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Research & Advocacy Digest

Linking Advocates & Researchers

Sexual Assault and Substance Abuse

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Rosie Poitra-Chalmers, WCSAP

Letter From The Editor

Janet Anderson, Advocacy Education Director, WCSAP

This edition of the Research and Advocacy Digest focuses on the connection between sexual assault and substance use and abuse. While earlier research focused on these linkages from the perpetration of crimes, it has only been recently that researchers have begun to understand how substance abuse and sexual assault are connected.

In this edition we abstact reasearh that describes some promising approaches being used when victims present for a medical exam, how traumatic events predict drug severity, a model progam being used in Canada to treat drug addicted child sexual assault survivors, substance abuse among pregnant and perinatal women, and outline the relationship of alcohol abuse and sexual assault amongst two Native American tribes, African American women and explore these differences between heterosexual and lesbian women.

I found writing this particular letter from the editor to be especially challenging because of the complexities surrounding this issue. This issue is complicated because the use of substances may have preceded the assault, occurred during the assault, or developed as a coping strategy in response to the trauma the victim experienced; all yielding potentially different responses and reactions for the victim and by society at large. Regardless of when the substances were consumed, this topic is further complicated by the fact that substance abuse and victimization both carry a great deal of social stigma in and of themselves, and when a survivor holds both, the stigma can be especially difficult to overcome.

Another complication inherent to this topic is that a high percentage of adult victims were intoxicated during their assaults and unable to give consent. This is often misconstrued as a cause of their victimization, fostering a sense of blame and shame and placing the victim in a position of having to justify and defend themselves. According to a report entitled "Substance Abuse and Victimization" written by the Office of Justice Programs, "Substance use or abuse by victims is often viewed as a reason for their victimization which is a harmful and detrimental viewpoint

for them. As such, crime victims who use substances as a means of coping are often neglected by our culture and stigmatized by those who are insensitive to or unaware of their vulnerability to be re-traumatized. Their responses need to be respected as adaptive and protective, not as pathologic (page 7)."

In that same report, the authors indicate that there is overwhelming evidence that victims of sexual assault and rape are much more likely to use alcohol and other drugs to cope with the trauma of their victimization. For example,

- Rape victims are 5.3 times more likely than non-victims to have used prescription drugs non-medically. (Kilpatrick, Edmunds, and Seymour, 1992).

- Rape victims are 3.4 times more likely to have used marijuana than non-victims. (Ibid).

- Victims of rape are 6 times more likely to have used cocaine than their counterparts who were not raped. (Ibid).

- Compared to women who had not been raped, rape victims were 10.1 times more likely to have used "hard drugs" other than cocaine. (Ibid).

This issue becomes more complex due to early addictions research which was based on a male-dominated framework and did not address issues of victimization or understand that women may have different treatment and recovery needs. Consequently, many traditional treatment models simply do not work for female substance abusing victims of sexual assault. Research clearly points to the need for gender-specific treatment programs that address both sexual assault victimization and substance abuse concurrently in order to decrease relapse.

Another challenge that emerged has to do with competing frameworks as it relates to both fields of study. The addictions/treatment model is based heavily on a medical model, which is more patriarchal in nature, and views addictions as a "disease," while the sexual assault field is heavily steeped in viewing sexual assault from a sociopolitical, feminist-based perspective which stresses the concept of empowerment, making integration of the two models challenging. However, one article discusses a program in Canada that has been successful at integrating both.

These are but a few of the complexities that surround this issue. Although advocates are not generally equipped to treat victims with substance abuse problems, it is important to foster collaborations with the treatment providers in your communities and become familiar with the research in the field, the new promising approaches on the horizon, as well as understanding some of the obstacles that sexual assault survivors with substance abuse problems face. It is only through understanding the connection between substance abuse and victimization that more effective prevention efforts and improved responses by victim assistance providers can be made.

Interview with Lindsay Palmer, Director of Education, King County Sexual Assault Resource Center

WCSAP: Can you give us a brief history of some of the work you have done in both the chemical dependency and sexual assault fields?

LP: I started working in the chemical dependency field in the mid to late 80's, working as a chemical dependency specialist, within outpatient treatment settings, providing counseling to children, to addicted parents, their partners and families. Additionally, I have taught various classes on chemical dependency in the Alcohol and Drug Studies Program at Bellevue Community College since 1989. The classes that I teach focus on chemical dependency and its impact on the family, as well as how chemical dependency and sexual assault intersect. I have also been the Director of Education at the King County Sexual Assault Response Center, (KCSARC) since 1999. Working in the sexual assault field resulted from my interest in working with families at risk and understanding how sexual assault and substance abuse and use are linked.

WCSAP: That's a great transition into my next question. How do you see the issue of sexual assault and addictions intersecting?

