



SUBSTANCE ABUSE AND DOMESTIC VIOLENCE: ENHANCING HEALTHCARE AND OVERCOMING UNDER-REPORTING THROUGH A COMPREHENSIVE LITERATURE REVIEW

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Abstract:

Research has aided the healthcare professionals with an improved understanding of the link between domestic violence and substance abuse. However, under-reporting of domestic violence still persists due to societal stigma. This presents an opportunity to enhance care and address the impact on individuals and their families. Comprehensive interventions are needed to address domestic violence and substance abuse, preventing further harm and long-term health issues. Substance abuse, stress, and mental illness can intensify domestic violence. If unaddressed, nonphysical abuse can escalate to physical violence and have severe consequences. Addressing domestic violence in healthcare requires specialized approaches to overcome unique challenges. Despite stringent laws and well-established legal enforcement agencies, reporting remains low. Challenges in enforcing domestic violence laws also include police apathy and insufficient personnel, leading to inadequate investigation and documentation. The research utilizes a narrative approach, reviewing relevant literature without a formal systematic process. A meta-synthesis technique has been employed to

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combine and interpret findings from qualitative research studies. This approach provides relevant findings and credible recommendations based on a comprehensive review of past literature. This study identifies key issues and limitations, and provide recommendations for practice, policy, and future research.

Keywords: domestic violence, substance use, interventions, protection, prevention, treatment

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Introduction:

Past research has significantly enhanced the understanding of healthcare professionals regarding the relationship between domestic violence and substance use, abuse, and dependence. Domestic violence is also significantly under-reported in most cases. This is primarily due to the prevailing societal and cultural norms that consider domestic violence to be a stigma. This newfound understanding presents an opportunity for enhancing the care provided to affected patients. Furthermore, these problems affect not only the patients themselves but also their partners, children, and elderly family members, impacting the overall physical and psychological well-being of the entire family unit. Filtering of problems is of utmost importance, and once they are identified, interventions like creating awareness, prevention and protection must address both domestic violence and substance abuse. This is imperative to minimize further victimization and mitigate the long-term health effects on future generations (Zilberman, M. L., & Blume, S. B.,2005).

Domestic violence frequently arises in relationships characterized by power imbalances, where one partner seeks to exert control, manipulate, or dominate members of the household. While it is acknowledged that women can also be perpetrators of intimate partner violence (IPV), domestic violence predominantly occurs when toxic masculinity or male privilege permeates the household. In such cases, perpetrators with this mindset believe in male dominance and assert that the survivor's role is to serve them. Noncompliance or disobedience is often met with punishment, which may take the form of nonphysical abuse (e.g., psychological, verbal, economic, or technological abuse) or threats. These actions serve to maintain control over the survivor. The occurrence of domestic violence tends to increase when perpetrators are struggling with substance or alcohol abuse, experiencing high levels of stress, or dealing with mental illness. If left unaddressed, nonphysical abuse can lead to physical violence, and escalate to graver consequences (Amber M. Smith-Clapham et al. 2023).

Victims of domestic violence often hold the belief that they are subservient to their husbands and male relatives, further contributing to the under-reporting. Despite the enforcement agencies established by law, their efforts have not been successful in encouraging and facilitating victims, particularly those from lower economic backgrounds, to report instances of domestic violence. Other reasons for domestic violence to go unreported include lack of financial independence, adherence to family values, concern for the well-being of children, emotional dependency on the perpetrator, and more. Enforcement of domestic violence law faces challenges due to police apathy and lack of adequate law enforcement personnel. This results in inadequate investigation and documentation. Also, addressing domestic violence within the healthcare system poses distinctive challenges and necessitates specialized approaches from healthcare providers.

