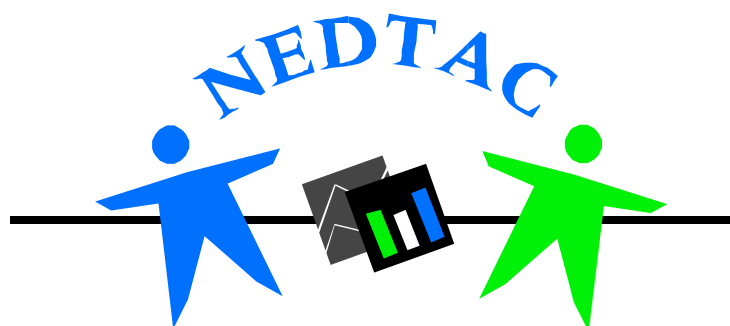


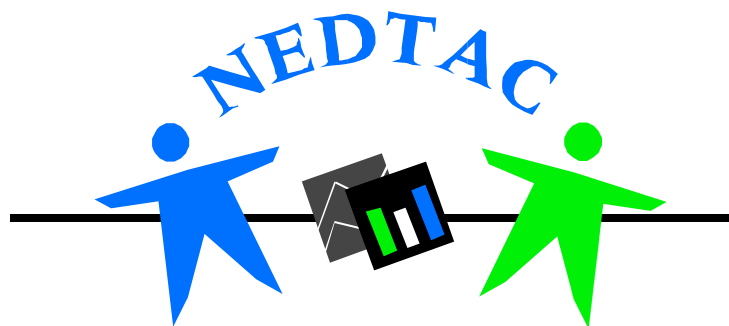
**NATIONAL EVALUATION DATA AND
TECHNICAL ASSISTANCE CENTER**



**WOMEN, VIOLENCE, AND SUBSTANCE ABUSE:
SELECTED BIBLIOGRAPHIES, 1990-1998**

April 1999

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TABLE OF CONTENTS

	<u>Page</u>
FOREWORD	i
WOMEN'S ISSUES IN SUBSTANCE ABUSE TREATMENT	1
VIOLENCE AND ITS IMPACT ON WOMEN	6
WOMEN, VIOLENCE, AND SUBSTANCE ABUSE TREATMENT	14
INTRODUCTORY BIBLIOGRAPHY	18
OTHER RESOURCES	21

FOREWORD

One of the missions of the Center for Substance Abuse Treatment is to enhance the nation's substance abuse treatment system by identifying, developing, and supporting appropriate policies, approaches, and programs. In short, for the field of substance abuse treatment, CSAT seeks to determine what works, for whom, how well, and at what cost.

Building knowledge through evaluation is the key to answering these questions. From CSAT's perspective, evaluation—including cost analysis and performance measurement—is an integral component of program management and part of an ongoing process of knowledge development, assessment, and improvement. Toward this end, CSAT's Program Evaluation Branch established the National Evaluation Data and Technical Assistance Center (NEDTAC) to advance the state of the art of evaluation in the field of substance abuse treatment.

A primary NEDTAC activity was to provide evaluation technical assistance and support to substance abuse treatment providers and evaluators. To this end, NEDTAC produced a series of bibliographies in key topic areas. This document belongs to that series. This bibliography lists books, articles, and research studies that focus on women, violence, and substance abuse.

Overview of Evaluation Issues in Substance Abuse Treatment for Women: Annotated Bibliographies and *Substance Abuse and Violence: An Annotated Bibliography* are two other bibliographies in this series which will complement this bibliography on women and violence and substance abuse treatment. We hope this document will assist professionals within the substance abuse treatment community to consider effective and appropriate ways to serve diverse client populations and to increase their knowledge of the relationship between substance abuse and violence.

This bibliography, along with others in the series, was developed under the guidance and direction of Ron Smith, Ph.D., the Branch Chief, Program Evaluation Branch, Office of Evaluation, Scientific Analysis, and Synthesis. We also wish to thank Beth Archibald Tang for compiling and reviewing this document.

Sharon Bishop
Project Director
National Evaluation Data and
Technical Assistance Center (NEDTAC)

WOMEN'S ISSUES IN SUBSTANCE ABUSE TREATMENT

Argeriou, M. & Daley, M., (1997). An examination of racial and ethnic differences within a sample of Hispanic, White (Non-Hispanic), and African American Medicaid-eligible pregnant substance abusers: The MOTHERS Project. Journal of Substance Abuse Treatment, 14, 489-498.

White (n=213), African American (n=210), and Hispanic (n=104) Medicaid-eligible, chemically-dependent, pregnant women were interviewed during their stay in publicly-funded detoxification centers in Massachusetts. Comparisons of demographic, psychosocial, and substance abuse variables revealed significant intergroup differences in almost all instances. There appears to be as much heterogeneity within the treatment population subgroup of pregnant women as there is across different treatment populations. Ramifications of the observed differences for treatment planning and service provision are discussed. (Author abstract)

Biron, L. L., Brochu, S., & Desjardins, L. (1995). The issue of drugs and crime among a sample of incarcerated women. Deviant Behavior: An Interdisciplinary Journal, 16, 25-43.

Based on a sample of incarcerated women in Quebec prisons in 1989, this study focuses on drug use and abuse and its relation to crime with a special concern for age of onset, nature of conviction, previous involvement in criminal activities, motivation, and other related variables. The emerging profile of these subjects is one of drug-related problems rather than a deep involvement in criminality. Within this population of women prisoners a strong link between drugs and crime is still difficult to establish. It is suggested that future research rely more on qualitative analyses to gather a better understanding of the operating processes. (Author abstract modified)

Burman, S. (1992). Model for women's alcohol/drug treatment. Alcoholism Treatment Quarterly, 8, 87-99.

