

California State University, San Bernardino

**CSUSB ScholarWorks**

---

Theses Digitization Project

John M. Pfau Library

---

2007

## A needs assessment of the integration of domestic violence and substance abuse services for women

Tammy Lynn Hunt

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd-project>

 Part of the [Domestic and Intimate Partner Violence Commons](#), and the [Social Work Commons](#)

---

### Recommended Citation

Hunt, Tammy Lynn, "A needs assessment of the integration of domestic violence and substance abuse services for women" (2007). *Theses Digitization Project*. 3109.

<https://scholarworks.lib.csusb.edu/etd-project/3109>

This Project is brought to you for free and open access by the John M. Pfau Library at CSUSB ScholarWorks. It has been accepted for inclusion in Theses Digitization Project by an authorized administrator of CSUSB ScholarWorks. For more information, please contact [scholarworks@csusb.edu](mailto:scholarworks@csusb.edu).

A NEEDS ASSESSMENT OF THE INTEGRATION OF DOMESTIC  
VIOLENCE AND SUBSTANCE ABUSE SERVICES FOR WOMEN

---

A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

---

In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

---

by  
Tammy Lynn Hunt

March 2007

A NEEDS ASSESSMENT OF THE INTEGRATION OF DOMESTIC  
VIOLENCE AND SUBSTANCE ABUSE SERVICES FOR WOMEN

---


A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

---

by  
Tammy Lynn Hunt

March 2007

Approved by:

  
\_\_\_\_\_  
Dr. Rosemary McCaslin, Faculty Supervisor  
Social Work

3/15/07  
Date

  
\_\_\_\_\_  
Dr. Janet Chang

  
\_\_\_\_\_  
Dr. Rosemary McCaslin,  
M.S.W. Research Coordinator

## ABSTRACT

This study examined the correlations between substance abuse and domestic violence among women. It also assessed if there was a need for integration of services that address these two problems. Data were collected by surveys that were mailed out to the directors of domestic violence agencies within two counties, San Bernardino and Los Angeles, California.

The study found the hypothesis of this study was not supported. Findings did show awareness that substance abuse is prevalent among domestic violence clients; however, the majority of respondents did not think there was a need to integrate substance abuse programs within domestic violence agencies.

## ACKNOWLEDGMENTS

There are a few people I would like to give thanks to, the professionals of the domestic violence agencies who participated in this study, Dr. Rosemary McCaslin, Janet Chang and Dr. Thomas Davis whose guidance and support made this study possible. I would like to give thanks to Ed Crespin, my rehabilitation counselor whose support and belief in my abilities has been one of the strongest forces guiding me down this road.

My children: Daniel and Brooke Whose understanding and patience was tested time after time when dealing with me, frustrated on the phone; Cynthia who had to hear, "I don't have time right now but soon you can tell me all about it"; Devanie who had to let the conversations be about me and not her, I know this was hard; however, through love, understanding she gave me support; Ji'Gale (my youngest) sorry for the performances I missed and for all the TV dinners you had to eat without complaining.

To my grandchildren Anthony, and Adelina who have grown so much and I didn't even get to see it; Brittany Lynn, the baby, who had to understand time and time again that "Nana is too busy to play right now."

To my parents and the rest of my family for their encouragement and love which kept me focused. Joetta Hunt, Randy and Wendy Smith, Deanna Williams and Jerry Goodman, Kay Hunt, Neda Papps, Gwennie, and Lonnie Brimer, my brothers and sisters (Tim, Raymond, Larry, Raenee, Gina, Lori, Christie) thanks to all of you, family is precious and having love and support helps reach our dreams.

## DEDICATION

This study is dedicated to all the women who are experiencing substance abuse and violence in their life. To Gwendolyn Hunt, my grandmother who gave me my strength by using her wisdom, giving me her love and using her gentle heart, who's always stood behind my decisions even when she didn't understand, always believed in me even when I didn't believe in myself. Thank-you and I love you. To my not so silent partner, Thank-you for all your help, support, encouragement, long, long hours of assisting me, pushing me and tolerating me when I wanted to give up. Thank-you for being my eyes, with my love this is for you.

In memory of Raymond Hunt, Claris O'Connor, Doris Molinar, Charlotte Sgarlato. Without all of you touching my life I would not be the person I am today nor would I have accomplished things that I have. From the bottom of my heart I would like to thank all of you that I have dedicated this research project to.

## TABLE OF CONTENTS

ABSTRACT .....	iii
ACKNOWLEDGMENTS .....	iv
LIST OF TABLES .....	viii
CHAPTER ONE: INTRODUCTION	
Problem Statement .....	1
Purpose of the Study .....	4
Significance of the Project for Social Work .....	5
CHAPTER TWO: LITERATURE REVIEW	
Introduction .....	8
Domestic Violence .....	8
Substance Abuse and Domestic Violence .....	12
Treatment Programs for Victims of both Domestic Abuse and Substance Abuse .....	20
Theories Guiding Conceptualization .....	22
Summary .....	23
CHAPTER THREE: METHODS	
Introduction .....	24
Study Design .....	24
Sampling .....	25
Data Collection and Instruments .....	26
Procedures .....	28
Protection of Human Subjects .....	28
Data Analysis .....	29



Summary .....	29
CHAPTER FOUR: RESULTS	
Introduction .....	31
Presentation of the Findings .....	31
Summary .....	38
CHAPTER FIVE: DISCUSSION	
Introduction .....	40
Discussion .....	40
Limitations .....	43
Recommendations for Social Work Practice, Policy and Research .....	43
Conclusions .....	45
APPENDIX A: SURVEY INSTRUMENT .....	46
APPENDIX B: INFORMED CONSENT .....	49
APPENDIX C: DEBRIEFING STATEMENT .....	51
REFERENCES .....	53
ASSIGNED RESPONSIBILITIES PAGE .....	57

LIST OF TABLES

Table 1. Demographic Characteristics of the Respondents .....	32
Table 2. Characteristics of Agencies .....	35
Table 3. Agency Characteristics Related to Substance Abuse .....	36

## CHAPTER ONE

### INTRODUCTION

#### Problem Statement

The issue of domestic violence has plagued women for years. It was not until the seventies that it began to get the attention from society it needed. Domestic violence consists of any violence inflicted on another family member within a home setting. The criteria for physical violence is slugged, slapped, kicked, pinched or bit. Physical violence is not the only abuse that occurs within a home. There is emotional as well as verbal abuse.

