Domestic violence, conflict resolution skills, and alcoholism: Treatment recommendations

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DOMESTIC VIOLENCE, CONFLICT RESOLUTION SKILLS, AND
ALCOHOLISM: TREATMENT RECOMMENDATIONS

A Project
Presented to the
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California State University,
San Bernardino

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ABSTRACT

Researchers agree that there is a relationship between alcoholism and domestic violence but theoretical perspectives have not established a correlation between the variables. Alcoholism and domestic violence are a manifestation of a complex system of family interactions characterized by inadequate communication skills. When communication skills are lacking one may choose violence, alcohol, or both to solve problems. This study is based on a sample of 51 participants participating in domestic violence perpetrator programs. The participants were all men, involuntarily assigned through the court system. In addition to a general psychosocial survey, the 51 respondents completed an in-depth questionnaire on communication skills, domestic violence, and alcohol use. The results of this study suggest that communication skills, domestic violence, and alcohol use must be individually assessed and concurrently treated for the successful recovery of domestic violence perpetrators.
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CHAPTER ONE
INTRODUCTION

Problem Statement

Research on domestic violence is still in its formative stage. The domestic violence field has only been seriously investigated since 1970 as a product of the women's movement. As Koss (1994, p. 102) explains, "the anti-rape and battered women's movements of the early 1970's initiated what was to become a transformation in public policy to violence against women." While research on child abuse has a long history, there are many unanswered questions concerning the dynamics of spousal abuse.

Only recently has society taken the threat of domestic violence into the legal system. The courts are now beginning to establish domestic violence courts that will exclusively handle cases of domestic violence (Legislative Counsel State of California, February 13, 2000, online). The court system will have to decide the best treatment modalities for these perpetrators. The perpetrators were given options at first and had to choose between incarceration or probation along with treatment.
requirements. Treatment was seen as a condition of probation and more of a diversion program than anything else. New laws have now made domestic violence a felony and incarceration along with treatment is now a requirement. Many counties have established domestic violence units in the probation department to oversee the operations of the treatment facilities. As treatment becomes mandatory as more counties catch up with the current laws, the need for effective treatment modalities increases. The probation department's personnel are not trained in the dynamics that are present in cases of domestic violence. Probation personnel simply certify treatment programs by visiting the sites and making sure the programs are making the perpetrators accountable for their actions. Besides the accountability aspect of treatment, the programs are left to decide how to run their programs. Thus, it is important that the treatment program coordinators understand the complicated dynamics involved in domestic violence so that they can best serve this population and the community.

Recent research suggests that the dynamics involved in domestic violence often relate to the dynamics of
alcoholism. The common ground between these two behaviors, however, has not been sufficiently explored. The absence of a conceptual link between domestic violence and alcoholism may be partially attributed to the singular focus of the researchers. When studying domestic violence, the role of alcoholism may be acknowledged but only as a secondary factor. Dutton (1995) downplays an inherent connection between domestic violence and alcoholism. "Frequently, battering occurs when assaultive men are inebriated, and they often blame the violence on alcohol (p. 53)." Conversely when studying alcoholism, the importance of domestic violence may be similarly reduced to a secondary concern.

If healthy conflict resolution skills are absent among members of both groups, then teaching the alcoholic communication skills should lead to healthy relationships once the drinking has been treated. In the same respect, once the violence has been stopped then teaching a perpetrator communication skills should stop the violence from recurring. A 1993 study by Collins and Messerschmidt, explains the role of alcohol and conflict resolution: "when one party or all parties in an interaction have been
drinking, verbal and non-verbal communication between individuals is impaired, increasing the chance of miscommunication and misinterpretation. If verbal and behavioral responses are also more aggressive as a result of drinking, the likelihood of violence is probably enhanced" (p. 19). Thus, effective treatment of alcoholics or alcohol abusers that are perpetrators of domestic violence must take into account the dynamics of domestic violence, alcoholism, and conflict resolution skills in order to be effective in treatment. Inadequate conflict resolution skills are the common core shared by perpetrators of domestic violence and alcohol abusers.

Problem Focus

This study will attempt to determine whether perpetrators of domestic violence lack the conflict resolution skills to non-violently resolve conflicts. Moreover, whether they are likely to come from families where alcohol abuse and violence were common will be studied. It can be argued that, in cases where alcoholism accompanies domestic violence, the two problems must be treated individually and/or concurrently or the
destructive behaviors will not change. The research will explore the common connection between domestic violence and alcoholism.

Based on preliminary research, the missing link in the interwoven problem of domestic violence and alcoholism appears to be the lack of conflict resolution skills. Alcoholics have problems communicating their feelings in interpersonal relationships. Drinking alcohol helps the alcoholic cope with the inability to resolve conflict in relationships. Perpetrators of domestic violence share the same characteristic. They simply do not have the skills to communicate their feelings in a healthy manner. The violence provides an avenue to express their feelings and cope with the inability to resolve conflict in their relationships. Alcoholism and domestic violence are a manifestation of a complex system of family interactions characterized by inadequate communication skills. Lacking communication skills one may choose violence, alcohol, or both to resolve conflict and problems.

The objective of this study is to increase effectiveness in treatment programs for domestic violence perpetrators, by assuring that all aspects of the forces
that contribute to domestic violence are included. "Effective domestic violence prevention strategies must be based on a clear epidemiologic understanding of the risk factors" (Kyraicou, 1998, p. 7). It is hypothesized that perpetrators must be screened, evaluated and treated for alcohol and or drug use along with the domestic violence treatment in order for treatment to be effective with this population. Perpetrators must learn new communication skills involving conflict resolution and be educated to maintain a drug or alcohol free lifestyle if they have problems with substances in order to reduce reactivatism rates. This study will attempt to provide data to determine whether communication skills, domestic violence, and alcohol use must be individually assessed and concurrently or individually treated for the successful recovery of domestic violence perpetrators.

The research will use a qualitative and quantitative survey design in order to address changes that should be implemented in the formulation of domestic violence treatment programs. Because of the difficulty of sampling this population the research will use a convenience sampling method and approach subjects enrolled in court
mandated domestic violence treatment programs. Although the sampling method will have external validity problems, nevertheless the study may imply important considerations for treatment modalities. Sampling of this population is difficult because of the stigma attached to domestic violence in this society.

As a Certified Domestic Violence Counselor II in the state of California, the researcher has witnessed first hand the need for the implementation of new procedures in the treatment of domestic violence perpetrators. Client's needs are not being meet by current standards. Perpetrators of domestic violence are being administered a disservice by programs that do not address the needs of perpetrators with alcohol and/or drug problems. Clients that have problems with alcohol and or drugs must be given the opportunity to achieve and maintain a sober drug free lifestyle before treatment for domestic violence can hope to be effective. Clients that abuse alcohol or drugs do not benefit from domestic violence treatment alone. They often re-offend when they are under the influence of alcohol or drugs. That is not to say that alcohol or drugs cause the violence. There may be another dynamic that may
be involved causing recidivism. The alcoholic or drug user may learn new behavior modification techniques that allow them to settle conflict without violence. These techniques would require that the perpetrators stop and think before they react to stressful confrontation or conflict. If the perpetrator is under the influence they may not have the cognitive ability to think in this logical manner and they return to their old manner of handling conflict, violence.

The study was an expansion of a prior research project that involved 95 participants that took a baseline questionnaire upon intake into a treatment program. The baseline instrument gathered demographics. An additional open-ended questionnaire was given to 20 subjects that gathered information on communication patterns, alcohol use and the incidence of domestic violence in the perpetrator’s family of origin. The current study was based on samples from several groups in a domestic violence perpetrator program. The participants were all involuntarily assigned to the groups through the court system. The new sample baseline was gathered from different groups in a domestic violence treatment facility.
that included the same questions asked in the first open-ended questionnaire. In addition, there were selected questions from the baseline questionnaire to compare the demographics of the two groups for similarities. The research gathered a new sample of 30 participants and compared results from the two samples.

The results of this study will enhance the knowledge of the social worker working with families that are experiencing violence. Domestic violence effects not only the spouse that is in the home but also the children that witness the violence. Social workers need to understand the complicated dynamics involved in the treatment of domestic violence perpetrators with alcohol and/or drug problems in order to make recommendations for the placement of children. Many times the social worker must make the decision to place children back into the home of a perpetrator that has abused their spouse after they have complied with court recommendations. This study will clarify the proper treatment modality considerations for alcohol and drug abusers that are perpetrators of violence in the home. The decision to place children in harms way is always a possibility in the life of a social
worker. The social worker must take every precaution to insure the safety of the child in any placement. This study will offer the social worker a frame of reference that may help clarify when placement in the home may be a high risk for a child that comes from a violent home where the perpetrator uses alcohol or drugs.
The following is an attempt to present the current data on the subject of domestic violence, conflict resolution skills, alcohol and/or drug use, and treatment considerations for perpetrators.

Matters concerning domestic violence throughout history were subject to the rule of thumb which allowed men to hit their spouses with sticks that were no larger than their thumb (Traves, 1989). The domestic violence field has only been seriously investigated since 1970 as a product of the women's movement. As Koss (1994) explains, "The anti-rape and battered women's movements of the early 1970's initiated what was to become a transformation in public policy to violence against women" (p. 102). At the same time researchers were investigating the family dynamics of domestic violence, researchers on alcoholism were investigating the family dynamics that contributed to alcoholism (Lawson, 1983, p. 233). There have been some studies that have found an association between alcohol and violence (Fagan, 1990; Gelles, 1974). Although not surprisingly, researchers have not found a correlation
between alcohol and violence, but also have failed to explain the role that domestic violence and alcoholism share. These failed explanations have led to the gap in the present mentality of the treatment of domestic violence perpetrators.