A female treatment program for alcohol and drug abuse is presented as a viable alternative to treating women in traditional mixed-gender programs. Women's unique experiences, problems, and special needs can best be addressed in women-sensitive treatment settings.

Guinan, M. E., & Leviton, L. (1995). Prevention of HIV infection in women: Overcoming barriers. Journal of the American Medicine and Women Association, 50(3/4), 74-77.

The proportion of total reported cases of acquired immunodeficiency syndrome in US women increased annually between 1988 and 1994 from 10 percent to 18 percent, indicating an urgent need for prevention measures. Interventions designed to reduce unsafe sex and drug-using behaviors in women have been limited. Barriers to human immunodeficiency virus (HIV) prevention for women include a disproportionately low investment of resources, inadequacy and inaccessibility of substance abuse treatment programs, the crack/cocaine epidemic and resulting

unsafe sex behaviors, lack of a woman-controlled method to prevent sexual transmission of HIV, and unique social and cultural factors that limit women's power in decision making. Some interventions have been successful in reducing women's risk behaviors. Expanding prevention efforts targeted to women is necessary in order to stem the rising rate of HIV infection.

Henderson, D. J., Boyd, C., & Mieczkowski, T. (1994). Gender, relationships, and crack cocaine: A content analysis. Research in Nursing and Health, 17, 265-272.

Past research has indicated gender differences among narcotic users that have implications for the prevention and treatment of substance abuse; however, little is known about these differences among crack cocaine users. The purpose of this secondary analysis was to compare the relational context of male and female crack cocaine use. Data from open-ended, structured interviews with 46 predominantly African-American women and men were compared using manifest content analysis. Women were more likely to begin, use, and/or maintain their use of crack in the context of more intimate opposite sex relationships, while men were more likely to begin their use with male friends and associates and to maintain drug use with income from jobs and selling drugs. Overall, relationships (both sexual and familial) were a more prominent aspect of crack use for women while entrepreneurship was more salient for men. These findings suggest the need for gender-sensitive prevention and treatment strategies.

Huselid, R. F., Self, E. A., & Gutierrez, S. E. (1991). Predictors of successful completion of a halfway house program for chemically-dependent women. American Journal of Drug and Alcohol Abuse, 17, 89-101.

Influenced by research that found a positive correlation between optimistic attitudes and retention in aftercare programs for men, the researchers wanted to understand how psychological outlooks might be used to predict successful completion of a halfway house program for chemically-dependent women. They began with the premise that healthy people perceive positive events as stable (enduring features that are likely to reoccur in the future), global (affecting other aspects of their lives), and internal (within their control) and negative events as unstable, specific, and external. This perception, the self-serving attribution bias, provides a strong foundation for optimism and self-efficacy. The researchers discovered that female substance abusers are more likely to invert this typical attribution strategy (considering negative events internal, global, and stable, while often attributing positive events to external factors) than either male substance abusers, or non-abusing men and women. Based on these results, the researchers hypothesized that women with self-serving attribution bias would be more likely to successfully complete treatment because it would give them the optimism necessary to remain abstinent. The results contradicted the hypothesis by revealing that women who viewed negative events as global, stable, and internal were more likely to complete treatment successfully. The researchers interpreted the data to mean that a realistic, rather than optimistic, awareness of the dangers of relapse did not encourage despair, but abstinence.

Jordan, B. K., Schlenger, W. E., Fairbank, J. A., & Caddell, J. M. (1996). Prevalence of psychiatric disorders among incarcerated women. Part II. Convicted felons enter prison. Archives of General Psychiatry, 53, 513-519.

No unbiased estimates of the rates of psychiatric disorder among women prison inmates are available. Nonetheless, available data suggest that some psychiatric disorders are prevalent in this population. The objective of the study was to determine the rates, risk factors, and outcomes of specific psychiatric disorders among women prison inmates. Inmates were found to have high rates of substance abuse and dependence and antisocial and border-line personality disorders compared with women in community epidemiologic studies. Rates among inmates were also somewhat elevated for mood disorders but not for anxiety disorders. The rate of reports of lifetime exposure to traumatic events was also high. Rates of disorder tended to be higher among white than among African-American women. High rates of substance abuse, psychiatric disorder, and psychological distress associated with exposure to traumatic events suggest that women in prison have a need for treatment for substance abuse and other mental health problems. (Author abstract modified)

Kane-Cavaiola, C., & Rullo-Cooney, D. (1991). Addicted women: Their families' effect on treatment outcome. Journal of Chemical Dependency Treatment, 4, 111-119.

The authors explore the interplay between sex-stereotyped social attitudes towards male and female addiction and the different patterns of male and female addiction and treatment. Social mores often stigmatize women substance abusers as weak-willed, irresponsible, and promiscuous. In addition, women frequently experience resistance from their husbands and children who resent the treatment that disrupts family homeostasis. Finally, women face obstacles involving child care, health care, financial constraints, and lack of female support systems. These difficulties help explain why women seek treatment at a much later stage of chemical dependency and with greater health complications than men.

Kuhns, J. B., Heide, K. M., & Silverman, I. (1992). Substance use/misuse among female prostitutes and female arrestees. International Journal of the Addictions, 27, 1283-1292.

