

Substance Use Among Women in Shelters for Abused Women and Children

Programming Opportunities

Lorraine Greaves, PhD^{1,2}

Cathy Chabot, MA¹

Natasha Jategaonkar, MSc¹

Nancy Poole, MA¹

Lucy McCullough, BSc¹

ABSTRACT

Objective: This study explores changes in the use of alcohol and other substances by women in British Columbia as they moved into shelters for abused women and again three months later. We see this time as a key life transition, and potentially a rich opportunity for influencing women's substance use behaviour. The purpose of this study was to document changes in the level of use of alcohol and other substances and the levels of stress among women as they moved through shelters for abused women.

Methods: Standardized questionnaires augmented by qualitative interviews were employed to measure alcohol and substance use, experiences of abuse, and levels and types of stressors facing women in this situation.

Findings: Significant reductions in women's use of alcohol and stimulants were observed from Interview I to Interview II, but there was no significant reduction in use of other depressants or tobacco use. Levels of stress decreased and sources of stress changed for the women after the shelter experience. Stress connected to relationship with partners had the most significant decrease, followed by mental health, housing, and legal issues. Women reported barriers to accessing financial aid and services for substance use outside of the shelter.

Conclusions: Women's experiences of violence and substance use were found to be interconnected in complex ways and changes in substance use were affected by a range of influences, such as financial concerns, mothering, relationships, levels of social support, and physical and mental health issues. Substance-using women who have experienced violence are an underserved population and a multi-sectoral response designed to address psychosocial, relational, and structural issues could better help them improve their overall health.

MeSH terms: Substance abuse; women; domestic violence; stress; social work

La traduction du résumé se trouve à la fin de l'article.

1. British Columbia Centre of Excellence for Women's Health, Vancouver, BC

2. Clinical Professor, Faculty of Medicine, University of British Columbia, Vancouver

Correspondence and reprint requests: Dr. Lorraine Greaves, BCCEWH, BC Women's Hospital, E-311 4500 Oak St., Vancouver, BC V6H 3N1, Tel: 604-875-2633, Fax: 604-875-3716, E-mail: lgreaves@cw.bc.ca

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Few studies have investigated the use of alcohol and other substances by women experiencing violence.¹ Rather, the majority of studies in this domain has focussed on the substance use of perpetrators of intimate partner violence (IPV) and the effect on families.²⁻⁴ However, several studies of substance-using women reveal high rates of IPV.⁵⁻¹² Given this high prevalence of violence for women in substance use treatment, the study of substance use in the context of shelters for abused women and children is in need of exploration. For simplicity, henceforth the term "shelter" will be used to refer to "shelters for abused women and children".

There are many factors contributing to substance use among abused women. Many women use substances to cope with the trauma caused by childhood abuse,¹³⁻²² which can leave women vulnerable to further violence in intimate relationships.²³ The impact of ethnicity and socio-economic status in women's experiences of substance use and IPV has also been noted, as women may use alcohol to cope with the negative effects of IPV^{21,24,25} and/or racism.²⁰ Pregnant women and mothers who experience IPV and have substance use issues^{26,27} are often hesitant to seek help for fear of losing custody of their children, and/or because they feel guilty and ashamed.^{28,29} Additionally, substance-using women are often stigmatized and are not welcome in many shelters.^{30,31} Such issues, combined with a shortage of women-centred, integrated services are all barriers facing women seeking and receiving help on violence and substance use concerns.^{22,32-34}

In this study, we examined substance use patterns and stressors among 74 substance-using women while at shelters, and three months later, to determine the substance use patterns and related health and social issues facing the women and the changes in both substance use and stressors affecting them in this critical period. Consideration of both barriers and supports to these changes is offered to support an improved response to women over this key life transition.

METHODS

Ethics approvals were received from the Children's and Women's Hospital and Health Centre of British Columbia Review

Board, and the University of British Columbia Ethics Review Committee.

