

1030

HJ

INTERIM FILES, DOMESTIC VIOLENCE

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This act is ordered to take immediate effect.

Thomas Thatcher

Clerk of the House of Representatives

Bill S. Farnum

Secretary of the Senate.

Approved _____

Governor.

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Act No. 317
Public Acts of 1978
Approved by Governor
JUL 10 1978

**STATE OF MICHIGAN
79TH LEGISLATURE
REGULAR SESSION OF 1978**

Introduced by Reps. Binsfeld, Campbell, Engler, McNamee, Powell, Gilmer, Conlin, Trim, Hollister, Monsma, Bullard, Kirksey, Law, Defebaugh, Cramton, Mowat, Roy Smith, Owen, Elliott, McNeely, Raymond W. Hood, Ferguson, Kok and Collins
Rep. McCollough named co-sponsor

ENROLLED HOUSE BILL No. 5351

AN ACT to amend section 1910 of Act No. 238 of the Public Acts of 1961, entitled as amended "An act to revise and consolidate the statutes relating to the organization and jurisdiction of the courts of this state; the powers and duties of such courts, and of the judges and other officers thereof; the forms and attributes of civil claims and actions; the time within which civil actions and proceedings may be brought in said courts; pleading, evidence, practice and procedure in civil and criminal actions and proceedings in said courts; to provide remedies and penalties for the violation of certain provisions of this act; and to repeal all acts and parts of acts inconsistent with, or contravening any of the provisions of this act," being section 600.1910 of the Compiled Laws of 1970.

The People of the State of Michigan enact:

Section 1. Section 1910 of Act No. 238 of the Public Acts of 1961, being section 600.1910 of the Compiled Laws of 1970, is amended to read as follows:

Sec. 1910. (1) Proof of service shall be made by 1 of the following methods:

(a) Written acknowledgment of receipt of a summons and a copy of the complaint, dated and signed by the person authorized under this act to receive them.

(b) A certificate, stating the facts of service if service is made within the state of Michigan by:

(i) A sheriff.

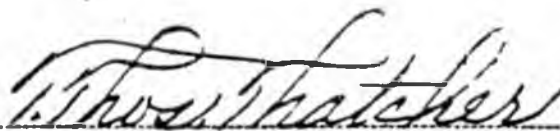
(ii) A deputy sheriff, medical examiner, bailiff, constable, or a deputy of these officers if the officers held office in a county in which the court issuing the process is held.

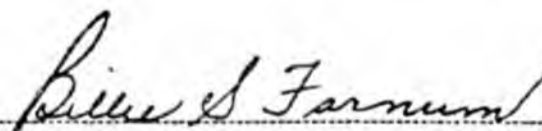
(c) An affidavit, stating the facts of service, if service is made by any other person, and indicating his official capacity, if any.

(2) A copy of proof of service of an order issued under section 14 of chapter 84 of the Revised Statutes of 1846, as amended, being section 552.14 of the Michigan Compiled Laws, shall be filed with the law enforcement agency having jurisdiction of the area in which the moving party resides.

(3) Failure to make proof of service does not affect the validity of the service.

This act is ordered to take immediate effect.


Clerk of the House of Representatives.


Secretary of the Senate.

Approved _____

Governor.

Act No. 353
Public Acts of 1978
Approved by Governor
JUL 14 1978

*specific conditions
for spouse only*

STATE OF MICHIGAN
79TH LEGISLATURE
REGULAR SESSION OF 1978

Introduced by Reps. Binsfeld, Defebaugh, Engle, Campbell, McNamee, Powell, Virgil C. Smith, Gilmer, Conlin, Trim, Hollister, Mousma, Bullard, Kirksey, Law, Cranton, Mowat, Roy Smith, Owen, Elliott, McNeely, Raymond W. Hood, Ferguson, Kok and Collins
Rep. McCollough named co-sponsor

ENROLLED HOUSE BILL No. 5356

AN ACT to amend chapter 9 of Act No. 175 of the Public Acts of 1927, entitled "An act to revise, consolidate and codify the laws relating to criminal procedure and to define the jurisdiction, powers, and duties of courts and of the judges and other officers thereof under the provisions of this act; to provide laws relative to the rights of persons accused of criminal offenses; to provide for the arrest of persons charged with or suspected of criminal offenses; to provide for bail of persons arrested for or accused of criminal offenses; to provide for the examination of such persons accused of criminal offenses; to regulate the procedure relative to grand juries, indictments, information, and proceedings before trial; to provide for trials of persons complained of or indicted for criminal offenses and to provide for the procedure therein; to provide for judgments and sentences of persons convicted of criminal offenses; to provide for procedure relating to new trials, appeals, writs of error and bills of exception in criminal causes; to provide a uniform system of probation throughout the state of Michigan, the appointment of probation officers and to prescribe the powers, duties and compensation of such officers and to provide penalties for the violation of the duties of such officers; to provide for procedure governing proceedings to prevent crime; proceeding for the discovery of crime; to provide for the jurisdiction, powers, duties, and procedure of justices of peace in criminal cases; to provide for fees of officers, witnesses and others in criminal cases; miscellaneous provisions as to criminal procedure in certain cases; to provide penalties for the violation of certain provisions of this act and to repeal all acts and parts of acts inconsistent with or contravening any of the provisions of this act," as amended, being sections 769.1 to 769.25 of the Compiled Laws of 1970, by adding section 4a

The People of the State of Michigan enact:

Section 1. Chapter 9 of Act No. 175 of the Public Acts of 1927, as amended, being sections 769.1 to 769.25 of the Compiled Laws of 1970, is amended by adding section 4a to read as follows:

CHAPTER 9

Sec. 4a. (1) When a person, who has not been convicted previously of a violation of section 81 or 81a of Act No. 328 of the Public Acts of 1931, being sections 750.81 and 750.81a of the Michigan Compiled Laws, and the victim of the assault is the offender's spouse, pleads guilty to, or is found guilty of, a violation of section 81 or 81a of Act No. 328 of the Public Acts of 1931, the court, without entering a judgment of guilt and with the consent of the accused, may defer further proceedings and place the accused on probation as provided in this section. Upon a violation of a term or condition of probation, the court may enter an adjudication of guilt and proceed as otherwise provided in this chapter.

(2) An order of probation entered under subsection (1) may require the accused to participate in a mandatory counseling program. The court may order the accused to pay the reasonable costs of the program.

(3) Upon fulfillment of the terms and conditions, the court shall discharge the person and dismiss the proceedings against the person. Discharge and dismissal under this section shall be without adjudication of guilt and is not a conviction for purposes of this section or for purposes of disqualifications or disabilities imposed by law upon conviction of a crime.

(4) There may be only 2 discharges and dismissals under this section with respect to any person. The department of state police shall retain a nonpublic record of an arrest and discharge or dismissal under this section. This record shall be furnished to a court or police agency upon request for the purpose of showing that a defendant in a criminal action under section 81 or 81a of Act No. 328 of the Public Acts of 1931 has already once availed himself or herself of this section.

This act is ordered to take immediate effect.



Clerk of the House of Representatives.



Secretary of the Senate.

Approved _____

Governor.



Official Business

Alaska State Legislature

House of Representatives

Committee on Judiciary

Pouch V
State Capitol
Juneau, Alaska 99811

MEMORANDUM

TO: House Judiciary Committee Members

FROM: Rochelle Plotnick *Rochelle Plotnick*

DATE: January 11, 1980

RE: Domestic Violence

On October 4th & 5th I attended the Northwest Conference on Violence Against Women and Children in Seattle, Washington. The purpose of this memo is to highlight what I considered to be worthwhile for you.

Most of the conference participants were feminists, with advanced degrees in social work, sociology, or psychology. The program included several media presentations, a wide variety of workshops to choose from, and two keynote speakers who have done extensive research in the field of domestic violence. (see attached program). The conference was sponsored by Harborview Medical Center and the University of Washington.

Last spring the Washington State Legislature passed two bills regarding domestic violence. One relates to the legal aspects of domestic violence and the other relates to shelters. (copies are attached).

Two therapists experienced in the treatment of both batterers and victims of battering, prepared a matrix showing behavioral characteristics of domestic violence. It is an excellent summary of what the workshops stressed. (copies are attached).

The final topic that deserves attention is pornography and violence against women. At this workshop we were shown record album covers, billboards, fashion magazines, films and other magazines with women displayed as sexual objects, rather than human beings. They were shown in submissive stances, being chained, tied or beaten. The purpose of this display was to explain the negative effects of pornography on women. By allowing it to happen, the public is accepting women in these degrading roles. It subconsciously tells people it is okay. With Alaska having the highest rape rate in the nation in 1977, this may be an area needing attention.

If anyone has any questions or wants to discuss the conference with me, I will be delighted to do so.

Conference on
Violence Against Women and Children

PROGRAM



Program
Friday, October 5

8:00-9:00 a.m.	<u>Coffee</u>	<u>Lobby</u>
9:00-10:00 a.m.	<u>Keynote Speaker</u> Lenore Walker, Ed.D., Associate Professor of Psychology at Colorado Women's College	<u>Auditorium</u>
10:00-10:30 a.m.	<u>Break and/or</u> <u>Media Presentation (See Media Schedule)</u>	<u>Lobby</u> <u>Common Room</u>
10:30-12:00 Noon	<u>Friday Workshops - FIRST SESSION</u>	
12:00-1:00 p.m.	<u>Luncheon with special discussion tables *</u>	<u>Main Dining Room</u>
1:00-2:30 p.m.	<u>Friday Workshops - SECOND SESSION</u>	
2:30-3:00 p.m.	<u>Break</u>	<u>Lobby</u>
3:00-4:30 p.m.	<u>Panel and Closing Remarks</u> Moderator: Karil Klingbeil, MSW, ACSW	<u>Auditorium</u>

* You may choose to join others at a luncheon table organized around a special area of concern.

Legal Assistance- Kay Frank
Prevention of Violence-Py Bateman
Tattered Child- Andrea Rabinowitz
Religious Issues-Marie Fortune
and others

THURSDAY, October 4

FIRST WORKSHOP SESSION

1:00-2:30 p.m.

(Please select one of the following workshops)

1. "FEMINIST THERAPY" Auditorium
Coordinator: Lenore Walker, Ed.D.
This workshop presented by one of our keynote speakers will focus on the issues of treatment of battered women. Dr. Walker, author of Battered Women as Victims has been involved in research of the battering syndrome.
2. "LEGAL ADVOCACY AND LEGISLATIVE ISSUES" Connolly Commons
Coordinator: Kay Frank, Abused Women's Project
Ms. Frank of Evergreen Legal Services will lead a panel discussing the current relationship of the criminal justice system and the social services in the Seattle area. The panel members are: Sgt. Verlin Judd, Seattle Police Department; Patrol Officer Rosa Melendez; and Assistant City Attorney, Sally Buckley.
3. "RELIGIOUS ISSUES FOR VICTIMS AND OFFENDERS" Private Dining Room
Coordinator: Reverend Marie Fortune, Prevention of Sexual Violence Project
This workshop will focus on religious counseling issues raised by victims and offenders of sexual and domestic violence; suggested responses to these issues (discussion and role play); and cooperative efforts between social service and religious professionals. Reverend Fortune will have Denise Hormann and Joan Waldo as co-presentors.
4. "ANGER REDUCTION" B-101
Coordinator: Anne Ganley, Ph.D.
Dr. Ganley will introduce a treatment model developed at the American Lake Veteran's Administration Hospital. This workshop will introduce theoretical views on aggression, basic concepts of anger control, and adaptations of anger control for men who batter.
5. "SEXUAL ABUSE OF CHILDREN" B-102
Coordinator: Lucy Berliner, MSW, Sexual Assault Center, HMC
The format of this workshop will be to present the material in three parts: Ms. Berliner will give an overview of how clinicians see the problem of sexual abuse in social and legal terms; Elise Ernst of the Eastside Mental Health Center will address the clinical issues for victims, and Roger Wolfe of NW Treatment Associates will speak to the subject of offenders.

6. "VIOLENCE AGAINST OLDER WOMEN"

B-203

Coordinator: Stephanie FallCreek, MSW, Wallingford Wellness Project

This workshop will address the issues of sexual and physical abuse of older women, often overlooked in the study of violence against women. Ms. FallCreek is the Director of the Wallingford Wellness Project. Nancy Hooyman, DSW, coordinator of the Project on Aginf will be a co-presenter.

7. "PLANNING FOR LONG TERM TREATMENTS, NETWORKS, AND SHELTERS"

B-201

Coordinator: Ginny Crow, MSW, Abused Women's Network

Located at The Women's Institute, the Abused Women's Network has been working with battered women through the use of support groups. This workshop will speak to the issues of providing long term supports as well as temporary shelters. The formation of state-wide networks will also be addressed as a necessary component of planning for the treatment of victims of violence. Ms. Crow's co-presenters are Pam Axtell and Carol Richards.

