



# Child Law Practice

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*Helping Lawyers Help Kids*

## Substance Abuse and Domestic Violence in the Child Welfare Context Where Do You Start?

by Leigh Goodmark

*Susan and Mark are appearing in court. Their child, Jonathan, was removed from their home after his teacher called to report her concerns that his parents were using drugs. Upon further investigation, you learn that not only are both Susan and Mark substance-dependent, but that Mark has been physically and emotionally abusing Susan for years. Getting services for the parents seems like a good idea, but where do you—as a social worker, lawyer, or judge—start?*

- Should they both get substance abuse counseling first?
- Should the domestic violence issues come first?
- Can you do both at the same time?
- And are there good models for treating the co-occurrence of domestic violence and substance abuse?

This article will help you to answer these questions.

### Understanding the Link Between Domestic Violence and Substance Abuse

Domestic violence and substance abuse are serious concerns for dependency courts. Studies estimate that parental substance abuse affects 50-80% of children in the child welfare system.<sup>1</sup> With the growing attention to the impact of domestic violence on children, increasing numbers of those cases are surfacing as well. There is also much overlap between domestic violence and substance abuse that

professionals working with families tackling these issues must understand.

Studies suggest that ¼ to ½ of men who commit domestic violence have substance abuse problems.<sup>2</sup> The Department of Justice found more than half of defendants accused of murdering their spouses—and almost half of their victims—were drinking alcohol at the time of the murder.<sup>3</sup> Other studies have found that “for episodes of man-to-woman abuse, 22% of the men and 10% of the women” were using alcohol when the violence occurred—which doesn’t account for alcohol or other drug abuse at other times during the relationship.<sup>4</sup>

Battered women also have high rates of substance abuse and are more likely to abuse alcohol; one study of battered women’s shelters in Illinois found that 42% of the residents abused alcohol or other substances.<sup>5</sup> Women who abuse alcohol and other drugs are more likely to become domestic violence victims, and domestic violence victims are more likely to receive prescriptions for and become dependent on

tranquilizers, sedatives, stimulants and painkillers.<sup>6</sup> The battered parent’s substance abuse can increase the likelihood that she will be unable to shield the children if the other parent is violent.<sup>7</sup>

### The Connection for Battered Women

—“For a woman who is battered, alcohol becomes the ideal medication to ease the pain: it is readily available, it is affordable, it kills the feelings, it asks no questions, it leaves no memory of humiliation, and best of all, nobody has to see.”<sup>8</sup>

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*Note:* Most domestic violence victims (the most recent federal studies say 85%) are women. Therefore, this article refers to victims of domestic violence as female, batterers as male. This convention in no way disputes that men are also battered or that the battering of men should be treated sensitively.

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### Why do battered women abuse substances?

*Self-medication.* Substance abuse is “less emotionally and physically damaging than facing daily bouts of physical, emotional and sexual abuse with little to blunt the pain.”<sup>9</sup> Victims of domestic violence may also use substances to avoid confronting the impact of violence on their children, their other relationships, and their lives outside the relationship.

*Some battered women begin abusing substances as a result of the batterer’s influence.* When the battered woman is drugged, she is easier to control; therefore, the batterer may coerce, cajole, or force the battered woman to use with him or on her own. Other reasons that battered women use drugs and alcohol include “chemical dependency, cultural oppression, overprescription of psychotropic medication, or, for women recently leaving a battering relationship, a new sense of freedom.”<sup>10</sup>

### How do substance abuse and domestic violence mutually reinforce each other?

—“Battered women and addicted women often blame themselves when they are unable to be safe or sober. If these women are one in the same, the level of guilt and shame is compounded.”<sup>11</sup>

*Substance-abusing battered women are doubly condemned—by themselves and by society.* They blame themselves for their inability to stop abusing substances and to stop the violence. They are part of a society that frequently holds battered women responsible for the violence of their partners, asking “Why doesn’t she leave?” rather than “Why doesn’t he stop being violent?” and that stigmatizes substance abusers. Facing internal and external disapproval, it can be difficult to take steps to address either situation.

*Behaviors and conditions linked with domestic violence also enable substance abuse.* Batterers use isolation to increase their victims’ reliance on them, disempowering the victim and creating an environment where violence flourishes. Isolation from family and friends can also foster substance abuse and limit the opportunities for outside intervention. And because support from external sources is necessary to end both substance abuse and domestic violence, isolation prevents victims from marshaling resources to address these problems. Substance abuse can also become a part of the dynamics of the violent relationship. Batterers control the victim’s access to alcohol and drugs as another way of asserting their power.

