

AN EXPLORATORY STUDY OF THE RELATIONSHIP
BETWEEN A HISTORY OF FAMILY ALCOHOL
ABUSE AND SEXUAL ABUSE IN
VICTIMS OF DOMESTIC
VIOLENCE

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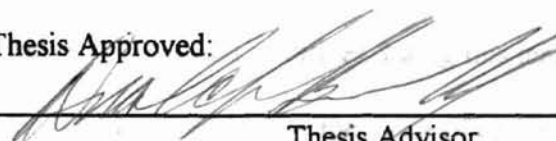
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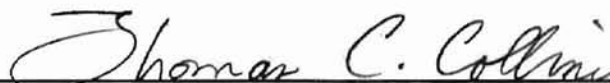
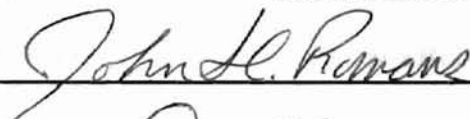
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CONFIDENTIAL COMPREHENSIVE

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CHAPTER I

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CHAPTER I

INTRODUCTION

Statement of the Problem

Behavioral and social scientists have shown much concern and interest in the problems facing the family in the last quarter of a century. Interpersonal violence, alcohol abuse, and child abuse, are often a small segment of the interconnected parts of the problems taking place in homes everywhere.

Among the many problems that today's families face, one of the most devastating is spousal abuse. The United States Surgeon General has identified domestic violence as a major health problem for women. Browne & Williams (1987) concluded from their studies on family violence that "a woman is more likely to be injured, assaulted, raped, or killed by a male partner than by any other type of assailant." Their studies found further, that in cases of one-on-one murder, and cases of non-negligent manslaughter between 1980-84, that more than one-half (52%) of female victims were killed by their male partners.

Intertwined in the chaotic environment of some abusive homes is the problem of childhood sexual abuse. Numerous large scale studies have investigated the extent of incest among predominantly white, middle class families in the United States. The results show that approximately 10% of all women report having experienced at least one sexual contact with a father or a stepfather (Finkelhor, 1979; Kinsey et al. 1953; Landis, 1956). Studies also suggest that a woman who was sexually abused as a child may be at increased risk of revictimization in later life (Browne & Finkelhor, 1986). A study

conducted among 900 children from battered women's shelters found that nearly (50%) had been physically or sexually abused (Layser, Goodson, & deLange, 1986).

Another problem closely related to intra-familial abuse is the incidence of alcohol and drug abuse among family members. Some researchers postulate that there appears to be a relationship between being an incest victim and being a child of an alcoholic parent. Scrigler (1984) found, in his study of incest among military personnel, that 10-50% of men who commit incest are alcoholics. Burns (1982) reports that in a counseling program for incestuous families, seventy-five percent of the participants reported alcohol problems. Burns reports further, that studies conducted in a prison setting found that forty-six percent of incest offenders had problems with alcohol as well.

The American Psychiatric Association estimates that approximately 10 million adults are addicted to alcohol. There are an estimated 30 million children of alcoholics in the United States. Of these, approximately 6.6 million children of reported alcoholic parents are under the age of 18, and 23 million are above that age (Blum & Payne, 1991).

Need for Research

The majority of the research done in the area of domestic violence has not, thus far, exclusively examined the variables of alcohol abuse among parents of domestic violence victims, and childhood incest issues among the victims themselves. Although there have been numerous studies connecting incest and alcohol abuse by incest perpetrators, few studies have dealt with the questions of the incidence of incest and familial alcohol abuse among domestic violence victims, and the relationship, if any, between alcohol abusing parents and incest.

stepfather, stepmother, uncle, aunt, or grandparents. The sexual

The purpose of this study is to examine cases of domestic violence victims who have experienced childhood sexual abuse perpetrated by a blood relative, such as, a father, a mother, an aunt, an uncle, a cousin, a brother or sister, including a step-father, thus constituting an incestuous contact with the victim. This study further analyzes the incidence of alcohol abuse among parents and close relatives of the abuse victims. The knowledge gained from this study will hopefully provide a more comprehensive assessment of therapeutic needs of the victims of domestic violence, and will result on the improvement of the client's quality of care.

Statement of the Hypothesis

Based on the review of the literature on the subject of domestic violence victimization, childhood sexual abuse, namely incest (Incst), and familial alcoholism (FamAlc), it is hypothesized that a significant relationship exists between a history of family alcohol abuse and a history of sex abuse for domestic violence victims. More specifically it is expected that a greater number of domestic violence victims are victims of childhood sexual abuse, and are also adult children of alcohol abusing parents, than would be expected from the general population of non-alcohol abusing parents.

Definition of Terms

For the purpose of this study, Domestic Violence is defined as any act occurring within the home involving, physical abuse, verbal abuse, psychological abuse, child abuse, marital rape, and incest, by members of nuclear and extended family.

Incest is defined as any sexual contact between a child, sixteen years old or younger, and a family member, such as; father, mother, stepfather, stepmother,

stepbrother, stepsister, uncle, aunt, cousin, brother, sister, or grandparents. The sexual contact can include: intercourse, fondling of breasts and genitals, petting, oral sex, and other sexually intrusive acts, done either with or without consent of the victim.

Alcohol abuse is defined as any amount of drinking consumed by family members, specifically, mother, father, stepfather, stepmother, grandparents, uncles, aunts, cousins, and siblings, in which the subjects perceived as having negative consequences and family dysfunction during their childhood.

Limitations of the Study

One limitation of this study is sample selection bias. Because the sample is derived from extant data within a clinical population, that is, domestic violence, the results cannot be generalized. This limits the external validity of the study. Another limitation is that the use of extant data limits the amount of information that is available for this study.

Some researchers have noted that using the "family history method" to assess for family history of alcohol abuse can result in a bias toward underreporting (Sher, 1991). They argue that direct assessment of family members is more accurate if done directly. Because direct family assessment is not always possible, however, the family history method will probably continue to be used to identify children of alcoholics.

A number of confounding variables also limit the internal validity of this study. Researchers have noted that alcoholic parents may also have coexisting psychiatric diagnoses, in addition to the diagnosis for alcohol abuse. These disorders may include antisocial disorders and psychosexual disorders, such as pedophilia. These factors may contribute to the difficulty in assessing whether incestuous activity is directly associated with alcohol abuse or other psychopathology.

Other limitations of the study concern its failure to consider the heterogeneity of the population from which the study sample is derived. Because of the fact that the sample was derived from extant data it is difficult to control for population selection bias. While many of the subjects may have sought counseling voluntarily, others may have been ordered by the courts for counseling. These two populations may differ in their willingness to give information regarding past sexual abuse and/or alcohol problems among their family members.

CHAPTER II

REVIEW OF RELATED RESEARCH

Introduction

Beginning in the early 1970s, a plethora of studies on the victimization of women and children have served to broaden the understanding of the dynamics involved in family violence. Until then, the subject of violence and abuse among family members, was met with much resistance and apathy. As public awareness of the extent of the problem began to take hold, however, changes have occurred which have lead to great strides into the understanding of the etiology involved in family violence and child abuse.