Procedure

Thirteen shelters across British Columbia were selected to participate in this study. Over an 18-month period, shelter staff described the study to new residents within the first three days of their arrival. Women who agreed to participate in the study signed a consent form and completed a confidential one-page screening form that measured the frequency and duration of their substance use. Only women with significant levels of substance use (more than 5 times per week, excluding nicotine and/or poly-substance use and/or self-reported problematic use) in the preceding three months were eligible to participate in the study.

Seventy-four women participated in the study and were interviewed twice, with the initial interview taking place while the woman was at the shelter (Time 1) and the second interview conducted on the telephone three months later (Time 2). Interviewers administered a demographic questionnaire, several standardized surveys, followed by a series of open-ended qualitative questions. Each participant received \$30 cash or a grocery voucher for each interview.

Measures

Demographic data were collected regarding age, ethnicity, sexual orientation, income, education, partner status, number of children, and any current custody problems. This study used the Timeline Followback (TLFB) Calendar³⁵ to measure alcohol and substance use and the Stressors Questionnaire (SQ) to assess causes of anxiety or stress. Participants were also asked a series of qualitative, semi-structured questions designed to gather additional information in the woman’s own words (see Appendix).

Data analysis

Descriptive statistics were calculated for all demographic variables and questionnaire items and comparisons were made between Time 1 and Time 2, using repeated measures tests and the Wilcoxon signed-rank test as appropriate. Qualitative portions of interviews were coded thematically using Ethnograph software. All interviews were

TABLE I
Selected Demographic Results

	Demographic Variable	% Participants (n=74)
Education	Completed some high school	64%
	Completed high school and/or some postsecondary	33%
Income	Collecting social assistance	49%
	Collecting disability	16%
	Income of less than \$20,000	82%
Ethnicity	White/Caucasian	62%
	First Nations	24%
Sexual Orientation	Heterosexual	88%
	Bisexual	10%
Children	Have children	88%
	Current custody problems	45%
Partner Status	Single	49%
	Have a partner	39%

TABLE II
Changes in Alcohol and Other Substance Use Among Women Residing at Shelters

Drug Category	Average Number of Days Using >3 Drinks, Time 1	Average Number of Days Using >3 Drinks, Time 2	p-value
Alcohol	15.75 SD=26.06	3.42 SD=6.43	<0.001, F=17.1
Stimulants	Mean Percent (%) of Days of Use, Time 1	Mean Percent (%) of Days of Use, Time 2	p-value
	20.19 SD=31.24	3.95 SD=13.56	<0.001, F=25.1
Depressants (Medical Use)	17.72 SD=35.61	15.22 SD=35.44	0.544 F=0.371
	Depressants (Non-medical Use)	18.79 SD=32.43	12.66 SD=28.88
Tobacco	Percent (%) of Participants Smoking One or More Pack(s) Per Day, Time 1	Percent (%) of Participants Smoking One or More Pack(s) Per Day, Time 2	p-value
	33.8	31.1	0.537 Z=-0.618

Repeated measures tests were conducted to compare use of alcohol, stimulants, and depressants (medical use and non-medical use) at Time 1 and Time 2. A Wilcoxon Signed Rank test was conducted to compare use of tobacco (i.e., smoking status) at Time 1 and Time 2.

TABLE III
Comparison of Mean Scores at Time 1 and Time 2, Stressors Questionnaire (0 = “no stress”, 1 = “some stress”, 2 = “great stress”)

	Mean Score Time 1	Mean Score Time 2	p-value
Money Issues	1.76 (SD=0.57)	1.61 (SD=0.59)	0.090, F=3.107
Partner	1.86 (SD=0.35)	1.42 (SD=0.73)	<0.01, F=20.312
Housing	1.5 (SD=0.77)	1.18 (SD=0.81)	0.025, F=5.662
Mental Health	1.48 (SD=0.69)	1.16 (SD=0.74)	0.005, F=9.455
Legal Issues	1.56 (SD=0.74)	1.23 (SD=0.86)	0.026, F=5.571
Physical Health	1.33 (SD=0.74)	1.06 (SD=0.79)	0.103, F=2.849
Parents	1.33 (SD=0.81)	1.14 (SD=0.83)	0.823, F=0.051
Children	1.19 (SD=0.72)	1.01 (SD=0.70)	0.814, F=0.057

coded inductively using a grounded theory approach, with new codes and subcodes being defined as they emerged.^{36,37}

RESULTS

One hundred thirty-seven women screened into the study. Time 1 interviews were completed for 125 women and of these, 74 were successfully contacted for a second interview approximately three months later, representing a follow-up rate of 59.2%. The mean age was 35 years.