LP: From the human standpoint, chemical dependency issues and sexual assault issues definitely blend together. As you know, addictions include all kinds of issues, not just the use of alcohol or drugs, addictions such as eating disorders, gambling, etc. From a treatment standpoint, there will be some different ways a treatment professional would go about working with someone addicted to heroin versus someone who is addicted to gambling. Addiction, at its most human level, is a coping device for stressful and/or traumatic situations.

Also from a human standpoint, we know that those who have experienced violence, trauma, and sexual assault have had similar stressful and/or traumatic impacts in their life. We always have to be mindful of the totality of the person when working with them. While those in the chemical dependency field see addiction from a medical model and believe in a genetic predisposition, they also understand that there are a variety of motivations that led the individual to seek that release. Those motivations are usually an attempt to deal with stress and trauma in some way or another. The stories might be different, but the decision and desire to escape something horrible is pretty similar. Perhaps the person was shown or taught that all you have to do is drink, or smoke this joint, or snort this cocaine, and all the stress, pain, and trauma will disappear.

However, when we look at sexual violence, we also have to look at it through the lens of trauma. Here is something that is being forced upon a person; this is not something they did on their own. As a result, there is a huge sense of betrayal and loss of control. In general, people are not taught a great deal about coping strategies, nor do people spend time teaching children how to get through the tough times in life. So, when you think about it, for someone to deal with trauma by using substances, makes sense. It is socially acceptable and it works. And, it works instantly. The other thing is you can always find someone to do it with you. You are not the only person in town who's using drugs and alcohol as a coping device. There are taverns full of people doing similar things. So, it has the message that it is ok to do it.

The other question you asked had to do with the two fields. The biggest problem that I see

is that the two fields don't talk to each other and often have competing frameworks. You have two different fields who don't necessarily understand each other. This ends up being very problematic for the person experiencing substance abuse problems who is a sexual assault survivor. When you look at sexual assault, society sees that as something that was done to you. When you look at substance abuse, society sees that as something that a person has done to his or her self. So the doors you go into for working on these issues often ends up being very different doors. But the survivor with a substance abuse problem may need to be going through both doors simultaneously and that is often hard to find; that both of these doors are open at the same time.

Another issue that arises is that the early treatment recovery model and Alcoholics Anonymous were all based on a male dominated model and did not take into account the role that trauma and sexual abuse plays in chemical dependency, particularly for females, until recently. If someone with a history of sexual abuse enters a treatment facility and their sexual assault is not addressed, when they stop using alcohol or drugs, the trauma often comes flooding back. It's overwhelming, it seems awful, terrible, and horrible, and often becomes the main reason why people relapse, and traditional treatment programs may not understand or address this.

WCSAP: That is so true. I recently met a woman who had experienced multiple traumas who was also an addict. She recounts how she kept relapsing and it wasn't until someone finally dealt with both her addiction and trauma issues simultaneously that she was able to stay clean and sober. So, it seems to me that the need to design substance abuse programs that address both issues is critical. How do you see that?

LP: I believe that programs need to address both issues in some way. This is one of the biggest dilemmas, particularly for women with trauma issues. In talking about this, let's put the addiction treatment aside for a moment and examine trauma by itself. When we look at trauma, we know that trauma for a woman is a very different phenomenon than it is for men. We have to realize that the issue of power and control and socialization relates differently in women. I think we need to accept that. Often times when women are placed in co-ed groups, their issues get relegated to being "less than." I think that in traditional substance abuse treatment models, when they speak of the traumas they experienced, the response is seen as, "yeah, that's horrible, but move on." One way to solve that is to have gender-specific groups.

Some treatment programs have not changed much. In the chemical dependency field, the most important thing is to get you clean and sober; we need to focus on your abstinence. For women, often times, this is not enough, nor will it be helpful. They need to have their past trauma experiences heard and validated, which doesn't necessarily mean that the sexual violence has to be therapeutically addressed at that time. However, some programs are beginning to understand the connection and hire chemical dependency specialists who have experience in trauma and understand the need to address both issues. Additionally, I think it is critical for programs working with women with trauma histories to address these issues early on in their recovery to minimize the potential for relapse.

WCSAP: Are you seeing any research coming out that is improving how treatment is being set up or being done differently?

LP: I am not an expert on research but from the materials that I have read and the discussions I have had with Chemical Dependency Professionals the work is clearly pointing to the need for gender-specific programs. It is pointing to the need to address trauma and ad-

dictions simultaneously, and is also pointing to the need of dealing with addicts and substance abusers in a more cohesive way. For example, many programs have advanced in family issues, in parenting issues, and are incorporating strategies to teach coping skills. But we also have to understand the role that money plays. Things are tighter and tighter and managed care has influenced how treatment programs are set up and who and how long one can access them. And unfortunately, mental health aspects are not considered. Insurance companies want people to fit into this little box.

