Alcohol Issues in Domestic Violence [*]

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Introduction

Recent research has shown that the majority of Australians (61%) consider that regular alcohol consumption is acceptable (Ministerial Council on Drug Strategy 2001). Nonetheless, there is also evidence that there are a number of serious harms associated with alcohol misuse. It was estimated that in 1997, over 72,000 Australian hospital admissions were attributable to high-risk drinking. Alcohol-related hospitalisations and deaths were most commonly the result of falls, alcohol dependence, liver cirrhosis, assaults and road crash injuries (Ministerial Council on Drug Strategy 2001). Furthermore, women are said to be more vulnerable to the effects of alcohol abuse (Ministerial Council on Drug Strategy 2001). The 1996 Australian Bureau of Statistics Survey on Women's Safety showed that, of a cohort of women who had been physically or sexually assaulted within a 12-month period, about 40% reported the involvement of alcohol (Ministerial Council on Drug Strategy 2001, p. 13). U.S. studies investigating domestic violence among clinical samples of women with substance abuse showed prevalence rates ranging from 41% to 80% (Bennett & Lawson 1994; Dansky et al 1995; Clark & Foy 2000, Downs & Miller 2002).

This paper examines the relationship between alcohol misuse and domestic violence as a public health issue. It examines the different ways in which domestic violence

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has been theorised within feminist and other frameworks and argues that policies, services, treatment and intervention programmes should be informed by an appropriately complex and contextual understanding of domestic violence.

Some explanations of the association between alcohol abuse and domestic violence

Much of the research on the association between substance abuse and domestic violence has been limited to looking at alcohol use by adults in heterosexual relationships (Velleman 2001, p. 251). Estimates of the prevalence of alcohol in such cases vary, partly because of the different methods used to assess the level and type of violence and the level of alcohol as a risk factor (Johnson 2001, p. 54).

One speculation suggests that heavy drinking could contribute directly to an increased risk of violence against female partners, due to its disinhibiting effects on cognition and perceptions (Bennett 1997, p. 2; Johnson 2001, p. 55). However, since no such inhibition centre has been found in the brain, the disinhibition model has been challenged (Bennett 1997, p. 2). Furthermore, evidence shows that those who abstain from alcohol are still represented in domestic violence and perpetrators' programmes (Bennett 1997, p. 2; Rogers et al. 2003, p. 591). Therefore, results of some of these studies (Kantor & Straus 1990; Johnson 2001) have found the link between alcohol and domestic violence to be spurious.

Kantor and Straus (1990) investigated the links between wife assaults and heavy drinking, occupational status and attitudes. They found the level of alcohol abuse and attitudes approving violence against wives had the strongest two-way effect, but the most important variable was the attitude about violence against wives (cited in Johnson 2001, p. 56). Johnson's own research also reported the most significant contributing factor to be male attitudes supportive of control over female partners, rather than the use of alcohol (2001, p.66).

Testa (2004) conducted a literature review of studies and found that associations that may have been interpreted as causal factors may have led to assumptions that there is stronger evidence linking substance use to physical and sexual violence than there is in actuality. Lipsky et al (2005a) reported the findings of an urban

emergency department in the U.S., based on a case-control study of 182 women identified as having intimate partner violence history, and controls of 147 women without such history or concerns. They found that partner's alcohol use and heavier drinking (but not the subject's substance use) were significant risk factors. However, they found it unclear as to whether substance use precedes or follows intimate partner violence. These findings and other studies also suggest that women may 'self-medicate' to alleviate the effects of domestic violence.

Others looked at the relationship between domestic violence severity and alcohol use among battered women (Rogers et al. 2003, p. 590). The studies found that, compared with men, women were more likely to use substances to self medicate and cope with trauma and less likely to use substances as an excuse for aggression (Bennett 1997, p. 4; Stuart et al 2002, p. 936). A U.S. study of 182 cases reported that their findings support the theory that women may self-medicate to alleviate the effects of violence (Lipsky 2005b). However, limitations of the study included the small sample size, bias of self-reports, the under-reporting of alcohol use and under-reporting of domestic violence (Lipsky 2005b).