Abuse on women is quite prevalent; "22 percent of women have been abused in their lifetime" (McKean, 2004, p. 1-31). Studies have found a strong connection between domestic violence and substance abuse (e.g. Murphy & O'Farrell, 1994, p. 321-335; Kahler, McCrady, & Epstein, 2003, p. 257-265). Either domestic violence victims or perpetrators are likely to use or abuse alcohol or drug. However, the nature and scope of a relationship between domestic violence and substance abuse have not been clearly established or explicated.

One of the most disadvantaged groups of women today is the ones who abuse substances. Women involved with using a substance aren't always diagnosed as having a substance abuse problem. Many, according to the Diagnostic statistical manual of mental disorders (DSM-IV), are abusing substance which still leads to interfering in their normal daily function of life (APA, 2000, p. 198). Also there are some women who use pharmaceutical substances to deal with every day life's tasks (e.g., tranquilizers), and anti-anxiety medications (e.g., valium).

Research has found that "15.1 million people abuse alcohol or are alcohol-dependent, 4.6 million are women" (Smith, 1993). Researchers have shown that, in relationships, women are more apt to abuse a substance where there is domestic violence, contributing to their low self esteem. Easton, Swan, and Sinha (2000, p. 23-28) also found in their studies that "60% of substance abusing women were victims of domestic violence, and 42% of the women who were victims of violence and receiving domestic violence treatment were substance abusers." They also stated the importance of integrating these two services.

The programs that are set up to assist these oppressed women either exclude their substance abuse issue or geared toward the male population since the programs were originally designed for the males. These programs, not having a woman's interest and needs implemented into their treatment leads women to not receive adequate services. The government is currently piloting a few experimental projects such as perinat1-20, and four-site Maternal Lifestyles project which are geared to accommodate women with children and a substance abuse problem in a residential setting. In order to accommodate these women there also has to be mandatory training to the service providers in regards to a woman's special needs and interests (Goldberg, 1995, p. 789-798).

These programs are governed by different arenas creating a priority of services they provide. This is due to a philosophical approach to the services and different sources of funding these programs receive. The policies and procedures that govern these two separate programs is different as well.

This study was a needs assessment to determine if there is a need for substance abuse services to be integrated within domestic violence programs regarding

women in San Bernardino and Los Angeles Counties. This study was useful in assessing if there is a need for the integration of services to meet the complex needs of this population, which in turn, could provide rationale for the funding of such services.

#### Purpose of the Study

The purpose of the study was to conduct a needs assessment in order to assess the problem of substance abuse among the women in the domestic violence agencies. Is this a large problem within this population? Are there programs accommodating the needs of these women? Is there a need to integrate the two programs?

When a woman finds enough courage to leave a violent domestic situation and seeks a domestic violence shelter as her escape, she has preconceived ideas as to what she will find when she gets there. This woman has traded her dependency on her abuser for the dependency of a shelter. Emotionally beaten, physically battered with a broken spirit, this woman seeks a program that will help her regain her independence, heal her bruises, find her self worth, and relearn to be part of society by standing on her own two feet. If this woman has a substance abuse

problem as well as domestic violence, the shelter she chooses will determine if a program is provided to assist her with the substance abuse. Without substance abuse services, the domestic violence program may not be effective. When a woman leaves a domestic violence shelter, the expectation for her is for her be employed, to maintain housing, provide for her children, if applicable, and avoid any legal ramifications. When a woman does not receive any services to help her with a recovery program when dealing with substance these other goals would be hard to reach as well as maintain.

In order to conduct this study, which is a needs assessment, the method that was used was a survey design with closed-ended and open-ended questions due to the format of collections and measures.

#### Significance of the Project for Social Work

This study aimed to assess whether there was a need to integrate domestic violence and substance abuse services. Findings of the study will contribute to social work practice since they would help social workers who are working abused women in domestic violence shelters better understand the scope of substance abuse problems

of abused women and their service needs. Thus social workers improve their effectiveness in terms of assessment and intervention with practice with abused women in domestic violence shelters.

Findings of the study will also contribute to social work research by increasing the knowledge base on these topics so social workers might provide more effective programs to provide better services to this special group of women. Findings of the study would highlight the importance of integrating substance abuse treatment services into domestic violence shelter agencies.

The study will contribute to social work policy by better informing policy makers of understanding and addressing the needs of these abused women and providing an integrated service. Society would be benefited by the study which would suggest that women who receive adequate treatment the first time will be less apt to continue returning to these programs, decreasing the cost of the government who funds a large percentage of these services. There would be a decrease in the criminal justice system by these women abusing substance(s), which affects the county level. This population of women, after receiving adequate services, could become more employable



which lessens the drain on the taxpayers. More children would be able to be reunified with their mother taking them out of the social service system. On the individual level these women, with proper services, could develop self-esteem and empowerment in order to become a healthy and active participant in their community as well as the society.

Currently the services provided for substance abuse or domestic violence have not been integrated. The approaches for women, experiencing substance abuse and battering have been fragmented services. Programs providing services for substance abuse and battered women are relatively new services, creating a fragmented approach.

According to the generalist model, implementation is the stage that was addressed in this study. Domestic violence as well as substance abuse programs have established treatment plans that are targeted to serve the female population with the problem in which the agency specializes. However, an integration of the two programs needs to be implemented into a dual service.

CHAPTER TWO  
LITERATURE REVIEW

Introduction

Chapter Two includes a review of the literature on the causes and prevalence between substance violence and substance abuse. This chapter also discussed the barriers that prevent these two different programs from integrating the services they provide to women

Domestic Violence

Domestic violence is a huge problem in our society with "an estimated of 1.5 million women being sexually or physically violated" (McKean, 2004, p. 1-31). Domestic violence consists of any violence inflicted on another family member within a family setting. Domestic violence is behaviors in which a partner uses power to dominate and or control the other. Partners may be married or not married. Violence can be criminal which includes physical assault(s) such as hitting, kicking, pushing, shoving, stabbing, etc. and there is sexual abuse which is unwanted/forced sexual activity, and stalking. Another form of control over another partner (which can be just as damaging and serves to control another partner) would

be emotional, verbal, psychological and financial abuse, which can lead to criminal violence.

It has been estimated that "four million women are abused by their boyfriend or husband every year" (Hospitals & Health Networks, 1994). Some studies have shown that the reason why women do not leave an abusive relationship is due to a financial hardship they will have to face when they leave and lack of shelters to accommodate victims of Domestic Violence (DV), in regards to time and manpower to train a usually unskilled person entering the work force. This leads women to stay in the DV relationship (McKean, 2004, p. 1-31).

