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Andrea B. Viens
The Relationship between Violence
and Alcohol Abuse: Self Perception of
Addicted Adults

ABSTRACT

While it is widely accepted that there is a positive correlation between alcohol use/abuse and violence, there is little consensus in the literature about the strength and nature of this association. Thus the need for more complex multivariate and qualitative studies has been recognized. This qualitative study explored what could be learned from a sample of men and women who are members of Alcoholic Anonymous (AA) and self-identify as having engaged in violence while under the influence.

For the vast majority of participants in this study, their violence came first; however, they first received treatment for their alcohol use/abuse. For these participants, their story of how their violence began was inextricably linked with the violence they experienced in childhood; and the only discernable demographic trend was a childhood history of violence and/or alcohol use/abuse.

In contrast, a history of downward mobility as measured by the parents' education and occupation was the only discernable trend in participants where their alcohol use/abuse came first. This group also received treatment first for their use/abuse of alcohol and was only violent when abusing alcohol. Finally, the use of alcohol was associated with intense affect regulation that could work two ways: i.e., release the inhibition against violent behavior or suppress the urge to act violently. There is a need for future research to see if these trends are sustained.

THE RELATIONSHIP BETWEEN VIOLENCE AND ALCOHOL ABUSE:
SELF PERCEPTION OF ADDICTED ADULTS

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Masters of Social Work

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2011

ACKNOWLEDGMENTS

This thesis would never have been accomplished without the support and contributions of many family members and friends, including my life-long editor, Bill. I am particularly grateful to the participants in this study who shared their life experiences and stories with me.

I also wish to express my gratitude and appreciation to Dr. Mary Hall for her guidance, humor, and wealth of knowledge. I am deeply grateful to my children, Hannah and Eben, who bring me life and teach me how to enjoy it and to my partner, David, for his generosity of spirit and encouragement.

This thesis is lovingly dedicated in honor of my mother Heide Bredfeldt. Without her stories, experiences, history, and survival this thesis would never have been conceived.

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CHAPTER I

INTRODUCTION

There has been a growing recognition in the literature on the relationship between violence and alcohol use of the need for more complex multivariate and qualitative studies to investigate the natural history, diverse causal pathways and possible points of intersection between violence and alcohol use/abuse (Lang, 1992; Roizen, 1997; Room & Rossow, 2001; Wells, et al., 2007). The answers to these questions have far reaching implications for health/mental health service delivery and public policy planning. For example, in recognition of the positive correlation between incidents of violence and alcohol use/abuse it is now widely accepted that the best practice in terms of service delivery is to establish co-occurring treatment services where both problems can be treated simultaneously by the same staff as opposed to attempting to treat each problem separately through either substance abuse or mental health services (Brown, et al., 1999; Hilarski & Wodarski, 2001; Teesson & Proudfoot, 2003). However, answers to the questions of how and in what order each problem should be addressed in a particular case on a co-occurring unit (e.g., can we effectively treat other mental health issues before the patient stops abusing alcohol completely?) remains more an art than a science and requires a more nuanced understanding of the interface between violent incidents and alcohol use/abuse (Chartas & Culbreth, 2001; National Institute on Drug Abuse [NIDA], 2007; Room & Rossow, 2001; Thomas & Bennett, 2009).

To date, a substantial number of studies have explored the relationship between violent behavior and alcohol use/abuse (Brown, et al., 1999; Foran & Leary 2008; Godlaski & Giancola, 2009; Mignone, et al, 2009; Pernanen, 1991; Roizen, 1993).

Included in this body of work are studies that are quantitative (Barnwell, et al., 2006; Lennings et al., 2003; McMurrin & McCulloch, 2009), qualitative (Graham & Wells, 2003; McMurrin, et al., 2010; Spunt et al., 1994) and mixed methodologies (Leonard & Quigley, 1999; Walsh, 1999; Wells, et al., 2007). Regardless of the methodology, historically most studies have been done on males. Most frequently studied have been male offenders incarcerated for violent crimes, e.g. homicide and inter-partner violence (Mayfield, 1976; Spunt, et al., 1994; Voss & Hepburn, 1968; Wieczork, et al., 1990). There are also a substantial number of studies that look at the co-occurrence of alcohol and violence in a particular cultural context. In this latter case, most frequently studied has been drinking and violence in bars and other drinking establishments (Benson & Archer 2002; MacAndrew & Edgerton, 1969; Parker & Williams, 2003). While collectively this body of work has corroborated the existence of a positive relationship between violence and alcohol use/abuse, there has been little consensus about the strength and nature of this association (Barnwell, et al., 2006; Jenkins, 1990; Miller, et al., 2009; Murdoch, et al., 1990; Room & Rossow, 2001; Scott, et al., 1997; Spunt, et al., 1994).

It is widely accepted that the cost to society of problems associated with violent behavior and alcohol use/abuse are enormous with estimates ranging in the billions (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2000; National Institute on Drug Abuse [NIDA], 1992; Miller, et al., 2006; Russo, 2008). This is because the cost to society is both direct and indirect; and largely affects those who do not have the problem with violent behavior and/or alcohol use/abuse. For example, the cost of trauma

related health/mental health issues and damages to person and property born by the victims of drunk drivers or the perpetrators in cases of interpersonal violence, etc.

(National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2005; Mignone et al., 2009).

The estimates of violence associated with alcohol use/abuse can range anywhere from 24% to 86% (Fagan, 1990; Jenkins, 1990; Kinney & Leaton, 1982; Pihl & Peterson, 1995; U.S. Department of Justice [USDJ], 2008). There are many reasons for this extreme variability. First and foremost definitions of violence are so varied since the study of violence has been of interest to multiple disciplines e.g. criminology, sociology, epidemiology, psychology and other health/mental health researchers and practitioners (Martin, 1993; Miczek, et al., 1997). Violence may be defined as behavior that intentionally inflicts, or attempts to inflict, physical harm e.g. predatory violence (NIAAA, 2000; Walsh, 1999). In the same vein, definitions of violence frequently overlap with the broader category of aggression. The latter may include behaviors that are threatening, hostile, or damaging in a nonphysical way (NIAAA, 2000). Similarly, there are many types of physical violence, e.g., rape, sexual abuse, bullying, homicide etc. Definitions of violence may also vary by context, social and environmental conditions and individual characteristics (Anderson, 1998; Graham & Wells, 2003; MacAndrew & Edgerton, 1969; Walsh, 1999). Finally, cultural beliefs and myths as well as formal legislation and treatment related to those who commit acts of violence can all be pivotal in how violence comes to be socially constructed in a particular situation (Van Soest & Bryant, 1995; Winlow, 2001).

A second important reason associated with the extreme variability in the estimates of violence associated with alcohol use/abuse is that the association may be two-way. Two large bodies of work best illustrate this, one that examines alcohol use before violence and the second examines the reverse, violence preceding alcohol use. In the research literature reviewed on alcohol use/abuse preceding violence, most frequently asserted is the disinhibition hypothesis (Boyatzis, 1975; Gutsafson, 1994; Reiss & Roth, 1993). According to the disinhibition hypothesis, alcohol weakens mechanisms in the brain that normally restrain aggressive and/or impulsive behavior in individuals with aggressive tendencies (Boyatzis, 1975; Gutsafson, 1994; Reiss & Roth, 1993). There is also a large body of work in this area that studies alcohol consumption preceding violence in interaction with other factors that can impact the expression of aggression or violence, e.g. drug use, peer pressure, social and cultural expectations (“boys will be boys”), etc (NIAAA, 2000). In terms of violence preceding alcohol use/abuse most frequently noted are persons with exposure to extensive violence in their childhood. This includes the experience of being a victim and/or an observer of interpersonal violence in their home or community.

A third important reason that estimates of violence associated with alcohol use vary widely is that the estimates are derived from multivariate studies in which an association was found between alcohol use and violence that was secondary to the study’s main question. Roizen (1997) noted that the search for multiple causes of problem attitudes and behaviors in social research has become increasingly complex in recent decades. Advances in multivariate methods have become part of the stock in trade

of the social scientist and can frequently have capabilities beyond what the data will usually support (Roizen, 1997). Nonetheless, it is widely accepted that there are multiple ways that alcohol gives rise to violence and violence to alcohol use (Graham & Wells, 2001; Lennings, et al, 2003; Miller et al., 2009). This in turn makes clear that the relationship between alcohol and violence is complex and there is no one explanatory model that accounts for the correlation.

In summary, a substantial body of research has explored the relationship between alcohol use/abuse and violent behavior. It is widely accepted that there is a positive correlation between these two variables but little consensus about the strength and nature of the association. There is growing consensus that this is because the association may be two-way, i.e. violence can precede alcohol use/abuse and vice versa. This has led to the demand for more complex multivariate and qualitative studies that examine the natural history, diverse causal pathways and possible points of intersection between violence and alcohol use/abuse. This study was designed to make its contribution to filling this gap in the literature by exploring what we can learn from a sample of men and women who are members of Alcoholics Anonymous that have at a minimum completed the eighth step of the twelve step program and also self identify as having engaged in incidence of violence where alcohol/use abuse was present.

CHAPTER II

LITERATURE REVIEW

Significant amounts of literature exist on the study of violence and alcohol use/abuse. Today, violence and alcohol use/abuse, in the United States and abroad, are considered from a national public health perspective and the study of alcohol-related violence continues to be a focus of much research (Graham & Homel, 2008; McMurrin et al., 2010; Morgan & McAtamney, 2009; World Health Organization [WHO], 2010). The extent to which violence and alcohol use/abuse have become the focal point of current national research is a direct result of the significant economic and health/mental health costs to society (Russo, 2008; World Health Organization [WHO], 2002).

The Costs of Violence and Alcohol Use/Abuse

In calculating the cost of violence, it is widely accepted that there are direct and indirect costs. Violence results in an estimated financial toll on the U.S. health/mental health care system that is in the billions (Russo, 2008; WHO, 2002). The direct cost of violence is frequently reported in statistics on sexual assault, intimate partner violence (IPV), and childhood physical and sexual assault, the prevalence of which remain exceedingly high throughout the world (Center for Disease Control and Prevention [CDC], 2009). Injuries related to intimate partner violence (IPV) are estimated to cost 4.1 billion dollars, annually (National Center for Injury Prevention and Control [NCIPC], 2003). Furthermore, an example of the direct cost to those not responsible for the problems of violence is illustrated in the yearly cost to taxpayer of incarcerated violent offenders (NIDA, 1992). The price, 15 billion dollars, is based on a yearly operating cost

averaged at \$22,600 per inmate. The indirect cost of violence is far less frequently recorded. For example, unaccounted for costs incur daily due to violent incidents in which victims or witnesses experience a post traumatic stress response (Fleisher & Kassam-Adams, 2006). Reported by the World Health Organization, additional indirect costs can be linked to the productivity losses which are the result of violence-related injuries and deaths.

Alcohol use/abuse similarly takes a tremendous economic toll on the United States health/mental health care system with an estimated costs of alcohol abuse and alcoholism at \$185 billion in 1998 (NIAAA, 2000). This increased from 1992, when the estimated spending for health/mental health care services was \$18.8 billion for alcohol related problems (NIDA, 1992). Cost due to loss in productivity because of alcohol-related crime was reported at 10.1 billion (NIAAA, 2000). The human toll of alcohol use/abuse is equally as detrimental. The National Center for Health Statistics reported 14,406 deaths in the United States in 2007 from alcoholic related liver disease and 23,199 from alcohol induced deaths, excluding accidents and homicides (CDC, 2009). Estimates from 2005, reported 43,443 deaths from alcohol-related traffic fatalities (National Highway Traffic Safety Administration [NHTSA], 2005), however, accurate statistics associated with alcohol related homicides continue to be difficult to determine given inconsistency in data collection. When the relationship of alcohol-related violence is factored into these statistics, the cost of crime attributed to alcohol abuse, estimated at \$19.7 billion (NIDA, 2007) has come to surpass \$205 billion (Miller, et al., 2006).

Definitions of Violence

Most research on violence was derived from studies in which the legal definition of violence is used (e.g. Bureau of Justice Statistics, CDC). As indicated, these earlier studies on violence were on male violent offenders most often prosecuted for homicide (Mayfield, 1976; Spunt, et al., 1994; Voss, H.L. & Hepburn, J.R., 1968; Wiczoerk, et al., 1990; Wolfgang, 1958). Crime statistics classified and document acts of homicide more frequently and accurately than non fatal crimes, which often were incomplete or completely absent (Reiss & Roth, 1993). This is probably because homicide represents a definition of violence at its clearest: the act is clear and the outcome is clear, the victim died. Once one departs from the legal definitions of what is considered violence, definitions become more variable dependent on who defines what violence is, e.g. an undertaker, an emergency room or police department attendant.

Wolfgang's (1958) *Patterns of Criminal Homicide* is considered seminal in this work. The study he undertook investigated 588 homicide cases that occurred in Philadelphia between the years 1948 and 1952. His statistics were tabulated from police data collected from arrest records which documented patterns of violence as they occurred in relation to such variables as physical characteristics of victim and victimizer, incident location, weapon used and presence of alcohol detected in either subject. Wolfgang's study gave characteristics of both perpetrator and victim while earlier research investigated only one or the other (Hall, 1999; Wolfgang, 1958). This distinction is important because earlier research focused almost solely on the perpetrator of violence, not the victim and documentation was mostly subjective (Kaufman, 1998). It

is also important to note that Wolfgang's (1958) study was not a study on violence and alcohol use/abuse, alcohol use was co-varied with other previously mentioned variables in relationship to criminal behavior. His findings reported alcohol consumption present in victim or offender, in two-thirds of all homicide cases. Wolfgang (1958) was also the first to advance the category of "victim-precipitated homicide (VPH)", which we refer to today as intimate partner violence. His work is the first to give a concrete description of this form of violence. Furthermore, while VPH represented 26% of the population of his study, the majority of VPH cases involved alcohol.

