

DOMESTIC VIOLENCE BATTERER'S INTERVENTION AND SUBSTANCE ABUSE

Implications for Treatment

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RESOURCES

- Tip 25 – Domestic Violence and Substance Abuse
- Additional research from private practice for substance abuse and domestic violence

DEFINITION

- Domestic violence is the use of intentional emotional, psychological, sexual, or physical force by one family member or intimate partner to control another. Violent acts include verbal, emotional, and physical intimidation; destruction of the victim's possessions; maiming or killing pets; threats; forced sex; and slapping, punching, kicking, choking, burning, stabbing, shooting, and killing victims. Spouses, parents, stepparents, children, siblings, elderly relatives, and intimate partners may all be targets of domestic violence ([Peace at Home, 1995](#))

THE CONNECTION

Researchers have found that one fourth to one half of men who commit acts of domestic violence also have substance abuse problems ([Gondolf, 1995](#); [Leonard and Jacob, 1987](#); [Kantor and Straus, 1987](#); [Coleman and Straus, 1983](#); [Hamilton and Collins, 1981](#); [Pernanen, 1976](#)).

About 40 percent of children from violent homes believe that their fathers had a drinking problem and that they were more abusive when drinking ([Roy, 1988](#)). Fifty percent of batterers are believed to have had "addiction" problems ([Faller, 1988](#)).

Substance abuse by one parent increases the likelihood that the substance-abusing parent will be unable to protect children if the other parent is violent ([Reed, 1991](#)).

A study conducted by the Department of Justice of murder in families found that more than half of defendants accused of murdering their spouses -- as well as almost half of the victims -- had been drinking alcohol at the time of the incident ([Bureau of Justice Statistics, 1994](#)).

Alcoholic women are more likely to report a history of childhood physical and emotional abuse than are nonalcoholic women ([Covington and Kohen, 1984](#); [Miller et al., 1993](#); [Rohsenow et al., 1988](#); [Hein and Scheier, 1996](#)).

Women in recovery are likely to have a history of violent trauma and are at high risk of being diagnosed with posttraumatic stress disorder ([Fullilove et al., 1993](#)).

SOCIAL VIEWS

- Society views substance abusers as morally weak and controlled by alcohol or other drugs actually serves some batterers: Rather than taking responsibility for their actions, they can blame their violent acts on the substance(s) they are abusing. Although drugs or alcohol may indeed be a trigger for violence, the belief that the violence will stop once the drinking or drug use stops is usually not borne out. The use of alcohol or other drugs may increase the likelihood that a batterer will commit an act of domestic violence -- because it reduces inhibitions and distorts perceptions, because alcohol is often used as an excuse for violence, and because both alcohol abuse and domestic violence tend to follow parallel escalating patterns -- but it does not fully explain the behavior (Pernanen, 1991; Leonard and Jacob, 1987; Steele and Josephs, 1990).
- The fact remains that nondrinking men also attack their partners, and for some individuals, alcohol actually inhibits violent behavior (Coleman and Straus, 1983).

WHY SUBSTANCE ABUSE NEED TO BE ADDRESSED WITH THE BATTERER

- Consensus Panel members have observed that the violent behavior of a batterer client can interfere with his treatment for substance abuse, and conversely, his substance abuse can interfere with interventions aimed at changing his violent behavior ([Bennett, 1995](#))
- Practitioners have observed that for those clients in treatment, battering may precipitate relapse and thwart the process of true recovery, which includes "adopting a lifestyle that enhances one's emotional and spiritual health, a goal that cannot be achieved if battering continues" ([Zubretsky and Digirolamo, 1996](#), p. 225).
- Use of psychoactive substances, on the other hand, may interfere with a client's capacity to make a safe and sane choice against violence by impairing his ability to accurately "perceive, integrate, and process information" about another's behavior toward him ([Bennett, 1995](#), p. 761)

CONFUSED YET?

