AIR COMMAND AND STAFF COLLEGE

STUDENT REPORT

ALCOHOLISM AND FAMILIAL ABUSE:
ENHANCEMENT OF QUALITY FORCE PROGRAMS
USING A COMPANION-PROBLEM APPROACH

MAJOR ANDREW M. JUHAS 86-1325

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USING A COMPANION-PROBLEM APPROACH

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19. ABSTRACT (Continue on reverse if necessary and identify by block number) Alcoholism and familial abuse (child physical and sexual abuse and spouse abuse) hurt Air Force readiness and mission accomplishment. The Air Force needs better means of problem identification and treatment to counter these effects. Over 60 articles from current social science literature were examined to see if persons with existent alcohol or familial abuse problems constituted groups at significantly greater risk to have, or develop, the other of those two problems, than persons in the problem-free element of the general population. Findings suggested from 12 to 85 percent of familial abusers being at risk for alcohol abuse, and alcoholics being at enhanced risk for abuse of their spouses. A survey of Air Force Family Advocacy Officers found that while screening of familial abusers for alcoholism does occur, it may be ineffective and done without a theoretical understanding of why it is necessary. Air Force-wide screening of, and education about, these risk populations was recommended.

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Major Andrew "Mark" Juhas was born in Jersey City, New Jersey on 22 January 1949. He received his BA degree in Sociology and four-year Air Force ROTC commission at the Ohio University 12 June 1971. From there he went on to a two-year masters program in Social Work at the Ohio State University, receiving his MSW degree in 1973. That same year, he was assigned to the USAF Special Treatment Center, Lackland AFB, Texas, where he headed a crisis intervention program for drug abusers returning from Southeast Asia. In 1974 he moved to Wright-Patterson AFB, Ohio where he worked in the Medical Center's Alcoholism Rehabilitation Center and Mental Health Clinic. In 1977 he was selected to attend a PhD program at the Ohio State University, where he specialized in clinical practice and Public Administration. By participating in a dual degree program, Major Juhas was awarded an MA in Public Administration in 1979 and his PhD in Social Work in 1980. He returned to Wright-Patterson Medical Center that same year where he held several positions including Consultation and Liaison Service Social Worker, Base CHAP and Child Advocacy Officer, and Assistant Chief, Outpatient Mental Health Services. In 1982 he was reassigned as Chief, Social Work Services at the USAF Regional Hospital, Elmendorf AFB, Alaska. He is currently a student at the USAF Air Command and Staff College, Maxwell AFB, Alabama. Beginning in June 1986, Major Juhas will be Chief, Behavioral Sciences, Department of Family Practice, Malcolm-Grow USAF Medical Center, Andrews AFB, Maryland. Major Juhas is board-certified as a Social Worker and Alcohol and Drug Abuse Counselor, and has taught at the Ohio State University, Park College, and the Wright State University School of Medicine. He is a distinguished graduate of the Air Force Institute of Technology and has been awarded the Meritorious Service Medal and Air Force Commendation Medal. He has also completed the USAF Air Command and Staff College by seminar and the USAF Squadron Officer's School in residence.

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"insights into tomorrow"

REPORT NUMBER 86-1325

AUTHOR(S) MAJOR ANDREW M. JUHAS, USAF, BSC

TITLE ALCOHOLISM AND FAMILIAL ABUSE: ENHANCEMENT OF QUALITY FORCE PROGRAMS USING A COMPANION-PROBLEM APPROACH

I. Purpose: To improve rates of identification, treatment, and/or prevention of alcoholism and familial abuse by documenting these problem's cross-potentiation in Air Force populations.

II. Problem: Alcoholism and the various forms of familial abuse (spouse abuse, child physical abuse, and child sexual abuse) are serious problems in today's Air Force. Beyond the moral considerations, they cause physical and emotional debilitation which negatively impact readiness, productivity, and performance quality at substantial costs. Rehabilitation, relying primarily on incident-based identification, only touches a small fraction of those affected. Increasing fiscal constraint and weapons complexities make improvements in identification and treatment of these populations crucial to this service's war-fighting capability.

III. Data: This study posited a companion-problem phenomenon; that rates of alcoholism or familial abuse would be greater among populations already identified for the other of those two problems than they would in the problem-free

component of the general population. A review of almost 60 articles from current social science literature indicated that such a phenomenon was widely reported both in theoretical and empirical writings. Populations concluded to be at enhanced risk for alcoholism were spouse abusers, child abusers, incest perpetrators, incest victims (in adulthood), and mothers in incestuous families. Alcoholics and incest perpetrators were at enhanced risk for spouse abuse, and all members of alcoholic and/or abusive families may be predisposed toward pathological family dynamics. A survey of 48 Family Advocacy Officers (FAOs) contrasted these findings against the beliefs and clinical practices of professional Air Force social workers. FAOs appropriately screened familial abusers for alcoholism but paradoxically were not theoretically sure if those populations were at enhanced risk. They did not screen other populations identified in the literature as being at risk, and treatment programs targeting dual-problem personnel were limited.

IV. Conclusions: For alcoholism, companion-problem risks of 12 to 85 percent are likely for the three to four thousand familial abusers identified by the Air Force each year. Aggressive evaluation of these individuals, and the other populations identified in the literature, could significantly increase the rates and timeliness of alcoholism rehabilitation in the Air Force. Family Advocacy Officers will require additional training to initiate appropriate screening and treatment programs.

V. Recommendations: The gains suggested by this study can be best achieved through a comprehensive educational and programmatic effort sanctioned by both the Air Force Surgeon General and the Military Personnel Center (DPMYS). First, changes to AFR 160-38 (Family Advocacy Program) and AFR 30-2 (Social Actions Program) should mandate an aggressive program of companion-problem screening. A professional education program will be necessary to enable medical and social actions personnel to perform these difficult evaluations competently. Similarly, lay education should be undertaken to solidify support and assure a solid referral network. Treatment programs based in a family systems approach must be

developed, as they stand the best chance of effectively treating these complex problems. Risk counseling for single-problem personnel is essential to warn, educate, and prevent companion-problem development. Ongoing research using screening results, and the extensive military data bases on alcoholism and familial abuse, must be supported. It will enhance the credibility of the companion-problem approach and the Air Force programs built around it.

Chapter One

INTRODUCTION

Two serious problems facing society today are alcoholism and familial abuse. Household interviews conducted in 1983 using National Institute of Mental Health "bellwether" sampling catchments indicate that one out of seven Americans (14.29 percent) meet the American Psychiatric Association's criteria for alcohol abuse or alcohol dependence (alcoholism) at some time during their adult lives (57:39). Alcohol is mentioned as a contributing factor in 25 percent of all admissions to general hospitals in the United States and plays a major role in the four most common causes of death in males aged 20 to 40; suicide, homicide, accidents, and cirrhosis (63:1). In 1977, the last year for which there are reliable estimates, alcohol cost the nation approximately $50 billion in lost employment and productivity, $17 billion in health care, and $7 billion in property loss and crime (57:37). There is no reason to believe that trend has not continued, or worsened.

Familial abuse (including child physical and sexual abuse, and spouse abuse) also occurs with shocking regularity and may be increasing in frequency. The best current estimates of the frequency of child sexual abuse in the United States run from 100,000 cases to 500,000 cases annually (61:2). John Gagnon's survey of adult, college-age females found that 28 percent had unwanted sexual contact with an adult before the age of thirteen. Similarly, Diane Russell's 1978 sampling of 953 San Francisco women revealed 54 percent having had some form of unwanted sexual experience, and 38 percent having exploitive sexual contact with an adult before the age of eighteen (59:35).

There were almost 1,000,000 cases of child physical abuse and neglect reported in 1982 with approximately 200,000 of those being assaults (37:17). While this represented a 9.2 percent increase over the 1981 total, it may still fall short of the actual number of cases by at least 500,000 (59:1).

Spouse abuse (usually a husband physically abusing a wife) also is a serious social problem. One estimate places 50 to 60 percent of all married couples as experiencing at least one violent episode at some time in their marriage and

10 to 25 percent suffering violence as a regular event. (58:15).

The U.S. Air Force, being representative of American culture, is not immune from the existence or costs of these social problems. Alcohol abuse often leads to absenteeism and tardiness. Regular use can cause loss of concentration, memory, and attention to detail; all crucial in our highly technical force. A 1982 survey indicated that more than 14 percent of Air Force males had experienced one or more adverse physical, social, or occupational consequences of alcohol intoxication in the past year (42:281 2). Similarly, persons who are physically and sexually abusive may be highly vulnerable to impairments in psychological integrity, judgement, and adaptability to stress. The U.S. Air Force is aware that it can not be considered ready to fight and win wars if its personnel are mentally preoccupied, or psychologically impaired, and has created two extensive programs to identify and treat these problems.

The Air Force has had a programmatic commitment to alcoholism rehabilitation since the mid-1960s when it established its first Alcoholism Rehabilitation Center (ARC) at Wright-Patterson Medical Center. This was expanded in 1971 with the creation of the Air Force Social Actions Program. Governed by AFR 30-2, its goal is to "...prevent abuse, rehabilitate and restore abusers to effective functioning, and assist those who can't, or won't, be rehabilitated to transition into civilian life." (27:40) In 1984 almost 9000 active duty personnel received some form of rehabilitation for problems with alcohol; slightly over 2,000 of those being medically diagnosed cases of alcohol abuse or alcohol dependence (8:--).

Similarly, the Air Force created the Family Advocacy Program, manned by a masters level social worker at each base, to combat the problems of familial abuse. AFR 160-38 states, "It is Air Force policy to prevent child abuse or neglect and spouse abuse and their attendant problems and to identify, treat, and rehabilitate the abuser or child neglecter, as well as to treat the abused individual."(12:1) In 1984 alone, this identification and treatment network tracked 3657 substantiated cases of child maltreatment (physical and sexual abuse, emotional maltreatment, and neglect) and 3288 reports of spouse abuse (9:--).

PROBLEM

Regardless of the extent and quality of our programs, the Air Force is able to identify and treat only a small portion

of those individuals who undoubtedly experience problems with alcohol and familial abuse. Some simple mathematics offer ample proof of this. Best estimates from clinical research conducted on males aged 38 and younger, indicate that between three and fourteen percent of the adult population will become alcoholic (63:1). According to Social Actions statistics, the Air Force diagnosed and treated approximately .3 percent of the active duty force this year, 1.5 percent over the past five years, and 2.2 to 2.7 percent over the last decade for alcoholism. Given an active duty force of slightly over 597,000, an annual deficit in identification and treatment of active duty alcoholics of between 1800 and 82,000 is possible. Similarly, with the best estimates of annual cases of child sexual abuse running between .02 and 1 percent of the U.S. population under age 18, the Air Force, in reporting 147 cases of sexual abuse may be running an annual deficit in identification of between 820 and 4686 cases or between 15.2 and 97 percent of all child sexual abuse occurring in active duty families.

