, Tylenol with Codeine:* Captain Cody, Cody, schoolboy; (with glutethimide) doors & fours, loads, pancakes and syrup	II, III, IV, V/injected, swallowed	
fentanyl and fentanyl analogs	*Actiq, Duragesic, Sublimaze:* Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder 8, TNT, Tango and Cash	I, II/injected, smoked, snorted	
heroin	*diacetylmorphine:* brown sugar, dope, H, horse, junk, skag, skunk, smack, white horse	I/injected, smoked, snorted	
morphine	*Roxanol, Duramorph:* M, Miss Emma, monkey, white stuff	II, III/injected, swallowed, smoked	
opium	*laudanum, paregoric:* big O, black stuff, block, gum, hop	II, III, V/swallowed, smoked	
oxycodone HCL	*OxyContin:* Oxy, O.C., killer	II/swallowed, snorted, injected	
hydrocodone bitartrate, acetaminophen	*Vicodin:* vike, Watson-387	II/swallowed	
Stimulants			*increased heart rate, blood pressure, metabolism; feelings of exhilaration, energy, increased mental alertness*/rapid or irregular heart beat; reduced appetite, weight loss, heart failure, nervousness, insomnia *Also, for amphetamine—rapid breathing*/tremor, loss of coordination; irritability, anxiousness, restlessness, delirium, panic, paranoia, impulsive behavior, aggressiveness, tolerance, addiction, psychosis *for cocaine—increased temperature*/chest pain, respiratory failure, nausea, abdominal pain, strokes, seizures, headaches, malnutrition, panic attacks
amphetamine	*Biphetamine, Dexedrine:* bennies, black beauties, crosses, hearts, LA turnaround, speed, truck drivers, uppers	II/injected, swallowed, smoked, snorted	
cocaine	*Cocaine hydrochloride:* blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, toot	II/injected, smoked, snorted	

**Schedule I and II drugs have a high potential for abuse. They require greater storage security and have a quota on manufacturing, among other restrictions. Schedule I drugs are available for research only and have no approved medical use; Schedule II drugs are available only by prescription (unrefillable) and require a form for ordering. Schedule III and IV drugs are available by prescription, may have five refills in 6 months, and may be ordered orally. Most Schedule V drugs are available over the counter.*

***Taking drugs by injection can increase the risk of infection through needle contamination with staphylococci, HIV, hepatitis, and other organisms.*

****Associated with sexual assaults.*

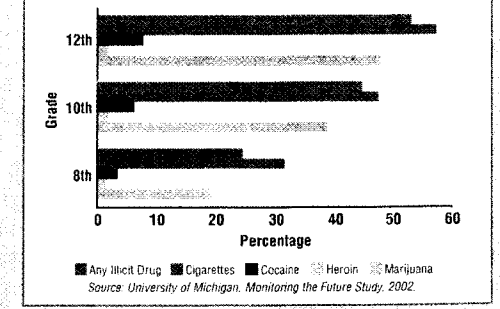
Substances: Category and Name	Examples of *Commercial* and Street Names	DEA Schedule*/ How Administered**	*Intoxication Effects*/Potential Health Consequences
Stimulants (continued)			
MDMA (methyl-enedioxymeth-amphetamine)	Adam, clarity, ecstasy, Eve, lover's speed, peace, STP, X, XTC	I/swallowed	*for MDMA—mild hallucinogenic effects, increased tactile sensitivity, empathic feelings*/impaired memory and learning, hyperthermia, cardiac toxicity, renal failure, liver toxicity
methamphetamine	*Desoxyn:* chalk, crank, crystal, fire, glass, go fast, ice, meth, speed	II/injected, swallowed, smoked, snorted	*for methamphetamine—aggression, violence, psychotic behavior*/memory loss, cardiac and neurological damage; impaired memory and learning, tolerance, addiction
methylphenidate (safe and effective for treatment of ADHD)	*Ritalin:* JIF, MPH, R-ball, Skippy, the smart drug, vitamin R	II/injected, swallowed, snorted	*for nicotine*—additional effects attributable to tobacco exposure: adverse pregnancy outcomes; chronic lung disease, cardiovascular disease, stroke, cancer; tolerance, addiction
nicotine	cigarettes, cigars, smokeless tobacco, snuff, spit tobacco, bidis, chew	not scheduled/smoked, snorted, taken in snuff and spit tobacco	
Other Compounds			
anabolic steroids	*Anadrol, Oxandrin, Durabolin, Depo-Testosterone, Equipoise:* roids, juice	III/injected, swallowed, applied to skin	*no intoxication effects*/hypertension, blood clotting and cholesterol changes, liver cysts and cancer, kidney cancer, hostility and aggression, acne; in adolescents, premature stoppage of growth; in males, prostate cancer, reduced sperm production, shrunken testicles, breast enlargement; in females, menstrual irregularities, development of beard and other masculine characteristics
inhalants	*Solvents (paint thinners, gasoline, glues), gases (butane, propane, aerosol propellants, nitrous oxide), nitrites (isoamyl, isobutyl, cyclohexyl):* laughing gas, poppers, snappers, whippets	not scheduled/inhaled through nose or mouth	*stimulation, loss of inhibition; headache; nausea or vomiting; slurred speech, loss of motor coordination; wheezing*/unconsciousness, cramps, weight loss, muscle weakness, depression, memory impairment, damage to cardiovascular and nervous systems, sudden death

Principles of Drug Addiction Treatment

Nearly three decades of scientific research have yielded 13 fundamental principles that characterize effective drug abuse treatment. These principles are detailed in NIDA's *Principles of Drug Addiction Treatment: A Research-Based Guide.*

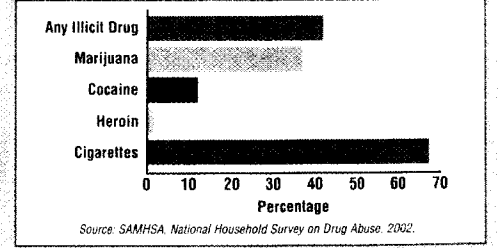
1. **No single treatment is appropriate for all individuals.** Matching treatment settings, interventions, and services to each patient's problems and needs is critical.
2. **Treatment needs to be readily available.** Treatment applicants can be lost if treatment is not immediately available or readily accessible.
3. **Effective treatment attends to multiple needs of the individual, not just his or her drug use.** Treatment must address the individual's drug use and associated medical, psychological, social, vocational, and legal problems.
4. **At different times during treatment, a patient may develop a need for medical services, family therapy, vocational rehabilitation, and social and legal services.**
5. **Remaining in treatment for an adequate period of time is critical for treatment effectiveness.** The time depends on an individual's needs. For most patients, the threshold of significant improvement is reached at about 3 months in treatment. Additional treatment can produce further progress. Programs should include strategies to prevent patients from leaving treatment prematurely.
6. **Individual and/or group counseling and other behavioral therapies are critical components of effective treatment for addiction.** In therapy, patients address motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding nondrug-using activities, and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships.
7. **Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.** Buprenorphine, methadone, and levo-alpha-acetylmethodol (LAAM) help persons addicted to opiates stabilize their lives and reduce their drug use. Naltrexone is effective for some opiate addicts and some patients with co-occurring alcohol dependence. Nicotine patches or gum, or an oral medication, such as buproprion, can help persons addicted to nicotine.
8. **Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.**
9. **Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.** Medical detoxification manages the acute physical symptoms of withdrawal. For some individuals it is a precursor to effective drug addiction treatment.
10. **Treatment does not need to be voluntary to be effective.** Sanctions or enticements in the family, employment setting, or criminal justice system can significantly increase treatment entry, retention, and success.
11. **Possible drug use during treatment must be monitored continuously.** Monitoring a patient's drug and alcohol use during treatment, such as through urinalysis, can help the patient withstand urges to use drugs. Such monitoring also can provide early evidence of drug use so that treatment can be adjusted.
12. **Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counseling to help patients modify or change behaviors that place them or others at risk of infection.** Counseling can help patients avoid high-risk behavior and help people who are already infected manage their illness.
13. **Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.** As with other chronic illnesses, relapses to drug use can occur during or after successful treatment episodes. Participation in self-help support programs during and following treatment often helps maintain abstinence.

Teens Who Have Ever Used Illicit Drugs or Cigarettes



Source: University of Michigan, Monitoring the Future Study, 2002.

Percentage of U.S. Population (Aged 12 and Over) Who Have Ever Used Drugs of Abuse



Source: SAMHSA, National Household Survey on Drug Abuse, 2002.

Order NIDA publications from NCADI:
1-800-729-6686
or TDD: 1-800-487-4889

Sample Screening Questions (Victim)

1. Within the past few years, have you been hit, slapped, kicked, pushed, shoved, or otherwise physically hurt by a family member, a person with whom you were in a relationship, or a care giver? ☐ Yes ☐ No

2. Within the past year, has anyone in your family, or anyone you have been in a relationship with forced you to participate in sexual activities against your will? ☐ Yes ☐ No

3. (If *yes* to either above): Are you afraid that the person who harmed you may do it again? ☐ Yes ☐ No

Sample Screening Questions (Perpetrator)

1. Within the past few years, have you hit, slapped, kicked, pushed, shoved, or otherwise physically hurt a family member, a person with whom you were in a relationship, or a person to whom you were a care giver? ☐ Yes ☐ No

2. Within the past year, have you forced anyone in your family, or anyone with whom you have been in a relationship, to participate in sexual activities against their will? ☐ Yes ☐ No

3. (If *yes* to either above): Do you think that you may do it again? ☐ Yes ☐ No

A yes to any of these questions would indicate that a more formal assessment be completed by a qualified professional.

Red Flags of Abusive Partners

(A LIST OF WARNING SIGNS TO INDICATE A POSSIBLE ABUSER)

	Jealous
	Watching the amount of time you are away
	Wanting to keep you away from friends
	Asks "Who are you talking to?" when you are on the phone
	Asks too many questions
	Sulks when he doesn't get his way
	Seems childish and/or insecure
	When something is important to you, he tunes you out
	He talks louder until he gets your undivided attention
	He physically restrains you until you listen to him
	Yells in your ear (sometimes until it is painful)
	He follows you around endlessly, repeating things over and over again
	Makes you repeat what he said back to him to be sure you were listening
	Makes you stop what you are doing to listen to him
	He makes all the rules. There is no flexibility
	What you think and feel are not important
	What he thinks and feels is very important
	He says, "We will get along fine as long as it goes my way."
	He won't admit it when he's wrong
	He pesters you about it until you admit it
	He tells you what your feelings are and then punishes you with the silent treatment or violence
	He acts as if he found a clue and makes a big issue of it
	He makes frequent accusations
	He acts as if any attention to another human being is flirting
	He says things like, "You belong to me", I got papers on you", and "You're my wife."
	He tells you how to dress or whether or not to wear make-up.
	He criticizes frequently
	He uses what you have told him against you
	He doesn't like anybody you like or he criticizes your friends
	He is controlling
	He is possessive of you
	He is bossy
	He is jobless
	He is a drug/alcohol user and uses that as an excuse for his behavior
	He was abusive in a previous relationship
	He has to know about your business but is secretive about his own
	He smiles too much (sneaky)
	He is always argumentative
	He has an uncontrollable temper

Tool Kit

Wheels
- Use of Power and Control Wheels
- Power and Control Wheel
- Power and Control Model for Women's Substance Abuse
- Power and Control in Lesbian, Gay, Transgender & Bisexual Relationships
- Lesbian/Gay Power and Control Wheel
- Advocacy Wheel
- Equality Wheel
- Abuse of Children Wheel
- Nurturing Children Wheel
- Children Coping with Family Violence Wheel
- Community Accountability Wheel
- Immigrant Power and Control Wheel
- Three Circles Power and Control Wheel

Handouts
- Cycle of Violence
- Manifestations of Violence
- Tactics of Power and Control in Intimate Relationships Involving HIV/AIDS
- 10 Myths About Lesbian and Gay Domestic Violence
- Sample Personalized Safety Plan

More handouts
- Woman Abuse/Substance Abuse: What is the Relationship?
- Naming the Problem
- Safety at Support Group Meetings
- Using 12 Step Groups
- Sorting Out Messages

Forms
- Confidentiality -- Legal Protection
- Confidentiality of Drug and Alcohol Patient Information
- Prohibition on Redisclosure of Information
- Consent for Release of Confidential Information
- Sample Mutual Services Agreement

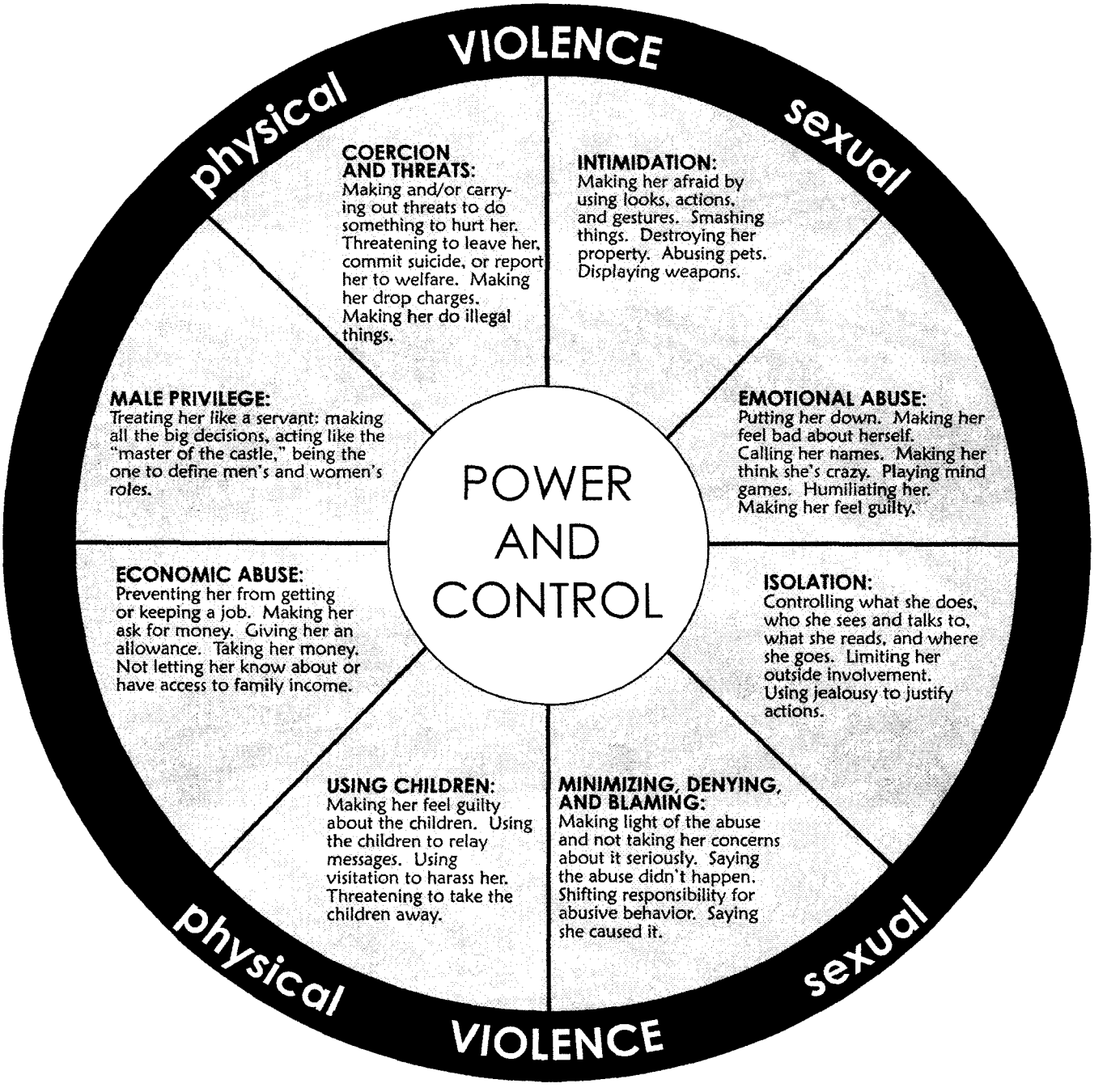
WHEELS

The wheels appearing in the manual are courtesy of the various organizations and individuals credited. Group facilitators are free to photocopy as many of the handouts as they wish for educational use. However, please make sure the copyright notices appear on each of the handouts. Please do not alter the handouts in any way.

