The author(s) shown below used Federal funds provided by the U.S. Department of Justice and prepared the following final report:

Document Title: Linkage of Domestic Violence and Substance Abuse Services, Research in Brief, Executive Summary

Author(s): James J. Collins ; Donna L. Spencer

Document No.: 194122

Date Received: April 2002

Award Number: 97-IJ-CX-0009

This report has not been published by the U.S. Department of Justice. To provide better customer service, NCJRS has made this Federally-funded grant final report available electronically in addition to traditional paper copies.

Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

208

194122

Research in Brief

Linkage of Domestic Violence and Substance Abuse Services

May 28, 1999

by

James J. Collins
Donna L. Spencer

Statistics, Health, and Social Policy
Research Triangle Institute (RTI)
Research Triangle Park, NC 27709

National Institute of Justice
Grant No. 97-IJ-CX-0009

RTI Project No. 6714

PROPERTY OF
National Criminal Justice Reference Service (NCJRS)
Box 6000
Rockville, MD 20849-6000

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Research in Brief

Linkage of Domestic Violence and Substance Abuse Services

May 28, 1999

by

James J. Collins
Donna L. Spencer

Statistics, Health, and Social Policy
Research Triangle Institute (RTI)
Research Triangle Park, NC 27709

National Institute of Justice
Grant No. 97-IJ-CX-0009

RTI Project No. 6714

This document is a research report submitted to the U.S. Department of Justice.
This report has not been published by the Department. Opinions or points of view
expressed are those of the author(s) and do not necessarily reflect the official
position or policies of the U.S. Department of Justice.

INTRODUCTION

The association between alcohol use and domestic violence has been well established by past research, and there is growing evidence that drug use is associated with domestic violence. The clearest evidence is that alcohol is a risk factor for domestic violence *offending*. Although the etiology is complex, males who assault their intimate partners have frequently been drinking prior to the violence, and these men often have alcohol problems. There is also some evidence that alcohol and drug use are implicated in domestic violence *victimization*, although the nature of this relationship is multidimensional and may be more complex than the substance use–domestic violence offending relationship. Substance use/abuse by women can

- increase the risk of being victimized by one's domestic partner,
- be an aftereffect of domestic violence victimization, and
- inhibit the capacity of domestic violence victims to protect themselves.

In short, alcohol use and drug use are implicated in domestic violence in a variety of ways. Past research has paid much less attention to the relationship of substance use to domestic violence victimization than to the effects of substance use on domestic violence offending. We focus on both offending and victimization in this report.

Given the substance abuse–domestic violence relationship, one might logically expect that substance abuse services would be integrated into programmatic responses to the domestic violence problem by shelters and other domestic violence programs. And given the common co-occurrence of substance use and domestic violence, one might think that substance abuse treatment programs would attend to the violent behavior or victimization of their clients during substance abuse treatment. But in practice, domestic violence and substance abuse programs do not usually address the complementary problem. There are notable exceptions and things are currently changing, but most programs do not integrate domestic violence and substance abuse services.

A number of factors can explain why substance abuse treatment and domestic violence programs do not typically integrate services for the complementary problem:

- human services programs in the United States have traditionally had a "single problem" focus;
- the philosophies that guide domestic violence and substance abuse treatment services differ and make service integration difficult, or even inappropriate; and
- domestic violence and substance abuse are each complex problems requiring a range of responses, so that dealing with both problems may exceed the programmatic and financial resources available to most programs.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

But in spite of these challenges, there are very good reasons to consider integrating domestic violence and substance abuse programming, the most important ones being that client needs may be better served and client outcomes might be improved by doing so.

This report summarizes the results of surveys of national samples of domestic violence and substance abuse programs to determine how often, and in what ways, the programs provided the complementary service. We asked program directors about what barriers they saw to providing the complementary service, and we collected attitudinal data that we hypothesized are associated with the tendency to link the two kinds of services. We also collected information about the program directors (age, education, etc.), their programs (staffing, budget, etc.), and the services their programs provide.

Summary of Past Research on the Substance Abuse–Domestic Violence Relationship

The current state of knowledge concerning the relationship of substance use/abuse and domestic violence can be summarized as follows:[1]

- Alcohol use, and probably drug use, are risk factors for male against female domestic violence offending.
- The alcohol/drug–domestic violence offending relationship is etiologically very complex, and multiple factors are relevant.
- Alcohol and drug use may be risk factors for female domestic violence victimization, but the evidence is currently insufficient to support such a conclusion. This possible relationship is probably much weaker than the alcohol/drug–domestic violence *offending* relationship and is etiologically complex.
- There is growing evidence that substance abuse is sometimes a consequence of domestic violence victimization, but more research is needed and the etiological pathways have not been examined.

Additional research on the substance abuse–domestic violence *offending* relationship should have an etiological focus. Additional epidemiological and correlational work on this topic is unnecessary given the large number of such studies already done. Much more research on the substance abuse–domestic violence victimization relationship is needed. This work should focus on both substance use/abuse as a risk factor for victimization and on substance abuse as a consequence of domestic violence victimization.

---

[1]See reviews in Collins, Kroutil, Roland, and Moore-Gurrera (1997) and Collins, Spencer, Snodgrass, and Wheeless (1999).

This document is a research report submitted to the U.S. Department of Justice.
This report has not been published by the Department. Opinions or points of view
expressed are those of the author(s) and do not necessarily reflect the official
position or policies of the U.S. Department of Justice.

Linkage of Domestic Violence Services and Substance Abuse Services

Clinical judgment and logic suggest that domestic violence and substance abuse services should be linked for both male offenders and women victims of domestic violence. Substance abuse treatment effectiveness and relapse risk are likely to be impacted negatively if substance abuse treatment providers do not deal with the consequences of violence suffered by substance abuse treatment clients who are women. Failure to address the substance abuse problems of female domestic violence victims may increase their risk of further victimization after they leave treatment (Center for Substance Abuse Treatment [CSAT], 1994; Fazzone, Holton, & Reed, 1997). But substance abuse treatment programs do not usually have formal ways to address family violence issues, and many programs ignore the issue altogether (Collins et al., 1997).

Domestic violence programs do not usually deal with the substance abuse problems of the women they serve. There are multiple reasons why this is the case:

- The primary foci of domestic violence programs for women are safety and shelter.
- There is a concern that focusing on the substance abuse of female victims might encourage "victim blaming."
- Resources are typically very limited within domestic violence programs.
- Programmatic expertise in substance abuse treatment usually does not exist in domestic violence programs.

