Child Abuse and Alcoholism in Women

A Feminist Approach to Treatment

By Sarah Kaplan

Recently, significant numbers of women abused as children are appearing in alcohol treatment programs. Alcoholism in women is still evaluated in terms of the male model. Consequently, women's alcoholism is not given special attention. Therefore, treatment programs for women are often not tailored to their specific requirements. This article discusses the relationship between child abuse and the possible development of alcoholism in women. The focus is on feminist therapy as a suggested philosophical orientation for treatment.

Is alcoholism a symptom or an ailment in its own right? If it is a symptom of some larger problem, are traditional treatment programs and approaches discovering the underlying contributing factors to alcoholism? Recently, various research has found significant statistics revealing the relationship of alcoholism to child abuse. This article will provide a feminist critique illustrating the need for a feminist perspective on this subject, and present implications for policy with comments and suggestions.

Our society is shaped by male dominated institutions which influence the research and policy formation concerning child abuse and alcohol. I wish to reenter the domain of alcoholism from a feminist perspective in order to reclaim and name the special experiences of women. I would like to illustrate the relationship of alcoholism in women to child abuse, in order to stimulate policy makers to provide more appropriate treatment for women. I am not trying to substantiate a causal link between the two, but rather, posit a relationship. Because this relationship is important to policy formation, it will also affect treatment.

Women and Child Abuse

According to Statistics Canada (1991), where assaults on children are of a sexual nature the majority of victims are girls, and where they are physical, more victims are boys. Persons accused of committing violent crimes against children are mostly male, with only 9 per cent being female. Ninety-eight per cent of those accused of sexual assault are male.

Thus, there is much support for the observation that most perpetrators of child abuse are males and their victims are girls (Brownmiller, 1975; Rush, 1980; Stanko, 1985; Dominelli, 1986; German, 1990).

The longterm effects of child abuse cited in relevant literature are almost always the same, with low self-esteem and anxiety as the top two manifestations. Other effects widely noted by researchers are: sexuality problems, relationship problems, depression, self-destructive behaviours, mistrust, guilt, suicidal tendencies, confused feelings, anger, prostitution, substance abuse, eating disorders, and sometimes the perpetuation of abusive behaviour (German, 1990; Edwards and Donaldson, 1989; Morrow and Sorell, 1989; Breire and Runtz, 1988; Simpson, 1986 and Fairtlough, 1986).

Traditional Methods of Treatment

Traditionally, social work treatment in relation to child abuse has been very individually-focused. Someone was to blame and that someone had to be dealt with. Many times the victim herself was blamed for having seduced the man. Also, there still exists a strong current of motherblaming in relation to child abuse, alleging that she should have known, and that in her silence she is collaborating with the perpetrator.

Social workers' individualizing served to take the focus off patriarchy and place it onto the shoulders of one person. As well, societal underpinnings of child abuse were never examined nor were the commonalities that most child abuse cases share; especially that child abuse arises out of patriarchal control in the form of male violence.

Family therapy, which is good for assessing interactional problems in the family, has been the treatment most widely used for child abuse. Feminists critique this approach for its "unacknowledged reinforcement of patriarchy" (Dominelli, 1986). It looks at child abuse theoretically as a family problem in which all members have some responsibility. Again, the victim receives some blame and the perpetrator has some removed from him.

Feminist Approaches to Unsilencing

Recently, feminist have challenged these traditional approaches to treating child abuse. Beginning with the groundbreaking work of Florence Rush in the early 1980s to Bass and Davis' work in the late 1980s, feminist writers are exposing the inherent problems in individualizing the treatment of child abuse, both in terms of ideology and practice. They begin by pointing toward gender inequalities and observe how these are perpetuated through ideology. MacLeod and Saraga (1988) state that "this is the ideology that not only makes possible sexual violence of every kind, but also renders it invisible." The feminist

approach is to unsilence child abuse.

Women and Alcohol

In a 1986 Health and Welfare Canada study, alcohol was named as a key health issue for women. What is important to recognize when considering women and alcohol is that the incidence of women's alcoholism is a serious issue, and that both women's reactions to alcohol and society's reactions to women drinking are different from their male counterparts.

Women often identify a traumatic event that precipitates their problematic drinking. Although they mention only death, divorce, illness of a loved one, or change in role function, I would suggest that abuse as a child be added.

There seems to be much debate over whether the extent of alcoholism in women is accurately documented. Alcohol consumption is not part of the social construction of femininity, so that many women feel guilty and hide the extent of their alcohol use. Tied into this as well may be the health care or social worker's own uneasiness in confronting something that goes against the grain of the social norm. As the primary caregivers and those who are seen to hold the family together and nurture others, women are not seen as meriting for themselves the kind of care they are supposed to provide so freely.

