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**Substance Abuse and Conjugal Violence  
A Comparison of Men in Both Treatment Settings**

**Norman Mark Shields**

**A Thesis**

**in**

**The Department**

**of**

**Psychology**

**Presented in Partial Fulfillment of the Requirements  
for the Degree of Master of Arts at  
Concordia University  
Montreal, Quebec, Canada**

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## ABSTRACT

### Substance Abuse and Conjugal Violence: A Comparison of Men in Both Treatment Settings.

Norman Mark Shield,

Men who exhibit both substance abuse (SA) and conjugal violence (CV) have been noticed in both treatment settings, and numerous characteristics have been associated with both problem areas. However, research on these men has been inconclusive due to numerous methodological problems (e.g., nonstandardized assessments). The present study examined two aspects of the relationship between men's substance abuse and conjugal violence: (1) the proportion of men who exhibit both problems in either treatment setting, and (2) similar characteristics exhibited by men in both treatment settings. Men (mean age = 37.8) admitted into either intensive SA (n = 42) or CV (n = 41) treatment programs were assessed on substance abuse (i.e., alcohol and other drugs), problem areas associated with substance abuse and conjugal violence (e.g., social, psychological), and conjugal violence (i.e., physical and nonphysical abuse toward their spouses). The results found more than half of the men in Group CV reported substance abuse (i.e., alcohol and drugs) problems, and more than half of the men in Group SA reported either physical, psychological, or sexual abuse. Group similarities were found on problem severity areas (e.g., psychological, legal, and employment), violence profiles (i.e., physical and nonphysical abuse), and past experiences of abuse. However, men in Group CV exhibited

significantly greater family/social problems. The proportion of men who exhibited both problems as well as the numerous similar characteristics between both groups of men, suggests the need for more coordinated treatment approaches in both settings, tailored to the composite needs of these men.

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The relationship between substance abuse and conjugal violence has been noticed in both the substance abuse and conjugal violence treatment milieus. Additionally, researchers have noted that men in both milieus may exhibit certain similarities. Fitch and Papantonio (1983) found that 59% of men seeking treatment for conjugal violence abused alcohol and 18% abused other drugs. Powers, Schlessinger, and Benson (1983) found 68% of men in alcohol treatment had physically abused their female partners. Despite such observations, research findings on the proportion of men who exhibit both problems (i.e., substance abuse and conjugal violence) and on the characteristics of men in either treatment setting have been inconclusive. Methodological problems, such as nonstandardized assessments, have hindered a synthesis of these research findings. Furthermore, although men who exhibit both substance abuse and conjugal violence are sometimes referred to substance abuse treatment and other times referred to conjugal violence treatment (Stith, Crossman, & Bischof, 1991), the determinants of these referrals are unclear. Given that the two treatment settings usually only focus on the problem at hand (Jennings, 1990; Bennett & Lawson, 1994), namely substance abuse or conjugal violence, men who exhibit both problems may become either sober spouse abusers (Wilcox, 1991), or run a high risk of recidivism (i.e., repeated relapse) if the other problem is not addressed (Hamberger & Hastings, 1990).

Prior to exploring the research on the proportion of men who exhibit both problems in either setting, it is necessary to examine the constructs of conjugal violence and substance abuse. For the present research, conjugal violence was viewed in the context of men's aggression toward women (Gondolf, 1988). Gelles (1990) has noted that

the term “violence” is often used interchangeably with aggression. However, while violence refers to a physical act, aggression refers to any “malevolent” act. The former encompasses physical abuse, whereas the latter includes nonphysical or psychological abuse. Regardless of the distinction made between the physical or nonphysical nature of the abusive act, both violence and aggression deal with the intention or perceived intention to hurt another person. Browne (1993) has suggested that conjugal violence should include criticisms, verbal abuse, sexual coercion, physical abuse, and denial of access to resources. Thus, while the initial focus of conjugal violence research was on physical abuse, it has broadened to include psychological abuse (e.g., threaten the loss of something) and sexual abuse (e.g., unwanted sexual acts). Accordingly, to limit conjugal violence to solely physical abuse, we risk underestimating the intentions of men who abuse their spouses. Therefore, conjugal violence should encompass physical and nonphysical abuse.

For the purpose of the present research, substance abuse includes alcohol and other drug abuse. The fourth edition of the American Psychiatric Association’s diagnostic and statistical manual of mental disorders (1994) provides criteria for substance abuse diagnoses. DSM IV defines substance abuse as either (a) recurrent substance use despite knowledge of having persistent social, psychological, and physical problems caused by substance use, and/or (b) recurrent use when substance use is physically hazardous (e.g., driving while intoxicated). Substance abuse has been seen as a precursor to substance dependence which might include increased tolerance, loss of control of substance use, presence of withdrawal symptoms, and substance use to relieve withdrawal symptoms.

Substance abuse has been described more as a psychological dependence whereas substance dependence has been described more as a physical dependence (Institute of Medicine [IOM], 1989) The above DSM IV (1994) definitions of substance abuse and dependence are relevant to both alcohol and other drug use.

Thus, while the constructs of conjugal violence and substance abuse have been defined by their respective settings, the extent to which each setting has adopted these conventions is dealt with below Research on the relationship between men's conjugal violence and substance abuse has been conducted in both settings. Exploratory research in the violence setting on the relationship of the two constructs is permeated with shortcomings (Rosenbaum, 1988), and sparse systematic evaluation of conjugal violence in the substance abuse setting has been conducted The following section is a review of the available research on the relationship between men's conjugal violence and substance abuse in (a) the violence setting, and (b) the substance abuse setting

#### Violence setting

Men's substance abuse in the violence setting has been reported either by the men themselves or by their spouses. To study men's marital violence and alcohol abuse, Rosenbaum and O'Leary (1981) surveyed physically abused women involved either in individual or couple therapy, and non-abused women Couple reports of the men's alcohol abuse were obtained, except with women involved in individual therapy. The women's reports on husband alcoholism were measured by a short version of the 25-item Michigan Alcoholism Screening Test (Selzer, 1971). The Short Michigan Alcoholism Screening Test (SMAST) scores range from 0 to 53, and a score greater than 5 suggests the presence of

alcoholism (Selzer, Vinokur, & van Rooijen, 1975) The results showed that abused women in individual therapy reported a significantly greater SMAST (i.e., above the clinical cut-off) than the other groups of women The men's self-reports of alcohol abuse were not presented in the results, however, couple reports were significantly correlated Additional husband self-report data indicated that abusive husbands were more likely than non-abusive husbands to have been abused or to have witnessed abuse as a child Rosenbaum and O'Leary (1981) concluded that a strong association existed between the men's alcohol abuse and conjugal violence Furthermore, the men's history of abuse might be related to their substance abuse and conjugal violence

Eberle (1982) examined men's alcohol abuse during four of the latest violent episodes in a nonclinical sample of abused women (i.e., report repeated physical or psychological abuse in an intimate relationship) Husband alcohol abuse was rated by the women and was defined as the excessive use of alcohol (i.e., defined by the women as 'a lot') However, while the author had noted that the measure of alcohol abuse was limited, the results had indicated that within the last four violent episodes, up to 38% of the men had abused alcohol Moreover, approximately 16% of the men had abused alcohol during all four violent episodes Thus, alcohol abuse was evident in an important proportion of violent episodes.

Fitch and Papantonio (1983) studied substance abuse and other characteristics exhibited by men involved in conjugal violence treatment Fifty-one percent of the men had been mandated to treatment by their spouses, and 31% had been court mandated Alcohol abuse was defined as the continued use of alcohol despite the detrimental effects

on life functions (e.g., physical and mental health, social life, etc.), and drug abuse was defined as drug use that interfered with daily functioning. The results showed that 59% of the men abused alcohol and 18% abused other drugs. Among other characteristics, 71% percent of the men reported to have witnessed violence between their parents, and 49% had reported physical abuse as children. The authors advocated that violence professionals should be made aware of treatment resources for the abusive alcoholic client.

Van Hasselt, Morrison, and Bellack (1985) studied alcohol use and psychosocial adjustment in violent men and their spouses attending a mental health clinic for couple therapy. Three groups of men were interviewed: (a) physically abusive (i.e., men or spouses indicated at least one episode of physical abuse), (b) maritally discordant but non-violent, and (c) satisfactorily married. Self-reports and spousal reports of the men's alcohol use were obtained with the MAST and a quantity-frequency measure which focused upon mean ounces ingested per day in the previous 30 days. A physical abuse questionnaire (PAQ; Morrison & Van Hasselt, 1980) had categorized the men as physically abusive and measured the frequency and extent of injury of husband to wife physical abuse. The men's self-report data and the spouses' ratings had indicated that the physically abusive men had a significantly greater mean MAST (i.e., above the clinical cut-off) than the maritally discordant men and the satisfactorily married men. The spouses' ratings and men's self-reports on alcohol abuse were significantly correlated ( $r = .81$ ). No significant group differences were found on the men's alcohol use in the previous 30 days. Van Hasselt et al. concluded that the results supported Rosenbaum and O'Leary's (1981)

findings that physically abusive men abuse alcohol, and that couples' reports on this finding coincide.

In Hamberger and Hastings' (1990) study of factors related to recidivism in male spouse abusers, one-year follow-up data was obtained from men who completed a marital violence program (70% of whom were court-referred). Recidivism at follow-up was operationalized as "any report of recurrence from either partner at a minimal level of push, shove, or grab". Intake data were gathered using: (a) Millon Clinical Multiaxial Inventory (MCMI; Millon, 1983), which includes clinical scales on alcohol and drug use, (b) violence history (i.e., witnessing of abuse), and (c) police reports (i.e., rap sheet). The results indicated that 38% of the men had witnessed abuse as children. However, while violence history was not significantly associated with posttreatment recidivism, a younger age was associated with recidivism. Pretreatment reports of alcohol problems were associated with recurrent posttreatment violence. Fifty-six percent of recidivists had reported alcohol problems vs. 32% of non-recidivists. Recidivists were found to have significantly greater mean scores on the MCMI alcohol and drug use scales at intake than non-recidivists. Additional reports by the men had indicated that new and continued alcohol problems were related to posttreatment recidivism. Hamberger and Hastings concluded that men who possessed ongoing and unaddressed substance abuse problems were at high risk for continued violence, regardless of treatment completion. Furthermore, it was suggested that posttreatment, the men might have used drinking as an 'excuse' to resume violence. On the basis of the above findings, a call was made for better collaborative treatment efforts between substance abuse and conjugal violence programs.

