

INTERNATIONAL CENTER FOR ALCOHOL POLICIES

**GUIDANCE FOR FIRST RESPONDERS IN VIOLENT SITUATIONS
INVOLVING ALCOHOL: AN ANNOTATED BIBLIOGRAPHY
[IN PROGRESS]**

JULY 2007



**GUIDANCE FOR FIRST RESPONDERS IN VIOLENT SITUATIONS
INVOLVING ALCOHOL: AN ANNOTATED BIBLIOGRAPHY
[IN PROGRESS]**

TABLE OF CONTENTS

INTRODUCTION	1
I. GUIDANCE FOR HEALTH & HUMANITARIAN SECTORS	2
1.1 Family Violence Prevention Fund.....	2
1.1.1. <i>National Consensus Guidelines: On Identifying and Responding to Domestic Violence Victimization in Health Care Settings</i>	2
1.2 Illinois Domestic Violence-Substance Abuse Interdisciplinary Task Force	2
1.2.1. <i>Safety and Sobriety: Best Practices in Domestic Violence and Substance Abuse</i>	2
1.3 Inter-Agency Standing Committee.....	3
1.3.1. <i>Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Prevention of and Response to Sexual Violence in Emergencies</i>	3
1.4 International Labour Organization, International Council of Nurses, the World Health Organization, & Public Services International	3
1.4.1 <i>Framework Guidelines for Addressing Workplace Violence within the Health Sector</i>	3
1.5 International Planned Parenthood Federation, Western Hemisphere Region	4
1.5.1. <i>Improving the Health Sector Response to Gender-based Violence: A Resource Manual for Health Care Professionals in Developing Countries</i>	4
1.6 New Zealand Ministry of Health.....	4
1.6.1. <i>Family Violence Intervention Guidelines: Child and Partner Abuse</i>	4
1.7 Nottinghamshire County Council (Drug and Alcohol Team).....	4
1.7.1. <i>Good Practice Guidelines for Working with Survivors and/ or Perpetrators of Domestic Violence Who Also Use Alcohol and Drugs</i>	4
1.8 Pan-American Health Organization.....	5
1.8.1. <i>Violence against Women: The Health Sector Responds</i>	5
1.9 Public Health Agency of Canada.....	5
1.9.1. <i>Family Violence: Clinical Guidelines for Nurses</i>	5
1.10 United Kingdom Department of Health	6
1.10.1 <i>Responding to Domestic Abuse: A Handbook for Health Professionals</i>	6
1.11 United Nations High Commissioner for Refugees	6
1.11.1. <i>UNHCR Policy on Refugee Women and Guidelines on Their Protection: An Assessment of Ten Years Implementation</i>	6
1.11.2. <i>Sexual Gender-based Violence against Refugees, Returnees and Internally Displaced Persons</i>	7

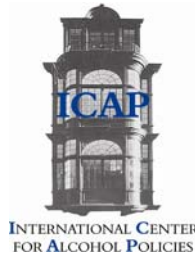
1.12 United Nations High Commissioner for Refugees & World Health Organization.....	7
1.12.1. <i>Clinical Management of Rape Survivors</i>	7
1.13 United Nations High Commissioner for Refugees, United Nations Population Fund, & World Health Organization	7
1.13.1. <i>Reproductive Health in Refugee Situations: And Inter-agency Manual</i>	7
1.14 United Nations Population Fund	8
1.14.1. <i>A Practical Approach to Gender-based Violence: A Program Guide for Health Providers and Managers</i>	8
1.15 United States Department of Justice	8
1.15.1. <i>National Protocol for Sexual Assault Medical Forensic Examinations</i>	8
1.16 United States Department of Veteran Affairs.....	9
1.16.1. <i>Wounded Spirits, Ailing Hearts Training Manual</i>	9
1.17 World Health Organization Dept. of Injuries and Violence Prevention.....	9
1.17.1. <i>Guidelines for Medico-legal Care for Victims of Sexual Violence</i>	9
1.17.2. <i>Prehospital Trauma Care Systems</i>	9
1.17.3. <i>World Report on Violence and Health</i>	9
1.18 World Health Organization Regional Office for Europe	10
1.18.1. <i>Alcohol and Interpersonal Violence: Policy Briefing</i>	10

