



Alcohol and Intimate Partner Violence

NIAAA Social Work Education Module 8

(revised 3/04)



Outline

- Background
- Intimate Partner Violence (IPV)
 - Perpetrators and Alcohol
 - IPV Victims and Alcohol
 - Intervention (Assessment)
 - Intervention (Treatment & Organizations)
- Appendix (Social Work Interviewing)

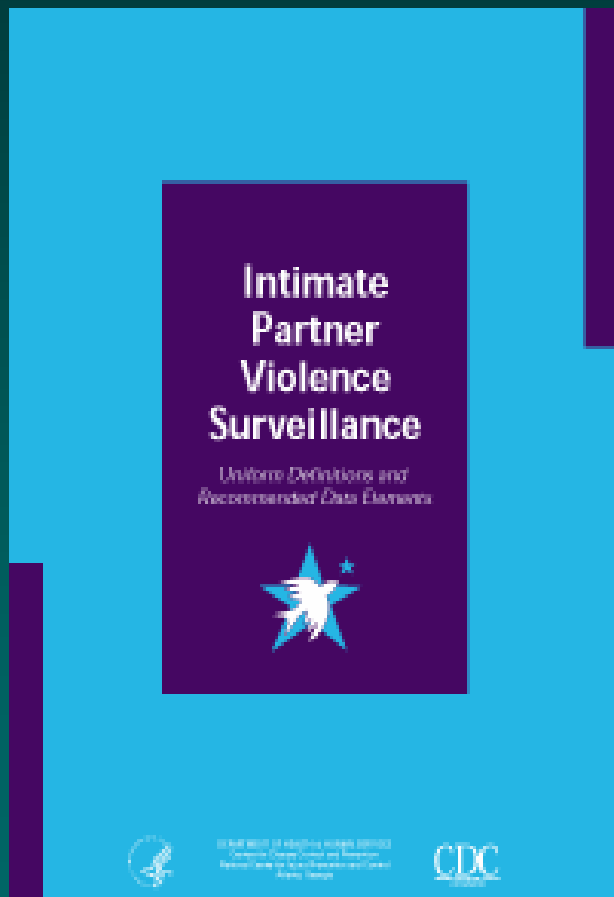
IPV (*Intimate Partner Violence*) Defined

- Violence or threat of violence
- In context of relationship between intimate partners (or “ex” partners)
- Physical, sexual, psychological, emotional aggression or abuse
- Includes married, cohabiting, dating, same and opposite gender relationships



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IPV Defined (continued)

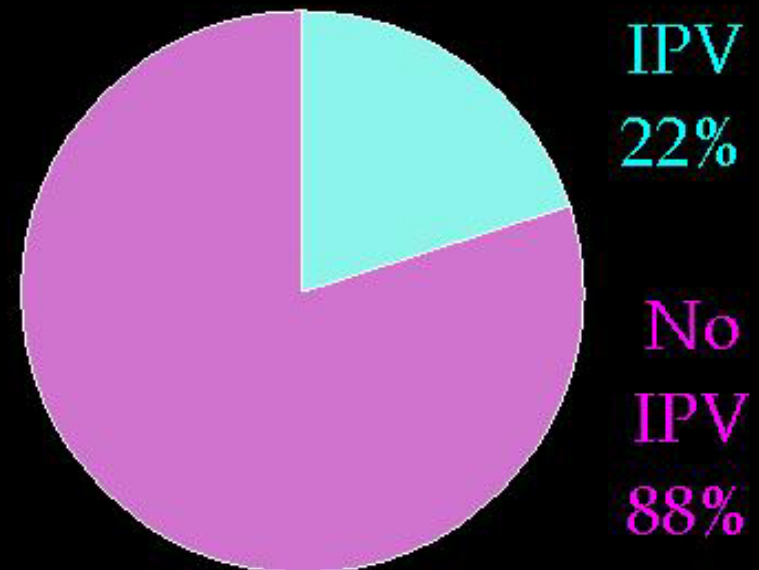


- Relationship Violence Types:
 - 1- Physical violence
 - 2- Sexual violence
 - 3- Threat of violence
 - 4- Psychological, emotional abuse; coercion