Kaufman Kantor and Straus (1990) examined conjugal violence and alcohol abuse with survey data from a national representative family sample. Data on the quantity and frequency of alcohol use categorized male drinkers, who ranged from abstainers to binge drinkers (i.e., five or more drinks, twice per week). Conjugal violence, measured by the Conflict Tactics Scale (CTS; Straus, 1979), was present if the husband had performed at least one violent act (e.g., slapped, kicked) in the preceding year. The percentage of violent husbands who were binge drinkers was 19%, and the percentage of violent husbands who abstained from alcohol was 7%. A linear increase in the husband to wife violence rate was observed when drinking index (i.e., abstainers to binge drinkers) was considered. Drinking at the time of the violent episodes was also examined (i.e., either or both of the partners drink prior to conflict). Overall, alcohol use had been an antecedent in 24% of episodes, and 14% of these episodes had represented only male drinking prior to the conflict. Therefore, male violence had increased with a more severe drinking style identified, and a temporal relationship between male alcohol use and conjugal violence was noted in a small proportion of violent episodes.

Kaufman Kantor and Straus (1990) have argued that alcohol abuse and conjugal violence are not causally related, but that other underlying factors such as stress or family conflict are involved. Other factors that were suggested to influence the relationship between substance abuse and conjugal violence were cultural norms that contribute to male violence as a form of power expression, and exposure to excessive drinking as an acceptable male behavior. Social learning theorists, such as MacAndrew, Craig, and Edgerton (as cited in Kaufman Kantor & Straus), have proposed that drunken conduct is a



learned behavior, a 'time-out' that exempts men from any constraints (i.e., responsibilities) that are usually associated with sobriety. Thus, while alcohol abuse might not be causally related to conjugal violence, it appears to be an important correlate along with other psychosocial variables (e.g., stress)

Ouellet, Lindsay, and Saint-Jacques (1993) used a cross-sectional design to study men's substance use and violent acts on their partners. Three groups of men were recruited from conjugal violence treatment and were assessed either prior to treatment, at discharge, or at 18 months post-treatment. The men reported whether they had used either alcohol, or drugs, during violent episodes with their spouses. The men's reports of violent episodes were assessed with a modified version of the CTS (i.e., two annexed scales on psychological and sexual abuse), and corroborative reports were obtained from spouses who agreed to participate. Prior to treatment, 28% of the men reported alcohol use and 11% reported alcohol or drug use during violent episodes. Reports of alcohol use during violent episodes decreased upon discharge from treatment but returned to pretreatment levels at follow-up. The men's self-report on the CTS had indicated a continuous decrease in total abusive acts (i.e., psychological, physical, and sexual) from pretreatment to posttreatment, whereas spousal reports had indicated an increase in total abusive acts posttreatment. Violence (i.e., according to the spouse) and alcohol use had resurfaced concurrently posttreatment, and thus reinforces the relationship between alcohol use and conjugal violence. However, the absence of spousal agreement on violent behavior questions the reliability of either spouse's report of conjugal violence.

According to the studies in the violence setting, the relationship between substance abuse (i.e., particularly alcohol abuse) and conjugal violence has been repeatedly observed. In some studies, significantly more alcohol abuse was reported for physically abusive men than for nonabusive men (Rosenbaum & O'Leary, 1981; Van Hasselt et al., 1985), while in other studies, posttreatment substance use has been associated with the reemergence of violence (Hamberger & Hastings, 1990; Ouellet et al., 1993). Additionally, the level of alcohol abuse has been associated but not causally related to conjugal violence (Kaufman, Kantor & Straus, 1990). The studies in the violence setting have indicated a greater proportion of substance abusing violent men within clinical samples than within the nonclinical and representative samples. Overall, while the violence literature has linked substance abuse with conjugal violence, a synthesis of the research findings is complicated by methodological problems. For example, the absence of standardized measures (Rosenbaum, 1988) and the possibility of a response bias related to self-report of abusive behavior (Szinovacz, 1983; Edleson & Brygger, 1986) have put into question the validity and reliability of the findings. Therefore, these methodological issues are addressed below before the violence literature might be considered as a whole.

One methodological shortcoming is the absence of a standardized measure of conjugal violence. Without a standardized measure of conjugal violence, two important issues arise: (1) how the men are classified as abusers, and (2) what types of abusive behavior are exhibited. Previous studies have often classified men as abusers either by: (a) the men's or the spouses' presence in a conjugal violence treatment program, (b) the spouses' reports of the men's abusive behavior, or (c) various violent behaviors exhibited

(e.g., push, slap, or punch). The former two methods risk assuming that these men represent a homogeneous population and that little variability exists amongst them. However, the latter method classifies the men by many types of abusive behavior and thus allows for variability amongst the men. Additionally, without a standardized measure of conjugal violence, the types of abusive behavior exhibited by the men are unclear. Rosenbaum (1988) has noted the variability in measures of conjugal violence such as (a) subjective spousal reports of physical abuse, (b) the amount of injury sustained by the victim; (c) and men's self-report of abusive behavior. Furthermore, physical abuse has been the focus of past violence research (e.g., PAQ Van Hasselt et al., 1985), rather than psychological and sexual abuse. By focusing solely on physical abuse, researchers risk underestimating the repertoire of abusive behaviors exhibited by the men. Therefore, much variability exists on how the men are classified and what range of abusive behaviors they exhibit. This variability reflects an absence of consensus on a standardized measure of conjugal violence.

The use of a more quantitative measure of conjugal violence, such as the CTS (Straus, 1979), might reduce some of this variability. The CTS measures couple behavior (tactics) used to resolve relationship conflict. The CT scales are reasoning (e.g., discussion), verbal aggression (e.g., swear, threaten), and physical aggression (e.g., slap, kick). Recent versions of the CTS have expanded the scope of the scales to include psychological and sexual abuse (Edleson & Brygger, 1986; Ouellet et al. 1993), and have provided a measure consistent with the contemporary definition of conjugal violence. The frequency of each behavior is obtained, but neither the severity nor the context (e.g., what

preceded and/or followed the behavior) of the behaviors are obtained which might add variation to the results Overall, the CTS has been regarded as a methodological improvement as a standardized assessment of conjugal violence (Rosenbaum, 1988)

A second methodological issue is the inconsistency of substance abuse measures in the violence setting A number of measures have been used to provide evidence of substance abuse including (a) the men's self-report on the MAST, (b) spousal reports for husband's MAST (Van Hasselt et al , 1985), (c) spousal reports of the husband's 'excessive' alcohol use (Eberle, 1982), (d) DWI infractions and other consequences of drinking (Hamberger & Hastings, 1990), and (e) self-reports of substance use (e g., yes or no) during violent episodes (Ouellet et al , 1993) Additionally, researchers in the violence setting have systematically omitted to study the relationship between conjugal violence and drug abuse The DSM IV (1994) provides diagnostic criteria that assess both alcohol and drug use, and allows researchers to unambiguously classify subjects as substance abusers. Structured diagnostic interviews and other multidimensional assessments such as the Addiction Severity Index (ASI McLellan, Luborsky, O'Brien, & Woody, 1980), are also proposed as suitable measures for substance abuse (IOM, 1989) The DSM IV provides categorical data on substance abuse whereas the ASI provides quantitative data on the degree of substance abusers' problems The integration of standardized assessments of substance abuse in the violence setting might reduce the variability in research findings, and facilitate comparisons of men, who exhibit substance abuse and conjugal violence problems, across both settings.

A final methodological issue is the possibility of a response bias with self-report violence data. For example, both the systematic underreporting of the husband's violent behavior by the husband (Szinovacz, 1983, Edleson & Brygger, 1986), and/or the systematic overreporting of the husband's violent behavior by the spouse (Jouriles & O'Leary, 1985) have been documented. However, while Szinovacz (1983) has suggested that social desirability and fear of legal retribution might influence the husband's self-report of violent behavior, the reasons for such response biases in the reports of either spouse remain unclear. The shift from the use of aggregate data (i.e., husbands and wives from different marriages) in representative samples to couple data (i.e., husbands and wives from the same marriage) in clinical samples has allowed researchers to examine the effect of these response biases.

A number of studies have investigated the self-report response bias of conjugal violence. Jouriles and O'Leary (1985) studied interspousal reliability on the report of CTS physical aggression in couples in marital therapy and couples that had responded to a newspaper advertisement. Significantly more husband physical aggression (i.e., mean frequencies of CTS) was reported by the wives in the clinical sample. Browning & Dutton (1986) examined response biases with men in conjugal violence treatment, and found that the spouses' mean CTS rating of husband physical aggression was significantly greater than the men's mean rating. Correlations of couples' responses to the CTS items were greater for the more severe items of physical aggression (e.g., threaten with a gun). Edleson & Brygger (1986) studied the persistence of differences in reports of violence and threats of violence with couples from a conjugal violence treatment program. The results

showed few significant correlations between the husbands' and spouses' responses on the CTS items (i.e., including threats and sexual abuse) at intake, but at follow-up all violence items except one (i.e., slapped or spanked her) were significantly correlated. Couple differences in the reporting of threats of violence persisted at follow-up, and suggested that the men may have ceased physical acts at follow-up but persisted to control their partners with threats. Overall, differential reporting has been noted in couple self-report data on physical, psychological, and in some instances sexual abuse. These findings have indicated that differential reporting may vary with both the type and/or severity of abuse, and with the sample studied. Therefore, self-report data on conjugal violence may be biased and the use of corroborative reports might help to identify differential reporting.

