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# Drug Courts

A New Approach to Treatment and  
Rehabilitation

 Springer



# 7

## The Social Consequences of Drug and Alcohol Abuse

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In this chapter, we discuss the social consequences of drug and alcohol abuse from the following viewpoints: legal, societal, family, domestic abuse, and women's issues. In addition, the Orchid treatment model is presented.

Of the total arrests for all crimes in the United States (14,004,327) in 2004, nearly 12.5% (1,745,712) were for drug abuse-related violations. In the period from 1995 to 2004, arrests for drug abuse violators of all ages increased by nearly 22%. In contrast to the overall increase, during the same period from 1994 to 2004, the number of drug abuse violations reported for persons under the age of 18 years was down 3.6%. Although this is not a large decrease, it does show an improvement among the younger generation. Drug abuse violations in persons over 18 years of age, however, increased by nearly 26%. If this is not controlled, the country stands to lose the progress made with our youth. The decline in drug abuse violations among persons under the age of 18 years may be credited to the increase in education and awareness in the learning environment. One may also speculate that the decrease may be credited to stiffer penalties imposed by the judicial system in response to rising drug abuse violations and drug-related crime (1).

### Cost to Society

The effects of substance abuse reach beyond the walls of the penal system. Substance abuse also places an enormous financial strain on our economy. The overall cost of drug abuse to society in 1998 was almost \$143.5 billion. This cost estimate was composed of three main components: health care, loss of production, and other miscellaneous costs, to be defined later (2).

Just as the number of drug arrests has risen in recent years, so has the cost of substance abuse to society. From 1992 to 1998, the overall cost of drug abuse rose by 5.9% annually, outpacing the growth of both the adult population and the consumer price index for the period. A National Office

of Drug Control Policy report also estimated that the cost of substance abuse-related health care was \$12.9 billion, comprising 9% of the overall cost of substance abuse to society. For the purposes of that report, health care was defined as services provided by community-based specialty treatment, federally provided specialty treatment, support (prevention, training, and research), and medical consequences of substance abuse, including crime victim-related costs (2).

The other miscellaneous costs to society were costs of goods and services lost to substance abuse-related crime, criminal justice system and other public costs, private costs (including private legal defense and property damage of crime victims), and social welfare. In 1998 alone, these miscellaneous costs to society totaled \$32.1 billion, making up 22% of society's substance abuse-related costs (2).

The largest cost associated with substance abuse to society in 1998 was the loss of productivity, accounting for 69%, or \$98.5 billion, of the total cost to society for substance abuse. The loss of productivity includes premature death of a substance user, substance abuse-related illness, institutionalization, production losses due to crime victims being unable to work, incarceration, and crime careers. These figures begin to demonstrate the scope of the substance abuse problem in the United States. Not only does it affect individual substance users and their families, but the ripples affect every facet of our society (2).

According to the Federal Bureau of Prisons, 53% of the nation's federal inmate population is incarcerated for drug offenses. This makes it the largest sector of the federal prison system, followed by weapons, explosives, and arson at 13.9% (3). If one were to assume that each of the 93,437 persons incarcerated in federal prisons for drug-related crimes represents one family unit, this alone is a staggering statistic. If you add the number of drug abusers and addicts at large and those incarcerated in local jails across the United States, each representing a family of their own, the number of affected families is enormous. This begins to illustrate the impact on the country's family structure.

### Family Disruption

In today's environment of fast-paced social, economic, and technical change, the role of the family is constantly being altered. The changes and new roles that the family must assume to ensure the survival of its next generation places strain on the already stressed family unit. The family is a powerful force: a basic source of society's strength and stability and the institution that ensures generational continuity for the community and the culture. The family acts to protect its members, to sustain both the strong and the weak while nurturing the young and protecting its more vulnerable members. As the family strives to maintain stability and to preserve its



moral influence, stress on the family is generated from outside and inside its structures: job stress, financial stress, and the emotional stress of keeping a family together in uncertain times. When substance abuse is introduced into a family unit, the emotional stress becomes enormous, and the financial stress greatly increases. An individual who abuses alcohol or other drugs can put a family under increased economic strain as a result of hospital bills from substance abuse-related injuries, fatalities, increased general health care costs, lost workdays, and the potential for job loss.

There are other factors to consider that affect the family and not just the individual substance abuser. The family incurs the direct cost of drug and alcohol abuse in the form of time, money, and in-kind contributions. The indirect costs may be even greater and may include lost career opportunities, social and physiological stress, and stress-related medical complications for other family members.