WCSAP: How can research in the substance abuse field inform how we work with survivors?

LP: One thing the sexual assault field has done particularly well is having an understanding of the statistical information and the scope of the problem. It would be very helpful for the substance abuse field to give us the same kind of information on how many survivors access chemical dependency treatment so we have an idea of the scope of the problem when survivors come to our doors. Sexual assault advocates should also understand the possibility of relapse and let our clients know that if they are substance abusers, and if they stop using, they may have a tendency to want to pick up again. Therefore, a victim advocacy program possessing good referrals and resources to chemical dependency treatment options is paramount. As advocates, we need to be better at making the link for a person. That's what we are there for. That's what empowerment is, and that is what advocacy is.

Although advocates should not be providing treatment for these survivors, there are things they can do and say when someone calls their crisis line or comes to an appointment. For example, letting survivors know of the risks and the links between the two issues, normalizing it, and providing good referrals to another agency to work on their substance abuse issues, in addition to working on their sexual assault issues.

In King County, we have spent a great deal of time fostering collaborations with local treatment providers so they give out our information to their clients and vice versa. We are also working on a pilot program with a methadone clinic. During their intake process, they include questions about history of past violence. If the person indicates such a history, we have asked them to provide a referral to our program. And we do the same as well. It's a way of doing community outreach. Although they might not be able to address the sexual assault issue, it is easy to provide them with a script on how to handle a referral. And most people are willing to do that.

WCSAP: Another question I have is around the issue of methamphetamine use. Do you know if there is a special phenomenon around sexual assault and this particular drug?

LP: This drug is getting a great deal of attention, not only because it's such a bad drug, but because of the situation surrounding it. This is a situation where the drug can be made anywhere and at any time; often within the home with children present and with chemicals that you can buy in a grocery store. It's not a situation where you have a few people who are drug dealers or drug manufacturers. You actually have a lot of people who are in that role; it could be anyone. You also have somebody that is not only using, but also manufacturing a very toxic drug. It has a lot of components that make it more difficult to monitor and is easier for the average person to undertake. But one thing we have noticed in child abuse cases is that there is an increase in the number of cases involving meth. And when we begin to work with these children, we are finding sexual abuse as well. Also, because the parents are manufacturing the drug in their homes, lots of people are coming and going, increasing the risk of sexual abuse. Those who

work with meth addicts are also noting that these addicts get highly sexualized, and consequently there is an increase in pornography, including the potential of rape, and other forms of sexual assault.

WCSAP: Is there any evidence that the fumes increase a child's likelihood of developing chemical dependency issues?

LP: I haven't heard or read anything about that but it may be too soon to tell. We do know, however, that children who grow up in homes where drugs and alcohol are openly used, increases one's chances of developing substance abuse problems.

WCSAP: Lastly, studies show that many victims are assaulted while intoxicated. How can advocates best deal with victims who are blaming themselves or see this as a cause of the assault?

LP: I think it's important to deal with the blame issue. My personal belief is that while it can increase one's risk because it reduces one's ability to assess danger, it is not the cause. It doesn't mean a victim was out there with the intention of getting raped. Victims who were under the influence when they were assaulted are not to blame for the assault, the offender or perpetrator is 100% responsible.

In addition, I also believe that drugs and alcohol are used as a blaming device by offenders or perpetrators. It sets up the whole notion that if this person wasn't drunk, it wouldn't have happened. That is not the case. Seeing alcohol and drugs as the "cause" is a distancing behavior. However, it's interesting that while we can't blame a victim for their victimization due to intoxication, some, particularly perpetrators, will argue that the same should apply to them as well. For example, perpetrators will claim, "I do this when I am drunk so I am not necessarily responsible for that action." It's not illegal to get drunk, but it is illegal to rape. Unfortunately, this is one of the things that points to the complexity of it all, to the dilemma of it all, and the socialization of it all. Sexual assault and substance abuse issues are very complex.

WCSAP: Yes, this is definitely a complex issue and therefore much work still needs to be done. I want to thank you for taking the time to have this interview with us.

You can contact Lindsay Palmer at the King County Sexual Assault Resource Center at 425-226-5062 or by email at lpalmer@kcsarc.org.