Past discrepancies in data collection on violent victimization are due to many factors including: victimization may not be recognized as a crime, embarrassment or psychological stigma inhibits reporting, victims are often reluctant or afraid to involve authorities, consequences may not be thought worth reporting as crimes and the use of discretion in classifying and counting violent events sometimes is a factor (Reiss & Roth, 1993, p. 2). The biases in criminal definitions of violent events led to a required modification of criminal reporting such that in 2006 violent crime is now defined in one national survey, National Crime Victimization Survey (NCVS) to include a somewhat broader definition of what constitutes the perpetration of violence e.g. sexual assault or rape, aggravated and simple assault, robbery (Reiss and Roth, 1993). For an even broader, more inclusive definition of violence see the World Health Organization and the World Report on Violence and Health.

Definitions Alcohol Use/Abuse

Definitions of alcohol use/abuse first came to be referenced in modern psychiatric literature in 1952. Prior to its inclusion in a psychiatric diagnostic manual, an earlier conception of alcoholism as a “disease” was credited to American physician, Benjamin Rush in 1784 (Levine, 1978). He made observations of alcohol as a causal agent, and viewed loss of control over the drinking of alcohol as the characteristic symptom of the disease (Levine, 1978; Valverde, 1998). In 1935 two physicians founded Alcoholics Anonymous (AA), a mutual self-help group. In support of gathering members for the group, they wrote a book (with the help of members) with a suggested twelve-step program to help people in attendance at AA groups, who were struggling or admitted a powerlessness over alcohol (Alcoholics Anonymous [AA], 2001). The closest that The Big Book of Alcoholics Anonymous comes to endorsing the concept of alcoholism as a disease is, “alcoholism *is* an illness which only a spiritual experience will conquer” (AA, 2001) In 1952 the American Psychiatric Association (APA) included the diagnosis alcoholism in the first edition of the Diagnostic Statistical Manual of Mental Disorders (DSM). The second edition of the DSM II, published in 1968, expanded on this diagnosis including three sub categories listed under Alcohol-Related Disorders: alcohol addiction, episodic excessive drinking and habitual excessive drinking. Later, the American Medical Association (AMA) working in the 1980’s and early 1990’s to establish a position on alcoholism, endorsed alcoholism as a disease in 1991, under both the psychiatric and medical sections in the International Classification of Disease.

Research on the relationship between alcohol use/abuse and violence is no more explicit or consistent from study to study about which definition or effect of alcohol is under investigation in relation to alcohol related violence (Foran & O’Leary, 2008; Roizen, 1982). Definitions of alcohol use/abuse measurements vary considerably across studies. Sometimes specific measurements are used; e.g. number of drinks, body fluid test, blood alcohol concentrations in urine (Roizen, 1993). The legal definition of blood alcohol content (BAC) in the United States is a blood alcohol threshold of .08%. The legal issue in reference to Driving Under the Influence (DUI) is usually whether or not an individual’s BAC is equal to or greater than the .08% limit. However evidence used in legal matters related to alcohol use/abuse can vary too based on variables such as police reports of behavioral test e.g. walking a straight line or alcohol intoxication test per BAC levels. As well, the strength of the association between violence and alcohol can vary across definitions of alcohol consumption such that ‘problem drinking’, ‘heavy drinking’ or overall alcohol consumption can yield different results (Foran & O’Leary, 2008). Lastly, in the current landscape, inconsistencies in alcohol use/abuse definitions in the literature continues as we have both legal modes of measurement and self report/report by other of the frequency and quantity of alcohol consumption.

In a large study conducted by the Arrestee Drug Abuse Monitoring (ADAM) program, data collected from arrested offenders (20,715 adult males and 6,699 adult females) was analyzed based on two alcohol-related items: self-reported alcohol use and self-reported being “under the influence of alcohol” at the time of the offense (Martin, et al., 2001). . The ADAM program (1998) method of data collection identified urinalysis

and/or alcohol breath test as not practical given how quickly alcohol is metabolized by the body. The study utilized a comparison analysis to assess offenders underreporting of their alcohol use and/or being under the influence, based on the consistency in which the same respondents self-reports of drug use compared to the actual outcomes of their urine analysis. The ADAM (1998) study indicated no statistical differences existed in the percentages of offenders who self-reported recent alcohol use in comparison with those whose self-reports and urine tests both gave accurate readings for drugs e.g. marijuana, cocaine or crack. This study sought to address the lack of accurate data based on the use of prior data from archival arrest reports which may have underestimated the presence of alcohol. Measurements of violent acts/aggression and alcohol use/abuse continue to be inconsistent in research on the association between these two variables, such that the wide variability in estimates persists (Miller, et al, 2009; NIAAA, 2000; Van Soest & Bryant, 1995; Roizen, 1982).

The estimates of violence associated with alcohol use/abuse can range anywhere from 24% to 86% (Fagan, 1990; Jenkins, 1990; Kinney & Leaton, 1982; Pihl & Peterson, 1995; USDJ, 2008). While smaller estimates are often derived from general criminal offenses (USDJ, 2008) or broad community based samples (Leonard & Quigley, 1999; Martin & Bachman, 1997; Pernanen, 1991) higher estimates can be found in studies where severe and/or persistent violence or substance abuse resulted in treatment or incarceration (Lennings, et al., 2003; Walsch, 1999). In a study that investigated a number of variables, including violence in association with alcohol use and individual personality characteristics, psychopathic versus non-psychopathic, 66% and 84%,

respectively, reported consuming alcohol prior to the violent event (Walsh, 1999). While the sample size of this study was 128 adults (64 men and 64 women), with 51 of the 128 participants serving time for violent crimes, larger scale studies of violent crimes report similar statistics. For example, in 2005 national crime statistics data indicated that 55% - 60% of violent crimes were associated with alcohol consumption (USDJ, 2008). Data collected from the victims of alcohol involved general criminal offenses reported only 30% of the perpetrators had been drinking in comparison to 75% of victims reporting alcohol use in intimate partner violence (USDJ, 2008). Accordingly, Alcohol use/abuse is associated with violent behavior at considerably higher rate than it is with nonviolent crime (Murdoch, et al, 1990; Phil & Peterson, 1993 Lennings, et al., 2003) and alcohol is noted to be the most commonly used drugs associated with intimate partner violence (Fals-Stewart, 2003; Foran & Leary, 2008; Leonard & Quigley, 1999; Weinsheimer, et al, 2005).

Quantitative Research on Violence and Alcohol Use/Abuse

There is considerable quantitative research on the relationship between violence and alcohol use/abuse. In the early 90's several different researchers tried to summarize this research and came up with the same conclusion, that while there is an association that can be made between violence and alcohol use/abuse the causal relationship between the two remains unclear (Bushman & Cooper, 1990; Murdoch, et al., 1990; Pihl & Peterson, 1995) This continues to be the case, with a trend in research showing that acute intoxication, as opposed to chronic alcohol consumption, is associated with alcohol-related violence (Quigley et al., 2002; Wells, et al., 2000) with noted gender differences

in current findings (Gussler-Burkhardt & Giancola, 2005; Hoaken et al., 2003). As further indicated in the research, findings on alcohol expectancies and specific personality traits demonstrate a strong correlation in the mediation of the relationship between violence and alcohol use/abuse (Miller, et al., 2009; Quigley, et al., 2002; Walsh, 1999)

As postulated by Room & Rossow (2001), one of the main sources of dispute about the causal nature of violence and alcohol use/abuse has been in the definition of cause, with some researchers drawing upon what is considered causal, that the presence of alcohol must be necessary and sufficient in order for a violent crime to occur. They suggest rather than adopting such a rigid position, the following be considered in the share of violence attributable to drinking:

It seems much more reasonable to consider the epidemiology of violence in the same way one would consider the epidemiology of disease. For example, while it is clear that smoking is an important, if not the most important, causal factor in the occurrence of lung cancer, not all smokers get cancer and not all cancer victims are smokers. In the same way, not all violent crimes involve alcohol and not all people under the influence of alcohol commit violent crimes. However, ample evidence exist that more drinking tends to result in more violence and less drinking in less violence (p. 218).

Alcohol Use/Abuse Preceding Violence

Two of the main theories studied in support of alcohol preceding violence are the disinhibition hypothesis and alcohol's direct effect in relationship with other variables (e.g. social and cultural expectancies, personality traits, drug-use) that influence the expression of violent behavior (Boyatzis, 1975; Gustafson, 1994; Jenkins, 2003; Reiss & Roth, 1993). According to the disinhibition hypothesis alcohol acts as a general disinhibitor of normal brain function such that impulsive behavior that typically would be restrained is not, e.g. inappropriate aggression (Gustafson, 1994). When alcohol impairs information processing a person can overreact to a situation, misjudging social cues and perceiving a threat when none exist (Miczek, 1997). Reiss and Roth (1994) attribute this perspective to "conventional wisdom", supporting this statement with three decades of research on both humans and animals that has shown that alcohol's effect on a specific individual's violent behavior, does not follow a simple, dose-effect relationship. However, prior human experimental research has shown acute doses of alcohol increase both behavioral incidences of retaliatory behavior and hostile feelings (Cherek, et al., 1985; Miczek, et al., 1997; Zeichner & Pihl, 1978). In *Understanding and Preventing Violence*, quote Miczek et al. (1977) is quoted:

...whether or not alcohol in a range of doses... causes a certain individual to act aggressively more frequently or even to engage in 'out of character' violent behavior depends on a host of interacting pharmacological, endocrinological, neurobiologic, genetic, situational, environmental, social and cultural determinants (p. 189).

More recently, research has explored the relationship between alcohol use/abuse preceding violence by studying the interaction of the previously mentioned variables. Some models postulate that alcohol leads to aggression due to the disruption of cognitive processes involved in interpreting social cues, perceiving peripheral inhibitory cues as well as in considering the consequences of engaging in maladaptive behaviors (Giancola, 2006; Godlaski & Giancola, 2009). This includes research measuring alcohol outcome expectancies in relation to violent behavior (Barnwell et al., 2006; McMurrin & McCulloch, 2009; Quigley et al., 2002). Alcohol outcome expectancies, is defined as “the effects one expects to experience as a result of drinking” (Goldman et al., 1999; McMurrin, 2007). MacAndrew & Edgerton (1969) are noted for their seminal research which explored behavioral expectancies regarding alcohol’s effect on behavior while an individual was intoxicated. Alcohol expectancies can develop through learned behavior, either socially by observation or through direct experiences and these expectancies can be either positive, e.g. alcohol can enhance social functioning or negative e.g. alcohol can lead to loss of self-control (McMurrin, 2007; Quigley, et al., 2002). Noted limitations in this research are the lack of detail about the motivations behind violent offenses, the circumstances of an offense, triggers to violence and the role of drinking which are suggested in distinguishing subtypes of offenders whose violence is alcohol-related (McMurrin, 2007).

Research exploring this theory indicates heavy drinkers with high aggression-related alcohol expectancies were more likely to drink prior to acts of violence (Quigley, et al., 2002; Zhang, et al., 2002). Quigley, et al., (2002) surveyed 339 New York state

college students (165 men and 174 women) investigating a number of factors including measures of alcohol expectancies, experiences with violence, self-reported alcohol consumption and desired identity for power. Two of the significant findings reported from this study were heavy drinking (40% of participants who drank heavily at least once a week) was associated with alcohol related and bar violence only in men and the belief that alcohol leads to violence was found to be moderated by the desire to convey an image of power in alcohol-related violence. McMurran & McCulloch (2009) similarly examined the beliefs of participants, studying 122 male students in relation to the effects of describing alcohol-related aggression incidents on alcohol aggression outcome expectancies and found that recalling past alcohol-related aggression did lead to a significant increase in alcohol aggression outcome expectancies. The researchers assumed that the aggression condition in this study would lead to a decrease in alcohol consumption as they examined changes in drinking over time, given that participants would become aware of the negative consequences of alcohol. However, this was not the case.

Further research explores the co-occurrence of drugs and alcohol use in relationship to violence as some violent offenders have used a combination of alcohol and other drugs prior to their arrest (Martin, et al., 2001; Parker & Auerhahn, 1998; Pihl & Peterson, 1994). Data collected from the Arrestee Drug Abuse Monitoring (ADAM) program found that thirty-seven percent tested positive for 1 of 10 illegal substances and also reported recent alcohol use (Martin, et al., 2001). Generalizations about this relationship are complex due to the many direct and indirect interactions (Goldstein,

1985). For example, there is evidence that certain psychoactive drugs used in moderate doses, such as marijuana or opiates, inhibits violent behavior. However, the opposite is also true as withdrawal from opiate addiction can lead to increased aggressive behavior (Reiss & Roth, 1994). Evidence also exists in the research literature that biological processes impact the relationship between alcohol use, violence and other psychoactive drugs based on a range of individual variations in the basic alcohol/drug dose relationship of heightened aggression at low doses and reduced aggression at high doses (Reiss & Roth, 1994). Despite this research, alcohol continues to be noted as the most widely abused drug in the United States associated with intimate partner violence (Martin et al., 2001; Weinsheimer et al., 2005).

