

“Still Out There”

Experiencing Substance Use and Violence in Rural British Columbia

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Cet article aborde les changements que les femmes violentées ont apportés à leur consommation de drogues et qui ont eu recours à l'aide des maisons d'hébergement rurales et urbaines. Elles vivent les défis incluant le stress lié à l'argent, au logement, à la législation et aux services sociaux fragmentés. Les femmes ont besoin de plus de services intégrés et de l'aide pratique surtout dans les régions rurales.

Violence against women continues to be a serious problem for women in Canada, and has multiple legal, social, psychological, and health consequences. Rural women who experience abuse have particular issues related to their location. Several structural issues have been identified as key exacerbating factors in violence against women who live in rural communities (Jiwani). Distance from, or lack of, adequate services; limited educational/employment opportunities; and compromised confidentiality all contribute to the “double isolation” of rural women who experience violence from their partners. Substance use issues complicate this picture further. In this article, we explore the differences and similarities of concurrent experiences of substance use and violence among women in rural and urban areas across British Columbia.

The departure of a woman from a violent relationship is a time of key life transition for her, and, despite stress and dislocation, can be a rich opportunity for change in many areas of her life. Many of these changes are facilitated by programs and services for abused women, notably shelters and transition houses. The British Columbia Centre of Excellence for Women's Health in collaboration with the British Columbia/Yukon Society of Transition Houses carried out a study to explore the links between use of alcohol and other substances among women who have experienced violence and were accessing help from transition houses. Rates and types of substance use, as well as reasons and motivations for substance use, emerged through questionnaires and interviews. Structural issues (i.e., housing, transportation, access to health

care) were described in women's narratives as areas where integrated, empowering supports were needed for them to continue improving their lives.

This project employed interdisciplinary theoretical and methodological tools to provide an in-depth analysis of the issues faced by the women participants. The connections among stressors, decision-making, and substance use among women entering shelters in rural and urban areas were explored by examining motivations for drinking, types and levels of stress, and changes in levels of substance use over time.

The objective of this study was to examine how interventions provided by transition houses may affect women's alcohol and other substance use, their stress levels, and changes in motivations for drinking. Through discussion with the B.C./Yukon Society of Transition Houses staff, questions emerged about how rural women's experiences of violence and substance use may differ as compared to urban women, and this further analysis was then integrated.

Previous literature suggests that rural women experience more barriers to support for violence and substance use treatment services due a variety of factors, particularly accessibility, availability and affordability (Booth and McLaughlin). Furthermore, alcohol use is generally less socially accepted for women than men. For rural women, where services may already be limited, seeking help is even more difficult (Booth and McLaughlin). In previous studies comparing urban and rural women, rural women have reported fewer social supports, such as friends and family (Logan et al.), and inadequate criminal justice services (Van Hightower and Gorton).

Methodology

All the women who entered any of 13 transition houses across British Columbia between October 2002 and June 2003 were invited to participate in this study. Women

who completed screening forms and consent forms were eligible for the study if they identified using alcohol or any substance more than five times a week (except if the only substance used was nicotine). In addition, women were also eligible to participate if they identified the use of multiple substances (from once a month to more than five times a week) or they self-reported a current problem with alcohol or any of the other substances. Thus, the women described in this study are only those who were accessing help for violence-related concerns *and* were also using substances.

largest reported ethnic groups. The other four urban shelters are in cities of approximately 70,000.

Substance use intervention strategies and programs varied among transition houses. In some, staff proactively discussed substance use with residents and assisted them in making changes and/or connecting them to needed services. In some cases there was in-house drug and alcohol counselling available. At other transition houses, staff were open to discussing issues of substance use and referred women to addiction services if a woman raised the issue, but no proactive intervention was in place.

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Women who participated in the study were interviewed twice, with the initial interview taking place when the woman was staying at the transition house (Time 1), and the second interview taking place approximately three months later (Time 2). Each interview was comprised of two parts: first, questionnaires regarding use of alcohol and other substances, stress levels, and experience of intimate partner violence; second, a series of open-ended questions designed to gather information expressed in the women’s own words.

