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**THE CO-OCCURANCE OF SUBSTANCE ABUSE AND DOMESTIC
VIOLENCE VICTIMIZATION IN INCARCERATED FEMALES**

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An Abstract Presented to the Faculty of the Graduate School of Lindenwood
University in Partial Fulfillment of the Requirements for the Degree of Master
of Art

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ABSTRACT

The purpose of this study was to determine if there was a significant co-occurrence of domestic violence victimization among chemically dependent incarcerated females. Additional intents of this study were to examine the presence of domestic violence within the family of origin for this population. Further explorations of childhood trauma, such as physical abuse from parents or sexual abuse, were conducted. The study was conducted using 207 female inmates from a drug and alcohol treatment center located within a Mid-west penitentiary. Domestic violence was operationalized using selected subscale items from the Conflict Tactics Scale which measures type and frequency of violence between couples, between parents in the woman's family of origin, and from the caregivers to the respondent as a child. The results indicated that there was an strong relationship between childhood sexual abuse and chemical dependency. Results indicated that there was no significant difference between chemically dependent and non-chemically dependent incarcerated females with regard to domestic violence victimization in present relationships. Approximately sixty-four percent of the chemically dependent subjects reported domestic violence victimization from a partner, a large enough percentage to call for further research. There was a significant relationship between witnessing minor and severe violence from the father to mother and chemical dependency. However, there was no significant relationship related to minor violence from mother to father and chemical dependency. With respect to severe violence from mother to father, there was a positive relationship to chemical dependency. Childhood experience of abuse from either parent was positively correlated to chemical dependency.

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CHAPTER I

Introduction

Women with substance abuse issues are a special population in need of further attention and treatment approaches designed to meet their unique needs. One important area, that may impact a significant number of women seeking substance services, is the presence of domestic violence in their past or present relationships. It is essential for substance abuse treatment providers to understand the prevalence of domestic violence and how it may impact treatment interventions for the victim.

Fazzone, Holton, and Reed (1997) presents an overview of issues that affect women who are survivors of domestic violence and are also chemically dependent. The authors stress:

Its purpose is to help substance abuse treatment providers understand the impact of this experience on the treatment and recovery process and appreciate the differences in approach between the fields of substance abuse and domestic violence as they affect the survivor, so that treatment programs can respond more appropriately to this client group (9)

In order for the holistic care to be provided, service providers must gain a greater understanding of the prevalence of these two issues as they occur in women.

Substance Abuse Theories

Substance abuse issues for women have gained recognition and service alternatives are being established to meet the specific needs of women.

Addictions treatment and theories have been evolving significantly over the past few decades. Bowen's Theory, or Family System's Theory, proposes that the family organizes itself around specific patterns of behavior. In a family with chemical dependency, organization is around the chemically dependent

person. This pattern of interaction further enforces the continued substance use and provides a sense of stability for the family. This continued interaction establishes multigenerational systems designed to accommodate chemical dependency. Even if the chemical use is stopped the dynamics continue to play out and may keep the chemically dependent person from taking responsibility of his/her actions (Goldenberg & Goldenberg, 1991).

Another theory, Social Learning Theory, states that faulty thought and behavioral patterns are passed through generations by observation and modeling. Without intervention, these patterns continue to be transmitted through generations and family systems of dysfunction are maintained. In a family with chemical dependency, it is relatively easy to see generations of addiction emerge. This theory holds that the addicted person is reflective of modeled behaviors and thoughts from previous generations. Just as likely, the spouse this person chooses may be from a similar familial pattern and the complimenting roles will develop strong relationships. For example, a person displaying addict behaviors may bond with a person behaving in a co-dependent manner (Hergenhahn, 1994).

With these two theories as a foundation, one can gain an understanding of how experiences in childhood can shape behavioral patterns and decision making skills. If the family's coping techniques are avoidance strategies, such as chemical use or denial, then an individual faced with a traumatic event will likely cope with methods consistent with the familial pattern. Other theories that explain chemical dependency include genetic and nutritional approaches. Though there is a multitude of theories explaining substance abuse or dependency, Bowen's Theory and Social Learning Theory will be the underlying theories of this paper. Indeed the current trend is to develop "a comprehensive addiction theory that would draw from multiple disciplines,

including biochemistry, genetics, behavioral learning theory social learning, psychoanalytic doctrine, social control and cultural, environmental, and economic approaches" (Ranew & Serritella, 1992, p. 85).

Domestic Violence Theories

Domestic violence is also evidenced in multiple generations of a family, much like addiction. Domestic violence is slowly gaining more attention and service providers for victims are becoming more aware of the impact of victimization. An understanding of domestic violence victimization has also evolved through several decades of theoretical research. One theory, that is quickly losing popularity, is that victims are masochists and are in abusive relationships because they enjoy the abuse. On the other hand, Bowenian Family Systems Theory has made a dramatic impact on understanding the continuance of the domestic violence cycle. The initial differentiation of self, as a force that shapes family functioning, and how this could relate back to the cycle of domestic violence and addictions is clearly explained by Bowen's Theory. All eight forces that shape family functioning by Bowen seem to offer a sound explanation for some common characteristics of victims of domestic violence (Ranew & Serritella, 1992).

Social Learning Theory also fits well into explaining women who are battered. This theory explains that dysfunction is modeled and roles and beliefs are developed that reinforce continued patterns of victimization and abuse. "Partners in abusive marriages are often people who grew up in abusive homes" (Serritella, 1992, p. 113). This is an example of how behaviors and norms are learned through modeling.

Domestic Violence and Substance Dependence

Until recently, these two problems have been viewed separately and treated independent of one another. The relationship between domestic

violence victimization and substance abuse has received little attention. However, dealing with female victims of domestic violence who are also substance dependent create added difficulties in providing effective treatment for both issues. "It is important when one characterizes substance abuse and domestic violence that practitioners accept that the two problems are separate but similar, and they each interact and can exacerbate each other" (Cellini, 1999, p. 15).

An area needing further investigation is the predictive factors that make certain females more vulnerable to both problems. A study by Miller and Downs (1993) linked several other unifying characteristics between women in domestic violence shelters and those in alcoholism treatment programs, indicating a significant amount of overlap in treatment issues among these two populations. Serritella (1992) goes on to say that there are similarities in children who grew up in abusive homes and adult children of alcoholics. One of these characteristics includes a difficulty in individuating self from family. Another characteristic is difficulty with stable levels of self-esteem, often going from appearing extremely low to grandiose. Trouble with commitments and a probability of becoming painfully enmeshed with partners, and compulsions endanger almost every aspect of the self (Serritella, 1992).

With a general understanding of the commonalties between the theories used to explain domestic violence victimization and substance abuse, it is essential to further explore the co-occurrence of these two problems and their underlying issues. Little research has been dedicated to exploring the prevalence of substance-abusing domestic violence victims and the contributing factors. Miller and Downs (1993) pose the inquiry: does victimization serve as a predictor of addiction? Does addiction, on the other

hand, increase the risk for victimization? Their study showed that 41 percent of the women in alcoholism treatment programs reported severe violence from their partners (Miller & Downs, 1993).

Kantor and Straus (1989) report that empirical studies show that there is an association between wife substance abuse and victimization. However, a causal relationship was not established. It has been noted that domestic violence and alcohol or other drug abuse occur within the same family and often times, in the same person (Rogan, 1985). Haver (1987) reports that alcohol abuse or alcoholism occur with victims up to 21 percent, in one study. Haver (1987) also reports that in a Swedish study, 76 percent of battered women seen in a hospital emergency room were under the influence of alcohol (p. 29).

Barriers To Treatment

There have been recent efforts to synthesize the knowledge of both fields to educate providers so that appropriate referrals may be made. However, there seem to be barriers to cooperation among those working in these two areas. Some barriers include different theoretical approaches, ineffective screening methods, and a lack of communication among workers. There is a need for a greater understanding of the prevalence of co-occurrence of substance abuse and domestic violence victimization (Bennett & Lawson, 1994).

A compounding factor to effective treatment for both issues is the role of family. In most domestic violence situations, couples counseling is not the preferred method of treatment (Cellini, 1999). In chemical dependency counseling, the family is often highly involved. The emphasis on family roles as compounding the addict's behavior may prove detrimental and further victimize the survivor if applied to domestic violence. The underlying

message for a victim might be that she somehow deserved or called for the violence, and may enforce the abuser's beliefs about violence.

Substance dependence or abuse is not commonly treated in domestic violence shelters. Often times, women that are domestic violence victims with substance abuse issues must choose which service to seek first. Frequently, a domestic violence shelter will not take a woman under the influence, and a chemical dependency treatment program is not geared to provide the safety and other essential services for a victim. For substance abuse centers, an understanding of the implications and safety needs for a victim are difficult to address in the typical treatment environment. "Holistic care is impossible if a (substance abuse) treatment provider cannot understand the profound effect of domestic violence on a survivor" (Fazzone et al., 1997, p.9).