While these statistics might first suggest a lack of effectiveness in Air Force programs, it is important to realize that several factors mitigate significantly against successful identification and treatment of alcoholism and familial abuse. First, both problems carry heavy social stigma and are hidden at all costs. Fear of discovery by persons outside of the family system is constant and links its members together in a collective charade. Rather than reflecting moral perversion or weakness of character, these behaviors meet significant, if distorted, psychological needs for the abusers and their families. While there may be an intellectual or moral desire to shed these behaviors, without comfortable, collectively accepted, emotional substitutes, identification and treatment are seen as frightening if not impossible.

A second reason that identification is so difficult is that it relies heavily on some formal incident, or legal proof of a problem, to be professionally documented. As just noted, pathological abusers and their families go to extreme lengths to avoid such identification and documentation. Hence an arrest for driving while intoxicated, a child telling a teacher about what step-dad did with her sexually the night before, or a wife pressing assault charges against her husband are the exception rather than the rule in the total scheme of abuse. Police need probable cause to stop a car, children cannot be randomly cross-examined on possible sexual violations or physical excesses by parents, and spouses cannot be forced to file charges, regardless of the seriousness of any injury. Quite simply, if the Air Force is to decrease the rates and adverse mission impact of

alcoholism and familial abuse, it must improve its ability to identify, treat, and prevent those conditions.

One new area of social science theory that offers some hope for doing just that lies in the interrelationship between alcoholism and the various forms of familial abuse. Experts in both substance abuse and social welfare have suggested a "companion-problem" phenomenon; that persons with existent alcoholism or familial abuse problems are at significantly greater risk to have the other of those two problems than are persons in the problem-free element of society. If this phenomenon exists, screening alcoholics for familial abuse and/or familial abusers for alcoholism could significantly improve the rates and timing of problem identification, lead to better treatment outcomes and lower costs, and might even make prevention attainable by identifying those at increased risk before companion-problems develop.

Even if a companion-problem phenomenon does exist, gains in identification, treatment, and prevention of alcoholism and familial abuse can only be attained if the Air Force has, or can create, the programmatic infrastructure to deal with populations at risk. These infrastructures are directly reflected by the knowledge and programs of Family Advocacy Officers and the extent of their current and potential crossfeed with their Social Actions counterparts.

PURPOSE

This study examined these areas by posing four questions:

1. According to current social science literature, what is the relationship between alcoholism and familial abuse?

2. What are the current beliefs of Air Force Family Advocacy Officers about the relationship(s) between alcoholism and familial abuse?

3. What is the current extent of Air Force Family Advocacy/Social Actions programs utilizing a companion-problem approach to identifying, treating, or preventing alcoholism and/or familial abuse?

4. What is the current extent of crossfeed between Family Advocacy Officers and Social Actions personnel, and the potential for possible future expansion of that interaction?

This study attempts to establish a beginning level of understanding of a complex interrelationship and suggest appropriate programmatic responses. Its goal is to examine current, social science knowledge on the interrelationship of alcoholism and familial abuse, determine the Air Force's current understanding of, and programming for, that interrelationship, and as appropriate, suggest changes in the Air Force Family Advocacy and Social Actions Programs. Two methodologies of goal attainment are used.

First, a comprehensive review of current literature examines the relationship between alcoholism and familial abuse and the dynamics of abusive families. Second, a telephone survey of Air Force Family Advocacy Officers explores the accuracy of their knowledge about the companion-problem phenomenon. The survey also looks at the extent to which their programs and those of their Base Social Actions Office reflect current knowledge, and the degree of crossfeed between the two offices.

CONCEPTUAL ASSUMPTIONS

The following conceptual assumptions were central to this study:

1. Air Force personnel form a representative cross-section of the population of the United States. Because of this, findings from civilian research may be generalized to the Air Force limited only by the validity of each individual study.

2. Air Force personnel formally identified for alcoholism and forms of familial abuse are representative of the larger, unidentified, alcoholic and familially abusive populations.

3. Air Force Family Advocacy Officers are aware of the activities of their Base Social Actions personnel that address familial abuse due to numerous committee co-memberships.

4. The Base Family Advocacy and Social Actions Offices, working together, are the most appropriate locations for identification, treatment, and prevention programs targeted at companion-problem personnel and families.

SIGNIFICANCE OF THE STUDY

The successful mission accomplishment of Air Force personnel directly reflects the extent to which they can approach duty responsibilities unencumbered by personal or interpersonal problems. Two such potential detractors from individual performance are alcoholism and the varied forms of familial abuse. To successfully identify and treat, or prevent these problems, Air Force Family Advocacy and Social Actions personnel must have the most accurate professional knowledge available.

This study attempts to provide such knowledge. It shows that an extensive body of professional theory and research suggests a complex companion-problem phenomenon existing between alcoholism and familial abuse, posing substantially higher rates of second problem existence than are seen in the problem-free element of the population. Air Force professionals are encouraged to cooperatively use this knowledge to approach newly defined populations at risk. This research will hopefully enhance the knowledge base of the social sciences in addictions, child abuse, and family violence, and serve as a departure point for additional research.

Chapter Two

REVIEW OF THE LITERATURE

INTRODUCTION

This chapter explores the first research question by reviewing relevant literature in several areas of alcoholism and familial abuse. It first examines the relationships between alcohol abuse and domestic violence, and includes the effects of ethanol on aggressive behaviors. Next are examined studies of alcoholism and child physical abuse. Child sexual abuse (incest) and alcohol abuse are looked at after that, with the final section discussing literature on common patterns and dynamics in these abusive families. The chapter ends with a synopsis of the reviewed literature and a summary of the relevant conclusions that may be drawn regarding the relationship(s) between familial abuse and alcoholism. Chapter subheadings reflect the major areas of research that have been conducted on this subject.

ALCOHOL ABUSE AND DOMESTIC VIOLENCE

Ethanol and Aggression

The link between ethanol use and violent/aggressive behavior has been extensively researched, with the vast majority of studies pointing to a positive relationship. Police records indicate alcohol being present in 66 percent of all arrests, with roughly 20 percent of the persons who commit murder having alcohol problems (62:34). Roslund and Larson interviewed offenders committing violent crimes and found that 68 percent admitted being drunk during their crimes. By comparison, only 38 percent of offenders committing nonviolent crimes were intoxicated during commission of their crimes.(48:--). Laboratory experiments support the conclusions of field data. Numerous studies have concluded that aggressive behaviors such as assault, rape, and homicide are more likely to occur in the presence of alcohol, and crimes may become progressively more violent as alcohol consumption increases (51: -; 60:--).

Controlled studies also point to aggression as a

physiologic response to methanol consumption. A 1984 study done by Cherek and associates found that regardless of subject-to-subject variations in aggression-modulating personality styles, persons drinking even low doses of ethanol when exposed to provocative stimuli responded aggressively (11:321). Similarly a 1985 study by Holcomb and Adams concluded that for all persons, alcohol intoxication is a catalyst for violence, nullifying even those personality traits that inhibit such behaviors. He concluded that alcohol does not simply exaggerate violent tendencies already present in people, it creates them. They note, "Subjects who are normally passive and interpersonally sensitive can become murderers when drunk." (35:721)

Domestic Violence

According to statistics from the National Institute on Alcohol Abuse and Alcoholism (NIAAA), there is frequent involvement of alcohol in domestic violence incidents (34:39). Breger's 1983 review showed approximately 50 percent of female domestic violence victims claimed that their husbands were frequently drunk and violence most often occurred when the man was under the influence of alcohol (7:5). Flanzer's 1984 review of literature notes 25 to 30 percent of husbands using methanol concurrently with physical abuse of their wives. He also notes an approximate doubling of that rate if alcoholic behaviors during physically nonabusive periods of violent marriages are considered (21:5). Similarly, surveys of female spouse abuse victims reflect alcohol problem rates in male abusers ranging from 22 to 85 percent (4:--; 38:--; 49:--; 50:--).

Less prevalent interviews with male abusers have also suggested a strong relationship between alcohol and domestic violence. Fitch and Papantonio's 1983 study of 138 men seeking counseling for abusive behavior showed over half (59 percent) continuing to drink even though alcohol had a concrete, negative impact on some important area of life functioning (work, health, family, friendships) (20:191). Similarly, Stuart and DeBlois interviewed husbands and wives who had come to a psychiatric clinic for treatment of domestic violence. They concluded that male abuse of their spouse was related either to an antisocial personality or alcoholism (56:845).

Even further verification of the synergy between alcohol abuse and domestic violence comes from research on the alcoholic population. In a 1984 study of 484 blue collar Philadelphians, researchers found that individuals with diagnosed alcohol problems were significantly more likely to have been involved in fights and physical marital conflict

than those not so diagnosed (39:281). Coleman and Straus, in a paper presented in 1979 at the annual meeting of the American Sociological Association reported that the frequency of alcohol intoxication in one or both members of a marriage could be used a predictor of husband or wife abuse (12:--).

Conclusions on Alcohol Abuse and Domestic Violence

The available literature clearly shows a positive relationship between alcohol abuse and domestic violence. All studies reviewed cited rates of male alcohol abuse in physically abusive marriages significantly surpassing those of the nonviolent population. Studies of the alcoholic population, and of the effects of methanol use on aggression, suggest higher rates of domestic violence among alcohol abusers than among the nonabusive component of the population. Simply stated, male batterers have a high probability of being alcoholic, and male alcoholics have a significant likelihood of being spouse abusers.

ALCOHOL ABUSE AND CHILD PHYSICAL ABUSE

The Evidence For a Relationship

Treating hospitals and agencies often report significantly higher rates of alcohol abuse in physically abusive families than are seen in the general population. A 1978 study, by Behling, of 51 cases of child abuse assessed at a Naval hospital indicated a significant relationship between alcohol misuse and child abuse. In 35 of the 51 cases one or both parents were diagnosed from the interview data as alcohol abusers or alcohol dependent. Additionally, 32 of the 51 children had at least one alcoholic grandparent, 26 of the parents said they were themselves abused as children, and 24 of them said the person who abused them was an alcohol abuser or alcoholic (6:--).