The distinction between “rural” and “urban” was made based on the population of the municipality where the transition house is located (i.e., population 30,000 or less was considered “rural”), although it was not possible to determine whether the women residing at rural transition houses had been living in rural areas when they had experienced violence. Of the 13 shelters, seven were located in rural settings and six were in urban settings. Five of the seven rural communities are situated on the coasts of British Columbia, and four of these have economies that are based in natural resource management, such as forestry, fishing, and mining. Only one of the coastal towns has a well developed agricultural industry. Two of the coastal communities have a large Aboriginal population with multiple bands living in the regions. The two inland rural towns employ the majority of their community members in the service industry and in other diverse fields such as business services, health/education, wholesale/retail trade, and manufacturing/construction. In contrast, the urban shelters are located in cities closer to Vancouver and have diverse populations and economies. The largest of these communities has a population of 350,000 with a large immigrant population from India, Taiwan, and the Philippines. Another shelter is located in a city of 326,000 with “Canadian” and “English” as the

Results

One hundred and twenty-five women participated in interviews at Time 1, and 74 of these women were successfully contacted for a Time 2 interview approximately three months later, representing a follow-up rate of 59 per cent.¹ Among the 74 women who completed both interviews, 23 had stayed at a transition house in a rural area (i.e., population 30,000 or less) and 51 had stayed at a transition house in an urban area (i.e., population greater than 30,000). When asked about drug and alcohol interventions available at the transition house, those located in urban areas were more likely to report that proactive discussions regarding drug and alcohol use took place among staff and residents and that assistance in connecting women to needed services was available.

Demographics of Women in Urban and Rural Shelters

Women in rural (n=23) and urban (n=51) transition houses were found to have similar characteristics in many ways; the mean age for each group was 35 years, the majority had children and were dealing with current custody problems, and most were living on low annual incomes of \$10,000 or less. The majority (53 per cent) of women in urban houses were financially dependent on social assistance while 39 per cent of the women in rural houses were collecting social assistance, with an additional 17 per cent of the rural group neither working nor collecting benefits, likely indicating a financial dependence on their partners. When asked about their ethnicity, 61 per cent of those in rural houses chose “white/Caucasian” and 30 per cent chose “First Nations/Native Canadian”, while the remaining women selected “biracial” or

“other”. Among women at urban houses, 63 per cent chose “white/Caucasian” and 22 per cent chose “First Nations/Native Canadian”, while the remaining women selected “biracial” or “other”.

Women’s Substance Use, Stressors and Motives for Drinking at Interview One

At the first interview, women were asked to describe their drinking behaviours using the Brief Michigan Alcohol Screening Test (BMAST) (Pokorny, Miller and

ing among women from rural houses as compared to women from urban houses (61 per cent and 84 per cent, respectively), although both rates differ markedly from the general prevalence among women age 15+ years in British Columbia which is only 16 per cent (Health Canada).

The women also expressed their reasons for drinking and identified the major sources of stress in their lives at Time 1. Reasons for drinking were assessed by the Drinking Motives Questionnaire (DMQ) (Cooper, Russell, Skinner and Windle). For both groups of women, the

“My reasons [for drinking] are because it helps me.... I feel that I’ve been stripped of my feelings, opinions ... like no one really cares about me in this world, a hopeless feeling. I feel like I’ve been raped by the system.”

Kaplan). Women from both rural and urban houses reported drinking behaviours that were indicative of alcoholism (87 per cent and 86 per cent, respectively). However, there were differences in the women’s experiences of problem drinking; women from urban houses were more likely than women from rural houses to report having gotten into trouble at work because of drinking (34 per cent and 13 per cent, respectively); and having been arrested for driving after drinking (26 per cent and 17 per cent, respectively). On the other hand, about half (48 per cent) of the women from rural houses reported that they had neglected their obligations, family or work, for two or more days in a row because of drinking, as compared to 38 per cent of women from urban houses.

All of the women participating in the study met the screening criteria for high or problematic alcohol and substance use patterns (as described above) at Time 1. However, at this first interview, the women described their substance use in more detail. “Binge drinking” (i.e., drinking greater than three drinks on one occasion within the previous three months) was far more prevalent in the rural group (78 per cent) than in the urban group (59 per cent). However, the women from urban houses who did engage in binge-drinking reported doing so on a greater number of occasions than women from rural houses.

Differences in other substance use were also evident. The use of stimulants (i.e., using crack, cocaine, or methamphetamines within the previous three months) was significantly more prevalent in women from urban houses (61 per cent compared to 17 per cent), while the use of non-prescription depressants was more prevalent in the rural group (65 per cent compared to 43 per cent). Rates of use of prescription depressants were comparable between both groups of women (29 per cent urban; 26 per cent rural). Interestingly, there was a lower rate of smok-

main motivation for consuming alcohol was “coping,” with “social” and “enhancement” motivations also prominent. When asked about their sources and levels of stress, “money issues” and “relationship with partner” emerged as the top concerns for both groups of women. However, women from urban houses were more likely to report “great stress” from these issues.