POWER AND CONTROL WHEEL

Physical and sexual assaults, or threats to commit them, are the most apparent forms of domestic violence and are usually the actions that allow others to become aware of the problem. However, regular use of other abusive behaviors by the batterer, when reinforced by one or more acts of physical violence, make up a larger system of abuse. Although physical assaults may occur only once or occasionally, they instill threat of future violent attacks and allow the abuser to take control of the woman's life and circumstances.

The Power & Control diagram is a particularly helpful tool in understanding the overall pattern of abusive and violent behaviors, which are used by a batterer to establish and maintain control over his partner. Very often, one or more violent incidents are accompanied by an array of these other types of abuse. They are less easily identified, yet firmly establish a pattern of intimidation and control in the relationship.



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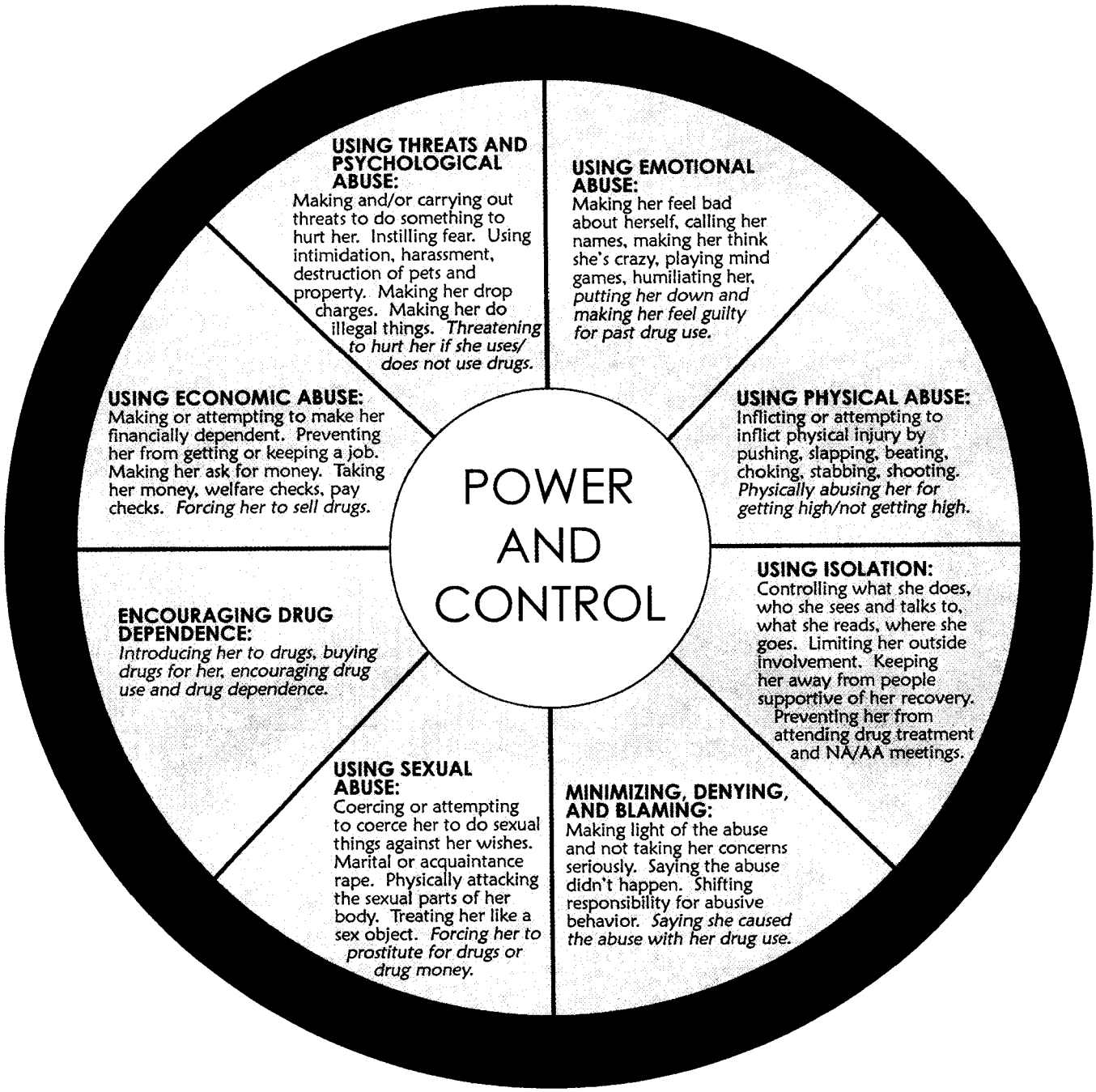
POWER AND CONTROL MODEL FOR WOMEN'S SUBSTANCE ABUSE



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Excerpted from:
"Safety and sobriety: best practices in domestic violence and substance abuse," p. 66,
Domestic Violence/Substance Abuse
Interdisciplinary Task Force, *Illinois*
Department of Human Services.

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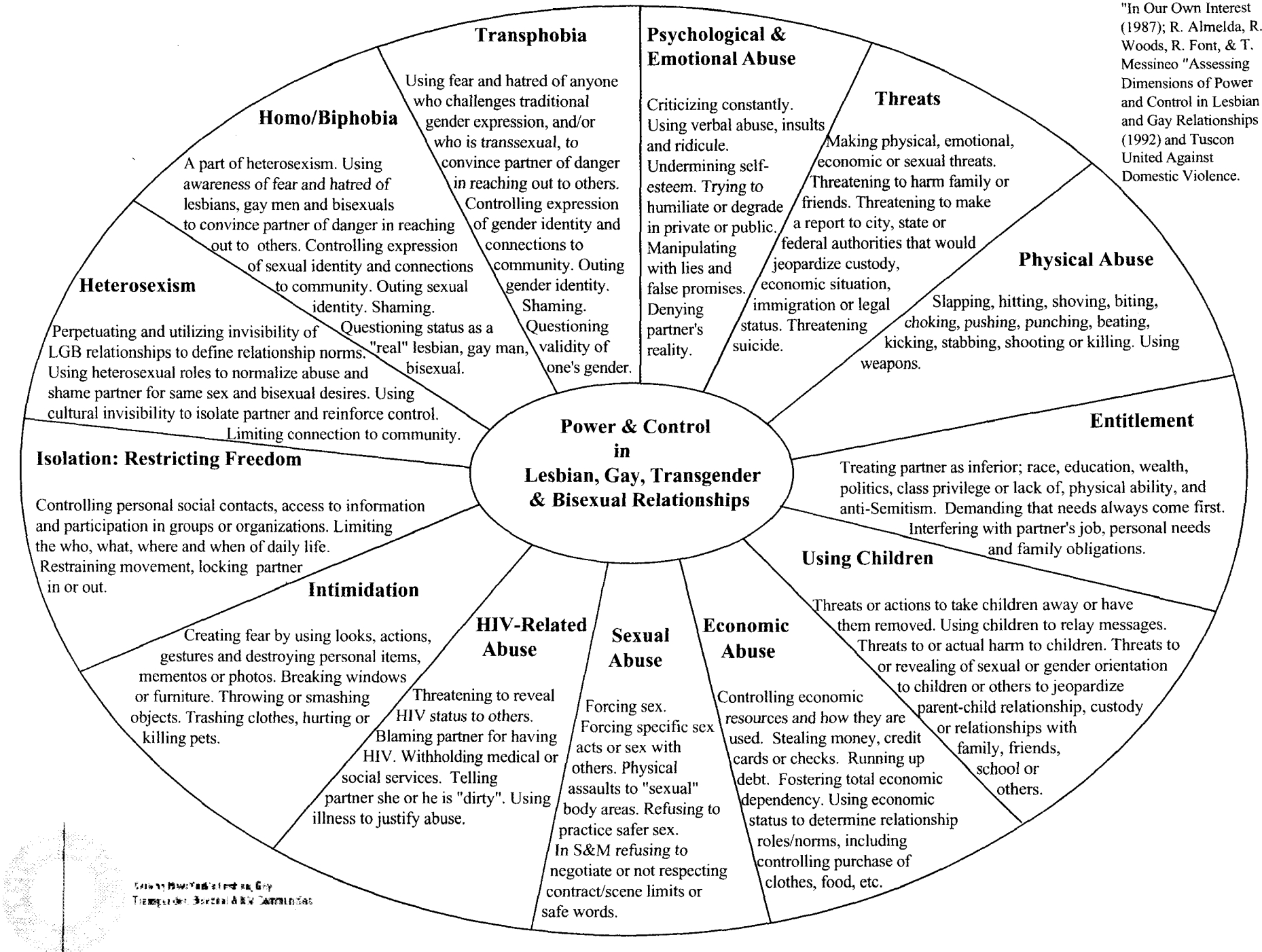
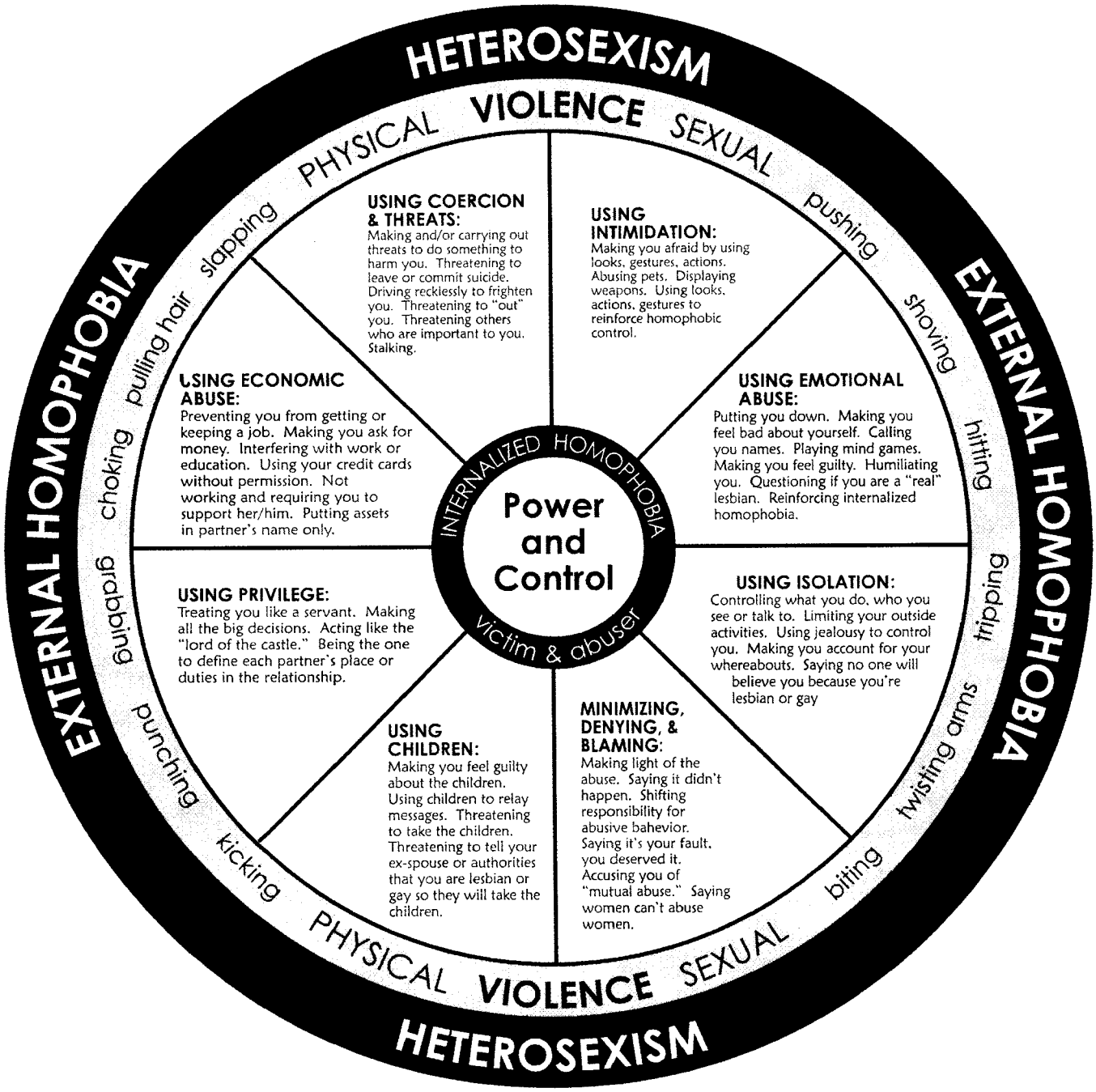


Adapted from E. Pence, "In Our Own Interest (1987); R. Almelda, R. Woods, R. Font, & T. Messineo "Assessing Dimensions of Power and Control in Lesbian and Gay Relationships (1992) and Tuscon United Against Domestic Violence.