Child Abuse and Alcoholism

In the last five years researchers have been exploring the relationship between child abuse and alcoholism. A relationship is being recognized between child abuse and the manifestation of alcoholism in adult life. Women alcoholics who were abused as children display very different use and behaviour patterns in relation to alcohol than do abused non-alcoholic women. Different types of abuse, as Covington (1986) shows, although experienced by both groups of women, seem to be different for alcoholic women in quantity, quality and extent. Alcoholic women have been abused by more perpetrators, they have had more instances of abuse, and have been abused for longer periods.

Women alcoholics who were abused as children will have treatment needs different both from male and from non-abused women alcoholics. Treatment must provide a holistic approach in which the longterm effects of child abuse are addressed as well as the alcoholism.

A feminist approach to alcoholism situates the woman in her social world. Alcoholism is seen as a way of coping with an unbearable situation. Considering women's alcoholism seriously necessitates taking women seriously, and validating their actions as reasonable responses to their social situations.

Feminists working with women alcoholics do not encourage their abuse of alcohol but also do not make sobriety their only objective in treatment. Rather, they try to get at the reasons behind the alcoholism. Feminists realize that abused children had to learn certain skills to protect themselves when they were young. Without good help in their younger years, these women may take learned behaviours with them into their adult lives. Many of these behaviours are not healthy to them now, but they may have been functional for survival in their childhood.

Traditional Treatment of Alcoholism

The first important issue when discussing treatment is to discover how traditional approaches to treating alcoholism do not address the specific needs of women, with child abuse being one of those areas necessitating inquiry.

Mainstream treatment programs have been criticized for upholding stereotypical views of women. Many use the White male as a standard against which all other behaviours are measured. Most alcohol treatment centres focus on sobriety, seeing alcohol as the main problem that must be removed first. For women who are drinking to cope with their abuse, this may not be sufficient, since insistence on sobriety is not taking a holistic approach. There is an abundance of evidence to support the necessity for treatment that addresses both the abuse and the alcoholism together (Covington, 1984; Nielsen, 1984; Kovach, 1986; Rohsenow et al, 1988; Hurley, 1989; De Marco, 1990). If alcohol is being used to cope with a problem, and the underlying problem is not addressed, there is a high probability of relapse (Root, 1989).

Skorina and Kovach (1986) point out that often social workers are uncomfortable addressing previous child abuse or "do not feel it is likely to be [or to have been] 'real' (versus Oedipal fantasy)." They suggest that workers with these feelings should refrain from seeing clients with this reality. I feel that Skorina and Kovach's prescription just ignores the problem and facilitates its perpetuation. Treatment should be tailored to the needs of the client, and not vice versa. Programs that include the type of workers to which Skorina and Kovach refer should perhaps reevaluate themselves and either educate their employees or hire ones who are there truly to help their clients.

The evidence of most feminist literature on the clinical treatment of survivors of child abuse illustrates the need for women to be seen by women. Most perpetrators are male so it is advisable that survivors in the beginning stages of their recovery be seen in all-woman settings. A predominantly male controlled environment may reactivate the crisis of long ago.

Alcoholics Anonymous and the Needs of Women

In Alcoholics Anonymous (AA), a main part of the philosophy is admitting powerlessness over alcohol. For a survivor of child abuse, having to admit to being powerless may seem like a life sentence of victimization. The expected intimacy of AA is also not necessarily relevant to survivors of abuse, who have had their boundaries violated to a point that they may have problems respecting their own and sometimes others'. To have to self-reveal as an automatic expectation is not helpful and potentially harmful. The constant use of ritualistic methodology in AA is also problematic for abuse survivors. It selects their problems by ordered priority: "Hi, I'm Lynn and I'm an alcoholic." If she is also an abuse survivor, this type of repetition only serves to highlight one of her problems while silencing the other. Despite the many claims to the contrary, AA is also full of Christian connotations. Obviously, this is not appropriate for the many cultures and religions present in Canada. Also, religion has always been intrinsically tied to sexuality through its direct involvement in 'normal' married heterosexuality. Sexuality is usually defined in this paradigm as valued only in marriage. Even if AA does not stress these aspects of the Christian religion, the religious undertones at the meetings can be uncomfortable for women who were sexually abused. Finally, there is no political analysis in AA. This can be harmful for many and especially for abused women, who need to understand the commonality

of their experience, as well as the fact that it stems from a patriarchal world that exerts violence over women and children.[1]

Dr. Jean Kirkpatrick founded Women for Sobriety (WFS) in 1975 when she, as an alcoholic, found no help for herself in AA. Dr. Kirkpatrick's work indicates that treatment for alcoholism in women, especially if they are abuse survivors, should be woman-sensitive. She stresses the need for an environment that is conducive to women's health and development. Since AA was never intended for women in the first place, it is not surprising that it is not woman-sensitive (DeMarco, 1990).