Physical abuse was common for women from both rural and urban houses, with approximately half saying that their partners frequently screamed and yelled at them, and more than a third reporting that their partners frequently acted like they wanted to kill them. Women from rural houses were more likely than those from urban houses to report several types of frequent non-physical abuse, with a distressing 91 per cent saying that their partners frequently belittled them and 86 per cent saying their partners became upset if dinner or housework was not completed punctually. One woman staying at a rural house said:

While all this [substance use and violence] is taking place you have your husband’s words saying “no one will want you ... you’ve had two kids and no one will want you.” He will make you feel insecure. Most women who have been abused seem to get used to it.

Women’s Substance Use, Stressors and Motives for Drinking at Interview Two

At the time of the second interview women, the women had moved on to new living situations, either on their own or staying with family or friends. Others had returned to their partners. The length of time women stayed at the transition house varied to a maximum stay of 30 days.

When interviewed a second time, the women from both

rural and urban houses reported lower levels of alcohol and some substance use and decreased motivations to drink for coping, social or enhancement reasons. However, the decreases in substance use and motivation were consistently greater among women from urban houses.

Binge drinking, for example, dropped 20 per cent in urban areas (from 59 per cent to 39 per cent), but dropped only 8 per cent in rural houses (from 78 per cent to 70 per cent). When it came to the use of stimulants, women in urban houses who initially reported far greater stimulant use reported a greater decrease than their rural counterparts.

Overall, women from urban houses decreased their stimulant use from 61 per cent to 30 per cent, but there was no change at all among women from rural areas. The use of non-prescription depressants dropped significantly for both groups, but again, urban women showed a decrease in prescription depressants (dropping 15 per cent from 29 per cent to 16 per cent, while the rural group remained constant at 26 per cent). Tobacco use did not decrease for either group, and among women from rural houses, the proportion of smokers actually *increased* slightly, from 61 per cent to 70 per cent. According to the women's scores on the Drinking Motives Questionnaire, all the women's motivations for drinking for coping, social or enhancement reasons decreased although women from urban houses showed a greater reduction in their motivations to drink for coping, social and enhancement motivations than women from rural houses.

Women from both urban and rural houses reported changes in their sources of stress between Time 1 and Time 2. Both groups reported high levels of stress at Time 2 related to money, housing and legal issues; but the proportion of women reporting "great stress" due to their partners decreased significantly among both groups.

Changes and Barriers

Positive changes were evident for women who stayed at both rural and urban houses. The general decreases in alcohol and (some) substance use, motivations to drink, and stress over the three-month period reflect the positive impact of the safe and supportive environment created by transition houses for women who experience abuse. However, women from urban and rural houses differed in their patterns and experiences of substance use and the changes that occurred over the three months.

Notably, women from rural houses were more likely to engage in binge-drinking than those from urban houses, and women from urban houses were more likely to use stimulants than women from rural houses. Decreases in use were observed among women from urban houses in all categories of substances. In contrast, binge-drinking and use of non-prescription depressants decreased among women from rural houses, but use of other substances proved to be more resistant to change. In fact, the propor-

tion of women from rural houses who were smokers *increased* slightly during this time period. The larger decreases among women from urban houses may be a reflection of proactive discussions regarding drug and alcohol use among staff and residents and assistance in connecting women to needed services, which urban houses were more likely to report.

The ways in which women in rural and urban areas experience concurrent substance use and violence may play out in different contexts in their lives. For example, women from rural houses described different experiences due to problem drinking (as measured by the BMAST) as compared to women from urban houses. Those from urban houses described repercussions from external sources, such as being arrested or being reprimanded at their job. In contrast, the women from rural houses described impacts in their interpersonal relationships, with more than half saying that they had neglected their obligations, family or work due to drinking.

There were also differences in magnitude of changes made by rural and urban women during the three-month period. Although a general decrease was observed in reported motivations to drink, the degree to which drinking decreased was smaller among women at rural houses. One woman from a rural house who worked in the sex trade talked about her reasons for drinking as being connected to the problems she faced in trying to access legal and other services, which is particularly challenging in rural areas:

My reasons [for drinking] are because it helps me when I'm dealing with... I feel like my rights have been taken away with legal issues... I feel that I've been stripped of my feelings, opinions... like no one really cares about me in this world, a hopeless feeling. I feel like I've been raped by the system.

Indeed, fragmented social services were a common barrier to both groups of women trying to improve their lives, and a lack of access to and diversity of services in rural areas may pose an even greater problem for some rural women. Many participants said they had difficulties navigating the social services system because individual programs are not coordinated to deal with multiple issues. As a result of this lack of coordination in care, women are left feeling discouraged. These barriers may be even more difficult to surmount in rural areas. One woman staying at a rural house describes her frustration with the disjointed services. She said:

I feel that I am forced to tell my story over and over again without anybody listening to me. This makes me giving up on the system (social services).