The literature has documented the correlation between prostitution and drug use/misuse. This study probed demographics, drug use experimentation and frequency, age of first drug use, and drug use treatment among 53 female prostitutes and 47 female arrestees. The results indicated that prostitutes were likely to drop out of school and that significantly more prostitutes had tried drugs, had used drugs with greater frequency, and had begun drug/alcohol use at younger ages. These results imply that early drug/alcohol use and withdrawal from school could leave young women vulnerable and at higher risk of becoming involved in prostitution; and drug use treatment and intervention needs to begin at younger ages. (Author abstract modified)

Lindenberg, C. S., Reiskin, H. K., & Gendrop, S. C. (1994). The social stress model of substance abuse among childbearing-age women: A review of the literature. Journal of Drug Education, 24, 253-68.

The social stress model of substance abuse has been derived from numerous psychosocial theories and models. This model suggests that the likelihood of an individual engaging in drug abuse is influenced by the stress level and the extent to which it is offset by stress modifiers such as social networks, social competence, and resources. This article synthesizes current empirical evidence for this model. Thirteen primary research studies of women are synthesized and described, with special attention to the four key constructs inherent in the model: stress, social networks, social competencies, and resources. Consistencies and inconsistencies in the findings, a critique of key methodological issues, implications for future research, and implications for clinical policy and practice are provided.

Rouse, B. A., Carter, J. H., & Rodriguez-Andrew, S. (1995). Race/ethnicity and other sociocultural influences on alcoholism treatment for women. Recent Developments in Alcoholism, 12, 343-367.

This chapter discusses sociocultural influences on the availability, access, diagnosis, and treatment of alcoholism for women, particularly those in minority groups. Race/ethnicity and other sociocultural influences are presented in terms of the societal context and the counselor-client relationship. The latest data on heavy drinking, alcohol-induced mortality, and alcoholism treatment utilization are presented on African-American, Hispanic, and white women. Data are also presented on the ability to pay for treatment through insurance or earnings. Information on Native Americans and Asian/Pacific Islanders is included whenever possible.

Wadsworth, R., Spampento, A. M., & Halbrook, B. M. (1995). The role of sexual trauma in the treatment of chemically dependent women: Addressing the relapse issue. Journal of Counseling and Development, 73, 401-406.

A review of the literature indicates a high incidence of sexual trauma among women who seek treatment for substance abuse. Additionally, clients who have experienced sexual trauma appear to be more susceptible to return to substance abuse. This article explores issues surrounding sexual trauma and chemical dependency. It aims to provide direction for relapse prevention with a relapse-prone population. Application of traditional milieu substance abuse treatment for sexual trauma survivors is explored. Recommendations for working with sexual trauma survivors who are also substance abusers are presented, as are suggestions for research. (Author abstract)

Walfish, S., Stenmark, D. E., Sarco, D., Shealy, J. S., & Krone A. M. (1992). Incidence of bulimia in substance misusing women in residential treatment. International Journal of the Addictions, 27, 425-433.

The incidence of bulimia in 100 consecutive adult women entering a residential substance misuse treatment program was examined utilizing self-report data. Fourteen percent of the clients were diagnosed as having a concurrent eating disorder, seven times the community prevalence rate. The demographic variable of race was an important distinguishing characteristic, while age was not. Cocaine addicts had the highest rate of bulimia, while opioid addicts had the lowest. The clinical significance of these data for treatment and future research is discussed.

Wilke, D. (1994). Women and alcoholism: How a male-as-norm bias affects research, assessment, and treatment. Health and Social Work, 19, 29-35.

A comprehensive discussion of women's alcoholism must include an understanding of how the male-as-norm bias has affected alcoholism research, assessment, and treatment. This bias defines male alcoholism as the standard by which female alcoholism is judged. Although alcoholism and treatment needs are unique in many ways, those differences are often minimized, ignored, or defined as abnormal in a male model of alcoholism. This article summarizes how a male-as-norm bias has affected research on women's alcoholism and shaped perceptions of women's alcoholic behavior and their responses to treatment. (Author abstract)

Wilsnack, S. C., & Wilsnack, R. W. (1991). Epidemiology of women's drinking. Journal of Substance Abuse, 3, 133-57.

Although US and Canadian surveys conducted over the past two decades have found little evidence of major changes in drinking levels or drinking problems among women in general, change may be occurring within certain subgroups of women, for example, based on age, ethnicity, employment, or marital status. Women's drinking behavior shows significant linkages to aspects of women's social environments, including gender of co-workers and drinking behavior of significant others. The greater complexity of recent findings reflects the increasing maturation of epidemiological research on women's drinking.

VIOLENCE AND ITS IMPACT ON WOMEN

Amaro, H., Fried, L. E., Cabral, H., & Zuckerman, B. (1990). Violence during pregnancy and substance abuse. American Journal of Public Health, 80, 575-579.

Violent incidents were assessed as part of a prospective study of 1,243 pregnant women. Participants were from predominantly poor, urban minority groups. Seven percent of women reported physical or sexual violence during pregnancy; most (94 %) knew their assailant. Victims of violence were at greater risk of having a history of depression and attempted suicide, having more current depressive symptoms, reporting less happiness about being pregnant, and receiving less emotional support from others for the current pregnancy. Comparisons of victims and non-victims showed that victims were more likely to be users of alcohol and drugs. In addition, partners of victims were more likely to use marijuana and cocaine. When possible confounders were controlled using multivariable analyses, a woman's alcohol use during pregnancy and her partner's drug use were independently associated with an increased risk of being a victim of violence during pregnancy. Results of this study highlight the importance of assessing exposure to violence during prenatal care, especially among women who are heavy users of alcohol or drugs or whose partners use these substances. (Author abstract)

American Medical Association. (1992). Violence: A compendium from JAMA, American Medical News, and the specialty journals of the American Medical Association. Dover, DE: Author.