Studies have found a strong connection between domestic violence and substance abuse (Najavits, Sonn, Walsh, & Weiss, 2004; Rose, Peabody, & Stratigeas, 1991, p. 408-413). There has not been a correlation established of causation with domestic violence due to substance abuse. Some of the most disadvantaged group of women today are abusing substances.

Women, experiencing a high prevalence of substance abuse and domestic violence, are an indicator that there should be substance abuse services implemented within the

domestic violence programs in order to meet the dual needs of these women.

Addressing the needs of these women and providing an integrated service would affect society at all levels. Women who receive adequate treatment the first day will be less apt to continue returning to these programs which would affect the government who funds a large percentage of these services. There would be a decrease in the criminal justice system by these women abusing these substances which affects the county level. This population of women, after receiving adequate services could become more employable which lessen the drain on the taxpayers. More children would be able to be reunified with their mothers, taking them out of the social service system. On the individual level these women, with proper services could develop self-esteem and empowerment in order to become a healthy, active participant in their community as well as society.

A studies conducted (Forte, Cohen, Du Mont, Hyman, & Romans, 2005, p. 248-256; Kubany, Hill, & Owens, 2003, p. 81-91) showed that domestic violence has a serious effect on women, resulting in Posttraumatic Stress Disorder (PTSD). It has been illustrated in the article

that rates of major depression, alcohol/substance abuse, and posttraumatic distress are higher for the women who are victims of domestic violence. They also have elevated levels of medical and emotional distress. It was found that women in shelters often put themselves at risk due to a need to speak with the abuser due to financial or custody disputes. Another article also made note of an important fact that children raised in a domestically violent home will display similar symptoms as the victim, such as sleep problems, anxiety, guilt, fear and even acting out (Wettersten et al., 2004, p. 447-462).

Many women stay in an intimate violent partner relationship because of the fear of losing one of their basic needs, their home. Maslow's hierarchy of needs theory can be used to look at this human need. Cowal, Shinn, Weitzman, Stojanovic, and Labay (2002, p. 711-730) studied families receiving public assistance and out of these samples they found that forty-four percent of the homeless mothers were separated from their children.

Another reason women tend to stay in battered situations is explained by systems theory. Victims tend to have a lack of social support due to the blaming of victims for the situation as well as the isolation they

experience. They also have economic restrictions, unequal treatment within the legal system, as well as limitations to accessing services (Colarossi, 2005, p. 371-383).

Downs, Miller, and Gondoli (1987, p. 225-240) have found that women who were repeatedly sexually abused as children were likely to become substance abusers later in life. Women who have been physically or sexually abused as children tend to abuse a substance as an adult. The study also showed that there was a high prevalence of negative behavior over a lifetime as well as in the past year amongst the women studied. This study was unable to determine what type of negative behavior these women exhibited, in regards to emotional, verbal, or physical; however, it was noted that negative behaviors in relationships by partners did exist. The study indicated that an elevated level of physical and sexual abuse at an early age was an indicator of being involved in dangerous relationships and substance abuse later in life (Najavits et al., 2004).

#### Substance Abuse and Domestic Violence

In domestic violence situations, two thirds of all offenders have abused a substance. Half of all women

involved in domestic violence have consumed alcohol, which leads researchers to believe there is a strong correlation between substance abuse and domestic violence. Substance abuse is a prominent predictor of domestic violence. Studies have shown men who have abused substance(s) have a higher likelihood of abusing their partner. Women who use a substance have a higher possibility of being abused. There is not enough evidence showing that decreasing a substance abuse will decrease violence; however, there is a high prevalence between the two. The severity of violence inflicted on women is stronger with drug abusers than with alcohol abusers (Bennet, 1995).

Studies (Kubany, Hill, & Owens, 2003, p. 81-91; Taft, Murphy, King, Dedeyn, & Musser, 2005, p. 259-268) have found a correlation between substance abuse disorders and PTSD. PTSD involves specific patterns of avoidance and hyper arousal. Individuals with PTSD may begin to organize their lives around their trauma. Although most people who suffer from PTSD (especially, in severe cases) have considerable interpersonal and academic/occupational problems, the degree to which symptoms of PTSD interfere with overall functioning

varies a great deal from person to person. It was also found that "women with prior violence exposure and the number of past episodes of violence directly predicted PTSD symptom intensity" (Griffing, Lewis, Chu, Sage, Madry, & Primm, 2006, p. 936-954). It has been found that women use substances to deal with emotion wreckage, such as domestic abuse.

Women involved with using a substance aren't always classified as having a DSM-IV diagnosis addicted with a substance abuse. Many, according to the DSM-IV diagnosis, are abusing substance which still leads to interfering in their normal daily function of life (APA, 2000, p. 198). Also when talking about women abusing a substance it is not always a legal substance, there are some women who will use pharmaceutical substances to deal with every day life's tasks, such as tranquilizers, alcohol, and antianxiety medications (e.g., valium). Researchers (Kettinger, & Nair, 2000, p. 1-11) have shown that, in relationships, women are more apt to abuse a substance where there is domestic violence. The programs that are set up to assist these oppressed women either exclude their substance abuse issue or geared toward the male population since the programs were originally designed



for the males. These programs, not having a woman's interest and needs implemented into their treatment leads women to not receive adequate services. The government is currently piloting a few experimental projects such as perinat1-20, and four-site Maternal Lifestyles project which are geared to accommodate women with children and a substance abuse problem in a residential setting. In order to accommodate these women there also has to be mandatory training to the service providers in regards to a woman's special needs and interests (Goldberg, 1995, p. 789-798).

Until the late 1970s most research on women and substance abuse was biased because it sought to understand the etiology of substance abuse based on research that was conducted at substance abuse agencies that were designed for men (Abbott, 1994, p. 67-83; Reed, 1987, p. 151-164). Research on women was either ignored, misinterpreted, or analyzed combining results with those for men (Reed, 1987, p. 151-164).

One of the reasons that research relevant to the needs of women addicted to substances was scarce is women typically abuse prescription drugs which generally cause depression, low self-esteem, or other symptoms that do

not cause socially unacceptable behavior (Woodhouse, 1990, p. 12-15; Reed, 1987, p. 151-164). Second, it was perceived that women who used illegal drugs are sicker, more socially deviant, and more sexually immoral than their male counterparts which led to the perception that they are undeserving of research that would lead to better practices (Abbott, 1994, p. 67-83; Reed, 1987, p. 151-164).

However, more current studies focusing on women and substance abuse have used research methods that allow women to shed a new light on their experiences. For instance, many women in treatment for substance abuse report being physically and sexually abused as a young child (Gorney, 1989, p. 229-238; Substance Abuse and Mental Health Services Administration [SAMHSA], 1997). Abuse predicated by a close male was another common theme found in women engaged in substance abuse treatment (Gorney, 1989, p. 229-238; SAMHSA, 1997).

