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SUBSTANCE ABUSE SERVICES FOR BATTERED WOMEN:
A NEEDS ASSESSMENT

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
Colleen Ann Murphy

June 2006

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A NEEDS ASSESSMENT


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Colleen Ann Murphy

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ABSTRACT

There is a high prevalence of domestic violence in the United States. Many of the women who have been the victim of such abuse are also dealing with a substance abuse problem. Research has shown that there are biases inherent in our society that makes it hard for women to receive services that meet their needs. This is compounded when women have complex needs such as women who are struggling with the cross-problem of substance abuse and prior victimization. The current research was conducted using a survey comprised of qualitative and quantitative questions. The goal of the research was to determine if the directors of substance abuse agencies in the San Bernardino area saw a need to address the issues of women with prior histories of domestic violence. Data analysis consisted of condensing data into frequency distributions and using non-parametric research methods to assess for associations in the data.

ACKNOWLEDGMENTS

I would like to acknowledge Dr. McCaslin my research supervisor for all of her hard work in helping me to complete this study. I would also like to thank all of the respondents who took time from their busy schedules to help determine if women who have a cross-problem of substance abuse and domestic violence are having their dual needs adequately met.

DEDICATION

I want to first and foremost dedicate this research to my God without His guidance I never would have been able to endure to the end of this project. This research project is also dedicated to my loving husband. Without your support I never could have made it this far. I would also like to dedicate this research to my beautiful daughters without you I never would have had the inspiration to do this research. This project is also dedicated to the loving memory of my sister Theresa Joyce Berry. She died because the laws did not yet include protections for domestic violence victims. However, her memory will always be alive.

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CHAPTER ONE

INTRODUCTION

Chapter One is an overview of the problem of battered women who have a substance abuse problem. There is currently a large prevalence of this cross-problem. The chapter also includes the focus of the problem which is substance abuse providers and determining whether they saw a need for trauma-informed treatment, as well as the importance of this issue to social work practice.

Problem Statement

There is a high prevalence of domestic violence in the United States (SAMHSA, 1997). Such abuse is defined as, "intentional emotional, psychological, sexual, or physical acts by one family member or intimate partner to control another" (SAMHSA, 1997, p. 1). In a given year, approximately 1.5 million women experience physical violence at the hands of an intimate partner (Tjaden & Thoennes, 2000). A study of domestic violence showed that 21% to 34% of women in this country will be physically assaulted, slapped, kicked, beaten, choked, threatened or attacked with a weapon by an intimate adult partner (Browne, 1993).

Although causality between substance abuse and domestic violence has not been clearly established, there is a high prevalence of domestic violence among those who use illicit drugs. For example a study conducted in 1994 showed that up to 42% of women in domestic violence refuges abused alcohol or other drugs (Bennett & Lawson, 1994). Another study conducted by Easton, Swan, and Sinha (2000) found similar rates of substance abuse among women in a domestic violence shelter.

According to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (2000) substance abuse is first of all when a person uses a psychoactive substance that hinders them from being able to perform significant tasks at home, at work, or at school. Second, that the person continues using drugs despite the realization that the use of drugs is causing major problems in their life. The reasons women continue to use illicit drugs are as perplexing as the reasons women remain in domestically violent homes.

The high prevalence of women who are experiencing both substance abuse and domestic violence indicated there may be a need to integrate services designed to meet their compound needs simultaneously (Goldberg,

1995). Marai Larasi, director of the Nia Project (formerly Hackney Women's Aid), asks,

If a substance misuse agency ignores a woman's safety, she may never get sober. If we ignore her use of drugs or alcohol as domestic violence providers, she may never be safe. Can we really afford to keep taking that risk?

(Pearl, 2004, p. 39)

The availability of effective programs affects the women seeking help. Also, society as a whole would be affected by the success of these programs from the federal level down to the individuals involved.

At the federal level there will be fewer women incarcerated due to illegal activity revolving around substance abuse as well as fewer children being placed into foster-care due to substance abuse or domestic violence issues at home. In addition, more women would be employable if they were not inflicted with issues of substance abuse or domestic violence. This would result in less of a drain on society's social services. Individually, independence, healthy lifestyle, and reunification with children would be increased for these

women. Moreover, these women would become productive members of society.

Policy Context

One policy that social workers in the field of substance abuse should be aware of is the Violence Against Women Act which was enacted in 1994 under President Clinton. This law is stricter than most state laws and makes it a Federal offense to cross state lines to commit acts of domestic violence. This law also makes it a civil right to have protection from domestic violence and makes provisions for the victim to sue their abuser in court.

In addition, all states allow a victim of domestic violence to petition the court for an order of protection against the perpetrator of the violence. This law also states that the United States Postal Service is required to maintain the confidentiality of battered women's shelters as well as individual victims of domestic violence (SAMHSA, 1997).

It is important for social workers in the field of substance abuse treatment to be aware of the rights battered women have in order to ensure those rights are upheld. It is also extremely important that there be

linkages in place with domestic violence shelters and law enforcement agencies.

Practice Context

In the practice setting it is important for social workers to understand the effect past abuse can have on a woman's ability to remain in recovery from substance abuse. Many women in recovery have used drugs to repress feelings of pain for so long that it may be frightening for her when she begins to experience somatic sensations. It is also necessary to help the client to take responsibility for her addiction while at the same time helping her to understand that she is not to blame for the domestic violence. Other focuses of treatment include assessing for posttraumatic stress disorder and depression (SAMHSA, 1997).

In a study conducted by the Substance Abuse and Mental Health Service Administration, it was found that the nine agencies who participated in a study of treatment for substance abuse and domestic violence came to the consensus that these programs need to be "integrated, trauma-informed, consumer-involved, and comprehensive" (Huntington, Jahn, & Veysey, 2005, p. 407).

Purpose of the Study

Services for domestic violence and substance abuse have typically not been integrated, but rather there has been a fragmented approach between service providers in the two fields. One reason for this fragmented approach to treatment for battered women who have a substance abuse problem is that both fields are relatively new and therefore need to establish credibility. Additionally, they have different priorities, terminology, and philosophical approaches to treatment, as well as separate funding sources (SAMHSA, 1997). This study was a needs assessment to determine if substance abuse providers in San Bernardino saw a need to incorporate domestic violence services in to their programs.

