Coalition Chronicles

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In This Issue

While the link between substance use and domestic violence has been generally recognized for many years, the precise nature of the relationship continues to be researched and redefined. Many believe that alcohol or drugs are the root cause of the violence. Others believe that substance use/ abuse does not cause, but escalates the behavior of individuals who perpetrate domestic violence. What we do know is that about 50% of perpetrators are substance using when committing violence. Research continues to reveal the ways in which victims of violence and trauma are at heightened risk for developing serious mental health problems such as depression, complex trauma, post-traumatic stress disorder (PTSD) and substance use. Regardless of the contributing factors, mental health problems and psychiatric disabilities are frequently exploited by perpetrators of abuse.

Victims who develop substance use problems or addictions are at far greater risk of further coercion, control and violence. About 25-50% of victims are substance users; at least one quarter of these victims report that their abusive partner coerced them into use of alcohol or drugs at some point. Many abusers use the victims' addictions to further control them, for example, threatening to report their substance use to authorities such as child welfare. Domestic abuse programs are increasingly taking substance use into consideration when assisting victims who seek safety. We must also recognize that often victims are in contact with numerous systems. These systems can be less responsive to and more judgmental of substance-using victims. These systems may even blame substance-using victims for the violence.

This issue of the Coalition Chronicles considers the complex relationship among domestic violence, substance use and mental health. Wisconsin domestic and sexual violence services providers work at the intersection of these issues, seeking to help victims survive, heal and thrive. In some communities, resources that could help with this journey exist minimally or not at all. This issue of the Chronicles looks at these complex problems and highlights some of the innovative strategies that WI advocates employ in their work with victims.

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Journeying Together
Interview with Julie Denton

What is the philosophy or mission of this program?

The *Journeying Together* Program, like its sponsoring agency, Christine Ann Domestic Abuse Services, is committed to ending the cycle of violence by providing safety, support and advocacy to abuse victims, particularly survivors of domestic violence who are impacted by their own or another's (usually the abuser) substance use, misuse or addiction.

Who are your community partners?

Our primary partner is Solutions Recovery Club (SRC), which provides a complementary support group called, "Sisters of Serenity," facilitated by a past Christine Ann resident with 10 years of sobriety. She has recently completed training to be a Peer Support Specialist through NAMI. Any woman who identifies as "being affected by substance abuse" can attend. The women organize themselves to provide child care at the SRC building.

Julie Denton has served at Christine Ann Domestic Abuse Services, Inc. for 21 years in the capacity of Transitional Living Coordinator, Family Resource Advocate, Client Services Manager, and recently, Shelter Services Coordinator. She has served since 2005 as a Client Representative on the Board of Directors for Legal Action. Since 2007, she has been collaborating with the local recovery club to offer support groups for survivors living with trauma, substance abuse and mental health issues. Currently, she is serving as a Training Leader and as an Outreach Advocate to underserved communities.

Within the community, SRC serves as a central meeting place for all of the various 12-Step programs including Narcotics Anonymous, Alcoholics Anonymous, Al-Anon, Gamblers Anonymous, Ala-teen and Adult Children of Alcoholics. SRC provides an "organized system of support for the recovery population; one that compliments the 12-Step programs outside of the primary and secondary treatment environment." SRC also provides assistance in the prevention of relapse by creating a safe environment in which information, education and fellowship are readily available. Additionally, the club provides a social meeting place with a number of different activities including a game room, coffee bar and more to help people in recovery meet other recovering people and to develop a "substance-free" social life.

Other community partners to which Christine Ann staff may refer or that may refer potential *Journeying Together* participants are: Winnebago County Drug Court; Child Protective Services; County Clinical Services AODA Program and Crisis Intervention; Workforce Development Center TANF Employment Programs (W2 program in WI); Dept. of Vocational Rehabilitation; and STEP Industries (employer for people in substance abuse recovery).

How long has it existed, and about how many people (survivors/consumers) have been part of it?

Journeying Together includes three separate groups. We started the *Stepping Stones* group in 2007. Approximately 425 women have attended the *Stepping Stones* group at least once. *Step Sisters* averages 4 to 8 women per group; *Sisters of Serenity,* which began in May, averages 8 to 15 women per group.

How did you get started?

In 2006, Christine Ann saw the need for a specialized program. Approximately one-third of the shelter residents in 2006 reported having AODA issues. Christine Ann clients with substance abuse issues expressed a need for a program because they found that their abuser also attended the traditional 12-Step meetings, putting them at increased risk. Additionally, shelter staff identified a need for child care to enable clients to attend meetings and/or treatment. The agency did not want to create a new treatment program but rather a program that introduced battered women to the concept of recovery and to reinforce recovery principles. Although sobriety is a goal, the Harm Reduction Model was most compatible with domestic abuse advocacy.

After attending classes to earn a Substance Abuse Certificate at UW-Madison, I researched and presented three models for a support group to women interested in attending a program that addressed substance use. The women chose a weekly group with a 12-Step structure, because it was the most familiar format to women in any recovery program. They saw it as a "gateway" to the benefits and structure of a 12-Step program.

Were there any bumps along the road and how did you get past them?

A major barrier for the program was acceptance from the substance abuse community because it was new and non-traditional (i.e., it didn't follow traditional 12-Steps), and it was not facilitated by an AODA counselor. Christine Ann had to educate treatment providers and reinforce that *Journeying Together* is not a treatment program, rather a "gateway" program for domestic abuse victims supporting recovery principles. A major change in AODA treatment has been the identification of trauma issues affecting women's use of substances requiring "woman-specific, trauma-informed" AODA treatment services. We fit in well with that model.

Sisters of Sobriety developed out of the most current barrier – women did not want to be identified as attending "the addiction group." Both *Step Sisters* and *Stepping Stones* groups are held at the shelter. Women would actively participate in the beginning, but if they were struggling with cravings, they would slowly (or quickly) quit attending. We decided to divide the group. We would offer *Step Sisters* at the shelter for women to focus on empowerment. For *Step Sisters*, we chose the "16 Steps of Discovery and Empowerment. Charlotte Kasl, the creator of the 16 Steps, allows groups to modify the original steps as long as she is cited in handouts. The group is open to any woman who would like to "affirm we have the power to take charge of our lives and stop being dependent on our negative ways of coping, or other people, for our self-esteem and security."