Another explanation researchers give for the high occurrence of chemical dependency among women is self-in-relation theory which posits that women place a greater importance on personal relationships than do men (Manhal-Baugus, 1998, p. 78-85). It is through these

relationships that women form their identities. Positive identities can only be established through healthy relationships. A woman's inability to establish healthy relationships in which she is afforded empathy and a sense of empowerment leads to disconnection and disempowerment within that relationship.

A woman may turn to the use of substances to fill the void caused by disruption of important relationships or to block the pain experienced by past injurious relationships. In addition, many women will continue to use drugs to maintain unhealthy relationships with substance abusing partners (Manhal-Baugus, 1998, p. 78-85; Wilsnack & Wilsnack, 1991, p. 850-854). This leads to isolation which can cause feelings of inferiority as well as low self-esteem, and depression. Understanding the importance women place on personal relationships is helpful in establishing treatment plans for these women.

Self-in-relation theory is very similar to feminist theory which explains not only the reasons women use drugs, but also why it is so difficult for them to access services that will adequately meet their complex needs. Feminist theory maintains that women are likely to become

dependent on alcohol or drugs as a result of depression, disempowerment, and feelings of worthlessness which are a result of living in a male-dominated society (Abbott, 1994, p. 67-83; Woodhouse, 1990, p. 12-15). The inequalities inherent in society are apparent in gender-biases that still dominate our economic and political systems. These biases coupled with the stereotypes promulgated by the media that women are unreliable, incompetent and emotionally unstable means women have less power in political and economic arenas. This makes it hard for them to access services because they may not have insurance to pay for treatment, and if they do have insurance they may fear losing their job if they are absent due to being in treatment (Abbott, 1994, p. 67-83).

These same biases are even prevalent in substance abuse treatment agencies as most of them are designed specifically for men (Reed, 1987, p. 151-164; Duckert, 1987, p. 137-150; Tollett, 1990, p. 496-503). These agencies often do not offer treatment women need such as childcare, referrals for emergency housing, treatment for mental health problems, or screening for domestic violence. The lack of these needed services only

reinforces the helplessness, feelings of alienation, and disempowerment that originally causes women to turn to the use of alcohol or drugs. In addition, once in treatment many women are subjected to more oppression when they are forced to attend group counseling where they are expected to divulge private information about themselves in groups comprised primarily of men (Woodhouse, 1990, p. 12-15; Reed, 1987, p. 151-164; Abbott, 1994, p. 67-83).

For all of the reasons stated above it is clear that there is a need for gender-sensitive drug rehabilitation services that provide comprehensive treatment. A study which was conducted through a substance abuse program in Los Angeles, California may help in determining how to integrate such services (Brown, Melchoir, Panter, Slaughter, & Huba, 2000). This study found women move along a continuum as to their readiness to seek help for problems related to substance abuse, emotional problems, domestic violence, and risky sexual behaviors. The results supported the original hypothesis that women do not operate from generalized readiness to change but rather as a result of their immediate need for safety as well as their perception of saliency regarding current

problems. This theory demonstrates that a woman is more likely to seek treatment for domestic violence than for substance abuse. This research demonstrates that it may be more beneficial for integration of services to occur within domestic violence shelters so that as women move along the continuum of readiness to change their needs can be met. More research is needed to determine how to integrate such services.

#### Treatment Programs for Victims of both Domestic Abuse and Substance Abuse

Women experiencing domestic violence and substance problems have been around for a very long time; however, a woman receiving services for both problems, at one facility is rare.

Domestic violence facilities focus their treatment on the victimization the woman has experienced. If the woman has a substance abuse problem, then that problem becomes secondary. A study by Chartas and Culbreth (2001, p. 2-11), showed the counselors at domestic violence facilities believed the women with substance abuse problems had them in order to deal with the family violence and once the violence issue was resolved the substance abuse problem would disappear. In substance

abuse agencies, like domestic violence agencies, the counselors focused their treatment on their primary service they provide according to their agency.

Domestic violence and substance abuse can affect a woman at the same time; studies have shown that different agencies have a problem coordinating their services. Some findings have shown the lack of coordinating can be due to the different models of treatment they provide for different problems, the counselors at each of the facilities having a lack of knowledge regarding the coexisting problems.

A study by Bennett and Lawson (1994, p. 277-286) found another cause for barriers is the myth that substance abuse providers subscribe to that domestic violent agencies are run by uneducated, inexperienced volunteers. This belief is their reasoning for their lack of linkage. This study did find that 66% of the staff at domestic violence agencies had completed a college education.

More studies need to be conducted on the collaborations as well as the barriers in regards to domestic violence and substance abuse, because there is a

lack of information and completed studies on how to remedy these two well-known problems.

### Theories Guiding Conceptualization

Substance abuse and domestic violence programs are governed by different theories of treatment. These conflicting theories contribute to the lack of integrated services.

Many substance abuse programs are based on the disease model, as was noted in the research (White, 1998, p. 330-331). This theory has been adopted by many different models that have used this as their base theory, such as the medical model. The disease model is based on the theory that a substance abuse problem is a disease; therefore, a person has no control over their addiction. Like any disease, one learns to live with it by learning to cope and accept that they are powerless.

Domestic violence programs base their treatment models on feminist theory. Feminist theory defines patriarchal systems in society as the cause of domestic violence. A study by Lenton (1995, p. 567-574) found that researchers were claiming that feminist theory was seen as an imbalance of control and power within the family



system, due to gender, that creates violence. Different treatment models in domestic violence programs, by drawing on this theory, believe women need to regain power and control.

Integrating these two service approaches would be to find a way for women to have empowerment over the domestic violence and be able to accept powerlessness over their substance abuse. This could be done with self-esteem training, in order to develop empowerment. Also education on the effects of substance abuse on a person physically as well as their life as a whole, could give them the knowledge that they have choices and the ability to make changes.

#### Summary

The literature review in this chapter laid the groundwork for this study, exploring the problems of domestic violence and substance abuse programs. There was also attention brought to the barriers and myths which have been preventing these two programs from integrating their services.

## CHAPTER THREE

### METHODS

#### Introduction

This study was designed to conduct a needs assessment of domestic violence agencies and the services they provide with an in-depth questionnaire. This instrument was used to compile data that could be measured, then interpreted. The findings from this study were used in assessing the importance of integration of domestic violence and substance abuse services.

#### Study Design

This study was designed to explore if there is a need to integrate substance abuse programs within domestic violence programs. The method that was used was quantitative. This study used quantitative methods in order to collect data from a large demographic area for comparisons.