The National Center on Child Abuse and Neglect (NCCAN) has reported alcohol dependence in 11.8 percent of established child abuse cases and in 13.3 percent of child neglect cases (3:--). These rates are representative of the studies on this subject. Gil's 1970 national survey of 1380 abused children concluded that 12.9 percent of the perpetrators were intoxicated at the time of the reported incident (28:--). Glazier's analysis of the circumstances of 251 reported cases of child abuse found 13 percent of the perpetrators being considered by the investigating social worker as "intoxicated" at the time of the incident (29:--). Similarly, a one-time, 1978 analysis of almost 100,000 child abuse and/or neglect reports, by the American Humane

Association, found that in 16.9 percent of the cases alcohol dependence (again as defined by the investigating social worker) was a factor (1:--) El-Guebaly and Offord's review of four overseas studies (9:--; 26:--; 40:--; 66:--) revealed alcohol abuse in 25 to 60 percent of child physical abuse cases (17:358).

One study of alcohol abusers was conducted by Spieker and Mouzakitis. They evaluated 42 persons who were court-referred for alcohol rehabilitation after instances of driving while intoxicated (DWI). They found that 22 were identified as persons who had abused or neglected their children. Five of the 22 (11.9 percent of the total sample) had been formally identified for physical abuse of their children (54:--).

The Evidence Against A Relationship

The absence of a relationship between alcohol abuse and the physical abuse of children has also been reported with some frequency. Steele and Pollack studied 60 families in which there was child abuse and found only one in which alcoholism was a problem. They reported that many of the parents were abstainers, and that while alcohol use was occasionally a source of marital conflict, it was not significantly related to episodes of child beating (55:--). A British study by Smith, Hanson, and Noble examined 214 parents of 134 battered babies (five years of age and younger). While they did find significant levels of psychopathology, there was no evidence that rates of alcoholism differed from those present in the population as a whole (52:--).

Four studies of the alcoholic population similarly reflect the absence of a positive association. Ellwood's 1980 comparison of alcoholics and nonalcoholics revealed similar sample proportions reporting abusive parenting practices (18:188). Eberle reported the inability to distinguish between groups of alcohol users and nonusers by the extent of their violence toward their children (15:--). Mayer and Black interviewed 24 alcoholic parents and found only one instance of true physical abuse of a minor child (41:--). Gil, while finding that alcohol intoxication often preceded physical abuse of children, noted alcoholism as not significantly related to such abuse (28:--).

A comprehensive, comparative study on this issue was conducted by Orme and Rimmer in 1981. They reviewed 25 empirical studies to determine if clinical research had found an association between alcoholism and child abuse. While acknowledging that a positive relationship has been

frequently cited in the literature, they felt that most research has been too poorly designed to allow generalization. Similarly, qualitatively excellent studies have been too infrequent and too different in scope and method to allow overall conclusions on the companion-problem phenomenon to be drawn (43:275).

Conclusions on Alcohol Abuse and Child Physical Abuse

Most professionals writing today on child abuse seem convinced, from a theoretical standpoint, that alcohol plays a significant role in the physical abuse of children. There are numerous studies on the subject, but outcomes are divided as to whether a measurable, positive relationship exists between these two problems. Quantitatively, most of the research on incest perpetrators has had positive findings, but those studies have been criticized for lacking the methodological rigor to allow generalization. Both Orme and Rimmer, and Hindman have noted an absence of quality in current research and the need for standardized definitions for variables and control groups (34:39; 43:275). In short, a positive relationship between alcohol abuse and child physical abuse is a well-established component of social science theory. Research suggests higher rates of alcoholism in the physically abusive population, but not disproportionate rates of child abuse among alcoholics. Research in this area has often lacked rigor and consistency.

ALCOHOL ABUSE AND CHILD SEXUAL ABUSE

The Alcoholic Population

There is no indication, in the currently available literature, that the frequency of sexual abuse of children by alcoholics differs from that of nonalcoholics. Indeed there is an absence of research on the alcoholic population regarding that behavior. Of almost 60 references reviewed for this chapter, none were found to deal with that population. While that absence of research prevents the empirical ruling out of a problem, it is probably safe to say that it indicates a perceived lack of "fertile ground" for study by the academic community.

The Sexually Abusive Population

Several authors have claimed that the rate of alcohol abuse for incest offenders is significantly higher than for nonincestuous individuals. Gordon and O'Keefe's longitudinal study of several thousand incest cases spanned 30 years and found that 41 percent of all perpetrators were identified as

"alcoholic" and 28 percent were intoxicated at the time of the identifying incident (30:31). Virkkunen reviewed ten studies of child sexual abusers from the United States and Europe, conducted between 1949 and 1969. Alcoholism rates ranging from 50 to 80 percent were noted (64:125). Likewise, Herman and Hirschman, in reviewing the literature in 1981 for related research, cited two studies (8:--; 44:--) that found significant rates of alcoholism in the incestuous population (3:968). Barnard mentions eight studies conducted between 1961 and 1981 that have "established the connection between alcoholism and incest." He fails, however, to specify the precise nature of that relationship, and omitted footnotes from his article (5:27).

Several works place doubt on the suggested elevation of rates of alcoholism among incestuous individuals. The "Fifth Special Report to Congress on Alcoholism and Health," published by the Department of Health and Human Services, notes, "Overall, the current available evidence does not indicate a strong association between drinking (or alcoholism) and child abuse." (62:35) Emslie and Rosenfeld studied 65 children in a psychiatric ward, 12 of whom were incest victims. They found that not only was parental alcoholism present in both incestuous and nonincestuous families, but its relative frequency was insufficient to differentiate between them (19:710). Finally, a 1981 study (cited earlier) by Herman and Hirschman compared reports of parental alcoholism by 40 adults who were victims of childhood incest against those of 20 adults whose fathers were overtly seductive, but never had sexual contact with them. While the authors were not able to statistically distinguish between the groups by the frequency of parental alcoholism, it is noteworthy, however, that those rates were 20 percent in the incest group and five percent in the control. Domestic violence did, however, differentiate them (33:969).

A further subset of the population of incest perpetrators is that of incestuous alcoholics. Virkkunen's 1974 study compared them to nonalcoholic incest offenders. As a group they showed significantly more evidence of previous criminal offences, particularly violent crimes. They also were more likely to have been violent in their homes prior to their identification for incest offences, and to be emotionally estranged from their spouse at the time of their identification. The author concluded that incestuous alcoholics formed a unique group, with incest being just one more manifestation of the deviance that characterized it (64:127).

Nonperpetrator Family Members

Both victim and nonvictim members of incestuous families may also be at increased risk of becoming alcoholic. Another finding in Herman and Hirschman's research was that 55 percent of incest victims reported an undiagnosed serious illness in their mother; most often alcoholism (33:968).

The incest victim may also be at significant risk. Nielsen reviewed three surveys of women in chemical dependency treatment units. She reports rates of claimed childhood sexual abuse of 44, 46, and 70 percent in those populations (42:6).

Conclusions on Alcohol Abuse and Child Sexual Abuse

Literature on this subject is less accessible and of a lesser quality than in other areas comparing alcoholism and familial abuse. There are neither articles on, nor allusions to, a disproportionate frequency of incest in the overall alcoholic population. What is available, however, suggests a picture of multileveled, pathological adaptation to the presence of incest in the family. There may be significant rates of perpetrator, victim, and spousal alcoholism. High levels of domestic violence, and marital estrangement are reported as are violent criminal behavior in the incest perpetrator. Simply stated, alcoholics seem at no greater risk to commit incest offences than members of the general population. However, the presence of familial incest may either predispose, or indicate the presence of, perpetrator alcoholism and criminal behavior, family member alcoholism, and/or domestic violence.

DYNAMICS OF ABUSIVE FAMILIES

Alcoholism and familial abuse are well established in the literature as causes, contributors, and symptoms of family disorganization and psychopathology. In emotionally disturbed families, dysfunctional behaviors, such as chemical dependency, violence, inappropriate sexual expression, criminality, distorted interpersonal relationships, and personality disorders, combine synergistically to create, accommodate, and/or intensify other individual and/or collective problems.

Empirical studies repeatedly reflect this symbiosis of individual and familial pathologies. As noted earlier, Herman and Hirschman found increased rates of domestic violence, maternal alcoholism, and other undiagnosed, chronic illnesses, in incestuous families (33:398). Virkkunen also

found increased rates of domestic violence among incestuous alcoholics, as well as significant levels of emotional estrangement from their spouses and histories of criminality (64:127). Nielsen noted significant rates of chemical dependency in adult females who were childhood incest victims (42:6). Gordon and O'Keefe found alcohol abuse in 31.3 percent of incest cases, 42.8 percent of child physical abuse cases, and 66.2 percent of child neglect cases. Within each type of abuse were also significant levels of familial mental illness, unemployment, poverty, physical illness, and divorce (30:31).

Family theorists and therapists see these symptoms as compensation for the lack of more conventional personal and/or interpersonal stress-reducing and need-meeting skills. Both alcoholism and incest serve to reduce tension and contribute to the stability of pathological families (5:27). Companion-problem families often have severe difficulties in establishing intimacy. In its place, they create pathological approximates via inappropriate sexual expression, substance abuse, and other socially inappropriate behaviors (12:153).

Similar structural and interactive traits appear in chemically, physically, and sexually abusive families. Most family theorists, writing about abuse (5:--; 18:--; 31:--; 42:--) mention at least the following traits:

--Massive denial/collective problem concealment.

--Non-verbal communication.

--Parentification of children/role-reversals.

--Emotional blunting/intimacy deficits.

--Rationalization/delusional thinking/collective distortions.

--Rigidity/inflexible defenses.

--Chaotic life style/crisis orientation.

--Searching for "the cause"/"guilting."

--Inconsistent rules/unpredictability.

--Enmeshment/lack of privacy/binding to prevent individuation.

--Ineffectual marital dyad.

Conclusions

The existence of alcoholism, physical violence, and/or incest may reflect the creation, perpetuation, and/or exacerbation of highly disorganized family dynamics. Likewise, a dysfunctional family, with no apparent abusive symptoms, may have a well hidden "secret." Family pathologies are poor attempts at approximating the effectiveness of healthier need-meeting strategies. Though seemingly ineffectual, they are that family's best effort and will be protected at all costs. Children within these families invariably may learn, and live, the same destructive life strategies as adults.

CHAPTER CONCLUSIONS

Alcohol and Aggression

Alcohol abuse has been linked to violent crime in both surveys of police records and interviews with criminals. Two lab studies, without specifying the drinking characteristics of their research populations, concluded that methanol consumption causes aggression, negating even aggression-modulating personality characteristics.

Alcoholic Population

Two studies were consistent with research on methanol and aggression reflecting an increased risk of domestic violence among alcoholics. Five works on alcohol abusers and child physical abuse showed no significant association. One, however, did indicate intoxication as frequently preceding physical abuse. No research was found that addressed the prevalence of child sexual abuse in the alcoholic population.