The study was conducted by sending out surveys with both quantitative and qualitative questions to substance abuse providers to determine if there was a need to integrate holistic treatment for battered women with a substance abuse problem.

The rationale for using quantitative and qualitative research methodology was to reach a larger sample size, as well as to determine how many agencies saw a need for integration of these services, to gauge the readiness of

programs to adopt holistic services, and to explore the reasons these services are not more readily available. It was important to talk to directors of programs to find out what services they felt were necessary. To interview women suffering from these cross-problems about services they need but that are not available would have only reinforced the fact that there are inequalities in our society that make it impossible for women to get the help they need.

Significance of the Project for Social Work

This study was necessary because studies indicated that as many as 55 to 99% of women with substance abuse disorders claim to have been victimized at some point in their life (Najavits, Weiss, & Shaw, 1997). This is an alarming rate of abuse and needs to be considered. If women who access treatment for substance abuse are not assessed for domestic violence it may interfere with their ability to maintain long-term sobriety. Also, if a woman is not assessed for domestic violence and given the opportunity to divulge that she is in need of a referral to a shelter the social worker may unknowingly be sending this woman home to be killed by an enraged partner.

Ultimately, this research is beneficial in the assessment and implementation stages of the generalist model. In assessment women could regularly be screened for domestic violence. Implementing service components that deal with domestic violence will likely mean that more women will successfully complete substance abuse treatment. It will also likely increase the number of women who are able to maintain recovery and become productive members of society.

Surveying directors of substance abuse programs was helpful in understanding why gender-sensitive substance abuse treatment is not more readily available. Not addressing all of a woman's needs not only does not make sense it could ultimately be deadly. Also there was an opportunity to gauge the readiness of substance abuse agencies to incorporate treatment for domestic violence into their existing treatment planning.

In addition, as Bennett and Lawson (1994) point out, integration of these services could become an important part of social work education. Because social work students are taught about group work and case management it could be highly beneficial to encourage discussions on these cross-problems while students are in school so that

they will already have working relationships with one another when they graduate and start practicing in these fields.

Additionally, in keeping with the social work ethical standards of competence and integrity it only seems appropriate that social workers would want to learn more about how to work together to provide holistic treatment to clients. Then women would not be put in the position to have to choose if they want services for substance abuse or domestic violence; after all this decision could be deadly. The research question that the study sought to answer on behalf of this vulnerable population was, "Is there a need for substance abuse agencies to provide services for domestic violence?"

CHAPTER TWO

LITERATURE REVIEW

Introduction

Chapter Two consists of a discussion of the relevant literature. Specifically to be discussed are, prevalence and causes of domestic violence and substance abuse among women, the barriers that hinder the integration of services for this problem, and the theories that will guide conceptualization of the project.

Domestic Violence

Domestic violence is a major problem for women. There has been a great deal of attention dedicated to understanding the causes of domestic violence as well as the reasons women stay in abusive relationships. In order to provide services for battered women it is critical to understand the factors that influence these women's decision-making processes, as well as why they are compelled to return to an abusive situation, even after they have found refuge in a shelter (Gordon, Burton, & Porter, 2004).

According to the U.S. Department of Justice (2003) almost one million women each year are assaulted by their

husbands or boyfriends. Approximately 30% of the women murdered in the United States in 1990 were killed by their husbands or boyfriends. In addition, the American Medical Association (AMA) council on Scientific Affairs (1994) reports that, "battered women account for 19% to 30% of visits by battered women to hospital emergency rooms, 25% of female suicides, and 25% of the women seeking emergency psychiatric assistance" (AMA, 1994, p. 6).

A study done by Jenkins and Hutchinson (1996) focused on violence within the community, community violence, and domestic violence. The authors concluded that collaborative efforts were needed to target, educate, and provide services to youth regarding substance abuse. In addition, the authors found that fifty states mandate reporting child abuse by medical staff. However, only a few states are mandated to report spousal abuse.

In 1874 it was legal for men to physically and emotionally chastise their wives; it was even considered their right because the wife was considered their property not their partner. Prior to this date the wife was considered to have the same status as a child,

underneath the control of her husband. It was not until 1980 that spousal abuse became a crime (Gorney, 1989).

A study conducted through the University of North Dakota showed that domestic violence has a huge effect on working women. It was 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. These women also have elevated levels of medical and emotional distress. The article also made note of an important fact that children raised in domestically violent homes will display symptoms similar to the victim, such as sleep problems, anxiety, guilt, fear and even acting out (Wettersten et al., 2004).

Other researchers found these same symptoms to be present in women who had been victims of domestic violence. It was also found that exposure to domestic violence can increase the chances that the woman will suffer from other mental health problems such as panic disorders, psychotic disorders, and dissociative disorders (Bassuk, Melnick, & Browne, 1998; Brown & Anderson, 1991). In addition, it was found that battered women who have a mental health diagnosis in conjunction

with substance abuse have a harder time accessing services than a woman with only one of these problems would have (Brown, Huba, & Melchoir, 1995).

Substance Abuse among Women

It is estimated that women have a higher rate of misusing prescription drugs than do men and on average they constitute one-quarter of the population who engage in the use of street drugs (Abbott, 1994). In addition, statistics obtained from the Substance Abuse and Mental Health Services Administration showed that over five hundred thousand or approximately 30% of the individuals who were admitted to a substance abuse treatment agency in 2002 were women. However, these estimates are likely misrepresentations of the prevalence of substance abuse among women. This is due to the difficulties inherent in ascertaining this information because it is heavily guarded due to the shame, guilt, and legal repercussions that could result from the release of such information (Abbott, 1994; Reed, 1987).

Until the late 1970s most research on women and substance abuse was biased because it sought to understand the etiology of substance abuse among women

based on research that was conducted at substance abuse agencies that were designed for men (Abbott, 1994; Reed, 1987). Research on women was either ignored, misinterpreted, or analyzed combining results with those for men (Reed, 1987).

There are two reasons that research relevant to the needs of women addicted to substances was not accurately researched. First of all, women typically abuse prescription drugs which generally cause depression, low self-esteem, or other symptoms that do not cause socially unacceptable behavior (Woodhouse, 1990; Reed, 1987). 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 (Reed, 1987; Abbott, 1994).