The time spent helping or caring for a substance-abusing family member has the potential to increase the time away from work and reduce family earnings. While many parents provide financial and other forms of support to ensure their adult children's success, parents of adult children with substance abuse problems spend significantly more time and financial resources in comparison to parents of non-substance-abusing children. The average family of an adult substance abuser with other psychiatric problems spends between \$8,489 and \$13,891 each year compared with parents of adult children without comparable problems, who spend \$3,547 to \$4,279. Families of substance abusers spend on the average 16% of the total family income on their adult children compared with 6% for families without substance-abusing adult children. The family of a substance abuser commits time as well as financial support to deal with the problem. Parents of an adult substance abuser spend on the average 21.2 hours over a 2-week period in care compared with 12.5 hours spent by parents of other families without comparable problems (4).

Drug and alcohol abuse creates a great strain on the family unit, as we have shown, but the greatest impact is on the younger members of the family. It is estimated that one in four children (23.8%, 17 million) in the United States live in a household in which one adult or a parent is a heavy drinker of alcohol or is a binge drinker. Additionally, more than 1 in 10 children (12.7%, 9.2 million) live in a household in which an adult or a parent uses illegal drugs (5). Substance abuse is not merely a disease of the individual but a disease that affects the entire family. The effects of substance abuse radiate through the family members and outside of the family, including school, work, and other social activities. Substance-abusing families tend to be less involved in social, religious, and cultural activities than families without substance-abusing members (6).

Families of substance abusers often experience self-imposed isolation because of embarrassment caused by the efforts of the abuser to conceal the substance abuse. In some cases, the family of a substance abuser is

ostracized from the community due to community prejudice or rejection. As a result, many children suffer in silence, with their needs taking a backseat to the addiction or abuse in the family's efforts to maintain the secrecy or to deny the existence of the problem. This isolation reduces the family's chances of getting help and adds further strain to the family life (6).

In this environment, compounded with anxiety and stress, children may become more withdrawn and uncommunicative, increasing their susceptibility to isolation and loneliness. As a direct result of this isolation, children of substance abusers have fewer opportunities to interact with other children and therefore have fewer age-appropriate social skills than children not in an isolated environment. In the education environment, teachers' and peers' expectations of the abilities of children with substance-abusing parents can affect the child's academic progress and social relationships. Teachers of children whose parents are known to be substance abusers may have lower academic expectations for the children and may attribute poor academic achievement to the parents' drug abuse rather than work to unlock the child's full potential. These self-fulfilling prophecies are a common feature in education settings and can have long-lasting effects on children (7). Similar effects can be observed among a child's peers who know the parents are substance abusers; they too may label the children as different and avoid contact with them or interact with them in ways that can be detrimental to their ability to do well in the education environment (8).

Anyone who has observed a family member struggle with substance abuse or addiction can attest to the pain and disruption in the family life. The most vulnerable children in our society are the children in families where substance abuse exists. In families with one or more substance abusers, children are more likely to experience physical or emotional neglect or sexual abuse than are children in families without substance abuse. When parents abuse drugs, the basic needs of the child become secondary to the addiction because of physical and mental impairments, use of limited financial resources for the addiction, time spent seeking out the drug, and time spent administering or consuming the drugs (8-12).

In families where one or both parents are substance abusers, the family is often faced with other problems such as mental illness, higher rates of unemployment, higher stress levels, and impaired family functioning, all of which can place the children at greater risk for abuse and neglect (13). Studies have shown that from one third to two thirds of reported child maltreatment cases in the United States involved substance abuse (14). According to the National Center on Child Abuse Prevention Research, 85% of the states reported that substance abuse was one of the two major problems exhibited by families in which abuse of children was suspected (15).

Children who are abused are at risk for having chronic problems stemming from the abuse, such as poor physical, mental, and emotional states in their adult lives. Studies have indicated that children from



substance-abusing families are more likely to be removed from the home and placed in foster care than are other children. These children of substance-abusing homes typically remain in foster care for longer periods than abused children from non-substance-abusing households (16).

