

Family Violence and Alcohol

**Insights and recommendation for
professionals**

working with victims and batterers

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Foreword

This brochure is based on a survey that was conducted in parts of Spain and Germany in the year 1999, as well as on recent international research carried out on this subject.

The main target group of the survey were professionals working in different fields with victims, batterers, families and couples. The purpose of the study was the assessment of different aspects of family violence, such as possible causes and triggering factors as well as to learn about examples of good practises in the prevention and intervention of family violence. For the survey, a wide range of professionals from legal, health and social fields who work with victims, batterers, families or couples were asked to participate.

In the first part of the brochure a general introduction to the phenomena of family violence is given. Here it is of special interest to discuss the role of alcohol in family violence.

The second and third parts are dedicated to the survey that was carried out in Germany and Spain and to the presentation of the main results.

The fourth part provides general recommendations and examples for good practises in the work with victims and batterers.

We are grateful for the co-operation and the profound support of social workers, volunteer staff from women's shelters, psychologists, medical doctors, psychotherapists, nurses, pedagogics and police-officers. With their help, it was possible to determine different levels where improvements are necessary in order to support victims and to approach batterers appropriately (holding them fully accountable for their criminal acts as well as offering help to modify their behaviour).

1 The phenomena of Family Violence: An introduction

Violence serves the function to control and to keep power over another person. This control takes place on a psychological, on a physical and on a sexual level.

Family Violence can only occur where a certain level of social tolerance (supported by culture, law, ideology...) exists towards it. The majority of victims are children and women: Family Violence is gender and age-related, even though the battering behaviour can occur in all kind of relationships, e.g. lesbian, gay and hetero relationships. Regarding the controversy over whether men are also victims of Family Violence, there is no doubt that there are women who might show violent behaviours within the family. However, according to Gelles (1997) it has been proven that in most cases women act as a reaction to the self-experienced violence caused by the batterers. Approximately 90% of the victims of Family Violence are women.

Violent behaviour is not limited to physical attacks, but also includes psychological as well as sexual abuse.

There are several different theories about the causes for Family Violence and one of the very important parts that play a role in the development of violent behaviour is the social-learning-process, including attitudes and beliefs that are affected by the culture we live in.

In this paper, we only refer to Family Violence committed by men towards their female partner and / or their children (as well as parents against their children). We call the violent men batterers. As victims we consider the female partners and / or children of these men.

1.1 Myths and erroneous beliefs about Family Violence

Violence towards women is a complex phenomenon that is not caused by one fact alone but by a combination of risks factors.

There are many erroneous beliefs and prejudices about Family Violence, which are due to the lack of sufficient knowledge about this matter. The myths provide a simplistic explanation of a very complex phenomenon and have the function to reduce people's fear of becoming a victim of violence themselves by implying that violence happens to a certain kind of people and under certain circumstances. Many victims of violence also become victims of the myths, which makes them feel unable to ask for help, and by this hinder themselves from finding ways to get out of the violent environment.

Some of the most common erroneous beliefs about the causes of Family Violence are:

1. "Battered women deserve to be battered"

This myth is also known as the "*Theory of co-responsibility*" and is sustained by the wrong idea that only certain types of women are battered, e.g. women coming from dysfunctional families, women who drink too much or women who have some kind of masochistic personality. In fact research has shown that women neither come from substantially more dysfunctional homes than those of non-battered women (Hotaling and Sugarman, 1990), and nor are they more prone to be alcoholics. In fact a lot of women start drinking as a response to battering (Barnett & Fagan, 1993; see also this chapter further down).

Moreover, women are often blamed for not leaving violent relationships. Family Violence is an abusive and controlling behaviour, which is used most frequently by men to maintain control/power over "their" partners. In fact, women often do not leave the abusive relationship for reasons ranging from emotional and economical dependency to absolute terror with view to the expected consequences of leaving the batterer.

2. "Violence and love do not coexist in a family"

Being violent does not mean not loving the partner. Battered women probably have feelings of love towards their abusing husbands or partners, and many abused children love their fathers in spite of the batterings. Some authors like Gelles and Straus (1997) point out that the same characteristics observed to make Family Violence likely to happen also serve to make the family a warm, supportive, and intimate environment. Some of these factors are e.g. attachment, stress, age and sex differences (generation and sex battle), extensive knowledge of social biographies (can help to support, but also to attack) etc.

3. "Violence is a result of a mental disruption"

In a research study, Strauss (quoted by Helles, 19??) found that less than 10% of the batterings were caused by mental illnesses or psychiatric disruptions.

4. "Family Violence only happens in lower-class families"

Victims and batterers can come from any social class. Family Violence goes beyond social, financial, professional, religious and cultural barriers.

Some research studies have found that social factors are of importance when trying to understand Family Violence. Although there is violence in upper-class families, it is more likely to be found in families from lower social backgrounds. However a reason for this could be that women from lower social backgrounds often do not have a lot of options to seek help and are more likely to go to public institutions so that they are detected more often.

5. "Battered children will become batterers themselves"

It is more likely for those who have been abused to become abusers themselves (Holtzworth-Munroe & Stuart; 1994). However, it would be deterministic to expect this to happen in the future. Many men who behave in a violent way towards their family or partner come from families with no violent background.

6. "Alcohol and drug abuse are the reasons for Family Violence"

Some research studies have proven that alcohol and drugs are not the causes for battering. However, violent behaviour is certainly linked to alcohol abuse. In fact it can serve as an excuse for the batterer to behave in a socially non-acceptable way, for example violent behaviour within the family unit" ("I didn't know what I was doing, I was drunk").

Regarding this matter, we go into detail later in this chapter.

1.2 Types of Family Violence

There are three types of Family Violence. Often, however, these three typologies interlink with each other.

- Physical violence or abuse
- Psychological violence or abuse
- Sexual violence or abuse

As far as **physical violence** is concerned, it can consist of beating, hitting, kicking, burning, injuring with a weapon which can lead to permanent injuries and some cases to the victim's death. It can be detected by signs of bruising, injuries, burns, fractures, dislocation, cuts, pinching, internal injuries, suffocation or strangling.

Psychological violence involves any chronic relationship or deliberate behaviour that causes degradation, suffering or psychological abuse. It can be provoked through name calling, humiliation in public, punishment, showing a lack of affection, threatening to leave, underestimation. Moreover emotional or psychological violence includes constant criticising, telling the victim that she is worthless, that she is ugly. It can also consist of threatening to kill or injure her or the children, intimidating, keeping her in the house or far from family and friends. Withholding access to money, food, sleep and freedom. The psychological terror persists in the form of threats. This keeps the victims in a climate of distress and wrecks their psychological balance.

Some of the psychological abusing behaviours are socially tolerated and fall into the limits of "normality".