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, a study which looked at gender differences in treatment outcomes over a three year period showed that women often start using drugs at later ages than men do

but they usually seek treatment earlier in their addictions than do men. They also have more barriers to treatment than do men such as lack of childcare for children, for whom they are the primary caretakers and a lack of transportation (Hser, Huang, Teruya, & Anglin, 2004). In addition other researchers found that many women in treatment for substance abuse report being physically and sexually abused as a young child (Gorney, 1989; SAMHSA, 1997). Abuse predicated by a close male was another common theme found in women engaged in substance abuse treatment (Gorney, 1989; Brown & Anderson, 1991; SAMHSA, 1997).

For instance, the Substance Abuse and Mental Health Services Administration conducted a study with 2,729 women who had a dual-diagnosis of a mental health problem in conjunction with a substance abuse problem and who had been the victims of abuse at some point in their lives. The study sought to examine two hypotheses. The first hypotheses stated that women would recollect that the onset of both their mental illness and their physical abuse occurred prior to the onset of their substance abuse problem. The other hypotheses was that women who had earlier age of onset of physical abuse or who had

been subjected to longer periods of abuse would have higher levels of current distress. The study proved both hypotheses to be true. The implication is that substance abuse may be a way for a woman to attempt to alleviate the pain experienced as a result of the abuse (Gatz, Russell, Grady, Kram-Fernandez, Clark, & Marshall, 2005).

Researchers have found gender biases are prevalent in substance abuse treatment agencies as most of them are designed specifically for men (Reed, 1987; Duckert, 1987; Tollett, 1990). In addition, a nationwide study conducted by SAMHSA found that the needs of women such as childcare, referrals for emergency housing, treatment for mental health problems, or screening for domestic violence are often not addressed in treatment (Huntington, Jahn, & Veysey, 2005).

Other researchers found services such as advocacy for financial assistance programs, help with legal problems, and medical care for themselves and their children were lacking in substance abuse centers that provide treatment to women (Becker, Noether, Larson, Gatz, Brown, & Hackman, 2005; SAMHSA, 1997; Reed, 1987). 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; Reed, 1987; Abbott, 1994).

All of these reasons may explain why overall, researchers show less successful outcomes for women than for men in treatment (Nelson-Zlupko, Kauffman, & Morrison, 1995; Hser, Huang, Teruya, & Anglin, 2004). All of the reasons stated above indicate that there is clearly a need for gender-sensitive drug rehabilitation services that provide comprehensive treatment.

Barriers to Cooperation between Substance Abuse Providers and Domestic Violence Staff

The National Survey of Substance Abuse Treatment Services (2005) reported that 32% of substance abuse treatment centers provide services for domestic violence. However, most of these agencies provide treatment for the batterer and not for the victim of the abuse (Huntington, Jahn, & Veysey, 2005). In addition, there is a lack of

cooperation among service providers from the fields of domestic violence and substance abuse.

There are numerous reasons that there has not been more cooperation between the providers in these two fields. For instance, Bennett and Lawson (1994) conducted a study to examine the ways in which the service providers from the fields of substance abuse and domestic violence work together and what helps or hinders them when working collaboratively with one another. The study was conducted by randomly sending questionnaires to 150 substance abuse program directors and 45 domestic violence providers in the state of Illinois. The results of the study determined that there was a very low rate of interaction between the two fields and only approximately 10% of the programs who were surveyed provided formal screening for the dual-problem of substance abuse and domestic violence.

Screening for domestic violence among substance abuse agencies was primarily the result of self-reporting and similarly, domestic violence staff did not screen for substance abuse. Substance abuse agencies reported more screening than did domestic violence agencies. However, it was found that those substance abuse agencies who

claimed they had staff trained to deal with domestic violence usually had counselors who only had experiential knowledge regarding domestic violence.

The single greatest factor that contributed to lack of cooperation between the two fields was beliefs pertaining to attribution of blame. Substance abuse counselors are either not qualified to treat domestic violence or believe that the abuse is just a symptom of the addiction which will subside once the individual ceases using drugs (Collins, Kroutil, Roland, & Moore-Gurrera, 1997; Chartas & Culbreth, 2001). Similarly, domestic violence workers usually view chemical dependency as a secondary issue, believing that once the domestic violence subsides the individual will cease the use of drugs (Bennett & Lawson, 1994).

Other problems cited as barriers to service delivery between substance abuse specialists and domestic violence shelter staff were different levels of education in the two fields, and different philosophical views of the cross-problem (Bennett & Lawson, 1994). Lack of knowledge of the services that the other agency provides, and inadequate training in the cross-agency's field were additional barriers to integration of services between

service providers from the fields of domestic violence and substance abuse (Lehman & Krupp, 1984).

In addition to the barriers to cross-linkages of these services it was found in the Women, Co-Occurring Disorders and Violence study that 40% of the 2,729 women in the study felt they had a need that was not addressed. The most common barriers to receiving adequate services for domestic violence and substance abuse were waiting for services, a lack of available services, not knowing how or where to access services, denial of service requests, long waiting lists, and being treated poorly. Sadly, these women were suffering from a mental illness, a substance abuse problem, and the effects of prior victimization (Becker et al., 2005).

Despite all of the reasons listed above as to why providers from the fields of domestic violence and substance abuse do not combine their services there is a dearth of research to confirm whether integrating these services would be considered the best practice. It may hinder the agency's effectiveness to incorporate treatments that are not within their unique specializations. In that case it may be better for substance abuse agencies to have well established

linkages to other organizations to provide for clients' needs that fall outside of their scope of practice (Bennett & Lawson, 1994).

This study sought to determine whether or not directors of substance abuse agencies in San Bernardino County saw a need to incorporate services for domestic violence into their existing programs. In addition, the study sought to determine the readiness of these agencies to provide services for domestic violence.

Theories Guiding Conceptualization

In conceptualization of this research it was important to understand why women stay in abusive relationships. Some studies attribute women staying in an abusive relationship to learned behavior. A 20-year longitudinal study was conducted, finding, that children who were raised in homes where there was child abuse, partner abuse or substance abuse had a high tendency to become abusers or victims as adults (Ehrensaft, Cohen, Brown, Smailes, Chen, & Johnson, 2003).