Overall, methodological shortcomings have contributed to the inconclusive research findings on substance abuse in the violence setting. These shortcomings might further complicate comparisons of research findings on men who exhibit both problems between the violence and substance abuse settings.

#### Substance Abuse Setting

Several studies conducted in the substance abuse setting have examined conjugal violence. Powers et al. (1983) studied family violence with men in an alcohol inpatient treatment program. Family violence was measured by the frequency of the following five items in the preceding year: (1) slaps or pushes; (2) hitting with a fist or feet; (3) hitting with a blunt object; (4) sexual abuse or rape; and (5) use of a weapon (e.g., knife). Additionally, the men were asked to report whether the violence occurred while either sober or while under the influence of alcohol or drugs. The results showed that 68% of the

men had slapped or pushed their partners at least once, and 32% had hit their partners with fists or feet. Forty-two percent of the 'slapped or pushed' episodes involved alcohol, whereas 51% the 'fists and feet' episodes involved alcohol. However, while few episodes were noted for the remaining three items (e.g., 3% reported sexual abuse), each episode involved alcohol use. Therefore, the proportion of alcohol abusers that reported violent behavior decreased as the severity of the items increased, but the more severe violent behaviors involved alcohol use.

Gondolf and Foster (1991) examined conjugal violence in male alcoholic inpatients at a VA medical facility. The SMAST was used to measure alcohol abuse, and the CTS physical aggression scale items were used to measure conjugal violence in the previous year. Random spousal reports were obtained to corroborate the men's self-report data. Approximately 75% of the men had been arrested for some crime, and 52% reported drug use other than alcohol. Additional reports found 41% of the men had witnessed physical abuse and 29% had experienced physical abuse as children. On the CTS item that indicates whether the men have pushed or grabbed their spouse, 33% of the men had reported at least one episode, and 16% had reported three or more episodes. However, the spouses reported a greater percentage of physical abuse than the men. The spouses indicated that 72% of the men had pushed or grabbed them at least once, whereas only 45% of their spouses reported the same. Furthermore, the spouses reported 48% of the men had pushed or grabbed them three or more times, whereas 24% of their husbands reported the same. Spouses' reports on the occurrence of each CTS item were approximately double that of the men's reports. No significant correlations between SMAST scores and the CTS

items were noted. Men that had reported a family history of abuse were twice as likely to have reported wife assault (56% vs 31%), and men who had a history of arrest were more likely (23% vs 8%) to have reported severe wife assault (punch, hit, and beat up). Therefore, discrepancies were observed between the men's and spouses' reports of conjugal violence, while history of abuse and legal problems were linked to violent substance abusers.

In a rare comparison of men in alcohol treatment with men in conjugal violence treatment, Stith et al (1991) examined the relationship between substance abuse and conjugal violence. The two groups of men were compared on a number of factors which included history of violence, alcohol abuse (MAST), and conjugal violence (CTS physical aggression scale). Although no group differences were found on sociodemographic status, men in alcohol treatment (27%) were more likely than men in conjugal violence treatment (5%) to be single. The results showed that both groups possessed a larger percentage of violent men than the normative sample of Straus and Gelles (1986). There was no group difference on the CTS physical aggression scale. However, analyses of the individual items found that men in conjugal violence treatment (68%) were more likely than men in alcohol treatment (50%) to have pushed, grabbed, or shoved their partner. Overall, while the men in alcohol treatment had a significantly greater mean MAST score than the men in conjugal violence treatment, 64% of the men in conjugal violence treatment scored above the MAST 'alcoholic' cut-off score. Additional reports found that men in alcohol treatment (88%) and men in conjugal violence treatment (82%) reported a history of childhood family violence (i.e., witnessed parental abuse).



Stith et al concluded that few differences emerged between the groups, and suggested the need for more coordinated treatments in both settings

In addition to the clinical studies discussed above, Leonard and Senchak (1993) studied the relationship between alcohol use and premarital aggression in a nonclinical sample. As part of a long term follow-up, couples were recruited at a city courthouse after they had applied for a marriage license, and were assessed with the following instruments (1) Alcohol Dependence Scale (ADS Skinner & Allen, 1982), which measures heavy alcohol consumption of both partners, (2) two items of the CTS physical aggression scale (i.e., pushed, grabbed, and slapped or hit), and an (3) Alcohol Effects Questionnaire (Rohsenow, 1983), which measures the men's beliefs about the effects of alcohol. The results of a hierarchical regression analysis with the CTS as the criterion variable indicated that the men's heavy drinking was a significant predictor after demographic variables were entered. However, alcohol was not found to be a significant predictor if the men did not believe that alcohol facilitated aggression. Thus, the men's alcohol use as a predictor of premarital aggression was mediated by their expectations of alcohol's role in aggression.

The proportion of men seen to batter (68%) in the substance abuse setting (Powers et al., 1983), support the findings emerging from the violence literature and reinforces the need for more research on conjugal violence with substance abusers. However, similar methodological problems encountered in research conducted in the violence setting are likewise present in research conducted in the substance abuse setting. For example, differences were found with the self-report of violent behavior between the men and their spouses. In addition, comprehensive measures of conjugal violence (e.g., psychological,

sexual, etc ) are often absent. Therefore, while both settings have noted a relationship between substance abuse (i.e., particularly alcohol abuse) and conjugal violence, the actual proportions of men who exhibit both problems in either setting have varied, perhaps due to shared methodological problems (e.g., lack of standardized measures). Moreover, the substance abuse literature has provided little research concerning the relationship of drug abuse and conjugal violence. Researchers have noted an increase in complex drug use histories with problem drinkers presenting to substance abuse treatment (Chapman Walsh et al., 1991). Accordingly, it might be inappropriate to focus solely on alcohol's relationship with conjugal violence when multiple drug use appears to be an increasing occurrence within substance abusers. Overall, while the research findings of both settings converge to suggest that men who exhibit both substance abuse and conjugal violence exist, the uncertainty concerning the reliability of these findings remains.

The violence and substance abuse research has found numerous characteristics associated with substance abuse and conjugal violence. Family history of abuse (e.g., witnessed or experienced) and legal problems have been presented as important correlates to both problems (Kaufman Kantor & Straus, 1990; Leonard & Senchack, 1993; Stith et al., 1991). Ponzetti, Cate, and Koval (1982) have suggested that many factors, internal and external, contribute to the profile of a violent man. The internal factors include experiences of abuse as a child, lack of assertiveness, lack of emotional expression, emotional dependency (e.g., possessiveness), and substance abuse (e.g., to avoid responsibility). The external factors are cultural norms (e.g., family socialization), economic stress (e.g., no employment), and isolation (e.g., no social network) (Moffatt

(1994) has suggested several factors that increase the risk of violence in historically nonviolent men including persistent stress, absence of a social network, employment instability, abusive family environment, and substance abuse. Given that these characteristics are related to both problems, numerous possible combinations may exist between both problems and these characteristics. Furthermore, while identifiable clusters of these characteristics have yet to be established, Tolman and Bennett (1990) emphasize the need to adapt current clinical practice to meet this diversity.

Given that men who exhibit both problems present for treatment to both the substance abuse and the conjugal violence settings, one possible dilemma is that such men are receiving inadequate treatment. Wilcox (1991) has suggested that for the most part the two treatment settings work separately and lack adequate training for the other problem. Moreover, many substance abuse workers believe that once the men's alcohol abuse has been treated, aggression is no longer an issue. For example, Bennett and Lawson (1994) compared the attitudes and beliefs about the relationship of substance abuse and conjugal violence between addictions and domestic violence staff. The results showed that one in ten conjugal violence programs screened for cross-problems, and that violence screening in the substance abuse setting was incidental. Thus, men that exhibit both substance abuse and conjugal violence might receive inadequate treatment (e.g., proper referrals) in either treatment setting if the exclusive focus is the problem at hand.

Furthermore, the two treatment setting philosophies are quite different. For instance, Jennings (1990) has suggested that conjugal violence treatment is more behaviorally based whereas substance abuse treatment places more emphasis on a

biological component (e.g., disease model) Men in conjugal violence treatment are more likely required to take responsibility for their actions, whereas men in substance abuse treatment are often not encouraged to take responsibility but to surrender to the disease. Moreover, treatment for substance abuse is often described as a life-long process with relapse viewed as a learning experience, whereas conjugal violence treatment is not characteristically described as life long recovery and the implications of relapse (i.e., recidivism) are seen to indicate treatment failure. Thus, shortcomings are noted in the screening procedures and knowledge base of men who exhibit both problems Overall, while the treatment trajectory of these men remains at the discretion of the relative treatment setting's staff, these men are typically treated for the problem at hand rather than for both substance abuse and conjugal violence. Therefore, the consequences of the inadequate treatment of these men are either a sober spouse abuser from the substance abuse treatment setting. or a spouse abuser with a high risk of recidivism due to continued substance use

In summary, the research literature indicates that men who exhibit both substance abuse and conjugal violence exist in both treatment settings. However, the literature on the relationship between substance abuse and conjugal violence in both settings is inconclusive based on numerous methodological shortcomings. For example, nonstandardized measures of substance abuse and conjugal violence, and the possibility of response biases on the reports of violent behavior. Accordingly, while men who exhibit both substance abuse and conjugal violence present to both treatment settings, identifying these men and the determinants of their treatment trajectory remains problematic. Additionally, while other

characteristics have been related to men's substance abuse and conjugal violence, a systematic assessment of these factors has not been established

In order to better assess the relationship between substance abuse and conjugal violence, and to better identify men who exhibit both problems, these methodological shortcomings must be addressed. First, a standardized measure of conjugal violence is required to better identify violent men and their repertoire of abusive behaviors. The CTS offers the most comprehensive assessment of conjugal violence available, by focusing on numerous forms of abuse. Additionally, a call was made for standardized measures of substance abuse that are based on structured diagnostic criteria and that measure multidimensional aspects of substance abuse (IOM, 1988). The structured clinical interview for DSM (SCID; Spitzer, Williams, Gibbon, & First, 1990) allows men to be unambiguously classified as substance abusers based on diagnostic criteria. Furthermore, while the ASI (McLellan et al., 1980) is a multidimensional assessment of problem areas related to substance abuse, these problem areas are similar to many of the factors that have also been associated with conjugal violence (e.g., family and social problems). Finally, since there have been no suggestions to correct for response biases in reporting violent behavior, couple data might be considered to identify differential reporting that exists.