Background

- 22% of women, 7.5% of men experience intimate partner violence in a lifetime
- IPV is leading cause of injury to women aged 16-44 years
- Among female murder victims, 30% are killed by intimate partner

Lifetime IPV Exposure-Women





Background (continued)

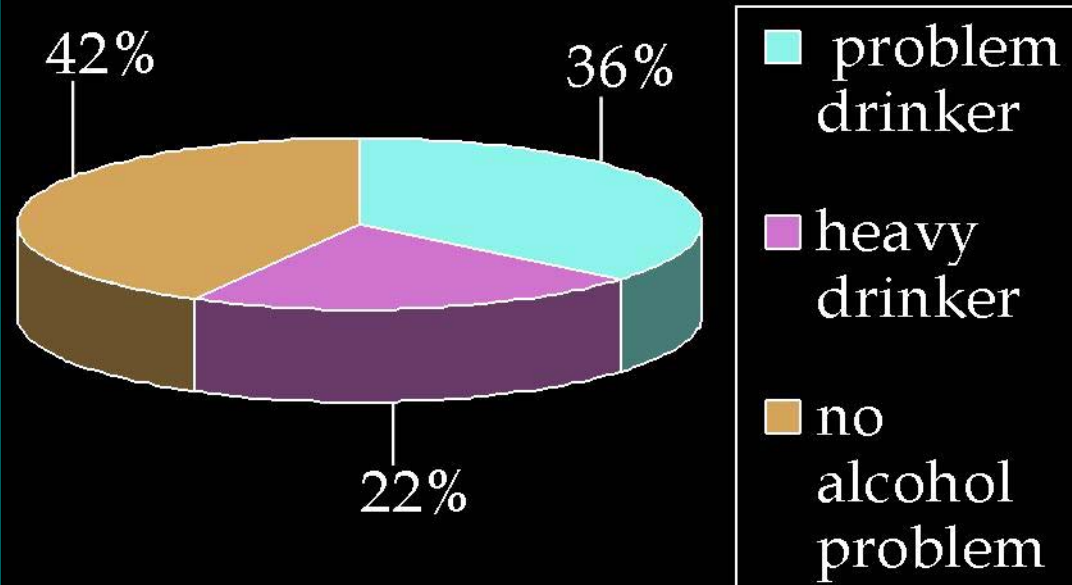
IPV “Costs”

- | | |
|--|---|
| <ul style="list-style-type: none">• Physical• Psychological• Mental health• Legal | <ul style="list-style-type: none">• Employment• Child custody• Disability• Children as witnesses |
|--|---|

Background (continued)

- 35-38% of abusers have significant alcohol problems
- 22% more are heavy drinkers
- 25-50% of incidents involved alcohol

IPV Perpetrators and Alcohol Problems





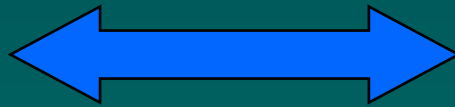
Background (continued)

- Even among individuals who have diagnosable alcohol problems, alcohol use may not be an immediate antecedent to IPV!

**IPV also
happens
without
alcohol**

Background (continued)

Alcohol is associated with
the most severe forms of IPV



severe IPV
serious injury



Background (continued)