LESBIAN/GAY POWER AND CONTROL WHEEL



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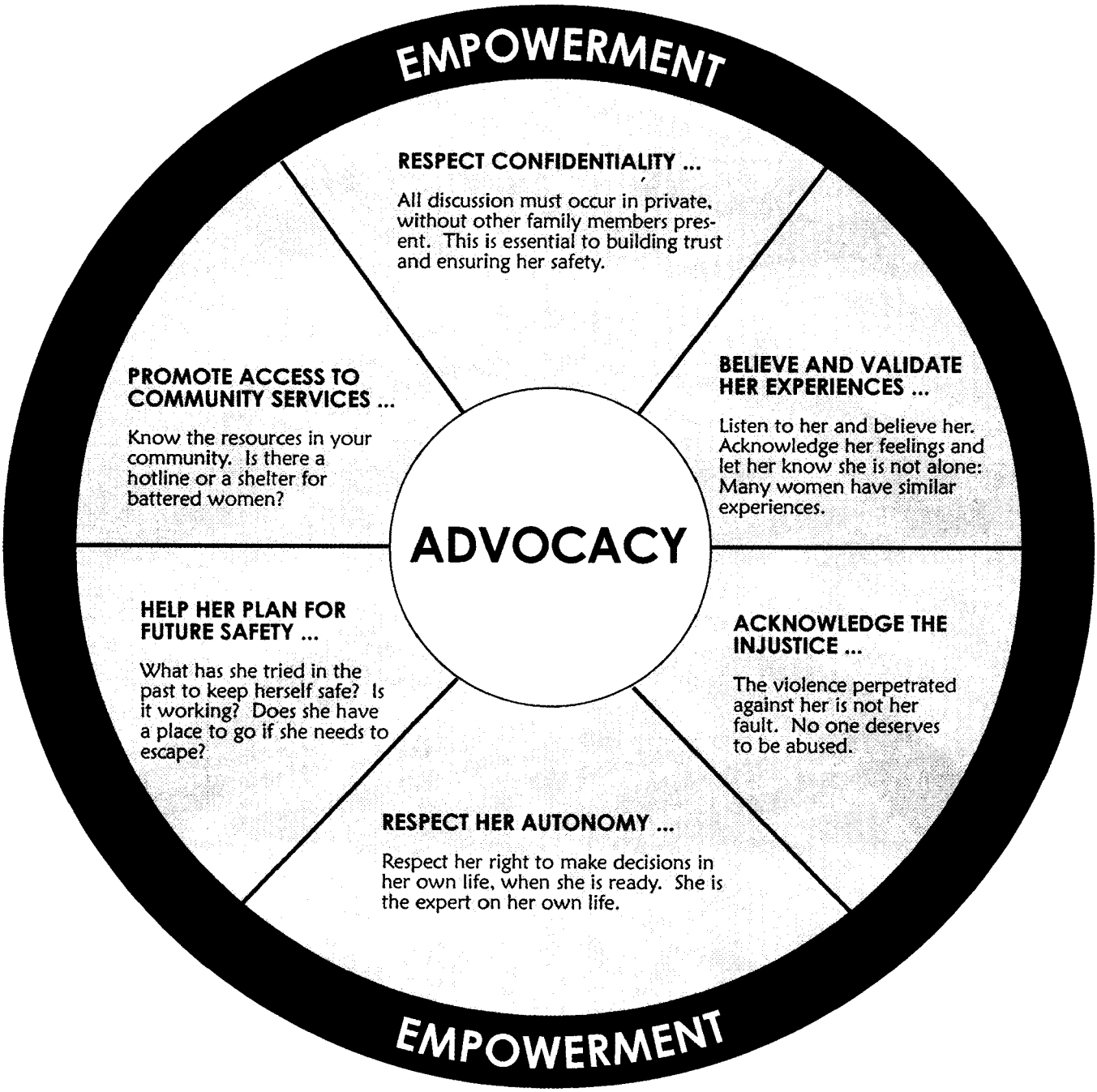
ADVOCACY WHEEL



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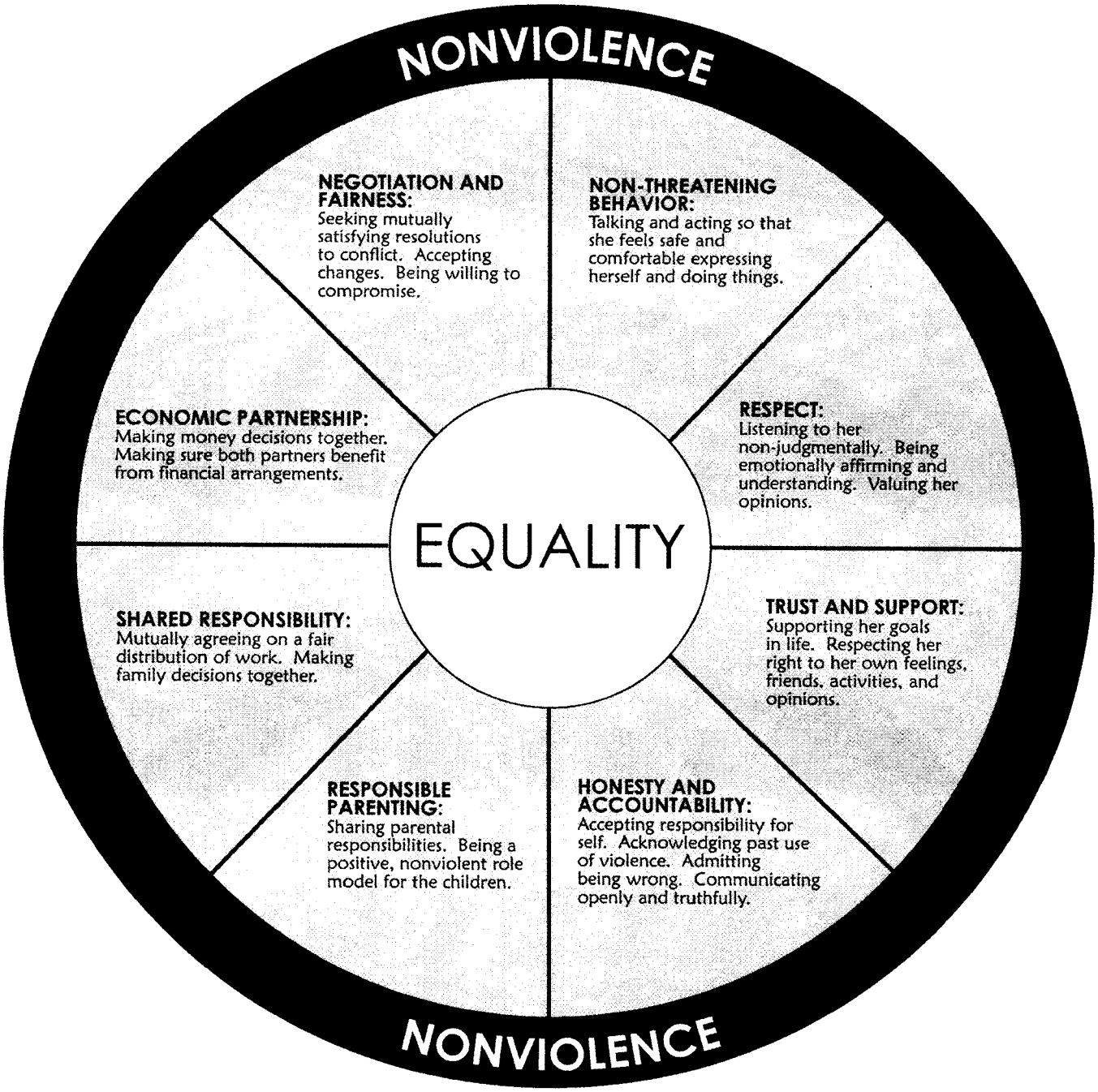
EQUALITY WHEEL



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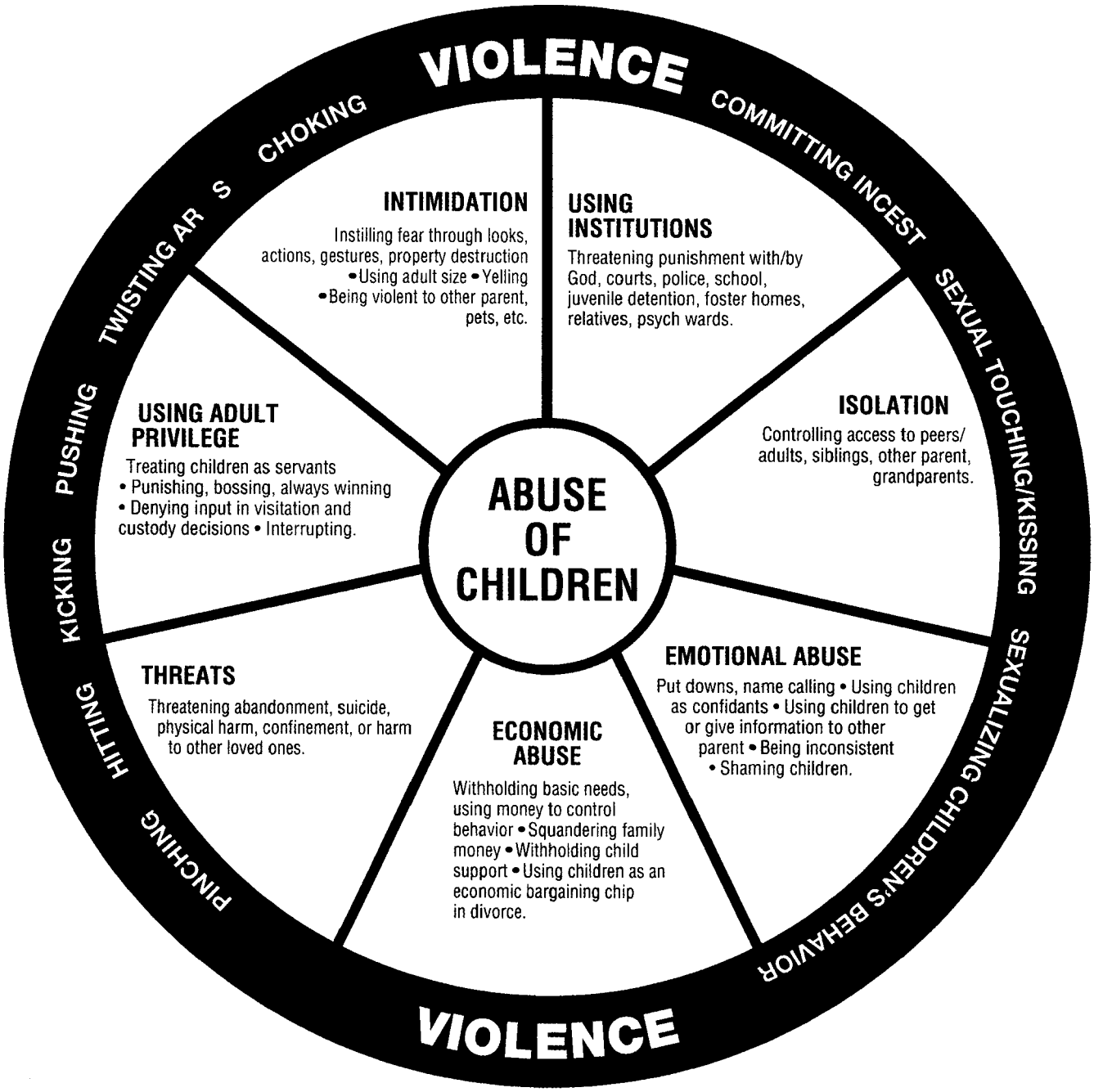

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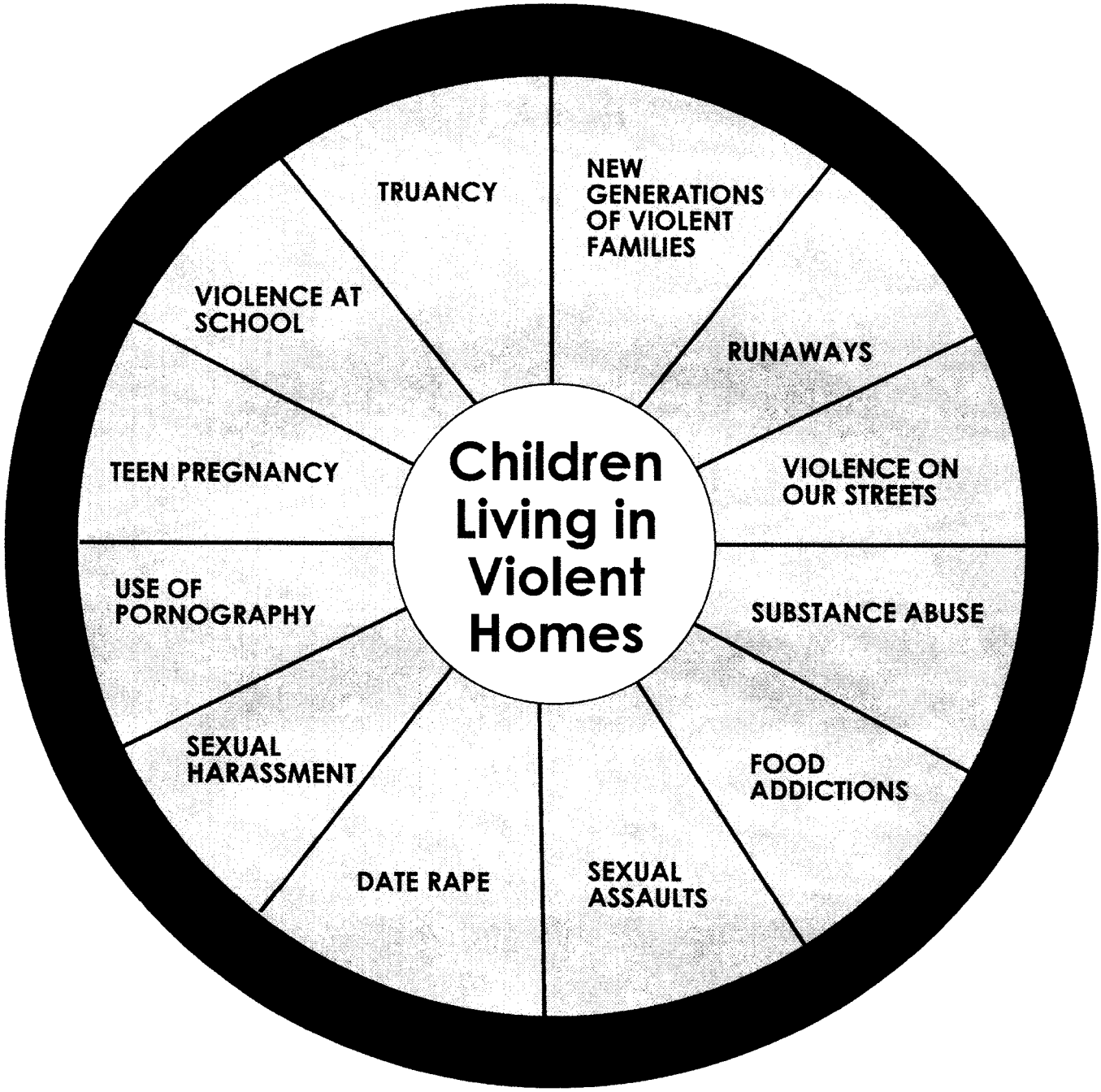
Children Coping with Family Violence



