

Taboos and Treatment

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Terry Gorski

- As Terence Gorski pointed out “Not treating both issues simultaneously one will relapse the other one out.” We can meet these needs. We can create an atmosphere that will allow individuals a safe environment to be supportive of each other.
- Without treating the whole we are not doing our clients justice, problems are increased due to the substance use disorder. By identifying the anger issues and the substance use disorder our clients will have the full treatment benefit.

Learning Objectives!

- 1. When a woman enters treatment to overcome a substance use disorder and says that she has been a victim of domestic violence, there are three areas that need to be addressed. Identify dynamics of the interrelationship of the two disorders and the risk level
- 2. There are commonalities and differences between substance use disorder and domestic violence
- 3. Now is the time that the treatment disciplines of substance use disorder and domestic violence, and the clinicians who practice in each field, bridge the wide gap between each other and work to support both disorders with effective interventions

Learning Objective #1

Women entering Tx SUD

- A. Whether she is in treatment on an outpatient or inpatient basis, her physical safety must be insured. Security measures need to be implemented. As an outpatient, the woman should have a safety plan, which may be a referral to a domestic violence or battered women's shelter. Confidentiality must be maintained in all cases inpatient/outpatient or shelter.
- B. Treatment staff must strive to validate the woman and assure her that she is believed. When the survivor of domestic violence receives validation it helps to empower her to address a solution to her immediate problems and engage in longer-term planning.
- C. Treatment staff must help a women identify her options, share information on all available options, explore with her the risks associated with each option, and support her in developing a safety plan.

Learning Objective #2

Commonalities

- A. How much of the violent behavior occurs when the individuals involved have been drinking or using drugs? What substances are used before the violent act? What are the feelings that proceed or accompany the use of drug or alcohol? Is alcohol or drugs used to recover from an incident of violence? I will provide a list of common substances associated with domestic violence.
- B. Substance abuse treatment modalities typically include bonding with peers and parenting classes. There will be a focus on the necessity of ongoing support for substance use disorder batterers as a component of treatment.
- C. While there are many twelve-step based recovery groups for those with alcohol, drugs, gambling, compulsive sexual behavior and other disorders, there are few batterers anonymous organizations that support change for men who batter, or for their victims. The programs that are in existence are widely scattered.

Learning Objective #3

Working Together

- A. Each clinician needs to ask whether they are putting in enough effort to determine whether a client cross-referral is needed.
- B. The two disciplines need to work together and support each other, including joint presentations that highlight for clients the services available, letting clients know the resources and people in the community who can provide help and support.
- C. It is important for domestic violence programs to realize that the fear that addressing the role of substance use disorder in violent behavior will somehow provide the batterer an excuse for their behavior and act as an impediment to change is unwarranted. For many domestic violence perpetrators there is no hope for any lasting change until their substance use disorder is confronted and addressed. It is time both disciplines tore down their respective silos and address the problem of domestic violence in a more effective way.

Alcoholism/SUD and Domestic Violence Commonalities

- Both problems have a high prevalence in the general population.

Alcoholism/SUD and Domestic Violence Commonalities Cont.

- Both problems occur across all traditional demographic distinctions.

Alcoholism/SUD and Domestic Violence Commonalities Cont.

- Both problems lead to a large number of deaths by homicide and suicide.

Alcoholism/SUD and Domestic Violence Commonalities Cont.

- Both problems have frequently been topics of popular humor.
- At the same time both problems are socially stigmatized.

Alcoholism/SUD and Domestic Violence Commonalities Cont.

- Both problems are widely misunderstood by the population at large and by the people experiencing them, a considerable mythology interferes with a true understanding of the two problems.

Alcoholism/SUD and Domestic Violence Commonalities Cont.

- Both problems usually reflect a pattern repetitive from one generation to the next.

Alcoholism/SUD and Domestic Violence Commonalities Cont.

- Both problems tend to be progressive, becoming more severe over time.

Alcoholism/SUD and Domestic Violence Commonalities Cont.