We started *Sisters of Serenity* at Solutions Recovery Club targeting women who identify with having a substance abuse issue. Using "A Woman's Way through the Twelve Steps," we are able to address issues of abuse and trauma through the main topic of substance abuse. It serves as both an outreach group and as a safe, offsite group for women to attend.

How is this program unique among other services, at your agency or at other agencies in your community?

Although the *Journeying Together* Program uses a format similar to existing 12-step programs, it is professionally facilitated, based on trauma-informed principles and primarily focuses on sobriety and recovery as part of a domestic violence safety plan.

Christine Ann's *Journeying Together* Program is the only one of its kind in Winnebago County, Wisconsin. It strives to meet the needs of battered women who are impacted by their own or their partner's substance use, misuse or addiction. *Journeying Together's* overall goal is to help women attain safety in their relationships, thinking, behavior and emotions. The program provides a safe place for victims to openly discuss their abuse issues among other women who struggle with the same issues.

Charlotte Kasl: 16 Steps

In the 16-step model, addiction is understood as a complex web of social factors, physical, predisposition and personal history. A major task of healing from addiction is to validate the underlying, positive survival goals for safety, connection, pleasure, love and power. It addresses issues of cultural diversity and internalized oppression: in this model, the concept of "codependency" is understood as a form of internalized oppression in a cultural context as well as an individual problem. While it is crucial to acknowledge the power of addiction, this model helps people affirm the power they do have to take charge of their lives and overcome addiction. Developing one's passion, finding purpose, bonding with others and becoming involved in social change are seen as antidotes to addiction. This approach does not posture itself as the one way or the right way, nor does it make assumptions about the length of time it takes or the path that must be followed.

Excerpted from the description of the 16 Step Program at http://charlottekasl.com/16-step-program/

The most innovative aspects of the program are:

- **<u>It makes safety a priority</u>.** *Journeying Together* uses the Harm Reduction Model making safety a priority, defining recovery as supporting any positive change a participant makes toward addressing their substance abuse issues as part of their domestic violence safety plan. Traditional 12-Step programs primarily focus on initiating and substance abuse recovery process and reinforce the skills needed to remaining abstinent rather than safety planning.

Support group participants take a shiny stone to represent the beautiful shining soul they were born with, which is still at their core no matter what has happened in their lives.

- **<u>The *Journeying Together* Foundation</u>.** All of the participants are victims of domestic abuse. Some have coped with their abuse by using substances. Some have coped with their abuse by going to great lengths to "fix" themselves, their partners and their relationships. Some have done both. *Journeying Together* helps women to focus on their healing and that of their children by concentrating on the "Steps Forward to Empowerment" (the 16 Steps, the woman's approach to the 12 Steps, and *Stepping Stones* Group foundational 12 Steps to Living My Free Life).

- **<u>It addresses trauma and substance abuse</u>.** The *Journeying Together* Program supports the victim and addresses trauma, substance abuse and domestic violence. Recovery from substance abuse/addiction and/or "codependency" is seen as part of an overall domestic violence safety plan. Traditional 12-Step programs for substance abusers such as Al-Anon and Alcoholics Anonymous focus on helping the substance abuser and family members deal with the effects of substance abuse. They don't address the effects of domestic abuse in the family relationship. A popular model within the substance abuse treatment community is the "Family Disease" model. Codependency may be defined as "an emotional and behavioral condition that affects an individual's ability to have a healthy, mutually satisfying relationship." *Journeying Together* views codependency within the context of a violent family relationship as a survival tactic.

- **<u>It offers a safe, confidential place to talk about abuse</u>.** *Step Sisters* and *Stepping Stones* participants consider Christine Ann to be a safe environment. Many of the incidents they discuss can be humiliating. They are able to share their experiences and feelings with other women who understand their experiences and are committed to maintaining confidentiality. The most well-known 12-Step programs (AA, Al-Anon, etc.) have a tradition of anonymity, not confidentiality. Additionally, most 12-Step programs are mixed gender, which creates a safety issue. Thinking they can trust group members because they are in recovery, domestic violence victims may share vulnerabilities, making them a target for potential perpetrators who may be in the group. The women who attend *Sisters of Serenity* may never walk through the doors of the Christine Ann Center. We provide an advocate to talk with the women in a space that is comfortable to them. An outside client intake is completed if they would like to access Christine Ann's services.

- **<u>It offers childcare</u>.** *Step Sisters* and *Stepping Stones* offer childcare to participants, without which some of the women would not be able to attend. In fact, no other 12-Step program in the agency's service area provides childcare. Because the *Sisters of Serenity* is off-site, Christine Ann is unable to provide childcare. The mothers in the group have taken it upon themselves to watch each other's children at the SRC and sign up weekly for the responsibility.

What is one success that stands out to you?

Katrina, a survivor of domestic abuse and previous shelter resident, had been clean and sober for 3 months when she began participating in Stepping Stones. From age 11, she had not been sober for more than 6 months. Katrina and her husband had both abused substances throughout their relationship, which began when she was 14 years old. She had returned to her husband of 26 years because he said he would work on the relationship and would quit using

drugs. After he beat her, she came back to Christine Ann.

While in shelter, Katrina found emotional support in Stepping *Stones*, where she learned that her husband used her substance use as a tactic to control and shame her. She learned how she used substances to numb her feelings, how it left her vulnerable to her husband's emotional abuse and physical violence, and about trauma and boundary-setting. Katrina began to view her sobriety maintenance as a key part of her safety plan. Staff introduced her to the Solutions Recovery Club where she attended Narcotics Anonymous. She became an active volunteer in order to support her sobriety. Katrina learned to view herself as a woman who deserved respect.

