

Substance Abusing Women: Is It A Fault Or Flight From The Past?

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For many the urge to abuse alcohol and/or drugs is compelling. It is especially compelling and feasible for a woman struggling with a history of incest, domestic violence, or who has lived her life dependent upon men, to transfer her dependency to a chemical. Studies show that 65 percent of women entering substance abuse treatment do so after a traumatic event, such as the death of a loved one, a rape, or another beating. These other issues make treatment more complicated—but now, thanks to a growing number of addictions counselors skilled in women's issues, there is help and hope.

More than 80 percent of female substance abusers in women-specific treatment programs are struggling to overcome the synergistic effects of childhood sexual assault and/or domestic violence in addition to the anguish of addiction. Often there exists a causal relationship between the physical/sexual abuse and the subsequent substance abuse which may be initiated in an attempt to self-medicate the pain of the earlier traumas.

Inter-Generational Characteristics

Families in which there exist patterns of childhood and/or spousal abuse share many characteristics with substance abusing families. Intergenerational dysfunction, progressively worse dysfunction without intervention, and increasingly improved conditions with treatment interventions characterize incestuous, physically abusing and substance abusing families. These common linkages have lead women specific substance abuse treatment programs to develop techniques which effectively address all three categories of dysfunctional families.

The treatment of substance abusing women is complicated by the presence of these other abuses. As the substance abuse cycle progresses for a woman who is a victim of physical/sexual abuse, the assault issues get buried deeper, confused and muddled by the obsession with alcohol and/or other drugs. Addiction takes on a life of its own. The fears, hyper-vigilance and self-blame of physical and sexual assault that the woman attempts to soothe with drugs will become more intense than ever before. A woman may now have to face all those as well as the physical, emotional, and mental torment of addiction.

There Is Help and Hope!

Women struggling with histories of assault are recovering every day in women specific treatment programs where substance abuse counselors have been trained in physical and sexual assault issues. These counselors are guiding women out of addiction, through the trauma of the past, and into a new life of freedom and empowerment they may have never known before, especially if their lives began in incestuous families.

The Earliest Trauma: Childhood Sexual Assault

Incest is defined as “any sexual activity between family members in which one person uses a position of power or authority to force or manipulate a younger or weaker member’s involvement.”

Incest may involve touching the victim, penetrating the victim, forcing the victim to touch the perpetrator, or forcing the victim to watch or be involved in pornography.

Family members include not only blood relatives, but anyone in the role of “family” or who the child subjectively perceives to be a “relative.”

Though the perpetrator and the victim of incest can each be of either sex, the most common scenario involves a female child sexually molested by a male relative. Thus, in this article, the female pronoun will be used when discussing the incest victim and the male pronoun will be used when referring to the molester. Incest is an abuse of power that creates in the victim a life-long belief of lack of personal rights even over her own body. Incest is a betrayal of trust. The perpetrator may use force, or may slowly win over the child. What starts out as playing, cuddling, having fun or nurturing may gradually become sexual, giving the child a message that this sexual behavior is acceptable and normal.

Though a child may sense the sexual behavior is not OK, she will accept and create defenses against the physical and/or emotional pain it causes her. In a child's world of dependency there exist many frightening experiences, such as going to the doctor or dentist or to school for the first time. Though physically or emotionally painful, the message is given by someone she loves and is dependent upon that this experience is somehow "good for her."

Going to the dentist may be as traumatic or more than being fondled, though over time she will come to know that the dentist is in fact good for her. And, in time she may come to know that she has been sexually abused and recognize the damaging repercussions she struggles against in her daily life. At the time of the event however, she trusts the perpetrator and puts emotional bandages on the experiences so she can survive and continue to grow, however impaired that growth might be.

Intergenerational Dysfunction

Some common dysfunctional dynamics in incestuous, abusive and substance abusing families further impede recovery, which will now be addressed, include intergenerational dysfunctional; blurred generational boundaries; denial; progressively worse dysfunction unless intervention occurs; and increasingly improved conditions with treatment interventions.

Members of both incestuous and substance abusing families have never learned healthy ways of expressing or requesting fulfillment of their emotional needs. Unhealthy means of communication adopted into these families include blaming, ridiculing, shaming and abusing power over weaker members. Family members may engage in inappropriate sexual behavior or alcohol and/or other substance abuse in attempts to escape their dysfunctional situation. The escapes are perpetrated by the deprivation of appropriate physical and/or emotional affection and an inability to truly express negative feelings toward other family members without retaliation. These dysfunctional patterns become intergenerational because the environment created by the parents limits the coping techniques available for the children to emulate. As the children only see examples of violent and chemically dependent coping techniques, they, in turn, adopt these unhealthy behaviors.