### The Connection for Batterers

#### Does substance abuse cause battering?

No. Experts agree that while substance abuse and domestic violence frequently co-exist, substance abuse does *not* cause battering. Substance abuse is only one of a number of factors that contribute to domestic violence. Alcohol and drug use can affect the batterer’s behavior by:

- increasing the risk that the batterer will misinterpret his partner’s behavior;
- increasing the batterer’s belief that his violence is due to alcohol or drugs;
- making the batterer think less clearly about the repercussions of his actions;
- reducing the batterer’s ability to tell when a victim is injured; and
- reducing the chance that the batterer will benefit from punishment, education or treatment.<sup>12</sup>

But none of these effects, Professor Larry Bennett of the University of Illinois-Chicago argues, “interfere[s] with an understanding that woman abuse is a choice that men make in a society which supports men’s power and control.”<sup>13</sup>

#### Will stopping the substance abuse stop the violence?

No—that’s another myth. Violence does

not always end when the batterer enters treatment; in fact, it often gets worse. Even if the physical abuse stops, other abusive and controlling behavior often takes its place.

Substance abuse and battering might stem from the same impulse. One theory about the relationship between battering and substance abuse posits that “the need for personal power... may be the factor that accounts for the high correlation between substance abuse and spousal abuse.... [M]en who have a high need for power over others are more likely to abuse alcohol and to use violence. Alcohol provides an illusion of power; so does beating one’s wife.”<sup>14</sup> Batterers may also abuse substances as a form of self-medication. Batterers report that “they feel free from their guilt and others’ disapproval when they are high.”<sup>15</sup>

### Treating Substance Abusers Experiencing Domestic Violence

Although treatment for battered women and batterers (and substance abusing men and women) differs, experts stress having all domestic violence and substance abuse programs, regardless of who they serve, screen clients for domestic violence and substance abuse. Because substance abuse is a risk factor for domestic violence, and the presence of domestic violence can affect treatment effectiveness and relapse, knowing that clients are confronting these issues is crucial for service providers—and courts.

### Treatment for Substance-Abusing Battered Women

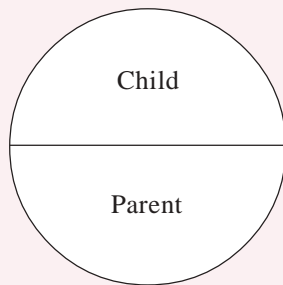
#### Safety is the primary concern.

“If a client believes she is in immediate danger from a batterer, the treatment provider should respond to this situation before addressing any other issues.... The provider should refer the client to a domestic violence program and possibly to a women’s shelter and to legal services.”<sup>16</sup> The violence the battered woman has experienced, and the threat of future violence, must be

### Who is the Victim?

TRADITIONAL MODEL

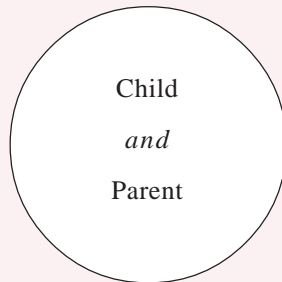
#### Child Welfare



#### Domestic Violence

MODEL THAT PROMOTES COLLABORATION

#### Child Welfare



#### Domestic Violence

### How Differences in Vocabulary Impair Collaboration

How we use language says a lot about how we see the world and our places in it. One problem programs have when trying to collaborate is vocabulary.

#### Who is the victim?

In the child welfare system, the child is the victim, the parents often perpetrators. The domestic violence community defines the parents as victims, however. How the victim is defined is a major roadblock to fostering collaboration between child welfare and domestic violence professionals. The question “Who is the victim?” suggests that only the child or the parent can be victimized. Understanding that the child *and* the parent have experienced violence, and understanding their responses in the context of that violence, has been one key to bringing the domestic violence and child welfare communities together to think about how to better serve children and their nonabusive parents.

#### Empowerment or powerlessness?

Substance abuse treatment providers and domestic violence advocates confront similar linguistic barriers. Substance abuse treatment often uses terms like “denial, enabling, codependency, and powerlessness” to describe client behaviors and recovery. These terms clash with the focus of domestic violence advocates on “empowering” survivors and can be used by batterers to blame their victims and evade responsibility for their actions. Substance abusing batterers may try to use their treatment vocabulary to argue that not only are they powerless over their addictions, they’re powerless over their battering as well.