The articles in this compendium were previously published in the Journal of the American Medical Association, American Medical News, and the specialty journals of the American Medical Association from January through June 1992. The articles highlight epidemiologic studies, clinical research, government reports, case descriptions, and commentaries about interpersonal violence in American society. Specific topics include domestic violence, violence in the schools, the relationship between substance abuse and child abuse, child death review teams, abuse of pregnant women, and the diagnosis of child abuse. Crime, trauma, firearm-related deaths and injuries, corporal punishment, and causes of aggressive behavior are also addressed.

Astin, M. C., Lawrence, K. J., Pincus, G., & Foy, D. W. (1990). Moderator variables of post-traumatic stress disorder among battered women. Tyler, TX: Family Violence and Sexual Assault Institute.

This paper describes a study that investigated the hypotheses that the level of exposure to violence in a battering relationship would be the single most important contributing factor to the development of posttraumatic stress disorder (PTSD) and that variables such as available social support, drug or alcohol abuse, intercurrent life events, religious support experiences, and developmental family stressors would be moderators of PTSD symptom levels. Fifty-three battered women who were clients of three Los Angeles, CA area shelters and one counseling center for battered women were given standardized self-report instruments of PTSD, violence

exposure, social support, intercurrent life events, and religiosity. Results show that a significant proportion of battered women experienced diagnosable levels of PTSD; the extent of exposure to violence was a significant contributing factor to PTSD intensity level; recency of the last abusive episode, positive intercurrent life events, and intrinsic religiosity were important moderators of PTSD; and social support, negative intercurrent life events, and developmental family stressors appeared to have some influence on PTSD symptomatology. (Author abstract modified)

Bayatpour, M., Wells, R. D., & Holford, S. (1992). Physical and sexual abuse as predictors of substance use and suicide among pregnant teenagers. Journal of Adolescent Health, 13, 128-132.

This study of 352 pregnant teenagers enrolled in a comprehensive prenatal clinic was designed to define risk factors for perinatal substance abuse and suicide. Subjects' average age was 15 years; 80 percent were of minority descent; and all were on public assistance. Eighty participants acknowledged physical and sexual abuse, and 40 admitted to suicidal ideation or actions. Information obtained through interviews with the subjects included home environment, family history, education, peer relationships, physical and mental health, and substance abuse history. Prenatal physical exams, including toxicology screening, were performed. While test results indicated only a 3.6 percent rate of substance abuse at the time of enrollment, self-reported rates of substance abuse were considerably higher. Teenagers who had been physically or sexually abused were compared with the remaining cohort. A positive history of abuse revealed a subset of teenagers at high risk for self-destructive behaviors. Teenagers in prenatal clinics should be screened for sexual and physical abuse, domestic violence, and suicidal thoughts and actions in addition to substance abuse. (Author abstract modified)

Bennett, L. W. (1995). Substance abuse and the domestic assault of women. Social Work, 40, 760-771.

Social workers often meet with practice situations where domestic assault coincides with substance abuse by the batterer or victim. Knowledge for practice in this complex area is both minimal and remote. This article examines current research on the involvement of substance abuse in woman abuse and discusses issues of assessment and intervention.

Bennett, L. W., et al. (1994). Domestic abuse by male alcohol and drug addicts. Violence and Victims, 9, 359-368.

Sixty-three male inpatient alcohol and drug addicts and 34 female partners participated in a study of variables associated with physical and nonphysical abuse of women. Results suggest that domestic abuse by male addicts is not directly related to experience of violence or addiction in the family of origin, external locus of control, or severity of alcohol abuse. Correlates of domestic

abuse were an early onset of AOD-related problems; low income; a history of non-alcohol drug use, particularly cocaine; and a history of arrest and outpatient counseling.

El-Bassel, N., et al. (1996). Correlates of crack abuse among drug-using incarcerated women: Psychological trauma, social support, and coping behavior. *American Journal of Drug and Alcohol Abuse*, 22, 41-56.

This study examined the relationship between psychological trauma and crack abuse among 158 women with a recent history of drug use who were incarcerated in a New York City jail facility. Interviewers obtained data on demographics, drug use, psychological trauma history, criminal history, social support, and coping behavior. Three-fourths of the sample had used crack three or more times a week for the past month; a quarter had used other drugs, predominantly heroin, three or more times a week in the past month. Multiple logistic regression analysis assessed the association between adult psychological trauma variables (loss of custody of youngest child and lived in streets prior to arrest) and regular crack use in three sequential models. After adjusting for social support, coping behavior, demographics, and criminal history, women who had lost custody of their youngest child were 3.3 times more likely to be regular crack users. Women who demonstrated more negative coping behavior and perceived themselves as having less emotional support were also more likely to be regular crack users. The association between childhood traumas (i.e., childhood sexual/physical abuse, parental alcohol abuse) and regular crack use was also assessed using multiple logistic regression. No significant associations were found between these childhood psychological traumas and regular crack use in both the unadjusted and adjusted models. Study findings underscore the importance of assessing environmental, interpersonal, and intrapersonal factors in tailoring treatment strategies for users of crack and other drugs. (Author abstract modified)

Gelles, R. J. & Loseke, D. R. (eds.) (1993). *Current controversies on family violence*. Newbury Park, CA: Sage Publications, Inc.

This book highlights current controversies, research, and policy directions in the area of family violence. Chapters in part one address conceptual frameworks, focusing on psychological, sociological, and feminist frameworks. Chapters in part two examine issues in defining and measuring family violence, focusing on violence by women, date and acquaintance rape, and controversies about the consequences of violence toward women. Chapters in part three examine some of the causal connections of family violence, focusing on debates concerning whether alcohol and other drugs might cause family violence, whether abused children grow up to become abusive parents, and whether the dependency of the aged or the dependency of their caregivers causes elder abuse. Chapters in part four address the question of what the public should do about family violence, focusing on the problems with child abuse reporting laws, the effectiveness of child sexual abuse prevention programs, and the policy of arresting spouse abusers. Throughout the book, the chapters focus on disagreements among family violence professionals, demonstrating the complex nature of the issues discussed.