- Both problems are characterized by denial on the part of both parties, their families and numerous professionals.

Alcoholism/SUD and Domestic Violence Commonalities Cont.

- Both problems feature blaming and jealousy on the part of the abuser.

Alcoholism/SUD and Domestic Violence Commonalities Cont.

- Families involved in either or both tend to suffer from extreme social isolation.

Alcoholism/SUD and Domestic Violence Commonalities Cont.

- Both problems commonly lead to a variety of other problems.

Alcoholism/SUD and Domestic Violence Commonalities Cont.

- Both problems create a condition of chronic crisis for the family.

Alcoholism/SUD and Domestic Violence Commonalities Cont.

- Both problems affect every family member, in similar and somewhat predictable ways.

Alcoholism/SUD and Domestic Violence Commonalities Cont.

- Both problems tend to result in a similar family “structure.”

Alcoholism/SUD and Domestic Violence Commonalities Cont.

- For both problems, all family members must be considered in recovery. However, family members' needs may differ significantly between the two problems.

Alcoholism/SUD and Domestic Violence Commonalities Cont.

- In both problems family separation can trigger a dangerous crisis.

Alcoholism/SUD and Domestic Violence Commonalities Cont.

- In both the problem itself poses a barrier to counseling, especially for families.

Alcoholism/SUD and Domestic Violence Commonalities Cont.

- In each, non-abusing family members need to hear that the abuser's problem is not their fault.

Alcoholism/SUD and Domestic Violence Commonalities Cont.

- The primary response to both has come from grassroots peer and paraprofessional approaches, and both have been frequently neglected in the training and responses of professionals.

Alcoholism/SUD and Domestic Violence Commonalities Cont.

- Both problems challenge helpers to confront issues in their own life experience.

Alcoholism/SUD and Domestic Violence Commonalities Cont.

- Both problems can be influenced by prevention efforts.

How many know of a program?

- Substance use disorder programs and domestic violence programs have many similarities and both deal with complex issues. Barriers to working together arise not only from the lack of knowledge and experience with other programs foci, but also from the differing worldviews of the professionals and volunteers involved. Reports of conscientious steps towards integrated service delivery occur only rarely.

Violence and Substance Use

- Substance use disorder is not a cause of violent behavior
- Problematic substance use enables and allows violence
- Violence is a common correlate of Substance use disorders
- Substance use disorders and Violence are interrelated

Co-Occurring

- Domestic violence is often the hidden side of a co-occurring substance use disorder. There are many barriers that inhibit cooperation between domestic violence and substance programs that, unless confronted and addressed, will likely continue to inhibit the treatment of domestic violence. To be sure, there are often referrals from substance abuse programs to anger management/domestic violence programs but a huge hesitance to directly address domestic violence in substance abuse treatment.

Not using SUD as an excuse

- The same is true for the way traditional domestic violence programs have addressed substance use disorders in the domestic violence context. Physical abusers frequently attempt to excuse their abuse as the result of being under the influence.

SAMSHA

- The relationship between substance use disorders and abuse of women needs to be a high priority in health research. Approximately half of the men who batter their female partners have significant substance use disorder issues. Moreover, the female victims of abuse frequently have substance use disorders themselves.

Common Problem

- A common problem with female substance use disorder is that clients, in an effort to regain control over their lives drown their pain and fear that comes with chronic violence perpetrated against them, frequently downplay or fail to admit their actual use.
- They are afraid of being judged based on having an eating disorder or for overindulging in alcohol and other substance. It's important that the trauma and co-occurring disorders be confronted and effectively addressed in treatment.

Correlation

- Trauma, violence and abuse can lead to substance use disorder, depression, panic disorder and posttraumatic stress syndrome. While substance use disorder may not in and of itself cause domestic violence, there is a clear statistical correlation between the two. Studies of domestic violence have found a high incidence of alcohol and other drugs being used by perpetrators during domestic violence confrontations. Batterers tend to abuse drugs and alcohol and furthermore, the probability that victims of domestic violence will turn to alcohol and drugs in an attempt to cope with the abuse increases as well.