Violence Preceding Alcohol Use/Abuse

I and the public know. What all school children learn,
Those to whom evil is done, do evil in return. W.H. Audin

As the adage goes, violence begets violence, as abusers often have been abused and the abuse usually started in childhood (Widom, 1989). Prevalent in the research literature on violence preceding alcohol use/abuse are perspectives on early experiences in childhood as well as theories that violent behavior may lead to heavy alcohol use. From this research, most frequently noted are persons with exposure to extensive violence in their childhoods (Murphy, et al., 1998; Whiting et al., 2009; Widom et al., 1995). Whiting et al. (2009) notes that use of alcohol, in addition to other substances plays a role in understanding this transmission of violence as research shows children

who have been abused are more likely to report later substance use and abuse (Barnett, et al., 2005; Carbone-Lopez et al., 2006).

The research literature suggests that while the nature of this relationship is complex (e.g. witnessing abuse and/or experiencing abuse), there is evidence of the transmission of violence across generations (Whiting et al., 2009) and studies indicate this transmission relates to both children who have witnessed violence (Dunlap et al., 2002; Moffitt and Caspi 1999) as well as those who have been abused (Malinosky-Rummell & Hansen, 1993; Whiting et al., 2009). Furthermore, insecure attachments are shown to form in children who have grown up in homes with childhood abuse which is correlated to aggression and lack of appropriate responses (Cicchettie et al., 2006). The transmission of violence through abuse in childhood is shown to have a detrimental impact in the establishment and engagement of positive relationships later in life (Coleman & Widom, 2004). Frederick & Goddard's (2008) study indicated that adults who have experienced adversity (e.g. major loss, grief and child abuse) in their childhood reported limited social networks, difficulty making and keeping friends and unstable and often violent personal relationship in adulthood.

In Whiting et al. (2009) examination of the specific mechanisms through which the transmission of violence might occur, he and his colleagues investigated the relationship between personal factors (self-appraisals and mental health/substance use) and the experience of violence as an adult. This study analyzed data from a National Co-morbidity Survey in which 590 respondents, who reported experiencing childhood abuse or victimization, rated levels of self-esteem, past year post traumatic stress disorder

(PTSD) and past year alcohol dependence as correlated to reported intimate partner violence. Of the 590 respondents that met the criteria, 370 (62.7%) reported IPV in their adult relationships and bivariate analysis indicated that these adults were also more likely than the adults with no IPV, to have alcohol and substance abuse problems (as well as depression, anxiety, lower self-esteem, PTSD symptoms). Additional evidence from research on adult intimate relationships revealed that adults who experienced childhood abuse are at increased risk to experience violence in intimate adult relationships (Ehrensaft et al., 2003; Kwong et al., 2003). Lastly, findings from research on adults with a history of childhood abuse also support a positive correlation to substance abuse in adulthood (Barnett et al. 2005; Burke et al. 2005; Carbone-Lopez et al., 2006; Hequembourg et al., 2006).

Results from a few studies propose that intergenerational transmission of violence plays out differently for women than men (Busby et al., 2008; Kessler et al., 2001; Stith et al., 2000). In a long-term study on women, victimization was the strongest predictor for substance abuse (Hequembourg et al., 2006), additional evidence from a sample of women in treatment for substance abuse reported 90% had been physically assaulted and 95% raped (Stevens & Arbiter, 1995). Another study, Kessler et al.(2001) showed a gender differentiation in the impact of childhood abuse such that men exposed to childhood abuse were more likely to become violent whereas women were more likely to report selecting relationships with abusive partners. Furthermore, findings from this study suggest childhood abuse is a significant predictor of both minor and severe violence for men in their intimate relationships but not predictive of perpetrated intimate partner

violence for women. However, Widom (2000) reported from a longitudinal study of women with a childhood history of neglect and abuse that some women, 8% of the women in his study, did go on to become criminal offenders in adulthood.

In general, violent offenses are most frequently noted to be perpetrated by young men as is most reported alcohol-related violence (Deehan, 1999; Kershaw et al., 2008; Quigley, et al., 2002). However, some research studies indicate that women do perpetrate intimate partner violence and engage in physical aggression. However, male perpetrated violence causes more physical injury with greater negative consequences (Archer, 2000; Carbone-Lopez, et al., 2006; Murphy, et al., 1998; Richardson, 2005). Murphy et al., (1998) mixed method study of 98 women enrolled in a substance abuse treatment program explored participant's experiences of both perpetrating and being victims of violence and concluded that a majority (78%) of the women in the study had experienced some type of violence. Over half the women in the study reported perpetrating violence against another and further, reported a high frequency of violent re-occurrences. Conversely the reverse was true. Women who reported being the victim of violence noted many incidences and these incidences were noted by the researchers to have involved extreme violence. Babcock et al. (2003) examining distinct types of aggression in women and how they differed based on varying contexts and motivations, compared two typologies of violent women; partner-only and generally violent women. The differences noted between these groups indicated that the generally violent women's motivation for violence included use of violence in order to control their partner; use of violence in different situations and use of more rationales to condone use of their violent

behavior. While both groups were noted to report using violence in self-defense, further investigation was suggested to investigate how the women perceived threats and severity of threats as well as the specific definitions of these constructs. Interestingly, both groups reported severe abuse histories. However, the generally violent women described more trauma symptoms and were more frequently noted to have witnessed aggressive behavior by their mother toward their father. This latter finding led Babcock and colleagues (2003) to summarize that the generally violent women may have been socialized within a family subculture in which women's violence was acceptable.

Other perspectives on violence preceding alcohol use/abuse suggest that violent individuals might be more likely than non-violent to be in social settings and/or subcultures where heavy drinking is encouraged (Collins, 1993). Aggression may lead to heavy drinking as a form of self-medicating for aggressive individuals (Khatzian, 1985) or aggressive individuals drink to give themselves an excuse for their violent behavior (Lindman & Lang, 1994). A longitudinal study by White and colleagues (1993) studying alcohol use in adolescents, concluded that early violent behavior, as compared with alcohol use, was a better predictor of later alcohol use and alcohol related violence. The findings from this study suggest that aggressive individuals became heavy drinkers due to situational contexts, self-medication, and sub-cultural norms and as an excuse to act violently (White, et al., 1993). A number of studies researching the behavioral history of violent behavior find it to be a critical determinant in whether or not alcohol will increase these types of behavior (Jaffee et al., 1988; Pulkkinen, 1987). Jaffee et al. (1988) found men who were more aggressive when intoxicated were more likely to have high levels of

aggression as children. Similarly, a longitudinal study of twenty year old violent male offenders indicated that at age eight aggressiveness predicted both later violence and drinking by age twenty (Pulkkeinen, 1987). Scientific research on humans and nonhuman primates also supports this hypothesis showing lower levels of serotonin functioning are correlated with extreme forms of aggressive behavior, but not controlled or competitive aggression (Coccaro, 1989; Higley, et al., 2001; NIAAA, 2000). Lastly, the neurotransmitter, serotonin (or 5-hydroxytryptamine) link was tested in a study of men selected at random from the population and the outcome showed amplified alcohol-induced aggression when levels of the serotonin precursor tryptophan were reduced (Pihl et al., 1995).

Multivariate Studies

Multivariate studies are a third way in which quantitative research literature on the relationship between violence and alcohol use/abuse can be understood in explaining the range in estimates of the associations of violence to alcohol use/abuse. Multivariate research studies are those in which an association was found between alcohol use and violence that was secondary to the study's main question. While earlier studies used data collection and observation to explore only one or two variables in relationship to each other advances in computer technology have made multi-variant analysis and the consideration of entertaining multiple variables in one study, feasible.

An example of such a study is Miller et al. (2009) in which traits of agreeableness and trait aggressivity are researched (as measured using the Big Five Inventory and Buss-

Perry Aggression Questionnaires) and correlated with alcohol related aggression and intoxicated and non-intoxicated extreme physical aggression under low and high provocation in a laboratory setting using 116 males who identified as social drinkers. Results from the analysis indicated that low agreeableness was associated with higher trait aggressivity as well as extreme aggression under conditions of low but not high provocation. It was of note in this study that trait aggressivity mediated the relationship between agreeableness and extreme aggression in intoxicated but not sober participants under low provocation. Miller et al. (2009) point to additional research literature on individuals who are classified as low in agreeableness who exhibit aggression-facilitating biases in how they process threat-related information which reportedly leads to greater sensitivity toward angry affect and hostile cognitions (Leonard et al., 2003; Meier et al., 2006). These authors conclude that these results are suggestive of new evidence that trait aggressivity perhaps should be viewed within a personality theory framework in the prediction of intoxicated aggression. They further suggest that in examining the multivariate pathway of trait agreeableness and aggressivity, there is a strong link to men's willingness to harm others despite social norms that deter such behavior.

Mixed Method & Qualitative Research on Violence and Alcohol Use/Abuse

In a review of the current studies using mixed methodology and qualitative research methods, male subjects are often the focus of these studies, with a few exceptions. The themes prevalent in this research relate to how alcohol use/abuse interacts with variables such as cultural attitudes and beliefs (e.g. male honor and masculinity) in men who perpetrate violence against a partner, male on male violence in

public settings (e.g. bars) as well as male violence in pursuit of ultimate goals (e.g. violence in pursuit of nonsocial profit-based goals, social dominance goals or in response to a threat).

In one mixed methodology study investigating personality traits (psychopathic and non-psychopathic) among 128 alcoholic offenders (64 women and 64 men) incarcerated in Massachusetts, findings indicated that for participants with psychopathic personality traits, alcohol was not a causative factor in serious violent victimization (Walsh, 1999). This group of violent offenders was found to be more alcohol dependent in general. The group of participants with non-psychopathic personality traits reported alcohol to be a factor prior to violent offenses. Participants in both groups used alcohol as an excuse for their violent behavior; however, many in the psychopathic personality trait group reported when it came to defending their honor, alcohol was not a factor. Similarly, many in this group admitted they drank heavily and were usually drunk but would have been capable of the same violence when sober. Conversely, the participants with non-psychopathic traits more frequently responded they would not have been violent had they not been drinking. As illustrated by one participant, “If I was sober I wouldn’t have done it [violence]” (p. 42). While for the non-psychopathic personality trait group alcohol may have served as a disinhibitor, the psychopathic trait group became violent for other reasons (e.g. disrespect, affronts to their manhood or womanhood). Furthermore, whereas alcohol may have exacerbated the violent reactions of the participants with psychopathic traits, the motives for their violent behavior were less goal directed. In addition, the qualitative evidence gathered from the interviews in this study support the

shame theory of violence; that violence is often the direct consequence of feeling shamed and the result of an attempt to bolster one's self-esteem (Gilligan, 1996; Nathanson & DuPertuis, 2003).

Alcohol abuse as a classic measure of externalized distress is a dominate theory of sociological research. This theory is the focus of a mixed methodological study that examines violent behavior as a measure of emotional upset, violent behavior as such viewed as a behavioral expression of psychological or externalized distress (Umberson et. al., 2002). This study utilized qualitative interviews to explore the process through which violent behavior occurs in intimate partner violence and also used a case-control design to analyze the following variables: stress, threat appraisals, repressed emotion and personal control. Two groups of subjects were used in this study, 34 men with a recent history of intimate partner violence recruited from a diversion program and 30 men with similar demographics, but with no history of violence. The results indicate the violent group scored significantly higher than the non-violent group on both hostility/anger and alcohol problems but not alcohol consumption. Furthermore, in comparison with participants in the non-violent group, subjects in the violent group described acting out or release of emotion through a physical act and rarely reported feeling emotions. This finding supporting the idea hypothesized that individuals express emotional upset in different ways; e.g. some become depressed, others drink heavily. Subjects in the nonviolent group further gave detailed examples of techniques used to defuse situations as well as examples of a conscious effort to manage their feelings. This study used a rather small sample size, all male participants and men who by definition represented

more severe forms of violence. However, it did demonstrate a risk of violent behavior for those with a certain pattern of threat appraisal/repression and avoidance.

Alan Jenkins (2003), who disputes alcohol as the frequently noted casual link in producing violence, spent a decade of work with his colleagues to develop and explore models for understanding and working with violent and abusive men. His work is based on system theories in which problems are not based on causal explanations but rather a “constructivist” philosophy that there are no true explanations, only subjective constructions (Jenkins, 1990, p. 14). Accordingly, his research explored abusive perpetrators values and beliefs from which he identified a range of ideas, preoccupations and thinking practices engaged in by these men. Jenkins (2003) postulates these patterns of thinking are informed by dominant cultural ideologies which relay beliefs about entitlement, privilege and power. Further, as demonstrated by individuals studied in his work, those who drank heavily were given a “special kind of permission to act in irresponsible ways... a range of minimizations, justifications and excuses for irresponsible behavior become available” (p. 227). This permission is illustrated by expressions e.g. ‘When I’m drunk I lose it’, ‘He is an angry drunk’, ‘I was drunk, I didn’t know what I was doing’ (Jenkins, 2003, p. 227). These expressions were identified within constructs where specific meanings and attributions of responsibility happened in the context of alcohol use. Jenkins (2003) concludes that men who drink and are violent give themselves permission, and subsequently this behavior is later excused and tolerated by others due to the fact that the person was drunk. A qualitative study that similarly examined the role of alcohol within a social context (a licensed drinking establishment or

bar) in relationship to cultural values and motivations for male to male aggression showed similar belief and value constructs (Graham & Wells, 2003). In this study of 21 male participants (ages 20 – 24) alcohol was found to play a role in making participants both less aware of risk and more willing to take risks. However, the main motivations found for violent behavior were male honor, face saving, group loyalty and fighting for fun (Graham and Wells, 2003). A dominant theme that presented itself in the data was, “the general acceptance, even positive endorsement, of bar violence and the perceived lack of punishment or negative consequences for such behavior” (p. 561).