Chemical dependence does not explain violence and abuse, but it is a contributing factor. We know that alcohol and other drugs can act as disinhibitors, lowering the inhibitions that would normally keep a person from acting violently. Frustration tolerance may also be lowered by drug and alcohol abuse. A parent is more likely to strike out at a child while using drugs than when sober and faced with the same circumstances. Chemical consumption may also act to diminish or anesthetize any shame or guilt the perpetrator may experience in regard to the offense, especially after the offense has occurred. The absence of negative emotions or internal inhibitors further perpetuates the abuse by defending the abusers from their own internal processes and inhibiting the distinction between right and wrong. This may account for the fact that children abused by a substance abuser require more time in foster care and more social services. It is indeed an atrocity what these children suffer in their own homes at the hands of the ones they love. The cost is significantly greater for expenditures related to substance-abusing families in the child welfare system. It has been estimated that of the \$24 billion the United States spends annually to address aspects of substance abuse, more than 20% (\$5.3 billion) is spent on child welfare issues related to substance abuse (16).

## Domestic Abuse

It is well documented in the United States that the leading cause of injury to adult women is domestic violence. Domestic violence is defined as any sort of physical, sexual, or emotional abuse perpetrated on another in a past or current intimate relationship. Domestic violence refers to abuse of spouses, children, and the elderly. Although the problem of domestic abuse is vastly underreported, it potentially affects 10% to 15% of the women in the United States (17). Researchers have illustrated that the behavior of domestic abusers closely resembles the behavior of substance abusers, including loss of control, maintenance of behaviors regardless of consequences, blaming others, denial, minimization, and cycles of escalation. Therefore, it is not surprising that domestic abuse and substance abuse often co-occur.

It has also been shown that both women and men tend to hold an intoxicated victim more responsible than the intoxicated perpetrator (18). The argument is that the "act" would not have occurred had the person been in a sober state of mind. It is possible to argue that "they deserved it or "they were asking for it," thus unvictimizing the true victim. Furthermore, in some subcultures of our society, chemically dependent or chemi-

may explain the perpetrator's rationale that sexual aggression toward them is acceptable, although as a society we condemn the action (19).

Substance abuse has been shown to be a factor in 92% of reported domestic violence episodes, with the perpetrator or the victim using drugs or alcohol (20). Alcohol is frequently seen as a disinhibitor that facilitates or acts as the catalyst for violence in domestic abuse cases. Other illicit drugs such as cocaine, crack cocaine, and amphetamines are also frequently implicated in cases of domestic violence, because they reduce the user's impulse control and at the same time increases feelings of paranoia. In over 50% of reported domestic sexual assault cases, alcohol is a major contributor. Studies have determined that alcoholism rates are much higher among violent married men than among their nonviolent counterparts (21). Researchers have reported that alcoholism rates among domestic abusers range from 63% to 93% (22). When male alcoholics in treatment were surveyed, 20% to 33% indicated that they had assaulted their wives in the year prior to the survey. When the wives of these men were surveyed separately, they indicated that the incidence was much higher than reported by their spouses (23). The American Medical Association has reported that in cases of marital violence, 54% involved rape or another form of sexual abuse of the female spouse (24).

Substance abuse can trigger domestic violence in arguments over financial matters. Substance abusers may use money for household bills or even steal money from their spouses to support their habits and may react violently when confronted (25). In contrast, women may use alcohol and other drugs to cope with problems, such as to medicate the physical and emotional pain suffered in a violent relationship (26). Alcohol and drug abuse is two to three times higher in women who are abused by a male partner than are women not in abusive relationships. It has been suggested by Gilbert and associates (27) that the fear, anger, and humiliation associated with domestic violence toward women may serve as a trigger for substance abuse. These substances may function as a coping mechanism to buffer the long-term psychological stresses of domestic violence (28). Women in treatment for alcohol and other drug abuse report an elevated rate of violence by their male partners (29). Male partners of these women are twice as likely to abuse alcohol and four times as likely to use illicit drugs than are men not in an abusive relationship (30,31). Women who use psychoactive substances are at a higher risk of violence, as a result of their own drug abuse and that of their partners. The relationship between female substance abuse and increased violence has been reported in several studies (32-34).

## Women's Issues

Over the years, women's roles have been redefined, providing them with more autonomy and more opportunity than ever before. Even as the tides



anchored to traditional responsibilities and roles. Modern women are in a constant balancing act between their career and family. Even beyond the dual role modern women play, in boardroom by day and the family room by night, many women are alone as single parents. Many women begin to view the natural aging process through the tainted looking glass of society, and they too begin to see themselves as invisible and to undermine their own personal value (35,36).