Another option for dealing with the substance abuse problems of female domestic violence victims within domestic violence programs is referral to substance abuse programs. This option, however, is often not pursued for some of the above reasons and because of philosophical differences between the two program types. Domestic violence programs sometimes view the treatment philosophy of substance abuse programs as inappropriate for their clients because victim safety and empowerment are not emphasized.

Treatment programs for batterers do not usually provide substance abuse treatment. In fact, there is often explicit resistance to the inclusion of substance abuse treatment as a part of treatment for batterers because of the strong emphasis on batterer accountability, a high priority in batterer treatment. There is a concern that inclusion of the substance abuse component with its emphasis on alcohol and drug abuse as a disease or disorder might shift attention away from the idea that battering is voluntary behavior, and offenders should be held strictly accountable for their violent behavior (Healey, Smith, & O'Sullivan, 1998, p. 6).

A CSAT monograph (No. 25 in a series of Treatment Improvement Protocols [TIPs]; Fazzone et al., 1997) dealt explicitly with the dual problems of substance abuse treatment and domestic violence. This monograph, based on the conclusions of a consensus panel of domestic violence experts, asserted that failure to deal explicitly with domestic violence in substance abuse treatment interferes with substance abuse treatment effectiveness and contributes to relapse. The

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

document further recommended that substance abuse treatment programs screen all their clients for past and current domestic violence and sexual abuse and that domestic violence programs also do so when possible.

The 1997 CSAT protocol recommended models for *systemic reform* and *community linkages*. Recommended *systemic reforms* include the following:

- linkages between substance abuse treatment and domestic violence at the human services *system* level;
- creation of mechanisms for interagency cooperation at the State level;
- efforts to provide holistic services to address needs for housing, child care, mental health, legal services, vocational services, and other services, including an emphasis on the physical and emotional safety for women victims; and
- State and Federal support for demonstration projects to test the feasibility of changing the current systems to formalize collaboration and linkage.

Similar recommendations are made in Collins et al. (1997), including the adoption of a case manager model to coordinate the two kinds of services in the current absence of integrated programs.

There is evidence of meaningful reform in the substance abuse–domestic violence area. Healey et al. (1998, pp. 115-138) summarized State guidelines that indicate critical thinking about the integration of substance abuse and batterer treatment. For example, 13 States mandate that substance abuse treatment may not be a replacement for batterer treatment, although some States do allow concurrent substance abuse and batterer treatment.

There are good reasons for substance abuse and domestic violence programs to address both problems—at least to the extent of screening female and male clients for the complementary problem. No research literature supports linking the two kinds of services, but there is significant clinical judgment support for doing so. One is tempted to conclude that linking domestic violence and substance abuse services is desirable. But very little is known systematically about the difficulties of such linkage, about optimal ways to provide linked services, and about the impact of linkage on subsequent victimization, offending, and substance abuse.

Based on a national survey of substance abuse treatment and domestic violence programs, this Research in Brief summarizes what the two program types are doing currently with regard to linkage of the two service types, what some of the difficulties of linkage are (including barriers associated with attitudes about the substance abuse and domestic violence phenomena), and what interventions are appropriate to address the problems. Further details are available in another report by the authors (Collins et al., 1999).

This document is a research report submitted to the U.S. Department of Justice.
This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

METHODOLOGY

This section details the development and pretest of our survey questionnaires, the construction of sampling frames and the selection of national samples of domestic violence and substance abuse treatment programs, our computer-assisted telephone interviewing (CATI) data collection procedures, and the response rate results of our data collection efforts.

Instrument Development

Two questionnaires were used in this study: the Domestic Violence Program Directors' Questionnaire and the Substance Abuse Program Directors' Questionnaire (see Appendices A and B, respectively, in Collins et al. [1999] for the final versions of these instruments). The instruments focused on collecting information about program directors, the programs and services provided, whether complementary substance abuse or domestic violence services were provided, barriers to provision of complementary services, program directors' attitudes about providing complementary services, and their beliefs about the substance abuse–domestic violence relationship. Initial drafts of these instruments were prepared by Research Triangle Institute (RTI) staff. In the spring and summer of 1997, RTI project staff refined the questionnaires for field use.

Sampling of Substance Abuse Treatment and Domestic Violence Programs

Two separate lists were obtained for the sampling of domestic violence and substance abuse programs: the National Directory of Drug Abuse and Alcoholism Treatment and Prevention Programs, 1995 (Substance Abuse and Mental Health Services Administration [SAMHSA], 1996) and a draft version of the 1997 National Directory of Domestic Violence Programs maintained by the National Coalition Against Domestic Violence (1997). Stratified probability samples of the two program types were selected from these lists.

Data Collection Procedures

The two questionnaires used in this study were administered to staff of sampled substance abuse treatment and domestic violence programs during different time periods in 1997, with a slight overlap in data collection during the month of September 1997. Data collection for the substance abuse program sample began on April 27th and continued through September 30th. Data collection for the domestic violence program sample began on August 27th and ended on October 31st.

In April 1997, prior to the start of data collection, telephone interviewer training materials were developed that included a comprehensive training manual and mock interviews. The training manual covered study background, telephone interviewer responsibilities, data collection time line and procedures, quality control measures, and question-by-question specifications. Practice cases were set up within the CATI system for the interviewers to access the mock interviews.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

During data collection, once an RTI telephone interviewer called and reached a person at a program, his or her duty was to first identify the program director[2] and then obtain the cooperation. Although lead letters were sent to all program directors 2 weeks prior to data collection, some program directors did not receive them. If a program director required that we send the letter before he or she would participate in the interview, the interviewer recorded the program's fax number and scheduled a callback to complete the interview. The fax information then was forwarded to a telephone supervisor, who faxed the lead letter to the prospective respondent.

If a respondent initially refused to complete the interview, RTI's CATI system placed the case in a refusal queue for a trained refusal converter to call at a later time. The standard amount of time between the first and second attempt was 1 to 2 weeks. If the second attempt failed, the CATI system automatically coded the case a final refusal.

Data Collection Results

Final Disposition Profile of Sample

Table 1 summarizes the final call dispositions for the 1,100 substance abuse treatment programs and 800 domestic violence programs sampled for the study. Overall, we obtained usable completed or partial interviews from 691 substance abuse and 606 domestic violence programs.

