

ABSTRACT

THE EFFECTS OF SUBSTANCE ABUSE ON DOMESTIC VIOLENCE: A QUALITATIVE STUDY OF WOMEN'S EXPERIENCES

By

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The purpose of this study was to explore the experiences of women of domestic violence with substance abusing partners. An author-developed interview guide was used to gather information from 52 women of domestic violence. The data were collected by conducting 52 face-to-face interviews. This study found that a majority of women of domestic violence with substance abusing partners experienced abuse during substance use by their partners. Participants shared their experiences of fear, pain, anxiety, family trauma, and being violently abused by a substance abusing partner. With the growing demand for social workers to be competent in the area of domestic violence, it is important to understand its effects and affects. Research limitations are identified and recommendations are made to improve further research. Implications and recommendations for social work practice are also discussed.

THE EFFECTS OF SUBSTANCE ABUSE ON DOMESTIC VIOLENCE:
A QUALITATIVE STUDY OF WOMEN'S EXPERIENCES

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CHAPTER 1

INTRODUCTION

Domestic violence is a global concern that affects millions of people each year, as presented by findings from the World Health Organization (WHO; 2005). Its abusers are adept at hiding and explaining away their abusive behavior and appear to fit in with mainstream society. According to Ehrensaft et al. (2003), domestic violence is a chronic abuse of power. Ehrensaft et al. assert that domestic violence strongly affects, and has serious consequences for the victims. Domestic violence involves at least three types of violations. A breach of trust is created, brutally physical or mental health abuse is committed. The breach of trust is established when the violations are committed by a person that the victim has a close relationship with. The domestic violence often takes place in a location where the victim expects to feel safe, such as one's own home (Ehrensaft et al., 2003).

The WHO's 2005 study revealed that the risk of a woman being abused at home is higher than that of her being abused in the street. More than 24,000 women were interviewed worldwide. Data revealed that 25% to 50% of women physically assaulted, said they had suffered physical injuries while their partner was under the influence of a substance or substances (WHO, 2005). WHO suggests that there are a number of substances that an abuser can use. As reported by Baker (2011), alcohol is the most common substance found to be used by those who abuse their partners, thus linking

alcohol and substance abuse with domestic violence brings about insurmountable challenges. The abuser may torture and control the victim using calculated threats, intimidation, and physical violence, as iterated by Ehrensaft et al. (2003). Actual physical violence is often the end result of months or years of intimidation and control (Ehrensaft et al., 2003). The abuse tends to escalate if the abused attempts to leave. The victim often begins to believe she is responsible for her own victimization (Baker, 2011).

Domestic abuse is a crime frequently accompanied by stigma and shame. Alcohol brings about an additional dimension to this and has an effect of blurring understandings of blame (Harrison & Willis, 2000). Harrison and Willis (2000) reported that popular perceptions of domestic abuse have shown that abusers who have been drinking receive less blame. Alcohol is the cause of one third of all domestic abuse incidents that are reported to the police according to Humphreys, River, and Thiara (2003). The severity of physical violence during alcohol abuse can be heightened and lead to a greater likelihood of police intervention.

Researchers Whitfield, Anda, Dube, and Felitti (2003) reported that individuals who have experienced domestic violence as children may continue the cycle of violence into their own adulthood. Furthermore, children of domestic violence may be placed in an environment that perpetuates the cycle, not only by choice, but by subconscious influences in their surroundings (Whitfield et al., 2003). An estimated 3 million children witness acts of violence against their mothers every year, with many that develop the belief that violent behavior is an acceptable way to express anger, frustration, or a will to control (Carlson, McNutt, Choi, & Rose, 2002). A consistent correlation has been found between both adult abuse and victimization, and growing up in a violent familial

environment as a child (Carlson et al., 2002). The rate at which violence is transmitted across generations in the general population has been estimated at 30% (Carlson et al., 2002). In other words, 3 out of every 10 children who observe or experience violence in their families will become involved in a violent relationship in adulthood (Carlson et al., 2002).

Living in a violent relationship has negative outcomes on women's mental health, including high levels of depression, anxiety, and posttraumatic stress symptoms (Thompson et al., 2000). Although evidence exists that links social support to positive mental and physical health in populations other than those experiencing domestic violence, only a few studies have examined whether social support is a protective factor for women in violent relationships as asserted by Thompson et al. (2000). Thompson et al. found that women in violent relationships have an inadequate number of supporters and are often reluctant to ask outside sources for help. However, when support does exist, the support is directly and positively related to women's mental health (Thompson et al., 2000).

Problem Statement

In 2006, the U.S. Department of Justice (DOJ) reported that one-fourth to one-half of men who commit acts of domestic violence also have substance abuse problems. In specific cases of murder in families, the DOJ found that more than half of defendants accused of murdering their spouses, as well as almost half of the victims had been drinking alcohol at the time of the incident.

According to Leonard (2005), there are various explanations as to the reasons batterers abuse substances and subsequently abuse their partners. Leonard explored the

various factors that may lead to domestic violence. Moreover, Leonard indicated that the use of drugs or alcohol on the part of the batterer, cognitively disrupts and distorts one's ability to think clearly, thereby providing an excuse for the exhibition of any controlling and/or violent behavior. Furthermore, Leonard posited that a batterer's need for power and control in a relationship may also fuel their need to abuse substance.

Purpose Statement

The purpose of this study was to explore the experiences of women involved in domestic violence situations who had substance abusing partners. This study seeks to address the following questions:

1. Who are the victims and the abusers?
2. How is substance abuse perceived to affect the victim and the batterer?
3. In a domestic violence situation, what stressors are identified as contributing causes to the batterer's substance abuse?

Definitions of Terms

For the purpose of this study, the following terms are defined as:

Domestic violence: The abusive behaviors used by one person in a relationship to control the other. Partners may be married or not married, living together, separated, or dating (Ehrensaft et al., 2003).

Intimate partner violence: Intimate partners are those with whom the victim has or had an intimate relationship. Included are spouses, ex-spouses, boyfriends, girlfriends, ex-boyfriends, and ex-girlfriends. Partners may or may not be cohabiting (Max, Rice, Finkelstein, Bardwell, & Leadbetter, 2004). Three types of victimizations are included: forcible rape, physical assault, and stalking (Tjaden & Thoennes, 2000).

Substance abuse: The excessive consumption or misuse of a substance for the sake of its non-therapeutic effects on the mind or body, especially drugs or alcohol (Ehrensaft et al., 2003).

Domestic violence victim: A person that has been violated by domestic violence. They can be any age, sex, race, culture, religion, educational level employment level or marital status and suffer abuse at the hands of an abuser (Ehrensaft et al., 2003).

Batterer: An individual who inflicts abuse by using emotional, psychological, economic, sexual and physical means, in order to control their intimate partners (Ehrensaft et al., 2003).

Relevance to Multicultural Social Work

Fazzone, Holton, and Reed (1997) asserted that women of domestic violence with substance abusing partners are not limited to one ethnicity, but rather several different ethnicities. This study focused on women of domestic violence with substance abusing partners. As a consequence, this study is conversely a reflection of multiculturalism because of the various cultural experiences that have been captured in this research. Social work is often a multicultural occupation, because of the vast population that it serves. With such a diverse population of clients, well qualified, high experienced social workers are in high demand to adequately serve the population of women of domestic violence. This study goes on to reiterate that women of domestic violence with substance abusing partners are a unique group of women who represent multiculturalism through their daily lives.

CHAPTER 2

LITERATURE REVIEW

The literature reviewed for this study examined the relationships between domestic violence and substance abusing partners. Specifically, the relationship between the use of substances and the perpetration of violence against women was investigated. It was found that there are a number of common characteristics between domestic violence and addictive disorders. The aforementioned characteristics include: loss of control, continuation of behavior despite adverse consequences, preoccupation or obsession, development of tolerance, and family involvement. This literature review examines domestic violence from different perspectives that include: intimate partner relationships, substance abuse, aggression, and the impact upon children.

The associations between alcohol consumption and violent and aggressive behavior have long been recognized by researchers. The National Institute on Alcohol Abuse and Alcoholism (NIAAA; 2000) reported that aggressiveness can be promoted by excessive alcohol consumption. Violence was defined as behavior that intentionally inflicts or attempts to inflict physical harm, with violence falling within the broader category of aggression, such as behaviors that are: threatening, hostile, or damaging in a nonphysical way (NIAAA, 2000). The NIAAA delved into the connection between alcohol consumption, violence, and aggression and the function of the brain in regulating

these behaviors. Understanding the nature of these connections is vital in breaking the cycle of alcohol misuse and violence (NIAAA, 2000).