Research Articles

An Acute Post-Rape Intervention to Prevent Substance Use and Abuse
Acierno, Ron; Resnick, Heidi, S.; Flood, Amanda; & Holmes, Melissa. Addictive Behaviors, Vol. 28, 2003, 1701-1715

Research indicates that post-rape distress disorders and increased alcohol and substance use and abuse is well linked, even among those who were non-users of these substances pre-rape. The research also suggests that pre-rape disorders such as anxiety, depression, and alcohol and drug abuse may become more exacerbated post-rape. Although reporting of sexual assault is low and many survivors do not contact or receive post-rape crisis counseling following their assault to mitigate the stressors of the sexual assault, many survivors do present for a forensic medical exam at hospitals. Therefore, providing an immediate intervention during this time is warranted. However, by its very nature, the forensic exam may actually increase acute distress, which in turn, may increase anxiety and later substance abuse to reduce this distress because it requires the victim to describe the assault and submit to a vaginal, pelvic and/or oral inspection, thereby duplicating some aspects of the original rape. Therefore, techniques to reduce distress associated with this exam, combined with psycho-educational strategies to limit future stressors that are offered immediately following a rape may be useful in preventing or reducing both post-rape anxiety and substance use or abuse.

The intervention included a two-part video designed to minimize anxiety before the forensic exam and provide psycho-educational coping strategies to reduce or prevent post-rape substance abuse and other distresses. The authors predicted: 1) that women viewing the video would be less likely to report substance use and abuse at a 6-week follow-up and 2) that there would be a reduction in use with those having prior histories of substance use and abuse.

All participants were women who presented for a forensic exam within 72 hours of forced vaginal, oral, and anal penetration and were assigned into two groups. One group received standard care which included access to a rape crisis counselor and the forensic exam. The other group first reviewed a two-part video which described the exam and information for self-care exercises, strategies to improve mood, ways to cope with anxiety, etc. followed by the rape exam. Prior to assignment into the two groups, a structured interview was given to determine lifetime victimization, recent substance use and recent and lifetime substance abuse.

The intervention supported the authors' prediction. Those who viewed the video before the exam were significantly less likely to meet the criteria for marijuana abuse and marijuana use at the 6-week follow-up. Additionally, there were some positive results for decreased alcohol and marijuana abuse and use for those who were using these substances pre-rape.

"Those who viewed the video before the exam were significantly less likely to meet the criteria for marijuana abuse and marijuana use at the 6-week follow-up."

While more studies need to be conducted, this intervention has the potential of not only decreasing substance abuse following a rape or sexual assault but also has the potential to increase improvement in functioning. Other promising features is the immediacy of the intervention; it

is easily administered within hospital settings, low in cost, and easily replicated.

Description of an Early Intervention to Prevent Substance Abuse and Psychopathology in Recent Rape Victims

Resnick, Heidi; Acierno, Ron; Kilpatrick, Dean; & Holmes, Melissa. Behavior Modification, Vol. 29(1), January 2005, 156-188

This study expands on the use of the intervention described in the previous article. However, the authors were also examining whether using this video intervention would also decrease post-traumatic stress and other psychological symptoms, along with substance abuse.

Two-hundred and five (205) girls and adult females who had been raped within the past 72 hours and had consented to a rape exam were divided into two groups: 1) 108 receiving standard treatment (rape-crisis counselor and exam) and 2) 97 receiving the video intervention preceding the exam.

Measures included the Subjective Units of Distress (SUDS), Beck Anxiety Inventory, PTSD Scale, the PILL – a list of 54 common physical symptoms that measure somatic reactions and a medical questionnaire. All participants provided immediate data while 60% provided information at the 6-week follow-up.

Results indicated that SUDS ratings decreased from pre-exam to post-exam for both groups, but for those within the video intervention group ratings decreased more significantly. Women who watched the video were less likely to report anxiety and distress compared to those within the standard treatment group and marijuana use was significantly lower in those receiving the intervention. However, no significant differences were seen in alcohol or hard drug use at 6-week follow-up. Additionally, PTSD symptoms were not shown to be associated either positively or negatively with the intervention. The authors do note however that those who reported a previous rape did report being helped by the intervention more than those who had not been previously assaulted.

Although this strategy demonstrates some positive results for providing an immediate intervention to mitigate substance abuse, anxiety, distress and post-traumatic stress disorder with recent rape survivors, on-going studies and replication needs to continue to determine whether this intervention should become part of the normal protocol when working with rape survivors in a medical setting.

Stay tuned for an upcoming interview with Dr. Heidi Resnick to learn more about this very promising research. www.wcsap.org

Violent Traumatic Events and Drug Abuse Severity

Clark, HW.; Masson, Carmen, L.; Delucchi, Kevin, L.; Hall, Sharon, M.; & Sees, Karen, L. Journal of Substance Abuse Treatment, Vol. 20, 2001, 121-127

As indicated by several studies, there is a strong association between violent assault, PTSD and drug abuse. However, it was pointed out that many substance abuse programs do not address both issues and because of this, may increase the risk of continued use and relapse. Therefore, the main purpose of this study was to determine the extent to which exposure to violent traumatic incidents (such as rape, assault and witnessing violence), and recent presence of PTSD symptoms contributed to drug use severity amongst methadone patients, and to determine how these findings can impact intervention strategies for this population.

