



Family Violence and Substance Abuse

Information from...

The National Clearinghouse on Family Violence

Purpose of the Fact Sheet

The goal of this fact sheet is to provide some basic ideas for understanding the connection between family violence and substance abuse. Although a connection has long been observed, there has been confusion and debate about its nature and its meaning. Even the terms “family violence” and “substance abuse” have different meanings for different people. If we can understand the relationship between substance abuse and family violence, we can help to create safety and support for the people affected by these problems.

A Framework for Family Violence

Family violence is abuse of power within relationships of family, trust or dependency. It can include many forms of abusive behaviour:

- emotional abuse
 - psychological abuse
 - neglect
 - financial exploitation
 - destruction of property
 - injury to pets
 - physical assault
 - sexual assault
 - homicide.
- The primary victims are women, children and seniors, including people with disabilities.

- Females are more frequently victimized than males and in most cases the perpetrators are male.
- These abuses of power are reinforced by traditional societal attitudes and maintained by existing barriers to social equality based on sex, race, age, class and disability.

A Framework for Substance Abuse

Substance abuse refers to the inappropriate use of any drug or mood-altering substance. It can result in personal, family, health, social, legal and financial problems. Substance abuse is use that occurs:

- too frequently
- in excessive amounts
- over a long period of time or
- in the wrong combination with other drugs.

Both legal and illegal drugs can be involved, including alcohol, prescription and over-the-counter medications, illicit drugs and solvents.

- Substance abuse can result in physical and psychological dependence or addiction.
- Substance abuse or dependence can affect a person's overall health and functioning – emotional, psychological and physical. Therefore, these problems must be addressed as specific issues, rather than as mere symptoms of other problems.

- The effect of a substance on a person depends on more than just the drug. People's behaviour under the influence of a drug can vary depending on factors such as age, gender, biology, personal beliefs and expectations, and social context.

Making the Connections

Family violence and substance abuse are problems that are complex and multi-faceted and this is further complicated when they appear together. Two major concerns are *the link between the victim's experience of family violence and substance abuse, and the link between the victimizer's substance abuse and abusive behaviour.*

As victims

- Women abused in the past, or currently living with an abusive partner, may use alcohol or other drugs to deal with the pain, anxiety and fear of their situation.
- Adults who were abused as children may use substances to deaden the pain of past memories.
- Adolescents who have been abused or who have witnessed abuse may resort to alcohol or other drug use as a coping mechanism.

As victimizers

- Parents who abuse and neglect their children often have problems with substance abuse.

- Men who assault their partners often use alcohol or other drugs prior to the assault.
- Men who sexually exploit children have often engaged in substance abuse before or during the sexual offence and may use alcohol and other drugs as a way of luring and manipulating their victims.
- Victimizers may abuse substances to diminish their feelings of guilt or shame or to assist in denial of their acts.
- Those who care for seniors or persons with disabilities may give them excessive medication or withhold medication in order to control their behaviour.

Although they are often interrelated, not every person who experiences family violence will use substances to cope. Nor will everyone who abuses substances perpetrate family violence. When both problems occur together, each contributes to the other. Families in which both violence and substance abuse occur are sometimes referred to as dually affected families.¹

What Do We Know?

Family violence and substance abuse are often “hidden” problems, and the association between the two has not been adequately researched. Several recent studies do, however, highlight connections between these problems.

- A survey of 2099 women found that women who had experienced abuse reported more frequent use of sleeping pills and sedatives than women who had not been abused.
 - 40% more battered women reported sleeping pill use.
 - 74% more battered women reported sedative use.
 - 50% more women physically abused as children reported sleeping pill use and *all* reported sedative use.
 - Women who were sexually abused as children reported two times greater sleeping pill use and three times greater sedative use.²
- Research indicates that men who drink regularly are more likely to abuse family members.
 - Parental child abuse was six times more frequent among men who often drank to excess.³
 - The national Violence Against Women Survey (1993) indicates that alcohol is a prominent factor in wife assault. In one-half of all violent partnerships, the perpetrator was usually drinking. The rate of wife assault for women currently living with men who drank regularly (at least four times per week) was triple the rate of those partners who did not drink at all. Women were at six times the risk of violence by partners who frequently consumed five or more

