

**SUBSTANCE ABUSE RESOURCE GUIDE**

# Violence Against Women

The study of family violence and violence against women is relatively new, yet we already know that the link between such violence and alcohol and substance abuse remains one of the strongest findings in the literature.

Before 1975, research was based primarily on small groups and special populations (e.g., people in shelters, schools, or local communities). No national-level studies were available. The first wave of nationwide research focused on developing measures of incidence and prevalence of violence against women. The next wave of research focused on examining risk factors for victimization and perpetration of domestic violence. The most recent research—much of it still in progress—focuses on mitigating factors concerning violence against women. This research views family violence as the final result of a variety of individual and interpersonal dysfunctions and disorders.

The newest wave of research promises to identify more closely the nature of the link between substance abuse, alcohol, and family violence. We know that the cycle of violence is complex. For example, alcoholism and battering share similar behavioral profiles because both may be passed from generation to generation, both involve denial or minimization of the problem, both involve isolation of the family, and both are intertwined as causal and mitigating factors.

This resource guide presents recent research findings and information on the relationship of alcohol and substance abuse to violence against women, including battering, murder, stalking behaviors, rape, and sexual assault. We hope this material will be of use to women and those who care for them.

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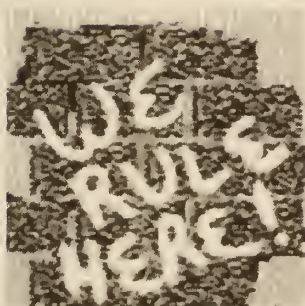
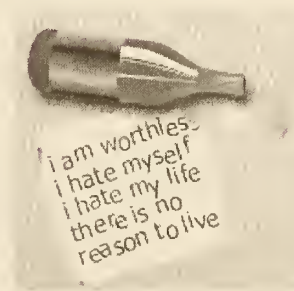
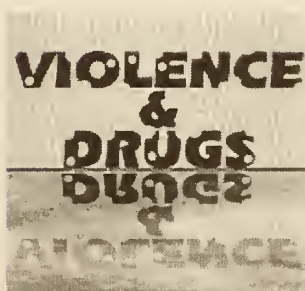
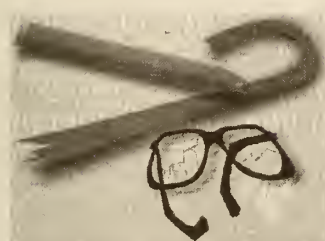
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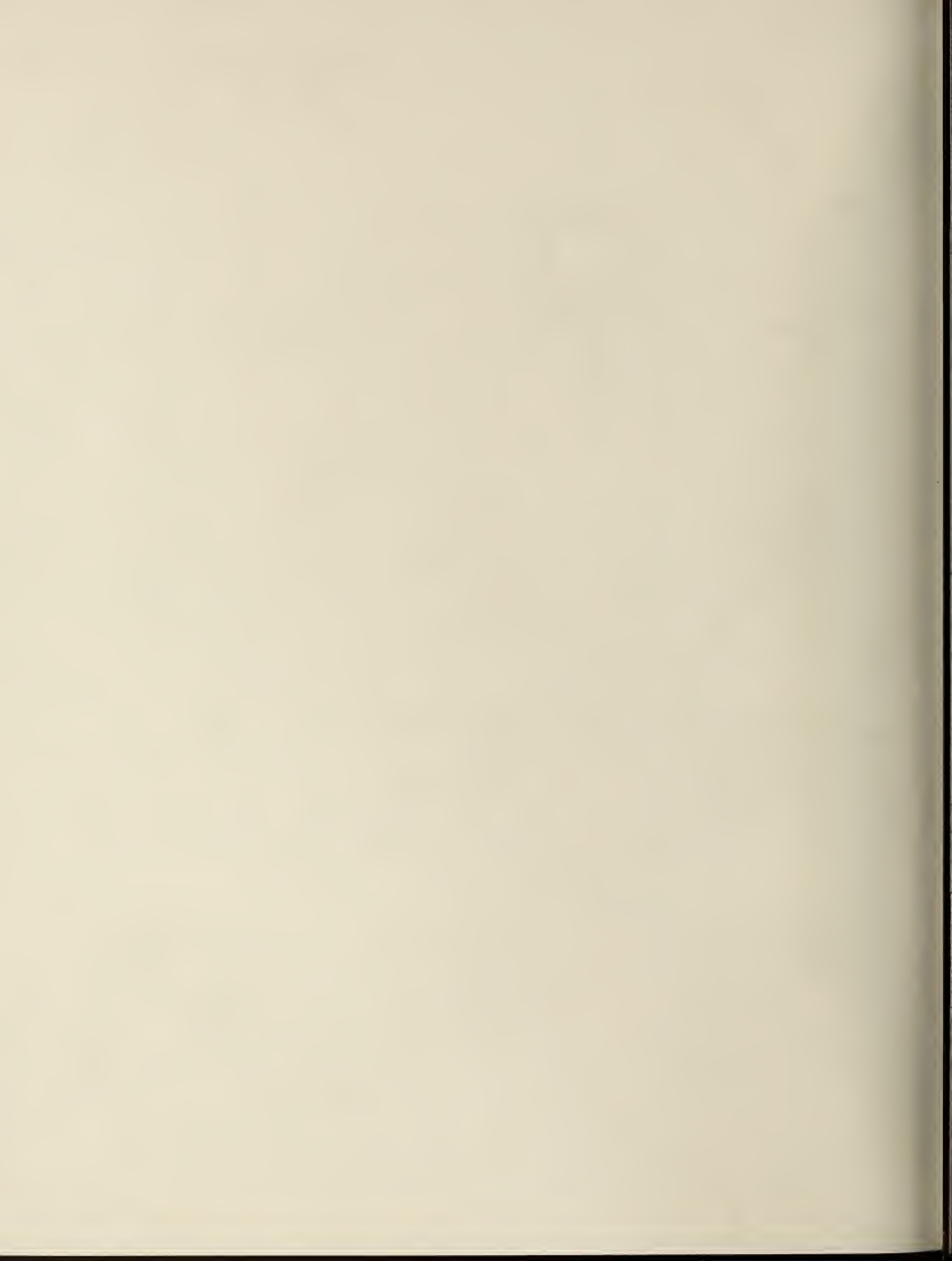
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## VIOLENCE AGAINST WOMEN







The listing of materials or programs in this resource guide does not constitute or imply endorsement by the Center for Substance Abuse Prevention, the Public Health Service, the Substance Abuse and Mental Health Services Administration, or the Department of Health and Human Services. The materials have been reviewed for accuracy, appropriateness, and conformance with public health principles.

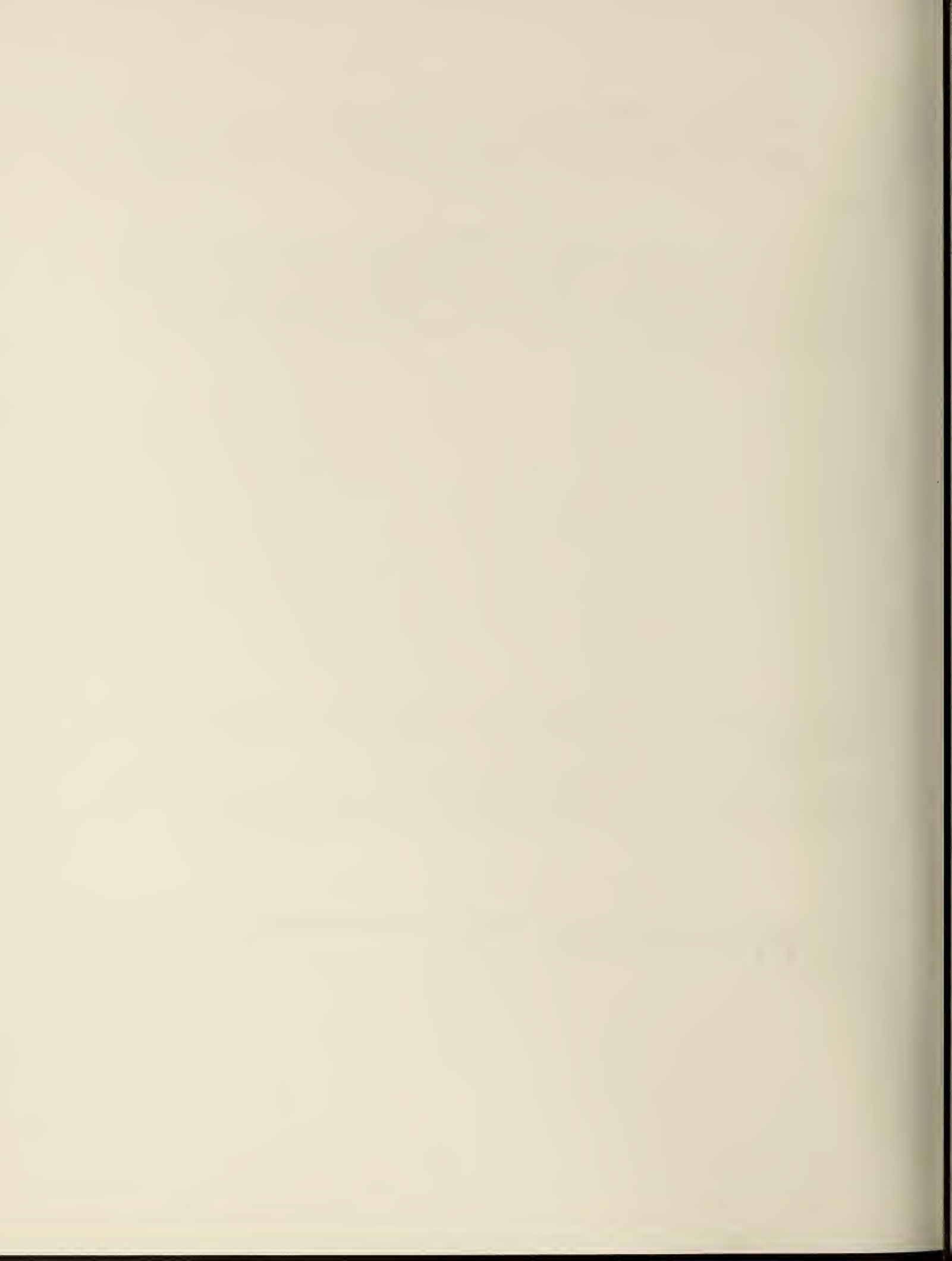
This Substance Abuse Resource Guide was compiled from a variety of publications and data bases and represents the most current information to date. It is not an all-inclusive listing of materials on this topic. This guide will be updated regularly, and your comments or suggestions are welcome. To suggest information or materials that might be included in future editions, please write to SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20847-2345.

Produced by SAMHSA's National Clearinghouse for Alcohol and Drug Information, Denise C. Jones, editor.

For further information on alcohol, tobacco, and illicit drugs, call 1-800-729-6686, 301-468-2600, or TDD 1-800-487-4889. Or visit us on our World Wide Web site at <http://www.health.org>.



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## Dynamics and Risk Factors in Partner Violence

Found in *Partner Violence: A Comprehensive Review of 20 Years of Research*, edited by Jasinski and L.M. Williams, the authors focus on prevalence rates of partner violence, dynamics of abusive relationships including typologies of batterers, documented risk markers, and the importance of assessing violence in different life stages. A comprehensive understanding of these risk factors and their different impact at various life stages is essential because they are the heart of successful prevention and intervention models. The chapter concludes with a discussion of implications for practice and policy.

**Authors:** Kantor, G.K.;  
Jasinski, J.L.

**Year:** 1998

**Format:** Book (paperback)

**Length:** 314 pages

**Topic:** Domestic violence

**Target Audience:** General public

**Availability:** Bookstores

**Cost:** \$25.95

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## Sourcebook of Criminal Justice Statistics, 1998

This volume brings together data about all aspects of criminal justice in the United States presented in more than 600 tables from more than 100 sources. The *Sourcebook* can be accessed via the Internet at [www.albany.edu/sourcebook/](http://www.albany.edu/sourcebook/).