Three of the major problems facing the family realm today are: interpersonal violence, childhood sexual abuse, (specifically incest for the purpose of this study) and parental alcohol abuse.

Scope of the Problem

The consequences of family violence have grave impact on the family's physical, social, and psychological well being. Each year, more than 1,000 women (approximately four women per day) are killed by their husbands or partners, and an estimated 3 to 4 million women are battered by their husbands or partners. Further, more than one million women seek medical assistance for injuries caused by a battering partner each year (Stark & Flitcraft, 1988). A study conducted in 1985 on the prevalence of family violence concluded that a total of 2,116 people were killed by spouses, 730 children were killed by parents, 504 parents were killed by their children, and 403 siblings were killed by siblings (Straus & Gelles, 1986).

Domestic Violence and Alcohol

Although studies conducted in the area of domestic violence and alcohol abuse have not proved a causal connection between the two variables, most of the studies conducted in this area have found a relatively high incidence of alcohol abuse among men who batter. For example, studies concluded that alcohol consumption contributes to increased aggressive behavior (Pihl & Zacchia, 1986; Taylor & Leonard 1983; Zeichner & Pihl, 1979) and assaultive behavior, (Leonard, Bromet, Parkinson, Day & Ryan, 1985) as well as criminal activities involving violence (Voss & Hepburn, 1968; Wolfgang & Strohm, 1956). Gelles, (1974) reported that in a study of physical assault between male/female partners, 44% of the sample was under the influence of alcohol when the violent episode occurred. Walker, (1984a) found in her study of 400 battered women that 47% of batterers abused alcohol frequently. Studies that show a direct association between drinking and marital violence indicate that 30% to 70% of battered wives report their husbands to either have a drinking problem or to be alcoholic (Fagan, Stewart, & Hansen, 1983; Roy, 1982).

Conceptual and methodological weaknesses consistently found in studies of the relationship between marital violence and alcohol have been a source of difficulty in establishing definite conclusions on the extent of the role alcohol may or may not have on marital violence. Leonard & Blane (1992) studied 320 married and cohabiting men who participated in a national sample study on alcohol usage and marital aggression. Their study has been the most recent study to date attempting to use a sample from an "approximately nationally representative population" (p. 22). This study uses a large sample, and attempts to control for socio-demographic factors and other individual

characteristics such as, hostility, self-consciousness, and marital satisfaction. Their findings appear to be consistent with the previous research in that support is found for a relationship between alcohol and marital aggression. Although this study is by no means free of limitations, it does help to validate previous findings of the relationship between alcohol and marital aggression.

Incest

Studies concerning with childhood sexual abuse indicate that approximately thirty percent of all women report having been victims of childhood sexual abuse. The victims often cite an older male relative as the offending perpetrator and at least one percent of all women list having been sexually abused by a father or stepfather (Kinsey et al. 1953).

Prevalence and incidence rates of childhood sexual abuse and specifically incest, have been extremely difficult to establish for many reasons. One reason is definition and distinction between intrafamilial and extrafamilial childhood sexual abuse. With a few exceptions such as Russell's (1983) study of the incidence and prevalence of intrafamilial and extrafamilial childhood sexual abuse of female children, the majority of the research on prevalence and incidence of incest comes from studies using a broad definition of childhood sexual abuse. Some studies had no specified definition, such as, Frits, Stoll, & Wagner, 1981; Landis, 1956; Walters, 1975 (cited in Russell, 1986). Among more contemporary studies, only a general definition was used (Keckley Market Research, 1983; Kercher & McShane, 1984). Therefore, findings of intrafamilial childhood sexual abuse appear to emerge incidentally and cannot be generalized. Another problem with past studies of incest is the pervasive reluctance people find in reporting a problem connected with a subject as sensitive as child sexual abuse, especially if the perpetrator

was a member of the victim's nuclear family. Yet another problem with the incest research is the limitations of most studies in regard to representation of the samples from which they were based. Problems associated with the research on incest include sample size, clinical populations, and the use of prison samples (Finkelhor & Hotaling, 1984; Meisemen, 1978).

Despite the methodological weaknesses of the sexual abuse literature (Finkelhor et al., 1986), it has been well established that intrafamilial childhood sexual abuse is much more prevalent than previously thought. As the number of studies on the area of incest increases, researchers have attempted to improve on the methodological limitations of the past studies. One such study was conducted by Russell (1986), where the author attempted to use a relatively large sample size of adult women from a large western city. This study provided the "first scientifically sound basis for generalizing findings about incestuous abuse to the population of adult women in a major U.S. city" (p.10). Russell's (1986) finding concluded that 16% of the 930 women in her study had been sexually abused by a relative before the age of eighteen, and 4.5% had been sexually abused by their fathers before this age.

More recently, a study conducted by the National Center on Child Abuse and Neglect, in 1987, indicated that a total 1,025,900 children were reported and confirmed as abused by the agencies surveyed. Of those, 138,000 children had been sexually abused. This study, however, does not distinguish between those who were sexually abused by intrafamilial members or others.

Childhood Sexual Abuse and the Battered Woman

Any woman can, at any point in her life, become a victim of family violence. The

battered woman, however, may carry a propensity toward abuse victimization from childhood. Evidence of this has been shown specifically among adult survivors of childhood sexual abuse. Russell (1986) found, in a sample of 930 women, that between 38% and 48% of the subjects who had been sexually abused as children had physically violent husbands.

Practically no literature is available concerning whether domestic violence is more prevalent among incest victims as compared to the general population. However, numerous studies on the effects of childhood sexual abuse (Briere, 1984; Browne & Finkelhor, 1986; Butler, 1978; Courtois, 1979; Fromuth, 1983;) and the consequences of domestic violence on women, have indicated similar outcomes on both populations. Clinicians working with battered women have begun to consider post-traumatic stress disorder as a possible traumatic psychological effect of being in an abusive relationship. Thus, one similar characteristic among battered women and incest victims is that both might suffer from post-traumatic stress disorder, though no linkage has been found.

Although studies of the etiology and prevalence of post-traumatic stress have been conducted specifically on some clinical populations, such as rape victims, (Foy, Sippelle, Rueger, & Carrol, 1984; and Kilpatrick et al. 1989) some studies have indicated that the battered woman may be also at risk of developing PTSD. Houskamp & Foy (1991) looked into the incidence of Post-traumatic Stress Disorder among a sample of battered women found a large percentage of domestic violence victims suffering from symptoms consistent with the definition of post-traumatic stress.

The DSM-III-R defines post-traumatic stress disorders as:

"The person has experienced an event that is outside the range of usual

human experience and that would be markedly distressing to almost anyone, e.g., serious threat to one's life or physical integrity; serious threat or harm to one's children, spouse, or other close relatives and friends; sudden destruction of one's home or community or seeing another person who has recently been, or is being, seriously injured or killed as the result of an accident or physical violence" (p. 250).

