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REPORT OF
SUMMARY OF FINDINGS

ALCOHOL PROBLEMS AND VIOLENCE AGAINST WOMEN

GRANT NO. 96-WT-NX-0005

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Alcohol Problems and Violence Against Women

Executive Summary

William R. Downs, Ph.D.

Introduction

The relationship between women's experiences of partner violence and substance abuse is an important research issue. Miller and Downs (1993) found that 41% of women in outpatient treatment for alcoholism had experienced severe partner violence in the year prior to treatment, a significantly higher percentage than for women in outpatient mental health treatment (23%) or the community comparison sample (9%). In a meta-analytic review, Golding (1999) found weighted mean prevalences for alcohol abuse or dependence and drug use or dependence to be higher among battered women than women in the general population. Further, even within samples of women receiving services, there is an association between experiences of partner abuse and substance abuse. For example, in a sample of women in treatment for dependence on opiates, Brewer et al. (1998) found that women's heavy use of certain drugs (e.g. crack cocaine, cocaine, tranquilizers) was related to experiences of partner violence.

There are several potential explanations for a link between women's experiences of partner abuse and substance abuse problems. First, women may use alcohol or drugs to cope with the immediate physical or psychological sequelae of partner violence (Downs and Miller, 1994). Second, cumulative long-term effects of partner abuse may contribute to psychological problems and the development of substance abuse over time for women (Downs and Miller, 1994; Herman, 1995; Herman, 1992). Third, there may be disagreements between partners and women regarding partner's or women's use of alcohol or drugs, with these disagreements being 'resolved' via partner's use of violence. Finally, women's substance abuse may be part of

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a high-risk lifestyle which includes a higher likelihood of violent experiences such as partner violence (Downs and Miller, 1994).

To the extent that there is overlap between women's experiences of partner abuse and the development of substance abuse, services to women are likely to be affected adversely. Women found with substances on premises at shelters or safe homes for women are at risk for discharge from the shelter or safe home for violation of standards precluding presence of illegal drugs or alcohol in the shelter residence. Women dependent on alcohol or other drugs are therefore placed in the position of either beginning withdrawal in the absence of a substance abuse treatment facility or continuing to use in violation of shelter standards. In addition, shelters or safe homes may face issues of safety deriving from women intoxicated on alcohol or drugs. Women in substance abuse treatment programs may encounter issues of safety deriving from their experiences of partner violence, or may have needs for support or education groups to address partner abuse and issues deriving from partner abuse. If partner is still using, and wishes the woman to continue using, he may actively undermine her treatment. Continued experiences of partner abuse after treatment completion may increase likelihood of the woman's relapse.

Accordingly the purposes of this project were to: (1) describe the association of substance abuse (primarily alcohol abuse) and partner abuse among two at-risk populations, women in substance abuse treatment programs and women receiving services for victimization by partner abuse, (2) determine if other problems (e.g., mental health issues) are greater for women with both substance abuse and experiences of partner abuse as opposed to women with a single problem, (3) examine the current level of integration between the substance abuse and partner abuse service delivery systems as well as factors that impede or enhance this integration, and (4) determine the feasibility of developing and evaluating an innovative

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treatment program which addresses these problems - substance abuse and partner abuse - within standard treatment settings for substance abuse or for partner abuse.

Methodology

Two primary data sources were used in this study. First, interview/questionnaire schedules were conducted with 447 women; 225 women were receiving treatment for alcohol or drug abuse or dependence from one of five substance abuse treatment programs in a midwestern state, and 222 women receiving services for partner abuse from one of seven shelter or safe home programs in the same midwestern state. A second data source consisted of pilot study interviews with 39 staff from substance abuse treatment programs and 20 staff from shelters or safe homes for battered women.

Instrument Development for Women Respondents

The interview/questionnaire schedule was divided into three parts. The first part consisted of retrospective questions about the woman's family of origin up to when she was 18 years old or left her family of origin permanently, whichever event occurred first. The second part consisted of a series of questions about her adulthood, in particular her experiences of partner violence and abuse, as well as the use of a series of structured interview questions regarding her alcohol usage. The third part consisted of a series of self-administered questionnaire indices. On average, the overall interview lasted approximately three hours with breaks offered between each interview part.