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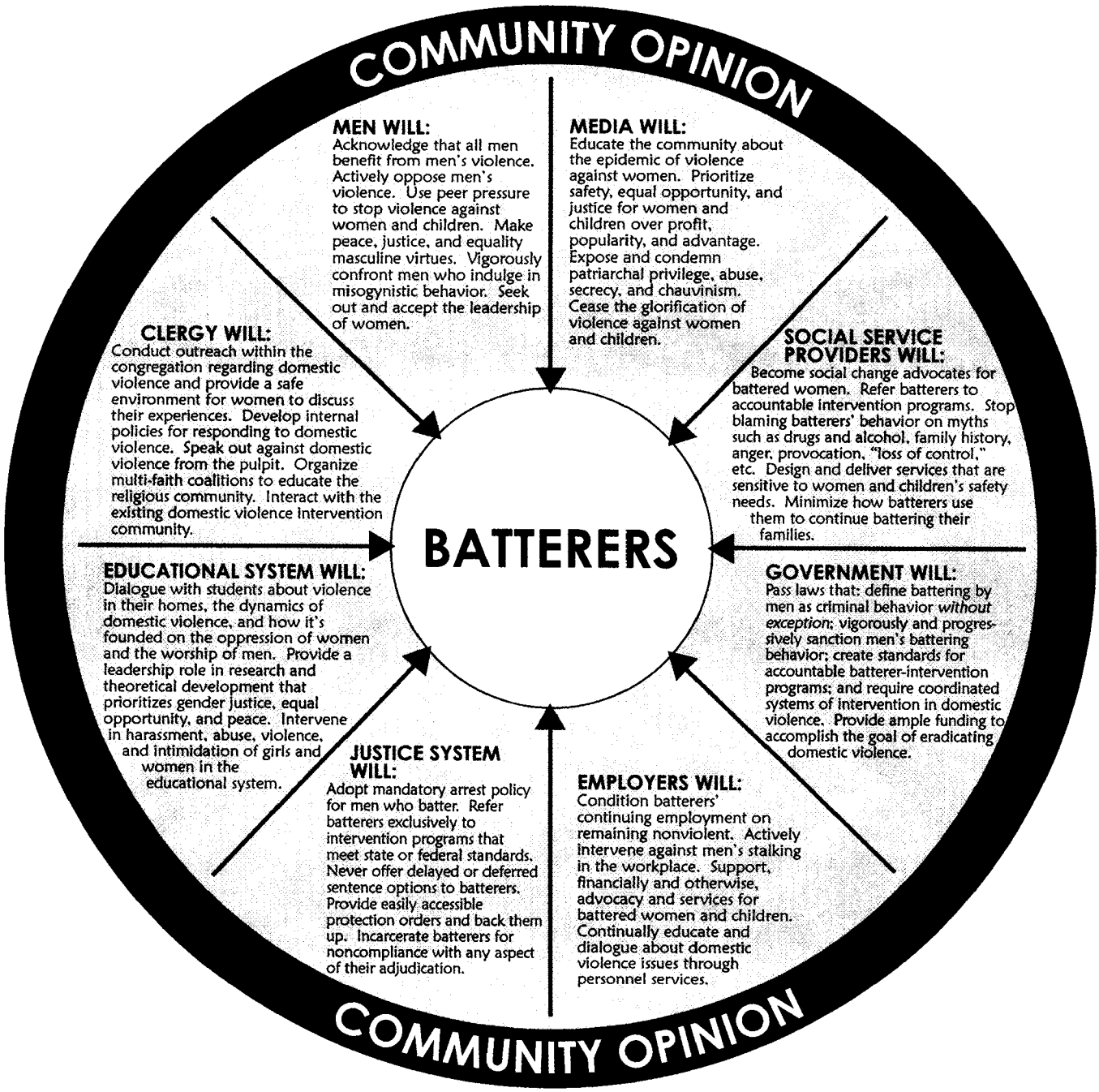
COMMUNITY ACCOUNTABILITY WHEEL

This wheel *begins* to demonstrate the ideal community response to the issue of domestic violence. Community opinion, which strongly states that battering is unacceptable, leads all of our social institutions to expect full accountability from the batterer by applying appropriate consequences. This wheel was developed by Mike Jackson and David Garvin of the Domestic Violence Institute of Michigan (P.O. Box 130107, Ann Arbor, MI 48113, tel: 313.769.6334).



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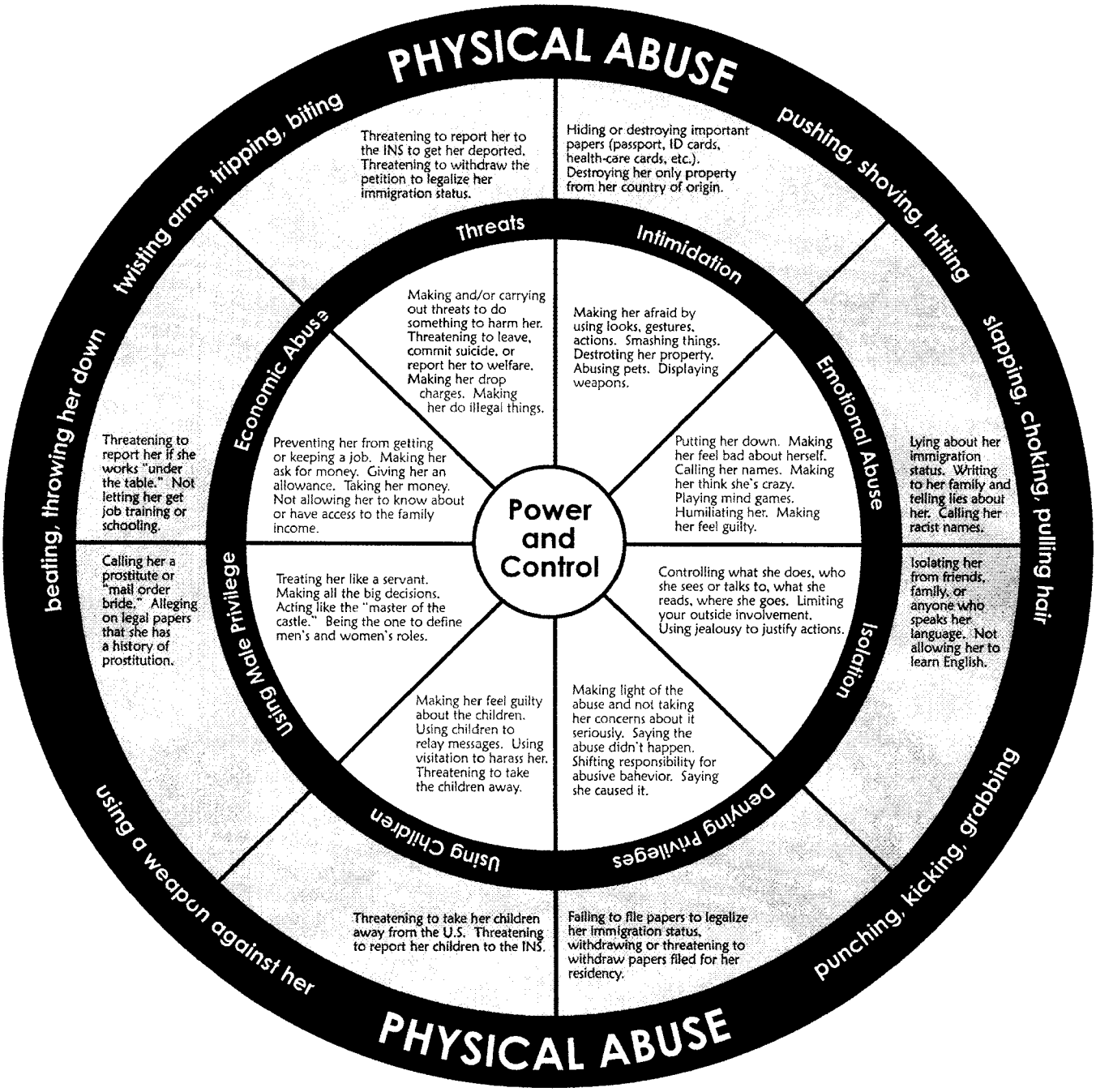
IMMIGRANT POWER AND CONTROL WHEEL



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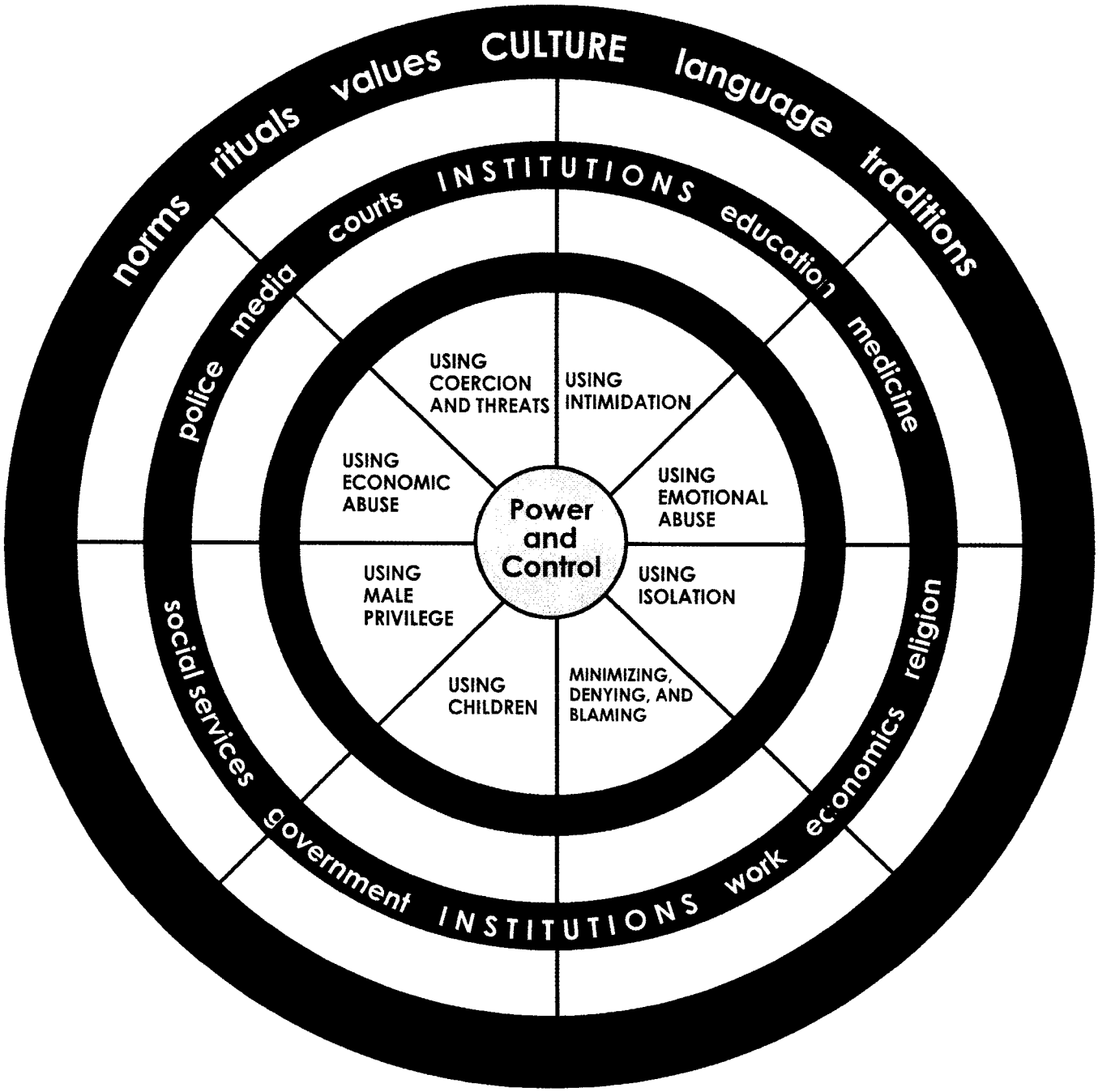
POWER AND CONTROL WHEEL



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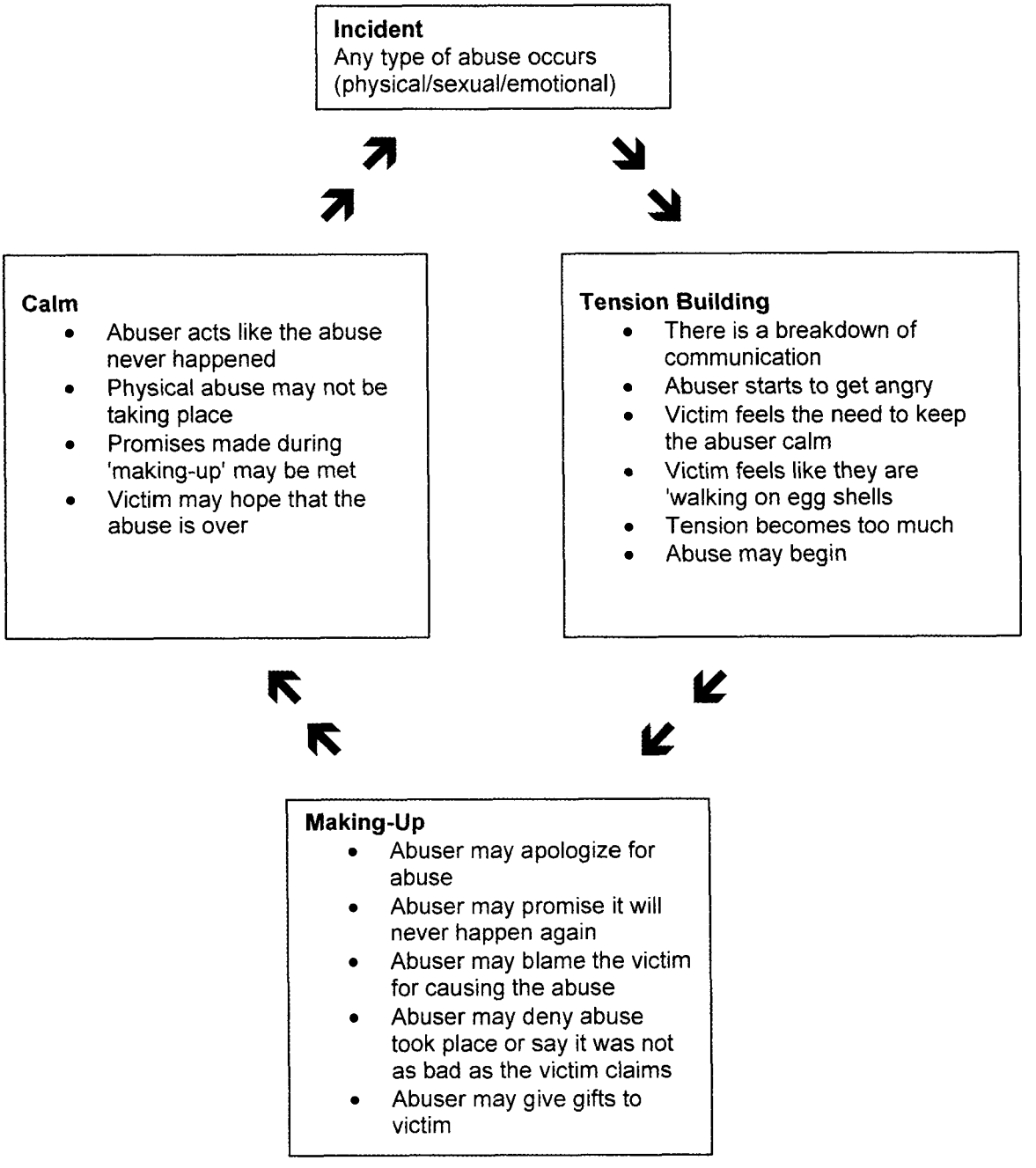
Cycle of Violence



The cycle can happen hundreds of times in an abusive relationship. Each stage lasts a different amount of time in a relationship. The total cycle can take anywhere from a few hours to a year or more to complete.

It is **important** to remember that not all domestic violence relationships fit the cycle. Often, as time goes on, the 'making-up' and 'calm' stages disappear.

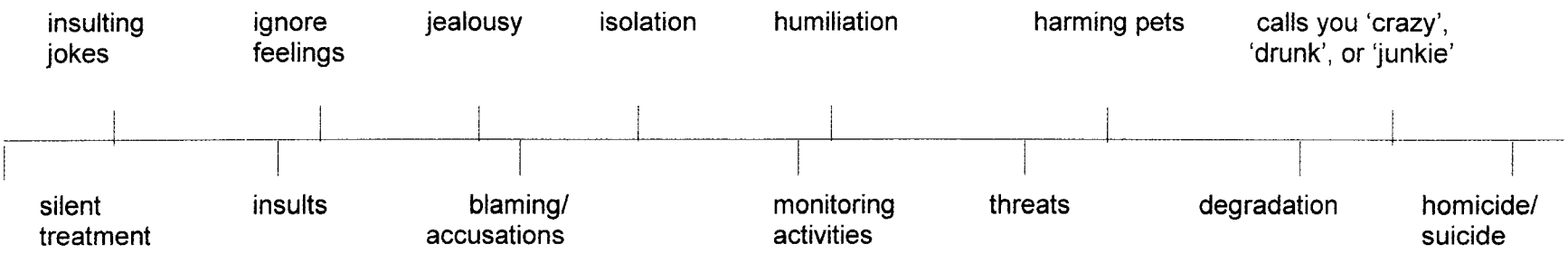
Adapted from the original concept of:

Walker, Lenore. The Battered Woman. New York: Harper and Row, 1979.