One hundred and fifty (150) drug addicted patients (59 women, 91 men), were randomly placed in either a 180 day methadone detoxification center with intensive follow-up treatment or a methadone

maintenance program. All participants were given interviews and questionnaires to determine demographics, substance use, substance use severity, psychiatric issues (such as depression and suicide ideology) and PTSD symptoms at first entry and monthly for 12 months. Results indicated that 29% met the criteria for PTSD at some point in their lives with 53% being women. Fifty-five percent (55%) who met the criteria for PTSD also reported symptoms within the last 6 months. One hundred and eight (108) participants reported 219 incidents of traumatic events (rape, physical assault and seeing someone being killed or hurt).

Analysis of the data revealed that past PTSD symptoms significantly contributed to the severity of drug use. High correlations between PTSD, recent symptoms of PTSD and drug severity have significant implications for substance abuse and mental health treatment providers. The authors recommend that those working with populations who have PTSD and drug addictions should treat these conditions concurrently because untreated PTSD increases risks of relapse and will result in poorer outcomes if substance abuse treatment is given alone.

> *"The authors recommend that those working with populations who have PTSD and drug addictions should treat these conditions concurrently because untreated PTSD increases risks of relapse and will result in poorer outcomes if substance abuse treatment is given alone."*

A Model for Working with Women Dealing with Child Sexual Abuse and Addictions

Hiebert-Murphy, Diane; & Woytkiw, Lee. Journal of Substance Abuse Treatment. Vol. 18, 2000, 387-394

Research has documented many short and long-term impacts of child sexual abuse, including a higher likelihood of survivors developing addictions and substance abuse problems. In addition to documenting this potential outcome, researchers have also been concerned with developing appropriate and responsive treatment strategies that address both issues. The authors point out that while attention to both is clinically sound, it has been difficult integrating the two field's competing frameworks. For example, feminist theory examines the role that sociopolitical issues such as patriarchy play as a condition of sexual assault and stresses the concept of empowerment, while the substance abuse field typically views addiction from a medical model framework. Thus, developing a model for dealing with both child sexual abuse, its sociopolitical framework, and addictions has been challenging.

This article, however, describes the development of a model that has been used successfully in treating child sexual assault survivors with addictions and integrates a trauma-based model with a feminist approach to addictions practice. The article describes a model used by the Laurel Center, a community based agency in Canada. It outlines how the model was developed and highlights a case study to demonstrate application.

This model is strongly influenced by the trauma recovery model, a feminist perspective, and relies on several different alternative models to addictions treatment based on the client's goals and needs, which may or may not include the traditional 12-step recovery process. It is described as a flexible model and uses a five-phase approach. The first phase is called engaging and assessing. This is described as the process of developing rapport between client and therapist while exploring the impact of addictive behavior as a coping strategy. The second phase is about creating a sense of safety, emphasizing the development of appropriate boundaries, while always

understanding the inherent power dynamics between therapist and client. The third phase is used to provide intense debriefing by processing the child sexual abuse and its impact on the client. The fourth phase, integrating, involves working towards aligning behavior, affect and cognition and the fifth phase or "moving on" helps the client facilitate a shift so the abuse is no longer central to their identity.

Although a formal evaluation of this model was not completed at the time of this article's publication, the authors note that its strength lies in its ability to adapt to a wide range of clients and has been preliminary shown to be successful in working with the populations that have been treated at their clinic to date.

Characteristics and Treatment Needs of Sexually Abused Pregnant Women in Drug Rehabilitaton

The Massachusetts MOTHERS Project. Journal of Substance Abuse Treatment, Vol. 14(2) 1997, 191-196

This study compares the characteristics and treatment needs of substance abusing pregnant women with histories of sexual abuse with those without a history of sexual abuse. This study, or the Massachusetts MOTHERS Project, was part of a larger project designed to plan, develop, implement and evaluate strategies to improve access to prenatal care and substance abuse treatment for pregnant women.

Four hundred and fifty-four women (454) women were voluntarily recruited from publicly funded detoxification centers who served women in all three trimesters of pregnancy. All participants were given the Addictions Severity Index which measures medical conditions, employment, drug use, alcohol use, illegal activity, family relations and psychiatric conditions. Forty-one percent (41.2%) reported a history of sexual abuse at some point in their lives. Of those reporting sexual abuse, almost all variables indicating distress (suicide, depression, homelessness, anxiety, use of psychiatric medications, arrests, prostitution) were more significant in those reporting sexual abuse histories as compared to those without such histories. The sexually abused group also reported use of substances at earlier ages and higher incidences of family members with substance abuse and mental health issues.