**Organization:** Bureau of Justice Statistics, U.S. Department of Justice

**Year:** 1998

**Format:** Book (paperback)

**Length:** 640 pages

**Topic:** Criminal justice

**Target Audience:** General public

**Availability:** National Archive of Criminal Justice Data, ICPSR, Institute for Social Research, P.O. Box 1248, Ann Arbor, MI 48106; 800-732-3277, 313-763-5011; Internet: [puborder@ncjrs.org](mailto:puborder@ncjrs.org)

**Cost:** Free

## **Alcohol and Drug Abuse Among Domestic Violence Survivors and Batterers**

This chapter is found in *Problems of Drug Dependence 1996: Proceedings of the 58th Annual Scientific Meeting: The College on Problems of Drug Dependence, Inc., NIDA Research Monograph Series 174*. A structured interview was used to assess demographic information and patterns of alcohol and drug abuse for 80 female residents at an urban domestic violence shelter and their families, their batterers, and their batterers' families. The residents were primarily young African-American and Latina women with children. Only a relative few of the residents reported having drug or alcohol problems; however, 66.3 percent had a family member with a drinking problem and 63.8 percent had a family member with a drug problem. More than 43 percent of batterers were said to have, or to have had, a problem with alcohol, and 52.5 percent of batterers reported having a problem with both alcohol and drugs. Half of the batterers had family members with alcohol or drug problems.

**Authors:** *Martin, A.; Chu, M.; Sage, R.; et al.*

**Year:** 1997

**Format:** Book

**Length:** 462 pages

**Topic:** Influence of alcohol and drug abuse on domestic violence

**Target Audience:** General public and women

**Availability:** SAMHSA's National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686

**Cost:** Free



## **Alcohol and Spouse Abuse: Ethnic Differences**

This chapter found in *Recent Developments in Alcoholism, Vol. 13: Alcohol and Violence: Epidemiology, Neurobiology, Psychology, Family Issues*; edited by M.M. Galanter, et al., examines theoretical and empirical evidence on the interplay among ethnicity, structural and cultural factors, and alcohol-related assaults against wives. The authors consider whether there is a differential vulnerability to such assaults among varying ethnic groups. The questions considered are: (1) Do Hispanic and African-American husbands who drink heavily have a higher probability of wife-beating than Anglo-American husbands who drink heavily? (2) Does taking into account the effects of other variables such as poverty, acculturation, and gender role attitudes alter the relationships between ethnicity, drinking, and wife-beating? (3) Are such linkages between drinking and wife-beating found primarily among poor ethnic minorities?

**Author:** Kantor, G.K.

**Year:** 1997

**Format:** Book

**Length:** 456 pages

**Topic:** Alcohol and domestic violence

**Target Audience:** General public and women

**Availability:** Bookstores

**Cost:** \$89.50

## **How Far Have We Come? A Critical Review of the Research on Men Who Batter**

This chapter is found in *Recent Developments in Alcoholism, Vol. 13*, edited by Marc Galanter. Although the effects of domestic violence and partner abuse have been known throughout history, the topic has recently begun to receive attention in the research literature. Indeed, it was not until 1986 that two interdisciplinary journals were dedicated exclusively to the study of family violence. Popular lore has frequently cited a connection between substance use (particularly alcohol) and domestic violence. However, this interaction has now begun to be formally recognized and addressed in research and treatment paradigms. This chapter presents some of the research findings regarding the multidimensional relationship between family violence and alcohol or drug abuse. Theories and data about the causes of family violence and characteristics of the male batterer and of the substance-abusing men who batter are offered. The final section examines several current models of treatment and their outcomes.

**Authors:** Lee, W.V.; Weinstein, S.P.

**Year:** 1997

**Format:** Book

**Length:** 456 pages

**Topic:** Domestic violence and substance abuse

**Target Audience:** General public

**Availability:** Bookstores

**Cost:** \$89.50

## **Out of Darkness: Contemporary Perspectives on Family Violence**

This edited volume is a collection of research and review articles covering such areas as the prevalence of family violence, wife abuse, child abuse, and ethical and cultural issues surrounding treatment, prevention, and research into family violence. The article discusses the change in cultural norms approving marital violence, attitudes and wife abuse, woman battering and race, abusive dating relationships, social predictors of wife assault, wife abuse in intact couples, batterer program evaluation, victim resources, and police intervention.

**Editors:** *Kantor, G.K.; Jasinski, J.L.*

**Availability:** Bookstores

**Year:** 1997

**Cost:** \$34.95

**Format:** Book (paperback)

**Length:** 332 pages

**Topic:** Family violence

**Target Audience:** General public

## **When Women Are Under the Influence: Does Drinking or Drug Abuse by Women Provoke Beatings by Men?**

Featured in *Recent Developments in Alcoholism, Vol. 13: Alcoholism and Violence*, this chapter considers the relevance and adequacy of an existing theory for explaining intoxicant-victimization effects, as well as the empirical basis for the hypothesized relationships. It addresses the following questions: (1) What are the hypothesized dimensions and mechanisms of intoxication-victimization effects? (2) Does the empirical literature show that women who drink heavily or use drugs are at greater risk for abuse by spouses? (3) Does the importance of female drinking to victimization vary by the event (type of victimization) or by the population sample studied? (4) Is this a "spurious" relationship—for example, a relationship that simply reflects substance use by the husband or reflects other confounding variables such as a history of abuse in the family of origin? What are the theoretical mechanisms? How common is drinking by both parties? The chapter also discusses empirical studies of wife assault and intoxication by female victims.

**Authors:** Kaufman Kantor, G.;  
Asdigian, N.

**Availability:** Bookstores

**Cost:** \$89.50

**Year:** 1997

**Format:** Book

**Length:** 456 pages

**Topic:** Alcoholism and domestic  
violence

**Target Audience:** General public

## **Alcohol, Misperception, and Sexual Assault: How and Why Are They Linked?**

Included in *Sex, Power, Conflict: Evolutionary and Feminist Perspectives*, edited by D.M. Buss, N.M. Malamuth; et al., the authors of this chapter conclude that alcohol facilitates males' aggression, that alcohol enhances misperception of sexual intent, that alcohol makes it harder for women to resist an attack, and that alcohol tends to make men feel less responsible and women feel more responsible for what happened. They provide a sexual explanation for how and why alcohol consumption and sexual assault are linked.

**Authors:** Abbey, A.; Ross, L.T.; McDuffie, D.; and McAuslan, P.

**Availability:** Bookstores

**Cost:** \$35

**Year:** 1996

**Format:** Book (paperback)

**Length:** 352 pages

**Topic:** Alcohol and sexual assault

**Target Audience:** General public

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## **A Survey of Factors Contributing to Gay and Lesbian Domestic Violence**

Found in *Violence in Gay and Lesbian Domestic Partnerships, Journal of Gay and Lesbian Social Services Series #4*, edited by C.M. Renzetti, C.H. Miley, et al., this study reports on work with 288 gay male and lesbian perpetrators of domestic violence over a 6-year period. It explores intergenerational histories of abuse and violence, as well as current involvement in abuse and violence in domestic relationships. It considers connections between addictive/self-abusive behaviors (including drug, alcohol, food, and sex addictions)—that is, secondary abuse behavior—and domestic violence.

**Author:** Farley, N.

**Availability:** Bookstores

**Year:** 1996

**Cost:** \$12.95

**Format:** Book

**Length:** 121 pages

**Topic:** Domestic violence in gay and lesbian partnerships

**Target Audience:** Gay and lesbian community and general public



## **National Crime Victimization Survey, 1998: Changes 1997-98 with Trends 1993-98**

According to a press release of the 1998 National Crime Victimization Survey (NCVS) findings, the nation's violent crime rate fell 7 percent in 1998. This is 27 percent lower than in 1993. Violent crimes (rape, sexual assault, robbery and assault) and (property crimes (burglary, theft and motor vehicle theft) were at their lowest since the Bureau of Justice Statistics began publishing the survey in 1973. The report notes almost half of all violent crimes and one-third of all property crimes were reported to the police between 1993 and 1998. Women and blacks were more likely to report violent crimes than men and whites.

**Organization:** Bureau of Justice Statistics

**Year:** 1999

**Format:** Book

**Length:** Not listed

**Topic:** Criminal justice

**Target Audience:** General public

**Availability:** National Archive of Criminal Justice Data, ICPSR, Institute for Social Research, P.O. Box 1248, Ann Arbor, MI 48106; 800-732-3277, 313-763-5011; Document No. NCJ-176353

**Cost:** Free

## **Violence and Abuse: Implications for Women's Health**

With the exception of spouse abuse, there are no nationally representative studies of the prevalence of acts of violence against women and children. However, this chapter found in *Women's Health: The Commonwealth Fund Survey*, edited by Marilyn Falik and Karen Collins, provides an analysis of data from The Commonwealth Fund survey, the first nationally representative survey to ask questions about child abuse and rape, which is one of the few national surveys to ask questions about violent crime and spouse abuse. The chapter examines the prevalence of violent experiences among women ages 18 to 64. More important, it provides information necessary to explore the relationship of experiencing violence to health status and to the use of health services. Finally, it examines the quality of physician-patient communication among women who have experienced violence.

**Author:** Plichta, S.B.

**Year:** 1996

**Format:** Book (paperback)

**Length:** 408 pages

**Topic:** Abuse of women

**Target Audience:** Women and general public

**Availability:** Bookstores

**Cost:** \$18.95

# *Booklets, Brochures, Fact Sheets, and Reports*

## **More Than a Few Good Men: Strategies for Inspiring Boys and Young Men to Be Allies in Anti-Sexist Education**

Five key strategies are outlined to inspire boys and young men to be allies with girls and women in gender violence prevention education. Many of the ideas presented here were developed and refined during the course of hundreds of single-sex workshops and classes conducted over the past decade with boys' and men's athletic teams, college fraternities, groups of enlisted men and officers in the United States Marine Corps and Army. Also, there were mixed-gender workshops and classes in middle schools, high schools, and colleges. The six strategies discussed are: introducing violence against women as a men's issue; framing gender violence prevention as a leadership issue for boys and men; personalizing gender violence issues through "remedial empathy" exercises; focusing on the role of bystanders and discussing concrete options for intervention; making the connection between homophobia and men's reluctance to challenge sexism; and preempting predictable criticisms and objections from boys and men.

**Author:** Katz, J.

**Year:** 1998

**Format:** Booklet

**Length:** 16 pages

**Topic:** Prevention of violence against women

**Target Audience:** Women, men, boys, girls, and general public

**Availability:** The Wellesley Centers for Women, Wellesley College, 106 Central Street, Wellesley, MA 02481-8203; 781-283-2500

**Cost:** \$10

## **Violence by Intimates: Analysis of Data on Crimes by Current or Former Spouses, Boyfriends, and Girlfriends**

This report is a compilation of statistical data maintained by the Bureau of Justice Statistics and the Federal Bureau of Investigation on violence between people who have an intimate relationship—spouses, ex-spouses, boyfriends, girlfriends, and former boyfriends and girlfriends. The violent acts included murder, rape, assault, and robbery. Women were typically the victims in violence by intimates. The report examines the characteristics of intimate offenders and what types of injuries the victims sustained. The data also show that more than half of these offenders had been drinking or using drugs when they committed the crime.

**Authors:** Greenfeld, L.A.; Rand, M.R.; Craven, D.; et al.

**Year:** 1998

**Format:** Booklet

**Length:** 46 pages

**Topic:** Violence by nonmarried partners

**Target Audience:** General public

**Availability:** Bureau of Justice Statistics Clearinghouse, Box 179, Annapolis Junction, MD 20701-0179; 800-732-3277

Full report available online at [www.ojp.usdoj.gov/bjs/](http://www.ojp.usdoj.gov/bjs/)

**Cost:** Free

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## **About Alcohol, Other Drugs, and Family Violence**

Facts about alcohol, drugs, and family violence are provided in this booklet. *About Alcohol, Other Drugs, and Family Violence* encourages readers to protect themselves and their loved ones by asking for help.