FRIDAY, October 5

FIRST WORKSHOP SESSION

10:30 a.m. - 12:00 noon

(Please select one of the following workshops)

1. "PORNOGRAPHY AND VIOLENCE AGAINST WOMEN" Auditorium
Coordinator: Diana Russell, Ph.D., Associate Professor of Sociology, Mills College
In addition to giving the keynote address, Dr. Russell will present this workshop. Her research and writings in this area are extensive and she has been deeply involved in exposing the extent to which women are victimized by violence on an international scale. Lynne Iglitzin, Ph.D. Associate Director, Undergraduate Studies will be a respondent.
2. "VIOLENCE AGAINST MINORITY WOMEN" B-101
Coordinator: Myrtle Sorenson, MSW, Sexual Assault Center Harborview Medical Center
This workshop will address the issues of violence as it impacts on minority women.
3. "ADVOCACY FOR ABUSED WOMEN AND CHILDREN" Private Dining Room and film in Common Room
Coordinator: Doris Stevens, MSW, ACSW, Sexual Assault Center Harborview Medical Center
This workshop will address advocacy techniques for assisting women and children in pursuing criminal prosecution. Also to be presented are advocacy strategies for other systems such as hospitals, social service agencies, and mental health centers. Ms. Stevens will be assisted by Evelyn Brom of Seattle Rape Relief, an Advocacy Specialist.
4. "CHILDREN AND VIOLENCE" B-201
Coordinator: Shirley Anderson, MD, MPH, Pediatrics Consultant, Sexual Assault Center
This workshop will discuss the parameters of violence against children, assessment and treatment with an advocacy perspective, and directions for change including program development and community coordination. Dr. Anderson will present this workshop with Richard Westgard, MSW.
5. "GROUP THERAPY" B-102
Coordinator: Karil Klingbeil, MSW, ACSW, Director, Social Services Harborview Medical Center
This workshop will address the area of techniques and skills in working with groups of victims of domestic violence. Sandi Armstrong, MSW, from In-Patient Psychiatry Services Of Harborview Medical Center will be a co-presenter.

6. "VIOLENCE AND SUBSTANCE ABUSE"

Connolly Commons

Coordinator: Vicki Boyd, Ph.D., Group Health Cooperative

The relationship of drug and alcohol abuse to violence against women and children will be presented by Dr. Boyd and Lorie Dwinell, MSW. Both presenters are experienced group therapists especially concerned with the treatment of women who have been battered, and/or involved in alcohol abuse.

7. "COMMUNITY-BASED TREATMENT OF SEXUAL OFFENDERS"

B-203

Coordinator: Irwin Dreiblatt, Ph.D., Pacific Psychological Services

An introduction to the issues involved in the community-based treatment of sexual offenders will be the focus of this workshop as well as an overview of evaluation and treatment. There will be a case presentation and discussion.

Schedule
Media Presentations

These special presentations will be shown in the Common Room. It is not necessary to sign-up to attend.

Thursday, October 4

11:00 a.m. - 12:00 noon

Presenter: Denise Hormann, MSW
Slide Presentation on "Images of Violence
Against Women in Advertising"

2:30 p.m. - 3:00 p.m.

Videotape: "Women Speak Out", a tape about
women who have been battered.

Friday, October 5

10:00 a.m. - 10:30 a.m.

Film: "Incest - the Victim Nobody Believes"

1:00 p.m. - 2:30 p.m.

Presenter: Officer Lynn Edwards, UW Police
Dept.

Film: "Interview with Rape Victim"

AN ACT Relating to shelters for victims of domestic violence; adding a new chapter to Title 70 RCW; creating a new section; and making an appropriation.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION Section 1. The legislature finds that domestic violence is an issue of growing concern at all levels of government and that there is a present and growing need to develop innovative strategies and services which will ameliorate and reduce the trauma of domestic violence. Research findings show that domestic violence constitutes a significant percentage of homicides, aggravated assaults, and assaults and batteries in the United States. Domestic violence is a disruptive influence on personal and community life and is often interrelated with a number of other family problems and stresses. Shelters for victims of domestic violence are essential to provide protection to victims from further abuse and physical harm and to help the victim find long-range alternative living situations, if requested. Shelters provide safety, refuge, advocacy, and helping resources to victims who may not have access to such things if they remain in abusive situations.

The legislature therefore recognizes the need for the state-wide development and expansion of shelters for victims of domestic violence.

NEW SECTION Section 2. Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

(1) "Shelter" means a place of temporary refuge, offered on a twenty-four hour, seven day per week basis to victims of domestic violence and their children.

(2) "Domestic violence" is a categorization of offenses, as defined in section 2, chapter 105, Laws of 1979 1st ex. s., committed by one cohabitant against another.

(3) "Department" means the department of social and health services.

(4) "Victim" means a cohabitant who has been subjected to domestic violence.

(5) "Cohabitant" means a person who is married or who is cohabitating with a person of the opposite sex like husband and wife at the present or at sometime in the past. Any person who has one or more children in common with another person, regardless of whether they have been married or lived together at any time, shall be treated as a cohabitant.

NEW SECTION Section 3. The department of social and health services, in consultation with individuals or groups having experience and knowledge of the problems of victims of domestic violence, shall:

(1) Establish minimum standards for shelters applying for grants from the department under this chapter. Classifications may be made dependent upon size, geographic location, and population needs;

(2) Receive grant applications for the development and establishment of shelters for victims of domestic violence;

(3) Distribute funds, within forty-five days after approval, to those shelters meeting departmental standards;

(4) Evaluate biennially each shelter receiving departmental funds for compliance with the established minimum standards; and

(5) Review the minimum standards each biennium to ensure applicability to community and client needs.

NEW SECTION Section 4. Minimum standards established by the department under section 3 of this act shall ensure that shelters receiving grants under this chapter provide services meeting basic survival needs, where not provided by other means, such as, but not limited to, food, clothing, housing, safety, security, client advocacy, and counseling. These services

shall be problem-oriented and designed to provide necessary assistance to the victims of domestic violence and their children.

NEW SECTION Section 5. The department shall contract, where appropriate, with public or private nonprofit groups or organizations with experience and expertise in the field of domestic violence to:

(1) Develop and implement an educational program designed to promote public and professional awareness of the problems of domestic violence and of the availability of services for victims of domestic violence. Particular emphasis should be given to the education needs of law enforcement agencies, the legal system, the medical profession, and other relevant professions that are engaged in the prevention, identification, and treatment of domestic violence;

(2) Maintain a directory of temporary shelters and other direct service facilities for the victims of domestic violence which is current, complete, detailed, and available, as necessary, to provide useful referral services to persons seeking help on an emergency basis;

(3) Create a state-wide toll-free telephone number that would provide information and referral to victims of domestic violence;

(4) Provide opportunities to persons working in the area of domestic violence to exchange information; and

(5) Provide training opportunities for both volunteer workers and staff personnel.

NEW SECTION Section 6. The department shall prepare an annual report to the legislature which shall include but not be limited to:

(1) Data reflecting the geographic incidence of domestic violence in the state, indicating the number of cases officially reported as well as an assessment of the degree of unreported cases;

(2) The number of persons and relevant statistical data, where possible, of persons treated or assisted by shelters receiving state funds; and

(3) A listing of potential and feasible prevention efforts, the estimated cost of providing the prevention services, and the projected benefits of providing the services.

The department may contract, where applicable, for the information required by this section.

NEW SECTION Section 7. Shelters receiving state funds under this chapter shall:

(1) Make available shelter services to any person who is a victim of domestic violence and to that person's children;

(2) Encourage victims, with the financial means to do so, to reimburse the shelter for the services provided;

(3) Recruit, to the extent feasible, persons who are former victims of domestic violence to work as volunteers or staff personnel. An effort shall also be made to provide bilingual services;

(4) Provide prevention and treatment programs to victims of domestic violence, their children and, where possible, the abuser;

(5) Provide a day program or drop-in center to assist victims of domestic violence who have found other shelter but who have a need for support services.

NEW SECTION Section 8. The department shall consult in all phases with persons and organizations having experience and expertise in the field of domestic violence.

NEW SECTION Section 9. The department is authorized, under this chapter and the rules adopted to effectuate its purposes, to make available grants awarded on a contract basis to public or private nonprofit agencies, organizations, or individuals providing shelter services meeting minimum standards established by the department. Consideration as to need, geographic location, population ratios, and the extent of existing services shall be made in the award of grants. The department shall provide technical assistance to any nonprofit organization desiring to apply for the contracts if the

organization does not possess the resources and expertise necessary to develop and transmit an application without assistance.

NEW SECTION Section 10. Fifty percent of the funding for shelters receiving grants under this chapter must be provided by one or more local, municipal, or county source, either public or private. Contributions in-kind, whether materials, commodities, transportation, office space, other type of facilities, or personal services, may be evaluated and counted as part of the required local funding.

The department shall seek, receive, and make use of any funds which may be available from federal or other sources in order to augment state funds appropriated for the purpose of this chapter, and shall make every effort to qualify for federal funding.

NEW SECTION Section 11. General assistance or aid to families with dependent children payments shall be made to otherwise eligible individuals who are residing in a secure shelter, a housing network or other shelter facility which provides shelter services to persons who are victims of domestic violence. Provisions shall be made by the department for the confidentiality of the shelter addresses where victims are residing.

NEW SECTION Section 12. A shelter shall not be held liable in any civil action for denial or withdrawal of services provided pursuant to the provisions of this chapter.

NEW SECTION Section 13. There is appropriated from the general fund to the department of social and health services for the 1979-1981 biennium the sum of one million dollars, or so much as may be necessary, to carry out the purposes of this act. Seven hundred thousand dollars of the amount appropriated shall be used for grants to shelters under section 9 of this act. The remaining three hundred thousand dollars shall be used to fund sections 3, 5, and 6 of this act.

NEW SECTION Section 14. Sections 2 through 12 of this act shall constitute a new chapter in Title 70 RCW.

NEW SECTION Section 15. If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected.

SUBSTITUTE HOUSE BILL NO. 438 - PASSED WASHINGTON STATE LEGISLATURE APRIL 1979

AN ACT relating to domestic violence; adding a new chapter to Title 10 RCW; creating new sections; and prescribing penalties.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION Section 1. The purpose of this act is to recognize the importance of domestic violence as a serious crime against society and to assure the victim of domestic violence the maximum protection from abuse which the law and those who enforce the law can provide. The legislature finds that the existing criminal statutes are adequate to provide protection for victims of domestic violence. However, previous societal attitudes have been reflected in policies and practices of law enforcement agencies and prosecutors which have resulted in differing treatment of crimes occurring between cohabitants and of the same crimes occurring between strangers. Only recently has public perception of the serious consequences of domestic violence to society and to the victims led to the recognition of the necessity for early intervention by law enforcement agencies. It is the intent of the legislature that the official response to cases of domestic violence shall stress the enforcement of the laws to protect the victim and shall communicate the attitude that violent behavior is not excused or tolerated. Furthermore, it is the intent of the legislature that criminal laws be enforced without regard to whether the persons involved are or were married, cohabiting, or involved in a relationship.

NEW SECTION Section 2. Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

(1) "Cohabitant" means a person who is married or who is cohabiting with a person as husband and wife at the present time or at some time in the past. Any person who has one or more children in common with another person, regardless of whether they have been married or lived

together at any time, shall be treated as a cohabitant.

(2) "Domestic Violence" includes but is not limited to any of the following crimes when committed by one cohabitant against another:

- (a) Assault in the first degree (RCW 9A.36.010);
- (b) Assault in the second degree (RCW 9A.36.020);
- (c) Simple assault (RCW 9A.36.040);
- (d) Reckless endangerment (RCW 9A.36.050);
- (e) Coercion (RCW 9A.36.070);
- (f) Burglary in the first degree (RCW 9A.52.020);
- (g) Burglary in the second degree (RCW 9A.52.030);
- (h) Criminal trespass in the first degree (RCW 9A.52.070);
- (i) Criminal trespass in the second degree (RCW 9A.52.080);
- (j) Malicious mischief in the first degree (RCW 9A.48.070);
- (k) Malicious mischief in the second degree (RCW 9A.48.080);
- (l) Malicious mischief in the third degree (RCW 9A.48.090);
- (m) Kidnapping in the first degree (RCW 9A.40.020);
- (n) Kidnapping in the second degree (RCW 9A.40.030);
- (o) Unlawful imprisonment (RCW 9A.40.040).

(3) "Victim" means a cohabitant who has been subjected to domestic violence.