#### Statement of Purpose

The present study was a descriptive assessment of substance abuse and conjugal violence in men who were either (a) admitted to substance abuse treatment, or (b) admitted to conjugal violence treatment. Conjugal violence was operationalized as the men's self-report of verbal, physical, psychological, or sexual abuse of their female

partners. Substance abuse was operationalized as the men's self-report of recurrent substance use despite knowledge of having persistent social, psychological, and/or physical problems caused by the use of substances (DSM IV, 1994). Standardized measures were employed to assess conjugal violence and substance abuse (e.g., CTS, SCID, and ASI). Spousal reports were used to corroborate the men's self-report data. Overall, the systematic assessment of men in both settings was undertaken to (a) better understand the relationship between substance abuse and conjugal violence, (b) establish data on the proportion of men who exhibit substance abuse and conjugal violence problems in both settings, and (c) identify possible similarities or differences between both groups of men that could contribute to a more coordinated treatment, better suited to the composite needs of these men.

## Method

### Participants

Subjects were 83 men involved in a committed relationship (i.e., at least 3 months), admitted into intensive treatment programs for either substance abuse (n = 42) or marital violence (n = 41). Eighty-six percent of the men were Caucasian, and 93% were English speaking. Fifty-six spouses/partners of these men participated as corroborators, but 10 spouses from the substance abuse sample and 17 spouses from the marital violence sample were either unwilling to participate or could not be contacted

Group SA (Substance Abuse) Male substance abusers (mean age = 36.8 years) were recruited from Pavillon Foster Alcoholism and Drug Addiction Treatment Center, St Philippe de Laprairie, Québec. The treatment program, which was four to six weeks in duration, was offered on an in-patient or out-patient basis. Individuals who either (a) used 'hard drugs' (i.e., Opioids), or (b) possessed untreated or unremitted psychiatric problems predating their substance abuse, or (c) were non-ambulatory, were excluded from treatment. Therefore, individuals who exhibited such characteristics did not participate in the present study. Thirty-two spouses (mean age = 36.5 years) of men in Group SA volunteered to participate.

Group CV (Conjugal Violence) Male spouse abusers (mean age = 38.7 years) were recruited from the McGill Marital Violence Clinic, Montreal, Québec, and Après Coup Violence Clinic, Longueuil, Québec. The former provided services in English whereas the latter provided services in French. Both violence clinics offered weekly intensive out-patient treatment, with a minimum of 15 weeks participation expected of the clients

Twenty-four spouses (mean age = 37 years) of the men in Group CV volunteered to participate

### Materials

All the measures employed in the present study were available in French and English. English questionnaires that were translated to French underwent a three stage retro-translation process. First, English questionnaires were translated to French by a Francophone translator. Second, the French questionnaires were then translated back to English by another Francophone translator who was unaware of the original English version. Finally, all three copies of the questionnaires (i.e., original English, French translation, and English retro-translation) were evaluated to ensure that the meaning of the items were not lost in the translation, and if so, the necessary adjustments were made.

Substance abuse measures The ASI (McLellan et al., 1980), a 45-minute structured interview to assess problem areas (e.g., medical, employment, legal, drug use, alcohol use, family/social relations, and psychiatric status) associated with substance abuse was employed. Composite scores (percentage scores) for each problem area are calculated from weighted items based on objective questions and subjective ratings of the client and interviewer. The composite scores are general status measures for each problem area within the past month, with internal consistencies greater than .70. The actual value of the composite score is less meaningful than the relationship of that composite score to another group's composite score (NIDA, 1988). The Addiction Severity Index (ASI) also provides several other types of information. (a) sociodemographic status; (b) substance abuse history (lifetime and past 30 days), (c) family history of abuse (i.e., experienced physical,



emotional, sexual); and (d) referral source to treatment. The ASI is currently employed by many substance abuse treatment centers, Francophone and Anglophone, within Québec. A standardized procedure to produce a diagnosis for either non-use, alcohol and/or drug abuse, and alcohol and/or drug dependence was obtained with the psychoactive substance use disorders subsection of the SCID (Spitzer et al., 1990). This subsection of the SCID takes approximately 30 minutes to administer and was used to compare the men in both milieus on the proportion of substance abuse.

Corroboration of the men's alcohol and drug use was obtained with modified versions (i.e., third person) of the ADS (Horn, Skinner, Wanberg, & Foster, 1984) and the Drug Abuse Screening Test (DAST; Skinner, 1982), which were completed by the spouses. Both measures provide continuous data on the severity of alcohol dependence and drug abuse. The 25-item ADS provides a quantitative measure of the severity of alcohol dependence with scores that indicate either no evidence (0), low level (1-13), moderate level (14-21), substantial level (22-30), or severe level (31-47) of alcohol dependence (Skinner & Horn, 1984). The 20-item DAST provides a quantitative measure for the consequences (e.g., trouble at work, arrested) related to drug abuse with scores that indicate either no evidence (0), low level (1-5), moderate level (6-10), substantial level (11-15), or severe level (16-20) of problems related to drug abuse. Both the ADS and the DAST were chosen to obtain spousal corroboration of the husband's self-report because the instruments are brief (15 minutes) and cover both alcohol and drug use.

Conjugal violence measures. A modified version of the CTS (Ouellet et al., 1993) was employed to measure the level of aggressive behavior used by men and their spouses.

when conflict was present in the relationship (see Appendix A) The 15-minute CTS includes scales on psychological and sexual abuse in addition to Straus' (1979) couple form of the CTS The 13-item psychological abuse scale and the 3-item sexual abuse scales have internal consistencies (i.e., alphas) of .67 and .83, respectively (Ouellet et al., 1993). The couple form of the CTS consists of scales on reasoning, verbal abuse, and physical abuse and have alphas of .50, .80, and .83, respectively (Straus, 1990). Both husband to wife aggression and wife to husband aggression are obtained with the couple form of the CTS, however, for the purpose of the present research only husband to wife aggression was considered The CTS items on each scale measure the frequency (i.e., never, once, twice, 3-5 times, 6-10 times, 11-20 times, more than 20 times) of aggressive behavior within the previous 12 months. If the behavior has not occurred in the previous 12 months, then the respondent indicates if the behavior has ever occurred within the relationship Scores on the CTS items range from zero to six, relative to each frequency (e.g., never = 0, more than 20 times = 6). A percentage of the total possible score (composite score) is calculated which permits all the scales to be expressed in the same units The CTS measures the frequency and not the severity of the behaviors presented, therefore, the composite scores represent a measure of severity relative to each scale. The two annexed scales (psychological and sexual abuse) are presented in the same format as the other CTS scales, but focus solely on husband to wife abuse Corroboration of the men's self-reports were obtained with a modified version (i.e., third person) of the CTS that the spouses completed

Software Teleform, by Cardiff Software Inc., Solana Beach, CA, was used to accelerate the data reduction and data verification process (Brown, Seraganian, & Shields, 1995). Teleform software, which requires a fax-modem to operate, can read characters and digits from various forms that are created with the software. Teleform uses Optical Character Recognition (by Nestor Inc.) that allows the software to identify the information presented on various forms (characters and digits), thereby allowing the software to automatically store the data into a database file. The use of Teleform for the purpose of data reduction is a four stage process: (1) the user creates a form containing the questions to be posed to the subject, and defines any constraints that are to be applied to the responses (e.g., letters only), (2) the form is then printed (or faxed to) and filled out by whomever the form is intended, (3) the form is then faxed (or scanned) to the computer employing Teleform; and (4) Teleform reads and automatically stores the data from the subject into a database file.

Figure 1 is an example of a form created on Teleform. The distinct four black boxes and the identification box on each form allow the software to identify the form. Examples of the various information options are presented on the form (e.g., constrained print field, choice field, entry field)

All of the present study's questionnaires were recreated on Teleform (see Appendix A). Once the forms were received by the software, the data were either automatically stored in a database file (i.e., possible constraint of 99% confidence threshold) or were held as suspended images to be verified by the data manager and subsequently stored in a



Address

10 BAY ROAD

A  1   
 B  2   
 C  or 3   
 D  4   
 E  5

Yes  or  Check here  
 • No

Data Field Examples

**Constrained Print Field**

- alphabetical
- numerical
- alpha-numeric
- 99% confidence threshold

**Data Entry Field**

- Filling in one circle saves the value in the database

**Choice Field**

- Multiple or single choices
- Data saved can be different from what is displayed

Database File Representation

	Address	ABC	123	Yes/No	Check
Subject 1	10 Bay Road	B	3	N	Yes

Figure 1 Teleform example of various data fields with options, and an example of how data are represented in a database file.

database file. Thus, Teleform eliminated the need for keypunch entry and permitted the data manager to spend more time on data verification.

### Procedure

Men and their spouses were solicited to participate in the present study if they had been involved in a committed (e.g., seeing each other exclusively) relationship for a minimum of three months in the previous year. Patients from Pavillon Foster, McGill Marital Violence Clinic, and Après Coup Violence Clinic were approached either by a nurse or coordinator at each center, within the first week of treatment, and given a brief description of the study in addition to an informed consent form (see Appendix B). A synopsis introduced the study as part of a research program which sought to improve services available for individuals coping with problems that involved substance use and interpersonal relationships. After the patient signed the informed consent form, the project coordinator scheduled an interview with a trained psychometrician. The project coordinator then obtained permission from the patient to contact the spouse/partner to participate as a corroborator. The patient interview consisted of the ASI, SCID, modified CTS, and other questionnaires for an ongoing family violence study, and lasted approximately 2 hours.

The spouse was contacted via telephone, given a brief description of the study, and mailed an informed spousal consent form (see Appendix C). Upon receipt of the signed spouse's consent form, the spouse was contacted and scheduled for an interview with a trained psychometrician. Interviews with spouses were conducted either in person or by

telephone. The spousal interview lasted approximately 30 minutes and consisted of the ADS, DAST, and modified CTS.