Gomberg, E. S. L. (1993). Alcohol, women, and the expression of aggression. Journal of Studies on Alcohol (Supplement), 11, 89-95.

The author presents definitions for such terms as aggression, anger, and violence. The literature on female-as-aggressor and as object of aggression is reviewed. The author also examines both male and female studies on aggression and alcohol, and suggests directions for future research in this area.

Hagan, T. A., Finnegan, L. P., & Nelson-Zlupko, L. (1994). Impediments to comprehensive treatment models for substance-dependent women: Treatment and research questions. Journal of Psychoactive Drugs, 26, 163-171.

This article discusses several issues brought into treatment by women and how these issues impact current treatment models. The focus is on three critical factors overlooked in treatment and research related to women: broader issues of dependence in women; the impact of chaotic early interpersonal relationships on developmental levels; and diagnostic criteria and treatment goals appropriate for women. Finally, this article provides an understanding of the impact of these factors on treatment and on research methodologies in order to evaluate comprehensive and effective treatment for drug-dependent women.

Harlow, C. W. (1991). Female victims of violent crime. Washington, DC: Bureau of Justice Statistics.

This report presents statistics about violent crimes against women, using data from the National Crime Survey. The data, presented in tables, cover violence by intimates and rape by both strangers and non-strangers. Among the types of data presented are rates of reporting to the police, with reasons for reporting or not, and characteristics of the victims, the crimes, and the offenders. There are cross-tabulations by such factors as presence of weapons, demographic characteristics, and race.

Jennings, K. T. (1994). Female child molesters: A review of the literature. In M. Elliott (ed.), Female sexual abuse of children (pp. 219-234). New York: Guilford Publications.

This chapter presents a review of literature published about the causes of female sexual abuse and characteristics of abusers. Very little has been written about the subject until recently, and some of the information is contradictory. Statistics indicate that the incidence of female sexual abuse is low; however, this may reflect under-reporting of the problem. Men may not be reporting abuse because they may be too embarrassed or have been ignored. Theories regarding female sexual abuse have attempted to identify the motivations of abusers, including abuse as a child, boredom, revenge against the offender's husband, or coercion by a male. Women are more likely to know

their victims and less likely to use violence than male offenders. The effects of alcohol or drug addiction and mental illness are also being investigated.

Jordan, B. K., Schlenger, W. E., Caddell, J. M., & Fairbank, J. A. (1997). Etiological factors in a sample of convicted women felons in North Carolina. In M.C. Zanarini (ed.), Role of sexual abuse in the etiology of borderline personality disorder (pp. 45-69). Washington, DC: American Psychiatric Press.

This study examined the characteristics of incarcerated women with borderline personality disorder (BPD). A sample of 805 women felons were first interviewed and assessed for BPD, posttraumatic stress disorder (PTSD), and antisocial personality disorder. A follow-up interview was conducted with 210 participants to validate the BPD and PTSD diagnoses. Depression, dysthymia, panic disorder, generalized anxiety disorder, substance abuse, and exposure to psychological trauma were also assessed. Logistic regression was used to analyze the relationship of specific risk factors and control variables of BPD. More than three-quarters of the sample had experienced an extreme traumatic event, including physical and sexual abuse. Twenty-eight percent of the sample was diagnosed with BPD and 11 percent had antisocial personality disorder. Multivariate analyses indicated that childhood sexual abuse and posttraumatic stress disorder were highly predictive of BPD. BPD subjects also reported more family violence than non-BPD subjects. These findings are comparable to the results of similar studies of BPD in other populations. Implications for conceptual models are discussed.

Massachusetts State Department of Social Services. (1995). Domestic violence protocol for CPS. Boston, MA: Author.

This protocol outlines procedures for risk assessment and intervention in cases of domestic violence. Massachusetts Department of Social Services staff are instructed to work with battered women's programs, the criminal justice system, and offender treatment programs to ensure the safety of the mother and her children. Safety is emphasized during all phases of intervention, especially during interviews with battered women, children, and the offender. Interview questions are outlined in the guidelines and considerations for planning an intervention strategy are identified, such as the possibility of denial or minimization of the abuse; fear of disclosure; blame; culture; history of childhood abuse; substance abuse; and violence by both partners. The protocol suggests services and intervention strategies for victims and offenders.

Mazza, D., & Dennerstein, L. (1996). Psychotropic drug use by women: Could violence account for the gender difference? Journal of Psychosomatic Obstetrics and Gynecology, 17, 229-234.

Cross-national studies show that the female-to-male ratio of psychotropic drug use is about 2:1. Twenty percent of female general practice patients are prescribed psychotropic drugs. Reasons

behind this remain unclear; research points to the higher levels of psychopathology either experienced or reported by women. Recent studies have shown a strong association between the experience of domestic violence/sexual abuse and the development of mental illness. It may be that women who use psychotropic drugs represent a group who are more likely to be victims of violence. If this is the case, then doctors should be incorporating questions about violence when thinking of prescribing such drugs. Further research is necessary to clarify whether a relationship exists between psychotropic drug use by women and a previous or current history of physical or sexual abuse. (Author abstract modified)

Muehlenhard, C. L., Goggins, M. F., Jones, J. M., & Satterfield, A. T. (1991). Sexual violence and coercion in close relationships. In K. McKinney & S. Sprecher (eds.), Sexuality in close relationships (pp. 155-175). Mahwah, NJ: Lawrence Erlbaum Associates, Publishers.