The research has utilized a narrative approach, which is a conventional method of reviewing pertinent literature without following a formal systematic process of quantitative data collection and analysis (Cronin et al., 2008). The meta-synthesis technique was employed to combine, assess, and interpret the findings of various qualitative research studies. The entire research bases its findings on the theoretical, analytical and critical studies. To come up with relevant findings and to provide credible recommendations, past literature has been relied upon. Research papers presented in different conferences, seminars and various e-sources from the library of CHRIST (Deemed to be University) Pune, Lavasa campus have also been referred to.

The main goals of this study are to conduct a literature review of the existing available data on substance use leading to domestic violence, examine the key issues and limitations identified in the review, and offer recommendations for practice, policy, and future research. The objective is to contribute to the existing but limited body of literature addressing the relationship between substance abuse and domestic violence. The study highlights the importance of improving the institutional mechanisms and avenues available for reporting cases of domestic violence. The ultimate aim is prevention of domestic violence and protection of victims from severe injuries, and long-term physical and psychological health problems.

Literature Review:

Domestic violence is a widespread issue that carries significant implications for individual victims, their children, and the community at large. It leads to fatalities, severe injuries, and long-term physical and psychological health problems for victims, their children, the

perpetrators, and others affected. Unfortunately, numerous victims face the health consequences of enduring abusive relationships without being recognized or receiving appropriate treatment from healthcare professionals (Hamberger, Saunders & Honey, 1992). According to the research conducted by Suraj Jacob and Sreeparna Chattopadhyay (2019), most women do not report incidents of domestic violence or disclose their experiences to seek assistance. The enforcement of domestic violence law encounters challenges such as police apathy and insufficient law enforcement personnel, leading to inadequate investigation and documentation. Moreover, addressing domestic violence within the healthcare system presents unique difficulties that require healthcare providers to employ specialized approaches.

Correlation between use of drugs and acts of domestic violence:

The use or misuse of drugs is not inherently linked to engaging in domestic violence. Many individuals consume alcohol and various substances, including marijuana, depressants, anti-depressants, or anti-anxiety medications, without resorting to violence against their partners. While alcohol and drugs are sometimes used as justifications for engaging in battering behaviour, research suggests that the intricate pattern of coercive behaviours associated with domestic violence is not caused solely by the consumption of specific substances (Critchlow, 1986; Taylor & Leonard, 1983). Certain individuals exhibit violent behaviour regardless of their alcohol or drug consumption. For some addicts, violence may be intertwined with a lifestyle centred around obtaining and using drugs, encompassing all aspects, including family life. On the other hand, some addicts become so consumed by their addiction that they withdraw from relationships and refrain from exerting control or engaging in controlling behaviour towards their family members. However, there is inconclusive evidence regarding whether specific drugs such as steroids, PCP, speed, cocaine, or its derivative "crack" directly trigger violent behaviour through chemical reactions in the brain, or if they instead induce paranoia or psychosis, which may sometimes be accompanied by violent behaviours.

Although the mentioned research studies have identified significant correlations between aggression and the use of different substances, there is currently no conclusive evidence establishing a definitive cause-and-effect relationship. Various explanations exist for these strong correlations. Some argue that alcohol and drugs act as disinhibitory, giving individuals a sense of permission to engage in behaviours they would otherwise avoid. Others attribute the increased irritability or hostility experienced by some individuals while under the influence of drugs as potential factors contributing to violence. Additionally, some assert that the high

correlations observed merely stem from the co-occurrence of two prevalent social issues: domestic violence and substance abuse. Further research is necessary to investigate the causal relationship between these particular drugs and acts of domestic violence (Ganley, A. L. 1995).

Addressing substance abuse and domestic violence concurrently:

In numerous societies and cultures, women and children have been subjected to family violence, with the exacerbation of such violence being linked to the use of tobacco, alcohol, and illicit drugs. Substance abusers tend to have significantly higher rates of domestic violence compared to non-substance abusers, regardless of the status of women in a particular country. Surprisingly, education level and economic status do not appear to influence the occurrence of domestic violence. Therefore, it becomes imperative to explore other contributing factors that perpetuate such violence. It is crucial for governments, societies, and individuals with discerning minds to earnestly contemplate strategies to decrease domestic violence and restore harmony for the protection of women.

