Introduction

Victimization of women continues to permeate our society at an alarming rate and often with adverse lifetime repercussions. Every 60 seconds, approximately 24 Americans experience domestic and sexual violence, with 1 in 4 women (24.3%) reporting severe physical violence (e.g., hit with a fist, beaten, or slammed) by an intimate partner during their lifetime (Black et al., 2011; Centers for Disease Control [CDC], 2014). The risk of women experiencing victimization increases when there is a history or presence of substance use. Although perpetrators are always responsible for abuse, drug and alcohol consumption may increase women's risk for victimization by inhibiting women's ability for interpreting and effectively acting on warning signs (Crowell & Burgess, 1996; Krug et al., 2002; WHO, 2002). Indeed, female substance users are more likely than non-substance users to experience verbal and physical abuse in adulthood (Miller, Downs, & Gondoli et al., 1989; Miller & Downs, 1993; NRCDV, 2011).

Historically, substance abuse treatment facilities and domestic violence organizations have worked in separate silos. Recently, there has been renewed interest in bringing these two formidable forces together to provide services for the co-occurrence of addiction and victimization (Macy & Goodbourn, 2012). Prevention and trauma recovery programs are beginning to address the needs of women survivors of victimization and substance abuse. There are few studies (e.g., Gatz et al., 2005; Logan, Walker, Cole, & Leukefeld, 2002) that have examined various treatment programs for survivors of domestic violence and sexual assault with co-occurring substance abuse. However, none of these studies have focused on transitional housing programs in recovery. To date, treatment programs addressing co-occurring problems remain limited (Weaver et al., 2015). Given the high prevalence of co-occurring difficulties among trauma survivors, there is a growing need for transitional housing programs to address the physical, mental, and emotional needs of women who have experienced both violence and substance abuse. One such program, SEEDs (Support, Education, Empowerment & Directions), is located in Arizona. SEEDs was established in January of 2003 to meet the unique needs of physically, psychologically, and sexually abused women who have also been addicted to alcohol and/or drugs. SEEDs is a community-based, sober living program that operates four transitional living homes, housing approximately 30 women in recovery. The current study reports the intersection of domestic violence, sexual assault, and substance abuse in a sample of 28 women and how those factors may influence and impact personal recovery.

Methods

This study was designed by researchers from the University of New Hampshire to investigate the intersections of domestic and sexual violence and substance abuse. Following approval from the UNH Research Integrity Services, women were recruited for the study if they were currently living or had lived in one of four SEEDs transitional living homes. Thirty women initially agreed to participate; two women elected to withdraw. Thus, 28 women completed the study. All of the participants had significant domestic and sexual violence victimization histories, and all were addicted to alcohol and/or drugs.

The two-part study included: 1) completion of a survey packet, and 2) completion of a life history calendar (LHC) (DeHart, Lynch, Belknap, Dass-Brailsford & Green, 2014). The LHC was a calendar-
PARTICIPANT CHARACTERISTICS

28 participants interviewed between January and May 2014

- Average age of participants: 43.28 years
- 82.8% (n=24) were White
- 6.9% (n=2) were Hispanic or Latino
- 3.4% (n=1) were Black or African American
- 3.4% (n=1) were Hawaiian/Pacific Islander
- 51.7% (n=15) currently reside at SEEDs
- 62.1% (n=18) were heterosexual
- 20.7% (n=6) were bisexual
- 13.8% (n=4) were homosexual

Education

- 13.8% (n=4) had some high school
- 3.4% (n=1) had a GED
- 10.3% (n=3) had a high school diploma
- 44.8% (n=13) had some college
- 3.4% (n=1) were currently in college
- 3.4% (n=1) were currently in military technical school
- 20.7% (n=6) had a 2-year associate’s degree
- 3.4% (n=1) had a bachelor’s degree

Marital Status

- 6.9% (n=2) were currently cohabitating
- 10.3% (n=3) were currently married
- 51.7% (n=15) reported being divorced
- 27.6% (n=8) never married
- 65.5% (n=19) had children
- 10.3% (n=3) had custody of their children

Employment

- 24.1% (n=7) were employed part time
- 41.4% (n=12) were employed full time
- 17.2% (n=3) reported being unemployed or disabled

Income

- 10.3% (n=3) reported making less than $10,000
- 44.8% (n=13) reported making $10,000-$20,000
- 17.2% (n=5) reported making $21,000-$30,000
- 3.4% (n=1) reported making $41,000-$50,000
- 3.4% (n=1) reported making $51,000-$75,000

The method and stages of analysis used with the qualitative data followed the tenets of Heideggerian Hermeneutic Phenomenology (Heidegger, 1953/1996), which is concerned with the meanings that individuals make of their experiences. This framework provided our research team with a method for reflecting, interpreting, and gaining insight into the meaning that participants attributed to their experiences of victimization and addiction. A seven-step process of analysis was used to analyze the qualitative data (for a complete description of the stages, please see Diekelmann, Allen & Tanner, 1989). Our purpose was to uncover and discover the meaning of each participant’s story.

