



Substance Abuse and Woman Abuse by Male Partners

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Substance abuse and woman abuse are closely associated in the public's mind, so much so that many people believe the use of substances is a direct cause of woman abuse. Others view substance use as a risk factor which, while not a direct cause, may increase the frequency or severity of woman abuse. Still others believe substance abuse and woman abuse are separate issues, and any apparent relationship between them is illusory. *Substance abuse*, as used in this paper, refers both to the abuse of alcohol or other drugs, and to dependency on alcohol or other drugs. While partner violence includes same-sex violence, this discussion of partner violence will be limited to abuse of women by their male partners or ex-partners, so the term *woman abuse* will be used throughout this paper.

Perspectives On Substance Abuse and Woman Abuse

The relationship between substance abuse and woman abuse is by no means simple, but simple concepts are often used to explain it. The simplest concept, and the most commonly accepted, is that the chemical properties of a substance act on an element of the brain responsible for inhibiting violence. Since no such inhibition center has ever been located in the brain, the *disinhibition* model has been challenged by many experts. If disinhibition explained the relationship between substance abuse and woman abuse, we would expect batterers who were substance abusers to be non-violent when their substance use was terminated. Experience suggests this is not the case; abstinent and recovering sub-

stance abusers are well-represented in domestic violence courts and batterers programs. The effect of substance abuse on men who abuse women, if one exists, is much more complicated than disinhibition theory allows. Other perspectives of the substance-violence relationship are briefly described below. In terms of woman abuse, substances and substance abuse may be viewed as:

(1) An excuse. In many societies, including ours, substance use has a role as a *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 (MacAndrew & Edgerton, 1969). Some observers suggest batterers use substances first as a vehicle, then as an excuse, for being controlling and violent.

(2) A cognitive disrupter. Drugs or alcohol may reduce the user's ability to perceive, integrate, and process information, increasing his risk for violence (Pernanen, 1991). Substance-induced disruption or distortion of thinking, in conjunction with other factors, increases the risk the user will interpret his partner's behavior as arbitrary, aggressive, abandoning, or overwhelming. Batterers may be more likely than non-batterers to misinterpret the actions of their partners in this manner, and substances enhance the misinterpretation.

(3) A power motive. Substance abuse and woman abuse may share common origins in a need to achieve personal power and control (Gondolf, 1995). David McClelland (1975) argues that the alcohol-aggression relationship is conditional upon individual power needs. Small quantities of a substance tend to increase a social user's sense of

altruistic power, or the power to help others. A large quantity of a substance for social users, or any quantity of a substance for substance abusers, tends to increase the user's sense of personal power and domination over others rather than their altruistic power. This power-using relationship seems to be specific to men (Graham, 1980), and is reinforced by many cultures.

(4) Situational. Violence may occur during the process of obtaining and using substances. The situational relationship between substance abuse and woman abuse is particularly relevant when illegal drugs are involved. Procuring and trafficking drugs increases the opportunity for exposure to criminals, weapons, and violent sub-cultures. Conflict between intimate partners over whether, where, and when to use substances is not uncommon, nor is it uncommon that such conflict ends in woman abuse. A battered woman may use substances with her abuser in an attempt to manage his violence and increase her own safety (Center for Substance Abuse Treatment, 1997), or she may be forced to use substances with her batterer.

(5) A chemical agent. Substance abuse may increase the risk for woman abuse through chemical actions on brain mechanisms linked to aggression (Miczek, et al., 1994). For example, alcohol has been found to increase the aggressive response of people with low levels of the neurotransmitter serotonin. Psychiatrists are experimenting with using serotonin-modifying medications such as Prozac with some batterers. However, there is no evidence that batterers are "hard wired" for violence, nor that their socialization or choice-making processes are not operational when using substances.

(6) Partial to certain characteristics. Substance abuse may increase the risk for woman abuse only for those men with certain characteristics. For example, alcohol abuse increased the chances of woman abuse in those men who already approved of situational violence against women and were under socioeconomic hardship (Kantor & Straus, 1987). In Kenneth Leonard's national study of 23-year-old men, heavy drinking was associated with woman abuse only for those men with a high levels

of hostility and low levels of marital satisfaction (Leonard & Blane, 1992).

(7) Effective across generations. Substance abuse and woman abuse are learned through observation and practice, and are related over time. Parental substance abuse and parental woman abuse may impact the development of children, increasing the chances of a child growing up to be an abuser, a victim of abuse, and/or a substance abuser (Kantor & Asdigian, 1993).