Most of the research in this area has focused on the cause and effect of domestic violence and alcohol (Collins & Messerschidt, 1993; Fagan, 1990; Gelles, 1974; Gondolf, 1999; Kyriacou, 1998; Brookoff et. al., 1997; Ammerman & Hersen, 1992; Dutton, 1995). Treatment considerations for domestic violence perpetrators have not been explored to the depth that researchers have explored the topic of alcoholism. Rarely has the focus of study taken into account considerations for the treatment of domestic violence perpetrators with alcohol and substance abuse problems. Most of the studies take different approaches to the best treatment modality to use on what is seen as a separate population with different issues. The results from different modalities of treatment for these populations are as good as the person applying the intervention. Thus, the treatment method is not as important as the combination of treatment that addresses
the domestic violence issues along with treatment for substance abuse problems.

A study in four major cities by Gondolf produced results that identified half of the perpetrators in the study with alcohol tendencies by using the Michigan Alcoholism Screening Test (MAST) (1999, p. 1). Most of the men in this study had drinking problems. In a 1995 study of 840 men in voluntary and involuntary treatment programs, heavy drinking was a commonality among the participants (Gondolf, 1999, p. 4). Many of the men had a history of alcohol and/or drug treatment in their past. This study took into account the characteristics of the parents' behavior and found that the parents were physically abusive, and/or had alcohol/drug problems themselves (Gondolf, 1999, p. 13).

A study by Kyriacou (1998), reported that the "... history of alcohol abuse by a male partner as reported by the injured woman was the strongest predictor of acute injury due to domestic violence" (p. 4). In this study, acute injury from alcohol abuse was reported by 48 percent of the women. They reported that their
partners were acutely intoxicated with alcohol at the time of the assault (Kyriacou, 1998, p. 4). Although the study does not substantiate cause and effect relationships, it does consider alcohol abuse a major risk factor in the understanding of prevention strategies.

In a substance abuse and domestic violence study, the authors looked at 62 incidents of violence at a Memphis hospital. In the study, most of the assailants reported that they had used alcohol on the day of the assault, as did slightly fewer than half of the victims (Brookoff, O’Brian, Cook, Thompson, & Williams, 1997, p. 7). The authors of this article cautioned against inferring that substances cause violence, yet there appears to be evidence by several studies that violence and substance use go hand in hand. The authors made this concluding remark, ... "the presence of alcohol and other drugs in the events we studied does not necessarily imply that these substances affected behavior or caused the violence, nonetheless 92 percent of assailants and 42 percent of victims used alcohol or
other drugs on the day of the assault" (Brookoff et al., 1997, p. 9).

Ammerman and Hersen (1992), refer to the drunken bum theory, which was made famous in the play A Street Car Named Desire (p. 35). The unfortunate reality of the play was that society appeared to have accepted the ideology portrayed in the play and violence had became a "scripted" or expected behavior in the realms of the lower class (Ammerman & Hersen, 1992, p. 35). Thus, society made the association between violence and alcohol and the association became an acceptable norm. Violence had become acceptable as long as the perpetrator was drinking alcohol. Ammerman and Hersen (1992) mention a study by Kantor and Struss (1990), that found evidence for a strong link between alcohol and physical aggression against a partner from a nationally representative sample of over 5,000 couples (1992, p 35). In the aforementioned, Kantor and Struss (1990) found that blue-collar men that drank heavily and approve of the use of physical aggression have the highest rate of physical aggression (Ammerman & Hersen,
1992, p. 36). This finding appears to support the testimony of the drunken bum theory.

Dutton (1995) downplays an inherent connection between domestic violence and alcoholism, "frequently, battering occurs when assaultive men are inebriated, and they often blame the violence on alcohol" (p. 53). The questions raised here centered on the concept that alcohol was used as an excuse rather than a cause for the violence. If the perpetrator can blame the alcohol, then the behavior is explained by the drinking behavior. The problem with this position is that many perpetrators do batter when they are sober. This evidence may suggest that alcohol does not effect the violence or it may suggest a deeper underlying problem. In an alcoholic relationship, the family dynamics of alcoholism break down communication skills in a manner that the substance need not be present for the violence to occur. This may explain why, in some cases, alcohol was not present and yet violence occurred.

Lawson (1983) points out that "the beatings may not always occur during the intoxication nor does it stop occurring when the drinking stops" (p. 153). Many
alcoholics may not change their violent behavior when the drinking stops. There has to be some type of rehabilitation for the alcoholic to change the manner in which they relate to the world. Change must include interpersonal skills to resolve conflicts that arise in daily life because without these skills, violence and aggression soon consume the life of the dry alcoholic and drinking is likely to surface again as an escape.

Perpetrators share a propensity to use alcohol. They are also likely to come from families that used violence in order to resolve conflict. "Physical abusers themselves often come from families in which abuse was the norm. Much of their adult behavior is a direct representation of what they experienced and learned in their youth" (Forward, 1989, p.120). This statement implies that the abuse was a learned behavior, which the youth carries into their adult life. According to Koss (1994), "it is estimated that about one third of children who are abused or exposed to violence as children become violent themselves in later life" (p. 24). In fact Commer and Poussaint (1992) warn of the dangers of spanking children out of anger, "by being hit by you when you are
angry, children learn to hit others when they are angry" (p. 51). The implication is that the violence is a learned behavior, which the child later carries on to their relationships. If the child learns to solve conflict in this manner, then when the child becomes an adult, the logical way for this adult to solve conflict in their interpersonal relationships may well be violence.

Studies which attribute domestic violence to alcohol use and a history of child abuse overlook one important factor; certainly there must be unsettled conflict between partners in order for the violence to occur. The root of the problem stems from the lack of communication skills to resolve conflict in relationships. Conflict is a normal part of relationships and the ability to resolve conflict becomes the key in healthy relationships when compared to dysfunctional relationships. The dynamics of alcoholism diminish the capability to resolve the problems that arise from day to day living. Poor communication skills may be the result of using alcohol and drugs or they may be the result of coming from an
If a child is raised in an alcoholic family, the child learns the maladaptive communication skills that they later use in their adult life. In alcoholic families, communication skills are often non-existent and the adult child does not know how to resolve conflict in their relationships. When conflicts arise, the choice may well be violence as a way to end the conflict. In alcohol dependent families the decisions are made in two ways according to Mooney (1991), "By fiat (handed down by either the addicted person or the spouse or other family members desperately struggling to maintain a measure of control) or by default (no one was in any condition to make a decision or to make a choice, so things just happened" (p. 193). Neither the addicted (alcoholic) person, nor the family members have the ability to make decisions. If the family is effected by the drinker’s behavior and decisions that are made in the family are not realistic, then how is a choice of violence made? The choice then becomes a learned behavior and the dynamics of the alcoholic family that have broken down communication
skills come into play. Hence, the perpetrator does not have to drink to be violent. The behavior may be learned in a dysfunctional family system that has been handed down from generation to generation, from one alcoholic family in the past to their children. The children themselves may not drink but alcoholic behaviors may have been passed down to them as they observe their parents interact and learn the dynamics of communication and conflict resolution.

A longitudinal study by O’Ferrell, Hutton, and Murphy (1999) concentrated on domestic violence treatment among alcoholic’s (p. 5). The results of this study concluded that violence is associated with the extent of the alcoholic’s drinking remitted alcoholics no longer had elevated levels of domestic violence (O’ Ferrell et. al., 1999). The authors also stated that "(1) relapsed alcoholics had greater violence than remitted alcoholics; (2) remitted alcoholics no longer had elevated domestic violence levels compared with matched controls, whereas relapsed did, and (3) the frequency of violence correlated with the number of days the alcoholic drank" (O’ Ferrell et. al., 1999). The treatment method in this study
suggests that in order for alcoholics to remain violence free, sobriety must be maintained and part of treatment. Alcoholism increases the potential of involvement in domestic violence.

One of the main treatment modalities for domestic violence in Los Angeles counties is the work of George Anderson. He has designed a comprehensive intervention curriculum that is being widely adapted in many other counties. The program does emphasize an alcohol and drug evaluation at intake. If an evaluation shows that a client has problems with alcohol or substances, the perpetrator becomes ineligible for treatment and they are sent back to the court system for alternative treatment. This may or may not include drug or alcohol treatment (Anderson, 1997).

In a handbook of treatments for addictions by L'Abate, Farrar and Serritella (1992), the subject of domestic violence has a chapter dedicated to it. There are also various chapters dedicated to substance abuse, alcohol abuse and dependence issues. The authors never combine the issues nor do they address the impact or the treatment of these issues together. This seems to be a common theme throughout the literature. The focus of
studies or treatment is either on domestic violence or alcohol/drug treatment but never are the two combined.

The problem with the treatment modalities that are in place is that there is no linkage between the alcohol treatment and the domestic violence treatment facilities. Treatment facilities have either specialized in treatment of alcoholism and/or drug addiction or domestic violence. Domestic violence treatment programs may turn away clients because of their alcohol or drug problems and refer them to the courts for alternative treatment. The courts will rarely impose treatment for alcoholism or drug addiction. Instead they will send the clients to another facility that will accept them without treatment for the substance abuse problems. Clearly research has found a link between alcohol or drug use and domestic violence. Although it is not a causal effect there is enough evidence to support the need for reconsideration of treatment modalities that are being used for this population. The rates of recidivism are too high for social workers not to explore a more effective treatment modality.
CHAPTER THREE

METHODOLOGY

Study Design

The study explored the characteristics of domestic violence perpetrators involved in treatment programs. An in-depth survey questionnaire was used to compile information on demographics, conflict resolution skills, family of origin characteristics, and alcohol/drug histories or use. The survey was used to describe patterns of interactions in the family of origin, what kinds of conflict resolution skills were modeled, and the intergenerational presence of alcohol and or drugs in the perpetrators’ lives. An additional questionnaire addressed demographics and was used to compare the new sample set with the baseline sample set in the previous study in order to establish similarities between the two groups. A variety of questions addressed the mental status of the participants in the study.

A quantitative and qualitative survey explored characteristics of domestic violence perpetrators in order to establish perpetrator characteristics. Although
research in this field has not established a cause and effect correlation between alcohol and/or drug use and domestic violence, there is a general understanding in the research that alcohol and/or drug use contributes to domestic violence incidents. Thus, it is postulated that perpetrators of domestic violence that use drugs and/or alcohol should abstain from these substances or a reoccurrence of the violence is likely.