NEW SECTION Section 3. (1) All training relating to the handling of domestic violence complaints by law enforcement officers shall stress enforcement of criminal laws in domestic situations, availability of community resources, and protection of the victim. Law enforcement agencies and community organizations with expertise in the issue of domestic violence shall cooperate in all aspects of such training.

(2) The primary duty of peace officers, when responding to a domestic violence situation, is to enforce the laws allegedly violated and to protect the complaining party.

a showing that there is a possibility of further violence; PROVIDED, That the court may order a criminal defense attorney not to disclose to his client the victim's location; and

(d) Shall identify by any reasonable means on docket sheets those criminal actions arising from acts of domestic violence.

(2) Because of the likelihood of repeated violence directed at those who have been victims of domestic violence in the past, when any defendant charged with a crime involving domestic violence is released from custody before trial on bail or personal recognizance, the court authorizing the release may prohibit the defendant from having any contact with the victim. Wilful violation of a court order issued under this section is a misdemeanor. The written order releasing the defendant shall contain the court's directives and shall bear the legend: Violation of this order is a criminal offense under chapter 9A RCW and is also subject to civil contempt proceedings. A certified copy of such order shall be provided to the victim.

NEW SECTION Section 5. When a defendant is found guilty of a crime and a condition of the sentence restricts the defendant's ability to have contact with the victim, such condition shall be recorded and a written certified copy of that order shall be provided to the victim.

NEW SECTION Section 6. The public attorney responsible for making the decision whether or not to prosecute shall advise the victim of that decision within five days, and, prior to making that decision shall advise the victim, upon the victim's request, of the status of the case. Notification to the victim that charges will not be filed shall include a description of the procedures available to the victim in that jurisdiction to initiate a criminal proceeding.

NEW SECTION Section 7. A peace officer shall not be held liable in any civil action for an arrest based on probable cause, enforcement in good faith of a court order, or any other action or omission in good faith

(3) (a) When a peace officer responds to a domestic violence call and has probable cause to believe that a crime has been committed, the peace officer may exercise arrest powers with reference to the criteria in RCW 10.31.100. The officer shall notify the victim of the victim's rights to initiate a criminal proceeding in all cases where the officer has not exercised arrest powers or decided to initiate criminal proceedings by citation or otherwise. The parties in such cases shall also be advised of the importance of preserving evidence.

(b) A peace officer responding to a domestic violence call shall take a complete offense report including the officer's disposition of the case.

(4) The peace officer may offer, arrange, or facilitate transportation for the victim to a hospital for treatment of injuries or to a place of safety or shelter.

(5) The law enforcement agency shall forward the offense report to the appropriate prosecutor as soon as practicable, if there is probable cause to believe that an offense has been committed.

(6) Each law enforcement agency shall make as soon as practicable a written record and shall maintain records of all incidences of domestic violence reported to it.

(7) Records kept pursuant to subsections (3) and (6) of this section shall be made identifiable by means of a departmental code for domestic violence.

NEW SECTION Section 4. (1) Because of the serious nature of domestic violence, the court in domestic violence actions:

(a) Shall not dismiss any charge or delay disposition because of concurrent dissolution or other civil proceedings;

(b) Shall not require proof that either party is seeking a dissolution of marriage prior to instigation of criminal proceedings;

(c) Shall waive any requirement that the victim's location be disclosed to any person, other than the attorney of a criminal defendant, upon

under this chapter arising from an alleged incident of domestic violence brought by any party to the incident.

NEW SECTION Section 8. Sections 2 through 7 of this act shall constitute a new chapter in Title 10 RCW.

NEW SECTION Section 9. If any provisions of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected.

BEHAVIORAL CHARACTERISTICS OF DOMESTIC VIOLENCE

Vicki D. Boyd, Ph.D.; Karil S. Klingbeil, M.S.W.

Revised, 1979

Seattle, Washington

BATTERER	BATTERED MATE	CHILDREN
<i>Batterers are found in all socio-economic levels, all educational, racial, age groups</i>	<i>Battered mates are found in all socio-economic levels, all educational, racial, age groups</i>	<i>Children of domestic violence are found in all socio-economic levels, educational, racial and age groups</i>
The batterer is characterized by	The battered mate is characterized by	Children in battering homes exhibit
... poor impulse control — explosive temper — limited tolerance for frustration	... long suffering, martyr-like endurance of frustration	... a combination of limited tolerance, poor impulse control and martyr-like long suffering
... stress disorders and psychosomatic complaints — sophistication of symptoms and success at masking dysfunction vary with level of social and educational sophistication	... blatant depressive and/or hysterical symptoms — stress disorders and psychosomatic complaints	... depression, much stress and psychosomatizing, absences from school, pre-delinquent and delinquent behavior
... emotional dependency — subject to secret depressions known only to family	... economic and emotional dependency — subject to depression, high risk for secret drugs and alcohol, home accidents	... economic and emotional dependency, high risk for alcohol/drugs, sexual acting out, running away, isolation, loneliness, fear
... limited capacity for delayed reinforcement — very "now" oriented	... unlimited patience for discovery of "magic combination" to solve marital and battering problems — "travels miles" on tiny bits of reinforcement	... combination of poor impulse control and continual hopefulness that situation will improve
... insatiable ego needs — quality of childlike narcissism (not generally detectable to people outside family group)	... unsure of own ego needs — defines self in terms of family, job, etc.	... very shaky definition of self — grappling with child-like responses of parents for modeling — poor definition of self and/or defines self in parenting role
... low self-esteem — perceived unachieved ideals and goals for self — disappointment in career even if successful by others' standards	... low self-esteem — continued faith and hope battering mate will get "lucky" break	... low self-esteem — sees self and siblings with few options or expectations to succeed
... qualities which suggest great potential for change and improvement, i.e., frequent "promises" for the future	... unrealistic hope that change is imminent — belief in "promises"	... mixture of hope/depression that there is no way out — peer group can be most important contact, if available
... perception of self as having poor social skills — describes relationship with mate as closest he has ever known — remains in contact with own family	... gradually increasing social isolation, including loss of contact with own family	... increased social isolation — increased peer isolation or complete identification with peers
... accusations against mate — jealousy — voices great fear of being abandoned or "cheated on"	... inability to convince partner of loyalty — futilely guards against accusations of "seductive" behavior toward others	... bargaining behavior with parents — gets into proving self as does mother

BATTERER	BATTERED MATE	CHILDREN
The batterer is characterized by	The battered mate is characterized by	Children in battering homes exhibit
... containment of mate and employment of espionage tactics against her (e.g., checks mileage and times errands) – cleverness depends on level of sophistication	... allowing containment or confinement/restriction by mate, interpreting as sign that partner “cares”	... increasing deceptiveness: lying, excuses for outings, stealing, cheating
... no sense of violating others' personal boundaries – accepts no blame for failures (marital, familial, or occupational) or for violence	... gradually losing sight of personal boundaries for self and children (unable to assess danger accurately) – accepts <i>all</i> blame	... poor definition of personal boundaries – violation of others' personal boundaries, blame-projections
... belief that his forcible behavior is aimed at securing the family nucleus (for the good of the family)	... belief that transient acceptance of violent behavior will ultimately lead to long term resolution of family problems	... little or no understanding of the dynamics of violence (often assumes violence to be the norm)
... apparently feeling no guilt on emotional level even after intellectual recognition	... emotional acceptance of guilt for mate's behavior – thinks mate “can't help it” – considers own behavior provocative	... self-blame (depending on age) for family feuding, separations, divorce, etc. – internal conflicts
... generational history of family violence	... generational history of family violence	... continuation of pattern of family violence pattern in own adulthood
... participation in pecking order battering	... participation in pecking order battering	... pecking order battering – kills animals, batters younger siblings and sometimes parents in later years
... assaultive skills which improve with age and experience accompanied by rise in danger potential and lethality risks	... learning which behavioral events will either divert or precipitate mate's violence but level of carelessness increases – judgment of lethality potential deteriorates over time	... use of violence as problem solving technique in school, with peers, with family (appears as early as preschool)
... demanding and often times assaultive role in sexual activities – sometimes punishes with abstinence – at times experiences impotence	... poor sexual self-image – assumption that role is to accept totally partner's sexual behavior (attempts to punish partner with abstinence result in further abuse)	... poor sexual image – uncertainty about appropriate behavior – confuses model identification – immaturity in peer relationships
... increase in assaultive behavior when mate is pregnant – pregnancy often marks the first assault	... being at high risk for assault during pregnancy	... higher risk for batterment (either as witnesses or victims) during mother's pregnancy
... exerting control over mate by threatening homicide and/or suicide – often attempts one or both when partner separates – known to complete either or both	... frequent contemplation of suicide – history of minor attempts – occasionally completes either suicide or homicide of partner	... heightened suicide attempts – increased thoughts of doing away with self and/or murdering parents – proneness to negligence and carelessness

10-4-79

a group works towards eliminating
suggestive violence in the
media - advertising

"Bloodline"
"Black & Blue" Stones

Billboards —
albums etc.

1st Workshop - Thursday

Rosa Melendez
CSO - Seattle Police
[Community Service]

unlimited time

non-violent } type call
" criminal }

at home, office, flexible

frustrations because Police are
limited at what ~~that~~ they can do

Sally Buckley -

prosecutors unrewarded in prosecution
of D.V.

city prosecutor talks w/ victims
tell victims what prosecution is
all about -

judges convicting more often - some
times even when victim doesn't
go to court -

utilize counseling as part of
probation

20% of cases = jail time
encourage & to press charges

proposed Seattle city ordinances - changes -

Neftin field - Seattle Police
17 girls in the field

giving concern in the area

"where intervention" memo - mid 70's

whether family memo in Seattle -
a system had to go to a family
or relatives

handling family disturbances is very
heavy for police officers

Key federal officers at Academy
They were surprised they would drop
charges - bid of resources -

Kanaw City Study - both parties
amended for student acts
who looked at Detroit

Kay Lunk -

Wash. State Legislation

House statement meeting to develop package
on D.V.

→ 2 bills

- 1) shelters HB 554
- 2) legal aspects HB 438

many states are going for TRO bills
didn't go for it in Wash. -

instead of TRO

→ (can get TRO w/ divorce filing)

D. F. act.:

any crime between cohabitants

HB 438

Ray Fort

no special law for wife beat, but
bill lists possible crimes
police training should be geared
towards criminal aspects -
not just - crisis intervention
aspects - inform victim of rights
can make misdemeanor arrest
w/out seeing crime committed
police need discretion - mandatory
arrest not working well in Oregon
reports must be forwarded to
prosecutor - the prosecutor
must inform victim if case
is filed w/in 5 days - if not
going to prosecute, victim is told
hard to

Bill in effect 9/1/87
"no-contact order" - start criminal
prosecution - cost judge at
time of arraignment - if violated
the victim has a document to
show police - violation of
order is a crime - can get
order at sentencing -
immunity for police - so
not held liable for
their actions - encourage
police to act -

Shelter Bill -
1 mil → shelters
standards by HESS Rpt.
community match -
(D&HSS) - Dept. Social & Health Services

Police Brochures
alternatives -

Nat'l Leg. :

2947 - Cranston - Suite
15 mil this yr
20 next yr
20 " "

HEW - has set up an
office of P.V. w/ coordinator

in state court rules By
victim can go to judge when prosecutor
doesn't follow these
need facts to file case

fel HB 392 -
get support of prosecutors
police
Bar Assoc.

Kay Rieck
7618 2nd Ave

Rm 200

Seattle 98104

(206) 464-5911

Thursday - 2nd workshop
Long Term Treatment -
Spring Crow

Carol Richards -
1-800-562-8194

Long term = 1 year

advocary -

victim needs to be able
to make assessments of helpers

* physical safety needs #1 concern
then, security,

shelters - stability of a group
very important - shows
can be trusted and there because
of a need -

para-professionals - question
not afraid to say "I don't know"
need egalitarian relationship
counselor needs more
power than client -

- long term treatment -
love & addiction
(similar to alcoholics)
- the idea that w/out him, U'll die -
need own identity

Problems in the 1st yr

- 1) loneliness
- 2) single parenting
- 3) meeting new men
- 4) handling anger
- 5) making friends
- 6) \$ & job problems
- 7) identifying abusiveness in new men
- 8) knowing when & who to trust
- 9) stay away from dangerous men;
even though feelings of love continue
- 10) learning the advantages of simplicity
- 11) taking responsibility
- 12) controlling dependency
- 13) fighting depression

feelings, habits, attitudes that
must be overcome:

- 1) taking responsibility for others feelings
- 2) I feeling guilty
- 3) protect I everyone - especially the man
- 4) financial dependency
- 5) pseudo-emotional dependency
- 6) addiction to the idea can't live
without him
- 7) passivity
- 8) self-sacrifice
- 9) unwillingness to initiate
pleasure & adventure
- 10) one source
- 11) narrowness of experience/values
- 12) not taking financial responsib.
- 13) self-letdown

after the crisis is over -

the temptation may be a secret

1. warn the women (she's ^{want} ^{to call him})
2. get commitment (it's happening)
3. watch for it

danger signs

1. grandiosity
2. extreme anger
3. dropped hints/change of subject
4. super calm
5. life has settled in okay
6. focus on other's problems

Realistic attitude

- a. awareness of danger
- b. confidence to stand against it
- c. "I can endure"
- d. creation of new lifestyle

connect women in groups
exchange phone #'s
"gossip network"

ask questions -
how feel?
work?

loving confrontation

- a. express your feelings
- b. ask "What would you do if....?"
- c. What's different this time?
- d. why are you sure?
- e. what has he done & for how long?

side note - now there is somewhere to go - 59 yrs. old women married 25 yrs.