Findings

Qualitative data in the form of interview transcriptions were analyzed during a series of research team meetings conducted from June through December 2014. Members of the team included faculty researchers, student transcriptionists, law students, and an attorney.
All of the study participants (N = 28) had experienced victimization across their lifespan. Life history calendar data showed that women experienced high levels of sexual, physical, and psychological abuse in childhood (0-11 years), adolescence (12-19 years), young adulthood (20-29), and adulthood (30-present age) (see Figure 1). Overall, 71.4% (n = 20) of the women reported growing up in homes with mentally ill and/or substance abusing caregivers (see Figure 2).

Six primary themes and one constitutive pattern, Language as a Purveyor of Meaning, were uncovered across stories. A constitutive pattern is an over-arching theme under which all other themes fit to best interpret each participant’s story. The themes are: perception of abuse as “normal,” diminished sense of trust, trauma across the lifespan, resilience against the effects of cumulative trauma, need for love and consistency, and the intersection of domestic violence and substance use. These themes are further reinforced by quantitative analysis gathered from surveys.

**PERCEPTION OF ABUSE AS “NORMAL”**

Women’s lives were marked by multiple forms of trauma, including childhood victimization and living with caregivers who suffered from mental illness and/or addiction (See Figure 2). These traumatic events seemed to act in concert to normalize abuse and violence.

Likewise, many women did not personally label their experiences as abuse. Meghan, one of our participants, described unrecognized childhood abuse from her brother in the following passage:

> He used to play witch doctor with me... I just didn't think much about it because in those days, it wasn't like a big deal ... we didn't talk about it, it wasn't known ... He'd take me into the bathroom and take off my clothes, and would lay on top of me and touch me.

**DIMINISHED SENSE OF TRUST**

Qualitative analysis suggested that growing up with caregivers who suffered from mental illness and/or addiction may have initiated a lack of safety and trust in the world. Most participants experienced victimization by one or more caregivers including older siblings during childhood, which may have inhibited their ability to trust others later in life. Many participants articulated long-term difficulties with reaching out and letting others in. However, several participants explained how SEEDs has helped them grow and regain their trust in others. Ellen, reflecting upon how her sense of trust has grown through SEEDs, stated:

> If it hadn't been for the SEEDs program, I would not have made it... The SEEDs director saw something different... She listened to me, and that made all the difference because she was the one person in this whole world that I ever trusted for the first time in my life. I mean trust.

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![Figure 1. Lifetime Abuse](image-url)
TRAUMA ACROSS THE LIFESPAN

Multiple victimizations began in childhood and continued across the lifespan. High levels of abuse and trauma, starting in early childhood and continuing throughout their lives, are reflected by the theme “piling on of trauma”, a term generated by the researchers, which provides a more graphic description to the continuation of victimization and traumatic events being “piled on” across the lifespan. For example, many participants who experienced abuse in childhood also experienced traumatic events in adulthood, including being held in captivity, and assaulted with a weapon, and several other harrowing events (see Figure 3). Jenna, reflecting upon her experiences, said:

I think with being molested… it made me revert to that child [later on]. I’d find myself in situations where I would just end up letting them do whatever, you know, because of … [fear].

Nancy, a survivor of childhood sexual abuse by her uncle, stated:

He molested me from the time I was four till I was nine, I think at nine he raped me because I remember being in the hospital and then immediately being in foster care. … now that I look back I can see the control and the fear and stuff like that.

Later, speaking about domestic violence in adulthood, Ginger stated:

He used to hit me on the head with his gun all the time. … And he’d beaten me for a whole year there … he would always hold it with the nozzle part right here on my temple and just hit me and hit me and hit me while he was holding me by my hair and yelling at me.