Based on the results of the study, the authors note that sexually abused pregnant women require very specific treatment needs designed to address both their addictions and abuse histories, and like other studies, recommend that both issues be addressed simultaneously. They postulate that survivors use drugs to mask and numb painful PTSD symptoms, memories, and flashbacks and when they attempt to stop the drug use, the symptoms reappear and consequently increase the likelihood of relapse. They further suggest that due to the high levels of suicidal ideation amongst this group, substance abuse programs should incorporate specialized individual and group therapy for victims within the substance abuse treatment setting.

The World Was Never a Safe Place for Them: Abuse, Welfare Reform and Women with Drug Convictions

Hirsch, Amy, E. Violence Against Women, Vol. 7(2), February, 2001, 159-175

Using semi-structured interviews, this qualitative study examines the interplay between drug abuse and sexual and physical violence among 26 women who were convicted of felony drug charges and 30 staff from probation offices, criminal justice centers, county jails, drug treatment centers and social service programs. Interviews for the women covered topics relating to age, education, health, histories of drug usage, domestic violence and childhood abuse, drug treatment, criminal activities, welfare usage, housing, homelessness, and plans for the future. Based on the interviews, several consistent themes emerged:

Violence - All of the women began using drugs

in response to overwhelming histories of abuse and violence, both physically and sexually as children and as adults. Many sustained injuries from stabbings, shootings and beatings during pregnancy.

Drug Offenses - All had long histories of drug usage and most of the women's drug offenses were directly related to their addictions, meaning that possession was for their own usage rather than for the intent to distribute large amounts for other's usage. Sixty-nine percent (69%) disclosed working as prostitutes to supply their drug addictions.

Housing/Education/Work Histories - Many were homeless due to running away from the abuse and had little formal education or reading skills. Not having access to stable housing provided barriers for long-term recovery, providing safe places for their children, or being able to leave abusive relationships; all contributing to relapse and recidivism rates.

Cumulative Impact of Violence - Both staff and the women reported that the women had been abused and violated in "many different ways, at many different times and by many different men in their lives." Thus, the cumulative nature of the violence had serious, long-lasting impacts upon their lives.

Public Policy Implications - The authors note that 22 states currently have a ban on providing public assistance benefits for those with felony convictions and discuss how this ban contributes to relapse and recidivism, is counterproductive and should be eliminated if we are to try and reduce rates of drug convictions within our country, particularly for women.

Correlates of Rape While Intoxicated in a National Sample of College Women

Mohler-Kuo, Meichun; Dowdall; George, Koss, Mary; & Wechsler, Henry. Journal of the Study of Alcohol, Vol. 65, 2003, 37-47

The researchers utilized data collected from the Public Health College Alcohol Study (CAS) from 119 colleges spanning 40 states between 1997 and 2001 to determine the prevalence of rape occurring while victims were intoxicated as well as to outline both college and individual risk factors for this type of victimization. Random samples of 215 students from each school were surveyed for a total of 23,980 with varying data sample sizes for each year surveyed.

Measures included questions about rape history (while intoxicated, forced, threatened, any), heavy episodic drinking experiences during college and high school, college heavy episodic drinking rate, and use of illicit drugs.

The data indicated that one in 20 college women experienced a rape since the beginning of each school year and of that number, 72% experienced rape while intoxicated and unable to consent. Schools that had high levels of heavy episodic drinking were amongst those having significantly higher rape rates. Geography was also identified as a risk factor. Students attending schools in rural environments compared to those in non-rural schools had increased odds of being raped while intoxicated and students from Southern and North Central regions had a higher chance of being raped while intoxicated than those attending schools from the Western region.

"The data indicated that one in 20 college women experienced a rape since the beginning of each school year and of that number, 72% experienced rape while intoxicated and unable to consent. Schools that had high levels of heavy episodic drinking were amongst those having significantly higher rape rates."

Individual risk factors that increased one's odds of being raped while intoxicated included a prior history of sexual assault, residing in sorority houses and on-campus dormitories, sorority membership, being white, heavy episodic drinking in high school, and those who had used drugs.

This study has major implications for colleges, sororities and fraternities and suggests that prevention programs that educate males about the dynamics and definitions of rape and that help females learn and understand potential risk factors for sexual assault is critical.

Childhood Physical and Sexual Abuse as Risk Factors for Heavy Drinking Among African-American Women: A Prospective Study

Jasinski, Jana, L; Williams, Linda, M.; & Siegel, Jane. Child Abuse & Neglect, Vol. 24(8) 2000, 1061-1071

While much research points to the correlation between sexual assault and substance abuse, the authors note that previous research has not sufficiently answered whether the link exists due to specific characteristics of the abuse or the abuse itself. Therefore, one purpose of this study to is to answer this question. In addition, there is a scarcity of research concerning alcohol use and sexual assault in African American women, thus providing a second goal for this study. The authors hypothesize that: 1) characteristics such as force, sexual assault by a family member, lack of parental care and penetration would be associated with higher rates of alcohol use, and 2) multiple victimizations would be associated with higher rates of alcohol use.