Dunham and Senn (2000) stated that domestic violence has become a serious problem throughout the United States. Women become victims of serious injury or death when involved in domestic violence (Dunham & Senn, 2000). While statistics vary slightly, women are victims of violence in approximately 95% of reported domestic violence cases (Dunham & Senn, 2000). Seventy-five percent of addicted abusers have threatened their wives and another 45% have assaulted their wives (Centers for Disease Control and Prevention [CDC], 2003). In a study of 62 episodes of domestic assault, in which police were summoned, 92% of the abusers reportedly used alcohol or other drugs on the day of the assault, and 72% of the abusers had a prior arrest for substance abuse (CDC, 2003). In a study of 400 women, 67% reported their abusers frequently abused alcohol. While substance abuse and violent behavior frequently coexist, violent behavior will not end unless interventions address the violence as well as the substance abuse (Addiction Treatment in Addiction, 2011).

Prior research has established that people view domestic violence as exclusively part of certain ethnic or racial communities or as unique to certain classes within societies (Bennett & O'Brien, 2007). In fact, these researchers found that people often discuss domestic violence in terms of race, ethnicity, class, education level or age of the abuser or victim. Research has shown that domestic violence occurs in all social, economic, religious and cultural groups dismissing the myth that domestic violence is exclusively part of certain ethnic or racial communities (Bennett & O'Brien, 2007).

Alcohol abuse by the abuser tends to maximize levels of violence and the likelihood of physical injury to the victim. The violence becomes even more dangerous when alcohol is combined with other substances. O'Farrell, Fals-Stewart, O'Farrell, and O'Farrell (2003) stated that chronic high levels of alcohol use and binge drinking are linked to domestic violence. O'Farrell et al. defined serious alcoholism as having two different patterns: stable and unstable drinking. People with serious alcohol problems who do not drink the same amount every day or may not drink every day and are known to drink quite excessively are unstable drinkers. Unstable drinkers tend to drink outside their home. Individuals that tend to drink at home, every day, in approximately the same amount are stable alcoholics. Researchers O'Farrell et al. asserted that those with unstable drinking patterns are more prone to abuse their partner.

O'Farrell et al. (2003) found that alcoholics with severe drinking problems who achieve stable recovery or remission from their drinking have substantially less domestic violence incidents. In fact, their level of risks look similar to demographically matched individuals in the population who do not have alcohol problems.

In these studies of persons with severe alcohol problems it was found that if they are able to achieve stable recovery or remission from their problem drinking, their domestic violence rates substantially decline and their level of risk looks similar to demographically matched people who do not have problems with alcohol abuse (O'Farrell et al., 2003).

Research addressed variations in both the manner in which victim-offender relationships are defined. Substance abuse is one reason cited by abusers for violence on intimate partners (Addiction Treatment in Addiction, 2011). The report also stated that

substance abuse is a part of the system of problems, negative quality of life and wellbeing, poverty and harmful human development (i.e., economically, educationally, medically, psychologically), described in domestic violence records (Addiction Treatment in Addiction, 2011).

History of Domestic Violence

In the United States in the 1800s social workers believed alcohol was the cause of child abuse. During the 1920s the prohibition movement was fueled on the assumption that drinking led to the abuse of children (Gordon, 1988). Researchers Thompson et al. (2000) noted that law enforcement and the courts historically failed to protect abused women because abusive behavior was perceived as a private problem, neither serious nor criminal. It was stated by Thompson et al. that the attitude toward partner violence and substance use is still viewed as a private affair. During the beginning of the battered women's movement, abused women had no legal remedies (Stuart et al., 2006; Thompson et al., 2000). Researchers Stuart et al. (2006) reported that perpetrators of partner violence were not arrested and that there was no intervention by law enforcement. Thus, victims had very little power or recourse in addressing their abusive relationships (Stuart et al., 2006).

A number of abused women, with support from family and community, report domestic violence yet encounter difficulty and resistance from law enforcement officials and the court system (Carlson et al., 2002; Thompson et al., 2000). Researchers found that although legal remedies and systems of social support are now available to abused women and are embedded in legal and social cultures, it is unclear what the ramifications of abuse were prior to the legal protections that exist today.

According to Thompson et al. (2000), the women's movement has been instrumental in policy changes and in establishing access to services such as domestic violence programs for victims of domestic violence in family-based social service agencies, legal remedies to help end domestic violence, and the development and promotion of public education to change erroneous perceptions about domestic violence. Researchers Thompson et al. suggest that the women's movement has increased public awareness of the seriousness of domestic violence and substance use of domestic violence abusers. They further posit that the women's movement has done a great deal to reverse the notion that domestic violence, because it occurs within the home, is a matter of private concern (Thompson et al., 2000).

Characteristics of Female Survivors

Stuart et al. (2006) reported that women who were sexually abused as children are more likely to be victims of domestic violence or rape when they become adults. Women with childhood trauma are more likely to either anticipate or fear violence, as a result of their experience with past consequences associated with physical or emotional violence. Also, they are likely to avoid setting off any further episodes of violence by confronting abusive behaviors. Tolerance develops to not only the threshold for uncontrolled anger and abusive behavior, but also the ability to endure physical, emotional, and sexual trauma and pain (Carlson et al., 2002).

Recent research indicates it is difficult for women to discuss family issues and family violence (Carlson et al., 2002). This is further complicated among women who cannot disclose their domestic violence situation to private-sector family therapists due to their concerns about how it may impact their standing in court ordered treatment

programs and services. Women also experience challenges disclosing abuse because they blame themselves for their current situation, experience shame, or fear of being judged, or blamed for the abuse (Carlson et al., 2002). Carlson et al. (2002) reported that some signs that women may be experiencing domestic violence include refusing to discuss obvious injuries and various emotional states including depression, passivity, hostility, flat affect, reluctance toward sexual intimacy, and/or self deprecation. Other behaviors, such as preoccupation with concerns for the safety of her children and attempts at suicide, may be signs of domestic violence (Carlson et al., 2002). Victims of domestic violence often explain the abuser's actions by commenting, "My husband is a Dr. Jekyll and Mr. Hyde--when he drinks he is violent, but when he is sober, he is no problem" (Carlson et al., 2002, p. 270). In the end, the social expectations about drinking and drinking behavior in our society teach people that if they want to avoid being held responsible for their violence, they can either drink before they are violent or at least say they were drunk (Stuart et al., 2006).

The DOJ (2006) reports that only about half of the incidents of domestic violence in the United States experienced by women are reported to the police. The most common reasons given by victims for not contacting the police were that they considered the incident a private or personal matter, they feared retaliation, or they felt the police would not do anything about the incident (DOJ, 2006).

According to the National Violence Against Women Survey, approximately 1.7 million domestic violence incidents occur each year in the United States that call for medical attention for victims (Tjaden & Thoennes, 2000). Severe depression and Posttraumatic Stress Disorder (PTSD) are associated with different types of abuse. For

instance, physical and psychological abuse is associated with PTSD, while physical, sexual and psychological domestic violence is associated with depression, anxiety and suicide ideation (Coker et al., 2002). Coping skills training and 12-Step facilitation were equally effective in reducing depressive symptoms in a sample of women with alcoholic partners, according to a study published in the *Journal of Consulting and Clinical Psychology* (O'Farrell et al., 2003).

Characteristics of Substance Abusing Men Who Commit Domestic Violence

Stith, Rosen, and McCollum (2003) state that no single problem in domestic violence or the use of substances is inseparable and that the whole system is interconnected. For example, studies have shown that abuse can be transmitted from generation to generation. Men who beat their wives are more likely to have witnessed and experienced abuse as children themselves (Ehrensaft et al., 2003).

The act of domestic violence is an outcome of the power patterns and relations that exist between the victim and the perpetrator's use of coercion, violence, and intimidation. The use of substances exacerbates the act of domestic violence (Carlson et al., 2002; Thompson et al., 2000). One commonly held notion that is negated by the literature is that men who abuse are very intoxicated, and are out of control when they abuse. Despite the impairment in men's lives caused by alcohol and drugs, perpetrators of domestic violence are held responsible for their actions (Murray, 2008; Stuart et al., 2006).

Stuart et al. (2006) found that abuse is a learned behavior. The researchers reported that 85% of convicted abusers grew up in households where they witnessed their mother being abused by a male partner and many times the use of drugs and or alcohol

accelerated the abuse. Further, the authors state that not only are young substance abusing men learning negative behaviors (e.g., abusing women, threatening women), they are learning that there are no consequences for these behaviors. Abusers make the rules and define the roles in their relationships (Benson, Woolridge, Thistlethwaite, & Fox, 2004; Stuart et al., 2006; Whitfield et al., 2003). The researchers found that male abusers often cited their own traumatic experiences as reasons for acting out violently as adults. Abusers have stated that they feel as if people in their lives and society, in general, have wronged them (Stuart et al., 2006).