After several months of emotional support, learning how to problem-solve and how to trust herself and her skills, Katrina moved into Christine Ann's Transitional Living Program. Staff assisted her with obtaining insurance. As a result, she was able to work with a trauma therapist to assist her in healing from PTSD and medication for treatment of bipolar disorder. Since then, she has developed sober, supportive friendships through the recovery community, reunited with her estranged adult children, and obtained a divorce. She currently celebrates 5 years of sobriety and provides peer support in a sober living home.

Where do you find inspiration? Katrina.

What advice would you give to someone who wanted to start a similar program or collaboration in their community?

- Talk to clients who have "clean time" and might be willing to attend group regularly.
- Begin with a "codependency group" – it will include women whose relationships are affected by substance use (their partner's or their own). As the group develops, a *Sisters of Serenity* type group will grow out of it.
- If you have a local recovery club (Alano, etc.), try to build a relationship with them. Some may have a very strict idea of the groups they will allow in their building (only AA or NA). At the very least, they will see your agency as an ally.
- Get involved with any local efforts to address opiate addiction in your community. They are very open to anything that will support recovery. (See page 7 for information about heroin use and opiate addiction treatment in Wisconsin.)
- If possible, take some classes in AODA counseling. I attended UW Madison's Continuing Education program and received a "Certificate of Competence" which helped me feel more knowledgeable and gave me some credibility in the AODA treatment community.
- Stress that you are supporting recovery, not providing treatment. We don't want to be perceived as "AODA counselors" in the community or by our clients. We support recovery as a part of a domestic violence safety plan.

RECOMMENDED BOOKS & WORKBOOKS

- *A Woman's Way Through the Twelve Steps,* Stephanie Covington
- *A Woman's Way Through the Twelve Steps Workbook*, Stephanie Covington
- *Many Roads, One Journey: Moving Beyond the 12 Steps,* Charlotte Davis Kasl
- *Women, Sex, and Addiction: A Search for Love and Power,* Charlotte Davis Kasl
- *Yes You Can!: Healing from Trauma and Addiction with Love, Strength, and Power Based on the 16 Steps,* Charlotte Davis Kasl

DAILY MEDITATION BOOKS

- *The Language of Letting Go: Daily Meditations on Codependency,* Melody Beattie
- *A Woman's Spirit*, Karen Casey
- *Each Day a New Beginning: Daily Meditations for Women*, Karen Casey
- *Time to Break Free, Meditations for the First 100 Days after Leaving an Abusive Relationship,* Judith Smith

Stephanie Covington, PhD LCSW
http://www.stephaniecovington.com/
Stephanie Covington focuses on gender-responsive and trauma-informed services. She is well-known for her work with women in recovery, and developed curricula that can be adapted for support groups.

Visit the Wisconsin Association of 12 Step Clubs to find the nearest club on their interactive map. Click on a location for address and contact info.

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Diverse&Resilient

LGBTQ Persons and Mental Health

LGBTQ people have experienced de-humanizing aggression associated with our mental health. For decades we have been diagnosed, medicated, and treated on the misconception that our sexual and gender identities and expressions were mental illnesses.

Thus stigmatized, it is often challenging to address the concerns we face on a regular basis. In short, we become too familiar with the question, "Am I crazy?" And sometimes, this feeling is reinforced by our sense that bystanders are watching our mistreatment with little or no interest in addressing it. We then walk around questioning whether anyone else notices.

It is little wonder then that the data about LGBT mental health are appalling. LGBT youth and adults are significantly more likely to feel depressed, to feel anxious and to think about suicide than our heterosexual peers. For teens especially, these issues are highly associated with school and community bullying. However, bullying is but one obvious example of the stressors that contribute to these differences from our heterosexual peers.

LGBTQ Persons and Substance Use

For some LGBT people, addressing their use of substances is challenged by a limited number of culturally competent AODA providers and by a lack of insurance coverage for such services. For others, substance use is viewed as a rite of passage, a factor associated with community membership or a method of coping with the stressors associated with homophobia. It seems that confronting their substance use and abuse feels like a personal attack for some LGBT people.

In the US, bars and clubs have played a vital part in the development of LGBT communities. Even today, especially in smaller and less developed communities, the importance of bars to the LGBT community cannot be overstated. This greatly complicates the mechanisms to address substance use.

Thinking Under the Influence

Thinking Under the Influence is an alcohol-reduction program that gives LGBT people knowledge and skills to reduce the risks associated with using alcohol. The program also teaches young people about how the entire LGBT community is affected by alcohol.
Learn more about Thinking Under the Influence.

The above information is excerpted from the Diverse & Resilient website. Accessed September 1, 2015.

Let's Talk About It:

A Transgender Survivor's Guide to Accessing Therapy

Let's Talk About It! While many transgender people see individual therapists, choosing and working with a therapist can be more complex for the half of transgender people who are also sexual assault survivors. This 107-page guide addresses many of the specific questions trans survivors ask: how to decide if therapy is right for you; if it is, how to choose the best type of therapy for you; and how to find referrals and choose a therapist. The guide also discusses trans-specific survivor issues such as dealing with Standards of Care issues; addressing shame and body image/ dysphoria issues; and navigating sex-segregated services. This guide was published by **Forge** in May, 2015.

Learn more or download this resource from Forge.

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Heroin and Other Opioid Addiction News and Resources in Wisconsin

The Wisconsin Department of Health Services lists local **substance abuse services** and certified **opioid addiction treatment providers** with contact information. Certified providers are located in: Appleton, Beloit, Eau Claire, Fond du Lac, Green Bay, La Crosse, Madison, Milwaukee, Onalaska, Racine, Sheboygan, Waukesha, Wausau and West Milwaukee.

