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**ABSTRACT**

There is growing acknowledgement of the association between family violence and alcohol use. A study was conducted to examine the role that abuse plays in the lives of women and to investigate the relationship between alcohol and violence. Data were collected from 35 recovering female alcoholics and 35 nonalcoholic women on their sexual experience and dysfunction; sexual orientation; and physical, sexual, and emotional abuse. Compared to the nonalcoholic group, the alcoholic group reported a wider variety of sexual abuse perpetrators, more instances of abuse, more multiple incidents of abuse, and longer duration of sexual abuse. Alcoholics also reported more incidents of incest and rape. Although there was no significant difference between the number of alcoholic and nonalcoholic women reporting physical abuse, there was a different quality in the abuse described, with alcoholic women reporting more instances of physical abuse, of greater frequency and variety, and of a more violent nature than the abuse reported by the nonalcoholic women. Alcoholic women also reported more emotional abuse than did nonalcoholic women. One issue in alcoholism treatment is the need for the client to deal with the past. It is crucial that the issue of abuse experienced by alcoholic women be dealt with in alcoholism treatment. If the staff members are not trained for this specialized area of counseling, then resources for referral must be developed.

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## ALCOHOL AND FAMILY VIOLENCE

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## ALCOHOL AND FAMILY VIOLENCE

Violence.....family.....surely it is totally irrational to find a link between these two words, for they stand for such opposite concepts! Everyone knows that implicit in the concept of family is assurance of a safe, nurturing, supportive environment. How can that have any association with the aggression and hostility explicit in violence? What could possibly be happening in a society where such a linkage has, in fact, come about?

As American society has evolved, the prevailing atmosphere in many of our communities requires that doors and windows be kept locked, and that we participate in self-defense classes in order to protect our homes and ourselves from violent intrusion from the outside. Crime statistics show that homicide, rape, assault, and robbery increased by 50% between 1975 and 1980. Such "epidemic" growth, were it to occur in the form of a disease, would be cause for immediate establishment of control centers across the country -- if this were a germ destroying people. That violence is not treated as a priority issue is an indictment in itself.

We already know that alcohol plays a key role in the perpetration of crime in the United States. In the following statistics from the National Council on Alcoholism (1) the relationship between alcohol use and crime is obvious:

- a. in robbery cases, 72% of the offenders had been using alcohol;
- b. in murder cases, 86% of the offenders and 40% to 60% of the victims had been using alcohol;
- c. in rape cases, 50% of the rapists had been using alcohol; and
- d. in assault cases, 72% of the offenders had been using alcohol.

While many acknowledge the pervasiveness of crime, there is a continuing denial of the fact that abuse has occurred, and is continuing to occur, at an alarming rate within families. The reality of today's living is that we are not safe even with those we know. In fact, the probability of suffering abuse from someone we know is greater than from a stranger. The sad fact is that what is happening within the microcosm of the family is a direct reflection of the violence pervading our culture and the world.

Conflict is an inevitable part of all human interaction. Paradoxically, the more intimate the bond between people, the higher the level of potential conflict. Since the family is one of the most intimate connections, a particularly high level of potential conflict exists in its relationships. However, as long as conflict within the family is ignored or simply dismissed as "wrong," there can be no impetus to discover and learn effective techniques for nonviolent resolution of such conflict. Violence in the family reflects current cultural mores and social violence, exemplified by physical punishment in schools, the acceptance of the death penalty, and the espousal of war as a solution to conflict. The portrayal of violence that prevades the media "normalizes" such behaviors. Thus, our society has apparently accepted violence as a legitimate way of solving problems.

There is growing acknowledgement of the association between family violence and alcohol use. While the research is still scarce and not all the data is consistent, studies to date indicate the following:

- alcohol is a factor in 56% of the fights or assaults in U.S. homes;
- alcohol is a factor in 40% of all family court problems;
- alcohol has an association in 34% of the cases of child abuse (2);
- 50% of alcoholic parents are child abusers (3);
- 66% of children in alcoholic homes are abused (7);
- 67% of sexually aggressive acts against children involve alcohol use;
- 80% to 90% of husbands who batter use alcohol (4, 5);

- 70% of battered women are frequent drinkers (8);
- 39% of sexually aggressive acts against women involve alcohol use;
- 39% of incest perpetrators are heavy drinkers (6);
- 50% of incest victims are from alcoholic homes (7).