Thompson et al. (2000) maintain that people who witness domestic violence by substance abusing partners or know someone who is being abused by a substance abuser do not know how to respond, so they often fail to intervene. The authors Thomas et al. assert that lack of understanding, fear for their own safety, fear of embarrassing the victim, and fear of saying the wrong thing lead people to be silent rather than vocal in opposing the violence. The aforementioned behavior by a victim is empowering to an abuser who is also a substance abuser (Thompson et al., 2000).

Bennett and O'Brien (2007) state in their article that American society is male dominated and has historically encouraged men to treat their wives/daughters as property, a practice that has been reinforced by the legal system. They reference various laws and cultural customs that have perpetuated the oppression of women. Additionally, they discuss how gender socialization from a very young age also helps perpetuate this through generations. The authors contend that these attitudes are continued through adulthood as messages affirming strict gender roles are delivered through the media, peers and family (Bennett & O'Brien, 2007).

According to Field, Caetano, and Nelson (2004), attitudes toward drinking and masculinity are significant and men who drink are often violent abusers against their intimate partners. They emphasize in their study that the traditional role as head of the household is the patriarchal attitude perpetuated by most men and is thought to be significant in their life style. The researchers conclude that drinking is an important and acceptable aspect of masculinity that only increases levels of aggression and power (Field et al., 2004).

Abuser Domination in a Relationship

Ehrensaft et al. (2003) contended in their study that domestic violence starts when one partner (abuser) feels the need to control and dominate the other (victim). The need to control is strengthened when the perpetrator is “high” on substances (Ehrensaft et al., 2003). Abusers may feel a need to control their partner because of low self-esteem, extreme jealousy, difficulties in regulating anger and other strong emotions, or when they feel inferior to the other partner in education and socio-economic background (Ehrensaft et al., 2003). The literature referenced by Schmidt et al. (2007) states that some men with very traditional beliefs may think they have the right to control women, and that women are not equal to men. According to Bennett and O’Brien (2007), abuser domination takes the form of emotional, physical and/or sexual abuse.

Research by Stuart et al. (2006) suggests that substance use increases the frequency or severity of the abuse of women. The authors further stated that there is a belief that substance abuse and the abuse of women are separate issues, and any apparent relationship between them is illusory. A study completed by Stuart et al. asserts that the relationship between substance abuse and the abuse of women is complex, but simple

concepts are often used to explain it. Stuart et al. stated that the simplest concept, and the most commonly accepted, is that the chemical properties of a substance act on an element of the brain responsible for inhibiting violence (Stuart et al., 2006). The implication that may be drawn from this study is that the effect of substance abuse on men who abuse women is complicated.

The CDC reported that discussions of risk factors and divergent perspectives on substance abuse and the abuse of women concern some abused women advocates (2003). The CDC also stated that abused women advocates fear that perspectives may shift the responsibility for the abuse of women from the abuser to another factor, such as issues related to family of origin, problem solving skills, or psychopathology. Further, the CDC commented that advocates believe these factors could then be targeted for prevention or treatment, ignoring key issues of gender and power. The advocates believe this is a legitimate concern. The CDC agrees with advocates in suggesting that none of the perspectives discussed above interfere with an understanding that the abuse of women is a choice that men make in a society which supports men's power and control. The CDC stated that these perspectives also support interventions which may help men remain engaged and cooperative, better utilize punishment and education, and ultimately choose non-violence.

Researchers Cunradi, Todd, Duke, and Ames (2009) asserted that the proportion of men in the U.S. who abuse increases with the frequency they get drunk. For blue collar men, the proportion who have abused in the last few years rises from a low of about 2% of men who never get drunk to 40% (or higher) of men who get drunk often. A blue collar worker is considered to be a working class person. The worker may be

involved in skilled or unskilled labor. The labor can consist of maintenance, construction, custodian, sanitation, mining and many other kinds of physical work.

For white collar men, the rate climbs from about 2% of men who never get drunk to over 20% of men who get drunk often. A white collar worker is known to be paid a higher salary than blue collar workers and not performing manual labor. White collar workers historically have been known as those that wear a shirt and tie and work in offices (Cunradi et al., 2009).

At first glance, the above study appears to support the public's perception that men are more likely to abuse if they are poor and highly intoxicated, coined the "drunken bum perspective" by Babcock and LaTaillade (2000). After further investigating the "drunken bum perspective" the researchers Babcock and LaTaillade found that this notion is erroneous. They believe the relationship between substance abuse and the abuse of women is strongest for those men who already think abusing women is appropriate in certain situations (Babcock & LaTaillade, 2000). Further, the authors state that the per capita rate of the abuse of women is greater in lower socio-economic sectors of society yet the abuse of women is practiced in all social classes (Babcock & LaTaillade, 2000). The literature also reported that the amount of substances used prior to most episodes of intimate violence is more than imagined. The researchers reported that drug use other than alcohol is more strongly correlated to domestic violence than is alcohol (Babcock & LaTaillade, 2000).

The authors, Stuart et al. (2006) and Murray et al. (2008), suggest that other factors link men's substance abuse to violence against their partners. These factors include the abuser growing up in a violent and substance-abusing family, having a low

level of education and income, believing that violence against women is sometimes acceptable, believing that alcohol or drugs can't make people violent, and the desire for personal power (Stuart et al., 2006; Murray et al., 2008).

Ehrensaft et al. (2003) notes that the incidences of substance abuse by abusers seen in criminal justice, mental health, or social service settings is well above 50%, substantially greater than the incidence of substance abuse by abusers in the general population (Ehrensaft et al., 2003). Ongoing research by Stuart et al. (2006) suggests that abusers may differ from one another in important ways, including their substance abuse patterns, the extent of their non-family violence, and their affective stability (Stuart et al., 2006).

Researchers Stuart et al. (2006), Murray et al. (2008), and Ehrensaft et al. (2003) mention that substance use may be affected by other risk factors as well, including violence in the family of origin, belief in the aggression-increasing power of substance and substance use being an affect risk factor in the present (e.g., power motivation, cognitive and behavior skills), and the belief that violence against women is appropriate under certain circumstances. The studies completed by Stuart et al. (2006), Murray et al. (2008), and Ehrensaft et al. note that these risk factors are not only personal, but bear the imprint of society. Researchers suggest that various perspectives have been offered to explain these complex relationships, but no single perspective can explain the relationship between substance abuse and the abuse of women in all cases (Ehrensaft et al., 2003; Murray et al., 2008; Stuart et al., 2006).

Collaboration between domestic violence advocates and substance abuse professionals, cross training, and further research will help shape the development of

practice and programs (Ehrensaft et al., 2003; Murray et al., 2008; Stuart et al., 2006). The study completed by Stuart et al. (2006) stated that researchers are in the very early stages of developing interventions and programs which target both substance abuse and the abuse of women, but a few tentative recommendations follow from the current literature. The manuscript presented by Stuart et al. (2006) revealed that when either substance abuse or abuse of women are encountered in practice, the chance of encountering the other is substantial. Researchers suggest that the assessment completed for substance abuse or domestic violence presents problems for a family regardless of the setting (Stuart et al., 2006).

Babcock and LaTaillade (2000) maintain that substance abuse and the abuse of women have an important yet indirect relationship and viewing one problem as symptomatic of the other is not useful. The authors further state that substance abuse and the abuse of women should be regarded as major problems, and reduction of either problem is ill-advised. According to Babcock and LaTaillade (2000), the relationship between substance abuse and the abuse of women are complex. And, since both substance abuse and the abuse of women are major problems, both have personal and social causes and manifestations, it follows that social agencies and institutions which address these co-existing problems must be capable of addressing and managing their complexity. The study reports that addressing co-existing problems is beyond the scope of a single agency. The findings of these researchers explain the need for service networks and coordinated community responses. They are essential to handle both substance abuse and the abuse of women dilemma (Babcock & LaTaillade, 2000).

Domestic Violence and Children

The following forms of abuse are suffered by children: physical abuse, corporal punishment, sexual abuse, intra-family homicide, violence between siblings, pornography, parental abductions, and missing children (Leonard, 2005). Research suggests a relationship between child abuse and domestic violence, and many of the same factors put children at risk for youth violence and later adult violence (Carter, 2004). Substance abuse is an overlapping factor in all of these problems. Intervention and prevention are linkages that can be provided to the abused in handling the above stated situations i.e. substance abuse, domestic violence and child abuse (Carter, 2004).

Stuart et al. (2006) also, stated that domestic violence is linked to other problems in the family, most notably the harm to children. Children can become traumatized by abuse (emotional, physical, sexual), viewing domestic violence in the home and living in a home with substance abusing members. The violence can affect the child/children educationally (learning and grades), and socially (disruptive, rebellious, become a loner, experiencing multiple forms of traumatic stress). Furthermore, the aforementioned study is supported by the research of Whitfield et al. (2003) and Stuart et al. (2006).

