Special Settings: Child Welfare

Domestic violence and substance abuse increase the risk of child abuse and neglect. Either problem alone has the potential to destroy families; but when the two are combined, this potential increases significantly.

Domestic Violence and Child Maltreatment

Ninety-five percent of serious domestic violence is committed by men against women. These same men are also at high risk of physically abusing their children. Research has shown that children in homes where domestic violence occurs are at risk of becoming victims of violence themselves:

- Children whose mothers are battered are physically abused or neglected at a rate 15 times higher than the national average.

- Women and children are often victims of the same batterer. Studies have found that over half of the children of battered women have been physically or sexually abused by the same perpetrator as their battered mothers. Research on abused children similarly shows that nearly half of them have mothers who are battered.

- Lenore Walker's study of battered women found that one quarter had abused or neglected their children when they were being abused themselves. The same study also found that battered women were eight times more likely to hurt their children when they were being battered themselves than when they were living safe from violence.

- Even if they are not intentionally targeted for abuse, children in homes where women are being battered are sometimes injured while trying to intervene on behalf of their mothers, or when they are nearby while objects are thrown. Young children are sometimes hurt when their mothers are attacked while holding them.

- Because domestic violence is a pattern of behavior which escalates over time, it becomes increasingly likely that child witnesses of battering will eventually become victims of the same perpetrator.

- Domestic violence is the single major precursor to deaths occurring as the result of child maltreatment.

Even when children of battered women are not physically abused themselves, they still suffer the traumatic effects of witnessing violence between their parents or caretakers. Whether or not they experience any physical abuse, children from violent homes are at risk for problems of adjustment:

- Children who witness domestic violence suffer effects similar to children who are themselves physically or sexually abused.

- The emotional effects of domestic violence on children include taking responsibility for the abuse, constant anxiety, guilt for not being able to stop the abuse, fear of abandonment, and lack of confidence.

- Children from violent homes may experience cognitive or language problems, developmental delay, stress-related physical ailments, and hearing and speech problems.

- Stress-related symptoms such as bed-wetting, hair pulling, frequent nightmares or night terrors are often present in children of battered women.

- Some children cope through regressive symptoms such as thumb-sucking or infantile temper tantrums.

- Even infants can be visibly upset by arguments between their parents.

In addition to these negative effects, children of battered women also experience the effects of having violent role models. They learn that violence is an appropriate way to manage stress, one that has few consequences from society:

- Many children begin to act out the violence they have seen at home. A study found that 47 percent of boys and 36 percent of girls from violent homes fell within the clinical range of behavior problems. Even when they are not physically abused themselves, child witnesses of domestic violence still show higher levels of behavior problems than children living in safe homes.

- Research shows that children from violent homes are more likely than other children to be abusive toward brothers and sisters.

- When tested, children from violent homes were more likely than their peers from nonviolent homes to indicate that violence is an acceptable way to resolve conflicts or express anger.

This modeling of violence continues into adulthood, and many children of battered women become batterers or victims themselves. Boys from violent homes are 15 times more likely than boys from non-violent homes to become abusers themselves. Research found that *witnessing* spouse abuse as a child was an even better predictor for becoming an abuser than experiencing physical abuse as a child. In this way, the cycle of violence continues.

Substance Abuse and Child Maltreatment

Substance abuse is closely linked to child abuse. At least 40 percent of child maltreatment cases involve the use of alcohol or other drugs, and that percentage could be as high as 75 percent. Studies suggest that at least 10 million children live in homes where the primary caretaker is addicted to alcohol or other drugs, and up to 675,000 children per year suffer serious abuse or neglect as the result of that substance abuse.

- Among psychoactive drugs, methamphetamine, cocaine, and PCP are only three of the substances that are capable of increasing the risk for violence due to drug-related irritability, hostility, suspiciousness, and psychosis.

- Alcohol, barbiturates, tranquilizers, and other sedatives, due to their disinhibiting effects, also increase the risk for aggressiveness and violence.