Sampling

The sample for this study was gathered from an agency that provides mandatory treatment for domestic violence perpetrators. The agency had an estimated 40 clients currently enrolled in the domestic violence treatment programs. The study sampled 31 clients in the agency. Two of the clients refused to participate in the study and the rest were absent on the day of the sampling. Respondents were selected from clients that had enrolled in the mandatory domestic violence program offered at the center. The agency was considered for selection because the program is a court mandated program offered to the clients that are referred from the probation department. This sample of perpetrators was selected because mandated
programs are the norm and they offer the bulk of treatment to this population. This particular agency's clients were sampled and the demographics of the clients were compared to the demographics of the previous study to determine if the populations were similar.

Data Collection and Instruments

The baseline sample set of this research is an accumulation of two years of involuntary client referrals from the probation department. The clients answered a questionnaire (see Appendix A) upon intake that made up the baseline demographic information. A succinct version of this instrument (see Appendix B) was used to compare the demographics of the different populations and gather information on other variables.

In the baseline sample set (n = 98), psychosocial surveys provided general information about the clients' families of origin. Many of the answers concerning conflicts in the clients' immediate families, alcohol and/or drug use and communication skills, contradicted information clients eventually revealed in group sessions facilitated by the researcher. Therefore, in order to establish a closer association between the variables, an
instrument has been designed (see Appendix C) to address the issues of domestic violence, alcohol use, and communication skills in the perpetrator's family environment. The first use of the second instrument (see Appendix B) asked 13 specific questions with 20 (n = 20) respondents filling out the baseline in-depth questionnaire. The instrument has been modified to include a question that asks how long the respondent has been in the treatment program and the question that asks about spanking has been modified into two separate questions. The current study sampled 31 more domestic violence perpetrators in a treatment program in order to expand the database. The new sample will be compared to the baseline sample to explore similarities in the demographics and associations between domestic violence, alcohol/drug use and conflict resolution skills. If the sets are comparable, the data sets will be combined.

Although the instrument was first designed for the former study, the continued use of the instrument may help enhance the reliability and validity of the instrument.

The instrument (see Appendix C) was designed because the psychosocial survey was found to contain unreliable
data about the clients' behavior. Information revealed in the group sessions contradicted answers given in the psychosocial survey. In the new sample set the researcher will not have the opportunity to gather data from participants that have the same trust in the researcher as in the last study. Thus, reliability may become a problem in the new sample set.

The original instrument that was administered upon intake (see Appendix A) had ninety-one questions. Many of the original questions have been eliminated from the instrument because they did not pertain to his study (see Appendix B). The questions were a combination of ordinal and nominal independent variables. As a result of the elimination of variables that did not pertain to this study, a new instrument was designed (see Appendix B). In order to save time and not waste the time of the participants, only 24 of the original 91 questions were included.

The shortened version of the instrument (see Appendix B) has 23 independent variables that ask a range of questions. The aforementioned questions include 11 nominal variables consisting of sex, race, the
characterization of childhood, the characterization of the individual in childhood, childhood fears, sufficient income, present employment, caretaker's alcohol use, marital status, mental state, and the primary problem bothering the respondent. There are eight ordinal independent variables that include order of birth, grades in school, annual income, length of employment, hours worked per week, alcohol intake, illegal drug use, and the degree that the respondent's primary problem has effected their life. Finally, there are four continuous variables the address how many siblings the respondent grew up with, age of the respondent, how many children the respondent has, and how long the respondent has been troubled by their primary problem.

The data on family experiences and conflict resolution skills will be collected with a qualitative and quantitative instrument (see Appendix C) that will include 17 questions. There are six nominal independent variables in the survey that address alcohol and/or drug presence in the home, spanking, and whether the perpetrator witnessed violence in the home. Two questions that address spanking and have two parts, the first part of each question are
nominal which are included in the former and the second part of each question was omitted in the study because of the inconsistencies in the responses. There is a two-part question that addresses witnessing violence in the home. Part one of the question is nominal and the second part of the question, an ordinal variable, asks how often the perpetrator witnessed violence in the home. There are five open ended qualitative questions in the survey that ask about home life and conflicts in the home. Finally, there are five more ordinal independent variables that ask about methods of resolving conflict, how the perpetrator learned to resolve conflict and method of discipline in the perpetrators home.

Procedure

The procedure for gathering the data was as follows. The instrument, proposal, debriefing statement and informed consent were given to the agency. The researcher set up an appointment with the agency staff director and formally presented the study and answered any questions pertaining to the proposal (see Appendix D). The researcher met with the agency director and worked out a schedule for administering the study. Any concerns that
the agency may have had were discussed at that time. Since the groups met at night, the researcher arranged to go to the group sessions and administered the survey to the clients without the staff present to insure that the clients were not penalized in any manner for not participating. The survey took an average of 30 minutes to complete. The groups are composed of 10 to 12 members, thus, the researcher surveyed 3 groups that compromised a sample of 31 clients with two clients refusing to participate.

Protection of Human Subjects

The confidentiality of the participants was assured by the lack of identifying information in the study. The participants' names were not included in the study by any identifying marks that may break confidentiality. Anonymity was also assured by the same procedure, no names on the data collection questionnaire.

The informed consent (see Appendix E) was in written form and the respondents acknowledged the informed consent with an X in the appropriate section. The consent included the identification of the researcher, an explanation of the nature and purpose of the study, the
research method, duration of the study, description of how confidentiality and anonymity was maintained, mention of participants right to withdrawal their participation and their data from the study at any time without penalty, information about the reasonably foreseeable risks and benefits, the voluntary nature of their participation, who to contact regarding questions about participants rights or injuries, and a statement that the research was approved by the Department of Social Work Sub-Committee of the Institutional Review Boards of California State University, San Bernardino.

A debriefing statement (see Appendix F) was given to the client upon completion of the survey. The purpose of the debriefing statement was to meet the goal of desensitizing. The participants were debriefed about their behavioral responses to the study. Any undesirable influence that the study may have had on the participants was minimized or eliminated. The debriefing statement disclosed and described the reasons for conducting the study, the way to obtain the results of the study, and the person(s) and/or professional resources to contact if the participants had any questions about their participation.
in the study. The participants were not provided with predictions and the groups are isolated, thus, there was no danger that the participants would reveal the nature of the study to other possible participants.
CHAPTER FOUR
DISCUSSION OF FINDINGS

The data from the original 93 questionnaires was compared to the data from the new survey (N = 31). The results of the comparison resulted in similar results for both groups. The median age for group 1 was 37 years old (see Appendix G, Table 1) compared to the median age of 35 for group 2 (see Appendix G, Table 4), a difference of 2 years. Racial backgrounds for the two groups were as follows. Group 1 was 62 percent Caucasian, 9 percent Mexican American, 8 percent native American, 7 percent Latino, 6 percent African American, and 1 percent Oriental and Asian (see Appendix F, Table 2) compared to group 2 that was 67 percent Caucasian, 9 percent Native American, 6 percent African American, 6.5 percent Mexican American and 9 percent gave no answer (see Appendix G, Table 5). The differences in the racial background categories are almost identical. Both groups reported that they did not drink alcohol (see Appendix F, Table 3 & 6). The participants in both groups report a happy childhood (see Appendix H, Figures 1 & 8), the participants had two siblings (see Appendix G Figures 2 & 9), both groups
reported average grades in school (see Appendix H, Figures 3 & 9), income was slightly higher for group 2 than group 1 although they mostly averaged 12 thousand or less a year (see Appendix H, Figures 4 & 10), both groups tended to be married (see Appendix H, Figure 5 & 11), and both group respondents had 1 or 2 children (see Appendix H, Figure 5 & 12). There were 20 respondents that filled out the original in-depth family environment questionnaire and these were combined with the 31 collected in the new study for the total of 51 questionnaires. The groups were similar in age, racial backgrounds, most reported they did not drink, reported a happy childhood, had 2 siblings, average grades in school, an average income of 12 thousand dollars or less, tended to be married, and had 1 or 2 children. Because of the similarities of the groups, the questionnaires were combined to produce a sample of 51 (N = 51) respondents that filled out the in-depth survey.

The data from the in-depth interviews reveal the factors that were taught and learned by the perpetrators, which then manifested as violence in their relationships. The data was derived from a psychosocial survey (see Appendix B), and an in-depth
questionnaire (see Appendix C), given to the perpetrators in a domestic violence program. The methods used were combined to produce a better sense of the concrete family dynamics that the perpetrators experienced in their family of origin.

Characteristics of the family of origin continue by the learned behaviors that are transferred to the children from the parents. These behaviors are the skills that one learns to use when confronted with family issues.

The discussion of findings will demonstrate that batterers tend to come from environments were alcohol was a problem or the dynamics of alcoholic families have been passed on from one generation to the next. Batterers are even more likely to have grown up with violence (either as a physical event or as a psychological force in the form of extreme obedience or power and control tactics) in the family. The effects of coming from these environments does not allow them to learn how to maturely work out differences or tensions that arise within their families.
Respondents were asked if there were alcohol or any other drug present in their parent's homes when they were growing up. My analysis predicts that perpetrators were likely to come from homes where alcohol or drugs were used. The statistical package for the social sciences (SPSS) program was used to run a chi-square analysis on the relationship between alcohol or drugs in the perpetrators family or origin and the presence of the aforementioned in the parents home. This study predicts that the perpetrators have experienced the intergenerational impact of alcohol and/or drugs use in their lives. The results of chi-square (see Appendix G, Table 7) for alcohol and/or drugs present in the perpetrators family or origin home and in their grandparent's home showed a statistically significant relationship between the variables ($X^2 = .128, df = 3, p > .002$, significant at .05). As predicted, alcohol and/or drugs in the grandparent's home is associated with drugs and/or alcohol in their parent's homes.

Seventy-seven percent of the respondents said alcohol or drugs were present in their parents' homes
Forty-two percent of the respondents reported alcohol or drugs in their grandparents' homes. When looking at data from two generations of families, at least 77 percent of the informants were exposed to alcohol and/or drugs in either their parents' or grandparents' homes.