Purpose of study

The purpose of this study was to investigate the relationship between domestic violence victimization and the victim's substance abuse, as they co-occur in incarcerated women. The population used in this study was drawn from inmates who are in a drug and alcohol treatment program, within the prison located in a Mid-western town. This population has received little scientific attention and is well suited for a study of women that are chemically dependent and were possible victims of domestic violence prior to incarceration.

Domestic violence victimization and substance abuse are complex societal problems requiring more attention and research than previously received. A serious oversight in research is the failure to establish the degree of the relationship between substance abuse and domestic violence victimization. The benefits of further exploration of this relationship would be to establish that there is a significant enough co-occurrence of substance abuse

and domestic violence victimization to warrant modified treatment approaches. Another benefit would be to advance the knowledge of predetermining factors that may make some women more at risk for difficulties in both areas. This would provide opportunity for prevention and early intervention. It is important to note that though there may be some similar life events in women who are victims of domestic violence and women who are substance dependent, there has not been sufficient evidence to establish a causal relationship.

Hypotheses

In order to address the issues for this study three directional hypothesis were tested:

1. There will a greater proportion of domestic violence victimization among the chemically dependent population of incarcerated women compared to those who are not chemically dependent.
2. Woman who are chemically dependent will report a higher degree of domestic violence in their family of origin as compared to women who are not chemically dependent.
3. Finally, there will be a significantly higher incident of sexual abuse among chemically dependent women as compared to those who are not chemically dependent.

Chemical abuse or dependency, in this study, is defined by a diagnosis made from a qualified alcohol and drug counselor using screening tools such as the Multi-dimensional Assessment Personality Profile (MAPP), and the Substance Abuse Subtle Screening Inventory (SASSI), and criteria from the Diagnostic and Statistical Manual - IV (DSM-IV). It is important to note that not all of the sample population meet the criteria for chemical dependency or abuse and may be admitted into the program for therapeutic reasons. This

latter group of individuals will be used as the comparative sample of non substance dependent women.

The measures of violence were determined by using versions of the Conflict Tactics Scale. The scales will be administered to the entire population in addition to a demographic sheet. On the demographic the respondents will mark if they have been diagnosed as chemically dependent. Respondents will also mark if they have experienced sexual abuse in the form of exposure, touching, or penetration in childhood. There are three areas of domestic violence that are being measured. To measure family of origin conflict tactics, two scales will be used. (1) The Conflict Tactics Scales Form CTS2-CA (CTS2-CA), will explore what tactics used between parental figures; (2) the Parent-Child Conflict Tactics Scales, Form CTSPC-CA (CTSPC-CA), will measure the types of tactics used by the parents towards the respondent as a child. In addition, (3) the Conflict Tactics Scale, Couple Form R will be used to measure different tactics couples may use during conflict.

Some limitations to this study include the inability to take into account other factors such as levels of depression and cultural transmission in the study population. This population includes women who are in prison for felony crimes and felony DUI's. This population may not accurately represent women who have not been incarcerated, yet struggle with chemical dependency and victimization.

CHAPTER II

Review of Literature

Domestic violence victimization and substance abuse are two areas of particular concern for women. Significant efforts have been made to study if there is a relationship between domestic violence victimization and women's substance abuse (Bennett & Lawson, 1994; Miller & Downs, 1993). The nature of the relationship between these two problem areas is not yet clearly defined. "There are multiple causes for both substance abuse and domestic violence. There is little evidence, however, that one problem causes the other" (Lenzini, 1999, p. 7). Since the two problems are separate, but may frequently co-occur, it is important to examine both problems separately and concurrently to identify unifying characteristics or connections.

Theories of Addiction

Bowen Theory proposes that the family organizes itself around the chemically dependent person in order to continue to function. Once the family has developed these patterns, which create a sense of stability, the deeply ingrained behaviors continue, even if the chemical use does not. Bowen saw chemical dependency as rooted in the family's interlocking relationships. This familial pattern of thought, feeling, and behavior establish multigenerational trends. Bowen hypothesized "...an orderly and predictable relationship process connecting the functioning of family members across generations" (Goldenberg & Goldenberg, 1991, p. 147).

The Social Learning Theory offers complimentary theoretical constructs to addiction. Social Learning Theory states that people learn through observation and modeling. Faulty thought patterns are established in dysfunctional families through demonstration of double bind communication and blurred boundaries and roles. These patterns, without intervention, may

continue from one generation to the next. In a family with a history of chemical dependency, there may be thought and behavioral patterns modeled by one generation, that through observation, are learned by the next. As it relates to chemical dependency, delay of gratification, or self-control, may be low and impulsiveness high in families with addiction problems. Through observation these patterns are transmitted throughout several generations (Hergenhahn, 1994). Though the initial generations may not exhibit addiction to chemicals it is likely that behavioral patterns and thought process, such as a low delay of gratification, may leave other generations vulnerable for developing these difficulties.

Genetics approaches have been proven to have some influence in addiction (Kendler, Neale, & Heath, 1994). Without discounting the reality that genetics does influence one's probability of becoming addicted, social influence and familial patterns increase this likelihood of a genetically vulnerable person becoming addicted to a chemical. Compounding factors, such as the experience of traumatic events, may further increase the probability of becoming chemically dependent.

Substance Abuse in Women

Substance abuse among women is on the rise and is gaining public attention. A report released by the Substance Abuse and Mental Health Services Administration (SAMHSA) showed that since 1991 through 1995, women have been initiating alcohol use at a younger age (Chavez, 1997). This study also showed that the gender differences have narrowed with regard to percentage of population using alcohol and other drugs, age when use began, and severity of use (Chavez, 1997). This report used a nationally representative sample of women to draw these conclusions. This change in consumption amount and frequency has led to a more public awareness of

women with substance problems. The prevalence of women having drinking problems may be a reflection of the feminist movement, which has allowed some social tolerance of women drinking. Increased use could be due, in part, to the changes of attitudes toward women and their roles in society. The Institute of Alcohol Studies (1997) reports that in America, women that have heavy drinking problems are likely to have advanced levels of education, never married or divorced and to be employed in a male dominated career. However, women are still more apt to drink privately than are men. "Women are more likely than men to drink mainly at home, with 52 percent of women doing so compared to 35 percent of men" (Institute of Alcohol Studies, 1997).

Other studies show that alcohol and other drug related problems effect women differently than men. "Research suggests that women may be at higher risk for developing alcohol-related problems at lower levels of consumption than men "(NIAAA, Ninth Special Report, 1997, p. 306). This is due in part because of the way women metabolize alcohol differently than men. Other factors may contribute to women's increased risk for problem drinking such as influence of husband or partner and increased levels of depression in women who drink (NIAAA, Ninth Special Report, 1997). Increased levels of depression in women may be both a cause and effect of alcohol consumption. Outside of alcohol consumption, there are other differences in chemical usage between men and women.

Women show a higher use of tranquilizers and sedatives than do men according to the Missouri Department of Mental Health (MDMH, 1993). Women, who are both alcohol dependent and victims of domestic violence, often seek prescriptions for tranquilizers (Fazzone et al., 1997). Seventy percent of prescriptions for tranquilizers, sedatives and stimulants are being written for women and women are twice as likely as men to become addicted

to prescription drugs (Zubretsky, 1995). A study by the National Clearinghouse for Alcohol and Drug Information (NCADI) in 1999 stated that women are more likely to combine alcohol with other prescription drugs, complicating the use of both. The report goes on to say that the probability of medical and psychosocial harm rises with a women's increased drinking. However, for women, alcohol and other drug problems are less likely to be diagnosed and treated. This may be due to the societal beliefs about women and drinking, and women may be less likely to seek help due to increased feelings of shame. Women with alcohol and other drug problems are less likely to seek help for chemical dependency problems and are more apt to consult with a physician, in which drinking problems are less likely to be addressed (Beckman, 1994).

Some of the common demographics of women entering treatment may indicate that there may be some under representation of total female population that may have drug and alcohol difficulties. However, women are still presenting more frequently in treatment than previously expected. Women entering substance abuse services were more likely than men to be black, unemployed, having at least three prior admissions to treatment and using heroin, cocaine, or crack as their primary substance (Health and Addictions Research, Inc. 1997). It is shown that women are at high risk for developing drug and alcohol abuse problems because of physical and social influences. Further exploration of these compounding factors in women's chemical abuse is needed.