Part One. The Parent-Child Conflict Tactics Scales (CTSPC) were used to assess experiences of parental abuse during childhood (Straus, Hamby, Finkelhor, 1997). The CTSPC has five subscales: Non-violent Discipline, Psychological Aggression, Minor Physical Assault (Corporal Punishment), Severe Physical Assault (Physical Abuse), and Very Severe Physical Assault (Severe Physical Abuse). In addition, the Sexual Abuse subscale was used to assess

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retrospectively women's experiences of sexual abuse (Straus, Hamby, Boney-McCoy, and Sugarman, 1996).

Part Two. Four sets of questions about experiences of partner abuse were asked. The first three had a time frame of the past twelve months and included in order the typical verbal conflict with partner, a conflict which resulted in violence, and the conflict that was most harmful to the woman. A fourth set of questions asked about violence from past partners back to the woman's first date or first relationship. Another major set of questions was the Comprehensive International Diagnostic Interview (CIDI), used to obtain diagnoses of alcohol dependence and lifetime (World Health Organization, 1997). We used diagnoses based on the DSM-IV criteria. There were also sections on respondent's drug use, partner's alcohol and drug use, respondent's lifetime victimization, and demographics.

Part Three. The primary purpose of part three was to administer questionnaires to the women respondents. Two different sets of partner abuse scales were selected: 1) Abusive Behavior Inventory (ABI)-Physical and Abusive Behavior Inventory-Psychological (Shepard and Campbell, 1992), and 2) Partner Abuse Scale (PAS)-Physical and Partner Abuse Scale-Nonphysical (Hudson and Associates, 1996). In addition, the Physical Abuse of Partner Scale (PAPS) was used to assess women's self-reports of violence they committed on partners (Hudson and Associates, 1996). Finally, the Index of Marital Satisfaction (IMS) was used to assess women's satisfaction with their relationship with partners (Hudson and Associates, 1996). To assess women's self-reports of alcohol and drug use, the Index of Alcohol Involvement (IAI) and Index of Drug Involvement (IDI) [Hudson and Associates, 1996] were used. To assess women's mental health problems, the Beck Anxiety Inventory (Beck and Steer, 1993), Beck Depression Inventory (Beck and Steer, 1993a), Index of Self-Esteem (Hudson and Associates, 1996), and Trauma Symptom Checklist (TSC)-40 (Briere, 1996) were

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used. The TSC-40 has six subscales, assessing anxiety, depression, dissociation, sexual abuse trauma, sexual dysfunction, and sleep disturbance.

Results and Discussion

Demographics of Respondents

The relationship demographics are included in Table 1. Only 18.3% of the women were currently married (12.1%) or cohabiting (6.2%). Instead most of the women in the study were separated (20.6%), divorced (25.6%), or single (33.9%). However, most of the women in the study (77.4%) had been married at least once previously, with 32.9% married at least twice. For those who had married, most (74.0%) had been married at age 21 or younger. Additional demographics are included in Table 2. Most of the respondents (80.4%) were unemployed, and had either a high school or less education (61.4%). Most of the respondents are European American (77.6%), reflecting the population of the midwestern state in which this study was conducted. However, 22.3% are either African American (16.8%) or Mexican American or Native American (5.5% in these two groups combined). The median age of the sample is 33.54 years, with a large range. Most of the respondents (64.5%) were age 30 or older. Based on these demographics, this sample can generally be characterized as older, experienced with relationships, low on educational resources, and currently unemployed.

Goal 1: Describe the association of substance abuse and partner abuse among two at-risk populations, women in substance abuse treatment programs and women receiving services for victimization by partner abuse.

Percentage of Women Experiencing Abuse

First, the percentages of women in each sample who reported experiences of childhood violence are provided. Second, the percentages of women in each sample with experiences of partner abuse are examined. Third, the percentages of women in each sample with lifetime

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and 12 month diagnoses of alcohol dependence based on the CIDI as well as the percentages of women classified as having alcohol or drug problems using the Index of Alcohol Involvement and Index of Drug Involvement are reported.