II. GUIDANCE FOR LAW ENFORCEMENT.....11

2.1 The International Association of Chiefs of Police	11
2.1.1. <i>Guide for Preventing and Responding to School Violence</i>	11
2.1.2. <i>Model Policy on Domestic Violence</i>	11
2.1.3. <i>Model Policy on Investigating Sexual Assaults</i>	11
2.2 United Kingdom Home Office: Police	12
2.2.1. <i>National Policing Plan 2005–2008: Safer, Stronger Communities</i>	12
2.2.2. <i>Building Communities, Beating Crime: A Better Police Service for the 21st Century</i>	12
2.3 United States National Institute of Justice.....	13
2.3.1. <i>Violence against Women: Synthesis of Research for Prosecutors</i>	13

III. GUIDANCE FOR ALL SECTORS.....14

3.1 United States High Commission for Human Rights.....	14
3.1.1. <i>Integration of the Human Rights of Women and the Gender Perspective: Violence Against Women</i>	14



GUIDANCE FOR FIRST RESPONDERS IN VIOLENT SITUATIONS INVOLVING ALCOHOL: AN ANNOTATED BIBLIOGRAPHY [IN PROGRESS]

INTRODUCTION

As part of its program of activities on violence, ICAP has developed an annotated bibliography of sources of guidance for first responders in situations involving alcohol and violence.¹ These reports aim to enhance the capabilities of first responders, namely police, emergency room staff, public health care providers, shelter staff, and others to prevent, prepare for, and respond to incidents of violence.

The document summarizes relevant resources on violence and highlights instances where alcohol is specifically referenced. Clicking on the links below (highlighted in blue) will direct the reader to an electronic copy of the pertinent document in its entirety.

Although not an exhaustive list, we believe it to be representative of the major sources of guidance available that address alcohol's relationship to violence. ICAP's careful review of this literature found that existing documentation (1) frequently dealt with the intersection of alcohol and violence; (2) tended to address only one of the target groups mentioned above; and (3) generally did not address the crucial issue of communication between the different first responder sectors.

The document will be updated periodically with additional relevant sources. We encourage persons able to fill any information gaps that may exist to contact ICAP.

The materials included in this bibliography do not necessarily represent the views of ICAP or its sponsors.

¹ [International Center for Alcohol Policies \(ICAP\)](#) is a not-for-profit organization funded by leading producers of beverage alcohol. ICAP is dedicated to promoting understanding of the role of alcohol in society and to helping reduce the abuse of alcohol worldwide

1.1 FAMILY VIOLENCE PREVENTION FUND (FVPF)²

1.1.1 [National Consensus Guidelines: On Identifying and Responding to Domestic Violence Victimization in Health Care Settings](#) (2004)

Summary: The guidelines are designed to assist health care providers, emanating from various backgrounds and professional disciplines, to address domestic violence. The guide adopts a holistic approach by assessing experiences with violence over lifetime exposure, as well as current abuse. It makes recommendations on actions that address the victimization of both women and men in respect of assessment, documentation, intervention, and referral information.

Reference to Alcohol: Alcohol use is mentioned as one of the issues to consider when conducting an assessment of a client's immediate safety (pg. 14; in Appendix E: "Danger Assessment Tool" on pg. 40; Appendix F: "Expanded Assessment", in section, "Questions about the batterer," pg. 42).