Substance use disorders are linked to a wide range of challenges, spanning medical, psychiatric, psychological, spiritual, economic, social, family, and legal spheres. This places a substantial burden on individuals grappling with substance use disorder, their families, and society at large. There is a need to examine the impact of substance use disorders on family and social problems, highlighting the importance of addressing these domains throughout the recovery process. The focuses on individual, group, and family interventions aim at tackling these issues for individuals with substance use disorders and their families (Daley, D. C. 2013).

A significant issue of concern is the co-occurrence of substance abuse and domestic violence, which is present in most of the cases. When these two problems intertwine within a household, breaking the cycle of abuse and addiction becomes even more challenging. Instead of dealing with just one issue, there are now two intertwined problems that require attention. Therefore, it is crucial to address both domestic violence and substance abuse/addiction concurrently, recognizing the interconnected nature of these issues.

Women's mental health issue:

Emerging research provides compelling evidence of a direct correlation between women's encounters with domestic violence and increased rates of depression, trauma, and self-harm. This has significant implications for practical interventions. It highlights the need for expanded services within the voluntary sector, addressing the shortcomings in the current model of

medical response, and fostering greater sensitivity across all sectors in recognizing and addressing women's emotional distress. (Potter, L. C., Morris, R., Hegarty, K., García-Moreno, C., & Feder, G. 2021) present compelling evidence that women who experience various forms of intimate partner violence (IPV) face significant physical and mental health challenges. However, those who experience multiple forms of IPV are particularly vulnerable and exhibit the most severe health consequences, especially in relation to suicidal thoughts and attempts. Therefore, it is crucial for healthcare providers and law enforcement officers to inquire about different types of violence when assessing IPV and to provide tailored support accordingly. This includes addressing the heightened risk of suicidal thoughts and behaviours among individuals who have experienced combined abuse within the past year. To effectively address violence in intimate relationships, research must encompass the measurement of physical, sexual, and psychological abuse, as well as explore the combinations of these forms. These findings can contribute to the development of more individualized interventions for women who are currently or have previously experienced partner violence, and inform the formulation of comprehensive partner violence prevention laws and policies.

A study which aimed to examine the occurrence and health effects of domestic violence among women in Karachi, Pakistan, employed confidential interviews with 150 women who were randomly chosen from healthcare facilities. The findings revealed that 34% of the participants reported experiencing physical abuse at some point in their lives, with 15% reporting physical abuse during pregnancy. Furthermore, 72% of women who had experienced physical abuse also reported symptoms of anxiety or depression. The study concluded that physical abuse was a significant predictor of anxiety and depression. The prevalence and the physical and mental health repercussions of domestic violence highlight a critical reproductive health issue in Pakistan (Fikree, F. F., & Bhatti, L. I. 1999). In a study on Violence-Related Coping, Help-Seeking and Health Care-Based Intervention Preferences among Perinatal Women in low-income communities in Mumbai, India, (Decker, M.R., Nair, S., Saggurti, N., Sabri, B., Jethva, M., Raj, A., Donta, B. and Silverman, J.G., 2013), it is estimated that 1 in 3 women face abuse at the hands of a partner. The World Health Organization reports that the prevalence of intimate partner violence among women in Bangladesh is approximately 50%, which is nearly twice the global average (Rainer Ebert 2022).

On interviewing women who had recently given birth, and mothers seeking immunization for their infants ages 6 months or younger, who had self-reported recent violence from husbands, it was found that fears and barriers to disclose abuse existed among the interviewees. The level

of awareness of formal support services related to violence were very low and hence informal help sources were most frequently sought. Interviewees endorsed crisis counselling and safety planning as most helpful.

This study directed provision for violence-related intervention services for perinatal women, along with strengthening the informal support system, for example, neighbours and family members. It also suggested exploring and facilitating access to formal services. Further, it stated that a community-participatory research is needed to develop and test interventions so as to protect women's health and well-being in this uniquely affected region.