This theory is very similar to the learned helplessness theory. This theory states that as an individual is in a situation such as an abusive

relationship they begin to think that they are helpless because no matter what they do they are powerless over the effects of their behavior. This negatively overwhelms the person's coping mechanisms and diminishes their motivation to try to change. This explains why women seem to stay in abusive relationships when they could have left. Thus, the woman needs to be taught that she can get out of the relationship (Walker, 1979).

Another reason women tend to stay in abusive relationships is explained by systems theory. Victims tend to have a lack of social support which stems from the guilt, shame, and isolation they encounter due to the domestic violence. They also have economic restrictions, unequal treatment within the legal system, and limitations in accessing services (Colarossi, 2005).

Many women stay in an abusive relationship because of the fear of losing one of their basic needs, their home. Maslow's hierarchy theory can be used to look at this human need. Cowal, Shinn, Weitzman, Stojanovic, and Labay (2002) studied families receiving public assistance and found that 44% of the homeless mothers were separated from their children. These separations could be attributed to domestic violence and substance abuse.

It was also important in the conceptualization of this research to understand why women might turn to the use of drugs as a coping mechanism. One explanation researchers give for the high occurrence of chemical dependency among women is explained by self-in-relation theory which states that women place a greater importance on personal relationships than do men (Manhal-Baugus, 1998). 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; Wilsnack & Wilsnack, 1991). 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 understanding why women stay in abusive relationships as well as why they might abuse substances. Moreover, it is important in understanding how to develop treatment plans for these women.

Feminist theory 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; Woodhouse, 1990). The inequalities inherent in our 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).

Another study that was important in guiding conceptualization of this research was conducted measuring trauma and its effect on the efficacy of short-term outcomes for women in detoxification. Successful outcomes were measured by whether or not the woman kept her appointment for follow-up care. Although no correlation between a history of violence and successful short-term outcomes were found the study did find that the highest success rates were among women who had attended detoxification treatment numerous times. The researchers also found that talking about past abuse did not negatively interfere with completion of detoxification (Hein & Scheier, 1996). This study resonates with ecological theory because it implies that exogenous factors may make it harder for women to attend treatment. However, it also indicates that women may need to have a chance to discuss issues resulting from prior victimization.

Finally, another study that was important to the conceptualization of this research was conducted through a substance abuse program in Los Angeles, California. This study is useful in understanding the importance of addressing issues of domestic violence when providing

substance abuse treatment (Brown, Melchoir, Panter, Slaughter, & Huba, 2000). This study is explained by Maslow's theory of hierarchy of needs because it 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 underscores the importance of assessing for domestic violence when providing treatment for substance abuse because if a woman does not feel her needs for safety are being attended to she is not likely to be able to move towards emotional healing

Summary

In conclusion, this chapter highlighted the prevalence of both domestic violence and substance abuse. The chapter also explored why women stay in abusive relationships, the reasons women become addicted to drugs and alcohol, and why it is so hard for them to receive comprehensive treatment for both of these issues.

Theories that guided the conceptualization of this research were also included in this chapter.

CHAPTER THREE

METHODS

Introduction

Chapter Three consists of an overview of the methods that were utilized in the research project. Specifically, this chapter outlines the design of the study, procedures and limitations of the study, method of sampling, protection of human subjects, and data analysis that was utilized to answer the research question.

Study Design

This study explored whether directors of substance abuse agencies saw a need to address issues of domestic violence. Specifically, it determined whether these directors assess for domestic violence, the barriers that prevent integration of services for domestic violence and substance abuse, and the agency's readiness to adopt treatment that addresses domestic violence.

This study was a cross-sectional, post-test only needs-assessment which combined a mixture of quantitative and qualitative research methods. A cross-sectional post-test only method was chosen due to time and financial constraints. This exploratory research design

was chosen to gain a better understanding of the perceptions of the substance abuse directors regarding the impact of domestic violence on a woman's ability to achieve and maintain sobriety. It was thought an understanding of directors' perceptions would be helpful in determining if there is a need for integration of services. This information could also be helpful in determining how to make any changes in current service delivery deemed necessary to meet the needs of battered women seeking treatment for substance abuse.

This research was conducted by mailing surveys to substance abuse directors which means the data was collected while the participants were in their natural setting (Grinnell & Unrau, 2005). Limitations included limited generalizability as well as lack of reliability resulting from this being a mail survey. Since this survey was mailed the researcher does not have certainty that the director was actually the person who completed the survey.

Another limitation was the low response rate that is typical of mailed surveys (Grinnell & Unrau, 2005). To help increase the return rate addressed stamped envelopes were included with the survey. Additionally, because of

time and financial constraints this study utilized only surveys rather than multiple data collection methods (Grinnell & Unrau, 2005). The research question was: Is there a need for substance abuse agencies to provide services for domestic violence.

Sampling

The participants for this study were obtained utilizing Substance Abuse and Mental Health Services Administration's substance abuse locator. Directors of the 162 substance abuse agencies that provide substance abuse treatment to women on an outpatient basis within a one hundred radius of the city of San Bernardino were chosen. There was no stipulation on the educational level of the director. The participants were contacted at the agency in which they work. The rationale for this purposive study was that it was thought this information would be useful to social workers in the San Bernardino area who provide substance abuse services to women who have been victimized by domestic violence.

Data Collection and Instruments

A survey containing 31 quantitative and five qualitative questions was used for data collection.

Independent variables included demographic information: age and gender of the director, gender of the clients, funding source of the agency, structure of the program, theoretical model of the program, educational level of the staff, whether they have volunteers, the length of the program, and the success rate for women in the program. All of these were measured at the nominal level except director's age and length of program which were measured at the interval level.

Independent variables pertaining to the agency included if women are regularly screened for domestic violence, whether or not the women who attend the agency also have problems with domestic violence, if so the frequency of the women who have this cross-problem, how screening for domestic violence is assessed, if they have a linkage to shelter services for women, and the ease of making such referrals. The preceding variables were all measured at the nominal level except for the frequency of women who had a cross-problem of substance abuse and domestic violence which was measured at the ordinal level.

Independent variables pertaining to directors' perceptions included questions measured at the ordinal

level with (a) being strongly disagree and (d) being strongly agree. The variables were related to the importance of the following items found in the literature: long-term counseling, female-specific therapy groups, linkages with domestic violence shelters, early assessment of domestic violence, whether there is a connection between substance abuse and domestic violence, if women should deal with domestic violence issues before seeking substance abuse treatment, and directors' perception of where service integration should occur. All of these variables were measured at the ordinal level except the directors' perception of whether there is a connection between substance abuse and domestic violence which was measured at the nominal level.

