

BATTERED WOMEN WITH CHEMICALLY-INVOLVED PARTNERS

Codependency and Effects of Victimization: Similarities and Differences

An abuser's involvement with substances can have a significant impact on victims of domestic violence. One of the ways in which victim safety is often inadvertently compromised is when victims participate in services designed to address the needs of family members of chemically- dependent persons.

One of the difficulties in talking about codependency treatment is that it often means different things to different people. In fact, several different definitions of codependency circulate within the field, each of which has different implications for intervention. For example, if codependency is understood as family members' situational responses to the presence of a chemically-dependent person in their midst, interventions are likely to be based on behavior modification approaches. If, on the other hand, codependency is understood as a pattern of behavior that is most often learned in the family of origin, then interventions are likely to include helping clients gain insight into family of origin roles to facilitate behavior change in the present.

Rather than trying to gain consensus about which definition of codependency is the "right" one, it may be more useful to focus on the behaviors or characteristics that the framework of codependency was intended to describe.

Common behaviors and characteristics associated with codependency include:

- being preoccupied with partner, what he does, where he is, etc.
- being other-focused
- making others' needs more of a priority than one's own needs
- being unable to define one's own needs
- taking responsibility for others
- denial
- enabling behaviors, i.e., covering up for, making excuses for, supplying the drug
- having unclear boundaries; not setting limits with others' behavior
- defining mood based on other peoples' moods
- being reactive rather than proactive
- putting self down
- suffering somatic illnesses

For the most part, the behaviors and characteristics that describe codependency also describe the very behaviors that many victims of domestic violence adopt to survive.

- Being "other-focused" can be a survival tactic. Being highly attentive to an abuser's mood can help a victim identify potential cues of violence to come.
- Putting the abuser's needs, wants, and desires ahead of one's own is a logical, rational response to victimization. If an abuser is placated and happy, a victim may be safer. In fact, it is common for a victim's mood state to be directly influenced by her abuser's mood state. "If he's happy, I'm safe."
- "Enabling" behaviors may also be safety-related if you're a victim because a victim's failure to comply with an abuser's demands may very well result in an escalation of coercion and violence. If a victim's abuser wakes up in the morning hung over and tells her to call the boss and tell him that he has the flu, she's likely to do it. If he tells her to go to the corner store and buy a six-pack of beer, she's likely to do it.
- Victims of domestic violence often learn the hard way that setting limits with their abusers results in increased coercion and violence.
- Victims of domestic violence often seek treatment from the health care system for a wide variety of somatic complaints, often illnesses that result from the stress of living with a violent partner.

Being in a relationship with an abusive partner requires considerable skill and resourcefulness and has a predictable effect on a victim. Victims learn to do and say those things that will help keep them and their children most safe. Becoming highly attuned to the pleasure and displeasure reactions of the abuser is a survival strategy. A victim's own needs, wants and desires become irrelevant because what will help keep the victim most safe is intimately connected to the abuser's mood, wants, likes, and dislikes. As a result, victims may know more about the abuser than they do about themselves. In fact, victims will often adopt these survival strategies regardless of whether or not their partners are involved with substances.

Implications of Codependency Treatment for Victims of Domestic Violence

Just as there is a lack of consensus about the definition of codependency, there is also great variance in the methods used to "treat" it. Twelve-step programs such as Al-Anon, however, are typically an integral part of codependency treatment plans. It is important to take a look at what can happen when a victim of domestic violence becomes engaged in a twelve-step program.

If a victim of domestic violence begins to “detach” from her abusive partner and get self-focused, or if she attempts to set limits with her partner and to define her boundaries, she faces a significant risk that her partner will respond with increased violence and coercion. Abusers are typically very resistant to their partners' attempts toward independence of any kind. Abusers may respond to their partners' changes in behavior by re-establishing their control through the use of intensified violence and coercion.

In addition, victims have misinterpreted many of the Twelve Steps of Al-Anon and tried unsuccessfully to apply them to their lives with their abusive partners; for example, steps four and nine—to “make a searching and fearless moral inventory” and to “make amends.” It's not difficult for anyone to identify personal flaws, failings, and mistakes they've made in their intimate relationships. For victims of domestic violence whose partners have blamed them for the violence and reinforced their belief that they are somehow responsible, applying these steps may further intensify their sense of responsibility for their partners' violent and coercive behavior.

