

Counseling Domestic Violence Victims and Offenders Who Abuse Substances

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Chapter 1 - Introduction

The correlation between substance abuse and domestic violence is clear. Between 25% - 50% of men who are perpetrators of domestic violence also have substance abuse problems, and a substantial number of convicted batterers were raised by parents who abused alcohol or other drugs.

However, alcohol and other drug abuse is not necessarily limited to the offenders. Women who abuse substances are more likely to be victims of domestic violence. This does not mean that domestic violence victims who abuse substances somehow “asked for it.” It does mean clinicians need to assess the extent of substance abuse (if any) among both victims and offenders. Counselors working in all kinds of settings need to know the dynamics of domestic violence.

The relationship between the substance abuse treatment field and the domestic violence counseling field is relatively new. However, the overlap is growing and will continue to do so. Unless they work in highly specialized environments such as domestic violence shelters or anger management programs for male batterers, most substance abuse treatment professionals are likely to have both offenders and victims as clients during their careers, perhaps even in the same setting. Mental health professionals must also have the same working knowledge, when considering the high rate of substance abuse among clients seen for mental health treatment.

Domestic Violence Defined

Domestic violence is defined as “a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner.” This behavior can be directed at anyone, regardless of age, race, sexual orientation, religion, or gender. Such behavior can take the form of physical abuse, violence, sexual abuse, and emotional, economic, or psychological abuse.

Legal definitions of domestic violence have evolved over time. All states now have laws making domestic violence a criminal offense, although statutes differ across states. All states now make it possible, however, for a victim to obtain an order of protection from the Court, making it illegal for the offender to attempt to maintain unwanted contact of any kind with the victim.

There is debate about how well these laws are enforced. Generally, violation of the protective order results in a new misdemeanor offense. The definitions of who may be prosecuted under domestic violence law have also expanded. Initial legislation was directed only at those specifically in marital relationships, but now includes “unmarried partners” or other similar language in many states.

Many statutes continue to be silent about whether same-sex partners can fall under domestic violence statutes, but may cover such relationships by referring to a “sexual” or “dating” relationship. Many victim advocacy and mental health groups have insisted on expanding the criminal justice definitions to include more possible victims of this kind of violence. The concept has expanded from originally being about “battered women” to include children, men, the elderly, and LGBT victims.

Evolution of the Concept and Applicable Law

Prior to the 1970s, spousal abuse was an unmentionable topic and deemed a private matter. When called, police often did not make an arrest. But in the 1970, feminist groups began focusing on the indifference of criminal justice entities and started pushing the issue of stiffer legal sanctions for domestic violence.

Then during the 1980’s, shelters for women became more available, as did special training for police around the appropriate handling of situations involving spousal abuse. Police officers were generally advised that arrests should be made. Some lawsuits were filed against police departments for failing to provide the level of safety needed by victims, which resulted in more enforcement of protective orders.

In the early 1990’s, criminal justice entities began adhering to a policy of pursuing convictions, even in cases where the victim wanted the charges dropped. Forty-eight states had laws in which courts could intervene in violence or harassment of persons by their spouses. The U.S. Surgeon General cited domestic violence as the number one cause of injuries to women between 15 and 44 in the United States. In 1994, Congress passed the Violence Against Women Act, which provided funding and support for victims and workers in the area of domestic violence, and demanded that

all states and tribal criminal justice bodies recognize each other's restraining orders.

During the past decade, domestic violence has been the focus of a great deal of research, and it has become clear that a large number of people with substance abuse issues also have domestic violence issues, either as perpetrators or victims.

More Statistics on Domestic Violence

The U.S. Dept. of Justice (USDOJ) published a lengthy report on family violence occurring between 1998 and 2002. The USDOJ found that one in ten violent crimes in the United States occurred within families, and involved 11 percent of all violent crime. During this period there were 3.5 million crimes involving family violence committed. Twenty-two percent of the murders during this time period were within family; of these, 9% were spousal, 6% children, and 7% other family members. For purposes of this report, "family" was defined as either "biological" or "legal" relationship between the parties. The victims were 58% female, and 23% children under 13. The average age of children killed by a parent was seven. Eighty percent of offenders were male.

USDOJ reports also indicate that when violence occurs against women, two of three victims were related to or knew the offender. There were six times as many offenses committed by intimate partners than by strangers, and three percent of victims did not report due to "fear of reprisal". Ten times as many women as men reported violence in intimate relationships, and estimates indicate between 960,000 and 4 million women are victimized by a spouse or intimate partner annually.

Figures related to violence in same-sex relationships are more difficult to establish, since not all jurisdictions report these crimes as "domestic violence". However, experts agree that much more attention should be paid to LGBT communities. In any case, victims of this crime are very likely to be female and the perpetrators are very likely to be male.

Chapter 2 – Victims and Perpetrators

Domestic violence experts tend to emphasize this point - anyone can be a victim of this crime. We should note, though, that many people who have been harmed by intimate partners prefer to be called survivors rather than victims. This is also frequently suggested by workers in the field.