The qualitative questions in this study were: how the success rate of the program is measured, how information regarding domestic violence involvement is ascertained, the ways the agency is equipped to handle women's issues pertaining to domestic violence, the director's perception of the effects domestic violence has on a woman's recovery, and whether it is harmful to ask a woman about domestic violence.

The dependent variables in this research were the directors' perception of a need to integrate services for domestic violence and substance abuse, integration service readiness, and the barriers that hinder integration of these services. The dependent variables were measured at the nominal level (See Appendix A.).

Due to the lack of research in this area a survey was created specifically for this study, based on a review of the literature. A strength of this instrument was that it was specifically designed to answer the research question. The limitation of the instrument was that it was created by the researcher so the validity and reliability of the instrument were unknown. The instrument was pre-tested for clarity by professionals who work in the field of substance abuse treatment and was then modified accordingly. Subsequent to approval from the Department of Social Work Sub-committee of the Institutional Review Board the study was conducted.

Procedures

Survey questionnaires along with enclosed envelopes were mailed to directors of substance abuse agencies within a one-hundred mile radius of the city of San

Bernardino. Two weeks after the initial survey was sent an additional survey was sent. Data collection was completed by the end of March 2006.

Protection of Human Subjects

To ensure anonymity of the participants no identifying information was requested. Surveys also included an informed consent with instructions for the directors not to include their names anywhere on the survey (See Appendix B.). In addition, the surveys included a debriefing statement (See Appendix C.).

Data Analysis

To answer the research question, quantitative and qualitative analyses were utilized. In the quantitative analysis the concepts included domestic violence, substance abuse among women, and the barriers that hinder integration of services that would address this cross-problem. The constructs in this study were directors' perceptions of the need for substance abuse providers to address issues of domestic violence, as well as their perceptions of the effects such violence has on women in recovery.

Quantitative analyses included condensing data into frequency distributions and graphs (Grinnell & Unrau, 2005). Bivariate analyses included assessing for associations using Chi-square (Weinbach & Grinnell, 2004). This non-parametric method of analysis was utilized because the study included results that were derived from a non-random sample. Due to the exploratory nature of the study there was no predictor and therefore, multivariate analysis was not possible.

Qualitative analysis included identifying concepts or ideas related to the program directors' responses. These were then formed into categories which showed similarities and differences. The first level of coding showed consistent similarities that made it possible to quantify the data for all questions.

Summary

This chapter delineated the methods that were utilized to answer the following research question, "Is there a need for substance abuse agencies to provide services for domestic violence?" Mailed surveys were sent to directors of substance abuse agencies asking both qualitative and quantitative questions. Additionally,

this chapter described how research participants were protected, the rationale for choosing an exploratory study, sampling procedures, and methods that were used for data analysis.

CHAPTER FOUR

RESULTS

Introduction

This study sought to determine whether directors of substance abuse agencies saw a need to address the issue of domestic violence. It further sought to determine what barriers would hinder them from incorporating treatment that would meet the needs of women suffering from this cross-problem and to determine how soon they would be ready to incorporate such integrated treatment.

Presentation of the Findings

Demographics

The sample (n = 35) were directors of substance abuse agencies surrounding the city of San Bernardino. The majority of these directors were female (n = 21). Their ages ranged from twenty-seven to sixty-nine with a mean age of 48 (s.d. = 11.24782).

Almost half of the respondents listed their highest level of education as other (48.6%). Other consisted mostly of directors who had either a Bachelor's degree or a certificate in Alcohol and Other Drug counseling. The number of respondents who had a master's degree in Social

Work was equivalent to the number of respondents who had a master's degree in Psychology (14.3% each). Four (11.4%) respondents had a master's degree in Human Services, three had a Ph.D. (8.6%) and one had a master's degree in Public Administration (2.9%). The majority of director's had an education at or above the graduate level (62.9%).

Table 1. Director's Educational Level

	Frequency	Percent
Valid Master of Social Work	5	14.3
Master's degree in Human Services	4	11.4
Master's degree in Psychology	5	14.3
Master's degree in Public Administration	1	2.9
Other	17	48.6
Ph.D	3	8.6
Total	35	100.0

The job title of the respondents was as follows Executive Directors (40%), eleven program directors (31.4%), three program coordinators (8.6%), three owners (8.6%), two assistant program directors (5.7%), and two supervisors (5.7%).

Most of the respondents indicated that their agency required clinical staff to have formal training (94.3%). The majority of the directors indicated clinical staff

had to have a certificate in Alcohol and Other Drug counseling (94.3%). Only three agencies (8.6%) required clinical staff to have an associate's degree. Less than half of the agencies (42.9%) required staff to have a bachelor's degree. Most agencies required clinical staff to have a master's degree (62.9%). However, only five agencies (14.3%) required clinical staff to have a doctoral degree.

The majority of respondents worked for non-profit agencies (77.1%). Four county agencies (11.4%), and four private agencies also responded (11.4%). The majority of the agencies provided services to both men and women (77.1%). The number of employees at these agencies ranged from one to nine hundred fifty with a mean of 54 (s.d = 163.956).

Most of the agencies provided only outpatient substance abuse treatment (65.7%). The success rate for women in these programs ranged from 20% to 99% with a mean of 60% (s.d. = 20.23733).

Most of the respondents indicated that their agency does utilize volunteers (80%). The number of volunteers utilized ranged from 0 to 16 with a mean of 7 (s.d. = 16.662).

Dependent Variable Findings

The majority of respondents in this sample indicated that they did see a connection between substance abuse and domestic violence (97.1%). When asked about the frequency of women who have a problem with both substance abuse and domestic violence, four agencies (11.4%) stated women had this cross-problem all the time, thirty agencies (85.7%) stated sometimes, and only one agency (2.9%) stated that women never have this cross-problem.

The majority (97.1%) of respondents stated that they saw a need to integrate services for domestic violence and substance abuse simultaneously. When asked where integration should occur the majority (74.3%) responded that integration should occur at their agency. Five respondents (14.3%) stated that integration should occur in both substance abuse agencies and domestic violence shelters. Four directors (11.4%) felt that domestic violence shelters should be the sole provider of integrated services for battered women.