Correlation

does not mean
does not mean

Causality

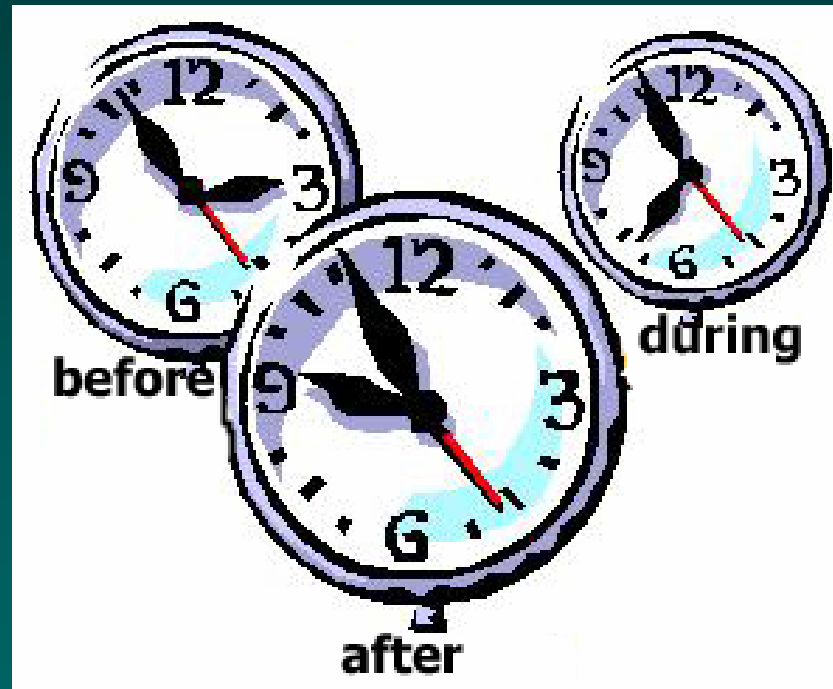


Alcohol & IPV Perpetrators

- Complex relationships exist between alcohol and perpetration of IPV
- Possible Models:
 - Alcohol Effects/Disinhibition
 - Cognitive Impairment/Distortion
 - Disavowal/Rationalization
 - Comorbidity

IPV Perpetrators (continued)

- Alcohol use sometimes precedes an IPV episode
- Alcohol use sometimes occurs during an IPV episode
- Alcohol use sometimes follows an IPV episode
- Alcohol is sometimes absent in IPV



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IPV Victims and Alcohol

- Use of alcohol and IPV victimization is a complex relationship
- May be a risk factor:
 - Drinking (especially with a partner) is associated with higher probability of being a target of IPV



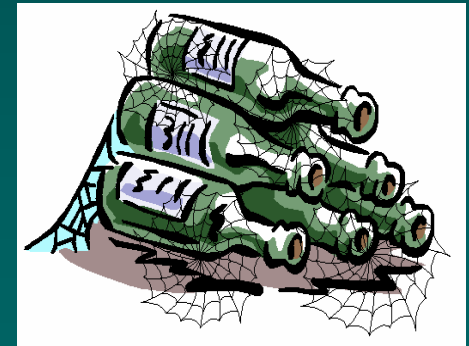
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IPV Victims (continued)

- Drinking may be a consequence of being
- Drinking cessation may also be a consequence of being victimized



or



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IPV Victims (continued)

- Possible Models:
 - Partners abuse substances together
 - Substance use is a means of coping with abuse
 - IPV results from arguments about drinking
 - Both are learned in family of origin



IPV Victims (continued)

- IPV may occur during pregnancy
- IPV may lead to delays in seeking prenatal care
- Alcohol use compounds pregnancy complications of IPV



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IPV Victims (continued)

- Children who witness abuse of a parent



Source: Minnesota Center for Violence & Abuse, University of Minnesota



Kids' art

a gallery of art from
child witnesses of violence

Interventions

Alcohol
Tx

IPV
Tx

Alcohol
Tx

Tx

IPV

versus

Alcohol
& IPV
Tx

versus

Assessing Batterers

- Heterogeneity of IPV patterns
- Heterogeneity of alcohol use patterns
- Psychopathology may or may not be present, as well



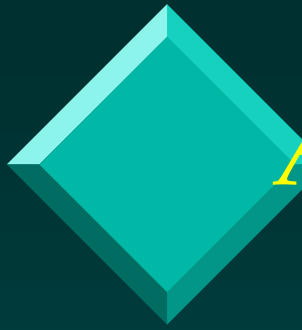
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Assessing Batterers (continued)

IPV programs
need to assess
and refer for
alcohol
problems

Alcohol
treatment
programs need to
assess and refer
for IPV problems



Assessment (continued)