With regard to **sexual violence**, it can include the fact that the victim is obliged to have sexual intercourse, be sexually degraded and forced to undergo injuring or abusive sexual intercourse. Sexual abuse within the partnership involves any sexual contact made against the women's consent from the position of power or authority. Regarding sexual abuse accompanied by physical violence, women who normally go to the police only report the beatings but omit the sexual violence. There is a confusion, due to cultural and legal prejudice, by which this kind of "contact" between wife and husband is neither considered rape, nor sexual abuse: for the victims a rape is something that happens between two people who do not know each other. The woman who has been sexually abused tends to have a constant thought: to have no way out, to be unable to prevent the situation, to feel unable to fight against it.

1.3 The structure of Family Violence

Explicative model for the development of violent behaviour

There is no simple explanation for the development of Family Violence. There are various factors that either lie in the involved persons themselves such as personality characteristics, social skills deficits, childhood experience or drug abuse of the batterer or there are promoting factors for violent behaviour in the environment and social culture (e.g. learnt attitudes and beliefs regarding the right to use violence against women). Even though different factors are associated with the development of violent behaviour it **does not** mean that a certain background (e.g. experienced violent childhood) **must** lead to violent behaviour. As we will see later, alcohol, for instance can indeed trigger violent behaviour, but this does not have to be the case, since there are a lot of batterers, who abuse alcohol and do not batter, and on the other hand, there are a lot of batterers, who do not abuse alcohol. Therefore, in every case of violent behaviour, a detailed picture of possible causal and triggering factors should be drawn up by the professional, in order to initiate a tailored intervention.

In the following an explicative model serves to explain the variety of triggering and causal factors that are believed to have an impact on the development of violent behaviour.

- 1 Caused by a mixture of the batterer's and the victim's characteristics, and of social and sexual stereotypes (woman's submission, perception of the victim's helplessness, social legitimisation of violence, etc.).
- 2 It deals with non appropriate, uncontrolled expressions of anger, generally with hostile attitudes that deteriorate the relationship with other people.
- 3 They stop the conflicts from being appropriately canalised. It aggravates with personality disorders.
- 4 It is obvious that anger is normally directed towards the most vulnerable members of the family (children, elderly people, women).
- 5 The batterer achieves his objectives by means of control and submission. Normally, there is a denial of the abusive behaviour through excuses, external blaming, saying that the behaviour is normal, minimising its negative consequences, or claiming privacy in his family unit.

The cycle of violence

Battering is not just physical, emotional, ecological or sexual aggression, but aggression that serves a function and that function is control. Batterers are men who have an extraordinary need for control and who are convinced that whatever they need to do to control their partner is justified – so is battering.

The cycle of violence tends to go through different stages (Walker, 1979):

- **First stage (Tension building):** The stress situation is generated from little incidents and conflicts. In non-battering relationships the escalation process is stopped at some point, this is called a **withdrawal ritual**. It is important to note here that there is no withdrawal ritual in battering couples. Batterers – once they get activated - cross a line and violence begins. For the victims, it is very hard to know exactly, when this line is crossed and that makes violence **unpredictable** in many

cases. Physical abuse can begin with emotional abuse, but emotional abuse is not a reliable sign of impending physical abuse. In fact, emotional abuse is very common in batterers, and since it is such a common feature of these relationships, it is not a reliable sign for subsequent abuse. Even though victims develop a very fine sense for upcoming danger and learn to read it in their spouse's body language, voice tone and facial expression, often it is too late.

- **Second stage (Acute or battering):** The batterer goes into action. Once a violent episode starts there is only little that victims can do to affect the course. When children are involved the situation is even more dangerous.
- **Third stage (The cooling stage):** The violent episode stops when the control is re-established, which is called the cooling stage. The batterer is either remorseful and afraid of losing the partner, or he tries to minimise the violent episode. The victim's report of the violent offence is to try to inject as much normalcy into their lives as possible.

Starting point and ending point of Family Violence

Family Violence can start at any stage of the relationship, even after several years into the relationship. However, it starts more likely in the beginning of a relationship, often with a pregnancy and worsens with time. When there is violence before the marriage, it usually continues into the marriage. And when the violence is severe, it is very unlikely that it stops at any time soon (Leonard & Senchak, 1996). In many cases, in which physical and sexual abuse stops, emotional and psychological violence is present all the time leading the victim to a permanent insecurity and distress in the relationship. Aldorondo (1996) found in a study in which he investigated newlyweds and couples that have been together for several years that in comparison to couples who did not stop battering, the emotional violence was much higher than in those who stopped. In his sample the men who stopped physical violence, still displayed at least some emotional abuse.

Even after the woman's actual separation from the violent man, the abuse may continue through non desired contacts, sometimes over arrangements for the children.

Characteristics of the victims

There are many research studies that aim to find out about possible different typologies of batterers. However, there is hardly any research study about victims.

According to Saunders (1992) years ago clinical lores presented similar profiles of the batterers and the victims. Both of them were said to be from violent homes, to be isolated, to be deficient in communication skills and to have low self-esteem.

However recent reviews of empirical studies show clearly that it is the batterer who differs most from the norm. In their study, Hotaling and Sugarman (1986) reviewed controlled studies of husband-to-wife violence. They found that out of 15 risks reviewed the men have nine, including non-assertiveness, alcohol abuse and a propensity to abuse their children. The only risk factor shown by the women was a greater likelihood of having witnessed violence between their parents.

The Catalan Government (1998) distinguishes in a protocol three typologies of battered women:

TYPE A:

includes those victims suffering physical abuses who want to report them. Difference between chronic and sporadic abuse.

TYPE B:

corresponds to those cases in which the victim reports threats and/or psychological abuse which are difficult to prove.

TYPE C:

involves those cases in which the potential victim asks for information about what to do and where to seek help, but where the victim fails to report the abuse, either because she does not want to admit it openly, or because she is scared.

Characteristics of the batterers

There is no accurate profile for the batterers but there are some common traits: Violent men are not exclusive to specific social class. They are more likely than non-batterers to have an abusive family background. Not only might they have been abused in their childhood, but they might also be the product of a social system which has provided the elements to nurture this kind of behaviour. According to Echeburua (1996), those men who have witnessed situations of abuse in their childhood, who have antisocial personality features, and who use drugs and/or alcohol have a higher chance of abusing their wives than those men who do not have these characteristics.

Research has shown that there are subsamples of violent men that vary in important ways from non-violent men: In comparison to non-violent men, violent men have a variety of social skill deficits. Many batterers suffer from assertion deficits, such as inadequacy in stating one's views forcefully, or in making requests appropriately (Mairuro, Cahn & Vitaliano, 1986). Across studies most research indicates that lack of assertiveness is a risk marker for wife assault.

This goes in line with other studies indicating that compared to non-violent men, violent men

- a. have limited skills to generate competent responses in marital conflict situations (Holtzworth-Munroe & Anglin, 1991). In particular maritally violent men exhibited the

most difficulties in generating adequate responses to situations involving rejection by the wife and jealousy.

- b. provide less socially competent responses in non marital situations (Anglin & Holthworth-Munroe, 1997)
- c. express more negative affect (e.g. offensive behaviours and harsh voice tones) than non-violent men in marital conflict situations (Gottman and Jacobson, 1998)

Moreover as regards the batterer's personality, there seems to be at least two subtypes of batterers (Holtzworth-Munroe, 1994; Jacobson & Gottman, 1998).