**Year:** 1996

**Format:** Booklet

**Length:** 15 pages

**Topic:** Alcohol, drugs and violence in families

**Target Audience:** Prevention professionals, high-risk families, and young adults

**Availability:** Channing L. Bete Co., Inc., 200 State Rd., South Deerfield, MA 01373; 800-628-7733 (order #20248)

**Cost:** \$1.05 each for 1-99 booklets



## **Violence Against Women: Estimates from the Redesigned Survey**

After an extensive 10-year redesign project, the National Crime Victimization project revised the National Crime Victimization Survey (NCVS) to improve reporting of violence against women. This report provides the first release of the 1992–1993 estimates of violence resulting from the new questions, and includes side-by-side comparisons of the new and old screening questions. Using the redesigned survey, women (ages 12 and older) reported about 500,000 rapes and sexual assaults, almost 500,000 robberies, and about 3.8 million assaults to NCVS interviewers each year. Women were six times more likely than men to experience violence committed by an intimate, and female victims of violence by an intimate were more often injured by the violence than females victimized by a stranger. Women of all races and both Hispanic and non-Hispanic women were equally vulnerable to violence by an intimate.

**Authors:** *Bachman, R.; Saltzman, L.E.*

**Year:** 1995

**Format:** Booklet

**Length:** 8 pages

**Topic:** Violence against women

**Target Audience:** Women and general public

**Availability:** NCJRS 154348, National Criminal Justice Resource Service, P.O. Box 6000, Rockville, MD 20849-6000; 800-851-3420

**Cost:** Free



## **Alcohol and Crime: An Analysis of National Data on the Prevalence of Alcohol Involvement in Crime**

This study is a comprehensive review of the relationship of alcohol to crime in a wide variety of areas, including family and partner violence. It includes original analyses and tables drawn from a wide variety of Federal and public data sets. The report points out that violence between current and former spouses, boyfriends, and girlfriends is especially likely to involve alcohol abuse.

**Author:** *Greenfield, L.*

**Year:** 1994

**Format:** Booklet

**Length:** 47 pages

**Topic:** Alcohol and violence

**Target Audience:** General public

**Availability:** Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Report NCJ #168632, National Criminal Justice Research Service, P.O. Box 6000, Rockville, MD 20849-6000; 800-851-3420

**Cost:** Free

## **Making the Link: Domestic Violence and Alcohol and Other Drugs**

Research into domestic violence frequently documents high rates of alcohol and other drug involvement, and alcohol and drug abuse use is known to impair judgment, reduce inhibition, and increase aggression. Alcoholism and child abuse, including incest, seem closely related as well. Alcohol consistently emerges as a significant predictor of marital violence. Studies have shown a significant association between battering incidents and alcohol abuse. In a study of 472 women, 87 percent of alcoholic women had been physically or sexually abused as children, compared to 59 percent of the non-alcoholic women surveyed. The percentage of batterers who are under the influence of alcohol when they assault their partners ranges from 48 percent to 87 percent. In Marion County, Indiana, 60 percent of battered women who filed charges indicated that the abuser was under the influence of alcohol during the incident. Sixty-four percent of all reported child abuse and neglect cases in New York City in 1987 were associated with parental alcohol and drug abuse.

**Organization:** Center for Substance Abuse Prevention

**Year:** 1994

**Format:** Fact sheet

**Length:** 1 page

**Topic:** Domestic violence and substance abuse

**Target Audience:** General public, high-risk youth, young adults, women, and community service groups

**Availability:** SAMHSA's National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686

**Cost:** Free

## **Report of the American Psychological Association Presidential Task Force on Violence and the Family**

This report brings psychological research and clinical experience to bear on the troubling problem of violence in the family and makes recommendations for solutions. Its purpose is to attempt to unify the fields of child abuse, partner abuse, dating violence, elder abuse, and adult survivors of childhood abuse as a unified field of study with important crosscurrents and linkages. The task force defined family violence and abuse as including a range of physical, sexual, and emotional maltreatment by one family member against another. According to this definition, the term family includes a variety of relationships beyond those of blood or marriage, in recognition that similar dynamics of abuse may occur in these relationships. The report covers a wide variety of issues surrounding prevention, how abusive behavior is learned, and legal and ethical issues.

**Organization:** American Psychological Association

**Year:** 1990

**Format:** Booklet

**Length:** 142 pages

**Topic:** Violence in families

**Target Audience:** Families and general public

**Availability:** American Psychological Association, 750 First Street, NE., Washington, DC 20002-4242; 202-336-5500

**Cost:** \$5

# *Magazines and Newsletters*

## *Prevention Pipeline*

The CSAP/NCADI award-winning bi-monthly magazine features an array of articles, statistics, abstracts, descriptions of new materials in the NCADI catalog, updates on new research in the substance abuse field, funding resources, public service ads, and reprinted materials. Subscribers are encouraged to “lift” articles and artwork for their own newsletters.

**Publisher:** Center for Substance Abuse Prevention (CSAP)

**Year:** Published bimonthly

**Format:** Magazine

**Length:** 60 pages

**Topic:** Alcohol and substance abuse

**Target Audience:** Substance abuse prevention professionals, educators, parents, teens, and adults

**Availability:** SAMHSA’s National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686

**Internet:** [www.health.org](http://www.health.org)

**Cost:** Annual subscriptions are \$28 for domestic orders, \$32 for international orders

## Videos, Posters, and Other Items

### Family Violence in America—Conspiracy of Silence

In *Conspiracy of Silence*, all elements of a community (law enforcement, the legal system, social and volunteer agencies) come together to ensure that the silent victories of such people as “Marilyn” become the norm rather than the exception. It also links substance abuse to domestic violence and explains the “cycles of violence,” a predictable pattern of repetitious and destructive behavior.

**Organization:** FMS Productions, Inc.

**Year:** No date

**Format:** Videotape

**Length:** 28 minutes

**Topic:** Substance abuse and domestic violence

**Target Audience:** General public

**Availability:** FMS Productions, Inc., 5320D Carpinteria Avenue, P.O. Box 5016, Carpinteria, CA 93014; 800-421-4609

**Cost:** \$195

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### Lift It Up

This film tackles the issue of alcohol and violence, and focuses specifically on assault, murder, child abuse, rape, emotional trauma, and other forms of physical violence. A discussion guide is included.

**Organization:** FACE—Truth and Clarity on Alcohol

**Year:** No date

**Format:** Videotape

**Length:** 7 minutes

**Topic:** Violence and alcohol

**Target Audience:** General public

**Availability:** FACE—Truth and Clarity on Alcohol, 105 West Fourth Street, Clare, MI 48617; 888-822-3223

**Cost:** \$185



## **Prevalence and Risk Factors for Victimization**

### **Alcohol Availability and Domestic Violence**

*Gorman, D.M.; Labouvie, E.W.; Speer, P.W.;  
and Subaiya, A.P.*

*American Journal of Drug and Alcohol Abuse,*  
24(4): 661–673, 1998

The relationship among sociodemographic variables, alcohol outlet density, and rate of domestic violence in New Jersey are examined in this study. Data were analyzed for the 223

largest municipalities in the State. Three socio-demographic factors explained 58 percent of the variance among municipalities in the rate of domestic violence. One factor—termed social disadvantage—explained the greatest amount of unique variance (42 percent). The findings show that, in New Jersey, higher levels of alcohol outlet density are not geographically associated with higher rates of domestic violence.

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### **Domestic Violence Among Patients at Two Rural Health Care Clinics: Prevalence and Social Correlates**

*Van Hightower, N.R.; Gorton, J.*

*Public Health Nursing,* 15(5): 355–362, 1998

Despite a growing body of knowledge about family abuse, there is little research focusing on domestic violence in rural settings. Likewise, there is a paucity of research on family abuse among Hispanics. This study examined the prevalence of spousal abuse among predominantly low-income Hispanic patients of two ru-

ral health care clinics. The correlation of certain social factors to domestic violence also was examined. Survey data were collected from 155 adult female patients. Findings revealed a 19 percent prevalence rate. This rate corresponds to recent measures of domestic abuse nationwide. A bivariate analysis showed a significant positive relationship between spousal abuse and drug/alcohol use by victims' intimate partners. Abuse also was significantly related to the community location of the health care clinics. The article concludes by discussing implications of the study for rural domestic violence intervention, treatment, and research.

## **Emergency Department-Based Study of Risk Factors for Acute Injury from Domestic Violence Against Women**

*Kyriacou, D.N.; McCabe, F.; Anglin, D.; et al.*  
*Annals of Emergency Medicine*, 31(4): 502-506,  
1998

The purpose of this study is to evaluate the associations between selected socioeconomic risk factors and acute injury from domestic violence against women. The authors conducted a preliminary matched case-control study to measure the association of selected predictor variables with acute injury from domestic violence against women. Patients identified as cases were Hispanic or white female emergency department patients, ages 16 to 65, with acute injury sustained from physical assault by an intimate male partner. Cases were selected for inclusion in the study if they reported or admitted acute physical assault by their male partners. Controls were selected from non-case female emergency department (ED) patients so as to represent the base population of the cases and enhance comparability. Two controls were matched to each

case. The socioeconomic predictor variables examined were the education level, employment status, history of alcohol abuse, and history of drug abuse of the male partner and the education level and cohabitation status of the female partner. Forty-six cases were identified and included in the study. The age range was 16 to 51 years (mean, 33 years). There were 26 (57 percent) Hispanic and 20 (43 percent) white cases. The strongest predictor for acute injury from domestic violence in these patients was a history of alcohol abuse by the male partner, as reported by the female partner (odds ratio, 12.9). The remaining predictor variables were weakly associated or not associated with domestic violence. One-half of the cases stated that their male partners were intoxicated with alcohol at the time of assault. Of the socioeconomic variables examined in this preliminary study, a history of alcohol abuse by the male partner, as reported by the female partner, was the strongest predictor for acute injury from domestic violence. A large-scale, multicenter, ED-based study is needed to clarify the relation among alcohol abuse, other socioeconomic factors, and acute physical assaults against women by their intimate male partners.

## **Prevalence, Incidence, and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey 1998**

National Institute of Justice and Centers for Disease Control and Prevention

November 1998

Available from NIJ and CDC Web sites at [www.ojp.usdoj.gov/nij/vawprog/pubs.html](http://www.ojp.usdoj.gov/nij/vawprog/pubs.html)

Jointly sponsored by the National Institute of Justice (NIJ) and the Centers for Disease Control and Prevention (CDC), the NVAW Survey is based on a national telephone survey using random digit dialing on violence against women, conducted from November 1995 to May 1996. A total of 8,000 women and 8,005 men ages 18 and older were interviewed and asked to report on events that spanned the 12 months before their interview. The survey provides comparable data on women's and men's experiences with violent victimization. It differs from the NCVS in several ways: The NVAW Survey uses

more questions (e.g., five questions compared to only two for NCVS to screen for rape victimization), with more explicit cuing, it focuses less on narrowly defined violent crimes by using the Conflict Tactics Scale to query respondents about a variety of physical assaults, and it counts each victimization as a separate attack, whereas published NCVS estimates count series victimizations (reports of six or more crimes within a 6-month period for which the respondent cannot recall details of each crime) as a single victimization, and the NVAW measures crimes such as stalking. NVAW responses revealed that physical assault is widespread in American society: 52 percent of surveyed women and 66 percent of surveyed men said they were physically assaulted as a child by an adult caretaker or as an adult by any type of perpetrator. The NVAW Survey estimates of annual physical assaults are greater than the NCVS estimates. The NCVS estimate for 1994 is 4.1 million aggravated and simple assaults of women ages 12 and older and 5.7 million aggravated and simple assaults of men ages 12 and older.



