

Domestic Violence, Child Welfare & Addiction Treatment

Lessons Learned by Bonnie & Jay in the efforts to create a
Collaboration with DV, CW and A&D TX (*DRAFT*)!!!!!!!

The fields of domestic violence (DV) services, child welfare (CW) and addiction treatment often come together as the parents and children involved in these systems seek to complete services to leave the systems in recovery and safely parent their children as well as being safe themselves. Each of these fields has specific goals and a specific person in the family they advocate for and see as their primary client. Collaboration is a huge challenge and the first step in achieving a collaboration is kind of like the first step in addiction recovery – admitting you have a problem. In this case the “problem” is, how do these respective fields advocate for the clients they serve in a way that helps the families overall situation without compromising their beliefs and understanding about what good service really consists of? Understanding each other’s terminology is a good first step and that is the intent of this paper. This is our first working draft. We welcome comments and suggestions.

Key Words to Clarify: Choice, Mandated Services

Domestic Violence & Choice

Perpetrators of Domestic Violence choose who they abuse. They choose the victims. They choose not to act in the same manner toward other people. The power and control issue they exercise is often a carefully manipulated and specifically targeted process. Batterer intervention focuses on assisting batterers in making different choices in how they relate to the world and in their beliefs that they are entitled to control their partner. Changing the choice process to stay out of jail, not to use power and control, be a better father, be seen differently by the rest of the world.

Victims and Survivors of DV do not choose to be harmed. They do not choose to be controlled. They do not choose to be beaten. While in the midst of violent relationships they sometimes take responsibility for the violence, take responsibility for the perpetrators emotions and blame themselves for the suffering they endure. This is a part of the symptomology of being a victim and the batterer’s control and blaming. Recovery from these relationships involves learning a different way to survive and relate to the world. Survivors often choose to stay in what can seem from the outside a terrible relationship. But these may be choices based on issues such as religious conviction, protecting children and economic or actual survival.

Addiction Treatment & Choice

People who are addicted to substances chose to begin use. They chose to experiment, chose to party, chose to self-medicate or seek the mood swings that allow them a different set of feelings. In the history of every addicted person is a series of bad choices that lead to addiction. However, once their pattern of drug use becomes addiction, by definition they have lost control. They are no longer choosing to use. Their addiction is driving them to respond to a physical and psychological need to avoid withdrawal, avoid shame and they truly can't see themselves as normal or able to function without their drug. In trying to recover from addiction treatment focuses on understanding the process that drugs of abuse play in each person's brain functioning – how the drugs take away a person's ability to choose. Recovery is centered on making a daily choice not to use a substance so the person retains their ability to make the choices they want with a clear mind. In order to stick to this recovery process outside influences must be relied upon. Sponsors, other people who have sustained recovery, community support persons, all play a role in helping a recovering addict stay clean so they can retain the ability to make good choices.

Child Welfare & Choice

It is rare that a parent ever chooses to involve DHS child welfare in their life. DHS is usually involved when there are accusations of neglect or abuse on the part of a parent. Typically the early stages of a child welfare case involves parents being resistant to the services, uncooperative in their involvement and fearful of telling the truth.

For recovery to take place DV perpetrators, DV survivors and drug addicts have to accept the choices they have made, learn the difference between what is their responsibility and what is not, and commit to making different choices to get a better outcome. For parents (DV involved, addicted or other) whose children are involved in the child welfare system, the right to parent their own children can be the most positive and powerful motivation to change.

Mandated TX

In the field of addiction, mandated treatment is the norm. Almost every client is mandated by some outside force compelling them to attend or lose something – their child, their freedom, their family relationships, their job, etc. Mandated treatment in the field has been researched as effective. The addiction and recovery field does not “wait for a person to hit bottom”. Judges mandate treatment, child welfare and other government programs require it of their clients. It's seen as a good thing.

In the world of DV the idea of mandated treatment is generally regarded as a bad idea for some and excellent for others. In particular, for victims or survivors of DV

mandated treatment can be seen as something to avoid at all costs, a repeat of the survivor's loss of control over their own life, a re-traumatization, a punishment for something they did not do, a requirement of accountability for a behavior they were subjected to versus one they "chose".

For the batterer treatment is almost universally mandated, coerced, forced, court ordered in some way. It is considered as holding a person who chooses a behavior accountable for that choice.

Batterer intervention programs are frequently mandated by the criminal justice system. They may also be mandated by outside forces—threat of losing something. Victim's services become trickier. The domestic violence movement is based on empowering victims to become survivors. It means giving choice and options back to them. When Child Welfare becomes involved and mandates a victim receives domestic violence services, this contradicts the underlying assumption about those services. Child Welfare can identify the batterer's behaviors that are making the child unsafe and hold the batterer accountable for those. They can identify what the victim needs to be safe and connect to resources and services.

**Alcohol & other Drugs Change the Brain
& therefore, Moods and Expressions of Emotions**

Drugs lower people's inhibitions.

Drug use that lowers inhibitions can expose thoughts, beliefs, concerns and desires of people that, when sober, they would never expose to anyone or announce publicly. In that instance a perpetrator of domestic violence or child sex abuser may be easier to identify when under the influence because they may take chances their sobriety would not allow them to take, and make errors in judgement that when sober they would not make. Drug use can uncover bad patterns of behavior in this way.

However.....

People do things under the influence they would never do sober! That includes doing things in direct opposition to their personal values and beliefs. They say things they would never say when sober. The old adage of, "well it's got to be in there to come out" is a belief that implies everything a drunk person says they believe to be true and every statement they make is their true feeling on a given matter – this is simply not true.

Domestic Violence is Much More than Violence

When talking about the interaction of alcohol and drug use and domestic violence there is often a tendency for some professionals to dismiss the DV as a result of alcohol or drug use. This is a huge error. Alcohol and Drug use can cause violent behavior in normally non violent or non aggressive people. We have countless examples of this. But alcohol or drug use by a person who is a perpetrator of DV is not the “cause” of the behavior” or an “excuse” for the behavior – it is an added issue for the perpetrator to deal with. In fact, in some instances A&D use by a DV perpetrator is the thing that exposes what the victim has known for years. The A&D use may put the normally controlled and directed DV perpetrator in a state that exposes them as their judgement and inhibitions are impaired.

The violence is only part of the pattern of power and coercive control the batterer exercises. Look at how the power and control is targeted. Look at other behaviors and tactics such as isolating the victim, making degrading and abusive remarks, controlling finances, controlling the car, etc. to get a clearer picture of the totality of the domestic violence. Look at the behaviors when the batterer is not under the influence.

Batterers need intervention for both the substance abuse and for the domestic violence. Victims and perpetrators need appropriate services for both the meth use and for the domestic violence. Collaborating with partners to do good assessments and design appropriate services is key to making that happen.

Recommended Strategies

Always assume: If you have a report or allegation of domestic violence assume it is true. Assume that the power and control issues of the classic perpetrator exist. Assume that drug and alcohol are an attached issue to the identified problem of domestic violence and not the “primary” issue. Then rule out things as you go about working the case. This is a safer, more realistic, and more clinically sound way to enter any case where violence has occurred.

Screen in: If you have a report of alcohol and drug use by a victim or perpetrator assume they have a level of problem that may require treatment. Assume they should be screened for possible A&D treatment services. Get them to the appropriate service they need. Then rule out things as you go about working the case.