One explanation of the relationship between alcohol and violence is based on the premise that the disinhibiting effects of alcohol dissolve the super ego, and one's control system becomes dysfunctional. In addition to lowering inhibitions, alcohol also has a long-term agitating effect on the drinker, causing sleeplessness, irritability, increase in aggressive fantasies, and impairment of cognitive functions. However, whatever the neurophysiological changes that occur in an individual using alcohol, a clear cause-effect relationship between alcohol and violence has not yet been established. It has been postulated that some abusers use alcohol deliberately, in order to act out their aggression. In cases of sexual abuse, which are often premeditated, this is particularly evident.

In alcoholism research to date, while no set descriptive patterns of an alcoholic personality or the alcoholic family have evolved, there are visible trends, i.e. common threads. For example, there appears to be a cross-generational transmission of both alcoholism and violence in families. In this generational cycle of family violence, males who were abused as children become abusive adults. Women who were physically abused as children become child abusers and/or victims of an abusive partner. Also, women who are incest survivors often marry men who perpetrate incest.

As one scrutinizes the data on social and family violence more closely, it is glaringly apparent that gender differences exist between the survivors and the perpetrators of family violence. In general, men are the perpetrators and women are the survivors. However, in order to understand specifically the role that abuse plays in the lives of women, and to see another view of the relationship between alcohol and violence, I would like to discuss the results of my own research on the subject.

Following is data collected on 70 American women -- 35 recovering alcoholics and 35 nonalcoholic Caucasian women from San Diego and Orange Counties in California. The research focused on a number of aspects of the subjects' lives, including sexual experience and dysfunction, sexual orientation, and abuse -- physical, sexual, and emotional. For purposes of the study, the two groups were paired on age, education, marital status, and religious background.

Averaging 38 years in age, the majority of these women were from middle-class backgrounds. Their education levels ranged from grade school to advanced graduate degrees, with the largest group reporting some college. Over two-thirds of the subjects were employed outside the home, at occupations ranging from service-worker to professional positions. Sixty-eight percent were Protestants, 29% were Roman Catholics, and 3% were Jewish. Forty-two percent were married or living with a sexual partner, 26% were single, the same number were divorced, 3% were widowed, and the same number were separated.

For the alcoholic women, the average length of sobriety was 7.5 months, having drunk alcoholically an average of 9½ years. This group volunteered to participate in the research from AA, recovery, and hospital treatment programs in lesbians.

It appears that simply being born a woman in this world puts one at high risk of becoming a victim of some form of abuse -- physical, sexual, and/or emotional. Certainly this was reflected in the experiences of my research subjects.

Surely by now it is common knowledge that sexual abuse, i.e. incest, rape, and molestation, is an act of violence, not passion! These are not sexual acts, but rather acts of aggression and social control. Violence and sexuality are dominant themes in

the experiences of the alcoholic woman in this study -- 74% had experienced sexual abuse, 52% had experienced physical abuse, and 72% had experienced emotional abuse. By comparison, of the nonalcoholic subjects 50% reported sexual abuse, 34% physical abuse, and 44% emotional abuse. These different types of abuse, although experienced by both groups of women to a startlingly significant extent, appear different for the alcoholic women in quantity, quality, and extent. The alcoholic women were abused by more perpetrators, had more instances of abuse, and for a longer time span in their lives.

The most prevalent perpetrators of sexual abuse on the alcoholic women were male relatives and unknown males, while boyfriends and other unrelated, but known, males abused them in 20% of the instances recorded. For the nonalcoholic group, 60% of the instances were perpetrated by the latter group. In combining both groups of responses, 93% to 100% of the sexual abuse perpetrated on these women was by males, and 77% to 87% of the perpetrators were known to the women.