Being in an abusive relationship - regardless of how long it lasts - has significant

and often long-term traumatic effects on the victims, who are commonly diagnosed with post-traumatic, depressive, and/or anxiety disorders. Often, the victim will feel at least partly responsible for being abused. This may be due to the perpetrator's successful effort to place blame on the victim. Family members, friends, and members of the community at large may have also implied the victim is somehow to blame.

Victims typically fear the offender will retaliate when they report abuse or leave the relationship. Research confirms the most dangerous time for victims is when they leave. Indeed, domestic violence is potentially dangerous no matter when it occurs. In the U.S., at least 1,500 women have been domestic violence murder victims since the mid-1990s. About 33% of female murder victims were killed by an intimate, as opposed to about 3% of male murder victims.

Substance Use by Victims

Statistics reported by the National Coalition Against Domestic Violence indicate that women who have been abused are 15 times more likely to abuse alcohol and nine times more likely to abuse drugs than other women. In 2002, the Department of Justice reported 36% of women in domestic violence programs had substance abuse problems. Alcoholic women are more likely to report a history of childhood physical and emotional abuse than other women and women with a history of substance abuse also have a greater incidence of experiencing repeated trauma.

Hence, female substance abusers may be particularly vulnerable to relapse because underlying PTSD symptoms may worsen with abstinence. Victims tend to use substances in order to suppress shame, fear, and histories of trauma. And women who abuse substances are more stigmatized for their addiction than substance abusing men are. Thus, treatment focused only on substance abuse may not be sufficient to help the client maintain abstinence over time.

If the home is being used as a site for drug sales or production, the situation can be even more unsafe. Some victims may be threatened into participating in drug transactions, and the victim's dependence on substances makes it harder to leave.

Perpetrators of Domestic Crime

Perpetrators of domestic violence are found across all ethnic, racial, economic, professional, cultural, and religious boundaries. Their one commonality, though, is almost all are male. The Bureau of Justice Statistics reports that 92% of domestic

violence incidents involve crimes committed by men against women.

Some characteristics of behavior and personality are common among batterers. Perpetrators use direct violence, but generally also use a system of behaviors designed to establish power and control. Violence is an implied threat and the goal is to create subservience and compliance. Over time, the relationship between the victim and perpetrator becomes more unequal. Other controlling behaviors may include:

- Threats of violence against other family members or pets;
- Blaming the use of violence on the victim;
- Using religious or cultural justifications (for example, that men have control over all aspects of the family);
- Using emotional abuse tactics such as name-calling;
- Displaying violence directed elsewhere (i.e., punching walls, throwing things);
- Isolating the victim by limiting her social contacts or access to money or transportation;

An American Probation and Parole Association (APPA) study confirmed the serious nature of criminal offenders' behavior. The Association noted that:

- Offenders repeatedly abuse their victims;
- Often, offenders have abused a succession of victims;
- They are among the most dangerous offenders released into the community and among the most dangerous type of misdemeanor offender;
- They tend to be chronic rather than first time offenders; and
- Their recidivism rates are particularly high.

Substance Use by Perpetrators

The APPA study also addresses the correlation between substance abuse and domestic violence. For example, it indicates the clear relationship between substance abuse and increased harm in cases of domestic violence. And the use of substances increases by 3.5 times the likelihood of recidivism. However, it is a terribly mistaken notion that substance abuse treatment will stop the offender from perpetrating violence. Therefore, the issues must be addressed separately and specifically. Put another way, battering will not necessarily cease if the offender stops using substances, and substance use is not necessarily a direct cause of violence.

White (2004) noted that the general relationship between violence and substance

abuse can be presented as follows: P (Person) + D (Drug) + E (Environment) = V (Violence). This shows the various factors that contribute to domestic violence. He goes on to describe seven possible interactions between substance abuse and violence:

(1) Independence – Violence has no causal relationship to that person's substance abuse.

(2) Rationalizing effect – The offender blames aggression on substance use when it really had no causal effect.

(3) Causative effect – Violence results from the direct effect of the drug, with little or no influence from the person or environment.

(4) Additive effect – The substance use contributes to, but does not independently cause violence.

(5) Synergistic effect – An interaction where an offender capable of serious violence also makes dangerous choices about the drug, the dose, and/or the method of ingestion, which results in aggression far out of proportion to a simple additive effect.

(6) Neutralizing effect – Violence is neutralized by drugs that slow down psychomotor activity or blunt emotions.

(7) Contextual effect – Violence occurs as a learned way of establishing power or problem-solving.

Chapter Three –Assessing and Counseling the Victim/Survivor

If Abuse is Presently Occurring

When a client presents with both occurring domestic abuse and medically acute substance abuse, assessing the most immediate need can be challenging. This is particularly true when the abuser is the person supplying the client with alcohol or drugs, and even more immediate if he is the person who brought her to seek intervention. This is an extremely challenging presentation for staff persons, and can result in safety concerns for staff as well as clients. If there are children involved, there can be the potential for harm to children as well.