Challenges posed during the COVID-19 pandemic:

While research and clinical attention have primarily focused on homicides and physical violence, it is crucial to also examine and address other forms of abuse, especially those that have seen an increase during the COVID-19 pandemic. It is important to gain an understanding of nonphysical abuse and be able to recognize its signs, as it can be linked to factors such as poverty, isolation, and eventually escalate to physical violence. These factors were exacerbated during the COVID-19 pandemic. Although most research on intimate partner violence (IPV) during the pandemic has centred around physical violence, such as hitting, choking, pushing, biting, and throwing objects at survivors, it is imperative to explore the broader spectrum of abuse and its impacts (Amber M. Smith-Clapham et al., 2023). Insufficient evidence exists to substantiate the notion that COVID-19 has caused a rise in domestic violence and substance abuse rates. The initial decline in reported cases of violence may not indicate an actual reduction in incidence but rather a limitation in accessibility for reporting. It appears that there has been a slight upswing in alcohol and tobacco misuse, particularly among regular users, but further studies are necessary to confirm these findings. The discrepancy between expert opinions expressed in articles and the actual published data could be attributed to the limited time elapsed since the onset of the crisis, the chronic exposure of psychiatric patients to stressful situations, and a potential increase in demand for psychiatric consultations.

It is essential for clinicians and trainees to recognize that domestic violence is a multifaceted problem that can manifest even without physical abuse, yet it still falls under the category of intimate partner violence (IPV). Such violence has the potential to escalate to life-threatening levels. Therefore, efforts for change should be implemented at the individual, community, and national levels to address the added challenges posed by the COVID-19 pandemic and to better

prepare for future disasters and pandemics. Additionally, prioritizing training on working with survivors of IPV is crucial for both current and future public health professionals.

Criminal implications arising out of interventions for substance abuse and domestic violence:

An article from a qualitative study that aimed to explore women's perspectives and experiences regarding the role of alcohol in their partners' violence towards them, emphasizes the importance of addressing alcohol's influence on men's violence towards women, as failing to do so jeopardizes women's safety (Galvani, S. 2006). While the women interviewed identified various factors that could potentially contribute to their partners' violent behaviour, such as the amount of alcohol consumed, they firmly believed that the ultimate responsibility for choosing to be violent and abusive rested with the men themselves. Furthermore, it is evident that both substance use and domestic violence organizations need to recognize and address the impact of the "other" issue (alcohol or domestic violence, depending on the organization's focus) to effectively support women, engage with perpetrators, and ensure that women are not subjected to further risks of partner violence associated with alcohol.

Criminological implications arise from different models of change utilized in drug treatment and domestic violence intervention. Various challenges are faced in reconciling these models within intervention settings where specialized services have been reduced. Additionally, the victims face difficulties because they must navigate the pressure to remain with perpetrators undergoing treatment, while also dealing with the risk of punishment if they seek protection from law enforcement and the courts. In primary care settings, it is prevalent for patients to experience domestic violence and substance abuse. Despite the severe physical and psychological consequences associated with these issues, they often go undetected (Gadd, D., Henderson, J., Radcliffe, P., Stephens-Lewis, D., Johnson, A., & Gilchrist, G. 2019).

Intervention therapies for substance abuse and domestic violence:

Traditionally, alcohol and substance use disorders were perceived as personal issues that could be best addressed by focusing solely on the diagnosed individual. However, as a response to multiple clinical trials that have demonstrated the effectiveness, and often superiority, of couple and family treatments for alcoholism and drug abuse, the emphasis on individual-centred treatment has gradually shifted. There is now a growing recognition of the vital roles that family members play in the development, continuation, and long-term trajectory of substance use and addictive behaviours. Consequently, clinicians are increasingly interested in comprehending

substance misuse from a systemic standpoint and exploring how interventions involving partners and families can be employed to address individuals' substance abuse (Klostermann, K., & O'Farrell, T. J. 2013).

