



Serving Substance Abusing Battered Women

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They are difficult. They break our rules. They might be dangerous. Their behavior may trigger others struggling to maintain sobriety. They threaten our safety. They relapse. They are bad battered women. The bottom line: substance abusing battered women are not welcome in our shelters and programs.

Traditionally, domestic violence centers have excluded domestic violence survivors who admit problems with substance abuse. Traditional programs for chemically dependent women have ignored violence as a predominate issue for women in their struggle for sobriety. At CASA¹ we have worked to develop cooperation and cross training between medical-model chemical dependency programs and our feminist-based domestic violence center to serve dually affected women.

As we began to work together, there were significant barriers to cooperation. Substance abuse theory is generally based on a disease model and many experts on chemical dependency see domestic violence as a symptom of that dependency. Some believe that battering itself is addictive behavior. Substance abuse theory may even allow the addict/batterer to escape responsibility for his behavior. Addictions theory posits that addicted battered women must get sober before that can address the violence. Self-help groups for family members like Alanon and groups for co-dependents, often for recommended for battered women, may be harmful and dangerous.

On the other hand, battered women's advocates are usually not trained in addiction issues and can be fearful and ignorant. Advocates may have a traditional bias against addicted women. Addicted battered women may be considered weak or immoral. Substance abusing battered women may be expected to ignore their addiction issues in order to work with the domestic violence issues. When relapse occurs, advocates are punitive and dismissive. Battered women's advocates are perceived as stubborn and unyielding about the role alcohol plays in domestic violence.

In order to work together, we had to first establish common ground. We both work against societal myths with women who are devalued as members of our society. We both lack resources to do our best work. We are both working with women who may die if there is no intervention, and we frequently share the same women in both of our

¹ CASA (Community Action Stops Abuse) is an independent, comprehensive domestic violence center. We are not affiliated with any other programs that may use the same acronym. For more information, write: CASA, PO Box 414, St. Petersburg, FL 33731 or call 727-895-4912. FAX: 727-821-7101; Web page: www.CASA-stpete.org

programs. Substance abuse and battering are both dangerous and can lead to death. Both are progressive in nature and become more dangerous without intervention. Battered women who abuse substances are frequently accused of causing the battering and revictimized by those who should be helping them.

There are significant links between domestic violence and substance abuse. In various studies, between 65% and 75% of batterers frequently abused alcohol. However, most batterers also reported using violence when they were not under the influence of alcohol. One study indicated that 18% of battered women were intoxicated at the time of their latest beating. When both battering and substance abuse are studied together it appears that, while substance abuse does not cause domestic violence, a battering incident coupled with alcohol abuse may be more severe and result in greater injury.

Neil Jacobson and John Gottman in their book *When Men Batter Women* assert that the battered women's movement shouldn't completely discount that alcohol never plays a role in violence. They say "any insistence on separating substance abuse from domestic violence results in lost opportunities for combining what we know about stopping substance abuse with what we know about stopping violence." (pg. 41).

As a movement, we may have resisted acknowledging the role alcohol/substances may play in domestic violence because we don't want the system to be diverted from batterer responsibility. Battering behavior is sometimes excused because the batterer was under the influence of alcohol or a drug. Battered women are blamed for being drunk or high during a battering incident. But are we missing something?

Why do battered women abuse substances? In her book *Compelled to Crime*, Beth Richie found that the battered women had all been introduced to drugs by their abusive partner; that the introduction was coercive, that the abuse preceded the use and that overall, battered women believed using drugs enhanced safety.

Battered women abuse substances to cope, to self-medicate, to use with the batterer because she feels the violence *decreases* when he is high. This counters the prevailing notion that abusing substances make the batterer more dangerous. Nearly all battered women started out using substances in order to feel better, safer or to comply with the wishes of the batterer. Some stop their apparently addictive behavior immediately after their safety is established. For others the addiction has taken over and treatment is required.

In working together to serve battered women who abuse substances, our programs must analyze our theory and practice and make changes.

Victim Safety in Substance Abuse Treatment Programs.