Incest, i.e. sexual activity with a family member, accounted for 34% of the reported sexual abuse among the subjects. For the nonalcoholic population, 16% of their sexual abuse involved incest. Fifty-eight percent of the alcoholic group's sexual abuse experience involved rapes. The comparison group experienced more instances of molestation (41%) and more attempted rapes (14%) than the alcoholic group. Twice as many alcoholic women than nonalcoholic women were incest and rape survivors! While all sexual abuse is traumatic, the data indicated that alcoholic women are more likely to experience these most serious of sexual assaults.

In regard to frequency, combining the data on the sexual abuse perpetrated on these women, 16% to 19% of the abuse occurred one or more times a month for one year or more (chronic), 35% to 48% of the incidents occurred more than once, and 36% to 46% were single incidents.

As for the length of time (duration) over which sexual abuse occurred, 14% of the sexual abuse experienced by the alcoholic women went on for more than 10 years, and came from the same perpetrator. None of the nonalcoholic subjects reported this kind of abuse longevity.

A summary of the data on sexual abuse showed that the alcoholic group was subjected to a wider variety of sexual abuse perpetrators, experienced more instances of abuse, and had more multiple incidents and longer duration of sexual abuse than the nonalcoholic women. The alcoholics also reported more incidents of incest and rape.

Data on the physical abuse experienced by these women was also gathered in this research, with 51% of the alcoholic women and 34% of the nonalcoholic women reporting physical abuse. In general, the majority of abuse was perpetrated by fathers/stepfathers, husbands, and boyfriends/unrelated males on both groups of women. In all cases, the perpetrators were known to the women, with 82% of the physical abuse coming from men and 18% coming from women --i.e., mothers and stepmothers. Forty-five percent of the physical abuse experienced by the alcoholic women occurred once a month or more over one year or more (chronic). Approximately 30% of the physical abuse for both alcoholic and nonalcoholic subjects extended over 10 years or more, and came from the same perpetrator(s).

In summarizing the physical abuse data, while there was not a statistically significant difference between the number of alcoholic and nonalcoholic women reporting physical abuse, there is a different quality in the abuse described by the alcoholic women. The alcoholic women reported more instances of physical abuse, of greater frequency and variety, and of a more violent nature than the nonalcoholic women.

Seventy-one percent of the alcoholic women reported emotional abuse, compared to 44% of the nonalcoholic women, which was statistically significant. In sharp contrast to the data on sexual and physical abuse, where the perpetrators are predominantly male, perpetrators of emotional abuse were 43% female and 57% male for the alcoholic group, and 36% female and 64% male for the nonalcoholic group. Paralleling the physical abuse data, the alcoholic group reported a greater frequency of abuse (averaging 3:2), nearly three times as much chronic abuse, and nearly twice as many cases of emotional abuse enduring for 10 years or more, paralleling the sexual abuse data.

Overall, the data on emotional abuse is similar to the sexual and physical abuse data presented earlier. The alcoholic women reported a greater number of perpetrators of abuse and experienced more instances of each type of abuse. They also reported a wider range of types of abuse and, similar to the physical abuse data, more intense abuse.

It is important to note the age when abuse began in the lives of these women. For example, among subjects who had been sexually abused, 100% of the alcoholic women and 65% of the nonalcoholic women had been abused by age 10. For those physically abused, 74% of the alcoholic subjects and 82% of the nonalcoholic subjects had been abused by age 10. And for those who had been emotionally abused, 100% of both groups had experienced their first abuses by age 10; 100% of the abused women in both groups had experienced abuse by age 20.

While statistics, in and of themselves, tend to be boring, the abuse statistics on women and children in the U.S. are too alarming to be taken for granted:

- By age 18 -- 38% of all female children have been sexually assaulted;
  - 16% of these incidents have been incest (9);
  - 7% of the male population have been sexually molested (10);
- 70% of the female prostitute population and 80% of the female drug addicts are incest victims as children (11);
- Over 90% of child sexual abuse is committed by heterosexual men against female children (12);
- 75% of the sexual abuse against children is perpetrated by a family member, or by someone known to the child (12);
- That 1.8 million women are abused annually is considered a conservative estimate... more realistically it is twice that figure (13).

In the State of California alone:

- 50% of the married women are assaulted by their husbands sometime during their married life (14).

In the Los Angeles County alone:

- One out of every 2.8 women over the age of 14 have been raped at least once in their life (15).