Drugs and alcohol effect women differently than men. Women are at higher risk for developing physical and psychological problems related to their use. Such problems include being more prone to liver damage from alcohol, increased risk of breast cancer, infertility, and dangers during pregnancy and

birth defects (Institutes of Alcohol Studies, 1997). In addition, women may be genetically prone to have more difficulty metabolizing alcohol than men. This can lead to a lower tolerance for alcohol.

Even allowing for differences in body weight, a woman will attain a higher blood alcohol concentration than a man from the same amount of alcohol. This may be because women have lower levels of Alcohol Dehydrogenase (ADH), an enzyme involved in the metabolism of alcohol. (Institute of Alcohol Studies, 1997, p. 16)

These researchers show that genetics play an influential role in alcoholism. Other theorists confirm that genetics do play a role in addiction (Ranew & Serritella, 1992), but are not the only members of the cast. Ranew and Serritella (1992) report that there is a fivefold increase in risk for children with an alcoholic father to become alcoholic. This has been explored through studies on adopted children to control environmental influences or cultural transmission. However, the authors go on to say that environment plays a role in addictions, and in what may be viewed as a psychophysiological state.

Ranew and Serritella (1992) go on to say:

Two individuals who carry similar genetic predisposition's may play out their life stories in very different ways. One may choose a lifestyle that triggers the genetic risk factor; the other may choose a lifestyle that places the individual at limited risk for triggering the genetic link. (p. 84)

Compounding the genetic predisposition with other environmental factors, such as victimization during childhood, low self-esteem, and depression, much women appear to be at high risk for developing problems with alcohol and other drugs.

A study conducted by Kendler et al. (1994), in which he used fraternal and identical twins indicated that alcoholism for women may almost be completely from heredity not environment. This study may appear contrary to

some of the environmental theories, because it places nearly complete responsibility of alcoholism on genetics. However, it does provide valuable data. These researchers examined identical and fraternal twins and their environment, cultural transmission, and parental behaviors. With these variables being closely matched, the researchers interviewed over 1,000 pairs of twins, 57 percent being identical and 47 percent being fraternal (Kendler et al, 1994, p. 710). The results showed that identical twins had a lifetime concordance for alcoholism that was nearly twice as high as the fraternal twins. The liability to alcohol problems could be measured on a continuum with "60 percent of individual differences being associated with genetic differences" (Kendler et al, 1994). There are some unifying characteristics that make some women more prone to becoming chemically dependent, such as genetics and specific environmental factors. One of these environmental factors may be sexual abuse (Miller & Downs, 1993).

Domestic Violence Victimization

Domestic violence is one issue that compounds substance abuse treatment. Domestic violence is a rising problem in society. To fully grasp the relationship between domestic violence and substance abuse one must have a general understanding of both areas. Statistics of women who are chemically dependent or substance abusers have been discussed. A deeper exploration of domestic violence, its prevalence, and a realistic understanding of the impact it has on women must be explored.

There are several definitions of domestic violence being offered by researchers (Miller & Downs, 1993; Fazzino et al., 1997; and Bennett & Lawson, 1994). "Domestic violence is the use of intentional emotional, psychological, sexual, or physical force by one family member or intimate

partner to control another" (Fazzone et al., 1997, p.1). This definition serves well to encompass other definitions of domestic violence.

Theories of Domestic Violence Victimization

Theories that explain possible causes of women entering abusive relationships are abundant. Bowen's theory aptly applies to domestic violence and serves well to explain why women may continue in such patterns. The lack of differentiation of self may strongly contribute to a person's continued dysfunction. The forces that shape family functioning and establish specific roles among family members serve to create a sense of function and stability for that family. Dysfunctional expectancies develop and are over generalized. "Such expectations are usually based on real experiences, but they are over generalized and, when they are, they prevent a person from having the types of experiences that would disconfirm them" (Herhenhahn, 1994, p. 368). This may perpetuate the beliefs and behavioral patterns and continue the cycle of domestic violence. From an Adlerian approach, family roles are learned early and impact one throughout life. The learning of roles may establish the females in an abusive family as being the victims. This learned victim role could greatly impact the female to join in relationships with abusive persons.

Serritella (1992) classifies abusive relationships as an addiction. "In an abusive relationship the need to remain over dependent on a specific person, despite danger or harm, appears to be the addictive ingredient" (Serritella, 1992, p. 113). It is important to note that, though Serritella (1992) does state domestic abuse is an addiction, he does not believe that women enter or stay in abusive relationships because of masochistic tendencies or personality defects.

Learned helplessness is another theory used to explain why some women stay in abusive relationships. Learned helplessness stems from a

belief that one cannot control the outcome of events. The Social Learning Theory states a woman learns to be a victim through examples in her family of origin. This theory fits well with learned helplessness and intergenerational explanations (Serritella, 1992). These theories state that because of the learned behaviors these women are likely to engage in relationships that repeat the pattern of control and violence.

Like substance abuse, domestic violence has largely been a private matter. This philosophy of keeping these matters private has made help, intervention, understanding, and research difficult. Recently, domestic violence has taken a more public seat and clinicians are beginning to grasp more fully the severity and consequences of domestic violence. "The shift in attitude that has moved domestic violence from a largely silent and secret threat into the arena of public opinion continues today" (Lenzini, 1999, p. 9).

The statistics on domestic violence are becoming more abundant. "Wife battering is the largest cause of injury to US women, resulting in a larger number of injuries than auto accidents, muggings, and rapes combined" (Keller, 1996, p. 1). It is the leading health risk for women and is slowly coming out of secrecy into the public eye. Keller (1996) states about 35 percent of women in emergency rooms have symptoms and injuries secondary to domestic abuse. Women who are victims of domestic violence suffer psychological stress as well as physical.

Women exposed to domestic violence may experience fear, difficulty trusting, low self-esteem, guilt and other psychological and emotional consequences. Living with domestic violence can be traumatizing and stressful. Hilliard (1997) reports on such trauma and its effects:

Not everyone who experiences these stressors develops psychiatric disorders such as posttraumatic stress disorder (PTSD), dissociation

disorders, somatic disorders, depression, etc., but the prevalence of PTSD and other sequelae is higher than first thought when researchers began to study psychological trauma. (1)

When the effects of prolonged exposure to domestic violence combined, with the psychological aspects of a batterer's control are considered, it is no wonder that there may be lasting emotional effects for the victims. "Because of advances in our understanding of the effects of traumatic events on victims of severe trauma, we now know that chronic abuse causes serious psychological harm" (Keller, 1996, p. 9). Women who have been battered may present to clinicians with depression, dissociation, and other seeming pathologies. "Dissociation occurs as a response to the trauma of battering" (Serritella, 1992, p. 116).

Many workers in the counseling field, as well as others, often struggle with the dynamics of victims and some turn to blaming the victim for the abuse. Blaming the victim has led to such harmful beliefs as viewing her as enjoying and causing the violence because of her pathology. The question often arises as to why women stay in abusive relationships. Keller (1996) showed that women in abusive and violent relationships take as long to leave as women ending a non-violent relationship. This study goes on to report that women often make numerous attempts and negotiations to end the violence (Keller, 1996). The implication of the question of her leaving implies that she is not healthy and may not consider all other factors that keep her in the relationship, safety for her and her children being predominant. Blame of the victim serves the abuser by justifying his violence and further victimizing the female partner with lessened support (Kantor & Straus, 1989).

The concept of remaining with a battering spouse for safety may at first seem confusing. According to the U.S. Department of Justice in 1983, as cited by Frank and Golden (1992) more women are killed when they attempt

to or have recently left their abusive partners. Other factors influencing the decision to leave include employability, support, children and family attitudes, societal condonment of abuse of women, financial ability, and shelter availability (Frank & Golden, 1992). The lack of understanding of these dynamics in domestic violence victimization may make appropriate interventions difficult.

Family of Origin Domestic Violence

In a study by Martin, Cotton, Browne, Kurz, and Robertson (1995) the researchers examined the depressive symptoms of incarcerated females who had experienced domestic violence during childhood. The findings of this study showed that 70 percent of the subjects had symptoms of clinical depression (Martin et al., 1995). Other studies (Cellini, 1999; Kantor & Straus, 1989) have found that experiencing violence in the family of origin significantly impacts adult development and is a common characteristic among victims. One of the impacts is the reoccurrence of victimization as an adult. "Battered women show no consistent prebattering risk markers, except for a history of parental violence in their family of origin" (Keller, 1996, p. 1). This appears to support the learning theory of victimization.

The pattern of domestic violence often appears to be intergenerational. The relationship between violence in the family of origin and adult victimization is significant. "Thus, the more violence experienced during childhood, the greater the likelihood that the women enter into one or more violent relationships as an adult" (Haver, 1987, p. 452). Paternal violence is found to be one of the most distinguishing characteristics for identifying abused women (Kantor & Straus, 1989). Other research (Miller & Downs, 1993) supports that paternal violence is found at significantly higher rates, 64

percent, for women in domestic violence shelters compared to those in household samples.