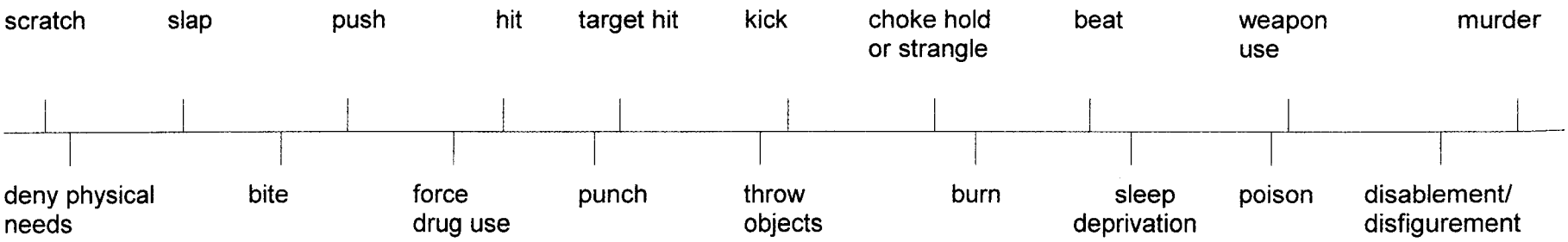
Manifestations of Violence

Abuse can occur in different forms. It can be physical, emotional, sexual, spiritual, social and/or economic. The lists below describe some of the tactics of abuse batterers use as they attempt to gain or maintain power and control over their intimate partners. Abuse does not always progress in regular steps as shown here. Sometimes the abuse may advance from pushing or hitting directly to more severe physical violence such as use of weapons. Although each relationship is unique, any type of abuse must be considered a serious cause for concern. Despite different circumstances, it is important to remember abuse can escalate (especially if intervention fails to occur). A coordinated community response holding batterers accountable for these abusive behaviors is essential as is a response acknowledging and respecting the rights of DV victims. **EXERCISE:** It is helpful for people to be aware of the tactics of domestic violence. Circle the type(s) of abuse you are now experiencing, (or have experienced in the past). Notice if the violence is increasing in intensity, severity or frequency. Talk to an advocate to develop or review your current safety plan or explore your options. Remember, domestic violence or sexual abuse directed at you is never your fault (*even if you were drinking or using drugs*).

Emotional Abuse

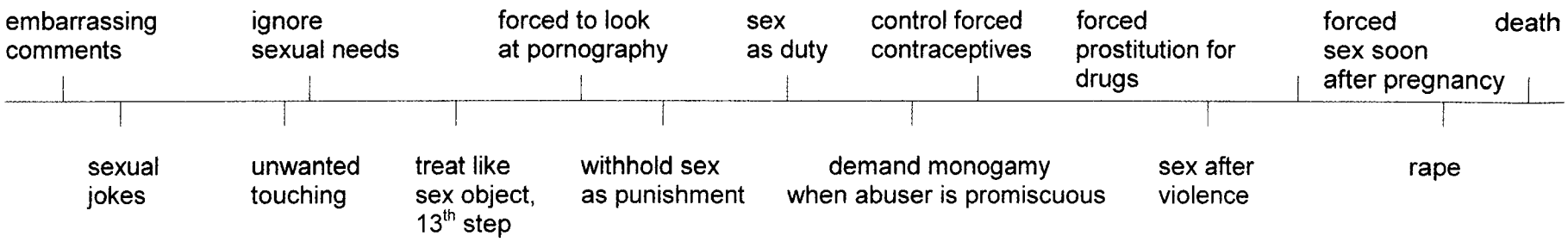


Physical Abuse

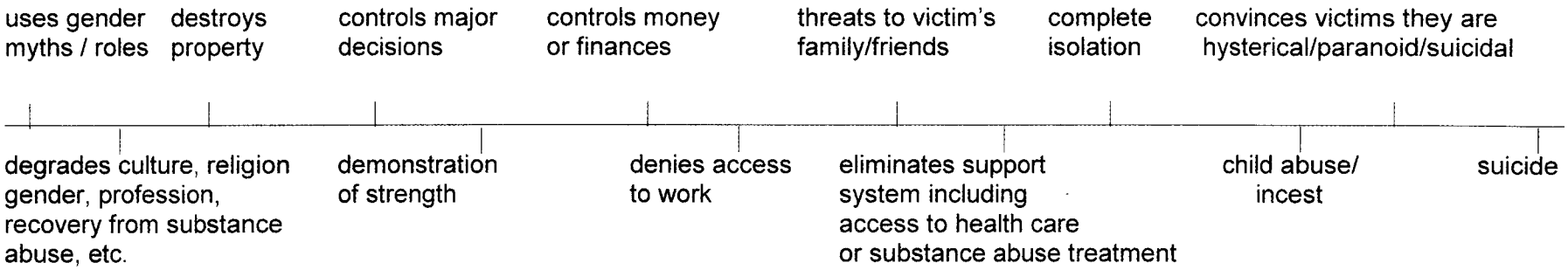


(Manifestations of Violence, continued)

Sexual Abuse



Social / Environmental Abuse



TACTICS OF POWER AND CONTROL IN INTIMATE RELATIONSHIPS INVOLVING HIV/AIDS

Isolation: Not allowing a person to discuss health status with others through interpersonal relations, social service assistance or support groups. Using physical limitations to keep partner separated from outside community.

Intimidation: Threat of physical /verbal harassment. Threatening to "out" partner as HIV positive to friends, family, work, etc., before she/he is ready.

Economic Abuse: Denying access to financial resources for expense of disease, i.e. medication, medical care, nutritional services. Forcing positive partner to maintain a certain level of work activity to generate income despite his/her physical abilities limited by HIV.

Privilege Abuse: Repeatedly, systematically taking advantage of opportunities, resources, to the exclusion of the positive partner. Also, taking advantage of heterosexist and homophobic assumptions, attitudes, and institutional biases to the detriment of partner. (See Lesbian/Gay Power and Control Wheel.)

Minimizing, Denying, Blaming: Forcefully attempting to maintain normalcy of life by acting as if the HIV-positive partner does not have physical limitations based on HIV status.

Emotional Abuse: Moralizing about partner's HIV status, verbal insults regarding appearance, physical abilities, and economic burden.

Using Children: Questioning the ability of HIV-positive partner to provide support (emotional, economic) to children. Threatening to take children away and/or deny partner access to children.

Physical: Forcing/coercing unprotected, high-risk sexual behavior. Physical violence and detainment. Denying physical access to medications or nutrition.

Religious Abuse: Moralizing regarding HIV status. Forcing a faith or belief system (mainstream or other) on positive partner.

— Adapted from http://www.ncweb.com/org/rapecrisis/tactic.ht

Ten Myths about Lesbian and Gay Domestic Violence

Myth #1: Domestic Violence is more common in straight relationships than it is in lesbian or gay relationships.

Truth: There is no reason to assume that gay men and lesbians are less violent than heterosexual men and women. Consequently, best estimates of same sex domestic violence are derived properly from the well-known statistics for battering in the straight community. At least 30,000 lesbians and 500,000 gay males are abused by their lovers each year in the United States.

Myth #2: It isn't really violence when a same-sex couple fights. It is just a "lover's quarrel" between equals.

Truth: This myth draws on our inability to see violence between two people of the same sex as a violent situation where one person is obviously the victim. This myth is based on the idea that domestic violence is really two people battling in a boxing ring and is completely false. There is nothing equal or fair about domestic violence. Being knocked against a wall or enduring endless criticism from an angry lover does not entail fairness. Further, dismissing domestic violence as "just a lover's quarrel" trivializes the violence and gives tacit consent for it to continue. Finally, this myth completely overlooks psychological abuse or material destruction.

Myth #3: The batterer will always be butch, bigger, stronger. The victim will always be femme, smaller, weaker.

Truth: This myth grew out of what people think victims look like and unfortunately focuses on the narrow stereotype that gay and lesbian domestic violence is physical and strength-related. This is simply not true. Size, weight, butchness, femmeness, queeniness or any other physical attribute or role is not an indicator of whether or not a person will be a victim or a batterer. A person who is 5'2", prone to violence, accustomed to using power and control tactics and very angry can do a lot of damage to someone who may be taller, heavier, stronger and non-violent. A batterer does not need to be 6'4" and built like a rugby player to smash your compact discs, destroy your clothing or tell everyone in your workplace that you are "really a queer."

Myth #4: People who are abusive under the influence of drugs or alcohol are not responsible for their actions.

Truth: Violence is a choice, and there are better choices. Every sane person is always responsible for every action taken. Drugs and alcohol are excuses for battering. Studies of batterers in treatment show that they decide to batter their mates significantly prior to deciding to drink. In fact, there is evidence to show that batterers who abuse drugs and alcohol are equally likely to batter while sober. If a person who batters is on drugs or alcohol, that person has two serious and very separate problems. Being on drugs does NOT relieve a person of responsibility for his/her own conduct.

Myth #5: Lesbian and gay domestic violence is sexual behavior — a version of S&M. The victims actually like it.

Truth: Domestic violence is not sexual behavior. In S&M relationships, there is usually some contract or agreement about the limits or boundaries or the behavior, even when pain is involved. Domestic violence entails no such contract. Domestic violence is abuse, manipulation and control that is unwanted by the victim. Like victims of other crimes (including rape, mugging, terrorism, harassment, assault and threats), victims of domestic violence do not enjoy the violence they experience. This myth is very pervasive in the gay and lesbian community. Its perpetuation permits trivialization and denial of the victim's cries for help. Domestic violence cannot ever be dismissed as sexual behavior. There is no similarity whatsoever.

Myth #6: The law does not and will not protect victims of lesbian and gay men's domestic violence.

Truth: It depends somewhat on where you live, but in the United States, heterosexuality is not a criterion for protection under the law. Illinois courts have consistently held that the Illinois Domestic Violence Act protects same-sex as well as opposite-sex partners. Gay persons usually have to demand equal rights and one of those rights is protection from a violent person, regardless of the nature of the relationship. Battery is a crime. So is much of psychological abuse and destruction of personal possessions. Police sometimes have been unwilling to recognize same-sex relationships as domestic, and it is difficult for police to see men as victims of domestic violence. For too long they have mislabeled same-sex violence as "mutual combat." Finally, despite the probability of encountering homophobia and further victimization by police, it is still important to report all incidents to the police and insist that your rights are protected.

Myth #7: Domestic violence occurs primarily among gay men and lesbians who hang out at bars, are poor, or people of color.

Truth: Domestic violence is a non-discriminatory phenomenon. Batterers come from all walks of life, all ethnic groups, all socioeconomic strata, and all educational levels. This myth grows out of the higher visibility in social services that some groups have and the corresponding lower visibility that other groups have, giving the illusion that nourishes this false idea. Gay male and lesbian domestic violence does not adhere to cultural and economic boundaries. It occurs proportionally across all groupings and categories of people. No group is exempt.

Myth #8: Victims often provoke the violence done to them. They're getting what they "deserve."

Truth: This is absolutely untrue. This myth perpetuates the idea that victims are responsible for the violence done to them, that somehow victims cause the batterers to become violent. Violent behavior is solely the responsibility of the violent person.

Batterers choose violence; victims do not "provoke" it. This myth is common among both batterers and victims of domestic violence, and is probably a strong force that keeps the victims in abusive relationships.

Myth #9: It is easier for lesbian or gay victims of domestic violence to leave abusive relationships than it is for heterosexual counterparts who are married.

Truth: Gay and lesbian couples are as intertwined and involved in each others' lives as are heterosexual couples. It is also possible that lesbians and gays are more couple/family oriented than their heterosexual counterparts, as many are alienated from their own families.

Myth #10: Victims exaggerate the violence that happens to them. If it were really that bad, they would just leave.

Truth: This myth is 100% backwards. Most victims tend to minimize the violence that happens to them because of guilt, shame, embarrassment and self-blame. Leaving is often the hardest thing for a victim to accomplish — harder for instance than staying. Batterers threaten their victims with more violence (including threats of murder) if they leave. Incidence of domestic violence actually increases after a victim leaves. Leaving also requires strength, self-confidence, self-reliance, and a healthy self-esteem. Those qualities have been eroded by life with an abuser. Leaving a violent partner may also mean leaving one's home, community, or city.

— Adapted from http://www.ncweb.com/org/rapecrisis/gaymyths.html

Sample Personalized Safety Plan For Domestic Violence Survivors

Name: _____ Date: _____

Review dates: _____

Personalized Safety Plan

The following steps represent my plan for increasing my safety and preparing in advance for the possibility for further violence. Although I do not have control over my partner's violence, I do have a choice about how to respond to him/her and how to best get myself and my children to safety.

Step 1: Safety during a violent incident. Women cannot always avoid violent incidents. In order to increase safety, battered women may use a variety of strategies.

I can use some or all of the following strategies:

A. If I decide to leave, I will _____. (Practice how to get out safely. What doors, windows, elevators, stairwells, or fire escapes would you use?)

B. I can keep my purse and car keys ready and put them (place) _____ in order to leave quickly.

C. I can tell _____ about the violence and request they call the police if they hear suspicious noises coming from my house. I can also tell _____ about the violence and request they call the police if they hear suspicious noises coming from my house.

D. I can teach my children how to use the telephone to contact the police and the fire department.

E. I will use _____ as my code word with my children or my friends so they can call for help.

F. If I have to leave my home, I will go _____. (Decide this even if you don't think there will be a next time.) If I cannot go to the location above, then I can go to _____ or _____.

G. I can also teach some of these strategies to some/all of my children.

H. When I expect we are going to have an argument, I will try to move to a space that is lowest risk, such as _____. (Try to avoid arguments in the bathroom, garage, kitchens, near weapons or in rooms without access to an outside door.)

I. I will use my judgment and intuition. If the situation is very serious, I can give my partner what he/she wants to calm him/her down. I have to protect myself until I/we are out of danger.

Step 2: Safety when preparing to leave. Battered women frequently leave the residence they share with the battering partner. Leaving must be done with a careful plan in order to increase safety. Batterers often strike back when they believe that a battered woman is leaving a relationship.

I can use some or all of the following safety strategies:

A. I will leave money and an extra set of keys with _____ so I can leave quickly.

B. I will keep copies of important documents or keys at _____.

C. I will open a savings account by _____(date), to increase my independence.
D. Other things I can do to increase my independence include:

_____

_____

_____

E. The domestic violence program's hotline number is _____. I can seek shelter by calling this hotline.
F. I can keep change for phone calls on me at all times. I understand that if I use my telephone credit card, the following month the telephone bill will tell my batterer those numbers that I called after I left. To keep my telephone communications confidential, I must either use coins or I might get a friend to permit me to use their telephone credit card for a limited time when I first leave.
G. I will check with _____ and _____ to see who would be able to let me stay with them or lend me some money.
H. I can leave extra clothes with_____.
I. I will sit down and review my safety plan every _____ in order to plan the safest way to leave the residence. _____ (domestic violence advocate or friend) has agreed to help me review this plan.
J. I will rehearse my escape plan and, as appropriate, practice it with my children.

Step 3: Safety in my own residence. There are many things that a woman can do to increase her safety in her own residence. It may impossible to do everything at once, but safety measures can be added step by step.