Exposure to violence by the very young (0-6 years of age) can be very traumatizing to them. Young children and infants, even before they are able to verbalize, are sensitive and responsive to the fears and emotions of their caregivers and may suffer anxiety, developmental delays, and increased aggressiveness (Shonokoff & Phillips, 2000).

Effects of Various Substances on Violence

The definition of partner abuse typically focuses on acts of damaging physical violence. That is violence directed toward women by their partners. Sexual abuse, marital rape, and even pornography are used by some investigators to broaden the domestic violence definition (Flanzer, 2005). Violence, the core concept in studies that challenge the hypothesis of a fundamental relationship linking alcohol and violence has been difficult to define. The word violence is frequently interchanged with the word aggression. But, violence refers to a physical act and aggression refers to any malicious act intended to hurt another person (Flanzer, 2005). The hurt may be an emotional injury or material deprivation. A number of studies use the common term substance abuse to encompass use and abuse of a range of substances--alcohol, cocaine, marijuana, heroin, etc. The use of a broad view for substance use and abuse ignores the conflicting pharmacological properties of the substances (Flanzer, 2005).

Researchers Boles and Miotto (2003) stated that there is substantial support for the notion that alcohol and drug use is related to violence in general, and to family violence in particular. Boles and Miotto also state in their research that homicide, assault, child abuse, and wife abuse all confirm that there is substantial association between alcohol use, abuse and violence (Boles & Miotto, 2003). With regard to domestic violence, research on child or wife abuse rarely includes information on the use of drugs, other than alcohol (Straus et al., 2006). There are many different drugs that have been implicated in acts of violence and each of these has a different physiological effect which becomes problematic for research purposes. The drugs implicated include marijuana, phencyclidine (PCP), cocaine, opiates, and hallucinogens such as LSD,

stimulants, and sedative-hypnotics. The available research on the different types of drugs and their possible effects on violent behavior have found some reliable evidence (Flanzer, 2005).

The idea that alcohol is a disinhibitor (causes a reduction in one's inhibitions that makes people act more impulsively) and releases violent tendencies has been a key to the argument that alcohol causes violent behavior. Heavy alcohol consumption and its link to the human brain is a theory suggested by some studies to be a trigger for violent behavior (Stuart et al., 2006). It is the opinion of many that alcohol is a "superego solvent." Alcohol is a solvent that reduces inhibitions and allows violent behavior to emerge (Stuart et al., 2006).

Drugs that are assumed to reduce inhibitions include crack, cocaine, heroin, LSD, and marijuana (NIAAA, 2000). The drugs are said to unleash violent tendencies, and/or elicit violent behavior. Drugs other than alcohol have been implicated as direct causes of violent behavior. A link between drug use, abuse and violence is an issue that is loaded with emotion. The relationship between illicit drugs and violence tends to be grouped together by a majority of studies. Therefore, it is difficult to empirically or theoretically make a distinction between the association of a particular illicit drug and violent behavior (NIAAA, 2000).

There is one drug that stands out as a probable cause of aggressive behavior: amphetamines. Increased crime and violence have been associated with amphetamine use. Amphetamines are even more closely related to violent behavior than any other psychoactive drugs when used frequently (Flanzer, 2005). Amphetamines stimulate the body and also create muscle tension. These two factors may lead to impulsive behavior.

The dosage and the pre-use personality of the amphetamine user are related. Those with aggressive personalities who use high dosages are likely to become more aggressive when using this drug (Flanzer, 2005).

The use of alcohol and/or drugs is not the only determinant of whether or not an individual exhibits violent behavior. The influence of substances on the probability of violence is also mediated by social factors such as: income, education, and occupation; cultural factors, such as attitudes about violence, drugs, alcohol, and the effects of alcohol; and personality factors (Flanzer, 2005).

Summary

The study of women of domestic violence with substance abusing partners represents an area of increasing research. Speculative, methodological, and policy issues play essential roles in generating the above research. Throughout the literature there was emphasis on the struggles of women of domestic violence. The literature review revealed that women of domestic violence and their children are typically financially dependent on their substance abusing partners. This study explores the experiences and challenges of women of domestic violence with substance abusing partners using qualitative interviews.

CHAPTER 3

METHODOLOGY

Design

This chapter describes the methods applied to complete this study. In this study a qualitative design is used. Face-to-face interviews were performed using an interview guide developed for this study. Preceding each interview, a brief survey was conducted to capture demographic data of the sample, age, ethnicity, marital status, and income.

Sampling

Participants were recruited using targeted purposive and snowball sampling procedures through a domestic violence agency support group. Women of domestic violence with substance abusing partners were the population used for this study. The total sample size was 52. The use of purposive sampling made it possible to reach qualified participants. Snowball sampling was used to widen access to participants who may not have been recruited directly through the domestic violence agency. The purposive and snowball samplings were used to recruit 52 women.

Written permission to administer the study was given by the YWCA-Wings organization prior to beginning the study. Women of domestic violence with substance abusing partners were informed of the study by the researcher. The researcher was contacted by women of domestic violence that had substance abusing partners and who were willing to participate in the study. Correspondence with potential research

participants was made via telephone. When participants agreed to be a part of the study, a date and time was agreed upon to meet with the researcher.

Instrument

The interview consists of 5 sections/focus areas. The interview topics are as follows: demographic data-general relationship characteristics between the victim and their partner--characteristics of the partner such as demographics, substance use behavior and experiences with childhood trauma--characteristics of the partner--substance use and violent behavior of the partner--and interactions between the victim, criminal and social service agencies (Appendix A).

Data Collection

Data was collected from survivors of domestic violence between the ages of 18-60. All respondents were recruited from the domestic violence support groups at YWCA-Wings Outreach Program located in Covina, California. Permission to conduct research activities was granted by YWCA-Wings Outreach Program (Appendix D). The researcher obtained written permission on the agency letterhead and signed by the agency Client Services Manager.

During one of the weekly support group meetings, at the YWCA-Wings Outreach Program, the researcher was introduced by the Client Services Manager to the group members. At the beginning of the group meeting the researcher was given an opportunity to describe the study. Potential respondents were solicited via the use of index cards. The researcher distributed index cards to all members of the group. Those interested in participating in the study filled out the card and placed it in the locked box located on the counter in the YWCA-Wings Outreach office. Potential respondents were solicited via

the use of index cards. Those interested in participating in the study filled out the card and placed it in the locked box located on the counter in the Outreach office. At the close of the business day the researcher picked up the box.

Group members interested in participating in the study were contacted by the researcher and given a date and time for their appointment. Interviews with interested group members took place at the YWCA Wings Outreach Program office in a private room. At the appointment the researcher addressed confidentiality; requirements for eligibility, withdraw procedures, study aims, and the purpose of the study using a uniform script (Appendix B). The researcher explained the interview guide and consent form (Appendix C) to participants of the study. Participants were instructed to read and sign the consent forms. The consent forms were then sealed in an envelope and returned to the researcher. These consent forms will be locked in a file cabinet in the researcher's home for three years. The researcher then initiated the interview with participants. The length of the interview was approximately an hour.

Data Analysis

The researcher transcribed all of the interviews. The responses were edited for clarity and to reduce redundancies. The data was grouped into similar categories and analyzed by the researcher. The researcher identified themes and patterns of similarities and dissimilarities from the transcribed interviews (Padgett, 1998). An interview guide that was specifically designed by the researcher was used to explore the challenges and experiences of women of domestic violence with substance abusing partners. To ensure confidentiality pseudonyms were assigned to each participant. The themes were

presented using quotes from participants as well as table format to illustrate the frequencies and percentages of the points made.

CHAPTER 4

RESULTS

This chapter will disaggregate the results of information collected from 52 participants using interview guides. Thirty-seven (71 %) participants reported that their partners were substance abusers while 15 (29%) reported no evidence of substance abuse. Demographic information on all of the participants is included in this chapter. The data used in the interview guide of the participants were separated into abusers who used substances and those who did not. The 37 participants whose interview guides reported positive substance abuse by partners were analyzed for content and answers to questions.

The interview guide has been divided into sections describing the characteristics of the abuser, assessing the interplay of substances and abuse, as well as the inter-relationship of substances, abuse and community agencies. Participants' statements are quoted in this chapter to illustrate descriptions of the abuser and the interplay of abuse, substances and community organizations. Table 6 highlights the demographics of participants who reported negatively to substance abuse.