- Opiate use (e.g., heroin) may contribute to child neglect, while withdrawal from opiates is more likely to increase the

risk for abuse.

- The communities in which addicted women live with their children may also be a source of traumatic violence. In Illinois, some clients report that they live in what they perceive as a "war zone," and may resort to sleeping with their children on the floor of their home in order to avoid stray bullets from drive-by shootings.

Whether or not they are physically abused, children of substance abusers experience the effects of the chronic stress of living with an addicted parent. Young children of substance abusers may believe they caused the addiction, and older children may feel anxiety and guilt for not being able to control or cure it. Like children of batterers, children of substance abusers often grow up to repeat the pattern, becoming substance abusers themselves.

Safety and Sobriety

A common assumption within substance abuse treatment programs is that if the offending parent's alcohol or other drug use ceases, so will child maltreatment. This assumption, however, is based on the mistaken belief that the child abuse or neglect is entirely a product of substance abuse.

- *Child neglect appears to decrease when an addicted parent or caregiver achieves and maintains sobriety.* In some cases, child neglect is directly related to the effects of alcohol and other drugs and to the addict lifestyle, which is often chaotic and unpredictable.

- *Child abuse seems to decline minimally, if at all with sobriety.* The parent's sobriety can not be taken as an indication that all child maltreatment will stop.

- *A personal history of child abuse is also a risk factor for continued or renewed substance abuse as a means of "self-medicating" the feelings associated with such trauma.* Of adults in substance abuse treatment, nearly 70 percent of women and 12 percent of men were sexually abused as children. Substance abuse may often serve as the "anesthetic" which numbs the pain of being an adult survivor of child abuse. When this anesthetic action ceases as the result of sobriety, the individual's pain may be magnified, increasing the risk of child abuse. For this reason, therapy or counseling outside the realm of chemical dependency treatment may be required in order to minimize the risk of continued child abuse.

Ethics

The identified client within both domestic violence and substance treatment programs is the adult. However, such programs must take into account the importance of ensuring the safety of children within a home in which substance abuse or domestic violence is occurring.

- *Both substance abuse and domestic violence intervention programs are mandated to report child abuse and/or neglect.* Children from homes in which domestic violence has occurred should receive a thorough physical and psychological assessment.

- When appropriate, these children should be referred to a specialized support group such as those commonly found in domestic violence programs.

Training and Certification

At present, no agency within Illinois provides specific certification for domestic violence or child welfare professionals, although licensure for child welfare workers is likely to become a reality by the end of 2000. The Illinois Alcohol and Other Drug Abuse Professionals Certification Association (IAODAPCA) provides a wide range of certificates and levels of certification for substance abuse counselors, preventionists, assessment and referral specialists, and MISA (mentally-ill substance abuse) workers. Currently, training in the areas of domestic violence and child welfare are not requirements for such certification.

- Currently, the best solution to the issue of dual certification appears to be to continue offering cross-training opportunities to various professions, and to encourage continued dialogue and service planning between the various fields.

- Individuals who are chemically dependent, as well as those who are victims of domestic violence and child maltreatment, are frequently seen in hospital emergency departments and physicians' offices. Doctors, nurses, and social workers should be targeted for training in the screening of patients for substance abuse, domestic violence and child maltreatment.

- Colleges and universities should be encouraged to seek out opportunities for students majoring in human service fields to learn skills and gain experience in such diverse fields as addiction counseling, domestic violence intervention, and child welfare.

Special Populations: Racial and Ethnic Groups

Multicultural Sensitivity

Culture has been defined as "the shared values, norms, traditions, customs, art, history, folklore, and institutions of a group of people." It is formed by race, ethnicity, age, gender, sexual orientation, and geographical location. Culture shapes an individual's view of the world, their values, behavior, and way of life. It influences attitudes and affects how an individual responds to domestic violence and substance abuse services.