Substance Abuse and Victimization

As women who suffer from chemical dependency problems and alcoholism emerge, public awareness increases. One misunderstanding is that this increased public awareness is mostly helpful. However, stereotypes, misconceptions, and myths of women with substance abuse problems have also risen with the public awareness. Studies show that women who drink heavily or use drugs are more likely to be victimized (O'Farrell & Murphy, 1995; Bennett & Lawson, 1994). A possible reason for this increased rate of victimization may be societal views of women who drink.

Women who drink heavily are stigmatized as sexually promiscuous; as neglectful mothers; and as embarrassments to their husbands. Those who are pregnant are sent to jail. In society's eyes, women with alcohol problems are outcasts - they have failed to fulfill their "appropriate" social roles. (Zubretsky, 1995, p.6)

A large number of women who are victims of sexual assaults are under the influence of alcohol at the time of the assault. In 1988, a survey was conducted using female college students. This survey found that 53 percent of rape victims had used alcohol or alcohol and other drugs prior to the attack (Alcohol, Health & Research World, 1993).

A study conducted by Brookhoff, O'Brien, Cook, Thompson, & Williams (1997), showed that 32 percent of victims of domestic violence had a record of arrest or conviction of a drug or alcohol related nature. One characteristic the researchers were examining included the use of alcohol or drugs in participants of domestic violence. The results showed that 57 percent of victims had no drug or alcohol use the day of the assault. The results of this survey produce numerous interesting findings. About 43 percent of the

victims had used any alcohol or drugs the day of the attack. The majority, 73 percent, of the attacks were from male sexual partners. There was a low occurrence, at 22 percent, of the victims using medical facilities, counseling or shelters because of the violence.

Victimization may also be a predicative factor for chemical dependency. Further exploration of childhood trauma is needed. In a study by Miller and Downs (1993), the results showed that there was a strong linkage between childhood trauma and substance abuse or addiction. "The identification of high rates of childhood victimization for alcohol and other drug-using samples when compared with other samples suggests that there are underlying connections between these events" (Miller & Downs, 1993, p. 138). The results showed that women in treatment for alcohol experienced high rates of violence between mother and daughter, at 46 percent. "Significantly higher rates of severe violence from either parent were reported by women in alcoholism treatment programs (65 percent)..." (Miller & Downs, 1993, p. 139). Women in alcoholism treatment showed a 41 percent reported incident of partner-to-women violence, second only to women in domestic abuse shelters

The study by Miller and Downs (1993) showed some common characteristics of women with chemical dependency issues. This study used women from outpatient alcohol treatment, a class for drinking and driving offenders, domestic violence shelters, outpatient mental health centers, and random household samples. The researchers sought to explore if family violence affected a women's alcohol use. The purpose of this study was to investigate previous findings that childhood victims of family violence had high representation in drug and alcohol abuse populations using samples as compared to the population in general.

The tests showed the highest percentage of sexual abuse to be with women in alcohol treatment seconded by women in mental health centers and then shelters. The study also revealed 65 percent of women in alcohol treatment and 64 percent of women in shelters had experienced severe violence from either parent. An interesting factor was that women in alcohol treatment and in shelters had the highest incident of mother to daughter violence. This study clearly showed some common characteristics of women in alcohol treatment and domestic violence shelters as compared to each other and to population samples.

One of the factors measured by Miller and Downs (1993) was sexual abuse. The forms of sexual abuse included exposure, touching, or penetration. Women in alcoholism treatment showed the highest percentage of sexual abuse of any type at 66 percent (Miller & Downs, 1993). Incident of partner-to-women abuse of severe violence was also tested. One conclusion drawn from this study is that women in treatment with alcohol problems also have experienced some significant difficulties in other areas. "Women in alcoholism treatment programs experienced higher rates of childhood victimization, significantly more severe violence by fathers, and more childhood sexual abuse than did women in drinking and driving classes and women in households" (Miller & Downs, 1993, p. 142). This is also stated by Fazzino et al. (1997), in their report that alcoholic women are at higher risk to have experienced childhood physical and emotional trauma than are nonalcoholic women. With the relationship of childhood trauma on substance dependence being established, it is clear to see that psychological trauma and substance abuse are very important issues for women. Posttraumatic stress disorder (PTSD) is found to be more prevalent in women who are substance abusers than in the general population (Hilliard, 1997).

Other traits that are common for female substance abusers include intergenerational patterns, isolation, shame, blame, denial, and low self-esteem (Rogan, 1986). These traits in combination with the higher incident of trauma serve to complicate recovery and compound treatment difficulties. An article printed by the National Clearinghouse for Alcohol and Drug Information (NCADI) states that "...those who have been abused stand a higher probability of abusing alcohol and other drugs over the course of their lifetime" (1994). The article continues to say that women who have alcohol problems are more likely to have verbal conflict with their spouse or partner than are nonalcoholic women.

Substance Abuse and Domestic Violence

There are many traits that are shared by women who are chemically dependent and women that are victims of domestic violence. There is also a significant co-occurrence of these two issues. The concept of blaming victims of domestic violence for the abuse has made the exploration of chemical abuse and victimization use extreme caution. "Women who abuse alcohol are more likely to be victims of minor marital violence, but female substance abuse of any type is *not* a significant factor in severe violence" (Kantor & Straus, 1989, p. 173). Caution must be used not to contribute to the victim blaming beliefs that may already exist. Though substance use by the victim or the aggressor is not an excuse or cause for domestic violence, there does appear to be some form of a relationship. In a periodical released by the Center for Substance Abuse Prevention (1994) the authors discuss some possible explanations for the relationship. One theory is that women in violent relationships that use substances do not recognize the assault cues and may be at higher risk for severe assault. Another explanation is that women in abusive relationships are

often with partners who use chemicals and this puts them in a high risk environment for substance abuse.

Multigenerational transmission is a process that has been established for alcoholics, addicts, and victims of domestic violence. Ranew and Serritella (1992) state that substance addiction may alter according to substances used, but there is a strong family pattern of addiction. "In a family history, multigenerational issues of substance abuse quickly surface" (Ranew & Serritella, 1992, p. 87). In a discussion of generational transmission and domestic violence Fazzone et al. (1997) report that approximately three million children witness domestic violence against their mothers and this may significantly impact the probability of becoming an abuser or a victim later in life. The authors report that almost 40 percent of persons who experience domestic violence in their family of origin will enter into abusive relationships. "Although these figures represent probabilities, not absolutes, and are open to considerable interpretation, they suggest to some that 3 or 4 of every 10 children who observe or experience violence in their families are at increased risk for becoming involved in a violent relationship in adulthood" (Fazzone et al., 1997, p. 3).

Family of origin violence is one trait that is often shared by women who are chemically dependent and women who are victims of domestic violence. Miller and Downs (1993) reported that in one study 87 percent of women alcoholics had been physically abused as children. One factor was associated on a consistent basis with being a battered female partner, that was violence in the female's family of origin (Kantor & Straus, 1989). In the study by Miller and Downs (1993) the researchers found only a one percent difference in the frequency of family of origin violence in both chemically dependent and battered women.

Sexual assault is another variable that seems to occur in both populations at a significant level. "High rates of any childhood sexual abuse are revealed by women in alcoholism treatment programs (66 percent), shelters (60 percent), and mental health centers (65 percent)" (Miller & Downs, 1993, p. 140). There is a high representation of women who have experienced abuse and sexual assault in psychiatric treatment settings (Keller, 1996).

There are other commonalities shared by battered women and chemically dependent women. Both may have feelings of guilt and shame as well as high levels of confusion and despair. In both instances there is a societal system that tends to blame the victim adding to isolation and confusion (Zubretsky, 1995). Rogan (1986) states that the occurrence of both issues in the same families are also accompanied by similar levels of emotional development and coping skills as well as compounding problems such as guilt.

Women who are chemically dependent are subject to judgment about childrearing. Women who are victims of domestic violence are viewed much in the same way for exposing their children to violence and not leaving or protecting their children. Zubretsky (1995) states that both women are at high risk for losing their children to a system that views them as unfit and unreliable. The threat of losing ones children may cause these women to fear seeking help.

Treatment Implication and Barriers

Treatment for substance abuse problems is beginning to modify its approach for women. Research on women and addiction is still relatively small compared to the amount of research done on men and addiction. This could imply that treatment centers are primarily designed to treat men with

addiction. Services for women have not yet been developed that incorporate the complex issues surrounding women and addiction. The idea that women need comprehensive services during drug and alcohol treatment is a fairly new idea (Zubretsky, 1995). The models for effectively treating women with addiction and the other possible problems that may accompany this population are not yet fully developed or integrated into traditional services.