Familial Abuser Population (See Table 1)

A total of nine studies of the domestically violent population were reviewed. Both the seven surveys of female victims and the two of male perpetrators showed a significant incidence of alcoholism, and/or alcohol abuse, among spouse abusers. These studies noted between 22 and 85 percent of batterers abusing alcohol, many concurrent with the abusive incident.

Of twelve studies reviewed on child physical abuse, nine noted alcoholism and/or alcohol abuse as a factor in abusive incidents. Rates of concurrence ranged between 11.8 and 68.6 percent. Conversely, the absence of any disproportionate

(Table 1)
FAMILIAL ABUSERS
and
ALCOHOLISM/ALCOHOL ABUSE

Literature Review Findings Summarization					
POPULATION	INCREASED PROBLEM RATES?	STUDIES REVIEWED	REPORTED CONCURRENCE RATES	ADDITIONAL FINDINGS	UNIVERSAL PROBLEMS
Spouse Abusers	Yes	9	22-85%	Alcoholics are more likely to abuse their spouses than the non-alcoholic population.	Abusive families may have severe dynamic pathology with similar traits including: Denial Concealment Intimacy deficits Parentification of children Chaos "Guilting" Unpredictability Enmeshment Marital dischord Abusive behavior and pathological dynamics are crucial for family stability and will be intensely protected against detection and intervention.
Child Physical Abusers	Yes No	9 2	11.8-68.6%	Intoxication may precede child physical abuse in the non-alcoholic population.	
Child Sexual Abusers	Yes No	20 3	41-80%	Severe individual problems may accompany incest: Maternal illness Maternal alcoholism Victim alcoholism Marital estrangement Domestic violence Offender criminality	

alcohol problems among child abusers was noted in two studies. An article summarizing 25 studies concluded that while most research showed a positive association between alcoholism and child abuse, most were of too poor a quality to allow safe generalization to the populations under study. Those few that were of a good quality were so different in methodology and definitions that again population generalizations were risky.

Twenty-seven articles dealing with child sexual abuse and alcoholism were reviewed. Twenty claimed a positive relationship, citing between 41 and 80 percent of incestuous men are alcoholic and/or intoxicated at the time of their offense. Three studies claimed no significant empirical relationship. Four articles supported the relationship between incest and alcoholism from a theoretical standpoint; explaining the common dynamics of alcoholic and incestuous families. Several articles pointed to collateral problems in incestuous families including spousal and victim alcoholism, perpetrator criminality, domestic violence, and marital estrangement.

Dynamics of Abusive Families

Articles discussing the psychodynamic similarities of abusive families were also reviewed. Alcoholic and physically/sexually abusive families were noted as often having severe intrafamilial psychopathology with very similar dynamics. The intensity of that pathology was suggested as increasing exponentially, as the frequency and diversity, of abuse grows. Familial abuse and alcoholism were theorized to be either an accommodation to, or a cause of, a family's collective and/or individual pathologies. Often, abusive, dysfunctional life styles, as well as unresolved developmental issues, are carried by the children into their adult lives.

Discussion

This review of literature has identified several populations at potentially enhanced risk associated with abusive life styles (See Table 1):

--Alcoholics may be more likely than nonalcoholics to be violent toward their spouses.

--Physical and sexual abusers of children, and spouse abusers may be at increased risk for alcoholism

--Sexual abusers of children may be at enhanced risk for emotional estrangement from their spouse, domestic

violence, and criminality.

--Mothers in incestuous families may be at increased risk for serious illness, alcoholism, and emotional estrangement from, and battering by, their spouse.

--Incest victims may be at increased risk as adults for alcoholism and other forms of chemical dependency.

--All members of chemically, physically, and sexually abusive families may be at increased risk to live within highly dysfunctional, pathological families.

As with any review of literature, some cautions must be taken in interpretation. Simple membership in one of the specified risk populations does not guarantee the existence of an associated companion-problem, only the possibility of existence. Similarly, the conclusion that these risks exist is based on the weight of evidence from the collective literature rather than from some absolute "proof" that has been uncovered. Demographic associations, and studies of small subsamples of larger populations (as most of these were), do not imply cause and effect, only covariation of traits within the group under study. The "causes" of the companion-problem phenomenon require their own body of research for specification.

Chapter Three

SOCIAL WORKER SURVEY

This study poses the possibility that there is a significant relationship between alcoholism and familial abuse. Its first goal was to examine the empirical evidence for such a relationship from the professional literature. The results of that examination are reported as Chapter Two. Its second, third, and fourth goals are to determine the beliefs of Air Force Family Advocacy Officers(FAOs) about that relationship, the extent of base companion-problem programming, and the amount of Family Advocacy Officer/Social Actions case crossfeed. The results of that determination are reported in this chapter.

METHODOLOGY

A fourty-four question survey was designed to capture six areas of Family Advocacy Officer knowledge (see Appendix A). Ten questions dealt with problem definition, asking which abuse problems they felt were significant in the Air Force and their "best estimate" of those problem levels on their respective bases. Six questions checked their knowledge of dual-problem risks to the alcoholic and familial abuser populations. Ten questions measured Family Advocacy/Social Actions crossfeed; both actual, and potential, looking at shared committee memberships, case discussions, Family Assistance Support Team (FAST) membership and utilization, and dual-problem case rates. Thirteen questions targeted dual problem screening efforts and specific programs designed to address those problems. Two areas of questioning were interjected by one of the projects sponsors, addressing the effectiveness of dual-problem training recently held, and FAO recommendations for changes in their programs.

Prior to administration, the survey was submitted to HQ AFMPC/DPMYOS. It was approved with limited changes and awarded USAF Survey Control Number 86-04, expiring 30 March 1986. The instrument was administered by telephone using the AUTOVON system. All 77 Air Force FAOs in the continental United States were called. Inclusion in the study was determined by sequence of contact, with an upper limit of three unsuccessful attempts set before one was omitted from

the study. Calls were made over a four hour, afternoon period so that time zones would not be a factor in selection. When contact was made, the researcher used a prepared text to introduce himself, explain the study and its safeguards for confidentiality, and the right to decline participation (see Appendix B). Responses were recorded on an answer sheet as spoken (see Appendix C). FAOs were identified by a control number to eliminate any possible reference to command, base, medical facility, or officer.

The population targeted was the 77 Air Force Family Advocacy Officers in the continental United States. This group was chosen due to their relative accessibility to the researcher, and the assumption that they were also representative of the 38 overseas FAOs not targeted. An ideal sample size of 60 was selected, as that number closely approximates a random distribution in probability samples. Fourty-eight FAOs were actually surveyed. Four declined participation, citing personal reasons or pressing time commitments. Another fifteen contacts were attempted unsuccessfully.

Except for questions on estimated problem frequency, base size, and occurrence of crossfeed, all data was nominal in nature. Results were recorded and tabulated as proportions of the total sample agreeing, disagreeing, or being unsure of certain theoretical positions or practices on their bases. Interval data was reported as group means with accompanying standard deviations (see Tables 2 through 7).

FINDINGS

Problem Perceptions

Problem Significance. Four questions addressed FAO perceptions of whether alcohol and familial abuse are significant problems in the Air Force today. In each case a clear majority agreed that they were. The lowest rate of agreement was 79.2 percent, for child sexual abuse, and the highest was for spouse abuse, with 100.0 percent (see Table 2).

Base Problem Estimates. Four questions asked FAOs to estimate the levels of those problems on their respective bases. They were also asked to estimate the size of their base active duty population so that a comparative rate of annual cases per 1000 active duty could be calculated. The results mirrored their earlier perceptions of problem significance. The rate of child sexual abuse cases was the lowest at 1.6 per 1000 active duty, while the rate of

(Table 2)
PROBLEM SIGNIFICANCE

WHICH OF THE FOLLOWING ARE SIGNIFICANT PROBLEMS IN THE AIR FORCE TODAY?

(N=48)	YES	NO	UNSURE
Alcoholism	87.5%	12.5%	-
Child Sexual Abuse	79.2%	16.7%	4.2%
Child Physical Abuse	91.7%	8.3%	-
Spouse Abuse	100.0%	-	-

(Table 3)
BASE PROBLEM ESTIMATES

ON YOUR BASE WHAT IS YOUR BEST ESTIMATE OF THE ANNUAL NUMBER OF CONFIRMED CASES OF:

(N=48)	MEAN	STANDARD DEVIATION	MEAN ANNUAL RATE PER 1000 AD
Alcoholism	32.9	24.0	5.5
Child Sexual Abuse	9.2	5.6	1.6
Child Physical Abuse	25.6	16.2	4.3
Spouse Abuse	39.2	39.1	6.6

(Table 4)
DUAL-PROBLEM PERCEPTIONS:
THE ALCOHOLIC POPULATION

DO YOU FEEL THAT PERSONNEL FORMALLY IDENTIFIED ON YOUR BASE FOR ALCOHOLISM ARE MORE LIKELY THAN NON-ALCOHOLICS TO HAVE, OR TO DEVELOP, PROBLEMS WITH:

(N=48)	YES	NO	UNSURE
Child Sexual Abuse	50.0%	25.0%	25.0%
Child Physical Abuse	75.0%	16.7%	8.3%
Spouse Abuse	95.8%	4.2%	-

(Table 5)
DUAL-PROBLEM PERCEPTIONS:
THE FAMILIAL ABUSER POPULATION

DO YOU FEEL THAT WHEN COMPARED TO THE NON-ABUSIVE COMPONENT OF YOUR BASE POPULATION AN INCREASED RISK OF HAVING, OR DEVELOPING, ALCOHOLISM EXISTS FOR PERSONS FORMALLY IDENTIFIED FOR:

(N=48)	YES	NO	UNSURE
Child Sexual Abuse	54.2%	41.6%	4.2%
Child Physical Abuse	50.0%	41.6%	8.3%
Spouse Abuse	70.8%	20.8%	8.3%

(Table 6)
FAMILY ADVOCACY/SOCIAL ACTIONS
CROSSFEED

(N=48)

COMMON COMMITTEE MEMBERSHIPS (6 possible):

MEAN	STANDARD DEVIATION
3.8	1.6

MONTHLY CASE DISCUSSIONS:

MEAN	STANDARD DEVIATION
9.9	7.5

MONTHLY DUAL-PROBLEM CASE DISCUSSIONS:

MEAN	STANDARD DEVIATION
3.5	4.3

FAMILY ASSISTANCE SUPPORT TEAM (FAST) ON BASE?

YES	NO	UNSURE
70.8%	25.0%	4.2%

FAMILY ADVOCACY OFFICER IS FAST MEMBER?

YES	NO	UNSURE
62.5%	37.5%	-

FAST IS VALUABLE?

YES	NO	UNSURE
20.8%	58.3%	20.8%

DO YOU ALONE, OR WITH SOCIAL ACTIONS, HAVE IDENTIFICATION, TREATMENT, AND/OR PREVENTION PROGRAMS DESIGNED FOR, OR TAKING INTO ACCOUNT, DUAL-PROBLEM PERSONNEL OR FAMILIES?