In all situations, but particularly those requiring immediate action, it is vital that the helping agency have policies and procedures covering the steps to be followed. Policies and procedures cannot protect against all harm, but if carefully constructed and adhered to, will provide for the highest possible level of safety for both client and staff. Considerations should include:

- Does the client need immediate hospitalization, either for detoxification or for

physical injury?

- Is the client coherent and competent to discuss her situation?
- Is the client suicidal/homicidal?
- Does the client report her partner is suicidal/homicidal?
- If so, what would be the best action plan? If not, what?
- How will we respond if the client denies/admits abuse?
- Under what circumstances might we involve police?
- How can we take necessary action but preserve the client's privacy rights?

These are just some of the pressing considerations in such a situation. A comprehensive assessment is vital. Some useful resources include these publications:

1) National Violence Prevention Fund. www.endabuse.org/health, 2004 "National Consensus Guidelines on Identifying and Responding to Domestic Violence in Health Care Settings". This 98-page guide is available online.

2) Bragg, H. Lien. "Child Protection in Families Experiencing Domestic Violence". Office of Child Abuse and Neglect, Caliber Press, 2003. www.childwelfare.gov/pubs/usermanual/domesticviolence
A particularly useful portion of this manual is Appendix E, which is the "Domestic Violence Assessment - Victim" section.

3) Center for Disease Control and Prevention, "Intimate Partner Violence and Sexual Violence: Victimization Assessment Instruments for Use in Health Care Settings", 2007. This document provides a selection of assessment instruments and helps agencies choose which are the most useful to them.

4) SAMHSA. "Substance Abuse Treatment and Domestic Violence: Treatment Improvement Protocol (TIP) #25", 1997. This guideline was prepared specifically for workers in the field of substance abuse who work with both survivors and victims of domestic violence.

The involved agency will also need to determine whether a full assessment can be conducted appropriately with their personnel, or whether it will be necessary to involve outside resources. Again, these arrangements should be made in advance, particularly if staff from other agencies must be brought in. In some situations, the client may be given an appointment at another time and day, but such things may have implications for safety. For example, an appointment card can easily alert the abuser that the victim is seeking help, and make her safety worse. Agencies whose primary

concern is substance abuse and dependency will frequently have to adjust their thinking, and come to recognize that for domestic violence victims, the substance may not be the most unsafe entity in their lives.

Most literature strongly suggests the client not be pressed to admit the abuse until she is ready to do so. The person intervening must respect her right to choose what to conceal or reveal. If she wishes to return to the abuser when admitting the abuse, her right to do so must be respected.

However, it is helpful to provide her with information and to make it clear she can change her presentation at any time. Discussing in general how to make a safety plan and what resources are available in the community is essential; however, the client is the person who must decide on the next step.

If the client is to continue in a setting such as outpatient treatment, still living with an abusive partner, the treatment provider must decide how to provide effective help. When a client is living in a condition of acute and chronic trauma, how can effective substance abuse intervention be provided? Under these circumstances, a therapist can at least be a lifeline. It may be that the most important service is the potential for telling the truth somewhere, and being heard.

For the counselor, it is essential to discuss such cases in supervision or with colleagues, since there is strong potential for stress and secondary trauma. A recent study of mental health and substance abuse counselors who deal with domestic violence, with around 300 surveyed, showed over 20% reported a variety of PTSD symptoms.

If Abuse is in the Past

If the presenting client is separated from the batterer to the extent that safety is no longer an issue, it is possible to begin working on abstinence and continued sobriety.

However, the client may not be completely safe from the batterer even if physically separated from him. Batterers will use any means available, including cell phones, e-mail, and messages sent through friends, relatives, and children, to regain some semblance of control over the survivor. The failure to follow court orders is common, and threats are often sent from an incarcerated batterer. Thus, the very concept of safety may seem dangerous to a client, since hypervigilance is deemed necessary to survival.

Given this situation, the client may find abstinence from substances releases all sorts of terror which has been effectively suppressed, and she may be unable to deal with it without relapse. Unless the substance abuse counselor is clinically skilled in working with PTSD clients, other resources may be necessary. There has been a tendency in many programs aimed directly at substance abuse, including drug courts, to use gender-mixed treatment groups. Much evidence in the field of domestic violence treatment suggests this will not work for survivors, since the very presence of men may change the potential for females to feel safe.

Also, many substance abuse treatment programs promote the 12-step model of treatment, which includes concepts that may feel disparaging to domestic violence survivors. These include powerlessness, enabling, humility, and “turning it over”. However, victims need the sense of having their power and their rights restored, rather than further confirmation that they will never have this ability. Therapists must evaluate whether the 12-step model is best for a particular client.

Battered women who are substance abusers may have other disorders, and these may become much more apparent when attempts at abstinence are made. Making a referral for medication is a crucial decision, since medication use can be problematic when substance abuse is a primary diagnostic issue. The medication issue may also arise if there are medical issues present such as chronic pain.