Despite the fact that the sample used in Houskamp and Foy's study was relatively small (n=26), the resulting percentage appears to be comparable with the percentage of the other trauma studies (Gallagher, Fooy, Donahoe, & Goldfarb 1988; Kilpatrick, Saunders, Amick-McMullen, Best, Veronen, & Resnick, 1989). However, more studies are needed to ascertain the effect similarities, if any, on both the domestic violence population and the childhood sexual abuse population. Similarly, though little scientific data is available to ascertain whether domestic violence victims and rape victims have similar long-term effect of childhood trauma, it appears safe to postulate that both populations share post-traumatic disorder as a result of having suffered trauma.

Effects of Incest in Later Life

Public awareness of child sexual abuse came to the forefront in the 1970s. Since then various studies have dealt with the topic of long-term effects of childhood sexual abuse. Within the framework of child sexual abuse, incest appears to evoke the most negative responses from society. This is one of the contributing reasons to the devastating psychological effects of incest on the victim.

The dynamics taking place in incestuous relationships involve a young, trusting child; the power and control of an authority figure; and the societal pressures that

perpetuate guilt, self-blame, secrecy and shame. All of these factors contribute to the difficulties children find in disclosing their sexual victimization (Butler, 1985). In most cases of incest, the onset of the incestuous activity happens when the victim is too young to understand the adult's behavior because of his or her early stage of psychological development (Butler, 1985).

The vast amount of incest literature often cites some of the most commonly known symptoms suffered by victims of sexual abuse: anxiety, depression, dissociation, feelings of isolation, and drug and alcohol abuse (Wyatt & Powell, 1988). Studies also suggest that a woman who was sexually abused as a child may be at increased risk of revictimization in later life (Browne & Finkelhor, 1986).

The effects of incest on victims has been associated with socialization and interpersonal relationships difficulties in later life. A study conducted by Russell (1986) of 930 women in the San Francisco Bay Area, concluded that:

"incest victims were significantly younger when they became mothers than women with no incest history; they were also more likely to be divorced or separated at the time of the interview, to have dejected from their religion of upbringing, and to be subject to a whole range of further victimization experiences in their adult years" (p. 386).

Effects of a history of childhood sexual abuse can include post-traumatic stress disorders, which manifest into depression, anxiety, chronic and severe sleep disorders, chronic fearfulness, suicidal ideation, hypervigilance and disturbances in adult sexual pleasure and comfort among other psychosomatic conditions (Browne & Finkelhor, 1986).

A more recent study conducted by Fox and Gilbert (1994) on the relationship between childhood physical abuse, childhood incest, and parental alcohol abuse, appear to support some of the previous investigations concerned with the detrimental effects of having experienced each of the three adversities (Gold, 1986; Kashani, Shekin, Burk & Berk, 1987; Tarter, Hedegus, Winsten, & Alternan, 1984). Although the use of a university sample diminishes the generalizability of the results, the results of this study appear consistent with previous studies dealing with long term effect of childhood abuse in later life as cited in the aforementioned studies.

Parental Alcohol Abuse and Incest

The clinical literature on the characteristics of incestuous families has been consistent in that the majority of studies on this population generally agree with the definition of dysfunctional family systems inherent among incestuous homes. Generally, the family structure is typically patriarchal and rigid (Herman, 1981), and characterized by marital discord and violence, substance abuse, divorce and childhood sexual abuse (Alexander, 1985; Aragi and Finkelhor, 1986; Sgroi, 1982).

Some researchers note that there appears to be a relationship between being an incest victim and being a child of an alcoholic. Although this aspect of the research data appears to be limited (Sher, 1991), studies have shown that 10-50% of men who commit incest are alcoholic (Scrigler, 1984). It is important to note the broad percentage range which might indicate methodological problems among the studies. A study conducted by Julian and Mohr (1980), found that in a sample of 102 cases of father/daughter incest, 32.4% of the subjects had a family member dependent on alcohol. It is assumed, however, that the remaining 67.6% offenders did not have alcohol problems. Burns (1984) reports

that in a counseling program for incestuous families, seventy-five percent of the participants reported alcohol problems. He further reported that a prison research study found that forty-six percent of incest offenders had alcohol problems, however, 54% did not. The results of the above mentioned studies should be used with caution as these studies have been done primarily with clinical and incarcerated populations.

The American Psychiatric Association estimates that approximately 10 million adults are addicted to alcohol. There are an estimated 30 million children of alcoholics in the United States (Hinz, 1990; Matthew and Halbrook, 1990). Of these, approximately 6.6 million COAS are under the age of 18 and 23 million are above that age (Blum & Payne, 1991).

It is postulated that children of alcoholics are at increased risk of becoming victims of incest. Therefore, of the 30 million children of alcoholics, 6.6 million could be at increased risk of becoming incest victims. The other 23 million may be "survivors" of incest (Sher, 1991). Although the majority of the research on childhood sexual abuse (Browne & Finkelhor, 1986; Kluft, 1990) and parental alcohol abuse Russell, Henderson & Blume, 1985; West & Prinz 1987) have been studied in isolation, it has been well established that the two forms of childhood stressors, (1), being a child of an alcoholic parent, and (2), having a history of childhood sexual abuse, are of grave consequences to the person involved.

Children of alcoholics and victims of childhood sexual abuse may have similar characteristics in that both problems generally occur in maladaptive family environment. For example, incest victims report multiple problems and dysfunction within their family of origin, including parental mental illness and violence (Anderson and Shafer, 1979;

Browning & Boatman, 1977; and Herman & Hirschman, 1981).

Similarly, families of alcoholics report the aforementioned problems, as well as high levels of conflict and tension (Wilson & Orford, 1978) and high incidences of interpersonal violence (Black, Bucky & Padilla 1986). In more recent years, the scientific community has begun to investigate the joint consequences of parental alcohol abuse and childhood sexual abuse. Yama, Fogas, Teegarden & Hastings, (1992) found several similarities among those reporting childhood sexual abuse and those reporting parental alcohol abuse. They concluded from their study of parental alcohol abuse and childhood sexual abuse, that among a sample of 364 university women, that a significant association was found between the two adversities. For example, those reporting having experienced both sexual abuse and parental alcohol abuse appeared to suffer higher levels of somatization, depression and dissociation, than those reporting having experienced only one adversity. They found further that in 93% of the cases the perpetrator was male, and 53% reported abuse by a family member thus constituting incest. Although the findings of this study do contribute to much needed research in the area of parental alcohol abuse and childhood sexual abuse, several limitations are apparent. First, is the use of self-report concerning parental alcohol abuse and childhood memories of sexual abuse which assumes that the accounts of events occurring in childhood can be taken as accurate. Secondly, is the use of a university sample and the lack of control groups rendering the ungeneralizable.