Male dominance

- In many instances the male perpetrator of domestic violence is the primary supplier of the drugs and alcohol the female victim uses to cope. Being dependent on a spouse or partner for financial support and for a supply of drugs, often leaves the female victim so dependent and damaged, both emotionally and physically, that she simply cannot imagine being able to leave a relationship and make it on her own.

Co-occurring again

- There is a co-occurring nature of substance use disorders (SUD) and domestic violence (DV). There needs to be collaboration between SUD and DV professionals to effectively address the inter-relationship between the two and the family dynamics. With more than one-half of all DV incidents the connection between DV and SUD by one (and often both) partners is undisputable. Failure to understand and address the interconnected nature of violence and SUD with our clients increases the likelihood of a shame and guilt based relapse, leading to a continuation of the cycle of violence we all see in our clinical practices.

Substance Use Disorder and Domestic Violence are NOT “cause and effect”

- The dynamics of DV and SUD are remarkably similar and are typically re-enforcements for each condition
- The current evolution of understanding DV and developing treatment approaches closely mirrors the history of SUD as with SUD, DV is a FAMILY problem

Family Dynamics

- SUD or Batterer
- Co Dependent or Victim
- Hero
- Scapegoat
- Mascot
- Lost Child

Children Copy

- These areas can be integrated components of any program
- The effects of family conflict on children cannot be overstated, nor can the frequent correlation between family conflict and substance use disorder.

Treating Domestic Conflict/ SUD

Persons who are involved in domestic conflicts can learn to identify the consequences and the specific nature of their actions. Intervention strategies must promote a change in both attitude and behavior.

Michael P. Johnson identifies four major types of intimate partner violence:

- **Common Couple Violence** - not connected to general control behavior, but arises from a **single argument** in which one or both partners physically “lash out” at the other
- **Intimate Terrorism** - more common, more likely to **escalate over time**, more likely to involve injury, less likely to be mutual.
- **Violent Resistance** - known more as “**self-defense**”; violence perpetrated by victims against their abusive partner
- **Situational Couple Violence** - not control-based, but **arises out of conflicts** that escalate from arguments. Less frequent than other types in established relationships, can increase in frequency and become serious or life-threatening

Change includes:

- Improved awareness of the dynamics involved
- Better understanding of situations in which conflict occurs especially while one is under the influence
- Implementation of alternative beliefs and actions

Children Copy Parents

- These areas can be integrated components of any program
- The effects of family conflict on children cannot be overstated, nor can the frequent correlation between family conflict and substance use disorder.

Necessities for Treatment

- Accurate Evaluation/Assessment
- Non-Judgmental
- Stigma Management
- Symptom Management
- Personal Awareness
- Accepting Responsibility
- Support, Support, Support
- Unique (non-mainstream) services

Recipe for Violence

Impaired judgment + lowered inhibitions + poor decision-making + lack of impulse control + adrenaline + proper stimuli =VIOLENCE

Role of Denial

- Dynamics of denial are similar with both violent behavior and substance use disorders

Denial and Violence

- Violence is typically related to: blaming others, lack of emotional control (highs and lows)
- Domestic Violence is typified after the act by: minimizing, intellectualizing, rationalizing
- excuse-making, distracting and altering “history”

Denial of SUD

- Types of cognitive denial: Excuses, Blaming, Intellectualizing, Labeling
- Minimizing, Deflecting, Justifying
- Suffering from: Shame, Stigma, Cognitive Impairment, Traumatic memory and survival

Implications

- Domestic Violence and substance abuse are not a cause and effect relationship
- Substance Use Disorder allows individuals to explain behavior without accepting responsibility

YOU CANNOT BE HIGH AND STRAIGHT SIMULTANEOUSLY

“Under the Influence” means just that
Count the number of brains you have
Place your brain in the blender and turn to
“whip”
Operate “normally” It cannot be done