Many survivors have unstable employment histories due to substance abuse or the batterer’s controlling behavior. Therefore, education about money management and employment readiness may help. The more power the client has to achieve independent self-care, the less she may fear the consequences of life events.

For many clients, residential female-only long-term programs directed at both substance abuse and domestic violence, particularly those willing to house children, seem to be the most comprehensive and most viable option. Unfortunately, such programs nearly always have extensive waiting lists and are often grossly underfunded.

Family/Child Care Issues

A particular concern in abusive situations is child safety. Women tend to be reluctant to disclose substance use because they are shamed more than men who abuse substances and are likely to be classified as inadequate mothers. The client may fear her

substance abuse paves the way for the batterer to get custody of children and, in many situations, this has proven to be the case. The client may feel she is the only protection her children have, and this may be true. She may be more willing to address substance abuse if she feels confident she can take her children when leaving the batterer.

Extended families, particularly ones where there's a history of abuse, may directly or indirectly encourage the victim to remain in the abusive situation. If the batterer is also a significant economic resource for the extended family, they may protect him even more. Some survivors report being banished from family for disclosing the abuse. In other instances, families will divide between those who support the survivor and those who support the batterer.

Children may be among those who support the batterer. They may want parents to reconcile, regardless of their experience in the home. They may also identify with the batterer and abuse the victim, at least with name-calling and shaming. This is particularly true of adolescent boys, who may become verbally and physically abusive.¹³ Finding appropriate treatment for the children may be necessary, and they may have issues such as substance use or abuse, school problems, problems with mood disorders, eating, or sleep disorders, generally poor health, or behavioral problems.

Finally, there is significant cultural conditioning suggesting both substance abuse and violence in the home should be kept secret. Even though we have developed more tools to deal with these issues, there are still strong efforts to suppress open community communication about these problems. The same mental processes, such as minimization, rationalization, denial, and blaming are used to hide the extent to which both problems exist in the nation as a whole. This has made efforts to deal adequately with the issues more difficult.

Summary

Substances are most frequently used by victims/survivors of domestic abuse for numbing. Addiction may be present, but the primary effect of substance use is to avoid emotional pain and traumatic fear. Therefore, when abstinence is attempted, long-suppressed and frightening feelings may emerge.

Often, relapse is attributable to the inability to deal with feelings associated with trauma, uncovered when abstinence is attempted, complicating the usual psychological or physiological results of addiction. The domestic violence client is often like a person

³ 13 SAMHSA, TIP #25. "Parenting".

who has been in a war zone, but one in which she had no survival tools other than understanding the batterer's psychology. This is true no matter what the life position of the client - there are survivor groups for victims who are police officers and whose batterers were also police officers.

Thus, upon leaving the abusive relationship, her ability to maintain a self-sufficient life has been significantly diminished by the circumstances in which she has lived. Clients such as this need assistance in almost every life area, particularly if they are to maintain long-term sobriety. It is extremely important, however, that the assistance offered to the client help her achieve a more self-directed life.

Chapter Four –Assessing and Counseling the Batterer

Battering and Substance Abuse

Researchers have tended to identify at least four types of male domestic abusers:

(1) Relatively “normal” men who appear to be less aggressive than other types of perpetrators. This group of men probably does not have more substance abusers in comparison to the general population. However, the link between their substance use and violence may range from no noticeable link to someone whose violence occurs only when intoxicated.

(2) Needy, more demanding men who may fit many of the diagnostic criteria for borderline personality disorder. Not surprisingly, this type of client is very dependent on external sources of comfort, be it in the form of substances or his intimate partner. Treatment must address this extreme external focus.

(3) Disagreeable, oppositional men who may fit many of the diagnostic criteria for antisocial personality disorder. This type of client is likely to be hostile or aggressive within or outside the context of his intimate relationship. Due to his propensity for violence and his lack of empathy, this client needs to be monitored closely by treatment professionals and criminal justice personnel, if applicable.

(4) Men whose violence stems from a medical or psychiatric condition such as paranoid schizophrenia or traumatic brain injury. In such cases, treatment needs to focus on the underlying cause.

In comparison, though, a 2005 article in the *Journal of Interpersonal Violence*

suggests attitudes about offenders have prevented clear identification of types of offenders, since much belief about this group is based on the view that society is patriarchal, and thus, offender behavior largely derives from cultural attitudes toward victims. This article reviews literature on the subject, and suggests there are at least three primary types of offenders. These are categorized by the writers as Low-, Moderate-, and High-Risk Batterers.

The writers suggest low-risk batterers have a low level of severity and frequency of violence, have little or no psychopathology, and have no history of battering. The moderate group show moderate severity and frequency of violence, and moderate to severe psychopathology. The high-risk group are very likely to have a criminal history, and show high levels of severity and frequency of battering, as well as severe psychopathology. These authors suggest that the three groups need differing kinds of intervention, and that some in the low-risk group might benefit from couples counseling.