In 2015, the Department of Health Services awarded grants to three **HOPE** (Heroin, Opiate Prevention and Education) Programs to serve rural, underserved areas of Wisconsin. When fully operational they will provide services including detox, counseling, abstinence-based treatment, medication-assisted treatment and residential treatment. The grantees are:

- HSHS St. Joseph's Hospital of Chippewa Falls through Libertas of Marinette in collaboration with Prevea Health (serving Florence, Marinette, and Menominee counties)
- Family Health Center of Marshfield/North Central Region Opioid Consortium (serving Forest, Iron, Oneida, Price and Vilas counties)
- Northlakes Community Clinic of Ashland (serving Ashland, Bayfield, Burnett, Douglas, Sawyer and Washburn counties)

For background information, view *Wisconsin's Heroin Epidemic: Strategies and Solutions. Analysis and Recommendations for Reducing Heroin Abuse in Wisconsin*, published in July 2014 by the Wisconsin State Council on Alcohol and Other Drug Abuse Prevention Committee Heroin Ad-hoc Committee.

The Roots of Addiction

This 3-minute video of Dr. Gabor Maté was published by KidCareCanada on June 1, 2013.
Over many years Dr. Gabor Maté has worked as a family physician, explored ADHD and treated people suffering from addictions. In this video, he briefly discusses addiction as an escape from psychic pain that is rooted in childhood experiences. He notes that, although addiction is often multigenerational and runs in families, it has nothing to do with genetics but is caused by emotional patterns and behaviors that give rise to the same pain and the same desire to escape from it.
View the video.

In the Realm of Hungry Ghosts: Close Encounters With Addiction (2008)

Dr. Gabor Maté argues that there is only one addiction process, whether manifested as a socially unacceptable lethal substance dependency or the socially acceptable or even admired behaviors of the workaholic. In this book, the author shares his experiences as a medical doctor in Vancouver's drug ghetto and draws from extensive interviews with his patients. He presents information, reflections and insights distilled from many other sources, including his own addictive patterns. The book also provides a synthesis of research literature on addiction and the development of the human brain and personality.
Read the full introduction.

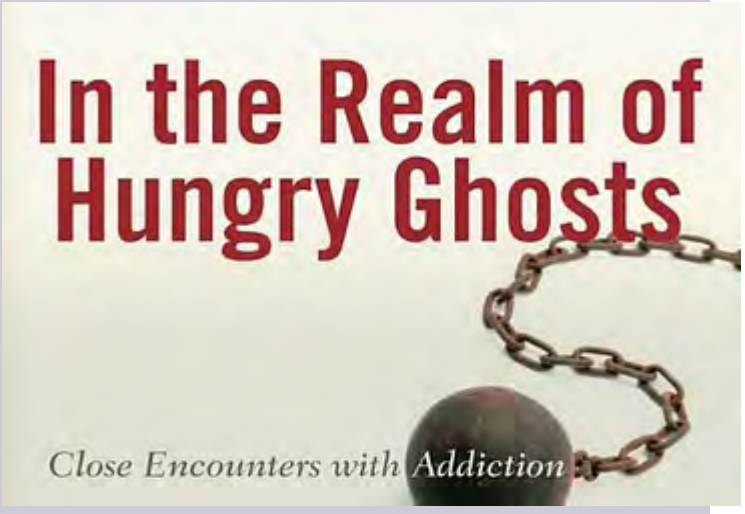

Image taken on September 1, 2015 from http://drgabormate.com/book/in-the-realm-of-hungry-ghosts/

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Survivor Journey: Interview with Karen Lane

When you think about your process of healing, what stands out for you?

When I think of my healing process, what stands out for me was the pressure I felt to heal. It seems everyone wanted me to hurry up and heal. I have experienced childhood sexual abuse, witnessed the domestic violence upon my family members, experienced domestic violence as a young adult and experienced sexual assault from a healthcare provider as an older adult. That is a lot to process and from which to heal.

We live in a fast-paced culture that is used to immediate gratification. Healing happens at its own pace. Most important, healing happens when one feels *safe* to heal. Having a mental health issue and having a substance use issue were factors that also played a role in the healing process. Listening to my body and my felt sense of self as to when and where healing would be possible was a key factor in healing. The pressure placed on us–by well-meaning and important people in our lives–to "just get over it" can be very strong. Learning to say "no" when I didn't have the energy to meet other people's needs in my life was very helpful for defining what safety was for me and for creating boundaries that would keep me safe. Healing at my pace and on my terms created the very boundaries I needed to keep safe. I am still learning this, and I am still healing.

Compliance to what others thought would be good for me to heal, such as making me go to treatment, did not create safety or healing for me. It only furthered my sense of helplessness created by the abuser and was just another area of my life I would have to hand over to another person whom I was not sure I could trust. What did help me was working with a treatment provider who fostered my desire for independence by working on the issues I felt I needed to address. This fostered in me a sense of confidence that I could indeed take care of myself in safe and healthy ways.

Lastly, I surrounded myself with people who allowed me to be me in the process of healing. Having people in my life who did not focus on the illness was important for my recovery. They allowed me to make mistakes and to learn from them. They allowed me to have dignity in my struggle to recover and to discover what I needed to do for myself. They supported and respected my decisions even if they did not agree with them. They understood that healing is a journey with no specific end point: while the pain of suffering diminishes over time, the wound may always be there to some extent, and learning that we never go back to where we were before healing facilitates more healing. Ultimately, they did not blame me for having vulnerabilities.

Karen M. Lane lives in Rice Lake, Wisconsin. She brings over 20 years of experience working with persons with lived experience of mental illness in a variety of capacities. Karen is a survivor and has lived experience with mental illness. She currently is employed with Disability Rights Wisconsin as an Advocacy Specialist and has been working with Disability Rights Wisconsin for 11 years. For 13 years she has been part of Disability Rights Wisconsin's Violence Against Women with Disabilities Accessibility Project.

What would you want to tell another person going through a similar experience?

I would say take things slowly. The abuse more than likely just didn't happen overnight and neither will recovery. I spent time "remembering." That is, I spent time remembering who I was before the abuse took place, remembering my goals, dreams, and aspirations. There were a lot of people who thought I needed formal mental health services in order to recover. While I did seek those services, where I found most of the "stuff" of healing was from peers who had been through what I had experienced. I found mental health consumer, peer-operated services such as recovery centers to be very supportive of my journey. I found others who had experiences such as mine, and they shared their journeys. It was this reciprocal engagement that bore witness to each of our journeys

that often helped me move forward toward the life I was seeking. I would also say that it is easy to blame one's self when one is living with a mental illness and/or substance use disorder. It is also easy for the abuser to use this against the survivor, and for well-intentioned people to excuse the behavior of the perpetrator by seeing the illness/use of the survivor rather than seeing the person. For the survivor, this becomes: it must have been something I did or if I just wasn't so crazy, maybe s/he would not have done this to me.