Two qualitative studies that explored the perspectives and descriptions of self-reports of male perpetrated intimate partner violence show that while alcohol use/abuse factored into the violence for some participants, other variables had an equal or greater influence in the perpetration of violence (Levitt, et al, 2008; Fenton and Rathus, 2010). In one study, only two of the twelve participants thought that drugs or alcohol influenced their abuse, “I think that [drinking] used to bring on a lot of my domestic violence... because you know, when you get high you [think you] got more power than what you got... Now when you take that strength out of you, well, you ain’t drinking today. You might not have the conflict” (Levitt et al., 2008, p. 438). The thematic analysis showed that pertinent key themes identified by participants related to masculinity, poverty and emotional regulation. Fenton and Rathus (2010) also conducted a content analysis study to explore men’s explanation of the perpetrated violence that brought them into a domestic violence treatment program. They interviewed twenty-four men and concluded that the category of “overwhelming emotions” in their study, showed support towards

viewing emotional dysregulation as an internal, individual factor that leads to violence. The finding on this category was consistent with prior research (Babcock, et al., 2004). The Alcohol/substance use variable was also consistent in this study with prior research (Quigley and Lenoard, 2006) in that it was associated with violence and was third (14.7%) in descending order of frequency as noted in interviews with participants. The range in the descriptions of violence in these men's narratives supports the utility of qualitative data collection as their accounts reveal a wider range of descriptions of violence not typically conferred in the literature (Fenton and Rathus, 2010)

Lastly, one qualitative study investigated the specific relationship between offenders' own accounts of the drug-relatedness of their homicide (Spunt, et al., 1994). Interviews were conducted with incarcerated homicide offenders in New York State correctional facilities and findings reported that of the 268 homicide offenders (97% of which were male) eighty-nine participants, 33% said they experience some type of effect related to their alcohol use at the time of the incident, eighty-two of these eighty-nine participants, 82% said they were drunk. The following are the coded responses reported from the findings: "it lowered my inhibitions" (42%), "it made me aggressive, violent" (35%), "it made me angry" (15%), "it made me paranoid" (8%), and "other reasons" (14%). The authors concluded that while most people who consume alcohol do not commit violence, these findings indicate that when violence is the result of someone having consumed a drug, the drug is most often alcohol or alcohol in combination with another drug.

Conclusion

There is no simple cause and effect relationship between violence and alcohol use/abuse. Beyond the recognition that the association can be two-way, there remains little consensus about the strength and nature of this relationship. The presence of alcohol use/abuse does not guarantee that violence will occur; similarly alcohol use/abuse is not present in all incidents of violence. As concluded in the research on alcohol related violence, further development of treatment programs for high-risk individuals is needed, as alcohol related violence is a serious public concern. There remains a need for multivariate and qualitative studies that examine the natural history, diverse causal pathways and possible points of intersection between violence and alcohol use/abuse.

CHAPTER III

METHODOLOGY

As indicated, a substantial body of research has explored the relationship between alcohol use/abuse and violent behavior. While it is widely accepted that there is a positive correlation between these two variables, there is little consensus about the strength and nature of the association. This has led to the demand for more complex multivariate and qualitative studies that examine the natural history, diverse causal pathways and possible points of intersection between violence and alcohol use/abuse. This qualitative study was designed to make its contribution to filling this gap in the literature by exploring what we can learn from a sample of twelve men and women who are members of Alcoholics Anonymous and also self identify as having engaged in incidence of violence where alcohol/use abuse was present. This qualitative study employed a sample of convenience recruited using a snowball sampling strategy.

Characteristics of Participants

The requirements for participation in this study were to be an English speaking adult, 25 years or older who self identified as having engaged in violence where alcohol use/abuse was present. They also had to be a member of AA for at least one year and completed with a sponsor the first eight steps (self report) of its twelve-step program (Appendix F).

The rationale for participants being at least 25 years or older is because this study

was designed to capture the voice of addicted, violent offenders who were adults. Life-cycle theorists tend to concur that the transition from late adolescents to early adulthood is completed by the mid-twenties and character/identity resolution, for better or worse, becomes stable (Lackovic-Grgin, et al., 2001; Erikson, E., 1963; Masterson, 1967). Similarly, there is recent developmental research about the brain that suggests the brain does not reach physiological maturation or emotional stability until the mid-twenties (Arnett, 2000; National Institute on Health [NIH], 2005; Williamson, 2005).

The stipulation that participants self identify being addicted to alcohol and having engaged in violence is clearly a requisite to this being a qualitative study. However, the requirement that participants have been in AA for at least a year and have completed the first eight steps of AA was intended as an additional safeguard to this being considered a vulnerable population for relapse. A risk in any study involving self-reflection is that strong feelings might be evoked in a participant that warranted further attention after the interview. At least theoretically, all participants would have already discussed these issues at least once before with a sponsor, having been in AA at least a year and having completed the first eight steps. In addition, the sponsor would be available as a known and continuing support.

Recruitment Process and Informed Consent Procedures

As indicated, this study employed a sample of convenience recruited using a snowball sampling strategy. Initially, the researcher was granted permission to put up posters at two AA recovery drop-in-centers located in Massachusetts and Vermont (Appendix D). The posters indicated the criteria for participation in the study and how

the researcher could be contacted. The researcher was also invited to attend and give a brief description of the project at a member run, weekly meeting at the center in Massachusetts. In addition, center staff helped in identifying participants they thought might be good informants.

With one exception all screening contacts with participants were made by phone. In the case of the one exception, the participant was at the informational meeting and the screening interview was conducted at that time. During screening interviews the purpose and design of the study, the nature of participation being requested and the Informed Consent (Appendix B) procedures were discussed. The Informed Consent described the purpose and methodology of the study as well as the risk and benefits of participation. It stressed the voluntary nature of participation and participants' right to withdraw at any time prior to May 1, 2010, without any penalty. It also indicated that if a participant chose to withdraw, any material connected to their participation would be destroyed.

For those who met the criteria and agreed to participate an interview was set up at a convenient time and place at one of the two recovery centers. A copy of the Informed Consent, which each participant was required to sign at the time of the interview, was sent in advance to each participant for their review and consideration. Interviews lasted on average one hour. At the beginning of the interview participants were given the opportunity to ask any additional questions they might have before being required to sign two copies of the Informed Consent. Participants were given one of the signed copies for their own records.

Data Collection and Analysis

The final sample was comprised of twelve men and women, some of whom had never been incarcerated, who self-identified as having an alcohol addiction and having been violent. Data was collected in face-to-face interviews. The research schedule included a combination of demographic background questions and more open-ended questions probing participants' views on the relationship between violence and alcohol use/abuse (Appendix C).

Interviews were tape-recorded and the researcher took some additional notes. The researcher transcribed eight audiotapes and hired a professional to transcribe the remaining four. The transcriber was required to sign the Professional Transcriber's Assurance of Research Confidentiality form (Appendix E). A content analysis was conducted on the transcribed interviews for the identification of recurrent themes and topics.

Risks and Benefits

Although participation was voluntary, as indicated, addicted/violent offenders are considered to be an at-risk population for relapse because of the self-reflection inherent in the interview questions. In addition to the precautions already noted to meet this contingency (see Characteristics of Participants), a list of mental health agencies and private practitioners was made available to each participant at the time of the interview (Appendix G). Thus in total, each participant would be a member of AA, have a sponsor and a list of available community resources should the need for additional support subsequent to the interview occur.

There was no financial benefit to the participants. It was the researchers hope that participants would benefit from knowing that they are contributing to building our professional knowledge base about the relationship between violence and addiction; as well as having an opportunity to reflect on their personal experience and knowledge about this subject.

Precautions to Safeguard Participants confidentiality

Strict privacy and confidentiality was maintained throughout the research study. All tapes, transcripts and corresponding notes were identified by a numeric code and any identifying information about the participant was removed from the audiotapes. Informed consents were kept separate from identifying data. Demographic information that was collected during the study was reported in the aggregate and quotations were sufficiently disguised to prevent the identification of specific participants. Consistent with Federal regulations, study material will be kept in confidence in a secure location for three years by the researcher. After that time, all materials will be destroyed; or will be kept secured until no longer needed and then destroyed.

CHAPTER IV

FINDINGS

Demographic Background of Participants

The sample in this study was comprised of twelve individuals over the age of twenty-five, who had all been members of AA for at least a year and had reached at a minimum the eighth step of their twelve step program. They also self-identified as having engaged in violence where alcohol use/abuse was present. Participants ranged in age from 40-63 years old, with a mean age of 52 years. Nine participants (9=75%) were male and three participants (3 = 25%) were female. In terms of race, participants were asked how they identified themselves in terms of race and/or ethnicity. Ten participants self-identified as white (10= 83%), one as African American (1 = 8%), and one as Puerto Rican (1 = 8%). Of the ten participants who self-identified as white only four elected to specify an ethnicity. Three self-identified as Irish (3 = 30%) and one self-identified as Italian (1= 10%)

Table 1

Participant Demographic Background: Personal Information

Participant	Age	Gender	Race/Ethnicity
1	40	Male	White
2	43	Female	Puerto Rican
3	45	Male	White/French-Irish
4	45	Female	White
5	51	Male	White/Italian

6	52	Female	White
7	53	Male	White/Irish
8	54	Male	White
9	54	Male	White
10	61	Male	African American
11	61	Male	White
12	<u>63</u>	Male	White/Irish
	M=52		

Of all the demographic factors, this sample was most diverse in terms of educational background. Two (2 = 16%) of the twelve participants finished the 11th grade, two (2 = 16%) finished the 12th grade, two (2 = 16%) completed a GED, two (2 = 16%) had some college, two (2 = 16%) held a Master's degree, one (1 = 8%) had some graduate training and one (1 = 8%) held an Associates degree.

Similarly there was a good deal of diversity in participants work and occupations. The majority (7 = 58%) were representative of an array of professions. Although five (5 = 42 %) of the twelve participants were employed in the counseling field, their positions ranged from a peer counselor with an 11th grade education to a Masters in Social Work (Participants 1, 4, 6, 9 and 10). The work and occupation of the remaining seven (7 = 58%) participants was much more diverse and included the following: one (1 = 8%) was a student, one (1 = 8%) a carpenter, one (1 = 8%) a currier, one (1 = 8%) a property manager, one (1 = 8%) a farmer, one (1 = 8%) a trainer in a program of international development (1 = 8%) and one (1 = 8%) was a retired supervisor (See table 2).

Table 2

Participant Demographic Background: Education and Occupation

Participant	Education	Occupation
1	Masters	Social Worker
2	GED	Student
3	12 th Grade	Carpenter
4	Some College	Drug & Alcohol Counselor
5	GED	Currier
6	Some Graduate	Counselor
7	12 th Grade	Property Manager
8	Some College	Farmer
9	Associates Degree	Mental Health Counselor
10	11 th Grade	Peer Counselor
11	Masters	Trainer
12	11 th Grade	Retired Supervisor

Of the twelve participants the majority, seven (7 = 58%) were either married or partnered. Four (4 = 33.3%) participants were single and one (1 = 8%) participant identified as divorced. The majority, nine (9 = 75 %) had children, the other three (3 = 25%) had none (See table 3).

A majority of the participants, nine (9 = 75 %) reported some spiritual or religious affiliation as an adult. Only three (3 = 25%) identified none. Of the nine participants with

some spiritual/religious affiliation: three (3 = 25%) identified this as Alcoholics Anonymous, two (2 = 17%) a belief in a God, one (1 = 8%) identified as Jewish, one (1 = 8%) was open to all, one (1 = 8%) a belief in a high power, and one (1 = 8%) had a meditation-energy practice (see table 3).

Table 3

Participant Demographic Background: Relationship Status, Number of Children and Spiritual/Religious Affiliation as an Adult

Participant	Relationship	Children	Spiritual/Religious Affiliation
1	Married	1	Jewish
2	Partner	None	Open to all
3	Single	None	Alcoholics Anonymous
4	Partner	1	Meditation-Energy Practice
5	Partner	1	Alcoholics Anonymous
6	Partner	1	None
7	Partner	1	God
8	Single	3	None
9	Single	None	God
10	Divorced	5	None
11	Married	2	Alcoholics Anonymous
12	Single	2	Higher Power

Overall, the parents of participants in this sample (mean = 52) would be considered well educated in their cohort. Twenty two of the twenty-four parents, or 92% had at least a high school diploma (See table 4). They were also diverse in terms of work

and occupation. In terms of the women, four (4 = 33%) worked as a homemaker, two (2 = 17%) as teachers, one (1 = 8%) as a public defender, one (1 = 8%) as the speech writer, one (1 = 8%) as a Assistance Optometrist, one (1 = 8%) in a factory, one (1 = 8%) in real estate, and one (1 = 8%) as a Licensed Practical Nurse, LPN. There was no clear discernable trend in work and occupations of the fathers, except that a third (4 = 33.3%) were employed in the public sector (Participant 2, 5, 10 and 12) (See table 4).