Culturally competent programs demonstrate sensitivity to and understanding of cultural differences. A culturally competent program:

- Understands the role of culture in shaping behaviors, values and institutions.
- Recognizes that cultural differences exist and have an impact on service delivery.
- Recognizes that diversity exists among the same racial and ethnic groups.
- Respects the unique, culturally defined needs of various client populations.
- Understands that people from different racial and ethnic groups and other cultural subgroups are usually best served by persons who are a part of or in tune with their culture.
- Trains staff to recognize and confront their own prejudices.
- Trains staff to assess and respond to an individual's communication style — for example, their preferred personal space, eye contact, language style, and the degree to which touching is appropriate.
- Provides written material in the appropriate language.
- Develops linkages with support systems representing the client's culture.

Ethnic and Racial Populations

Here are some points to consider in providing culturally competent services.

African American Women

- Some women may avoid maintaining eye contact because it is perceived as challenging. Others may reject deferential behavior and may be perceived as disrespectful or hostile. Assess the individual's communication style and avoid judging behavioral clues.

- Touching during conversations is generally reserved for close friends and family. Touching by a counselor may by considered intrusive or insincere.

- Questions of a personal nature, such as those related to sexual behavior, may be viewed as intrusive and indicative of stereotypical thinking. Staff should be aware that it may take some time before a person is willing to share personal information.

- Some women may be reluctant to report violence because of their community's negative experience with the police.

Asian/Pacific Island Women

- Be aware of and respect the diversity among the multiple racial and ethnic groups that comprise the Asian/Pacific community. There are more than 60 Asian/Pacific Islander groups, each with their own culture, language and ethnic identities.

- Various Asian/Pacific Islander groups have traditions for physical and emotional healing such as herbs or acupuncture that may be beneficial in treatment.

- Concepts of mental health or psychological well-being may be alien to cultures that assign identity and worth to harmonious relationships.

- Women may deflect eye contact as a sign of respect. Staring is considered impolite.

Hispanic/Latina Women

- Various Hispanic/Latina groups have their own traditions and cultures. It cannot be assumed that one approach will fit all.

- Recognize the importance of family in Hispanic/Latina culture. Be aware that the concept of family is broader than parents and children, and generally includes blood relatives, relatives by marriage, close family friends, and neighbors. When abuse exists, women may be reluctant to leave because of commitment to the family and fear of isolation.

Native American Women

- The Native American population consists of approximately 450 different groups with varying customs and some 250 languages. Acknowledgment of the cultural and religious beliefs, values and practices can empower and validate the Native American woman.

- Native American women owe their allegiance to their tribal laws over federal or state laws. Awareness of the Tribal Council's laws is helpful, particularly in counseling domestic violence victims.

- Native American women may experience feelings of isolation when living apart from the reservation. These feelings can be minimized by helping her build an adequate support system.

Immigrant Women

- Immigrant women are often vulnerable to domestic violence because of their immigration status and economic dependency. They may also be isolated because of language barriers and may face the added burden of racism.

- Immigrant women may not know American laws or may be misinformed by their batterer. The batterer may use the threat of deportation to control the woman. The Violence Against Women Act allows an immigrant woman to petition for legal residence. The provisions of the law are complicated, and professional assistance is recommended. Contact the Illinois Coalition Against Domestic Violence or the Poverty Law Center for assistance.

Men of Color

In groups composed primarily of European Americans, men of color may feel:

- Isolated — detached from familiar surroundings, culture, institutions and people.

- Uprooted — lacking familiarity with the system, dealing with hostility and messages of inferiority from the majority culture.

- Helpless — not functioning fully because of language barriers, lack of support systems, lack of education and skills.

- Powerless — lacking political and economic power, vulnerable because of immigration status and/or lack of documentation.

Studies have shown that men of color progress faster in treatment groups where they are the majority.

In partner abuse groups it is important to consider:

- Some men of color may argue that the society which disenfranchises them gives disproportionate power to women over men.

- The provider should be aware of the distinction between *acknowledgment* and *collusion* and take care to avoid the kind of negative bonding which can allow the man to internalize the message that his experiences justify his violence against women.

