

Quick Guide

For Clinicians

Based on TIP 25

Substance Abuse Treatment and Domestic Violence



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Quick Guide

For Clinicians

Based on TIP 25
*Substance Abuse Treatment
and Domestic Violence*

This Quick Guide is based almost entirely on information contained in TIP 25, published in 1997 and based on information updated through June 1996. No additional research has been conducted to update this topic since publication of the original TIP.

WHY A QUICK GUIDE?

This Quick Guide was developed to accompany *Substance Abuse Treatment and Domestic Violence*, Number 25 in the Treatment Improvement Protocol (TIP) Series published by the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration. This Quick Guide is based entirely on TIP 25 and is designed to meet the needs of the busy clinician for concise, easily accessed "how-to" information.

The Guide is divided into eight sections (see **Contents**). These sections will help readers quickly locate relevant material.

Clinicians can use the **Resources** on page 31 to keep updated with current information on the most recent developments in the field of domestic violence.

For more information on the topics in this Quick Guide, readers are referred to TIP 25.

WHAT IS A TIP?

The TIP series has been in production since 1991. This series provides the substance abuse treatment and related fields with consensus-based, field-reviewed guidelines on substance abuse treatment.

TIP 25, Substance Abuse Treatment and Domestic Violence

- Addresses the concerns of a broad range of readers including substance abuse treatment clinicians, domestic violence programs, social workers, medical personnel, program administrators, and policymakers
- Includes extensive research
- Lists numerous resources for further information
- Provides a reference for substance abuse treatment clinicians working with adults who have experienced domestic violence

See the inside back cover for information on how to order TIPs and other related products.

INTRODUCTION

Domestic violence is the use of intentional emotional, psychological, sexual, or physical force by one family member or intimate partner to control another. Researchers have found that one fourth to one half of men who commit acts of domestic violence have substance abuse problems. While domestic violence affects a variety of populations, this Quick Guide only discusses the treatment of adult male batterers and adult female survivors.

The Connections Between Substance Abuse and Domestic Violence

- Substance abuse doesn't "cause" domestic violence.
- It may afflict both batterers and survivors.
- Failure to address domestic violence may interfere with treatment effectiveness.
- A substance abusing woman may find her abusive partner becomes angry when she seeks help, and his violence could push her to drop out of treatment.
- Some batterers are worse domestic violence offenders when they are sober so partners of such batterers may try to subvert treatment efforts.

Goals

- Attaining sobriety
- Ensuring survivors' safety

Create Linkages

To effect lasting change, people working in both fields must recognize the importance of holistic treatment and learn to collaborate on the client's behalf. This Quick Guide presents pertinent information on holistic treatment of domestic violence situations substance abuse treatment clinicians will need. This will include creating linkages with groups pertinent to a client's recovery, including

- Domestic violence programs
- Health care communities
- The criminal justice system
- Schools and educational institutes
- Employers
- Social welfare

ATTENTION: Due to the high correlation between the two problems, all clients who present for substance abuse treatment should be questioned about domestic violence.

For more detailed information, see TIP 25, pp. xiii–xix.

SCREENING FOR SURVIVORS

CAUTION: It is important not to ask potentially painful questions too soon; otherwise, a client may feel overwhelmed and reluctant to return.

Clues for the Treatment Provider

- Physical injuries around the face, neck and throat
- Inconsistent/evasive answers when questioned about injuries
- A history of relapse or noncompliance with substance abuse treatment
- Stress related illness and conditions
- Complications in pregnancy

The way in which a client describes her partner's treatment of her can also be a clue to possible domestic violence. Does he

- isolate her?
- force her to sell drugs?
- harm other family members or pets?
- threaten to hurt her, himself or others?

Child abuse is also a clue. Research indicates that a father who abuses his children often abuses his wife as well.

ALERT: Survivors are often reluctant to disclose the amount of violence in their lives.

Crisis Intervention

When a woman informs staff she is a victim of domestic violence, providers should

- **Ensure her safety:** Whether a client is entering inpatient or outpatient treatment, the immediate physical safety of her environment must be of chief concern. If inpatient, security measures should be intensified; if outpatient, a safety plan should be developed.
- **Assure her she is believed:** Reinforcement of the counselor's belief of a survivor's victimization is a critical component of ongoing emotional support. Affirming the survivor's experience helps empower her to participate in immediate problem solving and longer term treatment planning.
- **Identify her options:** Treatment providers should ask the survivor to identify her options, share information that would expand her

options, and support her in devising a safety plan.

