INDEX

AAM see attention-allocation model
AAR see Alcohol Arrest Referral
ACT see assertive community treatment
acute intoxication
late adolescence and early adulthood, 92–93
self-monitoring for errors, 93
ADHD see attention deficit hyperactivity
disorder
age differences
aggression and violence, 65–66
alcohol use and abuse, 68
aggression and violence
see also alcohol-related aggression
age differences, 65–66
evolutionary approaches, 64–67
gender differences, 65
life-history theory, 66
social class differences, 65–66
Alcohol Arrest Referral (AAR), 187–204
better outcomes, 197–200
client characteristics, 189–192, 197–198
clients, 191–192
impact on offending, 192–197
methodology of the research, 188–189
overview, 189–192
referral routes, 189–190
reoffending rates, 192–199
throughput, 190
alcohol dependence
Brazil, 29–30
treatment, 29–30
alcohol module
intellectual disability (ID), 295–297
violence programme, 295–297
alcohol myopia model (AMM)
alcohol-related aggression, 42–54
attention-allocation model (AAM), 40–42
clinical interventions, 53–54
decreasing aggression, 42–43
directing behavior, 43
distraction, 42–50
future research, 54
public health interventions, 53
sexual aggression, 48
violence-inhibiting and violence-
promoting stimuli, 43–48
alcohol outcome expectancies, treatment,
215–217
alcohol policy, 12–14
alcohol-related aggression
alcohol myopia model (AMM), 42–54
Alcoholics Anonymous, 54
anger reduction, 49
attention-allocation model (AAM), 40–42
biosocial model, 41
clinical interventions, 53–54
cognitive models, 39–48
cognitive rumination, 49
fight alarm, 53
indirect-cause model, 39
inhibition conflict, 40–41
inhibitory conflict, 39–40
instigative cues, 39–40
mirrors, 51–52
negative affect, 49

© 2013 John Wiley & Sons, Ltd. Published 2013 by John Wiley & Sons, Ltd.
alcohol-related aggression (cont’d)
practical implications for how to reduce, 50–54
public health interventions, 50–53
reducing, 50–54
self-awareness, 49
sexual aggression, 48
television, 52
theories, 38–43
alcohol-related violence
antisocial personality disorder (ASPD), 83–84
behaviour, 160–161
conditional adaptation, 71
crime, 105–123
cultural evolution, 72–73
developmental risk factors, 81–102
disclosure, 159–160
evolutionary adaptation, 69–70
evolutionary approaches, 68–73
evolutionary mismatch, 71–72
gender issues, 84
identifying, 158–161
impulsiveness, 82
injury, 160
interventions, 210–211
legislative strategies, 73
management, 73–75
social-structural conditions, 74–75
targets for reducing, 211–220
triggers, 94–95, 140–141
alcohol use and abuse
age differences, 68
evolutionary approaches, 67–68
gender differences, 68
intellectual disability (ID), 288–292
social class differences, 68
alcohol-violence association, 4–7, 22–25
Brazil, 25
cultural conditions, 24–25
economic conditions, 24–25
heavy drinking, 6–7
personality disorders, 23, 24, 95–96
situational conditions, 24–25
social conditions, 24–25
social disadvantage, 23
Alcoholics Anonymous
alcohol-related aggression, 54
treatment, 30
ambivalence
domestic abuse, 161–162
families, 161–162
AMM see alcohol myopia model
anger reduction, alcohol-related aggression, 49
antisocial personality disorder (ASPD)
alcohol-related violence, 83–84
developmental risk factors, 83–84
dual diagnosis, 256–257, 259
intimate partner violence (IPV), 179–180
anxiety disorder, dual diagnosis, 253–255
ASPD see antisocial personality disorder
assertive community treatment (ACT)
dual diagnosis, 262–264
integrated dual diagnosis treatment (IDDT) model, 262–264
association, alcohol-violence see alcohol-violence association
attention-allocation model (AAM)
see also alcohol myopia model (AMM)
alcohol-related aggression, 40–42
attention deficit hyperactivity disorder (ADHD), early childhood
externalising disorders, 84–86
Australia
intoxication as a ‘defence,’ 114–115, 116–117
sentencing, crime, 118–119
barrooms, 125–150
beverage type, 133
crowding, 127–128
entertainment, 133–134
evaluations, 141–142
food, 133
glass ban, 128, 144–145
interventions, 142–144
management, 132–136
music, 134
patron type, 129–132
prices of alcohol, 132–133, 138
risk factors, 127, 136–141
risk observation, 136–141
safer environments, 127–129
sales hours, 132
Scotland, 136–141, 144–145
security staff, 136
server practice, 132–136
training, 134–136
violence prevention, 125–150
violence prevention observed, 136–141
violence research, 126–136
violence research, Canada, 126
behavioral couples therapy (BCT), intimate partner violence (IPV), 175–176, 180–181
behaviour
alcohol-related violence, 160–161
domestic abuse, 160–161
beverage type, barrooms, 133
binge drinking, crime, 107–108
biomarkers, driving while impaired (DWI), 308–309
biosocial model, alcohol-related aggression, 41
Brazil
alcohol dependence, 29–30
alcohol-violence association, 25
drunkenness classification, 26–29
epidemiology, 22
legal aspects, 26–29
domestic abuse, 156