drinks at one time, compared to women whose partners never drank.⁴

- Studies about the use of alcohol and wife assault show a difference between reports by victims and perpetrators.
 - Ten studies reporting chronic alcohol use, alcoholism, or alcohol abuse reported that between 24% and 86% of battering incidents involved alcohol abuse. When batterers reported, the result was a combined average of 36% of battering incidents involving alcohol; when victims reported, the combined average was 67%.⁵
- A study of 712 street youth reported that many came from troubled homes where family violence and/or substance abuse were present.
 - 2 out of 3 of the street youth were using alcohol and/or other drugs daily or weekly, with the majority being moderate to heavy users.
 - 1 in 4 of the 321 female street youth described their first sexual experience as rape, perpetrated by male relatives or family friends.
 - 87% of girls and 27% of boys who were introduced to sex before the age of ten said rape had been their first sexual experience.⁶
- Only recently has attention been paid to abuse of seniors. A telephone survey of 2008 seniors living in private dwellings reported that about

40 persons per 1000 had recently experienced some serious form of maltreatment in their own home.

- Regarding substance abuse 1 in 7 abusers was identified as having a drinking problem, and nearly 1 in 10 abusers was identified as having some other drug problem.⁷

Questions to Consider

What is the nature of the relationship between family violence and substance abuse?

- Although family violence and substance abuse frequently coexist, the exact nature of the relationship is not well understood. There are similarities between the two problems and the problems add to each other. The relationship is not directly causal
 - substance abuse does not cause family violence nor does family violence cause substance abuse. There are a multitude of factors that influence how a person will be affected by family violence and whether or not that person will be susceptible to substance abuse and dependence.

However, the connection between the two problems is sufficiently strong to cause concern:

- Members of families in which one or both parents abuse substances are considered to be at high risk for physically abusing and particularly for neglecting their children.

- Persons who have experienced family violence are at greater risk for alcohol and other drug problems than those who have not.
- Evidence suggests that adolescents who run away from violent homes are at risk of further victimization and substance abuse as well as other problems.

Why does the relationship occur so frequently?

There are many ways of looking at the connection between family violence and substance abuse. Here are some examples:

- **Self-medication** – Alcohol and other drugs may be used to cope with the physical, emotional or psychological pain of family violence. It has not, however, been determined that victims who abuse substances do so solely as a result of their victimization.
- **Disinhibition** – Alcohol or other drugs are seen as reducing behavioural inhibitions so that socially unacceptable behaviour such as aggression is more likely to occur. However, this does not adequately explain the choice of family members and vulnerable populations as targets of this aggression.⁸
- **Learned association** – These theories focus on the rules that regulate behaviour. We learn in our families and social groups that certain events or behaviours are connected

and expected. For example, a person may learn to connect family violence and substance abuse by growing up in a family where they both occur. In addition, beliefs about the potential effects of a drug will strongly influence a person's actual experience of the drug. A belief that a drug will cause abusive behaviour will increase the likelihood of abusive behaviour.⁹

- **Disavowal** – This explanation is related to learned association. Often abusive individuals excuse their violent behaviour, and are even excused by their partners and other family members because they were drunk and “not in control”. It allows us to see the person as normal, but their behaviour as deviant.¹⁰

Each of these theories has assisted in exploring the relationship of family violence and substance abuse. However, they can also be used to avoid the issue of accountability. Social attitudes and beliefs contribute to our tolerance of family violence and substance abuse. To have a significant impact on reducing these problems, we need a comprehensive understanding and a redefining of what we will tolerate.

What do family violence and substance abuse have in common?

While family violence and substance abuse can occur either separately or together, researchers in both fields report common characteristics. Regardless of differences of opinion

among workers in both fields over whether substance abuse is a symptom of illness or a learned behaviour or whether family violence is a mental health issue or social problem, agreement does exist on many fronts.