Age, ethnicity, marital status and income level were the demographic data examined by the interview guides and presented in Table 1. These characteristics were covered in questions 1 through 4 of the respondent interview guide (Appendix A). Table 1 results were gathered from those participants who reported substance abusing partners during domestic violence situations and Table 6 displays demographic information for

TABLE 1. Demographics of Positive Sample ($N = 37$)

Characteristic	<i>n</i>	%
Age		
18-30	16	43
37-40	15	41
41-50	6	16
51 +	0	0
Ethnicity		
African American	3	8
Asian	0	0
Caucasian	10	27
Hispanic	23	62
Other	1	3
Partner Status		
Single*	28	76
Married	8	21
Cohabiting Partner	1	3
Income		
Less than \$19,000	17	46
\$20,000-25,000	11	30
\$30,000-35,999	4	11
More than 35,999	5	13

*Divorce Pending

those participants who did not report substance abusing partners during domestic violence incidents. Out of the 37 participants reporting positive substance abuse by partner, 16 were 18 to 30 years of age. This constituted the largest group. Participants between of 31 and 40 made up the next largest group with 15 (41%). Participants between the ages of 41 and 50 numbered seven (16%), and there were no participants above the age of 50.

Ethnicity was reported with 3 (8%) African American, 10 (27%) Caucasian, 23 (62%) Hispanic, and 1 (3%) listed as “other.” Twenty-eight (76%) participants reported as being single, 8 (26%) reported being married, and 1 (3%) reported cohabitation with a partner. In terms of income level, the data showed that 17 (46%) reported yearly wages of less than \$19,000, while 9 (30%) reported a yearly income of between \$20,000 and 25,000, 4 (11 %) of participants made between \$30,000 and \$35,999, while 5 (13%) of the participants earned more than \$35,999 per year.

Table 2 examines qualifying information for the study. Participants were asked to identify how many years they had been involved with the abusive partner and the point at which abuse began. They were also asked to list the type of violence they experienced; the given choices were physical abuse, emotional abuse, and/or sexual abuse.

When asked to identify the type of abuse experienced, one category was marked by some participants, while others marked multiple categories. Physical abuse, emotional abuse and sexual abuse were the categories listed. Physical abuse was experienced by thirty-one participants (84%). Emotional abuse was suffered by 34 participants (92%). Twelve participants (32%) experienced sexual abuse.

TABLE 2. Qualifying Information for Positive Participants ($N = 37$)

Characteristic	<i>n</i>	%
Years together with abuser		
1-5	7	19
6-10	10	27
11-15	7	19
16-20	2	5
20+	1	3
Not reported	10	27
Years together at onset of violence		
Immediately	5	13
Less than 1	7	19
1-5	15	41
6-10	4	11
11-15	6	16
16-20	1	3
20+	0	0
Not reported	0	0

*participants may have identified multiple categories

Seven (19%) participants reported between one and five years of involvement with their partners, while 10 (27%) participants had been involved for between six and 10 years. Seven participants (19%) reported between 11 and 15 years of involvement with their partners, while 2 (5%) had been involved for between 16 and 20 years. One respondent (3%) had been with her partner for over 20 years and 10 participants (27%) did not report in this category.

Five participants (13%) reported abuse at the onset of their relationship, 7 participants (19%) experienced abuse within the first year. Fifteen participants (41 %) experienced abuse from their partners between the first year and the fifth year of their relationship, and 4 participants (11 %) reported abuse six to 10 years into their relationship, 6 participants (16%) experienced abuse between 11 and 15 years into their relationship, 1 respondent (3%) did not experience abuse from their partner until 16 to 20 years into the relationship, and there was no abuse reported after 20 years of involvement.

Table 3 characterizes the abusive partner. The age of the abuser was asked on the interview guide, along with their ethnicity, their occupation, and the type of substance they used. Answers were graphed in the same categories.

Thirteen participants (35%) reported their abusers as between the ages of 18 and 30, 19 participants (51%) reported their abusers as between 31 and 40, 4 participants (11%) reported their abusers as between the ages of 41 and 50, while 1 respondent (3%) reported her partner was over the age of 51. Of the thirty-seven identified abusive partners, 7 (19%) were African American, 10 (27%) were Caucasian, 17 (46%) were Hispanic, one (3%) was Asian, and two (5%) were listed as “other”.

TABLE 3. Characteristics of Abuser ($N = 37$)

Characteristic	<i>n</i>	%
Age		
18-30	13	35
37-40	19	51
41-50	4	11
51 +	1	3
Ethnicity		
African American	7	19
Asian	1	3
Caucasian	10	27
Hispanic	17	46
Other	2	5
Occupation		
Working	25	68
Unemployed/not Reported	10	27
Student	2	5
Abusers who experienced abuse as children		
Yes	28	76
No	9	24

In terms of occupation, participants identified a wide range of answers. Twenty-five (68%) participants identified a working partner, while 10 (27%) participants either stated that their partner was unemployed, or did not report a job, 2 (5%) participants verified that their partner was a student. Occupation categories included the service industry, healthcare, professional careers, management careers, construction workers and educators were categories of occupations.

The next question for participants asked them to identify whether or not their partners experienced abuse in their own childhood. According to participants' answers, childhood abuse was experienced by 28 (76%), while, 9 (24%) had not experienced childhood abuse.

Table 4 examines the interplay of substance abuse and domestic violence. Participants received two sections. Participants were asked to estimate the amount of time abusive partner was under the influence of substances. One respondent (3%) stated substance use by her abuser only happened once, while 3 (8%) had abusive partners that used substances a few times, and 12 (32%) participants reported that abusive partners used several times while domestic violence occurred. Four participants (11 %) reported that their partners used substances between 5% and 50% of the time that domestic violence occurred, while 11 (30%) reported use between 51% and 100% of the time and 7 (19%) participants did not report an answer.

In the second part of this section, participants were asked to decide if substance abuse intensified the degree of violence. It was confirmed by 26 (70%) participants that the violence was more intense by their abuser when the abuser was using substances, 6

TABLE 4. Interplay of Substance Abuse and Domestic Violence ($N = 37$)

Characteristic	<i>n</i>	%
Percent of time abusers were substance abusing at time the domestic violence occurred:		
One time	1	3
Sometimes	3	8
Often	12	32
5-50% of the time	4	11
51-100% of the time	11	30
Not Reported	7	19
Was violence intensified by substance use?		
Yes	26	70
No	6	16
Not Reported	5	14

(16%) participants stated that substance use did not alter the degree of violence, and 5 (14%) participants did not report in this section.

Examples of statements made by participants described changes in partners' behavior during substances use. Participants used pseudonyms names:

Maria who is a mother with three children stated "On Meth my boyfriend became physically abusive with me".

Elvira is a working mother and has two children. Elvira reported "my husband became angrier when under the influence and wanted sex all the time".

Madelene is a stay at home mom with four children and also struggles with depression. Madelene responded that "substance abuse changed who he was as a person" (husband).

April who is a working mom with three children commented that "my boyfriend would think things were going on and that I was up to something with someone else".

Cheryl has one child, a nephew and her mother living in the home stated that she has no time for herself and reported "my husband became very controlling and wanted to know where I was every minute".

The last section of the interview guide describes the interplay of substance use, domestic violence and assistance obtained from community agencies. Responses were grouped into three sections according to patterns. The three responses were: 1) participants who had interaction with the criminal system as a result of domestic violence and substance abuse; 2) those who utilized social services; and 3) the types of social services used. Twenty eight (76%) of the participants reported contacting police during domestic violence incidents. The following responses by participants illustrate situations in which the police were called. Participants used pseudonyms names:

Julia who is a mother of four and has an anxiety disorder said "I would have to call the police to remove James from the house."

Barbara became very upset as she talked about her children and said “our kids were taken out of the home because of the domestic violence.”

Rebecca stated “I was detained because I hit him in the groin in self-defense.”

Angelica became angry as she talked about the domestic violence caused by her husband. The violence of her husband frightened her and her three children. Angelica said, “my children were detained and still are. I filed for a Temporary-Restraining order against my husband. And, I am still trying to get my kids back.”

Twenty-seven (73%) participants reported interaction and/or assistance from social service agencies in response to domestic violence and substance abuse.

Participants were then asked to list examples of types of services used. Responses included Department of Child and Family Services, domestic violence shelters, counseling services, social workers, parenting classes, welfare services and assistance with legal issues. The following responses describe specific support. Participants used pseudonyms names:

Marisol commented:

I have utilized the Department of Child and Family Services. Yet due to the relapsing it’s really hard and social service agents look at me as the wrong or bad person because I made a damn mistake and relapsed. However I’m now in treatment and working on myself and in getting my children back.

Veronica stated:

I utilized Cal-works, food stamps, YWCA-Wings (domestic violence shelter), social workers. If it wasn’t for those agencies my children and I would have been living on the street with nothing”. Veronica has five children and her husband could not keep a job because of his substance use and not going in to work.