Money, housing, and legal issues all emerged as factors causing women great stress three months after arriving at

the shelter. A number of women said that money stressors prevented them from leaving their violent relationships earlier. We discovered that fewer rural women were receiving social assistance than urban women perhaps because accessing social services can be more challenging in rural areas. Thus women at rural houses may be more reliant financially on their partners. One woman from a rural house stated:

... When I was on my own I had to get my own place, childcare, pay all my own bills, etc. So it was easier to just go back to the abusive partner who has the job, the house, the drugs, etc.

Research to Action

The positive impact of transition houses is clearly validated by the results of this study, as significant decreases in stress and the reduction of the use of some substances were seen among the women following their shelter experience. However, the results also indicate that rural women may face increased and ongoing difficulty due to limited access to related health and social services and fewer social supports in general. We speculate that the lack of anonymity afforded to women living in small towns may make it uncomfortable for them to seek treatment for drug and alcohol issues. Women may fear that their violent situation will be exacerbated if their partner learns they have sought treatment and may thus continue to use substances both as a coping mechanism and out of fear of further violence. In addition, services may be inaccessible without a car and many women may not be able to meet appointments. Structural change in the way social services and health services are integrated and delivered is required in order to better serve rural women who face both violence and substance use problems.

Increased integration and awareness of the interconnections between substance use, mental health, and violence are imperative in order to more effectively assist women who experience more than one of these issues, particularly in the context of the shelter or transition house. Issues related to violence and tobacco use need more emphasis in transition house programming. There is an immediate need for substance use treatment providers, mental health practitioners and social workers to advocate for increased coordination and integration between services and agencies serving both abused women and substance users. Finally, specific strategies, messages and programs need to be developed to assist women in rural areas who experience both violence and substance use, to counteract the effects of fewer services and employment opportunities, higher isolation and potentially compromised confidentiality inherent in many rural communities.

The Women Co-occurring Disorders and Violence Study in the U.S. identified a specific rural approach

(Veysey, Andersen, Lewis, Mueller and Stenius). In their vision, services are developed with the engagement of four sectors; service providers, funders, women with the health problems, and researchers. In addition, these models stress the importance of not only integrating violence, substance use, and mental health services, but also the provision of practical supports responsive to the strengths and needs of women as they access services. In the Canadian context, although the links between these issues were identified some time ago (Meredith) and the training needs identified (LINK) this study shows that little has changed for the women who are experiencing both issues. However, there is some recent interest in acknowledging the interactive nature of substance use, violence and mental health issues (Morrow; Centre for Addictions and Mental Health Research), designing programs accordingly (Najavits, Weiss, Shaw and Muenz) and extending this approach to rural communities (Dick and Varcoe). These initiatives are encouraging, but broad changes are required at the systems planning level to adequately address the practical supports required to facilitate women in their journey to both safety and health.

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¹Forty-one per cent of the 125 women who completed the first interview did not complete the second interview. Women lost to follow up generally had lower educational levels (47 per cent completed some high school versus 64 per cent), lower income (69 per cent were earning less than \$10,000 per year versus 61 per cent), and had more children (38 per cent had more than two children versus 28 per cent), with fewer custody problems (66 per cent reported having no custody problems versus 56 per cent). Most of the women moved during the time between

interviews, and some may have returned to their partners, presenting an additional barrier to follow up for a second interview.

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JEANETTE LYNES

Catherine of Racconigi

Supper's late again – mother fled –
in the olives Jesus hid her
to keep father's fists from her head.
No wonder a saint's life I led;
no man will drag me to his bed.
I've starved my face into a cur.
No supper again – mother, flee –
hide in the sacred grove with me.

Catherine of Racconigi, Dominican Mystic, lived from 1486-1547 (though one source cites 1487 as the year of her birth). She was born of working-class parents in Piedmont. Apparently, the Dominican Friars in her hometown did not believe in her. She sought refuge in Racconigi. Her penitential role included counseling poor and rich alike, as well as praying for peace and the well-being of soldiers.

Jeanette Lynes, a York alumnus, is the author of three collections of poetry. Her regular position is Associate Professor of English (and Women's Studies) at St. Francis Xavier University. However, she is currently on leave as a Writer in Residence at the Saskatoon Public Library. Jeanette's third collection of poems, *Left Fields* (Wolsak & Wynn, 2003) was short listed for the Pat Lowther Memorial Award. Jeanette is Poet Laureate for the Nova Scotia New Democratic Party (NDP).