STOP Newsletter

FALL 2003

What is the Pennsylvania Coalition Against Rape?

The Pennsylvania Coalition Against Rape (PCAR) is an organization working at the state and national levels to prevent sexual violence. Established in 1975, PCAR continues to use its voice to challenge public attitudes, raise public awareness, and effect critical changes in public policy, protocols, and responses to sexual violence.

To provide quality services to victims/survivors of sexual violence and their significant others, PCAR works in concert with its statewide network of 52 rape crisis centers. The centers also work to create public awareness and prevention education within their communities.

In addition to providing technical assistance in a variety of areas, the role of PCAR is to oversee the rape crisis centers' contracts, monitor relevant legislation and public policy issues, provide library resources and educational trainings, and create public awareness campaigns.

For more information about PCAR, visit us on the web at www.pcar.org.

PCAR
PENNSYLVANIA COALITION AGAINST RAPE

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PCADV
PENNSYLVANIA COALITION AGAINST DOMESTIC VIOLENCE

What is the Pennsylvania Coalition Against Domestic Violence?

The Pennsylvania Coalition Against Domestic Violence is a private non-profit corporation, established in 1976 and is the first statewide domestic violence coalition in the country.

PCADV has been named a partner in the Battered Women's Justice Project, and is the first federally funded National Resource Center on Domestic Violence. PCADV works on behalf of victims of domestic violence developing legislation and policies, and pursuing funding for programs to respond to the need for services and safety for domestic violence victims.

PCADV's statewide network of programs offers safety to victims of domestic violence. These programs serve more than 100,000 victims of domestic violence each year—more than one million since 1976—through intervention services that are provided free of charge and include 24 hour hotlines, crisis centers, individual and group counseling/support, shelter, assistance in filing PFA petitions, court accompaniment, children's programs, and referrals to other community resources.

If you have a question about domestic violence services, please call PCADV @ 800-932-4632, or TTY 800-553-2508. If you are in danger, call 911. There are domestic violence programs in each county; for a county listing, please call us or see our website at http://www.pcadv.org.

Produced by the Pennsylvania Coalition Against Rape with funds from the Pennsylvania Commission on Crime and Delinquency.

Alcohol & Domestic Violence

Every police officer knows that a drunk can be dangerous. Every survivor of domestic violence knows that a battering partner who drinks can be even more dangerous than usual. These two truths promote a myth that alcohol consumption causes domestic violence.

Several challenges arise when excessive alcohol use and domestic violence are both apparent. The first challenge is that some "excuse the domestic abuse" because they believe the batterer has less control over the abusive acts he commits while drunk. The batterer blames his behavior on the alcohol rather than his own deliberate use of violence as a means of controlling his partner. This is a common notion that men who batter are intoxicated and are therefore, "out of control when they batter." Research does not support this belief. Despite the impairment caused by alcohol and drugs, domestic violence remains a matter of choice.

Despite the impairment caused by **alcohol** and **drugs**, domestic violence remains a matter of **choice**.

This myth results in batterers receiving treatment that does not adequately address intimate partner violence. The batterer's treatment takes precedence over the survivor's safety. Advocates for battered women express concern about alcohol treatment for batterers. "They fear these perspectives may shift the responsibility for woman abuse from the abuser to another factor, such as feelings about his family of origin, problem solving skills, or psychopathology. These factors could then be targeted for prevention or treatment, ignoring key issues of gender and power." More importantly, these therapeutic interventions may distract from focusing on survivor safety.

Many survivors accept drug and alcohol interventions because they hope alcohol treatment will stop violence. However, few programs exist that appropriately address both issues. The two fields have conflicting philosophies about treatment strategies. Gondolf describes the conflict in the following way, "In alcohol treatment, recovery is central: The focus is primarily on one's self and one's abstinence. Wife assault programs accentuate the impact of one's behavior on one's wife and children." Another conflict is that alcohol treatment providers believe that alcohol is a disease, and can be treated as such, as opposed to domestic violence programs, which emphasize, "violence is a choice." While both issues must be addressed, questions remain regarding treatment methods and prioritization.

Every county attempting a community response to domestic violence should assess alcohol treatment programs to determine how they address domestic violence issues. Does the program address the safety of the battered partner? Does the treatment program refrain from labeling the survivor as co-dependant when she engages in strategic, safety-seeking behavior? If the answer to these questions is "yes," then drug and alcohol treatment may be appropriate. If the answer is "no," confidential survivor safety-planning is the appropriate response.

When we, as a community, resolve to end domestic violence, we must identify the issues that minimize and allow abuse to continue. This includes drunkenness as an excuse for domestic violence. Because the goal of every community is to promote the safety of the survivor and her children we must never accept the "substance abuse excuse."

Drug-Facilitated Sexual Assault

Drug-facilitated sexual assault (DFSA) is a sexual assault aided by the use of an intoxicant to impair a person's ability to give or refuse consent. The victim may or may not be aware that he or she ingested the intoxicant. The victim may also be unconscious during all or part of the sexual assault, thus the victim may have no memory or only remember pieces of the assault. Due to rapid excrete of many intoxicants from the body and the fact that many victims may have little or no memory of the assault, many DFSAs are unreported.