- Intoxication appears to increase the likelihood that a batterer may misinterpret or distort a partner's remarks, demeanor, or actions by "blunting whatever cognitive regulators the abuser possesses" ([Stosny, 1995](#), p. 36).
- While abstinence from drugs and alcohol does not alter battering behavior, substance abuse problems negatively affect a batterer's capacity to change and increase the chance that violence will occur ([Tolman and Bennett, 1990](#); [Bennett, 1995](#)).

ALTHOUGH DOMESTIC VIOLENCE OCCURS IN THE ABSENCE OF SUBSTANCE ABUSE, THERE IS A STATISTICAL ASSOCIATION BETWEEN THE TWO PROBLEMS

Alcohol use has been implicated in more than 50 percent of cases involving violent behavior ([Roy, 1982](#)).

Research by Kantor and Straus suggested that approximately 40 percent of male batterers were heavy or binge drinkers ([Kantor and Straus, 1987](#)).

A recent study found that more than half of defendants accused of murdering their spouses had been drinking alcohol at the time ([Bureau of Justice, 1994](#)).

Higher rates of substance abuse consistently correlate with higher rates of domestic violence, although one important study concluded that "[c]hronic alcohol abuse by the male rather than acute intoxication is a better predictor of battering" ([Folman and Bennett, 1990](#), p. 91)

- Anger and hostility are more frequently generated by interactions between people, and alcohol or other drug use is likely to be linked to violent behavior through a complicated set of individual, situational, and social factor ...
The prevalence of violence between partners cannot be adequately explained merely as the consequence of alcohol and other drug abuse, nor can it be understood outside the context within which it occurs. (Gorney, 1989, p. 231)

SUBSTANCE ABUSE IS ONLY ONE OF MANY FACTORS THAT INFLUENCE A BATTERER'S VIOLENT BEHAVIOR

- As with substance abuse, other factors are also correlated, such as depression, psychopathology, violence in the family of origin, social norms approving of violence (especially toward women), high levels of marital and relationship conflict, and low income ([Tolman and Bennett, 1990](#); [Bennett, 1995](#); [Hotaling and Sugarman, 1986](#); [Hotaling and Sugarman, 1990](#); [Bograd, 1988](#)). Although intoxication may trigger an individual episode of violence, addiction does not predispose one to be a batterer. This distinction is crucial for a provider to understand when treating batterer clients, because a *batterer's violence does not necessarily end when he stops abusing alcohol or other drugs*.

CHARACTERISTICS OF BATTERERS

- Many batterers (particularly those who engage in severe physical assaults against their partners) witnessed parental violence when they were children ([Hotaling and Sugarman, 1990; Pagelow, 1984](#)).
- While not replicated, findings from the large-scale National Family Violence Survey that included over 6,000 families suggest that experiencing corporal punishment as an adolescent may be a risk factor for later partner abuse ([Straus and Kantor, 1994](#)).
- As mentioned above, chronic alcohol abuse is another predictor of violence ([Tolman and Bennett, 1990](#)), and some studies have found that batterers are more likely to suffer from depression ([Hamberger and Hastings, 1986a; Saunders and Hanusa, 1986](#)).

NEED FOR POWER AND CONTROL

- Many experts believe that batterers use violence or the threat of violence to achieve a sense of control, both over their victims and generally (Gondolf, 1995).
- Violence may also reflect a personal need for power and domination over others.
- Gondolf, building on McClelland's theory of alcohol and power motivation (McClelland, 1975), suggested that the need for personal power (reinforced by societal norms of male dominance) may be the factor that accounts for the high correlation between substance abuse and spousal abuse. According to this theory, men who have a high need for power over others are more likely to abuse alcohol and to use violence. Alcohol provides an illusion of power; so does beating one's wife. In some cases, a batterer who is drunk can gain instant control of his wife -- and in a sense his entire marital situation -- by terrorizing her. Furthermore, if the violent incidents are stopped through intervention, arrest, or treatment, the lack of control perceived by the batterer often increases not only the frequency of assault, but its severity as well.

A batterer attempts to control the thoughts and feelings of the partner by monitoring her behavior, making her accountable for his emotional highs and lows, denigrating her, criticizing and blaming her, and calling her names.