Percentage of Women Experiencing Childhood Abuse. The percentage of women in each sample who reported at least one item on each of the mother-daughter Conflict Tactic Scales is included in Table 3, and each of the father-daughter Conflict Tactic Scales is included in Table 4. An important finding is the high percentage of women reporting physical abuse from mothers; approximately 60% in each sample reported at least one incident of physical abuse during childhood, while 21.0% (substance abuse treatment sample) and 24.9% (shelter/safe home sample) reported severe physical abuse during childhood from mothers. A second important finding is the high percentage of women reporting physical abuse from fathers during childhood; approximately 44% in each sample reported at least one incident of physical abuse, and approximately 23% severe physical abuse from fathers. The higher percentage for mother physical abuse as compared with father physical abuse may be due to the greater childcare responsibilities for mothers as well as more time mothers spend with daughters (Miller, Downs, and Testa, 1993). These percentages, which are based on a "typical year of your childhood", are much higher than the percentages reported by Straus and Gelles (1990) of children experienced very severe violence from parents (2.3%), and severe violence from parents (11.0%) in the year prior to the study.

The percentage of women in each sample who reported childhood sexual abuse is in Table 5. Approximately 59% of women in the shelter/safe home sample and 66% in the substance abuse treatment sample reported at least one incident of childhood sexual abuse. These percentages are nearly identical to those reported by Miller and Downs (1993) for a sample of women in outpatient alcoholism treatment (66%) and a sample of women from a

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shelter for battered women (65%), and are higher than the usual range of percentages for women in random or community samples that report childhood sexual abuse (25% to 35%) [Miller and Downs, 1993].

Percentage of Women Experiencing Partner Abuse. The percentage of women in each sample who reported partner abuse in the past six months based on the ABI scales is included in Table 6. Two different percentages were calculated. First, women who did not have partners in the past six months were counted as having no partner abuse; these percentages are included in Table 6a. Next, these women were excluded from the analyses; these percentages are included in Table 6b. The percentage of women in the substance abuse treatment sample reporting physical abuse (62.9%, 67.2%) is very high, in fact considerably higher than the percentage (11.6%) of women in the general population who reported experiencing at least one act of partner violence in the past year (Straus and Gelles, 1990). Virtually all women in both samples reported at least one incident of partner psychological abuse in the past six months.

An additional analysis was performed to compare women's experiences of partner violence with women's use of violence on partners. Paired sample t-tests were performed for the Partner Abuse Scale-Physical (women's experiences of partner violence) and the Physical Abuse of Partner Scale. In the substance abuse treatment sample, the mean score for the PAS-Physical (7.38) was significantly higher than that for the PAPS (2.60) [$t = 5.38$, $p < .001$]. Also, in the shelter/safe home sample, the mean score for the PAS-Physical (18.03) was significantly higher than that for the PAPS (2.82) [$t = 10.19$, $p < .001$]. Thus, in both samples, women reported higher levels of violence from partners than violence to partners. Most of the women who used violence on partners reported that this violence was in response to partner's violence (self-defense).

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Percentage of Women with Alcohol or Drug Problems.

The percentages of women classified as having alcohol or drug problems by type of sample, based on the Index of Alcohol Involvement (IAI) and the Index of Drug Involvement (IDI), are included in Table 7. Large percentages of women in the shelter/safe home sample were classified as possibly having alcohol (30.3%) or drug problems (19.9%), or as having alcohol (18.3%) or drug problems (13.6%). The IAI and IDI were combined into an index of women reporting presence of a problem on at least one index (i.e., a score of at least 30 on at least one index) or not reporting presence of a problem (i.e., a score of at less than 30 on both indices). As can be seen in Table 7, 26.3% of women in the shelter or safe home sample reported problems on at least one of these indices. The percentages of women with lifetime and 12 month diagnoses of alcohol dependence based on the CIDI by type of sample are included in Table 8. The percentage of women in the shelter sample with a lifetime diagnosis of alcohol dependence (26.2%) is much higher than the 4.57% of women found for alcoholism in the general population (Helzer, Burnam, and McEvoy, 1991).

Association between Substance Abuse and Partner Abuse.