Alcohol

Alcohol is the most common drug used to facilitate sexual assault but often is overlooked as a drug used in DSFA. Although alcohol, like other drugs, does not cause sexual assault, the desire to commit a sexual assault may cause alcohol consumption. Perpetrators also use alcohol to groom their victims. Grooming techniques that may be used by perpetrators include: targeting younger women who have little experience with alcohol, ordering highly alcoholic beverages or shots, spilling a drink just before it's empty and then insisting on buying the victim another and not accepting no for an answer.

GHB

One of the most common drugs used in the northern states by perpetrators is gamma hydroxy butyrate (GHB). GHB is typically a clear liquid slightly thicker than water. GHB may be mixed with other drinks to conceal it. GHB is made illegally in "kitchen laboratories"; therefore, the potency may vary based on who is producing the substance.

Side effects begin within a half hour and include but are not limited to: nausea, seizures, vomiting, coma, tremors, no gag reflex, dissociation, slow or rapid pulse and limited or no tactile sense. Ingesting GHB may be fatal. These effects can last four to six hours. Most victims will suddenly wake up alert, sober, acting as if nothing has happened but unable to remember the past four to six hours.

Rohypnol

Rohypnol has a rapid onset, especially when used with alcohol. Symptoms may persist for two to three days and may include but are not limited to: nausea, lower inhibitions, blackout, eight to twelve hours of memory loss, dizziness, muscle relaxation, headaches, slow psychomotor skills, aggression, drowsiness and confusion.

Rohypnol is a member of the Benzodiazepine family. Other members include Valium, Halcion and other forms of sleeping pills and muscle relaxants. Benzodiazepines are often used as a substitute for Rohypnol because they are legal by prescription and therefore, easier to obtain.

Rohypnol, commonly called "the date-rape-drug," has received much media attention; therefore, many people associate it with drug-facilitated sexual assault. However, in the northern states other drugs are more accessible; therefore, Rohypnol is not used as often to facilitat rape. Rohypnol is not legal in the United States but is legal in over 70 countries, including Mexico.

Ketamine

Ketamine is typically a clear liquid in a small pharmaceutical bottle. It can be dried into a light, white powder.

Ketamine is an anesthetic. Its primary use is in veterinary medicine, although sometimes it is used as a general anesthetic for children and people of poor health.

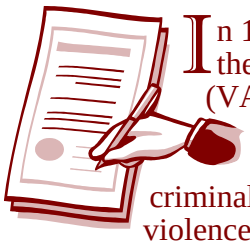
Side effects begin within five to twenty minutes and include but are not limited to: dissociation, dreamy feeling, numbness, floating feeling, hallucinations, difficulty moving, memory loss, increased heart rate, little tactile sense, vomiting and unconsciousness.

Ecstasy

Ecstasy is typically a small pill with a design imprinted on it. These imprints include but are not limited to: hearts, mushrooms, cartoon characters, animals, business logos, etc.

Side effects last two to eight hours and include but are not limited to; dilated pupils, high pulse rate, high body temperature, vision distortion, high blood pressure, euphoric "rush," teeth grinding, enhanced senses (especially touch), and dehydration.

The STOP Grant's History



In 1994 President Clinton signed the Violence Against Women Act (VAWA). This law dedicated "...a firm commitment towards working to change the criminal justice system's response to violence that occurs when any woman is threatened or assaulted." Through VAWA Congress funded an initiative enabling each state to implement a coordinated strategy. This initiative is known as the Services, Training, Officers, and Prosecution (STOP) Grants Program.

The Pennsylvania Commission on Crime and Delinquency (PCCD) administers STOP grants in Pennsylvania. PCCD determined that domestic violence and sexual assault training should be a mandatory component of all of the STOP grants.

Starting in 1997, Pennsylvania Coalition Against Domestic Violence (PCADV), the Pennsylvania Coalition Against Rape (PCAR) and the Pennsylvania District Attorney's Institute (PDAI) began providing training for police, prosecutors and advocates.

In 2000, PCAR, PCADV and PDAI held a statewide conference on violence against women issues. They also implemented a peer trainers' program with areas of specialization in evidence collection, problems with mutual arrest policies and so on. The training program grew in 2001 to include quarterly conference calls facilitated by the STOP grant partners. The topics included drug-facilitated sexual assault, advocacy and prosecution strategies when the batterer is a high profile offender, and emergency contraception after sexual assault.

In 2003 the grant formula added services for judges and court personnel. PCAR and PCADV were both charged with developing bench books and training for judges and court personnel. Every year of operation increases each STOP Grant County's ability to respond appropriately to violence against women. PCAR and PCADV are proud to provide technical assistance and training to counties that request help.

For more information about the assistance your county may receive under the STOP Grant call PCAR at 800-692-7445 or PCADV at 888-235-3425. With your help we can all work to achieve the goals of the Violence Against Women Act!