This difference in orientation is problematic when clients have multiple issues and can impair the ability of treatment providers to work across systems with clients with multiple problems. Each treatment community has to understand the other’s orientation. Only by acknowledging the differences in language and the implications of those differences for treatment can providers effectively serve clients experiencing domestic violence and substance abuse.

the context within which all treatment decisions are made. Initially, this focus requires that substance abuse counselors help battered women develop safety plans as part of their treatment plans. Treatment programs must also ensure that the battered woman can be physically safe within the treatment facility; the batterer may call or appear at the treatment facility, threatening to harm her unless she leaves treatment. Victims of violence should not be required to participate in conjoint counseling or couples therapy groups, frequently a component of substance abuse treatment.

#### Return to drug use can be a survival strategy.

Because some batterers insist that women use with them to maintain their control, a woman’s refusal to use

alcohol or drugs may seriously compromise her safety. In this situation, treatment professionals should look at the battered woman’s decision to use not as a failure to comply with the treatment plan, but as an indication that the plan should be revised to make it safe for the battered woman to abstain.

#### Treatment setting is key.

“Group therapy is an essential feature of most substance abuse treatment programs,”<sup>17</sup> but battered women may have difficulty discussing their experiences in a mixed-gender group setting. While many substance abuse treatment programs address denial by using confrontational tactics, the battered substance abuser may experience confrontation of this kind as an extension of her abuser’s treatment of her and shut down.

The Twelve-Step (Alcoholics/Narcotics Anonymous) model can be particularly inappropriate for treating battered women. Twelve-step programs don’t look at the context within which substance abuse occurs, ignoring the reality that many battered women abuse substances to cope with violence.

Twelve-step programs’ focus on “codependency”<sup>18</sup> can make the battered woman feel she is responsible not only for her substance abuse but also for the violence against her, which is inappropriate. What programs label codependency can be “for victims, the life-saving skills necessary to protect themselves and their children from further harm. When victims are encouraged to stop these behaviors...they are, in essence, being asked to stop doing the very things that may be keeping them and their children most safe.”<sup>19</sup>

## Domestic Violence/Substance Abuse Resources

Substance abuse treatment providers and domestic violence programs are beginning to collaborate to better serve families with multiple problems. Here are some promising examples:

### PROGRAMS FOR BATTERED WOMEN

**Teen Parent Services** on the South Side of Chicago serves mothers aged 18 to 20 who receive TANF. While the program's central focus is on helping teens to return to school or earn their GEDs, the program recognizes that for these teens to succeed, their other needs must be addressed. More than half of the teens experience domestic violence, and a large number use alcohol and marijuana recreationally. Therefore, the program has a substance abuse clinician available every day, and a domestic violence advocate on-site three days per week. Every teen receives substance abuse and domestic violence education. Both professionals cross-screen and refer, and both help parents address behaviors that could lead to child abuse and neglect. Contact Sally Polasek, Teen Parent Services—312/793-6000, dhsr99@dhs.state.il.us.

Once a month, in Belleville, IL, substance-abusing battered mothers and their children (aged 5-12) come together for **Family Night**. Sponsored by the Gateway Foundation, a substance abuse treatment facility, and the Violence Prevention Center of Southwest Illinois, Family Night allows mothers and their children to spend time together while learning the skills to keep their families safe and healthy. The program is designed to prevent child abuse and neglect by facilitating positive communication between mothers and children; teaching the mothers to listen and really hear what their children are saying; and giving the children an opportunity to see that their mothers are human—all of which lowers the stress levels in these families. Contact Jeanne Hanson, Violence Prevention Center of Southwest Illinois—618/236-2531, X117.

The **MOMS/Women's Recovery Project** in Pierce County, WA, studies the interrelationships between relapse, the cycle of violence and post-traumatic stress and uses that information to develop individualized

treatment models for women. The project is a partnership between the Pierce County Health Department and the Pierce County YWCA. The Project has developed resources for treating substance abusing battered women, including *She's Got All Kinds of Troubles*, a curriculum for social service providers working with women confronting substance abuse and chemical dependency, domestic violence, adult sexual assault and child sexual assault. Contact Sue Winskill, 253/798-6655.