Michele (pseudonyms name) is a mother of two and does not work. Michele was totally dependent on her boyfriend for all her needs and the children’s needs. When she was forced to leave the house because of the violence and substance use by her boyfriend

she was homeless. She said “I got Cal-works help, YWCA (Wings) shelter for me and the children along with other services through 211.”

“Yes, I received welfare, food stamps, and Medi-cal and was given shelter by YWCA-Wings,” commented Gladys (pseudonyms name) when she was asked what services she utilized for her family. She also said that she was worried that her abusive husband would find her and the children.

Table 6 identifies demographic statistics for those participants who stated that their abusive partners did not use substances.

Community-Based Resources Available in Community

The clients were asked to discuss what community-based resources they utilized in their community. Most of the clients stated they utilized either county or state based programs. Three of the programs mentioned were TANF, Healthy Families and the Regional Center. None of the clients specified any community based resources that they utilized.

Lack of Community-Based Resources Available in Community

The clients were asked to discuss what community based resources they felt were not available in their community. Six clients stated that there should be more affordable after school programs available. Low cost legal advice was suggested by two clients.

Women of Domestic Violence Final Thoughts

The mothers were asked if there was anything they would like to add or share, in order to better communicate their experiences and challenges as women of domestic violence with substance abusing partners. The following responses illustrate the

TABLE 5. Interplay of Substances, Abuse, and Community Agencies

Characteristic	<i>n</i>	%
Interaction with Criminal Justice System?		
Yes	26	70
No	6	16
Social services utilized?		
Yes	28	76
No	9	24
Types of social agencies used:*		
Department of Child and Family services	6	16
Domestic Violence Shelter	10	27
Social Worker	2	5
Counseling	3	8
211 Network	1	3
Public Assistance	2	5
Medical assistance	5	13
Legal Assistance	2	5
Parenting Classes	5	13

*participants may have identified multiple categories

TABLE 6. Demographics of Negative Sample ($N = 15$)

Characteristic	<i>n</i>	%
Age		
Under 18	1	6
18-30	3	21
31-40	6	40
41-50	4	27
51+	1	6
Ethnicity		
African American	0	0
Caucasian	1	7
Hispanic	12	80
Asian	2	14
Other	0	0
Partner Status		
Single	5	33
Married	9	60
Cohabiting partner	1	7
Household Income		
Less than \$19,000	8	53
\$20,000-\$25,000	0	0
\$30,000-\$35,999	3	20
More than \$35,999	4	27

perception of the mothers as to what their role should be living with children and a substance abusing partner:

I have tried very hard not to feel trapped in my situation. I love my children and my husband. I go to therapy every other week. The therapy has really helped me in dealing with all that has been happening Beatrice (pseudonyms name) exclaimed.

Life as a mother and wife is a life-time commitment. Although life can be very stressful, it is also very rewarding to see some of the successes from the kids. I look at my ability to handle both the children and a substance abusing husband as an accomplishment. Sometime I have been known to go above and beyond my own abilities to make things happen and to make my family happy. (Margo)

In the grand scheme of things I feel kids should have a mom and a dad. The skill to being a parent is not to be a ruler, but to be a friend and share responsibilities with your husband. (Maria)

I had good role models in my mother and father. Their example has helped me to be a good mother and wife to my husband. Even through the domestic violence and substance abuse issues with my husband. (Jackie)

It's tough and an uphill battle raising children. It's never easy to raise a child. Living with a substance abusing husband makes it even harder. (Angel)

CHAPTER 5

DISCUSSION

The purpose of this study was to explore the effects of substance abusing partners on women. The study's focus was to examine how substance abuse gave birth to domestic violence. This study explored the experiences and challenges women of domestic violence with substance abusing partners go through. Also, the findings, limitations, implications for social work practice and policy are discussed in this chapter.

Findings

There were 52 participants in this study. Thirty-seven participants responded in the interview guide that their abusing partner had used substances, and their responses were examined in the study. The respondents were between the ages of 18 and 50. Three were African American, 10 were Caucasian, 23 were Hispanic, and 1 was listed as "other."

Twenty-nine respondents were single at the time of the study, while 8 were married and 1 was living with a partner. Seventeen respondents earned less than \$19,000 per year, 9 respondents reported earning between \$20,000 and \$25,000, 4 respondents earned between \$30,000 and \$35,999 per year, and 5 respondents reported earning more than \$35,999 per year.

Seven respondents reported having been with their partner between 1 and 5 years, while 10 reported having been in relationship for between 6 and 10 years, 7 respondents

were involved with their partner for between 11 and 15 years, 2 had been in relationship for between 16 and 20 years, and 1 respondent had been with her partner for over 20 years. Five respondents reported abuse at the onset of their relationship, while 7 respondents reported abuse within the first year. The remaining respondents reported onset of abuse occurring in the first decade of the relationship, with the exception of 1 respondent who reported that abusive incidents first occurred after 20 years of relationship with her partner.

Participants in this study were asked to identify the type of violence they were victim to. While some respondents reported only one type, others reported multiple types of domestic violence. Thirty-one respondents reported having suffered physical abuse. Thirty four respondents suffered from emotional abuse. Twelve respondents reported having experienced sexual abuse.

The study then turned to examination of the abusive partner. Respondents were asked to report demographic information on their partner. Respondents reported that their partners were between the ages of 18 and 51. Seven partners were African American, 10 were Caucasian, 17 were Hispanic, 1 was Asian and 2 were “other.” Twenty five respondents reported that their partner was employed, while 10 respondents reported that their partner did not have a job at the time of the study. Partners’ jobs included service industry jobs, healthcare, professional careers, management positions, construction and education. Respondents also reported that 28 partners had experienced childhood abuse.

Of the 37 abusive partners reported in this study, 11 used substances during between 51-100% of incidents of domestic violence, and 4 partners were using

substances during 5-50% of the incidents of domestic violence. Twelve partners used substances “several times,” 3 partners used “a few times,” and 1 partner used substances during one instance of domestic violence. Twenty-six respondents noted that the substance abuse increased the intensity of domestic violence in their relationship, while 16 respondents did not notice a difference. Increased intensity was defined as partners’ becoming more controlling, more violent and more suspicious of the respondent.

Respondents in this study were asked to report any interplay between domestic violence, substance abuse and community agencies. Twenty-eight respondents reported that they had interacted with the criminal system in response to domestic violence coupled with substance abuse. Twenty seven respondents reported that they had sought out assistance or received assistance from social service agencies in response to the domestic violence from a substance abusing partner. Types of social services listed included the Department of Child and Family Services, a domestic violence shelter, counseling, public, medical, and/or legal assistance, and parenting classes (Appendix E).

An additional examination of the demographic information about partners who were not using substances concluded this study. These partners ranged in age from 18-51. One partner was Caucasian, 12 were Hispanic, and 2 were Asian. 5 respondents reported being single, 12 were married, and one was living with her partner. The household income ranged from \$19,000 to more than \$35,999, with 8 respondents reporting an income of less than \$19,000.

Participants’ Experiences with Domestic Violence as Children

A majority of the participants in this study gave accounts of the domestic violence committed by their fathers against their mothers. Participants stated that the domestic

violence incidents occurred from one to three times a week. The violence would begin when their fathers came home under the influence of alcohol or drugs. Sometimes incidents were provoked if dinner wasn't ready when their fathers got home from work or the house wasn't clean enough. The effects of domestic violence on children may include severe and long-term neurological, developmental, academic, social and psychological problems.

Children were told to never defy their father. All members of the family had to do what their father said. If they did not comply they were subject to discipline (physical beatings). As children the participants stated that they were abused by their fathers (slapped, verbally abused, hit with belts). Some of the mothers reported that they would run away from home for brief periods of time (two or three days, a week) because of the abuse. A number of participants commented that the abuse against them lessened in their adolescent years. They were asked why they thought the abuse stopped at that time. They stated that they were more likely to call the police on their father, which would lead to the father being jailed and, social services becoming involved (children taken out of the home, frequent visits to the home).

Assessment of Domestic Violence Group Therapy

All participants of this study attended domestic violence group sessions once a week for 12 weeks. Included in the 12 weeks were talk therapy, art therapy and music therapy sessions. According to the participants, important aspects of the program included helping to rebuild self-esteem, providing encouragement, strengthening communication skills with family members (in particular the abuser) and learning of other resources that would be of help to them. Participants stated that some of the

attributes of group sessions are that they learn from each other, that they were not judged for behavior, incidents or situation they found themselves in and they learned ways to make better life choices (personal and family).