In the early 1970's, the National Institute of Mental Health conducted a study on 206 child sexual abuse victims (aged infant to 12 years) who received forensic medical exams and treatment. In the 1990's, 164 were located and 153 were re-interviewed. Of the 153, 113 are African American and are the focus of this study.

Measures included 1) characteristics of abuse – age at time of abuse, family member or stranger perpetrator, physical force used, penetration, and number of victimizations, 2) physical abuse incidents, 3) relationship with parental figure (affection and support), parental availability, 4) parental drinking problems, 5) current demographics, 6) quantity of alcohol consumed, and 7) binge drinking.

Results regarding the characteristics of sexual abuse indicated that 88% reported genital penetration, 55% reported physical abuse by parents, 72% reported force being used during the sexual abuse, 64% reported multiple victimizations, 55% reported being abused by a family perpetrator and 43% reported being victimized by a stranger. Regarding alcohol use, 22% reported drinking at least five drinks in one sitting, with 18% reporting binge drinking.

Regarding the relationship between the characteristics and alcohol use, women reporting multiple victimizations were four times more likely to drink heavily than those who experienced sexual assault by one perpetrator. In addition, the analysis indicated that women who were sexually abused at an older age were significantly more likely to engage in heavy drinking behavior.

"women reporting multiple victimizations were four times more likely to drink heavily than those who experienced sexual assault by one perpetrator."

The results of this research are significant in that it demonstrates that multiple victimizations and not necessarily particular characteristics of the abuse have a higher correlation to heavy drinking behavior.

Citing some limitations of this study, the authors do note that while this study demonstrated that 22% of the women reported being heavy alcohol

users, without comparing women of other races and with those who were not sexually abused as children, one cannot conclude that heavy drinking is more common among sexually abused African American women.

Childhood Physical and Sexual Abuse and Subsequent Alcohol and Drug Use Disorders in Two American-Indian Tribes

Libby, AM., Orton, HD., Novins, DK., Spicer, P., Buchwald, D., Beaks, J., & Manson, SM. Journal of Studies on Alcohol, Vol. 65(1), 2004, 74-83

Two tribal groups, one Southwest and one Northern Plains, were studied to increase understanding of the co-occurrence of childhood physical and sexual abuse to adult alcohol and drug abuse and dependence. Few studies have taken into consideration this interrelationship (direct causation was not an object of this study), though studies of childhood abuse and substance abuse disorders respectively have shown high prevalence of both. The authors note that it is difficult to make generalizations about the American Indian population due to the wide diversity within the groups. However, the inclusion of two tribal groups, as well as the utilization of standardized diagnostic definitions of alcohol and drug disorders from the DSM-IV makes this study a significant addition to the existing literature.

The sample populations included 3,084 American Indians who are enrolled members of the two tribes. The Southwest sample was comprised of 1,446 members and the Plains sample included 1,638 members. Interviewers covered such topics as: lifetime substance abuse and disorders, childhood abuse (both physical and sexual), parental problems, and individual adult factors (chronic health conditions, adult physical and sexual victimization).

In the Southwestern tribe 17% of men and 4% of women were found to have lifetime alcohol dependence; in the Northern Plains tribe 21% of men and 13% of women were alcohol dependent. Childhood physical abuse was 8% for the Southwest tribe and 10% for the Northern Plains tribe, versus 3.3% within the general population in the U.S. In contrast, drug abuse and dependence rates, along with child sexual abuse rates were comparable to those found by earlier studies, around 4-5%, with higher perpetration against females. In general, the study found that odds of developing alcohol use disorders increased with age, while developing drug use disorders decreased.

Childhood sexual abuse was found to be linked with drug dependence for the Southwest tribe and all substance abuse disorders except alcohol abuse (increasing odds of drug abuse) for the Northern Plains tribe. Childhood physical abuse was found to have no significant effect on the odds of alcohol and drug dependence in the Southwest tribe, although the opposite held true for the Northern Plains tribe.

Sexual Assault and Alcohol Abuse: A Comparison of Lesbians and Heterosexual Women

Huges, Tonda, L.; Johnson, Timothy; & Wilsnack, Sharon, C. Journal of Substance Abuse, Vol. 13, 2001, 515-522

The purpose of this study was to investigate sexual assault and subsequent alcohol abuse within a small sample of lesbians and heterosexual women. Participants were recruited through advertisements and referral; the final sample included 57 heterosexual women and 63 lesbians. The average age of the sample was 40 years old, 33% were white, 25% African American, 25% Hispanic/Latina with the remainder being Asian American and Native American.

An adapted version of the National Study of Health and Life Experiences of Women (NSHLEW) was used to measure: 1) drinking behavior and drinking-related problems, 2) childhood sexual abuse (CSA), 3) adult sexual

assault (ASA), 4) alcohol abuse indicators, and 5) sexual orientation.

