

Article

Prevalence of family violence in clients entering substance abuse treatment

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Abstract

The present study evaluated 105 clients who were assessed for substance-related problems and a history of domestic violence. A brief survey on family violence examined whether clients were adult victims, childhood victims, and/or perpetrators of physical violence. Results indicated that 37% of the sample reported that they experienced a family history of physical violence. A total of 22% reported being an adult victim of physical violence, 14% reported being a victim of childhood abuse, and 18% reported being a perpetrator of physical violence. There was a significant positive correlation between subtypes of family violence. Substance-using clients who were older reported more incidences of family violence. Results showed that substance-using clients with a history of family violence (SAFV+) tended to have more individual therapy sessions attended than substance-using clients without a history of family violence (SAFV-). The SAFV+ group was different from the SAFV- group in that they had significantly higher scores on the Michigan Alcoholism Screening Test and the Beck Depression Inventory (BDI) scores. The SAFV+ group also had significantly more self-reported and positive urine screens for cocaine use within the 2-month monitoring period. Additionally, substance-using clients with a history of childhood trauma had significantly more individual therapy sessions attended than clients without a history of childhood trauma. The group with a history of childhood trauma had significantly higher scores on the BDI. Findings indicate the importance of assessing family history of violence in substance abusers entering treatment, as this may have significant implications for treatment outcome. © 1999 Elsevier Science Inc. All rights reserved.

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1. Introduction

Co-occurring substance use and family violence-related problems constitute a major public health problem that is being encountered throughout various courts and mental health agencies. Within the last 5 years, reports in the literature found high rates of comorbid substance use and domestic violence-related problems. For example, a recent study by Brookoff et al. (1997) showed that 92% of assailants used alcohol or drugs on the day of the domestic violence assault, 44% had prior arrests for charges related to violence, and 72% had arrests related to substance use. Bennett and Lawson (1994) surveyed substance use and domestic violence providers and found that 46% of substance-abusing men were batterers, 60% of substance-abusing females were victims of domestic violence, and, 42% of women who were victims of violence and receiving domestic violence treatment were substance abusers. This illustrates the high rates of co-occurring substance use and domestic violence.

Alcohol and drug use are associated with more serious types of violence, which include risk of homicide. For example, Holtzworth-Munroe and Stuart (1994) assessed typology of batterers and found that alcohol and drug use was highest among the moderate to highly violent group of batterers. Recent findings suggest the need to further explore the relationship between substance use and risk of homicide within the home. Rivara et al. (1997) found alcohol and illicit drug abuse to be related to an increased risk of violent death in the home. Additionally, they found the risk of homicide was increased for non-substance abusing individuals living in households in which other members abused alcohol or drugs.

Other researchers have tried to assess the variables that are related to domestic-violence issues. The common risk factor for family violence is substance use. Bennett et al. (1994) found that one of the correlates of domestic abuse is early onset of drug and alcohol-related problems. In addition, Keller (1996) found that alcohol and drug abuse, antisocial personality disorder, and depression are associated with an increased risk of male violence in the home. Goldberg (1995) found that major risk factors of substance-abus-

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ing women include childhood sexual or physical abuse, adult victimization by domestic violence, and a spouse or partner who abuses substances.

When assessing the relationship between substance use and family violence, it is important to target both issues in an integrated way. From a family violence perspective, substance use can trigger or enhance violence. Some studies have shown that substance use symptoms raised rates of violence (Steadman et al., 1998) and recent use of cocaine and heroin use was associated with physical aggression (Tardiff et al., 1997). When evaluating this issue from a substance use perspective, anger, aggression, negative mood states, and psychological stress can trigger alcohol/drug craving and relapse in a substance-using population (Cooney et al., 1997; Emery, 1981; Marlatt and Gordon, 1980; Monti et al., 1988; Sinha et al., 1999). This underscores the need to address and treat both problems in an integrated way.

Within the past 5 years, some initial research suggests that by treating alcohol use, violence had reduced and, in return, drinking outcome status had changed as well (Murphy & O'Farrell, 1996; O'Farrell & Murphy, 1995). Although this particular treatment focus included behavioral marital therapy, it highlights the importance of assessing family violence and substance use as variables that may predict treatment engagement and outcome. Consequences of alcohol/drug use and family violence can include escalated substance use, violence, depression, legal difficulties, and other psychosocial and psychiatric sequelae. Given these vast negative consequences, which are often linked to poorer treatment outcomes, family violence-related issues within the substance-using population is a risk factor that needs to be assessed. With this in mind and given the evidence for high incidences of comorbid substance use and family violence-related problems, a preliminary study was undertaken to further assess the prevalence and engagement in treatment of clients entering substance use treatment with and without histories of domestic violence. An attempt to understand, assess, and treat this comorbid problem in an integrated way is needed to improve diagnosis, treatment, and prognosis.

2. Methods

The present study evaluated 130 clients who were referred to an outpatient substance abuse treatment facility. A random 2-month time period was used to assess this population for prevalence of family violence in clients with substance-related problems. A brief survey was submitted to each of the 130 incoming clients.

Clients were further assessed when they were admitted to the clinic for substance abuse treatment. A total of 105 clients was admitted for outpatient treatment and 25 were referred to a higher level of care. There was no significant difference in prevalence of family violence between clients who were admitted into treatment and those referred to other agencies ($\chi^2 = 3.7, p < .15$).

Clients who were admitted into treatment and completed the family violence survey, participated in a Clinical Diagnostic Interview. All patients also completed the Michigan Alcoholism Screening Test (MAST; Selzer, 1971), the Beck Depression Inventory (BDI; Beck et al., 1971), submitted a sample for urine toxicology, and gave a breathalyzer to assess recent alcohol use. Urine samples were also obtained at frequent and irregular time intervals to randomly monitor psychoactive substance use throughout the 2-month time period.

One hundred and five subjects, aged 18 to 64 years, participated in the study. The sample was 80% male and consisted of the following racial composition: 37% African American, 43% Caucasian, and 20% Hispanic. Clients completed an average of 12.26 ± 2.34 years of education. The clients were referred to the clinic via the following referral sources: 62% adult probation, 7% detox clinics, 14% self-referred, and 17% other agencies (State and General Assistance, and other outpatient facilities).

2.1. Procedures

2.1.1. Family violence survey

All clients were administered a brief self-report survey that assessed lifetime prevalence of family violence. The questions were based on physical violence items from the Conflict Tactic Scale (Straus et al., 1996). The brief survey consisted of the following questions:

1. Have you been in a fight with a spouse or partner in which *you were physically hurt*? (example: slapped, pushed, punched, beat up, or sexually assaulted).
2. Have you been in a fight with a spouse or partner in which *you physically hurt* a spouse or partner? (example: slapped, pushed, punched, beat up, or sexually assaulted).
3. As a child, were you ever physically or sexually hurt by a parent, family member, friend of the family, or some other adult? (example: slapped, pushed, punched, beat up, or sexually abused).

Prevalence of family violence was calculated via a frequency of tally counts. Those that reported a history of family violence became the substance use/family violence positive group (SAFV+) and those that reported the absence of a history of family violence became the substance use/family violence negative group (SAFV-).

After the initial clinical evaluation, patients were assigned to both individual and/or group psychotherapy treatment and assessed over a 3-month period.

2.2. Statistical analyses

Group differences in demographic, substance use, and violence-related variables were analyzed using a one-way analysis of variance (ANOVA) for continuous variables and the χ^2 test for nominal/categorical variables. Significant differences in demographic and substance use characteristics

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