This chapter discusses the sexual coercion of males and females in heterosexual and homosexual relationships, focusing on sexual coercion in adult dating and marital relationships. Sexual coercion is broadly defined and includes various forms of sexual activity and such types of coercion as physical and verbal force, threats, manipulation, and power differences. Beliefs that contribute to sexual violence and coercion in close relationships are discussed. Research on the prevalence, causes, and consequences of sexual violence and coercion in close relationships is reviewed. Prevalence research includes studies on sexual assault and nonviolent sexual coercion. Research on the causes of sexual coercion in close relationships focuses on stereotypes about masculinity and femininity, the sexual double standard, gender differences in perceptions of sexual interest, legal and religious influences, economic factors, alcohol and drug intoxication, violence in the family of origin, and compulsory heterosexuality. Research on the consequences of sexual coercion deals with the emotional, physical, and sexual effects.

Parker, R. N. (1993). The effects of context on alcohol and violence. Springfield, VA: National Technical Information Services.

Alcohol consumption may lead to violent behavior within certain contexts. These contexts include alcohol consumption patterns, culture, divorce rates, and poverty on homicide as well as the impact of particular contexts of social setting on victimization. Findings indicate that alcohol consumption increases violence within the context of poverty. Research also shows that violence may be perceived as a rational and acceptable choice in some contexts. (Author abstract modified)

Randall, T. (1990). Domestic violence begets other problems of which physicians must be aware to be effective. Journal of the American Medical Association, 264, 940, 943-944.

Women living in violent relationships pay a heavy price with their physical and mental health. Besides the acute injuries incurred from the abuse, these women also develop a broad range of physical and psychological problems. Historically, most physicians treated abused women's

physical injuries without addressing their cause; however, many physicians now believe that the treatment of domestic violence belongs within the realm of medicine because the prevalence of the problem has a major influence on the physical and mental well-being of women. Women unable to leave an abusive relationship or end the violence often develop complex psychosocial problems, including alcohol and drug abuse and mental illness. Physicians who address the violence provide an abused woman with more than just treatment of her physical injuries, they reaffirm her suspicion that the cause of most of her symptoms is the violence in her life.

Stark, E., & Flitcraft, A. H. (1991). Spouse abuse. In M. L. Rosenberg & M. A. Fenley (eds.), Violence in America: A public health approach (pp. 123-157). New York: Oxford University Press.

This chapter offers a broad definition of spouse abuse, defines domestic violence and battering, and identifies problems in formulating spouse abuse definitions. Sources of available data on spouse abuse are described, including the Federal Bureau of Investigation Uniform Crime Reports, the National Crime Survey, and hospital-based sources. Case identification in health care settings is discussed, and various explanatory models of spouse abuse are summarized, including interpersonal violence, family violence, and gender-politics models. Demographic data on spouse abuse are presented, focusing on race, income, occupation, and status. Risk factors for spouse abuse are examined, with an emphasis on personality traits, social class, age, marital status, social situation, pregnancy, alcohol consumption, and violence in the family of origin. Survey results on spouse and woman abuse, dating violence, and the frequency or severity of woman abuse are highlighted. Studies of the medical and mental health effects of battering are identified, including studies on alcohol and drug abuse, suicide attempts, and presenting problems. Studies on the link between woman battering and child abuse are also reviewed. Lastly, the current response to spouse abuse is outlined, focusing on the federal, state, and medical response, and a strategy to prevent battering is presented, focusing on social, primary, and secondary prevention.

Weaver, T. L., Kilpatrick, H. S., Best, C. L., & Saunders, B. E. (1997). An examination of physical assault and childhood victimization histories within a national probability sample of women. In G. K. Kantor & J. L. Jasinski (eds.), Out of the darkness: Contemporary perspectives on family violence (pp. 35-46). Thousand Oaks, CA: Sage Publications, Inc.

This study used data from a national probability sample of 3,358 women to compare the characteristics of victims of romantic partner assault, victims of stranger physical assault, and non-victims. The women were surveyed three times over the course of 2 years with questions that screened for depressive disorders, victimization, drug and alcohol use, post-traumatic stress disorder, and demographics. A total of 43 women reported physical assault by a romantic partner and 62 women reported assault by a stranger. Both types of victims were more likely to have experienced sexual molestation in childhood, childhood rape, and childhood sexual or physical abuse than non-victims. In addition, childhood victimization significantly predicted series, of

assault in women who experienced assault by a romantic partner. This finding is attributed to the long-term effects of childhood abuse on the ability of women to end violent relationships. Demographic characteristics and the relationship between assault characteristics and posttraumatic stress disorder are also discussed.

Zahnd, E., Klein, D., & Needell, B. (1997). Substance use and issues of violence among low-income, pregnant women: The California perinatal needs assessment. Journal of Drug Issues, *27*, 563-584.

An analysis of how violence affects the lives of pregnant, low-income women was undertaken, drawing from needs assessment data from two California counties. Self-report screening was used to determine risk for problem substance use. Of 1,147 women, 401 met the screening threshold. The 401 at-risk respondents report significantly higher levels of substance-related violence when compared to the other 746 respondents. Among all respondents, neighborhood substance-related problems, being United States-born, meeting the screening threshold, and being a woman of color were associated with reported substance-related violence among acquaintances. Among the substance-involved sample, neighborhood drug problems; being a woman of color; and being hurt, beaten, or taken advantage of due to drugs were associated with violence reports. The implications are that substance-related violence prevention strategies need refocus on the community as well as on the individual and the family. (Author abstract modified)

WOMEN, VIOLENCE, AND SUBSTANCE ABUSE TREATMENT

Blount, W., Silverman, N. Sellers, C., & Seese, R. (1994). Alcohol and drug use among abused women who kill, abused women who don't, and their abusers. Journal of Drug Issues, 24, 165-177.

