

*“Things not only need to be seen to be believed but*

# *Some things have to be believed to be seen”*

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## **ABSTRACT**

This paper seeks to examine the issue of addiction within the context of male victims of domestic violence. At the outset, this work is based on the ideology of the 1996 First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs or its more common title the Rabbitte Report. This report highlighted the issue that addiction can not be illustrated adequately in individual terms but should be judged in the context of wider structural factors, including educational disadvantage, poverty, and social exclusion (Butler 2007). Linking poverty and social exclusion to addiction in terms of cause and affect have been illustrated in Ireland by other researchers such as Bradshaw and Lavelle (1983), O'Higgins (1998), Mayock, P. and Moran R. (2000). From this it is proposed

that epistemology and methodologies employed and validation can be generalised and applied to other social phenomena that have equal social exclusion and social ramifications and that the result in addiction progression will be similar.

Chapter two opens with an examination of the psychological effects of domestic violence against males such as addiction. It investigates the prevalent literature pertaining to research of domestic violence from a male perspective. This will include social perception and mitigating factors such as media portrayal and its subsidiary effect of lack of services for male victims. This is highlighted with a discussion about the services that are needed and that are well established for female victims of domestic violence. The precise ratio of this abuse is extensively debated. This work will not engage in this but will argue that there are sufficient male victims of violence to justify consideration that in some cases addiction could be a consequence of this violence.

Throughout this work the ideology of domestic violence as a human issue and not a gender issue will apply. From this perspective the mythology and validations of the research to date will be analysed as part of chapter three. The facts that become apparent is that the cause and affect in this area of addiction has not been adequately researched, that is from a male perspective. The female prevalence of abuse victims in addiction is estimated to range from 30-90 percent (Moncrieff, Drummond, Candy, Checinski, & Farmer; 1996; Najavits, Weiss, & Shaw, 1997; Rice et al., 2001; Root, 1989). The proposed research will test this hypothesis within Irish treatment centres and establish if this hypothesis can be generalised to encompass male domestic violence victims.

## **Chapter One**

### **1.1 Introduction**

This study encompasses two separate entities that of addiction and domestic violence and how they are intertwined from a cause and effect perspective. The illustration of this study at times may appear to deviate from the addiction perspective. However, the significance of both addiction and domestic violence need to be addressed individually prior to interlinking the two.

Chapter one will set the stage for the presiding work. It will discuss the context within which the issue of domestic violence against males became apparent to me firstly as a social issue and then as an issue coupled with addiction. It will also discuss the issue of addiction within the framework of domestic violence and highlight the hypothesis posed by the prevalent researchers. This hypothesis will then be questioned. Within this question the knowledge this survey will seek to find will become clear. The issues raised in this new found knowledge will then be addressed and its relevance to addiction treatment approaches today.

### **1.2 Personal interest**

Although this may at first seem to be a non-existent issue even laughable, (Steinmetz, S. K., (1977-78), Cose, (1995), Wilkinson, (1981), Saenger (1963), the concept of males as victims goes against the social perception of what it is to be a man.. The reality of the male victim first became apparent to me when working on the Samaritans phone helpline. In a high percentage of calls the life problems were rooted in some form of abuse either physical, sexual or emotional.

When completing year two BA in Arts in Applied Addiction Studies, one of the modules required a review of services related to addiction and their support services. It became apparent that AMAN in Co Meath and MOVE were the only two services in Ireland specifically for men as opposed to a multitude of services available to women.

### **1.3 Background of the Addiction and domestic violence issue**

The relationship between addiction and life experiences and situations is well researched and documented. [Van Hout](#) (2010) described the substance use and misuse in the Traveler community related to their life circumstances. Long (2010) when researching adolescent substance use and misuse emphasized curiosity, being bored, wanting to relax or friends taking substances were contributing factors in the onset of drug use. In her work [Dunne](#), (2009) concludes factors such as employment prospects, poverty, health, housing and educational needs were contributing

to the commencing of addiction.

#### 1.4 Background of addiction and domestic violence hypothesis

The hypothesis that addiction cannot be viewed in isolation has been validated by [Testa, Livingston, & Leonard \(2003\)](#) in their prospective study of domestic violence. Moncrieff, Drummond, Candy, Checinski, & Farmer, (1996), Najavits, Weiss, & Shaw (1999), Rice et al. (2001), Root, (1989), Messina & Grella (2006), Fellitti et al. (1998) all agree with these findings of a relationship between addiction and domestic violence. All of these researchers see this cause and effect as impacting on females and not males. 30-90 percent of females in treatment present with a history of abuse. [Jones, Hughes, & Unterstaller \(2001\)](#), ([Kessler, Molnar, Feurer, & Appelbaum \(2001\)](#)) propose this is because females are subjected to more violence than men. The research of Lie, Schilit, Bush, Montague and Reyes (1991) contradict this gender based supposition. Their survey of same sex relationship findings seem to indicate that instances of verbal, physical and sexual abuse were all considerably higher in lesbian relationships than in heterosexual relationships. 54% of lesbians reported they displayed physically abusive behavior, while only 14% of gay men report exhibiting abusive behavior. Perry (2004) in his work with Native Americans found a racial element to domestic violence issues. More than double the rate of other racial groups was evident, thereby contradicting the assertion that the matter is gender based.

#### 1.5 Aims of the study

The gender based hypothesis can be brought into question from the literature listed above. From my analysis of the literature and the testing of the survey I hope to validate that addiction as a coping mechanism is a human issue and not necessarily a gender issue. The assertion that the consequences of domestic violence seen in this hypothesis impact on females only will be contested within the literature evaluation and tested within the framework of the Irish addiction treatment setting.

#### 1.6 Reason for inclusion of this information

Within the context of addiction treatment the conclusion from this survey will highlight the need to consider the inclusion of trauma treatment coupled with addiction treatment for both male and female as this is a human issue and not a gender issue. Addiction cannot be viewed in isolation therefore it cannot be affectively treated in isolation. Stephanie Covington links unrecognized and untreated trauma as a factor in relapse. Unresolved issues will possibly lie dormant and exacerbate internally and may reawaken the need to medicate this negative or painful states with chemicals, food or addictive behaviours. Symptoms such as post dramatic stress disorder, hyperarousal ([Stewart, Conrod, Samoluk, Pihl, and Dongier, 2000](#)), sleep disorders ([Nishith, Resick, and Mueser, 2001](#)), tension ([Simpson, 2003](#)), negative affect ([Cannon et al., 1992](#)) will possibly resurface. [Read, Brown, & Kahler \(2003\)](#) link the effect of this self medication to elevated levels of intrusive symptoms of trauma resulting in the re-engaging in the cycle of addiction.