Eighteen of the respondents (35 percent of the sample) reported alcohol and/or drug use in BOTH their parents' and grandparents' homes. This statistic shows that in over one third of the sample, the use of alcohol and/or drugs was intergenerational. If perpetrators witness alcohol and drug use in their family environment as children, then they are more likely to view the dysfunctional behaviors associated with alcohol and drug use as the norm. They are thus more likely to repeat the same patterns of interaction and methods of coping with frustration in their own family environments.

The perpetrators in the original survey were required to attend Alcoholic Anonymous or Narcotics Anonymous meetings if drugs or alcohol were present in the incriminating incident or if they admitted to a
history of use. The perpetrators are required to attend one meeting a week for the duration of the 52-week program. In that study, 21 out of 26, or 81 percent, of the participants in the domestic violence program were attending meetings. The new group of perpetrators were not required to attend meetings, and none of the perpetrators were mandated by the program to attend recovery programs.

Just as alcohol and/or drug use was common in the homes of the respondents, so was violence. Sixty-three percent of the respondents (see Appendix H, Figure 17) reported some type of violence in their family of origin. One of the respondents, who reported no violence, reported fighting among the siblings. He did not reveal to what extent the fighting reached but mentioned he was raised by his grandmother who made the children work for their food. Thus, even in this "nonviolent" household, we can see coercive methods used to control the children. Twenty-five of the respondents reported physical abuse and issues of control in their families. In these families the
parents insist that the children conform to blind obedience.

The perpetrators lived in homes where violence was the norm and were taught to resolve conflict with the use of violence. Descriptions of the methods used to resolve conflict between the parents and the children reported some type of violence in 71 percent or 36 of 51 responses. Forty-one percent of the fifty-one respondents reported severe abusive behavior towards the children. One respondent described the father beating the "hell" out of the children, taking the children out to the barn and whipping all of them with a leather belt, and another stated that the father would hit them with whatever was at hand at the time. "They would hit us or spank us, then they would tell you to shut up or go away." One of the perpetrators mentioned that his family environment was "brutal" and that he was constantly beat up by his father and siblings. Another respondent simply answered that his fathers use to beat us.

The perpetrators learned at an early age that violence is the answer to solve conflict in their
families. Spanking reinforces the perception that it is acceptable to punish a loved one for mistakes with physical violence. Spankings were reported in which the children were made to "bring the switch." Another respondent reported abuse in the family environment in this manner, "There was physical punishment 99 percent of the time, you would be told to drop your drawers and lean over the bed, then you would be struck hard with a leather belt."

The questionnaire asked the perpetrators if they were spanked after or during the ages of six through nine. The researcher's hypothesis on family violence would predict that perpetrators would be more likely to have been spanked after or during the ages of six through nine. Seventy-three percent of the respondents answered yes and twenty-one percent answered no, and four percent gave no answer to the spanked after the ages of six through nine (see appendix H, figure 18). Eighty-three percent of the respondents reported that they had been spanked during the ages of six through nine, thirteen percent reported that they had not been spanked and four
percent gave no answer (see Appendix H, Figure 19). The hypothesis was supported by the responses. Perpetrators are more likely to have been spanked after or during the ages of six through nine.

A statistically significant relationship was found using a chi-square analysis when comparing the results for spanking during the ages of 6 through 9 and witnessing violence in the home ($X^2 = .607, df = 1, p > .036$, significant at .05 or less). A relationship was also found using a chi-square analysis for the variables witnessing violence in the home and being spanked after the ages of 6 through 9 ($X^2 = .412, df = 1, p > .036$, significant at .005 or less). Thus, spanking or corporal punishment in the home of the perpetrator was related to witnessing violence in the home. It appears that in this study, violent homes share corporal punishment as a theme.

Respondents also described the extreme control that the parents exerted over the children. One of the respondents reported that his father ran the "ship" and you did not mess it up. There does not seem to be any resolution or communication skills
being used in this household, only extreme obedience, and the important thing here is keeping the "ship" right. The message here is that in order to keep the home environment going one must keep the "ship" in order. This can only be done with the captain overseeing the crew, or in other words, by using power and control to dominate the family. Another respondent answered that it was hard to talk to his parents and the children did not ask much from the parents because they were afraid to bother them. One has to ask where this fear comes from. There seems to be a hint of abuse in the statement and the learned behaviors in this family seem to perpetuate abuse instead of communication between members of the family environment. None of the respondents mentioned any positive resolution to conflict between parents and children. Some of the respondents reported that the beatings, abusive fathers, and hostile environments prompted them to leave home early to avoid further abuse.

Conflicts between parents and children were handled with violence or with extreme demands for
obedience. The respondent's descriptions of how the parents handled conflict between themselves painted a similarly unhappy picture. Twenty-three (forty-five percent) respondents reported violence between the parents and fifteen respondents (twenty-nine percent) described poor communication skills that fell short of abusive or violent behavior. Relations between parents were often complicated by alcohol-related problems. One perpetrators said that his father would come home from the bar and start abusing the children, if the mother got involved the father would then physically abuse the mother in front of the children. Another respondent reported that his father was a controlling alcoholic. A respondent reported yelling, screaming, and fistfights between mom and dad when the father would come home drunk. Two respondents simply stated that their father drank too much and would beat their mother and another respondent stated that they (his parents) never showed any love for each other. One respondent described his parents as having alcohol related conflicts that were solved the next day with "guilt" gifts and promises of controlled drinking to
solve problems in the home. The perpetrator, in this family, learned that alcohol related conflict is common as long as guilt gifts are given after the incident to relieve tension and responsibility.

Others described an environment that was full of tension and one perpetrator stated that his father would get louder and louder in order to get his point across to the family. "There were loud arguments when dad was drinking, harsh words and threatening eye contact but when they were sober they discussed things out rationally." The message here is that drinking excuses rational behavior and one can rationally talk later after the drinking stops. Yet another respondent stated, "there was no good end to them (conflicts) usually, dad would go drink and then mom would keep to herself." Another informant refers to his father drinking too much but stated "we made it through," as if it was a matter of survival in the family.

The least violent means of coping with conflict still reflected poor communication skills. Two of the respondents reported that their parents would not
speak to each other, and two others reported that their fathers would leave for the night and go to the bar. These three responses did not include communication to solve the conflict just a cooling off period with no resolution. Another respondent reported that he would hide when his parents would fight and they never solved anything. Another respondent reported that the mother would hit or slap the father and he would walk away without solving the problem. Yelling, walking away, arguments, and verbal loudness reflect conflicts with no solutions. In this manner the children learn to stuff their feelings instead of communicating them to their partners. After a period of time those stuffed feeling may surface in an unhealthy manner, like violence against the partner.

Solving problems between the siblings included violence in these families. Thirty-five percent of the perpetrators learned to use violence as a solution to their conflicts. Eighteen out of the fifty-one respondents or thirty-five percent included physical violence as part of their description of conflicts
with siblings. The responses to the typical method of solving conflict were fistfights, punching or hitting, punch it out or get punched, and beatings. The response, "I can’t think of a typical method of resolving conflict, if you were bleeding, you lost," explains where this perpetrator learned to use violence as a response to conflict. One of the respondent’s parents bought the children boxing gloves to solve their differences. The only way to solve conflict for this respondent was to box it out with the sibling. One does not have to have much of an imagination to perceive where this perpetrator learned to use violence to settle disputes in his family.

It is important to consider how siblings learn to resolve conflicts. The behaviors learned in their families are used as models and later the children use these models to work out difficulties with their peers. There were no communication skills involved in the perpetrator solutions to conflict with siblings. Most of the respondents perceived violence as typical and a normal alternative to solve conflict with their siblings. When this became the case, the perpetrators
learned to use the abusive behaviors early in their lives and carried these behaviors into their later relationships with their partners. These abusive behaviors were the symptom of their violent acts, at the root of the problem is the lack of communication skills to solve conflict in their lives.

Some of the answers reveal the extent to which the informants could minimize the significance of the violence in their daily lives. When asked about sibling conflict, one of the perpetrators states, "we hardly had fights, we just hit each other and there was verbal abuse." The respondent does not think that fights are conflict. The respondent is minimizing the behavior by using the word, "just," as if hitting is not considered violence. This respondent learned that hitting is a normal avenue to solve conflict and that verbal abuse is normal and typical behavior. In this family, resolution became the one with the least amount of injury wins the conflict, a brutal way to solve conflict that was later enacted in his relationship with his partner.
The respondents were asked to explain how they learned to solve conflict in their homes. Fifty-one percent of the respondents stated that they did not learn to solve conflicts in their families and some stated that there was no communication in their homes between family members. A respondent reported that he learned not to cry no matter what or how they beat him. One stated that he learned to run away from conflict and stay away or ignore the conflicts. Another learned to use deception as a method by not letting anyone know there was a problem. A respondent reported that he learned from his parents and then he reported that his father drank all the time and beat up his mother. All of these responses have no resolution to conflict. The perpetrators never learned in their family environment how to deal with conflict in their lives. When faced with conflict, and having learned no resolution skills, anger or violence may be the only avenue open to these respondents. One of the respondents stated that he just took the conflict witnessed in his family one step further and used severe violence. One of the
respondents reported that he learned to leave when the father drank. The perpetrator learned in this example that the father could do as he pleases and that he was not held responsible for his behavior. It was the families' responsibility to stay out of the way when the father drank. Another respondent was made to fight with his brother using boxing gloves to solve conflict. The way to solve conflict in this family was violence when there was no agreement.

One of the respondents stated that he learned not to speak when the father came home and the children learned to hide until dinnertime. The same respondent stated that he also learned not to cry or show any emotions and to fight for what you believed in. Respondents reported fistfights, fighting, staying away, and getting beat up in these families. When this behavior becomes the norm it is easy to see how violence can become the communication skill used to resolve conflict in a relationship. Violence seems to be the way to solve conflicts in this family between the siblings. The lesson here is that in order to solve problems, fighting is the solution. As one
respondent said, "We would fight about everything because we did what our dad showed us to do which was to knock the crap out of each other for no reason."