Nonphysical abuse generally targets the victim's sense of self-esteem, well-being, and autonomy.

Psychological abuse can be defined as behavior intended to control the victim's actions and functioning in everyday life (often by making her fearful). It may take the form of isolating her from her friends, family, and other sources of support or keeping her from having money to pay bills and other expenses. Another form is threatening physical harm -- not only to the victim but to family members, friends, or himself. It can also be the "silent treatment": The batterer may refuse to speak directly to the victim for extended periods, such as days or weeks, leaving her guessing about how she has displeased or offended him.

Emotional abuse is denigrating, shaming, ridiculing, or criticizing the victim and otherwise attempting to damage or destroy her self-esteem. These types of abuse often accompany physical violence to some degree, although they can also occur in relationships that are not physically violent. It is unclear how men who batter differ from those who don't in the use of nonphysical forms of abuse (see [Figure 1-1](#)).

Any intervention with a batterer that does not concomitantly address issues of power and control may simply allow the batterer to become more sophisticated at other, nonphysical kinds of manipulation. To interrupt these types of abuse, couples and/or family therapy may be recommended once domestic violence experts ascertain that the victim is out of danger.

ROLE OF ANGER

The precise role of anger in battering is unclear. Used to view anger as a primary cause of abuse and believed that imparting anger management skills would curtail and ultimately eliminate battering behavior; others viewed anger as just another excuse for violent behavior. Addressing the anger is not the same as addressing the larger problem of violence, but it may be a useful technique in preventing the expression of violence against intimate partners (Tolman and Saunders, 1988; Tolman and Bennett, 1990).

A batterer's violence is not "caused" by anger. They also agree that while anger management groups can play an important treatment role, they caution that if such groups are not judiciously mediated by highly trained specialists in domestic violence, they may indirectly *reinforce* violent behavior. Inadequately facilitated groups can turn into "gripe sessions" that fuel batterers' anger instead of educating them about how to handle their feelings without resorting to violence. (For an informative debate about anger management and batterers' interventions, see Gondolf and Russell [1986] and Tolman and Saunders [1988].)

Another anger-related issue concerns the false belief that "explosive anger" is a hallmark of batterers (Stosny, 1995, p. 65), whereas, in reality, many batterers are afraid to reveal their anger to the outside world and successfully present themselves as victims to the clinicians charged with treating them ("nothing I do is right; she's always criticizing me").

Some clinicians look for overt anger and fail to find it, then label batterers as "in denial" about their anger. Treatment revolves around "getting batterers in touch with their anger and letting it out." Too often, this ill-conceived approach (which has been debunked by much contemporary literature) has had "disastrous consequences for both batterers and their loved ones" (Stosny, 1995, p. 66).

When responding to batterers, it is important to understand the complex role that anger plays in both precipitating and sustaining violent behavior. Responsible treatment incorporates techniques for regulating as opposed to revealing anger (Stosny, 1995).

3 TYPES OF BATTERERS

"Typical batterers" (52 percent) generally confine their violence to their families. For the most part, these men are not substance abusers, are unlikely to have significant mental disorders, have no arrest history, and tend to be remorseful after battering episodes. In contrast to other batterers, their behavior usually results in less severe abuse.

Antisocial batterers (41 percent of the sample) are extremely abusive and may be violent outside the home. This type of batterer is emotionally volatile; has some mental health problems, such as antisocial personality disorder, depression, or anxiety; and may be a substance abuser. He may be under the care of a physician or in mental health therapy. He may have difficulty attending or completing a batterers' program without receiving additional mental health services.

Sociopathic batterers (7 percent of the sample) comprise the most violent group. Although these men are likely to be heavy substance abusers, they are the hardest type to engage in substance abuse treatment. They have little empathy for others, no self-insight, and no feelings of guilt or remorse for their actions. They are the most likely of the three groups to have been arrested (Gondolf, 1988).