YES	NO	UNSURE
25.0%	75.0%	-

(Table 7)
DUAL-PROBLEM SCREENING:
THE ALCOHOLIC POPULATION

DOES ANYONE IN FAMILY ADVOCACY, OR SOCIAL ACTIONS, SCREEN FORMALLY IDENTIFIED ALCOHOLICS, AND/OR THEIR FAMILIES, FOR:

(N=48)	YES	NO	UNSURE
Child Sexual Abuse	25.0%	62.5%	12.5%
Child Physical Abuse	41.6%	50.0%	4.2%
Spouse Abuse	45.8%	50.0%	4.2%

(Table 8)
DUAL-PROBLEM SCREENING:
THE FAMILIAL ABUSER POPULATION

DOES ANYONE IN FAMILY ADVOCACY OR SOCIAL ACTIONS SCREEN FOR ALCOHOLISM PERSONS/FAMILIES FORMALLY IDENTIFIED FOR:

(N=48)	YES	NO	UNSURE
Child Sexual Abuse	91.7%	8.3%	-
Child Physical Abuse	91.7%	8.3%	-
Spouse Abuse	95.8%	4.2%	-

reported spouse abuse was the highest, with a rate of 6.8 annual cases per 1000 (see Table 3).

Dual-Problem Knowledge/Beliefs

Alcoholic Population. Three questions addressed FAO perceptions of the risks to formally diagnosed alcoholics for having familial abuse problems. Over 75 percent felt that alcoholism did predispose increased rates of spouse abuse and child physical abuse. Only 50.0 percent felt it was associated with child sexual abuse, but 25.0 percent were unsure of the nature of that relationship (see Table 4).

Familial Abuser Population. FAOs seemed universally unsure of whether familial abusers were statistically predisposed to alcoholism. Of the three types examined, only spouse abuse, with 70.8 percent of respondents agreeing, was felt to be associated. Both child physical and child sexual abuse were almost evenly split between FAOs who agreed and disagreed with their predisposing effects (see Table 5).

Family Advocacy/Social Actions Crossfeed

FAOs were asked about opportunities to interface with the Social Actions Office on cases. As noted earlier it was a key assumption of this study that Family Advocacy and Social Actions are the two most appropriate organizations on a base to identify and treat dual-problem personnel. Questions about opportunities for and rates of crossfeed were asked to scale the infrastructure available on each base to support new and existing dual-problem programs.

It was discovered that on the average FAOs sat on almost four committees with Social Actions personnel and discussed ten common cases per month. Between three and four of those cases involved dual-problem personnel. A quarter of the FAOs reported having unique programs that addressed some aspect of the dual-problem population. Some that were mentioned included codependency groups, combined case-management conferences, anger management groups, FAO lectures and interventions on familial abuse issues in the Social Actions rehabilitation program, and an active, accelerated FAST meeting two times per month.

Three questions regarding the Family Assistance Support Team were asked. Almost 71 percent of surveyed bases had a FAST program While slightly more than 60 percent of FAOs were FAST members, only 20.8 percent felt their FAST to be valuable (see Table 6). Many told the researcher that it was an excellent concept with great potential but currently was just a "square-filler" because of insufficient guidance.

Dual-Problem Screening

Alcoholic Population. Efforts to formally screen the alcoholic population for the occurrence of familial abuse were measured by three questions. In each case it was found that such screening occurs at less than half of the bases surveyed. The highest level of alcoholic screening was for spouse abuse, but that occurred at only 45.8 percent of the bases surveyed. The lowest rate was for child sexual abuse, 25.0 percent of bases (see Table 7).

Familial Abuser Population. Screening of individuals and families identified for familial abuse for alcoholism occurred at virtually every base surveyed. By a slight margin (4.1 percent) spouse abusers were screened more often that the other two categories of abusers, but all three rates of screening were over 91 percent (see Table 8).

CONCLUSIONS

Problem Perceptions

Air Force Family Advocacy Officers seem to agree universally that alcoholism, spouse abuse, child physical abuse, and child sexual abuse are serious problems within today's Air Force. As would be expected, however, the estimated average rates of identified problems, in all categories, are well below what current literature estimates are the actual rates of occurrence. Quite simply, we are only identifying a small portion of the populations potentially involved in such problems.

FAOs as a group seem to feel that there is an association between alcoholism and spouse abuse. They feel that the alcoholic population is at greater risk than the familial abuser population for companion-problem development. They do not, however, seem sure of other enhanced dual-problem risks in either the alcoholic or familial abuser populations. During the survey, many respondents tried to answer these questions by relating it to their own clinical experience. Simply stated, they lacked conviction about who was at risk, and when they had an opinion, based it on past clients rather than a more formalized base of professional knowledge.

Crossfeed Opportunities and Practices

Most FAOs seem to have extensive crossfeed with their Social Actions Offices and broad potential to develop more if it were needed. They sat on common committees, shared case

information, and in some cases worked in each other's programs. Despite the official neglect that the FAST program has received, most bases had a program in place. While not finding FAST presently valuable, most FAOs stated that the program had positive, undeveloped potential.

Dual-Problem Efforts

Despite their uncertainty about whether familial abuse predisposes increased rates of alcoholism, a clear majority of FAOs screen identified familial abusers for that problem. Also paradoxically, almost 96 percent felt alcoholics to be at increased risk for spouse abuse, but 50 percent said there was no screening on their base for that association. This is further complicated by 75 percent of FAOs reporting that they are responsible for the medical portion of the Drug and Alcohol Abuse Evaluation Process (DAAEP) mandated by AFR 30-2 (Social Actions Program). Similarly, 75 percent said that alcoholics were at increased risk for child physical abuse, but only 41.6 percent screened for that problem.

On the positive side, an average of 3.5 case discussions per month occurred between the FAO and Social Actions about dual-problem cases. One quarter of those surveyed had efforts, separate from the usual Social Actions/Mental Health programs, that addressed some component of the dual-problem population.

Summary

Alcoholism and familial abuse are seen as a major Air Force problem by those surveyed. Understandably, only a fraction of those with problems are probably being identified and treated.

The primary finding of this survey was that there seems a significant gap between what FAOs do programmatically and what they understand theoretically. As noted, almost all FAOs screen familial abusers for alcohol problems, but they were unsure on the survey if that group was at increased risk for alcoholism. Reciprocally, while most believe alcoholics to be at increased risk for spouse abuse and child physical abuse and have formal responsibility to screen for those problems, a majority do no screening.

Positively speaking, an excellent level of crossfeed between Family Advocacy and Social Actions exists on most bases. While only 25 percent of bases had programs addressing companion problem cases, those in place were innovative. If the need exists, the Family Assistance Support Team could provide the infrastucture for expanded

companion-problem programs between these offices.

Chapter Four

IMPLICATIONS AND RECOMMENDATIONS

This chapter suggests implications from the review of literature and social worker survey. From those implications, it also makes recommendations for changes in Air Force Family Advocacy, Social Actions, and Mental Health programs, and discusses means of, and possible barriers to, their implementation. It begins with a summary response to the study's research questions posed in Chapter One.

SUMMARY

This study began with, and proceeded on the basis of, the ever constant need to improve the quality of Air Force manpower. It posed the possibility that rates and timing of identification of alcohol and familial abuse could be improved if a potentiating relationship between them existed. If such a relationship were validated, screening a population identified as being at risk could reveal hidden second problems at rates exceeding those in the general population. It further suggested that if companion-problems did exist, the logical providers of services would be the Family Advocacy and Social Actions Offices. Four research questions were posed:

1. What does current professional literature say about the relationship between alcoholism and familial abuse?

2. What do Air Force Family Advocacy Officers believe about that relationship?

3. What do Family Advocacy Officers, and/or Base Social Actions, do programmatically to identify, treat, and/or prevent companion problems.?

4. What is the extent of current FAO/Social Actions crossfeed, and what is its potential for expansion?

Review of the Literature

Approximately 60 articles from the literature on alcoholism and social services were reviewed. The overall

conclusion was that a companion-problem phenomenon does exist but is most consistently reported in populations of familial abusers and their families. As summarized in Table 1, six populations of abuse perpetrators or victims were identified as having a high probability of being at increased risk for companion-problems, when compared to the nonproblematic component of the general population. They were:

--Alcoholics, for spouse abuse.

--Physical and sexual abusers of children, and spouse abusers for alcoholism.

--Sexual abusers of children for spouse abuse, emotional estrangement from their spouse, and violent criminal behaviors.

--Mothers in incestuous families for alcoholism and other chronic illnesses.

--Incest victims, when becoming adults, for alcoholism and other chemical dependencies.

--All members of physically, sexually, and chemically abusive families for pathological family dynamics.

Dual-Problem Beliefs

The findings of the social worker survey indicated the beliefs of Family Advocacy Officers about companion-problem risks to be somewhat at odds with the professional literature. Overwhelmingly, social workers reported both alcoholism and familial abuse to be serious problems in the Air Force populations they served. They felt that alcoholism predisposed enhanced risks of physical abuse of one's children and spouse but did not feel it to be associated with child sexual abuse. A majority felt that abusing one's spouse was associated with increased risks of alcoholism but were ambivalent regarding the heightened occurrence of alcoholism among those who physically or sexually abuse children.

Dual-Problem Efforts

While many practices of Family Advocacy Officers reached persons identified in the literature as potentially at risk for companion-problems, others lacked consistent direction, and varied from base to base. An overwhelming majority of FAOs routinely screened familial abusers for alcoholism. Alcoholics, however, were screened by less than half of the respondent's bases for spouse abuse. Each FAO discussed

almost one companion-problem case per week with the Base Social Actions Office. Only about one quarter of respondents had some form of treatment program that specifically addressed the companion-problem phenomenon.

Social Actions Crossfeed

Family Advocacy Officers, on the whole, were well acquainted with their Social Actions Office and worked with them quite often. In addition to companion-problem cases, between one and two single-problem cases were discussed by the two offices each week. The typical FAO sat on four committees with Social Actions personnel. These included the Family Assistance Support Team (FAST), which was present on over 70 percent of the bases surveyed.

IMPLICATIONS

Review of the Literature

Populations at Risk. A key goal of this study was to determine if a companion-problem phenomenon is probable in the general population, and hence likely in the Air Force community. A comprehensive review of available social science literature suggests that it is. The actual populations at risk, however, are different than those initially suggested. When this research began, a synergism between alcoholism and familial abuse was posited; with each seen as possibly potentiating enhanced risk of the other as a companion, second problem. The bibliographic evidence primarily pointed, however, to a propensity among familial abusers to be more prone toward alcoholism, and for alcoholics to be more prone toward spouse abuse, than the general population.