All substance abuse treatment program staff should be trained about domestic violence by their local domestic violence center. Information on minimizing, denial, and manipulative behavior should already be familiar to addiction professionals. Power and control tactics, threats and coercion may be less familiar. Addiction professionals should be encouraged to routinely screen for domestic violence in private with all females. Screening for domestic violence should always occur before referrals are made to

counselors or mediation. Male clients should be screened for battering behavior.² Safety planning should be routinely implemented. The most difficult concept may be that for women, there should be a commitment to safety even before sobriety. Recovery strategies should be altered when they conflict with safety plans. Frequently, battered women will enter recovery programs with their batterer. They may attend the same AA groups together. The addictions professional should gather this information during screening.

In designing treatment plans, if the woman is a mother, she should be assisted to stay connected with her children so that the batterer cannot use the children against her. She also needs to be allowed to meet with attorneys and court advocates. Battered women frequently fail in treatment programs because the program did not consider safety. When the battered woman weighs safety and sobriety, safety is usually her primary concern. When she weighs facing an angry batterer or a disappointed addiction counselor, she knows she must please the batterer first in order to survive another day.

If both partners are in treatment, safety concerns become even more paramount. The substance abuse program should know if she has a protective injunction in place. A safe, private place to talk about domestic violence issues should be provided.

Treatment programs need to be trained to hold the batterers in treatment solely accountable for domestic violence. Treatment programs should be taught not to intervene on behalf of a batterer in court processes. Batterers should be required to attend court-ordered batterer's intervention programs concurrently with their substance abuse treatment programs. If batterers come on site to harass victims in treatment, the substance abuse programs should be expected to take action. Victim safety must take priority over treatment of batterers.

About 12 Step Programs³

Twelve step programs have been uniquely successful in establishing sobriety for some substance abusers. However, the original founders of Alcoholics Anonymous were men who presumably had little knowledge about the impact of violence on women. Even though the 12 Steps have been effective for many women, survivors of domestic violence need more assistance with safety and survival issues. Nevertheless, women who find support and comfort in AA programs should be encouraged to continue, even while in shelter. Safety planning is imperative for battered women in shelter who are participating in AA groups. Shelter workers should also be familiar with the tenets of 12 Step Programs and understand their limitations for battered women. The following is a list of the 12 Steps of AA/NA with the battered woman's perspective.⁴

1. We admitted we were powerless over alcohol – that our lives had become unmanageable. *Battered women: I know my life is unmanageable! My partner abuses me and has power over me and my life!*

² Gays and lesbians should be screened carefully to determine if one is the batterer or the victim.

³ Alcoholics Anonymous, *The Big Book*, pp. 59-60. These same steps are also used by Narcotics Anonymous (NA).

⁴ Battered women responses written by CASA staff.

2. Came to believe that a power greater than ourselves could restore us to sanity.
Battered women: I am insane. My battering partner was right!
3. Made a decision to turn our will and our lives over to the care of God as we understood Him. *Battered women: I need to surrender again?*
4. Made a searching and fearless moral inventory of ourselves.
Battered women: I am stupid, worthless, no good at anything. It is my fault.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs. *Battered women: I guess I am wrong again. I deserved the beatings.*
6. Were entirely ready to have God remove all these defects of character.
Battered women: Only my higher power can remove my defects. I am helpless, hopeless and inadequate.
7. Humbly ask Him to remove our shortcomings.
Battered women: Here I am again begging to be a better person. If I am a better woman, will the violence stop?
8. Made a list of all persons we had harmed, and became willing to make amends to them all. *Battered women: I've nearly always been willing to apologize again and again. Maybe if I keep apologizing, my batterer will change or someone will help me.*
9. Make direct amends to such people wherever possible, except when to do so would injure them or others. *Battered women: Others' feelings are more important than mine and should always be put first. Maybe if I ask for forgiveness, the batterer will stop. After all, I have made some serious mistakes.*
10. Continued to take personal inventory and when we were wrong promptly admitted it.
Battered women: It has always been my fault. I keep taking responsibility and apologizing. I am so stupid.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out. *Battered women: I have already surrendered completely. I am nothing.*
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.
Battered women: Spiritual awakening? What has changed in my life? Will I have to be frightened all my life?