CHAPTER III

METHODOLOGY

Subjects

Subjects were selected from a clinical sample comprised of female victims of domestic violence. The sample consisted of 157 female clients who sought counseling services between January 1, 1992 and January 1, 1995 at a Domestic Violence Counseling Center in a large Southwest city. All of the subjects reported having been or presently being in an abusive relationship. All reported abuse consisting of a history verbal abuse, psychological abuse, and or battering. Table 1 presents a more detailed description of the demographics of the subjects.

Instrumentation

The agency's intake/psychosocial forms were used as the instrument to collect each client's childhood history, family of origin information, social history, and current life events. In addition, the information gathered from the intake/psychosocial forms were demographics, history of familial alcohol usage, history of childhood sexual abuse, and history and extent of battering suffered by the victims of domestic violence. A data collection sheet was formulated based on the information printed on the intake/psychosocial forms (see Appendix B).

Procedure

The Intake/Comprehensive Assessment forms were reviewed to determine the existence of alcohol problems among members of family of origin, specifically parents, and whether the subject was an incest victim. Alcohol abuse and childhood sexual abuse were

TABLE 1 **CHARACTERISTICS OF THE SUBJECTS**

Variable	Classification	n	Percent
Race	White	139	88.0
	African American	8	6.0
	Native American	8	5.0
	Other	2	1.0
Age	18-25	31	17.5
	26-30	24	15.0
	31-40	40	25.0
	41-50	28	17.6
	51-73	11	6.9
	Missing Information	23	16.4
Education	High School Graduate	45	28.8
	Some College	43	28.2
	College Graduate +	16	10.0
	High School Dropout	36	22.0
	Missing Information	17	11.0
Income	Below 10,000.00	21	13.2
	11,000.00 - 20,000.00	63	39.6
	21,000.00 - 30,000.00	41	25.8
	31,000.00 - 40,000.00	10	6.3
	41,000.00 - 50,000.00	12	7.5
	Above 50,000.00	6	3.8
	Missing Information	4	2.4

assessed by reviewing the question: "Family History (Personal history with family of origin, specifying major events & concerns e. g. drugs/alcohol, physical abuse, sexual assault)" of the comprehensive psychosocial (see Appendix A). Based on this review, the subjects were assigned into four categories: (a) incest victim from alcoholic family (Incst/FamAlc); (b) incest victim from non-alcoholic family (Incst/no-FamAlc); (c) non-incest victim from alcoholic family (No-Incst/FamAlc); and (d) non-incest victim from non-alcoholic family (No-Incst/No-FamAlc).

The data were collected by examining 200 agency's intake/comprehensive assessment questionnaire. Forty-three of the 200 questionnaires were discarded as incomplete. The intake/comprehensive assessment questionnaire was administered to each subject upon her first or second visit at the counseling center by her assigned primary counselor. An interval sampling method was used to examine every third client's file, and a coding system using client's maiden name initials, first name initials, and date of birth was used to maintain the subject's confidentiality.

To ensure a more reliable data collection, a staff member of the agency was trained on what variables to look for in the clients' files. The same staff member was utilized as an inter-rater in order to ensure that the numbers of reported alcoholic family members, and the numbers of reported incest victims found by the researcher were reliable. Thirty files were selected randomly after the data were collected and a comparison was made between the two raters. The results obtained showed a 90% agreement rate between the two raters on the variables of interest.

Design

In order to assess the relationship between family alcohol abuse and incest, a 2x2

Chi-Square analysis (Family Alcohol Abuse and Incest) with a .05 level of significance was conducted. Post-hoc analyses comparing the proportion of domestic violence sample who were incest victims and proportion of those who were raised in an alcohol abusing home, were compared with two different studies based on national samples.

TABLE 2

CHAPTER IV

NUMBERS OF DOMESTIC VIOLENCE VICTIMS WHO WERE OR WERE NOT
SEXUALLY ABUSED AND WHO CAME OR DID NOT COME FROM
ALCOHOL ABUSING FAMILIES

RESULTS

Variable

Examination of the Data

Percentages and frequencies were used to analyze the background characteristics of the 157 cases of domestic violence victims concerning, familial alcohol abuse, and incest victimization among the subjects. Among this sample, a total of 78 subjects reported having been raised among family members who abused alcohol. Among those who reported alcohol problems in the family of origin, 14% (n= 22) reported both parents as problem drinkers; 26% (n=42) reported a father or stepfather as having a drinking problem; 4% (n=7) reported only the mother with a drinking problem; and 4% (n= 7) reported other family members as having alcohol problems. Four (4) cases did not provide information on who had a drinking problem.

Fifty-four (54) subjects reported having been sexually abused by a family member. Incest was reported as follows: Sexual abuse by a mother, 2% (n=1); by a biological father, 22% (n=12); by a stepfather, (17% (n=9); and by a consanguine relative such as an uncle, aunt, cousin or a sibling, 59% (n=32). Table 2 gives information regarding the numbers of domestic violence victims who come or did not come from alcohol abusing families and who were or were not sexually abused.

Examination of the Hypothesis

The null-hypothesis in this study states that no relationship exists between a history of family alcohol abuse (FamAlc), and history of incest (Incst) among victims of domestic violence. In order to assess the hypothesis, a 2x2 (alcohol abuse by sexual abuse)

TABLE 2: test of independence was conducted. As detailed in Table 2, among this

NUMBERS OF DOMESTIC VIOLENCE VICTIMS WHO WERE OR WERE NOT SEXUALLY ABUSED AND WHO CAME OR DID NOT COME FROM AN ALCOHOL ABUSING FAMILY

Variable	n
Alcohol Abusing Family With Incest	31
Non-alcohol Abusing Family With Incest	23
Alcohol Abusing Family With No Incest	47
Non-Alcohol Abusing Family With No incest	56
Chi-square = 1.97 DF = 1 p = 0.162	

Chi-square test of independence was conducted. As detailed in Table 2, among this sample of domestic violence victims, no significant relationship was found between a history of familial alcohol abuse and a history of incest. For this population, a history of alcohol abuse among family members and a history of incest were independent, $X^2(1, N = 157) = 1.97, p < 0.16$.

Post-Hoc Analyses

In addition to the primary hypothesis, two additional questions are of interest. First, is there a difference between the proportion of incest victims in this study and the general population? Second, is there a difference between the children of parental alcohol abusers in this sample and estimates of the incidence of children of alcoholics in the general population?

Based upon Russell's (1986) study it is estimated that 16% of the general population are victims of incest. The percentage of incest victims in the present study is approximately 43.6%, $X^2(1, N=157) = 88.07, p < .001$.

Based upon Blum and Payne's (1991) estimate that there are approximately 30 million adult children of alcoholics in the United States, it would follow that based upon a population of 248 million, this would be an incidence rate of approximately 12.1%. Results of the present analysis for this study indicate an incidence rate of 50%. This shows a significant difference, $X^2(1, N = 157) = 208.6, p < .001$.

CHAPTER V was well. On the other hand, the high

or a true reflection of the world as it is.