Illinois' Department of Children and Family Services funds the **Share Program**. The program features domestic violence education and support, substance abuse education, parenting skills training, and parent-child activities. Several community partners collaborate on the project, providing mothers resources that will help decrease their isolation and address co-occurring problems. Project staff meet bimonthly with DCFS staff and the partners have conducted joint training. Service providers also contact supervisors informally to discuss problems in individual cases. The project believes that providing information, resources, and support helps mothers whose parenting is deficient because of the demands of keeping themselves and their families safe but acknowledges its responsibility to identify mothers who need more intensive interventions. Contact Karen Kuchar, 630/221-8290.

### PROGRAMS FOR BATTERERS

David Garvin, the Program Director at **Alternatives to Domestic Aggression (ADA)**, a batterers' treatment program in Washtenaw County, MI, focuses on the interrelationship between substance abuse and domestic violence. Although ADA once had an in-house substance abuse treatment program, it has since abandoned that model in favor of forging stronger ties to substance abuse providers in the community. Garvin feels that in this model, organizations that might not otherwise be at the table

become part of the community response to violence. Working with community-based agencies allows for increased coordination of services within the community and opens the door to cross-education, which can lead to early detection of violence and substance abuse issues. Contact David Garvin, Alternatives to Domestic Aggression—734/971-9781, X329, dgarvin@csswashtenaw.org

### COURT-BASED PROGRAMS

In the Dade County, Miami **Dependency Court Intervention Project**, domestic violence advocates and substance abuse providers share the courtroom every afternoon. Domestic violence advocates are available to assist victims with their needs. The substance abuse provider, Spectrum, screens clients for substance abuse issues and lets them sign up for services in court. The program provides intensive drug treatment services for four-to-five months. Reports on treatment progress go to the court, aiding in case management. While the services are not yet integrated, the court hopes to integrate them in the future. Contact: Judge Cindy Lederman, 305/638-6087.

### MULTIDISCIPLINARY PROGRAMS

Maine's **Cross Disciplinary Training Project** offers an 18-hour training on substance abuse, domestic violence and child welfare. Multidisciplinary teams including a battered women's or children's advocate, a representative of child protective services, and a substance abuse counselor use a comprehensive curriculum to explain the differences in language and philosophy among the fields and help professionals communicate. Professionals who have completed the training say their relationships with providers in the other disciplines improved significantly following the training. Contact Polly Campbell, 207/780-5864, pollyc@usm.maine.edu, or Susan Harlor, 207/287-5060, sue.b.harlor@state.me.us.

Other potential problems with using the twelve-step philosophy with battered women include “submission to a higher power referred to exclusively in male terms, emphasis on ‘character defects,’ limited emphasis on strengths, and discouragement from talking about the abuse that has happened to them.”<sup>20</sup>

**Helping the victim accept responsibility for her own substance use, but not for the batterer’s abuse, is key.**

Treatment should stress the role substance abuse plays in the abusive relationship—how it can force the battered woman to stay in the relationship, increase her risk of harm (because when using substances, battered women often feel more powerful than they are and fight back in ways that can lead to much more serious injuries), and impair her ability to plan for her safety. Victims benefit from all-female groups that focus on empowerment. Treatment should help battered women to find an empowerment tool other than substances and should avoid blaming her if she uses or relapses, because that blame will further disempower her.

**Battered women face unique obstacles to maintaining sobriety after treatment ends.**

Long-term sobriety can be especially difficult to maintain for battered women. Batterers actively sabotage the recovery process because “the client’s sobriety may threaten the batterer’s sense of control.”<sup>21</sup> And for battered women, revictimization is the factor most associated with relapse. Treatment programs must be aware of the potential for further violence and help the battered woman minimize the negative effects of the violence should it occur.

**Treatment for Batterers**

**Substance abuse and battering, although interrelated, are separate issues requiring separate treatment.**

Too often, courts respond to co-occurring substance abuse and domestic violence by solely ordering substance abuse treatment, as though the substance abuse is causing the vio-

lence. Substance abuse treatment alone is not an appropriate response to violence. Batterers should also complete batterers’ intervention programs that address the issues of power and control at the heart of domestic violence.