Figures corroborating the results found in my research are available in the following 1982 studies of female substance abusers in hospital-based treatment programs:

At the Eagleville, Pennsylvania, program:

- 60% of the women had been physically abused;
- 93% had been emotionally abused;
- 73% had been sexually abused, with
- 47% having been incest survivors

At Phoenix General Hospital in Arizona:

- 63% of the women had been victims of rape or incest before the age of 14.

All of this evidence attests to the fact that misogyny, hatred of women, is not just a theory of the past or simply a feminist concept. It is "alive and well" in our modern society, both a pervasive and constant issue for females of all ages to deal with.

Public acknowledgment of this information can allow consideration of the possibility that, for some women, the use of alcohol and other drugs has become a way to deal with the emotional pain resulting from earlier abuse by someone close to them, someone they trusted. Early abuse often leads to continual victimization.

Let us now move to the topic of incest, the most hidden and traumatic form of abuse. These cases are where the children pay for the affection and attention that should be freely given. From a therapeutic viewpoint, incest is best viewed along a continuum -- from covert to overt incest. Covert incest is characterized by household voyeurism, ridicule of developing bodies, "inadvertent" touching, sexual hugs, and the use of sexualizing/objectifying language. Overt incest involves blatant sexual contact, i.e. fondling, french kissing, fellatio, penetration, and intercourse.

Judith Herman's study on incest (6) included a description of the dynamics of incest and an analysis of the effects of this experience on the female survivors:

. . . these women alone suffered the consequences of their psychological impairment. Almost always, their anger and disappointment were expressed in self-destructive action: in unwanted pregnancies, in submission to rape and beatings, in addiction to alcohol and drugs, in attempted suicide.

Thus did the victims of incest grow up to become archetypally feminine women: sexy without enjoying sex, repeatedly victimized yet repeatedly seeking to lose themselves in the love of an overpowering man, contemptuous of themselves and of other women, hard-working, giving, and self-sacrificing. Consumed with rage, they nevertheless rarely caused trouble to anyone but themselves. In their own flesh, they bore repeated punishment for the crimes committed against them in their childhood. (6, p. 108)

Daughters of covertly seductive fathers exhibited a milder form of the incest victim syndrome in adult life. Like the overt incest victim, they tend to feel contempt for womankind, and to hold men in high regard. They had many difficulties in establishing rewarding personal or sexual relationships -- which related to their own lack of self-respect. However, they were spared some of the worst punishments of the overt incest victim. For example, it was not characteristic of them to feel obligated to submit to physical abuse or to attempt to destroy themselves.

In their descriptions of family dynamics, striking similarities between covert and overt incest victims became apparent. Generally, both groups came from traditional patriarchal families, where the physical and economic control of the family rested with the father. These fathers were usually respectable citizens in their communities. Sex roles were rigidly and traditionally defined in these families; conservative religious attitudes and sexual morality, including a rigorous double standard of sexual behavior, prevailed.

The overtly incestuous family represents the pathological extreme of male dominance, while the covertly incestuous family exhibits a lesser, more commonplace variety of that characteristic. In both types of families, daughters learn that fathers rule, that mothers submit, and that the ordinary female condition is contemptible.

One important difference between the covertly and overtly incestuous family is the power of the mother as an agent of child protection. Families in which mothers were rendered unusually powerless through battering, physical disability, mental illness, alcoholism, or the burden of repeated childbearing, appeared to be at particularly high risk for the development of overt incest. However, families where a more equal balance of power was preserved, overt incest did not develop, despite the apparent sexual interest of the fathers in their daughters. Mothers who were able to function competently in their traditional roles, and who did not submit to abuse themselves, effectively protected their daughters from incest, even though they and their daughters were often bitterly estranged. Therefore, the most effective barrier to overt incest appears to be the degree of social control exerted by the mother, not a father's impulse control.

Although incest may in the early stages of discussion in the U.S., it is a phenomenon that occurs in all cultures. I would hypothesize that in any culture, the greater the degree of male supremacy and the more rigid the sexual division of labor, the more frequent one might expect the taboo on father-daughter incest to be violated. Conversely, the more egalitarian the culture, the more the child-rearing is shared by men and women, the less one might expect to find overt incest between father and daughter. The same logic would apply to particular families within any one culture. My hypothesis cannot be confirmed or disproved by cross-cultural studies on the prevalence of incest, since no reliable data is available for comparison. However, this point of view has been validated through the study of incestuous families, where father-daughter incest appears to be only a single manifestation of paternal rule.