A total of 262 substance abuse programs and 67 domestic violence programs were determined to be ineligible. As Table 1 indicates, 3 of these for each program type turned out to be the same site as another sample member, and 29 substance abuse and 10 domestic violence programs were found to be closed (i.e., no longer in operation). Additional ineligible programs were identified by a set of screener questions that telephone interviewers administered prior to the questionnaire.

Of the 1,100 substance abuse programs sampled, we were able to administer the set of screener questions to 948 programs to determine if these programs were eligible for the study. A total of 68 of these programs reported that they did not provide either residential or ambulatory alcoholism services and were therefore coded as ineligible. An additional 78 substance abuse programs were determined to be ineligible because they only provided detoxification services (17), methadone services (5), services for youths (44), services for public inebriates (9), or services for HIV-positive persons (3). A total of 82 additional substance abuse programs were screened out because they reported that they did not serve at least 100 clients in 1996, and 2 other programs were coded ineligible for other reasons. Overall, of the 948 programs we screened, 230 (or 24%) were determined to be ineligible.

[2]In the event that a program director was unable to participate or preferred that another person respond to the study, another staff person from the program who was familiar with that program's operations was identified to serve as the respondent. Although we refer to respondents as program directors within this document, it should be noted that some of the respondents were other administrators, service providers, or other program employees.

This document is a research report submitted to the U.S. Department of Justice.
This report has not been published by the Department. Opinions or points of view
expressed are those of the author(s) and do not necessarily reflect the official
position or policies of the U.S. Department of Justice.

Table 1. Final Disposition Profile of Substance Abuse and Domestic Violence Program Samples

Final Disposition	Substance Abuse Programs *n* (%)	Domestic Violence Programs *n* (%)
Completed Interview	670 (61%)	598 (75%)
Partial Interview	24 (2%)	9 (1%)
Included in Analysis	21	8
Excluded from Analysis	3	1
Ineligible Site	262 (24%)	67 (8%)
Site Closed	29	10
Duplicate Site	3	3
Screened as Ineligible	230	54
Refusal	75 (7%)	26 (3%)
Unable to Contact Site/ Time Exhausted	48 (4%)	52 (7%)
Unable to Locate Site	20 (2%)	48 (6%)
Language Barrier	1 (0%)	0 (0%)
Total	1,100	800

Of the 800 domestic violence programs sampled, we were able to administer a set of screener questions to 675. A total of 27 of these programs did not provide services to either domestic violence victims or offenders; as a result, we considered them to be ineligible for the study. An additional 27 programs were determined to be ineligible because the programs reported that they did not serve at least 50 clients in 1996. Overall, of those domestic violence programs we formally screened, 54 (or 8%) were determined to be ineligible.

Using the information contained in Table 1, response and refusal rates were calculated for each program type. To determine the response rates, the number of partial and completed interviews combined was divided by the total number of eligible programs. Eligible programs were defined as all programs except those that were found to be closed or duplicates or determined to be ineligible via the screener questions administered to some programs (discussed above). For domestic violence programs, the response rate calculation was (598+9)/800-(54+10+3), or 82.8%. For substance abuse programs, the calculation was (670+24)/1,100 - (230+29+3), or 82.8%.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

DESCRIPTIVE FINDINGS

Program Characteristics

Nearly all (90%) of the domestic violence programs were private/not-for-profit agencies, whereas only slightly over half of the substance abuse programs reported they were private/not-for-profit. Another third of the substance abuse programs were public or private/for-profit programs. Both substance abuse and domestic violence programs had been in operation for approximately 17 years.

On average, substance abuse programs operated with 2½ times as many full-time employees as domestic violence programs (25 vs. 10) and with an average annual budget of over $1.8 million compared to the approximately $550,000 average budget observed for domestic violence programs. The median annual budget for substance abuse programs was $550,000 compared to a $300,000 median budget for domestic violence programs. Directors of both program types were asked about the percentage of their program's total operating budget that came from government, private, and other funding sources. Overall, domestic violence program directors most often reported larger percentages from Federal and State funds, whereas substance abuse program directors most often reported larger percentages for State funds and client fees. Our analyses showed statistically significant differences in funding sources between the two program types. Compared to domestic violence programs, substance abuse programs were less likely to be funded by Federal Government funds, private foundations/agencies, private donations, and other sources. Domestic violence programs, on the other hand, were much less likely to receive funds from client fees.

Although domestic violence program directors reported smaller operating budgets and fewer full-time staff, overall we found that their programs' clientele size was significantly larger than that of substance abuse programs. This may be because domestic violence programs sometimes provide service to adults and children, and because the length of service provision for domestic violence programs is shorter, allowing more clients to be served.

Client Characteristics

As expected, domestic violence program directors reported that the majority (85%) of their clients were female; on average, two-thirds of the clients of substance abuse programs were male. The racial distribution of clients estimated by program directors differed for domestic violence and substance abuse treatment clients. The domestic violence program directors said that about 63% of their clients were non-Hispanic whites, 17% were non-Hispanic blacks, and 10% were Hispanic. Substance abuse program directors said that 57% of their clients were non-Hispanic whites, 26% were non-Hispanic blacks, and 11% were Hispanic. Substance abuse treatment clients tended to be older and to have a higher median income.

Substance abuse program directors were asked about the proportion of their clients who are court ordered and who are voluntary. We asked the same question of domestic violence program directors with specific regard to their domestic violence offender clients. On average, substance abuse program directors reported a close-to-equal split between the two client types

This document is a research report submitted to the U.S. Department of Justice.
This report has not been published by the Department. Opinions or points of view
expressed are those of the author(s) and do not necessarily reflect the official
position or policies of the U.S. Department of Justice.

(58% were voluntary clients). *In contrast, more than three-quarters of domestic violence offenders had been court ordered to treatment.* We did not ask about involuntary domestic violence clients because courts rarely mandate that victims seek treatment.

Service Linkage Activities

Our survey collected information on programs' service linkage activities, including whether domestic violence and substance abuse programs screen clients for the complementary problem, provide complementary services, or have a relationship with a complementary program. The results of these data are summarized in Table 2.