Table 4

Demographic Background of Participant's Parents: Education and Occupation:

Participant	Mother's Education	Mother's Occupation	Father's Education	Father's Occupation
1	Masters	Public Defender	Masters	Professor
2	11 th Grade	Homemaker	High School	Maintenance
3	High School	Asst Optometrist	High School	Carpenter
4	College Grad.	Speech Writer	Masters	Deputy Director National Security
5	High School	Factory Worker	High School	City Sanitation
6	High School	Real Estate	College Grad	Real Estate
7	High School	Homemaker	College Grad	Accountant
8	High School	LPN - Nurse	8 th Grade	Truck Driver
9	College Grad.	Teacher	College Grad.	Chaplin
10	High School	Homemaker	12 th Grad	City Worker
11	Masters	Teacher	Masters	Computers
12	High School	Homemaker	High School	Postal Worker

As previously stated, participants in this study identified as having engaged in violence where alcohol use/abuse was present. Furthermore, to qualify for the study participants had to have been in Alcoholics Anonymous (AA) for at least one year and had to have at a minimum completed the first eight steps of the twelve step program. Participants' length of time in the AA program indicated a range of five to forty-six years, with a mean average of twenty years. The dates of sobriety for participants in this sample range from March 1979 to August 2009 making the median 2003, i.e. half of the sample reached their sobriety date before 2003 and half after. The time to complete the first eight steps of the program for the ten participants who answered this question ranged from four to one hundred and forty-four months, for a mean average of twenty-seven months (See table 5).

Table 5

Demographic Background of Participants: Milestones in the Alcoholics Anonymous (AA) Twelve-step Program

Participant	Length of time in AA in years	Sobriety Date	Length of time to complete first 8 steps of AA in months
1	13	April 1997	18 months
2	14	Nov. 1995	24 months
3	17	Dec. 1993	12 months
4	12.5	Dec. 2003	18 months
5	25	May 2005	144 months
6	27	Sept. 2000	Continue to do them
7	5	Aug. 2005	30 months

8	20	June 2009	6 months
9	31	March 1979	6 months
10	5	May 2005	Did not keep track
11	24	Dec. 2003	4 months
12	<u>46</u> M = 20	Aug. 2009	9 months

Additional demographic questions related to alcohol use/abuse was collected in the initial questionnaire, exploring the age at which participants took their first drink of alcohol, possible addiction to other substances and if participants considered their addiction to alcohol primary or secondary.

The age at which participants took their first drink ranged from three to sixteen years old, with a mean age of nine years. The majority of participants ten (10 = 83%) considered alcohol their primary addiction and two (2 = 17%) considered alcohol secondary (See table six). In addition, nine participants (9 = 75%) were specific about additional substances they used/abused: six used/abused marijuana (6 = 50%), three Cigarettes/Nicotine (3 = 25%), three cocaine (3 = 25%), two (2 = 17%), food, one (1 = 8%), heroin and methadone. The remaining three (3 = 25%), responded more globally suggesting they could be addicted to any and every substance.

Table 6

Demographic Background of Participants Substance Use/Abuse History:

Participant	Age of First Drink	Addicted to other Substances	Consideration of Addiction to Alcohol Primary or Secondary
1	5	Marijuana, Nicotine	Primary
2	16	Cigarettes	Primary
3	5	Marijuana, Nicotine	Secondary
4	13	Cocaine, Heroin, Methadone	Secondary
5	12	Drugs, Gambling, Food	Primary
6	9	Everything	Primary
7	8	Cocaine, Marijuana	Primary
8	8	Cocaine, Marijuana	Primary
9	10	Drugs	Primary
10	3	All Drugs	Primary
11	9	Everything	Primary
12	8 M = 9	Cocaine, Marijuana	Primary

Qualitative Data Analysis

After the demographic questionnaire portion of the interview was completed, participants were asked to answer five opened ended questions exploring the relationship between violence and alcohol use/abuse. The first narrative question asked of participants was:

Question 1: “Which came first, your addiction to alcohol or your experience of

engaging in violence?”

The vast majority of participants, ten (10 = 83%) indicated that the violence came first. In eight of these ten cases (8 = 80%), the participant was the victim of the violence and not the perpetrator. This was significant because the question was clearly asking about the participant’s violence as perpetrator. This would suggest that in the minds of these eight participants, their story of their own violence begins with the violence that was perpetrated against them. For one (1 = 10%) of the two remaining participants where the violence came first, the participant was simultaneously the victim and perpetrator, i.e. self inflicted violence. In the remaining case where violence came first the participant’s (1 = 10%) violence was as a member of a gang and gang violence was a neighborhood survival strategy. In summary, of the ten participants where violence came first:

1. 8 participants were the victims of violence by another.
2. 1 participant was self inflicted violence.
3. 1 participant engaged in violence as a member of a gang.

Participants 1, 2, 3, 5, 6, 8, 11 and 12 were the participants who indicated that their violence came first but described violence that was perpetrated against them even though the question was asking for their engagement in violence:

Participant One:

Well, there was violence perpetrated against me by, I had two older brothers and so that would come first, I guess....I got the usual beatings. My oldest brother was a little bit, maybe sort of perfunctory, but my middle brother who was mentally ill, he sort of took it to some sadistic extremes... putting me in blankets and, like throwing me down the stairs... and... dunking my head in the toilet. So, that’s the first

violence I remember. And my father had a, uh, he was very even keeled most of the time, but there was one or two episodes where he would just kind of flip out on us.... He like, jumped on my brother and, like slammed his head into the floor a bunch of times and stuff like that... It was mostly the stuff from my brothers.

Participant Two:

The violence... well, there was a lot of verbal abuse and there was a lot of physical abuse. This is violence that happened to me as a child, growing up. Yeah. It was like the norm kind of thing, I guess. Well, my teenage years, I was sixteen... [and] I picked up alcohol. I met a woman, she was aaah, I don't know if I can describe it this way but I was running away from violence and I ran into violence. So... this woman... she was very violent towards me, eventually as I continued to drink; I started becoming verbally abusive towards people I would come into contact with... I was not cool when I drank... when I didn't drink... I wasn't a violent person. I guess I repressed all that anger so when I did drink after a few years... I began to be verbally abusive. I did get locked up a couple of times... and the reason for me getting locked up was... because I got into a fight...

Participant Three:

It would be violence that would [be] the first thing. It started...at age four and...you know [it was] stuff between boys like between my brother... picking on one another... I remember an episode when I was five years old, maybe six. My father, my real father, who was really someone who really promoted violence, he came out to visit us. For Christmas he bought two of these little sets of boxing gloves, one for me and one for my brother. On Christmas morning he put them on both of us and uh, that was the first time... we started boxing and my brother was sort of getting the best of me and...I got really angry and then I just... this rage kind of came out of me and I beat him up.... And the internal rage that was within me that I knew how to vent, I knew how to use it... some people talk about fight or flight, like animals have it. And I seem to have the fight part where I couldn't accept it, I couldn't accept being beat and so I just became like enraged and through that I could just, I was almost unstoppable, It was like a form of craziness that I could use to my asset... do you know what I mean... I then had the power to deal with it... I think... it was mainly about being in a... alcoholic household and not having the tools to deal with what I was dealing with at home... I was a little time bomb... oh, and it was [other] people too, my step-father was a nasty drunk too, a nasty person. He would go on rages, throw us around, tear up the house up.

Participant Five: They actually came in the same day... Well, I had a very violent upbringing... it was just like I was in constant fear, because, I mean to understand the fear I was in you would have to know the first twelve years of my life. I was in a very abuse home, my father was very abusive, I got molested when I was six, so all that. I could never sit still in school, so I was always put in the corner... I had a very bad childhood. So, I had a lot of fear, because my mother couldn't really take care of

us that well... we went to school dirty, smelling of piss, and all the stuff like that so kids would of course make fun us, yeah, they spit at me and stuff like that... When I was 12 years old, I was at school, me and [a friend]... we went over to his house and drank a cup of bourbon. We came back [to school] and [names a kid that picked on him], he was two years old than me... and I beat him up really bad, really bad like I wanted to kill him, busted his face up oh yeah, really bad. So that day I found the solution, violence and alcohol at the same exact time.

Participant Six: Which came first the chicken or the egg (laughs). I stopped trying to analyze that, I suppose as a kid I was the oldest so I was probably a little abusive to my sisters and I'm sure my parents were a little abusive to me... a couple of times my father beat the shit out of me and that just was a couple times, my mother would slap me once in a while... I think... maybe around all the same time [answering question] too, you know like my behaviors probably... you know there is no reason to beat somebody

Participant Eight:

The violence. I was an only child of much older parents and there [were] a number of relatives, cousins, nieces, nephews, that periodically came to our house and (pause) I used to beat up on them... That was how my father handled situation, pretty much. We didn't have time outs and meaningful conversations about my behavior... It was usually a smack or a spanking or... a verbal abuse kind of thing... So that kind of set in motion how I reacted to situations in my early childhood... I always had a feeling of being the low man on the totem pole. The violent reaction to most any situation was what I saw all the time and (pause) you know, if the dog misbehaved, you kicked the dog.

Participant Eleven:

O definitely violence. My father was a violent alcoholic he beat up everyone in the family, he sexually abused my sisters, beat my mother up regularly, beat me up regularly, beat my sisters and... I responded with violence back to him when I got tired of it at about age 11. That was just what I learned so. So I ended up beating up my sisters and being violent with my mother and etc., etc. and everybody else that is just the way it goes.

Participant Twelve:

Violence. Violence, it was by osmosis, it was uh a phrase my father used to say over and over again, "do as I say not as I do" and I heard him but I didn't listen to him. I would hear him come home drunk... and I would hear arguing and my mother was a feisty woman, she was small in stature, but she would fight back, and so they would argue and I would yell down the vent, the heating duct, "you leave my mother alone", and he would tell me to shut the fuck up, and he'd be drunk... Yeah, the osmosis was he was at war, he was a big drinker in high school, went off to war and

came back really messed up... so, I learned combat and when I came back the first thing I did when I got back to town, I just started drinking.

Participant 4 was the only one who responded to the question of which came first with self-inflicted violence:

Participant Four:

If we [were to] look at bulimia as a form of violence that started when I was 12. I was bulimic, actively bulimic and quite actively bulimic until I was about eighteen... I sort of figured out how to do it when I would baby-sit. And... you know it definitely was exactly like alcohol or other drugs, eating and purging replaced sort of feelings and I suspect... just like alcohol and drugs probably intense feelings of rage you know... My life... my family... was sort of, about appearing a certain way, put together and happy and all those things. People did not express feelings very clearly... You know there was an incident of sexual abuse when I was young [too] which... came back much later but I am sure that's just it... I think that simplified things far too much... [but] could be part of it. Though, I think [it was] growing up in my family and being a highly expressive person and not being able to express. And [that] may have been another place of anger... My family was this very bright... sort of socially acceptable in DC and... physically, my sister and I were expected [to] be Debutante and um, I was not, as far as I was concerned, not debutante material. I just never felt like that and so I was always looking for ways to feel ok about myself and never felt good.

Participant 10 was the respondent whose violence came first but it was as part of a gang:

Participant Ten:

Violence. I lived in an inner city, Philadelphia and it was a survival tactic... you know, just to go to school... We had our neighborhood... you're surrounded by it, you know nothing else of the outside world... you did what everybody else was doing... There was no comparison - there was no comparison!... You had your fellows... your so called, 'gang'... "your block"... that was where the violence... [was] to protect your area, protect your turf, somebody from the outside... or messing with your sister or your girlfriend... It was normal. I wasn't violent to my sister or as an individual. It was that male, testosterone... testosterone thing. That macho... you know, it was that Alpha dog thing... Fist to cuffs, it wasn't guns or knives or anything like that. It was a progression, Oh; it wasn't in the home, no not at all... The older you got the more violent you were because the bigger you got.

In contrast to the above, Participants 7 and 9 were the participants who indicated that the alcohol came first. These two cases (2 = 17%) were similar in the following three ways: they had no history of childhood violence and/or alcohol abuse; they were never violent without abusing alcohol; and they were experiencing downward mobility as measured by their parent's education and occupation.

Participant Seven:

Alcohol... I never remember having violent reactions until I was totally intoxicated. Yeah, fourth grade I drank like half a bottle of wine on my way to Catechism. I was on my way to Catechism... and there were three of us and we were going through the woods and we found this half a bottle of wine that was abandoned and my friends were discussing whether somebody tampered with it... I just stared drinking it and it was like grape juice. I guess that was the beginning of me being like a clown because I went to Catechism drunk and I got away with it. I use to like take my parents liquor... I would take a couple beers from my parent's liquor, oh I was the kid at the wedding who would be drinking your drinks while you were dancing and... you know all young Irish boys do that (laughs).

Participant Nine:

Oh, the alcohol...I was a preachers kid in a small town in Alabama. I was probably trying to piss off my father, and I was just experimenting with things. I mean I mixed rubbing alcohol and grape juice if you can believe that, I absolutely loved it, it tasted terrible, but I absolutely loved it, and that was the start.... it was daily drinking from the get-go... I mean it was as often as I could get my hands on it.

QUESTION TWO: "When and why did you first seek help for your addiction to alcohol and having engaged in violence?"