The instrument that was used in this study was an in-depth questionnaire and was sent by mail. This examined the types of programs that are in effect, resources that are being used and the need for substance abuse programs. This questionnaire was sent out to

directors of all the domestic violence agencies with an informed consent.

The research question was, is there a need for integration of substance abuse programs and domestic violence programs within a domestic violence agency? Studies have found a high prevalence of substance abuse among domestic violence cases; however, a correlation has not been fully established. The data reported in this study can be used in future research.

#### Sampling

The sample was all domestic violence agencies within San Bernardino and Los Angeles Counties, consisting of twenty-seven agencies. This sample was chosen because both are large counties and are geographically convenient rather than random. The participants were selected by making a list of directors currently at the domestic violence agencies in these two counties. The list was compiled by finding this information from web sites and the phone books. Criteria for participants was that they must be a director of a domestic violence agency and over the age of 18 years. Neither gender nor ethnicity was a criteria in the selection of participants.

## Data Collection and Instruments

Data was collected through the use of a survey. Questions (see Appendix A) focused on whether there was a need for substance abuse programs and if these services were already being provided. The independent variables consisted of directors' demographic characteristics which included age, years in this field, education level, and time in the position they currently hold. Other independent variables include history of agency, number of occupants, services provided, and resources given. The dependent variable was whether there was a need for substance abuse programs. The variables were measured at nominal, ordinal and interval. Nominal variables were: gender; agency provides programs for substance abuse, association between substance abuse and domestic violence, position held, and directors' perception of services needed. Ordinal variables were: formal substance abuse training, occupancy in shelter in 6 month period, education level of the director and return rate. Interval variables were: age, length at agency, length in field, history of agency, number of shelters, number of women, duration of time, and percentage referred out.

The demographic variables may have had an influence on the dependent variable. If a director has had substance abuse training it may have influence their answer on the questionnaire that there is a need to integrate services.

The instrument (see Appendix A) was created strictly for this study. It was pre-tested by a representative of a domestic violence agency. This person examined the questionnaire for content, the ability to understand what is being asked and also to give any input that might make the questionnaire more effective as well as better received.

This study, conducted on the directors of domestic violence agencies, had the advantages of the subjects having knowledge about the agencies, and what the agencies are lacking as well as what programs have been effective in the past. This study had the limitation of only collecting data from a limited sample; a larger sample might have given more data for comparisons. Another limitation was that by studying directors rather than the clients (individuals in the domestic violent shelters) the responses could have been biased. Another limitation of the study was that it was conducted by the

mail; therefore, there could have been a lack of response from certain types of agencies, skewing the results.

#### Procedures

A questionnaire was mailed to the director at each of the agencies within the sample. The subjects had two weeks to respond; to remind those who did not respond, because of anonymity, another questionnaire was sent to all. The questionnaire was mailed with a stamped return envelope included, which was addressed to a P.O. Box. The researcher collected the responses and they were kept in a locked metal box. When the responses were inputted into the computer they were anonymous. Responses were only handled by researcher and her assistant.

#### Protection of Human Subjects

All data collected was kept in a locked box. Data used for analysis was anonymous as well as the findings in the conclusion. An informed consent (see Appendix B) was collected, and a debriefing statement (see Appendix C) was sent out. Name of subject or agency did not at any time appear on the questionnaire, the data or the results gathered in this study to assure complete anonymity.

## Data Analysis

The reported independent variables were analyzed to determine the mean, median, mode and frequency distribution. A bivariate analysis was done to assess correlations among the variables using a Pearson's test for significance of the variables associations. A chi-square was useful for assessing the association between nominal independent variables and the dependent variable, is there a need for substance abuse programs. The chi-square was also helpful in determining if nominal variables are associated with one another, e.g., if gender had an influence on whether there was a need for a substance abuse programs. Another chi square test was run to see if having substance abuse training would have an influence on whether there was a need for an integration of services.

## Summary

This study was designed to assess a growing problem, domestic violence and substance abuse, and whether there is a need to integrate the two programs. This study looked for correlations. The findings may assist in

further research in regards to growing problems of domestic violence and substance abuse.



## CHAPTER FOUR

### RESULTS

#### Introduction

This needs assessment was designed to explore if there is a need to integrate substance abuse programs within a domestic violence agency. This needs assessment was based solely on the opinions of the directors, co-directors, and one counselor at domestic violence agencies. In this chapter, findings will be presented by using descriptive statistics.

#### Presentation of the Findings

Twenty-six surveys were sent out to the directors, co-directors, and one counselor at domestic violence agencies in the City of San Bernardino. Of them, 11 participants returned their surveys. Table 1 presents the demographic characteristics of the respondents. All respondents were female: nine were directors, one was assistant director and one was a counselor at Domestic Violence Facilities. The respondent's ages ranged between 28 and 57 years of age with an average age of 42 years. About a third of the respondents were 51 years of age and older, and nearly a half were 40 years or younger.

Table 1. Demographic Characteristics of the Respondents

Variable	Frequency	Percentage
Age	Mean = 42.2 years	
40 or younger	5	45.5
41-50	2	18.2
51-60	4	39.4
Education		
High school	1	9.1
College	1	9.1
Graduate (MA, MSW)	8	72.7
Ph.D.	1	9.1
Substance Abuse Training		
None	1	9.1
Some	7	63.6
Certificate	3	27.3
Years of experience in field		
0-5 years	4	36.4
6-11 years	1	9.1
12-16 years	2	18.2
17-25 years	4	36.4
Years with agency		
0-2	5	45.4
6-8	6	54.5
Years with current position		
0-2	5	45.5
3-5	2	18.2
6-8	3	27.3
Other	1	9.1
Position in agency		
Director	9	81.8
Counselor	1	9.1
Other	1	9.1

The respondent's education level ranged from high school graduate to Ph.D. The majority (72.7%) of the respondents had a graduate degree (master's level).

The respondents were asked about their formal training in substance abuse. Almost two-thirds (63.6%) of the respondents claimed to have some training, and about a quarter (27.3%) claimed to have obtained a certificate.

The respondents were asked how long they had been working in the domestic violence field, in order to understand their level of exposure to the information gathered in this study. It was also important to examine the time they had been at their current facility as well as the length of time they had held the position they had been in. Responses might have differed if the respondent had recently become employed by the facility and were unfamiliar with the facilities process of care.

The respondents in this study had been working within the field of domestic violence from zero to twenty-five years. About a third (36.4%) of the respondents stated they had been in this field 0-5 years, and another third (36.4%) claimed 17-25 years.