Several analyses were performed to examine the association between experiences of partner abuse and substance abuse, including multivariate analyses of variance and analyses of variance. These analyses were performed for both samples and included examination of interactions effects across sample type. Also we examined linear associations among variables separately for both samples. Based on these analyses, the following conclusions can be made about the associations between experiences of partner abuse and substance abuse for women in substance abuse treatment and women in shelters or safe homes for battered women in this study:

- the associations between experiences of partner abuse and alcohol problems

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are relatively weak for both samples

- these associations are stronger for experiences of partner abuse and drug problems than partner abuse and alcohol problems
- these associations are also stronger for women's use of violence than women's experiences of violence
- these associations are somewhat stronger for women in the shelter/safe home sample than women in the substance abuse treatment sample
- women's use of violence on partners was particularly high for women in the shelter sample who had a 12 month or lifetime diagnosis of alcohol dependence

Substance Abuse and Partner Abuse by Experiences of Child Abuse

Several analyses also were performed to examine the association between experiences of child abuse and substance abuse, including multivariate analyses of variance and analyses of variance. These analyses also were performed for both samples and included examination of interactions effects across sample type. Based on these analyses, the following conclusions can be made about the effects of child abuse experiences on substance abuse and partner abuse for women in substance abuse treatment programs and shelters or safe homes for battered women in this study:

- the association between substance abuse and experiences of childhood abuse was found significant only for alcohol problems, not for drug problems, and even then depended to some extent on the measure used, type of analysis, and type of sample; where an association was found, level of alcohol problems or probability of an alcohol dependence diagnosis was higher for women who had experienced childhood abuse
- women who had experienced Mother Severe Physical Abuse had a higher level

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of partner abuse in adulthood

- experiences of childhood abuse were more strongly associated with respondent's behavior toward partner (i.e., the PAPS) than her experiences of partner behavior; women who had experienced childhood abuse reported higher scores on the PAPS than women who had not experienced childhood abuse

Goal One Summary.

The major conclusions for Goal One are:

1. A majority of women in substance abuse treatment have experienced child abuse or partner abuse and a significant percentage of women in shelters or safe homes for battered women have substance abuse problems:
   - high percentages of women in both the substance abuse treatment and shelter/safe home samples reported childhood experiences of physical abuse or severe physical abuse from parents
   - high percentages of women in both the substance abuse treatment and shelter/safe home samples reported experiences of childhood sexual abuse
   - these percentages are much higher than in the general population
   - a majority of women in substance abuse treatment have experienced partner physical violence in the past six months, a percentage much higher than that for women in the general population
   - virtually all women in the substance abuse treatment sample have experienced psychological abuse from partner in the past six months
   - women in both samples reported greater levels of experiences of partner violence than use of violence on partner; further, primary reasons for use of violence on partner was self-defense

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- approximately one in four (26.2%) of women in the shelter/safe home sample has a lifetime diagnosis of alcohol dependence
- approximately one in four (26.3%) of women in the shelter/safe home sample was classified as having alcohol or drug problems

2. Although a majority of women in substance abuse treatment have experienced recent partner physical abuse, and a significant percentage of women in shelters or safe homes have alcohol or drug problems, the associations between experiences of partner abuse and alcohol problems are relatively weak for both samples. Nevertheless, these associations are important. Among women in substance abuse treatment, those with partner abuse experiences have greater alcohol or drug problems. Among women in shelters or safe homes, those with alcohol or drug problems have greater levels of partner abuse.
3. The association between substance abuse and experiences of childhood abuse was found significant only for alcohol problems, not for drug problems, and even then depended to some extent on the measure used, type of analysis, and type of sample. Nevertheless these associations are also significant. Among women in treatment, greater levels of child abuse experiences are associated with greater levels of alcohol problems.

Goal 2: **Determine if mental health issues are greater for women with both substance abuse and experiences of partner abuse as opposed to women with a single problem.**

Several analyses were performed to accomplish this goal as well. First, the percentages of women at different levels of anxiety and depression, based on the Beck Anxiety and Depression Inventories, are provided for each sample. Also, analyses of variance (ANOVAs) for the mental health scales by sample type are provided. Second, the association

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between mental health issues and alcohol dependence was examined via multivariate analyses of variance (MANOVA's) and analyses of variance (ANOVA's). Third, correlations among the partner abuse indices, alcohol and drug indices, and mental health scales were examined. Also, mental health scales were regressed on partner abuse and alcohol and drug indices. Fourth, the associations for the mental health scales and experiences of childhood abuse were examined via MANOVAs and ANOVAs.

Goal Two Summary.