RESILIENCE AGAINST THE EFFECTS OF CUMULATIVE TRAUMA

Despite the high frequencies of repeated trauma across the lifespan, extraordinary resilience emerged as a theme against the cumulative effects of trauma. Remarkably, despite severe adversity and addiction, the women were currently in recovery and making necessary strides towards continuing recovery. Various assessments were employed to capture victimization and substance use including a substance resistance self-efficacy scale, which measured ability to resist future substance use in various situations, and a coping self-efficacy scale, which measured ability to use positive skills to manage future challenges. These assessments yielded scores that indicated successful strides toward recovery and indicated that the majority of participants exhibited a desire to maintain recovery and resist relapse. Despite the trauma, violence, and abuse that became a part of their lives, resilience was present in every case. Cory stated:
The SEEDs Program
Women Survivors at the Intersection of Intimate Partner Violence, Addiction, and Recovery

I don’t have to be bound by victimization, I don’t have to be bound by the food problems, I don’t have to be bound by any of the addictions. I don’t have to. There’s always a way; that’s really what’s the most important. … That is the most important thing, that there’s, there’s always hope. It doesn’t matter what you did. It doesn’t matter what you did.

NEED FOR LOVE AND CONSISTENCY
There appeared to be a persistent desire to satisfy the need for family, love, and consistency, which most participants lacked throughout their lives. Importantly, quantitative data shows that participation in the SEEDs community fulfilled many of these needs. According to our survey findings, participants felt a strong sense of community in the SEEDs program. Severity of PTSD and depression were negatively correlated with a sense of community, meaning that those with a stronger connection to SEEDs experienced fewer symptoms of PTSD and depression. When asked what role SEEDs played in her recovery, Ginger replied:

They’re my family. Yes, we’re the ones who worked our asses off … but if it wasn’t for their love, their support … I don’t think I would’ve... gotten my daughter back. They’re the supports that enable you to work your ass off and stay clean and sober, get a place to live so your child can come back.

INTERSECTION OF DOMESTIC VIOLENCE AND SUBSTANCE USE
Perhaps the most important theme for future interventions is the intersection between domestic violence and substance abuse. The importance of this intersection can be seen across generations; it is demonstrated through caregivers who struggled with addiction and violence, participants’ struggles with their own addiction and victimization, and the high prevalence of addiction and violence perpetrated by their partners (see Figure 4 for details). This study shows that the majority of participants’ partners abused substances in adolescence and young adulthood. In the qualitative analyses, substances were often discussed in partnership with relationship victimization. Gloria stated:

Well, to be honest with you, I think any kind of abuse, whether it be drug abuse, whether it be abusive relationships, whether it be just abusing of yourself, it all goes hand in hand. … I’m a firm believer that … one kind of feeds off the other … It’s more prominent when you’re in the drug addiction world … the more addictive or the more abusive relationships are going to be more abusive.

Another participant, Carolyn, connected her history of domestic violence and substance abuse to low self-esteem:
… they are connected for sure...I think that a lot of that stuff is also symptoms, like using drugs is kind of like a symptom of having maybe low self-esteem. It might start off social, but then you get kinda hooked because of the chemical part of it, but also, you stay in that, or you stay in a domestic violence relationship because of other, more deeply rooted things.

Reflecting upon her recovery, Alice stated:

I've told my story so many times, I've told my story from the abusive side, just the actual domestic violence, and I've told my story in AA from the substance abuse side, but I've never been able to really talk about all this other stuff in the middle. Because in AA you don't talk about like your “war stories” we call them, you talk about experience, strength, and hope. You talk a little bit about what it was like, but you mostly talk about what it's like now and how you got to where you're at now. And with the domestic violence, I mostly have talked about just the violence between me and my ex-husband, I've never talked about all this stuff [together] with anyone really … everything is so much clearer for me today.

CONSTITUTIVE PATTERN: LANGUAGE AS PURVEYOR OF MEANING

One area that stood out across transcripts and themes was the meaning participants’ ascribed to words such as rape, molestation, abuse, and violence. Definitions seemed to vary significantly from one participant to another. For example, in response to the interviewers’ question: “Was your first husband ever sexually abusive?” Joan said: “Not abusive, but he would make me have sex when I didn't want to.” In the same way, the term “domestic violence” seemed to be defined differently among participants. Tony, reflecting on its meaning, stated: “Maybe I picture it real, more dramatic or something.”

Still another participant, Susan, described a situation where she normalized her abuse, and revealed how the meaning she ascribed to the word “rape” determined her actions:

When I was talking to the attorney, I wasn't going to do anything about [the abuse]. I'm an adult, you know, it's not like he forced himself. I had all the scenarios of what rape is and what it's not. … It's not like he forced himself or hurt me, or you know, anything like that. Because he never did penetrate me, so it was like molesting me. But it was everyday. Sometimes 3 or 4 times a day... I didn't believe it was rape because it was just something that, you know, I always thought rape was a stranger raping somebody.