Discussions of risk factors and divergent perspectives on substance abuse and woman abuse concern some battered women's advocates. 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. This is a legitimate concern. However, none of the perspectives discussed above interfere with an understanding that woman abuse is a choice that men make in a society which supports men's power and control. These perspectives also suggest interventions which may help men remain engaged and cooperative, better utilize punishment and education, and ultimately choose non-violence.

Substance Abuse and Batterers

How frequently do substance use and woman abuse co-occur? Using data from the 1985 National Family Violence Survey, Glenda Kaufman Kantor found that, for episodes of man-to-woman abuse, 22% of the men and 10% of the women report they had been using alcohol at the time of the violence; in three out of four episodes of woman abuse, neither party was intoxicated (Kantor & Straus, 1987). However, we must remember that substance *use* and substance *abuse* describe different situations. The Kaufman and Straus (1987) study measured only whether the batterer or victim had been drinking at the time of the violence (use), not their drinking pattern or the cumulative effects of drinking (abuse).

The proportion of men in the U.S. who batter increases with the frequency they get drunk (Coleman & Straus, 1983). For blue collar men, the proportion who have battered in the last year rises from a low of about 2% of men who never get drunk to about 40% of men who get drunk often. For white collar men, the rate climbs from about 2% of men who never get drunk to about 9% of men who get drunk often. At first glance, this study appears to support the public's perception that batterers are "drunken bums": that is, men are more likely to batter if they are poor or working class and if they are highly intoxicated (Kantor & Straus, 1987). But the "drunken bum" perspective on woman abuse is erroneous for several reasons. First, Kantor and Straus (1987) point out that the relationship between substance abuse and woman abuse is strongest for those men who already think woman abuse is appropriate in certain situations. Second, even though the per capita rate of woman abuse is greater in lower socio-economic sectors of society (Gelles, 1993), woman abuse is practiced in all social classes. Third, the amount of alcohol used prior to most episodes of intimate violence is far less than imagined. In Kai Pernanen's (1991) study of alcohol-related violence in Thunder Bay, Ontario, for example, the average amount of alcohol consumed prior to the violent episode was only a few drinks. This suggests that the act of drinking may be more related to woman abuse than the effect of the alcohol. Also, drug use other than alcohol is more strongly correlated to woman abuse than is alcohol (Roberts, 1988; Kantor & Straus, 1989).

Taken as a whole, studies establish a link between substance abuse and woman abuse, but not a direct link. Substance abuse increases the risk that men will batter their partners, although the substance per se is not the key factor. Studies suggest that other factors link men's substance abuse to violence against their partners. Among the most important of these factors are: (1) his growing up in a violent and substance-abusing family, (2) his low level of education and income, (3) his believing that violence against women is sometimes acceptable, (4) his believing that alcohol or drugs can make people

violent, and (5) his desire for personal power. One commonly held notion which the studies *do not* support is that men who batter are very intoxicated, and are therefore "out of control" when they batter. Despite the impairment in men's lives caused by alcohol and drugs, domestic violence remains a matter of choice, a "guided doing" (Pernanen, 1991).

The incidence of substance abuse by batterers seen in criminal justice, mental health, or social service settings is well above 50%, substantially greater than the incidence of substance abuse by batterers in the general population (Hamilton & Collins, 1981; Leonard & Jacob, 1988). Ongoing research suggests that batterers may differ from one another in important ways, including their substance abuse patterns, the extent of their non-family violence, and their affective stability. While not yet definitive, this research suggests that there may be different "types" of batterers (e.g., Hamberger & Hastings, 1986; Gondolf, 1988; Saunders, 1992; Gottman, Jacobson, et al., 1995). This somewhat controversial position, if supported by further research, may suggest different approaches to intervention with different types of batterers, with their substance use pattern being a key component of the typology.

Substance Abuse and Battered Women

While men using alcohol is glamorized in male culture, the effect of alcohol on women is compounded by that same culture's negative attitudes about women drinking. There is evidence that women use substances differently than men. Compared to men, women are more likely to use substances to self-medicate mood and cope with trauma, and are less likely to use substances as an instrument of aggression. Growing up as a victim or an observer of violence increases the risk for substance abuse as an adult. Compared to women who do not abuse substances, substance abusing women have experienced a higher rate of violence as children, and continue to experience significantly more verbal and physical abuse as adults (Miller, et

al., 1989; Miller & Downs, 1993). Substance abusing women are more likely than non-substance abusers to live with men who are substance abusers, and they are more likely to use physical violence to retaliate for being battered, which in turn increases their risk of more serious injury. Substance abusing women may be less likely to have the social and financial means to escape from their batterer.