The review of literature also suggested some less obvious risk populations that may occur within the Air Force community. Abusive and alcoholic families seem at risk for pathological dynamics. As this was a theoretical proposition and clinical observation rather than an empirically derived conclusion, it was impossible to cite a probable rate of occurrence. However, from the literature it seems likely that family pathology: (1) will occur more often in abusive, as opposed to alcoholic, families, (2) that the potential for pathology increases with the frequency and severity of either familial abuse and/or alcoholism, and (3) incestuous families may be the most likely group to have such problems.

The last group suggested as possibly being at increased, companion-problem risk was the incestuous family. In

addition to potential problems with pathological family dynamics, maternal alcoholism, illness, and marital estrangement were identified as more frequent than in either the general or alcoholic populations alone. Additionally, violent criminality and spouse abuse may characterize the incest perpetrator, and alcoholism often develops in incest victims when they reach adulthood.

Possible Risk Etiology. These results parallel two, already proposed etiologies of abuse. The first is the link between alcohol and various forms of aggression and violence. As noted in Chapter Two, clinical research has shown that alcohol causes aggressive behavior and is often present in crimes of violence, such as assault, rape, and murder. The physical abuse of one's spouse may become more likely for alcoholics because of the aggression-potentiating characteristics of methanol and the greatly enhanced frequencies of use. However, the absence of a similar risk for child abuse by alcoholics makes this etiology, as a comprehensive explanation, suspect.

A second explanatory mechanism is the frequent presence of severely pathological family dynamics in abusive families. As suggested earlier in this study, the combination of poor social skills and pressures from the extreme social stigma against abusive behaviors can make alcohol consumption a frequent stress reduction strategy in abusive families. In other words, the disturbed familial environment in which such abuses occur may understandably be fertile ground for alcoholism. Particularly in the incestuous family, the synergism among pathologies may have a propagating effect, causing an ever-increasing spiral of abuse, dynamic pathology, individual disturbance, and anti-social behaviors. However, the lesser degree of pathology, and lack of any stress-reduction value of familial abuse, in strictly alcoholic families may not create similar enhanced risks of child physical and sexual abuse.

Identification Improvements. This study set out to discover if the companion-problem phenomenon could offer new means of improving identification rates of alcoholics and familial abusers. Its findings indicate that if properly used, significant identification enhancements are possible. As delineated in Table 1, the primary gains would be seen in the alcoholic population. These findings imply that among familial abusers 22 to 85 percent of spouse abusers, 12 to 69 percent of child physical abusers, and 41 to 80 percent of child sexual abusers, may also be alcoholics.

Based on those companion-problem rates, and the mean estimated rates of confirmed familial abuse cases for the 115

Air Force Bases with Family Advocacy Officers the following numbers of companion-problem cases might be annually expected:

--Among confirmed child sexual abusers- 434 to 899 alcoholics.

--Among confirmed child physical abusers- 353 to 2031 alcoholics.

--Among confirmed spouse abusers- 992 to 3606 alcoholics.

In other words, among those persons being identified, worldwide, by Air Force social workers for familial abuse, between 1779 and 6536 may also be alcoholics. Given that only slightly more than 2000 cases of alcoholism were identified by the Air Force in 1984, a doubling or tripling of Air Force rehabilitation rates of alcoholics may be possible by targeting evaluation for these groups. Problem identification improvements may also be obtained by careful scrutiny of incestuous family members for alcoholism, alcoholics and incest perpetrators for spouse abuse, and all members of abusive families for pathological interactions and dynamics

Dual-Problem Beliefs

As noted, the primary dual-problem risk population identified by this study was that of familial abusers. The beliefs of Family Advocacy Officers, as a group, only partially reflected that finding. Only about half of those surveyed believed that the three subcomponents of the familial abuser population were at enhanced risk for alcoholism, and a similar ambivalence was reflected regarding the risks for child sexual abuse by alcoholics. Contrary to the literature, social workers also believed that alcoholics are more prone to physically abuse children.

From comments made by participants during the survey, three subjective observations were made which may explain these findings. First, FAOs believed that alcohol use potentiates or causes violence, and many openly discussed this as a reason for survey responses. Second, as a group they were unsure if a potentiating relationship between child abuse and alcoholism existed, but often responded positively, feeling it was better to "err on the side of caution." Finally, FAOs frequently tried to base their responses on clinical experiences. Comments like, "Now let's see. How many cases like that have I seen?", were common among respondents.

These results suggest that Air Force Family Advocacy Officers may lack a coherent understanding of the companion-problem phenomenon, and the populations at risk. Given the lack of any summarizing professional literature, however, this is not surprising, nor perhaps radically different from the views of other professionals.

Of some concern, however, was the tendency among respondents to base theoretical conclusions on past clinical experiences. While the ideal is for the frequency with which a problem is identified or treated to reflect its size within a population, the reality is that it often is an index of its social acceptability, the pressure to hide overt symptoms, and the disincentives for identification and treatment. As noted in Chapter One, all of these mechanisms are present in the dynamics of alcoholism and familial abuse and mitigate against successful detection. Effective social services must be targeted by assessment of problem frequencies within the populations served and not the ease with which individuals come forward for treatment.

Dual-Problem Efforts

The screening practices of Air Force Family Advocacy Officers do target the primary risk populations identified in the literature. Over 90 percent of respondents reported asking questions about alcoholism when screening cases of familial abuse. As noted in Chapter Three, however, only about half of those surveyed reported it to be theoretically justified, and many of those based their responses on nontheoretical rationales. It was equally unclear why 96 percent felt alcoholism to predispose spouse abuse, but only 50 percent screened alcoholics for such a problem.

These paradoxes may again reflect a lack of theoretical underpinning to the beliefs and clinical behaviors of Air Force social workers. Respondents almost unanimously felt that screening their family advocacy cases for alcoholism was clinically appropriate, but few seemed to understand why from either an etiological or risk perspective. What was done seems based on clinical habit rather than informed decision-making.

There is another paradox. If such screening occurs, and abusive populations proportionally contain large numbers of alcoholics, as the literature suggests, extensive referrals should come from the FAO to Social Actions, and the numbers of alcoholics in rehabilitation should be much higher than they are. This researcher's three years experience in Social Actions programs on a typical Air Force Base suggests that the FAO is not a consistent referral source for alcoholism

evaluations.

One explanation may be the massive denial and subversion associated with alcoholism and familial abuse. Because of the consequences of identification and the protective collusion in pathological families, only detailed substance abuse interviews with the suspected alcoholic and significant others can maximize the chances of discovery. Even then, 100 percent detection is not possible.

The absence of treatment programs that addressed dual-problem cases paralleled their lack of identification. The 25 percent of bases reporting programs seemed to have created them based on an appreciation of the familial involvement in alcoholism. Couples-groups addressing codependency, marital communications groups, FAO lectures to Social Actions rehabilitees, and frequent case discussions were among the efforts identified. As pragmatism seemed a prime force in the decisions and practices of FAOs, it is not expected that targeted programs would be started in the absence of a clear understanding of the existence and dynamics of the companion-problem population.

Social Actions Crossfeed

As noted in Chapter One, it was an assumption of this study that if a companion-problem phenomenon existed, the most logical identification/treatment team would be the Family Advocacy Office and Social Actions. The degree of their reported interfacing was taken as reflective of Air Force preparedness to deal with such problems. Given the extensive degree of regular contact between these two agencies, an excellent degree of preparedness is considered as existing.

Similarly, the existence of Family Assistance Support Teams on more than 70 percent of surveyed bases must be considered a potentially significant asset to any effort to improve identification and treatment in these populations. While mandated by AFR 30-2, the FAST has received no official recognition or guidance for over a year. Nonetheless, as an officially mandated forum for Family Advocacy, Social Actions, Mental Health, the Chaplain, and possibly the Family Support Center, it seems the most promising infrastructure for creating and managing identification, treatment and prevention programs for companion-problem populations.

RECOMMENDATIONS

The findings and implications of this study suggest that

the maximum benefits to the Air Force from understanding the companion-problem phenomenon will be achieved if a comprehensive program of education, identification, treatment, prevention, and research is undertaken. While the enactment of any single recommendation would enhance the quality of our force and ultimately our ability to fight, the synergy among components is felt to be such that instituting all would maximize benefits, cost less over time, and have innumerable spin-offs into other areas of quality force concerns.

Education

If the Air Force is to take advantage of the potential of the companion-problem phenomenon, it must have a body of professionals who understand the concept, the populations at risk, the probable dynamics, and appropriate treatment approaches. This study has shown that Family Advocacy Officers do not have a clear understanding of these concepts, and it is equally likely that neither do others within the Air Force community.

The basic information contained in this study's review of literature must be systematically spread among FAOs and Social Actions personnel. Such an education program must be supported by the Surgeon General and HQ AFMPC to have credibility and scope It must reach the entire FAO and SLD (Social Actions Drug and Alcohol) communities and be repetitive in nature to reach new personnel as they come on active duty and experienced professionals for continuing education updates. Likely media for this education are the CHAP (Children Have A Potential) and Family Advocacy Conferences, the Air Force Behavioral Sciences Course, Senior Social Actions courses, medical officer indoctrination, and Social Actions NCO training. Numerous others are also possible.

A more global education of the "line" of the Air Force is of equal importance to success. Commanders, First Sergeants, security police, and even medical professionals often view substance abuse, spouse abuse, child abuse, and mental health as unrelated entities. As the primary referral resources to Family Advocacy and Social Actions, their education on the linkages among these issues is extremely important. They must be educated to recognize "the tip of the iceberg" for what it foretells and be aware that when there is "more than one tip" it may be a single, but massive, problem. Educational media could include Commander's courses, the Senior NCO Academies, and Air Command and Staff and Air War Colleges.

It is lastly recommended that Family Advocacy and Social Actions personnel be periodically trained in networking skills specifically directed between the two offices. There is an unfortunate tendency to become "clannish" with the FAO perhaps not wanting to work with "paraprofessionals" and Social Actions seeing him as a "self-proclaimed expert" trying to run their programs. This fragmentation runs contrary to the conjurisdiction necessary to effectively deal with companion-problems. Only by periodically working through our biases can a joint program be effective.

Enhanced Identification Techniques

Proving that companion-problems exist and educating professionals to that existence are not sufficient to change current rates of identification and treatment. Screening must be expanded to cover risk populations identified in the literature and improved in quality to make visible the large populations of "hidden abusers." At each base where Family Advocacy and Social Actions exist, the following actions should be carried out The Family Advocacy Officer or other qualified Mental Health professional should screen:

--Spouse abusers for alcoholism.