Selected demographic results for the 74 women who completed both interviews are shown in Table I.

Significant reductions in frequencies of both alcohol and stimulant use (e.g., cocaine) were observed among the sample between the time of first accessing help from a shelter and three months later. In contrast, neither medical use of depressants (depressants used in a prescribed fashion) nor non-medical use of depressants (depressants other than alcohol taken in any way other than prescribed) showed sig-

TABLE IV
Key Stressors Facing Substance-using Women Experiencing Violence

Psychosocial Issues

- Relationships between substance use and violence: "I use to forget life, everything, to escape from everyday.... It just created more problems, a never ending circle.... I look at the use of substances, stress levels and experience of violence as all facets of the same problem, they are all connected."
- Chronic physical and/or mental health concerns and identity issues: "I've been through a lot that a hearing child would not have to go through. Rest of my family had a good education and I was blamed and abused because I was deaf. I have been very isolated and have many (160) phobias. When I feel that I can't handle things I want to drink and do drugs to avoid the reality of life."
- Women's self-efficacy: "I wrote out my last 90 days of using and remember what it cost me. I have a sponsor and A&D counsellor and appreciate the support. I've quit A&D and like my life better—have something to look forward to now and will get my kids back. I have goals!"

Relational Issues

- Intimate partner issues: "My daughter stresses when he comes to pick her up. He plays games and she's caught in the middle. Having to deal with my ex on occasion—he still tries to control me and also he thinks we should have sex occasionally."
- Relationships with family and friends, and mothering issues: "I use because it takes me out of the present, it takes me out of the here and now. It takes away the loneliness. The present is too sad, my parents aren't supportive. I gave my ex custody of the kids—it was the only way I could get away from him."

Structural and Environmental Issues

- Financial concerns: "I left my husband many times. But when I was on my own I had to get my own place, childcare, pay all my own bills, etc. So it was easier to just go back to the abusive partner who has the job, the house, the drugs, etc."
- Fragmented social services: "I look at the use of substances, stress levels and experience of violence as all facets of the same problem, they are all connected. The different funding sources put women into different slots. However, all of the women seem to be coming from the same background. It's all life problems, it's societal, they shouldn't be so easily defined and separated."
- Need for more empowering support from service providers: "I think many counsellors show people pity instead of talking about ideas that could help the person or questions to help you think, or ways you can make changes, not 'I'm so sorry.' [We] need programs that are going to be helpful, not fostering the problem to continue."

nificant decreases. Use of tobacco showed no significant decrease (see Table II).

When stressors affecting the women were compared from Time 1 to Time 2, a significant decrease in level of stress was observed for many of the major issues (see Table III). Predictably, stress connected to relationship with partners had the most significant decrease, followed by mental health, housing, and legal issues.

The qualitative data revealed complex interrelationships among women's experiences of violence, substance use, and a variety of psychosocial and structural issues. We categorized the primary interrelated types of issues as: psychosocial, relational, and structural and environmental. Table IV presents the women's experiences by category.

Psychosocial issues

The qualitative findings provided further evidence that substance use and violence are enmeshed in complex ways and that it is not possible to assign causality. Many women described their substance use as a means of coping with violence and stressors and others said that their substance use left them susceptible to abuse. "I used it to cope with the violence and would then put up with more violence. Using

(drugs) only served to numb me – that was the only benefit – I got used and abused" (a study participant). Some women's substance use was affected by physical, psychological, and/or sexual abuse they experienced in childhood or earlier intimate relationships. Though not directly queried, the number of women who disclosed that they had been abused as children was notable, and some said they used alcohol and other substances to cope.