The respondents were asked the duration of time they had been employed with the facility they were currently

working at during the time of filling out the questionnaire. Half (54.5%) of the respondents had been there 6-8 years and half (45.5%) had been at the facility 0-2 years.

Respondents were asked the duration of time they had held their current position, Almost half (45.5%), were new to the position (0-2 years), while a quarter (27.3%) were quite experienced (6-8 years).

Table 2 shows some characteristics of the agencies. Respondents were asked questions dealing with the shelter's history (time established), the number of women in the shelter, and the duration of their stay. The large majority of agencies had been established for 22 to 33 years. Ninety percent (90.9%) of the respondents stated that the agency they worked for had been established for longer than 33 years. When asked how many shelters the agency operated, half (54.5%) reported one shelter, and a third (36.4%) reported two or three shelters. When questioned regarding the maximum number of women in the shelter at one time, a third (36.4%) reported 21-35 clients, and another third (36.4%) claimed over 35 clients. Half the respondents reported the duration of time in the shelter to be short (six months or less)

Table 2. Characteristics of Agencies

Variable	Frequencies	Percentage
Years of agency operation		
22-33 years	10	90.9
Other	1	9.1
Number of shelters each agency has		
1	6	54.5
2-3	4	36.4
4-6	1	9.1
Maximum number of women in shelter		
1-14	1	9.1
15-29	2	18.2
21-35	4	36.4
Other	4	36.4
Average duration of time spent in shelter		
0-6	6	54.5
7-12	2	18.2
13-18	1	9.1
19-24	2	18.2
Occupancy in shelter during 6-month period		
Over half full	6	54.5
Totally full	5	45.5

only 18.2% had stays as long as 19-24 months. Half the respondents reported the occupancy was over half full and half said the shelter was totally full.

Table 3 presents agency characteristics related to substance abuse. Respondents were asked whether the agency provided programs to women who are also suffering from substance abuse. A quarter (27.3%) of the

Table 3. Agency Characteristics Related to Substance Abuse

Variable	Percentage	Frequency
Provision of substance abuse services		
Yes	3	27.3
Referral to other facility	4	45.5
Other	3	27.3
Number of referrals during last 6 months		
1-10 referrals	8	72.7
Other	3	27.3
Perception of association between domestic violence and substance abuse		
Yes	8	72.7
No	2	18.2
Other	1	9.1
Domestic violence shelter should provide substance abuse treatment services?		
Yes	2	18.2
No	6	54.5
Other	3	27.3
Number of clients returned with substance abuse problem		
None	1	9.1
Some	6	54.5
A lot	2	18.2
Other	2	18.2

respondents stated the agency did provide substance abuse programs, and half (45.5%) refer to a substance abuse facility (see Table 3). There were some who responded with qualitative response(s) to these questions such as

the following. "Depends on substance," "we do not provide specific substance abuse programming," "women cannot be actively using and stay in our shelter" all responses indicating that women with substance abuse problems are referred out. Other comments that substantiated the point that focus on women's substance abuse issues, are non-victim blaming, incorporate an understanding of PTSD and trauma treatment and understand safety issues for victims of domestic violence."

Over a six-month time period ten or fewer clients were referred out by three quarters (72.7%) of the agencies; the rest of the respondents claimed more than ten were referred out.

When respondents were asked if there is an association between substance abuse and domestic violence, 72.7% stated that there was a high association between the two. They also gave qualitative answers such as the following: "no more so than with batterers," "not necessarily abuse of substance by the survivor but by the perpetrator," uncertain of what question is asking."

When asked about if there was a need to integrate substance abuse programs within the domestic violence agency, half of respondents answered "no," 18.2% stated

"yes," and 27.3% gave "other" responses (see Table 3). There were a few respondents who answered qualitatively writing in answers such as "depends on the program," "if money and space allows this would be fabulous! Unfortunately- funding is the major issue and board approval for added space, etc.," "there should be facilities available but it create issues in itself."

As to clients' rate of return to the agency because of substance abuse problems, 9.1% of respondents said none, over half (54.5%) stated some clients who had substance abuse problems returned to the agency, and 18.2% stated a lot returned who had substance abuse problems. Some of the respondents responded with qualitative answers such as: "They may continue to receive services at our outreach office," and "Don't know stats- probably little," were answers given that fell under the "other category" that held 18.18% of the research finding indicating that the agencies favored referring clients out.

#### Summary

This study was designed to conduct a needs assessment on substance abuse programs being integrate



into domestic violence agencies. After assessing the responses from the eleven respondents, the findings did show awareness that substance abuse is prevalent among domestic violence clients; however, the majority of respondents did not think there was a need to integrate substance abuse programs within domestic violence agencies.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

In this chapter a discussion of the findings will be presented briefly as well as limitations found in this study. Recommendations for social work practice, policy and research will be given for future use, followed by the conclusions of the study.

#### Discussion

The purpose of the study was to assess domestic violence agency workers' perceptions of the extent of the problem of substance abuse among the women in domestic violence agencies. The study further sought to see if domestic violence shelter programs in place accommodated the needs of these women in the county of San Bernardino, and there was a need to integrate the substance abuse treatment services and domestic violence shelter programs.

The results gathered were based on the opinions of the directors, assistant directors and counselors at the facilities where this research was conducted. The tool

that was used was a survey sent out to the domestic violence agencies within the San Bernardino County.

The premise of this study was that the respondents would feel there was a need to integrate services due to the high association between substance abuse and domestic violence among this population of women. The study also sought to determine if education level, and experience level in the field had any effect on their opinion as to whether implementing this program would be necessary or not.

Eleven persons responded out of 26 who received the survey. All were female, one third were 52 years of age or above, most had a graduate level or higher education, and most had some experience with substance abuse.

The findings of the study showed that there is known to be a high prevalence of substance abuse among domestic violence clients. There is also a lack of programs for substance abuse within these domestic violence agencies. Given the high rate of women experiencing substance abuse issues returning to domestic violence agencies, the findings of this study show there is not a need to integrate the two programs according to the respondents.

Most agencies referred their clients out with substance abuse problems rather than treat in house.

This study found that in some cases where the two programs are not integrated it is due to lack of funding as well as lack of experienced staff. Another reason for not integrating the programs is that a large population of clients occupies the shelters tends to be over half full or totally full. This could indicate a lack of resources to expand program services.

There also appeared to be a concern with the difference in theories that are used to treat these two different groups of problems. Some felt domestic violence was a primary problem and that treating substance abuse as a secondary problem would take away the emphasis on the primary issue.