Clark and Foy's U.S. study found both domestic violence severity and childhood sexual abuses were positively correlated with alcohol use, with childhood sexual abuse as the stronger predictor (2000, p. 37). Women who used alcohol were also reported as more likely to be victimised by partners (Zweig et al. 2002, p. 163).

Most studies so far have only investigated alcohol abuse and domestic violence within heterosexual relationships. Further research is therefore needed to address issues of substance abuse and violence in gay and lesbian relationships.

Key theoretical differences between service models of domestic violence and alcohol abuse treatment

In classical family systems models, upon which alcohol abuse treatment services have traditionally been based, the concepts of 'codependence' and 'enabling' would imply that the codependent partner may be partially responsible for the substance abuse. Practitioners working with these models could therefore assume that the abuse resulted from dysfunctional family relationships. However, from a feminist perspective,

this may be seen as condoning men's use of violence and abuse against women (Downs & Miller 2002, pp. 257-8). Within feminist frameworks, the major causes of domestic violence are identified as patriarchal cultural norms that condone violence and gender-based power inequities (Dobash & Dobash 1984). Feminist counselling theories would therefore generally problematise relationship counselling, recognising that violence intrinsically alters the relationship, rather than seeing the violence as a symptom or outgrowth of the relationship (Downs & Miller 2002, p. 258).

In contrast to these feminist approaches, the field of alcohol abuse treatment has utilised family therapy and relationship counselling based on three major theoretical views (Downs & Miller 2002, p. 265). These are: the family disease approach, family systems theory and recently, the behavioural approach (Downs & Miller 2002, p. 265). In the family disease model, the substance abuse counsellors focus on the individual family members. In the family systems approach, however, unhealthy family relationships are assumed to be related to the substance use. The behavioural approach has the family members contracted and taught to support abstinence and work on interactional patterns related to substance use (Downs & Miller 2002, p. 266). The field of substance abuse treatment tends to view family involvement in treatment as part of the recovery process of addicted women and men (Downs & Miller 2002, p. 266). In this respect it differs from approaches to programmes and interventions regarding domestic violence.

It would appear that the barriers to cooperation between substance abuse and domestic violence programmes have arisen from the different views of the professionals and staff involved (Bennett & Lawson 1994, p. 277). According to Bennett and Lawson, theoretical or philosophical concepts about the role of self-control were the most significant barriers (p.282). They found that battered women's advocates see violence or abuse as a deliberate act, an act of choice and control, and therefore the perpetrator must accept full responsibility (p. 285). However, addictions counsellors generally believe in a disease process model, seeing the addiction as beyond the control of the addict and causing dysfunctional conduct with violence, rather than conceiving it potentially as a symptom of the dysfunction (p. 285).

If we are to focus on the centrality of the victim's safety and to hold perpetrators accountable for the violence, these divergent theoretical views within the field of

domestic violence and the field of substance treatment need to be recognised and addressed.

Issues of alcohol abuse for domestic violence agencies

Clark and Foy's (2000) study in the U.S. found that the severity of domestic violence, as well as childhood sexual abuse and parental alcohol abuse, were correlated with women's alcohol use (p. 45). Women experiencing domestic violence who enter therapy could therefore benefit from initial screenings for alcohol abuse and any past childhood abuse including parental domestic violence and parental alcohol abuse (p. 46). The U.S. Illinois Department of Human Services (2002) recommended that a formal screening for substance abuse be included in the intake process by domestic violence agencies. Women may begin or increase their use of alcohol or drugs to cope with the domestic violence. Substance abuse screening could initiate the preliminary step to look at the likelihood of an alcohol or drug problem and to commence discussion on how substance abuse could impact on safety (Illinois Department of Human Services. 2002). Lipsky et al. (2005b) also raised the importance of screening for substance use among women who are at risk of domestic violence, and the identification of those with substance-using partners, in order to assist victims who are at increased risk for co-morbid poly-substance use and domestic violence, by providing more tailored responses or referrals for substance use treatment.