Many of the women were experiencing chronic physical and mental health issues which exacerbated their substance use, and/or made it harder for them to leave abusive relationships. These health issues were frequently affected by the violence and served to limit their options. For example, one woman said her chronic pain "increased ten times with the stress of abuse/violence," adding, "This makes it much, much harder to do the self-regulation (i.e., self-hypnosis and meditation) that I use for pain control" (a study participant).

Relational issues

The women recounted a number of issues they faced with their partners, family, and children. Many women had delayed leaving abusive partners because they feared

losing custody of their children and/or feared for their children's safety if they left them with their partners. Some mothers had relinquished custody of their children in order to escape their abusive partners while others left abusive partners in order to protect their children. Numerous women said that their substance use and experiences of violence were affected by the degree of support they received from their family of origin. These relational concerns were further aggravated by ongoing pragmatic stresses, such as divorce settlement proceedings and financial concerns.

Structural and environmental issues

Financial concerns were a key stressor for the women. In turn, finances affected other stressors such as mothering issues, housing, access to services, legal concerns and health problems. Many participants had problems navigating the social services system as programs were not coordinated to address the issues of substance-using women who experience violence. The time women spent seeking appropriate assistance often hindered their efforts to address their substance use. For example, one participant was unable to attend an appointment with her alcohol and drug counsellor because she was in a job search program which was a requirement for social assistance recipients. Another woman talked about lack of formal social supports, saying "[you] have a feeling of togetherness when at the house (support with peers) that is hard to create again after leaving the house. Being alone again without the safety net can cause depression and hopelessness. Pretty soon you can't cope again and turn back to your addictions."

The role of the shelter in women's lives

Many women found support from the shelter staff and assistance connecting to services to help them make positive changes in their life. One woman said, "The shelter really helped provide emotional support. The workers helped me to get back on my feet... The staff encouraged me to believe in myself... They helped me with everything so I don't think they could have helped me any better or done anything differently or more." Other women described the shelter staff as understanding of the issue of substance use and encouraging of change. "The shelter helped me real-

ize it wasn't my fault I had been abused by my spouse and that being drunk during the abuse didn't make it my fault. They pointed me towards helping agencies and encouraged me to approach them." Another woman said, "They (the shelter staff) directed me to A&D counselling. They have provided me with information. Speaking to the women here has made it easier to admit I have an alcohol problem."

DISCUSSION

Four key findings emerged from this study. First, women's use of alcohol and stimulants generally decreased between entering the shelter and the follow-up three months later. In contrast, use of other depressants and tobacco remained relatively constant over the study period. Second, substance use and intimate partner violence are not linked in a linear manner, but interconnect in a web of social and structural issues that may improve or deteriorate in parallel. Third, the women's overall substance use was influenced by multiple factors but assistance received at a shelter played a pivotal role in helping restructure their lives in several key areas. Finally, consideration of psychological stress as the key determinant influencing use of alcohol and other substances provides only a limited understanding of women's experience with IPV and does not allow for opportunities to identify the need for structural change.

This research demonstrates a need for greater collaboration among substance use treatment providers, health and social service providers, and more integration of services for women experiencing violence. The findings reinforce previous studies that recommend better social service integration,^{38,39} increased implementation of substance use interventions at shelters,^{5,30,40} and improved service provision for substance-using women experiencing violence.^{15,41} Shelters provide invaluable assistance to substance-using women experiencing violence, but further training of providers is required on issues such as the over-prescription of benzodiazepines and antidepressants to women in abusive situations and the integration of tobacco interventions into addictions treatment and violence services. Continued support is clearly necessary to address the stressors women encounter after leaving the shelters.

Suggestions include more assistance regarding streamlined social assistance programs; subsidies for safe, affordable housing and childcare; education and employment training opportunities; and appropriate addictions counselling and health care services.