## Chapter Two

### 2.1 Introduction

This controversial subject spawns an emotional response on many levels, including a personal level, as 40 per cent of people are acquainted with a victim (Ahern, D, T.D., 2009). Domestic violence is more commonly recognised at a gender level. These undertones seem to have overshadowed the human element and disregard the victim's wellbeing from an emotional and mental health perspective. Self medication can possibly come into play to help a person cope with the pressures of living with domestic violence.

This issue will be approached from the perspective of addiction as a coping mechanism and the term addiction will be used in a holistic manner encompassing both chemical and behavioural addictions. The approach will focus on this issue from a male viewpoint and examine the social biases and assumptions within the arena of domestic

violence.

## 2.2 Addiction as a coping mechanism

The American Medical Journal noted the above trend and quoted the results of one study stating that 46% of men who misused substances were also perpetrators of domestic violence. This will be evident in the discussion on domestic violence (Brookoff, D., O'Brien, K. K., Cook, C. S., Thompson, T. D., & Williams, 1997). The World Health Organization report (Rehn, N Room, R. Edwards, G., 2001) noted the misuse of alcohol and prescription drugs by victims following a domestic violent assault. The substance of choice becomes a reliable tool for mood and pain management. This is continuing the cycle of abuse. It creates equilibrium of the mind enabling the victim to carry on with their life (Dayton, Tian, and PH.D.2000). This cycle of victimization, substance use or addictive behaviour provides temporary stress relief (C. Steele, 2000). From a male perspective the cycle can continue until the masculine interpretation of being a victim is faced and the social expectations of the masculine identity is dispensed with. Hines and Malley–Morrison (2001) in their study of 116 male college students with alcoholism and trauma symptoms found that the more emotional abuse these men experienced in their relationships, the higher their level of alcoholism and trauma symptoms. Cotter et al. (1992) and Miller et al (1993) agree with this statement and add that chemical dependency develops as a coping mechanism and a symptom reliever. Carmen, Ricker and Mills (1984) include self-destruction, self-mutilation and eating disorders as other coping aids. It has been cited that not recognising or addressing the impact of clients' histories of trauma in the treatment of addictions contribute to the failure of that treatment. (Evans & Sullivan 1995)

## 2.3 Psychological effects of physical abuse

Follingstad et al. (1991) studied the psychological effects of domestic violence. They concluded that 75 percent of men experienced anger, 23 percent felt the need to protect themselves and 40 percent experienced emotional distress. They also stated 35 percent experienced sadness or depression and 15 percent felt shame and helplessness. In her study Morse (1995) found that 9.5 percent of young men and 13.5 percent of older men experienced fear in violent relationships. The psychological response of these victims can include feeling isolated, betrayal, shame, humiliation, self blame, anxiety and depression. They felt a loss of identity and self-esteem together with post-traumatic stress disorder (Lisak, D. 1994). The social stereotypical view of males and their enforced masculinity, causes their expression of psychological stress to manifest in a completely different way to that of females (Aneshensel, Rutter, and Lachenbruch 1991). When females are distressed they express their emotions and sadness by crying, whereas males tend to express their distress behaviourally such as alcohol consumption (Rosenfield, 1999; Umberson & Williams, 1993). Men can also repress their emotions as a response (Repetti, 1992), which interferes with cognitive and social processes. This inhibits their ability to find suitable coping mechanisms (Emmons, 1992). Robert Connell (1987, 1995) described a great variability among men while in an emotionally traumatized state. The socially excluded male has many painful unprocessed emotions in his unconscious, these feelings never disappear but remain silent (Folkman, 1992). Victims do not return to a pre-victim state they are changed by victimization. The ramification of living with such mental pain has led to 54-68 percent of victims developing depressive disorders and 50–75 percent post-traumatic stress disorder (Nixon et al.2004). (Roizen 1993) suggested 45 per cent of males use alcohol to relieve their symptoms. Kernic (2003) agreed with this and added that when intimate partner violence is treated, there is a reduction in depressive symptoms.

## 2.4 Male domestic violence

The gut-level response of modern society to the idea of female perpetrators who instill fear and injuries to their male partners or significant others is one of humour (Steinmetz, S K 1977-78; Cose, E. 1995) presenting images of the hen-pecked husband. (Wilkinson, 1981) declared it was more like the subject of cartoons (Saenger 1963) than a reality. Academic reporting of assaults against men have been evident since the 1950's (Straus 1993 ; Bates 1981) with references to the domestic assaults on men appearing in post renaissance France and England (Steinmetz & Lucca 1988). Richard Gelles study in 1974 is a good example of the earlier work, in Gelles clinical sample he found "the eruption of conjugal violence occurs with equal frequency 'accuses with equal frequency in both male and female' (Gelles , 1974). It is interesting to note that half the subjects in this study were selected from social services agencies or from police reports. Police statistics, from 1974 were used by Curtis in his study. However this

study showed that men were three times as likely to assault women as woman to men (Curtis 1974), thereby contradicting Gelles findings, in 1994. Dr M.J. George did a literature review of the subject and found that the use of police figures or data from agencies working in the field of domestic violence do not reflect a true picture as women's violence against men as many instances go

unreported (Fahey, T. and M. Lyons, 1995). Another example of these conflicting reports can be illustrated in a study of police and court records in Scotland which found that 2.4% of cases involved a male victim ([Dobash](http://www.fact.on.ca/Info/dom/george94.htm) [HYPERLINK "http://www.fact.on.ca/Info/dom/george94.htm"&HYPERLINK "http://www.fact.on.ca/Info/dom/george94.htm"](http://www.fact.on.ca/Info/dom/george94.htm) Dobash, 1978) whereas a study of fifty doctors found a 27% prevalence of male victims (Straus 1993). Examination of the work of researchers in thirty different studies had a similar view. Straus also reinforces Gelles earlier findings of roughly equal assaults of female to male assaults to that of male to female assaults. Nisonoff and Bitman carried out a telephone survey on the experiences of domestic violence in 1979. In their findings 11.3 percent of the women reported having hit their spouse compared to 15.5 percent of the men having reported hitting their spouses, whereas 12.7 percent of the women and 18.6 percent of the men reported having been hit by their spouse. This again calibrates with Gilles and highlights the underreporting of male assaults. Although telephone surveys may be seen as more accurate, this system of sampling is not without criticism.

Patricia Tjaden and Nancy Thoennes (2000) report on the National Violence Against Women Survey that they surveyed 8,000 women and 8,000 men by telephone. The report found that 7% of men reported being physically assaulted, but the men were told that the survey was about “personal safety” issues, and many men may not have viewed domestic violence as a threat to personal safety.