In response to the question of when and why did the participants first seek help, nine of the twelve participants (9 = 75%) indicated that they first sought help for alcohol use/abuse. There were no discernable demographic trends in this group. Furthermore, the narratives in this group were very much in keeping with what has been well documented in the literature in terms of "hitting bottom". However in terms of the interface between alcohol use/abuse and violence in this group of nine, it is significant to note that while the

violence came first for the majority of this group seven (7 = 77%), they sought help first for their alcohol use/abuse (See Table 7). Equally important, only Participants 3 and 5 of these seven participants (2 = 29%) even mention violence in their narratives when they sought treatment for their alcohol use/abuse.

Participant Three:

I was forced in but I had also become pliable through desperation... The third DUI really pounded me to a level... I was such a broken soul at that point. My life, even my life previous to that had been nothing but a series of disasters, awful upbringing and violence.... I was so broken when I showed up that I was willing to do anything no matter how corny it sounded. But I also thought I had done something to myself that was irreparable, because I was that spiritually dead. And I remember a guy in the rooms, a big Black guy saying that when he showed up he had gangrene of the soul and I couldn't believe there was a definition for how I felt... From the way he talked and acted he obviously had gotten healing for this thing and so it gave me a glimmer of hope... it is the spiritual side of the program that caused [me]... to not drink... and not engage in alcoholic behavior... [before] because of my culture, the way I was brought up, [violence] that was not wrong... you were a man and that was how you were taught to be a man. And the tougher you were the better off you were. Really what awakened me... was the program... and the mindset that was old alcoholic behavior, when you got crossed, you kicked somebody's ass. Now I was aiming for emotional sobriety, which meant a spiritual approach to things like forgiveness and turning the other cheek... My goal was healing...

Participant Five:

I think I really came to it when my girlfriend... she became my wife... she got pregnant... I said to her... "Why don't you have an abortion". She said, "I'm not getting an abortion, if you want you can leave". So I left... something happened, I got like a conscience or something and I didn't want my life... I didn't want my baby to grow up that way I grew up. My father was an alcoholic, very violent so I went to my first treatment center and my drinking and my addiction have never been the same...

Table 7

Responses to Narrative Questions One and Two

Participants	Alcohol	Violence	First Treat	First Treat
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	First	First	Alcohol	Violence
1		X	X	
2		X	X	
3		X	X	
4		X		X
5		X	X	
6		X		X
7	X		X	
8		X	X	
9	X		X	
10		X	X	
11		X		X
12		X	X	

A small minority, three of the twelve participants (3 = 25%) sought treatment first for their violence. There was a significant demographic trend in these three participants in that they were well educated and their parents were well educated. Furthermore all three voluntarily sought treatment. It is also significant to note that the violence came first and they sought help first for their violence. This is in contrast to those who sought help for their alcohol use/abuse event though their violence came first:

Participant Four:

The first times I tried to ask for help...I must have been fifteen... I remember going to this school psychologist... it took all my courage to go in and say what I

was doing... I knew I was addicted to food... And I look back on that now and think wow, this is just amazing that this kid did this... and said what was up. I think I was in a lot of pain...and I knew that it was kind of getting off the hook... nothing really came of it so being the good teen, I was like well, fuck that...

Participant Six:

I first sought help when I was married to my first husband... my husband was a little abusive... after I had my daughter. I went to a counselor and he told me it was in my head and after my husband left or I threw him out, I went to another counselor...

Participant Eleven:

I was pretty convinced that I was crazy and went to a bunch of therapist. Well actually... part of this is related to violence. I was in this relationship with somebody and physically assaulting them and we went to counseling... I never saw alcohol or drugs as an issue for me... I mean once I picked up I kept going... I wound up in [name of a town] and... I wound up seeing [a therapist] and I didn't know she was an alcohol and drug counselor and one day she said to me... "I know what your problem is" and I said well what it is... "you're an alcoholic, I could give you the test but I don't have to" and she was right and I wound up in AA and... I probably would have been there a lot sooner but I was working in the field when I came in and I didn't... it was tough to get me in.

Question Three: "What is the connection you see between your addiction to alcohol and your experiences of engaging in violence?"

In looking at the interface between alcohol and violence there seem to be one main theme. Specifically the use of alcohol was associated with affect regulation around intense feelings connected with what ever the participant found most fearful. This could work two-ways i.e. it could release the inhibition about engaging in violence or suppress the intensity of their greatest fears and anxiety or the urge to act on violent impulses. In this group more often it seemed to allow participants to become violent. But the motivation to be violent was diverse. For some it was to protect themselves from the constant threat of attack whether from family members or others in the neighborhood; for

some it seemed to be an acting out of their intense feelings of frustration about their life circumstances; and for some it was an expression of learned behavior deliberately taught in childhood by parental figures as an appropriate lifestyle.

Participant One:

Well, it is really, I hate to use a cliché, its liquid courage... I come from this line of, like, Cambridge academics, basically. And yet get a couple beers in me and I'm... especially in my late teens and when I was involved in this whole skinhead thing, you know... it gave me the courage to say and do things and kind of witness things I just wouldn't have thought of if [I'd] been sober. I really think that the clichés with drinking, that it taps into something we won't do; that we really make ourselves... it lets out the beast.

Participant Two:

Everything has changed. Well... I left that lifestyle over fourteen years ago. (Long silence) so ok, there I was, I come from this place... you have to protect yourself or die (laughs). That is... where I come from, I come from Spanish Harlem. I have eleven siblings. They are all older than I am; I have to protect myself from my siblings... I start to drink and I felt as though I always had to protect myself. So even when I went out dancing after a little while... I felt like I always had to have my guards up. And if someone said something I thought was out of place, I would just say, excuse me...what do you mean... and from there it would escalate. So that happened, that would continue from the age of sixteen... to the age of twenty eight... when I stopped (pause) drinking.

Participant Three:

When we were young... we were all from... I was from a dysfunctional family and even in the neighborhood we were semi-outcast. But there were other families in the neighborhood that were similar. And so we all kind of... like birds of a feather we all flocked together. And the way that we would deal with our home lives, is that we went out on Saturday or Sunday night we would get bottles of whiskey and go out on the back roads. We weren't... in bars or in the teen clubs... we were out drinking whiskey and fighting. That is what we did, we drank whiskey and fought and... that is the way I think we vented what was happening (pause) to us, in our homes. The connection is... each one of us had these awful lives at home... on the weekends we would get together and pour the whiskey down ourselves and we would just brutalize each other.... The roots of it were always about what was happening at home and how we vented it, you know. In the only way we had.

Participant Four:

I think food, alcohol just held so many feelings down, but I think also the experiences I had, I had not really dealt with at that point... Now I think I had a lot, I had a lot of things done to me and I hadn't even looked at my resentments, I had no step work no way to look at my resentments. I had no language to talk about it...

Participant Five:

So that day I found a solution... [participant referring to his answer to first narrative question] violence and alcohol at the same exact time... and all that fear went away. You find alcohol [and] all that fear went away... from twelve to twenty-seven I drank, and plus used drugs and other substances, and I didn't have to live in fear for those fifteen years.

Participant Six:

Sometimes I think that my engagement in violence was because I was really stressed out due to alcohol and drug abuse... probably monetarily or just trying to be a mother or trying to survive... yup, stress is like huge... if I get too stressed out... I yell a lot and... was pretty violent and abusive and I can see where it sits in her [her daughter]... it brings out an instant awful dynamic between the two of us... When I get really stressed out I get abusive or violent to people that are rally close to me, like my boyfriend...

Participant Seven:

The connection I guess would be, you know you have these things that frustrate you, that make you angry, but when your in a sober frame of mind you know what's right from wrong so when you start to be under the influence of alcohol... you have no inhibition you know all the barriers come down the what's right and what's wrong comes down and... it's like the jack-in-the-box... turn the crank and then all of a sudden bang. I never planned on being violent...

Participant Eight:

For me it was the great intensifier. You know it lowered the inhibitions and took away the fear... and intensifier the inward, angry, hurtful, jealous, resentful whatever kind of term you want to attach to it, and allowed it to flow.

Participant Nine:

Well I think, we've all got a dark side to us and it's not a new idea... I think for most people [it] doesn't come out... but I think the more I abused drugs and

booze the easier it got for that part of me to show up. I mean the more comfortable that part of me was...when I was drinking I just didn't care, and part of me did enjoy it... You know I had lines I wouldn't cross... but the longer I was out there the more lines I crossed and it was just a matter of time before I started doing things I couldn't come back from.

Participant Ten:

A lifestyle... because that is where I lived. I used to have to fight, I used to have to hide my wine bottle because I didn't like running out. I was an alcoholic in desperate need of my alcohol; do not mess with my stuff... So that was the threat of violence so... when I moved into the neighborhood I'm in, it's not one of the safest neighborhoods... because they'll break in and steal. I made myself known, "I don't ride a bike anymore, but I didn't forget how", now if that's violence ok, so be it. Don't be messing with me, because I'll rip your ass and take you home to your mamma. Because this is what they understand. See if I lived, moved into Mr. Lilly White neighborhood, it would be fine, "Hi, my door is open, so you don't have to kick it in"... But in the neighborhood I moved in, "I'm going to tell your mother" didn't work. I'm going to reach in your mouth and pull your asshole out and shot it to you"... that's gonna work. They progressed with each other. It's like a leap frog, the higher up you, the more violent you had to be to protect what you had... There is no separation of the two.

Participant Eleven:

A bunch of things, but... the primary connection... is this sense of just not caring, not caring and alcohol allowed me to not see and not experience the consequences of my behavior and... it allowed me to be in that place where I just didn't care. I just didn't care about anybody or anything and... at one point in this particularly violent relationship I was in... the therapist called me a sociopath and I thought that was a good thing. I just didn't care what anybody thought and now I care... but at the time it was all somebody else's fault and everybody else was to blame for irritating me.

Participant Twelve:

I grew up in it, because of war and violence... you know violence has been around since the beginning of time... and my part is seeing what war... what war has done to families and what trauma has done to families... violence is, violence and alcohol is... so interconnected, you know... you're depressed because of what's happened in your life and all you do is just pour more depressant into you... I call it the ostrich affect, yup you stick your head in the sand, you drink and you just put your head down and fall asleep, you know so it goes away and you wake up and feel like carp, but you still have the same problems.

Question Four: "What was most helpful to you in your recovery from alcohol

addiction and your experiences with violence?”

In response to the question what has been most helpful to you in your recovery from alcohol addiction and your experiences with violence all twelve participants (12 = 100%), in diverse ways indicated making a connection with another or relationship seeking had been an important part of their process. Most frequently noted were a higher power, sponsor and fellowship of the twelve-step program, individual therapist and group therapy, seeking positive connections, trusting another person etc. Furthermore, the emphasis on connection was so strong in this group that it seemed by inference they were also acknowledging that their drinking and violence was very much associated with their being disconnected from others.

Participant One:

It's really been the twelve steps... through the steps of AA. My sponsor would always tell me this... "you can do whatever you want, you just have to pay the consequences"... And so, a couple of years into sobriety, it was like, "I'm just not going to put myself into these situations; there's nothing left for me to gain. There's no learning experiences there, I don't need to be around violent people, I don't need to be around fucked up people, I need to be around sober, sane people, and it's time... to... be who I am.

Participant Two:

Talking about what goes on with me... like needing the help. Saying I don't know how to do this (pause) I can't do this. I hurt too much.... Just letting it go because I... for so many years of my life... I wasn't talking about it, my upbringing, so really... [there was] no one I thought to go to. Well, not picking up a drink has been like the most beautiful thing that has happened to me... I don't drink, that is primary to me... then comes my therapist and people. You know... people are people, therapist, or AA, whatever. And not isolating.

Participant Three:

I would say praying for people has been the most, probably the biggest thing

because some how it neutralizes... the power that it has. It puts the power back with you, that you realized that you have a choice. There was something in me where before I really realized the spiritual aspect of the program, you really didn't even have a choice... a say... it didn't seem like you did. It seemed like if someone crossed you, this is what you did, that was it. The whole thing was about saving face, saving your pride... being a man, not getting the reputation of being a wimp... It made me realized that the real strength was in passivity, not acting compulsively or impulsively.

Participant Four:

I think for me really re-creating, really going back... I did do therapy for a number of years and that was somewhat helpful. But for how I had to go, I had to hit a rock bottom with all of this. And then start from square one. I almost feel like I had to burn some of that anger out with drugs and alcohol. I know that sounds crazy. I don't know how that worked but there had to be like a spiritual break through with it. And there really was. There was a day when I just woke up and I was like, I just can not kill myself anymore to kill the anger, kill the pain and I can experience pain without trying to hurt myself.

Participant Five:

Well I think, you know twenty-five years it's been therapy, it's been different twelve step programs, doing the steps, but I think a big thing, I think about it all the time now and I think its very important... is really the fellowship... I think it's so important to be connected with the fellowship... I know a lot of people I socialize with a lot of people. I think that's a very important part of recovery, I don't think you can get through sobriety if you're just doing the steps and you're just doing meetings... I was never part of the human race, I could never have a true and honest relationship with another human being, and through the program it took me many years I finally have a connection with... you know with human beings, with mankind. I was always like I let people get so close and then I, that was it...I think that to really have good sobriety and to really be happy and free is you have to have that connection.