Another respondent gave a more promising answer to how he learned to cope with conflict in his family. He stated that he learned by watching his father but now after being involved in the program, he knew better than to use those methods to solve conflict.

As some of the respondents' answers indicate, denial of violence is part of the psychological profile of perpetrators. Question 13 of the questionnaire asked a two-part question where respondents were to summarize their childhood experiences of violence. The first part asked the respondents if they witnessed violence in their family when they were growing up and the second part that asked how often. Each question produced responses that were not reliable in that their answers contradicted descriptions of violence relayed in answers to other questions. The hypothesis was that perpetrators would tend to come from families where they witnessed violence in the home. The respondents
(N = 51), favored yes by 63 percent (see Appendix H, Figure 20). Despite the evidence of inaccurate data, the hypothesis was supported by the results. Perpetrators are more likely to come from homes where there is violence in the home than from homes where there is no violence. If one learns to accept violence as a common occurrence in one's life, then violence is easier to turn to when faced with conflicts in one's life.

The effects of alcoholism and drug addiction diminish communication skills that resolve conflict in relationships. In alcoholic relationships, tensions are turned into hostile confrontations. The lack of communication skills led to abuse in an attempt to cease the uncomfortable feelings. In this sense the conflict is resolved in an unhealthy way. The potential of domestic violence increases with the lack of communication skills.

Perpetrators that grow up in alcoholic families learn the communication skills that they carry on to their adult life. Families may not have drinking in their families of origin but may have been handed down
unhealthy communication skills that may have originated from alcoholic behavior or families lacking communication skills. Violence becomes a method in ending domestic disputes. In this manner, alcoholism is related to domestic violence through the lack of communication skills in unhealthy relationships. As the perpetrator's drinking or drug use increases, the violence increases as a means to deal with the lack of communication skills, thus, the communication skills to resolve conflict decrease.
CHAPTER FIVE

CONCLUSION

This model of violence predicts that as conflict resolution skills increase, drug and alcohol use will decrease. This change will decrease the violence and resolve interpersonal conflict. Further studies must be conducted to evaluate this model of violence. Research on interpersonal violence must include research on alcohol and drug use that is prevalent in the domestic violence field. By combining the two disciplines, researchers may come to an understanding on the dynamics that these two disciplines share.

Based on the researcher’s experience working with batterers, clients that have completed the domestic violence program usually do not return. The researcher found that while working at a domestic violence program only three clients relapsed in two years at the clinic. One of the clients remained abstinent for a year with no incident of violence. After a year, the client started drinking and battered soon afterward. Another client did not stop drinking and was back in the program shortly after completing
because he battered after an episode of drinking. The third client limited his drug use while attending the program. After completing the program he soon returned to his addiction and was violated from his probation. He spent 18 months in jail and was returned to the program. The client repeatedly admitted in group sessions that his drug use interfered with his communication skills with his partner and children and eventually resulted in violence. The client had since remained clean, attends Narcotic Anonymous meetings regularly, is involved with therapy for his addiction, and attends the domestic violence program. The client has not battered since he has remained clean, and states that his life with his family is going through a process of reconciliation where communication skills are starting to heal the past.

One of the clients had refused to admit to any violent behavior. Anytime the client was confronted on his violent actions he would minimize his behavior and would blame others for his actions. This client had commented in the group sessions that he did not think there was any problem with how he handled
conflict, which was the way his father handled family problems. His approach was to "forget" conflict and to drink when he was angry to "calm his nerves." The client finally got into an argument with his partner's son. He turned to alcohol for a solution to his inadequate communication skills because he refused to participate in the program and refused to quit drinking. After becoming intoxicated, the client got violent with the son-in-law. During the violent episode there was a struggle and the son-in-law was pushed into a window. He ended up putting his hand through the window and severing two of the tendons in his hand. The client violated his probation and was incarcerated. This case demonstrates what can happen when the model is violated. Domestic violence perpetrators must remain abstinent from alcohol and drugs in order to use positive, non-violent, non-threatening communication skills to solve conflict in their relationships.

Domestic violence programs teach perpetrators to resolve conflict in a non-violent manner. Part of the education of the perpetrators involves learning how to
respect other people, how to compromise with people whose needs differ from their own, learning to negotiate conflict, and how to recognize that other people have independent needs that must be accommodated.

Further research is needed to bring the issues of domestic violence, alcoholism, and communication skills together. In order to accomplish the task, one may look towards the development of the alcoholism field for an answer. It was only by pulling resources together from many disciplines that an understanding to the complex issue of alcoholism has surfaced. Training for facilitators in addiction and domestic violence skills may be considered. The researcher further recommends that program facilitators use the instrument in this study as a group homework assignment. The perpetrators can take the questionnaire home, complete the questionnaire, and bring the completed questionnaire back to the group for discussion. Perpetrators that reveal drug and/or alcohol problems can then be referred to the proper resources to acquire the help they need and deserve.
Unless perpetrator's drug and/or alcohol concerns are addressed, recidivism rates will not be lowered.

There was a time when alcoholism and mental disorders were thought to be separate issues. Researchers could not understand why alcoholics with mental disorders kept relapsing. The problem was that the two issues were not treated individually and concurrently. When researchers realized the two were linked, they started to treat the two individually and concurrently, and alcoholics with mental disorders started to stay abstinent and stabilize their mental disorders.

The topic of domestic violence appears to be in the same arena. In order to understand the issue, researchers must take into account the complexity of the inter-woven dynamics involved. Alcoholism increases the potential of involvement in domestic violence. In order to be effective in the treatment of domestic violence perpetrators one must address the alcohol and or drug issues and teach the perpetrators healthy conflict resolution skills. It is only by addressing these
important issues concurrently and individually that may
begin to effectively treat domestic violence perpetrators.
APPENDIX A:
PSYCHOSOCIAL SURVEY
PSYCHOLOGICAL/SOCIAL HISTORY

Instructions: Answer the following questions as they apply to you. Circle the right answers. Some questions will have more than one answer, so circle all that apply. Put a check mark by any answers you want to discuss.

AGE DATE / / SEX

OCCUPATION

What is your race? (1 answer)

How would you characterize your childhood?
1. happy 2. frightening 3. unhappy 4. dull 5. hard to remember 6. secure 7. painful

Who primarily raised you? (1 answer)
1. natural parents 2. father only 3. mother only 4. father & stepmother 5. mother / stepfather 6. adoptive parents 7. foster parents 8. institutional caretakers 9. grandmother and/or grandfather 10. aunt and/or uncle 11. brother and/or sister 12. other

Which descriptor(s) characterize your mother?
4. Which descriptor(s) characterize your father (paternal caretaker)? (answer all that apply)
   1. warm
   2. distant
   3. uncaring
   4. strict
   5. unpleasant
   6. rejecting
   7. overprotective
   8. domineering
   9. abusive
   10. faultfinding
   11. understanding
   12. perfect
   13. affectionate

5. How would you describe your parent's (or Parent substitute's) relationship? (answer all that apply)
   1. close
   2. cold
   3. ideal
   4. violent
   5. indifferent
   6. full of conflict
   7. hot and cold
   8. reserved
   9. distant
   10. happy
   11. domineering/submissive
   12. loving
   13. hostile

6. How many brothers and sisters did you grow up with? (one answer)
   1. one
   2. two
   3. three
   4. four
   5. five
   6. six
   7. seven
   8. eight
   9. nine
   10. ten
   11. eleven
   12. twelve
   13. more than twelve
   14. none

7. What was your order of birth? (1 answer)
   1. oldest
   2. in the middle
   3. youngest
   4. only child
8. Which descriptor(s) characterize you as a child (0 to 12 years of age)? (answer all that apply)
   1. outgoing
   2. shy
   3. active
   4. aggressive
   5. awkward
   6. happy
   7. friendly
   8. emotional
   9. irresponsible
   10. nervous
   11. rebellious
   12. serious
   13. stubborn
   14. unhappy
   15. calm
   16. temperamental
   17. self-confident
   18. other

9. What were problems for you as a child? (0 to 12 years of age) (answer all that apply)
   1. none
   2. getting along with mother
   3. getting along with father
   4. getting along with sibling(s)
   5. getting along with peers
   6. getting along with teachers
   7. bed-wetting
   8. nightmares
   9. excessive fears or worries
   10. academic
   11. physical/medical problems
   12. nerves
   13. felt I was a burden to my parents
   14. overweight
   15. underweight
   16. having my feelings hurt
   17. fear of failure
   18. other

10. What did your parents (or parent caretakers) argue about? (answer all that apply)
    1. money
    2. discipline of children
    3. relatives interfering
    4. drinking
    5. sex
    6. jealousy
    7. not taking care of the home
    8. not being a good provider
    9. never argued
    10. other
11. What was your father's (or paternal caretaker's) occupation? (answer one)
   1. homemaker
   2. professional
   3. owner of a business
   4. skilled craftsperson
   5. office worker
   6. salesperson
   7. skilled laborer
   8. unskilled laborer
   9. unemployed
   10. disabled
   11. government service
   12. personal service (e.g. hair stylist, maid)
   13. military service
   14. executive
   15. does not apply
   16. other •

12. What was your mother's (or maternal caretaker's) occupation? (answer one)
   1. homemaker
   2. professional
   3. owner of a business
   4. skilled craftsperson
   5. office worker
   6. salesperson
   7. skilled laborer
   8. unskilled laborer
   9. unemployed
   10. disabled
   11. government service
   12. personal service (e.g. hair stylist, maid)
   13. military service
   14. executive
   15. does not apply
   16. other •

13. How would you describe your mother's (or maternal caretaker's) method of discipline? (1 answer)
   1. strict
   2. fairly strict
   3. fair
   4. lenient
   5. inconsistent
   6. does not apply
   7. other____

14. How would you describe your father's (or paternal caretaker's) method of discipline? (1 answer)
   1. strict
   2. fairly strict
   3. fair
   4. lenient
   5. inconsistent
   6. does not apply
   7. other____

15. What fears did you have as a child 0 to 12 years of age? (answer all that apply)
   1. no significant fears
   2. death
   3. might fail
   4. might be seriously injured or become ill
   5. strangers
   6. might be laughed at
   7. might be abandoned
   8. animals
   9. other children
   10. other____
16. How would you characterize your sexual experiences? (1 answer)