- **Evaluate health concerns, including any need for detoxification.**
- **Attend to anything that may interrupt the initiation of treatment.**

For more detailed information, see TIP 25, pp. 9–11, pp. 38–42.

TREATMENT PLANNING FOR SURVIVORS

Safety From the Batterer

In the early stages of treatment, the substance abuse counselor should help the client develop a safety plan by referring her to a domestic violence service provider. It is also important to address the batterer's reaction to his partner being in treatment and minimize the client's risk of harm in order for her to more easily continue her treatment.

Safety Tips for Survivors and Their Families

The following pages contain tips that can be relayed to survivors and their families to help keep them safe from batterers. The following six pages are reprinted with permission from the American Bar Association (see resources section for more information).

In an Emergency

If you are at home and you are being attacked:

- Stay away from the kitchen (the abuser can find weapons there, such as knives).
- Stay away from bathrooms, closets or small spaces where the abuser can trap you.
- Get to a room with a door or window to escape.

- Get to a room with a phone to call for help; lock the abuser outside if you can.
- Call 911 (or your local emergency number) right away for help; get the dispatcher's name.
- Think about a neighbor or friend you can run to for help.
- If a police officer comes, tell him/her what happened; get his/her name and badge number.
- Get medical help if you are hurt.
- Take pictures of bruises and injuries.
- Call a domestic violence program or shelter (some are listed at the end of this document); ask them to help you make a safety plan.

How to protect yourself at home

- Learn where to get help; memorize emergency phone numbers.
- Keep a phone in a room you can lock from the inside; if you can, get a cellular phone that you keep with you at all times.
- If the abuser has moved out, change the locks on your door; get locks on the window.
- Plan an escape route out of your home; teach it to your children.
- Think about where you would go if you need to escape.

- Ask your neighbors to call the police if they see the abuser at your house; make a signal for them to call the police; for example, if the phone rings twice, a shade is pulled down or a light is on.
- Pack a bag with important things you'd need if you have to leave quickly, put it in a safe place, or give it to a friend or relative you trust.
- Include cash, car keys and important information such as: court papers, passport or birth certificate, medical records and medicines, immigration papers.
- Get an unlisted phone number.
- Block caller ID.
- Use an answering machine; screen the calls.
- Take a good self-defense course.

How to make your children safer

- Teach them not to get in the middle of a fight, even if they want to help.
- Teach them how to get to safety, to call 911, to give your address and phone number to the police.
- Teach them to call for help.
- Tell them to stay out of the kitchen.

- Give the principal at school or daycare center a copy of your court order; tell them not to release your children to anyone without talking to you first; use a password so they can be sure it is you on the phone; give them a photo of the abuser.
- Make sure the children know who to tell at school if they see the abuser.
- Make sure the school knows not to give your address or phone number to anyone.

How to protect yourself outside the home

- Change your regular travel habits.
- Try to get rides with different people.
- Shop and bank in a different place.
- Cancel any bank accounts or credit cards you shared; open new accounts at a different bank.
- Keep your court order and emergency numbers with you at all times.
- Keep a cell phone and program it to 911 (or other emergency number).

How to make yourself safer at work

- Keep a copy of your court order at work.
- Give a picture of the abuser to security and friends at work.

- Tell your supervisor—see if he or she can make it harder for the abuser to find you.
- Don't go to lunch alone.
- Ask a security guard to walk you to your car or to the bus.
- If the abuser calls you at work, save your voice mail and save e-mail.
- Your employer may be able to help you find community resources.

Using the law to help you

Protection or restraining orders

- Ask your local domestic violence program to help you get a civil protection order and to help you with criminal prosecution.
- Ask for help finding a lawyer.

In most places the judge can

- Order the abuser to stay away from you and your children.
- Order the abuser to leave your home.
- Give you temporary custody of your children and order the abuser to pay you temporary child support.
- Order the police to come to your home while the abuser picks up personal belongings.

- Give you possession of the car, furniture and other belongings.
- Order the abuser to go to a batterers' intervention program.
- Order the abuser not to call you at work.
- Order the abuser to give guns to the police.