Dominant (general batterers): they display antisocial personality features and have violent behaviours outside and inside the family

Dependant (family – only – batterers): violent only within the family. They are likely to be excessively jealous.

1.4 Consequences of Family Violence...

...for victims in general

Women may not themselves recognise their situation as one of Family Violence, particularly if it does not fit with the commonly held stereotypes of a violent relationship. Many women may, therefore, remain in their abusive relationship for some considerable time before they put a name to it and seek help.

The consequences of the different kinds of violence are devastating for women:

The 1995 World Development Report by the United Nations shows that on a world scale, family violence is a significant cause of disability and death (Social Services Inspectorate, 1996) in battered women and children.

Domestic Violence is a factor in 1 in 4 suicide attempts by women (Stark, Flitcraft and Frazier, 1979).

On the psychological side victims show: fear, depression, low self-esteem, loss of affect, despair, hopelessness, panic attacks, suicide attempts, anger, feelings of confusion or madness, feelings of self blame, shame and humiliation, lack of trust, and chronic anxiety and distress and the post-traumatic stress syndrome (PTSD). PTSD is an anxiety disorder produced by an extremely stressful event (e.g. rape, torture, ongoing battering). Typical symptoms of PTSD are: re-experiencing the trauma in painful recollections; diminished responsiveness, lack of interest in significant activities; feelings of detachment (DSM-IV, 1994; ICD-10, 1991). Recent research has also found a pattern of symptoms, which is very similar to those listed as posttraumatic symptoms and which could therefore be considered as a kind of subcategory of PTSD. The syndrome is called Battered Wife Syndrome and women suffering from BWS show

elevated levels of psychosexual dysfunction, major depression, PTSD, incapacitating anxiety disorder (Walker, 1993).

...for the female victim, who abuses alcohol or drugs

In many households, where alcohol-related Family Violence is apparent, the victim (meaning: the battered female partner), abuses alcohol, too. Many battered women began to abuse alcohol and drugs in order to cope with their fear and anger and to manage daily life.

Barnett and Fagan (1993) found in a study, in which they investigated 133 batterers and their partners that the female partners of the batterers drank less often than their partner prior to or during battering, but that they drank substantially more often, after they had been battered as a kind of self-medication.

There is wide-spread belief that the women should get sober first in order to get out of the violent relationship. These wrong beliefs have a deep impact on the victims of violence and their perceived and inoculated responsibility for their victimisation. Many batterers often take action against their partner's attempts to seek help, including substance abuse treatment, by preventing them from attending meetings or by increasing the violence in order to keep the control up.

...for the children

Children from families where drinking and battering belong to normal life, grow up in an environment, which inhibits the child's healthy development. They suffer immediate emotional trauma, develop behavioural problems and are more likely than children from non-violent families to become the next generation of abusers and victims (Rosenberg, 1987).

In addition to the severe physical impact that battering has on their development, they grow up in an environment, which is greatly confusing and unsafe for them. Battered children face a number of medical problems that can range from minor physical injuries to serious physical disfigurements and disabilities – in extreme cases abuse can result in the death of a child (Barnett, Miller-Perrin & Perrin, 1997). Moreover, they show decreased intellectual and cognitive functioning; deficits in verbal facility, memory and perceptual-motor skills. Physically abused children exhibit poor social interactions with peers as well as adults. They show difficulties in making friends, deficits in prosocial behaviour (e.g. smiling) and delays in a number of interactive play skills. Moreover studies have shown a higher incidence of emotional difficulties in physically abused children relative to controls, for instance, lower levels of self-esteem. Growing up in a violent home can have severe long-term effects: A review of the literature linking substance abuse with a history of child abuse showed that adults who

abuse substances report a higher incidence of childhood physical abuse compared to the general population.

1.5 Some data from Spain and Germany on the issue of Family Violence

When looking at the prevalence of Family Violence one has to refer to the **reported cases**, which however do not reflect the real picture. It is assumed that there is a significant number of unreported cases, which is due to the victims and families' tendency to conceal information.

Some Family Violence data on police reports, victims' deaths are presented below.

Spain

Abuse reports to police

The reported cases of violence towards women are known to be very few (they range from 10 to 30 per cent of the real cases).

According to the Federation of Separated and Divorced Women Associations in 1997 the number of abuses reported hardly reached 5% of the cases that actually took place.

According to a research study carried out by Themis (1999), approximately 56% of women withdraw the prosecution. Out of these, 19% purposely withdraw the police report and 37% do not turn up in court or forgive the batterer.

Moreover, police reports are not statistically well treated, since there is not a clear definition of what Family Violence means for each of the institutions that contribute data. In most of the identified cases, the abuse is found in the lower social environments, since those who belong to them are the ones who use the social service network more often. Moreover, violence that takes place in families of higher social and economic levels is not likely to be reported.

Over the last few years, according to data from the Ministry of the Interior, the number of reports in the Spanish police offices has been as follows:

YEAR	REPORTS
1994	13.547
1995	13.278
1996	13.198
1997	24.641

In 1997 80% of these police reports did not become inquiries and only some 3.000 resulted in convictions. The Women Care Team from the National Police in Barcelona saw 4.721 victims in 1997 and received 5.000 calls, most of them related to abuses suffered by women within the family unit. At a national level the average length of the

abuses is 10,03 years before the victims decide to go to the police and report their abusive relationship.

Victims' deaths

The increase of mental abuse reports is higher than physical abuse reports. From 1990 to 1996 the number increased from 4.250 to 5.105. 98% of dead victims had previously pressed charges and were separated, or in the process of obtaining formal separation from the batterer. The data obtained regarding death in women as a consequence of their abusive relationships are as follows:

Total National	
1995	65
1996	97
1997	91
1998	35

In 1997 350 women suffered considerable injuries which ranged from stabbing to bone fracture. In the period of January 1999 until September 1999 25 women and 7 men died through violent offences.

Germany

Recent research in Germany showed that violence against women within the privacy of the home happens far more often than violence against women in public. Surveys showed that one out of three women has experienced some kind of violence by her partner, and $\frac{3}{4}$ of all violent acts happen in the private environment. It is assumed that more than 100.000 (taking the estimated number of unreported cases into account) children face sexual abuse each year. Here 70% of the offenders are relatives or friends and $\frac{3}{4}$ of the victims are girls.

Moreover the myth that domestic violence occurs only in lower classes can no longer be upheld: domestic violence happens in all classes and all age-groups and in general the victims have been abused over a number of years.

In Germany the government started paying attention to the victims of domestic violence 20 years ago. In 1976 the first womens' refuge opened in Berlin as well as in Rendsburg (a little town in the North of Germany). These two womens' refuges were opened as a model project for the rural and the urban parts of Germany. Meanwhile, the number of womens' refuges has grown in Germany. There are 300 womens' refuges in Germany (100 in the new Bundesländer). A great number of womens' refuges is affiliated to counselling centres for battered women.