1. pleasant
2. neutral
3. unpleasant

17. How far did you go in school? (1 answer)

1. completed less than 6 grades
2. completed elementary school
3. completed junior high (9th grade)
4. attended high school but did not receive a diploma
5. received a G.E.D.
6. graduated high school
7. vocational or business school training beyond high school

18. How would you rate your intellectual ability? (1 answer)

1. below average
2. average
3. above average
4. superior/gifted

19. Were you ever held back in school? (1 answer)

1. no
2. yes

20. In general, what grades did you make in school? (1 answer)

1. many D's and F's
2. mostly C's
3. mostly B's and A's
4. mostly A's

21. Did you ever get in trouble while in school? (1 answer)

1. no
2. occasionally
3. often

22. Did you have problems learning to read in school? (1 answer)

1. no
2. yes

23. Did you have problems learning math in school? (1 answer)

1. no
2. yes
24. Did your peers ridicule, tease, or make fun of you more than the other kids? (1 answer)
   1. no
   2. yes

25. Rate your family's economic status during childhood and adolescence: (1 answer)
   1. poverty level (received welfare)
   2. working class
   3. middle class
   4. upper middle class
   5. wealthy

26. Who provided the main source of income for your family? (1 answer)
   1. mother, or maternal caretaker
   2. father, or paternal caretaker
   3. a relative or relatives
   4. social service (welfare, unemployment, disability)
   5. a friend of the family
   6. other______________________

27. Did your parents agree on how money should be spent? (1 answer)
   1. agreed most of the time
   2. disagreed
   3. disagreed frequently

28. Did your family experience any financial problems? (1 answer)
   1. no
   2. occasionally
   3. often

29. Currently, how much money does the household earn annually that you now live in? (1 answer)
   1. less than $8,000.00
   2. $8,000.00 to $12,000.00
   3. $12,000.00 to $15,000.00
   4. $15,000.00 to $20,000.00
   5. $20,000.00 to $30,000.00
   6. $30,000.00 to $45,000.00
   7. more than $45,000.00

30. Have you had any major changes in your household's income during the last 2 years? (1 answer)
   1. no
   2. decreased significantly
   3. increased significantly
31. What is your or your current household's primary source of income? (1 answer)
   1. my earnings
   2. my partner's earnings
   3. relatives
   4. disability payments
   5. unemployment
   6. welfare
   7. Social Security payments
   8. investments
   9. other

32. Is providing enough income for you or your family a big stress in your life? (1 answer)
   1. no
   2. yes

33. Are you presently employed? (1 answer)
   1. no
   2. yes

34. How long have you been working at this job? (1 answer)
   1. Less than 6 months
   2. 6 months to 1 year
   3. 1 to 3 years
   4. 3 to 5 years
   5. 5 to 10 years
   6. 10 to 15 years
   7. 15 to 20 years
   8. more than 20 years
   9. does not apply

35. How many hours per week do you work? (1 answer)
   1. less than 10
   2. 10 to 20
   3. 20 to 30
   4. 30 to 45
   5. more than 45
   6. does not apply

36. In general, how do you enjoy your work? (1 answer)
   1. enjoyable
   2. neutral
   3. unenjoyable
   4. does not apply

37. Have you ever been fired? (1 answer)
   1. no
   2. yes
   3. does not apply

38. Have you ever been laid off? (1 answer)
   1. no
   2. yes
   3. does not apply

39. What is the longest period of time you held one job? (1 answer)
   1. less than 1 year
   2. 1 to 3 years
   3. 3 to 5 years
   4. 5 to 10 years
   5. more than 10 years
   6. does not apply
40. Since starting full-time work, what is your longest non-work period? (1 answer)
   1. less than 1 month
   2. 1 to 6 months
   3. 6 months to 1 year
   4. 1 to 3 years
   5. 3 to 5 years
   6. 5 to 10 years
   7. more than 10 years
   8. does not apply

41. Do you have any problems at work? (1 answer)
   1. no
   2. yes
   3. does not apply

42. What kinds of work have you performed in the past? (answer all that apply)
   1. a homemaker
   2. a professional
   3. an owner of a business
   4. a skilled craftsperson
   5. an office worker
   6. a salesperson
   7. a skilled laborer
   8. unskilled laborer
   9. have never worked
   10. in government service
   11. personal service (e.g. hair stylist, maid)
   12. an executive
   13. other

43. Are you serving, or have you served, in the military? (1 answer)
   1. no IF NO, SKIP TO #51.
   2. yes

44. Which branch of the military are you serving in, or have you served in?
   (1 answer)
   1. does not apply
   2. Air Force
   3. Army
   4. Navy
   5. Marines
   6. Coast Guard

45. How long have you been serving, or did serve, in the military? (1 answer)
   1. does not apply
   2. less than 3 months
   3. less than 1 year
   4. 1 to 2 years
   5. 2 to 4 years
   6. 4 to 6 years
   7. 6 to 10 years
   8. 10 to 15 years
   9. more than 15 years
46. What kinds of problems are you or did you experience while in the military? (answer all that apply)

1. does not apply
2. taking orders
3. nerves
4. began using drugs
5. began using alcohol to excess
6. was reprimanded by my superiors for my conduct
7. had to perform special duty because of my conduct (K.P., latrine, etc.)
8. did time in the stockade/brig
9. was court marshaled
10. went AWOL
11. none
12. getting used to following rules and regulations
13. other

47. Were you ever stationed in a combat zone? (1 answer)

1. does not apply
2. no
3. yes, less than 3 mths
4. yes, for 3 to 6 months
5. yes, for 6 months to 1 year
6. yes, for 1 to 2 years
7. yes, for 2 to 3 years
8. yes, for 3 to 4 years
9. yes, for longer than 4 years

48. What was the highest rank you attained? (1 answer)

1. does not apply
2. enlisted person
3. noncommissioned officer
4. officer

49. What were the terms of your discharge: (1 answer)

1. does not apply
2. still on active duty
3. honorably discharged due to mental problems
4. honorable discharge
5. dishonorably discharged

50. Are you seeing, or did you ever see, a psychologist or psychiatrist while in the military? (1 answer)

1. does not apply
2. no
3. was hospitalized for mental problems
4. for evaluation and treatment (outpatient)
5. for evaluation only

51. Do you have a service connected disability? (1 answer)

1. does not apply
2. no
3. physical
4. mental
5. physical and mental
52. Which of the following have you used? (answer all that apply)
   1. alcohol
   2. cocaine
   3. barbiturates
   4. amphetamines
   5. hallucinogenic
   6. opium
   7. Quaaludes
   8. heroin
   9. marijuana
   10. tranquilizers without prescription
   11. pain pills without prescription
   12. PCP
   13. ice
   14. crack
   15. designer drugs
   16. none

53. Have you ever felt there was a time you drank too much alcohol? (1 answer)
   1. no
   2. yes, on one occasion
   3. yes, on several occasions
   4. yes, on more than several occasions

54. On the average, how often do you drink alcohol? (1 answer)
   1. daily
   2. a couple times a week
   3. once a week
   4. once or twice a month
   5. once or twice a year
   6. never

55. How would you describe your illegal drug usage? (1 answer)
   1. daily
   2. a couple times a week
   3. once a week
   4. once or twice a month
   5. once or twice a year
   6. I no longer use illegal drugs
   7. never

56. Have you ever been involved in an alcoholism or drug treatment program?
   1. no
   2. yes

57. Did your parents, or parent caretakers, have a problem with alcohol when you were a child? (1 answer)
   1. no
   2. mother only
   3. father only
   4. both parents did
   5. the person or persons who raised me did
58. Do you smoke cigarettes? (1 answer)
1. no, I never have
2. no, I quit smoking
3. yes, a pack a week or
   less
4. yes, approximately
   one- half pack a day
5. yes, a pack a day
6. yes, more than a pack a day

59. Have any family members ever experienced mental illness? (answer all that apply)
1. no
2. I have
3. mother
4. father
5. sibling(s)
   brother(s) and/or
   sister(s)]
6. grandparents
7. outside the immediate family (uncle, aunt, etc.)

60. Did you have any bad illness(es) as a child (e.g. hospitalizations)? (1 answer)
1. no
2. yes

61. Have you had any significant accident(s) in the past 3 years? (1 answer)
1. no
2. yes

62. Have you had any major illness(es) or hospitalization(s) in the past 3 years? (1 answer)
1. no
2. yes

63. Rate your general level of health. (1 answer)
1. excellent
2. good
3. fair
4. poor
5. extremely poor

64. Are you currently under the care of a physician? (1 answer)
1. no
2. yes

65. What medications are you currently taking? (answer all that apply)
1. none
2. pain pills
3. antibiotics
4. anti-inflammatory pills
5. anticonvulsant pills
6. heart pills
7. high blood pressure pills
8. tranquilizers
9. antidepressants
10. vitamins
11. insulin
12. allergy pills
13. stomach pills
14. other________
66. What is your marital status? (1 answer)

1. divorced, but involved in an intimate relationship
2. widowed, but involved in an intimate relationship
3. single, but involved in an intimate relationship
4. separated, but involved in an intimate relationship
5. divorced
6. single
7. separated
8. widowed
9. married

69. How many children do you have? (1 answer)
1. one
2. two
3. three
4. four
5. five
6. six
7. seven
8. more than 7
9. none

67. Have you ever been divorced? (1 answer)
1. no
2. yes

68. How long have you been with your current partner? (1 answer)
1. not involved in an intimate relationship at this time
2. less than 1 year
3. 1 year
4. 2 years
5. 3 years
6. 4 years
7. 5 years
8. more than 5 years
9. more than 10 years
10. more than 15 years
11. more than 20 years
12. more than 25 years
13. more than 30 years

70. How would you describe your partner? (answer all that apply)
1. warm
2. unhappy
3. distant
4. uncaring
5. happy
6. unpleasant
7. enjoyable
8. abusive
9. faultfinding
10. understanding
11. perfect
12. indifferent
13. argumentative
14. boring
15. stimulating
16. unforgiving
17. tense
18. affectionate
19. does not apply
71. Are you having problems with your child's or children's behavior?
   1. no
   2. yes
   3. does not apply