In the earlier years society carried on oblivious to this academic debate. It was extrapolating from a small scale study done by Suzanne Steinmetz between 1977 and 1978 that sparked off the heated debate. The term "battered husbands" was coined secondly. She stated that it was male abuse not female abuse that was the hidden element of the domestic violence issue as a large number of incidents go unreported. This point was reiterated by Langley & Levy (1977) and George (1994). It was concluded that "husband abuse" was more prevalent than that of "wife abuse". These assertions incurred an amount media attention both nationally and internationally (Cook, P.,1997) and resulted in sharp rebuttals claims of misreading, misinterpreting, and misrepresenting the findings (Malcolm J. G., 1994). It stipulated the aggregate was used instead of couples and that the studies did not explore the situations surrounding an episode of women's violence toward men for instance from the perspective of "self-defense." (Pagelow, M. D. 1985). The Pandora box was opened and other researchers joined the camp reporting more violence.

## 2.5 The Irish perspective

From the Irish perspective the findings of Gelles (1974 ) of approximately equal prevalence in abuse between men and woman have been found to hold through (McKeown and Kidd 2003 ;Cleary, 2004 ;Watson, D., Parsons, S. 2005). In two studies conducted for Accord and the Marriage Counselling service, the results showed that domestic violence was mutual in a third of cases (33 percent). Females perpetrated 41 percent and male perpetrated 25 percent in the Marriage and Counselling service survey (Mc Keown et al, 2001a:52). The Accord study was similar with mutual violence in approximately half of the cases, females perpetrating 30 percent and males perpetrating 23 percent (Mc Keown et al, 2001b): 53). The validity of these studies is reinforced by the fact that 80 percent of women and 78 percent of men agree with their partners' response to the question. Fiona Bradley (2002) disagreed, in her study of Cross sectional, self administered and anonymous surveys of 1871 women attending general practices, she found that women constitute the majority of victims. **Dr. Helen** Buckley et al (2006) estimated between 70 – 97 percent of abusive incidents within intimate relationships are perpetrated by men against women. It should be noted, the study explored children's experiences of domestic violence from the perspectives of the children themselves, their mothers, and professionals involved in service provision and that this study worked from the hypothesis that female to male violence is often the result of self defence.

(Buckley et al, 2006:4) Patricia Kelleher and Monica O Conner (1999) addressed the subject of domestic violence and law enforcement in Ireland, known as the “Safety and Sanctions”. In this report the researchers criticise Irish

legislation and social policy on domestic violence,

*we recognize that it fails to indicate as many researchers have pointed out that, in the vast majority of cases where violence occurs, men are the perpetrators and women the victims (Kelleher and O'Connor, 1999)*

Also it should be noted that the statistics for this report were obtained from the Garda Criminal Records Office (GCRO). The research done by the feminist movement is aimed to promote and highlight their cause. The issue of violence against women is not to be trivialized. It is my view that violence is unacceptable whether against women, men, children or the elderly. The purpose of this work is not to create a them against us scenario but to explore this issue in a holistic manner and treat it as a human issue.

## **2.6 Prevalence of domestic violence against Women**

The Women's Aid statistics report from 2007 shows 24,146 calls (Women's Aid, 2007) and the 2008 report shows 20,326 calls were made and received on their help lines. In 2005 the work of Watson and Parsons showed that 15 percent of Irish women (or one in seven) had experienced abusive behavior from a partner or significant other. (Watson, D., Parsons, S., 2005). To compound these factors now in modern Ireland there is the issue facing migrant woman living in the country. The Rape Crisis Center point out fear as a barrier against disclosing domestic violence. These women fear losing their migrant status or jeopardizing their rights to asylum. Possible social isolation or fear of ostracisation if a disclosure was made and a lack of knowledge of their entitlements was also highlighted. On examination of the data from other countries, the figure of 1.5million or 25 per cent female victims appears in the United States (Whitaker, *et al* (2007). In the earlier national representative survey carried out by Murray Staus and Richard Gelles (1986) a decrease of 27 per cent in female victims appears which puts the number of women at 1.6 million. In the UK researchers estimate that between 1995 – 2008/09 there has been a 70 per cent drop in incidents of domestic violence (Home Office Statistics 2009). This decline of victims Straus and Gelles argued was a result of the increased attention that the domestic violence issue had received. Radford Friederg, M.Harne, L.(2000) supported this position citing the contribution of feminist researchers, writers and activists as having had a major impact (Radford. Friederg, M.Harne, L.2000) thus having had a positive influences on public, policy and law making (Victim Support 1992). This positive influence applies to a singular segment in the whole human issue of domestic violence (Galligan, 1993). The umbrella of social acceptance excludes vulnerable male, victim-hood is gender blind. The feminist movement has been criticized on racial grounds with suggestions that the movement caters for the experience of white middle class American woman only (Agnew 1996; Wendell 1993; George 1992). This acceptable social ill needs to be confronted in its entirety. The hidden aspects of family violence need to come to the publics attention as well as the female side of the problem. The multi-faceted ideology of masculinity and femininity underpins the stereotypical roles and norms in society which dictate what is acceptable as an idea or a change in ideas. This socializing starts form early childhood with the use of colours that represent either one gender or the other (pink for female and blue for male) (Crawford, E., M., 1995). A new found inclusion of fathers in family life will have a major effect on the socializing of children, whereas the mother was the only influence on this process O Reilly, A., (2001) Harris, L(1995).

## **2.7 The social stereotype view**

The social stereotype view of a male is one of physical, social, economical and political dominance and women are viewed as submissive (Flynn 1990) whose primary occupation is as wives and mothers. This may have been partly true at one time. However, the positive influence of the feminist movement and the deployment of the capitalist society in modern Ireland has closed the gap of inequality and moral values and as well as rapid economic reform has changed the social concepts (McKeown, K., Haase, T., Pratschke, J., Rock, R., and Kidd, P. (2001), Tovey,H Share P (2003). These social stereotypical roles have changed. Men are involved in child rearing and women have the choice to work outside the home with more opportunities available to them. An example of this would be the increase of women in higher education. Between 1980 and the mid 1990s females have dominated the third level sector numerically with 45% of all female school leavers progressing to further education (Economic and Social research institute (1998), ( Clancy and Wall 2000). The opportunities for change for men are more limited, in fact the term "crisis of masculinity" has been coined to describe the redefinition of the genders (Rutter and Smith (1995, Eckersley (2001). Society cannot or will not believe or accept that this stereotype male image could and are

experiencing fear, shame, isolation and despair as a victim of domestic violence. This point has been academic proven in 1994 in a study carried out by Harris, R.J. and Cook, C.A. People were asked to respond to three different victims; first a victimized wife, second a victimized homosexual and thirdly a victimized husband. In the outcome the victimized wife was most positively rated with the victimized husband been rated much less favourably than the homosexual male victim. It also noted the fact that the female perpetrator was less negatively rated than the other two male perpetrators (Harris, R.J. and Cook, C.A.1994). This study highlights the public perception of the domestic violence issue and demonstrates the gender and cultural biases of that perception. James D. Hunter (1991) suggested that the media play a central role in the debates on the fundamental issues of society.