It can also be damaging to engage victims in codependency treatment that encourages them to examine their family of origin and identify their roles in the family as a way to understand their behavior and their relationships now. As a general rule, victims of violent crime need, first and foremost, safety-related assistance, not therapy. When mental health approaches are used as the primary response to a victim's victimization, the concrete safety-related needs of victims are often seen as secondary or overlooked altogether.

In addition, a codependency model can encourage victims to look inside for an “explanation” of why they are in a relationship with a violent partner, implying they are somehow to blame and that, if they had a better sense of self-worth or were more assertive, they would sever the relationship. Such an approach pathologizes victims, blames them, potentially endangers them, and ignores the fact that family of origin is not a risk factor for adult victimization.

The message a victim might get from other Al-Anon members when what she's doing doesn't seem to be working is often “Keep coming back.” Words intended to encourage family members of substance abusers to continue to learn and find help and support through Al-Anon can encourage victims to keep coming back looking for a solution to the violence, even when their attempts to work a 12-step program aren't helping or are making things worse. Many victims “keep coming back” to work the program harder, to try to work it better, in the hopes that the violence will stop.

When victims of domestic violence are encouraged to stop the behaviors associated with codependency—enabling, caretaking, over-responsibility for a partner's behavior, not setting limits or defining personal boundaries—they are, in essence, being asked to stop doing the very things that may be keeping them and their children most safe. These behaviors are not symptomatic of some underlying “dysfunction,” but are the life-saving skills necessary to protect them and their children from further harm.

The survival behavior of victims should therefore not be understood as "enabling" their partners either to use substances or to use coercion and violence. "Enabling" implies that the victim gave her power up and can therefore take it back. Battered women can't take their power back from an abuser because they didn't give it up in the first instance. Their power was taken from them through the use of coercion and violence and efforts they make to take it back will likely endanger them.

Twelve-step programs were designed to provide help, encouragement, and support to people who are affected by someone else's substance abuse problem and they have been very successful at achieving that goal. But because resources such as twelve-step programs and codependency groups were not designed to meet the needs of victims of domestic violence, there is no assurance that victims will get accurate information about domestic violence. In fact, the kinds of behavior changes encouraged in such forums may well result in an escalation of abuse, including physical violence.

This doesn't mean that victims of domestic violence can't be helped by participation in twelve-step groups. Many battered women report that their participation in Al-Anon was a tremendous help in breaking down isolation and building a support system. In addition, many abusers who will not allow their partners to attend a battered women's support group will let them attend twelve-step groups because they perceive it as something the victim does to support them in their recovery.

What's vitally important is that victims be given accurate and complete information about the available sources of help, what they were designed to do, and what their limitations are, so that they can make informed decisions that best meet their individual needs.

Recommendations for substance abuse treatment counselors

In providing assistance to victims of domestic violence whose partners are involved with substances:

- give priority to safety and explore safety-related options;
- provide referral information to the local domestic violence service provider as a resource designed primarily to assist with safety-related needs;
- provide complete and accurate information about the purposes of twelve-step groups and codependency groups and the potential limitations of these forums as sources of help regarding safety-related concerns;
- provide referral information to Al-Anon and other resources designed to provide help for family members of substance abusers; and

- offer opportunities to become educated about chemical dependency independent of her partner.

Limitations of Codependency Model in General

In addition to the specific safety-related concerns attached to using a codependency framework to understand and respond to victims of domestic violence, there are some concerns about the codependency model in general and its consequences for women that are relevant here.

Gender socialization in our current culture can be limiting to both males and females. There is still social stigma attached to "feminized" male behavior such as crying, being the primary caretaker of children in a two-parent household, and having a stereotypically female job such as a secretary. There is also social stigma attached to women who are assertive, childless, or who are mothers who have full-time employment.