## Relation of Low-Severity Violence to Women's Health

McCauley, J.; Kern, D.E.; Kolodner, K.; et al.  
*Journal of General Internal Medicine*, 13:  
687-691, 1998

This study examines whether women who experience low-severity violence differ in numbers of physical symptoms, psychological distress, or substance abuse from women who have never been abused and from women who experience high-severity violence. The study used a cross-sectional, self-administered, anonymous survey drawn from four community-based, primary care, and internal medicine practices. Survey respondents were 1,931 women ages 18 or older. The survey included questions on violence; a checklist of 22 physical symptoms; the Symptom Checklist-22 (SCL-22) to measure depression, anxiety, somatization, and self-esteem; CAGE questions for alcohol use; and questions about past medical history. Low-severity violence patients had been "pushed or grabbed" or had someone "threaten to hurt them or someone they love" in the year before presentation. High-severity violence patients had been hit,

slapped, kicked, burned, choked, or threatened or hurt with a weapon. Of the 1,931 women, 47 met criteria for current low-severity violence without prior abuse, 79 met criteria for current high-severity violence without prior abuse, and 1,257 had never experienced violence. The remaining patients reported either childhood violence or past adult abuse. When adjusted for socioeconomic characteristics, the number of physical symptoms increased with increasing severity of violence (4.3 for no violence, 5.3 for low-severity violence, 6.4 for high-severity violence,  $p < .0001$ ). Psychological distress also increased with increasing severity of violence (mean total SCL22 scores 32.6 for no violence, 35.7 for low-severity violence, 39.5 for high-severity violence,  $p < .0001$ ). Women with any current violence were more likely to have a history of substance abuse (prevalence ratio [PR] 1.8 for low-severity, 1.9 for high-severity violence) and to have a substance-abusing partner (PR 2.4 for both violence groups). In this study, even low-severity violence was associated with physical and psychological health problems in women. The data suggest a dose-response relation between the severity of violence and the degree of physical and psychological distress.

## **Characteristics of Participants in Domestic Violence: Assessment at the Scene of Domestic Assault**

*Brookoff, D.; O'Brien, K.K.; Cook, C.S.; et al.*

*Journal of the American Medical Association, 277(17): 1369–1373, 1997*

Using a consecutive-sample survey study conducted at the scenes of police calls for domestic assault in Memphis, TN, in 1995, this study evaluates the characteristics of victims and perpetrators of domestic assault. A total of 136 participants (72 victims and 64 assailants) involved in 62 incidents of domestic violence and 75 adult family members at the scene were interviewed, using a confidential survey accompanied by a review of police records. Of 62 episodes of domestic assault, 42 (68 percent) involved weapons, and 11 (15 percent) resulted in serious injury. Fifty-five (89 percent) of 62

assault victims reported previous assaults by their current assailants—19 (35 percent) reported being assaulted daily. Although nearly all assault victims had called the police for help on previous occasions, only 12 (22 percent) reported having ever sought medical care, counseling, or shelter because of domestic assault. Sixty (92 percent) of the 64 assailants reportedly used alcohol or other substances on the day of the assault. Of the assailants, 28 (44 percent) had a history of arrest for charges related to violence, and 46 (72 percent) had an arrest for substance abuse. Eleven (15 percent) of the victims were children. Children directly witnessed 53 (85 percent) of the assaults. Most victims of domestic violence who had called the police rarely used medical or mental health facilities for problems related to family violence despite frequent assaults. Victims and assailants were willing to discuss their histories of family violence and undergo assessments at the scenes of police calls.

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## **A Silent Minority: Battered American Indian Women**

*Norton, I.M.; Manson, S.M.*

*Journal of Family Violence, 10(3): 307–318, 1995*

This study compares a mental health needs assessment survey of 198 American Indian women with interviews of 16 American Indian women requesting counseling for domestic violence at an urban Indian health center, using standardized measures. The majority of the women requesting services were not married, a

majority had low family incomes, and both the women and their partners abused substances. All of the women experienced increased depression and stress as a result of the battering. Women who reported a history of domestic violence on the needs assessment survey were more likely to be separated or divorced and reported more problems with alcohol than the women with no history of domestic violence. The results of the domestic violence program interviews are compared to the mental health needs assessment survey and studies of battered women living in shelters.



## **Substance Use, Risky Behaviors, and Victimization Among a U.S. National Adolescent Sample**

Windle, M.

*Addiction*, 89: 175–182, 1994

Data from the National Adolescent Student Health Survey were used to study the interrelations among substance use, risky (dangerous) behaviors, and victimization among 8th and 10th graders. Pearson correlations indicated significant associations between substance use

and both higher levels of risky behaviors (e.g., hitchhiking, going on a blind date) and victimization among adolescents. Regression analyses indicated the potency of risky behaviors as a predictor of victimization for male adolescents, and a significant risky behavior by illicit drug use interaction for female adolescents. Results are discussed with regard to potential short- and long-term health consequences of risky behaviors and violent victimization for psychological development in adolescence and adulthood.

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## **Battering and Substance Abuse**

### **Childhood Sexual Violence, Partner Violence, and Crack Cocaine**

Boyd, C.J.; Holmes, C.

*Journal of Addictions Nursing*, 10(3): 123–130, 1998

The association between childhood sexual abuse and current partner violence is examined in this study of a sample of women who smoke crack cocaine. The study focuses on partici-

pants' descriptive reports of childhood sexual violence and partner violence. Consistent with previous research, women were more likely to report being slapped, kicked, bitten, or beaten than they reported perpetrating the violence. A small percentage of women (12 percent) reported being in mutually violent relationships. No association was found among a previous history of childhood sexual trauma and current partner violence.

### **Screening Men for Partner Violence in a Primary Care Setting: A New Strategy for Detecting Domestic Violence**

Oriel, K.A.; Fleming, M.F.

*Journal of Family Practice*, 46(6): 493-498, 1998

Health care domestic violence initiatives have given little attention to screening men for violent behavior toward their partners. This study assesses whether men would answer questions about partner violence in a health care setting, estimates the prevalence of violent behavior in male primary care patients, and identifies characteristics associated with violent behavior using an anonymous written survey at three family medicine clinics. The survey instrument in-

cluded the Conflict Tactics Scale to measure aggressive and violent behavior and standard demographic and health behaviors questions. During the study, 375 men were seen. Of these, 317 (85 percent) participated and 237 met inclusion criteria. Thirty-two men (13.5 percent, 95 percent confidence interval [CI], 9.1-17.9) disclosed physical violence toward their partner in the previous 12 months. Ten men (4.2 percent, 95 percent CI, 3.7-4.8) reported severe violence. Men with increased alcohol consumption, depression, or history of abuse as children were more likely to report violent behavior. The presence of all three variables resulted in a probability of violence of 41 percent, compared with a baseline probability of 7 percent if no risk factors were present.

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### **Sociodemographic Predictors and Cultural Barriers to Help-Seeking Behavior by Latina and Anglo American Battered Women**

West, C.M.; Kantor, G.K.; and Jasinski, J.L.

*Violence and Victims*, 13(4): 361-375, 1998

Data from a national survey were used to investigate the help-seeking efforts of 1,970 Latinas (Mexican, Mexican-American, Puerto Rican) and Anglo-American women who experienced battering by intimate partners. The findings revealed that battered Latinas were significantly younger, less educated, and more impoverished than Anglo women. In addition, Latinas more often categorized their marriages as male-

dominated and their husbands as heavy drinkers. Bivariate analyses showed that Latinas who sought help were significantly more acculturated and more likely to have a heavy-drinking husband than those who did not seek help. Although battered women were active help-seekers, Latinas underused both informal and formal resources relative to Anglo women, with Mexican women least likely to seek assistance. When sociodemographic predictors of help-seeking were analyzed, being youthful and Anglo significantly increased the odds of help-seeking efforts. Low acculturation, as measured by preference for the Spanish language, was the only significant cultural barrier to help-seeking by Latinas.

## **Using Social Indicators to Predict Addiction**

Mammo, A.; French, J.F.

*Substance Use and Misuse*, 33(12): 2499–2513, 1998

Because of cost and other constraints, States often find it difficult to estimate need for treatment of alcohol-related problems from routine surveys. The social undesirability of illegal drug use makes the assessment of need for treatment of their use even more difficult. This paper uses independently obtained treatment need esti-

mates to provide parameters for short-term prediction. The authors obtained the parameters by regressing the proportions of people addicted to substances in counties on social-indicator-based relative treatment need estimates for substances. Substance abuse indicators included domestic violence and substance-related arrests, substance-related mortality, and number of alcohol retail outlets. In addition to integrating estimates coming from independent sources, this approach presents an important tool for planning and resource allocation.

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## **Alcohol Dependence and Domestic Violence: Incidence and Treatment Implications**

Maiden, R.P.

*Alcoholism Treatment Quarterly*, 15(2): 31–50, 1997

The study reviewed measured the incidence of domestic violence among alcoholics and the reduction of violence after completion of treatment and sought to identify variables that could be attributable to reducing domestic violence in recovering alcoholics. Data were collected on

the alcoholism treatment, recovery experience, and marital profile of 80 male alcoholics, ages 20 to 65. Subjects also responded to the Conflict Tactics Scale. Results show that alcoholism treatment substantially contributes to reducing the incidence of domestic violence but does not eliminate it. Recovering alcoholics may be able to control physically aggressive behaviors in the absence of alcohol abuse but continue to experience difficulty in mediating domestic conflicts. Overall findings support the need to intervene and treat alcohol abuse as a means of reducing domestic violence.



## **Double Your Trouble: Dual Arrest in Family Violence**

*Martin, M.E.*

*Journal of Family Violence*, 12(2): 139–157, 1997

The article describes the incidence and characteristics of dual arrest incidents in Connecticut following implementation of mandatory arrest legislation. Data were drawn from 4,138 disposed family violence cases in Connecticut's criminal court, 448 arrest records,

and 90 prosecutor files. Of the 448 cases disposed, 33 percent were dual arrests. Persons subject to dual arrest were primarily white, young, non-urban, unmarried, employed persons. The incident was likely to involve alcohol or drug use and physical beating with hands or fists. Forty percent of the women arrested were previously victimized in a domestic violence incident. Findings suggest that dual arrests may reflect both the differential use of violence in domestic relations and the overenforcement of policy by some police departments.

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## **Ethnic Adaptations to Occupational Strain: Work-Related Stress, Drinking, and Wife Assault Among Anglo and Hispanic Husbands**

*Jasinski, J.L.; Asdigian, N.L.; and Kantor, G.K.*

*Journal of Interpersonal Violence*, 12(6): 814–831, 1997

Previous research has established that both work stress and drinking are associated with increased risks for wife assaults. However, prior studies have not considered whether these relationships vary by ethnicity. This study used data from the 1992 National Alcohol and

Family Violence Survey, a national household survey of 1,970 families including an oversample of Hispanic families, to examine relationships among several types of stressors associated with the workplace, heavy drinking, and wife assaults. The results show that Anglo and Hispanic husbands each experienced different types of work stress, and they coped with those stressors differently. Among Hispanic husbands, all work stressors examined were associated with increased levels of both drinking and violence. In contrast, those same work stressors were associated with elevated levels of drinking, but not violence, among Anglos.

## **Violence, Trauma and Substance Abuse**

*Dunnegan, S.W.*

*Journal of Psychoactive Drugs*, 29(4): 345–351, 1997

A review of the relevant literature concerning posttraumatic stress disorder (PTSD), violence, and domestic violence suggests that violent behavior, trauma, and substance abuse have a substantial connection, and that shame is a powerful agent for rage. Shame permeates many levels of society: the individual, the family, institutions, and the community. Criminal justice system policies are directed toward promoting more shame in a population

that has been saturated with shame in many levels of the culture. Attention is focused on the role of substance abuse in the cycle of violence. Violent behavior, violent individuals, and victims of violence are deeply affected emotionally, physically, politically, and spiritually by drug use. This suggests that any program designed to promote healing violent behavior, for victims or perpetrators, should include attention to each of these spheres. The author describes a program developed in the San Francisco City and County jails that includes a stress reduction group, a personal writing group, a partner abuse group, and an anger and conflict management group.