Canada
barroom violence research, 126
intoxication as a ‘defence,’ 114–115
Cardiff
policing strategies, 111–112
Tackling Alcohol-Related Street Crime (TASC), 111–112
case study
Dundee Provocation Inventory (DPI), 297–299
intellectual disability (ID), 297–299
CBT see cognitive-behavioral therapy
CD see conduct disorder
child protection, domestic abuse, 156–158
children see early childhood externalising disorders; families; late childhood and early adolescence
classifying drunkenness, 26–29
clinical interventions
alcohol myopia model (AMM), 53–54
alcohol-related aggression, 53–54
cognitive-behavioral therapy (CBT)
driving while impaired (DWI), 313–314
dual diagnosis, 267–268
intimate partner violence (IPV), 176–177
cognitive impairment, treatment, 217–218
cognitive models
alcohol myopia model (AMM), 42–54
alcohol-related aggression, 39–48
attention-allocation model (AAM), 40–42
biosocial model, 41
inhibition conflict, 40–41
inhibitory cues, 39–40
instigative cues, 39–40
cognitive rumination, alcohol-related aggression, 49
community settings, intellectual disability (ID), 296
community treatment, 205–225
review of research, 206–211
comorbid substance use disorders (SUD), dual diagnosis, 256–257
conditional adaptation, alcohol-related violence, 71
conduct disorder (CD)
eyearly childhood externalising disorders, 83, 84–86
late childhood and early adolescence, 88–89
contexts, 7–9
drinking context, late childhood and early adolescence, 93–94
Control of Violence for Angry Impulsive Drinkers (COVAID), treatment, 210–211
costs, alcohol-related violence, 337
couple-based psychotherapies, intimate partner violence (IPV), 175–177
COVAID see Control of Violence for Angry Impulsive Drinkers
crime see also legislative strategies; policing strategies
alcohol and, 107–108
alcohol-related violence, 105–123
binge drinking, 107–108
intoxication as a ‘defence,’ 112–117
limits of the law, 120–121
policing strategies, 108–112
sentencing, 118–120
criminal justice setting, intervention points, dual diagnosis, 259–260
criminal justice system, impact, dual diagnosis, 250–251
crowding, barrooms, 127–128
cultural conditions, alcohol-violence association, 24–25
cultural evolution, alcohol-related violence, 72–73
cultures
drinking, 9
evolutionary approaches, 63–64
human behaviour, 63–64
dangerous intoxication, England and Wales, 117
defining the problem, 3–4
developmental risk factors
alcohol-related violence, 81–102
antisocial personality disorder (ASPD), 83–84
clinical implications, 96–97
early childhood externalising disorders, 84–86
gender issues, 84
late adolescence and early adulthood, 91–96
developmental risk factors (cont’d)
late childhood and early adolescence, 86–91
disclosure
alcohol-related violence, 159–160
domestic abuse, 159–160
disinhibition model, alcohol-related aggression, 38–39
distraction
alcohol myopia model (AMM), 42–50
alcohol-related aggression, 42–50
public health interventions, 50–53
reducing aggression, 48–50
diversion programs, dual diagnosis, 264–266
domestic abuse, 153–170
see also families
ambivalence, 161–162
behaviour, 160–161
British Crime Survey, 156
child protection, 156–158
conceptual issues, 155–156
definitional issues, 155–156
disclosure, 159–160
injury, 160
perpetrators, engaging, 161–164
perpetrators, working with, 164–167
power and protection, 163–164
victims, engaging, 161–164
DPI see Dundee Provocation Inventory
drinking context
late childhood and early adolescence, 93–94
treatment, 218
driving while impaired (DWI), 303–334
alcohol abuse, 308–309
assessment of offenders, 307–312
biomarkers, 308–309
brief interventions, 314–317
cognitive-behavioral therapy (CBT), 313–314
epidemiology, 308–309
future directions, 311–312, 321–323
interlock programs, 320–321
MacAndrew subscale (MAC), 309–311
motivational interviewing (MI), 315–317
multidimensional assessment, 309–311
pharmacological agents, 319
preventing alcohol-related convictions (PARC) program, 317
psychosocial remediation approaches, 313–319
remedial programmes, 312–321
remediation matching, 317–319
research, 306–307
selective prevention, 306
substance use, 304–305