Zweig et al.'s (2002) study in the U.S. looked at the extent to which programs for domestic violence provided services to women facing multiple barriers such as substance abuse or mental health problems. They interviewed staff from 20 programs and found that problems experienced by women included lack of services dealing with multiple barriers, service providers uneducated about such barriers, denial of access to refuges or other services because of substance abuse, and perpetrators using these barriers to further control the women (p. 162). These obstacles could compound the difficulty for women from Aboriginal or non-English speaking background to access help.

Issues of domestic violence in alcohol abuse treatment for women

Alcohol may be used to medicate the physical and emotional pain of domestic violence (Stuart et al. 2002, p. 936). Keys Young (1998) conducted interviews with 150 women in Australia and found that some women revealed that the only way they could cope with the violence was to find comfort in alcohol or drugs (p. 18). Depression, anxiety and suicide attempts are frequently reported as effects of repeated violent and abusive conduct (Miller et al. 2000, p. 1292; Downs & Miller 2002, p. 262; Ragin et al. 2002, p. 1042). High rates of post-traumatic stress have also been found among women with histories of domestic violence and among women with both alcohol and drug misuse and histories of violence (Miller et al. 2000, p. 1291; Downs & Miller 2002, p. 262). Clinicians need to be aware of the increased risks raised by multiple forms of trauma such as domestic violence, histories of childhood abuse, parental domestic violence and parental substance abuse among female clients with alcohol abuse (Bennett 1997, p. 4; Clark & Foy 2000, p. 46; Ragin et al. 2002, p. 1042). It is likely that these are important factors in diagnosis and treatment planning as well as essential for relapse prevention (Clark & Foy 2000, p. 46; Bennett & Williams 2003, p. 567).

As summarised by Miller et al. (2000, p. 1291), domestic violence among female clients in alcohol treatment programmes may impact on service delivery and treatment outcomes in a number of ways. Firstly, they suggested that physical and psychological trauma would require staff with additional specific skills. Secondly, some physical injuries may have long-lasting cognitive, psychological and physical effects that inhibit women's ability to comply with the treatment plan. Thirdly, Miller et al. (2000, p. 1291) discussed the context where violence being inflicted by men could have a negative impact on the ability of male professionals to provide services to women and might also affect the effectiveness of treatment providers who use mixed gender groups. Their discussion of service delivery implications regarding the gender of professionals could also be relevant in the Australian context. The ABS (1996) National Women's Safety Survey found that 23% of women who had been in a married or de facto relationship had experienced domestic violence. A 2004 survey had also found that 34% of women who ever had a spouse, partner or boyfriend had

been subjected to violence by their male partner (Mouzos & Makkai 2004, p. 44). Access Economics (2004, p. vi) estimated that in 2002-03, 87% of the total number of Australian victims of domestic violence were female and 98% of perpetrators of domestic violence were male. Miller et al. (2000, p. 1291) then lastly looked at issues of how re-victimisation and domestic violence during the treatment course could prevent recovery from alcohol abuse. The use of medication for the physical and emotional pain of domestic violence could also complicate recovery from alcohol problems (Miller et al. 2000, p. 1292).

Queensland (Stratigos 1999) and NSW (NSW Health 2001) have implemented routine screening for domestic violence. In NSW, routine screening is carried out among all women aged over 16 years attending drug and alcohol, mental health, early childhood and antenatal services, with an alternative strategy used for identifying and responding to domestic violence in Emergency Departments (NSW Health 2001). A pilot study found that screening for domestic violence was conducted frequently by antenatal and obstetric services, while mental health and drug and alcohol services had comparatively high rates of disclosure but lower screening rates (NSW Health 2001). Increasing screening at mental health and drug and alcohol services could assist with early identification of the multiple needs of clients but it must be backed up by coordinated responses in treatment and services. Early identification of women affected by domestic violence means that they would not be referred to conjoint counselling as part of the substance abuse treatment (Illinois Department of Human Services 2002). It could also avoid deploying the concepts of codependency and enabling with their associated implications that the perpetrator is not responsible for the violence (Illinois Department of Human Services 2002).