Variations in meaning became essential to consider as this study shed light on how identification of a situation as violent may determine whether or not one fights or escapes it, and moreover, how participants
perceive themselves in light of it. In this way, abuse becomes strikingly invisible in the eyes of those who perceive it as “normal.” Women's increasing recognition of the violence led to their agency in terminating the relationship in their journey towards healing.

Conclusion

The purpose of this mixed methods study was to explore the intersection of domestic violence, sexual assault, and substance abuse. Through quantitative and qualitative analysis, relationships were uncovered between these factors and their impact on recovery. Findings indicated that all of the women experienced at least one form of abuse throughout their lifetime: psychological, physical, or sexual. Most frequently, participants suffered from multiple forms of abuse. Notably, it seems the early onset of trauma, evidenced by the prevalence of childhood abuse, was often found in conjunction with caregiver mental illness and substance abuse. Furthermore, participants’ experiences of abuse and trauma impacted their perception of what constitutes “normal,” which in turn may have inhibited their ability to recognize violence later in life. Early trauma frequently creates an inability to trust and may increase the likelihood of developing unhealthy coping mechanisms. However, the resilience of the women in our sample is remarkable, as evidenced through their ability to recover, survive, and thrive after multiple traumas and addiction. Their resilience is also expressed through a renewed sense of hope concerning the future since entering SEEDs, along with hope that telling their stories may help other women. Likewise, resilience is illustrated in the participants’ responses indicating lower likelihoods of returning to substance use, as well as high self-efficacy in coping with similar issues in the future. Our data point to the inseparable relationship of domestic violence and substance abuse: a relationship that the SEEDs program has had success with addressing as a whole, rather than as two isolated issues.

The findings also strengthen the literature's existing connection between domestic violence and substance abuse and demonstrate the likelihood of their comorbidity in victims' lives. In addition, this study expands on previous research by examining the roots of these problems, pointing back to trauma experienced in childhood. Our findings support previous research that calls on treatment programs to focus on the dual issues of domestic violence and addiction, as opposed to treating such as distinct and separate problems. This paradigm shift will necessitate a change in policy, intervention, and funding sources.

SEEDs provides a unique treatment modality that has not been empirically examined elsewhere. Data suggest that the participants of the SEEDs program benefit from being part of a community, perhaps fostering a sense of membership and belonging previously lacking in the lives of the women. We note that the participants in our study grew up in homes located within a larger community and were exposed to other family members, neighbors, teachers, classmates, health care providers, and individuals who were bystanders to the abuse and violence. Perhaps the existence of a community of people trained in safe ways of intervening might have altered the participants’ pathways. Some researchers have recently suggested the need for a community of bystanders that would potentially diminish and possibly eliminate violence on college campuses (Banyard, Plante, & Moynihan, 2004). We postulate that a community of bystanders trained in safe ways to intervene within our neighborhoods, towns, and cities is a logical next step in supporting girls and women at the crossroads of traumatic events. The SEEDs program serves as a model for existing and future treatment programs. SEEDs data suggest a number of areas in which substance abuse, domestic violence organizations, and the community-at-large can co-create a safer environment for women.

We Recommend

- Substance abuse treatment and domestic violence programs must recognize the overlap between these factors in order to develop programs that address the intersection through:
  - Supporting collaborative relationships between substance abuse treatment facilities and domestic violence organizations.
  - Identifying funding for interdisciplinary training.
  - Providing cross-training for workers in substance abuse and violence intervention.
  - Offering peer consultation to help workers in both assist one another.

- Encourage substance abuse and domestic violence organizations to incorporate holistic treatment approaches that foster a sense of community among program participants by:
  - Initiating mentoring programs within recovery and victimization programs.
  - Connecting women who have maintained sobriety with women in earlier/more vulnerable states.
  - Providing job training for program participants.
  - Offering on-site trauma-informed counseling services that provide for the physical and mental health needs of clients.
Lobbying federal, state, and private funders who provide financial assistance to substance abuse and domestic violence organizations to require grantees create programs that meet these needs.

- Provide community-level education and training in three critical areas:
  - Understanding and defining sexual, physical, and psychological abuse in a relationship.
  - Recognizing the components of a healthy relationship.
  - Providing bystander education for community members so that they can intervene safely with individuals struggling with substance abuse and victimization.

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References