If you are worried about any of the following, make sure you

- Show the judge any pictures of your injuries.
- Tell the judge that you do not feel safe if the abuser comes to your home to pick up the children to visit with them.
- Ask the judge to order the abuser to pick up and return the children at the police station or some other safe place.
- Ask that any visits the abuser is permitted are at very specific times so the police will know by reading the court order if the abuser is there at the wrong time.
- Tell the judge if the abuser has harmed or threatened the children; ask that visits be supervised; think about who could do that for you.
- Get a certified copy of the court order.
- Keep the court order with you at all times.

Criminal Proceedings

- Show the prosecutor your court orders.
- Show the prosecutor medical records about your injuries or pictures if you have them.
- Tell the prosecutor the name of anyone who is helping you (a victim advocate or lawyer).
- Tell the prosecutor about any witnesses to injuries or abuse.
- Ask the prosecutor to notify you ahead of time if the abuser is getting out of jail.

Be safe at the court house

- Sit as far away from the abuser as you can; you don't have to look at or talk to the abuser; you don't have to talk to the abuser's family or friends if they are there.
- Bring a friend or relative to wait with you until your case is heard.
- Tell a bailiff or sheriff that you are afraid of the abuser and ask him/her to look out for you.
- Make sure you have your court order before you leave.
- Ask the judge or sheriff to keep the abuser there for a while when court is over; leave quickly.
- If you think the abuser is following you when you leave, call the police immediately.

- If you have to travel to another State for work or to get away from the abuser, take your protection order with you; it is valid everywhere.

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Psychosocial Issues

- A key aspect of treatment for substance abuse is encouraging the client to assume responsibility for her addiction and dispelling the notion she is responsible for her partner's behavior.
- For some battered women, every aspect of their life has been controlled by the batterer. Helping her develop her own decisionmaking skills will be integral to her recovery.
- Posttraumatic stress disorder, the increased stress of abstinence, and the client's perception of her own safety are all issues that can affect her treatment and should be dealt with in treatment.

Later Recovery Issues

Practical concerns overwhelm many survivors of domestic violence after they become abstinent. Linkages with other programs and agencies become extremely important in meeting the client's responsibilities. Four areas that may need special consideration during this time are

- **Social functioning:** Social isolation is common among domestic violence survivors. Providers should encourage the client to make her own decisions about new activities and pastimes.
- **Parenting:** A survivor may need to learn new skills that take into account the reality of her status as a domestic violence survivor. Handling frustration and anger is a crucial life skill that must be addressed directly in treatment.
- **Financial and legal concerns:** Treatment providers should explore with the client her plans for future education and employment and should have information on a variety of options.
- **Relapse prevention:** Revictimization by their abusive partners poses the greatest risk of relapse for battered women. Careful attention to recurring episodes of violence is essential to working with survivor clients to prevent or minimize the negative effects of relapse.

For more detailed information, see TIP 25, pp. 12–16, pp. 128–133.

ISSUES OF CHILD ABUSE OR NEGLECT

The confidentiality regulations in Title 42, Part 2 of the Code of Federal Regulations require that a client be given notice regarding the limitations of confidentiality—orally and in writing—upon admission to a substance abuse program.

Screening for Child Abuse or Neglect

When family violence comes to the attention of the treatment provider, it is essential to determine whether children have been present or have been involved in any way. It is not advisable for the substance abuse clinician to perform an assessment of children for abuse or incest; this function should be performed by personnel with special expertise.

Reporting Suspected Neglect or Abuse and Children's Protective Services Agencies

- Clients must be informed that mandated reporters, a category that includes substance abuse treatment providers, are required to notify Children's Protective Services (CPS) if they suspect child abuse or neglect.
- Clients can be informed of the right to report their partner's abuse of children.

- **It is ultimately the mandated reporter's responsibility to ensure CPS is contacted in the event of suspected child abuse or neglect.**
- It is important to prepare for the impact of reporting child abuse on the children and the family as whole.
- It is imperative for professionals working with family members to provide information to them about what to expect from CPS and, if at all possible, to talk with CPS caseworkers and accompany the family to any court hearings.

The Role of Treatment Providers in Supporting the Mother

- Help her identify and coordinate various services available to her.
- Support her efforts to participate in and take advantage of these services.
- Listen as she voices her frustration about the difficulties of meeting the demands of the various agencies.

For more detailed information, see TIP 25, pp. 17–19, pp. 44–45.