Codependency Programs

Battered women are often referred to codependency groups. Developed for partners of substance abusers, these groups may jeopardize the safety of battered women. Codependency is a popular hypothesis derived from substance abuse theory. Individuals labeled codependent are usually women. Women are socialized from birth as nurturers and caretakers, to think of the needs of their children and families first. By definition,

nearly all women can be labeled pejoratively as “codependent” and sent to support groups to learn to curb their “dysfunctional” behavior.

Codependency groups comfort some battered women. Group members are encouraged to focus on themselves, and to stop enabling or protecting their partner from the natural consequences of the substance abuse. They are encouraged to be assertive and to ask for what they want. However, when battered women engage in these strategies, the severity and frequency of domestic violence may escalate. Battered women need to constantly assess their partner’s moods and find it necessary to cover up for them as part of a survival strategy. Thus, what appears to be dysfunctional may be an excellent survival tactic for battered women.

The CASA⁵ Model: Looking at Ourselves

We have reasonable and rational arguments to justify why shelters for battered women predominantly exclude substance abusers. We are untrained to serve women with addictions problems. We fear the medical crisis that could possibly occur. We fear women who are actively using will trigger other women to return to chemical dependency while they are in crisis in our shelters. We are afraid that women who abuse chemicals will become violent. Substance abusers relapse and we are intolerant.

In order to make our shelter safe for chemically dependent women, we first looked at our staff’s prevailing attitudes. We also looked at our rules. Could we adapt our rules to support women’s participation in treatment programs and AA or NA (Narcotics Anonymous) groups?

Clearly, battered women’s advocates need to be trained about addictions. We face women who use and abuse substances every day. CASA was funded to hire two staff members who were Certified Addictions Professionals (CAP). This staff provides on-going training for our advocates. One CAP staff is based in our shelter and one is based at our outreach office. As we began to explore our policies about admitting addicted women to shelter, it became clear to us that we had always admitted some addicted women who were clever and desperate enough to disguise the problem during our routine telephone screening process for shelter admission. In fact, we finally acknowledged that we were only denying shelter to women who were *honest* and admitted on the telephone that substance abuse was sometimes a problem for them. We discovered that addicted battered women with children were especially desperate because most programs for the chemically dependent in our community excluded children. Every day CASA had unwittingly become part of the problem of forcing women to choose between safety, sobriety and their children.

We needed to improve our relationships with our local substance abuse treatment programs. We had several meetings to arrange more immediate access for women who would be accepted by CASA’s shelter as soon as a woman with a medical crisis became stable.

Our shelter CAP staff is assigned as the advocate for women who self-disclose that addiction may be a problem. Other shelter residents may later be referred. CASA’s

⁵ See footnote 1.

CAP staff works with the women to help them make a plan for themselves. However, this is not a regular treatment plan because CASA is a voluntary program. If a resident returns to shelter after having used or abused substances, she is not expelled from the shelter. Instead, we wait until she becomes sober and begin again to work with her on her safety and sobriety plan. Frequently we find that she faced a trauma in court or in an unexpected contact with her batterer.

This doesn't mean that CASA can allow a woman to remain who abuses illegal chemicals *in the shelter* to remain because that behavior jeopardizes us all. Women who become violent are also not allowed to remain in shelter. These circumstances are rare occurrences for CASA.

CASA's outreach CAP staff provides domestic violence training for addictions professionals who work for the numerous residential and outpatient treatment programs, halfway houses, drop-in centers and other programs that might serve battered women. We facilitate nine domestic violence support groups in various addiction facilities around the community.

Now that we have our own Florida Certified Addictions Professionals, CASA has developed strong relationships with the community of addiction professionals. When a battered woman who is high or drunk calls for shelter we may determine through our screening process that she needs to first be referred for chemical dependency treatment to make sure she is medically stable. Once she is stable, we will provide our regular shelter services. This referral for treatment is complimented by the availability of Time Out homes that will admit children on a short term basis until the mother is able to become medically stable and come into CASA's shelter for battered women.

We have learned a great deal about substance abusing battered women. In this process, CASA has become much more accessible to all battered women. Best of all, we have become much less judgmental about the successful coping mechanisms that battered women choose. We are no longer afraid of chemically dependent battered women because we are no longer ignorant. We are better at appreciating the strength and courage of all battered women who do what they must to survive another day.

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