## 2.8 Media's role in creating inequality in domestic violence

Society's understanding of domestic violence is being reinforced by the media which portray females as the victims and males as the abusers (McKeown and Kidd, 2003). When eluding to high profile domestic violence cases such as the O.J.Simpson trial or John and Lorena Bobbit are examples of how the media sensationalises the actions of individuals and do nothing to illuminate the real issues of domestic violence. Steven Buechler (2008), Stuart Oskamp and Wesley Schultz (2005) argue that the media create reality rather than reflecting it. The media have ignored scientific accuracy in place of political correctness which has influenced the social perception of discriminated feminist victims (Keith Vaz 2007-2008). Messages that can be visible and hidden within texts make and reinforce values and judgments. Paul Nathanson and Katherine Young contend that other examples of subliminal discrimination against males can be seen in the difference in the amount of research being done on breast cancer as opposed to the minimal amount of research into prostate cancer (Nathson, P., Young, K.,K. (2006). Erin Pizzey founded Britain's first battered women's shelter, wrote '*Unfortunately, at this time the feminist movement – hungry for recognition and for funding – was able to hijack the domestic violence movement*' (Simons, F.,2007). Marshall Goodman (2008) agrees and makes reference to the '*cult of domestic violence industry*' (Flood (2003). Young (1996) reported that fathers' rights groups protested against the media because of their support for the domestic violence industry and it polarized statistical perspective of males as predators and not as victims. As the ideological debate continues the plight of male victims remains the same. Cascardi et al. (1992) reported injuries in minor spousal abuse such as broken bones and broken teeth. Duminy and Hudson (1993) note that to offset size and strength, weapons can be used (Hart, A, 2001, Flynn 1990). Without trivializing these physical injuries there is also a great need to highlight the psychological effects of physical abuse.

### Chapter Three

#### 3.1 Literature Review Analysis

Having reviewed the relevant academic literature it appears the use of addiction as a method of self-medication is evident. However, clarity on the existence of domestic violence against men can still be clouded in controversy. In an endeavour to attain transparency, an examination of the methodology used in the research is required. The issue of domestic violence achieved keen attention because of a combination of feminist research findings and Feminist campaigners' endeavours. This led to the foundation of refuge houses for female victims such as ADAPT and treatment for male perpetrators such as MOVE. The consequence of this justified campaigning and research by a particular subdivision of victims has lead to the establishment of feminism philosophy on the overall subject. This subgroup represents one camp, while the other subgroup hold the view that the issue of domestic violence is a non-gender phenomena. The prevalence of violence is equal between men and women.

#### 3.2 Methodology Bias

The first concern that has had an impact on research conclusions is that one can always find what one wants to find or adopt a tunnel vision approach. Within the sensitive area of gender violence this suggests that this issue plays a significant role as feminist research focuses exclusively on the social factors that supported the oppression of

females and the female victims (Smith, 1989; Lemon, & Poisson, 2003). Similarly, in the male perspective of this issue, it only focused on findings that lend weight to their cause (Flood, 2006). These biases are as a result of the underpinning assumptions (shown in Buckley et al 2006 in literature review), study objectives (Kelleher and O'Conner 1999 in literature review), context and meaning of violence and definitions employed (Tjaden and Thoennes in literature review), sample composition (Bradly 2002 in literature review). Dekeseredy, W. S. (2000), Buzawa & Buzawa (2002), Piispa (2002), Kimmel (2002) see the differences in conclusions as a consequence of the process or instrument used in attaining the data. They noted that there are two main methods; crime victimization studies and family conflict studies.

### **3.3 Crime victimization studies**

These studies tend to be largely national, state or government funded. These are based on clinical research, crime studies and victim support groups and services. The samples comprise of sexual assault and a broad variety of assaults. They tend to focus only on instances where the individuals have reported to authorities. Consequently, they neglect those events that are neither perceived nor reported domestic violence as criminal acts. They focus on the spouse or cohabiting partners and ex-spouses. Arguments against this form of data collection can be seen in the 2005 report by Watson and Parson. They noted that 29 per cent of women and five per cent of men reported domestic violence as a crime. However for separated or divorced people the figure was almost 60 per cent for women and almost 30 per cent for men. The factors associated with this showed an increased rate of abuse reporting related to negotiations surrounding the separation of the parties. There is also a tendency to interpret the events of a partner in a negative light which would produce a greater negative effect. The under-reporting of abuse instances has also been established and verified by many researchers such as Straus, M. (1993), George, M. J. (2003), and Brown, G. (2004). Johnson and Ferraro, (2000) showed that in these types of studies domestic violence seems to increase in severity over time.

### **3.4 The Conflict Tactics Scale**

These studies tend to find higher general rates of violence than the Crime Victimization Studies. They are based on a smaller scale nationally, representative of probable sample surveys such as The National Family Violence Survey. These are clinical and convenience samples based on responses to advertisements. With these studies there is an issue of generalisation particularly with those who respond to advertisements. Their responses tend to have a stake in the issue causing biases. Kahneman et al. (1982) claim these studies are based on salient personal experiences that underestimate selective biases. These studies operate on a more qualitative approach to the number of acts but not the severity of the acts (Dobash et al. 1992). The respondents were asked about all their probable experiences of abuse together with those experiences that are not seen as particularly grave or severe and do not produce injury or even thought to be a crime or reported as a crime. The sample groups are cohabiting couples which eliminate abuse by ex-spouses or partners. They also excluded sexual assaults. In short the studies ask what happens if couples disagree or get annoyed with each other. This included if the interaction involved just having a row, fight, quarrel, bad moods or tiredness are given as examples for the actions.

### **3.5 Objective and Rationale of Research of Proposed Research**

Having scrutinized these systems of quantifying the enigmas of the different apparatus of researching the phenomenon, what emerges can seem to be a clash of reality, with each side claiming validity in their work. These claims are and would seem to be true, with the issue lying in the different segments of the same complex phenomenon being examined. The one common factor in all the research is the detection of valid victims of abuse, both male and female, in a sufficient extent to merit concern.

### **3.6 Construct Validity and Theoretical Foundation**

A true exploratory study with non-probability sampling needs to be employed to assess what structure this concern should take, as the **causal relationship** or relationships between the independent variables of addiction and domestic violence. **Causality** or cause and effect from the male perspective has shown to be lacking in research. This approach is the most effective to attain the necessary **verifiable** information. Assessed in the study will be the personal interpretation of how the social perception of masculinity influences the victims on how they perceive themselves as victims. The prevalence of abuse as a cause or contributing factor in addiction and in the female sample needs to evaluate the Feminist hypothesis and its **transferability** and correlation with males to see if this hypothesis is valid for males. The proposed research would consist of an inferential sample of recovering addicts from two centres that run a family support program. The population of the study would be a particular set as they are all in addiction treatment centres. However, the variable factor being measured would involve the number of this population that have been affected by abuse to the extent that they use self medication that has led to their addiction since the variable being measured is the abuse. The addiction treatment population can be termed as a random sample.