Safety measures I can use include:

A. I can change the locks on my doors and windows as soon as possible.
B. I can replace wooden doors with steel/metal doors.
C. I can install security systems including additional locks, window bars, poles to wedge against doors, an electronic system, etc.
D. I can purchase rope ladders to be used for escape from second floor windows.
E. I can install smoke detectors and purchase fire extinguishers for each floor in my house/apartment.
F. I can install an outside lighting system that lights up when a person is coming close to my house.
G. I will teach my children how to use the telephone to make a collect call to me and to (friend/minister/other) in the event that my partner takes the children.
H. I will tell people who take care of my children which people have permission to pick up my children and that my partner is not permitted to do so. The people I will inform about pick-up permission include_____ (school),

_____ (day care staff),_____ (babysitter),

_____ (Sunday school teacher),_____ (teacher),

_____ and (others).

I. I can inform _____ (neighbor), _____ (pastor), and _____ (friend) that my partner no longer resides with me and they should call the police if he is observed near my residence.

Step 4: Safety with a protection order. Many batterers obey protection orders, but one can never be sure which violent partner will obey and which will violate protection orders. I recognize that I may need to ask the police and the courts to enforce my protection order. The following are some steps that I can take to help the enforcement of my protection order:

A. I will keep my protection order _____ (location). (Always keep it on or near your person. If you change purses, that's the first thing that should go in.)
B. I will give my protection order to police departments in the community where I work, in those communities where I usually visit family or friends, and in the community where I live.
C. There should be a county registry of protection orders that all police departments can call to confirm a protection order. I can check to make sure that my order is in the registry. The telephone number for the county registry of protection orders is _____.
D. For further safety, if I often visit other counties in my state, I might file my protection order with the court in those counties. I will register my protection order in the following counties: _____, _____, and _____.
E. I can call the local domestic violence program if I am not sure about B, C, or D above or if I have some problem with my protection order.
F. I will inform my employer, my minister, my closest friend and _____ and _____ that I have a protection order in effect.
G. If my partner destroys my protection order, I can get another copy from the courthouse by going to [the office] located at _____
H. If my partner violates the protection order, I can call the police and report a violation, contact my attorney, call my advocate, and/or advise the court of the violation.
I. If the police do not help, I can contact my advocate or attorney and will file a complaint with the chief of the police department.
J. I can also file a private criminal complaint with the district justice in the jurisdiction where the violation occurred or with the district attorney. I can charge my battering partner with a violation of the protection order and all the crimes that he commits in violating the order. I can call the domestic violence advocate to help me with this.

Step 5: Safety on the job and in public. Each battered woman must decide if and when she will tell others that her partner has battered her and that she may be at continued risk. Friends, family and coworkers can help to protect women. Each woman should consider carefully which people to invite to help secure her safety.

I might do any or all of the following:

A. I can inform my boss, the security supervisor and _____ at work of my situation.
B. I can ask _____ to help screen my telephone calls at work.
C. When leaving work, I can _____
D. When driving home if problems occur, I can _____.
E. If I use public transit, I can _____.
F. I can use different grocery stores and shopping malls to conduct my business and shop at hours that are different than those when residing with my battering partner.
G. I can use a different bank and take care of my banking at hours different from those I used when residing with my battering partner.

H. I can also _____.

Step 6: Safety and drug or alcohol use. Most people in this culture use alcohol. Many use mood-altering drugs. Much of this use is legal and some is not. The legal outcomes of using illegal drugs can be very hard on a battered woman, may hurt her relationship with her children and put her at a disadvantage in other legal actions with her battering partner. Therefore, women should carefully consider the potential cost of the use of illegal drugs. But beyond this, the use of any alcohol or other drugs can reduce a woman's awareness and ability to act quickly to protect herself from her battering partner. Furthermore, the use of alcohol or other drugs by the batterer may give him/her an excuse to use violence. Therefore, in the context of drug or alcohol use, a woman needs to make specific safety plans.

If drug or alcohol use has occurred in my relationship with the battering partner, I can enhance my safety by some or all of the following:

A. If I am going to use, I can do so in a safe place and with people who understand the risk of violence and are committed to my safety.
B. I can also _____.
C. If my partner is using, I can _____.
D. I might also _____.
E. To safeguard my children, I might _____ and _____.

Step 7: Safety and my emotional health. The experience of being battered and verbally degraded by partners is usually exhausting and emotionally draining. The process of building a new life for myself takes much courage and incredible energy.

To conserve my emotional energy and resources and to avoid hard emotional times, I can do some of the following:

A. If I feel down and ready to return to a potentially abusive situation, I can _____.
B. When I have to communicate with my partner in person or by telephone, I can _____.
C. I can try to use "I can . . ." statements with myself and to be assertive with others.
D. I can tell myself, "_____" whenever I feel others are trying to control or abuse me.
E. I can read _____ to help me feel stronger.
F. I can call _____, _____ and _____ as other resources to be of support to me.
G. Other things I can do to help me feel stronger are _____, _____, and _____.
H. I can attend workshops and support groups at the domestic violence program or _____, _____ , or _____ to gain support and strengthen my relationships with other people.

Step 8: Items to take when leaving. When women leave partners, it is important to take certain items with them. Beyond this, women sometimes give an extra copy of papers and an extra set of clothing to a friend just in case they have to leave quickly.

Items with asterisks on the following list are the most important to take. If there is time, the other items might be taken, or stored outside the home.

These items might best be placed in one location, so that if we have to leave in a hurry, I can grab them quickly.

When I leave, I should take:

* Identification for myself
* Children's birth certificates
* My birth certificate
* Social Security cards
* School and vaccination records
* Money
* Checkbook, ATM (Automatic Teller Machine) card
* Credit cards
* Keys-house/car/office
* Driver's license and registration
* Medications
* Welfare identification
* Work permits
* Green card
* Passport(s)
* Divorce papers
* Medical records-for all family members
* Lease/rental agreement, house deed, mortgage payment book
* Bank books
* Insurance papers
* Small saleable objects
* Address book
* Pictures
* Jewelry
* Children's favorite toys and/or blankets
* Items of special sentimental value

Telephone Numbers I Need to Know:

Police department-home	
Police department-school	
Police department-work	
Battered women's program	
County registry of protection orders	
Work number	
Supervisor's home number	
Minister	
Other	

Woman Abuse, Substance Abuse:
What is the Relationship?

When substance abuse and violence against women happen together, many people get confused about cause and effect. Does alcohol or drug use cause a perpetrator to get violent? Does being a victim of violence cause a woman to develop substance abuse problems? If a woman abuses alcohol or drugs, does this mean she asks for trouble? Here, based on research, are answers to some commonly asked questions.

Does alcohol or drug use cause violent behavior?

Studies show that people who get violent when intoxicated already have attitudes that support violence.(1) They believe they have the right to control another person. They believe violence and other abuse are acceptable ways to gain control. A perpetrator may use intoxication to excuse violent or abusive behavior. But substance abuse is no excuse for crimes such as domestic violence or sexual assault.

Will treatment help a perpetrator stop being violent?

If a woman leaves an abusive relationship, her partner may promise to get treatment or attend A.A. meetings. These promises may be a way to manipulate her into returning. Unfortunately, there is no guarantee that substance abuse treatment will stop violence.(2) If physical violence stops, other abusive and controlling behavior often replaces it.(2) A perpetrator must confront attitudes that support violence.

Does being a victim of violence cause substance abuse?

Not every abused woman uses alcohol or drugs. So there is not a direct cause-and-effect relationship. But trauma can increase a woman's risk for substance abuse.(1) Some women may use alcohol or drugs as an anesthetic, to relieve the pain caused by violence.(1) If the pain continues, and the "self-medicating" continues, conditions are perfect for addiction to develop.

If a woman abuses alcohol or drugs, does this mean she asks for trouble?

No woman deserves to be abused in any way, *no matter what else is going on.* If she is in a relationship, does this mean her partner must overlook substance abuse? No. Her partner has a right to ask that she get counseling or other help. Her partner has a right to end the relationship. But drinking or drug use never justifies violence.

Why is substance abuse risky in a violent situation?

While substance abuse does not cause violence, it can make a violent situation more dangerous. If the perpetrator is intoxicated, there is a greater risk the victim will be injured or killed.(3) If the victim is intoxicated, she may find it harder to get safe.(2)

Women coping with violence and their own substance abuse may find themselves

caught up on a merry-go-round. Substance abuse makes it harder to escape a violent situation, or to heal from past abuse.(2) Continuing violence or unresolved feelings about abuse make it harder to stay away from alcohol or drugs.(2)

How does substance abuse interfere with safety?

Substance abuse impairs judgment. This makes safety planning more difficult.(2) The victim may avoid calling police for fear of getting arrested or being reported to a child welfare agency.(2) She may be denied access to shelters or other services if she is intoxicated.(2)

How does substance abuse interfere with healing from violence?

If a woman is abusing alcohol or drugs, it is hard to heal the pain caused by violence. Counseling or therapy sessions can bring out strong emotions.(1) Alcohol and drugs cut off these emotions, and the feelings get pushed back down inside.(1) So the work cannot go forward. The healing doesn't happen. The pain continues.

How does violence interfere with recovery from addiction?

A woman may use alcohol or drugs to "stuff" her feelings about the abuse.(1) When she stops drinking alcohol or using drugs, buried emotions may come to the surface.(1) These feelings of pain, fear or shame can lead to relapse if not addressed.(4)

In an abusive relationship, a woman's recovery may threaten her partner's sense of control. To regain control, her partner may try to undermine her recovery.(1) Her partner may pressure her to use alcohol or drugs.(1) Her partner may discourage her from seeing her counselor, completing treatment, or attending meetings.(1) Her partner may escalate the violence.(1)

How can a woman get off this merry-go-round?

Many women have found they will need to address both the substance abuse and the violence.(2) A domestic violence agency can help a woman who is in an abusive relationship. A rape crisis center can help if she has been sexually assaulted or sexually abused. Substance abuse treatment can help if she has problems with alcohol or other drugs. No matter where she goes for help first, her counselor or advocate can make referrals. This way, she can get all the services she needs.

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(1) Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment. *Substance Abuse Treatment and Domestic Violence, Treatment Improvement Protocol Series 25.* Rockville, MD: U.S. Department of Health and Human Services, 1997. (2) Domestic Violence/Substance Abuse Interdisciplinary Task Force. *Safety and Sobriety: Best Practices in Domestic Violence and Substance Abuse.* Springfield, IL: Illinois Department of Human Services, 2000. (3) Bland, PatriciaJ. Strategies for improving women's safety and sobriety. The Source, Reprint 50, 1997. (4) Simmons, Katherine P., Terry Sack and Geri Miller. Sexual Abuse and Chemical Dependency: Implications for Women in Recovery. *Women and Therapy 19* (2), 22.

Naming the Problem

Violence against women and girls takes many forms. These include domestic violence, sexual assault and sexual abuse. Substance abuse also takes many forms. The substance could be an illegal drug such as crack or heroin. The substance could also be alcohol or prescription drugs such as tranquilizers, painkillers or sedatives.

Put a check mark next to any of these signs you have experienced. Do any of your answers surprise you? Whether the issue is substance abuse or violence, it can be hard to face the situation. But the first step in addressing a situation is to recognize the situation for what it is.

What is domestic violence?

Domestic violence goes beyond normal disagreements to abuse. One person uses a pattern of abusive behavior to gain power and control over another. The abuse may be physical, sexual, psychological or economic. Examples of abuse range from putdowns and name-calling, to pushing and shoving, to severe beatings or murder. Could you be involved in an abusive relationship? Here are some warning signs. Does your partner:

- Slap, hit, push, punch or physically hurt you in other ways?
- Threaten to harm you or your children?
- Say things to you that are hurtful or demeaning?
- Discourage you from seeing or speaking to your family or friends?
- Prevent you from leaving the house, getting a job or returning to school?
- Force you to have sex, or pressure you to perform sexual acts you don't like?
- Express anger physically (throw things, hit walls, destroy your belongings)?
- Use alcohol or drugs as an excuse for saying hurtful things or abusing you?
- Make you feel as if you need to "walk on eggshells?" In other words, are you often afraid of your partner, or afraid to express your true feelings?

What is sexual assault or sexual abuse?

Sexual assault and sexual abuse refer to any sexual contact without your consent. Examples include rape, attempted rape, unwanted touching and child sexual abuse. The abuser could be a stranger, date, friend, lover or even a spouse or relative. Sexual abuse is often involved in domestic violence, and may be one way batterers abuse their partners. Here are some examples of sexual assault and sexual abuse.
Has anyone:

- Forced you to have sex when you didn't want to?
- Forced you to perform sexual acts you didn't like?
- Touched you in ways you didn't like after you said no?
- Threatened to hurt you if you didn't cooperate?
- Behaved in ways that caused you to feel intimidated or afraid?
- Forced you to have sex with others, or engage in prostitution?
- Had sex with you while you were heavily intoxicated or passed out?

Any sexual behavior between a child and someone who has power over the child is sexual abuse. This is true even if the child agreed to participate. The difference in age and power between a child and an older person makes informed consent impossible. When you were a child, were you ever:

- Touched or fondled in a sexual way by an older person?
- Asked to touch an older person in a sexual way?
- Asked by an older person to look at pornographic movies or magazines?
- Asked by an older person to undress or pose in a sexual manner for a photo?
- Asked to keep any sexual activity a secret or warned not to tell anybody?

What is substance abuse?

Substance abuse is the continued use of drugs, including alcohol, even when such use causes problems. If a person experiences unusual tolerance or withdrawal, the substance abuse has probably progressed to addiction. Addiction is a chronic disease which is often progressive and fatal. Could you be in trouble with alcohol or other drugs? Here are some warning signs:

- Do you often use alcohol or drugs to relieve stress or escape problems?
- Do you use prescription drugs more often than directed, or for nonmedical purposes?
- Do you need more and more of the substance to get the same effect?
- Do you often get drunk or high after promising yourself you wouldn't?
- Do you have blackouts (times when you don't remember what happened while you were intoxicated)?
- Do you have tremors, shakes or other uncomfortable symptoms when you can't get alcohol or another drug?
- Do you often fail to meet responsibilities because of drinking or drug use?
- Has your alcohol or drug use caused you to give up activities you enjoy?
- Have you had legal problems related to alcohol or drug use?
- Does the thought of running out of alcohol or drugs make you nervous?
- Does the thought of stopping feel overwhelming or even impossible?

If you answered yes to any of these questions, you are not alone. Tell someone what is going on. Don't keep it a secret. Seek counseling. Try a support group. Please don't be afraid or embarrassed to seek this help and support. Your life is at stake. The sooner you ask for help, the sooner you can get safe, begin to recover, and heal.

Definition and warning signs of domestic violence adapted from "The Problem," National Coalition Against Domestic Violence [On-line]. Available: www.ncadv.org/problem Definitions of sexual assault/sexual abuse and child sexual abuse, and some indicators, adapted from *By the numbers: Sexual violence statistics*, Illinois Coalition Against Sexual Assault, Springfield, IL, 2001. Indicators of sexual assault also adapted from *Types and signs of abuse,* Wisconsin Coalition Against Sexual Assault [On-line]. Available: http://danenet.wicip.org/dcccrsa/saissues/types.html. Definition and warning signs of substance abuse or addiction adapted from *Diagnostic criteria from DSM-IV,* American Psychiatric Association, Washington, DC., 1994; and from the "The Definition of Alcoholism," American Society for Addiction Medicine [On-line]. Available: www.asam.org

Safety at Support Group Meetings

Support groups can serve as a valuable supplement to counseling or advocacy. Much of the power in these groups comes from the personal stories. People share their experience, strength and hope with each other. When one person breaks the silence about her experiences, others feel safer breaking *their* silence. You also hear success stories. You hear what others are doing to cope with problems similar to yours.