Substance abuse program directors were asked whether their programs screen clients to determine if they are either domestic violence offenders or victims. Domestic violence program directors were asked whether their programs screen victim and offender clients for substance abuse problems. We found that the majority of *both* program types screened for the complementary problem.[3] A similar proportion (approximately 60%) of substance abuse and domestic violence programs screened substance-abusing clients to determine if they were domestic violence offenders and screened offender clients for substance abuse, respectively. Substance abuse programs, however, were more likely to screen clients for domestic violence victimization than domestic violence programs were to screen victim clients for substance abuse (72% vs. 62%). We also asked domestic violence program directors if their program used a standard form to screen for the complementary program; for directors of substance abuse programs, we asked if their program used standard screening procedures. Our results show that domestic violence programs were more likely to use a standard form than substance abuse programs were to employ standard screening procedures. In part, this probably reflects a greater availability of standard substance abuse screening instruments. The domestic violence field has not yet developed screening techniques that are tested and in widespread use. Within both program types, standard screening was used more often for domestic violence offenders than for victims.

As shown in Table 2, domestic violence program directors, on average, estimated that about 36% of their victim clients had substance abuse problems, and substance abuse program directors estimated that 33% of their clients were domestic violence victims. In contrast, our results revealed that the average proportion of offender clients that domestic violence program directors estimated to have substance abuse problems (61%) was significantly higher than the average proportion of clients that substance abuse program directors estimated to be domestic violence offenders (26%). Although domestic violence programs were more likely than substance abuse programs to currently have a relationship with a complementary program, domestic violence programs were less likely to *provide* complementary services to both offender and victim clients than substance abuse programs were to provide complementary services to substance-abusing clients who were determined to be domestic violence offenders or victims.

---

[3]This finding is based on only the percentage of program directors from each program type who reported that their program regularly screens for the complementary problem. Respondents were not asked about the percentage of their staff who routinely screen, nor about the percentage of clients who are routinely screened, for the complementary problem.

This document is a research report submitted to the U.S. Department of Justice.
This report has not been published by the Department. Opinions or points of view
expressed are those of the author(s) and do not necessarily reflect the official
position or policies of the U.S. Department of Justice.

Table 2. Domestic Violence–Substance Abuse Linkage Activities

Activity	Domestic Violence Programs (n=606; N=1,774), %	Substance Abuse Programs (n=691; N=7,027), %
Screen for Complementary Problems		
Offenders*	58.1	59.8
Victims***	62.3	72.4
Standard Screening Form (Domestic Violence)/Procedures (Substance Abuse)†		
Offenders	87.5	56.9
Victims	76.4	50.5
Reported Percentage of Clients with Complementary Problem — Mean (Median)		
Offenders***	60.6 (60)	26.3 (20)‡
Victims	35.8 (30)‡	33.1 (25)‡
Provide Complementary Service		
Offenders***	19.2	49.3
Victims***	26.0	52.1
Complementary Counselors on Staff* **	25.8	54.3
Contract with Outside Counselor	16.1	15.0
Formal Referral Arrangements with Complementary Program	47.3	45.7
Informal Referral Arrangements with Complementary Program	85.6	82.6
Ever Had Relationship with Complementary Program	79.5	70.6§
Current Relationship with Complementary Program **	80.8	67.2§
Reasons for Not Providing Complementary Service to Offenders		
Lack of Experience in Complementary Field	47.1	41.8
Limited Staff Resources	64.3	57.9
Limited Financial Resources***	69.6	52.6
Complementary Services Are Better Provided Independent of Program*	57.1	46.7
Not Part of Agency/Program Mission	73.0	64.6‡
No Need for Complementary Services***	2.0	47.4
Other***	23.0	6.4
Reasons for Not Providing Complementary Service to Victims		
Lack of Experience in Complementary Field***	59.5	34.3
Limited Staff Resources***	71.7	53.3
Limited Financial Resources***	75.7	53.0
Complementary Services Are Better Provided Independent of Program	54.4	47.6
Not Part of Agency/Program Mission	66.5	61.9‡
No Need for Complementary Services***	3.2	46.7
Other***	20.3	8.0

* Significant at the .05 level.

** Significant at the .01 level.

*** Significant at the .001 level.

† Because this item differed in the substance abuse and domestic violence questionnaires, the statistical significance of the difference in the percentages observed for the two program types was not tested.

‡ 10% or more of cases responded "don't know" to questionnaire item, refused to answer, or are otherwise missing data.

§ This questionnaire item was added to the substance abuse CATI instrument during data collection. Results for substance abuse programs are based on responses provided by < 20% of the substance abuse sample.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

When asked why their program did not provide complementary services, the reasons most often cited by domestic violence program directors included "limited staff resources," "limited financial resources," and that the provision of complementary services is "not part of their agency/program's mission." The reasons most often cited by substance abuse program directors were the same. In addition, the following differences were observed for the two program types. Domestic violence program directors more often indicated "lack of experience in complementary field" as a reason for not providing complementary services to victims. Substance abuse programs, on the other hand, were significantly more likely to cite the reason that there is "no need for complementary services" for both victims and offenders.

From those respondents who indicated that they do not provide complementary services because of limited financial resources but would provide such services if more resources were available, we asked for the types of complementary services that would be provided (data not shown in a table). The large majority (ranging from 92% to 96%) of these domestic violence programs (*n*=239) indicated that they would provide the following substance abuse services to victims: on-site counseling, on-site case management, referral under formal arrangements, and referral to Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). On the other hand, most (between 62% and 84%) of these domestic violence program directors reported that they would *not* provide on-site detoxification, short-term residential treatment, or on-site drug testing. When we asked directors of the domestic violence programs that provide batterer services what substance abuse services they would provide to domestic violence offenders (*n*=56), the results were very similar.

The majority (ranging from 85% to 94%) of substance abuse program directors who said that they would provide domestic violence victim services if more resources were available (*n*=126) reported that in-house counseling, case management, and referral to other agencies/programs would be provided. Approximately half (53%) of the substance abuse program directors indicated that they would provide legal advocacy to domestic violence victims, but only 38% said that they would provide shelter services. Of those substance abuse program directors who said that they would provide domestic violence offender services (*n*=133), most (between 83% and 96%) reported that in-house counseling, case management, and referral to other agencies/programs would be provided.