Special Populations:
Lesbian, Gay, Bisexual, and Transgendered People

Addiction and the Lesbian, Gay, Bisexual, or Transgendered Individual

Research on alcohol and drug addiction in the gay, lesbian, bisexual, or transgendered (LGBT) community is limited by a number of factors. Early research tended to concentrate on samples drawn from almost exclusively male patients of psychoanalysts and psychotherapists. The focus of the studies was often directed less toward treatment of alcoholism or addiction than toward "curing" homosexuality. Subsequent studies have focused on samples of people who are identified as gay because they are patrons of gay bars. The fact that in each of these groups rates of drug and alcohol use tended to be higher for what should have been obvious reasons skewed the resulting data. The rate of drug and alcohol abuse and addiction (often reaching 30 percent or higher) hypothesized in these samples was projected as a reasonable estimate for the population as a whole. There has been little research that recognizes the fact that most gay men and lesbians do not publicly acknowledge their orientation and are consequently overlooked in many studies.

One of the factors complicating the recognition and treatment of addiction in the LGBT community is the fact that bars do tend to be social centers in the community. For people who may be subject to hostility, violence, or arrest for making incorrect guesses or assumptions about another person's orientation, it is important to have a place where LGBT identity can safely be assumed. That place has usually been the gay and/or lesbian bar. In larger communities, this is less true now than it may have been previously, but it is still the case for many LGBT people. In some locales such venues are the only places where LGBT people can be relatively free of harassment and ridicule, and in a few states even these havens are subject to law enforcement and regulatory discrimination. It may be true for some people that the only gay men or lesbians they know are people whom they have met in gay or lesbian bars.

On the whole, people in the LGBT community are wary of mental health and substance abuse treatment because of the homophobic assumptions and practices which have been characteristic in the past (and which continue to be a problem in some institutions). Moreover, the "peer group" from whom LGBT people must seek support in treatment and in 12-Step and other self-help groups may reflect the generally homophobic attitudes of the larger culture, and may pose problems for the gay man or lesbian who is seeking sobriety. The encouragement of self-acceptance, which generally characterizes addiction treatment, has often hit a snag when a client discloses same-sex sexual attraction.

While the incidence of LGBT alcoholism and addiction may have been overstated, there is certainly

little reason to believe that overall rates of addiction and substance abuse in the LGBT community are any lower than in the general community. Other research has shown that "sociocultural factors influence whether, how much, and why a person drinks" (National Institute on Alcohol Abuse and Alcoholism, 1978). Even assuming a similar distribution in the LGBT community of whatever factors may predispose people to addiction for genetic or biological reasons, the use of drugs and alcohol to medicate negative feeling states resulting from homophobia (both external and internalized) is likely to be higher in this population. Thus, those with such predisposing factors will be more likely to show symptoms of the disease, and to do so earlier.

Homophobia, Misogyny and Violence

Rigid conceptions of gender roles and attributes play a significant part in the dynamics of domestic violence. The expectation of male privilege is grounded in a belief that men are superior to women and that men have rights with regard to women which are not reciprocal. One of the effects of this attitude is to make male identity, and specifically heterosexual male identity, the norm. To be anything else is to be "less than."

In a sexist society it is not surprising that boys who find themselves attracted to other males, and wish the attraction reciprocated, may begin to internalize the gender role expectations that surround them and assume characteristics that the social framework characterizes as "feminine." Similarly, girls who are attracted to women may take on characteristics that might be seen as "masculine." Misogyny's relationship to homophobia can be inferred from the fact that adults see a girl who is considered a tomboy as "cute" far longer than they do a boy who is considered a sissy.

The threat to male privilege implied by homosexuality is that gender roles and their attendant privileges are not immutable — if he can give his up, perhaps mine can be taken away. If, as a man, I view women as sex objects in ways that depersonalize them, I am likely to respond with anger and fear to the thought that another man might regard me in the same way. If, as a man, I am defensive of male privilege, I may well feel threatened when confronted by another man who appears to have voluntarily surrendered that privilege. If I believe that being the object of a man's sexual interest is one of the things that defines the female and makes her "less than," then the attention of such a man is even more threatening to me.