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## **The Incidence of Domestic Violence Among Alcoholic EAP Clients Before and After Treatment**

*Maiden, R.P.*

*Employee Assistance Quarterly*, 11(3): 21–46, 1996

This study examines the effect of an employee assistance program (EAP) on domestic violence with 80 clients referred for alcoholism treatment. Subjects completed the Conflict Tactics

Scale. Ninety-four percent of subjects had engaged in behavior ranging from verbal intimidation to severe physical aggression before intervention. Moderate physical aggression and verbal intimidation continued to be reported after intervention. Regular attendance at Alcoholics Anonymous and frequent sponsor contact were significant in reducing domestic violence. Postintervention domestic violence suggests a continued pattern of violence but with less frequency and severity. Implications for EAP practitioners are considered.



## **Prospective Prediction of Husband Marital Aggression Within Newlywed Couples**

*Leonard, K.E.; Senchak, M.*

*Journal of Abnormal Psychology*, 105(3): 369–380, 1996

This study prospectively examined a social interactional model of husband marital aggression. Young couples were assessed at the time of their first marriage with respect to marital conflict styles, alcohol consumption, hostility,

gender identity, perceived power inequity, and history of family violence. Couples were reassessed at their 1-year anniversary, and information concerning marital aggression was collected. Most of the constructs were prospectively related to husband aggression, but these relationships were largely mediated through marital conflict styles and husband's alcohol consumption, which in turn were influenced by the husband's hostility, gender identity, and perceived power identity.

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## **Alcohol Abuse, Wife Assault, and Power Needs**

*Gondolf, E.W.*

*Social Service Review*, 69(2): 274–284, 1995

This study examines wife assault through the use of power theory, which suggests that

alcohol abuse and wife assault are manifestations of an underlying need for power and control related to gender-based distortions and insecurities. This theory implies that alcohol abuse and wife assault should be treated conjointly as weapons of power assertion and control.

## **The “Battering Syndrome”: Prevalence and Clinical Characteristics of Domestic Violence in Primary Care Internal Medicine Practices**

*McCauley, J.; Kern, D.E.; Kolodner, K.; Dill, L.; et al.*

*Annals of Internal Medicine*, 123: 737–746, 1995

Domestic violence is, unarguably, a leading women’s health issue and research is ongoing to estimate its prevalence, severity, causes, and clinical correlates. The most recent nationally representative data bearing on these issues are now more than a decade old, so there is definitive value in more locally focused studies. Issues of measurement and definition are only the most obvious among a host of methodologic difficulties that plague research on this topic. The authors report results for a sample of 1,952 female patients of varied age and social background who presented for care at any of four primary care internal medicine clinics in Baltimore (all of them associated with the Johns Hopkins School of Medicine). Using previously validated measures, the results suggest that 1 in 20 women have experienced domestic violence at least once in the previous year, 1 in 5 at some point in the adult lifetime, 1 in 3 at some point since birth. Although these numbers seem high, they are in fact somewhat lower than

other estimates of current abuse, estimates that range upward to as high as 14 percent in at least some studies in primary care settings. It is likely, although not certain, that varying definitions and methods of data collection account for the disparities across studies (versus, for example, true differences from city to city or sample to sample in the actual rates of abuse). Concerning demographic and clinical correlates, rates of domestic violence were elevated among younger women; single, divorced, or separated women; poor women; women who abused alcohol and drugs; and women living with men who abused alcohol and drugs. Abused women also scored higher than non-abused women on measures of anxiety, depression, and somatization and lower on measures of self-esteem. Suicide attempts and emergency room visits were also significantly higher among currently abused women than others. The correlations between abuse and these various social, demographic, psychological, and clinical factors are sufficiently strong to allow us to speak of a “battering syndrome.” Part of the syndrome—perhaps the truly fatal part—is the silence among its victims. Very few of the women in this study reported discussing their domestic violence histories with their physicians; evidence from other research shows that physicians are not likely to broach this topic either.

## **Substance Abuse and the Domestic Assault of Women**

*Bennett, L.W.*

*Social Work, 40(6): 760–772, 1995*

This article reviews research on the relationship between alcohol and drug use and domestic violence against women and discusses issues of assessment and intervention, including patterns of substance abuse. Ways in which substance

abuse are likely to increase the chance of woman abuse are discussed, including the effects of disinhibition, cognitive disruption, and individual power concerns. While no single, coherent model of the substance abuse-woman abuse relationship exists, several factors that have empirical support as antecedents or mediators of this relationship are presented, including witnessing abuse as a child, income or socioeconomic status, general violence outside the family, age, and personality characteristics.

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## **Attributions for Episodes of Marital Aggression: The Effects of Aggression Severity and Alcohol Use**

*Senchak, M.; Leonard, K.E.*

*Journal of Family Violence, 9(4): 371–381, 1994*

This study examined attributions for husband-to-wife marital aggression as a function of aggression severity and husbands' alcohol use. Subjects were a sample of 117 wives (mean age 23.89) and 109 husbands (mean age 24.72)

who reported an episode of serious physical aggression during a structured interview, conducted at 1 year after marriage. Results show sober husbands tended to blame their wives for severe aggression, but, unexpectedly, drinking husbands tended to assume responsibility for severe aggression. In contrast, wives' attributions were influenced mainly by severity. Wives held husbands' behavior more responsible for severe aggression than their own behavior and held husbands' character much more responsible than their own character.



## Stalking and Femicide

### Alcohol and Illicit Drug Abuse and the Risk of Violent Death in the Home

Rivara, F.P.; Mueller, B.A.; Somes, G.; Mendoza, C.T.; et al.

*Journal of the American Medical Association*, 278(7): 569-575, 1997

This study analyzed data from a case-control study of risk factors for homicide and suicide in three large metropolitan counties including 388 homicide cases, 438 suicide cases, and equal numbers of control matched for age, sex, race, and neighborhood and county. Structured interviews were conducted with proxy respondents close to the decedents to obtain information about use of alcohol or illicit drugs,

and history of alcohol-related hospitalization or trouble at work resulting from drinking by the subject. Data about alcohol use by others living in the same house as the subject were also obtained. The risks of homicide and suicide associated with substance use were elevated, as were the risks violent death associated with several indicators of chronic alcohol abuse. In addition, nondrinkers living in a home with alcohol users were at increased risk of homicide, and non-drug-using individuals residing in homes with illicit drug users were at greatly increased risk of homicide. The concept of the individual at risk of homicide should be broadened to include not only the abuser but also those who may be at risk because of their exposure to others.

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### Murder-Suicide of the Jealous Paranoia Type: A Multicenter Statistical Pilot Study

Palermo, C.B.; Smith, M.B.; Jenzten, J.M.; Henry, T.E.; et al.

*American Journal of Forensic Medicine and Pathology*, 18(4): 374-383, 1997

The authors present a pilot statistical study of murder-suicide comprising 32 cases from the years 1990-1992, collected from the offices of the medical examiners of seven counties in five States. The study includes brief reviews of previous statistical surveys of murder, murder-

suicide, and suicide. This study's conclusions parallel the findings of previous research on the demographic characteristics of the perpetrators of murder-suicide, the relationship between killers and victims, the types of weapons used, locations of the incidents, and the time intervals between the murder and suicide. It also highlights the similarities between the characteristics of the perpetrator of murder-suicide and those of persons who commit only suicide, supporting the thesis that murder-suicide is an extended suicide. Suggestions for prevention of such a crime are offered.

## **Risk Factors for Violent Death of Women in the Home**

Bailey, J.E.; Kellermann, A.L.; Somes, G.W.; Banton, J.G.; et al.  
*Archives of Internal Medicine*, 157(7): 777-782, 1997

This study identified risk factors for violent death of women in the home using a subgroup analysis of a large population-based case-control study database. Cases were defined as all homicides and suicides occurring in the homes of female victims in three metropolitan counties (Shelby County, TN; King County, WA; and

Cuyahoga County, OH) over a 5-year period. The study identified 266 cases, including 143 homicides and 123 suicides. Randomly selected control subjects were matched to the victims by neighborhood, sex, race, and age range. Exposures to potential risk factors were ascertained by interviewing a proxy for the victim 3 to 6 weeks after the violent death occurred. These answers were compared with those obtained from controls using matched-pairs methods. The study found that household use of illicit drugs, domestic violence, and readily available firearms place women at particularly high risk of homicide at the hands of a spouse, an intimate acquaintance, or a close relative.

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## **Stalking Behaviors Within Domestic Violence**

Burgess, A.W.; Baker, T.; Greening, D.; Hartman, C.R.; et al.  
*Journal of Family Violence*, 12(4): 389-403, 1997

The authors examined data from 120 male and female batterers of varied age and marital, educational, and economic status, who attended group treatment for batterers or who were charged with domestic violence from January to

February 1996 in a district court setting. The study produced the following findings: stalkers tended to live alone, were less likely to be married, were not living with children, and used more alcohol than non-stalkers. They also tended to have had a history of stalking offenses and of being abused themselves. Factor analysis found three stalking groupings: one in which discrediting was the key, a second revolving around love turning to hate, and a third factor included violent confrontation with the ex-partner.



## **Safe at Home? Domestic Violence and Other Homicides Among Women in New Mexico**

*Arbuckle, J.; Olson, L.; Howard, M.; Brillman, J.; et al.*

*Annals of Emergency Medicine, 27(2): 210–215, 1996*

This study is designed to define the contribution of domestic violence (DV) to homicides in women in New Mexico and to examine differences in ethnicity, mechanism, previous documented injuries, incidence of sexual assault, and alcohol or illicit drug use between DV- and non-DV-related homicides. The authors conducted a retrospective analysis of reports of the State office of the medical investigator (OMI) for all female homicides from 1990 to 1993 in New Mexico. A homicide was defined as being related to DV if the perpetrator was a current or former male intimate partner. The [chi]<sup>2</sup> and Mann-Whitney tests were used to analyze data. The OMI investigated 134 homicides in women, for an overall fatality rate of 4.3 per 100,000. A male intimate partner was the perpetrator in 62 cases (46 percent). The rate of DV homicide among American Indians

(4.9 per 100,000) was significantly higher than that among Hispanics (1.7) and non-Hispanic whites (1.8) (RR = 2.8; 95 percent confidence interval [CI], 1.5 to 5.1). Firearms were almost two times as likely to be used in DV homicides as in non-DV homicides (RR = 1.8; 95 percent CI, 1.2 to 2.6). Evidence of old injuries was found more often in DV homicide cases (35.5 percent) than in non-DV cases (8.3 percent) (RR = 4.3; 95 percent CI, 1.8 to 9.8). The presence of alcohol or other drugs was higher among non-DV homicide victims (69 percent) than DV homicide victims (54.3 percent) (P=.03). The authors concluded that American Indian women are at particularly high risk of homicide, including DV homicide. Firearms were overrepresented in DV homicides, suggesting that removing firearms from the homes of previous DV perpetrators would be a useful public health strategy. Alcohol or illicit drugs were found in approximately two-thirds of New Mexico women who were victims of homicide. The high prevalence of history of previous injuries among DV homicide victims indicates that early identification of DV victims in the emergency department and other health care settings is an important point of intervention.

## Substance Abuse in Rape and Sexual Assault

### **The Contribution of Alcohol to the Likelihood of Completion and Severity of Injury in Rape Incidents**

*Martin, S.E.; Bachman, R.*

*Violence Against Women*, 4(6): 694-712, 1998

This study examined the effect of the perpetrator's alcohol consumption on the probability that a rape will be completed and the likelihood and seriousness of physical injuries to victims of rape. Using data on 279

rape victims from the National Crime Victimization Survey of the Bureau of Justice Statistics for 1992-1994, the authors test three hypotheses regarding the effect of perpetrator drinking, using multivariate models to control for situational factors and victims' demographic characteristics. Data suggest that drinking by the perpetrator decreases the likelihood that a rape will be completed, increases the likelihood of victim injury, and shows no relationship between perpetrator drinking and the victim's need for medical care.