1.2 ILLINOIS DOMESTIC VIOLENCE-SUBSTANCE ABUSE INTERDISCIPLINARY TASK FORCE³

1.2.1 [Safety and Sobriety: Best Practices in Domestic Violence and Substance Abuse](#) (2000)

Summary: The document was conceptualized as an Illinois-specific tool for use by substance abuse professionals, the domestic violence community, and workers in other related areas such as criminal justice, child welfare, and public assistance. The document explores violence-substance abuse among four target populations: (1) men in batterers' intervention programs, (2) men in substance abuse treatment programs, (3) women in domestic violence victim programs, and (4) women in substance abuse treatment.

Relevance to Alcohol: The document outlines best practice approaches to identify an association between alcohol and domestic violence among target populations and issues/steps to consider when developing an appropriate response. The document also explores the impact of the overlap between substance abuse problems and violence in special settings such as the criminal justice and child welfare systems, and among special populations such as racial and ethnic groups and lesbian, gay, and trans-gendered people. Screening tools are provided in the Appendix.

through dialogue and partnerships involving the beverage alcohol industry, the public health community, and others with an interest in alcohol policy.

² The [Family Violence Prevention Fund](#) is a US national non-profit organization that works to prevent violence within the home and in the community.

³ The [Illinois Domestic Violence-Substance Abuse Interdisciplinary Task Force](#) is an advisory group whose 30 members are drawn from the domestic violence and substance abuse practice and policy communities, academia, and government. It was created in 1997 by the Bureau of Domestic Violence Prevention & Intervention of the Illinois Department of Human Services (USA).

1.3 INTER-AGENCY STANDING COMMITTEE (IASC)⁴

1.3.1 [Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies](#) (2005)

Summary: These guidelines are intended to enable communities, governments, and humanitarian organizations, including UN agencies, nongovernmental organizations, and community-based organizations, to prevent and respond to sexual violence during the early stages of an emergency. Minimum multi-sectoral interventions are outlined.

Reference to Alcohol: Alcohol is mentioned as a consideration when organizations implementing food distribution and nutrition programs choose the location of a food distribution point. Key actions for the health and community services sectors also include discussions of alcohol and the importance of addressing misuse of alcohol as a coping mechanism for trauma survivors.

1.4 INTERNATIONAL LABOUR ORGANIZATION (ILO)⁵, INTERNATIONAL COUNCIL OF NURSES (ICN)⁶, WORLD HEALTH ORGANIZATION (WHO)⁷, & PUBLIC SERVICES INTERNATIONAL (PSI)⁸

1.4.1 [Framework Guidelines for Addressing Workplace Violence within the Health Sector](#) (2002)

Summary: The objective of the guidelines is to direct concrete responses in addressing workplace violence in the health sector. It reviews preventative actions; steps to adopt in dealing with workplace violence; management and mitigation of the impact of workplace violence; care and support of workers affected by workplace violence; and sustainability of initiatives undertaken.

Reference to Alcohol: Psychotropic substance abuse problems, alcohol misuse being “especially problematic” among them, are identified as individual risk factors increasing the likelihood of violence (pg. 13). Alcohol use is also listed as an implication resulting from violence (pg. 18).

⁴ The [Inter-Agency Standing Committee](#) is the primary mechanism for inter-agency coordination of humanitarian assistance, involving UN and non-UN partners.

⁵ The [International Labour Organization](#) (ILO) is a UN specialized agency, which aims to promote rights at work, encourage decent employment opportunities, enhance social protection and strengthen communication in handling work-related issues.

⁶ The [International Council of Nurses](#) is a federation of national nurses' associations, which works to ensure quality nursing care, sound health policies globally, the advancement of nursing knowledge.

⁷ The [World Health Organization](#) is the directing and coordinating authority for health within the United Nations system

⁸ [Public Services International](#) is a global union federation made up of more than 600 trade unions committed to building quality public services that meet the needs of workers and communities.