Issues of alcohol abuse in perpetrators' intervention programmes

Research findings such as Johnson's which report that belief systems about women were more significant than alcohol abuse in predictions of violence (2001, p. 54) have implications for interventions with perpetrators. Johnson's results supported the contention that male beliefs about control over female partners had far more

statistical significance as predictors of violence than did the variables of alcohol abuse, class, age or type of relationship. This also aligns with the Duluth model of perpetrators' intervention programmes, coordinated within a community framework of institutions that hold perpetrators accountable by challenging their belief systems (Mederos 1999, pp. 130-1).

Interventions would be misguided if their focus were just on alcohol treatment (Johnson 2001, p. 70). Abstinence and sobriety are not sufficient conditions for the safety of victims in domestic violence, as argued by the Illinois Department of Human Services, who proposed that perpetrators' programmes screen for substance abuse. However, Mederos (1999) alerts us to the difficulty of making a valid determination about substance abuse. He points out that, when working with abusive men, it is almost impossible to determine whether men were drinking at the time of referral or for some period after, since police reports may not be available and clients tend to minimise their problems (p. 139). He suggested that research is needed to develop effective means of rapidly assessing substance abuse by perpetrators and measures for the concurrent treatment of substance abuse and domestic violence (p. 140).

Campbell (cited in Mederos 1999, p. 134) described how perpetrators' intervention programmes under the Duluth framework of accountability, were designed to stop violence and ensure the safety of women. Their methodologies attempted to build a protective 'firewall' against therapeutic practices which could have endangered the lives of abused women and colluded with abusive men, or ignored power issues in domestic violence. Mederos suggested that it should be possible to incorporate sessions on substance abuse, not as a way of deflecting attention from violent and coercive conduct, but rather as a way to improve the perpetrator's capacity for change and to being held accountable (p.148).

Issues of domestic violence in alcohol abuse treatment for men

Findings from various studies (Dobash & Dobash 1984; Kantor & Straus 1990; Wilson et al. 1995; Johnson 2001) suggest that, unless the attitudes or beliefs about control and dominance over women are addressed, alcohol treatment programmes will remain ineffective in stopping the violence. Violence does not stop when the

partner is abstinent and the treatment should not involve family sessions or conjoint therapy when there is domestic violence (Illinois Department of Human Services 2002). Bennett and Lawson (1994, p.284)) explain:

> *Addictions programs that do not formally assess and intervene to terminate current violence are, at best, operating in an unsatisfactory manner and, at worst, are irresponsible. The same may be said of domestic-violence programs that do not take substance abuse into account.*

The Substance Abuse Treatment Unit's Substance Abuse-Domestic Violence Program (SATU-SADV Model) in the U.S. has been presented as an integrated model of treatment for violence and substance abuse among male batterers and incorporates the Duluth approach to addressing violence (Easton & Sinha 2002, p. 282). Additionally, a cognitive-behavioural coping skills approach is used to target substance abuse, with work on both substance use and violence in each session (p. 283). However, Mederos (1999, p. 140) suggested that further research is needed to determine the best measures for concurrent treatment of substance abuse and domestic violence; and to assess whether different levels of concurrent substance treatment would be preferable for different levels of substance abuse.

Family violence experiences among Indigenous women

Many Indigenous communities prefer to use the term 'family violence' (Australian Law Reform Commission 1994, p. 31-2; Cunneen 2002, p. 243; Aboriginal Justice Advisory Council 2003, p. 3). 'Family' in Indigenous communities can cover a more diverse range of mutual support and reciprocal ties of obligation than the term 'domestic' and thus, family violence can include a wider range of family relationships (Ministerial Council on Drug Strategy 2001, p. 14). Aboriginal women escaping family violence have experienced dual barriers of racism and sexism when accessing justice and services (Quayle 2002, p. 210). This leads to under-reporting of family violence which is further compounded by fears of increasing over-representation and deaths in custody, especially given the significantly high numbers of Indigenous men already incarcerated (Aboriginal Justice Advisory Council 2003, p. 5). However, this also has grave implications for Indigenous victims of family violence and Indigenous communities.

