

Berks Women in Crisis: The effects of heroin and opiate addiction on the population we serve.

Important points:

- In the past year we have seen an increase in the number of survivors of domestic violence and sexual assault struggling with an addiction to opiates.
- Non-intimate partner family members (mostly parents) obtaining Protection From Abuse orders against drug-addicted children who are violent, steal from them, etc.
- Heroin is cheaper than it used to be and in comparison to other drugs, so it may be substituted for other drugs that are more expensive, difficult to obtain or closely monitored: prescription pain killers, etc.
- Over the past decade, intimate partner violence (IPV) has emerged as a significant public health problem among women in drug treatment. Past-year prevalence rates of experiencing IPV have been found to range between 25% and 57% among women in drug treatment, compared with rates of 1.5%–16% found in surveys of community-based samples of women.
- According to numerous studies, IPV and drug use are reciprocal: victims of IPV are more likely to use drugs if their abusive partner does and/or to cope with the violence; drug users are more likely to be victims of IPV/experience increased violence in their intimate relationships.
- We used to view drug abuse/IPV from the standpoint of how drug use influenced the abuser's behavior toward the victim, including financial consequences and higher levels of physical violence. Now we are looking at more complex issues – such as victims being coerced into using drugs, and using substances to try to cope with the abuse.
- While there are resources/transitional housing programs for women in recovery with children, single women and/or women who are on methadone maintenance may not qualify.
- For survivors with a history of sexual abuse and other forms of interpersonal violence and IPV, we must consider the impact of traditional drug and alcohol abuse programs and protocols as it relates to their safety, to compliance, and to their ability to establish recovery as a priority given all the obstacles they face.
- In addition, if substance use or abuse is heavily relied upon by the survivor as a coping strategy due to the abuse they suffered, the survivor may need additional considerations and resources when facing these realities (including PTSD), and when they are asked/required to replace this coping strategy with others that are “healthy” or societally-sanctioned.

Residential Client Stories:

We have a female client in her 20's who comes to us frequently but never stays. She is actively in her addiction with heroin. In the past two years her physical appearance has changed

in a drastic and negative way. She has lost so much weight due to not eating that she is almost unrecognizable - she looks weak, malnourished and agitated at all times. She has outbursts of emotion ranging from anger to panic with tears. She presents jumping up and down as a small child would that lacks the ability to express their needs. She usually comes to the Safe House on foot without shoes and with little clothing. She appears beaten and bruised from her boyfriend, and has lost two children to the foster care system due to her addiction in the past two years. She refuses our offers of help other than a shower and a change of clothes. We fear this will continue to happen if she does not find the help and support she needs to enter treatment.

About a year ago; we had a 19-year old female resident who was active in her addiction to pain medication and heroin when she first arrived. She was stealing other resident's belongings and she disappeared from the Safe House. The second time she came to us, she was able to be up front about her addiction and we were able to help her get into detox. She came back to us; grateful that we were able to help her. She was actively pursuing outpatient treatment at Berks Counseling Center when she found out she was wanted for drug charges. She panicked. We encouraged her to turn herself in but she was petrified to do so. The next day she relapsed, and shortly after that she disappeared. Months later we saw her photo in the newspaper in the wanted criminal section.

Another resident, a 27-year old female who was also a past resident, lost her four children due to her addiction. Her abuser introduced her to heroin and she began using, was involved in prostitution, and was unable to provide a safe environment for her children. She also faced criminal charges which caused her to lose her job as a Certified Nursing Assistant. Against all odds, she has survived three abusive, violent men who shared her addiction, entered recovery, and is employed. She is legally complaint with CYS and is able to visit her children and is working on obtaining custody of them.

Two sisters in their mid-20's were in our Safe House together, both struggling with their addiction to pain medication and heroin. The sisters came from the foster care system and both of their parents were heroin addicts during their childhood. Both women are survivors of domestic violence, one with five children, all of whom were removed and placed in foster care, and the other with one child that was given up for adoption who was pregnant with her second. They shared with us about how they would help each other inject the heroin when they could not do it on their own. Although one sister completed our program and was accepted in the supportive housing program at Easy Does It, we don't know what happened to either sister in the longer term.

We have residents who are on the methadone maintenance. These clients struggle because they often do not qualify for housing programs such as Berks Counseling Center's transitional housing program and Mary's Shelter. Clients using suboxone as a method of staying clean also struggle because they are not eligible for housing programs either, such as Easy Does it and Berks Counseling Center.