Psychoactive Chemistry

- Drug effects are primarily in the brain
- Impact is on these major areas:
Cognition/Comprehension, Judgment, Perception
- Emotional experience, Behavior, Memory and Assessment/future planning
- Altered/Distorted Realities
- With each experience of being “high” reality becomes increasingly altered by the drug or drugs being used

Alcohol

- Lowered inhibitions, impact on frontal lobe, memory, perception

Marijuana

- Impaired perceptions, memory (short and long term), emotions

Meth

- Impaired judgment, sleep deprivation, impaired perception, paranoia, feeling of invincibility

Opiates

- Impaired judgment, emotional deadening

Sedative/Hypnotics

- Lowered inhibitions, impact on frontal lobe, memory, perception, emotional deadening

Cocaine

- Impaired judgment, paranoia, sense of superiority, sleep problems

Differences and Similarities in Substance Use Disorder and Domestic Violence

- SUD= Substance Use Disorder:
- B= Batterer
- V= Victim of violence or Co dependent
- FA= family of SUD or physical abuse
- CA= child of abuser or SUD

Differences and Similarities Cont.

- 1) Low self esteem (All)
- 2) Blames others for his/her actions of problems (SUD and B)
- 3) Accepts responsibility &/or guilt for the perpetrators behavior blames self for family feuding, conflicts (CA, V, CO DEP and FA)
- 4) Often reports no guilt on an emotional level (B and SUD)
- 5) Presents a dualistic personality alternating from extreme tenderness to extreme aggressiveness (B)

Differences and Similarities Cont.

- 6) Presents a passive face to the world but sometimes has the strength to manipulate the environment to prevent violence/abuse (V, CO DEP and FA)
- 7) Has severe stress reactions with which she/he copes by drinking and battering (SUD and B)
- 8) Has severe stress reactions with psycho physiological complaints (FA and V)
- 9) Depression, stress and psychosomatizing , absences from school, hidden symptoms of character logical dysfunction (CA, FA)
- 10) Doesn't believe the behavior should have negative consequences (B and SUD)

Differences and Similarities Cont.

- 11) Believes no one can help; self sufficient (FA, V, CO DEP and CA)
- 12) Mixture of hope and depression, that there is no way out, peer group can be most important contact, if available (FA, CO DEP and V)
- 13) Socially isolated, few friends (All) afraid of authority figures (SUD)
- 14) Generational history of abuse (All)
- 15) Problem increases with time (B and SUD)

Differences and Similarities Cont.

- 16) Cuts across all socioeconomic strata (all)
- 17) Sex role stereotyping (B, V and CA)
- 18) Emotions are denied and stuffed (B and SUD)
- 19) Accepts situation as normal (All)
- 20) Symptoms of underlying problem (B and SUD) and that SUD is the underlying problem

Differences and Similarities Cont.

- 21) Learned behaviors (B, SUD, CO DEP and V)
- 22) Reinforced by society and also stigmatized by society (All)
- 23) Constantly promises “I’ll never do it again” (B and SUD)
- 24) Is a coping mechanism (SUD, B and FA)
- 25) Powerlessness manifested as denial, projection. Rationalization

- **For Every Woman**

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- For every woman who is tired of acting weak when she knows she is strong,
- There is a man who is tired of appearing strong when he feels vulnerable.
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- For every woman who is tired of appearing dumb.
- There is a man who is burdened with the constant expectations of “knowing everything”
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- For every woman who is tired of being called an “emotional female”,.
- There is a man who is denied the right to weep and be gentle.
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- For every woman who is tired of being a sex object.
- There is a man who must worry about his potency.
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- For every woman who feels “tied down” by her children.
- There is a man who is denied the full pleasures of shared parenthood.
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- For every woman who is denied meaningful employment with equal pay.
- There is a man who must bear full financial responsibility for another human being.
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- For every woman who was not taught the intricacies of an automobile. There is a man who was not taught the satisfaction of cooking.
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- For every woman who takes a step toward her own liberation.
- There is a man who finds the way to freedom has been made a little easier.