The presence of well-informed and empathetic emergency department personnel can greatly contribute to the overall well-being of survivors seeking assistance for domestic violence and abuse, yielding long-term health benefits. While the physical manifestations of domestic violence and abuse are relatively straightforward to recognize and address, the emotional and psychological aspects can be more intricate and challenging for staff members to identify. This raises important considerations regarding the approaches that can be implemented within these fast-paced environments, especially when survivors may be hesitant to disclose their experiences (Hinsliff-Smith K, McGarry J. 2017).

Studies indicate that Behavioural Couples Therapy yields higher rates of abstinence and improved relationship dynamics compared to standard individual-focused treatments. Additionally, Behavioural Couples Therapy has been found to decrease social expenses, instances of domestic violence, and emotional issues among the children of couples undergoing therapy (O'Farrell, T. J., & Fals-Stewart, W. 2000).

In a study aimed to assess the effectiveness of a twelve-session cognitive-behavioural group therapy program for 85 alcohol-dependent males who had been arrested for domestic violence within the past year were identified. Of these participants, 78 were randomly assigned to either a cognitive-behavioural Substance Abuse Domestic Violence (SADV) group or a Twelve-Step Facilitation (TSF) group. The number of attended sessions did not significantly differ between the SADV and TSF groups. In terms of substance use, the SADV group reported a significantly lower number of alcohol-use days (e.g., 90 days of abstinence over the 12-week treatment period) compared to the TSF group. Regarding physical violence, participants in the SADV condition showed a trend toward greater reduction in the frequency of violent episodes over time compared to those in the TSF group. These findings suggest that the SADV group therapy approach holds promise for alcohol-dependent males with a history of IPV seeking substance abuse treatment (Easton, C. J., Mandel, D. L., Hunkele, K. A., Nich, C., Rounsaville, B. J., & Carroll, K. M. 2007).

Motivational enhancement therapy, extensively researched in the realm of substance abuse, presents a promising strategy for enhancing self-initiated treatment seeking, program adherence, treatment compliance, and post-treatment results for men who engage in domestic violence and substance abuse. Assessments of programs designed for men who engage in

domestic violence have shown limited but positive effects. However, there is an urgent need to develop evidence-based methods that can effectively motivate more men to seek treatment at an earlier stage and remain committed to the intervention process. Motivational strategies have demonstrated success with hard-to-reach populations, and they hold promise for achieving similar outcomes with men who engage in domestic violence and substance abuse.

A study adapted and evaluated a brief Motivational Enhancement Therapy approach for men who engage in domestic violence, abuse substances, and who had not been involved in legal actions related to domestic abuse or enrolled in a Batterer Intervention Program. This approach offered several potential benefits. Most importantly, if participation in the Motivational Enhancement Therapy catalyst leads to an increased readiness to change, men may be more inclined to voluntarily seek treatment at an earlier stage. This early voluntary engagement can help prevent further instances of injury and abuse that would otherwise continue until arrest and involvement in the criminal justice system. Additionally, this approach may result in increased client involvement in program activities, higher completion rates, and improved intervention effectiveness in terms of reducing or ceasing violent behaviours and abusive substance use. The results of our ongoing study and previous research will determine whether this approach proves to be a fruitful endeavour for enhancing interventions with substance-abusing men who engage in domestic violence (Roffman, R. A., Edleson, J. L., Neighbors, C., Mbilinyi, L., & Walker, D. 2008).

In a study focused on empowering women through intervention (Krishnan, S., Subbiah, K., Khanum, S., Chandra, P.S. and Padian, N.S., 2012), it is emphasized that additional research is required to investigate the involvement of primary care providers and community health workers in both primary and secondary prevention of domestic violence. It is crucial to develop strategies while considering the perspectives of women regarding violence, their preferences for social support and mediation, as well as their concerns related to external mediation. Given the diverse health issues associated with domestic violence, a comprehensive approach is necessary to address this complex problem.