### 3.7 Advantages of a Questionnaire

When examining the benefits of questionnaires, the first point is the cost effectiveness when compared to other forms of research (Andreasen, A. 1970; Armstrong, J. 1975). Questionnaires are familiar to most people and normally do not induce uneasiness or tension. They are also less invasive than face-to-face or telephone surveys. Because there are uniform questions presented, any interviewer biases such as voice inflections and mannerisms is reduced (Jahoda, et al., 1962). The analysis of Questionnaires is easier and less time consuming. The disadvantages of Questionnaires can be seen in the rigid scope in responding to the questions. This is especially prevalent within the issue of this work, as ninety percent of communication is visual, gestures and other visual indications are not accessible with written questionnaires.

### 3.8 Demographic Profile

As the exploratory study seeks to investigate the correlation between the feminist hypothesis and the prospect of generalizing this to the male population in addiction treatment, the sample will consist of an equal quantity of both males and females who are still attending aftercare as part of their addiction treatment program. This stage of treatment is chosen because the participants will have realised the origin and causal factors of their addiction or addictions.

## 3.9 Format

The format will be attractive, professional and easy to understand with all questions and pages numbered. The questionnaire will contain clear directions on how to answer and the questions will not make unreasonable demands upon the respondent. It will be straight forward and direct with the objectives made clear. How to return the completed questionnaire will be clearly explained.

### 3.10 Validity and Reliability

This research will be corroborative. The questionnaire will be initially completed by the client in the aftercare group. It will go through two further stages to decrease **confounding variables** and **increase** validation to attain **confirmable** data. Firstly the partner or significant other having read the completed questionnaire will be asked whether they concur with the accuracy in the areas of the questions that are applicable to them. Secondly the counsellor of the client who has completed the questionnaire will be asked to assess the accuracy of the respondent's answers to the life events depicted in the questionnaire, as a non biased **context sensitive** third party. To further assess reliability and validity of this project, an analysis of the correlation between findings of the two subsets of aftercare groups will be completed. If the percentages in the collected data are the equivalent the research will be confirmed as being watertight. This split-half reliability testing will also evaluate the ability to generalise the results (Altman DG. 1991).

### 3.11 Assumptions

The first assumption is that the mental health status of participants is equal, this is essential to create generalised results (Hand, D.J.1996). The other assumption in this work is that the respondents will answer the questionnaire honestly and because of the treatment they have received they can assess their own experiences accurately.

The two treatment centres used in the study are a true representation of the addicted population. Also the application of the survey in both aftercare groups by the counsellors is a constant. **The** counsellors are actively involved in working with the client and family and that they have develop a trust with sample population that facilitates complete honest and sincere self-representation. Finally that the partners' responses in the questionnaires are without biases.

### 3.12 Scope and Limitation

This study is primarily Quantitative and does not involve triangulation, even though there is an element of qualitative research in the contributions in the form of interpretation in the second and third phase of the study. The result of this method is that it decontextualises the human experience. It removes the episode from it's actual world setting and results in a mathematical and [statistical](#) superficial data that pays little consideration to grey areas, uncertainties and vagueness. Multifaceted diversity of human nature is complicated with contextual factors and requires more than a yes or no response to reach a true holistic assessment of the needs of the victims (Walonick, 1993). The sample population does not include a single or separated person which leads to limiting the flexibility for **generalisation and the possibility of sampling error. The issue of reactive arrangement may also be a factor as the subject will have full knowledge of the aims of the study**

### 3.13 Ethical, privacy and confidentiality/Pre-test sensitization

The protection of the rights, dignity and welfare of the candidates that participate in the research process will be given consideration on three counts of an ethical level as put forward by Korchin and Cowan (1982).

- (a) Informed consent
- (b) Of potential harm/deprivation of benefit
- (c) Confidentiality and protection of privacy

The questionnaire will have a covering letter to detailing the manifesto to debrief potential participants and gain their support making the work collaboration. This mission statement would be read and discussed at the aftercare meeting by the counselors and read and discussed with partners to insure it is fully understood. This letter will explain the mechanics of the study, what will happen during the study and that no names or details would identify the participants. This will be included on the questionnaire so that participants will be clear as to what they are undertaking. It will explain that the data will be used to highlight the issues and demonstrate the benefits for other victims. Finally it will state that participants have the freedom to choose or not when the choice is made by the client and the client's partner.

### 3.14 Time Considerations

The timeframe within which this project will be completed is estimated as being three weeks. The first phase will start with a meeting of the counselors that will be supervising the discussion and expectations of what the project is about and what the information will be used for. The issue of privacy and voluntary participation will be explained so that each center will present the projects aim and requirements in a comparable manner. This briefing will last an hour. This briefing will ensure that the results will not show variance due to application differences. The second phase will be held a week later. This will be the meeting of sample groups with discussion about the project and the requirements and aims of the project. This will consist of an hour presentation on the project and open discussion with the participants. At this point individuals can decide to complete or withdraw. Then the questionnaires will be circulated and completed.

Phase three will begin as soon as possible after phase two. The aim of this is to limit discussion between the

couples as this could lead to preconceived ideas or mis- information about the project’s aim and possibly contaminate the findings. The meeting of the spouses and significant others with the counselors will repeat the briefing of the project and have a discussion on the project with an opportunity to participate or withdraw. Then the questionnaires will be given to the partners to study in private and then complete them. There will also be an opportunity for the partners to discuss any issues that the questionnaire may have triggered. The final phase will be the counselors completing their part of the questionnaire and posting the completed questionnaires to be analyzed. It is estimated that the analysis will be completed within a week.

**3.15 Data analysis**

Having collected the data the process of analysis begins. This entails a comparison between the two sets of findings to find if they show similar percentages. This will give validity to the findings and they can then be tabularised. Each Table will contain the respondents’ perception of the prevalence of the abuse as an origin in the commencement of addiction and the validation of the responses.

	Were not affected	Were affected	Partially affected	Had emotional abuse	Had Physical abuse	Had both emotional and physical abuse	Needed medical attention
Female							
Male							

Validated by partner only	Validated by counselor only	Validated by both

**Chapter Four**

**4.1 The overall issue**

From the research in this work, it can be see that the issue of domestic violence is an issue of violence against humanity. The issue encompasses females and males at both physical and psychological levels. The benefit of the work done by a singular segment of the overall issue is a positive measure. However, it does not and will not successfully address the overall issues. In some respects the benefit of the work done by the singular segment has also had a negative impact in that it has dominated social perception of this human issue and has created a protocol of political appropriateness to see and speak of this human issue in singular terms (McKeown, K. and Kidd, P. 2003). The effects of this can be seen in the allocating of government financial grants and its knock-on affect of the prevalence of services. Further evidence of this domination can be witnessed in the influence on Irish policy and law (Radford. Friederg, M.Harne, L.2000).

