

Intervention with Abuse of Alcohol, Drugs and Women

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This title was chosen to evoke one of the many issues our culture faces when we consider addiction and battering: the word "abuse" has a very different meaning when applied to behavior toward substances and toward individuals. Abuse of another person often includes criminal behavior: it is treating another badly (though this "abuse" may have been considered "normal use" at an earlier historical period). Some have said the wife abuser is treating the spouse as though she were a drug, a substance, a "fix" rather than a person with her own agency. In this sense, spouse abuse is, like drug abuse, an "I-It" rather than an "I-Thou" relationship, in Martin Buber's terms. The difference is that in drug abuse (excessive use), the behavior is towards oneself. The difference is more than semantic; often interveners fail to observe this distinction--they don't really "see" women victims.

The issue of the relation of alcohol and other drug abuse and abuse of women by men in relationships has been long discussed. Kantor and Straus (1987) in analysis of a 5,159 person national sample made it clear that "The 'Drunken Bum' Theory of Wife Beating" (their title) is inadequate. As Jed Dannebaum, MSV's Board President at that time, said in a letter published in The New York Times in 1985, "Blaming alcohol for the prevalence of battering in our society is a simple and comforting way of explaining the problem by separating a sober, nonviolent 'us' from an aberrant, violent, alcohol-abusing 'them.'" It has become clear that many who abuse substances also abuse partners and that one problem does not cause the other. Thus, stopping substance abuse does not mean stopping battering, as all too many women can testify. Battering ends when men do not benefit from this behavior, can't get away with it, and learn to act differently.

How then should intervention with each of these problems occur? In recent years, attempts have been made to combine treatment of alcohol and drug abuse with efforts to end men's abuse of women. This in turn raises questions. Is violence toward a woman appropriately dealt with by a treatment program? Or does this undermine the already difficult process of keeping it seen as a criminal offense? When a treatment program sees a substance abuser who has also abused a woman, do the philosophies and practices of A.A. and other 12 step programs (the backbone of alcohol and other drug treatment) mesh well with batterer intervention efforts? Can the same intervenors effectively carry out both efforts? Simultaneously? Or in what sequence?

At a minimum both efforts must be coordinated. Gondolf (1993) suggests that "decisively addressing alcohol abuse may be essential to increasing the effectiveness of wife assault programs, and confronting wife assault may improve the effectiveness of alcohol treatment programs." Gondolf points to potential clashes: alcohol and drug treatment's focus on self and sobriety vs. batterers intervention programs' focus on the impact on others and safety for them; disease vs. learning models (re: causation of the two kinds of abuse); family treatment (often used in alcohol or drug treatment) or not (Battered women's advocates have consistently reported that couples therapy is ineffective and in fact dangerous to battered women and so is contraindicated). He also notes commonalities: both kinds of change require personal responsibility, changed thinking, daily work, mutual support and change focus. When there are differences in philosophy and practice based on different models, perspectives and experiences, an important consideration is who decides what will be done (via stephen fraser). This is a complex issue: intervenors must be to consider not only what might maximize a man's chances of maintaining sobriety, but also when practices which support safety or justice for the battered woman should take precedent over that concern. To evaluate this one must become aware of unconscious, normative beliefs in male centrality: his needs must not be the only concern!

At **MSV** we have taken the approach that a man must get clean and sober before he can "see" others and act with consideration for their needs. This is impossible while he is using; even in early recovery he is so focused on that process that he is not likely to consider others. We therefore have designed an intake process for identifying and referring substance abusers. When we believe there is a possibility of substance abuse, based on his testimony or that of the woman he has abused, we require him to abstain through his time with us. Further use results in referral.

A final consideration for others: the process of training staff to intervene effectively to end violence toward women is intensive and difficult, requiring as it does the unlearning of sexism. In our year-long internship program for prospective staff members, men learn about the systemic nature of male violence toward women. They practice claiming their own position in that system--identifying how they have used controlling tactics to get their way and how they have benefited from the system of male dominance. They thus become systems change advocates who are committed to more than an atomistic, individual change model.

With a clear understanding that men of every class and psychological diagnosis may batter to maintain power and control, every encounter with men becomes transformed. For instance, we do not perform assessments of whether a man "is" violent or not (We check with and believe her). While we do concern ourselves with psychopathology as it might inhibit change, the basic criterion for a man entering our program is not diagnosis, or amount of abuse perpetrated, but willingness to admit to having used violence and desire to change. The intake process is thus designed toward helping a man come to acknowledge and take responsibility for his abusive behaviors, and begin the hard daily work of dealing with life non-abusively.

Effective work to end abuse requires not only batterers program staff who are knowledgeable about alcohol and drug abuse, but alcohol and drug counselors with this intensive training in identifying and confronting power and control.

Gus B. Kaufman, Jr., Ph.D., co-founded Men Stopping Violence and was an instructor/trainer with MSV for 17 years.

References

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