Treatment options available to women of domestic violence and chemical abuse are often conflicted in philosophy and approach. Cellini (1999) states "Substance abuse problems and domestic violence overlap and the often co-occur. However, substance abuse and domestic violence are different problems, and require different interventions" (p. 10). There seem to be differences in treatment approaches among the two fields, perhaps due to a lack of understanding of the other field. In a study by Bennett and Lawson (1994) the barriers to cooperation between the two fields was addressed. The study also intended to discuss the barriers and possible solutions to help link the two fields. From the results it was shown that were needs for the two fields to be in communication because of relationship of domestic violence and substance abuse. Both substance abuse and victimization lead to isolation and this could compound ones difficulties with receiving the appropriate types of care.

"Survey participants estimated that 46% of the male substance abusers currently in their care were batterers, 60% of the female substance abusers were victims, and 42% of the women now in domestic violence programs were substance abusers" (Bennett & Lawson, 1994, p. 277). With this high of an estimated co-occurrence the survey showed that only one out of every ten programs used a formal screening as part of the assessment process. The participants did indicate that some of the addiction services offered groups on

abuse and assumed that the victims or batterer's would self-disclose. The results showed that domestic violence counselors did less cross-screening than did addictions counselors. However, in measuring linkage, it was estimated that "domestic-violence programs were twice as likely as were chemical-dependency programs to link with available batterer's programs" (Bennett & Lawson, 1994, p. 281). The results show that problems do exist between referral, screening, and linkage of the two fields but there is a strong desire to work them out.

The exploration of the existence of the relationship between domestic violence victimization and substance abuse is needed to further advancement in treatment principles and modalities. If there is a high enough co-occurrence and are similar enough contributing factors or predictors to both problems then the call to develop effective screening, training, and intervention techniques will be supported. The need to further research the co-occurrence of domestic violence victimization and chemical dependency is called for so that more appropriate services may be provided. If the clientele population overlaps, then it is a necessity that the two fields begin to collaborate to meet the complex needs of women in services.

CHAPTER III

Method

Subjects

The sample for this study was drawn from the population of inmates in a drug and alcohol treatment center that is within a prison in a small Mid-western town. All inmates have been convicted of felony crimes and have been court ordered to serve 84 days, 120 days, six months, or 12 months, depending on the severity of their charges. The majority of the inmate population, 67.1 percent, are diagnosed with chemical dependency using the MAPP test and criteria from the DSM-IV. The total sample for this study is 207. There were 210 original participants; however, three surveys were dropped because they were not filled out completely. Of this sample, 67.1 percent, (n = 139) classified themselves as Caucasian, 23.2 percent (n = 48) as African American, 6.8 percent (n = 14) as Native American, 2.4 percent (n = 5) as Hispanic, and .5 percent (n = 1) as Asian. The ages of the subjects ranged from 18 to 57 years old, with the mean age being 33.5 years old ($x = 33.5$, $SD = 7.37$).

The majority of the subjects, 53.1 percent (n = 110), were in prison on their first incarceration. Income status prior to incarceration fell between \$0 - 10,000 for 58.5 percent (n = 121) of the population. Marital status varied for this sample with 31.9 percent being single and never married, 30 percent n = 62) being divorced, 14.5 percent (n = 30) being legally separated, and 23.7 percent (n = 49) being married.

Instruments

For this study three versions of the Conflict Tactics Scale Form Two (CTS2) were administered. The Conflict Tactics Scale, Couple Form R measures partner to partner aggression. This form was adjusted so that the

subjects in this study answered for the one year while in a relationship, prior to incarceration. For each question there was an area for the respondent to report her behavior and another area to respond about her spouse's behavior. The respondent was asked to report on the frequency of events on a scale, as follows: 1 = once a year, 2 = twice a year, 3 = 3-5 times a year, 4 = 6 - 10 times a year, 5 = 11 - 20 times a year, 6 = more than 20 times a year, 7 = not that year, but it did happen before or after, and 0 = never happened. Scoring of the scales was completed by adding the midpoints for the response chosen. For example, if the respondent answered 3 for 3 - 5 times a year, the mid point would be 4. All midpoint scores were added for each category to determine the frequency score. For this study, minor and severe violence were selected for investigation. The author lists three items as minor violence between partners and six for severe violence. The minor violence items included; threw something at him/her, pushed, grabbed, or shoved him/her, and slapped him/her (Straus & Gelles, 1990). The severe violence items included; kicked, bit, or hit him/her with a fist; hit or tried to hit him/her with something; beat him/her up; choked him/her; threatened him/her with a knife or gun; used a knife or fired a gun.

The Conflict Tactics Scale Form CTS2-CA (CTS2-CA) is used to measure tactics parents or caregivers in the subject's family of origin. If the participant did not live with both parents, the test is adjusted to accommodate the type of caregiver that is appropriate. In this study, two subscales, of witnessing minor or severe violence, were measured and scored dichotomously. Minor violence on this scale included mother/father twisted father's/mother's arm or hair, mother/father pushed or shoved father/mother, mother/father slammed father/mother against a wall, mother/father grabbed father/mother, mother/father slapped father/mother. Severe violence items

were as follows; mother/father used a knife or gun on father/mother, mother/father punched or hit father/mother with something that could hurt, mother/father choked father/mother, mother/father beat up father/mother, mother/father burned or scalded father/mother on purpose, mother/father kicked father/mother. These questions make up 10 items for minor violence and 12 items for severe violence. The respondents reply on the same Likert Scale as for the Conflict Tactics Scale, Couple Form R.

The Parent-Child Conflict Tactics Scale, Form CTSPC-CA (CTSPC-CA) is designed to measure the behaviors of the parents when in conflict with the respondent as a child. Again, this scale was modified to accommodate non-traditional family situations. The same Likert scale was used. For this study, only severe violence was measured. The author explains minor acts of physical assault to be actions for which parents are exempt from legal prosecution and include things such as spanking and slapping. Items measured as severe violence included; mother/father hit me with a fist or kicked me hard, mother/father grabbed me around the neck and choked me, mother/father beat me up by hitting me over and over as hard as she/he could, mother/father burned or scalded me on purpose, mother/father threatened me with a knife or gun, mother/father threw or knocked me down. Scoring is completed in the same manner as scoring for the CTS2-CA.

These three scales were designed using vocabulary appropriate for most ethnic groups and ages. The Conflict Tactics Scales (CTS) requires a 6th grade reading level and have versions available in many foreign languages (Straus et al., 1996). The CTS2 is a modified and revised version of the original CTS. Though there have been impactful revisions from the CTS to the CTS2, the theoretical framework is essentially the same.

The CTS and CTS2 are primarily designed to measure the tactics for dealing with conflict. The CTS is a widely used tool. Due to the extent of its use, it has fallen under much scrutiny and necessary revisions have been made to form the CTS2. Straus et al. (1996) state that:

The dilemma is the need to choose between an instrument of established validity and reliability with national norms and an extensive body of literature - and a new instrument that, in principle, is superior but for which there is yet only preliminary evidence of validity and reliability. (p. 306)

The alpha reliability coefficients for the CTS2 are as high as they were for the CTS. The overall reliability of the CTS2 is high. The internal consistency lies between .79 and .95. The internal consistency of the subscale for Physical Assault $\alpha = .86$. Discriminate validity shows that the test is not positively correlated with irrelevant items. The author of the CTS2 ran correlation on non-related items and found there to be no significant correlation for these pairs. Construct validity tests correlated scales that theoretically should be highly correlated.

Procedures

The surveys were administered to approximately 40 women at a time. The consents were reviewed and collected prior to the administration of the surveys. The separate collection of the consents and the surveys insured anonymity for the respondents. For participants with reading and writing difficulties, a select group of program coordinators were trained to assist in the verbal administration of the test. However, some participants preferred to have their normal tutor read the surveys with them.

All subjects were administered the test during mid-afternoon time on a Saturday. All subjects were seated in a large room and all accommodations were made to ensure confidentiality and comfortable testing conditions. There

were no significant interruptions during the testing. The explanation of the tools used and the purpose of the survey were explained in the same manner to the total population

Data Analysis

The violence indexes between partners were expressed as rates rather than scales. This was done by converting the original frequency scores into dichotomous categories that addressed experience of events. The rates were established by coding 0 = no and 1 = yes, for exposure to severe and minor violence. Descriptive statistics and frequencies were used to describe the population. Pearson Chi-square analyses were run to establish statistical significant relationships among variables.