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### **Sexual Coercion, Domestic Violence, and Negotiating Condom Use Among Low-Income African American Women**

*Kalichman, S.C.; Williams, E.A.; Cherry, C.; Belcher, L.; and Nachimson, D.*

*Journal of Women's Health*, 7(3): 371-378, 1998

Coercion to engage in unwanted sex places women at risk for HIV infection. A survey of 125 African-American women (ages 18 to 58) living in low-income housing developments in Fulton County, GA, showed that 53 women (42 percent) had engaged in unwanted sex because a male partner threatened to use force or used

force to obtain sexual access. Women who had been sexually coerced were more likely to have used marijuana and crack cocaine and to have abused alcohol. Coerced women were more likely to have been physically abused by a domestic partner. These women were also more likely to perceive that requesting male partners to use condoms would create a potentially violent situation. These results suggest that women experience an interactive constellation of social problems that create risks for HIV infection, and therefore that efforts to prevent HIV infection among women will require multifaceted intervention strategies to reach both men and women at risk.

### **Alcohol and Dating Risk Factors for Sexual Assault Among College Women**

*Abbey, A.; Ross, L.T.; McDuffie, D.; and McAuslan, P.*

*Psychology of Women Quarterly*, 20(1): 147–169, 1996

This study examined the relationship between alcohol consumption and dating risk factors for sexual assault with 1,160 undergraduate women. More than half of the subjects had experienced some form of sexual assault. Ninety-five percent of these assaults were

committed by someone known to the subject, and almost half involved alcohol consumption by the man, the woman, or both. Discriminant function analyses indicated that dating, sexual, and misperception experiences and alcohol consumption during these experiences predicted assault group status. Alcohol consumption during consensual sex and sexual misperceptions were positively related to alcohol consumption during the sexual assault. The predictors of assault group status were similar for black and white subjects. Suggestions are made for combining alcohol and sexual assault prevention programming.

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### **Through Her Eyes: Factors Affecting Women's Perception of and Resistance to Acquaintance Sexual Aggression Threat**

*Norris, J.; Nurius, P.S.; and Dimeff, L.A.*

*Psychology of Women Quarterly*, 20(1): 123–145, 1996

This study investigated the effect of social contexts on 66 college sorority women's perceptions of and responses to sexual aggression threat by fraternity acquaintances.

Questionnaire and focus group findings indicate that greater psychological barriers to response were associated with indirect resistance strategies. Alcohol consumption was a barrier to effective resistance, possibly by increasing embarrassment and involving a belief that the abuse was deserved. Subjects held a high sense of invulnerability to victimization and an optimistic belief in their ability to resist sexual aggression. Previously victimized subjects indicated greater psychological barriers to resistance.



## **Adverse Factors Associated With Forced Sex Among Southern Adolescent Girls**

*Nagy, S.; DiClemente, R.; and Adcock, A.G. Pediatrics, 96(5): 944-946, 1995*

This study examines adverse behavioral and psychological factors associated with forced sex experiences of adolescent girls compared with their sexually active counterparts. The study used an anonymous self-report survey examining an array of psychosocial items, to which 3,124 8th- and 10th-grade female students responded. Sexually-abused girls were more likely to have been pregnant, to have initiated sexual intercourse at a younger age, to indicate illegal

drug use, to have feelings of expression, to express more frequent suicidal ideation, and to have been physically abused. Behaviors such as gateway drug use, truancy, binge drinking of alcohol, and participation in violent episodes that were previously identified as indicators of sexual abuse did not distinguish between sexually active adolescents and those who had been sexually abused. Physicians should consider carefully a structured series of questions relating to behaviors as one approach in determining the risk of sexual abuse. Positive responses to young sexual initiation, pregnancy, illegal drug use, negative mental health states, and evidence of physical abuse are potential markers of sexual abuse in adolescent female clients.

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## **A Prospective Analysis of the Relationships Among Sexual Assault Experiences**

*Gidycz, C.A.; Hanson, K.; and Layman, M.J. Psychology of Women Quarterly, 19(1): 5-19, 1995*

This article is an extension of earlier work; it examines the link among sexual victimization experiences for 178 college women. Respondents were evaluated for child and adolescent sexual victimization, family adjustment, alcohol

use, psychological adjustment, interpersonal functioning, and sexual behavior. They were reevaluated at 3, 5-6, and 9 months for adult victimization, psychological adjustment, interpersonal functioning, and sexual behavior. Log linear analysis indicated that chances of being victimized in one time period increased with greater severity of victimization in the preceding time period. The path analysis assessing the mediating effects of these variables on victimization experiences was partially supported.

## **Self-Reported Alcohol Expectancies and Post-Drinking Sexual Inferences About Women**

George, W.H.; Cue, K.L.; Lopez, P.A.; et al.  
*Journal of Applied Social Psychology*, 25(2):  
164-186, 1995

This study examined whether perceivers' alcohol expectancies would influence their post-drinking sexual inferences about women. Two hundred thirty-five undergraduates completed a brief expectancy measure, read a vignette depicting a beer- or cola-drinking

woman, and evaluated the woman. Subjects rated the beer-drinking woman as more sexual than her cola-drinking counterpart. Male but not female subjects exhibited the predicted expectancy by drink interaction. High expectancy men but not low expectancy men rated the beer-drinking woman as more likely to engage in sexual behaviors than the cola-drinking woman. This finding was evident on behaviorally specific measures, but not on trait-like measures. It seems that post-drinking sexual inferences originate in stereotype and at least for men are modified by personal expectancies drawn from actual and vicarious experiences.



## **The Vicious Cycle: Substance Abuse as a Consequence of Intimate-Partner Violence**

### **The Interrelationships Between Abuse, Substance Use, and Psychosocial Stress During Pregnancy**

Curry, M.A.

*American Journal of Maternal Child Nursing*, 24(4): 211, 1999

Using a prospective study of 1,937 predominantly low-income, ethnically diverse pregnant women in urban prenatal clinics, the study seeks to describe the association among abuse during pregnancy, substance use, and psychosocial stress. Three questions from the Abuse Assessment Screen were used to measure abuse. For the total sample, 25.7 percent reported physical abuse in the past year, 10.5 percent physical abuse since pregnancy, and 4.5 percent sexual abuse in the past year. Ado-

lescents were significantly more likely to report any abuse (37.6 percent) than were adults (22.6 percent) (chi-square = 44.94; df = 1;  $p < 0.001$ ). White abused women were significantly more likely to report tobacco use and alcohol. Abused Asian women were more likely to smoke as were women ethnically described as "other." The authors found a higher, but not statistically significant, rate of substance use among abused and non-abused African-American, Native American, and Hispanic women. Abused women of all races reported higher stress, less support from partners, less support from others, and lower self-esteem. Abuse during pregnancy is associated with an increased incidence of substance use and psychosocial stress. These relationships must be incorporated into the clinical care of abused pregnant women.

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### **A 2-Year Longitudinal Analysis of the Relationships Between Violent Assault and Substance Abuse in Women**

Kilpatrick, D.G.; Acierno, R.; Resnick, H.S.; Best, C.L.; and Saunders, B.E.

*Consulting and Clinical Psychology*, 65(5): 834–847, 1998

Women's victimization by physical and sexual assault may lead to escalation of substance use, and reciprocally their substance use may increase risk of assault. The directionality of this

relationship is addressed in a 3-wave longitudinal study involving a U.S. national probability sample of 3,006 women followed for 2 years. Wave 1 use of drugs, but not abuse of alcohol, increased the odds of new assault in the subsequent 2 years. Reciprocally, after a new assault, the odds of both alcohol abuse and drug use increased significantly, even among women with no previous use of assault history. Findings support a vicious-cycle relationship in which substance use increases the risk of future assault and assault increases the risk of subsequent substance use.

### **Unmet Needs of Older Women in a Clinic Population: The Discovery of Possible Long-Term Sequelae of Domestic Violence**

Wolkenstein, B.H.; Sterman, L.  
*Professional Psychology—Research and Practice*,  
29(4): 341–348, 1998

The effects of prior domestic violence may significantly affect older women who seek mental health services. In two community mental health centers, older women frequently

presented with depressive and anxious symptoms, poor family relationships, multiple health problems, alcohol dependence (in themselves, their former spouses, and their children), and economic difficulties. Increased media attention to domestic violence often preceded first-time disclosure of abuse within their marriages, which often had occurred years ago. Peers and family members rarely provided adequate support. Practitioners should assess for prior abuse, and treatment must address the full spectrum of these clients' needs.

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### **Victimization Among Substance-Abusing Women: Worse Health Outcomes**

Liebschutz, J.M.; Mulvey, K.P.; and Samet, J.H.  
*Archives of Internal Medicine*, 157(10): 1093–1097, 1997

Although women with a history of victimization are known to have increased somatic symptoms, health care utilization, and substance abuse, the health effects of victimization on substance-abusing women are uncertain. This study interviewed 2,322 women seeking public-funded addiction services from September 1992 to January 1996 to examine whether a history of victimization among substance-abusing women is associated with more medical problems or emergency department visits. The study used bivariate and multivariate analyses to compare women with a lifetime history of physical or sexual abuse with those without such a history. Variables included episodic medical disease, chronic medical disease, recent emergency department visits, substance abuse characteristics, and demographic data. The prevalence of victimization was 42 percent.

In bivariate analyses, the following variables had significant association with victimization histories: episodic medical disease, recent emergency department visit, chronic medical disease, primary care physician's awareness of substance abuse history, ethnicity, and lower income. Alcohol and crack cocaine users had higher prevalence of victimization compared with heroin or non-users of crack cocaine ( $P=.001$ ). In the logistic regression, the following variables remained independently and significantly associated with victimization: episodic medical disease (odds ratio [OR], 2.15; 95 percent confidence interval [CI], 1.70- 2.73), physician awareness of substance abuse (OR, 1.78; 95 percent CI, 1.42-2.23), emergency department visit (OR, 1.57; 95 percent CI, 1.22-2.03), chronic medical disease (OR, 1.51; 95 percent CI, 1.19-1.92), and lower income. Victimization in urban, poor, substance-abusing women is associated with more medical disease and health care utilization. Interventions that focus on the interconnected problems these women face may more effectively affect this challenging population.



## **Violence and Substance Use Among North Carolina Pregnant Women**

*Martin, S.; English, K.T.; Clark, K.A.; Cilenti, D.; et al.*  
*American Journal of Public Health, 86(7): 991–998, 1996*

Prenatal patients were studied to examine the proportion of women who had been violence victims, women's patterns of substance use (cigarettes, alcohol, and illicit 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 the 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 than non-victims to use multiple substances. Continuation of substance use during pregnancy was significantly more likely among violence victims than non-victims. Care providers should screen women for violence as well as for substance use and should ensure that women are provided with appropriate interventions.

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## **Substance-Abusing Women: False Stereotypes and Real Needs**

*Goldberg, M.E.*  
*Social Work, 40(6): 789–798, 1995*

This article reviews and interprets recent literature on substance abuse problems and treatments among women. Data show that alcohol and drug abuse among women occurs at similar rates among poor and nonpoor people and among whites and minorities. Major risk factors include childhood sexual or physical abuse, adult victimization by domestic violence,

and having a spouse or partner who is a substance abuser. It is argued that standard treatment programs are based on male processes of recovery, and women with children face enormous problems of access to treatment. Although most studies have found that white women and minority women use substances during pregnancy at similar rates, minority women are disproportionately tested for drug use and receive more child protective services interventions. Findings indicate that prevention of substance abuse-related problems among women requires more than simply education.