Limitations

The study has several limitations. First, the sample ($N = 52$) was taken from women attending a domestic violence shelter in Los Angeles County. Therefore, the ability to generalize to female victims of domestic violence across the county or in other parts of the state or country is very limited. This limitation requires the study to be viewed within the context of which it was gathered. Another limitation lies within the format of the interview guide. Some respondents did not answer certain questions. This demonstrates an inequality in the number of responses when compared to the number of respondents. Despite the limitations, this study can serve as a means to gain knowledge about the experience of women who are victims of domestic violence from substance abusing partners.

Implications for Future Research

The present study found useful information about women who experience domestic violence at the hands of substance abusing partners. The study confirmed current research findings which identify an increase in domestic violence and the degree of violence when the partner is a substance abuser. More refined research needs to be conducted to understand the antecedents to substance abuse in domestic violence cases. Furthermore, future research should examine the correlation between the types of substances used, the frequency of use, and the type and intensity of domestic violence.

Research must also examine the regional differences between substance abusing partners and types of domestic violence.

Multiple studies attest to the need to address other aspects of the abuser's life (including substance abuse) in order to attain a good quality of recovery and prevent relapse to substance use. Primary exacerbating factors include (1) the role of violence in the family and (2) the frequent presence of multiple addictions. The inter-relationship between these factors continues to keep the abuser and family stuck in active addictive disease and domestic violence (Irons & Schneider, 1997).

Implication for Social Work Practice

This study has relevance to the social work profession. It allows social workers to examine demographics and form of violence experienced by the victims. It allows social workers to examine demographics and patterns of substance abuse on the part of the abusing partners. This study gives relevant responses and quotes from the victims that characterize the nature of the partner and the assistance the victim has received from community agencies. This study can serve as a springboard in attempts to provide counseling and practical support for those who are dealing with both domestic violence and addicted partners.

Because of the high co-morbidity between addiction and domestic violence, social workers are likely to have a large unidentified group of clients who are experiencing domestic violence with a substance abusing partner. It is important that social workers consider these factors when counseling their clients, to ask questions about domestic violence, to know the community resources available to help victims and abusers, and to develop a strategy for dealing with clients who are experiencing domestic violence.

The connections between domestic abuse and substance abuse have important implications for service provision. The different approaches and messages given by these agencies can complicate the situation. Substance misuse services tend to portray alcoholism as an illness. As a result, victims whose partners misuse alcohol may excuse their abusive behavior and feel the need to stay and support their partner. Domestic abuse services on the other hand tend to work with a gendered understanding of abuse which focuses around power and control (Humphreys et al., 2003).

Conclusion

Domestic violence is a serious issue, both in experience and in treatment. Most victims of domestic violence experience emotional and psychological abuse coupled with physical or sexual abuse from their partners. The stress of poverty factors into the tendency of domestic violence between partners. Domestic violence occurs across all ages and by partners from wide range of demographics.

When a domestically violent partner also abuses substances, it alters the level of violence, the personality of the abuser, and the experience of the victim. Often, the dual abuses incur intervention from criminal justice systems. Often, such experience of abuse requires assistance from social service agencies. It is clear they need to become broader based in their treatment approach. Both domestic violence and substance abuse need to be simultaneously treated in order to rehabilitate clients involved in abuse. Additionally, social service agencies need to recognize that each domestic violence situation is unique.

This study shows that domestic violence occurs across societal levels, socioeconomic levels and cultures. One form of treatment for domestic violence and substance abuse cannot fit all types; on the contrary, each case requires individual

examination and action plan. This study proves that care and attention are needed to assist these individuals in leading better lives and maintaining healthy family relationships.

The DOJ (2006) research addressed variations in both the manner in which intimate violence is recorded and the way in which victim-offender relationships are defined. Substance abuse is one reason cited by abusers for violence on intimates. The report also stated that substance abuse is a part of the “system of problems”--negative quality of life and wellbeing, poverty and harmful human development (economically, educationally, medically, psychologically) described in domestic violence records and compounds the problem for empirical data analysis (DOJ, 2006).

APPENDICES

APPENDIX A
INTERVIEW GUIDE

Interview Guide

Introduction Script

Thank you for agreeing to participate in this study. I would like to begin by gathering some facts about you.

1. What is your age?
18-30 ____ 31-40 ____ 41-50 ____ 51+ ____
2. What is your ethnicity?
African American ____ Caucasian ____ Hispanic (Country) ____
Asian (Country) ____ Other _____
3. What is your partner status?
Single ____ Married ____ Co-habiting Partner ____
4. What is your household income?
Less that \$10,000 ____ \$10,000-15,000 ____ \$15,001-20,000 ____
\$20,001-25,000 ____ More

I would now like to ask some questions about your relationship with your partner. Please do not mention a name when answering.

5. When did you meet your partner?
6. How long had you been together when the violence started?
7. What type of domestic violence have you experienced? (physical, emotional, sexual)

I would now like to discuss the characteristics of your partner. Please do not mention a name when answering.

8. What is your partner's age?
18-30 ____ 31-40 ____ 41-50 ____ 51+ ____
9. What is the ethnicity of your partner?
African American ____ Caucasian ____ Hispanic ____ Asian ____
Other ____
10. What is the occupation of your partner?

11. Did your partner use substances? If so, what type of substances?
12. Did your partner experience abuse during his childhood?

I would now like to converse about the use of substances by your partner. Please do not mention a name when answering.

13. As you think back on your experiences with abuse and violence with your partner, approximately what percent of the time was your partner under the influence when you were abused?
14. Did substances intensify the degree of violent behavior on the part of the partner? If yes, please explain.

I would like to discuss how criminal or social service agencies have interacted in your life.

15. Did you have to interact with the criminal justice system because of domestic violence (police to home, children detained)? If so, please explain?
16. Have you utilized any social services due to the domestic violence? If so, which services?

APPENDIX B
TELEPHONE SCRIPT

Telephone Script

Hello, thank you very much for your interest in the study. I'm very pleased to have an opportunity to speak with you about the study today. As you know, the purpose of this study is to explore the experiences of women of domestic violence with substance abusing partners. A particular emphasis will be on the challenges encountered by women of domestic violence with substance abusing partners. I want to reiterate that your participation in this study is strictly voluntary. All materials utilized for the thesis is confidential and will not have any negative impact on your standing with YWCA-Wings Domestic Violence Program. The interview will be conducted in a private office at the YWCA-Wings Domestic Violence agency. The interview will take approximately 45-60 minutes to complete. I will be taking hand-written notes. At this time I would like to set up a meeting day and time with you. If for any reason you must change the scheduled date you can phone me at (XXX) XXX-XXXX and we can re-schedule the appointment.

APPENDIX C
CONSENT FORM

INFORMED CONSENT FORM

California State University, Long Beach
School of Social Work

Women of Domestic Violence with Substance Abusing Partners: A Qualitative Study
of Women's Experiences

CONSENT TO PARTICIPATE IN RESEARCH

I am Pamela Fairbanks, a Master of Social Work student at California State University, Long Beach. I am inviting you to participate in a study I am conducting for my thesis. You were selected as a possible participant in this study because you are a domestic violence survivor with a substance abusing partner.

PURPOSE OF THE STUDY

The purpose of this study is to explore the experiences of women of domestic violence with substance abusing partners. A particular emphasis will be on the challenges encountered by women of domestic violence with substance abusing partners.

PROCEDURES

If you volunteer to be in this study, you will be interviewed in person, at the YWCA-Wings Outreach office. The researcher conducting the interview will be Pamela Fairbanks. The interview should take approximately 45 to 60 minutes of your time. The questions include, but are not limited to questions concerning your experiences and challenges encountered as a domestic violence survivor with a substance abusing partner, how you have been able to adapt to being a domestic violence survivor with a substance abusing partner, and what resources you have access to in your community. The interview will also ask demographic questions (e.g. your age, ethnicity, your source of income). The interview will be conducted via hand-written notes.

POTENTIAL RISKS AND DISCOMFORTS

Questions may be personal and sensitive and require that you reflect on your current situation. It may be possible that certain topics become too painful or uncomfortable to discuss. If this occurs during any part of the interview, you have the right to decline to answer and may withdraw from the study without any consequences.

POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

You are not expected to benefit directly from this research. However, the results may be useful to you, perhaps in terms of having the opportunity to share your experience and reflect upon your role as a domestic violence survivor with a substance abusing partner.

PAYMENT FOR PARTICIPATION

There is no payment for participating in this study.

CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. No individual names will be used in any report of the results. No one from the agency will be aware of your individual answers to the questions.

I cannot maintain confidentiality; however, if you reveal anything which is illegal and or could result in harm to self or others, I will have to report this information to the proper authority.