Family violence and substance abuse

- are pervasive social and health problems
- cut across all demographic categories
- are potentially life-threatening
- are often intergenerational
- tend to become progressively worse
- affect all members of the family
- typically involve denial by all parties
- result in social isolation for individuals and families
- often lead to other kinds of problems (e.g. health, legal and financial).

When family violence and substance abuse occur together, the impact of each problem may be intensified. Despite similarities we need to recognize that each problem needs to be addressed separately, without assuming that addressing one will take care of the other.

Implications for Service Providers

Recognizing the link between family violence and substance abuse is vital if front-line workers are to provide effective services to families affected by

both problems. That means service providers, whatever their area of expertise, need to be willing to work together. Philosophical and theoretical differences must be secondary to safety and cooperation. Truly effective service comes from knowing our limits and knowing how to network within the community.

While service-delivery-issues related to family violence and substance abuse are too extensive to be fully covered here, the following points may stimulate further exploration and discussion.

- Safety planning must always be the first priority when dealing with family violence and substance abuse. Workers must continually assess the level of risk for suicide, homicide and recurring violence.
- It is important that service providers look for both substance abuse and family violence and develop strategies to address both problems. The impact of these problems on *all* members of the family should be considered.
- Although these problems may appear to be directly linked, we must remember that they are distinct issues. Dealing with one problem does not necessarily eliminate the other. Assumptions of this kind will lead to continued risk for all involved.
- Victims of family violence who have alcohol or other drug problems may require additional support. Dealing with both problems may make it more difficult for the victim to leave a

violent relationship and/or to stop abusing substances. Special attention must be paid to safety issues.

- The timing of various kinds of assistance is crucial in addressing these problems. The first priority is to ensure everyone's immediate safety and to address ongoing safety plans. Alcohol and other drug-dependency-treatment should begin by putting supports in place for family violence issues. Therapy for family violence should not begin until the acute effects of substance abuse are sufficiently diminished.
- Family violence issues may influence decisions about treatment in the addictions field. For instance, safety may be enhanced by placing perpetrators of family violence in residential programs. Women, especially those who have been abused, can benefit more from specialized women's programs than from the traditional male-oriented treatment programs.
- Effective safety planning by family violence workers can be enhanced when the impact of substance abuse as a risk issue is fully appreciated.
- Recognition of the mental-health-effects of child abuse, wife abuse and abuse of seniors has increased greatly in recent years. There remains a concern that medications are often prescribed as the sole intervention for these problems. Unless underlying

family violence issues such as safety and victim trauma are dealt with, drug dependency may result.

- Older persons may become victimized if they are not aware of the effects of unintentional misuse of drugs in combination with other drugs.

Treatment approaches in the family violence and substance abuse fields are sometimes so divergent that they are barriers to communication and cooperation. These differences can be tempered with the strength of similar backgrounds. Both fields were launched by grass roots movements that stimulated the development of programs and services. Their shared traditions of group support, friendship and strong commitments to prevention, public awareness and social policy development are foundations for collaboration and understanding.

Some Thoughts for Family Violence Victims

If you have been a victim of family violence, there are several issues about substance abuse that may be important for you to consider.

- Family violence does not necessarily stop when the abuser stops abusing alcohol and/or other drugs.
- Using alcohol or other drugs to cope with the effects of family violence can lead to further problems, including drug dependency and possibly increased vulnerability to violence.

- Both family violence and substance abuse problems often require assistance beyond the family for protection, support or treatment.
- Attempting to deal with one problem without addressing the other can cause a false sense of security.

In a crisis, contact your local police, child welfare agency or women's shelter for protection. For ongoing support or treatment, contact a family service or counselling agency or addictions program.

Some Thoughts for Those Who Behave Abusively Toward Family Members

If you have abused a family member, there are several issues about substance abuse that are important to you.

- If you have a history of abusive behaviour, intoxication will increase the likelihood and severity of your violence.
- Getting treatment for both substance abuse and abusive behaviour is important, as treating only the substance abuse is no guarantee that your abusive behaviour will stop.
- Children growing up in families where substance abuse or family violence is present, often repeat these problems as adults.