Blurred Generational Boundaries

In incestuous families, where older or more powerful members are coercing, tricking or forcing sexual activities on younger or weaker members, the victims are robbed of their childhood. Like children in substance abusing families, they are forced to

deny their own needs and expected to care for the needs of the older more powerful family member(s). Little girls of four and five years of age, are seen caring for their depressed, addicted, or emotionally immature mothers, who should be, but aren't protecting the little girl from the perpetrators.

Denial

Family members in both incestuous and substance abusing households rationalize, defend and deny the seriousness and the impact of the dysfunctional behavior of other members. This denial protects the abuser from having to give up his or her negative behavior or substance and thereby perpetuates the destructive behavior. The abuser does not see the family problems as stemming from his behavior and therefore does not see a need for personal change.

Incestuous and substance abusing families blame instead of accepting responsibility. Refusal to, or fear of, change on the part of the perpetrator furthers the likelihood that blame will be placed on and accepted by the child. The child will take on blame because she is dependent and powerless and because she does have healthy familial role models for accepting feedback, making changes, or expressing emotions in productive ways. This lack of healthy role models further contributes to the confusion about right versus wrong, needs versus wants or demands, and the appropriate expression of feelings. Healthy coping strategies such as objecting to another's behavior or "telling the truth" about these incestuous events often results in inappropriate, unhealthy responses such as more rejection, blame and humiliation.

Coping

It is developmentally appropriate for children to engage in fantasy life, but many victims of child sexual abuse seek emotional relief by creating and living in a fantasy world that extends beyond the developmental norms.

A victim may cope with incest by numbing parts of her body.

Dissociating is a form of coping often described by victims as seeing oneself being sexually assaulted on the floor while viewing the attack from the ceiling or another part of the room. It's as if there are two different people, the child who was assaulted, and the adult viewing it today from a distance.

The blocking of memories is another coping mechanism which results in failure to recall the sexual assaults or whole chunks of time such as weeks, months, years, or even an entire childhood. Some women cope by denying or minimizing the event as if it didn't occur or was not traumatic.

Whatever coping mechanisms a child utilizes, the truth of her experience often remains buried beneath her external, apparently stable demeanor. This may cause others to doubt the legitimacy of her incest experience or the damaging effects it had on her. Such denial results from ignorance of the repercussions of incest.

Regardless how effectively the woman's coping strategies mask her trauma, the pain festers below the surface and tensions build. Inevitably, it eventually erupts, impacting all aspects of her life. In the process, the lives of all members of our society are impacted.

As an example of the far reaching effects of incest, a study of pregnant teens showed that 62 percent of them had experienced some form of sexual victimization.

Those 62 percent who had been sexually victimized were different from the other 38 percent in that they began having intercourse earlier, used alcohol and drugs, had partners who were older who also used alcohol and drugs, had abortions, and had multiple pregnancies. They were also more likely to have been in violent relationships, to have exchanged sex for money, drugs or a place to stay, to have lived on the street at some time, to have abused or neglected their children, and to have had those children taken from them by child protection services. Thus, directly or indirectly, incest touches all of us.

Young women who were victims of sexual assault as children take anger, mistrust, fear and shame into life. Many use alcohol and/or other drugs to ease the pain they carry from childhood or to hold down the memories that keep trying to break through.

Incest survivors often feel unsafe, unable to sleep, hyper-alert, anxious, panic stricken, phobic, fearful of betrayal, shameful, dirty, or sexually dysfunctional. These fears hinder the formation of close relationships which are the survivor's greatest need and desire.

All of the survivor's energy is spent trying to ward off these feelings. Every so often she gets relief from the fears through alcohol and/or other drugs. After awhile the process of using alcohol and drugs becomes a job in itself. The addict is obsessed with staving off withdrawal and getting the next fix. All this keeps her from ever knowing that underneath her addiction is a trauma which is further driving the cravings, festering and building toward an eruption.

Some incest survivors have nervous breakdowns. Some attempt suicide. Some incest survivors suffer from post traumatic stress symptoms like flashbacks, nightmares, extreme anxiety: “I feel like I’m going to jump out of my skin,” and some describe sadness so acute that it is as if her life is being drained by intense grieving.

Women entering substance abuse treatment bring not only the pain of incest, but a whole host of other issues such as regretted behaviors, distress over denied and wasted life opportunities, and the physical and emotional pain of withdrawal from an enslavement to alcohol and/or other drugs.

All of the above create and contribute to low self esteem, lack of self-worth, a deep sense of shame, inappropriate expressions of feelings, and a deep-seated belief in lack of bodily rights, leaving her vulnerable to, or even attracted to, males who have been socialized to be intrusive, domineering and violent.

Domestic Violence

There are many common features shared by physically abusive families and substance abusing families including generational dysfunction, intimacy problems and denial. Like sexually abusive families, there will be progression of the dysfunction without treatment; and with intervention these families are treatable.