CONCLUSIONS

Discussion

The overall purpose of this exploratory study was to examine whether a relationship exists between being raised a child of alcohol abusing parents and having a history of childhood sexual abuse among domestic violence victims. The results of this study indicate that for this particular sample of domestic violence victims, familial alcohol abuse and incest are unrelated.

Post-hoc analyses were conducted to answer two questions: Is there a significant difference in the proportion of incest victims in a domestic violence sample and the general population? And is there a difference between the proportion of alcohol abusing parents and the general population? As aforementioned, Russell (1986) estimated that 16% of the general population are victims of incest and Blum and Payne (1991) estimated that 12.1% of the population are children of alcoholics. The results of the two tests of Goodness of Fit for the present study indicated that there were higher incidences of both incest and parental alcohol abuse among this domestic violence sample. It is postulated that one of the reasons for the high levels of incest disclosure in the present study sample, is perhaps because by the time victims of multiple abuse seek treatment they may be more prepared psychologically to deal with the past abuse issues, and thus be more willing to disclose their childhood sexual abuse victimization. Domestic violence victims, in general, seek treatment shortly after a violent episode has occurred (Walker, 1988). It is hypothesized that during the crisis period victims are more willing to disclose not only the present abuse

they are experiencing but also past childhood abuse as well. On the other hand, the high incidence rate of incest among this sample may be a true reflection of childhood sexual abuse this sample may have experienced.

The sparse literature looking specifically at parental alcohol abuse and incest often reveal significant mental health problems and allude to a significant association between childhood sexual abuse and parental alcohol abuse. Yama, Fogas, Teergarden, and Hastings' (1992) study on the joint consequences of parental alcohol abuse and childhood sexual abuse, found that approximately 43% of the subjects reported having an alcoholic parent. The present study found a slightly higher proportion than Yama's study, and Fox and Gilbert's (1994) study. For this study, parental alcohol abuse was approximately 50%. Fox and Gilbert's (1994) study of 253 college women, which was conducted to examine the psychological functioning of women who experienced childhood physical abuse, incest, and parental alcohol abuse, found that 21.7% had an alcoholic parent and 7.1% were incest victims. However, Fox and Gilbert's use of a university sample may be problematic as the sample cannot be compared to the domestic violence sample. The university sample may be higher functioning and less apt to disclose information on incest and family alcohol problems, whereas, the domestic violence sample may be more willing to do so. It is important to note also that Yama et al.'s (1992) study found a substantial overlap (31%) between childhood sexual abuse and parental alcohol abuse and a "substantial association between these variables" as well (p. 303). Similar to Fox and Gilbert's study, a college sample was used and no control groups were utilized in either study.

Another factor to consider is the historical methodological weaknesses inherent in

the incest research. As previously stated, the over use of clinical and students populations in the past have made finding results ungeneralizable. Further, prevalence studies have to contend with the fact that most sexual abuse is never reported and when it is reported the information may not be accurate because it is based on memory recall of victims and perpetrators, hence, the possible explanation for the low incidence of reported incest among the studies.

The results of this study should be viewed with caution. First, the use of extant data affects the validity of the research as the type of instrument used to obtain the information may not be scientifically reliable. Second, another area of concern is related to the assumed reliance in the accuracy of memory recall of traumatic events in the lives of the subjects. It is not known whether the information given from episodes happening in childhood can be interpreted as accurate. Third, because the information gathered was conducted by multiple interviewers, the chances that the pertinent questions needed to fit the studies design may not have been asked.

Despite the limitations of this study, it is important to consider the high incidence of subjects that reported being raised within an alcohol abusing home, and who also reported having been sexually abused by a member of her consanguine family.

Implications for Counseling

Results from previous studies on the effects of parental alcohol abuse and childhood sexual abuse and incest have indicated severe detrimental outcomes such as, depression, increased suicide risk, and depression in adulthood (Browne & Finkelhor, 1986; West & Printz, 1987; Yama et al, 1992). These are only a few of numerous other symptoms victims of childhood abuse present in counseling settings. This exploratory

study raises further awareness of the special needs of victims of domestic violence and (a) gives further understanding, albeit, with limitations, of the additive model of traumatic experiences often seen among adults abused as children.

The goal of this research is to raise important issues for clinicians to consider when working with abuse survivors. As the results indicated, victims of domestic violence tends to come from dysfunctional home environments, namely alcohol abusing homes and some have been victims of incest. Given the magnitude of mental health impairment found among abuse victims, it is imperative that clinicians become skilled in assessing not only for the degree of trauma, but also what kind, and how many times, the client has suffered trauma. To become more effective in working with survivors of multiple types of abuse, client oriented approaches should be implemented in order to avoid the risk of further revictimizing the client. Knowledge of interviewing techniques should be one of the many important concerns when working with abuse survivors, as abuse survivors may have difficulties being candid with the therapist for fear of further victimization. Helping the survivor understand the dynamics of additive trauma may help the survivor overcome the victim role by learning empowerment, self-efficacy, and to dispel stigmatization often associated with childhood victimization.

Future Research Suggestions

As previously noted, among the many problems existing when conducting studies involving issues of incest, one of the most important concerns is disclosure and recall of events taken place long ago. Yet, in spite of the difficulties encountered in conducting research on childhood sexual abuse, the literature does demonstrate that childhood sexual abuse has long-term effects on the lives of the victims years after its occurrence.

Some important factors to consider when conducting research in this area are: (a) age of the victim at the onset of incestuous activity; (d) how long did the incest activity last; (f) the frequency of the incestuous activity; (g) did the perpetrator abuse alcohol and or other substances. The consideration of these variables is important for improving research outcomes.

Another area of research concern should be given to specification of prior research findings on childhood sexual abuse and the consequences of being raised in an alcohol abusing home. The extensive research on the etiology of being an adult child of an alcoholic, and the negative outcomes of having a history of childhood sexual abuse, have been well supported. The time has come for social scientists to concentrate on developing and assessing treatment modalities that address the consequences of childhood sexual abuse, incest, and parental alcohol problems. Treatment models to guide clinicians in interventions for victims of multiple trauma are needed, as well as research on quality assurance for the many treatments already being used.

More specific studies on domestic violence populations are needed where comparison groups are utilized, and the variables of parental alcohol problems and incest should be further evaluated using more reliable instruments. Further research would contribute to improvement in assessment, and treatment of the multitude of traumas victims of abuse and violence may have.