You will have an opportunity to review the hand written notes if you wish to and specify if there are any edits that need to be made. No one but me, as the researcher, and my thesis advisor will have access to the hand written. Consent forms will be stored separate from the data collected and all research materials will be kept for three years after the study is completed and destroyed thereafter.

PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. Participation or non-participation will not affect your care at the agency in which you discovered this study. You may also refuse to answer any questions you do not want to answer and still remain in the study.

IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the study, or, if you would like a summary of the results, please feel free to contact me at (XXX) XXX-XXXX or my thesis advisor, Dr. Venetta Campbell at (XXX) XXX-XXXX.

RIGHTS OF RESEARCH PARTICIPANTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research participant, you may contact the Office of University Research, California State University, Long Beach, 1250 Bellflower Blvd., Long Beach, CA 90840. Or you may telephone at 562-985-5314 or email to research@csulb.edu.

SIGNATURE OF RESEARCH PARTICIPANT

APPENDIX D
AGENCY PERMISSION LETTER

eliminating racism • empowering women



SAN GABRIEL VALLEY CORPORATE OFFICE
943 North Grand Avenue, Covina, CA 91724 • Tel: 626.960.2995 • Fax: 626.814.0447 • www.ywca.org

August 8, 2008

Dear Pamela Fairbanks,

I have reviewed your thesis proposal and questionnaire and I am pleased to see your concern for victims of domestic violence. Indeed it is important to not only treat the problem of violence by offering emergency shelter, but to prevent it as well. By looking into why women have found themselves in abusive situations, and exploring the at-risk danger signs, we can begin to more effectively prevent domestic violence.

In my role as the Client Services Manager for YWCA WINGS, I see the disastrous effects of physical, sexual, financial and psychological abuse on women every day. YWCA WINGS is a non-profit organization that has provided emergency residential shelter and community outreach and education services for victims of domestic violence and their children for over twenty-five years. Many of the women who enter our Shelter and attend the Outreach have engaged in health risk behaviors, whether it be self-medicating themselves through substance abuse or engaging in unprotected sex with unfaithful partners. If we can better understand why and how these unhealthy behaviors started, we can better serve victims.

I am pleased to see that you are working to improve the lives of victims. I wish you success with your research and look forward to working with you.

Toward a Violence Free Future,

Ana Interiano
Client Services Manager
YWCA San Gabriel Valley
(626) 338-3123 ext. 112

SENIOR SERVICES YWCA Intervale Tel: 626.960.2995 • Fax: 626.858.8485
DOMESTIC VIOLENCE YWCA WINGS Tel: 626.960.2995 • Fax: 626.338.5419 • HELPLINE: 626.967.0658

APPENDIX E
DOMESTIC VIOLENCE SHELTER AND COUNSELING RESOURCES

DOMESTIC VIOLENCE SHELTER AND COUNSELING RESOURCES

Convent of the Good Shepherd
www.goodshepherdshelter.org
2561 Venice Blvd.
Los Angeles, Ca.
(323) 737-6111

People In Progress
www.peopleinprogress.org
1636 Wilshire Blvd.,
Los Angeles, Ca.
(213) 413-9122

Break the Cycle
www.breakthecycle.org
5777 W Century Blvd Ste 1150
Los Angeles, Ca.
(310) 286-3383

Rainbow Services Ltd
453 W 7th St.
San Pedro, Ca.
(310) 548-2805

Wings-A Dove Domestic Violence
548 W Tichenor St.
Compton, Ca.
(310) 637-3109

SHELTERS

L.A. County Shelters & Non-shelter Service Providers

1736 Family Crisis Center * (2nd dist)
2116 Arlington Ave., #200
Los Angeles, CA 90018
P: 323-737-3900 F: 323-737-3993

Amanecer (1st dist)
1200 Wilshire Blvd., Suite 500
Los Angeles, CA 90017
P: 213-481-7464 F: 213-481-7147

Korean American Family Svc. Ctr. (2nd dist)
3727 W. Sixth St., Suite 320
Los Angeles, CA 90007
P: 323-780-7285 F: 323 780-7235

Asian Pacific American Legal Center (1st dist)
1145 Wilshire Blvd., 2nd Floor
Los Angeles, CA 90017
P: 213-977-7500 F: 213-977-7595

National Council on Alcoholism & Drug Dependency (4th dist)
1334 Post Ave.
Torrance, CA 90501
(310) 328-1460

Bienvenidos Community Health (1st dist)
316 W. Second Street, Suite 800
Los Angeles, CA 90012
Phone: 213-785-5906
Fax: 213-785-5928

Cambodian Association of America
2501 Atlantic Ave.
Long Beach, CA 90806
(562) 988-1863

Center for the Pacific Asian Family *
543 N. Fairfax Ave., #108
Los Angeles, CA 90036
P: 323-469-3027 F: 323-463-4767

Chicana Service Action Center *(1st & 2nd dist)
315 W. 9th St., #101
Los Angeles, CA 90015
P: 213-629-5800 F: 213-430-9657

Child and Family Center (5th dist)
23502 Lyons Avenue, #304
Newhall, CA 91321
P: 661-259-9439 F: 661-255-6853

Children's Institute International (2nd dist)
711 New Hampshire
Los Angeles, CA 90005
P: 213-385-5100 P: 213-383-1820

Chinatown Service Center (1st dist)
767 N. Hill Street, #400
Los Angeles, CA 90012
P: 213-808-1700 F: 213-680-0787

Prototypes Drop-In Center (2nd)
6097 W. Sunset Blvd.
Hollywood, CA 90028
P: 323-291-2525 F: 323-291-0140

Domestic Abuse Center (3rd dist)
8817 Reseda Blvd., Suite C & D
Northridge, CA 91324
P: 818-772-0176 F: 818-788-0117

DV Center for Santa Clarita Valley *(5th dist)
P.O. Box 220037
Newhall, CA 91322
P: 661-259-8175 F: 661-259-1194

East Los Angeles Women's Center (1st dist)
P.O. Box 951047
Mission Hills, CA 91395 (3rd dist)
P: 818-901-4830 F: 818-785-3446

Foothill Family Services (1st)
605 S. Myrtle Avenue
Monrovia, CA 91016
P: 626-359-9358 F: 626-358-7647

Good Shepherd Shelter (2nd dist)
2561 Venice Blvd.
Los Angeles, CA 90019
P: 323-737-6111 F: 323-737-6113

South Asian Helpline And Referral Agency (4th dist)
Pioneer Blvd., Ste. 260
Artesia, CA 90701
P: 626-355-4545 F: 626-355-5485

Harriet Buhai Center for Family Law (2nd dist)
3250 Wilshire Blvd., #710
Los Angeles, CA 90010 3840
P: 213-388-7505 F: 213-388-7503

Su Casa Ending Domestic Violence *(4th dist)
Woodruff Avenue, #203
Long Beach, CA 90808
P: 562-421-6537 F: 562-421-8117

Haven Hills *(3rd dist)
P.O. Box 260
Canoga Park, CA 91305
P: 818-887-7481 F: 818-887-4796

Haven House Inc. *(3rd dist)
P.O. Box 50007, Pasadena, CA 91115
P: 626-564-8880 F: 626-654-9348

Valley Women's Center (3rd dist)
Roscoe Blvd., #204
Canoga Park, CA 91304
P: 818-713-8700 F: 818-713-8585

Helpline Youth Counseling, Inc. (4th dist)
12440 E. Firestone Blvd., #1000
Norwalk, CA 90650
P: 562-864-3722 F: 562-864-4596

Women Children's Crisis Shelter *(4th dist)
12519A Washington Blvd.
Whittier, CA 90602
P: 562-945-1067 F: 562-945-1037

House of Ruth, Inc. *(1st dist)
P.O. Box 459
Claremont, CA 91711
P: 909-623-4364 F: 909-629-9581

Women Shelter of Long Beach *(4th dist)
P.O. Box 32107
Long Beach, CA 90832
P: 562-437-7233 F: 562-436-4943

Human Services Association (1st dist)
6800 Florence Avenue
Bell Gardens, CA 90201 91206
P: 562-806-5400 F: 562-806-5394

YWCA Glendale *(5th dist)
735 E. Lexington Dr.
Glendale, CA
P: 818-242-4155 F: 818-240-6036

Institute for Multicultural Counseling & Educational Services.
3580 Wilshire Blvd., Ste. 2000 (2nd)
Los Angeles, CA 90010
P: 213-381-1250 F: 213-383-4803

YWCA Wings *(5th dist)
943 North Grand Avenue
West Covina, CA 91724
P: 626-960-2995 F: 626-338-5419

Interval House *(4th dist)
6615 E. Pacific Coast Hwy.,#170
Long Beach, CA 90803
P: 562-594-9492 F: 562-596-3370

Agencies with asterisks * are shelters

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