**Treatment must stress the batterer’s responsibility for his decisions to abuse substances and his partner.**

When well-facilitated, twelve-step programs can support batterers’ treatment and substance abuse treatment, encouraging the members of the group to challenge batterers who refuse to accept responsibility for their actions. But the bonds forged in group therapy may also allow members to “reinforce each other’s excuse-making mechanisms.”<sup>22</sup> And allowing them to label their victims “codependent” enables batterers “to put down their partners, saying this means battered women are as sick or sicker than them, to define victims as at least partly responsible for their violence, and to manipulate women into feeling guilty and ashamed of their expectations that men stop abusing.”<sup>23</sup>

**No-violence contracts may make batterers more accountable.**

Some substance abuse treatment programs require batterers to sign “no-violence contracts” to reinforce the message of accountability. The contract sets forth the program’s expectation that the batterer will refrain from using violence and the consequences of continuing to do so. Including courts and batterers’ treatment programs in the contract can keep the client from “play[ing] one agency against another” because the expectations for the batterer are mutually agreed upon.<sup>24</sup>

**Facilities treating batterers must also be concerned with victim safety.**

Batterers may continue to harass and threaten their victims while in treatment via phone, mail, and contact with other approved visitors. Programs should monitor the batterer’s privileges to ensure that he is not using them to

**About this Series**

This article is part of an ongoing series on substance abuse and the child welfare system. Funding for this series was provided by the David and Lucile Packard Foundation. Articles are developed in consultation with an expert advisory panel representing legal, social science, and academic perspectives.

access his victim. Providers should also consult victims before taking actions that could compromise their safety.

Victims, too, may try to prevent batterers from entering or completing treatment programs. The batterer may be less violent or easier to placate when abusing substances; the victim sees the batterer’s continued substance use as tied to her safety. Addressing the victim’s safety concerns and ensuring she receives appropriate services is important to overcome her resistance to the batterer’s steps toward sobriety.

**Parenting Issues**

Substance abuse compromises parenting skills. Domestic violence exacerbates these parenting problems. One focus of treatment for substance abusing parents in abusive relationships must be improving these skills. Battered women and batterers need to understand the impact of their actions on their children’s current and future physical and emotional health. Treatment should help batterers embrace nonviolence and model nonviolent behavior for their children.

Battered women may find their children resent the time spent away from them in treatment. Resuming parenting can cause stress for recovering battered women, especially when their children disagree with the choice to separate from abusive partners. Recovering battered parents will need help coping with the stress, frustration, and anger of their children—and their own.

## What Can You Do?

This brings us back to Susan and Mark, still standing in the courtroom. Knowing what you now know, what can you—as a social worker, lawyer, or judge—do for them?

### 1. Understand the connection between substance abuse and domestic violence.

Know that Susan's drug use may be a function of the violence that she's experiencing. Don't send Mark to substance abuse treatment and expect the violence to end. Send him to batterers' intervention (not anger management)<sup>25</sup> counseling as well—and make sure that he completes it.

### 2. Work with substance abuse treatment facilities that understand domestic violence and coordinate with domestic violence services providers.

Find facilities that understand the needs of substance-abusing domestic violence victims, and use the kinds of strategies discussed above to meet their needs. Work with programs that hold substance abusing batterers responsible for their actions, rather than allowing them to blame their "codependent" partners.

### 3. Use strategies that foster safety for victims of domestic violence.

Think about Susan's safety when making service plans and crafting court orders. Send Mark and Susan to separate substance abuse programs. Don't send them to joint or couples counseling, even if that is standard practice for the substance abuse facility. Provide Susan and Mark, and the facilities treating them, with orders of protection preventing Mark from having inappropriate contact with Susan while she's in treatment. Don't require Susan to participate in mediation.

### 4. Consider using a "no-violence contract" to hold batterers accountable.

Placing the court's authority behind the treatment facility's no-violence contract will reinforce the message that Mark must be responsible for his substance abuse and violence, and that there are consequences if he

chooses to engage in sanctioned behavior. Commit to enforcing the contract through court action if Mark violates it.

**5. Try to keep nonabusive parents and children together.** Assume that in addition to abusing Susan, Mark hit Jonathan as well. The central philosophy of the newly emerging partnerships between domestic violence advocates, child protective services, and the courts is that children can best be kept safe if their mothers are safe. Find a facility where Susan and Jonathan can live together while Susan receives treatment. Minimize the trauma to Jonathan by keeping him and his mother safe and together. Secure orders that govern Mark's access to Jonathan and consider Susan and Jonathan's safety and well-being.

**6. Understand relapse in the context of domestic violence.** If Susan relapses, ask why, rather than assuming she is not committed to treatment. Has she been revictimized? Is Mark pressuring her to use? If Mark relapses, ask whether Susan is undermining his treatment to keep herself safe. Reevaluate the service plans for Mark and Susan with an eye towards ensuring safety in a way that promotes sobriety.