Regardless of abuser classification, one common characteristic among many batterers is the abuse of alcohol or other drugs. However, not all batterers abuse substances. While these two behaviors may occur together, there are substantial numbers of batterers who do not abuse substances, and substance abusers who don't batter. Therefore, drugs and alcohol are not causes of battering.

There are other characteristics common to batterers, such as these listed in a publication from the United States Dept. of Justice:

- Experienced or witnessed violence in family of origin
- Often has a criminal record
- Low self-esteem
- Overly dependent on the victim
- Extremely jealous and possessive
- Expresses most emotions through anger
- Normal psychological tests, except a greater tendency toward violence
- Blames others; unwilling to accept responsibility for his violence
- Attempts to manipulate/control others
- Denies or minimizes the effects of his violence on victims and witnesses
- Lacks good parenting skills.

It is notable that many of these listed characteristics are common as well to those who abuse or are dependent on substances, but not all substance abusers have most or

all of the listed characteristics. Thus, there are components of personality common to both battering and substance abuse shared by many in each of or both of these categories. Once again, however, the corollary is clear: neither is the cause of the other, since neither appears all of the time.

However, since these conditions often appear together, batterers should be assessed for substance abuse treatment needs. Batterers and substance abusers use the same defense mechanisms to explain both kinds of behavior, such as minimizing, blaming, denial, and rationalization to justify what they have done. However, batterers will directly attempt to minimize their abusive behavior by stating their drug or alcohol use was the cause, and it is important for the counselor to make it clear this is not an acceptable excuse.

Domestic violence perpetrators, like their victims, can be found in all racial, gender, ethnic, and income groups, as well as in all life positions and professions. Some do not use substances at all, and some are chemically dependent. Substance abuse programs should assess clients for a history of domestic violence as perpetrator as well as victim. If a history of perpetrating violence is found, an effort should be made to assess the client's level of dangerousness. It is also recommended that substance abuse programs have access to specialists or referral facilities for these clients. An important component of successful substance abuse treatment will involve general behavior management, including violence toward anyone.

Assessing Level of Dangerousness

It has become clear that only a mental health response will prove inadequate. In order to prevent the offender from further maltreatment of his partner and other family, it has become necessary to provide effective criminal justice supervision of these persons. This way, reliable information about offender dangerousness comes from both treatment providers and criminal justice supervision agencies.

The question of level of dangerousness usually refers to the offender's potential for increased violence, including homicide. Barbara Hart of the Minnesota Center Against Violence and Abuse, provides a summary of behaviors that increase the likelihood of homicide, as follows:

- Threats of homicide or suicide
- Fantasies of homicide or suicide
- Weapons (including the use of arson)

- “Ownership” of the partner
- Centrality of the partner (when the offender has few or no other relationships, and depends on the partner to organize his life)
- Separation violence (increased violence when the partner leaves)
- Depression
- Access to the battered woman or family members, including children
- Repeated involvement of law enforcement
- Escalation of behaviors that are more risky for the batterer risk
- Hostage taking (according to Hart, 75%-90% of all hostage-taking in the United States is the result of domestic violence situations.)

Substance abuse professionals, unless they have received specialized training, may not be qualified to assess the issue of dangerousness. Since substance abuse clients are unreliable reporters of their history, it is generally necessary to obtain input from victims or from trustworthy third-party sources. Law enforcement agencies are generally equipped to provide such information.

When working with offenders, the most protective collaboration for victims can be when law enforcement, mental health, and substance abuse treatment work together. Generally, the goal of intervention in domestic violence is to provide the most effective form of victim protection, while changing the offender is secondary. This is not the norm for substance abuse counselors, who are trained to consider the client first.

Effects of Domestic Violence History on Substance Abuse Treatment

As aforementioned, many domestic violence offenders will cite substance abuse as the cause of their family violence. Clinicians must clarify for the offender that this is not an acceptable stance. Learning as much as possible about the conditions under which substance use may exacerbate or diminish the client’s potential for violence is important, but the counselor must make it clear that intoxication does not render the offender’s behavior excusable, accidental, or unplanned. Generally, however, the use of substances makes any person’s behavior less predictable, so abstinence may reduce the client’s level of dangerousness to some degree.

When offenders are involved in drug trafficking or production, the entire life situation is continuously dangerous. Paranoia and fear may be exacerbated by drug use, and the client may have accumulated weapons. This client may justify his violence as a means of protection, and his trafficking as a means of providing for his family.

The counselor should not permit the client to use abuse he experienced as a child as a justification for his domestic violence. Even if the offender is telling the truth about the past, he still needs to make the same behavior change today whether or not he was once a victim. Plus, the majority of those who were abused or witnessed domestic violence do not grow up to perpetrate the same offenses. And finally, it is difficult to say how many offenders may report abuse that did not occur. The client may present untrue information in order to present himself more positively.

These points are emphasized partly because so many offenders present themselves as calm, collected individuals when they come to counseling and can appear quite believable even when their criminal record indicates otherwise. Many offenders will try to draw the counselor into a bonded relationship in which the counselor advances the client's agenda and provides some level of protection for the client. Counselors must establish very clear boundaries with this type of client.