Moreover in Germany there are 250 emergency numbers (mainly in urban areas). According to estimations, yearly more than 40.000 look for shelter in women's refuges.

1.6 The role of alcohol: triggering factor or the cause of Family Violence?

The issue of **alcohol abuse and violence** attempts to link two thematic and professional intervention fields, which are still little communicated among each other, even though criminal statistics give strong evidence that there is a definite link between **alcohol abuse and criminal offences**. According to an analysis of 155.235 criminal acts carried out by the German Bundeskriminalamt in Germany (1997), the majority of all suspects of violent crimes were under the influence of alcohol. 92,8% of the offenders were male and a high rate of victims were women, children and young people. 32,2% of all cases of homicide, 32,1% of all cases of rape, 30,5% of all cases of bodily injury with fatal outcome, 25,0% of all cases of dangerous and heavy bodily injury, 23,7% of all cases of murder and 25,9% of all cases of sexual murder were committed under the influence of alcohol.

In Spain the situation is similar and especially the data regarding child abuse and neglect is alarming: According to a study carried out by the Government of Andalusia recently, 30% of all cases of child abuse and neglect were caused by alcohol abuse and dependence (Jiménez et al., 1995).

Current research on the association between alcohol and violence

Nearly all researchers hold that the relationship of alcohol to violence is complex. However, researchers are not in line regarding **why** alcohol is so often involved in violence and there are a number different theories trying to shed light to this relationship. The most significant difference among the theories is the role that alcohol plays: it is either considered as a **cause** for violence or as a **triggering factor** for increasing the possibility of showing violent behaviour. In the latter consideration, underlying factors such as economical status and general view of violence are considered as the **real** causes for violence.

In the following, two theories showing both directions are described briefly, the "Disinhibition Model" and the theory on "Context Factors"

(a) The Disinhibition Model

This model focuses on the direct pharmacological effect of alcohol in releasing inhibitions and impairing judgement: According to the disinhibition theory alcohol impairs the self-control that normally inhibits a person from acting violently. Nowadays the disinhibition theory as a single explanation has fallen out of favour, because it does not satisfactorily explain why alcohol does not always lead to violence, and also in part because the prevalence of violence in drinking situations varies by cultural setting.

Bushman (1997) carried out a meta analyses of 60 experimental studies and came to the conclusion that alcohol does not directly cause aggression, a finding which does not support the disinhibitory theory.

(b) Context factors

Many researchers and professionals point out that when trying to explain the link among alcohol abuse and domestic violence one has to take into account context factors, since alcohol seems to interact with different context factors and normative approval of violence has to be taken into consideration when assessing the influence of alcohol on battering (Kaufman-Kantor, 1987)

It can be concluded that with no doubt there is a link between alcohol and (family) violence. But it becomes more and more clear that alcohol is not the cause of violence, even though it seems possible that alcohol use can increase the likelihood and severity of domestic violence incidents. Moreover, there are subtypes of batterers, who are more likely to drink prior to during the violent act more than others (Holtzworth-Munroe & Stuart, 1994).

In addition alcohol can serve as an excuse for violent behaviour, because batterers learn that if they are drunk when they get violent, they are not held fully responsible for their actions.

Because drunkenness can precipitate battering and be used as an excuse, Zubretsky and Digirolamo (1994) clearly point out, the mere treatment of alcohol or drug abuse will not concomitantly eliminate problems with domestic violence, since it does not take into account the probable basic factors that underlie domestic violence, for instance poverty and economic inequality, culture tradition, which tolerates violence against women and characteristics of the batterers including their beliefs and attitudes with regard to women. Therefore professionals must address alcohol treatment as part of the intervention.

Nevertheless recent studies also indicate that getting sober and staying sober is a necessary condition for reducing violence: O'Farrell and Murphy (1995) conducted a control-group-study, in which they assessed the prevalence and frequency of marital violence for alcoholics and non-alcoholics. The couples received a Behaviour Marital Therapy (BMT), which focused on communication patterns in the couples. Violence levels decreased after the treatment, but, whereas **remitted** alcoholics were found to have had no longer elevated violence levels in comparison to the control group, **relapsed** alcoholics did still have elevated violence levels.

2. The survey in Germany and Spain: Methodological aspects and results

Data assessment for the survey was carried out in Germany and Spain by questionnaires and interviews. Professionals working with victims of Family Violence, batterers, couples or families participated in the survey.

The questionnaires were identical for Germany and Spain in order to make a comparison of the data in the two countries possible.

2.1 Development of the questionnaire

The questionnaire was divided into 6 parts and contained 44 questions in total.

Main parts of the questionnaire consisted of open questions, because the majority of data was not suitable to be assessed in a quantitative way.

The questionnaire was based on profound literature review and interviews with professionals that were carried out prior to the development of the questionnaire. The main goal of the questionnaire was to assess aspects about the offence, the victims and the batterers in order to develop preventive strategies in the future. Moreover, main emphasis was put on the assessment of the current work of the professionals, such as co-operation with other institutions and the need for further training on the issue of domestic violence.

In the following a brief description of the questionnaire is given.

Part 1 assessed general information about the institution, for example

- with whom do you work in your institution (victims, batterers, couples or / and families/children)
- main areas of the work
- co-operation with other institutions and assessment of the co-operation

In **part 2** the professionals were asked for their opinion on

- possible causes for Family Violence
- triggering factors for domestic violence
- the role alcohol plays in domestic violence and the efficiency of treatment of alcohol-related violence that concentrate on the reduction of alcohol abuse

Part 3 put emphasis on the professionals' views on

- recommendations and strategies that are considered efficient in preventing domestic violence from the side of the victims as well as from the side of the batterer
- educational, legal, social, health and other aspects important for the prevention of domestic alcohol-related violence. Moreover, professionals were asked, whether they would be interested in attending workshops in order to improve their knowledge in different fields, such as evaluation and supervision of their work, legal

aspects, screening methods to detect domestic violence at an early stage, crisis intervention and how to carry out social skills training and couple training

Part 4 investigated frequency and characteristics of the violent offences. Professionals were asked about

- the extent to which different kinds of physical, emotional and sexual violence occurs
- whether the aggressor is also violent against other people in or outside the household
- the role different drugs and alcohol play in violent offences

Part 5 and 6 paid attention to characteristics of the victims and the batterers and their relationships. Questions of interest were

- whether there are different types of victims and batterers
- what kind of personal characteristics and behaviours victims and batterer show, such as depression, low self-esteem, anxiety, excessive jealousy and alcohol and drug addiction
- whether the victims are informed about their legal rights
- how the field workers would rate the social skills of the victims and batterers, such as problem solving and communication skills.
- what professionals consider as typical conflict situations for couples in a violent relationship

Moreover, the professionals were asked whether they would be interested in participating in the project in the future and whether they could be contacted for a further interview to go deeper into the questions.

