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There Is A Link . . .

- ▶ Over 50% of men in BIPs have SA issues¹ and are 8 times as likely to batter on a day in which they have been drinking²
- ▶ Half of partnered men entering SA treatment have battered in the past year³ and are 11 times as likely to batter on a day in which they have been drinking²
- ▶ Between a quarter and half of the women receiving services for DV have SA problems⁴
- ▶ Between 55 and 99 percent of women who have SA issues have been victimized at some point in their life⁵ and between 67 and 80 percent of women in SA treatment are DV victims⁶

There is a link . . . But What Is The Link?

- ▶ Most men not drinking or drugging when they batter ¹
- ▶ Most (80%) heavy drinkers don't batter ¹
- ▶ The apparent correlation between SA and DV fits only a sub-group of people. ²
 - When male-dominant attitudes are controlled, relationship between SA and DV lessens, suggesting both SA and attitudes toward gender are important in preventing DV ³

Alternative Explanation #1

Co-Morbidity/Co-Occurring Situations

- ▶ SA → DV linked to
 - Personality characteristics such as hostility ¹
 - Co-occurring disorders such as antisocial personality disorder ²
 - Co-occurring situations such as social class ³
- ▶ More co-occurring disorders/situations → greater likelihood of DV
- ▶ But Keep In Mind:
 - Most poor men don't batter
 - Most men with antisocial personality disorder don't batter
 - Most men with high levels of hostility don't batter
 - Most substance abusers don't batter

Alternative Explanation #2: Men's Need for Power

- ▶ Alcohol → aggression relationship is conditional upon individual power needs ¹



- ▶ Alcohol is an “*instrument of intimate domination*” ²
- ▶ Power motivation origins in early personal experiences, social interactions, class, or ethnicity
- ▶ The relationship between power and abuse is usually gendered and reinforced in culture

Alternative Explanation #3: The Situation

- ▶ DV may occur during the process of obtaining and using substances, not from the substances *per se*
 - Particularly relevant when illegal drugs are involved ¹
 - DV is more severe when drugs other than alcohol are involved,² not due to the drug itself but due to the situation in which the drug is used and the lifestyle of the users ³
- ▶ Conflict over drinking cited in half DV episodes recalled by both perpetrator and victim ⁴

Alternative Explanation #4: Culturally-based Excuses

- ▶ In many cultures SA serves as time out from responsibility during which the user can engage in exceptional behavior and later disavow the behavior as caused by the substance rather than the self ¹
 - *“It wasn’t me (Judge, Officer); it was the alcohol.”*
- ▶ U.S. courts no longer accept drunkenness as a reason for criminal behavior
 - The reverse is true for victims, however; her use of alcohol and drugs increases the degree criminal justice professionals believe she is responsible for her own victimization ²

The Controlling Effect of Drunkenness

- ▶ Robin Room: “Alcohol is an instrument of intimate domination” ¹
- ▶ Drunkenness serves to control partner behavior by increasing unpredictability, and therefore, fear
 - Frequency of drunkenness almost quadruples the likelihood of victim fear, even after controlling for the amount alcohol used, class, race, marital status, and levels of prior abuse ²

Summary: Batterers

- ▶ The way that A/D use and abuse increases the risk for DV is complex and different for every person and sometimes different for each event
- ▶ Removing the substance (abstinence) is likely to reduce DV in only a minority of cases

The Issues

- ▶ If a man (or woman) is arrested for DV, or seeks help as a victim of DV, whose job is it to detect substance abuse? Under what policy? In what way?
 - If substance abuse by a batterer or victim is detected, what happens next, and who decides? What is the policy?
- ▶ If a man or woman is arrested for alcohol or drugs, or is in treatment for alcohol or drugs, whose job is it to detect DV? Under what policy? In what way?
 - If DV is detected, what happens next, and who decides?
- ▶ Most importantly: Assuming all the necessary services/sanctions/treatment are not provided by the same entity, how do multiple entities work to support victim safety and substance abuse recovery?

ASSUMPTIONS

- ▶ Safety: The purpose of intervention with substance-abusing batterers is to increase the safety of victims, to hold batterers accountable, and enhance recovery of all (not to save marriages or enhance personal growth)
- ▶ Substance abuse (by either the victim or the offender) makes victims unsafe
- ▶ Battering and victimization threaten SA recovery

ASSUMPTIONS

- ▶ Responsibility & choice. The perpetrator is fully responsible for the violence; He is not provoked, triggered, or stressed into violence; He does not become violent by drinking or drugging alone; Both violence and substance use are always a choice.
- ▶ Violence is a vehicle. DV is a vehicle chosen to establish control over a person, persons, or a situation

ASSUMPTIONS

- ▶ Co-dependency. It is inaccurate to label battered women *codependent*, which is a victim-blaming term describing the socially-sanctioned roles of women in a traditional society
 - 66% of substance abuse counselors believe battered women are co-dependent ¹