Controlling for demographic and other differences, analyses indicate that alcohol and other drug use ably distinguished between two groups of women (42 who had killed their intimates, and 59 who were in shelters for battered women) where alcohol use was more salient than other drug use. Alcohol counseling should be a significant part of programs for both battered women and for men who batter women.

Cirillo, J. (1995). Prevention of family violence for the female alcoholic. In L. L. Adler & F. L. Denmark (eds.), Violence and the prevention of violence (pp. 169-175). Westport, CT: Praeger Publishers.

This chapter describes how alcoholism affects women and their role as caregiver in the family. Alcoholism affects women differently than men socially, emotionally, and physically. Alcohol use is less acceptable for women, and so they tend to hide their alcohol or drug-related problems and seek help later than men. In addition, alcohol-related diseases advance more quickly in women. Emotionally, an alcoholic mother is less able to be an affectionate caregiver and more likely to become violent with her children and husband. Ninety-five percent of cases of severe child abuse involve alcohol or drug use by the abuser. Neglect is also common in families where one or both parents abuse alcohol. During recovery, an alcoholic woman should be encouraged to put her own needs first and understand that she can be effective in her role as wife and mother only when she is sober. The woman's husband and children should be involved in family therapy and self-help groups.

Copeland, J., Hall, W., Didcott, P., & Biggs, V. (1993). A comparison of a specialist women's alcohol and other drug treatment service with two traditional mixed-sex services: Client characteristics and treatment outcome. Drug and Alcohol Dependence, 32, 81-92.

Eighty subjects from a specialist women's service (SWC) and eight subjects from two traditional mixed-sex treatment services (TMS) were recruited to a comparative, longitudinal study of changes in AOD-associated problems. Both SWC and TMS programs were based on the traditional disease model and twelve-step philosophy but the SWC employed only female staff and provided residential childcare. The SWC succeeded in attracting significantly more lesbian women, women with children, women sexually abused in childhood, and women with a maternal history of substance abuse than the TMS group. Six months following treatment there were no significant differences in any measure of treatment outcome between the two treatment groups. The results suggest that the simple provision of female-only treatment and childcare without changing treatment content does not substantially improve treatment outcome in women with severe AOD-related problems. (Author abstract modified)

Downs, W. R., Miller, B. A., & Panek, D. D. (1993). Differential patterns of partner-to-woman violence: A comparison of samples of community, alcohol-abusing, and battered women. Journal of Family Violence, 8, 113-135.

This paper compared a sample of women in treatment for alcoholism (n=45) with a randomly selected sample of women from the local community (N=40), and a sample of women receiving services for victimization by severe partner violence (N=38). Conflict Tactics Scale (CTS) items were dichotomized into low frequency of partner violence (twice per year or less) and high frequency of violence (once per month or more), and then summed to yield separate low frequency and high frequency scores for each CTS subscale. Results showed that at the high frequency level, battered women reported the highest scores of each subscale, alcoholic women the second highest, and the community sample of women reported the lowest level of violence. A multiple regression analysis revealed that being in the alcoholic sample significantly predicted high frequency negative verbal interaction and moderate violence, after controlling for presence of a partner with alcohol-related problems and demographic differences among the samples. (Author abstract)

Fisher, B., et al. (1995). Risks associated with long-term homelessness among women: Battery, rape, and HIV infection. International Journal of Health Services, 25, 351-369.

The purposes of this study were to determine the prevalence of battery, rape, and HIV risk practices in a sample of long-term homeless women and to explore correlates of HIV risk practices. Fifty-three women who had been homeless for at least 3 months in the last year were interviewed at day and night shelters. The women were demographically similar to other samples of homeless men and women and had similar rates of drug use. However, a higher proportion of homeless women were exposed to battery (91 percent), rape (56 percent), and mental distress, and they had a smaller support network (three people). Eighty-six percent had been battered prior to homelessness. A positive association was found between HIV risk practices and the use of certain drugs and having a protector. A higher level of assertiveness was associated with less HIV risk. The study demonstrated that homeless women are at very high risk of battery and rape. Being homeless may require lifestyles that increase the risk of HIV infection and transmission.

Fullilove, M. T., et al. (1993). Violence, trauma, and post-traumatic stress disorder among women drug users. Journal of Traumatic Stress, 6, 533-543.

In order to examine the association between the experience of violent events, trauma, and post-traumatic stress disorder among women drug users, 105 women in treatment for addictive disorders were interviewed. One hundred four of the study participants reported trauma in one or more of 14 categories of traumatic events, 59 percent of whom reported symptoms consistent with a diagnosis of posttraumatic stress disorder. Among those with PTSD, nearly all reported one or more violent traumas as compared with 73 percent of those without PTSD. The likelihood of PTSD was strongly associated with the number of violent traumas reported by a woman.

Women in recovery from drug addiction are likely to have a history of violent trauma and are at high risk for post-traumatic stress disorder; screening for PTSD among women with an addictive disorder should become part of the diagnostic and treatment routine. (Author abstract modified)

Gilbert, L., El-Bassel, N., Schilling, R. F., & Friedman, E. (1997). Childhood abuse as a risk for partner abuse among women in methadone maintenance. New York: Marcel Dekker.