What do I need to survive - not what will I settle for

women are afraid of other women - think a man is needed —

enter into a "contract" agreements - how, what could way to screen

psychological abuse is worse
abusive to live in continual fear

psychological "control"
social degradation

- man's need to control - that's
why he batters - his problem

step out of traditional role:

- 1) close the distance
- 2) humor
- 3) talk about yourself
- 4) phone every day
- 5) change "50 minute" hour
- 6) introduce to other clients

step her away
sue up routine that show
picture of empty hole in it -

10-5-79

Lenore Akker:

personal control of body important
health club, etc. - in touch w/
body sensations - use feeling that
have been shut off -

egalitarian stance between therapist &
client

"How did she manage to stay
alive?"

all of us have potential as
a battered woman

no more violence

impossible to reverse long term violence

don't charge for initial therapy session

strengthen clients' independence

stress patterns in women's life

batterers have strong anti-women feelings —

social consequences of anti-sexism call for a total reorganization of society —

if batterers are ^{true} misogynists — they will continue to be in battering relationships —

women, as a group, cannot tolerate & must violent crimes during younger yrs. rapist — mellow-out by age
batterers get worse w/ age

not complete — many women were jealous of batterer's relationships w/ other men —

? % on women who are batterers?
(look a Mrs.)

Liddy - discussion -

Pornography and Violence Against Women

Diana Russell

research is now showing a relationship
of violent erotica & violence

male power over women - pornography

"domination & torture" what it's about

a fantasy, because of the movement to
get out from under men's thumb

detrimental to all women

total degradation!

women become things - not seen as
human beings

(men get pornography ^{all} against
whites beating Blacks & Jews)

movies incite racism & arson

why has women's movement stayed away
from pornography?

- 1) usual protestees ^(against porn.) conservative
against FTA, abortion, etc.
- 2) don't want to be pudes, unliberated
- 3) don't check it out - prefer not to know
- 4) deceived by male researchers it's not bad
(dirty books, dirty movies, dirty data)
some findings suppressed
- 5) "piecemeal" approach - ^{against rape} but thousands of
movies banned
- 6) \$ for women -
- 7) fear that anti porn. = pro censorship

-
- 1) problem needs to be recognized
 - 2) feel outraged
 - 3) cause of the problem
 - 4) what to do about it

get on KTOO Women's Proletariat

Rachy - get church support if possible

Sandra

heaviness, may lead to powerlessness, need
to combat these feelings -

it's healthy to get upset when we see
these things

need to look at economics

conscience of racism in porn.

men need to be made aware of what
pornography does to women - it's not
just a penis going in & out, but
the total degradation

sex education?

(family planning, etc)
1711's & Scott Bond's)

MEN ←

I did some substituting and the girls
had tons of questions no one else would ask
(them)

perhaps the term "sex education"
is the kiss of death

Ricky - check out the Smoke Shop
I find out how much of their
crap sells - what ages
will they refuse to sell to?
Mindy works there & she's 17 -

I see a dilemma w/ less funds
for sex ed., men on school boards,
tenure for teachers (job security)

check out women on pinball machines

Ricky - call Marcia Freed - what kind
of in-service ~~training~~ training do
the teachers get? &

the mags are powerful, especially
to children and sold in grocery stores!

the people who need to hear
this aren't here - how do we
get to them?

hunch —

Kate from Puget Sound
Alcoholism says women
don't get arrested for DWI as
often as men don't get
treatment and all later
(Judges don't give ~~stiff~~ sentences)
abused & / or battered & sexually

Friday afternoon - workshop -
Vikki
substance abuse

3 forms of batterers:

- 1) no chemicals
③ (worst chance of treatment)
- 2) only with a chemical - usually alcohol
③ (best chance of treatment)
- 3) with or without chemicals
③ (worst chance of treatment)

chemical treated per
violence 2nd

→ need to control family life
"contracts" may help - agreement
w/ atty. if any battering, a
divorce is not automatically filed -
still - not very likely there
will be success of

young batterers go to their mothers
and batter them -

need to look at whole spectrum
of symptoms - (of women)

Alcohol - Depression - acute & panic
terminal illness (change behavior
of batterer)

physicians could intervene
who the women is released to -

batterers don't do well w/out their objects
significant # of suicides of
batterers

from Harlowe
sues 2-3 bat. women a day
correlation w/ alcohol - rape

♀ alcoholics are frequently raped
need to go to detox 1st

serial & minimization of
injured women - same
techniques w/ alcoholics work
w/ bat. ♀

hard to get ♀ to talk about battering

"walking on egg" syndrome - tension builds
after the "roses" period -

alcohol - when spouse drinks

husbands frequently send wives
while husbands fall out drinking -

gyps. are good for letting out anger
need to learn when to be assertive
otherwise get sent up -

some batterers very clever - [no family
contact] husband
(one guy blew up a soc. workers car) ^{as a} policeman
(no doubt he is dangerous) ^{changed} identity

always need a place to "touch base"
w/ someone who knows -

isolation causes overwhelmingness -
need to handle things 1 day
at a time -

combat "learned helplessness"

physical
violence - 1 out of 2 at
some point in relationship

epileptic ♀, husband withholds
medication & she has seizures
so she was allowed to be part of
a grp. session -

look at secondary gains
if that's high, how much energy
does it deserve?

don't manipulate client - doesn't
work —

have to tell women - it gets worse
could die

~~city~~ city atty. } taking public
prosecutors } stance against abuse
police }

publish batterer's name ^{Rocky}
not just convictions in paper ^{Police Blotter}
_{not p.u. in paper}

group therapy - supportive

need to stay conservation
in rural areas -

most batterers are attractive - hard to leave ^(need support)

? 3 day jail - violating TRO

build shelters for men

not long enough - to change locks, etc.
_{move}

mandatory treatment for men

\$ - got to get men other
than seeing their women/family
base \$ - charge insurance
job -

Kit's program a model (for men)

Lithium - worked a few times

A.A. for batterers

high return rate a virtue
because of difficulties

out patient treatment - has
something going for them

↓
group therapy - not way to go -

60-70% abcho - But

call Endell - see if I can speak
at Justice Innovation Conf.

Friday afternoon - wrap-up

Prevention:

need agencies to work together
health, criminal justice, etc.
media

eliminate violence

change media

don't be afraid to suck up family

Lenore Walker —

stop violence if it's occurred.

erase potential for violence

creativity - education.

need group organization

too big to be done alone

are we selling out? - individually

give up relationships? I

men must learn how to

gain from other men

Key Frank

legislation - now - churches

research helps sell to the
criminal justice system

d.v. is a crime - shouldn't
be de-criminalized at all,
police shouldn't be social
workers -
need to get to judges

Rocky - get judges newsletter
from Pat —

Mare

(Point many
a button)

prevention (advise ^{not} to hit home)

prevention

protection - self defense - to leave

have to be willing to give up
some of what we get out
of today's culture -

good idea
tell Dad - for when he marries people -

* pre-marriage counseling.
talk about dealing with violence & conflicts
1 out of 2 women will experience violence in their marriages
what will you do if he hits you?
has he ever hit you?

pre in abuse - degeneration

needs to avoid victims and prevention

Ann Gannon

we have to last more than 5 yrs.
every to get burnt out
don't do it full time
in a notebook
take care of self

stop falling in love w/ potential
more value on self control
men want to control others

Diana Russell -

need a militant arm of
the movement -

we need to be willing to be radical
enough to raise hell - go to
jail -

go into bookstores & tear the
stuff up - U girl want to feel
Lew & Karen

(example New Book Store in
Jewish area of San Francisco
was destroyed & charges
were dropped -

pis in movie theater seats
puddy in locks -
graffiti - rocks in windows

civil disobedience —
shows commitment

take just personal, but
more political issues *

SECOND WORKSHOP SESSION

Thursday Second Workshop Session 3:00-4:30 p.m. (Please select one of the following)

1a. "ADULT VICTIMS OF CHILDHOOD SEXUAL ABUSE" Auditorium

Coordinator: Nancy Ousley, MSW, Sexual Assault Center,
Harborview Medical Center

This workshop will discuss the characteristics of sexual abuse, the common issues in adults who were sexually abused as children, and treatment strategies both individual and group. There will be a film and case studies presented.

THE FOLLOWING WORKSHOPS ARE REPEATED FROM THE FIRST SESSION:

2. "LEGAL ADVOCACY AND LEGISLATIVE ISSUES" Connolly Commons

Coordinator: Kay Frank, Abused Women's Project, Evergreen Legal Services

3. "RELIGIOUS ISSUES FOR VICTIMS AND OFFENDERS" Private Dining Room

Coordinator: Rev. Marie Fortune, Prevention of Sexual Violence Project

4. "ANGER REDUCTION" B-101

Coordinator: Anne Ganley, Ph.D. VA Hospital, American Lake

5. "SEXUAL ABUSE OF CHILDREN" B-102

Coordinator: Lucy Berliner, MSW, Sexual Assault Center
Harborview Medical Center

6. "VIOLENCE AGAINST OLDER WOMEN" B-203

Coordinator: Stephanie FallCreek, MSW, Wallingford Wellness Project

7. "PLANNING FOR LONG TERM TREATMENT, NETWORKS AND SHELTERS" B-201

Coordinator: Ginny Crow, MSW, Abused Women's Network, Women's Institute

SECOND WORKSHOP SESSION

Friday Second Workshop Session 1:00-2:30 p.m. (Please select one of the following)

1a. "VIOLENCE AGAINST WOMEN IN THE MEDIA" Auditorium

Coordinator: Lynne B. Iglitzin, Ph.D., University of Washington

This workshop will address the issues of media violence against women. Colleen Patrick, a media consultant will be a co-presenter. Diana Russell will also be present for the discussions.

THE FOLLOWING WORKSHOPS ARE REPEATED FROM THE FIRST SESSION:

2. "VIOLENCE AGAINST MINORITY WOMEN" B-101

Coordinator: Myrtle Sorenson, MSW, Sexual Assault Center
Harborview Medical Center

3. "ADVOCACY FOR ABUSED WOMEN AND CHILDREN" Private Dining Room

Coordinator: Doris Stevens, MSW, ACSW, Sexual Assault Center
Harborview Medical Center

4. "CHILDREN AND VIOLENCE" B-201

Coordinator: Shirley Anderson, MD, MPH, Pediatrics Department
Harborview Medical Center

5. "GROUP THERAPY" B-102

Coordinator: Karil Klingbell, MSW, ACSW, Director of Social Services
Harborview Medical Center

6. "VIOLENCE AND SUBSTANCE ABUSE" Connolly Commons

Coordinator: Vicki Boyd, Ph.D., Group Health Cooperative

7. "COMMUNITY-BASED TREATMENT OF SEXUAL OFFENDERS" B-203

Coordinator: Irwin Dreiblatt, Ph.D., Pacific Psychological Services

8. "INTERVIEW WITH RAPE VICTIMS" (Film) Common Room

Coordinator: Officer Lynn Edwards, University of Washington, Police Dept.

CONFERENCE FACULTY AND SPEAKERS LIST

Scott Briar, D.S.W.
Dean, School of Social Work
University of Washington

Karil Klingbeil, M.S.W., A.C.S.W.
Director, Social Services
Harborview Medical Center

Norm Maleng
Prosecuting Attorney
King County

Dianna Russell, Ph.D.
Associate Professor of Sociology
Mills College

Jennifer James, Ph.D.
Psychiatry and Behavioral Science Dept.
University of Washington

Lenore Walker, Ed.D.
Associate Professor of Psychology
Colorado Women's College

Kay Frank
Director, Abused Women's Project
Evergreen Legal Services

Reverend Marie Fortune
Director
Prevention of Sexual Violence Project

Sgt. Verlin Judd
Seattle Police Dept.

Patrol Officer Rosa Melendez
Seattle Police Dept.