Children who grow up in abusive families learn that violence is an acceptable method of coping with problems, controlling people and situations, and meeting needs. Women raised in violent homes are far too often predestined for violent relationships unless the pattern of abuse is interrupted and a new life without violence can begin.

The cycle of abuse is well documented. The first battering incident typically leaves a woman angry and threatening to leave her batterer. The batterer typically responds with remorse and guilt. Crying, promising he will never hit her again, and appearing to take full responsibility for the incident, he says all the things she needs to hear. She believes she can stay.

They affirm their love and commitment to each other. The intimacy may feel especially gratifying after the fight. However, it will not last, for where ever there is physical abuse, real intimacy is lacking.

Women who live in physically abusive relationships are also emotionally and psychologically battered. The cycle of beatings and periods of remorse, regrets, and promises continues as a downhill spiral. The beatings become more frequent and the periods of reprieve become shorter as the batterer learns that his victim requires less consolation to be convinced to stay. With each battering the woman's self-blame increases, her self-esteem deteriorates, her ability to cope is reduced. Her problem solving abilities are reduced, making it progressively more difficult for some women to leave.

She uses all her energy to survive in this tension-filled and abusive relationship. As she shoulders her attacker's blame, she tries to be and to do everything possible to avoid the next beating. If the dinner wasn't burnt, if the kids weren't crying, if she paid the bills like he said, if she was more sexually responsive, etc. Her tension builds.

She may stay for any one of, or a combination of, reasons.

The battered woman may stay because she adheres to a salvation ethic. She may have assumed responsibility for "saving" her batterer from his problems.

The woman may be engaging in denial of the victimizer. She may feel the battering is caused by external factors beyond both her and the batterer's control.

Therefore, she can not fault him for the abuse and should not leave him.

The woman may be in denial of the victimization. Instead of viewing herself as the victim, she sees herself as the cause of the abusive behavior. The self-blame causes her to believe that if only she changes her behavior, attitude, etc. the abuse will stop.

The woman may be engaging in denial of injury. She convinces herself that her bruises and injuries do not hurt that much and are tolerable and even normal.

The woman may be engaging in denial of options. She may be financially dependent on her batterer and not see any feasible alternative living arrangements or means of supporting herself. Her self-esteem has undoubtedly deteriorated during the course of the abusive relationship, often leaving her with limited psychological options. She may not have the self confidence necessary to interview for work and join the job market. The batterer's insistence that the woman will be nothing without him leaves a victim fearful of never achieving intimacy again. Thus the woman may stay because a bad relationship with someone who "loves" and supports her may appear better than no relationship at all.

The batterer may also threaten the woman so that she feels she has no safe options which can protect her from a man who has endangered her body and even her life.

Finally, the woman may stay in the abusive relationship due to an appeal to higher loyalties. Her religious beliefs may discourage divorce and espouse upon women's duties to serve their husbands. The values she had been socialized with most certainly

discourage single motherhood. The woman may believe that her children will be better off with both parents regardless of her batterer's lack of fathering abilities.

The battered woman may be coping with her unbearable situation by using alcohol and/or other drugs, keeping her from making good decisions or being able to carry out those decisions. Some female substance abusers have tried so many times to leave that they no longer believe they will be able to carry out those plans. They have given up hope. They quit trying. Many expect to die – it's just a matter of when. Alcohol and other drugs help to soothe the terror and despair while they live.

Studies show that 65 percent of women entering substance abuse treatment do so after a traumatic event, such as the death of a loved one, a rape, or another beating. Right after a beating, while the woman is still feeling the physical pain and fear of the incident, her anger and determination to leave are the strongest. At that time she is most open to the reality of her situation. Entering substance abuse treatment can be an opportunity to interrupt the cycles of addiction and batterings and get the support she needs to tackle her problems.

With the help of addictions counselors skilled in women's issues, treatment could be the time to help her develop some plans to deal with both issues, so that she can change the direction of her life.

Learned Helplessness Depression

Female substance abusers who have been physically and/or sexually assaulted commonly display Learned Helplessness Depression. This condition is caused by the assaults and the accompanying belief that there is nothing that can be done to stop them.

The woman's feelings of powerlessness and their despair for safe havens are compounded by the blame leveled against them by the abuser and society at large.

Blaming the victim takes many forms such as: "What was she (the rape victim) wearing?" "Why does she talk back to him when he's been drinking." "I'd be angry too if I worked all day and had to come home to a messy house." "She's asked for it by dancing with him."

Victim blame is damaging to both the victim and the abuser. The abuser is excused from his responsibility and thus is denied the opportunity to confront his own issues which lead to the abusive behavior. The victim is emotionally burdened by blame that is not rightly hers.