REFERENCES

- Alexander, P.C. (1985). A systems theory conceptualization of incest. Family Press, 24, 79-87.
- American Psychiatric Association. (1987). Diagnostic and statistical manual of mental disorders (3rd ed., rev.). Washington, DC: Author.
- Anderson, L. S., & Shafer, G. (1979). The character disordered family: A community treatment model for family sexual abuse. American Journal of Orthopsychiatry, 49, 437-445.
- Araji, S., & Finkelhor, D. (1986). Abusers: A review of the research. In D. Finkelhor (Ed.), A Sourcebook on child sexual abuse, (pp. 89-118). Beverly Hills, CA: SAGE.
- Bandura, A. (1973). Aggression: A social learning analysis. Englewood Cliffs, NJ: Prentice Hall.
- Black, C., Bucky, S. F., & Wilder-Padilla, S. W. (1986). The interpersonal and emotional consequences of being an adult child of an alcoholic. The International Journal of the Addictions, 21, 213-231.
- Blum, K., & Payne, J. E. (1991). Alcohol and the addictive brain. New York: Macmillan.
- Briere, J. (1984). The effects of childhood sexual abuse on later psychological functioning: defining a "post-sexual-abuse syndrome". Paper presented at the Third National Conference on Sexual Victimization of Children, Washington, D.C.
- Browne, A., & Williams, K. R. (1987). Resource availability for women at risk: Its relationship to rate of female-perpetrated partner homicide. Paper presented at the American society of criminology annual meeting, November 11-14, Montreal, Canada.
- Browne, A., & Finkelhor, D. (1986). The impact of child sexual abuse: A review of the research. Psychology Bulletin, 99, 66-77.
- Browning, D. H., & Boatman, B. (1977). Incest: Children at risk. American Journal of Psychiatry, 134, 69-72.
- Burns, L. (1982). Fathers and daughters: A hidden hangover. Magazine of the Texas Commission on Alcoholism, 8(304), pp. 8-9. University of Chicago Press.
- Butler, S. (1978, 1985). Conspiracy of silence: The trauma of incest. San Francisco, CA: Vocano Press

- Carrol, J. C. (1977) The Intergenerational transmission of family violence: The long-term effects of aggression behavior. Aggressive Behavior, 3, 289-299.
- Courtois, C. (1979). The incest experience and its aftermath. Victimology: An International Journal, 4, 337-347.
- Fagan, J. A., Stewart, D. K., & Hansen, K. V. (1983). Violent men or violent husbands: background factors and situational correlates. In D. Finkelhor, R. J. Gelles, G. T. Hotaling, & M.A. Straus (Eds.), The dark side of families. Beverly Hills, CA: Sage.
- Finkelhor, D. (1979). Sexually victimized children. New York: Free Press.
- Finkelhor, D., Arai, S., Baron, L., Browne, A., Peters, S.D., & Wyatt, G.E. (1986). A sourcebook on child sexual abuse. Beverly Hills, CA: Sage
- Finkelhor, D., & Hotaling, G. (1984). Sexual abuse in the national incidence study of child abuse and neglect. Child Abuse and Neglect: The international Journal, 8, 22-32.
- Finkelhor, D., & Yllo, K., (1985). License to rape-sexual abuse of wives. New York: Holt, Rinehart & Winston.
- Fox, K. M. & Gilbert, B. O., (1994). The interpersonal and psychological functioning of women who experienced childhood physical abuse, incest, and parental alcoholism. Child Abuse and Neglect, 18(10), 849-858.
- Foy, D. W., Sippelle, R. C., Rueger, D. B., & Carroll, E. M. (1984). Etiology of post-traumatic stress disorder in Vietnam veterans: Analysis of premilitary, military, and combat exposure influence. Journal of Consulting and Clinical Psychology, 52, 79-87.
- Frits, G. S., Stoll, K., & Wagner, N. A. (1981). A comparison of males and females who were sexually molested as children. Journal of Sex and Marital Therapy, 7, 54-59.
- Fromuth, M. E. (1983). The long-term psychological impact of childhood sexual abuse. Unpublished doctoral dissertation, Auburn University, Auburn, Alabama.
- Gallars, J., Foy, D. W., Donahoe, C. P., & Goldfarb, J. (1988). Post-traumatic stress disorder in Vietnam combat veterans: Effects of traumatic violence exposure and military adjustment. Journal of Traumatic Stress, 1, 181-191.
- Gelles, R. J. (1974). The violent home. Beverly Hills, CA: Sage
- Gelles, R. J. (1976). Abused wives why do they stay? Journal of Marriage in the Family, 38, 659-668.
- Gil, D. G. (1970). Violence against children: Physical child abuse in the United States. Cambridge, MA: Harvard University Press

- Gold, E. R. (1986). Long-term effects of sexual victimization in childhood: An attributional approach. Journal of Consulting and Clinical Psychology, 54, 471-475.
- Goode, W. J. (1971). Force and violence in the family. Journal of Marriage and the Family, 42, 873-885.
- Herman, J. L. (1981). Father-Daughter incest. Cambridge, Harvard University press.
- Herman, J., & Hirschman, L. (1981). Families at risk for father-daughter incest. American Journal of Psychiatry, 138, 967-970.
- Herrenkohl, E., Herrenkohl, R., & Todter, L. (1983). Perspectives on the intergenerational transmission of abuse. In D. Finkelhor, R. Gelles, G. Hotaling, & M. Straus (Eds.), The dark side of families: Current family violence research (pp. 305-316). CA: Sage.
- Hinz, L. D. (1990). College student adult children of alcoholics: Psychological resilience or emotional distance? Journal of Substance Abuse, 2, 449-457.
- Hotaling, G., & Sugarman, D. (1986). An analysis of risk markers in husband to wife violence: The current state of knowledge. Violence and Victims, 1(2), 101-124.
- Houskamp, B. M., & Foy, D. W. (1991). The Assessment of post-traumatic stress disorder in battered women. Journal of Interpersonal Violence, 6(3), 367-375.
- Julian, V., & Mohr, C. (1980). Father-daughter incest. Profile of the offender. Victimology: An International Journal, 4, 348-360.
- Kashani, J. H., Shekin, W. O., Burk, J. P., & Berk, N. C. (1987). Abuse as a predictor of psychopathology in children and adolescence. Journal of Clinical Psychology, 16(1), 43-50.
- Keckley Market Research (1983, March). Sexual abuse in Nashville: A report on incidence and long term effects. Nashville, TN: Keckley Market Research
- Kercher, G., & McShane, M. (1984). The prevalence of child sexual abuse victimization in an adult sample of Texas residents. Child Abuse and Neglect: The International Journal, 8, 495-501.
- Kilpatrick, D. G., Saunders, B. E., Amick-McMullen, A., Best, C. L., Veronen, L. J., & Resnick, H. S. (1989). Factors affecting the development of crime-related post-traumatic stress disorder: A multivariate approach. Behavior Therapy, 20, 199-214.
- Kinsey, A. C., Pomeroy, W. B., Martin, C. E., & Gebhard, P. H. (1953). Sexual behavior in the human female. Philadelphia: W. B. Saunders.