This study examines the relationship between childhood abuse and partner abuse among a sample of predominantly African-American and Hispanic women, who were patients in methadone clinics in Harlem and the South Bronx. A structured questionnaire addressing demographics, psychosocial and physical health characteristics, depression, childhood abuse, and domestic violence was administered to 151 women. Sixty percent of the women reported lifetime physical, life-threatening, or sexual abuse by a spouse or boyfriend. Multiple logistic regression analysis was used to assess the associations between childhood physical abuse and abuse by a spouse or boyfriend and between childhood sexual abuse and abuse by a spouse or boyfriend. After controlling for potential confounders, women who reported childhood physical abuse were almost nine times more likely to report having been abused by a spouse or boyfriend. Women who reported childhood sexual abuse were almost four times more likely to report having been abused by a spouse or boyfriend. Depression and need for social support were significantly associated with partner abuse, while current heroin use was inversely associated with partner abuse. The high rate of domestic violence and the strong association between childhood and partner abuse found in this study suggest areas for intervention in chemical dependency among women. (Author abstract modified)

Martin, S. L., et al. (1996). Violence and substance abuse among North Carolina pregnant women. American Journal of Public Health, 86, 991-998.

Prenatal patients were studied to examine the proportion of women who had been violence victims, women's patterns of substance abuse (cigarettes, alcohol, and illegal drugs) before and during pregnancy, and relationships between violence and substance use. More than 2,000 prenatal patients in North Carolina were screened for violence and substance use. Relationships between violence and patterns of substance use before and during pregnancy were examined, as well as women's continuation of substance use during pregnancy as a function of violence and sociodemographic factors. Twenty-six percent of women had been violence victims during their lives. Before pregnancy, 62 percent of the women had used one or more substances; during pregnancy, 31 percent had used one or more substances. Both before and during pregnancy, violence victims were significantly more likely to use multiple substances than non-victims. Continuation of substance abuse during pregnancy was significantly more likely among violence victims than non-victims. The study concludes that care providers should screen women for violence as well as for substance use and should ensure that women are provided with appropriate interventions. (Author abstract modified)

Miller, B. A. & Downs, W. R. (1993). The impact of family violence on the use of alcohol by women. Alcohol Health and Research World, 17, 137-143.

This article explores whether being the victim of violence, either in childhood or as an adult, affects women's use of alcohol. Research found that women in alcoholism treatment programs experienced higher rates of childhood victimization, significantly more severe violence by their fathers, and more childhood sexual abuse than did women in drinking and driving classes and in a household comparison group. Women in alcoholism treatment programs also experienced significantly higher levels of violence by their partners than did women in drinking and driving classes, households, and mental health centers. (Author abstract modified)

Skip, C., & Kunzman, K. (1991). Women with secrets: Dealing with domestic abuse and childhood sexual abuse in treatment. Center City, MN: Hazelden Educational Materials.

This book is divided into two sections that provide guidelines for dealing with possible hidden or unknown domestic abuse and childhood sexual abuse during the treatment of chemically dependent women. The section on domestic abuse reviews the shame and fear that abused women may feel, which may interfere with their chemical abuse therapy. Suggestions are offered for breaking the cycle of abuse and offering aftercare referrals. The section on childhood sexual abuse provides therapists with tools to assist women once this abuse may have surfaced or even may have been acknowledged after the chemical dependency has been treated. Appendices address domestic abuse assessment and resources for domestic abuse and childhood sexual abuse. Suggested reading lists and endnotes are provided separately for each section.

Stevens, S. J., & Arbiter, N. (1995). A therapeutic community for substance-abusing pregnant women and women with children: Process and outcome. Journal of Psychoactive Drugs, 27, 49-56.

The fact that women of childbearing age make up a large proportion of the alcohol and other drug using population has gained national attention. Since treatment for addicted pregnant women and women with children has become a federal priority, treatment programs of various modalities have opened their doors to this population. One promising treatment modality is the therapeutic community (TC). This article briefly describes Amity, a TC for women and children that provides long-term residential TC treatment for addicted pregnant women and women with children. Amity currently has 65 women and 50 children living together in treatment on a 23-acre ranch. Descriptive data including demographic information and data on violence are presented. Preliminary outcome data are detailed, comparing drop out and treatment completion on such variables as alcohol and other drug use, rearrest, employment, child custody, and involvement in support groups. A pattern of behavior involving experiences in violent episodes and alcohol and other drug use is illuminated and discussed. Ideas for further research are suggested. (Author abstract)

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OTHER RESOURCES

American Academy of Family Physicians

<http://www.aafp.org/afp/060196/pat-2582.html>

This web site provides a physician's handout that briefly outlines domestic violence.

Center for Substance Abuse Research

<http://www.bsos.umd.edu/cesar/links.html#criminal> (criminal justice)

<http://www.bsos.umd.edu/cesar/cjus.html> (criminal justice)

<http://www.bsos.umd.edu/cesar/DMVREF.HTML> (domestic violence)

These web sites list extensive criminal justice links, including violence against women.

Justice Information Center

<http://www.ncjrs.org/>

This home page provides a wealth of information regarding crime, of crimes, as well and other criminal justice related topics. Also provides links to full-text documents.

National Women's Health Information Center

<http://www.4woman.org/>

This web site is designed as a gateway to information and additional links on general issues related to women's health. Resources geared to professionals include links to full-text professional journals, online dictionaries, and online databases, such as Medline.

Prevention Against Violence Online, Curriculum and Teaching Materials

<http://www.reeusda.gov/pavnet/cur.html>

This web site provides curriculum and training materials on the topics of child abuse/neglect prevention, community violence prevention, family violence prevention, gang violence prevention, rape prevention, treatment of victims, and youth violence prevention.

Violence Against Women Office, Department of Justice

<http://www.usdoj.gov/vawo/toc.htm>

This web site provides information regarding violence hotlines, the Violence Against Women Act and other federal legislation, speeches and press releases, and related links.

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