Sally Buckley
Assistant City Attorney

Anne Ganley Ph.D.
VA Hospital American Lake
Tacoma

Denise Hormann, MSW
Women Against Violence Against Women

Joan Waldo
Prevention of Violence Against Women
Project

Lucy Berliner, MSW
Sexual Assault Center
Harborview Medical Center

Elise Ernst, MSW
Eastside Mental Health Center

Roger Wolfe
Northwest Treatment Associates

Stephanie FallCreek, MSW
Coordinator, Wallingford Wellness Project

Ginny Crow, MSW
Abused Women's Network
Women's Institute

Carol Richards
Region X
Technical Assistance Center on
Family Violence

Nancy Ousley, MSW
Sexual Assault Center
Harborview Medical Center

Lynne B. Iglitzin, Ph.D.
Associate Director
Undergraduate Studies

Myrtle Sorenson, MSW
Sexual Assault Center
Harborview Medical Center

Doris Stevens, MSW, ACSW
Sexual Assault Center
Harborview Medical Center

Conference Faculty and Speakers List (continued)

Shirley Anderson, M.D., M.P.H.
Pediatrics Consultant
Sexual Assault Center
Harborview Medical Center

Richard Westgard, MSW
Child Protective Services

Sandi Armstrong, MSW
In-Patient Psychiatry Services
Harborview Medical Center

Vicki Boyd, Ph.D.
Mental Health Unit
Group Health Cooperative

Lorie Dwinell, MSW, ACSW
Instructor, Seattle University
Private Practice

Irwin Dreiblatt, Ph.D.
Pacific Psychological Services

Colleen Patrick
Media Consultant

Nancy Hooyman, DSW
Director of the Project on Aging
Associate Professor
School of Social Work
University of Washington

Officer Lynn Edwards
Police Dept.
University of Washington

Evelyn Brom
Advocacy Specialist
Seattle Rape Relief

Advisory Committee Members

Planning Committee Members

Dianne Burden, Coordinator
Project on Women and Mental Health
School of Social Work
University of Washington

Karil Klingheil, Director
Social Services
Harborview Medical Center

Doris Stevens, Chief Social Worker
Sexual Assault Center
Harborview Medical Center

Joan Tucker, Committee Staffperson
Project on Women and Mental Health
School of Social Work
University of Washington

* * * * *

Caren Adams, Director
King County Rape Relief
Good Neighbor Center
305 S. 43rd
Renton, WA 98055

Py Bateman, Director
Feminist Karate Union
101 Nickerson
Seattle, WA 98109

Vicki Boyd, Ph.D.
Group Health Cooperative
Mental Health Unit
200 15th Avenue E.
Seattle, WA 98102

Sally Buckley
Seattle City Attorney's Office
Municipal Bldg. 10th Floor
Seattle, WA 98104

Evelyn Chapman
Dept. of human Resources
Family and Child Service
400 Yesler Way
Seattle, WA 98104

Ginny Crow
Women's Institute of the Northwest
4747 12th Ave. N.E.
Seattle, WA 98115

Rev. Marie Fortune, Director
Prevention of Sexual Violence
1908 North 36th
Seattle, WA 98103

Kay Frank, Coordinator
Abused Women's Project
Evergreen Legal Services
Pioneer Square Office
618 2nd Street
Seattle, WA 98104

Ann Garley, Ph.D.
VA Hospital American Lake
Social Service Department
Tacoma, WA 98498

Roy Gleason, Detective
Bellevue Police Dept.
P.O. Box 1768
Bellevue, WA 98009

Betsy Grava, Director
Seattle Rape Relief
Dept. of Human Resources
400 Yesler Building
Seattle, WA 98104

Marjorie Hershey
Child Protective Services
3620 N.E. 103rd
Seattle, WA 98125

Judy Hodgson, Director
Women's Information Center - HUB
University of Washington

Dorothy Hollingsworth
Dept. of Human Resources
Family and Child Services
400 Yesler Way
Seattle, WA 98104

Advisory Committee Members (continued)

The Honorable Nancy Holman
King County Courthouse
516 3rd Avenue
Seattle, WA 98104

Sue Ellen Jacobs, Chairperson
Women's Studies
University of Washington

Irene Mahler, Assoc. Director
Metrocenter, YMCA
909 4th Avenue
Seattle, WA 98104

Liz Rogge, Detective
Bellevue Police Department
P.O. Box 1768
Bellevue, WA 98009

Maureen Saylor
Sex Offender Program
Western State Hospital
Fort Steilacoom, WA 98494

Lynne B. Iglitzin, Asst. Director
Undergraduate Studies
C-14 Padelford Hall GN-20

Cameron Justam
YWCA
1118 5th Avenue
Seattle, WA 98101

Linda Jo Pym
Family and Child Services
of Metropolitan Seattle
107 Cherry
500 Lowman Building
Seattle, WA 98104

Margaret Sanstad
HEW Region X
Office of Child Development
Arcade Plaza Bldg. #615
Seattle, WA 98101

SECOND NORTHWEST CONFERENCE ON VIOLENCE AGAINST WOMEN AND CHILDREN

October 4-5, 1979

St. Thomas Seminary Conference Center
Kenmore, WA.

Sponsored by:

Sexual Assault Center, Harborview Medical Center;
Social Services Department, Harborview Medical Center
Project on Women and Mental Health, School of Social Work;
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Special thanks need to be extended to Joan Tucker, Vern Bryant, Sally Graves and Chris Kilo for their conference coordination, to Evelyn Chapman for assistance with publicity, and to Caroline Maas for the illustration for our brochure.

Second Northwest Conference on

Violence Against Women and Children

October 4-5, 1979

46-100
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Second Northwest Conference on

Violence Against Women and Children

October 4-5, 1979

Workshops

Thursday, October 4, 1979

Legal Advocacy and Legislative Issues

Coordinator: Kay Frank, B.S.
Abused Women's Project
Evergreen Legal Services

Anger Reduction

Coordinator: Anne Ganley, Ph.D.
Veterans Administration Hospital
American Lake

Sexual Abuse of Children

Coordinator: Lucy Berliner, M.S.W.
Sexual Assault Center
Harborview Medical Center

Feminist Therapy

Coordinator: Lenore Walker, Ed.D.
Colorado Women's College
Denver, Colorado

Violence Against Minority Women

Coordinator: Myrtle Sorenson, M.S.W.
Sexual Assault Center
Harborview Medical Center

Religious Issues for Victims and Offenders

Coordinator: Rev. Marie Fortune
Prevention of Sexual Violence Project

Planning for Long Term Treatment, Networks, and Shelters

Coordinator: Ginny Crow, M.S.W.
Abused Women's Network
Women's Institute of the Northwest

Friday, October 5, 1979

Advocacy for Sexually Abused Women and Children

Coordinator: Doris Stevens, M.A., A.C.S.W.
Sexual Assault Center
Harborview Medical Center

Children and Violence

Coordinator: Shirley Anderson, M.D.
Pediatrics Department
Harborview Medical Center

Violence and Substance Abuse

Coordinator: Vicki Boyd, Ph.D.
Group Health Cooperative

Group Therapy

Coordinator: Karil Klingbeil, M.S.W., A.C.S.W.
Social Services
Harborview Medical Center

Violence Against Older Women

Coordinator: To Be Arranged

Community-Based Treatment of Sexual Offenders

Coordinator: Irwin S. Dreiblatt, Ph.D.
Pacific Psychological Services

Violence Against Women in the Media

Coordinator: Lynne B. Iglitzin, Ph.D.
Associate Director
Undergraduate Studies
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Agenda

Thursday, October 4, 1979

8:00- 9:00 a.m.	Registration and Coffee
9:00- 9:30	Opening Remarks Karil Klingbeil, M.S.W., Moderator Scott Briar, Dean, School of Social Work Norm Maleng, King County Prosecuting Attorney
9:30-10:30	Keynote Speaker Diana Russell, Ph.D.
10:30-11:00	Questions and Answers
11:00- 1:00 p.m.	Lunch and Speaker Jennifer James, Ph.D. "Prostitution"
1:00- 2:30	First Workshop Session T1-T7
3:00- 4:30	Workshops Repeated

Friday, October 5, 1979

8:00- 9:00 a.m.	Coffee
9:00-10:00	Keynote Speaker Lenore Walker, Ed.D. "Feminist Therapy"
10:30-12:00 noon	Workshops F1-F7
12:00- 1:00 p.m.	Lunch—Discussion at Tables
1:00- 2:30	Workshops Repeated
3:00- 5:00	Panel and Closing Remarks Karil Klingbeil, M.S.W., Moderator

Registration

The fee for this conference is \$70.00. To register, complete the registration form and return it with the correct fee to Conference Registration, University of Washington DW-50, Seattle, Washington 98195. If you register and then cannot attend or send a substitute, a refund of the fee, less 10% for handling will be made if requested in writing prior to September 25, 1979. For information or assistance with registration, contact Conference Registration at (206)

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About This Conference

The Second Northwest Conference on Violence Against Women and Children will be a follow-up to the first such conference held in 1977, but will move beyond examination of the forms and causes of institutionalized violence in our society to specifically focus on treatment needs and legal issues pertaining to the delivery of services to women and children.

Traditional health care, social service, and legal agencies have not been designed to address the effects of violence against women and children as problems per se. Rather, situations involving violence against women and children have been overlooked, have been treated only as symptomatic of other family relationship problems, or (when the physical effects of violence were too dramatic to ignore) have been passed on to law enforcement agencies for punitive action.

The content of this conference will outline the range of crisis and long-term needs of abused women and children as legitimate service areas. Workshop sessions will suggest models for service delivery and will provide concrete intervention skills to practitioners who are already familiar with the extent and effects of violence as a pervasive social problem. The conference is intended primarily for health care, mental health, social service, and legal professionals who have had some experience in working with abused women and children, although all interested persons are welcome.

In considering the design and delivery of service programs, special attention will be paid to: the implications of the economic dependency of women; the particular violence directed at racial and sexual minorities; the long-term treatment needs of abused women and children as being a necessary follow-up to crisis services; the role of paraprofessionals as well as professionals in delivering services; and ways in which further violence can be prevented on individual and societal levels.

Special Evening Presentation

Kane Hall Room 210
University of Washington

October 4, 1979
7:00-9:00 p.m.

"Violence Against Women and Children"

Speakers:

Diana Russell, Ph.D.
Lenore Walker, Ed.D.

\$3.00 General Admission
\$2.00 Students (show ID at door)
Conference Participants Free

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Seattle Rape Relief
Washington Women Lawyers
Women's Institute of the Northwest
City of Seattle-Family and Child Services
Women's Information Center, University of Washington
Family and Child Service of Metropolitan Seattle

Keynote Speakers

Diana Russell, Ph.D., author of The Politics of Rape: The Victim's Perspective and Crimes Against Women: The Proceedings of the International Tribunal, is an Associate Professor of Sociology, Mills College, Oakland, California. She was a principal investigator on a two-year study of the prevalence of rape and sexual assault in San Francisco and is on the Board of Directors of Women Against Violence in Pornography.

Lenore Walker, Ed.D., author of Battered Women as Victims, is an Associate Professor of Psychology at Colorado Women's College and in private practice in Denver, Colorado. She is currently conducting research on Services to Battered Women, the Battered Woman Syndrome, and evaluation of shelters. Dr. Walker's major interest is in feminist issues and their relationships to the practice of psychotherapy.

Location

The Conference will be held at the St. Thomas Seminary Conference Center in Kenmore, WA. This beautiful setting provides a quiet change of pace only minutes from Seattle. Lunch on both days is included in the registration fee. Directions to the site will be included in registration packet.

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Family and Child Service

Jo Baity
12026 SE 10th
Bellevue WA 98005

Lois Bannister
13557 Linden Ave N
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Belva Baxter
907 NW Ballard Way
Seattle WA 98107

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5503 Ravenna Ave NE
Seattle WA 98105

DSHS

SW 174 CK

Pete Blair
907 NW Ballard Way
Seattle WA 98107

DSHS

Lynn Bohlmann
PO Box 848
Kent WA 98031

DSHS

Lorinda Brotherton
RR 3 Box 3748
Juneau AK 99801

Aware Inc.