Based on these analyses, the major conclusions for Goal Two are as follows:

- almost half of women in the shelter/safe home sample had levels of depression or anxiety classified as moderate or severe
- a lower but still substantial percentage of women in the substance abuse treatment sample had levels of depression or anxiety classified as moderate or severe
- a diagnosis of alcohol dependence (both 12 month and lifetime) was associated with higher levels of mental health problems in both samples
- controlling for levels of alcohol and drug problems, higher levels of partner abuse were associated with higher levels of mental health problems in both samples of women; this conclusion was true both for experiences of partner physical violence and partner psychological abuse
- the associations between partner abuse and mental health problems were stronger for the substance abuse treatment sample, and stronger for the scale designed specifically to assess symptoms from traumatic (i.e., abusive) experiences
- experiences of childhood abuse (both sexual abuse and parental violence) were

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associated with higher levels of mental health problems in both samples

Goal 3: Examine the current level of integration between the substance abuse and partner abuse service delivery systems as well as factors that impede or enhance this integration.

To address this goal, a pilot study was conducted. Staff from both substance abuse treatment agencies (N = 39 staff) and shelters or safe homes (N = 20 staff) were interviewed. Questions were asked regarding: 1) ways in which staff discover whether client has a problem with domestic violence (substance abuse treatment staff) or substance abuse (shelter/safe home staff), 2) presence of a linkage agreement between substance abuse treatment and domestic violence agencies, 3) whether staff from substance abuse treatment and domestic violence agencies meet, 4) programs in place for the cross-problem, 5) perceptions on the ideal collaboration between agencies, and 6) barriers and aids to collaboration. These interviews lasted approximately 30 minutes.

Demographics

Eleven staff respondents were agency directors (N = 4), program coordinators or directors (N = 5) or supervisors (N = 2). The remainder (N = 48) were direct service providers; most of these were counselors (N = 35) or domestic violence advocates (N = 9). Respondent's age ranged from 20 to 63, with a median age of 38. Most had a baccalaureate (N = 37, 62.7%) or a master's (N = 13, 22.0%) degree. Years of experience ranged from 0.5 to 25.0, with a median of 7.0 years. Most respondents (N = 46, 78.0%) were women and Caucasian (N = 53, 94.6% of 56 valid responses). Three respondents were African-American.

Goal Three Summary.

The major conclusions for Goal Three are:

1. There are attempts by both substance abuse treatment and shelter/safe home agencies

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to address the cross-problem. In particular, there have been:

- screenings to discover the cross-problem
- the development of formal linkages between some substance abuse with the agency that addresses the cross-problems
- meetings between staff at both substance abuse treatment agencies and shelters/safe homes
- the development of a domestic violence group for women by at least one substance abuse treatment agency

2. However, these attempts to address the cross-problem can be improved. For example, the screenings typically consist of one or two general questions whereas from three to eight specific questions are recommended (Miller and Downs, 2000). Also, meetings between staff are infrequent, and several staff believe such meetings need to be more frequent.
3. Virtually all staff at both substance abuse treatment agencies and shelters/safe homes would like to see more collaboration between these agencies.
4. Barriers to collaboration included philosophical issues:
   - the disease model of addiction
   - the rational recovery model of addiction
   - the issue of control vs. surrender
   - the feminist model

   as well as a lack of resources to address the cross-problem.

Goal 4: Determine the feasibility of developing and evaluating an innovative treatment program which addresses these problems - substance abuse and partner abuse - within standard treatment settings for substance abuse or for partner abuse.

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Based on the findings from Goals 1-3 of this study, there is a clear need for treatment programs that address jointly women's experiences of partner abuse and women's substance abuse problems. There is overlap between women's experiences of partner abuse and the development of substance abuse. Staff at substance abuse treatment agencies and shelters/safe homes for battered women are increasingly aware of the need for programs to address jointly substance abuse and partner abuse for women. Based on these results, there is both a need and a desire on the part of staff to develop more services; thus, feasibility of developing innovative programs would be rated as high.

Nevertheless, this enthusiasm for collaboration and development of innovative programs must be tempered with some very real philosophical differences that may inhibit efforts at this collaboration or development. Shelter staff strongly adhere to the use of empowerment and women's right to choose in service delivery, based on the belief that women are the experts on the relationship with partner. Shelter staff also may view the concept of codependency with suspicion because of the potential to use this concept for "victim-blaming". There may be concerns in the other direction as well. Staff in substance abuse treatment agencies may have concerns that adherence to the empowerment model and the principle that male perpetrators of partner violence are singularly responsible for that violence could lead to minimization of women's contributions relationship issues.