Most people who threaten or harm others, especially family members, feel upset about what they did. There are programs that can help you stop behaving abusively and that can help you feel better about yourself. Contact a counselling program for men who batter, a family service agency, or an addiction treatment program. Remember to tell them about both the family violence and the alcohol or other drug abuse.

Suggested Readings

Canadian Council on Social Development. *Vis-à-vis*, national newsletter on family violence, particularly the issue on addictions and violence, winter 1991, Vol. 8, No. 4.

Canadian Panel on Violence Against Women. *Changing the Landscape: Ending Violence – Achieving Equality*. Minister of Supply and Services Canada, 1993.

Health Canada, *Fact Sheets* on child sexual abuse, child abuse and neglect, wife abuse, wife abuse and the impact on children, elder abuse, adolescent sexual offenders, and dating violence. National Clearinghouse on Family Violence, Ottawa.

Health Canada, *Straight Facts About Drugs and National Alcohol and Other Drugs Survey – Highlights Report*. Minister of Supply and Services Canada, Ottawa, 1990.

Interdisciplinary Project on Domestic Violence, *The Mountain and Beyond: Resources for a Collaborative Approach to Domestic Violence*. Ottawa, 1993. For information on where to borrow copies, contact National Clearinghouse on Family Violence.

A useful resource for aboriginal communities is *A Resource Guide on Family Violence Issues for Aboriginal Communities* available from the National Clearinghouse on Family Violence.

Addiction Research Foundation. *Link – An educational program on the link between psychoactive drug use and domestic violence*.

Audio-Visual Resources

The National Film Board (NFB) of Canada manages a family violence film and video collection on behalf of Health Canada. Films and videos can be borrowed from regional offices of the NFB.

Endnotes

1. Daily B. “Dually Affected Families: Substance Abuse and People Abuse” in Martens, T., ed. *The Spirit Weeps*. Edmonton, Nechi Institute, 1988, pp. 188-122.
2. Groeneveld, J. and Shain M. *Drug Use Among Victims of Physical and Sexual Abuse – A Preliminary Report*. Addiction Research Foundation, Toronto, 1989.
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4. Statistics Canada. *Wife Assault: The Findings of a National Survey Juristat (Vol. 14, No. 9)*. March 1994, Ottawa.
5. Tolman, R.M. and Bennet, L.W. A Review of Quantitative Research on Men who Batter. *Journal of Interpersonal Violence*. March 1990.

6. Radford, J.L. et al. *Street Youth and AIDS. Social Program Evaluation Group*, Queen's University, Kingston, 1989.
7. Podnieks, E. and Pillemer, K. *National Survey on Abuse of the Elderly in Canada*. Ryerson, Toronto, 1990.
8. Shainess, Natalie (1977) cited in Wright, Janet M. *Chemical Dependency and Violence: Working with Dually Affected Families*. Wisconsin Clearinghouse, 1981.
9. Lang, Alan R. Effects of alcohol on aggression in male social drinkers. *Journal of Abnormal Psychology*. October 1975.
10. Gelles, Richard J. *The Violent Home: A Study of Physical Aggression*. Sage Publications, California, 1974.

This fact sheet was prepared by Colin Campbell with assistance from Julie Devon Dodd. Contributions of the following people are gratefully acknowledged – Rick Browning and Rick Morris, Institute for Human Resource Development, Newfoundland; Wayne Skinner, Addiction Research Foundation, Ontario; Alayne Hamilton, Family Violence Project, Victoria, British Columbia; and Katalin Kennedy, Vera Lagasse, Barbara Merriam, Gordon Phaneuf, and Kathy Stewart, Health Canada, Ottawa. This fact sheet was based on earlier work by Linda Graham, The McCreary Centre Society, Vancouver, British Columbia.

For further information on family violence issues, contact:

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or call the toll free number,
1-800-267-1291



TDD (Telephone Device for the Deaf) toll-free number,
1-800-561-5643 or
(613) 952-6396.

For further information on substance abuse, contact your provincial or territorial department of health or community services.

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