There are a few limitations to this study. It is difficult to track community samples of people who use substances⁴² and people who have experienced partner violence.⁴³ A large proportion (40.8%) of women did not complete the interview at Time 2. We speculate that many of the women may have moved between interviews, and others may have preferred not to participate if they had returned to abusive partners. Ideally, an extended period of follow-up research would help to determine whether the positive changes in substance use that we observed are temporary or sustained among women after they leave shelters and resume their lives.

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APPENDIX

Open-ended Questions

Time 1:

1. The questionnaires have covered a lot about your substance use. Can you speak now in your own words about your reasons for using alcohol and other drugs, or the benefits and drawbacks of substance use as you see them?

Prompt if not mentioned: Do you think there is any connection between your experience of violence and your substance use?

Prompt: Have you used to cope with the feelings arising from experiencing trauma/abuse or has your use made you more vulnerable to violence?

2. Have you talked to anyone at the shelter about substance use issues and if so, what assistance was provided in this discussion?
3. Other than substance use, what other issues/stresses are you facing as you try to put your life together while at the shelter?

Prompt: Children/parenting, finance issues, legal issues, family support, depression, stress management, housing, and so on.

4. Is there anything else you would like to say that would be helpful to us in understanding women's use of substances, their stress levels and experience of violence?

Time 2:

1. Tell me how your substance use has changed from when we first spoke.

Prompt – For alcohol, tobacco, other legal drugs, illegal drugs

- Are your reasons the same or different than before?
- Are you getting the same benefits from use?
- Have the drawbacks to use changed?

2. Have you taken any action on your substance use? For example, have you been to an alcohol and drug counsellor, attended a support group or gone to detox or treatment?

- Why or why not?

3. How are you doing in life areas other than your substance use?

- What stresses are you currently facing?
- What key changes have you been through since we last spoke?

4. Have any of your experiences at the shelter helped you with making positive changes in your substance use?

- What are they?
- Looking back, what services/issues (about substance use or related stresses) were not addressed by the shelter, that you would have found helpful?

Is there anything else you would like to say that would be helpful to us in understanding women's use of substances, their stress levels and experience of violence in the period after the stay in a transition house?

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RÉSUMÉ

Objectif : Cette étude porte sur les changements dans la consommation d'alcool et d'autres drogues chez les femmes de la Colombie-Britannique au moment où elles entrent dans des maisons de refuge pour femmes victimes de violence, ainsi que trois mois plus tard. Il s'agit là selon nous d'une importante période de transition, qui pourrait être une occasion idéale d'influencer la consommation d'alcool ou de drogues de ces femmes. Notre étude visait à documenter les changements dans les niveaux de consommation et de stress des femmes qui font appel aux maisons de refuge pour femmes violentées.

Méthode : Nous avons employé des questionnaires normalisés, doublés d'entretiens en profondeur, pour mesurer la consommation d'alcool ou de drogues, la violence vécue, ainsi que les niveaux de stress et les types d'agents stressants auxquels les femmes sont confrontées dans ces situations.

Constatations : Nous avons observé d'importantes réductions dans la consommation d'alcool et de drogues des femmes entre le 1er et le 2e entretien, mais pas de baisse significative de la consommation d'autres neurodépressifs, ni du tabagisme. Les niveaux de stress ont diminué et les sources de stress ont changé pour les femmes après leur séjour en maison de refuge. Le stress lié aux relations intimes affichait la baisse la plus prononcée, suivi des problèmes de santé mentale, des problèmes de logement et des problèmes juridiques. Les femmes ont mentionné des obstacles à l'accès à l'aide financière et aux services de toxicomanie à l'extérieur des maisons de refuge.

Conclusions : La violence vécue par les femmes et leur consommation d'alcool ou de drogues étaient liées de multiples façons, et les changements dans la consommation d'alcool ou de drogues étaient influencés par une gamme de facteurs, dont les inquiétudes financières, la maternité, les relations intimes, les niveaux de soutien social et les problèmes de santé physique et mentale. Les consommatrices d'alcool ou de drogues qui ont subi de la violence sont une population mal desservie; une intervention multisectorielle axée sur les enjeux psychosociaux, relationnels et structureux pourrait mieux les aider à améliorer leur santé en général.