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Brief article

Domestic violence treatment referrals for men seeking alcohol treatment

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Abstract

The annual prevalence of intimate partner violence (IPV) in samples of men seeking alcohol treatment has been estimated at 50% or higher. One proposed approach to these co-occurring problems is the provision of IPV screening and treatment referrals within alcohol treatment programs. The current study found that alcohol treatment providers infrequently referred men with a pretreatment year history of IPV to domestic violence treatment programs, and that men receiving such referrals rarely followed the recommendation and sought additional treatment. These findings suggest future research is necessary to identify factors that may act as barriers to IPV assessment or referral in alcohol treatment settings, factors that may limit client follow-through on such referrals, and new strategies for addressing IPV in substance abusing populations. © 2003 Elsevier Inc. All rights reserved.

Keywords: Intimate partner violence; domestic violence; alcohol dependence; substance abuse; treatment referral

1. Introduction

Physical assaults by men against their female romantic partners, also referred to as intimate partner violence (IPV), represent an important social problem. Intimate partner violence results in serious physical injuries and psychological distress for its victims (Cascardi, Langhinrichsen, & Vivian, 1992), as well substantial societal costs related to mental health care, physical health care, criminal justice interventions, child welfare, social services, and lost work productivity. The prevalence of IPV is highly elevated among men seeking alcohol treatment: National surveys estimate that each year approximately 12–14% of married and cohabiting men in the U.S. engage in physical violence against a romantic partner (Schafer, Caetano, & Clark, 1998; Straus & Gelles, 1990). In contrast, the pre-treatment year prevalence of IPV in alcohol treatment seeking populations has been estimated at 50% or higher (Chermack, Fuller, & Blow, 2000; Murphy & O'Farrell, 1994; O'Farrell & Murphy, 1995).

The elevated prevalence of IPV among men seeking alcohol treatment suggests alcohol treatment facilities may represent an important point of entry into the mental health system for men who engage in IPV. A number of strategies for addressing IPV in these populations have been suggested, including formal screening for IPV in alcohol treatment programs and referral to domestic violence treatment programs where appropriate (Collins, Kroutil, Roland & Moore-Gurrera, 1997). Assessment and referral is an intuitively appealing strategy for addressing IPV in alcohol treatment facilities, because it is relatively easy to implement in almost any alcohol treatment setting, and it makes use of existing partner violence treatment resources in the community. Nonetheless, a survey of directors and staff at over 50 substance abuse treatment programs across the state of Illinois suggests that formal screening for IPV and regular referrals to domestic violence treatment programs are the exception rather than the rule at most substance abuse treatment facilities (Bennett & Lawson, 1994).

The current study expands on the survey research described above, examining referrals to domestic violence treatment from alcohol treatment programs at the individual, rather than program level, including client characteristics that may influence provider decisions about referrals. The present study also provides a preliminary examination of the effectiveness of screening and referral to domestic violence treatment as it is currently practiced in seven alcohol treatment facilities.

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2. Materials and methods

2.1. Participants

Eligible participants for the study were married or cohabiting men entering treatment at one of seven alcohol treatment facilities in the northeastern United States. The participating treatment facilities were located in urban ($n=3$), suburban ($n=2$), and rural ($n=2$) communities and were selected on the basis of convenience. All participating clinics were outpatient facilities offering twelve-step facilitation treatment, and none of the clinics offered in-house treatment for IPV.

A total of 1680 consecutive male admissions to the treatment facilities were approached and asked to participate in the study. Eighty-nine percent (N = 1496) consented to participate and were included in the study. Study participants were predominantly married (84%, n = 1257) with a mean length of relationship of 6.1 years (*SD* = 3.1). Participants reported their racial/ethnic identity as White (59%, n = 883), African American (27%, n = 404), Hispanic (6%, n = 90), and "other" (8%, n = 120). On average, participants were 35.2 years old (*SD* = 6.8), had completed 12.4 years of school (*SD* = 1.2), and had an annual income of $26,300 (*SD* = $11,100). According to treatment records, all participants in the study met criteria for a diagnosis of alcohol abuse or alcohol dependence, 39% (n = 583) met criteria for a comorbid drug abuse/dependence diagnosis, and 64% (n = 957) sought treatment as a result of a criminal justice related treatment referral. Drug and alcohol diagnoses were based on standard intake and assessment procedures at each of the seven alcohol treatment facilities, and were obtained from client treatment records.

2.2. Measures

2.2.1. Relationship violence

The frequency of male-perpetrated relationship violence was assessed with the Violence subscale of the Conflict Tactics Scale (CTS; Straus, 1979; 1990). The Violence subscale of the CTS asks respondents to indicate, on a seven-point scale ranging from never to more than 20 times, the frequency with which they engaged in each of eight physically aggressive behaviors during a conflict with their partner in the past 12 months: (a) threw something at the partner; (b) pushed, grabbed, or shoved; (c) slapped; (d) kicked, bit, or hit; (e) hit, or tried to hit with something; (f) beat up; (g) threatened with a knife or gun; (h) used a knife or gun. Items d–h are considered measures of severe violence, because of the high risk of injury associated with the behaviors assessed by those items.

2.2.2. Substance use

The lifetime severity of men's alcohol problems was assessed with the Michigan Alcoholism Screening Test (MAST; Selzer, 1971). The MAST is a widely used measure comprising 25 weighted items about drinking behavior and drinking related problems designed to measure the extent and severity of alcohol misuse. The scoring system is designed to detect potential alcoholism. Scores can range from 0 to 56, with higher scores indicating increased problems with alcohol. As noted by Selzer (1971), the MAST has good psychometric properties. The presence of a comorbid drug abuse or drug dependence diagnosis was ascertained from client treatment records.

2.2.3. Demographic and treatment information

Information about client demographic characteristics, referral source, treatment referrals, and the outcome of treatment referrals was obtained from client treatment records.

2.3. Procedure

Within a week of their admission to participating alcohol treatment facilities, client participation in the study was solicited. The study was described to clients and they were informed that the measures they completed were for research purposes only and would not be shared with treatment providers or become part of their treatment record. After informed consent was obtained, participants completed a variety of self-report, paper-and-pencil measures including the CTS and MAST, in a face-to-face appointment with research staff. All participants received monetary compensation for their participation.

After a participant completed treatment, research staff reviewed the session note and treatment plan sections of his treatment record to determine whether or not he had been provided with a referral to domestic violence treatment and whether or not he had followed through on this referral and enrolled in a domestic violence treatment program. Although providers at participating clinics typically include a 1–2 question assessment of IPV (e.g., "Have you hit your spouse in the past year?") as part of their assessment interview, they do not document IPV in a client's treatment record unless the client is provided with a referral to a treatment program for IPV. In the event of a referral, the standard procedures at all participating clinics include documentation of all referrals to outside treatment facilities in session notes and treatment plans. The decision of whether or not to refer a client to IPV treatment is at the discretion of the client's treatment provider(s). Assessment of follow-through on treatment referrals is fairly informal and is conducted by a treatment provider during one or more treatment sessions subsequent to the referral (e.g., "Have you enrolled in the violence treatment program we discussed?"), and is noted in the treatment record.

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