Lesbians get less attention from the heterosexist position. The sexual attraction of one woman for another becomes useful in providing a label for women who reject or are indifferent to a particular man's advances. Whereas male-male sex is seen as repulsive and shameful, female-female sexual activity is seen as titillating or merely strange. Thus lesbians tend to become less visible, and are discounted by being trivialized (Nelson, 1988).

Homophobia and Men Who Batter

In many kinds of behavioral intervention or therapy with men, it is necessary to address homophobia as an isolating factor. Men in substance abuse treatment, for example, often need to confront homophobia as a factor that makes it more difficult for

them to self-disclose in groups of men or to confide fully in a sponsor. Many men come to realize that homophobia has made it difficult for them to seek and appreciate support from other men, including fathers and male siblings. In intervention with men who batter, however, homophobia and its relationship to misogyny play a more crucial role, and confrontation of homophobia is often a difficult and volatile aspect of the intervention process.

LGBT People of Color

Lesbians, gay men and transgendered individuals who are people of color experience what has been called "double trouble": they must deal with the effects not only of racism, but also of homophobia. For lesbians of color, this becomes a triple threat, as the effects of sexism must also be considered. People of color must deal with racism in the gay and lesbian community, whose emerging culture is heavily dominated by White men and women. At the same time, in struggling against racism, they must deal with the fear of homophobic retaliation in addition to their other vulnerabilities. These factors increase the isolation of the lesbian of color particularly, but also of the gay or transgendered person of color. The person of color who embraces a lesbian, gay, bisexual or transgendered identity is subject not only to homophobic attack, as are Whites, but also to racist attacks, which are not a concern for Whites (Kanuha, 1990).

Violence in Gay and Lesbian Relationships

There is evidence that battering occurs in gay and lesbian domestic partnerships at roughly the same rate as in heterosexual marriages or domestic relationships. One of the first studies of domestic violence in lesbian relationships found that 25 percent of those surveyed reported abuse in their committed relationships (Brand & Kidd). A 1990 study determined that 47 percent of lesbian couples had experienced repeated acts of violence. Of these couples, 10 percent to 20 percent experienced severe violence, defined as: two or more incidents of physical violence, including beating, choking, hitting, forced sex, mutilation or threats with a weapon (Coleman, 1990).

What we know about same-gender relationship violence is limited. According to a fact sheet distributed by Wingspan Domestic Violence Project in Tucson, this is because:

- Same-gender relationships are often not considered to be viable partnerships or families.
- In many states (Illinois is an exception), domestic violence law only protects partners of the opposite sex. Other types of domestic violence legislation, such as mandatory arrest, no-drop clauses, state prosecution and mandates for abusers or victims to attend programs that address domestic violence, may not apply to same-gender relationships.
- Fear of continued victimization by law enforcement, criminal justice, and social service helpers keeps LGBT people from seeking assistance, support, and safety.
- Limited official programs and resources further isolate same-gender couples in domestic violence situations.

- Many LGBT people lead double lives in which it would be a threat to job, status, family role, safety, and security to be open about their sexual or gender identity. When help is needed, fear of exposure may prevent them from taking action to stop the cycle of violence.

- With a few exceptions, the LGBT community generally avoids, denies, and ignores relationship violence. Victims and perpetrators are left without resources within their identified communities.

Intervention

Few resources are available for intervention in violent LGBT relationships. It is obvious that gay men would not be safe in an intervention group that was predominantly composed of heterosexual men. Of course, no woman should be included in a group for men who batter. In many communities, this makes group treatment of gay and lesbian batterers impossible, because it is unlikely that a sufficient number of gay men or lesbians to form an effective group would present for intervention at any one time.