TREATMENT ISSUES FOR SUBSTANCE ABUSING BATTERERS

For substance abuse counselors, a crisis is frequently transformed into a positive event for both the substance abuser and those who care about him.

With substance-abusing batterers, the situation is different. Because batterers tend to defer responsibility and to project their anger onto others, a crisis situation may spur a violent incident at home.

For this reason, when a substance-abusing batterer experiences a crisis, treatment providers should have a plan in place for addressing the fallout. Although it requires a shift in focus from the client to the family, the most immediate concern when a crisis occurs is the safety of those who have been or may become the batterer's victims, in particular his partner and children, whether they remain with the batterer or not.

IF AVAILABLE, SUBSTANCE ABUSE COUNSELORS
SHOULD REFER AND DEFER TO TRAINED
VIOLENCE SUPPORT PROFESSIONALS OR THE
PARTNER'S ADVOCATE TO DEVELOP A SAFETY
PLAN THAT INCLUDES LOGISTICS FOR LEAVING
THE HOME QUICKLY OR, IF SHE DOES NOT WANT
TO LEAVE HIM, OTHER STRATEGIES FOR
INCREASING HER SAFETY.

ACCOUNTABILITY

- Because batterers tend to shift responsibility and blame onto others, the degree to which a client begins to assume responsibility for his actions can serve as a barometer for his substance abuse treatment progress.
 - To that end, assessment and monitoring can be incorporated into the treatment plan to evaluate the degree to which the batterer is taking responsibility for his violent actions. The batterer's accountability can be highlighted by linking his actions with tangible consequences. One way to achieve this is through the use of a "no-violence contract" with clearly delineated sanctions for violation. The substance abuse counselor must also be familiar with and understand the legal status of the batterer and how it affects his access to ongoing treatment services.

COLLABORATION WITH BATTERERS INTERVENTION PROGRAMS

- Substance abuse counselors should explore the context in which the batterer client uses alcohol and other drugs in order to identify the chain of events and emotions that preceded or accompanied particular instances of substance abuse and violent episodes. The following information should be elicited about the relationship between the substance abuse and the violent behavior:
 - Exactly when in relation to an instance of substance abuse the violence occurs
 - How much of the violent behavior occurs while the batterer is drinking or on other drugs
 - What substances are used before the violent act
 - What feelings precede and accompany the use of alcohol or other drugs
 - Whether alcohol or other drugs are used to "recover" from the violent incident.

BY UNDERSTANDING THE DYNAMICS OF INTOXICATION AND ABSTINENCE AS A PRECURSOR TO VIOLENCE, THE TREATMENT PROVIDER CAN FORMULATE A TREATMENT PLAN THAT INCORPORATES STRATEGIES FOR ENSURING THE PARTNER'S AND OTHER FAMILY MEMBERS' SAFETY AND FOR HELPING THE BATTERER FOCUS ON MODIFYING THE BEHAVIORS AND EVENTS THAT PRECIPITATE SUBSTANCE ABUSE AND VIOLENCE.

THE FOCUS IN TREATMENT MUST BE ON ENCOURAGING THE BATTERER CLIENT TO DEVELOP ENOUGH SELF-AWARENESS TO RECOGNIZE THE BELIEFS AND ATTITUDES AS WELL AS TO CONTROL THE EMOTIONS THAT CONTRIBUTE TO HIS VIOLENT BEHAVIOR.

OTHER ISSUES IN TREATMENT TO CONSIDER

- Watch for controlling behaviors with the opposite sex, Watch for signs of collusion with same sex relationships.
- Parenting considerations: 1) Raise the batterers' awareness of the impact of their violence on their children's future behavior 2) Help batterers adopt other, nonviolent modes of behavior through anger management (defining personal power does not include violence of any kind, except for self defense. It involves the negotiation of a system that is often seen as indifferent and hostile in a productive way.) 3) Reinforce the importance of modeling nonviolent behavior in their interactions with their partners as well as their children.
- Finding a sponsor with a similar background/issues is helpful – since there is no community “support” for the batterer.
- No Violence Contracts
- No Contact with Family/Victims – until the entire team feels that a danger no longer exists – the harder they push – the more of a problem.