Special ethical concerns might arise when corroborated violence information is gathered. Rosenbaum (1988) has suggested that abusive men might interrogate their partners with regard to the information provided during the interview. To deal with this possibility, one week after the spousal interview, trained professionals from the violence clinics conducted follow-up telephone calls to the spouses to verify that their participation in the study did not provoke any retaliation from their partners. The spouses were generally questioned about their relationship, and were offered counseling if needed.

## Results

All univariate and multivariate analyses were calculated with an alpha level of  $p < .05$ . When multiple univariate analyses were required, the alpha level was subjected to a Bonferroni correction (i.e., per comparison alpha) to maintain the experiment wise probability. Independent  $t$  tests were calculated for continuous variables and Chi-square analyses were calculated for categorical variables. When multivariate analyses were required, Hotelling's  $T^2$  (i.e., two groups MANOVA) were calculated. In some instances, continuous variables were subjected to either log or square root transformations to correct for skewed distributions and/or outliers. If the distributions were not skewed, outliers were brought to within three standard deviations of the group mean.

### Demographic Data

Table 1 presents the demographic characteristics for the men and spouses in Groups SA and CV. Independent  $t$  tests (two-tailed) calculated separately for the men and their spouses failed to reveal group differences on these continuous variables. Chi-square analysis on the categorical variable of the men's marital status by treatment group showed significant group differences,  $\chi^2(5, N = 83) = 11.68, p < .05$ , Cramer's  $V = .38$ . There was a greater proportion of men in the Group SA (50%) than in Group CV (32%) who were married, whereas a greater proportion of men in Group CV (37%) than men in Group SA (7%) were separated or divorced. There was a similar proportion of men in Group SA (17%) and Group CV (12%) who were never married. Socioeconomic status was also evaluated, and no significant differences were found between men in Group SA and Group CV on monthly income ( $M = \$1,489, SD = \$1,280$  vs  $M = \$2,027, SD = \$1,856$ ,

Table 1

Demographic Characteristics of Men and Their Spouses by Treatment Setting

Variable	Group SA			Group CV		
	<u>M</u>	<u>SD</u>	<u>n</u>	<u>M</u>	<u>SD</u>	<u>n</u>
Men						
Age	36.81	9.78	42	38.70	8.55	41
Marital	9.91	9.88		6.65	6.92	
Education	10.98	2.28		12.12	2.71	
Job	9.88	5.73		8.99	6.58	
Spouses						
Age	36.52	11.83	31	36.96	10.70	24
Education	11.53	2.08		12.50	2.68	

Note. The mean values represent years.



respectively) nor on total debts ( $M = \$7,216$ ,  $SD = \$9,111$  vs  $M = \$7,899$ ,  $SD = \$10,561$ , respectively).

Prior to evaluating the substance abuse and conjugal violence data, the men's referral source to treatment was analyzed (see Table 2). Two subjects (both from Group CV) were missing data on this variable due to interviewer error. Chi-square analysis found significant group differences on referral source percentages between men in SA treatment and men in CV treatment,  $\chi^2(4, N = 81) = 10.30$ ,  $p < .05$ , Cramer's  $V = .36$ . There was a greater proportion of men in Group SA (29%) than in Group CV (13%) who were referred by family, whereas there was a greater proportion of men in Group CV (13%) than in Group SA group (0%) who were referred by a legal source.

#### Substance Abuse Data

Chi-square analysis on the men's previous substance abuse treatment (i.e., at least once), found significant group differences,  $\chi^2(1, N = 83) = 6.86$ ,  $p < .05$ , Cramer's  $V = .29$ . A significantly greater proportion of men in Group SA (54%) than in Group CV (24%) had previously received treatment for substance abuse.

The ASI lifetime (years) alcohol and drug use was analyzed with Hotelling's  $T^2$  (i.e., multivariate  $t$  test), and follow-up  $t$  tests were calculated (per comparison alpha level  $.05/3 = .017$ ). A multivariate analysis was chosen because these dependent measures are conceptually and statistically related. Conceptually, it has been noted that increasing numbers of substance abusers who present for treatment use multiple substances (Chapman Walsh et al., 1991). Accordingly, it might be difficult to argue that each substance's use is independent of the others. Statistically, alcohol and drug use were

Table 2

Percentage of Men in Each Treatment Setting by Referral Source from ASI

<u>Referral source</u>	<u>Group SA<sup>a</sup></u>	<u>Group CV<sup>b</sup></u>
Family	29 (12)	13 (5)
Self-referred	14 (6)	13 (5)
Legal	0 (0)	13 (5)
Professional/E.A.P	33 (14)	48 (19)
Clergy/Self-help/other	24 (10)	13 (5)

Note. Values enclosed in parentheses represent counts.

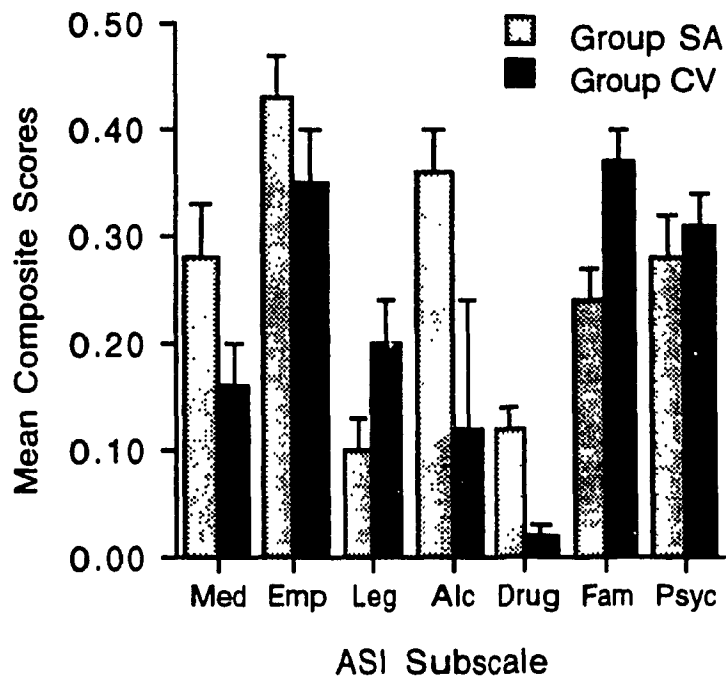
<sup>a</sup>n = 42. <sup>b</sup>n = 39.

significantly correlated (see Appendix D). Therefore, alcohol and drug use were considered to represent overall substance use. The dependent variables analyzed were alcohol use, cocaine use, and cannabis use. There was a significant multivariate group difference,  $F(3, 79) = 8.13, p < .05, R^2 = .24$ . The variable loadings that best represented the multivariate effect were alcohol use (.91) and cocaine use (.62). Men in Group SA had a greater mean years of alcohol use ( $M = 12.74, SD = 8.68$ ) than men in Group CV ( $M = 4.88, SD = 6.95$ ),  $t(81) = 5.02, p < .05, r^2 = .20$ , and a greater mean years of cocaine use ( $M = 4.43, SD = 5.42$ ) than men in Group CV ( $M = 1.41, SD = 3.17$ ),  $t(81) = 3.52, p < .05, r^2 = .13$ . There was no difference between Group SA and Group CV on mean years of cannabis use ( $M = 7.33, SD = 8.03$  vs.  $M = 4.41, SD = 6.86$ , respectively). Other drug use variables (e.g., sedatives, amphetamines, hallucinogens, etc.) were dichotomized (i.e., greater or less than one year of regular use) because the distributions were extremely positively skewed: a result of few clients using these drugs. Chi-square analyses were calculated for these variables. In order, the proportion of men in Group SA and Group CV who had used sedatives, amphetamines, and hallucinogens, were 12% vs. 7%, 7% vs. 10%, and 19% vs. 12%, respectively. No significant group differences were found in the use of these substances.

A Hotelling's  $T^2$  was not calculated for mean days of alcohol and drug use in the past 30 days because cocaine use was extremely positively skewed, possibly a result of minimal substance use during this period. The minimal cocaine use might have been a result of each treatment setting requiring the men to abstain from substance use prior to treatment. Therefore, pursuing a multivariate analysis in this particular case would be

inconsistent with the previous analysis and might underestimate mean monthly drug use. Thus, while univariate analyses were calculated, these means are possibly underestimates of mean monthly substance use. The ASI mean days of alcohol use (i.e., three or more drinks) 30 days prior to treatment were indistinguishable across Group SA and Group CV ( $M = 4.45$ ,  $SD = 6.72$  vs.  $M = 1.63$ ,  $SD = 3.52$ , respectively), nor did the groups differ on mean days of cannabis used ( $M = 2.81$ ,  $SD = 6.00$  vs.  $M = 2.5$ ,  $SD = 6.3$ ). Cocaine use was dichotomized (i.e., no use vs. one or more days use) and a Chi-square analysis was calculated. Accordingly, a significantly greater proportion of men in Group SA (36%) than in Group CV (7%) had used cocaine,  $\chi^2(1, N = 83) = 9.85$ ,  $p < .05$ , Cramer's  $V = .34$ . No significant group differences were found on sedative use (i.e., one subject in each group indicated one day of sedative use), and no other drug use was reported in either group.