72. Is the frequency of sex a problem? (1 answer)
   1. no
   2. yes

73. What are your living arrangements? (1 answer)
   1. buying a home
   2. own my own home
   3. living in a dorm
   4. boarder
   5. renting an apartment
   6. renting a home
   7. living with relatives in their home
   8. living with friends in their home
   9. other__________________

74. How often do you and your partner argue? (1 answer)
   1. several times a day
   2. daily
   3. several times a week
   4. once a week
   5. several times a month
   6. once a month
   7. several times a year
   8. about once a year
   9. less than once a year
   10. rarely
   11. never
   12. does not apply

75. Has your relationship ever been threatened by an affair? (1 answer)
   1. no
   2. yes, my affair
   3. yes, my partner's affair
   4. does not apply
   5. yes, both my partner and myself have had affairs

76. What interests do you and your partner share? (answer all that apply)
   1. none
   2. children
   3. work-related
   4. sports
   5. hobbies or crafts
   6. movies
   7. theater
   8. music
   9. politics
   10. socializing with friends
   11. television
   12. religious activities
   13. club activities
   14. talking
   15. games
   16. camping
   17. hunting/fishing
   18. does not apply
   19. other__________
77. How well do you feel your partner fulfills his/her role? (1 answer)
   1. very well
   2. fairly well
   3. poorly
   4. very poorly
   5. does not apply

78. Do you eat a balanced diet? (1 answer)
   1. no
   2. yes

79. Do you participate in a regular exercise program? (1 answer)
   1. no
   2. yes

80. How would you characterize your size? (1 answer)
   1. very thin
   2. thin
   3. about average
   4. a little overweight
   5. overweight
   6. very overweight

81. Which of the following have you experienced in the past two years? (answer all that apply)
   1. marital reconciliation
   2. arrested
   3. jail term
   4. retirement
   5. fired at work
   6. change in health of family member
   7. marital separation
   8. divorce
   9. death of spouse/partner
   10. pregnancy
   11. more arguments with partner
   12. less arguments with partner
   13. none of the above

82. Which of the following have you experienced in the past two years? (answer all that apply)
   1. death of a close friend
   2. marriage
   3. death of a close family member
   4. change in financial state
   5. personal injury or illness
   6. changed line of work
   7. business readjustment
   8. gain of a new family member
   9. sex difficulties
   10. none of the above
83. How would you rate your ability to cope with life? (1 answer)
   1. very good
   2. good

84. How would you describe yourself? (answer all that apply)
   1. quiet
   2. outgoing
   3. talkative
   4. shy
   5. active
   6. aggressive
   7. temperamental
   8. self-confident
   9. wild
   10. carefree
   11. stubborn
   12. easygoing
   13. friendly
   14. smart
   15. impatient
   16. responsible
   17. rebellious
   18. serious
   19. unassertive
   20. irresponsible
   21. other ____________

85. How would you describe your mental state? (answer all that apply)
   1. tense
   2. depressed
   3. forgetful
   4. sad
   5. worried
   6. fearful
   7. angry
   8. unenthusiastic
   9. confused
   10. disappointed
   11. regretful
   12. irritable
   13. calm
   14. scared
   15. hyperactive
   16. nervous
   17. happy
   18. distrustful
   19. other ____________

86. Have you ever had legal problems? (answer all that apply)
   1. no
   2. civil (e.g. divorce, law suits against you etc.)
   3. arrested
   4. convicted

87. What is the primary problem bothering you? (1 answer)
   1. marriage
   2. family
   3. loneliness
   4. moodiness
   5. depression
   6. anxiety
   7. self-confidence
   8. physical
   9. alcohol
   10. drugs
   11. sex
   12. memory
   13. work
   14. none
   15. other ____________
88. How long ago did you begin to be troubled by this problem? (1 answer)

1. within the past month
2. between 1 and 6 months
3. between 6 and 12 months
4. between 1 and 2 yrs
5. between 2 and 5 yrs
6. between 5 and 10 years
7. over 10 years
8. all my life
9. does not apply

90. How often do you experience this problem? (1 answer)

1. all the time
2. many times a day
3. several times a day
4. once a day
5. several times a week
6. once a week
7. several times a month
8. once a month
9. several times a year
10. less than once a year
11. does not apply

91. What other kinds of problems are bothering you? (answer all that apply)

1. marriage
2. family
3. loneliness
4. moodiness
5. depression
6. anxiety
7. self-confidence
8. physical (ill-tired)
9. alcohol
10. drugs
11. sex
12. memory
13. work
14. does not apply
15. other________________________
92. If there is anything you would like to add to your psychological/social history, please do so in the space below.
APPENDIX B:

COLLAPSED PSYCHOSOCIAL SURVEY
Instructions: Answer the following questions as they apply to you. Circle the right answers. Some questions will have more than one answer, so circle all that apply. Put a check mark by any answers you want to discuss.

AGE DATE / / SEX

OCCUPATION

1. What is your race? (1 answer)
   1. Asian
   2. Black
   3. Caucasian (white)
   4. Latin
   5. Mexican American
   6. Native American
   7. Oriental
   8. Other

2. How would you characterize your childhood? (answer all that apply)
   1. happy
   2. frightening
   3. unhappy
   4. dull
   5. hard to remember
   6. secure
   7. painful
   8. regimented
   9. other

3. How many brothers and sisters did you grow up with? (one answer)

4. What was your order of birth? (1 answer)
   1. oldest
   2. in the middle
   3. youngest
   4. only child
5. Which descriptor(s) characterize you as a child (0 to 12 years of age)? (answer all that apply)

1. outgoing
2. shy
3. active
4. aggressive
5. awkward
6. happy
7. friendly
8. emotional
9. irresponsible
10. nervous
11. rebellious
12. serious
13. stubborn
14. unhappy
15. calm
16. temperamental
17. self-confident
18. other

6. What fears did you have as a child (0 to 12 years of age)? (answer all that apply)

1. no significant fears
2. death
3. might fail
4. might be seriously injured or become ill
5. strangers
6. might be laughed at
7. might be abandoned - lose my parents
8. animals
9. other children
10. other

7. In general, what grades did you make in school? (1 answer)

1. many D's and F's
2. mostly C's
3. mostly B's and A's
4. mostly A's
8. Currently, how much money does the household earn annually that you now live in? (1 answer)

1. less than $8,000.00
2. $8,000.00 to $12,000.00
3. $12,000.00 to $15,000.00
4. $15,000.00 to $20,000.00
5. $20,000.00 to $30,000.00
6. $30,000.00 to $45,000.00
7. more than $45,000.00

9. Is providing enough income for you or your family a big stress in your life? (1 answer)

1. no
2. yes

10. Are you presently employed? (1 answer)

1. no
2. yes

11. How long have you been working at this job? (1 answer)

1. Less than 6 months
2. 6 months to 1 year
3. 1 to 3 years
4. 3 to 5 years
5. 5 to 10 years
6. 10 to 15 years
7. 15 to 20 years
8. more than 20 years
9. does not apply
12. How many hours per week do you work?  
(1 answer)

1. less than 10  
2. 10 to 20  
3. 20 to 30  
4. 30 to 45  
5. more than 45  
6. does not apply

13. On the average, how often do you drink alcohol?  
(1 answer)

1. daily  
2. a couple times a week  
3. once a week  
4. once or twice a month  
5. once or twice a year  
6. never

14. How would you describe your illegal drug usage?  
(1 answer)

1. daily  
2. a couple times a week  
3. once a week  
4. once or twice a month  
5. once or twice a year  
6. I no longer use illegal drugs  
7. never

15. Did your parents, or parent caretakers, have a problem with alcohol when you were a child?  
(1 answer)

1. no  
2. mother only  
3. father only  
4. both parents did  
5. the person or persons who raised me did
16. What is your marital status? (1 answer)
   1. divorced, but involved in an intimate relationship
   2. widowed, but involved in an intimate relationship
   3. single, but involved in an intimate relationship
   4. separated, but involved in an intimate relationship
   5. divorced
   6. single
   7. separated
   8. widowed
   9. married

17. How many children do you have? (1 answer)

18. How would you describe your mental state?
    (answer all that apply)

   1. tense
   2. depressed
   3. forgetful
   4. sad
   5. worried
   6. fearful
   7. angry
   8. unenthusiastic
   9. confused
   10. disappointed
   11. regretful
   12. irritable
   13. calm
   14. scared
   15. hyperactive
   16. nervous
   17. happy
   18. distrustful
   19. other ____________________
19. What is the primary problem bothering you? (1 answer)

1. marriage
2. family
3. loneliness
4. moodiness
5. depression
6. anxiety
7. self-confidence
8. physical (ill-tired)
9. alcohol
10. drugs
11. sex
12. memory
13. work
14. none
15. other

20. How long ago did you begin to be troubled by this problem? (1 answer)

1. within the past month
2. between 1 and 6 months
3. between 6 and 12 months
4. between 1 and 2 years
5. between 2 and 5 years
6. between 5 and 10 years
7. over 10 years
8. all my life
9. does not apply

21. Rate the degree to which this problem has effected your life. (1 answer)

1. very little
2. a little
3. a fair amount
4. a good deal
5. a great deal
6. does not apply
APPENDIX C:

IN-DEPTH QUESTIONNAIRE
The Family Environment

1) Describe what your home life was like when you were growing up.

2) Describe the conflicts that occurred in your family between the parents?

3) Describe the conflicts that occurred in your family between Siblings.

4) Describe the conflicts that occurred in your family between the parents and the siblings.

5) What was the typical method of resolving conflict between the parents?

6) What was the typical method of resolving conflict between the siblings?