Legal Issues

The "duty to warn" is always a consideration, and counselors also need to be familiar with laws related to obtaining domestic violence protection orders. These are handled differently in different states. It may be helpful to have a liaison person with local law enforcement, who can answer client's questions and provide direct advice in obtaining warrants, if necessary. Liaison is also important with local domestic violence shelters and mental health providers, if such persons are not immediately available through the agency. If a person is in private practice, having liaison persons in both mental health and criminal justice could be particularly important.

It is important to discern, as well, what acts may meet the court criteria for issuance of a protective order in one's state. In some states, for example, emotional abuse is considered an adequate reason for issuing an order, and in some states it is not. How this is defined might also matter, so it is helpful to find out what the standards are generally in one's local court.

Judges can differ about what behavior might be adequate for orders to be issued. When victims cannot afford the services of an attorney, handling the matter *pro se*, or without legal representation is generally adequate for a court to issue a protective order if the court considers the petitioner's reason to be adequate. Generally, local agencies specializing in domestic violence can help clients file for protective orders. Remember, though, that batterers may choose to defy a court order if the offender becomes fixated on finding access to the victim.

Substance abuse counselors are bound by confidentiality statutes under HIPAA (the Health Insurance Portability and Accountability Act) and 42CFR (the federal statute relating to confidentiality of substance abuse patient records) as well as the exceptions to these statutes if there is danger to self or others. However, the duty to warn becomes part of the “danger to others” issue, and provides an exception to confidentiality statutes. Agencies or clinical practices should make these issues part of their policy and procedure manual, and address how cases will specifically be handled.

Generally, when agency guidelines are clear, are documented, are legal, and are followed, the agency and staff will not encounter problems, and if they do, will prevail legally. Clinicians should provide clear documentation of what procedures were followed, particularly when the potential for client violence to self or others is evident. The potential for violence is always present if there is a domestic violence history.

Chapter Five - Counselor Self-Assessment

Counselor Attitudes

The issues, research, and views presented to this point are generally accepted by those who work with domestic violence victims and offenders in some capacity. However, in recent years, some researchers and clinicians have questioned those generally held views.

Many of those viewpoints are presented in *Family Interventions in Domestic Violence: A Handbook of Gender-Inclusive Theory and Treatment* edited by John Hamel, LCSW and Tonia Nicholls, PhD. In the book’s introduction, the editors acknowledge that in the 1970s and 1980s, domestic violence reached a point where the serious nature of perpetrators’ assaults could no longer be ignored. At that time, helping professionals tended to lack an adequate understanding of the issue, which inadvertently placed blame on the victim and jeopardized her safety.

Since that time, however, the editors contend that political correctness and ideology have obscured important issues such as the failure of many batterer intervention programs for court-ordered clients and research indicating that a substantial number of domestic violence cases entail abuse by both partners. By extension, they are troubled by the number of professionals who make few distinctions between true battering cases involving a clearly defined perpetrator versus high-conflict relationships where the line between offender and victim is less clear.

We agree that political correctness has made it difficult for helping professionals to publicly discuss alternate points of view. Frequently, such viewpoints are automatically dismissed as an attempt to blame the victim when this may or may not be the case. Over the years, a surprising number of our female clients have readily admitted to initiating physical violence with their partner. Others openly admitted they were attracted to men who display overly macho behavior or show a propensity for controlling behavior or even violence.

However, as one of the editors points out later in the book, men nevertheless perpetrate the majority of physical domestic violence and women bear the biggest share of injuries, and particularly severe injuries. The domestic violence statistics we reported in earlier chapters speak for themselves. Children who witness domestic violence are negatively impacted no matter who initiates the violence. No matter the nature of the altercation, domestic violence situations continue to pose a considerable amount of danger to law enforcement officials responding to such calls.

And generally, holding an alternate point of view should not really change what the counselor actually does when working with either the victim or the perpetrator. The counselor should conduct an individualized assessment while understanding that the client may initially misrepresent what is really happening at home, whether it's due to denial, safety fears, or any number of reasons. Any discussion about the victim's choices should happen only after any immediate needs are addressed and once rapport is established. Of course, such an intervention should not be presented as blaming the victim in any way.

In any case, mental health and substance abuse professionals should examine their attitudes toward any client group. Since domestic violence is a "hot-button" issue, the counselor should discuss in supervision his or her set of beliefs prior to working with clients. Feelings about violent behavior, the victim's reaction, or about the effect of violence on other family members may be particularly strong.

The counselor may notice reactions to certain kinds of situations or toward particular kinds of relationships that he or she was not aware of prior to counseling involvement. When this happens, it is vital the issue be brought before one's clinical supervisor, and discussion with other staff may be equally important. One's views about relationships or about marriage may be brought to particular attention, and the counselor may find himself or herself "stuck" with a particular perspective from which it is difficult to deviate. Counselors may find the behavior of police, court systems, and

communities to be either less or more positive or negative than they would have expected, so the response from the entire system may bring issues to bear that have not previously come into focus.