technology-assisted remediation approaches, 319–321
universal prevention, 306
drugs see pharmacological agents;
substance use
drunkenness classification
Brazil, 26–29
legal aspects, 26–29
dual diagnosis
antisocial personality disorder (ASPD), 256–257, 259
anxiety disorder, 253–255
assertive community treatment (ACT), 262–264
challenges, 251–252
cognitive-behavioral therapy (CBT), 267–268
comorbid substance use disorders (SUD), 256–257
definitions, 252–253
diversion programs, 264–266
employment, supported, 269–270
forensic assertive community treatment (FACT), 262–264
housing, transitional, 269–270
impact, criminal justice system, 250–251
integrated dual diagnosis treatment (IDDT) model, 260–264
intervention points, criminal justice setting, 259–260
mood disorder, 253–255
organizational factors, 270–271
RNR model, 261–262
schizophrenia spectrum disorder cluster, 255–257
specialty courts, 264–266
structural factors, 270–271
substance use disorder, 253–257
subtypes, 253–257
supported employment, 269–270
terms, 252–253
therapeutic community (TC), 266–267
transitional housing, 269–270
treatment, 249–283
treatment frameworks, 260–262
treatment needs, 257–259
treatment problems, 257–259
treatments, promising, 262–270
Duluth models, intimate partner violence (IPV), 172–173
Dundee Provocation Inventory (DPI)
case study, 297–299
intellectual disability (ID), 297–299
DWI see driving while impaired
early childhood externalising disorders, 84–86
attention deficit hyperactivity disorder (ADHD), 84–86
conduct disorder (CD), 83, 84–86
developmental risk factors, 84–86
oppositional defiant disorder (ODD), 84–86
economic conditions, alcohol-violence association, 24–25
empathy, alcohol-related aggression, 49–50
employment, supported, dual diagnosis, 269–270
England and Wales
dangerous intoxication, 117
intoxicated harm, 116–117
intoxication as a ‘defence,’ 115–116, 117
entertainment, barrooms, 133–134
epidemiology, 20–22
Brazil, 22
driving while impaired (DWI), 308–309
morbidity, 22
mortality, 22
religion, 21–22
evolutionary adaptation, alcohol-related violence, 69–70
evolutionary approaches
aggression and violence, 64–67
alcohol-related violence, 68–73
alcohol use and abuse, 67–68
conditional adaptation, 71
cultural evolution, 72–73
cultures, 63–64
evolutionary adaptation, 69–70
evolutionary mismatch, 71–72
human behaviour, 62–64
evolutionary mismatch, alcohol-related violence, 71–72
expectancy model, alcohol-related aggression, 38–39
FACT see forensic assertive community treatment
families, 153–170
see also domestic abuse
ambivalence, 161–162
child protection, domestic abuse, 156–158
children, working with, 164
engaging, 161–164
extent of alcohol-related violence, 153–155
identifying alcohol-related violence, 158–161
nature of alcohol-related violence, 153–155
non-violence-related work, 165
perpetrators, engaging, 161–164
perpetrators, working with, 164–167
power and protection, 163–164
female-to-male violence, intimate partner violence (IPV), 179
fight alarm
alcohol-related aggression, 53
public health interventions, 53
food, barrooms, 133
forensic assertive community treatment (FACT), dual diagnosis, 262–264
gender differences
aggression and violence, 65
alcohol use and abuse, 68
gender issues, alcohol-related violence, 84
Germany, intoxication as a ‘defence,’ 116
glass ban, barrooms, 128, 144–145
heavy drinking, alcohol-violence association, 6–7
homicide rates, 10–12, 21
hours, sales see sales hours
housing, transitional, dual diagnosis, 269–270
Howard’s quadripartite model of violence, 82
human behaviour
cultures, 63–64
evolutionary approaches, 62–64
ID see intellectual disability
IDDT model see integrated dual diagnosis treatment (IDDT) model
identifying alcohol-related violence, families, 158–161
impulsiveness
alcohol-related violence, 82
IQ, 89–90
late childhood and early adolescence, 86–89
problem solving, 89–90
rash impulsiveness, 88–89
sensation seeking, 87–88
social impact, 90–91
UPPS scales, 86–87
indirect-cause model, alcohol-related aggression, 39
inhibition conflict, alcohol-related aggression, 40–41
inhibitory cues, alcohol-related aggression, 39–40