Effective interventions to address chemical addiction and domestic violence:

The interventions comprise several key elements, including a thorough assessment, cognitive and behavioural strategies, and the development of coping skills. These components are delivered through individual sessions as well as support groups. The primary objectives of the intervention are to address the offender's sexist and positive attitudes towards violence,

increase their awareness of the consequences of their violent behaviour, and facilitate their understanding of the underlying causes of violence. Additionally, the intervention aims to equip the offender with the necessary coping skills and social support to effectively manage everyday frustrations and stress. The ultimate goal is to prevent future incidents of emotional, physical, or sexual abuse by promoting peaceful conflict resolution between the offender and their intimate partner and other family members (CARRILLO, R., & ZARZA, M. J. 2008).

Based on clinical experience, it is cautioned against attributing domestic violence solely to alcoholism, drug addiction, or substance abuse. Adopting such a perspective may lead to interventions that solely focus on addressing the chemical use while overlooking the issue of domestic violence. For individuals struggling with addiction to alcohol and drugs, overcoming domestic violence behaviours proves challenging without addressing the addictions as well. However, it is insufficient to solely treat the chemically addicted perpetrator for either addiction or domestic violence. Effective interventions necessitate one of the following approaches:

- (a) parallel interventions addressing both domestic violence and substance dependence/abuse,
- (b) substance abuse treatment consolidated with a follow-up program targeting domestic violence, or
- (c) an mandatory substance abuse commitment involving rehabilitation that addresses both the addiction and the domestic violence.

The presence of alcohol or drugs is highly relevant to the assessment of lethality. The use of, or addiction to substances may increase the potential lethality of domestic violence and must be carefully considered when addressing the safety of the victim, the children, and the community (Browne, 1987). Healthcare providers can contribute by taking actions that enhance the safety of the victim and children, empowering victims to make decisions about their own lives, and holding perpetrators accountable for their violent actions, shifting the responsibility away from the victims. Recognizing domestic violence as a problem rooted in the exertion of abusive control within intimate relationships, leading to devastating health consequences, is the initial step towards implementing effective interventions.

Legal interventions including the role of the police and protection officers:

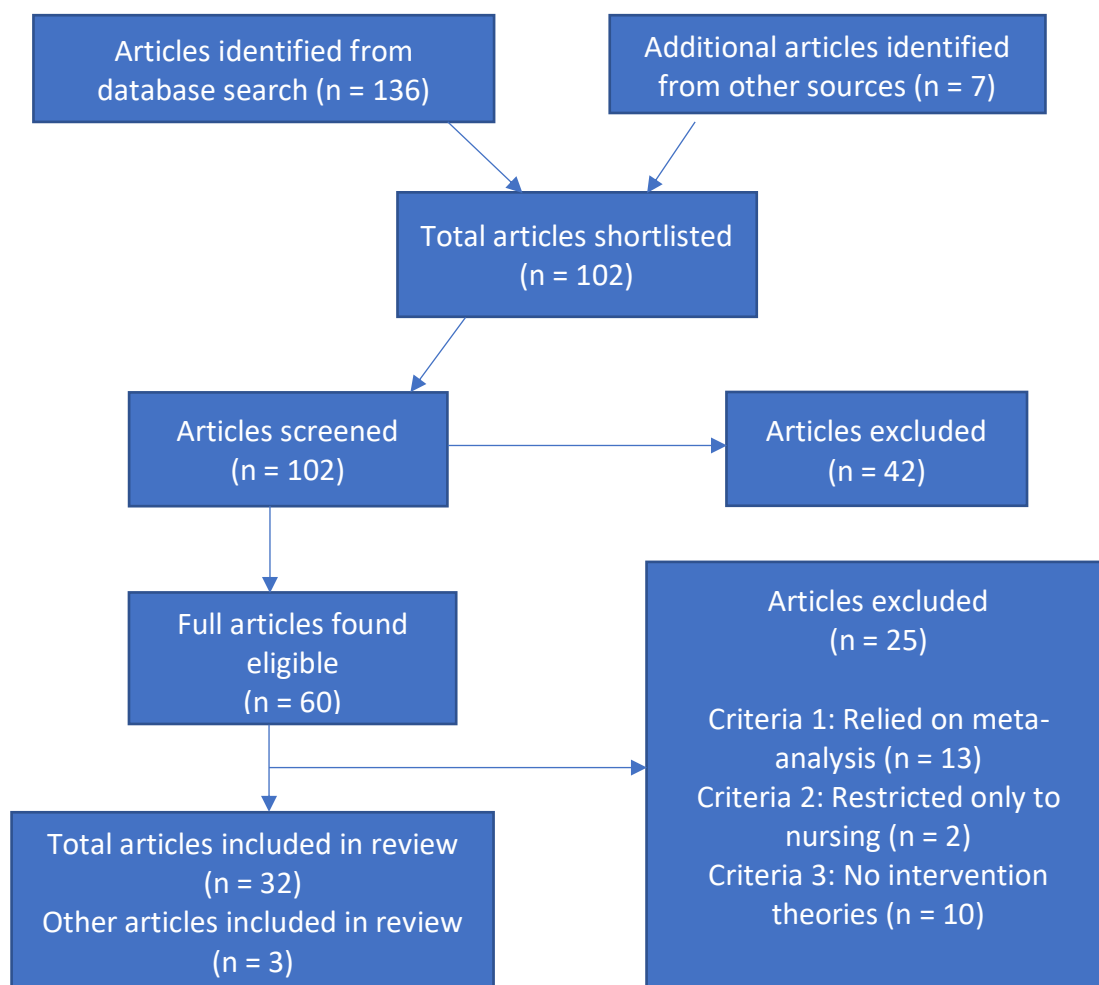
To enhance the effective implementation of the legal provisions for prevention and protection of women from domestic violence , it is essential to increase the number of dedicated law enforcement personnel and provide them with comprehensive training and sensitization. This

would be a positive step in addressing the issue. Additionally, the governments should undertake awareness campaigns and organize programs for creating awareness of programs for prevention and protection of domestic violence. They should also offer training to implementing agencies and establish protocols to ensure coordinated services and effective communication among healthcare professionals, law enforcement officers, affected individuals, and their families/relatives. Allocating sufficient budgetary resources for shelter homes, medical facilities, legal aid, counselling services, and victim protection programs is crucial. This approach would monitor the efficient implementation of the laws and contribute towards prevention of and protection of women from domestic violence, thereby providing a better future for our women around the globe.

Method:

This systematic literature review follows a narrative approach, which is a traditional method of reviewing relevant literature on a specific topic without employing a formal systematic process of qualitative data acquisition and analysis (Cronin et al., 2008). Meta-synthesis technique has been used to integrate, evaluate and interpret the findings of multiple qualitative research studies. To identify relevant programs, a comprehensive search was conducted using various methods, including web searches, evaluation of academic publications and reports, and utilizing search engines like Google Scholar and MEDLINE. Specific keywords related to “domestic violence”, “substance use”, “interventions”, “protection”, “prevention”, and “treatment” were employed to ensure a comprehensive exploration of the topic. Additional research was conducted on specialized websites, and bibliographic references of selected articles were examined. The selection criteria for articles included a focus on substance use leading to domestic violence, qualitative data obtained through structured research methodologies, the impact of domestic violence on women's mental health, role of healthcare workers and law enforcement agencies, and intervention policies and therapies for perpetrators. Out of 143 articles initially identified, only 35 met the selection criteria (Figure 1). The primary objectives of this study were to review existing literature, identify core issues and limitations from the review, and provide recommendations for practice, policy, and future research. The aim was to contribute to the currently limited literature on the connection between substance abuse and domestic violence.