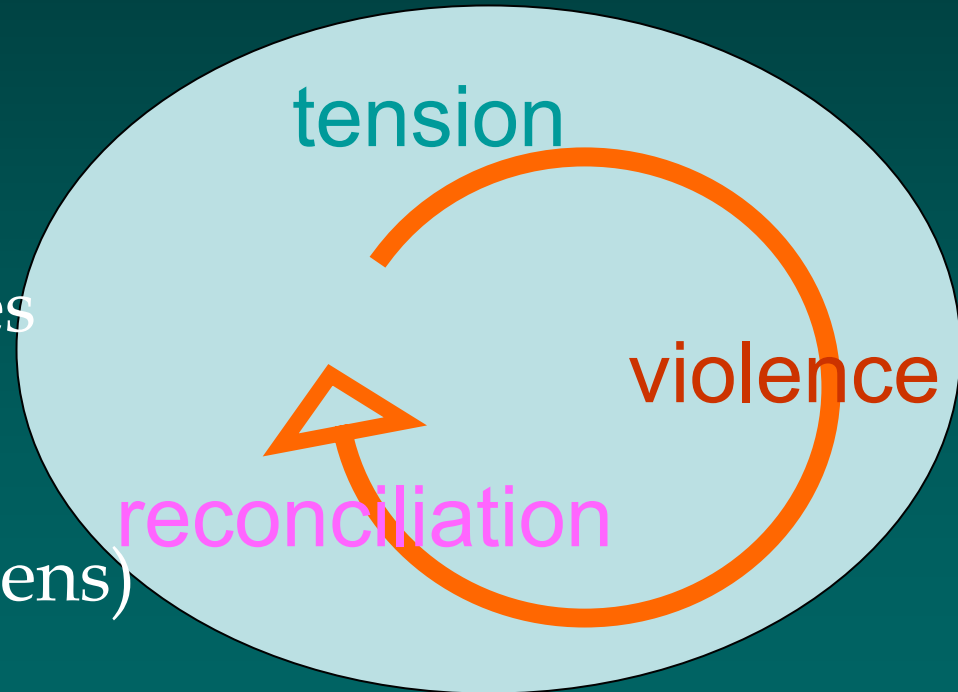
- Conflict Tactics Scale – or Revised CTS (Straus, 1979)
- Woman Abuse Scale (Saunders, 1995)
- Assessing risk factors
- Funneling Assessment Technique
- Abuse Assessment Screen
- Psychological Maltreatment of Women Inventory

Assessment (continued)

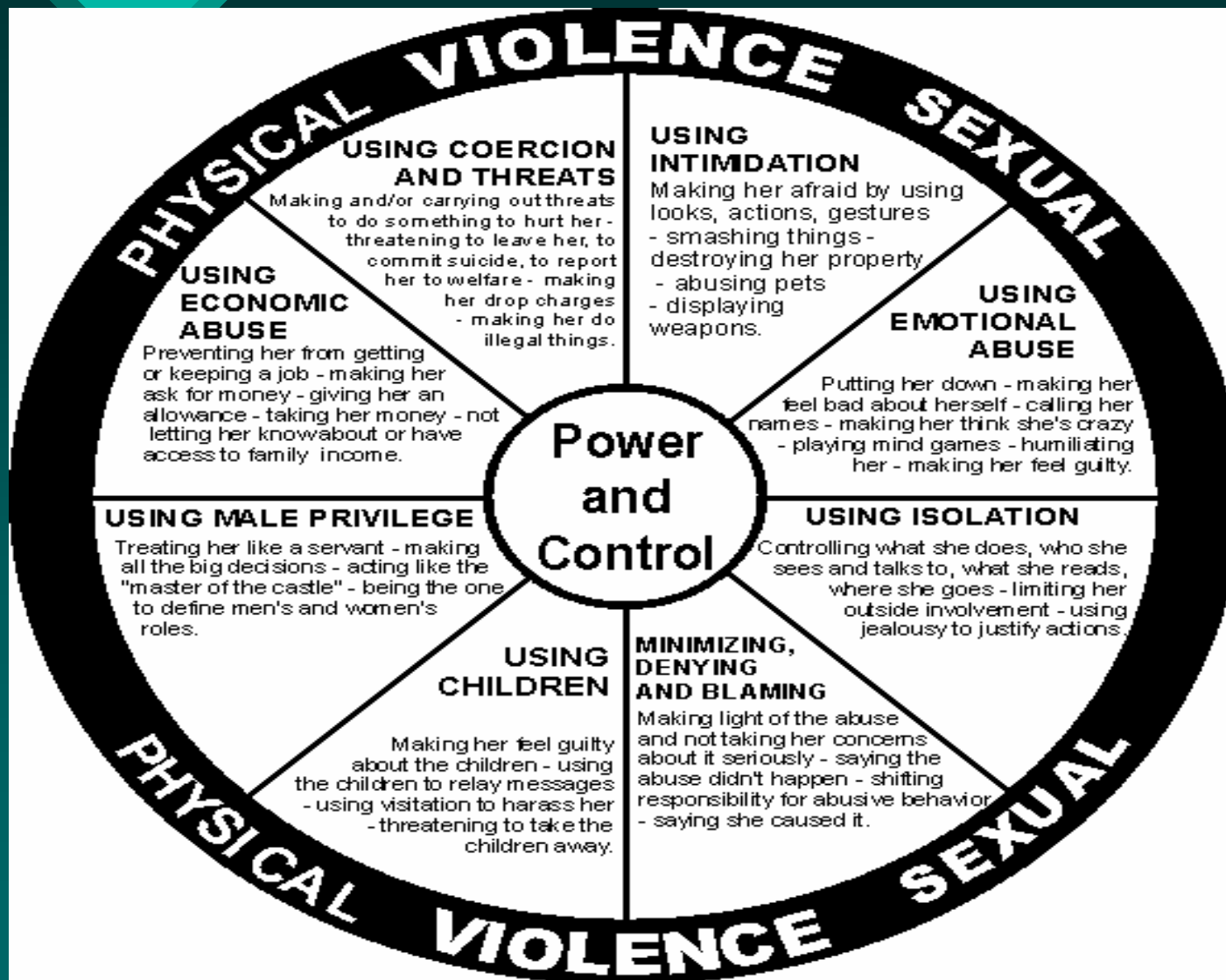
- IPV Process – Natural history and cycles of violence vary across:

- Time
- Couples
- Timing of sequences

- Tension building
- Violence
- Reconciliation (if it happens)



Domestic Violence: Issues of Power & Control



(*Power and Control Wheel*, developed by the Duluth Domestic Abuse Intervention Project, National Training Project. Duluth, MN)



Assessment (continued)

Readiness to Change IPV

- Batterers:
 - Safe At Home Instrument (Begun et al, 2003)
 - URICA-DV (Levesque, Gelles & Vellicer, 2000)
- Victims:
 - PROCAWS (Brown, 1997)

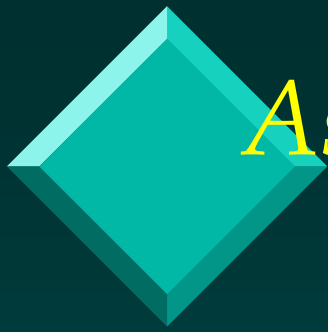
Assessment: Victims



RADAR

- R = Remember to ask about violence
- A = Ask directly, clearly, sensitively
- D = Document findings
- A = Assess safety
- R = Review options and refer

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Assessment: Victims

- Signs to note in social work settings:
 - Bruising, burns, soreness, restricted range of motion, first aid attempts
 - Headaches, chronic pain, excessive fatigue, insomnia
 - Mental health signs (anxiety, depression, PTSD, suicidal thoughts, mood fluctuations, etc.)
 - Disrupted attendance, inexplicable absences
 - Children's behavior problems

Assessment (continued)

- Assessing danger/safety plans
 - Danger Assessment Measure
 - CSAT (1997) Tip #25
- Remember “style” and approach issues



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Assessment & Referral

- Need for information
- Need for safety plan
- Awareness of resources and options
- Avoid re-victimizing victims
- Cultural appropriateness



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Treatment & Organizations

- Debate: conjoint interventions (treating perpetrator and victim together)
- Sequencing issues (alcohol and IPV treatment goals)



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Treatment & Organizations (continued)

- Philosophical differences between programs
- Timing of intervention relates to risk/danger
- Sobriety as a condition for treatment?