What is often not recognized is how the disability is used against the survivor. Often there was not money for the medication I needed because of the money spent on the perpetrator's addiction. My abuser often attended treatment sessions with me and listed off my symptoms; I was often over-medicated as a result of this. The abuser often would use me as an excuse to call into work and make excuses to my family members why we would not be at an event due to my "illness." It took a while for me to unravel just exactly how I had been gaslighted and exactly what crazy-making methods were used on me. When living with a mental illness, such crazy-making techniques are not only hard for you to untangle, it makes it hard for bystanders to see the abuse.

This is where the advocate I was working with was invaluable to me. She saw through what the abuser was doing. She affirmed my experiences. She also helped me develop a safety plan to get out of the abuse by working with my disability needs. She understood there needed to be balance between addressing the illness and addressing the violence. The illness would not get better if I first didn't have safety.

Sometimes addiction is described as an abusive relationship: use of the substance once worked well for coping with pain that might otherwise be intolerable; over time it became the source of pain and took control of the user's life. What advice do you have for someone who wants to support people who are dealing with both a relationship that is abusive and also problems from substance use?

My advice would be first see the violence the person is experiencing. Substance use can be a many-fold issue. Not everyone who uses is addicted, and it is important to realize that use is along a continuum. Her perception of the problem is unlikely to line up with the supporter's perception. I think this is important to recognize in order to avoid a power struggle over the meaning of the use in her life.

Mental Health and Substance Use Coercion

A survey of more than 2500 callers to the National Domestic Violence Hotline found that 89% had experienced at least one of the three types of mental health coercion asked about, and 43% had experienced at least one of the three types of substance use coercion. Most survivors who reported their abusive partners had actively contributed to mental health difficulties or their use of substances also said their partners threatened to use the difficulties or substance use against them with important authorities, such as legal or child custody professionals, to prevent them from obtaining custody or other things that they wanted or needed.

Warshaw, MD, Carole, Eleanor Lyon, PhD, Patricia J. Bland MA, CDP, Heather Phillips, MA, and Mikisha Hooper, BA. "Mental Health and Substance Use Coercion Surveys Report from the National Center on Domestic Violence, Trauma & Mental Health and the National Domestic Violence Hotline." National Center on Domestic Violence, Trauma, and Mental Health. March, 2014. Accessed September 5, 2015.

Supporting her from a "safety first" perspective is helpful. More than likely, her use will not be effectively addressed in the time supporters have with her while in shelter or using a program. I find it easier to be a support or ally with someone when I am coming from the perspective I am there to support her goals than when I am trying to "fix" her life. I am not perfect, though! Having been through the abuse I have been does cause me to want to "rescue" rather

than support self-direction. I think recognizing our desire to want to help someone from hurting or making mistakes acknowledges the limitations we need to put on ourselves when supporting another person's healing journey and creates the safe boundaries that allows her to heal.

Substance use may have begun in the process of abuse or it may have preceded that relationship. More than likely, the abuser has manipulated her use and it is important to remember she is already blaming herself even if she does not express that to the supporter. The last thing she needs is for the supporter to be overly focused on the substance use. No matter how well-intended, she will not experience that as helpful. Rather, it might be helpful to begin the exploration of her use with that of the abuser's use, or to ask about ways in which the abuser manipulated her into using. This feels like a much safer way for the survivor to talk about substance use.

It also feels better to talk about how to keep safe while continuing to use. At the time of exiting an abusive relationship, it is probably going to be a time when the old stand-by coping mechanism is going to be utilized. Supporters need not see this as a weakness, but rather just accept the fact it is going to happen. The concept of trauma bonding may be helpful in understanding how hard it is for the survivor to break the "addiction" to the abuser and to try to break the bond to a substance. This may overwhelm her capacity to cope with either issue. Traumatic bonding creates a strong physiological bond with the abuser. Trauma creates changes in the brain which draw the survivor back in. This cycle is hard to break because the science is now showing us there is a biological underpinning of the psychological experience of abuse. This cycle is intertwined with substance use. However, supporting her with possible alternatives that she has identified to using, or using heavily, will support her in staying away and safe from the abuser.

Mental Health and Substance Use Coercion

Mental health and substance use coercion are highly prevalent forms of abuse that are critical to keep in mind when working with survivors of domestic violence. They include efforts to:

- **undermine a partner's sanity and sobriety;**
- **induce disability and dependency;**
- **control a partner's access to treatment and other services;**
- **control a partner's treatment, itself, including medications;**
- **undermine a partner's recovery;**
- **undermine a partner's ability to maintain custody of her children; and**
- **undermine a partner with family, friends, and the systems where they seek help and to prevent them from accessing resources, support, and protection.**

Stigma, in turn, plays a key role in allowing abusive partners to employ these tactics so successfully. Recognizing and addressing these issues is essential to the safety and well-being of survivors and their children and has important implications for the health, mental health, substance abuse, legal, child welfare, immigration, public benefits, and DV advocacy systems.

Warshaw, MD, Carole, Eleanor Lyon, PhD, Patricia J. Bland MA, CDP, Heather Phillips, MA, and Mikisha Hooper, BA. "Mental Health and Substance Use Coercion Surveys Report from the National Center on Domestic Violence, Trauma & Mental Health and the National Domestic Violence Hotline." National Center on Domestic Violence, Trauma, and Mental Health. March, 2014. Accessed September 5, 2015.

The substance she is using might be used by the abuser to control the survivor. In my case, the prescription medication I was on was originally part of my treatment. However, the abuser often told me I was symptomatic and needed to take this medication. I had trusted the abuser to help me reality check. In the process, I believe this cycle

of abuse created a dependency on this medication. I was not aware of the power and control that was happening around my medication for a long time.