Some initial discomfort is normal if you're new to support groups. It is natural to feel nervous in a roomful of strangers. You may have spent years avoiding the issues the group is discussing. If your experience includes violence or abuse, you also may have safety concerns. Here are some tips to help you feel comfortable — and stay safe:

• ***Protect your safety.*** Most people in support groups respect confidentiality (anonymity). However, if you are leaving an abuser, don't share information that could put your safety at risk. Do carry your cell phone with you to 12 Step meetings if you have one. Tell your sponsor or someone else at the meeting what is going on.

• ***Find a home group.*** This is a group you attend regularly. You get to know other "regulars" and feel more comfortable talking at meetings. Some 12 Step veterans have two or three home groups. If you need to avoid being predictable to an abuser, have a back-up home group. Alternate between one meeting and the other one.

• ***Shop around.*** You will probably notice that each support group has a distinct personality, depending on who attends. Larger communities may have dozens of groups holding meetings in a given week. Sample several. Some abused women may feel more comfortable in small, intimate groups.

• ***Recognize the group's limitations.*** Support group meetings are not meant to be a substitute for professional help. Use sessions with a counselor or advocate for issues that are beyond the group's scope.

• ***Respect your own boundaries.*** Some people may try to sexually exploit others in the group. 12-Steppers call this practice "13th Stepping," and most consider such behavior unethical. You don't have to tolerate it! Also, don't feel compelled to talk about painful abuse issues in groups if this makes you uncomfortable.

• ***Try women-only groups.*** Survivors of domestic violence or sexual abuse may have difficulty setting healthy boundaries, especially with men. Many report that women's meetings feel safer than meetings where both men and women are present.

As a "recovering survivor," what if you feel the need to talk about the "other issue?" You can honor your own needs while respecting the group's primary purpose. Explain how sobriety, safety and healing are linked for you. Discuss how violence or past abuse issues make it harder for you to stay clean and sober. Discuss how relapse would make it harder for you to stay safe or heal from violence. Share how you've made safety part of your recovery plan, and recovery part of your safety plan.

Using 12 Step Groups

People recovering from addictions often participate in 12-Step groups such as Alcoholics Anonymous or Narcotics Anonymous. Many find these groups a helpful source of support. If you have experienced violence or abuse, here are some ideas to consider while "working the program." As they say in 12 Step groups, take what you need and leave the rest.

Step One: We admitted that we were powerless over alcohol — that our lives had become unmanageable.

When 12 Step groups discuss powerlessness, it may be helpful to explore how power is defined. Some people view power as the ability to control other people, places and things. "The program" asks you to let go of attempts to have this kind of power. However, power can also be defined as the ability to make choices and act on them. For example, you cannot control the impact of chemicals on your body. But you can choose to seek treatment for an addiction. If you are in an abusive relationship, you cannot control your partner's behavior. But you can choose to seek help getting safe. This step encourages you to break through denial and acknowledge that you are out of control with alcohol or another addiction. Before you can do something about a problem, you must acknowledge that the problem exists.

Step Two: Came to believe that a power greater than ourselves could restore us to sanity.

Some women feel more comfortable with feminine or gender-neutral images of God or "higher power." This may be especially true for women who have been abused by a male parent or partner. 12 Step groups encourage you to interpret this power in a way that is right for you. "When we speak of God, we mean your own conception of God."[1] In fact, "You can, if you wish, make A.A. itself your 'higher power.' Here's a very large group of people who have solved their alcohol problem."[2] This step encourages you to feel hope. There is a way out of your problems. Help is available. Recovery and healing are possible.

Step Three: Made a decision to turn our will and our lives over to the care of God as we understood Him.

For some women, turning over our will to someone else may sound like a demand from an abuser. It may be helpful to remember that there is a difference between turning one's will over to a deity (if that's what your religious or spiritual tradition teaches), and being asked to turn your will over to another human being. It may also be helpful to think of "turning it over" as "letting go," and willingness as being open to new ideas. Giving up an addiction (or a relationship) can feel pretty scary. You are letting go of something familiar without knowing what will replace it. The good news is you don't have to do this

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1Alcoholics Anonymous, 4th Edition, Alcoholics Anonymous World Services Inc., New York, 2001, p. 47 [2] *Twelve Steps and Twelve Traditions,* Alcoholics Anonymous World Services, New York, 1981, p. 27

alone. This step encourages you to break your isolation by seeking help and accepting the support that is offered.

Step Four: Made a searching and fearless inventory of ourselves.

Keep in mind that Step Four is not an "immoral inventory." A.A. literature points out that "assets can be noted with liabilities."[3] Listing your strengths can be especially helpful if your self-esteem has been battered by abuse. A.A. literature suggests that you "consider carefully all personal relationships which bring continuous or recurring trouble. Appraising each situation fairly, can I see where I have been at fault? ... And if the actions of others are part of the cause, what can I do about that?"[4] When looking at relationships, remember that you are not responsible for violence or abuse committed against you. However, exploring the impact abuse has had on your life can strengthen your resolve to break free of the abuse and heal from it. This step encourages you to take a realistic look at your life. This allows you to discover your strengths and limitations, and identify your needs.

Step Five: Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

When you choose someone to hear your Fifth Step, A.A. literature cautions you to "take much care."[5] This care is especially important if your experience involves domestic violence, sexual assault or sexual abuse. Survivors may want to share this part of their experience with a qualified therapist or advocate. This person should understand that responsibility for violence belongs with the perpetrator. This step encourages you to share your past with someone you trust. This can help you let go of the shame that comes with thinking you must keep parts of your life secret.

Step Six: Were entirely ready to have God remove these defects of character.

Nobody is perfect, so self-improvement is a worthy goal for everyone. But A.A. literature cautions you to "avoid extreme judgments" and "not exaggerate" your defects.[6] This precaution is especially important for abused women. An abuser may have whittled away at your self-esteem by encouraging you to feel defective. A person who wants to control you is not the best judge of your character! A.A. literature also reminds you to distinguish between societal expectations and your own values. For example, when the subject is sex, "we find human opinions running to extremes — absurd extremes, perhaps."[7] This can certainly be said about the messages our society directs toward women. Women also get mixed messages about everything from their roles to how they should look or act. Step Six can be a good place to examine what your own values are. This step encourages you to prepare for change in your usual patterns of behavior. What behaviors do you want to let go of? What patterns do you want to stop repeating?

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[3] *Twelve Steps and Twelve Traditions*, p. 52
[4] *Twelve Steps and Twelve Traditions*, p. 6
[5] *Twelve Steps and Twelve Traditions*, p. 61
[6] *Twelve Steps and Twelve Traditions*, p. 82
[7] *Alcoholics Anonymous*, p. 68

Step Seven: Humbly asked Him to remove our shortcomings.

A.A. literature says humility is "a word often misunderstood. ... It amounts to a clear recognition of what and who we really are, followed by a sincere attempt to become what we could be."[8] We should "be sensible, tactful, considerate and humble without being servile or scraping."[9] And, "we stand on our feet; we don't crawl before anyone."[9] Humility does *not* mean seeing yourself as less important than others. This step encourages you to begin letting go of the unhealthy patterns you identified in Step Six. If some of these patterns stem from your experience of violence or abuse, you may want to seek professional help from a person trained to work with abuse survivors.

Step Eight: Made a list of all persons we had harmed and became willing to make amends to them all.

People in recovery need to acknowledge how their drinking or drug use affected others. But recovery groups also remind you to make amends to yourself as well. One such amend might be to stop blaming yourself for domestic violence, sexual assault or other abuse. You are only responsible for your own behavior, not someone else's. This step encourages you to identify what needs changing in your relationships with others. "Making amends" does *not* mean you must reconcile with an abuser. "Amend" simply means "to change or modify for the better."[10] With an abusive relationship, this may well mean ending it. According to A.A. literature, "If there be divorce or separation, there should be no undue haste for the couple to get together. ... Sometimes it is to the best interests of all concerned that a couple remain apart."[11]

Step Nine: Made direct amends to such people wherever possible, except when to do so would injure them or others.

If you have left an abusive relationship, it may be best to avoid your partner. This is true even if you believe you did something "wrong." A.A. literature does not say you must contact everyone on your amends list. In some cases, "by the very nature of the situation, we shall never be able to make direct personal contact at all."[12] If "making amends" to an abuser would put you or your children in danger, stay away! Children often blame themselves for their parents' problems. So this can be a good time to talk with your children about incidents they have witnessed. Explain that they are not responsible for your alcohol or drug use. Nor are they responsible for an abuser's behavior toward you or them. This step encourages us to settle with the past. "When this is done, we are really able to leave it behind us."[13]

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[8] *Twelve Steps and Twelve Traditions,* p. 58
[9] *Alcoholics Anonymous,* p. 83
[10] *Webster's Ninth New Collegiate Dictionary,* Merriam-Webster Inc., Springfield, MA, 1989
[11] *Alcoholics Anonymous,* p. 99
[12] *Twelve Steps and Twelve Traditions,* p. 83
[13] *Twelve Steps and Twelve Traditions,* p. 89

Step Ten: Continued to take personal inventory and when we were wrong promptly admitted it.

When doing an inventory, remember to focus on strengths as well as weaknesses. A.A. literature points out that "inventory-taking is not always done in red ink. It's a poor day indeed when we haven't done something right."[14] This step encourages you to maintain the progress you have made in previous steps. Give yourself credit for things well done.

Step Eleven: Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.

This step encourages you to develop emotional balance. For you, this could mean prayer and meditation. It could mean keeping a journal or taking daily walks. It could mean turning to a friend to help you sort out your feelings. Do whatever helps you feel centered and at peace with yourself.

Step Twelve: Having had a spiritual awakening as a result of these steps, we tried to carry this message to alcoholics or addicts, and to practice these principles in all our affairs.

A.A. literature says "helping others is the foundation stone of your recovery."[15] You can do this by sharing your experience, strength and hope with other people like you. When you take back your life from addiction (or abuse), you carry a powerful message! Many recovering alcoholics and addicts believe carrying their message to others helps them to stay clean and sober. Many survivors of violence find that working for social change aids their own healing process. People may call their efforts *working for change*, *service to others*, or *carrying the message*. This step encourages you to discover what you have to offer others and to pass it on!

Note: The views expressed in this handout are the views of the author only. The author makes no claim to speak for alcoholics Anonymous, Narcotics Anonymous or any other 12-step group.

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[14] *Twelve Steps and Twelve Traditions*, p. 93
[15] *Alcoholics Anonymous*, p. 97

Sorting Out Messages

If you are recovering from an addiction, you may be seeing a substance abuse counselor. If you are dealing with violence or abuse, you may be seeing a women's advocate. If you are seeing a women's advocate *and* a substance abuse counselor, you may be getting confused! These are some of the messages you may be hearing:

Substance abuse counselor: You have a disease. You need treatment.
Women's advocate: You are a victim of a crime. You need justice.

Substance abuse counselor: Your priority must be sobriety.
Women's advocate: Our priority is your safety.

Substance abuse counselor: You must accept your powerlessness.
Women's advocate: You need to be empowered.

Substance abuse counselor: You need to look for your part in your problems.
Women's advocate: You are not responsible for what happened. The perpetrator must be held accountable.

Substance abuse counselor: You need to change yourself and be of service to others.
Women's advocate: We need to change society.

Can these statements all be true? One way to reconcile the messages is to understand that substance abuse and violence are different problems. When people talk about different problems, they may need different words and different approaches. Here are some examples.

Disease or criminal behavior?
Addiction is a disease. It is not a crime. People do not choose how their bodies will respond to alcohol or drugs. People with addictions deserve treatment and recovery. Violence is a crime. It is not a disease. Perpetrators choose to commit domestic violence, sexual assault and sexual abuse. Their victims deserve justice.

Safety first or sobriety first?
For "recovering survivors," both safety and sobriety must be priorities. Women's advocates have clients develop a safety plan. Substance abuse counselors have clients develop a recovery plan. You can make recovery part of your safety plan, and safety part of your recovery plan.

Powerlessness or empowerment?
You are powerless over the impact of chemicals on your body. You are powerless over another person's behavior. But you can choose to seek help getting safe and sober. When you make personal choices, you become empowered.

Who is responsible?
You are responsible for recovery from addiction. The perpetrator is responsible for violence. You are responsible for your own choices and your own behavior. You are not responsible for another person's choices or behavior.

Social change or service to others?
Service to others is one way to achieve social change. Working for social change can be a way to serve others. When people in 12-Step groups take a meeting to a jail or hospital, they serve others. They also create social change by making recovery available to more people. When abuse survivors make a T-shirt for the Clothesline Project, they help change public attitudes about violence. This serves other victims of violence.

Of course, sometimes the same approach *can* work for different problems. People with addictions often take a "one day at a time" approach to recovery. This approach can also work well for women leaving a violent relationship or healing from abuse. Both recovering women and abused women can benefit by getting support from others.

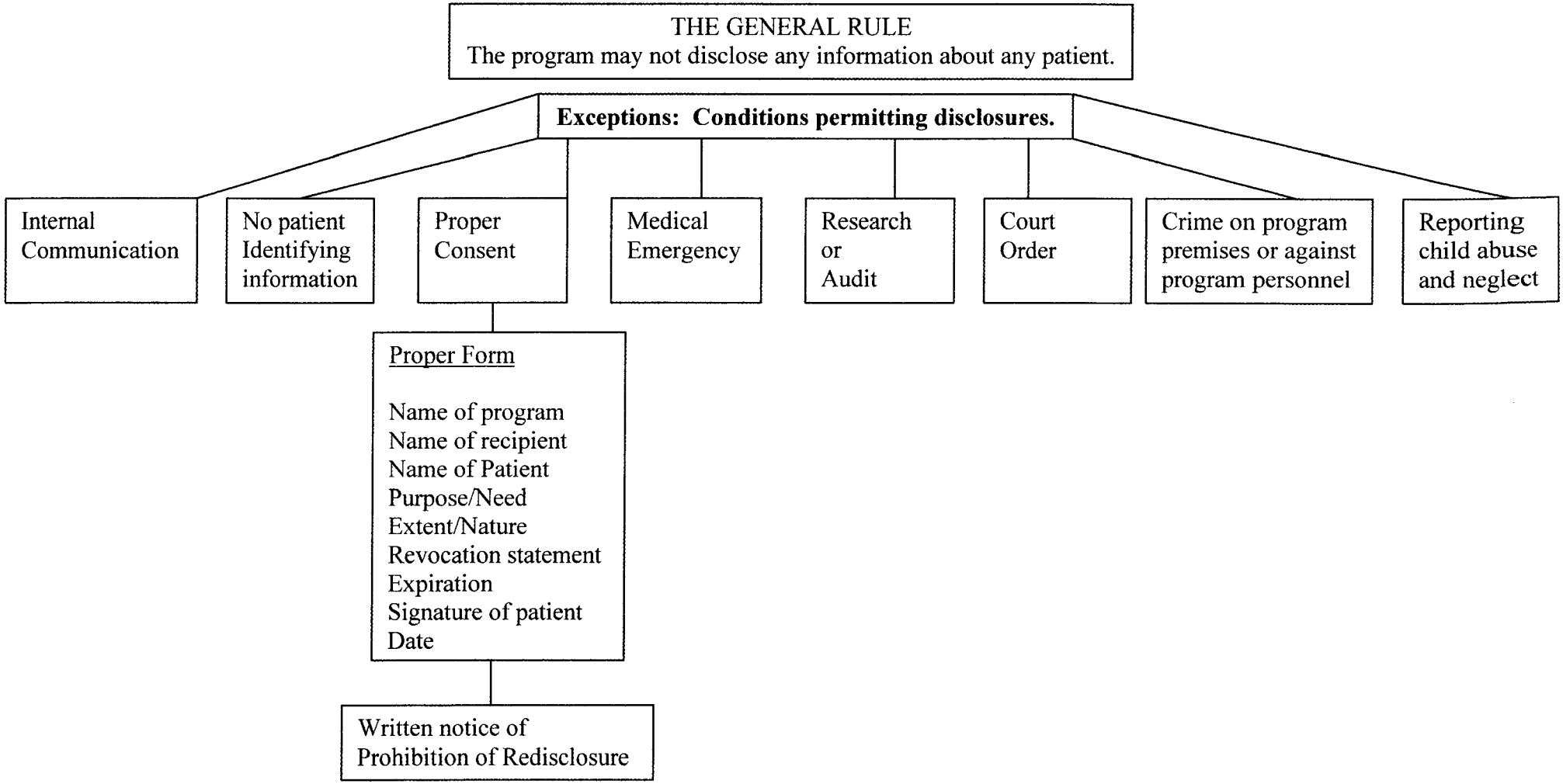
When sorting out messages from helping professionals, be creative. Give yourself permission to reconcile the messages in a way that works for you. The most important thing is that you be able to benefit from both kinds of services.