7) What was the typical method of resolving conflict between the parents and the siblings?
8) Was alcohol or any other drug present in your home when you were growing up? ________________________________

9) Was alcohol or any other drug present in your grand parents home when they were growing up? ________________________________

10) Were you spanked after the ages of six through nine?
Yes_______ No _______

If yes, how often?
_______________________________

11) Were you spanked during the ages of six through nine?
Yes _______ No _____

If yes, how often?
_______________________________

12) How did you learn to resolve conflict in your home?
_______________________________

13) Did you witness violence and/or conflict in your home?
_______If yes, how often? ________________________________

14) What was the primary method of discipline in the home?
_______________________________

15) How long have you been enrolled in the domestic violence treatment program. ________________________________
APPENDIX D:

STUDY PROPOSAL
The study will explore the characteristics of domestic violence perpetrators involved in treatment programs in various programs. An in-depth survey questionnaire will be used to compile information on demographics, conflict resolution skills, family of origin characteristics, and alcohol/drug histories or use. The survey will be used to describe patterns of interactions in the family of origin, what kinds of conflict resolution skills were modeled, and the intergenerational presence of alcohol and or drugs in the perpetrator's life. An additional questionnaire will address demographics that will be used to compare the new sample set with the sample set in the previous study in order to establish similarities between the two groups. A variety of questions will address the mental status of the participants in the study.

The study will attempt to address changes that should be implemented in the formulation of domestic violence treatment programs by using the data gathered from the participants. This study will attempt to provide data to suggest that conflict resolution skills, domestic violence, and alcohol use must be individually assessed.
and concurrently treated for the successful recovery of domestic violence perpetrators. The objective of this study is to show that in order for Social Workers to increase effectiveness in treatment programs for domestic violence perpetrators, all aspects of the forces that contribute to domestic violence must be included.
APPENDIX E:

INFORMED CONSENT
Dear Participant.

As part of his Master's of Social Work Graduate Program in the California State University, San Bernardino, Julio Merlan is seeking information on the influence of drug and/or alcohol use and parents' method of raising their children that contribute to domestic violence factors. This study is being conducted under the supervision of Lawrence Vasquez, with guidance from Rosemary McCaslin, Ph.D., A.C.S.W., coordinator of Master of Social Work research.

As a participant in a Domestic Violence Treatment Program you are being asked to answer a questionnaire regarding the subjects mentioned above. The questionnaire should take about 30 minutes to complete. Participation is completely voluntary; you may withdraw your consent to participate at any time and discontinue participation at anytime. Your decision to participate or not will not affect your treatment program in any way.

There will be no identifying marks on the questionnaires. Please do not put your names on the questionnaire nor any other identifying marks. All questionnaires will be confidential and the name of the agency will not be mentioned in the study. Every effort will be used to ensure your strict confidentiality in this study. The only significant risk from participating in this study is possible stress from recalling past events. This study has been reviewed and approved by the Department of Social Work Sub-Committee of the Institutional Review Board of California State University, San Bernardino.

If you have any questions or concerns about the study, please contact Rosemary McCaslin, Ph. D., A.C.S.W. at (909) 880-5507.

I hope you will decide to help in this study but I wish to remind you that the study is entirely voluntary. I wish to remind you that this research will be confidential and your comments will remain confidential. Thanks you for your assistance and cooperation with this study.

Investigator Date ______________________

Researcher's Signature ______________________

By checking the box provided below and dating this form, you acknowledge that you have been informed and understand
the nature of the study and freely consent to participate. You further acknowledge that you are at least 18 years of age.
I Agree to Participate in the Study______ (Check if you agree)
Today's Date Is: ______________
APPENDIX F:

DEBRIEFING STATEMENT
Debriefing Form

You have participated in a research study conducted by Julio Merlan, graduate student of social work at California State University, San Bernardino to explore associations among domestic violence perpetrators, alcohol/drug use, and conflict resolution skills. The Department of Social Work Sub-Committee of the Institutional Review Board at California State University, San Bernardino approved the study.

It is hoped that this study will help social work practitioners to better serve domestic violence clients.

If any of the questions or any aspect of the research caused you any emotional stress, you can contact your local family service agency. You can find the number of the agency in the yellow pages of your telephone book or by calling 1-800-564-8956. For questions or concerns about the study please contact Rosemary McCaslin, Ph. D., A.C.S.W. at (909) 880-5507. A brief summary of the findings and conclusions of the study will be available after June 1, 2001 and can be obtained at the John M. Pfau library at California State University, San Bernardino.

Thank you for your participation in the study.
APPENDIX G:

TABLES
Table 1.

**Median age for group 1.**

<table>
<thead>
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<th>Age</th>
<th>N Valid</th>
<th>Median</th>
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Table 2.

**Racial background for group 1.**

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<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cum.</th>
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<td>1.1</td>
<td>1.1</td>
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<tr>
<td>Caucasian</td>
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<td>65.3</td>
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### Table 3.

**Results for alcohol frequency group 1.**

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<th>Frequency</th>
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<th>Cum.</th>
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<td>2 X wk</td>
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<td>3.2</td>
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<td>53.7</td>
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<td>17.9</td>
<td>71.6</td>
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<td>27.4</td>
<td>27.4</td>
<td>98.9</td>
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<td>1.1</td>
<td>1.1</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
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### Table 4.

**Median age for group 2.**

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97
### Table 5.

**Racial background for group 2.**

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<th>Percent</th>
<th>Valid Percent</th>
<th>Cum. Percent Valid</th>
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<td>6.5</td>
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<td>67.7</td>
<td>74.2</td>
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<td>2</td>
<td>6.5</td>
<td>6.5</td>
<td>80.6</td>
</tr>
<tr>
<td>Nav-Amer</td>
<td>3</td>
<td>9.7</td>
<td>9.7</td>
<td>90.3</td>
</tr>
<tr>
<td>No answer</td>
<td>3</td>
<td>9.7</td>
<td>9.7</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>31</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

### Table 6.

**Results for alcohol frequency group 2.**

<table>
<thead>
<tr>
<th>Alcohol Frequency Group 2</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cum. Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>4</td>
<td>12.9</td>
<td>12.9</td>
<td>12.9</td>
</tr>
<tr>
<td>Couple tx wk</td>
<td>7</td>
<td>22.6</td>
<td>22.6</td>
<td>35.5</td>
</tr>
<tr>
<td>Once a wk</td>
<td>3</td>
<td>9.7</td>
<td>9.7</td>
<td>45.2</td>
</tr>
<tr>
<td>Once/twice wk</td>
<td>5</td>
<td>16.1</td>
<td>16.1</td>
<td>61.3</td>
</tr>
<tr>
<td>Once/twice yr</td>
<td>3</td>
<td>9.7</td>
<td>9.7</td>
<td>71.0</td>
</tr>
<tr>
<td>Never</td>
<td>7</td>
<td>22.6</td>
<td>22.6</td>
<td>93.5</td>
</tr>
<tr>
<td>No Answer</td>
<td>2</td>
<td>6.5</td>
<td>6.5</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>31</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
Table 7.

Chi-square results for alcohol present in the home and in the grandparent’s home.

<table>
<thead>
<tr>
<th>Test Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol present in the home</td>
</tr>
<tr>
<td>Alcohol present in grandparent’s home</td>
</tr>
<tr>
<td>Chi-square</td>
</tr>
<tr>
<td>df</td>
</tr>
<tr>
<td>Asymp. Sig</td>
</tr>
</tbody>
</table>

a. 0 cells (.0%) have expected frequency less than 5. The minimum expected cell frequency is 25.5.

b. 0 cells (0%) have expected frequency less than 5. The minimum expected cell frequency is 17.0.

Table 8.

Chi-square results for spanking during the ages of 6 through 9 and witnessing violence in the home.

<table>
<thead>
<tr>
<th>Test Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol present in the home</td>
</tr>
<tr>
<td>Alcohol present in grandparent’s home</td>
</tr>
<tr>
<td>Chi-square</td>
</tr>
<tr>
<td>df</td>
</tr>
<tr>
<td>Asymp. Sig</td>
</tr>
</tbody>
</table>

a. 0 cells (.0%) have expected frequency less than 5. The minimum expected cell frequency is 25.5.

b. 0 cells (0%) have expected frequency less than 5. The minimum expected cell frequency is 17.0.
Table 9.

Chi-square for results for witnessing violence in the home and spanked after the ages of 6 through 9.

<table>
<thead>
<tr>
<th></th>
<th>Witness violence in home</th>
<th>Spanked after the ages of 6-9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chi-square</td>
<td>4.412</td>
<td>41.294</td>
</tr>
<tr>
<td>df</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Asymp. Sig</td>
<td>.036</td>
<td>.000</td>
</tr>
</tbody>
</table>

a. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 25.5.

b. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 17.0.
APPENDIX H:

FIGURES
Figure 1. Happy childhood question for group 1.

Happy Childhood Group 1

Figure 2. Results of number of siblings group 1.

Number of Siblings Group 1
Figure 3. Results of birth order question for group 1.

Birth Order Group 1

Figure 4. Results of grades in school for group 1.

Grades in School Group 1
Figure 5. Results of current household income for group 1.

![Current Household Income Group 1](image)

Figure 6. Results of marital status for group 1.

![Marital Status Group 1](image)
Figure 7. Results of number of children for group 1.

Number of Children Group 1

Figure 8. Results of happy childhood question for group 2.

Happy Childhood Group 2
Figure 9. Results of number of siblings group 2.

![Number of Siblings Group 2](image)

Figure 10. Results of birth order question for group 2.

![Birth Order Group 2](image)
Figure 11. Grades in school for group 2.

Grades in School Group 2

Figure 12. Current household income for group 2.

Current Household Income Group 2
Figure 13. Results of marital status for group 2.

Marital Status Group 2

Figure 14. Results of number of children for group 2.

Number of Children Group 2
Figure 15. Alcohol and/or drugs present in the perpetrators home while growing up.

![Chart showing percentage of alcohol present in the home.]

Figure 16. Alcohol or drugs in grandparent's home while growing up.

![Chart showing percentage of alcohol present in grandparent's home.]

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Figure 17. Witness violence in the home.

Figure 18. Spanked after the ages of 6 - 9.
Figure 19. Spanked during the ages of 6 – 9.

Figure 20. Witnessed violence in the home.
REFERENCES