--Child physical abusers for alcoholism.

--Child sexual abusers for alcoholism and spouse abuse.

--Mothers in incestuous families for alcoholism and chronic illness.

--All members of abusive families for pathological, intrafamilial dynamics.

--Alcoholics for spouse abuse.

--Childhood incest victims for alcoholism.

Social Actions personnel should screen:

--Alcoholics for spouse abuse, and pathological, intrafamilial dynamics.

- Female alcoholics for incestuous childhoods.

Screening risk populations probably will not substantially increase the number of diagnosed alcoholics unless sophisticated means of identification are used for those interviews. Some suggested techniques are:

--Interviewing family members, coworkers, and superiors.

--Review of health and duty records focusing on stress, alcohol related illnessos, or performance anomalies.

--A family interview to reveal pathological dynamics often present in abusive and/or alcoholic homes.

--A search of OSI (Office of Special Investigations), Mental Health, or Social Actions files for prior offenses.

--Use of psychological testing instruments such as the Minnesota Multiphasic Personality Inventory (MMPI).

--Use of problem-specific instruments such as the Michigan Alcoholism Screening Test (MAST).

--Physical examination, to include a blood-alcohol test, and liver function studies (hepatic panel) for alcoholism screening.

--Pediatric exam for signs of child neglect.

--Case review within a committee structure such as the FAST, Family Advocacy Committee, or Base Rehabilitation Committee.

Screening the appropriate populations with standardized, sophisticated data gathering techniques must be supported by mandating such practices within the appropriate Air Force Regulations. AFR 30-2 (Social Actions Program) and AFR 160-38 (Family Advocacy Program) should be rewritten, or changed by message, to make the evaluations listed above mandatory. Without these changes such a program would lack "teeth" and would risk poor support from referral sources like Commanders and First Sergeants.

Treatment

Companion-problem cases are probably best managed in treatment by a family-systems approach. Both Family Advocacy and Social Actions have traditionally been tertiary, symptom-oriented treatment programs. In many alcoholic and/or abusive families, however, the identified symptom may serve to maintain familial equilibrium. Hence, treatment of the primary symptom-bearer without the family may do as much to hurt both as to help them. The frequency of pathological dynamics is probably much higher in families with companion-problem members. Treatment services must target these dynamics. Examples of such interventions include

codependency groups for alcoholics and family members, family growth programs such as "Understanding Us", Alanon and Alateen for education and support on familial issues, and education on the adult children of alcoholics (ACOA) phenomenon.

The FAST may be the most logical integration point for base identification and treatment efforts. Its membership allows inputs from the various involved agencies and as such can transcend the single-problem, and single-solution, mentalities of Mental Health and Social Actions. The FAST could become the base forum for companion-problem education, identification, treatment, prevention, and research, and source of official sanction to minimize startup friction and maximize program survival.

Prevention

The notion of "risk" connotes the possibilities of either current problem possession or future problem development. Companion-problem populations may consist of both persons with such problems, and individuals who could be at heightened risk to develop them because of current single-abuse life styles. An important role for Air Force professionals should be to prevent emergence of that companion-problem, thus limiting the treatment and debilitation of the active duty member to single-problem magnitude.

A program should be developed to counsel and educate the six risk populations mentioned earlier. It would be similar to genetic counseling, and would motivate those at risk toward recovery from their salient problem, and to refer them to programs for treatment. Similar efforts should be geared toward family members.

Research

As noted earlier, the successful adoption and implementation of these recommendations rests on their acceptance of the companion-problem phenomenon, as fact, by individuals in positions to make changes. Keeping precise records of alcoholism rehabilitation and familial abuse cases, the Air Force has a unique opportunity to empirically gauge the precise size of companion-problem risks. It should, therefore undertake a continuing research program building upon the empirical evidence reviewed in this study. Not only would this provide additional justification for companion-problem programs, but it would greatly enhance social science knowledge in an area where debate still is in evidence.

BIBLIOGRAPHY

A. REFERENCES CITED

1. American Humane Association. National Analysis of Official Child Neglect and Abuse Reporting. Denver: 1978.

2. Andrews, Ernest E. The Emotionally Disturbed Family and Some Gratifying Alternatives. New York: Jason Aronson, 1974.

3. Annual Statistical Analysis of Child Neglect and Abuse Reporting. The National Center on Child Abuse and Neglect, 1977.

4. Appleton, W. "The Battered Woman Syndrome." Annals of Emergency Medicine. (9) 1980, pp84-91.

5. Barnard, Charles P. "Alcoholism and Incest, Part I: Similar Traits, Common Dynamics." Focus On Family. Jan/Feb 1984, pp27-29.

6. Behling, Daniel W. "Alcohol Abuse as Reported in 51 Instances of Reported Child Abuse." Clinical Pediatrics. (18:2) February 1979, pp87-91.

7. Breger, Eli. "Relationship Between Alcohol Misuse and Family Violence." Military Family. Mar/Apr 1983, p5.

8. Browning, D.H., and B. Boatman. "Incest: Children at Risk." American Journal of Psychiatry. (134:1) January 1977, pp69-72.

9. Callaghan, K.A., and B.J. Fotheringham. "Practical Management of the Battered Baby Syndrome." Medical Journal of Australia. (1) 1970, pp1282-1284.

10. Carlson, Bonnie. "Battered Women and their Assailants." Social Work. (22) 1977, pp455-460.

11. Cherek, D.R., J.L. Steinberg, and B.R. Manno. "Effects of Alcohol on Human Aggressive Behavior." Journal of Studies

on Alcohol. (46:4) 1985, pp321-328.

12. Coleman D., and Murray A. Straus. "Alcohol Abuse and Family Violence." In Edward Gottheil et al. (eds) Alcohol, Drug Abuse and Aggression. Springfield, Il: Charles C. Thomas, 1980.

13. Davidson, Howard A. "The Revolution in Family Law: Confronting Child Abuse." Family Advocate (Summer 1982).

14. Department of the Air Force. AF Regulation 160-38, Air Force Family Advocacy Program. Washington DC: HQ USAF, 5 November 1981.

15. Eberle, Patricia A. "Alcohol Abusers and Non-Users: A Discriminant Analysis of Differences Between Two Subgroups of Batterers." Journal of Health and Social Behavior. (23) September 1982, pp260-271.

16. Edleson, Jeffrey L., Zvi Eisikovits, and Edna Guttman. "Men Who Batter Women, A Critical Review of the Evidence." Journal of Family Issues. (6:2) June 1985, pp229-247.

17. El-Guebaly, Nady, and David R. Ornoff. "The Offspring of Alcoholics: A Critical Review." American Journal of Psychiatry. (134:4) April 1977, pp357-365.

18. Ellwood, Leslie C. "Effects of Alcoholism as a Family Illness on Child Behavior and Development." Military Medicine. March 1980, pp188-192.

19. Emslie, Graham J., and Alvin Rosenfeld. "Incest Reported by Children and Adolescents Hospitalized for Severe Psychiatric Problems." American Journal of Psychiatry. (140:6) June 1983, pp708-711.

20. Fitch, Frances J., and Andre Papantonio. "Men Who Batter: Some Pertinent Characteristics." The Journal of Nervous and Mental Disease. (171:3) pp190-192.

21. Flanzer, Jerry. "Alcohol Abuse and Family Violence: The

CONTINUED

Domestic Connection." Focus On Family. July/Aug 1984, pp5-8.

22. Flanzer, Jerry. "The Vicious Circle of Alcoholism and Family Violence." Military Family. Fall 1981.

23. Gayford, J.J. "Wife-Battering: A Preliminary Survey of 100 Cases." British Medical Journal. (1) 1975, pp194-197.

24. Gagnon, J.H., and W. Simon. "Sexual Encounters Between Adults and Children." SIECUS Study Guide No. 11. New York: Behavioral Publications, 1970.

25. Gelles, R., and M.A. Straus. "Determinants of Violence in the Family: Toward a Theoretical Integration." In Burn, Hill, Nye and Rice (eds) Contemporary Theories About the Family. New York: Free Press, 1979.

26. Gibbens, T., and A. Walker. Cruel Parents. London: Institute for the Stuuy and Treatment of Delinquency, 1956.

27. Gibson, Lt Col Reginald P., Major Joseph J. Puzo, and Lt Col Talvania L. Scarbrough and updated 1984 by Major Laurel Henderson, USAF, excerpted from, "Social Actions Program," Managing the Air Force, 4th Ed, AWC, Air University, Maxwell AFB, AL.

28. Gil, D.G. Violence Against Children: Physical Child Abuse in the United States. Cambridge: Harvard University Press, 1970.

29. Glazier, A.E. Ed. Child Abuse: A Community Challenge. Buffalo N.Y.: Stuart, 1971.

30. Gordon, Linda, and Paul O'Keefe. "Incest as a Form of Family Violence: Evidence from Historical Case Records." Journal of Marriage and the Family. February 1984, pp27-34.

31. Hassett, Don G. "Family Alcoholism and Child Abuse." Focus on Family. July/Aug 1985, pp14-31.

32. Henderson, Major Laurel V., USAF. "Alcohol and Drugs."

Dimensions of Leadership. ACSC, Air University, Maxwell AFB, AL.

33. Herman, Judith, and Lisa Hirschman. "Families at Risk for Father-Daughter Incest." American Journal of Psychiatry. (138:7) July 1981, pp967-970.

34. Hindman, Margaret H. "Family Violence and Alcohol Problems." The Police Chief. December 1982, pp39-41.

35. Holcomb, William R., and Nicholas A. Adams. "Personality Mechanisms of Alcohol-Related Violence." Journal of Clinical Psychology. (41:5) September 1985, pp714-722.

36. HQ AFOMS/SGPS. USAF Child Abuse & Neglect Statistical Report. Brooks AFB, TX: Office of the Surgeon General, 1984.

37. Jackson, Aeolian. "Child Neglect: An Overview." Perspectives on Child Abuse in the Mid 80s." Washington DC: US Government Printing Office.

38. Labell, L.S. "Wife Abuse: A Sociological Study of Battered Women." Victimology. (4) 1979, pp258-265.

39. Leonard, Kenneth E., Evelyn J. Bromet, David K. Parkinson, Nancy L. Day, and Christopher M. Ryan. "Patterns of Alcohol Use and Physically Aggressive Behavior in Men." Journal of Studies on Alcohol. (46:4) 1985, pp279-282.

40. Mainard, R., P. DeBerranger, and J.L. Cadudal. "Une Consequence Frequente et Grave de L'Alcoolisme Parental-Les Services Common Sur Les Enfentes." Revue de L'Alcoolisme. (17) 1971, pp21-31.