Feminist Intervention

Every piece of literature on feminist intervention covered in this article holds as an essential principle the necessity for the contextualization of the client (Ballou, 1990; Brown, 1990; Cammaert and Larsen, 1990; Hertzberg, 1990; Hill, 1990; Ballou and Gabalac, 1985). Feminist intervention evolved as an alternative to the traditional therapeutic assumptions that women are healthy when dependent and emotional and unhealthy when assertive and emotionally strong. Feminist intervention is not a set of techniques, but of principles: "an orientation, a conceptual frame of reference based upon a philosophical-value position" (Ballou and Gabalac, 1990). It attempts to "depathologize" mental illness and sees an individual's behaviour "as a function of being oppressed rather than confused or sick" (Rosewater, 1984 and 1990). This view holds as a major tenet the importance of socialization and ideology.

In this type of intervention the climate to which individuals are subject must be confronted. This can be done in several ways. The social worker may choose to lobby for social action for her particular client, or she may advocate for social change in general. Part of her social action involves educating clients about their choices. Whatever a worker chooses as political, the major theme is that the worker unites with the client to challenge the sources of her oppression. Mays and Comas-Diaz (1988) insist that "the greatest asset of current feminist philosophy is its belief in a dialectical relationship between its theory and practice."

Another principle of feminist intervention is the movement towards an equalizing of power between workers and clients. One way of doing this ties in with the next principle: respect for the client and validation of her experience. Another principle is that of appropriate self-disclosure on the part of the worker. Relationships where self-disclosure is one-sided often further isolate the person who is opening up to exposure. In traditional therapies, this person is usually the client. However, in feminist intervention, the worker also discloses information about herself where it is relevant and appropriate. This helps the client feel that the worker is also human, capable of making errors, and of feeling pain. Once one minimizes the barrier between "professional" and "client," one must then be attentive to the importance of respecting boundaries.

A major objective of feminist intervention is the emphasis on self-healing. Workers try to instill trust, and a belief in self. According to Hertzberg (1990), "healing through relationship and relatedness is ultimately a feminist perspective."

Conclusion

Traditional modes of treatment for alcoholism do not address the specific needs of women. In relation to child abuse, traditional treatment does not address the fact of patriarchy. Feminist intervention, by contrast, attempts to link the personal experience to the political climate. Feminist therapy respects and honours the client and her own rhythm of recovery.

Feminist intervention applies a holistic perspective situating the woman in her social world. Her pain or illness is not just an isolated phenomenon. Women are able to see their problems in a larger social context which helps them to "defocus" on the present problem and begin to explore the many contributing factors to their present state of being. Alcoholic women may see that their alcoholism has manifested itself as a way of coping with the trauma of child abuse. Once all the pieces are on the table, it is a lot easier to form the puzzle.

Policy Implications

Health and Welfare Canada found in 1986 that 32 per cent of the women respondents in their study of key issues on women's health stated that feminism and the women's movement are positive factors in the betterment of women's health. That women's issues are important and require special attention must be at the core of health policy formation about and by women.

These are difficult times for women to be heard. In efforts to sabotage its importance, feminism is being socially constructed as anti-feminine, militant, ugly, and man-hating. Therefore, before feminist therapy, or a feminist perspective, or woman-centred treatment can exist, the voices of women must be heard.

The most popular response to formulating strategies for effective programs for women's health in the study by Health and Welfare Canada was that the government should provide "long-term core funding for women's groups and women's health projects." Almost half of the respondents in this study (49 per cent) felt the need for the government to "recognize, legitimize and fund alternative health services and practitioners." Since there was no real action taken by the federal government (other than the cutting of funding to women's shelters), what was the purpose of conducting these very comprehensive research projects?

If feminist organizations can begin to thrive, then feminist therapy can be made more widely available, thus giving women treatment that is centred around them. Their potential for healing depends critically on the type of treatment they receive.

[1]This is not to discredit the function that AA serves for many people. However, feminists agree that the patriarchal order must be challenged when considering child abuse. When women's experiences are contextualized, there is more chance for comprehension, thus setting the stage for some type of change. In this respect, AA's apolitical stance is not helpful to abused women.

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