2.2 Characteristics of the samples

For the data assessment, professionals from different fields were asked to participate. In Germany and Spain representatives of the following professions participated in the survey:

- educators
- lawyers,
- medical doctors,
- nurses,
- pedagogics,
- police officers (civil guards),
- psychiatrists (only Germany),
- psychologists,
- psychotherapists

- social workers,
- supervisor in casualties (only Spain)
- volunteer staff

The data assessment took place between May and September 1999. First institutions were contacted by phone, informed about the project and asked to participate in the survey. The institutions that were prepared to participate received a questionnaire and a stamped addressed envelope. In the instruction on how to fill in the questionnaire, field workers were assured that all their information would be handled confidentially. The institutions investigated in Germany and Spain were assorted into three main groups:

a. Police

b. Women and Children (in the following this group is called "Women")

- Women's refuges
- Counselling centres for women
- Association for helping battered women
- Family therapy for victims of Family Violence (only Spain)
- Centre for family planning (only Spain)
- Day care centre for women and children at risk (only Spain)
- Official teams for protection of children (only Spain)

c. Alcohol

- Counselling centres for alcohol and drug addicts
- Treatment centres for alcohol and drug addicts (therapeutic communities; psychiatric hospitals)

Moreover, there were three questionnaires from an emergency room in a general hospital (only Spain), and from 2 batterer's treatment centres in Spain and 1 questionnaire from a batterer's treatment centre in Germany. These questionnaires were assorted into a fourth group (Other).

Table 1 and 2 show the number of questionnaires that was sent to the different institutions of interest and the return rate for Germany and Spain

Table 1: Institutions that were contacted by questionnaire and return rate in Germany.

	Institution	Sent	Returned	%
1	Police	10	6	60,0
2	Women	20	9	45,0
3	Alcohol	30	16	53,3
4	Others	3	1	33,3
	S	63	32	51,6

In Germany only 51,6 % of the contacted institutions returned the questionnaire. Institutions that had not returned the questionnaire after 6 weeks received a letter asking for support in the survey again, which led to the return of 5 more questionnaires.

Table 2: Institutions that were contacted by questionnaire and return rate in Spain.

	Institution	Sent	Returned	%
1	Police	15	9	60,0
	Women	23	19	82,6
2	Children	18	5	27,7
3	Alcohol	20	13	65,0
4	Others	4	4	100,0
	S	80	50	62,5

In Spain 62,5% of the contacted institutions returned the questionnaire. The institutions belonging to the group “Women” showed the highest percentage of returned

questionnaires (the group “Other” is not taken into account because the number questionnaires returned was very small).

In addition to the data assessment via questionnaire, in Germany and Spain additional interviews were carried out, which were based on the questions of the questionnaire.

In Spain the following institutions were asked for an interview

- Autonomous Government of Catalunya (Generalitat de Catalunya). Welfare Department. Catalanian Institute of Social Services (ICASS)
- Autonomous Government of Catalunya (Generalitat de Catalunya). Health Department. Planning board on alcohol and drug addictions.
- Barcelona Town Council. Municipal Plan on Drugs.
- Barcelona Town Council. Programme for women, youth and children.
- L’Hospitalet Town Council. Counselling centre for women (EAD).
- Hospital de Bellvitge (Barcelona). Emergency room
- Hospital Clinic (Barcelona) Emergency room
- National Police Office – women
- CARITAS. Children and family Department

In Germany interviews took place with the following groups of professionals: The number of professionals interviewed is stated in brackets:

- Nurse (1)
- Police officer (1)
- Psychotherapist (2)

Main areas of the sample with regard to the work with victims or batterers

In the following the main areas of work are listed. The data for Germany and Spain is integrated.

Professionals working in Therapeutic communities and drug counselling centres

- qualified alcohol withdrawal / detoxication
- counselling and information about further support and possibilities for treatment
- behavioural-orientated therapy
- psychotherapy
- motivation-orientated treatment
- relapse prevention and development of coping strategies
- crisis intervention for victims
- dealing with co-morbidity
- pharmacological treatment
- specific work with batterers

Professionals working in women's refuges and women's counselling centres

- crisis intervention
- shelter
- counselling
- development
- development of new life-perspectives
- helping to make a safety plan
- escorting victims to legal offices
- initiating

Professionals working for the police

- crisis intervention
- questioning of victims and batterers
- referral of victims to other institutions, e.g. women's counselling centres, women's refuges, in case of alcohol-or drug abuse to drug counselling centres.
- providing victims with information about their legal rights and with addresses of shelters, hot-line-numbers etc.

Professionals working in emergency settings and in batterers care centres

- crisis intervention
- social skills training in order to prevent further violence (batterers care centres)

2.3 Results of the survey in Germany and Spain

In this part the **main results** of the survey are presented. Firstly, attention is drawn to the work areas of the field workers and their satisfaction with the co-operation with other institutions. This is important, because again and again experts coming from different fields agree that a network between institutions coming from the health, the legal, the educational and the social system is one of the basic precursors for a substantial support and treatment system for the victims and the batterers.

Secondly, characteristics about the batterers and victims as well as possible causes for the development of Family Violence will be described as perceived by the professionals.

2.3.1 Aspects about the work

With whom do professionals deal mostly with in their work

As was described in part 2, the groups of professionals were assorted into three main groups: Alcohol (therapeutic communities and counseling centres for drug addicts), Women (women's refuges and women's counseling centres, children's homes) and Police (police officers and detectives).

In the survey professionals were asked with whom they deal with in their institution. Professionals interviewed in Spain and Germany deal mostly with victims and the least often with couples. In fact in Germany and Spain all the participating professionals reported to work with victims at least sometimes, a fact, which is of importance for the improvement of the care services for victims.

In Germany it is noticeable that none of the professionals belonging to the group "Women" ever deals with either the batterers or the couples, while the professionals belonging to the group "Alcohol" as well as the group "Police" deal with victims, as well as with batterers and couples.

Assessment of co-operation with other institutions

The professionals were asked about which other institutions they co-operate with and how they judge the co-operation.

In Germany and Spain the co-operation among different institutions was rated as satisfactory by the professionals belonging to the three groups.

In Spain, the professionals rated the co-operation with the health services, counselling centres for women and the counselling centres for drug addicts as good. However an improvement of the co-operation with the judicial and the mental health services is perceived as necessary.

On the whole, in Germany the professionals belonging to the three groups Alcohol, Women and Police assess their co-operation with various institutions as satisfactory or even good. However, professionals working for the police, as well as in therapeutic communities and drug counselling centres, reported to have experienced unsatisfactory co-operation with women's refuges and women's counselling centres. In interviews with staff from women's refuges, it became obvious that staff in women's refuges often feel that the police use women's refuges as a kind of a "railway yard" for battered women that have to be taken out of a dangerous situation of violence. For women's refuges, though, it is very important that the *women* themselves decide to leave their violent partner and go there. Professionals report that most of the women that have been taken to a women's refuges in a case of emergency by the police leave the next day.

However, professionals from the police reported to have the problem, that often in a case of emergency the women's refuge is the only place they can "offer" the victims in order to get out of the dangerous situation.

The need for workshops

In the survey it was of interest to assess whether field workers see the need for different workshops on the issue of Family Violence. Moreover, they were asked, which topics they would consider necessary for their work.