Substance abuse is a growing problem within society. Easton, Swan and Sinha (2000, p. 23-28) affirmed this in their findings that "60% of substance abusing women was victims of domestic violence." No matter if it is the perpetrator or the victim experiencing a problem with substance abuse, researchers have found that there is a correlation between domestic violence and substance abuse. Treating only one of the problems would appear to

be putting a bandage on the issue. Research has not clarified whether domestic violence leads to substance abuse or substance abuse to domestic violence. Both need to be treatment in order to solve the problem as a whole.

#### Limitations

This study was faced with limitations due to having a small sample and a nonprobability sample. There was also a problem with the understanding of the survey questions by some respondents. If the study had covered a larger geographic area the findings might have supported the hypothesis. If the study had been conducted through personal interviews, questions could have been clarified, leading to different findings as well.

#### Recommendations for Social Work Practice, Policy and Research

This needs assessment hopefully has opened the door to more research in the future as well as bringing the problem of substance abuse and domestic violence to the forefront. In order to create funding for substance abuse treatment the effect it has on domestic violence must be understood. This could only happen through lobbying and educating society on the problem.

One way to bring substance abuse treatment to domestic violence agencies is for domestic violence agencies to work with substance abuse agencies to find ways to share workers services. For example, substance abuse workers could be "out stationed" at domestic violence or agencies can trade workers for several days a week. This could help integrate programs at substance abuse agencies as well as domestic violence agencies. There is also special substance abuse funding for which domestic violence agencies can apply. For example, Prop. 63, is a mental health bill, which can be used to fund substance abuse under Axis I in the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM4).

Another idea is that domestic violence agencies could run a pilot program in order to create statistics on need which would assist in applying for funding. There is also in the possibility of using volunteers and intern programs to help with the caseload. This would free up some of the staff's time so they could create and run other programs, such as substance abuse treatment.

## Conclusions

This study found that administrators and workers from domestic violence agencies indicated that there were a significant number of women who also have substance abuse problems in domestic violence shelters. The study also found that respondents expressed a need for the integration of both substance abuse treatment services and domestic violence services. This study broadens knowledge of the influence substance has on domestic violence. The study attempted to find solutions to this growing problem and to bring into focus a population that continues to be oppressed due to victimization as well as the lack of programs available for them.

APPENDIX A  
SURVEY INSTRUMENT



Survey Instrument

1. What is your gender?  
M            F
2. What is your age? \_\_\_\_\_ years
3. What is your level of education? \_\_\_\_\_
4. Do you have any formal substance abuse training? (circle one below)  
None    some    certificate
5. How long have you been with this agency? \_\_\_\_\_
6. What is your position with this agency? \_\_\_\_\_  
\_\_\_\_\_
7. How long have you held this position? \_\_\_\_\_
8. Other than this agency how long have you been working within this field?  
\_\_\_\_\_
9. When was this agency, which you are currently working with, established?  
\_\_\_\_\_
10. How many shelters does this agency currently have?  
\_\_\_\_\_
11. What is the maximum number of women the shelter(s) can house at one time? \_\_\_\_\_
12. What is the duration of time a woman can stay in one of the shelters?  
\_\_\_\_\_
13. Within a six-month period would you say occupancy in the shelter is:
  - a) less than half full
  - b) half full
  - c) over half
  - d) totally full

14. Does your domestic violence agency provide programs to women in your facility who are also suffering with substance abuse?    Y    N

A. If no chose from the following:

1. Refer them to a substance abuse facility.
2. Refer them to another domestic violence facility.
3. other- explain

\_\_\_\_\_

B. If yes answer the following three questions:

1. What type of program do you provide?

\_\_\_\_\_

2. What is the level of education or training of these person(s) providing this service?

\_\_\_\_\_

3. What theory of treatment of treatment governs this program?

\_\_\_\_\_

15. What is the estimated percentage, over a six month period, of women at your facility that have been referred out with a substance abuse problem?

\_\_\_\_\_

16. Do you think that there is a high association between domestic violence and substance abuse?

Y        N

17. Do you think domestic violence facilities should also provide treatment for women experiencing substance abuse?

Y        N

18. What is the rate of women returning to your agency with substance abuse problems?

a) none        b) some        c) a lot

APPENDIX B  
INFORMED CONSENT

## INFORMED CONSENT

Dear Participant:

Thank you for your cooperation in a study which explores women's experiences with the cross-problem of domestic violence and substance abuse. This study is being conducted by Tammy Hunt, a Masters student in the Department of Social Work at California State University, San Bernardino. This study has been reviewed and approved by the Department of Social Worker Sub-Committee of the Institutional Review Board of California State University San Bernardino.

As a director of a domestic violence agency you will be asked to complete a questionnaire. None of the questions are personal in nature. Some questions do illicit your perceptions, based on your experience, about the effects of substance abuse on a woman's recovery from domestic violence, whether there is a need to address this, and the barriers that would hinder such an integration of services. The questionnaires will be kept private and confidential, and will be accessible only to the researcher. You are under no obligation to participate in the study, or you may decline to answer any question with which you do not feel comfortable. There are no foreseeable risks for your participation. The benefits from this study are related to the possible knowledge that will be gained from the study. The entire questionnaire should take about 20 minutes to complete. Please give your consent by marking the blank provided at the bottom of this page.

If you have any questions you may contact my faculty supervisor Dr. Rosemary McCaslin at (909)537-5507. Thank you again for your participation in this study.

Sincerely,  
Tammy Hunt

---

---

---

Study Participant

---

Date

APPENDIX C  
DEBRIEFING STATEMENT

## DEBRIEFING STATEMENT

Thank you for your participation in this study. The information you have provided is greatly appreciated. Your answers will help determine if exposure to substance abuse can hinder a woman's ability to obtain services for recovery from domestic violence and whether there is a need to integrate services for this cross-problem.

The researcher wanted to determine the perceptions of directors of domestic violence agencies. This will help determine if they see a need to integrate services to address the needs of women of domestic violence, who have been exposed to substance abuse. Directors of the facilities are the ones with the authority to integrate such services if the need for them exists.

To assure anonymity, individual results will not be available. However, you may obtain a summary of the findings in September 2006 from Pfau Library at California State University, San Bernardino. If you have any further questions or concerns, you may contact the supervisor of this study Dr. McCaslin at (909)537-5507.