injury
alcohol-related violence, 160
domestic abuse, 160

instigative cues, alcohol-related aggression, 39–40

integrated dual diagnosis treatment (IDDT) model
assertive community treatment (ACT), 262–264
dual diagnosis, 260–264

intellectual disability (ID), 285–302
alcohol module, 295–297
alcohol use and abuse, 288–292
alcohol use prevalence, 286–287
case study, 297–299
community settings, 296
Dundee Provocation Inventory (DPI), 297–299
education, 292
motivational interviewing (MI), 293–294
relapse prevention (RP), 294–295
risk factors, 287–288
substance use, 288–292
treatment, 292–295
violence programme, 295–297
interlock programs, driving while impaired (DWI), 320–321

intimate partner violence (IPV), 171–185
alcohol consumption, 173–174
antisocial personality disorder (ASPD), 179–180
behavioral couples therapy (BCT), 175–176, 180–181
clinical implications, 180–182
cognitive-behavioral therapy (CBT), 176–177
couple-based psychotherapies, 175–176
Duluth models, 172–173
female-to-male violence, 179
future directions, 180–182
pharmacological agents, 180
proximal effects model, 174
Substance Abuse–Domestic Violence (SADV) Behavioral Therapy, 177–179
substance use, 174
treatment, 174–179

intoxicated harm, England and Wales, 116–117

intoxication as a ‘defence’
Australia, 114–115, 116–117
Canada, 114–115
crime, 112–117
dangerous intoxication, 117
England and Wales, 115–116, 117

Germany, 116
intoxicated harm, 116–117
New Zealand, 114–115
Scotland, 113–114
United States, 114