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Treatment & Organizations (continued)

Ideal: Social workers become trained and competent at both alcohol and IPV intervention

Preference: Coordination of IPV and alcohol services

Minimum: Social workers systematically screen for both and make referrals when appropriate

Treatment & Organizations (continued)

- Sources of poor coordination include:
 - Different philosophies
 - Misunderstandings
 - Schisms within systems
 - Different screening/
assessment approaches
 - Readiness to change
practices



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Appendix: Social Work Interviewing Approaches



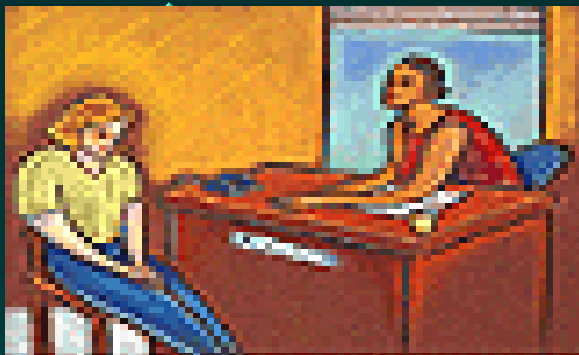


Social Worker Screening Beginning Dialogue

“I’m concerned about prevention and safety, especially in the family. Are you in any relationships where you are afraid for your personal safety, or where someone is threatening you, hurting you, forcing sexual contact, or trying to control your life?”

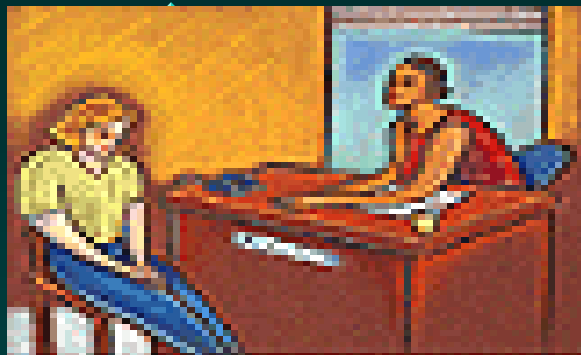
Other questions such as:

- “How are things going with your partner?”
- “When you’re angry with each other, how do you show anger?”



Hear “warning signs” of abuse

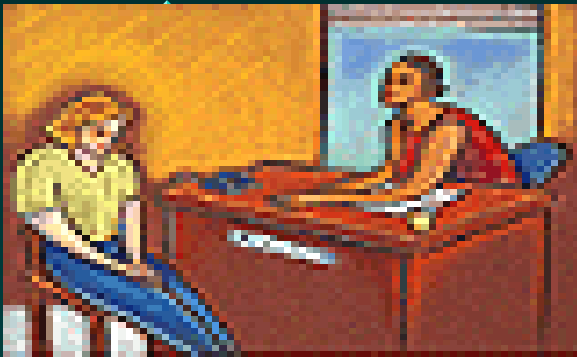
- “Trouble” with children:
 - parent-child relations and behavioral problems
- Marital and/or relationship problems
- Family history of abuse
- Report of seeing someone else abused



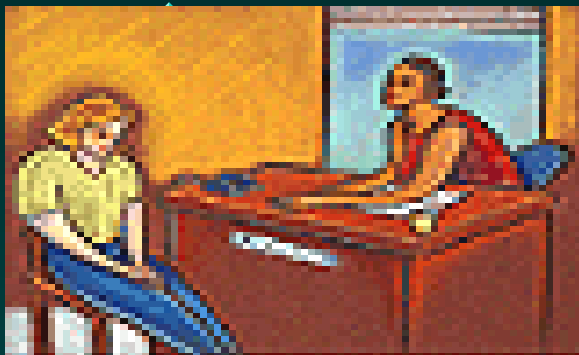
Look for “warning signs” of abuse

- Bruises
- Marks that don't seem congruent with explanations (e.g., black eye “caused” by running into a door)
- Wearing heavy makeup
- Wearing high coverage garments (e.g., long-sleeves, especially in the summer)
- Slow, deliberate movements as if very sore or tender

Other “warning signs” of abuse



- Client is always rushing home (from work, from therapy, from errands, etc.)
- The client needs “permission” of partner before engaging in an activity
- Client describes partner calling or visiting (at work) numerous times a day/week



Other “warning signs” of abuse

- Unexplained absences from work
- Extreme worry or concern regarding a partner’s reactions to things
- Public ridicule by partner
- Partner controls all resources