One study showed that Indigenous women were significantly over-represented in Australian homicide victim statistics (Mouzos 1999a). Indigenous women comprise only about 2% of the total female population but they accounted for approximately 15% of all female homicide victims (Mouzos 1999b, p. 16). Indigenous female victims (75.4% or 101 cases) were more likely to be killed by partners than non-Indigenous victims (54% or 371 cases) (Mouzos 1999b, p. 16). Where alcohol-use data were recorded, the offender was under the influence of alcohol in 91.7% of the Indigenous femicide cases. This compares with 54.2% in cases where the offender was non-Indigenous (Mouzos 1999b, p. 17). These findings suggest that issues such as empowerment, self-determination and strengthening culturally based social control mechanisms may be very important in addressing alcohol abuse and violence against women (Mouzos 1999b, p. 17).

In NSW, a study conducted by the Aboriginal Justice Advisory Council (2003) found that among Aboriginal women in custody, 69% of those surveyed said they had been abused as children; over 73% revealed that they were victims of abuse as adults and, out of these women, 79% were physically assaulted in family or domestic violence; and 61% of the women said that as adults they did not tell anyone of the abuse, and 58% disclosed that they were still in need of support and counselling for the abuse. At least 80% of the Aboriginal women surveyed in custody felt that their experience of abuse was an indirect cause of their offending (Aboriginal Justice Advisory Council 2003, p. 7). Some have said that the underlying cause of their alcohol or drug and criminal behaviour was to avoid dealing with the abuse they had suffered, especially child sexual assault (Aboriginal Justice Advisory Council 2003, p. 7).

The approach of Indigenous communities to preventing violence against women and children has been to develop programmes that are holistic. The more effective ones are run and owned by Indigenous communities, involve significant others like family members or community Elders and are based on self-determination, with culturally appropriate content and staff (Cunneen 2002, pp. 244-5). Indigenous anti-family-violence programmes or projects aim to deal with the long-term and intergenerational effects on family and community life of past policies of separation that created the Stolen Generations (Cunneen 2002, p. 249), resulting in prolonged separation of

Aboriginal children from their families, culture, identity, community, language and land (Human Rights and Equal Opportunity Commission 1997; Quayle 2002, p. 208).

Conclusion

There are significant divergences between feminist theories addressing domestic violence and disease-focussed models of alcohol treatment. Differences centre on concepts of recovery such as codependency or enabling, and on the issue of self-control (Bennett 1997, p. 4). These differences need to be addressed in order to meet the multiple needs of clients with dual problems. Furthermore, research is still required on the service needs of lesbians and gay men experiencing both substance abuse and domestic violence. Service provision also needs to be culturally appropriate and accessible for clients of Aboriginal or non-English speaking backgrounds. In the context of Indigenous communities, there needs to be a holistic approach in anti-family-violence programmes to deal with the long-term effects on family and community life of past policies of separation (Cunneen 2002, p. 249).

It is imperative that policies and practices should not be based on simplistic views that suggest that alcohol directly disinhibits or causes violence (Bennett & Williams 2003, p. 572). Researchers have found that domestic violence takes place in a context of coercive control and in response to threats to male dominance (Dobash & Dobash 1984; Wilson et al. 1995; Johnson 2001). Results of Johnson's 2001 Canadian study support the contention that male attitudes to maintain control over females are more statistically significant as predictors of violence than are the variables of alcohol, class, age or type of relationship.

Alcohol abuse and its relationship with domestic violence is a public health issue with complex cultural and societal causes and implications. Addressing it appropriately requires broad attitudinal change and societal responses, rather than treating it as a personal problem affecting individuals only.

References

Aboriginal Justice Advisory Council. 2003, *Holistic Community Justice: A Proposed Response to Aboriginal Family Violence*, Attorney-General's Department, NSW.

Available: http://www.lawlink.nsw.gov.au/ajac.nsf/51bf77d7793e43184a2565e800280584/53ae9085aa38d49bca256d190012f0c7/$FILE/family%20violence%20discussion%20paper.pdf [2005, 18 October].

Australian Bureau of Statistics (ABS) 1996, *Women's Safety Australia*, Canberra.