Sue Busch
7551 45th NE
Seattle WA 98115

DSHS CPS

Katherine Cameron
1700 E Cherry
Seattle WA 98112

DSHS

Josephine Carroll
1424 102nd Ave NE
Bellevue WA 98004

Colleen Cashman
PO Box 575
Mukilteo WA 98275

Mental Health Services

Evelyn Chapman
2445 Warren Ave N
Seattle WA 98109

Dept of Human Resources

Conference on Violence against
Women and Children
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Page Two - Roster

Barbara Clapp
6718 Palatine
Seattle WA 98103
DSHS

Robin Cohn
1819 E Republican #206
Seattle WA 98112
Open Door Clinic

Mary Curtis
7025 NE 132nd St
Kirkland WA 98033
Bilinda Group Home

Stuart Dautoff
3644 Bagley Ave N
Seattle WA 98103
Family and Child Service

Nancy Diaz
1700 E Cherry
Seattle WA 98102
DSHS

Sylvia Dier
PO Box 66532
Burien WA 98166
DSHS

Pat Dunn
PO Box 3356
Anchorage Alaska 99510
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Anita Gately
PO Box 639
Bellingham WA 98225
DSHS

Rodonda Genereux
1425 Park Ave NE
Salem OR 97303
Women's Crisis Service

Skye Gerke
W 705 Shoshone
Pasco WA 99203
Mid Columbia Mental Hlth Ctr

William Getz
12221 NE 8th
Bellevue WA 98005
Hillcrest Group

Kathy Gibbs
2433 E Miller
Seattle WA 98112
Group Health

Pat Gilsen
821 Chemawa Rd NE
Salem OR 97303
Women's Crisis Service

Roy Gleason
PO Box 1768
Bellevue WA 98009
Bellevue Police Dept

George Grantham
17 NW Ballard Way
Seattle WA 98107
DSHS

Richard Graves
4229 Corliss N
Seattle WA 98103
DSHS

Conference on Violence against
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Page Three - Roster

Deborah Groth
Box 848
Kent WA 98031
DSHS

Betsy Hale
1421 15th Ave #204
Seattle WA 98122
Consejo Counseling & Referral Service

Madonna Hanna
Pierce Co Annex Rm 6
2401 S 35th St
Tacoma WA 98409
Panel for Family Living

Wilma Harris
2700 E Cherry
Seattle WA 98122
DSHS

Marjorie Hershey
3620 NE 103rd St
Seattle WA 98125
DSHS

Joan Hill
704 3rd Ave Fiscal Office
Seattle WA 98104
Seattle Police Dept

Valerie Igl
301 E Roy #13
Seattle WA 98102
New Beginnings Shelter

Mary Iverson
907 NW Ballard Way
Seattle WA 98107
DSHS

SW 174 CK

Dana Janssen
Vancouver YWCA
580 Burrard St
Vancouver BC V6C 2K9 Canada
Battered Wives Program

Linda Jensen
1700 E Cherry
Seattle WA 98102
DSHS

Mary Johnson
836 NE 56th
Seattle WA 98105
Group Health Emergency

Paula Johnson
PO Box 17049
Seattle WA 98107
The Salvation Army

Christine A W Jones
Rt 1 Box 134A
Colville WA 99114
Stevens Co Counseling Ctr

Karson Jones
PO Box 243
Jefferson OR 97352
Women's Crisis Service

Doshie Joyner
1726 N Cambrian
Bremerton WA 98310
Olympic College

Kay Kelly
Pierce Co Annex
2401 S 35th St
Tacoma WA 98409
Panel for Family Living

Conference on Violence against
Women and Children
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Page Four - Roster

Kathleen Kennelly
6008 57th Ave NE
Seattle WA 98115
Sexual Assault Center

JoAnn Kerrick
5209 NE 43rd
Seattle WA 98105
U/W

Janice Kettler
322 NW 77th St
Seattle WA 98117
Group Health

Ruth Little
5023 48th Ave NE
Seattle WA 98105
Children's Protective Service

Hugh Long
11721 Bald Hills
Yelm WA 98597
Northwest Treatment Center

Warren Maddox
SW 1120 Alvar
Pullman WA 99163
Pullman Police Services

Christy Magnuson
22611 SE 29th
Issaquah WA 98027
The Salvation Army

Oriando Manaois
325 9th Ave HMC SAC ZA-70
Seattle WA 98104
Sexual Assault Center

Cathie Martin
2114 N 65th St
Seattle WA 98103
Harborview Medical Center

Valerie Morgan
PO Box 261
Seattle WA 98125
New Beginnings

Joan Morris
7726 2nd NE
Seattle WA 98115
Group Health

Diane Navicky
2514 N Carr
Tacoma WA 98403
Juvenile Parole

Nancy Nickerson
3500 NE 41st
Seattle WA 98105
Group Health

Rebecca Perbix
125 NW 84th
Seattle WA 98117
New Beginnings

Eulene Randall
26703 40th Ave S
Kent WA 98031
DSHS

Sharon Reed
3439 1/2 23rd W
Seattle WA 98199
Skagit Counseling & Referral

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Page Five - Roster

Jean Reichert
408 N Central
Olympia WA 98501

Thurston Co Rape Relief

Gloria Reid
19806 78th Ave SE
Snohomish WA 98290
ECMHC

Nancy Reifler
3925 Wallingford N
Seattle WA 98103

Puget Sound Big Sisters

Kathleen Riley
1216 Fairview Lane
Montesano WA 98563

Grays Harbor Mental Health Ctr

Laurie Rostholder
8850 Midvale Ave N
Seattle WA 98103

Brenda Sadek
260 NE 45th Apt 4
Seattle WA 98105

New Beginnings

Jan Sather
3733 N Mullen
Tacoma WA 98407

Western State Hospital

Linda Sather
21851 84th Ave S
Kent WA 98031

DSHS

SW 174 CK

Janice Schneider
455 E 17th #3
McMinnville OR 97128

June Simmons
100 Congress St
Pasadena CA 91105
Huntington Memorial Hospital

Pamela Small
Madigan Army Med Ctr
ADAPCP
Tacoma WA 98431
Madigan Army Med Ctr

Wilma Smith
5909 High Point Dr SW
Seattle WA 98126

Seattle Indian Alcoholism

Larry Smoke
1810 E Yesler Way
Seattle WA 98122
Seattle Police Dept

Ruesha Snow
515 S 'M' St #205
Tacoma WA 98405
Panel for Family Living

Fran Swenson
1700 E Cherry
Seattle WA 98112

DSHS

Beverly Tatum
1700 E Cherry
Seattle WA 98112

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Page Six - Roster

Muriel Templeton
2331 Enterprise
Richland WA 99352
Mid Columbia Mental Hlth Ctr

Gloria Wright
24 96th SE
Mercer Island WA 98040
New Beginnings

Lisa Trailezer
5012 Roosevelt Way NE
Seattle WA 98105
Open Door Clinic

Pat Tucker
113 Sky Vista Pl
Yakima WA 98901
YWCA

Margaret Tveten
23732 Locust Way #38
Bothell WA 98011
Group Health

Mary Vinson-Washington
10138 66th Ave S
Seattle WA 98178
Dept of Human Resources

Kody Wallace
PO Box 7887
Everett WA 98203
Mental Health

Arthur Wheeler
704 3rd Ave Fiscal Office
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Caroline Worcester
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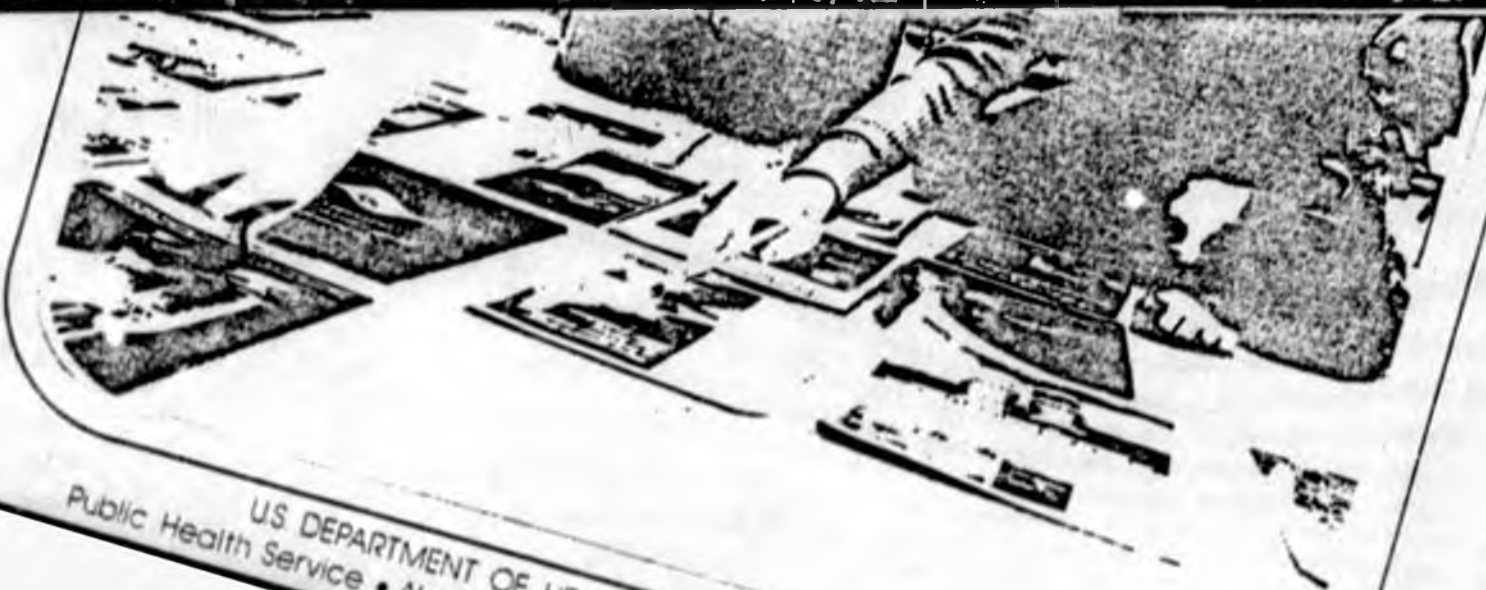
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FOCUS ON YOUTH
Pages 9-27

Reprint: WINTER 1978/79 ISSUE

The Chemical Curtain: Polydrug Abuse Among Women



U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
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Alcohol Health and Research World is the quarterly magazine of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) designed to bring you the latest developments in alcohol and health. Alcohol Health and Research World features survey articles and in-depth reports on all aspects of research, prevention, treatment, and rehabilitation of alcohol abuse and alcoholism. Articles from allied fields are included where there is a special relevance to alcohol.

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THE CHEMICAL CURTAIN:

Polydrug Abuse

Among

Women



Shirley Aldoory

*Lucy Smith is 30 years old, an administrative assistant to a busy company executive, and an intense feminist. Her preoccupation with her job—which requires long hours and lots of homework—plus her involvement with social issues leave her little time for recreation. Because of the pattern her life has taken Lucy has fallen into the habit of “enhancing” her few leisure moments throughout the day by an increased consumption of alcohol, usually to the point of gulping drinks. But, whatever Lucy may be doing, wherever she is, she never forgets her tranquilizers. Prescribed by a family physician for “tension” when Lucy was still an aspiring secretary, diazepam (for example: Valium) has become Lucy’s accepted mode of coping with the pace her lifestyle requires; she has made several unsuccessful attempts to stop taking it. Lucy’s problem is that she is a multiple drug abuser and doesn’t know it.**

*Lucy Smith, like the other women described in vignettes elsewhere in this article, is not a real person, but a prototype of various kinds of female polydrug abusers believed to exist in society. The situations described in these vignettes are based on numerous documented case histories—S.A.

Recent reports on women’s polydrug abuse, some compiled from regional and state documents (Nellis 1978) cite certain life situations that seem to draw women into combining alcohol with the minor tranquilizers, with amphetamines, with anti-depressants, with a number of other, often prescribed drugs to ease the pain of boredom, tension, fatigue, too much pressure, and loneliness. These reports suggest that substantial numbers of American women, from career women, to housewives, to widowed or divorced working mothers, to many other women facing life crises may be in trouble with alcohol and drugs. Too often these women don’t realize the extent of the problem until the multiple use of these drugs produces severe physiological reactions. Some of these reactions can be fatal.

Alcohol and Other Drugs

Obviously not all women for whom drugs are prescribed become polydrug abusers. But the logic is compelling that women’s increased heavy drinking and development of alcohol problems could

result in an increasing number of women who abuse alcohol with other drugs. About 4 million women are heavy drinkers, that is, typically drinking every day and often consuming five or six drinks at a sitting or several drinks during the day, with 2.3 to 3.8 million with alcohol problems and about a million who are alcoholic, according to figures selected by the National Institute on Alcohol Abuse and Alcoholism as conservative estimates of prevalence (Coakley and Johnson 1978). This must be considered along with women's massive use of psychotherapeutic drugs—upwards of 80 percent of all usage according to one source (Nellis 1978), and 69 percent of a sample of prescriptions for psychotherapeutics, according to another researcher (Cooperstock 1971).

The probability that large numbers of both men and women are now mixing the use of alcohol and other drugs prompted the NIAAA to include a comprehensive research review on the subject in the *Third Special Report to the U.S. Congress on Alcohol and Health from the Secretary of Health, Education and Welfare* (1978). The subject had not been treated in former reports.