Participant Six:

You know what was really one of the most phenomenal things was the DBT [Dialectal... Behavioral Therapy], [it] was really huge... I hated it every time I went, which was twice a week... I think group therapy, you know and that's the same with AA meetings, I think brings out a lot more than one on one therapy for me because I think I've engaged in like one on one therapy for like half my life and I think I can suck somebody into my story and I think in group therapy somebody may call me on my shit a little more. And I think it brings up more stuff that maybe I can take to my sponsor or to... bring up in to therapy or just bring up in myself, and write about.

Participant Seven:

Probably hearing other people's stories and thinking wow you know I'm glad I never got to that point... other people's stories... [and] where their addictions brought them. One of the other things that was huge for me was that I finally went to a meeting on my own... [and] seeing that one person that I could related to at that meeting.

Participant Eight:

Trusting in a power greater than me and everything that goes with it... By nature, I never trusted anything. And... that day... like the day I was thinking of blowing my brains out, that experience I had was spiritual in nature... I had to trust something. And that feeling of warmth and acceptance... whatever it was, was real and some events shortly after that were real, there is no denying it. So, I had to, I had to trust something and so I stuck my toe in the cold water of the swimming pool of recovery and little by little by little started to trust my sponsor... started to trust the program and the people in it... And trust the process to, like to be a passenger as opposed to being a driver...

Participant Nine:

Having a sponsor, someone I can talk to and someone I can trust that I can talk to... I know their not passing judgment, it makes me verbalize things and put things in some kind of order and things that weren't in any kind of order before... and half the time I give myself my own answer anyway, but I need to hear the words.

Participant Ten:

It was just the amazing power of AA. And you know, you ask me how it's been in recovery... And, [his son]. Because I am all right, today...I have to look forward to [his son]. I breathe him. My father abandoned me. And I wanted to be there with him and I wanted [to] give him everything I didn't have. And look what I was doing. I was doing my father all over again... And today I don't need to prove anything to anyone. That is [his son] my badge of honor, that is my sobriety, that is my higher power. You know... so to me that is what it is about. And... he is me, he is my eleventh finger. Anywhere I go, my whole life has changed. My whole life has changed just by being sober. And how do I do it, everyday.

Participant Eleven:

Obviously a higher-power and... AA, a power greater than myself that I choose to call God that... presently keeps me on an even keep, keeps me connected with

others... and basically keeps me in a place of some sort of acceptance. That doesn't mean I don't get bothered by stuff because of course I do... And I guess that the part too was just about the violence and being in some sort of therapy group for that at one point, really realizing it is all my fault you know, there is nothing that anyone can do that makes them responsible for my violence not anything. No one deserves it and no one is responsible for it and it is just plain and simple and that is the end of the story. Actually everyday, when I [am] asking God to keep me away from a drink or drunk I actually ask God to keep me away from violent or harmful acts or intentionally or reactive hurts towards other people. I do that daily and I have done that for many, many years.

Participant Twelve:

What has been the most helpful; being sober... all I have to do is think about... [my] last drunk and seeing my daughter screaming...

Question 5: Is there anything else about the relationship between your addiction to alcohol and violence that you think it would be important for me to know?

In response to this question, all twelve participants had things that they wanted to add. Most elaborated on themes they had already introduced. However, there were two new themes. Half of the participants (6 = 50%), spoke about how hard it was to break the connection between addiction and violence and how important taking ownership was to this process). Two participants (2 = 17%) check introduced how the broader culture promotes a connection between violence and alcohol use. The six participants who addressed the importance of taking ownership is to breaking the connection between alcohol and violence were participants 4, 5, 6, 8, 9, and 11.

Participant Four:

I think people myself, get comfortable in negative places. And they become familiar. And so we're drawn as negative and as painful as something is, if it is familiar, we stay there as opposed to the fear [of] looking at it and moving away from it. And, I am talking more like as a victim but that can also be as a perpetrator It's about taking ownership... first. What do I need to own, here. What is my part?

Participant Five:

... I always remind myself that I'm part of the problem, and I use to make everybody else... the problem... I've changed... I always believe that everything... is an inside job, we got to look at ourselves... what's my part of it to take care of, my shit...

Participant Six:

You know getting into abusive relationships or places you put yourself in when you're addicted... I think drugs and alcohol lead to really unhealthy relationships.

Participant Eight: The drinking or drug usage is just a symptom, it's like the Big Book say, symptom of an underlying problem. And my problem is rooted in my mind. It's my reaction not life that causes my problems... I drank and used drugs over thirty-five year... [so] my mind doesn't work right... I need guidance from a sponsor or from this program... and from a higher power to analyze the situations that go on in every day life and act upon them opposed to react upon them and to not automatically go on the defensive and fight.

Participant Nine:

I... eventually realized that it was up to me to fit into the world, not the world to fit me.

Participant Eleven: Oh yeah, and that is another thing too, that... sometimes in relationships you can't be around certain people, you just have to pull out of things and... that is pretty hard for alcoholics to do, to separate from harmful relationships. But it is one of the things that saved me.

Participant 10 and 11 were the two who addressed the way in which culture promotes a connection between violence and alcohol use.

Participant Eleven: From my perspective... there is one thing you didn't get to that I think is really important about violence and alcohol and that is about the culture piece... there is a direct connection between violence and alcohol use in cultural and I experienced it as an adolescent particularly around violence against women and it really influenced me and kind of gave me permission to be violent just because that was the culture I grew up in and... I think that is an essential part of looking at violence, at how it is portrayed in the culture, particularly adolescent culture.

Participant Ten: Addiction and Violence. I didn't have to do it, but I didn't know that. I didn't know. I didn't know another way!... Because everything was around me, everyone around me was doing it, so it was normal.

CHAPTER V

DISCUSSION

A substantial body of research has explored the relationship between alcohol use/abuse and violent behavior. Collectively this body of work has corroborated the existence of a positive relationship between violent behavior and alcohol use/abuse; however there is little consensus about the strength and nature of this association. Thus the need for more complex multivariate and qualitative studies has been recognized. Most studies on this topic have been quantitative and by design in the voice of the outside observer. Furthermore, a good deal of this research has been with incarcerated offenders. The purpose of this qualitative study was to explore what could be learned from the experiences of men and women who are member of Alcoholics Anonymous that have at a minimum completed the eighth step of the twelve program and also self identify as having engaged in violence where alcohol use/abuse was present.

Limitations

Since this was a qualitative study that employed a sample of convenience the findings in this study cannot be generalized beyond this particular sample (Anastas, 1999). However this sample did mirror what we know about the demographics of violent substance abusers in the general population. For example, this sample was at its most diverse in term of education and occupation, there were more men than women and the majority of these participants began drinking at an early age. In contrast this sample was skewed towards older, white males.

Major Findings

1. In terms of the interface between alcohol and violence there seem to be one main theme (12 = 100%). Specifically the use of alcohol was associated with affect regulation around intense feelings. This regulation could work two-ways i.e. it could release the inhibition about engaging in violence or reduce/suppress the intensity of their feelings or the urge to act on violent impulses
2. In terms of the interface between alcohol and violence, all twelve participants (12 = 100%), indicated that what was most important to their recovery was relationship seeking or making a connection with others. This emphasis on connection was so strong that it seemed by inference they were also acknowledging that their drinking and violence was very much associated with their being disconnected from others.
3. For most participants (10 = 83%) their violence came first, while the majority (9 = 75%) first entered treatment for their alcohol use/abuse.
4. In participants where the violence came first, the only discernable demographic trend for the majority (9 = 90%) is that they reported a childhood history of family violence and/or alcohol use/abuse.
5. For the majority of participants where the violence came first (8 = 80%), the story of their own violence against others begins with the violence that was perpetrated against them as victims.
6. In participants where the alcohol use/abuse came first (2 = 100%), the trends were;
a) they had no history of childhood violence and/or alcohol abuse b) they were

- never violent without abusing alcohol; b) they were experiencing downward mobility as measured by their parent's education and occupation.
7. Three participants (3 = 25%) sought treatment first for their violence. There was a significant demographic trend in these three participants in that they were better educated as a group as were their parents. Furthermore all three voluntarily sought individual therapy as their first treatment in addition to AA or other detox programs. It is also significant to note that the violence came first and they sought help first for their violence.
 8. When asked if there was anything else they wanted to add, half the participants (6 = 50%), spoke about how hard it was to break the connection between addiction and violence and how important taking ownership was to this process.
 9. In response to this same question and although not a major theme, two other participants (2 = 17) introduced how the broader culture promotes the connection between alcohol use/abuse and violence.

The findings in this study support a number of themes. Some themes replicate those in the research literature on the relationship of alcohol use/abuse and violence and new themes were introduced. In the interface of the relationship between alcohol use/abuse and violence, violence came first. However, it was almost exactly the reverse in terms of seeking treatment, most sought or received help first around the alcohol abuse. As well, there were two profiles that emerged from the sample and both were supported in the research literature. As already mentioned there were those for whom violence came first as well as a small sample of two, for whom alcohol use/abuse was identified first. A

central theme that was reported by all participants in their story of recovery was relationship seeking and making connections. Undoubtedly, the degree of emphasis on connection and disconnection had to do with all participants being a member of AA. Making connections with another member of AA, a sponsor and sponsorship or with a higher power is a corner stone of the AA program and its vision of healing. However, this does not make the wisdom of the centrality of connection and disconnection among substance abusers any less valid as the participants told a variety of stories, including ones in which dysfunctional behavior was described within many different types of relationships. Furthermore, in recovery, relationships of all kinds were sought out, not just one specific connection, e.g. to a higher power. In considering the meaning of this connection it is easy to see the possible lack of intimacy and/or disconnect participants may have felt while using/abusing substances, such that this led to their being detached and unable to form relationships or to move away from negative, familiar ones, as Participant Eleven stated:

Sometimes in relationships you can't be around certain people, you just have to pull out of things and... that is pretty hard for alcoholics to do, to separate from harmful relationships. But it is one of the things that saved me.

The idea of the *transformation of self* is exemplified in the AA program of recovery (Flores, 2004). As the sample in this study consisted of members of AA, the findings could be considered in context of this theme. Flores (2004) describes how the self is evolved and consolidated in development through relationship building in intimate

attachments. However, he points out that attachment can not happened until the “alienated self” is reached, so that a reactivation of the developmental course toward self and self-with-other can be repaired from the previous states of disruption from early trauma. As Flores (2004) describes, to recover from addiction, individuals must undergo a transformation, described as: the most complex type of change – a radical reorientation of what the person believes and how he lives his life” (p. 218). This process is seen in AA as being activated within an attachment relationship where, if the environment in which the new self emerges remains consistent and nurturing, a reparative experiences assist in the creation of the self.

Although, while not a surprising finding, affect regulation as a two-way association between alcohol and violence is a theme not widely discussed in the literature on the interface of alcohol use/abuse and violence. Affect regulation is conferred in relationship to substance use/abuse in research on addiction, specifically in the literature on individuals who, without an internal structure, manage their emotional injuries, disappointments or their developmental failures (due to parental absence/abuse) with substances (Flores, 2004). Furthermore, addiction is understood by some as an attachment disorder, as biologically most individuals cannot regulate affect for any extended period of time, and individuals who have difficulty establishing emotional regulation are more inclined to substitute alcohol and/or other substances for their deficiencies in intimacy (Flores, 2004). On the other hand, affect regulation in relationship to violence is correlated in a research study by Umberson, et al., 2002 as:

Violent behavior is a pervasive externalized expression of emotional upset in our

society, particularly among certain social groups – an expression of emotional upset that should be viewed as an equally important distress concept along with states such as depression and anxiety. Our society strongly conveys the message, especially to certain groups (e.g., men), that emotions and feelings are to be repressed and that violence is an appropriate way to respond to frustrations and stress. (p. 204)

These authors make the association that violent behavior, like alcohol consumption, can increase when an individual is experiencing stress and stressful life events, as both can be viewed as symptoms of psychological distress. An overall finding in this sample, in both male and female participants was that affect regulation worked two-ways i.e. it both released the inhibition to engage in violence or reduced/suppressed the intensity of participant's feelings or their urge to act on violent impulses. This introduces a new concept in the interface of alcohol use/abuse and violence as affect regulation has been studied in regard to either one or the other.

In terms of the two profiles that emerged from this study and were supported in the research literature, for the group who reported the violence came first, it is not surprising that their engagement in violence was associated in their minds with the violence that was perpetrated against them. This finding is strongly supported in research literature on the childhood transmission of violence and substance use/abuse. The research on childhood transmission of violence also points to the difficulties individuals have in forming attachments as a result of witnessing and/or experiencing childhood abuse. While not overtly stated, this finding was supported both by participant's stories as well as in the prevalence of relationship seeking and connection to others in recovery.

However, of note for the majority of the participants for whom the violence came first; violence *was* in relationship to another.

In contrast, the profile for the two participants in this sample for whom the alcohol came first was also substantiated in the research literature. This profile supported the disinhibition hypothesis, that alcohol acts as a general dis-inhibitor such that impulsive behavior that typically would be restrained is not. Research on why, how, and when alcohol is associated with social behavior that leads to violence continues to be studied as reviewed in the current multivariate research investigating alcohol outcome expectancies in relationship to violent behavior in pursuit of different goals (Barnwell, et al., 2006; McMurrin, et al, 2010). The fact that both these participants were experiencing downward mobility as measured by their parent's education and occupation is similarly supported in the research, especially among men (Hart, et al., 2009).