According to the professionals there is a definite need for workshops in order to improve their qualifications for their work: 98% of the Spanish sample and 94% of the German sample indicated that they would like to receive specific workshops dealing with different aspects of Family Violence.

In Spain the topics that most professionals (69%) find important for their work and their institution is *How to create commitment in the clients to come to therapy* (69%) and *How to screen Family Violence and crisis intervention* (63%).

In Germany further training in *Crisis Intervention* (57%) was considered most important by most professionals, followed by *"How to screen Family Violence"* (50%).

2.3.2 Possible causes and triggering factors of Family Violence

There are several possible factors that may contribute to the development of Family Violence. As was described in part 1 of this document, it is difficult to determine a certain pattern of characteristics and behaviours that lead to violent behaviour.

This difficulty was confirmed by the professionals in Germany and Spain, who gave a wide range of possible causes, but pointed out that these factors do not have to lead to violent behaviour in every case. In the following the causes and triggering factors which were mentioned most often are listed:

- a violent family background
- cultural factors, such as a social culture that tolerates violent behaviour against women
- alcohol and drug abuse
- treating Family Violence as a family matter, which is not discussed on a public level
- lack of education
- unemployment and financial worries
- jealousy

The majority of professionals working with alcoholics and the professionals coming from the group "Police", blamed alcohol- and drug abuse as one of the major factors for

the development of Family Violence, while the representatives from the group "Women" considered the social and cultural factors as most important. In the following, a closer look is taken at the role that alcohol plays in Family Violence according to the professionals.

The role of alcohol in Family Violence

Professionals were asked which drugs they consider to play a role in Family Violence. The professionals could rate among the drugs alcohol, cocaine, heroine, speed, marihuana, LSD/Ecstasy, medicaments and the category "polysubstance" In table 2 the three drugs that were listed most often are listed in means. In both countries, alcohol, cocaine and the abuse of various drugs (polysubstance abuse) are considered as the drugs that most often play a part in violent offences against the partners:

Table 2: Which drugs play a part in Family Violence (data indicated in means)

Spain		Germany	
Alcohol	3,22	Alcohol	3,61
Polysubstance	2,86	Polysubstance	2,21
Cocaine	2,46	Cocaine	1,73

0= never

1=rarely

2=sometimes

3=often

4=very often

It becomes obvious that in Spain and in Germany, alcohol is considered as the most significant drug, when violence against the partner occurs. 92,0% of the German professionals and 72,9% of the Spanish professionals reported that alcohol "Often" or "Very often" play a role in violent offences against the partner.

It is interesting to note here, that in Spain, the group "Women" was the one which indicated most often that alcohol plays an important role in Family Violence, because this was the group that also indicated that social and cultural factors are more important causal factors for Family Violence than alcohol.

Professionals were asked either to indicate or to estimate the percentage of violent offences within the family that were committed under the influence of alcohol. The majority of the professionals did not have precise statistics at their disposal so when looking at the data it has to be considered that the answers are mainly based on estimations.

According to the German professionals, the mean percentage of the violent offences that are committed under the influence of alcohol lies by 66%, while Spanish

professionals believe that on average half of the offences (51%) are linked to alcohol abuse. The majority of the violent acts committed under the influence of alcohol is against relatives and friends, a finding which indicates that batterers who drink might keep certain control about **who** they batter. This finding supports the typology of family-only-batterers (dependants) most commonly identified by the professionals in their work.

These results are similar for Germany and Spain.

It can be concluded that alcohol plays an important role in Family Violence. The results show that:

- a significant percentage of violent offences within the family seem to be linked to alcohol abuse.
- alcohol is linked to Family Violence more often than other drugs.
- alcohol increases the risk of Family Violence and therefore it is important to integrate the treatment of alcohol abuse in order to prevent further violence.

2.3.3 About the violent offence

Forms of violence that are perceived most often

The forms of violence that victims experienced include different forms of physical, sexual and emotional abuse. According to the experts, the assessment of emotional and sexual abuse is difficult in many cases, because women often do not interpret the disrespectful and abusing behaviour of the partner as violent. Therefore, experts warn that it is possible to underestimate the extent of emotional abuse.

In table 1 the forms of violence, which were mentioned most often are indicated in Germany and Spain.

Table 1: Forms of violence that were indicated most often

Physical violence:	Mean
Slapping or spanking with the hand:	3,26
Pushing, grabbing or shoving:	3,24
Beating up:	2,80
Physical violence against children:	2,07
Sexual violence	
Sexual harassment:	2,40
Rape:	2,05
Emotional violence	
Threatening:	3,11
Offences against personal freedom:	3,05

Emotional violence against children:	2,75
Economical restrictions:	2,63

0= never

1= rarely

2=sometimes

3=often

4=very often

2.3.4. Characteristics of the victims and batterers

Typical behaviours and characteristics in victims

As described in part 1, victims of violence can develop a variety of disorders e.g. Depression, PTSD and the Battered Women Syndrome (BWS).

In the present survey, the professionals were asked how often the victims show certain behaviours and symptoms, which can be associated with these clinical pictures.

It is important to note that the data for Spain and Germany only show negligible differences and therefore data from both countries is united to one sample. The behaviours that are most "Often" either reported by the victims or perceived by the professionals are

- low self-esteem
- helplessness
- fear
- hopelessness and
- social withdrawal

These symptoms are very common in the above-mentioned disorders. Therefore the screening for symptoms of PTSD, Depression and BWS is of great importance for the workers in the field.

The professionals were also asked how often victims show symptoms of alcoholism. On average they "Sometimes" show alcohol addiction. According to the professionals victims tend to use alcohol as a kind of coping strategy in order to get through normal life – an observation that goes in line with literature findings.

More than 92% of the Spanish sample and 87% of the German sample agreed that there are different typologies of victims. However, it is very difficult to give a range of characteristics which can be considered typical for one type, but not for the other type. As we have seen in part 1, there is hardly any research about a possible categorisation of victims.

Therefore, in the following, no attempt is made to describe the different types of victims, but to describe some characteristics that professionals in Germany and Spain have perceived most often in victims (please note that all these characteristics do not necessarily occur in one victim):

- violent family background and childhood experiences
- lack of resources in order to protect themselves from violence
- perceived social obligation to stay with a violent husband (e.g. children need their father; keeping up the "normal" family structure.
- women who have extremely dependent and devoting characteristics are especially prone to become victims of violence
- co-dependency in women whose partners abuse alcohol and / or drugs

Typical behaviours and characteristics of batterers

In the following the behaviours and characteristics that are perceived most in batterers often are indicated. It has to be taken into account, however, that only around 60% of the investigated sample could answer to this question. This is due to the fact that - as mentioned above – several of the investigated professionals mainly work with victims and could therefore not give reliable statements. As only minor differences show in the Spanish and German data, the results are presented as one sample .

