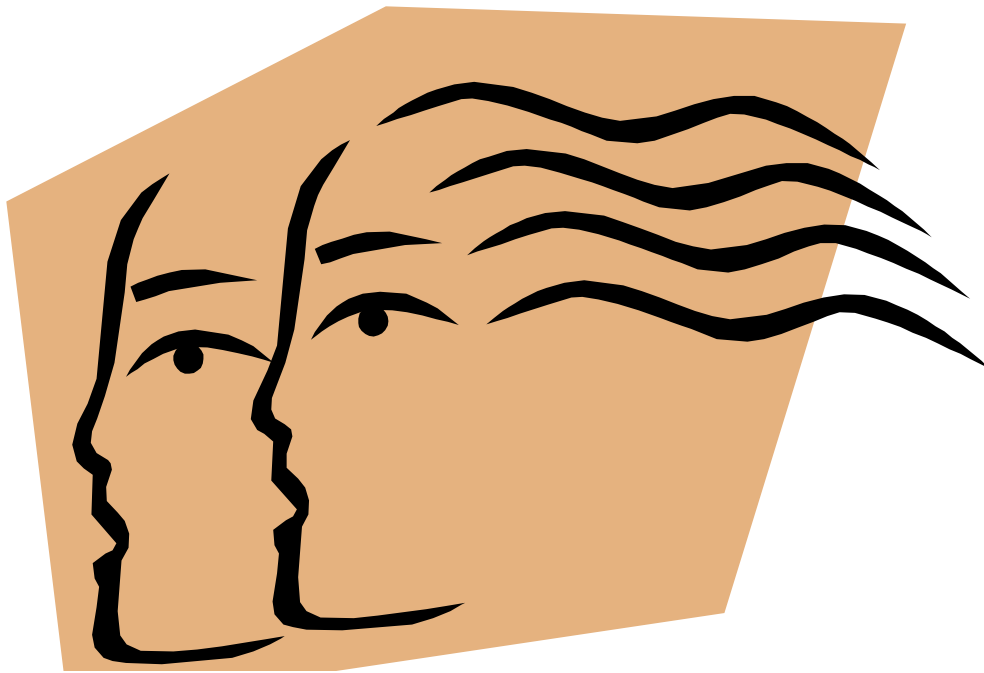


**SAFETY and SOBRIETY:  
Best Practices in  
Domestic Violence and Substance Abuse**

**Domestic Violence/Substance Abuse  
Interdisciplinary Task Force  
of the  
Illinois Department of Human Services**

**Safety and Sobriety:  
Best Practices in Domestic Violence and Substance Abuse**



**Domestic Violence/Substance Abuse  
Interdisciplinary Task Force  
of the  
Illinois Department of Human Services**

**July 2000**

July 14, 2000

Dear Colleague,

The Illinois Department of Human Services is pleased to release *Best Practices For Domestic Violence and Substance Abuse Services*. This document will serve as an important tool for agencies when serving clients with both issues.

This manual is the result of years of work by the Domestic Violence/Substance Abuse Task Force. The Task Force, a committee of the Department's Domestic Violence Advisory Council, is a collaborative group linking service providers, administrators and researchers from the fields of domestic violence, substance abuse and criminal justice.

To create success for clients with both domestic violence and substance abuse issues, it is critical to provide comprehensive services which address their multiple needs. This manual outlines procedures that human service professionals can follow when they are facing clients with both domestic violence and substance abuse issues, and provides guidance for forging collaborations between agencies.

On behalf of the Department, I look forward to this manual being utilized by agencies across the state. With continued collaborations, we can help the families of Illinois achieve both sobriety and safety.

Sincerely,

Linda Reneé Baker  
Secretary

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**Dedication**  
**Barbara Mills, 1947-1998**

This document is dedicated to the memory of Barbara Mills. Barb, who died in 1998 shortly after the task force began its work, was co-chair of the task force, and was instrumental in its conception and development. She was that rare practitioner who had a solid background in both the substance abuse and domestic violence fields. She was Director of Agency Programming for DOVE, Inc., in Decatur, and was a certified alcohol and other drug abuse counselor. At the time of her death she was actively working to get certification for domestic violence counselors and advocates. She was a visionary who is missed by her friends, her community, and all who knew her.

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# Introduction

## *Safety and Sobriety: Best Practices in Domestic Violence and Substance Abuse*

In December 1997, the Bureau of Domestic Violence Prevention & Intervention of the Illinois Department of Human Services convened an advisory group to discuss the frequently co-occurring problems of domestic violence and substance abuse. The 30 members of the *Domestic Violence-Substance Abuse Interdisciplinary Task Force* were drawn from the domestic violence and substance abuse practice and policy communities, academia, and government, including the DHS Office of Alcoholism and Substance Abuse.

In conjunction with the Illinois Family Violence Coordinating Council, and with the support of the Illinois Violence Prevention Authority, Illinois Department of Human Services, Illinois Coalition Against Domestic Violence, Illinois Alcohol and Other Drug Abuse Professional Certification Association, and a number of private sponsors, the first *Better Practices in Substance Abuse and Domestic Violence* conference convened in Bloomington in May 1998. This conference succeeded beyond anyone's expectations, drawing nearly 400 participants from across the spectrum of service providers and policy makers in the state. In June 1999, the second Best Practices conference was held in Springfield. The theme of that conference, and the title of this manual – Safety and Sobriety – was drawn from a keynote address by Theresa Zubretsky.