A Hotelling's  $T^2$  was calculated for the group mean composite scores on the ASI problem severity areas (Figure 2). There was a significant multivariate difference between the two groups across the problem severity areas,  $T^2(7, 75) = 11.89$ ,  $p < .05$ ,  $R^2 = .53$ . The problem severity variable loadings that best represented the multivariate effect were alcohol problems (.61), drug problems (.56), and family/social problems (-.31). Follow-up  $t$  tests (per comparison alpha level was  $.05/7 = .007$ ) were calculated for each problem severity measure. Group SA had a significantly greater mean composite score ( $M = .36$ ,  $SD = .24$ ) than the Group CV ( $M = .12$ ,  $SD = .12$ ) on alcohol problem severity,  $t(81) = 5.91$ ,  $p < .05$ ,  $r^2 = .30$ . Group SA also had a significantly greater mean composite score ( $M = .12$ ,  $SD = .11$ ) than Group CV ( $M = .02$ ,  $SD = .04$ ) on drug problem severity,  $t(81) = 5.35$ ,  $p < .05$ ,  $r^2 = .26$ . However, the Group CV had a significantly greater mean



**Figure 2.** Mean composite scores (+SE) for Group SA (n = 42) and Group CV (n = 41) on the ASI subscales (Med = Medical; Emp = Employment; Leg = Legal; Alc = Alcohol; Drug = Drug; Fam = Family/Social Relationships; Psyc = Psychiatric).

composite score ( $M = 37$ ,  $SD = .21$ ) than Group SA ( $M = 24$ ,  $SD = 19$ ) on family/social relations problem severity,  $t(81) = -2.93$ ,  $p < .05$ ,  $r^2 = .10$ . The mean composite scores (standard deviations in parentheses) on medical, employment, legal, and psychiatric problem severity for Group SA and Group CV were .28 (.31) vs. .16 (.24), .43 (.28) vs. .35 (.32), .10 (.17) vs. .20 (.24), and .28 (.26) vs. .31 (.21), respectively. No significant group differences were found on the latter four problem severity measures.

Chi-square analyses were calculated for ASI data on the men's report of their own experience of family abuse. Presented in Table 3 are the proportion of men in Group SA and Group CV who experienced emotional (i.e., feel bad through harsh words), physical abuse (i.e., cause physical harm), and/or sexual abuse (e.g., forced sexual advances or sexual acts) in the past by a family member, relative, etc. A significantly greater proportion of men in Group CV (54%) than in Group SA (26%) reported to have experienced physical abuse in their lifetime,  $\chi^2(1, N = 83) = 1.34$ ,  $p < .05$ , Cramer's  $V = .13$ . There were no significant group differences on proportion of men who reported to have experienced emotional or sexual abuse.

Chi-square analysis was calculated on the SCID alcohol and drug diagnoses for both group of men (Table 4). There was a significantly greater proportion of Group CV (34%) than Group SA (0%) diagnosed as having neither alcohol nor drug problems,  $\chi^2(7, N = 83) = 24.92$ ,  $p < .05$ , Cramer's  $V = .55$ . Conversely, there was a greater proportion of Group SA (60%) than Group CV (27%) diagnosed as dependent on alcohol and drugs.

Independent  $t$  tests were calculated for the spousal reports of the men's alcohol (ADS) and drug abuse (DAST). The men in Group SA had a significantly greater mean

Table 3

Percentage of Men by Treatment Setting Who Reported Past Emotional,  
Physical, and/or Sexual Abuse by Family or Friends

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Type of abuse	Group SA <sup>a</sup>	Group CV <sup>b</sup>
Emotional	67 (28)	78 (32)
Physical	26 (11)	54 (22)
Sexual	10 (4)	7 (3)

---

Note. Values enclosed in parentheses represent counts.

<sup>a</sup>n = 42. <sup>b</sup>n = 41.

Table 4

Percentage of Men in Group SA and Group CV by SCID Diagnoses

Alcohol diagnoses	Drug diagnoses		
	Neither	Abuse	Dependence
Group SA <sup>a</sup>			
Neither	0 (0)	0 (0)	7 (3)
Abuse	0 (0)	0 (0)	7 (3)
Dependence	19 (8)	7 (3)	60 (25)
Group CV <sup>b</sup>			
Neither	34 (14)	5 (2)	5 (2)
Abuse	5 (2)	0 (0)	2 (1)
Dependence	15 (6)	7 (3)	27 (11)

Note. Values enclosed in parentheses represent counts.

<sup>a</sup>n = 42. <sup>b</sup>n = 41.



score ( $M = 15.00$ ,  $SD = 8.90$ ) than the men in Group CV ( $M = 5.50$ ,  $SD = 8.60$ ) on the ADS,  $t(54) = 4.39$ ,  $p < .05$ ,  $r^2 = .20$ . Group SA's mean ADS indicates a moderate level of alcohol dependence, whereas Group CV's mean ADS indicates a low level of alcohol dependence. Additionally, men in Group SA had a significantly greater mean score ( $M = 7.94$ ,  $SD = 6.41$ ) than men in Group CV ( $M = 3.25$ ,  $SD = 5.64$ ) on the DAST,  $t(54) = 2.90$ ,  $p < .05$ ,  $r^2 = .13$ . Group SA's mean DAST indicates a moderate level of drug abuse, whereas Group CV's mean DAST indicates a low level of drug abuse.

### Conjugal Violence Data

Presented in Table 5 are the percentage of men in each group who either verbally, physically, psychologically, or sexually abused their spouses once, twice, or more than three times in the preceding year, according to the CTS. Chi-square analyses were calculated for each CTS scale. All of the men in both groups reported that they had verbally abused their spouse three or more times. There was a significantly greater proportion of men in Group CV (46%) than in Group SA (24%) who reported more than three episodes of physical aggression,  $\chi^2(1, N = 83) = 4.63$ ,  $p < .05$ , Cramer's  $V = .24$ . There were no significant group differences on proportion of men reporting psychological abuse. A significant greater proportions of men in Group SA than in Group CV reported they had sexually abused their spouses once, twice, and three or more times,  $\chi^2(1, N = 83) = 6.80$ ,  $10.80$ , and  $7.06$ , respectively,  $p < .05$ , Cramer's  $V_s = .29$ ,  $.36$ , and  $.29$ , respectively.

The mean group composite scores for the men on the modified version of the CTS are presented in Figure 3. A significant multivariate group difference was found on the

Table 5

Percentage of Men Reporting Verbal, Physical, Psychological, and/or Sexual Abuse on the CTS.

Conflict Tactics Scale	Group SA <sup>a</sup>	Group CV <sup>b</sup>
Verbal		
Once	100 (42)	100 (41)
Twice	100 (42)	100 (41)
Three or more times	100 (42)	100 (41)
Physical		
Once	50 (21)	68 (28)
Twice	38 (16)	54 (22)
Three or more times	24 (10)	46 (19)
Psychological		
Once	79 (33)	76 (31)
Twice	76 (32)	76 (31)
Three or more times	74 (31)	73 (30)
Sexual		
Once	33 (14)	10 (4)
Twice	33 (14)	5 (2)
Three or more times	21 (9)	2 (1)

Note. Values enclosed parentheses represent counts.

<sup>a</sup>n = 42. <sup>b</sup>n = 41.

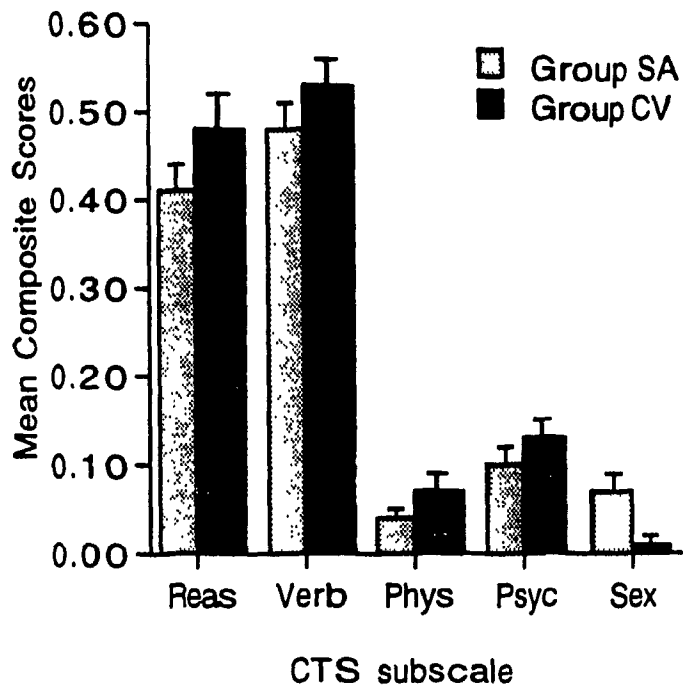


Figure 3. Mean composite scores (+SE) for Group SA (n = 42) and Group CV (n = 41) groups on the CTS subscales (Reas = Reasoning; Verb = Verbal abuse; Phys = Physical abuse; Psyc = Psychological abuse; Sex = Sexual abuse).

CTS, Pillai  $\underline{V} = 24$ ,  $\underline{F}(5, 77) = 3.47$ ,  $p < .05$ ,  $\underline{R}^2 = .18$ . Pillai multivariate statistic, a conservative statistic, was reported because violations to the normality assumption were obtained due to the skewed distribution of the sexual abuse scale. The scales' loadings that best represented the multivariate effect were sexual abuse (-.64) and physical aggression (.42). Due to the skewed distribution of the sexual abuse scale, a Mann-Whitney  $\underline{U}$  statistic was calculated. Group SA had a significantly greater rank sum than Group CV on the sexual abuse scale ( $\Sigma = 1981$  vs.  $\Sigma = 1505$ , respectively), Mann-Whitney  $\underline{U} = 1078$ ,  $p < .05$ . Univariate  $t$  tests were calculated as follow-up analyses for the remaining CTS scales (per comparison alpha level  $.05/5 = .01$ ). No significant group differences were found on reasoning, nonphysical-verbal abuse, physical aggression, or psychological abuse (see Appendix E for a summary of group mean CTS composite scores).

The mean group composite scores for the CTS couple data are presented in Table 6. Hotelling's  $\underline{T}^2$  were calculated for the couple data in each group, and univariate  $t$  tests were calculated as follow-up analyses. While no significant multivariate group differences were found, follow-up univariate analyses (per comparison alpha level  $.05/5 = .01$ ) showed a trend for spouses in Group CV to have greater mean scores than clients in Group CV on CTS physical aggression,  $t(46) = -2.44$ ,  $p < .02$ , and psychological abuse,  $t(46) = -2.55$ ,  $p < .015$ . No other univariate group differences were found.