According to more than 85% of the professionals, batterers "Often" or "Very often" show aggressive and irritable behaviour, a fact which is not surprising. Moreover, 75% of the professionals noticed that the batterers "Often" or "Very often" show excessive jealousy, as well as extreme separation anxiety towards their partners and more than 70% reported that the batterers show definite symptoms of alcoholism (which, however, does not mean that they batter whenever they are drunk), while 33% mentioned that drug abuse occurs "Often" or even "Very often".

With regard to various social interpersonal skills, data shows that in general batterers have a lack of various social interpersonal skills, especially committing themselves into relationships and problem solving skills.

The results go in line with recent experimental control-group studies indicating that batterers have substantial social skills deficits compared to non-batterers.

For the professionals the identification of these specific problem areas in their characteristics play an important function in the planning and conduction of an appropriate intervention that is tailored to the specific deficits and problem areas of violent men.

3.Recommendations and examples of good practises for the intervention of (alcohol-related) Family Violence

The recommendations and examples for good practises presented in this part are based on

- a. literature reviews on Family Violence and currently implemented prevention programmes,
- b. the survey that was carried out in Germany and Spain and
- c. meetings and a conference on the issue of Family Violence with professionals and field workers from different fields.

Many people have difficulties in understanding the phenomena of Family Violence and they are insecure about how to intervene once violence is detected. One reason for this is the still wide-spread believe that domestic violence is a family matter and presuppositions about possible reasons for domestic violence.

Moreover, they place a taboo on the fact that Family Violence actually happens in various families.

It is important for field workers to examine and to enhance their understanding of client dynamics with regard to their own experiences. Barnett, Miller-Perrin & Perrin, (1997) suggest that professionals enhance their therapeutic efforts by proceeding from a well-defined and integrated theoretical orientation. Therefore, effective Family Violence intervention requires a continuous analysis and reflection of the practise and counsellors in therapeutic communities for alcohol- or drug abusers, women's shelters, counselling centres for violent men or abused women can work more effectively when they overcome own presuppositions and clinical biases.

The objectives of the intervention must be:

- ◆ To encourage and empower the victims and give them support in order to secure their safety.
- ◆ To hold the batterer totally accountable **and** to offer him effective treatment

Moreover, the institutions should facilitate support and protection for professionals working in the field of Family Violence.

3.1 Recommendations for the *institutional* level

The barrier and lack of co-operation that exists among several services and institutions (Health, Justice, Police etc.) dealing with Family Violence, should be overcome in order to offer substantial and ongoing support to everybody affected by Family Violence. The effective co-operation among different institutions also includes an effective partnership between the fields of Family Violence and alcoholism.

There are examples for programs that are based on the integration of several services coming from the legal, the social and the health system.

One of the first programmes dedicated to the integration of the different services and institutions that work with victims and batterers is the *Domestic Abuse Intervention Project* (DAIP) (described in Schall & Schirrmacher, 1995). The programme was initiated in Minnesota (USA) and serves meanwhile as a model for effective integrative intervention programmes.

Whenever Family Violence is detected the following steps are initiated:

- In a case of emergency the batterer is arrested (imprisonment up to 24-36 hours) in order to de-escalate the situation as well as to give the woman the possibility to get out of the home.
- The batterer is informed clearly about the fact that he has acted against the law (no minimising of the situation)
- The police informs professionals from the social services who in turn contact the victim in order to support her and to help her to take legal steps, as well as to finding shelter and providing her with addresses for self-help-groups etc.
- A professional contacts the batterer and offers a training course, which he can attend instead of facing a sentence. The training course demands the reflection of the violent offence and possible reasons for it as well as the learning of different attitudes and different non-violent behaviours.

In a few *Bundesländer* in Germany (e.g. Berlin, Schleswig-Holstein and Lower Saxony) programmes that are based on the DAIP have recently been put into practise as pilots.

3.2 Recommendation for the *individual* level

Intervention with victims in general

There are some general prerequisites that are important for the professionals who work with victims. They seem to be simple and clear, but sometimes there are difficult to follow due to various reasons, e.g. lack of time, financial capacities of the institution, attitudes and beliefs, or insecurity about how to intervene once violence is detected.

Suggestions for the setting (SUPPORT)

- ◆ Giving individuals space and enough time to work on the subject, especially at first contacts. This helps the victims to feel safe.

- ◆ Believing the account of abuse and battering reported by the victim. Creating supportive environments and being empathic: listening, welcoming and making the victim feel comfortable (especially in official institutions like at the police-stations and emergency settings).

- ◆ In such cases where the victims are women, they might prefer to speak with a woman in the team.

Suggestions for the assessment of violence and the initiating of intervention (Clarification and Action)

- ◆ **Detection of (alcohol-related) violence:** Professionals dealing with victims of (alcohol-related) violence need to learn to identify battered women and children, as well as symptoms of alcohol and drug abuse at an early stage, in order to be able to provide appropriate referrals to support services and plan an intervention. For physicians or professionals working in women's counselling centres, the screening should include questions designed to detect abuse in the medical history (e.g. dyspareunia or menstrual disorders, extensive accident history, hearing loss, detached retina, fatigue and weight loss). Moreover, typical psychological disorders that increase the likelihood of Family Violence need to be assessed (e.g. Posttraumatic Stress Disorder (PTSD) or Anxiety disorders). In these cases, it is of great importance to the women or children to receive therapy immediately. The patient's interview should also include case-finding questions in the social history and private areas, such as family relationships and sexual histories.

- ◆ **Detailed documentation of the abuse:** In medical reports it is most necessary that the abuse is carefully detailed, gathering all information on frequency and kind of abuse as well as including information regarding who was with them when the abuse

took place. This is crucial for the exchange and co-operation with professionals from other institutions as well as for the strategic use in a potential trial.

- ◆ **Identification of context variables in order to make a safety plan:** Once the abuse is detected and carefully documented, context variables have to be identified in order to make a safety plan and to initiate proper support for the victims. For the professionals it is important to co-operate with other field workers, e.g. the police, so that battered women can report to the police, or psychotherapists in order to treat detected PTSD or Anxiety disorders. Moreover, making sure that the victims get a safe place to stay.

Special suggestions for women with children

- ◆ It is important to help victims realise the influence of violence on their children. It is important to encourage women to be honest with their children, and with the facts and circumstances regarding Family Violence.
- ◆ In childhood protection services, we should be aware of the ambiguity of some women regarding their children, since they might want to give them up in the attempt to protect them. This may result in these women being treated unfairly, thus bringing about an increase of their feeling of self blame as they are the only ones regarded to be responsible for their children. Furthermore, men have become invisible in the network of childhood protection and the responsibility is given to the mothers, who are very often abused too.

These are areas that are very difficult to explore and that must be very carefully looked at.

Treatment of alcoholic victims and batterers

Domestically violent men have a number of alcohol-related problems. However, alcohol and drugs cannot be seen as causal factors for Family Violence, but more as precipitating ones. Although alcohol and drugs may not cause violence, they definitely contribute to its lethality. In order to implement proper intervention with batterers and victims we have to take into account the role alcohol plays in Family Violence.