In addition to the societal advances women have made for themselves, the tides of change have also brought about the equality of substance abuse and addiction. As young women's bodies begin to experience the hormonal changes brought on by puberty and natural growth, their risk of substance use rises. Young woman who mature faster than their peers are at an increased risk for negative outcomes, including substance use and abuse (37,38). Girls who attain sexual maturity earlier have an increased possibility of engaging in substance abuse earlier and in greater quantities than their peers who reach sexual maturity later (39,40).

The incidence of early puberty and substance use also share similar biologic mechanisms (41). One biologic explanation is that of increased testosterone. Higher testosterone levels in young girls have been shown to accelerate the onset of puberty and have also been linked to an increase in substance use and abuse (42,43). The link between increased testosterone levels and substance use may also explain the tendency for early-maturing girls to spend more time with older, more risk-taking peers (37,44) and to engage in substance abuse to cope with the physiologic and emotional stresses associated with their changing bodies (45,46).

A young woman's increased risk of substance abuse, however, does not pass with the diminishing pubertal hormone cascade. Research has shown that women are affected by substance abuse differently from their male counterparts. Women can become addicted faster, even though consuming smaller amounts. As women mature, their tolerance for substances decreases because of decreasing amounts of lean body mass (46,47). Metabolism also slows as women age; thus alcohol and other drugs remain in their systems longer and lower quantities are needed to achieve the same effect as when they were younger (48). For example, older adults consuming the same quantity of alcohol as younger adults have higher concentrations in the blood (49,50). These changes can be a shock to women, as what was considered safe to moderate consumption in their thirties and forties can become extremely dangerous and potentially abusive and even addicting in their sixties and seventies (47).

Other factors that predispose women to substance abuse are biologic and genetic factors that may account for other psychiatric disorders that co-occur with substance abuse (51). Some data have suggested that many disorders in childhood are linked to the occurrence of alcoholism in adult women (52). Increased risk of substance abuse has been demonstrated in young girls with childhood conduct disorders such as aggression, property

destruction, lying, and a severe disregard for authority. Young girls who present these predisposing factors are more than four times more likely to experience substance abuse than their peers who do not demonstrate the predisposing factors (53). It has also been shown that some women may be genetically predisposed to certain destructive behaviors.

Self-esteem and self-confidence can also play an important role in substance abuse. When children enter into middle school, self-esteem declines for both girls and boys, but in girls the decline is more dramatic and thus can affect girls much more than boys (54). In a national survey of girls, it was revealed that high-school-aged girls were more likely to suffer from self-esteem issues than younger girls. Furthermore, teenage girls who report low self-esteem are much more likely to report substance use or abuse. Body image can also affect the self-esteem of younger girls. Girls may use substances such as alcohol and drugs to relieve their negative feelings and also to lose weight that they feel is unattractive (55-57).

Another gender difference that can contribute to a woman's substance abuse is how men and women deal with stress. Women are more likely to internalize the stress of life events, causing them to become more depressed and anxious. Their male counterparts are more likely to externalize stress and anxiety in the form of aggression (58). Girls are more likely to divert stress through substance use; this can ultimately lead to substance abuse (59). This combination of a woman's stress and low self-image can predispose women to depression and the use of substances to self-medicate the symptoms (60).

Child abuse can predispose children to substance abuse, and this effect can be compounded in women. As previously mentioned, women are more likely to internalize stress, sometimes making abuse harder to recognize from a behavioral standpoint. More than one in five high school girls have reported some form of abuse, physical or sexual in nature (55). These young women are twice as likely to use drugs or other substances as are their unabused peers (55).

Substance abuse is often used as a coping strategy to provide escape from the painful emotions of abuse and as a means of self-medicating the internalized anxiety and stress that can continue for a lifetime (61). Teens who have experienced physical or sexual abuse are more likely to experience feelings of isolation, loneliness, and depression, which are all known contributors to substance abuse (62).

In treatment for substance abuse, more than twice as many girls report that they were either physically or sexually abused or that they have endured both physical and sexual abuse compared with boys in treatment (63). The victimizations experienced in childhood do not go away with the passing of adolescence; adult women who were abused as children are significantly more likely to drink to intoxication, experience alcohol-related problems such as alcohol dependency, and to abuse both prescription and illicit drugs compared with their nonabused counterparts (64,65).



Addiction is far more than a disease of the individual but is an epidemic in our society. Although the substance use leading to substance abuse and full addiction begins in the individual, the consequences reach every facet of today's society. Every individual suffering from substance abuse affects the people and family members around them. These effects can range from emotional stress and financial strain on the family, to cases of child and spousal abuse. Addiction transforms from disease into a parasite on our society, further perpetuating its survival through the effects the individual suffering from the addiction has on others. Substance abuse increases the prevalence of child abuse, and, in an effort to cope with the emotional scars of the abuse, abused children are more likely to turn to drugs and alcohol. Once again, the circle of substance abuse in our society is renewed.