The task force has met for the past two years. While there are few areas where the task force could reach a true consensus, there are some key points about which we do agree:

- Substance abuse problems and domestic violence overlap and they often co-occur. However, substance abuse and domestic violence are different problems, and they require different interventions.
- There are multiple causes for both substance abuse and for domestic violence. There is little evidence that one problem causes the other.
- Active substance abuse by the perpetrator of domestic violence or active substance abuse by the victim of domestic violence threatens the safety of the victim.
- Domestic violence impairs the opportunity for addiction recovery and threatens sobriety.
- Regardless of setting, workers in all fields will be more effective if they consider the perspectives of safety, sobriety, and justice for the people with whom they work.

One of the tasks this group agreed to undertake is development of a best practices document which reflects the state of the art in substance abuse/domestic violence practice. The document is grounded in the 1997 booklet *Substance Abuse Treatment and Domestic Violence* published by the Center for Substance Abuse Treatment and distributed to participants at the 1998 conference.

The document you are reading was conceptualized as a brief, hands-on, Illinois-specific tool for



use by substance abuse professionals, the domestic violence community, and workers in other areas such as criminal justice, child welfare, and public assistance. The core sections of the document target four populations defined by the settings where they would first be encountered: (1) men in batterers' intervention programs, (2) men in substance abuse treatment programs, (3) women in domestic violence victim programs, and (4) women in substance abuse treatment. The task force believes these four settings — in addition to criminal justice, child protection, and public assistance — are the settings where the confluence between substance abuse and domestic violence can be most effectively addressed. Sections are added to address populations (cultural minorities, gays, and lesbians) and settings (child welfare, public assistance, and criminal justice) that could not be adequately addressed in the main sections.

This is only one of many ways to organize a document such as this, and we make no claim to it being the best way. Each of the four sections is designed for staff working in one of those settings. For example, the section on women in substance abuse programs targets addiction counselors working with women's treatment programs. The section assumes that addiction counselors do not need education in addictions, but are likely to need information about domestic violence. Specifically, they may need to learn about domestic violence as it affects practice with women currently receiving addiction treatment. The other three sections follow a similar pattern, targeting staff in batterers' intervention programs, addiction counselors in men's treatment programs, and domestic violence advocates.

There are a few things the reader should know about this document. First, it is not designed to be read cover-to-cover like a book. We believe the best way to use the document is to select the section best corresponding to the type of setting in which you work, then to read other sections as interest directs. Second, the document was developed by individuals working in a committee. Consequently, it has all the advantages and disadvantages of committee products. On the one hand, it lacks a single voice and may at times appear uneven or disjointed. On the other hand, it reflects a much broader base of opinion than most material you can read in this area. There are parts of the document which contradict other parts of the document. These contradictions reflect the disagreements between knowledgeable practitioners within and between their respective fields. Finally, where research exists to support a perspective, it is reflected in the document. However, there is little actual research to support practice in this area, so we depend heavily on the experience of practitioners to fill the knowledge gaps.

On behalf of the Domestic Violence-Substance Abuse Interdisciplinary Task Force, I welcome readers to join and contribute to the movement to link the domestic violence and substance abuse fields in a way that will enhance the safety and sobriety of the people who look to us for help.

Larry W. Bennett, Ph.D.  
University of Illinois at Chicago

*Note: The opinions expressed in this document are those of the Illinois Domestic Violence-Substance Abuse Interdisciplinary Task Force, and do not necessarily reflect the opinions or positions of the Illinois Department of Human Services or any of its constituent offices, bureaus, or programs. This document is not intended as legal advice and programs should consult with their own attorneys on all such matters.*

## **Definitions**

### **What is Domestic Violence?**

Domestic violence as defined by the American Psychological Association (APA, 1996) is: “a pattern of abusive behaviors including a wide range of physical, sexual, and psychological maltreatment used by one person in an intimate relationship against another to gain power unfairly or maintain that person’s misuse of power, control and authority.” Domestic violence, simply stated, is an attempt to control the behavior of your partner. Abuse is a misuse of power that uses the bond of intimacy, trust, and dependency to make your partner, man or woman, feel unequal, powerless and unsafe. Domestic violence is a crime under the Illinois Domestic Violence Act (725 ILCS 5/112A-1)(750 ILCS 60/102).

### **What are Substance Abuse and Addiction?**

Substance abuse is a destructive pattern of use of drugs including alcohol, which leads to clinically significant (social, occupational, medical) impairment or distress. Often the substance use continues in spite of significant life problems related to that use. When a person begins to exhibit symptoms of tolerance (the need for significantly larger amounts of the substance to achieve intoxication) and withdrawal (adverse reactions after a reduction of the substance), it is likely that the person has progressed from abuse to dependence, or addiction. Addiction is a primary, chronic disease with genetic, psycho-social, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by continuous or periodic impaired control over drinking alcohol or using other drugs, preoccupation with drugs or alcohol, use of drugs or alcohol despite adverse consequences, and distortions in thinking, most notably denial. Addiction is a treatable disease and long-term recovery is possible.

– Adapted from definitions developed by the American Psychiatric Association and the American Society for Addiction Medicine