CHAPTER IV

Results

In order to calculate and interpret results from this study Pearson chi-square analysis were run. Frequencies and distributions were run to establish demographic information on the subjects as well as to gain a mean for variables such as age and number of relationships. The Conflict Tactics Scales may be presented as rates or scales, depending on the types of analysis desired. Pre-data exploration showed an extreme skew when using the continuous scale, so the results were analyzed using chi-square analysis of dichotomous rates.

There were 68 women in the study that were not chemically dependant and 139 women that were chemically dependant. Chi-square analysis were used to explore the relationships among differing variables between the chemically dependant and non-chemically dependant subjects. The results showed that of the total sample, 83.6 % (n = 186) had experienced domestic violence from partner-to-woman. Chemical dependency in the family of origin was present in a large percentage of the sample. Of the sample, 53.6 % (n = 111) reported that their father had an alcohol or drug problem. A lower percentage, 40.1 % (n = 83) reported that their mothers had an alcohol or drug problem. The majority of the population, 59.4 % (n = 123), reported living with a significant other, prior to incarceration, that was chemically dependent.

Domestic Violence Victimization and Chemical Dependency

To test the first hypothesis that there will be a greater proportion of domestic violence victimization among chemically dependent population compared to those that are non-chemically dependent, a chi-square analysis was used. The results show there was no significant relationship between the

domestic violence victimization and chemical dependency, $\chi^2 (1, N=207) = .000, p = .995$. The results of this study also showed that 83.6 % (n = 173), of the entire sample population, have been involved in at least one relationship with a spouse or mate that involved domestic violence. However, there was no significant difference between chemically dependent and non-chemically dependent women with regard to the number of domestic violence relationships. However, of the chemically dependent population 64.7% (n = 90) have experienced domestic violence from partner-to-women. This is a significant percentage of the population.

Family of Origin Violence

In exploration of the second hypothesis that chemically dependent women reported a higher degree of domestic violence in their family of origin as compared to non-chemically dependent, chi-square analysis was also used. The surveys describe the type of domestic violence witnessed and experienced in the family of origin. For further exploration of impact according to which parent was aggressing, the analysis was run for both parents separately. Table 1 shows the results of the chi-square analysis, percentage and sample number, in chemically dependent and non-chemically dependent subjects with regards to their responses of events experienced before 13 years of age. There are numerous statistically significant relationships between childhood experiences of violence and chemical dependency. The results showed that 42.4 % (n = 59) of the chemically dependent respondents had witnessed minor violence from their father to their mother. This was a significantly higher proportion, ($\chi^2 = 4.09, p = .043$), as compared to those who were not chemically dependent (27.9%, n = 19). However, there was not a significant difference between chemically dependent and non-chemically dependent persons with regard to witnessing minor violence from mother towards father. In terms of

witnessing severe violence from father to mother, there were significant differences in the two groups with relatively higher proportions of chemically dependent women having witnessed this type of severe violence, ($X^2 = 4.63$, $p = .031$). In addition, in terms of witnessing severe violence from mother towards father, a significantly higher proportion of the chemically dependent reported such an event as compared to the non-chemically dependent group, ($X^2 = 3.89$, $p = .049$). Approximately 25 % ($n = 35$) of the chemically dependent subjects reported witnessing severe violence from mother to father as compared to 13 % ($n = 9$) of the non-chemically dependent subjects.

Outside of witnessing domestic violence in the family of origin, the subjects were surveyed as to their experience of abuse from either parent to see if this experience may be related to chemical dependency. The results showed that there was a significant relationship, $X^2 = 3.84$, $p = .05$, between chemically dependency and abuse by mother. There was no significant in the relationship between abuse by the father and chemical dependency.

Hypothesis three stated that there would be a significantly higher incident of sexual abused among chemically dependent women as compared to those that are not chemically dependent. The results showed that there was a significant relationship between sexual abuse and chemical dependency ($X^2 = 10.91$, $p = .001$), with 58.3 % ($n = 81$) of the chemically dependent reporting subjects sexual abuse compared to 33.8 % ($n = 23$) of the non-chemically dependent.

Table 1

Chi-square: Chemically Dependent and Non-Chemically Dependent Subjects and Events Experienced in Childhood

	Chemically dependent (N= 139)		Non-Chemically Dependent (N= 68)		Chi-square
	Number responding yes	%	Number responding yes	%	
EVENT EXPERIENCED					
minor violence from dad to mom	N = 59	42.4 %	N = 19	27.9 %	4.091 *
minor violence from mom to dad	N = 43	30.9 %	N = 16	23.5 %	0.268
severe violence from dad to mom	N = 49	35.3 %	N = 14	20.6 %	4.637 *
severe violence from mom to dad	N = 35	25.2 %	N = 9	13.2 %	3.892 *
abused by father	N = 39	28.1 %	N = 13	19.1 %	1.940 *
abused by mother	N = 47	33.8 %	N = 14	20.6 %	3.842 *
sexually abused	N = 81	58.3 %	N = 23	33.8 %	10.91 **

* $p \leq .05$ ** $p \leq .001$

Chapter V

Discussion

For this study, the first hypothesis stated that there will be a greater proportion of domestic violence victimization among the chemically dependent population of incarcerated women compared to those who are not chemically dependent. The results failed to support this hypothesis and showed that, in this population, there was no significant difference. Both chemically dependent ($n = 90$) and non-chemically dependent subjects ($n = 44$) showed a 64.7% occurrence of domestic violence from partner-to-woman. There was no relationship between domestic violence victimization and chemical dependency. Miller and Downs (1993) were able to establish a relationship of a higher incidence of domestic violence victimization among chemically dependent women as compared to those from a DUI class and household samples.

Further exploration, for clinical application, shows a large enough number of chemically dependent women in need of domestic violence services, even if there was no statistical difference between this percentage and that of non-chemically dependent women. The results showed that there is a large enough percentage of the chemically dependent women with domestic violence victimization issues to warrant investigation for modifying treatment application to accommodate for this need. The high percentage of women exposed to domestic violence could have clinical implications for treatment providers. Within the chemically dependent population, 64.7% ($n = 90$) of the women reported severe domestic violence by their significant other. Haver (1987) showed one study with up to 21 % of victims having alcohol abuse issues. In a Swedish study done in a hospital emergency room the results showed up to 76 % of victims were under the influence at the time of

the attack (Haver, 1987). This study did support that domestic violence victimization and substance abuse may often occur in the same person, as suggested by other researchers (Rogan, 1985; Haver, 1987; Miller & Downs, 1993).

The second hypothesis stated that women who are chemically dependent will report a higher degree of witnessed domestic violence in their family of origin as compared to women that are not chemically dependent. The findings of this study rejected the null hypothesis and established a positive relationship between violence witnessed in the family of origin and chemical dependency. Further, the results of this study showed that the severity of violence witnessed also positively correlated with chemical dependency. The results showed that 42.4 % (n = 59) of the chemically dependent women witnessed minor violence from their father to their mother, compared to 27.9 % (n = 19) of the non-chemically dependent. The results of this study also support the findings of Miller and Downs (1993), with regards to their findings of domestic violence in the family of origin among chemically dependent females. For example, Miller and Downs (1993) reported 65%, a significantly higher rate, of women in an alcoholism treatment center witnessed severe violence by either parent. Similarly this study showed that 60.5% (n = 84) of chemically dependent incarcerated females reported witnessing severe abuse by either parent. Miller and Downs (1993) also stated that chemically dependent women had a higher rate of severe abuse by their mother. Similarly, the results of this study showed that 33.8 % (n = 47) of the chemically dependent women reported a higher rate of severe abuse by their mothers, compared to 20.6 % (n = 14) among the non-chemically dependent population.

The third hypothesis posited that there will be a significantly higher incidence of sexual abuse among chemically dependent women as compared to those that are not chemically dependent. The relationship of sexual abuse and chemical dependency was positive. In this study, 58.3% (n = 81) of the chemically dependent women reported sexual abuse as a child. In a study by Miller and Downs (1993), the rate of sexual abuse among women in an alcoholism treatment to be at 66 %. With this study, the non-chemically dependent population reported a lower percentage, of 33.8 % (n = 23), as compared to the chemically dependent women. This is also supported by Fazzone et al. (1997) in a report that states alcoholic women are at higher risk to have experienced physical and emotional trauma in childhood.

Some clinical implications may arise from the results of this study. There is a strong positive correlation between childhood sexual abuse and chemical dependency in adulthood. Coupled with the relationship between witnessing domestic violence between parents in one's family of origin and chemical dependency, one may infer that experiencing traumatic events in childhood may be compounding factor leading to chemical dependency. Results from this study also show a higher correlation between abuse by parents, especially from mother to daughter and chemical dependency.