As treatment providers, how do we use this information? We must be willing to acknowledge the possible existence of abuse within the families we see. We must be aware that our clients may be either survivors or perpetrators of abuse. We can no longer be part of the denial system that permeates alcoholism and family violence. Nor must we assume that the condition will be alleviated in sobriety. Perpetrators of violence often continue physical and sexual abuse after they have stopped drinking.

One of the issues in alcoholism treatment is the need for the client to deal with the past (16). The alcoholic must come to accept his/her past precisely as it happened. The recovering person must also accept the likelihood that past events may continue to affect his/her present life situation. Perpetrators of abuse need to accept responsibility for their behavior.

Treatment programs in the U.S. that specialize in work with families in which sexual abuse has occurred (17) agree on the following strategies:

1. Report the situation to the criminal justice system;
2. Remove the father from the family;
3. Utilize parent self-help groups, i.e., Parents United, Families Re-United; Parents Anonymous.
4. Strengthen the mother-daughter relationship.

What about the alcoholic woman who has been abused? These women need to be in treatment groups with other women where they can feel safe, and where they can share their experiences, their pain, and their secrets. This is a place where what a woman says is HER TRUTH because it is HER experience and HER reality. A woman's group is a place where the silence surrounding abuse can be broken, and where this issue can be dealt with in a sensitive manner.

A session on violence can begin by asking if anyone knows a woman who has been raped, and discussing what the experience was like for her. Encourage the women to share what they do in adjusting their lives to protect themselves.

Explore how women are portrayed in and used by the media, then progress into a discussion of how we have been used by others, i.e., our fathers, brothers, husbands, and lovers. A facilitator can move the group discussion from the least sensitive areas gradually into more intimate issues. As women start sharing these experiences, they find the commonalities in their lives. Their sense of isolation and alienation can be broken. Through the process of sharing their experiences, the trust level builds between them.

The area of trust and intimacy in relationships is a problem area for all alcoholics. The major love relationship in an alcoholic's life is with the liquor bottle. Often the alcoholic has been using alcohol for years to modify her/his emotions. Therefore, feelings can be "strangers" to the newly recovering person.

The issue of intimacy is more complex for the woman alcoholic. My research shows that the abuse she has experienced is predominantly perpetrated by those close to her. Thus, she has learned not to trust. Her experience has been that those who are supposed to be caring, loving, and nurturing are often her abusers. Since her most violent sexual and physical abuse was almost solely perpetrated by men known to her, her heterosexual relationships are bound to be affected.

It is crucial that the issue of abuse experienced by women be dealt with in alcoholism treatment. If staff are not trained for this specialized area of counseling, then resources for referral must be developed.

Alcoholic women are filled with guilt, shame, fear, denial, low self-esteem, and isolation. These feelings are magnified in the physically, sexually, and emotionally abused woman. Women have special issues and unique experiences to deal with in their lives. Therefore, it is imperative that women be in alcoholism treatment groups with other women, where together they can learn to love, value, and trust themselves - and each other. This is a way to break through the barriers to recovery.

The information in this article has dealt with the treatment of abuse in individual families. However, with all our efforts focused on individual pathology, we will not solve the causal problem rooted in our social structure. As long as societies continue to oppress women and fathers to dominate their families, such men will have the power to use and abuse their children. Therefore, prevention of abuse in the family will ultimately require a radical transformation of the family. Rule by the father will have to yield to the cooperative rule of both parents. Division of labor by sex will have to be altered so that fathers and mothers share equally in the care of their children.

Men are also oppressed by this patriarchal system, which denies them a part of their emotionality. All of the qualities associated with mothering -- tenderness, emotional responsiveness, and nurturing -- are suppressed by most men. The result is the formulation of a male psychology where dominance is revered, and the capacity for caretaking is atrophied.

Our children need to grow up with a new and different image of mother and father.

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