ASSUMPTIONS

- ▶ People-in-society: Our society and our culture reinforce substance abuse, domestic violence, and intoxicated domestic violence. Consequently, neither substance abuse nor domestic violence may be viewed entirely at the personal level
- ▶ Abstinence and sobriety are neither necessary nor sufficient conditions for non-violence

Trauma

- ▶ Strong relationship between the amount of childhood trauma and adult SA
 - Women significantly more likely than men to initiate substance abuse to reduce the effects of trauma ¹
- ▶ No evidence that SA causal in women's victimization by partners, but substance abuse and dependency plays a substantial role keeping women unsafe by:
 - Impairing her ability to leave her batterer
 - Reducing her ability to protect herself and her children
 - If illegal drugs, putting her in more harm's way ²

Characteristics of *Trauma-informed Care* ¹

- ▶ Providers stop asking *What's wrong with you?* and start asking *What happened to you?*
 - Focus on wellness rather than sickness
- ▶ Understand that trauma can be re-triggered/aggravated by the services provided and by the setting
- ▶ Committed to supporting the healing process while ensuring no more harm is done

Harm Facing Battered Women Using Drugs ¹

- ▶ Effects of SA prevent her from accurately assessing the level of danger posed by her perpetrator
- ▶ Erroneously believes she can defend herself against physical assaults
- ▶ Impairs cognition making safety planning more difficult
- ▶ Reluctant to seek assistance or contact police for fear of arrest, deportation or referral to a child protection agency
- ▶ Compulsive use/withdrawal symptoms make it difficult for SA victims to access shelter, advocacy, or other forms of help
- ▶ A recovering woman may find the stress of securing safety leads to relapse
- ▶ If she is using or has used in the past, she may not be believed

Explaining Co-Occurrence in Victims: The Trauma Cycle

- Substance abuse may increase the risk of victimization through numerous paths (vulnerability hypothesis)
 - Impairing judgement
 - Increasing financial dependency
 - Exposing women to violent men who also abuse substances
 - Separation violence
 - Response to retaliation
- Women's risk for alcohol and drug abuse is increased by victimization (self-medication hypothesis)
- Cyclic relationship: AoD→IPV→AoD . . . *and so on*

Organizational Shifts are Needed

- ▶ Organizational shift from a traditional “top-down” environment to one that is based on collaboration with consumers and survivors
- ▶ Non-hierarchical programs led by the consumer or survivor, and supported by the service provider/professional

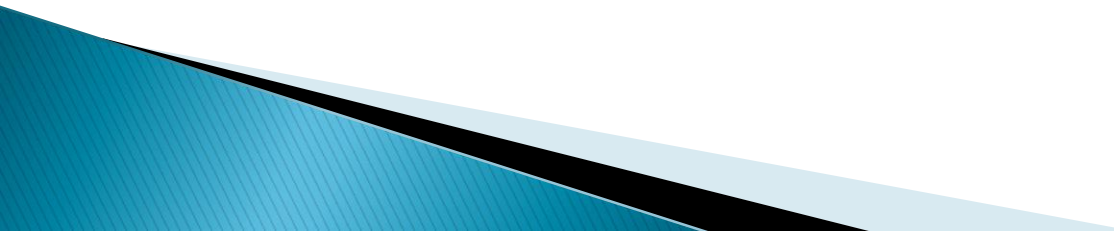
Coordination/Integration Recommendations of the Women's Co-Occurring Disorders and Violence Study (WCDVS) ¹

1. Coordinating bodies required for information exchange, coordinating service, needs assessment, and reducing service barriers
2. Cross-training or co-training staff, which needs to be ongoing due to frequent staff turnover
3. Memoranda of Understanding (MOU) to permit agencies to share information, facilitate referrals, and coordinate services

WCDVS (cont'd)

4. Policy Work aimed at education of officials
5. Co-location of services, including IPV agencies providing groups at SA agencies or SA staff doing assessments at IPV agencies
6. Central Intake to allow an individual to complete one application for services at different agencies – *one-stop shopping*
7. Integrating consumers, survivors, and recovering (C/S/R) women into every level of the process while avoiding hierarchies with professionals

Avoid Revictimizing

- ▶ People do **not** choose to develop substance use disorders any more than they pick out batterers
 - ▶ Think before speaking...how would you like to be spoken to?
 - ▶ Remember to offer respect, not rescue; options, not orders, safe treatment rather than re-victimization
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Validate

- ▶ You did not deserve this and neither do your children
 - ▶ I'm so glad you found a way to survive. Drinking or drugging can kill pain for a while but there are safer ways of coping that can cause you less grief
 - ▶ You deserve a lot of credit for finding the strength to talk about this
 - ▶ Addressing the drinking/DV may help you get safer/sober; your health and safety can improve your children's safety and well-being, too
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