Perceptions Concerning Service Linkage

Program directors were asked whether they are interested in continuing or beginning to work with a complementary program and about problems they had experienced or would expect to experience with service linkage. These results are presented in Table 3. Overall, the overwhelming majority of both domestic violence and substance abuse program directors were interested in continuing or beginning to work with a complementary program, although compared to substance abuse program directors, domestic violence program directors were more likely to express interest. Among the experienced/expected problems most often noted by domestic violence program directors were that "complementary programs lack training in the domestic violence field" (63%), "financial burdens" (56%), and "difference in treatment philosophy" between the two program types (47%). Most often, substance abuse program directors cited "lack of complementary programs/services in the area" (37%), "difference in

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Table 3. Perceptions Concerning Service Linkage

Perception	Domestic Violence Programs (n=606; N=1,774), %	Substance Abuse Programs (n=691; N=7,027), %
Would Like to Begin/Continue Working with Complementary Program to Develop More Integrated Services for Substance-Abusing Battered Women***‡	91.9	79.2
Problems Expected/Experienced Working with Complementary Service§		
Difference in Treatment Philosophy ***	46.6	35.4
Complementary Program Lacks Training in Field***	63.2	20.4
Do Not Know Complementary Service System***	19.0	26.9
Lack of Complementary Programs/Services in Area	34.6	36.9
Financial Burdens	56.1	—
Difficulty in Arranging Reimbursement	—	33.9
Other	30.4	28.4
None***	14.8	31.0
Substance Abuse Treatment Programs Can Effectively Integrate Programs for Victims (Percent Strongly Agreeing or Agreeing)***	69.6†	94.8
Best if Substance Abuse Treatment for Violent Male Takes Place Outside Domestic violence Program (Percent Strongly Agreeing or Agreeing)	77.3	—
Complementary Services Are Better Provided Elsewhere (Percent Strongly Agreeing or Agreeing)***	50.1	30.2
Philosophies of Domestic Violence Programming and Substance Abuse Treatment Are Inconsistent with Each Other (Percent Strongly Agreeing or Agreeing)***	40.2†	18.8
Given Current State Funding Levels, Programs Should Not be Expected to Provide Complementary Services to Substance-Abusing Domestic Violence Victims (Percent Strongly Agreeing or Agreeing)***	70.2	41.4
With an Increase in State Funding, Programs Could Be Asked to Provide Complementary Services to Substance-Abusing Domestic Violence Victims (Percent Strongly Agreeing or Agreeing)***	81.7	93.4

* Significant at the .05 level.
** Significant at the .01 level.
*** Significant at the .001 level.

† 10% or more of cases responded "don't know" to questionnaire item, refused to answer, or are otherwise missing data.
‡ Prior to the substance abuse questionnaire being changed during data collection, this question only asked if respondent would like to *begin* working with a complementary program.
§ Prior to the substance abuse questionnaire being changed during data collection, this question only asked about *expected* problems.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

treatment philosophy" (35%), and "difficulty in arranging reimbursement" (34%). Another noteworthy finding is that substance abuse program directors were more likely to communicate "do not know complementary service system" as an experienced/expected problem or that they had experienced or expected no problems at all.

We asked respondents whether they strongly agree, agree, disagree, or strongly disagree with four attitudinal statements about service linkage. These statements also are contained in Table 3. Overall, our results suggest that domestic violence program directors were more skeptical than directors of substance abuse programs of service linkage. For example, slightly over half of domestic violence program directors strongly agreed or agreed to the statement, "Complementary services are better provided elsewhere." Less than one-third of substance abuse program directors agreed to the same statement.

Our analyses examined whether program directors thought that their program should be expected to provide complementary services under current State funding levels or with increased State funds. Domestic violence program directors were significantly more likely to indicate that programs should not be expected to provide complementary services to substance-abusing domestic violence victims under current State funding levels. Substance abuse program directors, however, were more likely to indicate that with an increase in State funding, programs could be asked to provide such complementary services.

Attitudes About the Relationship Between Substance Abuse and Domestic Violence

We asked respondents about how often they thought that cases of domestic violence were linked to alcohol and drug use/abuse. Only a small percentage of directors of both program types (5.8% of domestic violence; 1.3% of substance abuse) answered "a little of the time" or "none of the time" (data not shown in a table). Although the majority of directors of both program types responded at least "some of the time," substance abuse program directors were significantly more likely to respond "a lot of the time" (87.4% vs. 64.3%).

Table 4 presents additional data regarding program directors' attitudes and perceptions concerning the relationship between domestic violence and substance abuse, such as whether domestic violence victimization increases the chances of victim substance abuse, substance use increases the chance that men or women will assault partners, and substance use is used as excuse by men who assault their partner or by women to stay in violent relationships. For each statement listed in the table, we asked each program director whether she or he strongly agreed, agreed, disagreed, or strongly disagreed. Although in many cases the majority of both domestic violence and substance abuse program directors strongly agreed or agreed, substance abuse program directors were more likely to think that drinking and drug use contribute to domestic violence, and the observed difference between substance abuse and domestic violence program directors was statistically significant for each statement.

Overall, the majority of substance abuse directors conveyed the belief that substance abuse and domestic violence were related. This response pattern was less consistent for domestic violence program directors. For instance, less than half of domestic violence program directors did not agree with two statements: "Drinking/drug-using woman increases risk she will be

This document is a research report submitted to the U.S. Department of Justice.
This report has not been published by the Department. Opinions or points of view
expressed are those of the author(s) and do not necessarily reflect the official
position or policies of the U.S. Department of Justice.

Table 4. **Perceptions of Substance Use–Domestic Violence Relationship: Percentage of Program Directors Strongly Agreeing or Agreeing to Selected Statements**

Statement	Domestic Violence Programs (n=606; N=1,774), %	Substance Abuse Programs (n=691; N=7,027), %
Victimization Increases Chances of Alcohol/Drug Problem***	76.6	87.2
Drinking/Drug Use Increases Chances Men Will Assault Partners***	75.9	98.5
Drinking/Drug Use Increases Chances That Some Women Will Assault Partners***	65.0	96.3
Drinking/Drug Use by Both Increases Likelihood of Violence***	87.2	98.5
Drinking/Drug Using Woman Increases Risk She Will Be Assaulted by Partner***	45.4	86.1
Drinking/Drug Use Used as Excuse by Men Who Assault Partner***	98.6	94.7
Substance Abuse Treatment for Violent Male Partner Can Reduce Future Violence***	49.4	91.2
Woman's Use of Alcohol Keeps Her Stuck in Violence Relationships***	50.7	82.2
Women Use Their Male Partner's Drinking to Stay in Violent Relationships***	32.6	60.2

* Significant at the .05 level.
** Significant at the .01 level.
*** Significant at the .001 level.

assaulted by partner" and "women use their male partner's drinking to stay in violent relationships."