There is, however, a particular catch-22 for women in our culture. When women enter a clinical setting, they are often confronted with a framework that tells them that the very behaviors that they are required to adopt to secure social acceptance—nurturing, responsibility for family, caretaking, defining themselves in terms of their relationships—are "dysfunctional" behaviors. The standard for health that is often adopted within a clinical setting is based on culturally defined male traits such as assertiveness, self-determination and emotional detachment. As a result, female patterns of behavior that result from social and cultural conditioning are transformed in a clinical setting into individual pathology.

Not only is there little acknowledgment of the extent to which our culture values typically socialized characteristics as good, there is also little acknowledgment of the price women pay when they move from being "socially acceptable" to being "clinically well." Our culture is not very accepting of women who exhibit behaviors and characteristics that are perceived to be "masculine," just as our culture is not very supportive of men who engage in "feminine" behaviors.

When we work with anyone in a clinical setting, it is important to understand and value the real-world context in which the client lives, works, and plays. In the case of women, it is particularly important to value and support their choices to be nurturing and caretaking. In and of themselves, these qualities are not bad nor are they necessarily harmful. If and when they become liabilities for any individual, that needs to be explored. Their presence alone, however, is not an indication of pathology.

Relational Model (Or "Self-in-Relation" Model)

The acknowledgment of the relational context of women's lives has influenced the development of new treatment approaches over the past decade. There is growing consensus within the substance abuse treatment system that the most effective treatment approaches for women are based on a relational, or self-in-relation model. The relational model stands in stark contrast to the codependency framework. Advocates of the relational model raise the following concerns with codependency. (1)

- Most of the characteristics ascribed to codependency are aspects of the traditional female gender role, thereby defining societal conditioning as pathology.
- Seeing the root of codependency as the dysfunctional family overlooks the politics of subordination in a racist, sexist, and heterosexist culture.
- Codependency "treatment" encourages personal responsibility while ignoring the reality of how a woman copes in a cultural context in which she has a limited range of options given her traditional gender role socialization, her subordinate status, and the alternatives she perceives herself having in a family and culture that are sexist and oppressive to women.
- Codependency "treatment" encourages women to define themselves as "sick," "addicted to relationships," and powerless over their "disease" rather than acknowledging the "sickness" of the social and cultural context and empowering women, within that context, to make constructive changes in their lives.
- In the codependency construct, health is represented by the autonomous, individuated, separate self, and pathology as fusion or embeddedness in relationships, ignoring the fact that most women are socialized to define themselves in a relational context.

As an alternative to codependency, the relational model suggests that:

- women typically seek mutually empathic connections in relationships;
- women develop as a part of relationships and in interpersonal connection and interaction, making the goal of development enhanced connection;
- women's response to disconnection from mutually responsive and mutually enhancing relationships is often depression, anger, isolation, confusion,

increased striving for connection, and a diminished sense of well-being (as in the case of victims of domestic violence); and

- the solution to women's disconnection is not the development of an autonomous, individuated, separate self, but rather creation of a societal context within which growth-producing relationships can flourish. Domestic violence is a context of coercion and control in which women are trapped in disconnected relationships are therefore unable to flourish.

The U.S. Department of Health and Human Services Center for Substance Abuse Treatment also promotes the relational treatment model for women.

"Because many factors affect a woman's substance abuse problem, the purpose of comprehensive treatment, according to the CSAT model, is to 'address a woman's substance abuse in the context of her health and her relationship with her children and other family members, the community, and society.' An understanding of the interrelationships among the woman/client, the treatment program, and the community is critical to the success of the comprehensive treatment approach. The intent is to consider the holistic needs of women." (2)

Endnotes

- (1) Collins, Barbara G. "Reconstruing codependency Using Self-in-Relation Theory: A Feminist Perspective." *Social Work*, Volume 38, Number 4, July 1993.
- (2) *Practical Approaches in the Treatment of Women Who Abuse Alcohol and Other Drugs*, p. 67. Rockville, MD: Department of Health and Human Services, Public Health Service.

Excerpted from: *Adult Domestic Violence: The Alcohol/Other Drug Connection – Trainer's Manual*, Theresa M. Zubretsky, New York State Office for the Prevention of Domestic Violence, July 1999.