What I found helpful as a survivor was someone working with me to reduce the risk of being vulnerable to violence while I timed my recovery plan for what worked for me. So, for example, some of the medications I take for mental health symptoms are addictive and sedating. While I was trying to escape the domestic violence I was experiencing, I asked my psychiatrist to support me in lowering the medication to find a balance between experiencing more symptoms, and having more energy so that I could be alert to danger and be able to think without the haze of the medication. Yet, I wasn't thrown completely into withdrawal from the medication to the point that I could not cope with both symptoms of illness and symptoms of withdrawal from addiction to medication.

Safety planning can include planning for use. Part of my plan was to continue to use a substance (a legal prescription medication to which I was addicted). We had to think about how to keep that use safe – which meant planning effectively for safe use. For someone who is using alcohol, the reality is that more than likely they will not choose to go sober at an extremely stressful time in their life. Instead, thinking about how to be safe during use and how to keep from going back to the abuser in order to use are helpful strategies. This worked extremely well for me and today I am without use of the substance I was addicted to at the time the domestic violence was occurring. While the advocate who worked with me has not seen this successful ending, having a safety plan that incorporated my need to continue to use while keeping me safe allowed me to break the bonds that kept me in an abusive relationship.

When you were going through a really hard time with symptoms of mental illness, what do you recall anyone doing that was helpful?

What I found helpful was simply being believed. I had told my psychiatrist and my social worker what was happening at home. I got several other mental health diagnostic labels and more medication. I was told by my social worker that I was delusional and "manic" for telling her the story of the abuse and that I wanted to get free from the abuser. At that time, there was not a lot of awareness of trauma – or, if there was, it took a backseat to addressing the illness symptoms. One person, just one person, believed me when I said I was being abused at home. She told me how concerned she was for my safety and provided me with information to domestic violence services in my area. She kept in touch with me and supported my decision to leave.

In working with an advocate, she became a safe source of reality checking by believing the abuse was happening and that the abuser was manipulating my psychiatric disability in order to control me. By recognizing that dynamic, she was able to assist me in safety planning. I was not able to go into shelter. This was many, many years ago when some shelters would not take people with serious mental illness, especially because I was not able to work and was waiting for a disability determination. I sensed her frustration with the helplessness she felt in not being able to get me into a safe place. We did, however, strategize for staying safe in having to go back to my home with the abuser for a time. Thanks to my generous grandmother who funded a place for me to go to, I was able to exit the situation safely. Although I had not heard of "safety plans" at that time, that is what I developed as this advocate helped me think about a plan for leaving and keeping myself safe through the process. I was able to "put my ducks in a row" and leave.

Being empowered to make my own choices and at my own pace provided me with the self-confidence I needed in order to make real changes in my life. I think the trust and authentic connection I had with the advocate was invaluable. She trusted me to know what "safe" for me meant.

What do you recall anyone doing that was NOT helpful?

Not being believed by the professionals who were in my life to support me was not helpful. Not being believed caused me to doubt my reality. This further complicated matters during a time when the capacity for reality testing was weak due to serious mental illness. It felt "doubly crazy."

What are some of your hopes for the future?

My hope for the future is that people with disabilities will not be victimized anywhere from two to ten times the rate of people without disabilities. My experience is all too common for people with disabilities and co-occurring substance use. Of course, my hope is that one day no one will have to experience domestic violence, sexual assault, sexual exploitation or stalking, whether or not they have a disability.

People with disabilities are seen as having vulnerabilities that somehow cause us to be exploited. My hope is to turn that perspective around on the perpetrators of abuse. What is it about them that makes them exploit people's vulnerabilities? All human beings are vulnerable. To understand violence, the focus needs to be on the perpetrator and not on what "type" of person the survivor is. Just like people without disabilities, there is no one "type" of diagnosis that makes a person more vulnerable. A perpetrator on the other hand, seeks out vulnerability. Rather than trying to make me into a person without vulnerabilities, see my vulnerability as part of simply being human. Personally, my hopes for the future include continuing to grow and develop professionally as an advocate. I look forward to continuing a hobby career in massage therapy where I have been trained in Trauma Touch Therapy© to assist people in recovering from trauma through bodywork.

Recovery emerges from hope.

The belief that recovery is real provides the essential and motivating message of a better future—that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process.

From *WORKING DEFINITION OF RECOVERY : 10 Guiding Principles of Recovery*, a product of Substance Abuse and Mental Health Services Administration (SAMHSA).

Download the brochure.

Wisconsin Mental Health Resources

Wisconsin National Alliance on Mental Illness (NAMI Wisconsin, office in Madison)

NAMI Affiliates may offer support groups or other activities for consumers and families based on affiliate resources. Affiliates can also be a good resource for other local referral information. For local referral information go to the NAMI Wisconsin Website under Support Tab and go to Find Help Near You. Highlight your county and you will pull up local resource information.
608-268-6000 or 800-236-2988 www.namiwisconsin.org

Wisconsin Independent Living Center Coalition Council

There are 8 regional Independent Living Centers covering the entire state of Wisconsin, providing advocacy and support to individuals with a full range of disabilities, including mental and physical disabilities. You can find the list of Independent Living Center on this website: www.il-wisconsin.net

Peer Run Recovery Organizations

These agencies are mental health consumer peer run agencies that support fellow mental health consumers in a recovery based model. Find a list of local peer run organizations and additional resources on page 13.