1.5 INTERNATIONAL PLANNED PARENTHOOD FEDERATION: WESTERN HEMISPHERE REGION (IPPF/WHR)⁹

1.5.1 [Improving the Health Sector Response to Gender-based Violence: A Resource Manual for Health Care Professionals in Developing Countries](#) (2004)

Summary: This manual is intended to guide program managers working in developing countries. Among other topics, it explores the provision of specialized and emergency services and introduces practical tools to determine provider attitudes to gender-based violence, set up support groups, establish legal definitions and responsibilities, and monitor the quality of care.

Reference to Alcohol: Alcohol abuse is highlighted as a non-fatal outcome of partner abuse, sexual assault, and child sexual assault. In section “Suggested Steps for Developing a Referral Directory,” institutions that offer services related to alcohol abuse are considered important actors in addressing violence (pg. 61). Alcohol is also listed in section on danger assessment as a factor to consider when predicting the likelihood of injury or femicide (pgs. 90–92).

1.6 NEW ZEALAND MINISTRY OF HEALTH¹⁰

1.6.1 [Family Violence Intervention Guidelines: Child and Partner Abuse](#) (2002)

Summary: The guidelines present a six-step model for identifying and responding to interpersonal and family violence in a range of health care settings. Given the interrelatedness of partner abuse and child abuse, the guidelines promote an integrated response to assist victims of violence and abuse. The guide is intended to inform health care providers on the development of policy and how a system for early interventions may prevent family violence.

Reference to Alcohol: Alcohol use by the Pacific peoples of New Zealand is listed as a factor that has resulted in the acceptance of family violence as a response to stress, anger, and frustration. Alcohol use by caregivers is mentioned as a risk factor when assessing cases of child abuse and neglect and is also mentioned as a factor to consider when assessing the abused partner’s risk of homicide, suicide, or self-harm. Questions about alcohol use/abuse figure in virtually all Appendices. There are check-lists for practitioners on, for example, risk indicators, signs and symptoms, assessment questions, sample documentation forms, permission and referral forms, safety plans, excerpts from relevant legislation, and more.

1.7 NOTTINGHAMSHIRE COUNTY COUNCIL: DRUG AND ALCOHOL TEAM¹¹

1.7.1 [Good Practice Guidelines for Working with Survivors and/or Perpetrators of Domestic Violence Who Also Use Alcohol and Drugs](#) (2004)

Summary: The guidelines approach this issue from the perspective that there is not a causal link between substance use and violence. It therefore argues that alcohol or drug use should not be

⁹ The [International Planned Parenthood Federation: Western Hemisphere Region](#) seeks to address the range of sexual and reproductive health issues that affect the integral health of women, men, and adolescents.

¹⁰ The [New Zealand Ministry of Health](#) aims to ensure that the health and disability system functions effectively for all New Zealanders.

¹¹ The [Nottinghamshire Drug and Alcohol Action Team](#) is a multi-partner initiative that seeks to stop problematic use of drugs and alcohol and achieve the targets and priorities set by the government in the seven districts of Nottinghamshire County.

an excuse for violent or abusive behavior, nor should women's substance use be used to justify their experiences of violence. It is intended to inform all services working on issues of domestic violence and substance use to ensure an appropriate level of awareness and response.

Reference to Alcohol: The guidelines explore the relationship between domestic violence and alcohol and drug use, and the role of alcohol with respect to perpetrators and survivors. The document outlines approaches for alcohol and drug services to adopt when conducting assessments to pro-actively identify domestic violence and promote disclosure. It outlines how to provide support for women experiencing domestic violence and to ensure positive intervention outcomes for both perpetrators of violence and survivors. It also highlights best practice principles for use in cases of domestic violence and looks at how outreach services, particularly those working with refugees, can ensure that women who abuse substances can access services as equally as those who do not. The risks to children and youth in instances where domestic violence and substance use co-exist are also explored and multi-sectoral action is recommended.