Half of the agencies indicated that they already provided services for domestic violence (51.4%). The remaining respondents specified that they would be ready to incorporate such integrated treatment from one month

to twenty-four months from now with a mean of 8
(s.d. = 17.575)

More than half of the agencies indicated that lack of funding would hinder integration of services for domestic violence (54.3%). The majority of respondents did not feel that lack of staff would hinder integration of services (65.7%).

Qualitative Data

What is the Theoretical Model of Your Agency? The majority (37.1%) of agencies reported *psychosocial* as their theoretical model. Nine agencies (25.7%) stated they used the *medical model*. Seven agencies (20%) indicated using *cognitive behavior* as their theoretical model. Six agencies (17.1%) utilized the *recovery model* of substance abuse treatment.

How is the Success Rate Measured? Most respondents (82.9%) stated that they measured the success rate of the women by *whether they completed the program and met all of their treatment goals*. Four agencies (11.4%) stated that they measured the success rate of the women in the program *by following-up with them at a later date*. Two agencies (5.7%) stated that they do not follow-up with the women to determine if they maintained sobriety and

therefore, do not measure their success rate. Two respondents stated that they felt this question was poorly written and stated, "This question should never be asked in this way."

How is Information Regarding a Client's Involvement with Domestic Violence Ascertained? Over half (54.3%) of the respondents stated that they assessed for domestic violence *by asking the woman about involvement with domestic violence at the time of intake and assessment.* Fourteen agencies (40%) stated that they assessed for domestic violence only if the woman *self-reported* involvement with domestic violence. One agency (2.9%) reported that they assessed for domestic violence through *observation* by determining if the woman had bruises or other physical injuries that would indicate involvement with domestic violence. One agency (2.9%) stated that they assessed for domestic violence through *court reports* indicating such abuse.

In What Ways is Your Agency Equipped to Handle Women's Needs Pertaining to Substance Abuse and Domestic Violence? Of those agencies that stated they already provide services to meet the dual needs of substance abuse and domestic violence, 17 agencies (48.6%) stated

they provide *case management*. Six agencies (17.1%) indicated they provide *counseling for domestic violence*. Five agencies (14.3%) stated they had *staff trained to deal with domestic violence*. Four agencies (11.4%) have *psycho-educational groups dealing with domestic violence*. One agency stated they offered *women-only groups to deal domestic violence*.

What Effects do you Think Exposure to Domestic Violence Has on a Woman's Ability to Obtain Services for Substance Abuse? The majority (40%) of agencies reported that a *partner's control or the isolation that occurs from such control* is a major effect on women suffering from domestic violence. Of these directors one stated, "Women are held hostage and not allowed to access services." Another director stated, "The isolation experienced by victims of domestic violence is increased when the abuser also abuses drugs or alcohol." Seven agencies (20%) indicated that they *did not feel involvement with domestic violence would affect a woman's ability to obtain substance abuse services*.

Five agencies (14.3%) indicated that *there is a lot of variance in the way that a woman being the victim of domestic violence could affect her ability to obtain*

services for substance abuse so this needed to be determined on a case by case basis. Another five respondents (14.3%) stated that being the victim of domestic violence would cause a woman to experience fear which would make it hard for her to access services for substance abuse. Two of those who reported fear to be a factor stated that the women were afraid that accessing services would lead to involvement of Child Protective Services.

Two agencies (5.7%) stated that it made it easier for the women to obtain services because being the victim of domestic violence made their case a priority. One agency (2.9%) indicated that involvement in domestic violence would interfere with her ability to have trust in her provider. Another agency (2.9%) stated that being the victim of domestic violence would increase a woman's chance of relapsing.

Do You Think it is Harmful to Ask a Woman About Domestic Violence Early in Treatment for Substance Abuse, and if so in What Ways? The majority (91.4%) of respondents did not think that it is harmful to ask a woman about involvement with domestic violence early in the treatment process. Three respondents (8.6%) did think

that it would be harmful. All three of these respondents felt that it is a sensitive matter that needed to be asked about after the clinician had established rapport with the client. One of the respondents stated, "This is a very sensitive matter, so it is better to wait until they feel comfortable to express themselves."

Bi-variate Findings

The mean success rate for women (76%) was significantly greater if they attended women-only substance abuse agencies than if they did not (54%), ($t = 2.923$, $d.f. = 33$, $p = .006$).

The mean length of the program in months (46) was significantly greater in agencies that require clinical staff to have a doctoral degree than in agencies that did not (14), ($t = 2.134$, $d.f. = 33$, $p = .040$).

The mean number (23) of volunteers for a given agency was significantly greater in agencies that did not require clinical staff members to have a doctoral degree when dealing with domestic violence than agencies that do not (5), ($t = 2.433$, $d.f. = 33$, $p = .021$).

The mean length of time in months (8) was significantly greater in agencies that reported women have a problem with both substance abuse and domestic

violence all the time than in agencies that reported women having this cross-problem sometimes (5), ($t = .963$, d.f. = 31, $p = .343$).

The number of full-time employees an agency has was significantly correlated with the frequency of women attending the agency that have a cross-problem of substance abuse and domestic violence ($r = -.356$, $p = .036$).

There are more female than male directors in programs that offer only outpatient services for substance abuse than in agencies that also provide inpatient substance abuse services ($\chi^2 = 7.630$, $p = .006$).

Table 2. Gender of Director and Program Structure

	What is the gender of the director?		Total
	male	female	
Is your Has inpatient services	1	11	12
program? Outpatient	13	10	23
Total	14	21	35

Although the sample size was too small to test true association statically, it was interesting to note that there were no men who were the directors of women-only substance abuse agencies.

Summary

Chapter Four consisted of an overview of the findings from the study. Included were frequencies of the demographic variables, the dependent variables, and important independent variables. Also included were the bi-variate findings.

CHAPTER FIVE

DISCUSSION

Introduction

Chapter Five consists of an overview of the research findings including demographic findings, the dependent variables and the findings from the bi-variate analyses. Also included are the limitations of the study and how the findings can be beneficial to future social work practice, policy and research.