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Peer Run Recovery Programs in Wisconsin

Information current as of August 2015

Cornucopia, Inc.
Contact: Gregory Smith
Address: 2 S. Ingersoll St., Madison, WI 53703
E-mail: copia@tds.net
Telephone: 608-249-7477

The Friendship Connection, Inc.
Contact: Debra Philbrick
Mailing address: 252 S. Main St, Adams, WI 53910
E-mail: friendship.connection@aol.com
Telephone: 608-339-6810

Genesis 1990, Inc
Contact: Mary Jane Grande
Address: P.O. Box 421, Ashland, WI 54806
E-mail: genesisrecovery@genesis1990.org
Telephone: 715-682-0375

The Gathering Place, Inc.
Contact: Susan Mader
Address: 1001 Cherry St, Green Bay, WI 54301
E-mail: lthegatheringp@new.rr.com
Telephone: 920-430-9187

Horizons of Jefferson County, Inc.
Contact: Donna St. Louis
Address: P.O. Box 276, Fort Atkinson, WI 53538
E-mail: horizons.hopeojc@yahoo.com
Telephone: 920-397-7061

Independent Living Resources, Inc.
Contact: Kathie Knoble-Iverson
Address: 4439 Mormon Coulee Rd, La Crosse, WI 54601
E-mail: kathie.ki@ilresources.org
Telephone: 608-787-1111

NAMI Washington County, Inc.
Contact: Larry Hopwood
Address: P.O. Box 1074, West Bend, WI 53095
E-mail: nami@namiwashingtonwi.org
Telephone: 262-339-1235

New Directions 2000, Inc.
Contact: Roxie Jacobson
Address: 133 N. Main St, Rice Lake, WI 54868
E-mail: newdirections@gmail.com
Telephone: 715-234-3637

The Wellness Shack, Inc.
Contact: Bonnie Perrenoud
Address: 515 S. Barstow St, Suite 110, Eau Claire, WI 54701
E-mail: wellnessshack@yahoo.com
Telephone: 715-855-7705

Warmline
Contact: Michelle Beason
Address: 9455 Watertown Plank Rd, Milwaukee, WI 53226
E-mail: beasonmn@gmail.com
Telephone: 414-257-5775

POC & Mental Illness Photo Project

Dior Vargas began a photo project stemming from the lack of media representation of people of color (POC) and mental illness. “There are tons of articles that list people with depression and other mental illnesses but you rarely see someone who looks like you. We need to change the way this is represented. This is not something to be ashamed about. We need to confront and end the stigma. This is a NOT a white person's disease. This is a reality for so many people in our community.” View the photo project.

Additional Resources

Navigating the Experience: A guide for people living with mental illness and their families
Created by NAMI Wisconsin, this guide provides an overview of available resources in WI, and some practical advice for difficult situations. Download the full version or individual sections.
www.namiwisconsin.org/navigating-the-system/

Open Doors to Safety Blog
Visit this blogspot from the New Hampshire Coalition Against Domestic & Sexual Violence, for updates from the coalition’s Trauma Specialist, whose work is to improve services for victims of domestic violence experiencing mental health and/or substance abuse issues.
http://opendoorsnh.blogspot.com/
For example, read about
Harm Reduction in the Context of Domestic Violence Services

Substance Abuse and Mental Health Services Administration (SAMHSA)
http://www.samhsa.gov/ SAMHSA has a vast, searchable collection of resources - many as free downloads.

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Wise Women Gathering Place and White Bison

Interview with Julia McLester

Every July, American Indians Against Abuse, End Domestic Abuse WI and the WI Coalition Against Sexual Assault co-sponsor the Northern Training, designed for domestic violence and sexual assault service providers tribal, rural and remote locations in northern Wisconsin. At this year's training, Julia McLester discussed the White Bison programs she had been coordinating at Wise Women Gathering Place (WWGP). Julia McLester is a Sexual Assault/ Domestic Violence Program Specialist at WWGP. She is an Oneida Nation of Wisconsin Tribal Member, proud mother and grandmother, with more than 20 years of experience helping people. She represents the Oneida Tribe on the Board of Directors for American Indians Against Abuse. The following interview highlights information from that session.

What is the philosophy or mission of this program?

We here at WWGP feel like White Bison's philosophy is very similar to our mission and philosophy. White Bison, Inc. is an American Indian non-profit charitable organization based in Colorado that has offered healing resources to Native America since 1988. The "Well" part of Wellbriety is the inspiration to go on beyond sobriety and recovery, committing to a life of wellness and healing every day. White Bison offers training to local members to provide unique opportunities for communities to create their own healing network. There are training programs specifically designed for youth, women, men, families, and veterans. (View a list of training programs offered by White Bison Inc. in Colorado.)

All of WWGP work is done from the age-old-tradition of midwifery; a life-long, cradle to grave Women's way of creating, preserving and holding community.

- Alice Skendandore, WWGP Executive Director

Who are your community partners?

Oneida Tribe supports by providing childcare if needed. Oneida Housing Authority provides staff to help facilitate.

How did you get started?

We hosted a training event of the *Mending Broken Hearts* (a White Bison program that provides culturally-based healing from grief, loss, and intergenerational trauma, especially for native peoples from the United States and Canada) at our facility and we were offered a free registration. Our staff loved it and we decided we wanted to be able to offer this awesome healing program free to victims of DV and SA. We applied for and received grant funds to provide a "training of trainers" (completed by four facilitators, who then facilitated two community classes) and we created several programs for our community which embodied the shared White Bison/WWGP values and vision of Peace, Respect and Belonging. (See an excerpt of the White Bison philosophy on page 15.) The programs we provide are *Mending Broken Hearts*, *Families of Traditions* and *Purpose of Life*.

What were some of the "bumps" along the road, and how did you get past them?

We found that burn-out became an issue for some facilitators. There were a few wrinkles that needed to be ironed out with scheduling and obtaining demographic information from participants. We needed to change the schedule

of the sweat lodge so that is was embedded in the four-day healing event [of *Mending Broken Hearts*].

How is this program unique among other services at your agency or at other agencies in your community?

Our programs offer community, peer-based training. We provide support groups weekly for four weeks immediately following the completion of each program. We also have speakers who are local spiritual people once a month. WWGP added some elements to the White Bison programs. For example, we incorporated local foods that support healing, sweat [lodges], medicines and healing kits. These are traditional for our community. We also added intakes for program participants, took measures to ensure confidentiality, and used pre- and post-tests. The pre- and post-tests measured personal agency, resiliency and self-efficacy.

We incorporated local foods that support healing, sweat lodges, medicines, and healing kits.

What advice would you give to someone who wanted to start a similar program or collaboration in their community?