### Case Study 7.1. The Orchid Model for Treating Women with Drug and Alcohol Addictions

It is well documented that males and females are affected by chemical substances differently through both physiologic and psychological factors. Because addiction affects the sexes differently, it follows logically that they should be treated accordingly. A new therapeutic model of treatment is being used to treat the specific needs of women suffering from drug and alcohol addictions.

The Orchid treatment model is unlike any other because it offers women an approach that is uniquely focused on the recovery needs of the female who suffers from the painful effects of drug addiction, alcoholism, and unresolved trauma. This novel treatment program recognizes that the impact of untreated trauma on women in early recovery can be devastating and often leads to unhealthy choices, a continuing inability to cope without chemical dependence, and chronic relapse. Trauma can be significant or persistent verbal, physical, emotional, or sexual abuse, either past or present, which can affect a woman's self-esteem, her emotional well-being, and her general ability to function.

It is paramount to recognize that substance abuse in women has a distinctive etiology and disease progression that differs from that of men and requires specialized treatment services. As such, the Orchid model combines a variety of holistic healing methods especially designed for women with chemical addiction and trauma. These treatments include acupuncture, healing art, healing sound, meditation and breath work, yoga, and exercise. The therapies utilized are individual, group, and family counseling, relapse prevention, life skills lecture series, daily process groups, family sculpting, and experiential group therapy. It is important that these treatments are provided by an all-female staff in an aesthetically pleasing atmosphere with a low patient to therapist ratio.

### *Research Basis*

The Orchid model combines the latest empirical research on the treatment of addicted women with trauma. Although cognitive-behavioral therapy techniques have traditionally been the standard in the treatment of chemical dependency, this approach alone is not sufficient to treat women with addiction and posttraumatic stress disorder or other trauma issues. Women with posttraumatic stress disorder often have limited skills in developing and maintaining intimate relationships with others and therefore have difficulty experiencing and expressing emotions. With this in mind, the therapy model integrates cognitive-behavioral therapy with dynamic experiential group work, family sculpting, healing arts therapies, and 12 Step recovery tools to offer women maximum therapeutic benefits throughout their treatment experience.

In order for substance-abusing women with trauma injury to be successful and to maintain long-term recovery, both issues must be addressed simultaneously. In order to achieve this, the Orchid model utilizes present-focused therapy but does not seek to elicit the painful traumatic events. The focus of treatment is to provide information and therapy to patients within the context of safe, supportive, and clinically appropriate techniques. By learning how to identify and express feelings, developing healthier boundaries and responsible behaviors, women begin to take control over their lives and their destinies.

### *Expressive Therapies*

A variety of expressive therapies are utilized in the Orchid model to help women heal in mind, body, and spirit. This creates an opportunity for patients to express themselves artistically to improve mind/body energy flow and explore on a deeper level the serenity necessary to improve their prognosis at time of discharge.

#### *Art Therapy*

Meaningful art projects assist clients in addressing their chemical dependency and trauma issues through imagery, collage, and mask making, color therapy, and work with clay.

#### *Healing Sound Therapy*

Patients learn to reduce stress and create their own sense of safety within and around themselves. Healing sound therapy offers the healing benefits of focused breathing and meditation techniques. The sound vibrations of the "singing bowls" induce a centered state of deep relaxation.



### Acupuncture

Auricular therapy is combined with traditional oriental medical techniques to alleviate symptoms of stress, anxiety, and postacute withdrawal.

### Yoga

Combined with a healthy diet plan, exercise regimen, and meditation, yoga is another tool that promotes healthy breathing and self-soothing activities for patients. Yoga is used very successfully with women to deal with addiction and trauma.

### Meditation and Breath Work

The meditation series assists women as part of their transformation and self-discovery, while breath work is a safe, gentle, yogic breathing process that promotes relaxation, inner peace, and cleansing. Meditation and breath work are holistic aspects of the treatment program.

### Experiential Group Therapy and Psychodrama

Patients are able to gain insight and further develop emotional coping skills while participating in various situations through role plays and reenactments. This further promotes the ability to make healthy choices and accept responsibility for decisions while helping themselves and other group members. This can help in decreasing the impact of the trauma, which has often been stored in the body, muscles, and brain.

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