- Kluft, R. P. (1990). Incest related syndromes of adult psychopathology. Washington, D.C: American Press.
- Landis, J. T. (1956). Experiences of 500 children with adult sexual deviant. Psychiatric Quarterly, 30, 91-109.
- Langan, P. A., & Innes, C. A. (1987). Preventing domestic violence against women. Bureau of Justice Statistics Special Report, U.S. Department of Justice.
- Layser, J. I., Goodson, B. D., & de Lange, C. (1986). Children in shelters. Response, 9(2), 2-5.
- Leonard, K. E., & Blane, H. T. (1992). Alcohol and marital aggression in a national sample of young men. Journal of Interpersonal Violence, 7(1), 19-30.
- Leonard, K. E., Bromet, E. J., Parkinson, D. K., Day N. L., & Ryan, C. M. (1985). Patterns of alcohol use and physically aggressive behavior in men. Journal of studies on alcohol, 46, 279-282.
- Matthew, B., & Halbrook, M. (1990). Adult children of alcoholics: Implications for career development. Journal of Career Development, 16(4), 261-268.
- Meiselman, K. (1978). Incest: A psychological study of causes and effects with treatment recommendations. San Francisco: Jossey-Bass.
- National Center on Child Abuse and Neglect. Study of national incidence and prevalence of child abuse and neglect: 1988. Washington, DC: U.S. Department of Health and Human Services.
- Pihl, R. O., & Zacchia, C. (1986). Alcohol and aggression: A test of the affect-arousal hypothesis. Aggressive Behavior, 12, 367-375.
- Post, R. D., Willet, A. B., Franks, R. D., & (1984). Childhood exposure to violence among victims and perpetrators of spouse battering. Victimology, 6, 156-166.
- Roy, M. (1982). Four thousand partners in violence: a trend analysis. In M. Roy (Ed.), The abusive partner: An analysis of domestic battering. New York: Worstrand-Reinhold.
- Russell, D. E. H. (1983). The incidence and prevalence of intrafamilial and extrafamilial sexual abuse of female children. Child Abuse and Neglect: The International Journal, 8(1), 13-22.
- Russell, D. E. H. (1986). The secret trauma: Incest in the lives of girls and women. New York: Basic books.

- Russell, M., Henderson, C., & Blume, H.A. (1985). Children of alcoholics: A review of the literature. Buffalo: New York State Division of Alcoholism and Alcohol Abuse. Research Institute on Alcoholism. *Family abuse and its consequences: New directions in research and treatment*. Beverly Hills: Sage.
- Ryan, C. M. (1985). Patterns of alcohol use and physically aggressive behavior in men. Journal of Studies on Alcohol, 46, 279-282.
- Scrigler, P. (1984). Incest in the military. In Florence, Kaslow and Richard I. Ridenour, (Eds.), The military family: dynamics and treatment. New York: Gifford Press. *Contemporary Social Work*, 66(5), 341-341.
- Sgroi, S. (1982). Handbook of clinical intervention in child sexual abuse. Lexington, MA: D. C. Heath.
- Sher, K. L. (1991). Children of alcoholics: A critical appraisal of theory and research. Chicago: University of Chicago Press.
- Stark, E., & Flitcraft, A. (1988). Violence among intimates. In V. Van Hasselt, A. Bellack, & M. Hersen (Eds.), The handbook of family violence. New York: Plenum.
- Steinmetz, S. K. (1977). The cycle of violence, assertive, aggressive, and abusive family interaction. New York: Praeger.
- Straus, M. A., & Gelles, R. J. (1986). How violent are american families? Estimates from the national family violence resurvey and other studies. In G. T. Hotaling, D. Finkelhor, J. T. Kirkpatrick, & M. A. Straus (Eds.), Family abuse and its consequences: New directions in research (pp. 14-36). Beverly Hills: Sage.
- Straus, M. A., Gelles, R. J., & Steinmetz, S. K. (1980). Behind closed doors: Violence in american families. New York: Doubleday.
- Straus, M. A., & Gelles, R. C. (1986). Societal change and change in family violence from 1975 to 1985 as revealed by two national surveys. Journal of Marriage and the Family, 48, 465-479.
- Tarter, R. E., Hedgegus, A. E., Winsten, N. E., & Alterman, A. I. (1984). Neuropsychological, personality, and familial characteristics of physically abuse delinquents. Journal of the American Academy of Child Psychiatry, 23, 668-674.
- Taylor, S. P., & Leonard, K. E. (1983). Alcohol and human physical aggression. In R. G. Geen & E.I. Donnerstein (Eds.), Aggression: Theoretical and empirical reviews (pp. 77-101). New York: Academic Press.
- Voss, H. C., & Hepburn, J. R. (1968). Patterns in criminal homicide in Chicago. Journal of Criminal Law, Criminology, and Police Science, 59, 499-508.

- Walker, L. E., (1984a). The battered woman syndrome. New York: Springer, Walker, L.E. (1988). The battered woman syndrome. In G. T. Hotaling, D. Finkelhor, J. T. Kirkpatrick & M. A. Straus (Eds.), Family abuse and its consequences: New directions in research. (pp. 139-148). Beverly Hills: Sage.
- Walters, D. R. (1975). Physical and sexual abuse of children: Causes and treatment. Bloomington: Indiana University Press.
- West, M. O., & Prinz, R. J. (1987). Parental alcoholism and childhood psychopathology. Psychological Bulletin, 102, 204-218.
- Wilson, E., & Oxford, J. (1978). Children of alcoholics, report of a preliminary study and comments on the literature. Journal of Studies on Alcohol, 52, 133-141.
- Wyatt, G. E., & Powell, G. J. (Eds.), (1988). Lasting effects of child sexual abuse. Newbury park, CA: Sage
- Wolfgang, M. E., & Strohm, R. B. (1956). The relationship between alcohol and criminal homicide. Quarterly Journal of Studies on Alcohol, 17, 411-425.
- Yama, M., F., Tovey, S. L., Fogas, B. S., & Teergarden, L. A. (1992). Joint consequences of parental alcoholism and childhood sexual abuse, and their partial mediation by family environment. Violence and Victims, 7, 4. Springer.
- Zeichner, A., & Pihl, R. O. (1979). Effects of alcohol and behavior contingencies on human aggression. Journal of Abnormal Psychology, 88, 153-160.

APPENDICES

Domestic Violence Intervention Services, Inc.

OFFICE USE ONLY	
DATE _____	TIME _____
INTAKE WORKER _____	
REFERRAL SOURCE _____	
REASON FOR REFERRAL _____	

DMHA _____	

CONFIDENTIAL COMPREHENSIVE ASSESSMENT

PERSONAL INFORMATIONName: _____
Last First M.I. MaidenAddress: _____
City State Zip CountyHome Phone: _____ Work Phone: _____
ext.

Age: _____ Date of Birth: _____ Social Security #: _____

Ethnicity/Race: _____ Hispanic? Y N

U.S. Citizen? Y N Religious Preference: _____
(optional)

Marital Status:

Never Married _____ Married _____ Separated _____ Divorced _____

Living Together _____ Widow(er) _____

How long have you been in this relationship (include dating)? _____

Number of marriages/live-in relationships: _____

Were any of these abusive (emotionally/verbally/physically)? Y N

Did any of these relationships involve drug/alcohol use? Y N

by whom? _____

Number of people currently living in the home: _____

CHILDREN'S FULL NAME	D.O.B.	AGE	SEX	GRADE IN SCHOOL	LIVES WITH WHOM?