Treatment

Counselors who assess women as they enter substance abuse treatment programs must be trained to understand the dynamics of incest, rape and domestic violence. Counselors must learn to question women about these issues in such a way as to ensure the woman both confidentiality and protection.

Many female substance abusers have such low self-esteem and carry so much self-blame that they believe they caused their own abuse. Asking the woman if she has ever been physically abused might get a no response, but asking if she has ever been hit, pushed, slapped, kicked by her partner might get a clearer answer.

Many women will deny physical abuse when they enter treatment, but after they settle into the program, feel safer and have overcome some of the toxic effects of

withdrawal, they may begin to talk about these issues. The fact that they are surrounded by other women in treatment who are freely discussing their own abuse issues facilitates this process.

If the sexual assault or domestic violence is of current concern for a woman because her safety is at risk, the issue must be addressed by the counselor and the agency. Counselors should assess for safety in a cautious manner. Abuse issues should never be addressed in couples or family therapy sessions. This could put the woman or the entire family at risk for further abuse. The treatment program should assist the woman in getting the help she needs--housing, linkages to domestic violence shelters, or counseling in a manner that does not put her or her children at risk.

The abuse may also be “current/alive” even though it occurred years ago, because the trauma is being re-experienced in the form of flashbacks, nightmares, fears, feelings like it’s about to happen again, or internal dialogue like the voice of the abuser interrupting her thoughts. Substance abuse counselors inside agencies must help the woman deal with such flashbacks or link her to those services which can be of assistance while she is getting addiction treatment.

If the woman has a history of abuse, but it is not interfering in her current life in any urgent way, then counselors should assure that her aftercare plans include addressing her previous abuse. The woman should know that prior abuse can surface in thoughts, feelings, relationships and dreams. She should be equipped with the knowledge of where to go and what to do to address such resurfacings, so that she has a plan when it is needed.

Since the use of drugs is quite effective in holding back the memories and traumas of the past, when a woman stops using drugs we can expect these issues to surface. If a woman comes off drugs and former abuse surfaces, but no one is around who is trained to address the issues, the compulsion to return to the drugs and their blissful oblivion may be too strong to resist.

Whenever possible, it's ideal to have counselors who can address both the physical / sexual abuse and chemical abuses. Such dualistic training will allow the counselor to maintain a balance between the assault and chemical dependency issues. Such counselors will also realize that a return to the drug of choice indicative of the intensity of the trauma the addict is reliving and not at all a statement that she is not serious about recovery.

It is important that counselors trust the woman to move through the recovery process in a manner and a pace that is tolerable to her. A client may present what appears to be mild abuse issues, but a counselor never knows what lies underneath. I've seen clients who have shared some small issues, felt relief, and appeared to be back on track with their recovery, when suddenly they wake up one night, terrified, recalling abusive incidents far more severe than those they faced earlier. Perhaps it is the protectiveness of her psyche that reveals the abuse piecemeal, as her ability to go deeper permits.

Counselors can never know the extent of the abuse or what the issues may mean for a woman. They must support her while allowing her to control the pace of treatment so it can best meet her needs.

An incest survivor received the message that she has not personal rights, not even to her own body; the rape survivor learned that men are not to be trusted; the physically

abused woman saw that there is no such thing as a safe haven and that all beatings are somehow her fault; meanwhile, alcohol and drugs are telling these same women, “I will love you as no others ever have and I will give you comfort and relief from those others as well.” The message of the drug is compelling. It is especially compelling and feasible for a woman who has lived her life dependent upon men to transfer her dependency to a chemical.

Substance abuse treatment is not only about getting a woman to stop using drugs; it is also about helping her look at every aspect of her life while she decides how she would like to redesign it. For a counselor, treatment is believing in the woman. After all, she survived, and she’s sitting in your office. There is hope. She may need to borrow it from you, but there is hope as long as you do not run her life or try to live it for her. Instead, counselors can serve as role models.

As one counselor who was once a battered wife and an addict said, “I’m an example for women entering treatment because today I’m free of alcohol and drugs and free of abusive men. I have learned to love myself. I refuse to spend any time with a man who is disrespectful and do not allow even over-the-counter drugs to pollute my life.”

The other women in treatment can also serve as role models. Once they were victimized; but no more. Once they were in abusive relationships; but no more. Today they have broken free; many of them now in healthy relationships, with men who respect, love and cherish them.

Substance abuse, domestic violence and sexual assault agencies must develop stronger alliances. Such organizations can participate in each other’s staffings, provide cross training for one another and consult and coordinate on cases. In addition to sharing

skills, all three fields should strive to implement programs such as women's self-defense classes which can change the internal state of victimization to one of empowerment. As these agencies come together, there is no end to collective creative solutions that emerge to help women break through trauma and addictions, allowing each woman to reclaim her soul, her unique gifts and start on the path of becoming all that was intended for her to become.