## **Abuse During Pregnancy: Effects on Maternal Complications and Birth Weight in Adult and Teenage Women**

Parker, B.; McFarlane, J.; and Soeken, K.  
*American Journal of Obstetrics and Gynecology*,  
84(3): 323-338, 1994

This study examines the incidence of physical and sexual abuse in a sample of adult and teen pregnant women based upon 1,203 African-American, Hispanic, and white urban female residents who were screened for abuse on their first prenatal visit and in the second and third trimesters. Infant birth weight was obtained by record review. Abuse during pregnancy was reported by 20.6 percent of teens and 14.2 percent of the adult women ( $P < .01$ ). Both abused teens and adults were more likely than

nonabused women to enter prenatal care in the third trimester. For the aggregate sample of 1,203 women, abuse during pregnancy was a significant risk for low birth weight (LBW), as well as low maternal weight gain, infections, anemia, smoking, and alcohol or drug use. Using Institute of Medicine risk factors for LBW, abused adults were at significantly greater risk for poor obstetric history, short inter-pregnancy interval, infections, anemia, smoking, and alcohol or drug usage. Abused teens had a significantly greater risk for poor weight gain, first- or second-trimester bleeding, smoking, and alcohol or drug use. One in five teens and one in six adult women experienced abuse during pregnancy. Abuse is related to LBW and late entry into prenatal care. Abuse can be documented readily with a short abuse assessment screen and interventions then initiated.

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## **Barriers to Cooperation Between Domestic-Violence and Substance Abuse Programs**

Bennett, L.; Lawson, M.  
*Families in Society: Journal of Contemporary Human Services*, 75: 277-286, May 1994

This is a survey of 388 staff and administrators, drawn from a statewide sample of 74 substance abuse and domestic violence programs, who completed a questionnaire on linkage, referral,

impairments to interagency cooperation, and beliefs about cross-problem incidence. Subjects estimated that 46 percent of the male substance abusers currently in their care were batterers, 60 percent of the female substance abusers were victims, and 42 percent of the women currently in domestic violence programs were substance abusers. Eighty percent of the subjects indicated that these clients would benefit from increased cooperation between substance abuse and domestic violence programs.



# *Organizations and Internet Sites*

## **Federal Resources**

**Bureau of Alcohol, Tobacco, and Firearms (ATF)**  
650 Massachusetts Avenue, NW., Room 8290  
Washington, DC 20226  
202-927-8500  
[www.atf.treas.gov/](http://www.atf.treas.gov/)

**Bureau of Justice Statistics**  
810 Seventh Street, NW.  
Washington, DC 20531  
202-307-0765  
[www.ojp.usdoj.gov/bjs](http://www.ojp.usdoj.gov/bjs)  
The following titles are available via the Bureau of Justice Statistics' Web site:

- The Spouse Murder Defendants in Large Urban Counties (NCJ#153256)
- The Survey of Adults on Probation (SAP)
- The Survey of Inmates in State Correctional Facilities (SISCF)
- The Survey of Inmates in Local Jails (SILJ)

**Bureau of Primary Health Care**  
Office of Minority and Women's Health  
Bureau of Primary Health Care  
4350 East-West Highway, 3rd Floor  
Bethesda, MD 20814  
301-594-4490  
[www.hrsa.dhhs.gov/hrsa/omh/omh.htm](http://www.hrsa.dhhs.gov/hrsa/omh/omh.htm)

**Center for Mental Health Services**  
Knowledge Exchange Network (KEN)  
P.O. Box 42490  
Washington, DC 20015  
800-789-2647  
[www.mentalhealth.org/](http://www.mentalhealth.org/)

**Center for Substance Abuse Prevention (CSAP)**  
Substance Abuse and Mental Health Services Administration (SAMHSA)  
5600 Fishers Lane, Suite 900  
Rockwall II Bldg.  
Rockville, MD 20857  
301-443-0365  
800-729-6686 (SAMHSA's National Clearinghouse for Alcohol and Drug Information)  
[www.samhsa.gov/csap](http://www.samhsa.gov/csap)

**Center for Substance Abuse Treatment (CSAT)**  
5600 Fishers Lane, Room 618  
Rockwall II Bldg.  
Rockville, MD 20857  
301-443-5052  
800-729-6686 (SAMHSA's National Clearinghouse for Alcohol and Drug Information)  
[www.samhsa.gov/csat](http://www.samhsa.gov/csat)

**Centers for Disease Control and Prevention (CDC)**  
Office on Smoking and Health  
Public Information Branch  
4770 Buford Highway, NE.  
Atlanta, GA 30341-3724  
770-488-5708  
[www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)

**Decision Support System for Prevention of Substance Abuse**  
[www.preventiondss.org](http://www.preventiondss.org)

**Federal Bureau of Investigation (FBI)**  
935 Pennsylvania Avenue, NW.  
Washington, DC 20535  
202-737-3759  
[www.fbi.gov](http://www.fbi.gov)

Girl Power! (special prevention programs for girls under 15)

[www.health.org/gpower](http://www.health.org/gpower)

Health Resources and Services Administration (HRSA)

Parklawn Building  
5600 Fishers Lane  
Rockville, MD 20857  
[www.hrsa.dhhs.gov](http://www.hrsa.dhhs.gov)

Health Topics A-Z

[www.cdc.gov/health/](http://www.cdc.gov/health/)

Indian Health Service

Alcoholism and Substance Abuse Program  
Room 6A-20  
5600 Fishers Lane  
Rockville, MD 20857  
301-443-4644  
[www.ihs.gov](http://www.ihs.gov)

National Center for Injury Prevention and Control (NCIPC)

Mailstop K65  
4770 Buford Highway, NE.  
Atlanta, GA 30341-3724  
770-488-1506  
[www.cdc.gov/ncipc/](http://www.cdc.gov/ncipc/)

National Health Information Center (NHIC)

P.O. Box 1133  
Washington, DC 20013-1133  
301-565-4167  
800-336-4797  
[www.nhic-nt.health.org](http://www.nhic-nt.health.org)

The National Incident-Based Reporting System (NIBRS)

[www.nibrs.search.org](http://www.nibrs.search.org)

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

6000 Executive Blvd., Suite 505  
Wilco Building  
Bethesda, MD 20892-7003  
301-443-1677  
[www.niaaa.nih.gov](http://www.niaaa.nih.gov)

National Institute on Drug Abuse (NIDA)

6001 Executive Blvd., Room 5213  
MSC 9561  
Bethesda, MD 20892-9561  
301-443-1124  
[www.drugabuse.gov](http://www.drugabuse.gov)

National Institute of Mental Health (NIMH)

6001 Executive Blvd., Room 8184  
MSC 9663  
Bethesda, MD 20892-9663  
301-443-4513  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

National Institutes of Health (NIH)

9000 Rockville Pike  
Bethesda, MD 20892  
301-496-4000  
[www.nih.gov](http://www.nih.gov)

National Library of Medicine (NLM)

8600 Rockville Pike  
Bethesda, MD 20894  
301-594-5983  
[www.nlm.nih.gov](http://www.nlm.nih.gov)

Office of Behavioral and Social Sciences Research

National Institutes of Health  
Building 1, Room 326  
1 Center Drive  
Bethesda, MD 20892-0183  
[www1.od.nih.gov/obssr/obssr.asp](http://www1.od.nih.gov/obssr/obssr.asp)

Office of Minority Health

Bureau of Primary Health Care  
4350 East-West Highway, 3rd Floor  
Bethesda, MD 20814  
301-594-4490  
[www.bphc.hrsa.gov/omwh/omwh.htm](http://www.bphc.hrsa.gov/omwh/omwh.htm)

Office of National Drug Control Policy (ONDCP)

P.O. Box 6000  
Rockville, MD 20849-6000  
800-666-3332  
[www.whitehousedrugpolicy.gov](http://www.whitehousedrugpolicy.gov)

Partnerships Against Violence Network (Pavnet)  
www.pavnet.org  
(This Federal partnership includes the U.S. Departments of Agriculture, Defense, Education, Health and Human Services, Housing and Urban Development, Labor, and Justice.)

SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI)  
P.O. Box 2345  
Rockville, MD 20847-2345  
800-729-6686  
800-487-4889 TDD  
www.health.org

Sourcebook of Criminal Justice Statistics  
www.albany.edu/sourcebook/

Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane  
Rockville, MD 20857  
301-443-6315  
www.samhsa.gov

The Uniform Crime Report  
fisher.lib/virginia.edu/crime/

U.S. Department of Justice  
950 Pennsylvania Avenue, NW.  
Washington, DC 20530-0001  
www.usdoj.gov

## Other Resources

American Bar Association Commission on Domestic Violence  
750 N. Lake Shore Drive  
Chicago, IL 60611  
www.abanet.org/domviol

American Council for Drug Education  
164 West 74th Street  
New York, NY 10023  
800-488-DRUG  
212-595-5810, x7860  
www/acde.org

American Medical Association  
515 North State Street  
Chicago, IL 60610  
312-464-5000  
www.ama-assn.org

AMA Women's Health Information Center  
www.ama-assn.org/special/womh/

American Medical Women's Association  
801 N. Fairfax Street, Suite 400  
Alexandria, VA 22314  
703-838-0500  
www.amwa-doc.org/

American Psychiatric Association  
1400 K Street, NW.  
Washington, DC 20005  
202-682-6000  
www.psych.org

American Psychological Association  
750 First Street, NE.  
Washington, DC 20002-4242  
202-336-5500  
www.apa.org

APA PsycNET®  
www.apa.org

Ayuda (information about the rights of battered immigrant women)  
www.incacorp.com/ayuda

Center of Alcohol Studies  
Rutgers University  
607 Allison Road  
Piscataway, NJ 08854-8001  
732-445-3568  
www.rci.rutgers.edu/~cas2/

Family Research Laboratory  
126 Horton Social Science Center  
University of New Hampshire  
Durham, NH 03824-3586  
603-862-1888  
www.unh.edu/frl



Family Violence Prevention Fund  
383 Rhode Island Street, Suite 304  
San Francisco, CA 94103-5133  
415-252-8900  
[www.fvpf.org/](http://www.fvpf.org/)

Join Together (Gun Violence Project)  
[www.jointogether.org/gv](http://www.jointogether.org/gv)

Muriel McQueen Fergusson Centre for Family Violence Research  
678 Windsor Street  
Fredericton, New Brunswick E3B 5A3  
Canada  
506-453-4788  
[www.unb.ca/web/arts/CFVR/](http://www.unb.ca/web/arts/CFVR/)

Minnesota Center Against Violence and Abuse  
School of Social Work  
University of Minnesota  
105 Peters Hall  
1404 Gortner Avenue  
St. Paul, Minnesota 55108-6142  
612-624-0721  
800-646-2282 (For Minnesota residents only)  
[www.mincava.umn.edu/](http://www.mincava.umn.edu/)

Minnesota Indian Women's Resource Center  
2300 15th Avenue South  
Minneapolis, MN 55404  
612-728-2000  
[nnic.com/miwrc.html](http://nnic.com/miwrc.html)

Muslims Against Family Violence  
[www.mpac.org/mafiv/](http://www.mpac.org/mafiv/)

National Alliance for Hispanic Health  
1501 16th Street, NW.  
Washington, DC 20036-1401  
202-387-5000  
[www.hispanichealth.org](http://www.hispanichealth.org)

National Asian Pacific American Families Against Substance Abuse, Inc.  
340 East Second Street  
Suite 409  
Los Angeles, CA 90012  
213-625-5795  
[www.napafasa.org](http://www.napafasa.org)

National Black Alcoholism and Addictions Council  
1000 16th Street, NW., Suite 702  
Washington, DC 20036  
202-296-2696  
[www.borg.com/~nbac/](http://www.borg.com/~nbac/)

National Center on Addiction and Substance Abuse at Columbia University  
633 Third Avenue, 19th Floor  
New York, NY 10017-6706  
212-841-5200  
[www.casacolumbia.org/](http://www.casacolumbia.org/)

National Center on Women and Aging  
Heller Graduate School  
MS 035  
Brandeis University  
Waltham, MA 02454-9110  
800-929-1995  
781-736-3866  
[www.heller.brandeis.edu/national/cont.htm](http://www.heller.brandeis.edu/national/cont.htm)

National Coalition Against Domestic Violence  
P.O. Box 18749  
Denver, CO 80218  
303-839-1852  
[www.ncadv.org/](http://www.ncadv.org/)

National Coalition Against Sexual Assault  
125 N. Enola Drive  
Enola, PA 17025  
717-728-9764  
[www.ncasa.org/](http://www.ncasa.org/)