Interventions with alcoholic victims

The approaches traditionally used in the field of addictions are nowadays not enough to satisfy the needs of the victims of abuse. This is because these approaches only concentrate on the treatment of the addiction, but not on the prevention of further battering.

However, the victim's recovery from alcoholism may imply a higher risk of an increase of violence. Many studies have proven that a lot of women report that during alcohol

treatment the abuse does not only continue but it actually increases, and many alcoholic women are unable to continue with the treatment, because they fear the obstacles constructed by their partner. Therefore the treatment plans should not require the victims to do things that may directly or indirectly endanger them. The safety of women must be considered as a priority and it is essential that a safety plan is integrated into the treatment plan in order to increase the chances of a successful treatment outcome. This is especially important, since being revictimized is predictive of relapse.

Interventions with alcoholic batterers

Regarding the treatment of an alcoholic batterer, a typical myth often lies in the belief that alcohol abuse causes Family Violence, but studies prove that alcohol works rather as a triggering factor which adds to a number of other social, cultural, family and personal factors.

Still, in some alcoholic treatment centres and therapeutic communities, there is widespread belief that the alcohol treatment alone will eliminate the violent behaviour.

In order to plan a tailored intervention that addresses the needs of alcohol- or drug-abusing batterers, a necessary prerequisite is the assessment of such things as patterns of alcohol use, alcohol or drug-related social problems as well as legal and medical problems.

Moreover, it is important to determine the characteristics of the different types of batterers and the violent relationship, e.g. lack of social skills in the batterer, extreme jealousy as well as attitudes and beliefs that support violent behaviour. The identification of these specific problem areas in personality and other variables play an important function in the planning and the conduction of an appropriate intervention that is tailored to the specific deficits and problem areas of violent men.

Intervention with children from alcoholic and violent families

As we saw in Part 1, children who face alcoholic and violent backgrounds, could be seriously affected by growing up in a family with family alcohol-related violence including the possibility of becoming a batterer or a victim in adulthood themselves.

Therefore, individual and group intervention with children is necessary in order to prevent certain psychological disorders such as Depression, PTSD, but also to prevent alcohol- and drug abuse and violent behaviour against other children.

Examples for the general screening of Family Violence and alcohol abuse

Some examples for possible screening questions are:

1. Are you afraid of your partner in any way?
2. Does your partner react in an aggressive or suddenly violent way?
3. Has he ever forbidden you to see people or to go to certain places?
4. Has he ever threatened to be abusive to you or to your children?
5. Has he ever pushed, beaten, or grasped you?
6. Has he ever forced you to have sexual intercourse with him?

Examples for the screening of alcohol abuse (John, Hapke, Rumpf, Hill & Dilling, 1996)

- Have you ever had the feeling that you should reduce your alcohol consumption?
- Have you ever had somebody make you feel angry because he / she was criticising that you drank too much?
- Have you ever felt guilty or sick because of your alcohol consumption?
- Have you ever drunk alcohol first thing in the morning in order to get rid of your hang-over?

Diagnoses Criteria for Substance Dependence (according to DSM IV, 1994)

A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by three (or more) of the following characteristics occurring at any time in the same 12-month-period

1. Tolerance, as defined by either of the following:
 - a. a need for markedly increased amounts of the substance to achieve intoxication or desired effect
 - b. markedly diminished effect with continued use of the same amount of the substance
2. Withdrawal as manifested by either of the following:
 - a. the characteristic withdrawal syndrome for the substance
 - b. the same substance is taken to relieve or avoid withdrawal symptoms

The substance is often taken in larger amounts or over a longer period than was intended

There is a persistent desire or unsuccessful efforts to cut down or control substance use

A great deal of time is spent in activities necessary to obtain the substance

Important social, occupational, or recreational activities are given up or reduced because of substance use

Important social, occupational, or recreational activities are given up or reduced because of substance abuse

The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

3.3 General recommendations for measures for the prevention of (alcohol-related) violence

In order to prevent alcohol-related violence, it is necessary to approach the problem from different directions. In the following different ideas for preventive measures that professionals consider as important are presented.

Educational level

1. Implementation of Social-skills-programmes that start in schools and in kindergarten in order to foster personality skills in children, which are considered to be necessary for a healthy development and for the prevention of maladaptive behaviour and drug abuse. The programmes include such as problem solving and communication skills (encoding and decoding emotions in others, for instance) and research has shown that batterers often have a lack of these skills.
2. Promoting "Social Intelligence" in children, not only intellectual and competitive behaviours
3. Teaching girls and boys a flexible role (and family) allocation, in which the man does not dominate the woman
4. Rising awareness regarding the association between alcohol and violence
5. Rising awareness regarding the distorted pictures advertising gives alcohol and role allocation
6. Improving the level of education (school levels); language courses for foreigners nationals etc.
7. Workshops for field workers coming from different fields in order to enable them to derive clear guiding principles about the treatment and intervention process. Workshops should also teach screening methods for the detection of alcohol-related violence as well as their characteristics. They should also learn about legal aspects which are important for the work with the victims and the batterers.

Legal level

1. Substantial knowledge regarding the legal aspects on the side of the field workers in order to give proper advice and referrals to the victims (workshops)
2. Improvement of the possibility of receiving free legal advice for victims
3. Total and clear accountability for the batterer: Therapy must not replace legal punishment for the offender, but can only be carried out in combination with a legal

sentence! This should also be the case where they were drunk, while they were violent, so that they cannot use drunkenness as an excuse.

4. Regarding the children: getting the children out of a violent home early in order to protect them, so they neither watch nor experience further violence.
5. Increasing the alcohol taxes, stricter laws with regard to alcohol consumption for minors
6. Advertising ban for alcohol

Level of Social and public fields

1. Awareness rising public campaigns with regard to
Women as independent members of society
Family Violence as a public problem (stop tabooing the matter as a family matter)
2. More research and development, implementation and evaluation of effective programmes for the treatment of batterers in combination with the treatment of alcohol abuse. This includes the development of effective screening methods in order to detect variables that have been found to be of influence in violent men.
3. Increasing the social resources and services for victims.
4. Providing fast financial support / free legal aid for the victims, if required (e.g. in the case of separation)
5. Fostering the network in communities (for instance a kind of neighbour watch etc.)
6. Fostering the co-operation and exchange of experiences and knowledge among different services and multidisciplinary teams
7. Offering the possibility for alcohol treatment at work, in business companies and firms
8. Integration of foreign residents to avoid isolation

Health level

1. Careful screening of Family Violence as well as drug or alcohol-problems.
2. Whenever field workers deal with victims they should write a detailed report on the violent offence, which can be used e.g. in a trial
3. It should be the doctor's duty to inform victims of their rights and possibilities to get out of the violent surrounding.

It is important for all institutions to be provided with:

A list of instructions and emergency telephone numbers.

A database about resources and information on Family Violence: for providing information to the women care services in the community.

Access to legal counselling encouraging the juridical services in her institution

Moreover every institution should know if:

It has a legal responsibility to report to battering

It has a legal duty to inform men about the consequences of all the forms of violence. This must be considered very carefully given the possibility of violence against the professional.

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