**4.2 Victims’ Perceptions**

It can be concluded from the investigation into this issue that a lack of self- knowledge in relation to individual needs exist and a perceived need for social permission to express those needs. The pre-programming and

maintenance by the media, television and film have created and preserved a factual basis in the assessment of what it is to be a man, how to act and feel in any given situation. The idea of males as being vulnerable or victims is absurd at a micro and macro level. This can leave victims isolated as social outcasts and create a need to alleviate the pain by using chemical or behaviors which can lead to addiction.

### 4.3 Social Evolution

Feminist activists and researchers have pontificated about the social standing of females and how the issue of domestic violence has impacted on their lives and health. This work has shown that in Ireland due to the work of feminists, female roles have changed. The evolution of females has not been reciprocated for males. This in turn has led to the social standing of males having an impact of their lives and health. Therefore the cause and effect of domestic violence and addiction which is so well researched within the female population should also apply to the male population.

### 4.4 Loss of Focus

The debate on domestic violence research seems to have lost its focus. The debates centre on theoretical accuracy of the crime victimisation studies against family conflict studies with both sides taking a high moral stand point. In reality the researchers debate who is eligible to claims victim status and who is not. This survey has shown that no such generalisation can be made. The impact of domestic violence in general as a path to addiction need to be seen, accepted and addressed in a none gender capacity.

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## **Appendix i**

Presentation and discussion handout
-------------------------------------

## Introduction

The aim of this project is to provide information about the needs of clients attending

addiction treatment in Ireland. A review of the relevant literature has shown the

possibility of a need to integrate addiction treatment with an element of trauma treatment to provide a more holistic and effective service. New sections within the evolution of Irish society has led to a redefining of gender roles. This has resulted in a new set of social circumstances that effect the onset of addiction. The propose of this survey is to evaluate this phenomenon within the framework of domestic violence from a male perspective as a cause and effect of addiction.

## Agenda

An open discussion on the issue of domestic violence;

Here the issue of domestic violence will be presented as a human issue including gender issues. This will be followed by an opportunity for questions and open discussion on this approach to domestic violence.

This will include a presentation on the questionnaire and how to respond to it.

The information to be given to clients and their partners in the treatment centres will be clarified. This will include issues such as voluntary participation, the need for anonymity and for a uniformed application of the survey in each treatment centre by

the participating councillors.

The importance of seeking this information and what it will be used for will be

Explored and clarified for the clients' and their partners.

There will be a group discussion and information on domestic violence and how it

manifests in families and communities. This will create a greater awareness of the

importance of understanding the issues and how the results of this project will

benefit future practice.

Finally, participants will be thanked and commended for their participation in this

programme together with closing comments..



Appendix ii

**Domestic violence and  
addiction survey**

## Introduction

The information gathered in this survey will be used to assess if further research is required into the relationship between addiction and domestic violence. The intent is to determine whether elements of trauma treatment should be integrated into addiction treatment settings to address domestic violence issues. The aim is to create a better overall service for users. The term domestic violence can conjure up many different ideas and meanings for people. To obtain a common understanding of this term a discussion will be held before the questionnaire is to be completed. Participants will not be asked to divulge their name or other information which will identify them. . Privacy for the participants is a priority in this survey. After the questionnaires are completed it will be returned to their councillor. To make this survey more accurate the questionnaire will be given to partners with client's permission to gain their perspective and opinion on the accuracy of the response to the questionnaire.

Finally, counsellors will give a final evaluation of the accuracy of the knowledge included in the questionnaires.

Participation in this survey is voluntary and withdrawal from this work is possible at any time. The completed work will be shown to all participants prior to going for analysis. Counsellors will discuss any queries or issues which may emerge before and after the survey is completed.

Clients and partners will be thanked and acknowledged for their time and honesty in the completing the survey. The information will help to inform and enhance the development of better service provision in the future.

The term domestic violence is used to describe:

- (a) Physical or emotional force (hitting or pushing)
- (b) Threats of physical or emotional force
- (c) Using intimidation
- (d) Emotional – constant criticism and degradation
- (e) Minimising and denying blame
- (f) Verbal attacks (mockery, verbal harassment or ridicule)
- (g) Isolation from social, family and friends

- (h) Using female or male privilege
  - (i) Using the children as a form of bargaining or deprivation
  - (j) Impact of power and control on each individual
- (6) jealousy/possessiveness

Sexual violence (whether physical or emotional)

7) Destruction or damage to personal property.

(8) Acts that cause significant negative consequences

These terms are guidelines to inform and clarify domestic violence when discussing the issue with the councillors. This discussion is intended to create awareness on how the negative consequences of partners/significant others' behaviours and actions have impacted on their partners possibly leading to addiction as a coping mechanism..

**Questioner**

Gender:

male		female	
------	--	--------	--

Have you been the victim of domestic violence?

Yes		No	
-----	--	----	--

If the answer is yes, do you feel that this experience is or has been a factor in the onset of your addiction?

Yes		No		Possibly	
-----	--	----	--	----------	--

Would you describe the form of domestic violence you have experienced as?

Physical		Emotional	
----------	--	-----------	--

Did your injuries require medical attention

Yes		No	
-----	--	----	--

Would you describe the domestic violence as having been?

Solely male act		Solely female		Mutual	
--------------------	--	------------------	--	--------	--

Did your injuries require medical attention

**Partners**

Having read your partners answers do you agree that they are accurate

Yes		No	
-----	--	----	--

**Counsellor**

Having read the answers do you agree that they are accurate

Yes		No	
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### Appendix 3

When exploring addiction in Ireland it must be acknowledged that the systems of addiction treatment that has served the country for the last three decades owes much to the religious organizations. Their contribution has had many positive effects on the lives of addicts and the development of addiction treatment today.

The Minnesota model has been one of the main approaches used by these organisations. One of its principles is to break down the ‘denial’ of the client through the use of confrontational techniques. This work will propose that this method is inappropriate for victims of abuse and violence who have sought refuge by self-medicating through addiction. A review of relevant literature will reveal that due to social changes the perceived norms of what it is to be male and masculinity has changed as it has for females and femininity. This redefinition of gender roles has contributed to many positive and negative changes in society. One issue that has not changed is the loss of a male’s right to be a victim and this coupled with other social changes has caused many difficulties in addiction for both genders. However for the purpose of this work, the impact of violence against males will be the focus.