1.8 PAN-AMERICAN HEALTH ORGANIZATION (PAHO)¹²

1.8.1 [Violence against Women: The Health Sector Responds](#) (2003)

Summary: The report provides a strategy and concrete approaches for addressing violence against women. It is intended to inform not only those on the ground, tending to women who experience violence, but also for decision-makers who may incorporate the lessons learned from PAHO's experiences in the development of policies and resources.

Reference to Alcohol: Alcohol is addressed within this document as one of a number of individual risk factors that contribute to the incidence and severity of violence against women. It is also mentioned as a non-fatal outcome of partner abuse, sexual assault, and child sexual abuse. Actions outlined in Chapter 6: "What Happens at the Clinic?" and Chapter 7: "Beyond the Clinic" provide an overview of the activities and recommended actions by responders to incidents of violence.

1.9 PUBLIC HEALTH AGENCY OF CANADA (PHAC)¹³

1.9.1 [Family Violence: Clinical Guidelines for Nurses](#) (1992)

Summary: These guidelines are designed to inform nurses about prevention and identification of abuse and subsequent intervention. The document also addresses prevailing myths about family violence that may foster reluctance on the part of nurses to intervene and suggests strategies to ensure effective assistance to families and/or individuals living with violence.

Reference to Alcohol: "Violence is usually caused by alcohol or drugs" is listed among the myths about family violence. The document states, "Violence is not caused by alcohol or drugs. This extremely dangerous myth encourages a view of perpetrators as not being responsible for their actions because of impairment. Abusers may drink to excuse their actions. Health care

¹² The [Pan American Health Organization](#) is an international public health agency. It serves as the Regional Office for the Americas of the World Health Organization and receives international recognition as part of the United Nations system.

¹³ The [Public Health Agency of Canada](#) is an agency of Health Canada (Government of Canada department), responsible for public health emergency preparedness, and response and infectious and chronic disease control and prevention.

professionals may see the addiction as the major problem and miss the abuse entirely.” Alcohol misuse is also listed as a psychological factor to be considered during a patient evaluation in Appendix 1, “Checklist of Abuse Indicators.”

1.10 UNITED KINGDOM DEPARTMENT OF HEALTH¹⁴

1.10.1 [Responding to Domestic Abuse: A Handbook for Health Professionals](#) (2005)

Summary: The handbook provides practical guidance to health care professionals working with patients suspected of having experienced domestic abuse or who continue to be victims of domestic abuse. It outlines prompts that health care workers can use in their day-to-day work with women and children to help identify abuse. It also advises managers and policy-makers about the importance of creating supportive and enabling environments so that women will disclose domestic violence and suggests approaches to improve response and care for those affected.

Reference to Alcohol: Alcohol misuse is listed within the handbook as a psychological effect of domestic abuse and also as a factor that may prevent women experiencing abuse from accessing help. Familiarity with alcohol treatment services is mentioned in the section “Responding to Domestic Abuse” (pg. 60). Alcohol misuse by the abuser is mentioned as a consideration in the “Risk Assessment Framework” (pg. 67). See also Annex C: “Women with Particular Risks” (p. 117–119), which outlines specific issues that may deter women who misuse drugs and alcohol from disclosing domestic abuse.

1.11 UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR)¹⁵

1.11.1 [UNHCR Policy on Refugee Women and Guidelines on Their Protection: An Assessment of Ten Years Implementation](#) (2002)

Summary: This report describes the measures adopted by UNHCR over the past decade to respond to, and manage, the particular needs and risks faced by women and girls. The report assesses the extent to which UNHCR has successfully implemented the principles contained in the 1991 Guidelines on the Protection of Refugee Women. It explores the relationship between promoting protection and providing assistance, as well as between meeting immediate needs and enhancing women’s skills and capacities.

Reference to Alcohol: Alcohol is described as “an important factor” in catalyzing domestic violence within refugee camps (pg. 24). Alcohol and violence are also addressed in the Annex I, which details observations made during field visits (pg. 63).