IPV see intimate partner violence
IQ
impulsiveness, 89–90
problem solving, 89–90

late adolescence and early adulthood
acute intoxication, 92–93
developmental risk factors, 91–96

late childhood and early adolescence
can conduct disorder (CD), 88–89
developmental risk factors, 86–91
drinking context, 93–94
impulsiveness, 86–89
personality disorders, 95–96
problem solving, 89–90
rash impulsiveness, 88–89
reward sensitivity, 88–89
triggers, alcohol-related violence, 94–95

legal aspects
see also crime; policing strategies
Brazil, 26–29
drunkenness classification, 26–29
limits of the law, 120–121

legislative strategies
see also policing strategies
alcohol-related violence, 73

life-history theory, aggression and violence, 66

MacAndrew subscale (MAC), driving while impaired (DWI), 309–311
MI see motivational interviewing
mirrors
alcohol-related aggression, 51–52
public health interventions, 51–52

mitigating circumstances, crime
sentencing, 118–120

mood disorder, dual diagnosis, 253–255

mortality, epidemiology, 22

motivational interviewing (MI)
driving while impaired (DWI), 315–317
intellectual disability (ID), 293–294
treatment, 207–208, 293–294
music, barrooms, 134

negative affect, alcohol-related aggression, 49
New Zealand, intoxication as a ‘defence,’ 114–115
observing
risk, barrooms, 136–141
violence prevention, barrooms, 136–141
oppositional defiant disorder (ODD), early childhood externalising disorders, 84–86