Historically, staff working with battered women have had little confidence in substance abuse treatment programs. Recently, more woman-specific programs have been initiated in recognition that women's substance abuse requires different approaches to treatment (Wilsnack & Beckman, 1984), although these programs are still rare, especially programs for women with children. Substance abuse by battered women is under-assessed by many victim's programs. The clash of feminist/empowerment and disease perspectives models, the language of recovery programs (e.g. codependency), and the debate over what intervention must occur in which sequence are barriers which must be transformed into vehicles of cooperation in order to help battered women who are substance abusers.

Conclusion and Recommendations

Both research and experience suggests that substance abuse is one of several important factors which increases the risk of woman abuse. Substance use may be affected by other risk factors (e.g. violence in the family of origin, belief in the aggression-increasing power of substances) and substance use may affect risk factors in the present (e.g. power motivation, cognitive and behavior skills, and the belief that violence against women is appropriate under certain circumstances). These risk factors are not only personal, but bear the imprint of society. Various perspectives have been offered to explain these complex relationships, but no single perspective can explain the relationship between substance abuse and woman abuse in all cases. Conversations between domestic violence

advocates and substance abuse professionals, cross training, and careful research will help us choose which perspectives are best for the development of practice and programs.

We are in the very early stages of developing interventions and programs which target both substance abuse and woman abuse, but a few tentative recommendations follow from our current level of knowledge. First, when either substance abuse or woman abuse is encountered in practice, the chance of encountering the other is substantial. This suggests that assessment for both problems is indicated if either problem is detected, regardless of the setting. Second, since substance abuse and woman abuse have an important, yet indirect relationship, viewing one problem as symptomatic of the other is not useful. Both substance abuse and woman abuse should be regarded as primary problems, and reduction of one problem to the familiar language and interventions of the other problem is ill-advised. From the second recommendation flows a third. Since the relationship between substance abuse and woman abuse is complex, since both are primary problems, and since both have personal and social causes and manifestations, it follows that social agencies and institutions which address these co-existing problems must be capable of addressing and managing their complexity. Since this is usually beyond the pale of a single agency, service networks and coordinated community responses to both problems are essential.

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Suggested Citation: Bennet, L. W. (1998, February). *Substance Abuse and Woman Abuse by Male Partners*. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence. Retrieved month/day/year, from: <http://www.vawnet.org>

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Recommended for Further Study

Gondolf, E. W. (1995). Alcohol abuse, wife assault, and power needs. *Social Service Review, 69*, 275-283.

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In Brief:
Substance Abuse and Woman Abuse by Male Partners

Alcohol or other drug use (substance use) increases the risk of men's violence. However, despite the widely-held belief that substance causes men to batter women, neither batterer nor victim are intoxicated in the majority of battering events. In cases of woman abuse where one or both have been drinking, the average amount of alcohol consumed is minimal. On the other hand, over half the men who are seen in batterers' intervention programs and a substantial proportion of victims helped by women's programs are substance abusers. Research does not support the belief that men who batter are out of control when they batter, nor that alcohol or other drugs disinhibit men to batter. Despite the problems in thinking and behavior associated with substance abuse, woman abuse remains a matter of deliberate choice for men who batter.

Different perspectives utilize different variables or factors in trying to account for the seemingly high correlation between substance abuse and woman abuse. Substance use may increase the perpetrator's risk for woman abuse by:

- providing an excuse;
- disrupting his thinking;
- intensifying his motivation to personal power;
- increasing his risk in particular situations;
- altering his brain chemistry;
- magnifying particular perpetrator characteristics; or
- creating dysfunction in his family across generations.

Abstinence from drugs or alcohol is neither a necessary nor a sufficient condition for non-violence. On the other hand, it is reasonable to believe abstinence improves the chances a batterer will cooperate with legal sanctions and intervention programs. Women with substance abuse problems have usually experienced more violence as children and continue to experience more violence as adults when compared to women who do not have substance abuse problems. A battered woman's abstinence from alcohol and drugs will not change her batterer's violent behavior, but may improve the clarity of her decision-making and her ability to utilize support.