Table 6

Mean CTS Composite Scores for Couple Data by Treatment setting

Scale	Client			Spouse		
	<u>M</u>	<u>SD</u>	<u>n</u>	<u>M</u>	<u>SD</u>	<u>n</u>
Group SA						
Reasoning	.44	.21	32	.33	.19	32
Verbal aggression	.49	.20		.45	.21	
Physical aggression	.05	.07		.05	.06	
Psychological abuse	.10	.11		.14	.12	
Sexual abuse	.07	.13		.07	.20	
Group CV						
Reasoning	.47	.24	24	.31	.21	24
Verbal aggression	.56	.19		.62	.23	
Physical aggression	.06	.07		.15	.17	
Psychological abuse	.13	.13		.26	.20	
Sexual abuse	.01	.07		.09	.18	

## Discussion

The present finding that more than half of the men in both the substance abuse and conjugal violence settings exhibit both problems suggests that the exclusive treatment focus on substance abuse in the former setting and conjugal violence in the latter setting is questionable. Two-thirds of the men in Group CV received a minimum diagnosis of substance abuse based on the SCID psychoactive substance use subscale, and greater than half of the men in Group SA reported either verbal, physical, psychological, or sexual abuse based on the CTS. These findings indicate that the majority of the men presenting to either substance abuse or conjugal violence treatment might benefit from treatment for problems in both domains. Comprehensive treatment regimes which better address the composite needs of these men seem appropriate in both settings.

The proportion of men who exhibit both substance abuse and conjugal violence identified in both treatment settings is consistent with previous research. In Group CV, 56% were alcohol abusers and 46% were drug abusers with lifetime histories of cocaine and cannabis abuse. This proportion of men in Group CV who abused alcohol was consistent with Fitch and Papantonio's (1983) sample of men who were physically abusive toward their spouses and undergoing conjugal violence treatment. However, the proportion of violent men in their sample that abused drugs (18%) was less than those in present findings. Demographic characteristics of their sample were not reported, thus it was unclear if sample characteristics contributed to the difference in proportion of drug abusers. Measurement differences might have contributed to the difference in findings because there was no standardized measure of drug abuse in Fitch and Papantonio's study,

whereas the present study employed the psychoactive substance use subscale of the SCID. Additionally, while the proportion of men in Group SA that reported physical abuse was consistent with Powers et al.'s (1983) finding that alcoholic men exhibit violent behavior, greater sexual abuse was reported in the present study. The present study used three CTS items that defined and operationalized sexual abuse, whereas Powers et al. employed one item (i.e., "sexual abuse or rape") that was undefined. Thus, while differences exist between the findings of the present study and those of Powers et al., the present study's definitive measure of sexual abuse might explain the differences. Overall, the finding that a large proportion of men in both treatment settings exhibit both problems supports previous descriptive research in both settings, and is consistent with the initiative for more coordinated treatments (Stith et al., 1991).

Numerous suggestions have been proposed to promote a more coordinated treatment approach better tailored to the composite needs of men who exhibit both problems. First, screening for both problems in either treatment setting with brief standardized assessments, including the substance abuse subscale of the SCID and the CTS, might help to clearly identify men who exhibit both problems. In the present findings, it was noted that not only was drug abuse reported with alcohol abuse in Group CV, but also that other forms of spouse abuse were reported along with physical abuse in Group SA. These findings suggest the need for more comprehensive screening measures for all types of substance abuse and conjugal violence. Following a positive screening for either problem, a more in-depth multidimensional assessment (e.g., ASI) would provide a fuller description of the problem's scope which could then better permit the tailoring of

treatment to the individual's composite needs. Given the lack of awareness and inconsistent attitudes about men who exhibit both problems in both settings (Bennett & Lawson, 1994), another suggestion is to better prepare the treatment staff and clients in the respective settings about these men (Wilcox, 1991; Powers et al., 1983). Furthermore, referrals between the two treatment settings might also establish more coordinated treatments (Stith et al., 1991), such partnerships are in full accord with the provincial initiatives which advocate that health providers adapt to the individual's needs and not the reverse (Ministère de la Santé et des Services Sociaux, 1990). In the present study, professional/E.A.P. (i.e., employee assistance programs) and self-help groups were the predominant referral sources in both treatment settings. Given the similar proportions of men who exhibit both problems in each setting, it is unclear if any systematic bias exists when these men are referred to treatment. Based on the limited knowledge base about these men, the determinants of their treatment trajectory (i.e., substance abuse vs. conjugal violence) are unclear. Therefore, the factors which influence professionals' decisions to refer these men to either treatment setting remain unclear. Further examination of these determinants might indicate if any systematic bias exists in referring these men. Finally, systematic evaluation of treatment outcome of men who exhibit both problems might provide insight into possible refinements to optimize treatment for the composite needs of such men. Specifically, do these men differ from their treatment cohorts (e.g., substance abuse only men) on treatment outcome, and what possible factors influence this outcome? Overall, these are some of the suggestions that are proposed to promote more coordinated treatments.



Men in Groups CV and SA in the present study were found to present with numerous common characteristics on (a) violence profiles (b) past experiences of abuse, and (c) problem severity profiles. First, group similarities were noted on reports of verbal, psychological, and physical abuse. The finding that verbal and psychological abuse were more frequently reported than physical abuse suggests that physical abuse as the sole criteria for conjugal violence might underestimate the proportion of SA men that are spouse abusers, and likewise underestimate the abuse profile of CV men. The operationalization of nonphysical abuse might be difficult, but the CTS (Ouellet et al., 1993) has been modified to identify various forms of abuse. Given the consensus that many forms of abuse exist in the SA setting, future research might profitably focus on both physical and nonphysical forms of abuse with substance abuse.

The second common characteristic found between the men in Group SA and Group CV, namely, the consistent report of past experiences of physical, emotional, and sexual abuse, is reflected in other descriptive research (Ponzetti et al., 1982, Fitch and Papantoniou, 1983). While Stith et al.'s (1991) finding that men in either conjugal violence (82%) or substance abuse (80%) treatment reported a history of childhood family violence, it is unclear if the present findings are consistent. The proportion of men in the present study found to report a history of abuse was less than the proportion of men in Stith et al.'s study. However, while the present study examined past experiences of abuse, previous research examined the past witnessing of abuse. These incongruent measures might account for the discrepancies on the proportion of men who report a history of abuse.

The final similar characteristic seen between the men in Groups SA and CV in this sample, was the problem severity profiles on the ASI. Similarities were noted on medical, employment, legal, and psychiatric problem severity. These findings support previous research that identify the latter three problem areas as important correlates to both substance abuse and conjugal violence (Kaufman Kantor & Straus, 1990; Leonard & Senchak, 1993). The similar problem severity profiles of men in Groups SA and CV supports the need for a multidimensional paradigm to examine the relationship between substance abuse and conjugal violence (see below). Overall, group similarities on conjugal violence profiles, past experiences of abuse, and problem severity profiles indicate some common traits that might be considered both when planning coordinated treatments for substance abuse and conjugal violence, as well as when evaluating the relationship between the two constructs.

Consistent with previous observations (Ponzetti et al., 1982), men in Group CV in the present study exhibited greater social problems than the men in Group SA. The men in Group CV were more likely to be divorced or separated and were less likely to receive family/friend referrals to treatment. This finding is consistent with Ponzetti et al.'s observation that an absence of a social network (i.e., isolation) contributes to the profile of a violent man. Men in Group CV had greater family/social problem severity on the ASI composite scores indicating greater family/social conflict in the month prior to treatment. The greater level of conflict seen in these men might be reflecting the role of spousal threats to leave or actual separation, which might possibly compel the men to enter treatment as a final attempt at reconciliation (Adams, 1990).

The drug abuse (i.e., cocaine and cannabis abuse) and nonphysical spouse abuse (i.e., verbal, psychological, and sexual abuse) reported by both groups suggests that the past model (i.e., alcohol abuse and physical abuse) used to examine the relationship between substance abuse and conjugal violence in both settings might be limited. Given these findings, a multidimensional paradigm might better represent the relationship between substance abuse and conjugal violence, and would thus be consistent with other paradigms in the social sciences which emphasize multiple variable relationships (Roizen, 1993). In addition to the multiple dimensions of substance abuse and conjugal violence, other salient parameters such as family history of abuse and other related problem areas (e.g., employment, legal, and psychiatric) might be considered in this relationship. Overall, while the past research paradigm focused on alcohol and physical abuse, the relationship between substance abuse and conjugal violence may have been underestimated.

Spouses of men in Group CV tended to report greater physical and nonphysical abuse than the men themselves, a finding suggestive of the possibility of differential reporting. Spouses of men in Group CV had a tendency to have greater CTS composite scores than the men themselves on the physical and psychological abuse scales. This trend supports previous findings that abusive couples' reports of violent behavior, including physical and nonphysical, differ (Edleson & Brygger, 1986). Research findings on the differential reporting of violent behavior are unclear as to the source of a self-report response bias (i.e., do the men minimize or do the women overreport conjugal violence?). Regardless of the response bias source, the continued use of spousal reports to corroborate the men's self-report of physical and nonphysical abuse seems warranted for

two reasons (1) Without corroborating reports, the researcher has no means by which to judge if a response bias exists, (2) The use of aggregate data as opposed to couple data might result in two separate literature bases (e.g., men's reports vs spouses' reports)

Two limitations of the present study can be identified. First, the CTS items provided little indication of the context of the men's abuse toward women. The CTS has been previously criticized for failing to clarify what circumstances precipitated the violent behavior, and what were the consequences (Rosenbaum, 1988). The consequence or level of injury related to each item on the CTS may vary. For example, a push might not result in physical injury, but a push down a staircase might readily do so. Therefore, the consequence in which the behavior occurred and not just the behavior itself might be relevant to the interpretation of the CTS. The complex psychometrics required to remedy this problem were not undertaken in the present study, so the present study suffers from the above mentioned shortcomings on the CTS. Future research might clarify the context and the consequences accompanying each item of the CTS. The second limitation is that since both treatment settings required the men to abstain from substance use in the month prior to admission, data obtained from the ASI on mean days of substance abuse are most likely an underestimate the men's usual monthly substance abuse. Therefore, inferences based on reports of monthly substance use from the current data must be made cautiously. In order to better measure the men's usual level of substance usage, future research might employ measures that focus on periods prior to the month preceding intensive treatment.