Treatment Implications

The implications of this study illustrate that there are some underlying common factors that impact women that may be both chemically dependent and victims of domestic violence. This study also shows that the woman seeking help for chemical dependency issues may also be a victim of domestic violence. Women need comprehensive services to be provided to them at substance abuse centers and in all clinical settings. The rate of sexual abuse among chemically dependent women should encourage therapists to evaluate

the standard methods presently used in most drug and alcohol treatment centers and modify approaches to be more appropriate for victims and survivors. Holistic care is needed to effectively address the compounding issues that face a significant number of women with chemical dependency issues.

Recommendations for Further Studies

Further research is needed to examine other factors that may be related to chemical dependency in women. Additional studies exploring differing populations are called for to better grasp an understanding of the degree of relationship these compounding issues have on women. A more extensive study focusing on differences among ethnic groups, prior interventions and services, and different populations is needed. A study that explores the relationship between severity of sexual assault and chemical dependency as well as addresses the age of sexual assault and explores relationships between this and chemical dependency is needed. Studies that further explore the type and frequency of domestic violence victimization and chemical dependency would also provide valuable information for clinical applications with this population. Service providers should evaluate the treatment approaches and make needed adjustments prevent tactics that may recapitulate the power dynamics of abusive relationships within the treatment modalities.

Limitations of this Study

Limitations of this study have been discussed in detail through out the discussion. Primary limitations include the limited variance among the population. Due to the fact that the entire population was incarcerated some of the results may not be generalizable to other populations. Another limitation of this study is that no relationships were run regarding race, age of first use, or age of sexual abuse. Further analysis should investigate these

factors to present a more complete picture. . One limitation of the present study may be that the comparison group, of non-chemically dependent incarcerated women, may not have had adequate enough differences due to high rates of domestic violence victimization present in incarcerated populations generally. Martin et al. (1995) reviewed depressive symptoms in incarcerated women and showed that there was a high rate of domestic violence in the family of origin in incarcerated women regardless of whether chemically dependent or not. The author goes on to state that witnessing violence in the family of origin greatly impacts one's chances of engaging in an abusive relationship later in adulthood. Since there is a significant percent of incarcerated women that have witnessed domestic violence in their family of origin, and this is a risk marker for domestic violence victimization, then it would serve to reason that this incarcerated population will have an elevated percentage of domestic violence from partner-to-women, regardless of chemical dependency status. Further studies should be conducted with more diverse groups to examine if and to what degree a relationship exists between domestic violence and chemical dependency.

THE CONFLICT TACTICS SCALES, COUPLE FORM R*

ASK IN SEQUENCE Q35a Q36a AND (IF NEVER ON BOTH Q35a AND Q36a) ASK Q37a. THEN ASK Q35b, Q36B AND (IF NEVER ON BOTH Q35b AND Q36b) ASK Q37B, ETC. Q35. No matter how well a couple get along, there are times when they disagree, get annoyed with the other person, or just have spats or fights because they're in a bad mood or tired or for some other reason. They also use many different ways of trying to settle their differences. I'm going to read some things that you and your (spouse/partner) might do when you have an argument. I would like you to tell me how many times (Once, Twice, 3-5 times, 6-10 times, 11-20 times, or more than 20 times) in the past 12 months you (READ ITEM)

	Q35. Respondent In Past Year							Q36. Spouse In Past Year							Q37. For items marked "Never" on both Q35 and Q36		
	1	2	3	4	5	6	0	1	2	3	4	5	6	0	Has it Ever happened?	1 = Yes	0 = No
	1 = Once 2 = Twice 3 = 3-5 Times 4 = 6-10 Times 5 = 11-20 Times 6 = More than 20 0 = Never(don't read)							1 = Once 2 = Twice 3 = 3-5 Times 4 = 6-10 Times 5 = 11-20 Times 6 = More than 20 0 = Never(don't read)									
A. Discussed an issue calmly	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	0	
B. Got information to back up your/his/her side of things.....	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	0	
C. Brought in, or tried to bring in, someone to help settle things.....	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	0	
D. Insulted or swore at him/her/you.....	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	0	
E. Sulked or refused to talk about an issue.....	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	0	
F. Stopped out of the room or house or yard.....	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	0	
G. Cried.....	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	0	
H. Did or said something to spite him/her/you.....	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	0	
I. Threatened to hit or throw something at him/her/you..	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	0	
J. Threw or smashed or hit or kicked something.....	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	0	
K. Threw something <u>at</u> him /her/you	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	0	
L. Pushed, Grabbed, or shoved him/her/you	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	0	
M. Slapped him/her/you	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	0	
N. Kicked, bit, or hit him/her /you with a fist.....	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	0	
O. Hit or tried to hit him/her /you with something.....	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	0	
P. Beat him/her/you up.....	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	0	
Q. Choked him/her/you	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	0	
R. <u>Threatened</u> him/her/you with a knife or gun.....	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	0	
S. Used a knife or fired a gun.....	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	0	

* See Straus 1989 for versions to measure other family role relationships, e.g. parent-child.

CONFLICT TACTICS SCALES FORM CTS2-CA

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For use with children reporting current behavior of their parents toward each other, or adults recalling behavior of their parents toward each other.

This version of the CTS2 omits the sexual coercion scale

RELATIONSHIPS BETWEEN MY PARENTS

No matter how well parents get along, there are times when they disagree, get annoyed with each other, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or for some other reason. Parents also have many different ways of trying to settle their differences with each other. This is a list of things that might happen when your parents had differences or were angry with each other.

If your mother and father (or step mother or step father) were not living together ((in the past year)) ((in the year when you were about 13 years old)) ((in the last year you lived at home with your parents)) and you were living with your mother, please answer about your mother and the man she was living with then. If you were living with your father or step father, but not your mother, please answer about your father and the woman he was living with then.

Please circle how many times each of them did the things on this list ((in the past year)) ((in the year when you were about 13 years old)) ((in the last year you lived at home with them)). If a parent did not do one of these things ((in the year when you were about 13 years old)) ((in the last year you lived at home with them)) but it happened some other year before or after that, circle "7".

How often did this happen ((in the past year)) ((in the year when you were about 13 years old)) ((in the last year you lived at home with them))?

1 = Once that year

2 = Twice that year

3 = 3-5 times that year

4 = 6-10 times that year

5 = 11-20 times that year

6 = More than 20 times that year

7 = Not that year, but it did happen before or after

0 = This never happened

- | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|
| 1. Mother showed she cared about father even when they disagreed | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |
| 2. Father showed he cared about mother even when they disagreed | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |

How often did this happen ((in the past year)) ((in the year when you were about 13 years old))
((in the last year you lived at home with them))?

1 = Once that year

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0 = This never happened

3. Mother explained her side of a disagreement to father	1	2	3	4	5	6	7	0
4. Father explained his side of a disagreement to mother	1	2	3	4	5	6	7	0
5. Mother insulted or swore at father	1	2	3	4	5	6	7	0
6. Father insulted or swore at mother	1	2	3	4	5	6	7	0
7. Mother threw something at father that could hurt	1	2	3	4	5	6	7	0
8. Father threw something at mother that could hurt	1	2	3	4	5	6	7	0
9. Mother twisted father's arm or hair	1	2	3	4	5	6	7	0
10. Father twisted mother's arm or hair	1	2	3	4	5	6	7	0
11. Mother had a sprain, bruise, or small cut because of a fight with father	1	2	3	4	5	6	7	0
12. Father had a sprain, bruise, or small cut because of a fight with mother	1	2	3	4	5	6	7	0
13. Mother showed respect for father's feelings about an issue	1	2	3	4	5	6	7	0
14. Father showed respect for mother's feelings about an issue	1	2	3	4	5	6	7	0
17. Mother pushed or shoved father	1	2	3	4	5	6	7	0
18. Father pushed or shoved mother	1	2	3	4	5	6	7	0
21. Mother used a knife or gun on father	1	2	3	4	5	6	7	0
22. Father used a knife or gun on mother	1	2	3	4	5	6	7	0
23. Mother passed out from being hit on the head by father in a fight	1	2	3	4	5	6	7	0
24. Father passed out from a hit on the head in a fight with mother	1	2	3	4	5	6	7	0
25. Mother called father fat or ugly	1	2	3	4	5	6	7	0
26. Father called mother fat or ugly	1	2	3	4	5	6	7	0
27. Mother punched or hit father with something that could hurt	1	2	3	4	5	6	7	0
28. Father punched or hit mother with something that could hurt	1	2	3	4	5	6	7	0
29. Mother destroyed something belonging to father	1	2	3	4	5	6	7	0
30. Father destroyed something belonging to mother	1	2	3	4	5	6	7	0

How often did this happen ((in the past year)) ((in the year when you were about 13 years old)) ((in the last year you lived at home with them))?