Discussion

The research question in this study was "Is there a need for substance abuse agencies to provide services for domestic violence?" The majority of directors who responded to this survey indicated that they did see a connection between substance abuse and domestic violence. In addition, the majority of directors stated that they saw a need to integrate services for domestic violence and substance abuse simultaneously. When asked where integration should occur the majority thought integration should occur at their agency.

It was interesting to note that over half of the agencies who responded to this survey stated that they

already do provide services for domestic violence. The services provided by agencies included case management, counseling for domestic violence, staff trained to deal with domestic violence, psycho-educational groups dealing with domestic violence, and one agency offered women-only groups to deal with domestic violence. These findings differ from what Huntington, Jahn, and Veysey, (2005) found in the National Women, Co-Occurring Disorders, and Violence Study conducted by Substance Abuse and Mental Health Services Administration [SAMHSA]. According to that study services to address problems related to substance abuse are often nonexistent in substance abuse programs.

The inconsistency in the present study compared to the one conducted by SAMHSA may be that the participants in these two studies are very different. The sample for SAMHSA's study was comprised of women who had a co-occurring disorder, a substance abuse problem, and a history of domestic violence. The current study population was comprised of directors of substance abuse agencies. The educational levels of these two samples differ drastically. Also the directors are the ones providing the services and therefore, may see the

services they provide as adequate whereas the women who responded to SAMHSA's study are the ones receiving the services and are therefore more likely to view the services they are receiving as not adequate.

The study also sought to determine what barriers would hinder an agency from providing integrated treatment for substance abuse and domestic violence. More than half of the agencies indicated that lack of funding would hinder the integration of services for domestic violence. The majority of directors did not feel that lack of staff would hinder integration of services. This is interesting because only five agencies indicated that they had staff members who were trained to deal with domestic violence. In addition, most directors did not feel that the lack of need would hinder them from integrating services to meet these dual-needs. This is likely explained by the fact that most directors saw a connection between domestic violence and substance abuse.

The success rate for women was greater if they attended women-only substance abuse agencies than if they did not. This is likely due to the fact that a woman-only substance abuse group is more likely to be sensitive to the unique needs of women. It could also be explained by

the fact that in a woman-only substance abuse agency women are less likely to be re-victimized by having to divulge personal information in the presence of men. Therefore, they are more likely to divulge such information.

The length of the program in months was significantly greater in agencies that require clinical staff to have a doctoral degree than in agencies that did not. This is likely due to the small number of employees at some of the agencies. The smaller agencies may have actually been clinicians in private practice who offer services to women with issues of substance abuse and domestic violence. In private practice it is likely that clinicians with a doctoral degree would understand the implications for the mental health problems related to complex problems such as substance abuse and domestic violence and would therefore want to take the time to work with the client on these issues.

The number of volunteers for a given agency was significantly greater in agencies that did not require clinical staff members to have a doctoral degree than in agencies that do not. This could be due to the fact that agencies that have the resources to hire a staff member

with a doctoral degree may not have the need to utilize the services of volunteers.

Agencies that reported all their clients have a problem with both substance abuse and domestic violence all the time had lengthier programs than agencies that reported women having this cross-problem only sometimes. The increased length of such programs may stem from the director realizing that a woman with these cross-problems has more issues that need to be resolved in order for the woman to be successful in her attempts to achieve and maintain sobriety.

The number of full-time employees an agency has was significantly correlated with the frequency of women attending the agency that have a cross-problem of substance abuse and domestic violence. The increase in full-time employees in such agencies means that they likely serve more clients which would mean that statically they are more likely to serve women who have the cross-problems of substance abuse and domestic violence.

There are more female than male directors in agencies that provide inpatient substance abuse services. This would probably best be explained by agencies who

provide inpatient substance abuse treatment recognize that their clients would likely have complex needs that would best be addressed by another woman. It could also occur to women to create programs for women. It was interesting to note that there were no men who were the directors of women-only substance abuse agencies. Which again reinforces the idea that substance abuse providers are likely to be sensitive to a woman's need to relate to other women for recovery to be successful.

Limitations of the Study

The primary limitation in this study was the small size and non-probability nature of the sample. The fact that the sample of this study only consisted of thirty-five directors and that they were chosen non-randomly means that the results of this study cannot be generalized to other agencies. Another limitation of this study was that the qualitative questions were not worded in a way that led to a depth of responses. All of the qualitative questions were able to be quantified which means that the research did not gain a thorough understanding of the complexity of the cross-problems of substance abuse and domestic violence. This might have

been achieved if the researcher had used interviews with some of the participants of the study.

Recommendations for Social Work Practice, Policy and Research

This study found that there is a need for substance abuse providers to address the issue of domestic violence. However, only half of the respondents stated that they currently provide such services. In the future social workers should increase their knowledge of the implications of prior victimization for a woman's ability to achieve and maintain sobriety.

Additionally, the finding that women who attend women-only substance abuse agencies have higher rates of success is useful for determining better practices when working with women who have a problem with both substance abuse and domestic violence. This finding reinforces the need for women to have the opportunity to work through personal issues related to domestic violence without experiencing revictimization which often occurs when women are forced to divulge personal information in the presence of men. In addition, it reiterates the need for women to have access to substance abuse treatment that addresses their unique needs.

When developing policies to address the needs of women in recovery from substance abuse it is important to address the gender biases that still exist in our society. For example, the fact that women tend to have lower levels of employment and that they are typically the primary care takers for minor children are issues that need to be addressed at the macro level (Hser, Yu-Chuang, Teruya & Anglin, 2004).

It will also be helpful to implement policies that address the needs of women to deal with issues related to domestic violence while they are attending substance abuse treatment which will likely lead to a woman's increased ability to maintain sobriety over time. Such policies should address why there are more substance abuse agencies that provide treatment for the perpetrators of domestic violence than agencies that provide treatment for the victims of the abuse.

The findings of this study warrant further research. Research is needed to determine whether the services being offered to women who have a problem with substance abuse and domestic violence are adequately addressing their needs. Use of a larger sample and structured interviews could be helpful in determining if integrated

services for the victims of domestic violence are being adequately provided.