These differences are not just abstract incongruities in philosophy; they are likely to affect services in a number of ways and at different levels. For example, referrals between substance abuse treatment agencies and shelters/safe homes are likely to be lower than would be expected based on the percentages of women in each agency that has the cross-problem. Thus, until these differences are fully addressed, it is likely that while there will be attempts to collaborate services across substance abuse treatment agencies and shelter/safe home

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programs, these attempts will be limited. The development of innovative programs that integrate the feminist approach with various models of substance abuse treatment to provide will be hampered by need for greater understanding of the cross-problem treatment approaches. At a minimum then, increased training and education for both shelter and substance abuse treatment staffs in the complementary fields would be a necessary precursor to improved understanding and collaboration. Based on these factors, feasibility for developing innovative treatment programs would be rated low.

Theory Development

An additional barrier to the development of innovative treatment programs that jointly address women's experiences of partner abuse and substance abuse problems is the need for theory development to account for the association between partner abuse experiences and substance abuse problems. Integrated programs cannot be effective until, at a minimum, the sequencing of problems is addressed. If women's substance abuse problems are antecedent to and contribute to experiences of partner abuse, then to the extent that shelters do not address women's substance abuse problems, partner abuse would likely continue at some level. Conversely, if women's experiences of partner abuse are antecedent to and contribute to substance abuse problems, an empowerment approach may be necessary to address first the issues of partner abuse as way ultimately to reduce also substance abuse. To the extent that substance abuse treatment agencies do not address women's experiences of partner abuse, relapse is likely to occur even after successful treatment of the substance abuse.

Further research is necessary to elucidate the direction of associations among women's experiences of partner abuse, women's mental health problems and women's substance abuse. Based on existing research, the following sections are an initial attempt at theory development in these areas. To date, existing research supports the supposition that prior experiences of

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partner abuse contribute to mental health concerns, which in turn contribute to substance abuse problems for women. However, there is also support for the alternate model in which women's substance abuse problems contribute to increased risk for abusive experiences.

Immediate Implications for Practice

Although further empirical and theoretical work is necessary, several improvements in services are possible. Although staff at substance abuse treatment agencies and shelters/safe homes for battered women are increasingly aware of the need for programs to address jointly substance abuse and partner abuse for women, staff also reported that lack of resources impedes the full development of these programs. To the extent that resources are available, the following services are suggested:

1) *Educational and support groups.* There is a need for women in substance abuse treatment programs to understand the dynamics of partner abuse and its effects on women, including the need for safety plans. There is also a need for women in shelters or safe homes to understand the impact of substance on their bodies and on their behavior, how substances can be highly addictive, and how to develop plans to drink safely.

2) *Therapy groups.* A significant percentage of women who experience partner abuse have mental health issues derived from relationship-based abuse, either partner abuse and/or prior abuse from childhood.

3) *Victim advocacy services.* When women complete substance abuse treatment there is a high probability that they will experience additional partner abuse from their partners, whether or not they have decided to leave their partners. There is a need to provide legal as well as other victim advocacy services for women as well as facilitate their access to shelter services to ensure the safety of the women and their children.

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TABLE 1
DEMOGRAPHICS OF SAMPLE: RELATIONSHIP

Current Partnership	
Married	12.1%
Cohabiting	6.2%
Separated	20.6%
Divorced	25.6%
Widowed	1.6%
Other/Single	33.9%
Number Times Married	
Never	22.6%
Once	44.4%
Twice	22.3%
More than Twice	10.6
Age at First Marriage	
Less than 18	18.4%
18-21	55.6%
22-25	15.9%
26 and older	10.1

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TABLE 2

DEMOGRAPHICS OF SAMPLE: EMPLOYMENT

Full-time	17.5%
Part-time	12.0%
Unemployed - Looking	38.6%
Unemployed - Not Looking	31.8%

ETHNICITY

European American	77.6%
African American	16.8%
Other	5.5%

AGE

18-21	10.5%
22-25	11.2%
26-29	13.7%
30-34	20.4%
35-39	20.6%
40/older	23.5%
Median Age	33.54