SCREENING THE BATTERER

To initially gauge the possibility that the client is being abusive toward his family members, the interviewer can ask whether he thinks violence against a partner is justified in some situations (Kantor and Straus, 1987). For example: "Some people think that under certain circumstances, it's OK to hit your wife (girlfriend, etc.). Under what circumstances do you think violence might be justified?"

The answer reveals clues about whether and when a client might use violence against his partner. The interviewer can now shift the questions to the client himself. The interviewer can ask questions to assess the client's sense of self-efficacy and self-control.

"If you were faced with overwhelming stress (use a hypothetical situation), do you think you could keep your cool?", "What do you think you'd do?", Specific questions about events in the client's family, particularly his own current worries, may provide a sense of the environment in which violence may be occurring.

Part of an interviewer's aim here is to give the client a good reason to discuss the violence in a manner similar to that described when interviewing survivors ...to help the client see that there are benefits to acknowledging the abuse. The interviewer may tell the client that violence toward a partner is not uncommon among the other people enrolled in a treatment program, opening the door for the client to respond truthfully.

After taking an open-ended social and family history, the interviewer can gradually move to specific, direct questions regarding violence and abuse in the current relationship. For example:

"Have you ever been physically hurt by someone in your family?" If the client's partner has hurt him or her, the reverse may also be true., "Have you ever hurt someone in your family?" "Have you ever physically controlled, hit, slapped, or pushed your partner?" (If yes) "When was the last time this happened?"

ADDITIONAL QUESTIONS:

Ask specific, concrete questions (e.g., "What happens when you lose your temper?").

Define violence (e.g., "When you hit her, was it a slap or a punch?" "Do you take her car keys away? Damage her property? Threaten to hurt or kill her?").

Find out when the violence occurs and who the target is.

Be direct and candid. (Resist the urge to use a euphemism such as, "Is your relationship with your partner troubled?" because you are uncomfortable asking the question. Instead, talk about "his violence" and keep the focus on "his behavior.")

Become familiar with batterers' excuses for their behavior:
Minimizing: "I only pushed her." "She bruises easily." "She exaggerates."

Citing good intentions: "She gets hysterical so I have to slap her to calm her down."

Use of alcohol and drugs: "I'm not myself when I drink."

Claiming loss of control: "Something snapped." "I can only take so much." "I was so angry, I didn't know what I was doing."

Laming the partner: "She drove me to it." "She really knows how to get to me."

Laming someone or something else: "I was raised that way." "My probation officer is putting a lot of pressure on me." "I've been out of work."

Don't be manipulated or misled by excuses. (Identify violence as a problem and hold the client responsible for his actions.)

IMPORTANT!

- When suspected batterers are identified during the screening process, substance abuse treatment providers should refer them to batterers' intervention programs as a key part of the treatment plan. With the client's signed consent to release information, substance abuse counselors can share pertinent information with domestic violence staff in an effort to ensure that both problems are addressed.
- Before initiating referrals, the Consensus Panel recommends that substance abuse treatment staff compile a list of potential programs and providers, check their credentials with domestic violence support programs for survivors or local battered women's shelters, and contact appropriate programs or specialists to establish agreed-upon referral procedures.

RECOVERY PITFALLS FOR THE BATTERER

tendency among some substance-abusing batterers to twist the messages of 12-Step programs in order to evade responsibility for their violent behavior.

survivors may have an especially difficult time talking about past experiences if men are included in the group – causing problems for the survivor and the batterer if in the same substance abuse group.

The full dimensions of a domestic violence problem are seldom immediately clear and may emerge unexpectedly at a later stage in treatment

ASSESSMENTS FOR COUNSELORS TO USE

- <http://www.ncbi.nlm.nih.gov/books/NBK64439/>
- Abuse Assessment Screen (in English and Spanish)
- Danger Assessment
- Psychological Maltreatment of Women Inventory (PMWI)
- Revised Conflict Tactics Scale (CTS2)