Access Economics 2004, *The Cost of Domestic Violence To the Australian Economy: Part I and Part II*, Partnerships Against Domestic Violence. Available: http://www.accesseconomics.com.au/reports/Violencepart1.pdf and http://www.accesseconomics.com.au/reports/Violencepart2.pdf [2005, 18 October].

Australian Law Reform Commission 1994, *Equality Before the Law: Women's Access to the Legal System*, Interim Report Number 67, Australian Government Publishing Service, Canberra, pp. 31-32.

Bennett, L. 1997, 'Substance abuse and woman abuse by male partners', *National Electronic Network on Violence Against Women*, September, pp. 1- 8. Available: http://www.vawnet.org/DomesticViolence/Research/VAWnetDocs/AR_substance.pdf [2005, 18 October].

Bennett, L. & Lawson, M. 1994, 'Barriers to cooperation between domestic violence and substance abuse programs', *Families in Society: The Journal of Contemporary Human Services*, May, vol. 75, no. 5, pp. 277-286.

Bennett, L. & Williams, O. J. 2003, 'Substance abuse and men who batter – issues in theory and practice', *Violence against Women*, May, vol. 9, no. 5, pp. 558-575.

Clark, A. H. & Foy, D. W. 2000, 'Trauma exposure and alcohol use in battered women', *Violence against Women*, January, vol. 6, no. 1, pp. 37-48.

Cunneen, C. 2002, 'Preventing violence against Indigenous women through programs which target men', *UNSW Law Journal*, vol. 25, no. 1, pp. 242-250.

Dansky, B. S., Saladin, M. E., Brady, K. T. & Kilpatrick, D. G. 1995, 'Prevalence of victimisation and posttraumatic stress disorder among women with substance

use disorders: Comparison of telephone and in person assessment samples', *International Journal of the Addictions*, vol. 30, pp. 1079-1099.

Dobash, R. P. & Dobash, R. E. 1984, 'The nature and antecedents of violent events', *British Journal of Criminology*, vol. 24, pp. 269-288.

Downs, W. R. & Miller, B. A. 2002, Chapter 12, 'Treating dual problems of partner violence and substance abuse' in *The Violence and Addiction Equation: Theoretical and Clinical Issues in Substance Abuse and Relationship Violence*, eds C. Wekerle & A. M. Wall, Brunner / Routledge, Hove, pp. 254-274.

Easton, C. & Sinha, R. 2002, Chapter 13, 'Treating the addicted male batterer: Promising directions for dual-focused programming' in *The Violence and Addiction Equation: Theoretical and Clinical Issues in Substance Abuse and Relationship Violence*, eds C. Wekerle & A. M. Wall, Brunner / Routledge, Hove, pp. 275-292.

Human Rights and Equal Opportunity Commission 1997, *Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families*, Commonwealth of Australia.

Illinois Department of Human Services 2002, *Best Practices for Domestic Violence and Substance Abuse Services Manual*. US.

Johnson, H. 2001, 'Contrasting views of the role of alcohol in cases of wife assault', *Journal of Interpersonal Violence*, January, vol. 16, no. 1, pp. 54-72.

Kantor, G. K. & Straus, M. 1990, 'The "drunken bum" theory of wife beating', in *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families*, eds M. Straus & R. Gelles, Transaction Books, New Brunswick, NJ, pp. 203-224.

Keys Young. 1998, *Against the Odds: How Women Survive Domestic Violence - The needs of women experiencing domestic violence who do not use domestic violence and related crisis services*, Office of the Status of Women, Department of the Prime Minister and Cabinet, Canberra.

Lipsky, S., Caetano, R., Field, C.A. & Larkin, G.L. 2005a, 'Psychosocial and substance-use risk factors for intimate partner violence', *Drug and Alcohol Dependence*, No. 78, pp. 39-47.

Lipsky, S., Caetano, R., Field, C.A. & Larkin, G.L. 2005b, 'Is there a relationship between victim and partner alcohol use during an intimate partner violence event?: Findings from an urban emergency department study of abused women', *Journal of Studies on Alcohol*, vol. 66, no. 3, pp. 407-412.