As this special review states, "Alcohol-drug combinations can result in severe health consequences, even death. Although alcohol-drug interactions are most likely to occur after bouts of heavy and continuous drinking, with some drugs even a single drink can cause adverse reactions." The second most frequent cause of about 200,000 drug crises reported annually by hospital emergency and inpatient units and by crisis centers is ingestion of alcohol in combination with other drugs, the report noted. Medical examiners' mortality reports show a similar pattern of frequency.

Trends Seen

Certain patterns of combining both prescribed and other drugs with alcohol emerged in a literature review done for the Third Special Report. It was found that among adults who have used marijuana, more than one-fourth have combined it with alcohol; one-fifth of all cocaine users have combined its use with alcohol; and one-fifth of methadone users have become secondarily addicted to alcohol. Drinkers, the report states, are especially likely to use psychoactive substances nonmedically.

Importantly, studies dealing with the use/abuse of psychotherapeutic drugs, including minor tranquilizers, had one finding in common: women use and abuse more of these drugs than men do.

Women, according to one study, are habitual frequent users of 58 percent of major tranquilizers; 54 percent of barbiturates; 60 percent of "pep" pills; 63 percent of noncontrolled narcotics; 66 percent of nonbarbiturate sedatives; 70 percent of minor tranquilizers; and 80 percent of "diet" pills. In another study, 69 percent of psychotherapeutic prescriptions were for women. Various other studies have reported similar observations, with one researcher projecting that 50 percent of the women in Los Angeles were currently holding prescriptions for one or more stimulants, sedatives, or tranquilizers (MacLennan 1976, p. 68).

In a more recent study, women were found to account for 60 percent of prescriptions for psychotropic drugs, 71 percent of antidepressants, and 80 percent of amphetamines sold in America (Nellis 1978).

Women and the Minor Tranquilizers

The general population—and especially women, it seems—are more likely to combine alcohol with psychotropics than other drugs. According to the Third Special Report, it seems fairly certain that the public, and many physicians as well, are unaware of the serious effect that tranquilizers—as central nervous system (CNS) depressants—can have when used with alcohol, which is also a CNS depressant. The minor tranquilizers are the drugs most often combined with alcohol, studies have shown. One investigator has placed the minor tranquilizers in the same psychopharmacologic class as barbiturates, with the same potential for serious or fatal interactions with alcohol.

When alcohol interacts with another drug in the body, it may result in a reduction of the effects of either or both drugs—known as an antagonistic interaction. On the other hand, it may produce an additive effect, or it may result in a synergistic or potentiating type of interaction in which the total effect of the drugs is greater than the sum of their effects might be—also known as supra-additive interaction.

From the public health point of view, supra-additive drug interactions are the most hazardous.

One such is the combination of alcohol and barbiturates. A 10-year study on drug-related deaths in Ontario suggested that blood levels as low as 0.5 percent secobarbital or pentobarbital combined with blood alcohol levels of 0.1 percent caused death from respiratory suppression. Another series of studies showed severe intoxication occurred with blood alcohol concentrations in the 0.06 to 0.16 percent range in persons who had taken barbitals. Symptoms included unconsciousness, extended sleep, vomiting, and severe motor impairment.

There is also a fourth type of alcohol-drug interaction experienced by alcoholics or heavy drinkers. Chronic alcohol use can produce tolerance to alcohol in individuals, and it can also produce diminished responses, or a kind of tolerance to other drugs, depending upon the kind of drug. Cross-tolerance, as this condition is termed, does not always require previous exposure to the secondary drug in order to create problems. (An example cited in the Third Special Report is the common clinical observation that alcoholics are more difficult to anesthetize with ether than non-alcoholics.) There would appear to be serious implications here for women who are heavy drinkers and use other drugs in combination with alcohol.

Alcohol and Valium

The benzodiazepines are the most frequently used minor tranquilizers. The most common ones used are diazepam (Valium) and chlordiazepoxide (Librium). One of the difficulties with convincing the public and, possibly, physicians, of the particularly insidious results of combining alcohol with diazepam is that earlier studies did not show synergistic effects when it was taken with alcohol, nor additive effects at clinical dose levels. Indeed, one study found enhanced performance levels in certain mental tests when diazepam and alcohol were combined in human subjects. Apparently, these preliminary findings were misleading, the Third Special Report points out.

The majority of recent studies on the alcohol-diazepam combination indicate that such mixing of drugs is dangerous. Investigators have found that reaction times are slowed considerably in subjects given both diazepam and alcohol, compared

with alcohol alone. Furthermore, test subjects who combined alcohol and diazepam did not realize the extent to which their judgments had been affected. These subjects also showed increased deficits in coordination tasks without decrements in mood level and ignored steering instructions in driving simulation tests, making increased steering errors. In all the studies cited here, diazepam and alcohol together produced greater mental and motor impairment than alcohol taken alone (Burford et al 1975; Molander and Duvhok 1976; Linnoila and Mattila 1973).

One of the most important findings from these studies is that subjects may be deceived as to the correctness of their judgments when taking alcohol and diazepam together. It would appear that individuals are much less able to judge the degree of their impairment from alcohol ingestion if they have taken diazepam. Indeed, it has been shown that using alcohol and this drug (i.e. for example in the form of Valium) together increases intoxication at lower levels of blood alcohol without the user's awareness of the effect the alcohol may be producing (Medical Letter 1969).

Accidents from increased polydrug use or abuse seem to occur with greater frequency during predictable times of the year, such as holidays. Some observers have termed this phenomenon the "holiday syndrome."

Christmas Cheer

Christmas holidays approach and in the midst of the gift-giving, cards, the tinsel and the brightly-lit world about her, Lucy Smith takes on an added glow. She drinks more than usual (doesn't everyone? she reasons); she drinks more often; and she tends to forget her regularly prescribed schedule for her tranquilizer (i.e. Valium). Intimidated by the impending presence of her supervisor's boss at the big office party, Lucy steadies her nerves by taking another one of those little yellow "pacifiers." She stops briefly by some friends in another unit (another drink), and proceeds with "confidence." Everyone is mildly surprised when Lucy passes out at the office party.

The big question, it seems, is: At what point will Lucy learn that her behavior was related to her use of drugs? Apparently the hangover the next day



will not do it. Emergency room records from Drug Abuse Warning Network (DAWN)* show that some 90 percent of drug overdoses involve women who have abused legal substances. Some 45 percent of such incidents involve use of alcohol in combination with another drug. When either diazepam (often in form of Valium) or chlordiazepoxide (as Librium) appeared in these crises, they were reported in combination with alcohol or some other drug more than half the time. As DAWN reports:

- At least one-fourth of all critical visits for one reporting period were for overdoses of diazepam (for example Valium), with women twice as likely as men to report this drug as the secondary drug of abuse.

- A similar sex ratio appears in reports on overdoses from chlordiazepoxide (example: Librium). Chlordiazepoxide in combination with alcohol

*DAWN is a large-scale, nationwide drug abuse data collection program jointly sponsored by the Drug Enforcement Administration and the National Institute on Drug Abuse.

has not been studied as extensively as the alcohol-diazepam combination. Some investigators have found losses in eye-hand control and in steadiness (Goldberg 1963), while others failed to find impairment either on pursuit tracking tests (Hughes et al 1965) or on physiological or digital symbol tests (Miller et al 1963). But if the accumulated experience with diazepam would serve as guide, preliminary findings on chlordiazepoxide should be viewed with caution until further reports are available.

Studies have shown that meprobamate—examples: Equanil and Miltown—are supra-additive when taken with alcohol, leading one researcher to recommend they not be used in the treatment of alcoholism. Experts are now saying that care should be taken in using or prescribing any of the minor tranquilizers—mainly, benzodiazepines—since there have been reports that in combination with alcohol they can produce a severe hypotensive effect, leading to depressed cardiac function and respiratory arrest.

Again, according to DAWN medical examiners' reports (Program for Womens' Concerns 1978), tranquilizers are the third most common class of drugs reported as the cause of death, with slightly more than half of these deaths caused by diazepam. Forty-one percent of these casualties are women.

The second most commonly mentioned drug category in these reports is the barbiturates, with secobarbital (Seconal) found in combination with other substances seven times out of 10. The non-narcotic analgesics are the fourth largest category of drugs mentioned and the most common one used is d-propoxyphene, usually available as Darvon. Male and female reporting rates for use of these drugs were almost equal.

Lucy Smith is typical of one group of women some believe predisposed to polydrug abuse. She is overworked, harried and somewhat socially insecure. She abuses drugs.

But then so does her counterpart, Sue, a cousin who has never worked a day in her life. Sue is overweight, has nothing of importance to do, and is bored. Some experts say she has the "housewife

syndrome." Sue has taken amphetamines regularly for 7 years. She never worries about taking them while drinking, because no one has told her of the seriousness of doing so.

Stimulants such as amphetamines (50-80 percent of which are reportedly consumed by women) should theoretically, like caffeine, "antagonize" or reverse the depressant effects of alcohol on the central nervous system. However, a variety of behavioral, mental, and psychomotor studies have produced mixed results. Caffeine has been shown to be, at best, only a weak antagonist to the effects of alcohol, and only in general body steadiness.

Various Side Effects

Study subjects using alcohol and amphetamines have experienced various side effects, including gastrointestinal upset and heart palpitations. One reviewer concluded that the amphetamines, used with alcohol, apparently have the ability to either produce hyperexcitability or to antagonize alcohol's central nervous system depressant effect, depending upon which effect the alcohol was producing in the individual. Alcohol-amphetamine abusers have been found to mix these drugs either to extend an alcoholic binge or to modify the effects of high amphetamine dosages.

Lucy is overworked and Sue is bored, but Kay, a working mother, is definitely frayed. The working mother with two complete roles to fulfill, some say, runs the risk of developing a conflict from her dual roles as she shifts, daily, from competent career woman to attentive homemaker, and she becomes depressed (Nellis 1978). Kay is convinced that taking amitriptyline (an example would be Elavil) has helped her. It doesn't bother her that the doctor said it would be better not to drink while taking the drug. She believes doctors say that about all drugs.

As stated earlier, more than 70 percent of the users of antidepressant drugs are reported to be women. Such drugs include the more frequently used tricyclics—imipramine (Tofranil), desipramine (Pertofrane), and nortriptyline (Aventyl). Two that are less commonly used are nialamide (Niamid) and tranlycpromine (Parnate).

Depending upon the drug being studied, some researchers have found that responses needed for driving are reduced when subjects have taken antidepressants with alcohol. One investigator reported varied responses in his studies, one antidepressant drug antagonizing alcohol's effects on the nervous system, another potentiating those effects. Some of these drugs slow the metabolism of alcohol, causing greater alcoholic intoxication than expected. Some interact with the tyramine found in cheeses and in some alcoholic beverages to produce a hypertensive crisis with the symptoms of nausea and severe headache.

Mercy, Lucy's elderly aunt in Pittsburgh, never sees anyone from her family. She has been diagnosed as chronically depressed and is medically dependent upon chlorpromazine (Thorazine). But she drinks. Both of her elderly friends in the "Golden Circle" apartments drink also.

The most commonly utilized major tranquilizers are chlorpromazine (Thorazine), thioridazine (Mellaril), and the rauwolfia alkaloids including reserpine (Serpasil). They are potent drugs, typically used for patients with more serious emotional disturbances. In one study of prescriptions by type, it was estimated that 58 percent of habitual frequent users of major tranquilizers were women (MacLennan, 1976, p. 68). These drugs are nervous system depressants. Studies on chlorpromazine, when used with alcohol, showed that the combination can produce severe, possibly fatal, respiratory and liver dysfunction, or may produce significant impairment in the ability to drive a car or do other mechanical or mental tasks. As concluded in the Third Special Report, alcohol-chlorpromazine combinations can produce fatal results. Although results in studies of the other major tranquilizers are not as clear, most researchers believe combining them with alcohol is also dangerous.

Meg is a recently divorced friend of Lucy's. Meg is raising two children on her own. Census figures show there are 9 million women like Meg in America, many working at low-paying jobs with little or no health insurance for either themselves

or their children. They are usually economically insecure. Many are members of minority groups (Nellis 1978).

Meg often feels "left out of things," unable to form new friendships and close ties in her new situation. Some researchers believe women like Meg find it difficult to define a role in life without marriage or a close male tie. Meg has gradually become a heavy consumer of alcohol, hiding the amount she actually drinks from her children, her friends, and often from herself. Meg does not use psychotherapeutic drugs. Her problem, it seems, is with alcohol.

But—Meg is sick a lot. Her physician prescribes a number of antibiotics for her, in addition to the antihistamines she takes regularly for sinusitis and hayfever. Meg never hesitates to drink while taking either antibiotics or antihistamines.