Figure 1. Articles for systematic reviews and meta-analyses flow-chart of the data



Discussion:

Despite the growing focus on community-based interventions, there is a scarcity of programs that specifically incorporate community development and address the needs of substance abuse and domestic violence. Sheridan and Taylor (1993) have put forward recommendations for the content areas that should be included in a healthcare protocol addressing domestic violence. These recommendations encompass various aspects, including the definition of domestic violence that encompasses relationships of all sexual orientations, dispelling myths surrounding domestic violence, providing a list of common indicators of abuse, employing culturally sensitive assessment questions, offering a legal overview, guidance on medical record documentation, forensic evidence collection, advocacy with police and court systems, addressing safety concerns for both patients and staff, providing information about community agencies for referral, and including a selected bibliography.

Specifically, when assessing women in relation to domestic violence, five areas should be given particular attention: suicidal ideation, sexual abuse/rape, risk of homicide, substance abuse, and

abuse of any children. These recommendations serve as a valuable starting point for organizations considering the implementation of guidelines. The guidelines should encompass the following elements:

- A clear definition of domestic violence
- Background information and relevant facts
- Identification of features commonly associated with domestic violence
- Assessment questions to screen for domestic violence
- Key aspects to consider during history-taking
- An overview of the legal aspects, including the role of the police
- Review of safety concerns for both women and staff members
- Coordination between healthcare professionals and law enforcement agencies

There is a widespread agreement that empowering women by affirming their right to be free from abuse and providing information about available support services is more appropriate than health professionals taking control of the situation and making referrals on behalf of the women. In the context of domestic violence interventions in accident and emergency departments, it is often recommended that coordination is carried out by a clinical nurse specialist. This approach helps prevent untrained staff from inadvertently exacerbating the situation. However, it is important to note that this may not be a feasible solution for general practice settings. According to guidelines from the American Medical Association and other sources, physicians are advised to routinely ask women direct and specific questions about abuse. This recommendation implies universal screening and stems from the recognition that women at risk may not be identified through consideration of other factors alone.

Conclusion:

Domestic violence represents a significant public health crisis. Merely enacting legislation without ensuring its effective implementation is a root cause of the increasing trend of domestic violence. Healthcare providers have a crucial role to play in a collaborative community approach to addressing substance use leading to domestic violence. The law enforcement agencies and healthcare professionals need to work together to address the issue of reporting and scaling down domestic violence. Governments should launch awareness campaigns and initiatives to educate the public about programs aimed at preventing and protecting domestic violence. They should also provide training to organizations responsible for implementing these programs and establish protocols to ensure effective coordination among healthcare

professionals, law enforcement agencies, survivors, and their families. Adequate funding should be allocated for shelter homes, medical facilities, legal assistance, counselling services, and programs that protect victims. By implementing these measures, the effective enforcement of domestic violence laws can be ensured, leading to the prevention and protection of women from domestic violence and creating a brighter future for women worldwide. Urgent action is required to address this issue with utmost priority. Only then can we work towards achieving the Sustainable Development Agenda's goals of “Good Health and Well-being” and “Gender equality” set by the United Nations with a deadline of 2030 for the empowerment of all women and girls.

Limitations and Directions for Future Research:

It is important to acknowledge and consider the limitations of our review. One fundamental limitation is related to the database used for the search, which may have influenced the comprehensiveness of the literature reviewed. It is worth noting that the limited availability of published data in this field and the relatively small number of articles selected may pose some challenges. There is limited evidence supporting the effectiveness of interventions targeting male perpetrators of domestic violence who also engage in substance use. Future trials should take into account the interplay between domestic violence and substance use in intervention design, consider the duration of the intervention, and carefully select the type and timing of outcome measures (Stephens-Lewis, D., Johnson, A., Huntley, A., Gilchrist, E., McMurrin, M., Henderson, J., Feder, G., Howard, L. M., & Gilchrist, G. 2021). Nevertheless, exploring this area further is a valuable direction for future research.

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