Examples of the differing words and approaches used by women's advocates and substance abuse counselors adapted from *Domestic Violence and Chemical Dependency: Different Languages,* developed by Theresa Zubretsky, New York State Office for the Prevention of Domestic Violence. Available: www.thesafetyzone.org/alcohol/language.html

Confidentiality
Legal Protection

	ALCOHOL AND DRUG TREATMENT	DOMESTIC VIOLENCE VICTIMS' SERVICES
Applies to:	Programs in Illinois [1] which provide treatment, diagnosis or referral for treatment of alcohol or other drug abuse or addiction, directly or indirectly supported by government or licensed by DHS.	All programs in Illinois which provide shelter, advocacy, counseling or case management services to victims of domestic violence.
What is prohibited?	Disclosure of any information regarding the presence in treatment, diagnosis, prognosis, treatment or condition of any person obtaining treatment for alcohol or other drug abuse or addiction. Confidential communications, such as therapy sessions, have an additional degree of protection.	Any information pertaining to the victim or the victim's presence in the shelter; communication between the victim and any counselor or advocate.
Can client consent to release of info? How?	Yes. Client must sign and date release, and the release form must satisfy nine conditions set forth in the statute.	Yes. Similar requirements for informed consent to release information.
Exceptions	1. Emergency medical care 2. Child abuse/neglect 3. Appropriately entered court order 4. Scientific research, management and financial audits.	1. "...where failure to disclose is likely to result in an imminent risk of serious bodily harm or death of the victim or another person." 2. Elder and Child abuse/neglect
Can information be obtained by subpoena?	**ONLY** under very limited circumstances as defined in the statute and **ONLY** when subpoena is accompanied by court order which meets statute's requirements. Subpoena alone (even judicial subpoena) neither compels nor permits program to disclose client's presence.	Location of shelter, and identity of advocates/counselors, can only be compelled by court order following hearing in judicial chambers to establish good cause. Note that protections are in state law — federal law gives little protection.
What about warrants?	Warrants cannot be served on clients unless accompanied by the same type of court order as mentioned above. Warrant alone neither compels nor permits program to disclose client's presence.	Similar protection under state law, but federal law is unclear – there is no comparable federal statute protecting domestic violence victims' privacy, confidentiality, or records.
What laws or regulations spell these rights out?	Law: 42 U.S.C. §§ 290dd-2, 42 C.F.R. Part 2, incorporated in 77 Ill. Adm. Code 2060.319	750 ILCS 60-227 720 ILCS 5/45-2
What penalties are there for violations of the law?	$500 fine for first offense $5000 fine for each subsequent offense	Class A misdemeanor
Who enforces this?	United States Attorney, local law enforcement authority	Local law enforcement authority

Confidentiality of Drug and Alcohol Patient Information
(42 U.S.C. § 290dd-2; 42 C.F.R. PART 2)



Prohibition on Redisclosure of Information Concerning Client in Alcohol or Drug Abuse Treatment

This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Consent for the Release of Confidential Information (Sample)

I, _____,authorize
(Name of Patient)

_____
(Name or general designation of the program making the disclosure)

to disclose to _____
(Name of the person or organization to whom disclosure is being made)

the following information:_____
(Nature of the information, as limited as possible)

_____

_____

The purpose of the disclosure authorized herein is to: _____

_____
(Purpose of disclosure, as specific as possible)

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance upon it, and that in any event this consent expires automatically as follows:

_____
(Specification of the date, event or condition upon which consent expires)

Date: _____ _____
Signature of participant

_____
Signature of parent, guardian or authorized to representative when required

_____
Signature of program staff (Witness – optional)

Sample Mutual Services (Linkage) Agreement
XYZ Addictions Treatment Center

The purpose of this document is to formalize the relationship between XYZ Addictions Treatment Center and the ABC Shelter. This cooperative and reciprocal arrangement will expedite referral, admission, and discharge of clients, allowing both agencies to serve clients better.

XYZ Center will provide the following:
- Referrals of clients in need of safety planning, shelter and support
- Assessment services for substance abuse and chemical dependence
- Level I services for women
  Conventional outpatient services
- Level II services for women
  Intensive outpatient or partial hospitalization services
- Level III services for women
  Residential Treatment services
- Non-medical detoxification for women
- Case management services related to substance abuse treatment

ABC Center will provide the following:
- Referrals of clients in need of substance abuse treatment
- Assistance with safety planning for XYZ Center clients
- Shelter on a space-available basis for clients leaving substance abuse treatment who have been identified as victims of domestic violence
- Weekly support group for XYZ clients who have been identified as victims

Both parties to this agreement consent to abide by federal and Illinois standards regarding the confidentiality of client information, and to defend against efforts to obtain that information without the client's consent. Services will be provided under each party's usual arrangements for payment and/or funding and this agreement is not a guarantee that treatment slots or shelter beds will be available.

This agreement will become effective on the date both parties sign this agreement and may run uninterrupted for a period of one year from this effective date. Either party may terminate this agreement upon thirty days' written notice to the other party.

_____ _____

(Name of director, XYZ Center), Director (or other title) Date
XYZ Center

_____ _____

(Name of Director, ABC Shelter), Director (or other title) Date
ABC Shelter

(Note: Any such agreement should be reviewed by an attorney — it may be necessary to add further limiting language to make the limitations of the agreement clear.)

Domestic Violence and Chemical Dependency:

Languages Different

Communication between domestic violence advocates and substance abuse counselors can be frustrated by their lack of a common language. Learning and respecting the need for different languages is an important step in strengthening their ability to work together. This handout contrasts common language usages within the fields in an effort to make communication between them a little easier.

Chemical Dependency	Battered Women	Batterers
Recovering	Survivor/Victim	Non-abusive/Non-coercive
Recovery	Attaining safety/Healing from effects of abuse	Accepting responsibility for choice to use violence and behaving non-coercively
Treatment	Provision of information and support with goal of safety and empowerment	Intervention with accountability/Provision of information to support choice to behave non-violently
Self-help	Peer Support	Legal and social accountability/Peer accountability
Powerlessness	Empowerment	Abuse of power
Medical model/Individual is "sick", has a disease	Socio-political model/Society is "sick"	Socio-political model/Society is "sick"
Social service mission	Social change mission	Social change mission
Loses control over substance	Is controlled by partner's use of violence and coercion	Selective use of violence/ Escalates violence in order to maintain control over partner
Family as dysfunctional	Family engaging in adaptive strategies in an attempt to protect themselves	Battering is functional in the sense that the batterer gets what he wants
Enabling	Protecting self from harmful consequences	
Co-dependent/Co-alcoholic	Socialized female behavior/Adaptive survival strategies	
Addicted to substance	Trapped in relationship by fear and lack of support	Intentional behavior supported by attitudes of male privilege and lack of accountability
Relapse-a part of the recovery process	Leaving and returning-a part of the safety process	Reverting to violence - a crime
Intergenerational patterns of addiction/Biological and environmental predisposition	No such pattern for female victimization	Intergenerational patterns of male violence/Socially learned and supported behavior
Increased physiological tolerance to substance	Coping/Managing/Survivin g in the midst of danger and fear	Social tolerance of battering contributes to batterer's choice to escalate violent behavior
Chemical Dependency	**Battered Women**	**Batterers**

Developed by Theresa Zubretsky, New York State Office for the Prevention of Domestic Violence.
Available at http://www.opdv.state.ny.us/health_humsvc/substance/language.html

KEY ASSUMPTIONS OF THE DV COMMUNITY

1. **Safety.** The primary purpose of domestic violence programs for both victims and perpetrators is to increase the safety of victims (including secondary victims such as children) not personal growth or remediation of pathology. Disorders are best treated, at least initially, as outcomes rather than causes of domestic abuse, and treated in a parallel fashion.

2. **Responsibility & Choice.** The perpetrator is fully responsible for the violence, and is not provoked, triggered or stressed into violence. Violence is always a choice. The victim, regardless of her behavior, is not responsible for the violence.

3. **Violence Is A Vehicle.** Domestic violence is not an expression of an inner condition (e.g. anger, depression, stress, intoxication, attachment, object constancy) nor is it a response to an external condition (provocation, homeostasis, triggers, codependency, or foul mood) but is a vehicle chosen to establish control over a person, persons, or a situation.

4. **Why She Stays**. Battered women do not choose to remain with their abusers, but rather choose when it is safe to take action or leave, which for many battered women is *never*.

5. **Families In Society.** Our society and our culture support, in a variety of ways, woman abuse, so the problem is never viewed entirely at the personal level. Violence in the family is the imprint of a violent society; violence in society is family violence writ large.

Regarding Domestic Violence and AOD:

6. **Disinhibition & Abstinence.** Alcohol and drugs are not the cause of domestic abuse. Alcohol does not disinhibit domestic abuse. Abstinence and sobriety are neither necessary nor sufficient conditions for non-violence.

7. **Co-dependency.** Co-dependency does not describe the behavior of battered women (or batterers) and should not be used in domestic violence cases. At times, co-dependency, when applied to domestic abuse, becomes victim-blaming diseasification of the socially sanctioned roles of women.

NOTE: Assumptions can often be wrong at the individual case level after the fact. An assumption is what we have going in, not coming out.

How Can Your AODA Program Better Respond To Issues of Domestic Violence? [1]

Coordinated Community Response

1. Develop a relationship with your local battered women's service agency: 50 to 75% of your clients are perpetrators or victims of domestic violence. To find your local BWS agency look in the phone book, call your local States Attorney, or contact the Illinois Coalition Against Domestic Violence (ICADV) at (217) 789-2830, the Illinois Department of Human Services (IDHS) at (217) 524-6034, or Chicago Domestic Violence Help Line 1-877-863-6338 – 1-877-TO END DV.

2. Develop policies which identify and address what you will do with clients who are using your AODA program to undermine the coordinated community response to domestic violence.

3. Have a key staff member of your program actively involved with the local Family Violence Coordinating Council. If you do not know how to contact your local FVCC call (217) 524-4962 or go to WWW.IFVCC.ORG .

Administration

1. Make literature on domestic violence available, including referral information and posters. Put the information where your clients will read it, such as restrooms. It is especially recommended that you put BWS agency cards in the stalls of women's restrooms where they can safely read it.

2. Join your state coalition, the ICADV (telephone number above), and the National Coalition Against Domestic Violence, P. O. Box 18749, Denver, CO 80218 or http://www.ncadv.org/ .

3. Develop policies for your program/agency which address screening for DV and what to do with domestic violence perpetrators. Remember: domestic violence threatens sobriety.

Program

1. Consider conducting groups (gender segregated) at your facility where the myths, dynamics, and statistics of domestic violence can be discussed.

2. Indicate to your clients that DOMESTIC VIOLENCE CAN BE TALKED ABOUT HERE.

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1 Adapted from the Alternatives to Domestic Aggression program, Ann Arbor, Michigan

3. Consider what development your policies may need to address domestic violence and...
   a. Assessment (all AODA clients should be screened for DV).
   b. Conjoint, marital, couple, family counseling (not recommended in most DV cases).
   c. Referral for DV services.
   d. What aspects of programming you will or won't involve battered women or batterers in?

4. Consider using an ongoing DV consultant from the local BWS agency. The BWS agency will usually be interested in "trading" consultation and training, so your AODA program can provide consultation and training to the DV workers, while they do the same for your agency. In addition to cross training, consider focused training on service areas which DV and AODA have in common: group counseling, support groups, and case management.

5. Provide safety planning for any battered women in your agency (training on safety planning is available from your local BWS agency).

6. Make sure your assessment, diagnosis, intervention, and referral staff are educated and competent about the dynamics of domestic violence.

Staff Development

1. Remember: 50 to 75% of your AODA clients are victims or perpetrators of domestic violence. Your training resources should reflect this reality.

2. Have staff complete the basic 40 hour training program in domestic violence. The local BWS agency often provides this training, which is required for anyone in Illinois working directly with victims or perpetrators of domestic violence, and they may be willing to train your staff in-house.

3. Have DV speakers address your staff on occasion.

4. Build a library on DV and make it available to your staff.

AODA Issues

1. Ensure that your staff can educate their clients on how Alcoholics Anonymous, Narcotics Anonymous, Al-Anon and other self help programs (which are otherwise useful) can pressure or mislead battered women about issues like empowerment, powerlessness, and obligation.

2. Ensure that your staff can educate their clients on how Alcoholics Anonymous, Narcotics Anonymous, Al-Anon and other self help programs (which are otherwise useful) can reinforce and support an alcoholic's or addict's arsenal of weapons used to control his family.

The guiding principle of (potential) victim safety must guide all of your actions.

What are the differences between Intimate Partner Abuse Intervention Programs and Anger Management Programs?

	Anger Management	Intimate Partner Abuse Intervention Programs
Does Illinois assess programs as protocol compliant?	No	Yes – should be, always check first.
What is the emphasis?	Generic focus on violence of all kinds.	Specialized focus on male domestic abusers of intimate partners.
What kinds of client are included?	Violent offenders of all kinds	Male offenders of intimate partner violence only.
How long is the program	Usually 8-10 sessions.	A minimum of 36 hours of program contact over 24 sessions at least 90 minutes each session.
What is the basis for program completion?	Often based on good attendance and participation only.	Besides good attendance and participation, clients must be free of violence and accept full responsibility for past violence.
Does the program contact victims?	No	Yes – they could but is not mandated.
What is the philosophy about the causes of battering?	Battering is seen as an anger problem.	Battering is seen as an attempt to control victim.
How is violence defined?	Physical assaults/threats.	A pattern of coercive control which includes physical, sexual, verbal, emotional and economic abuse.
Group leaders' experience/training in domestic violence?	No prior work experience or training requirements.	Experience and intensive training are required, minimum 60 hours. Also, supervision and continuing education. Regularly reviewed by State for protocol compliance.
Are group leaders screened for violence in their personal lives?	There are no requirements for agencies to do this.	Agencies are required to do this
Are programs monitored by a state agency?	No	Yes – by Department of Human Services.

Adapted from article by David Adams, Emerge.