SCREENING TECHNIQUES AND QUESTIONS FOR BATTERERS

CAUTION: In asking questions about abuse, substance abuse treatment providers must be careful not to enable batterers to place blame for batterings on the victim or alcohol and drugs.

Questions

- "Some people think that, under certain circumstances, it's OK to hit your wife (girlfriend, etc.). Under what circumstances do you think violence might be justified?"
- "If you were faced with overwhelming stress (use a hypothetical situation), do you think you could keep your cool?"
- "What do you think you'd do?"

By taking an open-ended social and family history, the interviewer can gradually move to specific, direct questions.

- "Have you ever been physically hurt by someone in your family?" (If the client's partner has hurt him or her, the reverse may be true.)
- "Have you ever hurt someone in your family?"

The "No-Violence Contract"

Batterers entering treatment for substance abuse can be required to sign a contract agreeing to refrain from using violence. "No-violence" contracts are most effective when linkages with batterers' intervention programs are also in place, but they can also help structure treatment by specifying an achievable behavioral goal.

Recovery Pitfalls for Batterers

12-Step programs can play a valuable role in supporting batterers' treatment and recovery when their principles are followed. However, providers should be alert to signs that clients are misinterpreting 12-Step philosophies to justify, excuse, or evade responsibility for their violence.

Ongoing Attention to Issues of Domestic Violence

Ongoing attention to issues of domestic violence is particularly important with these clients because it may take time for them to begin talking about the violence in their lives. As they become abstinent, additional issues can arise that are integrally related to the violence. The full dimensions of a domestic violence problem are seldom immediately clear and may emerge unexpectedly at a later stage in treatment.

For more detailed information, see TIP 25, p. 48.

TREATMENT PLANNING FOR BATTERERS

- Gauge client's acceptance of responsibility.
- Link client's actions with tangible consequences, e.g., through a no violence contract.
- Encourage the batterer client to develop enough self-awareness to recognize the beliefs and attitudes that are precursors to violence and to control the emotions that contribute to violence.
- Formulate a treatment plan with strategies that ensure safety for the partner and family members.
- Help the batterer focus on changing the behaviors and events that have precipitated violence or relapse.
- Watch for and stop clients from condoning violence or reinforcing each others' excuse-making.
- Raise the batterer's awareness of the impact his violence has on his children's future behavior (young boys often learn violent behavior from male role models).
- Help batterers adopt nonviolent modes of behavior through anger management and coping skills.

- Reinforce the importance of modeling nonviolent behavior in their interactions with their partners as well as their children.

For more detailed information, see TIP 25, pp. 32–35.

REFERRAL AND LINKAGES

Referral

When answers to screening suggest that the client may be a batterer or a survivor, he or she should be immediately referred to a domestic violence program. When referrals are not possible, ongoing consultation with a domestic violence expert is strongly encouraged. In some instances, clients have been mandated into substance abuse treatment by courts. Substance abuse providers use the leverage provided by the criminal justice system to ensure that clients who batter participate in batterer's treatment as well.

Referring Survivors

- If the client reveals that she is in immediate danger, the counselor needs to attend to this before addressing other issues.
- Advise the client to take simple legal precautions and to safeguard important documents, e.g., social security card, driver license, etc.
- Discuss possible reprisal by the batterer if the police become involved and plan a response.
- If a survivor client expresses concern about her children, refer her for shelter and legal advocacy.
- Resources can be identified by contacting a local domestic violence program, a State pro-

gram or the National 24-Hour Domestic Violence Hotline, 1-800-799-SAFE.

Referring Batterers

- When suspected batterers are identified, substance abuse treatment providers should refer them to batterer's intervention programs as a key part of treatment planning.
- With the client's signed consent to release information, substance abuse counselors can share pertinent information with domestic violence staff to ensure both problems are being addressed.
- Family therapy or family intervention for batterers and their partners should be provided by a domestic violence specialist or program.

Linkages

- To effectively treat substance abuse, care must be coordinated with domestic violence programs and other agencies pertinent to a client's recovery, e.g., the criminal justice system, the workplace, etc.
- Substance abuse treatment providers, domestic violence experts, and legal or other relevant professionals should plan client treatment collaboratively.
- Substance abuse treatment providers should get to know what resources and institutions exist in their communities.