PARC see preventing alcohol-related convictions program
patron type, barrooms, 129–132
perpetrators, engaging
domestic abuse, 161–164
families, 161–164
perpetrators, working with
domestic abuse, 164–167
families, 164–167
personality disorders
alcohol-violence association, 23, 24, 95–96
late childhood and early adolescence, 95–96
personality traits, 8
pharmacological agents
driving while impaired (DWI), 319
intimate partner violence (IPV), 180
treatment, 213–214
policing strategies, 108–112
see also crime; legislative strategies
Cardiff, 111–112
problem-oriented policing, 110–112
Tackling Alcohol-Related Street Crime (TASC), 111–112
zero-tolerance policing, 109–110
policy, alcohol see alcohol policy
power and protection
domestic abuse, 163–164
families, 163–164
practical implications for how to reduce alcohol-related aggression, 50–54
preordained drunkenness, 25
prevalence, alcohol consumption see epidemiology
preventing alcohol-related convictions (PARC) program, driving while impaired (DWI), 317
prices of alcohol, 12–14
barrooms, 132–133, 138
prison treatment, 205–225
review of research, 206–211
problem-oriented policing, 110–112
problem solving
impulsiveness, 89–90
IQ, 89–90
late childhood and early adolescence, 89–90
provocations, treatment, 218–219
proximal effects model
intimate partner violence (IPV), 174
substance use, 174
psychosocial remediation approaches, driving while impaired (DWI), 313–319
public health interventions
alcohol myopia model (AMM), 53
alcohol-related aggression, 50–53
distraction, 50–53
fight alarm, 53
mirrors, 51–52
television, 52
public health perspective, 10–12
homicide rates, 10–12
rash impulsiveness, late childhood and early adolescence, 88–89
recidivism risk factors, sexual aggression, 233–237
relapse prevention (RP), intellectual disability (ID), 294–295
religion, epidemiology, 21–22
remedial programmes, driving while impaired (DWI), 312–321
remediation matching, driving while impaired (DWI), 317–319
research
driving while impaired (DWI), 306–307
suggestions, 14, 54
violence research, barrooms, 126–136
reward sensitivity, late childhood and early adolescence, 88–89
risk factors
see also developmental risk factors
barrooms, 136–141
intellectual disability (ID), 287–288
recidivism, 233–237
sexual aggression, 233–237
risk observation, barrooms, 136–141
RNR model, dual diagnosis, 261–262
RP see relapse prevention
SADV see Substance Abuse–Domestic Violence Behavioral Therapy
sales hours, 12–14
barrooms, 132
schizophrenia spectrum disorder cluster, dual diagnosis, 255–257
Scotland
barrooms glass ban, 144–145
barrooms risk observation, 136–141
barrooms violence prevention, 136–141
intoxication as a ‘defence,’ 113–114
security staff, barrooms, 136
self-awareness, alcohol-related aggression, 49
self-monitoring for errors, acute intoxication, 93
sensation seeking, impulsiveness, 87–88
sentencing, crime, 118–120
  Australia, 118–119
  mitigating circumstances, 118–120
sex differences see gender differences
sexual aggression
  alcohol abuse histories, 229–232
  alcohol myopia model (AMM), 48
  alcohol-related aggression, 48
  alcohol-related pathways, 239–240
  alcohol use in treatment, 240–244
  extent of alcohol use, 229–233
  recidivism risk factors, 233–237
  risk factors, 233–237
  role of alcohol, 237–240
  treatment, 227–247
situational conditions, alcohol-violence association, 24–25
social class differences
  aggression and violence, 65–66
  alcohol use and abuse, 68
social conditions, alcohol-violence association, 24–25
social disadvantage, alcohol-violence association, 23
social impact, impulsiveness, 90–91
social-structural conditions, alcohol-related violence, 74–75
specialty courts, dual diagnosis, 264–266
Substance Abuse–Domestic Violence (SADV) Behavioral Therapy, intimate partner violence (IPV), 177–179
substance use
  driving while impaired (DWI), 304–305
  intellectual disability (ID), 288–292
  proximal effects model, 174
  substance use disorder, dual diagnosis, 253–257
SUD see comorbid substance use disorders
suicide rates, 21
supported employment, dual diagnosis, 269–270
Tackling Alcohol-Related Street Crime (TASC), policing strategies, 111–112
  targets for reducing alcohol-related violence, 211–220
TASC see Tackling Alcohol-Related Street Crime
TC see therapeutic community
technology-assisted remediation approaches, driving while impaired (DWI), 319–321
television
  alcohol-related aggression, 52
  public health interventions, 52
therapeutic community (TC), dual diagnosis, 266–267
traffic accidents rates, 21
training, barrooms, 134–136
transitional housing, dual diagnosis, 269–270
treatment
  alcohol dependence, 29–30
  alcohol outcome expectancies, 215–217
  alcohol-related violence interventions, 210–211
  alcohol use in treatment, 240–244
  Alcoholics Anonymous, 30
  cognitive impairment, 217–218
  community, 205–225
  Control of Violence for Angry Impulsive Drinkers (COVAID), 210–211
drinking, 212–213
drinking context, 218
dual diagnosis, 249–283
  intellectual disability (ID), 292–295
  intimate partner violence (IPV), 174–179
  motivational interviewing (MI), 207–208, 293–294
  pharmacological agents, 213–214
  prison, 205–225
  provocations, 218–219
  services to reduce alcohol-related violence, 220
  sexual aggression, 227–247
  targets for reducing alcohol-related violence, 211–220
treatment frameworks, dual diagnosis, 260–262
  treatment goals, 214–215
  women offenders, 209–210
  young offenders, 208–209
treatment problems, dual diagnosis, 257–259
  triggers, alcohol-related violence, 94–95, 140–141
United States, intoxication as a ‘defence,’ 114
UPPS scales, impulsiveness, 86–87

victims, engaging
domestic abuse, 161–164
families, 161–164

violence-inhibiting and violence-promoting stimuli, alcohol myopia model (AMM), 43–48

violence prevention, barrooms, 125–150
violence prevention observed, barrooms, 136–141

violence programme
alcohol module, 295–297
intellectual disability (ID), 295–297
violence research, barrooms, 126–136

women offenders, treatment, 209–210
world estimate, alcohol consumption, 20–22

young offenders, treatment, 208–209
zero-tolerance policing, 109–110