In the past decade Ireland has seen social change as never before in its history, from the separation of church and state to the joining of the European Union and the boom of the Celtic tiger. The effect on peoples’ lives has been extensive and widespread. (McKeown, K., Haase, T., Pratschke, J., Rock, R., and Kidd, P., (2001), Tovey, H Share (2003). These changes can be evaluated from many standpoints all of which will have positive and negative elements. The prevalence of addiction can be effected by social circumstances therefore, these changes have impacted on the roles of service providers. Although policy makers have acknowledged these changes, little has been done to modify the system, Shane Butler (2007) noted that Irish Drug Policy making could be described as ‘epileptic’ by the fact that ‘long periods of almost total quiescence interspersed with frenzied bursts of activity’. Mary Hanafin T.D.(2001) Minister for Children) referred to changes that confronted fathers in the redefining of their roles and function within the family (McKeown, K., 2001). Mary Coughlan TD (Minister for Social and Family Affairs) in 2004 referred to the evident increasing isolation and alienation of men in particular groupings due to a combination of structural, familial and personal factors (Anne [Cleary](#), (2004).

These statements portray a different picture to the social stereotype view of males and masculinity. McKeown and Kidd, (2003) note that exposure to strong sensory impressions within the media has played a role in reinforcing this image. Faced with characters such as Bruce Willis (*Die hard*), Clint Eastwood (*Heartbreak Ridge*), Arnold Schwarzenegger (*True Lies*), modern males seek to find their identity. Ironically, this fact is evident in “macho” male actors who themselves are victims of abuse. George (2003) used examples of John Wayne and Humphrey Bogart as having suffered violence from their wives in real life. Steven Buechler (2008), Stuart Oskamp and Wesley Schultz (2005), argue that the media ignored scientific accuracy in place of political correctness and created a reality rather than reflecting what was the actual reality.

Political correctness paints a view of economically, socially, physically and politically dominant males (Flynn 1990) and submissive females who’s primary occupation is to be wives and mothers. History will show that this image may at one time have been a true reflection of male and female roles in Irish society. However in modern day Ireland this is not the case. The feminist movement have worked to illuminate the issues of inequality and injustice. The fruit of that work can be seen in the changing roles that genders play in today’s society. Males are more actively involved in child rearing. Parenting styles of mothers and fathers are found to be remarkably similar with emphasis on their particular situation rather than associated with gender and differences (Lewis, C., 1996). Females have the choice to work outside the home with much more opportunities available to them. This has been reflected in the Quarterly National Household Survey (2000) which showed an increase of women in the labour force from 39% in 1996 to 47% in 2000. Forty five percent of all girls leaving school progress to further education. They numerically dominate in the third level sector (Economic and Social research institute 1998, Clancy and Wall 2000). However, for males the positive changes are more restricted. These changes have lead to the coining of the term “the crisis of masculinity” to describe the redefinition of the genders. (Rutter and Smith (1995), Eckersley (2001).

There are many ramifications to this situation. One is the social view that males cannot be victims and females cannot be predators. In fact the idea is seen as humorous (Steinmetz, S K (1977-78), Cose, E. (1995) with images of the hen-pecked husbands (Wilkinson, 1981) which is more like the subject of cartoons (Saenger 1963) than the actual reality. This was highlighted by the Harris and Cook study of 1994 where people were asked to respond to three different victims i.e. a victimized wife, a victimized homosexual and a victimized husband. In this outcome the victimized wife was rated most positively. The victimized husband was rated much less favourably than the homosexual male victim. It noted the fact that the female perpetrator was less negatively rated than the other two male perpetrators (Harris, R.J. and Cook, C.A.1994).

The existence of male victims is a reality. Irish researchers McKeown and Kidd (2003) Watson, D., Parsons, S., (2005) have found that the abuse between men and woman is approximately equivalent to the figures in Britain, 4.2% of women and men said that had been assaulted by a partner within the last year. (Tendler, 1999) and Borowski, Murch, and Walker, V. (1983) had parallel and equivalent findings in their work. Fiebert, and Gonzalez, (1997) in the USA establish the same findings after 16 reviews of literature, 79 being empirical. Archer (2000) in a meta-analytic review of this literature, examined 82 studies and again their findings concurred. Anderson and Struckman-Johnson (1998) in their study of college men found 30% of a sample 204 had experienced an incident of pressurised or forced sexual contact with a female perpetrator. In another survey 43% of a 318 sample were found to have had equal experiences. Similarly, Breen (1985) found students had been the victim of an act of violence while in a romantic relationship were in approximately equal proportions (18% of the men and 14% of the women. Mendel, M.(1995) found that 9.5% of young men and 13.5% of older men experienced fear in violent relationships.

From these studies it can be seen that males are victims and that violence is a human issue not a gender based one. Researchers debate the exact extent of violence against males but will agree that the interpersonal violence is the most common type of violence outside of war. Everstine L.(2006) Stark and Flit Craft (1988) reported that battering is the single most common source of serious injury being numerically dominant over the combined statistics of accidents, muggings and rape. The effect of interpersonal violence is more psychologically damaging, as the cause is intentional, as opposed to an accidental event. Green (1990), Herman (1992) and Holmes and Slap (1998) pointed out that the abuse of males is common, underreported, under- recognized, and under-treated.

The psychological response of these victims include feeling isolated, betrayal, shame humiliation, self blame, anxiety and depression, the loss of identity and self-esteem and post-traumatic stress disorder (Lisak, D. 1994). In managing these emotions males express them behaviourally i.e an increase in their alcohol consumption (Rosenfield, (1999), Umberson & Williams (1993). They also respond by repressing their emotions (Repetti, 1992). This interferes with cognitive and social processes which inhibits their ability to find suitable coping mechanisms. Emmons, (1992) and Robert Connell (1987, 1995 ) described a great variability amongst men that are emotionally traumatized with these painful unprocessed unconscious emotions. These feelings will never disappear or remain silent (Folkman, 1992), The ramifications of living with such mental pain has led to 54-68% of victims to develop depressive disorders and 50–75% developing post-traumatic stress disorder (Nixon et al.2004). Kernic (2003) reported that the prevalence of abuse victims in addiction treatment is estimated to range from 30-90% ( Najavits, Weiss, & Shaw, 1997; Rice et al., 2001; Root, 1989).

Messina & Grella (2006) and Fellitti et al.(1998) cite that recognition of the fact that a history of traumatic experiences plays an often unrecognized role in physical and mental health together with addiction problems. This is one of the most important developments in recent times in healthcare. Stephanie Covington (2008) points out that many of those where their trauma is unrecognized can return to alcohol and drug use in order to medicate the pain of trauma. Peterson and Lucia (1999) contend that women are more at risk of greater psychological repercussions of abuse than are men. Bromet, Sonnega, & Kessler, (1998) disagree with this and state that this is the type of experience that determines the psychopathological outcome. Green et al., (2000) add that a prior history of trauma or stressful life events influence the manifestation of trauma. The gender influence manifests in the likelihood of exposure to certain types of aggressive situations. Perkonigg et al., (2000), Brewin et al., (2000), Kendall and Tackett (2005) noted that men are more likely to be victimized by enemies or strangers, whereas women are more likely to be harmed by their lovers or partners. However the prevalence of this factor has diminished as society has changed.