In Chicago, the largest social service agency that serves the lesbian and gay community is currently referring identified perpetrators to individual therapy with selected psychotherapists. This is certainly not recognized as the intervention of choice. At present, there is only one support group for lesbian victims of domestic violence operating in Chicago. There are no groups that offer similar support to gay male victims. There are no services that specifically address the needs of transgendered people.

Special concerns

Concerns specific to LGBT identity also reduce the willingness of people affected by the problem to seek help. Anecdotal evidence is strong that such services, if they existed, would be used by only a small fraction of the LGBT community. Barriers to greater participation include the following:

- *Fears of being "outed" or exposed as homosexual*. In Illinois, except in Cook County and the cities of Champaign and Urbana, a gay, lesbian, bisexual or transgendered person can be discharged from or refused employment, evicted from or refused housing, and denied any public accommodation simply because of the person's sexual orientation. In fact, such discrimination is also legal on the basis of *perceived* or *suspected* orientation.

- *Low expectations of official response*. Many LGBT persons have experienced insults, harassment, and ridicule from police and other governmental authorities, and do not expect serious attention to their needs, including their needs for protection from violence. Many fear that taking action will result in retaliation by the perpetrator that will go unhindered by any official sanction.

- *Fear of other homophobic or heterosexist responses.* Both battered gay men and lesbians who batter challenge the assumptions that underlie the provision of services to both victims and perpetrators. Internalized homophobia leads many in the LGBT community to deny or minimize the existence of the problem, and disbelief,

ridicule or rationalization often greets discussion of the problem.

Initial Steps

While there are no easy solutions to this complex group of problems, there are steps communities and institutions can begin to take.

- *Name the problem.* Community groups, publications, and institutions within the LGBT community must acknowledge that gay men, lesbians, bisexuals and transgendered people batter their partners.

- *Make a commitment to a response.* Complex problems such as the incidence of violence in same-gender relationships often lead to situations in which nothing is done because so much needs to be done. An individual, a single community, or one institution cannot provide all that is necessary to address this, but each can do something. Programs can examine their attitudes toward LGBT clients, and can provide training designed to make staff sensitive to the particular needs of this community and its members. Community organizations and networks that have done so much to begin a coordinated response to intimate partner violence in opposite-sex couples can examine the opportunities for outreach to LGBT people.

- *Encourage research.* While there are few resources nationwide for this community, there are some. Further research is clearly needed to better understand the dynamics of same-sex domestic violence and the particular challenges it poses to intervention and safety planning efforts.

Within programs, there are steps that counselors and advocates can take to increase the effectiveness of their interactions with LGBT clients.

- Service providers should be aware that there is not one monolithic "gay subculture" or "gay lifestyle."

- As with any special population, an effort to be culturally sensitive begins with awareness of one's own attitudes. Advocates and counselors may wish to ask themselves:

  (a) Can I personally believe that gay is just as good as straight?

  (b) Can I personally conceive of a homosexual person living a happy life?

  (c) Do I conceal from myself attitudes of pity, condescension, and moral superiority toward LGBT people, attitudes which may cut me off from full communication with LGBT clients? (Schwartz, 1980).

- Become familiar with the resources available to LGBT clients in your community. For example, in Chicago, many LGBT persons may be unaware that more than 60 gay/lesbian or gay/lesbian-friendly religious organizations have services on a weekly or more frequent basis (*Out! A Resource Guide,* 1998). Many LGBT organizations for civic, political, philanthropic, and community organizing activities exist, which are places to seek friendship and support among people who are not focused on drinking. Many smaller communities may have some resources for LGBT clients of which the clients are unaware.

- Become familiar with referral sources for treatment such as the Pride Institute, Horizons Community Services and the Howard Brown Health Center, which may be able to suggest additional local resources. Obtain copies of the *Pink Pages* or *Out,* which are LGBT "yellow pages" publications issued on a semiannual basis.

- Be aware that there is a growing network of sobriety-based support for LGBT people such as special-interest A.A. and N.A. groups.

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