1 = Once that year

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31. Mother went to a doctor because of a fight with father	1	2	3	4	5	6	7	0
32. Father went to a doctor because of a fight with mother	1	2	3	4	5	6	7	0
33. Mother choked father	1	2	3	4	5	6	7	0
34. Father choked mother	1	2	3	4	5	6	7	0
35. Mother shouted or yelled at father	1	2	3	4	5	6	7	0
36. Father shouted or yelled at mother	1	2	3	4	5	6	7	0
37. Mother slammed father against a wall	1	2	3	4	5	6	7	0
38. Father slammed mother against a wall	1	2	3	4	5	6	7	0
39. Mother said she was sure they could work out a problem	1	2	3	4	5	6	7	0
40. Father said he was sure they could work out a problem	1	2	3	4	5	6	7	0
41. Mother needed to see a doctor because of a fight with father, but didn't go	1	2	3	4	5	6	7	0
42. Father needed to see a doctor because of a fight with mother, but didn't go	1	2	3	4	5	6	7	0
43. Mother beat up father	1	2	3	4	5	6	7	0
44. Father beat up mother	1	2	3	4	5	6	7	0
45. Mother grabbed father	1	2	3	4	5	6	7	0
46. Father grabbed mother	1	2	3	4	5	6	7	0
49. Mother stomped out of the room or house or yard when she had a disagreement with father	1	2	3	4	5	6	7	0
50. Father stomped out of the room or house or yard when he had a disagreement with mother	1	2	3	4	5	6	7	0
53. Mother slapped father	1	2	3	4	5	6	7	0
54. Father slapped mother	1	2	3	4	5	6	7	0
55. Mother had a broken bone from a fight with father	1	2	3	4	5	6	7	0
56. Father had a broken bone from a fight with mother	1	2	3	4	5	6	7	0

How often did this happen ((in the past year)) ((in the year when you were about 13 years old)) ((in the last year you lived at home with them))?

1 = Once that year

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0 = This never happened

59. Mother suggested a compromise to a disagreement with mother	1	2	3	4	5	6	7	0
60. Father suggested a compromise to a disagreement with mother	1	2	3	4	5	6	7	0
61. Mother burned or scalded father on purpose	1	2	3	4	5	6	7	0
62. Father burned or scalded father on purpose	1	2	3	4	5	6	7	0
67. Mother did something to spite father	1	2	3	4	5	6	7	0
68. Father did something to spite mother	1	2	3	4	5	6	7	0
69. Mother threatened to hit or throw something at father	1	2	3	4	5	6	7	0
70. Father threatened to hit or throw something at mother	1	2	3	4	5	6	7	0
71. Mother felt physical pain that still hurt the next day because of a fight with father	1	2	3	4	5	6	7	0
72. Father still felt physical pain the next day because of a fight with mother	1	2	3	4	5	6	7	0
73. Mother kicked father	1	2	3	4	5	6	7	0
74. Father kicked mother	1	2	3	4	5	6	7	0
77. Mother agreed to try a solution to a disagreement suggested by father	1	2	3	4	5	6	7	0
78. Father agreed to try a solution to a disagreement suggested by mother	1	2	3	4	5	6	7	0

PARENT-CHILD CONFLICT TACTICS SCALES, FORM CTSPC-CA

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WHAT YOUR MOTHER AND FATHER DID WHEN YOU DIDN'T BEHAVE RIGHT

Children often do things that are wrong, disobey, or make their parents angry. We would like to know what your mother and father did when you did something wrong or did something that made them upset or angry, or when they were angry for other reasons.

Please circle one of the following answer numbers to tell us who you were living with ((in the past year)) ((in the year when you were about 13 years old)) ((in the last year you lived at home with your parents)) and who your answers are about.

1. I was living with both my mother and father (or step mother and step father) and I will answer about them
2. My father or step father was not living at home, but there was another man in the house, and I will answer about what he did when I did something wrong
3. My father or step father was not living at home and there was no other man at home. So I will skip the questions about what my father did
4. My mother or step mother was not living at home, but there was another woman in the house, and I will answer about what she did when I did something wrong
5. My mother or step mother was not living at home and there was no other woman at home. So I will skip the questions about what my mother did

Here is a list of things your mother and father might have done. Please think about how often each of them did these things ((in the past year)) ((in the year when you were about 13 years old)) ((in the last year you lived at home with your parents)) and circle the answer number that comes closest to how often they did each of these things. If they did not do it in the past year but have done it before that, circle the number 7

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5 = 11-20 times in the past year

6 = More than 20 times in the past year

7 = Not in the past year, but it happened before

0 = This has never happened

AM. Mother explained why something was wrong	1	2	3	4	5	6	7	0
AF. Father explained why something was wrong	1	2	3	4	5	6	7	0
BM. Mother put me in "time out" or sent me to my room	1	2	3	4	5	6	7	0
BF. Father put me in "time out" or sent me to my room	1	2	3	4	5	6	7	0

How often did this happen ((in the past year)) ((in the year when you were about 13 years old)) ((in the last year you lived at home with them))?

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CM. Mother shook me	1	2	3	4	5	6	7	0
CF. Father shook me	1	2	3	4	5	6	7	0
DM. Mother hit me on the bottom with something like a belt, hairbrush, a stick or some other hard object	1	2	3	4	5	6	7	0
DF. Father hit me on the bottom with something like a belt, hairbrush, a stick or some other hard object	1	2	3	4	5	6	7	0
EM. Mother gave me something else to do instead of what I was doing wrong	1	2	3	4	5	6	7	0
EF. Father gave me something else to do instead of what I was doing wrong	1	2	3	4	5	6	7	0
FM. Mother shouted, yelled, or screamed at me	1	2	3	4	5	6	7	0
FF. Father shouted, yelled, or screamed at me	1	2	3	4	5	6	7	0
GM. Mother hit me with a fist or kicked me hard	1	2	3	4	5	6	7	0
GF. Father hit me with a fist or kicked me hard	1	2	3	4	5	6	7	0
HM. Mother spanked me on the bottom with her hand	1	2	3	4	5	6	7	0
HF. Father spanked me on the bottom with his hand	1	2	3	4	5	6	7	0
IM. Mother grabbed me around the neck and choked me	1	2	3	4	5	6	7	0
IF. Father grabbed me around the neck and choked me	1	2	3	4	5	6	7	0
JM. Mother cursed or swore at me	1	2	3	4	5	6	7	0
JF. Father cursed or swore at me	1	2	3	4	5	6	7	0
KM. Mother beat me up by hitting me over and over as hard as she could	1	2	3	4	5	6	7	0
KF. Father beat me up by hitting me over and over as hard as he could	1	2	3	4	5	6	7	0
LM. Mother said she would send me away or kick me out of the house	1	2	3	4	5	6	7	0
LF. Father said she would send me away or kick me out of the house	1	2	3	4	5	6	7	0
MM. Mother burned or scalded me on purpose	1	2	3	4	5	6	7	0
MF. Father burned or scalded me on purpose	1	2	3	4	5	6	7	0

How often did this happen ((in the past year)) ((in the year when you were about 13 years old)) ((in the last year you lived at home with them))?

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NM. Mother threatened to spank or hit me but did not actually do it	1	2	3	4	5	6	7	0
NF. Father threatened to spank or hit me but did not actually do it	1	2	3	4	5	6	7	0
OM. Mother hit me on some other part of the body besides the bottom with something like a belt, hairbrush, a stick or some other hard object	1	2	3	4	5	6	7	0
OF. Father hit me on some other part of the body besides the bottom with something like a belt, hairbrush, a stick or some other hard object	1	2	3	4	5	6	7	0
PM. Mother slapped me on the hand, arm, or leg	1	2	3	4	5	6	7	0
PF. Father slapped me on the hand, arm, or leg	1	2	3	4	5	6	7	0
QM. Mother took away privileges or grounded me	1	2	3	4	5	6	7	0
QF. Father took away privileges or grounded me	1	2	3	4	5	6	7	0
RM. Mother pinched me	1	2	3	4	5	6	7	0
RF. Father pinched me	1	2	3	4	5	6	7	0
SM. Mother threatened me with a knife or gun	1	2	3	4	5	6	7	0
SF. Father threatened me with a knife or gun	1	2	3	4	5	6	7	0
TM. Mother threw or knocked me down	1	2	3	4	5	6	7	0
TF. Father threw or knocked me down	1	2	3	4	5	6	7	0
UM. Mother called me dumb or lazy or some other name like that	1	2	3	4	5	6	7	0
UF. Father called me dumb or lazy or some other name like that	1	2	3	4	5	6	7	0
VM. Mother slapped me on the face or head or ears	1	2	3	4	5	6	7	0
VF. Father slapped me on the face or head or ears	1	2	3	4	5	6	7	0

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