Number of years of school you've completed: _____ Currently a student? Y N

Did you earn a GED (if applicable)? Y N

Domestic Violence Intervention Services, Inc.

What pattern does the abuse take? _____

Does it include any of the following?

threaten you with weapons: _____ (what kind) _____

hitting: _____ pushing: _____ kicking: _____ biting: _____ shoving: _____

choking: _____ demand/force sex: _____ jealousy: _____ isolate you from

friends/family: _____ Other (please specify): _____

Do you currently feel threatened by anybody else? Y N Who? _____

PHYSICAL/MEDICAL

Do you have any current medical problems (eg. broken bones, cuts, bruises resulting from a recent abusive episode)? (please specify) _____

Are you in need of medical treatment at this time? Y N

Have past abusive episodes required medical attention?

(please specify) _____

Do you have current or on going medical problems? (please specify) _____

Are you taking any prescribed medication? Y N If yes, list each medication

	NAME OF MEDICATION	STRENGTH	DOSAGE	HOW LONG HAVE YOU BEEN ON
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Prescribing physician(s): _____

Do you have any allergies to food or medicine, or any diet restrictions?

(if yes, please specify) _____

Are you pregnant? Y N If yes, number of months _____

Do you have children with medical problems? (please specify) _____

Are they on any medication? (please specify) _____

Do they have any injuries needing medical attention? Y N

Have they ever been physically abused? (give details) _____

Do they have any allergies to food or medicine, or any diet restrictions? (please specify) _____

Domestic Violence Intervention Services, Inc.

Were/are you in the Military (dates)? _____

Your Occupation: _____ Full time: Y N Part time: Y N

Employer: _____

Income for self: _____ Household income: _____

Do you have insurance to help defer cost of services? Y N (if yes, we will need a copy of verification)

Do you receive any of the following benefits?

AFDC: _____ SSDI: _____ SSI: _____ VA: _____ Food Stamps: _____

Section 8: _____ Medicaid: _____ if yes, Medicaid #: _____

Have you received prior services at DVIS? Y N (if yes, date[s] and kind[s] of service[s]) _____

Do you consume alcohol? Y N If yes, age at first use: _____

Frequency _____

Do you consume drugs? Y N If yes, age of first use: _____

Drugs of choice: _____

Frequency of use: _____

Have you ever used drugs intravenously? Y N

REGARDING THE PERSON WHO IS BEING ABUSIVE

Name: _____ AGE: _____

Last First M.I. Maiden (if applicable)

Ethnicity/Race: _____ Relationship to you? _____

Is he/she currently in our counseling program? Y N

His/her occupation: _____

Employer: _____

Does he/she have a drug/alcohol history? Y N

Drugs of choice: _____

Frequency of use: _____

Does he/she have a history of mental health problems? Y N (if yes, give details) _____

When did the first abusive episode occur? _____

When did the last abusive episode occur? _____

Please describe: _____

Were the police called? Y N What was their response? _____

_____ Was abuser arrested? Y N

What were the charges? _____

CLIENT'S PSYCHOSOCIAL HISTORY

RAISED BY

BOTH PARENTS ☐ MOTHER ONLY ☐ FATHER ONLY ☐MOTHER'S NAME MOTHER'S OCCUPATION

FATHER'S

FATHER'S OCCUPATION

APPENDIX B

DATA COLLECTION SHEET

CLIENT'S PSYCHOSOCIAL HISTORY

RAISED BY:

BOTH PARENTS _____ MOTHER ONLY _____ FATHER ONLY _____

MOTHER & STEPFATHER _____ OTHER _____

WAS ALCOHOL ABUSE PRESENT IN THE FAMILY?

YES _____ NO _____ UNCERTAIN _____

IF YES BY WHOM?

MOTHER & FATHER _____ FATHER ONLY _____

MOTHER ONLY _____ OTHER FAMILY MEMBERS _____

WAS CLIENT SEXUALLY ABUSED?

YES _____ NO _____ UNCERTAIN _____

IF YES, BY WHOM?

MOTHER _____ FATHER _____

STEPFATHER _____ OTHER RELATIVE _____

NON-RELATED ACQUAINTANCE _____

ABUSER INFORMATION

AGE _____

RACE _____

ETHNICITY _____

EDUCATION LEVEL _____

OCCUPATION _____

INCOME:

DOES ABUSER HAVE A HISTORY OF ALCOHOL ABUSE/ADDICTION?

YES _____ NO _____ UNCERTAIN _____

DOES ABUSER HAVE A HISTORY OF DRUG ABUSE/ADDICTION?

YES _____ NO _____ UNCERTAIN _____

OKLAHOMA STATE UNIVERSITY
IRB REVIEW BOARD
SUBJECTS REVIEW

VITA 2

IRB# 71

Candidate for the degree of

Master of Science

Thesis: AN EXPLORATORY STUDY OF THE RELATIONSHIP BETWEEN A HISTORY OF FAMILY ALCOHOL ABUSE AND SEXUAL ABUSE IN VICTIMS OF DOMESTIC VIOLENCE

Major Field: Applied Behavioral Studies

Area of Specilization: Community Counseling

Biographical:

Personal Data: Born in Bahia, Brazil on March 11, 1953, daughter of Maria de Lourdes and Manuel Rodrigues Siqueira.

Education: Graduated from Oklahoma State University with a Bachelor of Science degree in Family Relations and Child Development, December 1991; completed requirements for the Master of Science degree at Oklahoma State University, May 1996.

Professional Experience: Outpatient Counselor, Northside Family Resource Center, Tulsa, Oklahoma, 1990 to 1991; Case Manager, Domestic Violence Intervention Services Shelter, Tulsa, Oklahoma, 1991 to 1993; Assistant Shelter Director at the Domestic Violence Services Shelter, Tulsa, Oklahoma, 1993 to 1994; Outpatient Counselor, Domestic Violence Intervention Services, 1994 to 1995; Homebased Therapist, Star Community Mental Health, October 1995 to present.

**OKLAHOMA STATE UNIVERSITY
INSTITUTIONAL REVIEW BOARD
HUMAN SUBJECTS REVIEW**

Date: 02-17-95

IRB#: ED-95-046

Proposal Title: AN EXPLORATORY STUDY OF THE RELATIONSHIP BETWEEN
A HISTORY OF FAMILY ALCOHOL ABUSE AND SEXUAL ABUSE IN VICTIMS OF
DOMESTIC VIOLENCE

Principal Investigator(s): Don Boswell, Leorides Herron

Reviewed and Processed as: Expedited

Approval Status Recommended by Reviewer(s): Approved

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CONTINUATION OR RENEWAL REQUEST IS REQUIRED TO BE SUBMITTED FOR BOARD
APPROVAL.

ANY MODIFICATIONS TO APPROVED PROJECT MUST ALSO BE SUBMITTED FOR
APPROVAL.

Comments, Modifications/Conditions for Approval or Reasons for Deferral or Disapproval
are as follows:

Signature:


Chair of Institutional Review Board

Date: March 30, 1995