## Conclusion

Substance abuse and domestic violence are two of the most daunting problems the dependency system faces. But understanding how they interact and reinforce each other, and what strategies can be used to address them, can mean positive results for the families you work with every day.

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## Endnotes

This article relies heavily on two sources: *Substance Abuse Treatment and Domestic Violence: Treatment Improvement Protocol (TIP) Series 25*, and *Safety and Sobriety: Best Practices in Domestic Violence and Substance*

*Abuse* (cited in full below).

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11. Ibid., 4.
12. *Safety and Sobriety*, 2000.
13. Bennett, 1997.
14. Fazzone et al., 1997.
15. Ibid.
16. Ibid.
17. Ibid.
18. "Co-dependency is a term that describes the behavior of an individual living in an unhealthy environment, such as that associated with drug or alcohol abuse. The

person exhibiting the co-dependent behavior may or may not have a problem, but usually shares many of the same characteristics as the person with the problem.” *Quick Facts Center: Substance Abuse*, <http://quickfacts.coloradosprings.com/health-substanceabuse.htm>, visited 3/28/02.

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### New Listserv Offers Help with DV/Child Maltreatment Cases

With support from the David and Lucille Packard Foundation, the ABA Center on Children and the Law is hosting a new listserv dedicated to cases involving domestic violence and child maltreatment. The list will provide a forum to discuss issues and share resources in these cases.

Examples of issues that could be discussed on the listserv include:

- When is it appropriate to charge a battered parent with failure to protect.
- Resources for battered parents, children and batterers.
- Innovative programs working with battered parents, children and batterers.
- Greenbook initiatives.
- State initiatives on children exposed to domestic violence.
- Training opportunities, conferences, and publications on children and domestic violence.

To subscribe, please e-mail [GoodmarL@staff.abanet.org](mailto:GoodmarL@staff.abanet.org) and type “Subscribe Child-DV” in the subject line of your message.

## RESEARCH IN BRIEF

### How a Gene May Protect Against Trauma, Violence, and Child Abuse

Researchers have discovered a gene they think helps protect boys who grow up in violent, abusive homes from repeating that violence as adults. The gene controls an enzyme called monoamine oxidase A (MAOA) that cleans up excess neurotransmitters, chemicals in the brain that transmit nerve signals. In the study, few abused boys with genes producing high levels of MAOA went on to develop antisocial behavior.

In contrast, just 12% of the study’s male birth group with low levels of MAOA accounted for 44% of the group’s violent convictions. And about 85% of the study’s maltreated boys with low levels of MAOA developed antisocial behavior. Previous studies of MAOA activity in mice and humans have shown that low levels of this enzyme increase aggressive behavior.

The study was carried out at New Zealand’s University of Otago Dunedin Multidisciplinary Unit. It examined 442 male children for 26 years, from childhood to adulthood. Maltreatment, as defined in the study, took place in the first 10 years of the boy’s life. It included rejection by the child’s mother, frequent changes of primary caregiver, physical abuse resulting in injury and sexual abuse. Many of the boys had experienced more than one of these forms of maltreatment. The research team from New Zealand, England and the United States hope their study may help explain why some abused boys break the cycle of violence they’ve experienced.

Researchers noted that environmental factors (abuse, maltreatment) triggered or activated the gene. Thus the interaction between this particular gene and the abusive environment plays a dominant role.

This gene is found on the X chromosome. Males have only one copy of this chromosome, while women have two and are therefore much more likely to have at least one copy of the protective gene, says study director Dr. Richie Poulton. “This might help explain why severe antisocial behavior is more common among men than women.”

If the findings can be replicated, the study’s researchers hypothesize that drugs could be developed to address low levels of MAOA.

What does this research mean to child advocates? Litigation expert Anne Marie Lancour of the ABA Center on Children and the Law says the study would have to be repeated. “Once that happens, the research would have to meet Frye standards of scientific reliability to allow the results to be admissible in court. After that, it’s not too big a stretch to see parents’ attorneys arguing for diminished capacity due to low client levels of MAOA.”

Lancour noted that experienced attorneys and social workers have known for a long time that environment contributes heavily to child maltreatment, so the study’s findings “are not a big surprise.”

This study was published in the journal *Science*, Vol. 297, August 2, 2002.