41. Mayer, J., and R. Black. "Child Abuse and Neglect in Families with an Alcohol or Opiate Addicted Parent." Child Abuse and Neglect. (1) 1977, pp85-98.

42. Nielsen, Lindsay A. "Sexual Abuse and Chemical Dependency: Assessing the Risk for Women Alcoholics and Adult Children." Focus On Family. Nov/Dec 1984, pp6, 10-11, 37.

CONTINUED

43. Orme, Terri Combs, and John Rimmer. "Alcoholism and Child Abuse: A Review." Journal of Studies on Alcohol. (42:3) March 1981, pp273-287.

44. Rada, R.T., D. Kellner, and W. Winslow. "Drinking, Alcoholism, and the Mentally Disordered Sex Offender." Bulletin of the American Academy of Psychiatry and Law. (6) 1978, pp296-300.

45. Raino, Lt Col Paul D. Interview with Assistant for Equal Opportunity and Air Force Social Actions, HQ AFMPC. Maxwell AFB, AL, 30 September 1985.

46. Richardson, Deborah. "The Effect of Alcohol on Male Aggression Toward Female Targets." Motivation and Emotions. (5:4) 1981, pp333-344.

47. Rosenbaum, Alan, and K. Daniel O'Leary. "Marital Violence: Characteristics of Abusive Couples." Journal of Consulting and Clinical Psychology. (49) 1981, pp63-71.

48. Roslund, B., and C.A. Larson. "Crimes of Violence and Alcohol Abuse in Sweden." International Journal of Addictions. (14) 1979, pp1103-1115.

49. Rounsaville, B. "Theories in Marital Violence: Evidence from a Study of Battered Women." Victimology. (3) 1978, pp11-31.

50. Roy, M. "A Current Survey of 150 Cases." In Roy, M. Ed, Battered Women: A Psychosociological Study of Domestic Violence. New York: Van Nostrand Reinhold, 1977.

51. Schuntich, R.J., and S.P. Taylor. "The Effects of Alcohol on Human Physical Aggression." Journal of Experimental Research in Personality. (6) 1972, pp34-38.

52. Smith, S.M., R. Hanson, and S. Noble. "Parents of Battered Babies, A Controlled Study." British Medical Journal. (4) 1973, pp388-391.

CONTINUED

53. Snyder, D.K., and L.A. Fruchman. "Differential Patterns of Wife Abuse: A Data Based Typology." Journal of Consulting and Clinical Psychology. (49) 1981, pp878-885.

54. Spieker, G., and C.M. Mouzakitis. "Alcohol Abuse and Child Abuse and Neglect; An Inquiry into Alcohol Abuser's Behavior Toward Children." Paper Presented at the Conference of the Alcohol and Drug Problems Association of North America, September 1975.

55. Steele, B.F., and C.B. Pollack. "A Psychiatric Study of Parents Who Abuse Infants and Small Children." In, Helfer, R.E. and C.H. Kempe, Eds. The Battered Child. Chicago: University of Chicago Press, 1974, pp89-133.

56. Stewart, M.A., and C.S. DeBlois. "Wife Abuse Among Families Attending a Child Psychiatry Clinic." Journal of the American Academy of Child Psychiatry. (20) 1981, pp845-862.

57. "A Summary: The Fifth Special Report to Congress on Alcohol and Health." Alcohol Health and Research World. (9:1) Fall 1984.

58. Sweeney, Sharon, and L. John Kay. "Family Violence." Focus on Family. (Nov/Dec 1983) pp15, 34, 35.

59. Taubman, Stan. "Incest in Context." Social Work. (29:1) Jan/Feb 1984, pp35-40.

60. Taylor, S.P., and C.B. Gammon. "The Effects of Type and Dose of Alcohol on Human Physical Aggression." Journal of Personality and Social Psychology. (32) 1975, pp169-175.

61. US Department of Health and Human Services. Child Sexual Abuse: Incest, Assault, and Sexual Exploitation. Washington DC: US Government Printing Office, 1981.

62. US Department of Health and Human Services. "The Fifth Special Report to Congress on Alcohol and Health." Alcohol Health and Research World. (9:1) Fall 1984.

63. Vailiant, George E. The Natural History of Alcoholism. Cambridge, Mass: Harvard University Press, 1983.

64. Virkkunen, M. "Incest Offences and Alcoholism." Medicine, Science, and the Law. (14:4) April 1974, pp124-128.

65. Worden, Mark. "Children of Alcoholics: Growing up in Dysfunctional Families." Focus On Family. July/Aug 1984, pp33-40.

66. Young, L. Wednesday's Children, A Study of Child Neglect and Abuse. London: McGraw-Hill, 1964.

B. RELATED SOURCES

Bayles, John A. "Violence, Alcohol Problems and Other Problems in Disintegrating Families." Journal of Studies on Alcohol. (39) pp551-553.

Brandt, R.S., and V.B. Tisza. "The Sexually Misused Child." American Journal of Orthopsychiatry. (47:1) 1977, pp80-90.

Coleman, Eli. "Family Intimacy and Chemical Abuse: The Connection." Journal of Psychoactive Drugs. (14:1-2) Jan-Jun 1982, pp153-158.

Corenblum, B. "Reactions to Alcohol-Related Marital Violence." Journal of Studies on Alcohol. (44:4) 1983, pp665-674.

Doucette, Serge R., and Robert D. McCullah. "Domestic Violence: The Alcohol Relationship." U.S. Navy Medicine. (71) March 1980, pp4-8.

Flanzer, Jerry P. "Alcohol-Abusing Parents and their Battered Adolescents." Currents in Alcoholism. (7) 1979. pp529-538.

Gebhard, P. Sex Offenders: An Analysis of Types. London:

Heinman, 1965.

Gerson, L.W., and D.A. Preston. "Alcohol Consumption and the Incidence of Violent Crime." Journal of Studies on Alcohol. (40) 1979, pp307-312.

Hanks, Susan E., and C. Peter Rosenbaum. "Battered Women: A Study of Women Who Live with Violent Alcohol-Abusing Men." American Journal of Orthopsychiatry. (47) 1977, pp291-306.

Herman, Judith L. Father-Daughter Incest. Cambridge, Mass: Harvard University Press, 1981.

Hindman, Margaret H. "Family Violence." Alcohol Health and Research World. (4:1) Fall 1979, pp2-11.

Holcomb, James F. "Alcohol and the Armed Forces." Alcohol Health and Research World. (6:2) Winter 81/82, pp2-17.

Mayfield, D. "Alcoholism, Alcohol Intoxication, and Assaultive Behavior." Disorders of the Nervous System. (37) 1976, pp288-291.

Rada, R.T. "Alcoholism and the Child Molester." Annals of the New York Academy of Sciences. (273) 1976, pp492-496.

APPENDICES

ALCOHOLISM/FAMILIAL ABUSE KNOWLEDCE/PROGRAMS SURVEY

1. Are you currently the Base Family Advocacy Officer?

Do you feel any of the following are significant problems in the Air Force today:

2. Alcoholism?
3. Child Sexual Abuse?
4. Child Physical Abuse?
5. Spouse Abuse?

Do you feel that personnel formally identified on your base for alcoholism are more likely than non-alcoholics to have, or to develop, problems with:

6. Child Sexual Abuse?
7. Child Physical Abuse?
8. Spouse Abuse?

Do you feel that, when compared to the non-abusive component of your base population, an increased risk of having, or developing, alcoholism exists for persons formally identified for:

9. Child Sexual Abuse?
10. Child Physical Abuse?
11. Spouse Abuse?

12. What is the size (or your best estimate) of the active duty Air Force population your office services?

On you Base, what is the annual number (or your best estimate) of confirmed cases of:

13. Alcoholism?
14. Child Sexual Abuse?
15. Child Physical Abuse?
16. Spouse Abuse?

Do you and the Base Drug and Alcohol Abuse Control Officer (OIC/SLD), or other Social Actions personnel, sit on any of the following committees together:

17. DAACC (Drug & Alcohol Abuse Control Committee)?
18. FAST (Family Assistance Support Team)?
19. Base Rehabilitation Committee?
20. Family Support Center Advisory Council?
21. Base Child Care Center Advisory Council?
22. CAC (Child Advocacy Committee)?

23. How many times per per month do you directly discuss cases with Base Social Actions personnel?

24. How many common cases per month involve the dual-occurance of alcoholism and familial abuse within the same individual or family?

(Appendix A)

25. Do you alone, or in concert with Social Actions, have any identification, treatment, and/or prevention programs designed specifically for, or taking into account, dual-problem personnel or families?

If so, are they separate from:

26. Other Family Advocacy programs?
27. Other Social Actions programs?

If so, who is the primary sponsor(s):

28. Family Advocacy?
29. Social Actions?
30. Both?
31. Other Agency(s)?

Does anyone in Family Advocacy, or Social Actions, screen formally identified alcoholics, and/or their family members, for indications of:

32. Child Sexual Abuse?
33. Child Physical Abuse?
34. Spouse Abuse?

Does anyone in Family Advocacy or Social Actions screen, for alcoholism, persons/families formally identified for:

35. Child Sexual Abuse?
36. Child Physical Abuse?
37. Spouse Abuse?

Regarding FAST(Family Assistance Support Team):

38. Do you have a FAST program (or its equivalent) on your base at the present time?
39. Have you ever had one?
40. Do you/did you find it valuable?

There was an Air Force sponsored course recently held in Minneapolis on substance abuse and family violence:

41. Did you attend?
42. If so, did you find it valuable?
43. Did you make any programmatic changes in your office based on the course?
44. Are there any Air Force-wide changes that you feel should be made in the Family Advocacy Program based upon that course?

INSTRUCTIONS

Hello! I'm Major Mark Juhas, and a Social Work Officer like yourself. I'm currently a student at the Air Command and Staff College. I'm asking you to help me with a research project by participating in a telephone survey.

The study is co-sponsored by the Office of the Assistant Secretary of Defence for Health Affairs and Air Force Social Actions. It has also been sanctioned by the Surgeon General's Consultant for Social Work. Its goal is to attempt to find new means of identification and prevention of alcoholism and the varying types of abuse that occur within the family.

All Family Advocacy Officers within the continental United States are being surveyed. The instrument has been scrutinized at several Air Force levels to assure that it safeguards your rights as a participant. At no time will any data be identified with you, your Base, or Command. You also have the right to decline participation without fear of adverse consequences.

Over the next fifteen minutes, or so, I will be asking you a series of questions. They will examine both your professional knowledge and beliefs, and some types of clinical programs that may be run on your base. There are fourty-four questions. All but eight require simple "yes" or "no" responses. I will repeat your answers as you give them. Please correct me if I misstate your response or intent.

Are you ready to begin?

(Appendix B)

SURVEY ANSWER SHEET Control # _____

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(Appendix C)