



Alcohol & Drug Abuse and Relationship Violence

Abuse of alcohol and other drugs is both a prominent risk factor for relationship violence and a barrier to treatment effectiveness. The incidence of current alcohol abuse in men who use violence in relationships is very high. In BC, according to police statistics, alcohol abuse is a factor for about 50% of those who assault. It is also linked to more severe acts of violence. Therefore, the risk of violence is increased both by substance dependence and recent substance abuse or intoxication. Abuse of alcohol is the more prevalent risk factor for relationship abuse, while use of drugs, or both alcohol and drugs, is a risk factor for the most severe violence. In addition, the risk for continued violence or abuse in the relationship remains high as long as substance abuse and dependency continue, even if other risk factors have been addressed in treatment. It has also been suggested that use of substances by the victim is a risk factor. Women who are intoxicated are less able to protect their own safety. They may miss the cues of impending violence or be less able to take evasive action (e.g., safety planning and initiation of separation/independence). The

Defining Substance Dependence/Abuse

Dependence is characterized by obsessive preoccupation with the substance, compulsion to use, and loss of control of use once started. Substance abuse is defined as chronic or occasional use that negatively affects current and future health, behaviour and relationships. Substance abuse may increase risk of relationship violence in several ways, including behaviours related to being drunk or high, behaviours related to withdrawal or seeking the substance, and the long term economic and social effects of addiction.

Common Origins

It appears that the origins of both problems are also interwoven. Both adult violence and substance abuse are associated with childhood experiences of either paternal substance abuse, or witnessing or being the victim of abuse. In addition, alcohol use is associated with other risk factors for spousal assault, such as attitudes that support or condone violence against women. Psychological factors such as dependency on relationships, need for approval, negative self concept, self deception, and low frustration tolerance, appear to be common to both alcohol dependency and relationship violence.

Two Separate Overlapping Problems

While the association is well documented, the common claim that the alcohol is the direct cause of violence is discredited by the observations that some heavy drinkers are not violent, some sober men abuse, many abusers are violent whether drunk or sober and sobriety does not necessarily prevent further relationship violence. Rather than being the cause, drunkenness may be a socially sanctioned excuse for violence. Men may choose to drink before abusing in order to claim a culturally approved "time out" from constraints against violence, and thus deny responsibility for their behaviour.

Although alcohol use does not simply cause violence, and is not an acceptable excuse, it is clear that intoxication increases the risk of choosing violence as a response. Use of alcohol, and indeed other drugs, impairs judgment, both in recognizing cues in the environment and in making choices to respond with little consideration of impact and long-term consequences. Additionally, substance abuse can impair a man's ability to respond to treatment or access his new awareness and skills.

To effectively address substance abuse as a risk factor, counsellors must be prepared to recognize the problem through screening and assessment, to refer and work cooperatively with specialized addiction resources, and to support recovery. Addictions counselling may occur concurrently with relationship abuse counselling.

Summary

Substance abuse does not cause violence but it is frequently a concurrent problem that increases risk and severity of violence and decreases treatment effectiveness of relationship abuse interventions. Consequently, counsellors/programs need to screen for substance abuse and coordinate treatment with addictions counselling when appropriate. **Both problems need to be addressed.**