Conclusion

The goal of this study was to determine whether the directors of substance abuse agencies saw a need to address women's dual needs for substance abuse and domestic violence treatment. The participants overwhelmingly did see a connection between substance abuse and domestic violence. However, the findings revealed that half of the agencies are providing services to address these needs. These findings were inconsistent with findings by the Substance Abuse and Mental Health Services Administration which indicated the majority of substance abuse agencies do not address these problems. These findings along with other significant findings were discussed in this chapter along with the limitations of the study and implications for future social work practice, policy, and further research.

APPENDIX A
QUESTIONNAIRE

Questionnaire

- 1) Is your agency?
 - a) county
 - b) private
 - c) non-profit
- 2) Is this agency
 - a) women-only
 - b) men only
 - c) men and women
- 3) How many full-time employees does your agency employ? _____
- 4) What qualifications do you require for clinical staff? (check all that apply)
 - a) no formal training _____
 - b) a certificate in drug/alcohol counseling _____
 - c) an Associate's degree _____
 - d) a Bachelor's degree _____
 - e) a Master's degree _____
 - f) a Doctorate degree _____
- 5) Does your agency utilize volunteers?
 - a) yes
 - b) no
- 6) If yes, how many volunteers does your agency have? _____
- 7) Is your program
 - a) inpatient
 - b) outpatient
 - c) a combination of inpatient and outpatient
- 8) What is the length of this program?
_____ years _____ months
- 9) What is the theoretical model of your agency? (please fill in space below)

- 10) What is the success rate for women in your program? (It is okay to estimate)

- 11) How is this success rate measured?

- 12) Do women clientele at your agency also have problems with domestic violence?
a) yes
b) no
- 13) If yes, what is the frequency of substance abusing women who also have a problem with domestic violence?
a) all the time _____
b) sometimes _____
c) almost never _____
d) never _____
- 14) Is there a staff member at your agency that is qualified to deal with domestic violence?
a) yes
b) no
- 15) If yes, what is their level of training in domestic violence?
a) experiential knowledge only _____
b) Certificate or its equivalent _____
c) Associates degree _____
d) Bachelor's degree _____
e) Master's degree _____
f) Doctoral level degree _____
- 16) Does your agency regularly screen for domestic violence when screening for substance abuse?
a) yes
b) no
- 17) How is information regarding a client's involvement in domestic violence ascertained?

- 18) Has there ever been a time when you have referred a client to a domestic violence shelter?
a) yes
b) no
- 19) If yes, was it hard to access the shelter services?
a) yes
b) no
- 20) In what ways is your agency equipped to handle women's needs pertaining to dual problems of substance abuse and domestic violence?

- 21) Women should have access to groups that focus on domestic violence while they are receiving substance abuse treatment.
- a) strongly disagree
 - b) somewhat disagree
 - c) somewhat agree
 - d) strongly agree
- 22) Women should have an opportunity to participate in groups comprised solely of women.
- a) strongly disagree
 - b) somewhat disagree
 - c) somewhat agree
 - d) strongly agree
- 23) It is helpful to have a linkage in place to a local domestic violence shelter.
- a) strongly disagree
 - b) somewhat disagree
 - c) somewhat agree
 - d) strongly agree
- 24) Women who have been victims of domestic violence should receive long-term counseling for issues related to the abuse.
- a) strongly disagree
 - b) somewhat disagree
 - c) somewhat agree
 - d) strongly agree
- 25) A woman should deal with any domestic violence problems before attempting to obtain treatment for substance abuse.
- a) strongly disagree
 - b) somewhat disagree
 - c) somewhat agree
 - d) strongly agree
- 26) What effects do you think exposure to domestic violence has on a woman's ability to obtain services for substance abuse?
-
-
- 27) Do you think it is harmful to ask a woman about domestic violence early in treatment for substance abuse, and if so in what ways?
-
-
- 28) Do you feel as the director of a substance abuse agency that there is a connection between substance abuse and domestic violence?
- a) yes
 - b) no

- 29) Do you feel there is a need to integrate services for substance abuse and domestic violence?
- a) yes
 - b) no
- 30) If yes, would it be better to integrate services
- a) in your agency
 - b) in domestic violence shelters
 - c) in an agency that provides inpatient substance abuse treatment
 - d) other (please explain)
-
-
- 31) If you think it would be beneficial to integrate services for domestic violence in to your agency how ready are you to make that change?
- _____ years _____ months
- 32) What would hinder you from incorporating these services? (check all that apply)
- a) lack of funding
 - b) lack of available staff
 - c) not enough need for the services to be integrated
 - d) other (please explain) _____
- 33) What is your gender?
- a) male
 - b) female
- 34) What is your age? _____
- 35) What is your job title? _____
- 36) What is your highest level of education?
- _____ Master of Social Work
 - _____ Master's degree in Human Services
 - _____ Master's degree in Psychology
 - _____ Master's degree in Public Health
 - _____ Master's degree in Public Administration
 - _____ Other _____
 - _____ Ph.D. in _____

Thank you for your participation in this study

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

Dear Participant:

Thank you for your cooperation in a study which explores women's experiences with the cross-problems of substance abuse and domestic violence. This study is being conducted by Colleen Murphy, 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 Work Sub-Committee of the Institutional Review Board of California State University San Bernardino.

You will be asked to complete a survey. None of the questions are personal in nature. Some questions do elicit your perceptions, based on your experience, about the effects of domestic violence on a woman's attempt to achieve recovery from substance abuse, whether there is a need to address this, and the barriers that would hinder such an integration of services.

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 survey should take about thirty 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,
Colleen Murphy

Study Participant

Date

APPENDIX C
DEBRIEFING STATEMENT

DEBRIFING 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 domestic violence can hinder a woman's ability to obtain services for recovery from substance abuse and whether there is a need to integrate services for this cross-problem.

To assure anonymity, individual results will not be available. However, you may obtain a summary of the findings in September from the 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. Rosemary McCaslin at (909) 537-5507

Sincerely,

Colleen Murphy
Masters Degree Candidate

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ASSIGNED RESPONSIBILITIES PAGE

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

1. Data Collection:

Individual Effort: Colleen Murphy

2. Data Entry and Analysis:

Individual Effort: Colleen Murphy

3. Writing Report and Presentation of Findings:

- a. Introduction and Literature

Team Effort: Colleen Murphy & Tammy Hunt

- b. Methods

Individual Effort: Colleen Murphy

- c. Results

Individual Effort: Colleen Murphy

- d. Discussion

Individual Effort: Colleen Murphy