Mederos, F. 1999, 'Batterer intervention programs: The past, and future prospects', Chapter 7 in *Coordinating Community Responses to Domestic Violence, Lessons from Duluth and Beyond*, eds M. F. Shepard & E. L. Pence, Sage, Thousand Oaks, U. S., pp. 127-150.

Miller, B. A., Wilsnack, S. C. & Cunradi, C. B. 2000, 'Family violence and victimisation: treatment issues for women with alcohol problems', *Alcoholism: Clinical and Experimental Research*, August, vol. 24, no. 8, pp. 1287-1297.

Ministerial Council on Drug Strategy. 2001, *Alcohol in Australia: Issues and Strategies – A Background Paper to the National Alcohol Strategy: A Plan For Action 2001 to 2003/04*, endorsed by the Ministerial Council on Drug Strategy, Commonwealth of Australia. Available: http://www.nationaldrugstrategy.gov.au/pdf/alcohol_strategy_back.pdf [2005, 18 October].

Mouzos, J. 1999a, *Femicide: The Killing of Women in Australia 1989-1998*, Australian Institute of Criminology, Research and Public Policy Series, no. 18. Available: http://www.aic.gov.au/publications/rpp/18/full_report.pdf [2005, 18 October].

Mouzos, J. 1999b, 'New statistics highlight high homicide rate for Indigenous women', *Indigenous Law Bulletin*, November, vol. 4, no. 25, pp. 16-17.

Mouzos, J. & Makkai, T. 2004, *Women's Experiences of Male Violence: Findings from the Australian Component of the International Violence Against Women Survey*, Research and Public Policy Series No. 56. Australian Institute of

Criminology, Canberra. Available: http://www.aic.gov.au/publications/rpp/56/RPP56.pdf [2005, 18 October].

NSW Health. 2001, *Unless They're Asked: Routine Screening for Domestic Violence in NSW Health: An Evaluation of the Pilot Project*, NSW Health Department, Sydney. Available: http://www.health.nsw.gov.au/policy/hsp/domesticviolence/docs/pilot_evaluation_report.pdf [2005, 18 October].

Quayle, C. 2002, 'Breaking the silence: Putting the violence into context', *University of NSW Law Journal*, vol. 25, no. 1, pp. 207-211.

Ragin, D. F., Pilotti, M., Madry, L., Sage, R. E., Bingham, L. E. & Primm, B. J. 2002, 'Intergenerational substance abuse and domestic violence as familial risk factors for lifetime attempted suicide among battered women', *Journal of Interpersonal Violence*, October, vol. 17, no. 10, pp. 1027-1045.

Rogers, B., McGee, G., Vann, A., Thompson, N. & Williams O. J. 2003, 'Substance abuse and domestic violence – stories of practitioners that address the co-occurrence among battered women', *Violence against Women*, May, vol. 9, no. 5, pp. 590-598.

Stratigos, S. 1999, 'Domestic violence is a health issue', *Domestic Violence, Action and Resources Magazine*, DVRC, October, Issue 4, Brisbane, pp. 25-27.

Stuart, G. L., Ramsey, S. E., Moore, T. M., Kahler, C. W., Farrell, L. E., Recupero, P. R. & Brown, R. A. 2002, 'Marital violence victimisation and perpetration among women substance abusers: A descriptive study', *Violence Against Women*, August, vol. 8, no. 8, pp. 934-952.

Testa, M. 2004, 'The role of substance use in male-to-female physical and sexual violence: a brief review and recommendations for future research', *Journal of Interpersonal Violence*, December, vol. 19, no. 12, pp. 1494-1505.

Velleman, R. 2001, 'Commentary on Leonard's "Domestic violence and alcohol: what is known and what do we need to know to encourage environmental interventions?"', *Journal of Substance Use*, vol. 6, no. 4, pp. 251-257.

Wilson, M., Johnson, H. & Daly, M. 1995, ‘Lethal and non lethal violence against wives’, *Canadian Journal of Criminology*, vol. 37, pp. 331-361.

Zweig, J. M., Schlichter, K. A. & Burt, M. R. 2002, ‘Assisting women victims of violence who experience multiple barriers to services’, *Violence Against Women*, February, vol. 8, no. 2, pp. 162-180.