What are the future directions for research and clinical work given the present findings? The present study found the majority of men exhibiting substance abuse and

conjugal violence behaviors in both treatment settings. As such, the next logical step for research might be to compare these men with their treatment cohorts. However, clearer diagnostic classifications need first to be established for both problem areas. Although the present study attempted to address these issues, conjugal violence in particular remains an elusive construct. From a clinical perspective, increased awareness of the related problems in these settings might aid in the provision of more targeted and coordinated treatment approaches for these men.

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Appendix A  
Conflict Tactics Scales



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ID# \_\_\_\_\_ CLASS \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

GENDER  Male  Female AGE \_\_\_\_\_

**The Conflict Tactics Scales (CTS), Couple Form R**

- Q35.** No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, or just have spats or fights because they're in a bad mood or tired or for some reason. They also use many different ways of trying to settle their differences. I'm going to read some things that you and your (spouse/partner) might do when you have an argument. I would like you to tell me how many times (Once, Twice, 3-5 times, 6-10 times, 11-20 times, or more than 20 times) in the past 12 months you :
- Q36.** Thinking back over the last 12 months you've been together, was there ever an occasion when (your spouse/partner) (READ ITEM)? Tell me how often (he/she)
- Q37.** (If either "Never" or Don't know" on item for both Q35 and Q36, ask Q37 for that item) Has it ever happened?

	(Q35) Respondent						(Q36) Spouse						(Q37) Ever?			
	Once	Twice	3-5 times	6-10 times	11-20 times	more than 20	Never	Once	Twice	3-5 times	6-10 times	11-20 times	more than 20	Never	Y	N
	a Discussed an issue calmly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Got information to back up your/his/her side of things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Brought in or tried to bring in someone to help settle things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Insulted or swore at him/her/you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Sulked or refused to talk about an issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f Stomped out of the room house or yard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g Cried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h Did or said something to spite him/her/you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i Threaten to hit or throw something at him/her/you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j Threw or smashed or hit or kicked something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k Threw something at him/her/you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l Pushed, grabbed, or shoved him/her/you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m Slapped him/her/you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n Kicked, bit, or hit him/her/you with a fist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o Hit, or tried to hit him/her/you with something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p Beat him/her/you up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q Choked him/her/you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r Threatened him/her/you with a knife or gun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s Used a knife or fired a gun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Generally speaking, in the last 12 months, did you ever:**

	Once	Twice	3-5 times	6-10 times	11-20 times	more than 20	Never	Ever?	
								Y	N
t Try to control the comings and goings of your spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u Keep your spouse from contacting her friends and relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v Make decisions for your spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
w Prevent her from taking a job outside the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
x Arrange things to keep her dependent on you for her needs (money, transportation, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
y Verbally forbid her to leave the room or the house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
z Threaten her with taking the children away in case of separation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
aa Threaten to leave her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
bb Threaten her with suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
cc Drive wrecklessly in order to scare her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
dd Interrupt her sleep or meal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ee Push around or hit the dog, cat or other house pets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ff Strongly insist on having sexual intercourse with her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gg Make her perform unwanted sexual acts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
hh Force her to have sexual intercourse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ii Push around or hit one of the children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Appendix B**

**Client Informed Consent Form**

## **Patient Consent Form**

### Informed Consent

(Name of Treatment Center) is participating in a research study aimed at improving services available for individuals coping with problems involving substance use patterns and interpersonal relationships. Your cooperation is requested in this endeavor. It is anticipated that the results of this study will allow us to promote greater awareness of the needs of individuals such as yourself in treatment and to consequently provide better services in the future. Your cooperation is vital in the realization of this goal.

One part of this assessment will involve you being interviewed for approximately 1 1/2 - 2 hours to provide us with information concerning your substance use patterns, interpersonal functioning and general well-being. This assessment procedure will be carried out at the beginning of your treatment only. The session will be scheduled in order to minimize any disruption to your treatment.

The other part of this assessment will involve your spouse. Therefore, we are requesting permission to contact your spouse to solicit her help in this project. Your spouse will be interviewed (about 1/2 hours) concerning her perspective on the problems you are seeking treatment for. A brief follow-up with your spouse in approximately one to two weeks will also be undertaken. All interviews are carried out by trained professional interviewers.

At the termination of this project, if interested you may receive a summary of the overall findings of the research project. More specific information about you and your family gathered by way of interviews, will be available to you on request at the end of the project in late fall of 1995.

### Risks and Discomforts

We envision no risk to you or your spouse's physical or psychological well-being due to any of the above procedures. All procedures employed in this study conform to principal 9 of the American Psychological Association's "Ethical Principles of Psychologists" with respect to conducting research with human subjects.

### Confidentiality

All data collected will be kept strictly confidential. A qualified researcher from Concordia University or (Name of Treatment Center) who is not involved in your treatment will gather the above information. Thus, the information you provide will in no way influence your treatment. Information gathered from you and your spouse will be coded for the purpose of statistical analysis and will not be available to the clinical staff or others not directly involved with this study nor will it be used in your medical file. Only group data will be used in any presentations arising from this work. Neither you nor your spouse will have access to the information the other divulges.

There is one situation in which our commitment to confidentiality may be waived. If our data is strongly suggestive of harm to you or others (e.g., suicide, child abuse or



physical harm to others) we must inform you and if necessary the appropriate health professionals.

Inquiries

If you have any doubts or questions concerning any of the procedures, you may ask either Dr. Thomas Brown at 848-2856 or Ms Annette Werk at 398-6347 for further information concerning this study.

Freedom of Consent

Your participation in this experiment is voluntary You are free to deny, or withdraw from the study at any time without any danger to your treatment

Informed Consent

I have read this form and I understand the test procedures I consent to participate in these procedures.

Signature of the Participant. \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # (home): \_\_\_\_\_

Witnessed by. \_\_\_\_\_

I further consent to my spouse being interviewed at the present time for the purpose of the present study.

Spouse's Name: \_\_\_\_\_

Spouse's Address (if different than above) \_\_\_\_\_

Telephone # (if different than above): \_\_\_\_\_

Initial of Participant: \_\_\_\_\_,

Initial of Witness: \_\_\_\_\_.

Date: \_\_\_\_\_.

Appendix C

Spouse Informed Consent Form

## **Spousal Consent Form**

### Informed Consent

Your spouse/partner has agreed to participate in a research program at (Treatment Center) that will allow us to evaluate the needs of individuals with problems of substance use patterns and/or interpersonal functioning. We feel that thorough treatment should include a broad assessment of the well-being and the needs of individuals such as your spouse. We are asking for your participation in this program. It is anticipated that the results of this study will allow us to promote greater awareness of the needs of individuals such as your spouse undergoing treatment, and to consequently provide better services in the future. Your cooperation will be much appreciated.

Your participation would involve responding to questions about your perception of the problems faced by your spouse. This procedure would be carried out at the beginning of your spouse's treatment and will take about 1/2 an hour. We will attempt to schedule an interview as conveniently for you as possible, and may be conducted in person at your home, at (Treatment Center), or at our research annex located on Bishop St. in downtown Montreal or by telephone, whichever is more convenient for you.

At the termination of this project, you will receive a summary of the overall findings of the research project.

### Risks and Discomforts

We envision no risk to you or your family's physical or psychological well-being due to any of the above procedures. All procedures employed in this study conform to principal 9 of the American Psychological Association's "Ethical Principles of Psychologists" with respect to conducting research with human subjects.

### Confidentiality

All data collected will be kept strictly confidential. A qualified researcher from Concordia University who is not involved in your spouse's treatment will gather the above information. In no way will the data collected for the purpose of this research influence your spouse's treatment. Information gathered from you will be coded for the purpose of statistical analysis and will not be available to the clinical staff or others not directly involved in this study, nor will it be included in your spouse's medical file. Your spouse will also not have access to the information you divulge or vice versa. Only group data will be used in any presentations arising from this work.

There is one situation in which our commitment to confidentiality may be waived. If our data is strongly suggestive of harm to you or others (e.g., suicide, child abuse or physical harm to others) we must inform you and if necessary the appropriate health professionals. A brief follow-up with you in the form of a telephone call by one of the researchers will be undertaken in about a week to ensure you are secure.

Inquiries

If you have any doubts or questions concerning any of the procedures, you may ask either Dr Thomas Brown at 848-2856 or Ms Annette Werk at 398-6347 for further information concerning this study.

Freedom of Consent

Your participation in this experiment is voluntary. You are free to deny consent, or withdraw from the study at any time without any danger to your spouse's treatment.

Spousal Informed Consent

I have read this form and I understand the test procedures. I consent to participate in these procedures

Signature of the Participant \_\_\_\_\_.

Witnessed by \_\_\_\_\_.

Date \_\_\_\_\_.

Appendix D

Intercorrelations Between Lifetime Alcohol, Cannabis, and Cocaine Use on the ASI

Table D1

Intercorrelations between lifetime alcohol, cannabis, and cocaine use on the ASI.

Substance	1	2	3
Total sample (N = 83)			
1. Alcohol	--	.26*	.34*
2. Cannabis		--	.49*
3. Cocaine			--

\*  $p < .05$

Appendix E

Table of Men's Group Mean (SD) Composite Scores on CTS

Table E1

Men's Group Mean Composite Scores on the Conflict Tactics Scales

Scale	Substance abuse group			Conjugal violence group		
	<u>M</u>	<u>SD</u>	<u>n</u>	<u>M</u>	<u>SD</u>	<u>n</u>
Reasoning	.41	.21	42	.48	.25	41
Verbal aggression	.48	.19		.53	.22	
Physical aggression	.04	.07		.07	.10	
Psychological abuse	.10	.11		.13	.12	
Sexual abuse	.07	.13		.01	.05	