These two profiles are quite different, yet there is no differentiation made in which treatment came first. The question might then be asked in co-occurring treatment programs, where alcohol and violence are both treated simultaneously, do these profiles influence the way treatment is determined. In the research literature the profiles are reported however, the significance of what the profiles represent does not get further examination. It would be helpful to know, for example, is there much known about these different profiles and how is this knowledge used to inform alcohol treatment programs?

Recommendations for Future Research

The findings of this study suggest that there is much more to be learned about the interface of alcohol use/abuse and violence. One significant gap in this research are the

determinants and pathways of substance use/abuse and mental health problems for women as they are suggested by Kay-Lambkin, et al. (2004) to differ from men (as cited in Johnson, 2006). Thus to address the particular needs of women, both quantitative and qualitative research is needed to examine women's experiences of substance use/abuse and violence.

Most of the findings in this study are not new, and some have even been reported widely in the literature. For example, we are not surprised to learn that the violence came first for most participants in this study; or that violence begets violence. As we so often shorthand, "those who have been abused become abusers". We have heard this phrase so often that we have become desensitized to its meaning. For the most part, people who are violent and abuse others in adulthood, have suffered significant pain growing up as victims of violence, and that pain is still with them causing problems. But we really don't want to hear about it.

Thus, even I can report here, with clinical detachment and as though it is a separate finding, that when participants are asked to tell us how their acts of violence started, they respond by telling us of the violence committed against them in childhood when they were at their most defenseless. Similarly, the fact that the use/abuse of alcohol is associated with the attempt to regulate intense affect and that this regulation can be two-way has certain face validity even in the absence of empirical investigation. "The use/abuse of alcohol being associated with the regulation of intense affect" sounds so clinical – so clean. Yet if I asked one hundred "reasonable" people what kind of strong affect do you think they were trying to regulate? I feel confident not many would suggest

that affect might be joy. So this is hopefully a more nuanced discussion of old findings brought on by the disconnect when seeing the finding that in the group where the violence came first, they were treated first for the alcohol use/abuse. This was in contrast to the group where the alcohol use/abuse came first and was treated first.

These findings are interrelated. Children are abused and no one wants to hear or see it – certainly they don't want to talk about it. They just want the child to grow up and forget about it. How can the child do this without disconnecting from others? After all, it's hard even for an adult to think and talk cordially about other things when in intense pain. Over half this sample had had their first drink before they reached their teen years. I can imagine all the intense affect. - fear, rage, loneliness, etc. So if relationship seeking and connection is what is most important to alcohol use/abuse, why is the same not true for violence?

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Appendix A

HSR Approval Letter



Smith College
Northampton, Massachusetts 01063
T (413) 585-7950
F (413) 585-7994

March 4, 2010

Andrea Viens

Dear Andrea,

The very thoughtful and complete revision of your materials has been reviewed and all is now in order. We are happy to give final approval to your study. It is great that you are getting so much help in recruitment, which might otherwise be quite difficult.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.

Sincerely,

A handwritten signature in cursive script that reads "Ann Hartman".

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Mary Hall, Research Advisor

Appendix B

INFORMED CONSENT

April 30, 2010

Dear Potential Research Participant,

My name is Andrea B. Viens and I am a graduate student at the Smith College School for Social Work in Northampton, Massachusetts. I am conducting a qualitative study to explore the relationship between violence and alcohol addiction based on the experience of people who have a history of alcohol addiction and have engaged in violence. I am interested in your understanding, stories and experiences of violence and addiction and your opinions on how they have impacted your life. The data collected will be used for my thesis as part of the requirements for the Master of Social Work degree, for future presentations and publications.

Participants in this study must be over the age of 25, English speaking, have attended Alcohol Anonymous (AA) for at least one year and consider themselves to have completed the first eight steps of the twelve step program with a sponsor. Your participation in the interview is requested because of this experience with alcohol as well as having a history that includes violence. If you agree to participate in this project, you will be seen in a face-to-face interview that will last approximately one hour. It will be scheduled at a time and place that is mutually convenient and allows for some privacy. Before the interview begins, I will ask you to fill out a questionnaire, which collects some personal information related to your age, race, ethnicity, socioeconomic status and general family statistics. The interview itself will consist of a series of open ended questions designed to encourage your reflection on the relationship between violence and alcohol addiction. The interview will be audio tape recorded and I may take a few additional notes during the interview so that I can analyze the information shared for themes.

At the time of the meeting you will have the opportunity to ask any additional questions you might have about the study process. You would then be required to sign two copies of this consent form and will be given one for your own records before the formal interview could begin.

Every precaution will be taken to protect your confidentiality. The only exception to confidentiality is related to the nature of the social work profession in which I am a mandated reporter and am required by law to report any previously undocumented abuse against a minor. All of your identifying information will be removed from the tapes and transcripts and a numeric code will be developed to identify materials. Informed consents will be kept separate from identifying data. My thesis advisor will review this information after all identifying information has been removed. Data collected during the study will be reported in aggregate form only and any quotations included in reports of the study and future presentations will be sufficiently disguised to prevent identification of specific subjects. All research materials will be locked in a secure location during the research and for a period of three years thereafter in keeping with federal regulations. After that time, these materials will continue to be secured until they are no longer needed and will then be destroyed.

There are no financial benefits to you from participating in this study. It is my hope that the results of this study will contribute to improving the social work knowledge base and service delivery for this population. You might receive some personal satisfaction from knowing that you are helping to meet this goal and/ or welcome this additional opportunity to reflect on your

personal experience with alcohol addiction and violence.

There are possible risks anticipated in participation of this study. Participants may find it difficult or uncomfortable to discuss challenges they have encountered and self-reflection may evoke strong feelings which may warrant further attention. You will be provided with a list of mental health agencies and professional practitioners in your geographical area that may be contacted should this need arise.

Your participation is completely voluntary. You have the right not to answer any specific questions during the interview. If you choose to withdraw from this study you can do so by contacting me any time before **May 1, 2010 when the study will be written up**. If you choose to withdraw from the study all data pertaining to your participation will be immediately destroyed.

If you have additional questions about the study or wish to withdraw, please feel free to contact me at the contact information below. If you have any concerns about your rights or about any aspect of this study, I encourage you to give me a call or the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS, AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Participant's Printed Name and Signature

Date

Researcher Andrea B. Viens, MSW intern

Date:

Thank you again for your participation in this study.

Please keep a copy of this form for your records.

Questions regarding any aspect of participation in the study should be directed to:

Andrea B. Viens, MSW Intern

Smith College School for Social Work

Email: aviens@smith.edu

Appendix C

Interview Guide

Part I: Background Information

1. How old are you?
2. What is your Gender? Male_____ Female_____ Other_____
3. How do you identify yourself in terms of race and ethnicity?
4. Highest level of education? Current occupation
5. Significant religious/spiritual affiliation as an adult:
6. Relationship/Marital status: married/partnered_____ separated_____
single_____ widowed _____ Other_____
7. Children? Gender and age:
8. Parents education and occupation?
9. Length of Time in AA:
10. Age of first drink:_____ Sobriety Date:_____
11. How long did it take you to complete the first 8 steps in the AA program with your sponsor?
12. Have you been addicted to any other substances besides alcohol? If yes do you consider your addiction to alcohol primary or secondary?

Part II. Interview Questions

As you know, this research is to explore what we can learn from the experiences of person that self-identify as having a history of addiction to alcohol and having engaged in violence.

- 1. Which came first your addiction to alcohol or your experience of engaging in violence?**
 - a. Could you tell me about how your use of alcohol (or your experience of engaging in violence) began?
 - b. When and how did you first know that you were addicted
 - c. When and how did your engagement in the (alcohol/or violence)

II. Interview Questions (continued)

- 2. When and why did you first seek help for your addiction to alcohol and having engaged in violence?**
- 3. What is the connection you see between your addiction to alcohol and your experiences of engaging in violence?**
- 4. What has been the most helpful to you in your recover from alcohol addiction and your experiences with violence?**
- 5. Is there anything else about the relationship between your addiction and violence that you think it would be important for me to know?**

Appendix D

RECRUITMENT POSTER

Research Study being conducted on

Violence and Addiction

March 2010

I am a graduate student at the Smith College School for Social Work. I am conducting a master degree thesis that explores what we can learn about the relationship between alcohol addiction and engaging in violence from persons who are twenty-five years of age or older, English speaking, have been in Alcoholics Anonymous (AA) for at least one year and have worked the first eight steps of the twelve step program with a sponsor.

If you meet the above criteria and are willing to be seen in a face-to-face interview please call or e mail:

Andrea Viens at aviens@smith.edu

Every precaution will be taken to protect your confidentiality

Participants will be able to withdraw at any time during the process of the interview and/or after the interview up until **May 1, 2010**.

I look forward to hearing from you.

Appendix E

Transcriber's Assurance of Research Confidentiality

STATEMENT OF POLICY:

This thesis project is firmly committed to the principle that research confidentiality must be protected. This principle holds whether or not any specific guarantee of confidentiality was given by respondents at the time of the interview. When guarantees have been given, they may impose additional requirements which are to be adhered to strictly.

PROCEDURES FOR MAINTAINING CONFIDENTIALITY:

1. All volunteer and professional transcribers for this project shall sign this assurance of confidentiality.
2. A volunteer, or professional transcriber should be aware that the identity of participants in research studies is confidential information, as are identifying information about participants and individual responses to questions. Depending on the study, the organizations participating in the study, the geographical location of the study, the method of participant recruitment, the subject matter of the study, and the hypotheses being tested may also be confidential information. Specific research findings and conclusions are also usually confidential until they have been published or presented in public.

It is incumbent on volunteers and professional transcribers to treat information from and about research as privileged information, to be aware of what is confidential in regard to specific studies on which they work or about which they have knowledge, and to preserve the confidentiality of this information. Types of situations where confidentiality can often be compromised include conversations with friends and relatives, conversations with professional colleagues outside the project team, conversations with reporters and the media, and in the use of consultants for computer programs and data analysis.

3. Unless specifically instructed otherwise, a volunteer or professional transcriber upon encountering a respondent or information pertaining to a respondent that s/he knows personally, shall not disclose any knowledge of the respondent or any information pertaining to the respondent's testimony or his participation in this thesis project. In other words, volunteer and professional transcribers should not reveal any information or knowledge about or pertaining to a respondent's participation in this project.

4. Data containing personal identifiers shall be kept in a locked container or a locked room when not being used each working day in routine activities. Reasonable caution shall be exercised in limiting access to data to only those persons who are working on this thesis project and who have been instructed in the applicable confidentiality requirements for the project.

5. The researcher for this project, Andrea B Viens shall be responsible for ensuring that all volunteer and professional transcribers involved in handling data are instructed in these
-

procedures, have signed this pledge, and comply with these procedures throughout the duration of the project. At the end of the project, Andrea Viens shall arrange for proper storage or disposition of data, in accordance with federal guidelines and Human Subjects Review Committee policies at the Smith College School for Social Work.

7. Andrea Viens must ensure that procedures are established in this study to inform each respondent of the authority for the study, the purpose and use of the study, the voluntary nature of the study (where applicable), and the effects on the respondents, if any, of not responding.

PLEDGE

I hereby certify that I have carefully read and will cooperate fully with the above procedures. I will maintain the confidentiality of confidential information from all studies with which I have involvement. I will not discuss, disclose, disseminate, or provide access to such information, except directly to the researcher, Andrea Viens for this project. I understand that violation of this pledge is sufficient grounds for disciplinary action, including termination of professional or volunteer services with the project, and may make me subject to criminal or civil penalties. I give my personal pledge that I shall abide by this assurance of confidentiality.

<u>Whitney P. Smith</u>	Whitney P. Smith
<u>6/1/2010</u>	Transcriber
	Date
<u>Andrea B. Viens</u>	Andrea Viens
<u>6/1/2010</u>	Researcher
	Date

Appendix F

The 12 Steps of Alcoholics Anonymous (AA)

1. We admitted we were powerless over alcohol – that our lives had become unmanageable.
2. Came to believe that a power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God, as we understood God.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked God to remove our Shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood God, praying only for knowledge of Gods will for us and the power to carry that out.
12. Having had a spiritual awakening as a result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

From Alcoholics Anonymous (1939).

Appendix G

Counseling and Support Resource List

Greenfield,

CRISIS HOTLINES:

Greenfield Crisis Hotline: 413-774-5411

Athol Crisis Hotline: 978-249-3141

Northampton Crisis Hotline: 413-586-5555

Alcoholics Anonymous: 800-262-4944

CLINICS

Clinical Support Options

One Arch Place

Greenfield, MA 01031

413-774-1000

Service Net Inc.

55 Federal Street

Greenfield, MA 01301

413-585-1300

Brattleboro, Vermont

Emergency Service Number 802-257-7989

Brattleboro Retreat – Starting Now Program

Adult Alcohol Abuse Program

Anna Marsh Lane

Brattleboro, VT 05302

800-738-7328

Primary Focus: Mix of mental health and substance abuse services

Forms of Payment Accepted: Self payment, Medicaid, Medicare, Private health insurance

Stephanie Keep, MSW

167 Main Street 308-B

Brattleboro, VT 05301

802-246-1167

Laurence Bart, PhD.

Anna Marsh Lane Brattleboro, VT 05301..

802-258-6172

In Keene: Jim Fauth 603-357-3122 # at Antioch

Vic Pantesco 603-355-2200