Sincerely,

Tammy Hunt

Masters Degree Candidate

## REFERENCES

- Abbott, A. A. (1994). A feminist approach to substance abuse treatment and service delivery. Social Work and Health Care, 19(3-4).
- American Psychiatric Association. (2000) Diagnostic statistical manual of mental disorders (4<sup>th</sup> ed.). Washington DC: Author.
- Bennett, L., & Lawson, M. (1994). Barriers to cooperation between domestic violence and substance-abuse programs. Families in Society, 75.
- Brown, V. B., Melchior, L. A., Panter, A. T., Slaughter, R., & Huba, G. J. (2000). Women's steps of change and entry into drug abuse treatment: A Multidimensional stages of change model. Journal of Substance Abuse, 18(3).
- Chartas, N. D., & Culbreth, J. R. (2001). Counselor treatment of coexisting domestic violence and substance abuse: A qualitative study. Journal of Addictions & Offender Counseling, 22(1).
- Colarossi, L. (2005). What guides social work knowledge about violence against women? A response to Danis & Lockhart. Journal of Social Work Education, 41(1).
- Cowal, K., Shinn, M., Weitzman, B. C., Stojanovic, D., & Labay, L. (2002). Mother-child separations among homeless and housed families receiving public assistance in New York city. American Journal of Community Psychology, 30(5).
- Downs, W. R., Miller, B. A., & Gondoli, D. M. (1987) Childhood experiences of parental physical violence for alcoholic women compared with a randomly selected household sample of women. Viol. Vict. 2.
- Duckert, F. (1987). Recruitment into treatment and effects of treatment for female problem drinkers. Addictive Behavior, 12.

- Easton, C. J., Swan, S. & Sinha, R. (2000). Prevalence of family violence in clients entering substance abuse treatment. Journal of Substance Abuse Treatment 18(1).
- Forte, T., Cohen, M. M., Du Mont, J., Hyman, I., & Romans, S. (2005). Psychological and physical sequelae of intimate partner violence among women with limitations in their activities of daily living. Archives of Women's Mental Health, 8(4).
- Goldberg, M. E. (1995). Substance-abusing women: False stereotypes and real needs. Social Work, 40(6).
- Gorney, B. (1989). Domestic violence and chemical dependency: Dual problems, dual interventions. Journal of Psychoactive Drugs, 21(2).
- Griffing, S., Lewis, C. S., Chu, M., Sage, R. E., Madry, L., & Primm, B. J. (2006). Exposure to interpersonal violence as a predictor of PTSD symptomatology in domestic violence survivors. Journal of Interpersonal Violence. V 21.
- Hospitals & Health Networks. (1994). Women abused annually. Retrieved December 15, 2005 from <http://libproxy.lib.csusb.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=9501185786&site=ehost-live>
- Kahler, C. W., McCrady, B. S., & Epstein, E. E. (2003). Sources of distress among women in treatment with their alcoholic partners. Journal of Substance Abuse Treatment, 24(3).
- Kettinger, L. A., & Nair, P. (2000). Exposure to Environmental Risk Factors and Parenting Attitudes Among Substance-Abusing Women. American Journal of Drug Alcohol Abuse, 26(1).
- Kubany, E. S., Hill, E. E., & Owens, J. A. (2003). Cognitive trauma therapy for battered women with PTSD: Preliminary findings. Journal of Traumatic Stress, 16(1).



- Lenton, R. (1995). Feminist versus interpersonal power theories of wife abuse revisited. Canadian Journal of Criminology, 37(4).
- Manhal-Baugus, M. (1998). The self-in-relation theory and women for sobriety: Female-specific theory and mutual help group for chemically dependent women. Journal of Addictions & Offender Counseling, 18(2).
- McKean, P.H. D., Lise. (2004). Addressing domestic violence as a barrier to work: Building collaborations between domestic violence service providers and employment services agencies. Center for Impact Research. Chicago, Illinois. Retrieved on October 2005 from [www.impactresearch.org](http://www.impactresearch.org)
- Murphy, C. M., & O'Farrell, T. J. (1994). Factors associated with marital aggression in male alcoholics. Journal of Family Psychology, 8(3).
- Najavits, L. M., Sonn, J., Walsh, M., & Weiss, R. D. (2004). Domestic violence in women with PTSD and substance abuse. Addictive Behaviors, 29(4), 707-715.
- Reed, B. G. (1987). Developing women-sensitive drug dependence treatment services: why so difficult? Journal of Psychoactive Drugs, 19(2).
- Rose, S. M., Peabody, C. G., & Stratigeas, B. (1991). Responding to Hidden Abuse: A Role for Social Work in Reforming Mental Health Systems. Social Work, 36(5).
- Smith, R. (1993). As a matter of fact women and substance abuse. Retrieved November 15, 2006 from <http://www.well.com/user/woa/fswomen.htm>
- Substance Abuse and Mental Health Services Administration. (1997). Substance abuse treatment and domestic violence (DHHS Publication No. SMA 97-31631-113). Rockville, MD: U.S. Government Printing Office.

- Taft, C. T., Murphy, C. M., King, L. A., Dedejn, J. M., & Musser, P. H. (2005). Posttraumatic Stress Disorder Symptomatology Among Partners of Men in Treatment for Relationship Abuse. Journal of Abnormal Psychology, 114(2).
- Tollett, E. (1990). Drug abuse and the low-income community. Clearinghouse Review, 24(5).
- Wettersten, K. B., Rudolph, S. E., Faul, K., Gallagher, K., Trangsrud, H. B., Adams, K., Graham, S., & Terrance, C. (2004). Freedom Through Self Sufficiency: A Qualitative Examination of the Impact of Domestic Violence on The Working Lives of Women in Shelters. Journal of Psychology, 51(4).
- White, William L. (1998). Slaying the dragon: the history of addiction treatment and recovery in America. Chestnut Health Systems/Lighthouse Institute. Bloomington, Illinois. Pg 330-331.
- Wilsnack, S, & Wilsnack, R. (1991). Prevalence and magnitude of perinatal substance abuse exposures in California. New England Journal of Medicine, 329.
- Woodhouse, L. D. (1990). Response to the victimization of women and children. Journal of the Center for Women Policy, 13.

## ASSIGNED RESPONSIBILITIES PAGE

This was initially a two-person project where authors collaborated. It was subsequently divided into two separate studies. For the collaborative phase of the project, certain authors took primary responsibility. Responsibilities for both phases were assigned in the manner listed below.

1. Data Collection:

Individual Effort: Tammy Hunt

2. Data Entry and Analysis:

Individual Effort: Tammy Hunt

3. Writing Report and Presentation of Findings:

a. Introduction and Literature

Team Effort: Tammy Hunt & Colleen Murphy

b. Methods

Individual Effort: Tammy Hunt

c. Results

Individual Effort: Tammy Hunt

d. Discussion

Individual Effort: Tammy Hunt