The comparison of domestic violence and substance abuse program directors' responses to the item "Drinking/Drug Use Used as Excuse by Men Who Assault Partner" is especially informative. This is the only factor where a higher percentage of domestic violence program directors than substance abuse program directors agreed or strongly agreed with the statement (99% vs. 95%). This finding can be interpreted to indicate that domestic violence program directors were more skeptical that substance use is a "real" cause of domestic violence, and that it is more often an excuse for assaulting one's spouse, or an after-the-fact attempt to deflect responsibility by batterers. This difference of view may be important to linkage of services, particularly linkage initiatives that require cooperation between the two kinds of programs.

This document is a research report submitted to the U.S. Department of Justice.
This report has not been published by the Department. Opinions or points of view
expressed are those of the author(s) and do not necessarily reflect the official
position or policies of the U.S. Department of Justice.

MODELING THE LINKAGE OF DOMESTIC VIOLENCE AND SUBSTANCE ABUSE SERVICES

As discussed in the earlier literature review, until recently, linkage of domestic violence and substance abuse services has been uncommon. The issues surrounding domestic violence–substance abuse service linkage are quite complicated and include

- level of financial and expert resources available to programs to provide complementary services;
- philosophical and programmatic factors guiding domestic violence and substance abuse treatment that can discourage and complicate linkage attempts; and
- perceptions about the domestic violence–substance abuse relationship that influence whether and how domestic violence and substance abuse services are linked.

Domestic violence and substance abuse service linkage is further complicated because domestic violence and substance abuse treatment programs are likely to differ from each other on the above factors, and because linkage issues will also vary according to whether domestic violence *victims* or *offenders* are a focus.

To understand the factors associated with domestic violence–substance abuse service linkage, we conducted a series of logistic regression analyses. Two categories of dichotomous dependent variables were examined:

- six types of service linkage provided by programs (e.g., the program does or does not screen clients for the complementary problem); and
- five reasons why programs do *not* provide linked services (e.g., because of the absence of expertise dealing with the complementary problem).

Separate models are estimated for domestic violence and substance abuse treatment programs, and for victims and offenders.

Complementary Services for Victims

The program director's gender was not consistently associated with the six forms of complementary service provision across the two program types although substance abuse programs directed by males were less likely to provide victim services. The program director's tenure in the field, however, was *directly* associated with programs' providing the complementary service, having a trained complementary counselor on staff, and having formal arrangements with other programs for client referral. This result held for both domestic violence and substance abuse treatment programs. Because these three forms of complementary service indicate a real commitment to complementary service linkage (in comparison to screening,

This document is a research report submitted to the U.S. Department of Justice.
This report has not been published by the Department. Opinions or points of view
expressed are those of the author(s) and do not necessarily reflect the official
position or policies of the U.S. Department of Justice.

outside contracting, and informal arrangements with other programs), the findings are particularly meaningful. Apparently, program directors with longer tenure in the domestic violence and substance abuse fields were more likely to recognize the need for and to institute programming to provide substance abuse services to domestic violence victims, and victim service to substance abuse treatment clients.

The findings for program directors' graduate school attendance were inconsistent across complementary service types and program types. Substance abuse program directors with some graduate school education were more likely than their counterparts to direct programs that screen clients for domestic violence victimization, provide victim services, and have informal referral arrangements with other programs. Substance abuse program directors with graduate school education, however, were *less* likely to have a trained domestic violence counselor on staff or to contract with an outside domestic violence counselor.

Overall, the number of full-time employees in a program also was inconsistently associated with complementary service linkage, as was whether programs provide shelter or residential services. One exception was that substance abuse and domestic violence programs with a greater number of full-time employees were less likely to contract with outside complementary counselors. There was a statistically significant direct relationship between programs' provision of shelter or residential services and having formal arrangements for client referral for both domestic violence and substance abuse programs.

There was a fairly consistent relationship between program directors' assessment of the percentages of their clients who have the complementary problem and the provision of complementary services to clients. Both domestic violence and substance abuse program directors who thought that higher percentages of their clients had substance abuse and victimization problems, respectively, were significantly more likely to screen clients for the complementary problem, provide the complementary service, and to contract with a trained outside counselor to provide the service. Apparently, the perceived magnitude of the complementary problem among clients influences directors to provide complementary services.

Program directors' attitudes about service linkage were not consistently associated with provision of complementary services. As expected, directors of both domestic violence and substance abuse treatment programs who endorsed the idea that the complementary service should be provided elsewhere than by their programs were significantly less likely than directors disagreeing with this statement to provide the complementary service and to have a trained complementary counselor on staff. Somewhat contrary to expectations, program directors who said that the philosophies of domestic violence and substance abuse treatment were inconsistent with each other did not avoid providing complementary services in several complementary service categories. Substance abuse program directors holding the inconsistent-philosophy view in particular were significantly more likely to direct programs having a trained domestic violence counselor on staff, contract with an outside domestic violence counselor, and have formal arrangements with other programs to refer clients.

There was a fairly consistently *negative* relationship between endorsement of the view that programs should not be expected to provide complementary services given current State

This document is a research report submitted to the U.S. Department of Justice.
This report has not been published by the Department. Opinions or points of view
expressed are those of the author(s) and do not necessarily reflect the official
position or policies of the U.S. Department of Justice.

funding and provision of complementary services. Although this relationship was stronger for substance abuse programs than for domestic violence programs, both program types were less likely to (a) provide the complementary service and (b) to have a trained complementary counselor on staff.

The assessments of the substance abuse–domestic violence relationship by program directors did not generate consistent relationships with the complementary services:

- Directors who believed that being a victim of domestic violence increased chances of developing an alcohol or drug problem directed programs that were significantly more likely to provide domestic violence victim services and to have a trained domestic violence counselor on staff.

- Domestic violence program directors who thought that a woman's use of alcohol keeps her stuck in violent relationships were significantly more likely to screen victims for substance abuse, to have a trained counselor on staff, and to have informal referral arrangements with other programs.

This last finding may be explained by the differing views held by the directors of the two program types. Substance abuse program directors holding this view, however, were significantly *less* likely to direct programs that have a trained domestic violence counselor on staff, contract with an outside domestic violence counselor, and have formal or informal referral arrangements with other programs. Directors of both program types holding this view were less likely to have formal referral arrangements with other programs.