The counselor may find himself/herself involved in advocacy for certain client groups or for changes to the law in ways (s)he had not previously considered. Since the original discussion about imposing criminal sanctions on domestic violence offenders arose in the United States primarily from the women's movement, and initially involved violent behavior in marriage, the history of progress toward stopping domestic violence has a connection with feminist politics. Plus, examination of one's attitudes toward maltreatment of people in general is important.

Chapter Six – Couples Counseling

Couples counseling may be appropriate in some cases where violence has been infrequent and less severe and the perpetrator is a low risk to batter again. However, couples counseling is generally not recommended for couples when violence has been a factor in the relationship. The history of violence renders the power in relationship quite uneven, thus, the batterer automatically has more power than the partner. Dr. Chris Huffine, a clinical psychologist, has published online a document entitled "12 Reasons Why Couples Counseling is Not Recommended When Domestic Violence is Present". In condensed version, these reasons are as follows:

- Couples counseling implies both parties are responsible for abuse
- Focus may be on issues other than the violence, encouraging violence to continue
- Interference on the part of the counselor may increase the use of violence to control the partner
- Blame aimed at the victim increases
- The victim may not be honest for fear of further abuse
- Or, the victim may feel falsely reassured and thus share information leaving her more vulnerable
- The batterer may feel shamed, discouraging the level of disclosure a batterer's group would permit
- Until abuse has stopped, other issues cannot be adequately addressed
- The batterer may be allowed to continue to blame the victim
- Often, no violence assessment is completed
- The counselor may be reluctant to strongly confront only one partner
- The victim may stay in the relationship longer than she otherwise would

As shown by these two examples, there is still debate among professionals as to the usefulness of couples counseling in the effective treatment of domestic violence, although much professional literature strongly argues against it.

Chapter Seven - Cultural Issues

Like drug abuse, effective intervention in the area of domestic violence has come to demand cooperation from professional systems that have set themselves apart from one another in the past. It has, for instance, become essential that mental health, substance abuse, and criminal justice systems and personnel cooperate effectively to achieve the best possible services for communities.

Many communities would like to ignore the prevalence of domestic violence among its citizens. Victims of domestic violence are isolated by their batterers from the community, but the existence of the problem is also ignored by communities, in the same way that the extent to which drug abuse permeates community life is often ignored. SAMHSA's Treatment Improvement Protocol #25 states emphatically that community engagement is the only way the issue of domestic violence will ever be effectively resolved, and lists the exhaustive number of issues presented to sufferers of abuse: "efforts must address housing, child care, emotional and physical safety, health and mental health care, economic stability, legal protection, vocational and educational services, parenting training, and support and peer counseling, among others."

Providing such support for individuals is difficult for many communities, given the current financial limitations of many social services agencies in those communities. Many families experiencing domestic violence fall into the poverty category financially. In some cases, the family's financial condition has been a factor in the violence.

Controversy surrounds some approaches to the issue of family roles in general. Mental health, substance abuse, and criminal justice policy in general has taken the position that violence in relationship is intolerable; however, this has not deterred some from taking the position that a family "head" may use violence if it is deemed necessary. Batterers may find themselves helped by belief systems which keep this thinking in place. Thus, a community issue is whether the use of violence in the family is indeed tolerable or not. A related battle in this area is the use of physical punishment with children, including whether or not this is appropriate in schools.

The guidelines published by Huffine advising against couples counseling were

aimed in particular at Christians, and are published online at the website www.peaceandsafety.com. This website is for Christians who are involved in domestic violence, and offers help and support with a focus on spiritually appropriate decision making. In most respects, religious organizations have moved toward the belief that marriage itself is not to be valued so strongly that direct harm to a partner or family member can be tolerated. This is a significant change in the cultural way family violence is looked upon in American society.

A group receiving more attention now than in the past is domestic violence perpetrators who are also police officers. Information about this group is available online, and the existence of such behavior is no longer as hidden as in the past.

A difficult issue is parental rights and child safety. This is particularly true if there is an abusive father and an addicted mother. There are also issues around child custody when a parent is incarcerated for a period of time, because this may result in loss of parental rights. Some mothers stay with a batterer because they fear a loss of custody to the abusive parent and believe the children are safer if the mother is at least present. Many women avoid treatment for drug abuse because they are worried this will cause them to lose custody of children.

Children cannot be safe in an environment where there is physical danger or where there is drug or alcohol abuse. Both things leave children far more vulnerable than other environments would. However, the question remains about where the child might be safer, if neither parent is available and other family is not able to provide care. Some treatment programs provide for children (usually with the mother, who is often the abused party) but these beds are few and have long waiting lists. Child social services are the next professional group which must be included in the umbrella of services available to survivors. If child visitation is to be granted for batterers, it is particularly important to enhance child safety, and make certain the child will not be used to gain access to the partner.