EDUCATION

Less than High School	22.0%
High School Graduate	39.4%
One Year Post High School	14.0%
2 Year Degree	13.3%
3 Years Post High School	5.0%
College Degree	4.8%
Post BA	1.6%

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TABLE 3
PERCENTAGE OF WOMEN REPORTING AT LEAST ONE INCIDENT FOR MOTHER-TO-DAUGHTER CONFLICT TACTICS SUBSCALES, BY TYPE OF SAMPLE

	Type of Sample				
	Substance Abuse Treatment	Shelter/Safe Home	Chi Square	df	p
Nonviolent Discipline	97.8%	94.0	3.08	1	.079
Psychological Aggression	96.4	90.6	4.94*	1	.026
Corporal Punishment	88.3	80.6	4.50*	1	.034
Physical Abuse	60.1	57.5	.20	1	.653
Severe Physical Abuse	21.0	24.9	.74	1	.389

* $p<.05$

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TABLE 4

PERCENTAGE OF WOMEN REPORTING AT LEAST ONE INCIDENT FOR FATHER-TO-DAUGHTER CONFLICT TACTICS SUBSCALES, BY TYPE OF SAMPLE

	Type of Sample				
	Substance Abuse Treatment	Shelter/Safe Home	Chi Square	df	p
Nonviolent Discipline	89.3%	86.6	.42	1	.517
Psychological Aggression	85.9	80.0	1.97	1	.160
Corporal Punishment	76.1	76.6	.00	1	1.00
Physical Abuse	44.4	44.4	.00	1	1.00
Severe Physical Abuse	23.4	22.9	.00	1	.994

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TABLE 5

PERCENTAGE OF WOMEN REPORTING AT LEAST ONE INCIDENT FOR CHILDHOOD SEXUAL ABUSE BY TYPE OF SAMPLE

	Type of Sample				
	Substance Abuse Treatment	Shelter/Safe Home	Chi Square	df	p
Childhood Sexual Abuse	65.8%	58.7	2.06	1	.151

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TABLE 6

PERCENTAGE OF WOMEN REPORTING AT LEAST ONE INCIDENT OF PARTNER PHYSICAL ABUSE AND PARTNER PSYCHOLOGICAL ABUSE IN THE SIX MONTHS PRIOR TO TREATMENT BY TYPE OF SAMPLE

TABLE 19a
Women Without a Partner Past Six Months Included as No Violence

	Type of Sample				
	Substance Abuse Treatment	Shelter/Safe Home	Chi Square	df	p
Physical Abuse	62.9%	84.0	22.28	1	.000
Psychological Abuse	87.3	91.8	1.75	1	.186

TABLE 19b
Women Without a Partner Past Six Months Excluded From Table

	Type of Sample				
	Substance Abuse Treatment	Shelter/Safe Home	Chi Square	df	p
Physical Abuse	67.2%	87.4	21.45	1	.000
Psychological Abuse	93.2	95.5	.56	1	.456

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TABLE 7
INDEX OF DRUG INVOLVEMENT CLASSIFICATION BY TYPE OF SAMPLE

	Substance Treatment	Shelter/Safe Home
No Problem 0-14	12.2%	51.4
Possible Problem 15-29	12.7	30.3
Problem 30-100	75.1	18.3

Chi Square = 119.83, df = 2
$p < .001$

INDEX OF ALCOHOL INVOLVEMENT CLASSIFICATION BY TYPE OF SAMPLE

	Substance Treatment	Shelter/Safe Home
No Problem 0-14	29.1%	66.5
Possible Problem 15-29	11.8	19.9
Problem 30-100	59.1	13.6

Chi Square = 88.26, df = 2
$p < .001$

PERCENTAGE EITHER PROBLEM BY TYPE OF SAMPLE

	Substance Treatment	Shelter/Safe Home
No Problem 0-29	4.0%	73.7
Problem 30-100	96.0	26.3

Chi Square = 195.63, df = 2
$p < .001$

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TABLE 8

PERCENTAGES OF WOMEN WITH LIFETIME AND 12 MONTH DIAGNOSES OF ALCOHOL DEPENDENCE BY TYPE OF SAMPLE

	Substance Abuse Treatment	Shelter/Safe Home	Chi-Square	df
Lifetime Diagnosis	58.6%	26.2%	43.46***	1
12-Month Diagnosis	41.9%	12.4%	43.35***	1

*** p<.001

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