1) Domestic Violence Programs

- Hotlines, _____
- Shelters, _____
- Clinicians, _____
- Programs, _____

2) Health Care Services

- Health Administrators, _____
- Primary Care Physicians, _____

3) The Justice System

- The Police Department, _____
- Judges, _____

4) Education/Schools

- Teachers, _____
- Principals, _____
- School Social Workers, _____

5) Employers,

6) Social Welfare

- Social Welfare Administration, _____
- Social Workers, _____

- Cross-screening of various problems by various agencies is a major step toward linkage.
- Because of its influence on the client, integrating the criminal justice system's efforts should be one of the first steps in forming linkages.

Due to the increasing call for cost containment, collaborative endeavors are critical to the future of many programs.

Collaborative Care Services

When creating linkages, remember that collaborative services should be

- Client centered
- Holistic
- Flexible
- Collaborative
- Coordinated
- Accountable

Case Management

In the case management approach, a specially trained single practitioner or case management team is responsible for coordinating linkages to the wide variety of services needed by many if not most clients in substance abuse treatment.

For more detailed information, see TIP 25, pp. 63–80.

LEGAL ISSUES

CAUTION: Neither this Quick Guide nor TIP 25 should be considered a substitute for competent legal advice from a qualified attorney.

The Violence Against Women Act

The Violence Against Women Act (VAWA) strengthens many of the laws regarding violence motivated by gender, outlines Federal as well as State enforcement provisions and penalties, and makes crimes against women and children a civil rights violation. Under VAWA

- Past sexual behavior or alleged sexual predisposition of the victim is no longer admissible evidence in civil or criminal proceedings involving sexual misconduct.
- New Federal criminal penalties apply to anyone who crosses a State line in order to commit domestic violence or to violate a civil protection order.
- States are required to enforce civil protection orders issued by other states.

- Victims must have the opportunity to testify regarding the potential danger of the pretrial release of a defendant.

Disclosure and Consent

- Typically, State laws regulate the disclosure of patient information related to domestic violence.
- These laws differ from Federal laws that govern consent to disclose substance abuse-related information.

When it comes to reporting crimes that are discussed in treatment to a third party (e.g., the police or a lawyer), the counselor must ask three questions: (1) Does State law require the program to make a report? (2) Does State law permit the program to make a report? (3) How can a report be made without violating the Federal law and regulations governing confidentiality or patients' records?

Legal Resources

- State Department of Health
- Single State Authority for Substance Abuse and/or Domestic Violence
- State Attorney General
- Local bar associations

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- Agency board members who are attorneys
- Local advocacy groups for people experiencing domestic violence
- Local law schools

For more detailed information, see TIP 25, pp. 51–61, pp. 95–109.

SELECTED PHONE AND INTERNET RESOURCES

Hotlines

National Domestic Violence Hotline

(800) 799-SAFE

(800) 799-3224

Rape, Abuse, and Incest National Network (RAINN)

(800) 656-4673

www.rainn.org

Child Help USA/National Child Abuse Hotline

(800) 4A-CHILD

www.childhelpusa.org

General Resources

National Coalition Against Domestic Violence

(303) 839-1852

www.ncadv.org

National Victim Center (NVC)/Infolink

(800) FYI-CALL

www.nvc.org

American College of Obstetricians and
Gynecologists (ACOG)

(202) 638-5577

www.acog.org

Other Services

Center for the Prevention of Sexual and Domestic
Violence

(206) 634-1903

www.cpsdv.org

Domestic Violence Project/Face to Face

(800) 842-4546

Domestic Violence Training Project

(800) 865-3699

Family Violence and Sexual Assault Institute

(903) 534-5100

American Bar Association Commission on
Domestic Violence

http://www.abanet.org/domviol/home.html

Ordering Information

TIP 25

Substance Abuse Treatment and Domestic Violence

TIP 25-Related Products

**KAP Keys for Clinicians
based on TIP 25**



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Other HHS products that are relevant to this Quick Guide:

TIP 27: *Comprehensive Case Management for Substance Abuse Treatment* **SMA 08-4215**

TIP 35: *Enhancing Motivation for Change in Substance Abuse Treatment* **SMA 08-4212**

TIP 36: *Substance Abuse Treatment for Persons With Child Abuse and Neglect Issues* **SMA 08-3923**

See the inside back cover for ordering information for all TIPS and related products.