Complementary Services for Offenders

When the regression findings for complementary offender services were considered for both domestic violence and substance abuse treatment programs, a few patterns emerged. As with the victim services, program director gender was not consistently associated with provision of complementary services. And consistent with the findings for program director tenure and provision of complementary victim services, years in the field were directly associated with providing complementary services to offenders in four of the six service categories. Graduate school attendance by program directors was not consistently associated with complementary offender services. Residential substance abuse programs were more likely than nonresidential programs to contract with an outside domestic violence counselor and to have formal arrangements with other programs for referring offender clients in need of services. Substance abuse program directors' perceptions of the percentage of clients with the complementary problem were associated with programs providing complementary services, although this relationship was less consistent for offender clients than it was for victim clients.

Substance abuse program directors who thought that offender domestic violence service needs ought to be provided someplace other than in substance abuse programs were significantly *less* likely to direct programs that screen clients for domestic violence, provide such services, and have a trained domestic violence counselor on staff.

This document is a research report submitted to the U.S. Department of Justice.
This report has not been published by the Department. Opinions or points of view
expressed are those of the author(s) and do not necessarily reflect the official
position or policies of the U.S. Department of Justice.

The relationships between the belief that domestic violence and substance abuse treatment philosophies are inconsistent with each other and the provision of complementary services were difficult to interpret. Some of the relationships were statistically significant, but the significant findings were both positive and negative and inconsistent within and across program types.

The program directors' perceptions of the substance abuse–domestic violence relationship also were not associated systematically with the provision of complementary services. Lack of variation in program directors' responses to the questions prevented inclusion of several of these variables in the analyses, and most of the relationships produced inconsistent findings. One exception was that program directors who believed that substance abuse treatment for the violent male partner can decrease the risk of future violence were significantly more likely than directors who disagreed with the statement to direct programs that provided complementary services in 4 of the 10 complementary service categories:

- substance abuse programs provided domestic violence offender services,
- domestic violence programs have a trained substance abuse counselor on staff,
- substance abuse programs contract with an outside domestic violence counselor, and
- domestic violence programs have formal arrangements with outside programs to provide substance abuse services to offenders.

For both domestic violence and substance abuse programs, however, a belief in the violence reduction potential of substance abuse treatment for offenders was inversely associated with having *informal* referral arrangements with other programs.

INTERPRETATION AND IMPLICATIONS

Interpretation of Findings

The most useful information generated by this study may be the descriptive data for the national sample of domestic violence and substance abuse treatment programs (see Table 2). These data show clearly that directors of domestic violence and substance abuse programs agreed that their clients frequently had the complementary problem. Domestic violence program directors thought that 36% of their victim clients had substance abuse problems and 61% of their offender clients had substance abuse problems. Substance abuse program directors thought that 33% of their clients were domestic violence victims and 26% were domestic violence offenders. The data also indicate clearly that substantial percentages of programs provided some complementary services. For example, 62% of domestic violence programs screened victims for substance abuse, and 58% of these programs screened offenders for substance abuse; moreover, 72% of substance abuse programs said their programs screened their clients for domestic

This document is a research report submitted to the U.S. Department of Justice.
This report has not been published by the Department. Opinions or points of view
expressed are those of the author(s) and do not necessarily reflect the official
position or policies of the U.S. Department of Justice.

violence victimization, and 60% screened their clients for committing violence against their intimate partners. Smaller percentages of programs actually provided complementary services: 19% to 26% of domestic violence programs provided substance abuse services for offenders and victims, and about half of substance abuse programs provided domestic violence services for victims and offenders.

We had hoped that the multivariate analyses of our survey data would provide some clear guidance for linkage of domestic violence and substance abuse services at the programmatic level. Our hypotheses have been confirmed regarding program director and program characteristics. Also, program directors' attitudes about service linkage and the substance abuse–domestic violence relationship were found in the logistic regression analyses to have statistically significant associations with complementary service provision. The findings did not provide, however, much specific direction for those who develop, fund, and operate domestic violence and substance abuse treatment programs. There are two *related* reasons why programmatic implications are difficult to identify in the findings:

- Many of the multivariate findings were inconsistent with each other and thus are difficult to interpret.

- The design and implementation of complementary domestic violence and substance abuse services require the simultaneous consideration of multiple organizational, resource, clinical, and contextual issues that make the task very complex.

An example will illustrate the difficulties associated with finding programmatic guidance in the study findings.

We found a fairly consistent direct relationship between program directors' perceptions of the prevalence of the complementary problem among their clients and their provision of complementary services—particularly for domestic violence victims. The data also showed that domestic violence program directors were less likely to provide substance abuse services for victims *in house* (as part of their programs) if they endorsed the idea that given current State funding, they should not be expected to provide substance abuse services. This finding is what one would expect. Program directors' beliefs about State funding and not linking services were consistent. But domestic violence program directors who endorsed the view that State funding was a reason why they should not be expected to provide substance abuse services were not significantly less likely than their counterparts to direct programs that contracted with outside substance abuse counselors and to have formal arrangements with other programs to refer clients. These directors also were significantly more likely to have informal referral arrangements with other programs. On the surface at least, these empirical relationships were inconsistent. One would expect that program directors who thought they should not have to provide complementary services would *not do so.*

It is probable that this response pattern from domestic violence program directors is attributable to the comparative costs of providing complementary services to victim clients in the different ways. Providing such services within the structure of their programs would use

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

substantial staff and financial resources that are comparatively costly than if complementary services are provided by contract employees or other programs to which clients are referred. These findings illustrate both points above about the apparent inconsistency of findings and the complexity of linking domestic violence and substance abuse services.

Study Limitations

This study has several important methodological limitations that future research in this area should consider:

- **Sampling frames.** Although the lists we used in sampling domestic violence and substance abuse programs were recent in publication and national in scope, it is likely that these lists did not include all domestic violence and substance abuse treatment programs in the country. Programs that were not affiliated with any State or national coalition or that do not receive State or Federal funding may have been excluded from these lists. As a result, our findings may not be generalizable to all domestic violence and substance abuse treatment programs in the country. Future studies on domestic violence and substance abuse programs may benefit from examining the completeness and representativeness of these lists and identifying additional sampling resources.

- **Clientele size as a criterion for study eligibility.** In screening sampled programs for study eligibility, clientele size restrictions were imposed to prevent the interviewing of programs that did not serve many clients. A consequence of this strategy, however, is that small programs were omitted disproportionately from our sample. Small programs are disproportionately likely to serve less densely populated areas or to serve special populations, such as racial/ethnic minorities.