Antibiotics, including the sulfonamides and chloramphenicol, interact with alcohol at certain levels to produce an acetaldehyde toxicity similar to that produced by disulfiram (Antabuse). Symptoms include nausea, headache, skin flushes, and breathing difficulties. Antihistamines, used to control the symptoms of allergy and motion sickness, have a very prominent side effect of sedation or drowsiness. This effect is the basis for the use of antihistamines in over-the-counter aids to sleep. Although studies on combining antihistamines with alcohol are few, available findings strongly suggest that antihistamines intensify the impairing effects of alcohol on performance skills, especially those required in driving or operating machines.

In addition to the polydrug abuse profiles that have been drawn for Lucy, Sue, Kay, Mercy, and Meg, other typical situations emerging from alcohol and drug program reports involve extremely isolated women, such as native Alaskans or women whose husbands' careers require frequent moves; teenage girls experimenting with drugs under peer-pressure, women experiencing unwanted pregnancies, whether in adulthood or adolescence (about 1 million teenage girls reportedly become pregnant each year in this country, 30,000 of them under age 15), and imprisoned women, many of whom have entrenched

chemical abuse problems never identified or treated (Nellis 1978). As yet, however, there are no reliable indications of the number of women who may be polydrug abusers, nor are there adequate data on the specific individual characteristics involved in the etiology of women's polydrug abuse.

Women Polydrug Abuse Hidden

There appears to be general agreement among experts that studies of women's use of alcohol with other drugs have been greatly neglected, and that female alcohol and drug abusers are frequently "hidden," either through ignorance of the nature of drug use/abuse, or because of the greater societal stigma attached to being female and a drug abuser (MacLennan 1976; Blume 1978; Wilsnack 1978). Experts believe the stigma associated with women's use of drugs has increased the tendency for denial of the problem by all concerned, and many believe this has handicapped women in seeking, or being referred, for treatment.

Women are believed more likely than men to be dropped from the alcohol or drug referral systems that might get them into treatment sooner. Multiple drug users—the majority of whom are women—tend to get "lost" while being transferred from one generic type of treatment program to another, e.g. from an alcohol to a drug program, or vice versa. Another source of loss, as perceived by treatment specialists, is "negative referral" whereby clients with multiple drug use/abuse or other problems are defined by treatment personnel as "unmotivated" or "harder to treat." These clients will often be shuttled from one center to another until they drop out of the system, according to a study by the Research Triangle Institute (1975). In this study, it was concluded there was general underreporting of other drug use among persons seeking treatment for alcoholism. However, figures derived from alcoholism or polydrug treatment centers appear to bear out the assumption that polydrug abuse, at least among the patient population, has increased, especially among women.

Treatment Statistics

The Research Triangle Institute study, which examined a sample of federally supported alcohol-

ism treatment facilities, reported widespread use (30-60 percent) of other drugs, particularly the psychotropics, among persons admitted for treatment. Female patients in the study were considered to have a higher rate of multiple drug use than males. While 83 percent of the reporting client population was male and only 17 percent female, 24 percent of the females were users of other drugs, compared to 13 percent of the males. A higher percentage of females (44 percent) than males (32 percent) who reported other drug use were using more than one other drug. Also 28 percent of women patients used psychotropic drugs, compared to 20 percent of the men.

In another study, 80 percent of women alcoholics were quoted as saying they used other drugs as frequently as alcohol (Nellis 1978). In another study of treatment institutions admitting polydrug dependent patients, a similar trend was reported: data from the National Drug/Alcohol Collaboration Project indicate that women abuse minor tranquilizers, barbiturates and amphetamines in a higher proportion than men, and a greater proportion of women abuse more than one substance (Santo 1978).

Other studies point in the same direction: a drug abuse history was found in one-tenth of 300 alcoholic women by researchers Morrissey and Schuckit (1977); in Curlee's 1970 survey, a higher proportion of 100 female than 100 male alcoholics reported other drug abuse; also, Bromet (1976) reported on a similar trend in women's combination of sleeping pills, as well as tranquilizers, with alcohol.

Why Women and Psychotherapeutics?

Several experts have pondered the increase in polydrug abuse among women and suggested explanations. Linn's (1971) studies prompted him to deduce that the treatment of emotional discomfort in this country's women had become a vast enterprise. Several writers have found that physicians' attitudes toward appropriate drug use are more likely to reflect societal values than medical or scientific background (Cooperstock 1971; Linn 1971; Rogers 1971). Women, they say, seek prescriptions for these drugs because they are



lonely, anxious, dissatisfied, or unhappy, because they are not popular or thin or vigorous or beautiful, as they have been led to believe they should be.

Thus the increase in drug use has been attributed to the fact that society has become convinced that psychological and social problems have medical causes and chemical solutions. Social inadequacy, anxiety, apathy, marital discord, children's behavior, and such problems of living are now being redefined as medical problems.

This is best illustrated perhaps by Cooperstock's study of Scottish general practitioners' attitudes towards, and perceptions of, male and female patients. The miscellaneous category of vague, poorly defined symptoms clearly differentiated these physicians' views of their male and female patients. In the category of "frequently reported,"

13 percent of male and 79 percent of female patients were believed to have reported the problem of "sleeplessness"; 4 percent of male and 11 percent of female patients were believed to have reported "financial difficulties"; 4 percent of male and 53 percent of female patients reported "general feelings of unhappiness"; 11 percent of males and 34 percent of females reported "marital discord"; 17 percent of males and 83 percent of females reported "headache"; no males and 6 percent of females reported "disobedience of children"; 4 percent of males and 15 percent of females reported "loneliness"; 19 percent of males and 79 percent of females reported "fatigue"; and 11 percent of males and 26 percent of females reported "inability to concentrate."

Cooperstock states that this, perhaps more than anything else, demonstrates the expansion of the bounds of medical care. "If financial difficulties, loneliness, disobedience of children are commonly seen as problems presented to physicians," she says, "then we must hardly be surprised by the increase in psychotropic drug consumption that has taken place in the past decade" (MacLennan 1976, p. 91).

As Lennard and Bernstein (1974) state, "... there is hardly any doubt that professionals, through their expansion of psychiatric conceptualization to include anxiety, unhappiness, conflict, and tension as symptoms of mental disease, have themselves contributed greatly to the very psychic distress they seek to pacify through drugs. Both mental health professionals and the pharmaceutical industry have, by promoting drug-taking, promoted a model that has contributed significantly to the medicalization and technocratization of human existence."

Also, increasingly, researchers and writers are questioning the influence of drug advertising on the way doctors prescribe for women. Katz (1973) questioned the power and independence of the drug industry; Berg (1971) considered the possibility that drug advertising directed toward physicians may have encouraged a "chemical curtain" that shields women from anxiety and depression, while exposing them to more serious illnesses; Berg (1971), Seidenberg (1971), and Fidell (1973) have put forward the belief that drug advertising has helped shape the attitude physicians hold toward

their women patients; and Seidenberg (1971) has suggested that medical drug advertisements are encouraging the stereotyping of women as weaker and "sicker" than men.

Women's dependency upon drugs may also be encouraged through automatic refills or renewable prescriptions over the telephone. However, in many cases, women have been known to seek prescriptions for such drugs from more than one physician at a time and attempt to fill these prescriptions at different pharmacies (Nellis 1978; Sims 1973).

In nearly all cases, the prescribing physician appears to be unaware of female patients' underlying drinking problems, or hesitates to discuss them with the patient (MacLennan 1976, p. 74). However, in a study of private practitioners' treatment of alcohol problems, 62.6 percent reported prescribing chlordiazepoxide (Librium), 51.5 percent reported prescribing diazepam (Valium), and 21 percent reported prescribing meprobamate (Equanil and Miltown) for the regular treatment of their patients' alcohol problems. Only 24 percent reported prescribing disulfiram (Jones and Helrich 1972).

Outreach Needed

Authorities seem very much in agreement that statistics from treatment centers and emergency room and medical examiners' reports only represent the "tip of the iceberg" and that substantial numbers of women combine alcohol use or abuse with other drugs but have not yet had visible trouble. Experts also feel that a number of women are in trouble already from polydrug use, but remain unidentified. Others, they think, may never even realize they have a problem until a crisis occurs.

One of the most frequently cited reasons for poor representation of women in existing treatment programs has been lack of effective outreach. Blume (1978) states that, if the alcoholic woman is not to remain the "hidden" alcoholic, various resources for casefinding should be utilized more effectively. She names some resources as: doctors, pharmacists, hospitals, clinics, other caregivers; lawyers, marriage counselors and family service agencies; industrial alcoholism programs; drinking driver programs; outreach to mothers through PTA

and similar organizations, or to housewives through daytime television; and programs intended to reach special subgroups of women, such as the gay community.

Reports in the literature lay heavy stress on the need for medical education as a path to earlier identification of alcohol, drug, and polydrug abuse. As Cooperstock states, in reviewing the effects of the "expansion of the medical model" to encompass complaints such as anxiety and tension, "an immediate conclusion one can reach is that not only do the consumers of services require education on this issue, but the providers of service require as much, if not more, education."

Experts also recognize that education of the public on polydrug abuse is badly needed. Part of the problem in this area is in establishing strategies for prevention that can be shown to be effective. Some of the issues suggested by researchers such as Wilsnack (1978) have been: the possible effects of male versus female identification figures in media presentations; the effects of advertising on women's alcohol (and drug) use; the effects of significant others on such use; and evaluation of the effects of changes in women's roles and lifestyles.

It seems certain from the growing number of reports, both from public figures and from research studies that women's abuse of alcohol and other drugs has increased, that it is likely to appear within any one of a number of socioeconomic or lifestyle situations, and that it is not easy to identify. The need for renewed efforts to educate the public and the professions seems apparent if women who abuse alcohol in combination with other drugs are to become aware of their need for treatment, or, more basically, if they are to avoid the problem of polydrug abuse altogether.

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IN THE LEGISLATURE
of the
STATE OF WASHINGTON



CERTIFICATION OF ENROLLED ENACTMENT

SUBSTITUTE HOUSE BILL NO. 554

CHAPTER 245, LAWS OF 1979
1st Extraordinary Session
(46th Legislative Session)

Effective Date: Sept. 1, 1979

Passed the House May 29, 1979
Year 76 Next 7

Passed the Senate May 31, 1979
as amended Year 35 Next 7

6-1-79

The House concurred in the
Senate amendment and passed
the bill as amended.

Yeas 88 Nays 8

CERTIFICATE

We, Dean R. Foster and Vito T. Chocho, Chief Clerks
of the House of Representatives of the State of Wash-
ington, do hereby certify that the attached is enrolled
Substitute House Bill No. 554 as passed by
the House of Representatives and the Senate on the
dates hereon set forth.

Dean R. Foster
Dean R. Foster Chief Clerk

Vito T. Chocho
Vito T. Chocho Chief Clerk

SUBSTITUTE HOUSE BILL NO. 554

State of Washington
46th Legislature
1st Ex. Sess.

by Committee on Social & Health Services
(Originally sponsored by Representatives
Adams, Whiteside, Brockko, Erickson, Gruger,
Nelson (D), Kresdler, Ilciv, Pruitt, Valle,
Burns, Gallagher, Lux, Becker, Salatino,
Keller, Ehlers, Sherman, King, Blair, Brown,
Isaacson, Sommers, Charnley and Maxie)

Read first time February 21, 1979, and passed to second reading.

1 AN ACT Relating to shelters for victims of domestic violence;
2 adding a new chapter to Title 70 RCW; creating a new
3 section; and asking an appropriation.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. Section 1. The legislature finds that
6 domestic violence is an issue of growing concern at all levels
7 of government and that there is a present and growing need to
8 develop innovative strategies and services which will ameliorate
9 and reduce the trauma of domestic violence. Research findings
10 show that domestic violence constitutes a significant percentage
11 of homicides, aggravated assaults, and assaults and batteries in
12 the United States. Domestic violence is a disruptive influence
13 on personal and community life and is often interrelated with a
14 number of other family problems and stresses. Shelters for
15 victims of domestic violence are essential to provide protection
16 to victims from further abuse and physical harm and to help the
17 victim find long-range alternative living situations, if
18 requested. Shelters provide safety, refuge, advocacy, and
19 helping resources to victims who may not have access to such
20 things if they remain in abusive situations.

21 The legislature therefore recognizes the need for the
22 state-wide development and expansion of shelters for victims of
23 domestic violence.

24 NEW SECTION. Sec. 2. Unless the context clearly
25 requires otherwise, the definitions in this section apply
26 throughout this chapter.

27 (1) "shelter" means a place of temporary refuge, offered
28 on a twenty-four hour, seven day per week basis to victims of
29 domestic violence and their children.

30 (2) "Domestic violence" is a categorization of offenses,