Most importantly...go through the training yourself so you truly understand the emotions of doing the healing work for yourself.

[Note: Although White Bison originated as a program for Native Americans, they have adapted the curriculum to meet the needs of people from different communities. For more information, contact Julia McLester at jmclester@wisewomengp.org.]

What is one success that stands out to you?

We've had requests from other communities to bring program there, and waitlists. Some of the comments from participants that stand out: "Trust the process - trust yourself, don't wait until you're my age (50) to work on healing yourself" and "I can finally feel again, and have made some life-long new friends."

Where do you find inspiration?

The last afternoon of the program is my favorite. The participants are in such a happy and positive place. They even say they don't want to leave. I can't wait to read the evaluations at the end.

How long has this program existed, and about how many people (survivors/consumers) have been part of it?

Just over 350 people have been through the White Bison programs at our facility.

We believe...

Alcohol is a symptom...not the cause, drugs are a symptom...not the cause, domestic violence is a symptom...not the cause. To "heal a community" it needs to deal with the cause.

That the Circle and the Four Directions are the Teachers

In the Four Laws of Change

1. Change is from within
2. In order for development to occur, it must be preceded by a vision
3. A great learning must take place
4. You must create a Healing Forest

OUR CULTURE IS PREVENTION

Excerpt from White Bison's Philosophy www.whitebison.org/white-bison/white-bison-philosophy.php

To learn more about Don Coyhis, founder and president of White Bison, VIEW A SHORT VIDEO about how and why he started the wellbriety movement.

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Selected Resources from the National Center on DV, Trauma & Mental Health

www.nationalcenterdvtraumamh.org/

Webinars (Look under *Training & Resource Center, Webinars*)

2014 Webinar Series

Domestic Violence, Trauma, and Substance Abuse with Patti Bland (2014)

This recorded webinar series builds on **Real Tools: Responding to Multi-Abuse Trauma** (see below). Each recorded webinar is about 90 minutes long:

- Support Groups for Women Experiencing Substance Abuse and Domestic Violence, Sexual Assault, Trauma & Oppression, Parts I & II
- Working at the Intersection: An Overview of Substance Abuse, Trauma, and Violence Against Women
- Partnership and Collaboration: Bridging the Gap Between Treatment Services and Advocacy
- Supporting Children Exposed to Substance Abuse and Domestic Violence

Resources for Advocates

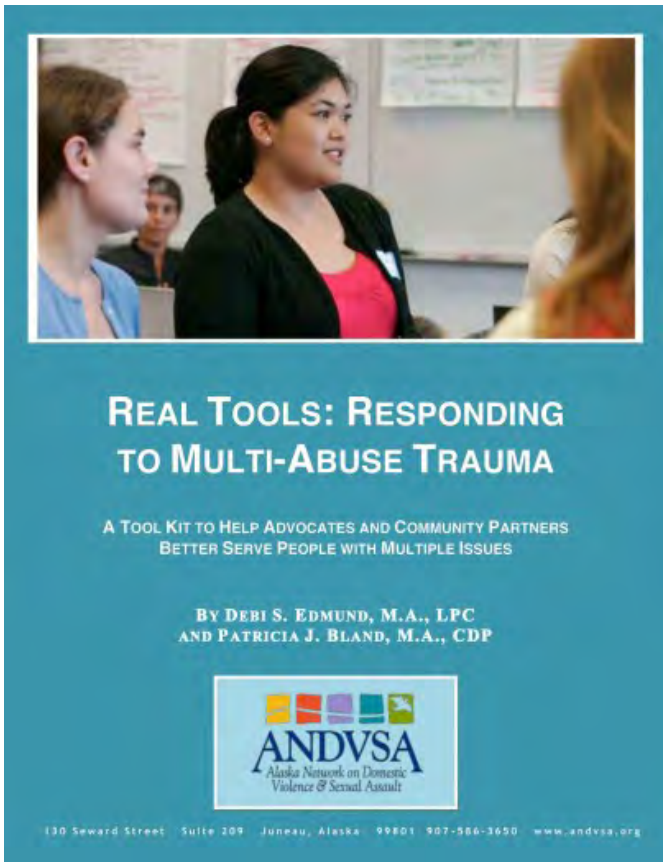
(Look under *Training & Resource Center*, *Resources for Advocates*, *Trauma-Informed DV Advocacy.* There are many short tip sheets and practical tools. A few are listed below.)

Safety and Well-Being Tip Sheets

- Mental Health and Substance Abuse Coercion (2 pages)

Fact Sheets and Practical Tools

- Locating Mental Health and Substance Abuse Supports for Survivors: A Reference Sheet for Domestic Violence Advocates (2 pages)
- Exercises for Grounding, Emotional Regulation & Relaxation for children and their parents (3 pages)



Real Tools: Responding to Multi-Abuse Trauma (Look under *Publications*)

This tool kit (2011) provides a support group manual and training tools for advocates and other professionals working with women who have experienced domestic violence, sexual assault, substance abuse and other trauma. It has 3 sections: Multi-Abuse Trauma and Advocate Response; Advocate Tool Kit, and Handouts and Wheels.)

You can also visit the **Alaska Network on Domestic Violence and Sexual Assault** (ANDVSA) website http://www.andvsa.org to order or download:

- Entire toolkit (352-pages)
- "Click and Print" version allows you to view and print selected sections of the toolkit.
- "Getting Safe & Sober" Support Group Manual and Supplementary Materials, 2008 edition, 278 pages (English and Spanish language versions available)

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*This issue of the Chronicles was developed by **Diane Wolff**, End Domestic Abuse WI Director of Advocacy and **Colleen Cox**, End Domestic Abuse WI Education Coordinator and Chronicles editor. Thanks to **Julie Denton, Stormie Derber** (Christine Ann Center) **Maria Hanson** (Mendota Mental Health Institute and NAMI WI), **Phyllis Greenberger, Karen Lane** (Disability Rights WI), **Julia McLester** (Wise Women Gathering Place), and **Rachel White-Domain** and the National Center on Domestic Violence, Trauma & Mental Health for their generous contributions of time, background material and stories.*

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