Finally, addiction and abuse have existed together in many families for multiple generations. In order to intervene effectively in such cases, a multi-generational history of violence and substance abuse must be addressed. It may be unimaginable for some people in this circumstance that there are in fact alternative ways to live. For this reason in particular, communities must be willing to face their own history and ways of living with such destructive community issues. When facing the combined problem of domestic violence and substance abuse, it is not possible to prevail when any part of the reality is obscured.

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Counseling Domestic Violence Victims and Offenders Who Abuse Substances

Post-Test Questions

1. ____ of domestic violence incidents involve crimes committed by men against women.
 - a. 80%
 - b. 100%
 - c. 92%
 - d. 50%

2. Which of the following is true?
 - a. Domestic violence is defined as “a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner.”
 - b. This behavior can be directed at anyone.
 - c. Such behavior can take numerous forms, including physical violence, sexual abuse, and emotional, economic, or psychological abuse.
 - d. All of the above

3. Battering will not necessarily cease if the offender stops using substances, and substance use is not necessarily a direct cause of violence.
 - a. True
 - b. False

4. Compared to other types of offenders, the recidivism rate among domestic violence perpetrators tends to be rather low.
 - a. True
 - b. False

5. What did the 1994 Violence Against Women Act do?
 - a. It provided funding and support for victims and workers in the area of domestic violence.
 - b. It required all states and tribal criminal justice bodies to recognize each other’s restraining orders.
 - c. Both “a” and “b” are true
 - d. None of the above

6. It is certainly possible that the offender has a history as a domestic violence victim, but the counselor must not allow the client to justify his violence with any past abuse that may have occurred.
- True
 - False
7. For domestic violence offenders, what behaviors could indicate a higher likelihood of him committing homicide?
- The offender has few or no relationships outside of his relationship to the victim
 - The offender has access to the battered woman or to the children
 - The offender owns or has ready access to weapons
 - All of the above
8. Abstinence from substance use will do nothing to reduce the offender's level of dangerousness.
- True
 - False
9. When victims cannot afford the services of an attorney, handling the matter _____, or without legal representation is generally adequate for a court to issue a protective order if the court considers the petitioner's reason to be adequate.
- Pro bono
 - Pro se
 - In loco parentis
 - None of the above
10. What percentage of domestic violence offenders lie about having been abused as a child?
- 25%
 - 50%
 - 75%
 - The percentage is not known
11. Why is couples counseling not recommended in domestic violence cases?
- Couples counseling implies both parties are responsible for the abuse.
 - The victim may not be honest for fear of further abuse
 - The counselor may be reluctant to strongly confront only one partner
 - All of the above

12. What are reasons why the counselor should not allow perpetrators to blame their behavior on their own histories of being abused as a child?

- a. The offender needs to make the same behavior change today whether or not he was once a victim.
- b. Most children who were abused or witnessed domestic violence do not grow up to perpetrate the same offenses
- c. It is difficult to say how many offenders may report abuse that did not occur.
- d. All of the above.

13. With perpetrators who may have borderline personality disorder, treatment is more likely to succeed if the client's extreme focus on others, and on substances for comfort is addressed.

- a. True
- b. False

14. Couples counseling may be appropriate in cases where violence is infrequent and less severe.

- a. True
- b. False

15. Which of the following are among the emerging, alternate viewpoints about domestic violence?

- a. Research indicates that a substantial number of domestic violence cases involve physical violence by both partners.
- b. Political correctness has obscured realities such as the ineffectiveness of many batterer interventions.
- c. Both a & b are among the emerging, alternate viewpoints

16. There are cases where a batterer's violence may stem from a medical or psychiatric condition.

- a. True
- b. False

17. In the bigger picture, _____ is the only way the issue of domestic violence will ever be effectively resolved.

- a. community decentralization
- b. community engagement
- c. community enmeshment
- d. none of the above

18. The general relationship between violence and substance abuse can be presented as:
- P (Person) + D (Drug) + E (Environment) = V (Violence).
 - P (Person) + D (Drug) + C (Community Response) = V (Violence)
 - P (Person) + D (Drug) = V (Violence)
 - None of the above
19. Substance use contributing to, but not independently causing violence, is an example of the _____ effect.
- palliative
 - substantive
 - incremental
 - additive
20. The offender blaming aggression on substance use when it really had no causal effect is an example of the _____ effect.
- blaming
 - inaccuracy
 - rationalizing
 - None of the above
21. The _____ effect is exemplified by an interaction where an offender capable of serious violence also makes dangerous choices about the drug, the dose, and/or the method of ingestion, which results in aggression far out of proportion to a simple additive effect.
- synergistic
 - multiplying
 - chemically induced
 - None of the above
22. Most of the research literature strongly suggests the victim should be encouraged to admit the full extent of the abuse as soon as possible.
- True
 - False
23. Children who witness domestic violence are negatively impacted no matter who initiates the violence.
- True
 - False
24. There are sometimes cases where minor children support the batterer, and not the victim
- True
 - False

I, _____ (name of participant) affirm that I am the person who completed this home study and am responsible for this post test.

Signature: _____