- **Questionnaire design.** Many of the questionnaire items in both the domestic violence and substance abuse program questionnaires were closed-ended. Although this format was necessary for the kind of interviewing we did (telephone interviews conducted by non-expert interviewers) and helped to control the time required to administer the interview, using this type of question format has disadvantages. For example, more descriptive information about the type of complementary services provided by programs or about the reasons that programs do not provide linked services could have been obtained by the use of open-ended questions. Future studies aimed at collecting more in-depth information should consider alternative data collection methodologies and question formats.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Suggestions for Linkage Demonstration and Evaluation

At the same time that attempts are made to better formulate and organize domestic violence and substance abuse service linkage, a demonstration/evaluation initiative to implement and assess linkage should be undertaken. We recommend an approach here that would be a useful first step toward establishing whether complementary domestic violence and substance abuse services improve client outcomes. Improved outcomes for victims would include reduced victimization, the reduction of substance abuse among victims, and improved family and economic circumstances. Improved outcomes for offenders would include effectively addressing the violent behavior and substance abuse problems to reduce the likelihood of future domestic violence.

Initially, we think that it would be appropriate that a demonstration/evaluation focus on linkage for *victims* of domestic violence. Attempting to assess linkage initiatives for both victims and offenders would be methodologically difficult and costly. Moreover, evaluations of domestic violence batterer treatment currently are under way, and it is appropriate to await those results before developing a research demonstration for substance abuse–domestic violence service linkage for batterers.

One of the major dimensions in the consideration of domestic violence–substance abuse service linkage for victims is where and how to deliver those services. In the current study, we looked at services provided as part of domestic violence programming, and at some ways that the substance abuse treatment for victims could be provided by referral to other programs or by contract employees. Given some of the issues discussed earlier, such as resource limitations and domestic violence program directors' concerns about the philosophical inconsistency of domestic violence and substance abuse treatment, there is a rationale for designing alternative approaches to linkage that are integrated *within* existing programming or are provided by referral or contract. The referral/contract approach may be preferred by programs having limited resources and/or concerns about attempting to integrate substance abuse and domestic violence within the same program framework.

Before a research demonstration design can be fully developed, additional linkage program identification/specification is needed. In other words, linkage interventions must be identified that can be described in sufficient detail for implementation, which will require that some qualitative research to describe linkage programming be conducted. The most efficient way to proceed along this line is to identify existing linkage initiatives for victims within both domestic violence and substance abuse programs. Two approaches will help locate existing programming:

- Examine our national program database and identify programs currently providing complementary programming, then selectively follow up to gather information about the programming.

- Conduct interviews with informants in the domestic violence and substance abuse fields and ask them to identify programs currently providing complementary domestic violence and substance abuse services.

This document is a research report submitted to the U.S. Department of Justice.
This report has not been published by the Department. Opinions or points of view
expressed are those of the author(s) and do not necessarily reflect the official
position or policies of the U.S. Department of Justice.

These two approaches will identify a range of complementary approaches from which a few well-articulated, logically grounded ones can be selected for study.

A modest initial demonstration/evaluation initiative would make sense, perhaps involving eight approaches:

- two domestic violence programs integrating substance abuse victim services into their current programming,
- two domestic violence programs arranging for substance abuse victim services through other programs,
- two substance abuse programs integrating domestic violence victim services into their current programming, and
- two substance abuse programs arranging for domestic violence victim services through other programs.

Inclusion of both process and outcome evaluation components will provide the most useful information.

The demonstration/evaluation plan needs more detailed development and review, including assessment by domestic violence and substance abuse treatment experts who can speak to programmatic choices and feasibility issues. A reasonable activity to further the plan would be a 1- or 2-day conference that would include experts from the domestic violence and substance abuse treatment fields. In addition to NIJ, other agencies having an interest in this enterprise would probably include the Violence Against Women Office within the Office of Justice Programs, the National Institute on Alcohol Abuse and Alcoholism, and the Center for Substance Abuse Treatment.

As discussed earlier, the domestic violence–substance abuse service linkage issue has already received considerable attention, so some of the necessary thinking and planning has already taken place. It would not take major resources to develop a viable evaluation plan. The research demonstration project itself would probably require $1 million to $2 million to conduct. This investment would likely pay substantial dividends for the domestic violence and substance abuse service delivery system. The current state of knowledge about the implementation and effects of linking these two kinds of services is rudimentary, and the costs of the related problems of substance abuse and domestic violence are high. Generating evaluation data that address implementation and effectiveness issues could advance the two fields and provide a foundation for reducing the very high individual and societal costs associated with these problems.

This document is a research report submitted to the U.S. Department of Justice.
This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

REFERENCES

Center for Substance Abuse Treatment. (1994). Practical approaches in the treatment of women who abuse alcohol and other drugs (DHHS Publication No. SMA 94-3006). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration.

Collins, J.J., Kroutil, L.A., Roland, E.J., & Moore-Gurrera, M. (1997). Issues in the linkage of alcohol and domestic violence services. In M. Galanter (Ed.), Recent developments in alcoholism, Volume 13: Alcohol and violence (pp. 387-405). New York: Plenum.

Collins, J.J., Spencer, D.L., Snodgrass, J.A., & Wheeless, S.C. (1999, May). Linkage of domestic violence and substance abuse services (prepared for National Institute of Justice under Grant No. 97-IJ-CX-0009). Research Triangle Park, NC: Research Triangle Institute.

Fazzone, P.A., Holton, J.K., & Reed, B.G. (1997). Substance abuse treatment and violence (Treatment Improvement Protocol [TIP] Series No. 25, DHHS Publication No. SMA 97-3163). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.

Healey, K., Smith, C., & O'Sullivan, C. (1998, February). Batterer intervention: Program approaches and criminal justice strategies (Issues and Practices in Criminal Justice, NCJ 168638). Washington, DC: National Institute of Justice.

National Coalition Against Domestic Violence. (1997, September). 1997 national directory of domestic violence programs: A guide to community shelter, safe home and service programs (draft). Denver, CO: Author.

Substance Abuse and Mental Health Services Administration. (1996, September). National directory of drug abuse and alcoholism treatment and prevention programs, 1995. Rockville, MD: Author.

PROPERTY OF
National Criminal Justice Reference Service (NCJRS)
Box 6000
Rockville, MD 20849-6000

This document is a research report submitted to the U.S. Department of Justice.
This report has not been published by the Department. Opinions or points of view
expressed are those of the author(s) and do not necessarily reflect the official
position or policies of the U.S. Department of Justice.