Trauma is an issue that can be avoided in treatment as it is thought it can divert from the goal of achieving sobriety (De Bellis 2002). This avoidance can hinder the recovery process (Colman and Widom 2004) as trauma can influence the manner in which one relates to staff, others and the therapeutic environment in general (Rosenbaum & Varvin (2007), Mullen et al. (1996). Nejavits et al (2004) see the issue of lack of knowledge and understanding as a factor contributing to the question of why the trauma issue is not dealt with in addiction treatments.

Researchers have acknowledged the benefits of integrated trauma and addiction treatment for women. The women in this form of treatment showed higher levels of interaction with the counsellors, which led to a reduction in mental health symptoms and improvements in substance-use behaviours. Coccozza (2005) and Messina & Grella (2008) both studied the treatment outcomes of integrated and singular addiction treatments and concur on the findings which show the success of the integrated model of treatment.

Finkelstein, Kennedy, Thomas and Kearns (1997) suggest the main psychosocial issue differentiating the substance abuse of women from that of men is the social stigma associated with women drinking. The United Nations (2004) developed a monograph on treatment for women around the world stating that the relevant issues relating to addicted women were universal.

The Common Themes that were reinforced again were:

- (1) **shame and stigma**, as the gender roles in society. When this was defined it was believed to be less of an issue for men faced with abuse issues however, the shame and stigma factor proved equally prominent.
- (2) **Physical and sexual abuse are** issues that are not gender specific as the prevalence is now estimated to be equal.
- (3) **Relationship issues were** redefined as society has changed the roles of the male and female. The meaning of what it is to be male has arisen and has proved to have an effect on the relationship what is the male role in the relationship.
- (4) **fear of losing children.** For men this is a major factor why they remain in abusive relationships. Irish law as it is gives little rights to fathers and none to single fathers.
- (5) **Treatment issues for males.** This is similar to that of females - reconnection with their emotions that have been repressed and the shame of not meeting the social expectations of masculinity.
- (6) **lack of services for women.** The feminist movement has worked tirelessly for some time to create the infrastructure we now have now. This does not apply to Ireland. The other side of the coin is another matter as services for male issues are virtually none existent.

There are many treatment models that work around these principles one of them is called Women's Integrated Treatment (WIT) which has been developed by Stephanie S. Covington, Ph.D., L.C.S.W. .This model operates a multifaceted holistic approach on three levels.

**(1) The definition of the principles for gender-responsive.** This refers to an approach that acknowledges the psychosocial needs and perspectives of women (Joshi & Hser 2000) and reflects this by their program selection in both content and material. This is also reflected in their creation of a theoretical ambience through site selection, and staff selection. Healthy support and associations to children, family and significant others is encouraged. The culture's uniqueness of individuals need to be supported .in applying this to male trauma victims in an addiction setting. The positive theoretical atmosphere will serve to alleviate the stigma of being a victim in the same way it will alleviate the stigma of social perspective as a female.

**(2) The theoretical element of the model. There are three primary theories interwoven.** They provide the foundation at the core of the WIT model they are relational-cultural theory, addiction theory, and trauma theory. *Relational-cultural theory.* Relational-cultural theory is based in the work of Miller (1976) and Gilligan. This theory according to Kaplan (1984) can be subdivided into three concept or sections

- (a) *the cultural framework*; this theme recognizes the influential impact of the cultural context on women's lives.
- (b) *the Relationships*; this is the framework within which women's connection or disconnection with others are examined. It stresses the significance of associations and relationships as the innermost, organizing characteristic in women's growth.

Other time-honoured developmental models highlight autonomy and independence. This theory focuses on women's association or connections with others for example as a replacement for the "self" as a primary focus. There is a focus on relational development, and the empathy of these relationships are major factors in healing and growth. Judith Herman (1997) emphasised the importance of strengthening connection with others and of reconnections with others either people, places or self. She went so far as to define trauma as a disease of disconnection.

(c) *Pathways to growth*: This is the framework within which the individual's relational character and behaviour as potential strengths provide pathways to healthy growth. The impact of this acceptance for an abused man in treatment would be to hug. To find acceptance of this culture or gender having been recognised as a victim would be socially against the masculine perception, but in a larger sense would be acceptable in Ireland's new social structure. Victimization is part of the male identity therefore part of his culture.

*Addiction theory*; in the W I T model the addiction theory takes a holistic standpoint. It looks at environment and sociopolitical aspects, a biological view in the sense of examining possible genetic predisposition to addiction. The approach also works from a disease perspective and spiritual aspects of life are examined. The addicted women may be cross addicted that is to say there are more than one substance or behaviour to which a women can be addicted. The implications of this approach for an abused man would need a more open forum within which the issues of abuse can be discussed and not focus solely on the addiction issues.

### ***Trauma theory***

The principles of the WIT model are to supply information and education on trauma to the women (Harris & Falloot 2001). It works on a three-stage model of trauma recovery developed by Dr. Judith Herman (1997, 1992).

***Understanding trauma*** ; this understanding is the presenting of a holistic view of trauma in all its forms. These consist of witnessing violence or acts of violence as well as stigmatisation because of race, gender, deficiency, poverty, incarceration, or sexual orientation. There are two types of post dramatic stress disorder (PTSD). Complex PTSD represents the typical consequences from multiple incidents of violence (such as child abuse or domestic violence).

Singular traumatic incident is an incident in later life such as witnessing an accident or witnessing a tragedy. The benefits this would provide an abused male *is* that it will gain empathy from others in his treatment and it will give language or an ability to put feelings into words and gain understanding around those feelings .

In Herman's three-stage model he eludes to the stages of safety:

***Safety***: This first stage focuses on self-care in the here and now. Herman points out that on entering treatment a woman's primary need is safety. Survivors feel unsafe and exhibit a variety of emotions and their thinking feels out of control.

**Remembrance and mourning:** The second stage begins as the addiction has been stabilized. It focuses on the history of trauma that occurred and to recognize the incredible quantity of loss in their lives.

**Reconnect:** Stage 3 focuses on the growth and developing of the new self which is the symbolic death of the victim and rebirth of the survivor. For abused men these stages are the pathway to recovery although they should not be considered as prescriptive as each person heals in their own unique way.

In conclusion the WIT model of addiction shows many very good attributes that are sensitive to the needs of all human. Although they can be gender specific, the overall concept is one of sensitivity toward the needs of an ever increasing segment of Irish society. Charles Darwin and later Carl Young stated the world and the people in it are in a constant state of change. These changes have brought masculinity and femininity to a different stage in the evolution of our race. The Minnesota model of treatment lacks the sensitivity in forming an environment conducive to sharing feelings of abuse and other sensitive issues among males in treatment. A variety of other issues could benefit from this model of treatment.

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