The results indicated that lesbians reported more experiences of childhood sexual abuse (42% vs. 27%), and perceived themselves to be child victims of sexual assault more often (23% vs. 11%) than did their heterosexual counterparts. It is interesting to note that perception of being abused was associated more with interfamilial abuse than with extrafamilial abuse.

Regarding the connection between alcohol abuse and sexual assault, childhood sexual abuse was shown to be a significant factor for developing alcohol abuse problems for both populations but developing alcohol abuse problems in response to adult sexual assault was shown to only be associated for heterosexual women. However, more lesbians reported experiencing adverse drinking behaviors and consequences, wondered if they might have a drinking problem, and indicated that they were in alcohol recovery more than their heterosexual counterparts.

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Because developing alcohol problems is significantly correlated with both childhood sexual abuse and adult sexual assault for women, whether lesbian or heterosexual, advocates, mental health professionals and treatment providers should assess for both issues when working with these clients.

Victimization and Perpetration Among Perinatal Substance Abusers

Haller, Deborah L., Miles, Donna R., Journal of Interpersonal Violence, Vol.18(7) 2001, 760-780

The purpose of this article was to examine what factors contribute to either victimization and/or perpetration amongst perinatal substance users. The researchers conducted this study by recruiting 77 substance abusing pregnant women from the Center for Perinatal Addictions program. Measures included: 1) an agency intake form which assessed personal history, 2) Addictions Severity Index (ASI), 3) MMPI, 4) a questionnaire that identifies information about personality styles, and 5) the aggressive act questionnaire, which assesses current (within 30 days) victimization and acts of perpetration.

Results indicated that past victimization significantly correlated with current victimization. Additionally, women were at greater risk of being currently victimized if they had high scores on ASI, psychiatric, drug composite scores, borderline personality and PTSD. The results also demonstrated that those women who had high scores on the variables listed above, plus having an aggressive-sadistic personality, were at greatest risk for perpetration.

Past literature demonstrated the connection between substance abusing women and their tendency to become emotional abusers. This study was significant, in that the rates for physical abuse amongst this population were higher than expected. Therefore, offering anger management programs to this population would be beneficial.

New Video Resources at WCSAP

Trauma and Substance Abuse: Therapeutic Approaches & Special Treatment Issues - Clinical studies of patients in substance abuse treatment programs have shown a high correlation with a client history of trauma. The schism between the trauma and substance abuse treatment fields has meant that patients have been forced to bounce back and forth between PTSD and substance abuse treatment programs, and often are viewed as poor-prognosis. Now, however, model programs are being developed that seek to treat these problems in an integrated fashion. This video series describes the special trauma and substance abuse treatment issues that this dual diagnosis presents. Four survivors of child abuse and/or combat relate how trauma and substance abuse have impacted their lives.

Wounds That Won't Heal: The Adverse Childhood Experiences Study - Adverse Childhood Experiences (ACEs), though well concealed, are unexpectedly common, and have a profound effect on adult health. Three men and five women, adult survivors of ACEs, describe their experiences and the effects later in life.

Numbing the Pain: Substance Abuse and Psychological Trauma - This program explores the functions of substance abuse in trauma survivors' lives, and the difficulties faced in therapy by clients with both problems. Two men who experienced combat trauma, and two women who are adult survivors of child abuse, discuss their work in overcoming these effects.

Community Resources/Websites

Residence XII – the only alcohol and chemical dependency treatment center for women in the Northwest. 1209 113th Ave. NE, Kirkland, WA. 425-823-8844. www.residencexii.org

www.drug-rehabs.org - DrugRehabs.org is part of a not-for-profit social betterment organization. Services are provided at no cost. They assist in finding a drug rehab for specific alcohol or drug addiction problems. There are many different types of drug rehab centers, drug rehabilitation, and substance abuse treatment programs (i.e. Out-patient, In-patient, Residential treatment, Long term treatment, Counseling, Meetings, etc...) DrugRehabs.org will inform you of all the different treatment options. Our case workers are available 24 hours a day, 7 days a week. Call toll free 866-845-8975

Upcoming WCSAP Training

Sexual Assault and the Influence of Alcohol and Other Drugs, Presented by Tracy Brown, MA – February 6, 2006 in Spokane, WA

This is a must-not-miss workshop if you work with survivors who have experienced (pre or post assault) use of alcohol or other drugs. This workshop will cover the impact and relationship that exists between alcohol and other drugs and sexual assault. It will be interactive, organic and thought provoking. Participants will leave with a new understanding of the differing roles that alcohol and other drugs play in sexual assault and on the survivors.

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2415 Pacific Ave. SE,
Olympia, WA 98501
360.754.7583
360.709-0305 TTY
www.wcsap.org

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