National Consortium on Violence Research (NCOVR)  
412-268-8311  
[www.ncovr.heinz.cmu.edu](http://www.ncovr.heinz.cmu.edu)

National Council on Alcoholism and Drug  
Dependence, Inc. (NCADD)  
12 West 21st, 7th Floor  
New York, NY 10017  
212-206-6770  
800-NCA-CALL  
[www.ncadd.org](http://www.ncadd.org)

National Council of Juvenile and Family Court  
Judges—Resource Center on Domestic Violence,  
Child Protection and Custody  
1041 N. Virginia Street  
P.O. Box 8970  
Reno, NV 89507  
775-784-6012  
[www.ncjfcj.unr.edu/](http://www.ncjfcj.unr.edu/)

National Crime Prevention Council (NCPC)  
1000 Connecticut Avenue, NW., 13th Floor  
Washington, DC 20036  
202-466-6272  
[www.ncpc.org](http://www.ncpc.org)

National Intimate Partner Violence (IPV) Resources  
[www.nemaine.com/carr/nationalresources.htm](http://www.nemaine.com/carr/nationalresources.htm)

National Medical Association  
1012 10th Street, NW.  
Washington, DC 20001  
202-347-1895  
[www.nmanet.org](http://www.nmanet.org)

National Network for Family Resiliency  
[www.nnfr.org/research/pv](http://www.nnfr.org/research/pv)

National Organization for Victim Assistance  
1757 Park Road, NW.  
Washington, DC 20010  
202-232-6682  
[www.try-nova.org/](http://www.try-nova.org/)

National Women's Resource Center  
E-mail: [nwrc@erols.com](mailto:nwrc@erols.com)

The National Women's Study  
National Center for Victims of Crime  
2111 Wilson Blvd., Suite 300  
Arlington, VA 22201  
703-276-2880  
[www.nvc.org](http://www.nvc.org)

OnLine Resource Center (NCPC)  
[www.ncpc.org/ncpc1.htm](http://www.ncpc.org/ncpc1.htm)

Pacific Center for Violence Prevention  
[www.pcvp.org](http://www.pcvp.org)

Partnership for a Drug Free America  
405 Lexington Avenue, 16th Floor  
New York, NY 10174  
212-922-1560  
[www.drugfreeamerica.org](http://www.drugfreeamerica.org)

Physicians for Social Responsibility  
Violence Prevention Program  
1101 14th Street, NW., Suite 700  
Washington, DC 20005  
202-898-0150, x236  
[www.psr.org](http://www.psr.org)

PubMed (National Library of Medicine, National  
Institutes of Health)  
[www.ncbi.nlm.nih.gov/entrez/query.fcgi](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi)

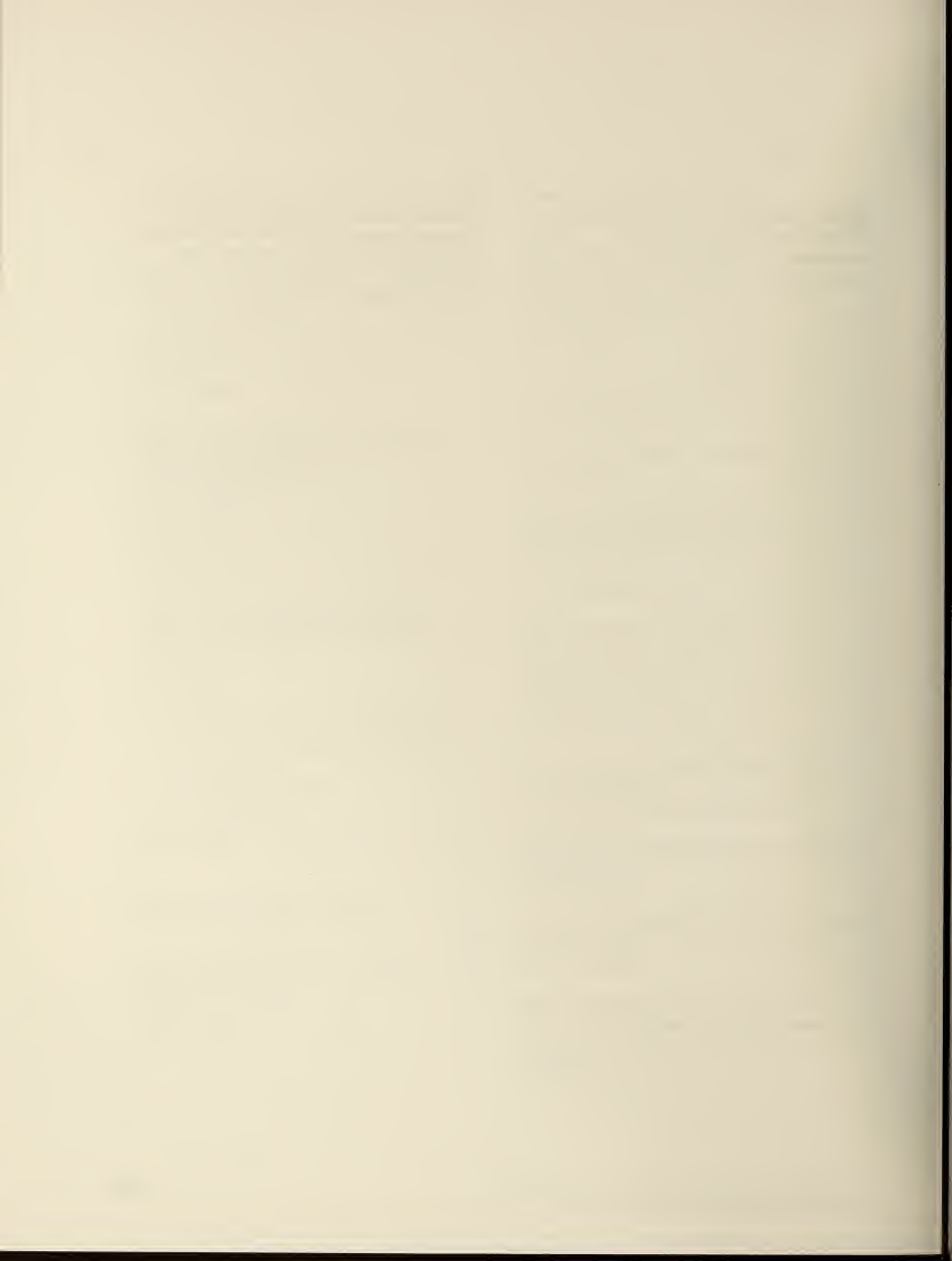
RAINN: Rape, Abuse and Incest National Network  
(800-656-HOPE)  
[www.rainn.org](http://www.rainn.org)

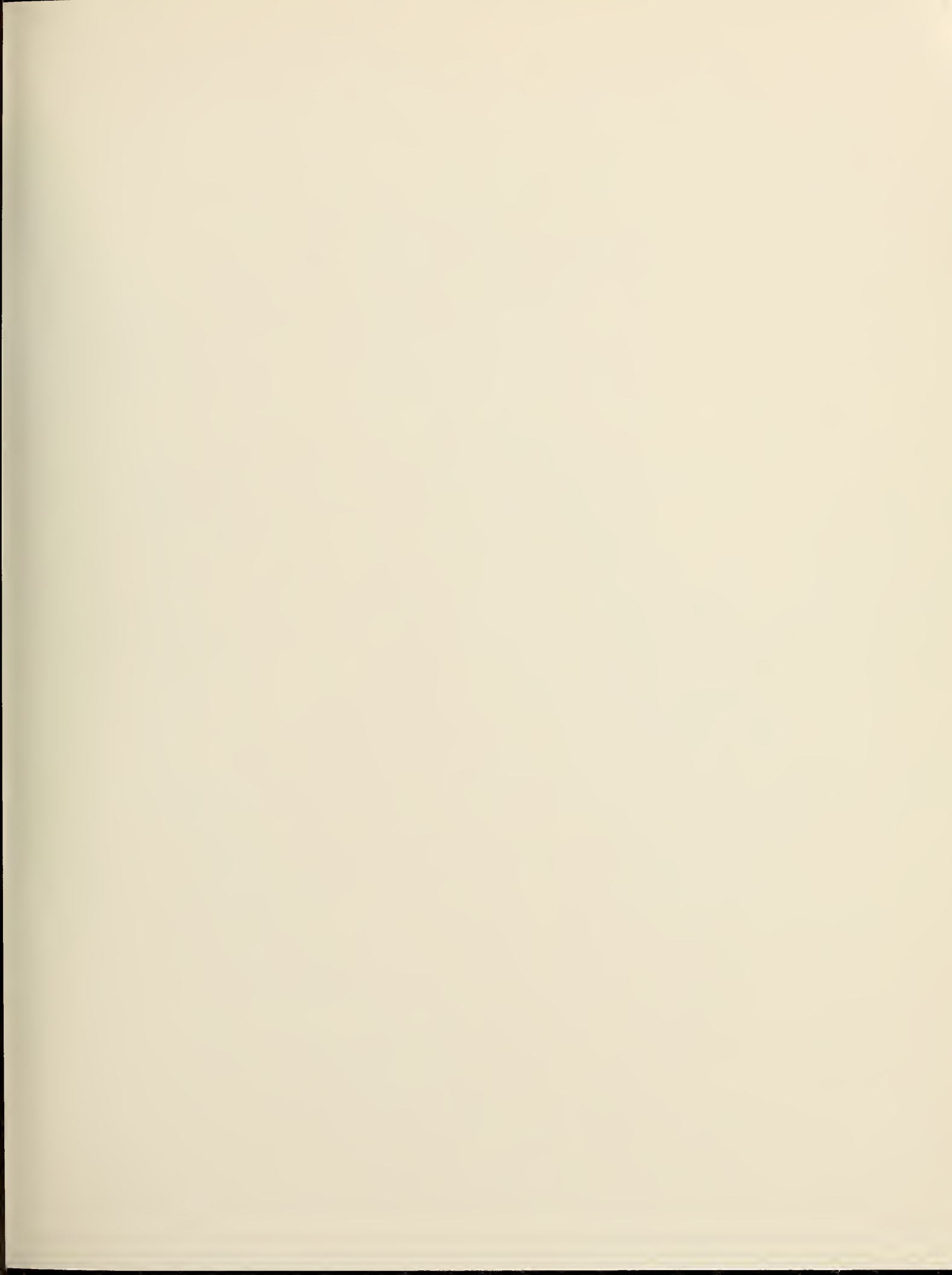
The Renfrew Center (women's mental health center)  
(various locations)  
[www.renfrew.org](http://www.renfrew.org)

VAWA (information about the Violence Against  
Women Act of 1999, the VAWA Reauthorization Bill,  
and national and local groups supporting the  
legislation)  
[www.VawAct.com](http://www.VawAct.com)

Violence Policy Center  
1140 19th Street, NW., Suite 600  
Washington, DC 20036  
[www.vpc.org](http://www.vpc.org)

Web Resources for Asian-American Victims of  
Domestic Violence (a comprehensive list compiled by  
the Domestic Violence Project of Santa Clara  
County, CA)  
[www.growing.com/nonviolent/22](http://www.growing.com/nonviolent/22)







# Other resource guides in this series include:

## Children Witnessing Violence and Substance Abuse

SMA 00-3449



## Youth Firearm Violence

SMA 00-3442



## Hate Crimes

SMA 00-3445



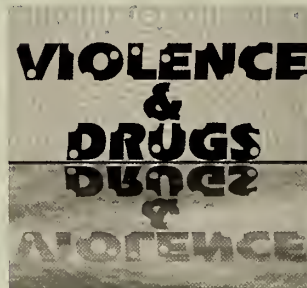
## Violence Against the Elderly

SMA 00-3443



## Violence: An Overview of Its Relationship to Substance Abuse

SMA 00-3326



## Suicide

SMA 00-3448



## Gangs

SMA 00-3444



## Violence in the Media

SMA 00-3447



## Violence in Schools

SMA 00-3446