1.11.2 [Sexual Gender-based Violence against Refugees, Returnees and Internally Displaced Persons](#) (2003)

Summary: The guidelines are intended to inform staff of UNHCR, UN agencies, inter-governmental and nongovernmental organizations, and host government agencies that assist refugees and persons of concern to UNHCR. The document examines causes and factors that

¹⁴ [UK Department of Health](#) is the government department responsible for public health issues.

¹⁵ The [United Nations High Commissioner for Refugees](#) is mandated to lead and coordinate international action to protect refugees and resolve refugee problems worldwide. Its primary purpose is to safeguard the rights and wellbeing of refugees.

contribute to sexual and gender-based violence. It describes practical actions that can be adopted to respond to and help prevent such violence.

Reference to Alcohol: In Chapter 4, “Responding to Sexual and Gender-based Violence”, alcohol use is listed among individual risk factors for sexual gender-based violence against vulnerable populations (pg. 22). Alcoholism is identified as a contributing factor to violence and the report calls for measures to prevent alcohol abuse. Alcohol/drug involvement is also a consideration in Annex 4: “Medical History and Examination Form” (pg. 145).¹⁶

1.12 UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR) & WORLD HEALTH ORGANIZATION (WHO)

1.12.1 [Clinical Management of Rape Survivors](#) (2004)

Summary: This document is intended to provide a guide in emergency situations to qualified health care providers (health coordinators, medical doctors, clinical officers, midwives, and nurses) in the development of protocols for the management of women, men, and children who have been raped. It describes best practice in the clinical management of rape survivors in emergencies, taking into consideration available resources, materials, and national policies and procedures.

Reference to Alcohol: Alcohol/drug involvement is addressed in Annex 5: “Medical History and Examination Form” (pg. 54) when documenting a violent incident.

1.13 UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES, UNITED NATIONS POPULATION FUND (UNPFA),¹⁷ & WORLD HEALTH ORGANIZATION (WHO)

1.13.1 [Reproductive Health in Refugee Situations: And Inter-agency Manual](#) (1999)

Summary: The manual supports the delivery of quality reproductive health services. It promotes technical standards and provides programmatic direction to ensure comprehensive and reliable reproductive health services for refugees.

Chapter 4 explores the impact of sexual and gender-based violence on reproductive health and provides responses to incidents of sexual violence. It draws much of its content from “[Sexual Violence against Refugees, Guidelines on Prevention and Response](#)”, UNHCR (1995). Although the Chapter focuses on sexual violence, the guidance provided can be applied to other forms of gender-based violence.

¹⁶ Additional related resource:

- The Organization for Security and Co-operation in Europe's [Gender Aspects in Post-conflict Situations: A Guide for OSCE Staff](#), which promotes the integration of a gender perspective into field work, may assist in the incorporation of gender awareness as a tool to effect alcohol-related violence.

¹⁷ The [United Nations Population Fund](#) supports countries in the development of population and reproductive health policies and programs that reduce poverty and support sustainable development.

Reference to Alcohol: Alcohol abuse is mentioned as one of the social and psychological factors indicative of the life in refugee camps that may contribute to aggression and sexual violence.

1.14 UNITED NATIONS POPULATION FUND

1.14.1 [A Practical Approach to Gender-based Violence: A Program Guide for Health Providers and Managers](#) (2001)

Summary: This guide outlines the important role that staff in women’s health settings—such as reproductive and sexual health, maternal and child health, and prenatal settings in developing countries—can play in assessing potential candidates for gender-based violence. This step-by-step guide addresses the important gaps in services for women and strives to sensitize staff toward gender-based violence in order to increase a survivor’s level of trust and promote principles of disclosure.

Reference to Alcohol: Alcohol use is mentioned in Chapter 8, “Role of Facility and Staff,” as one of the psychosocial factors of which health providers should be aware in patients. Alcohol use by perpetrator is also a factor when assessing the dangers associated with a woman leaving a violent relationship (Appendix 7, pg. 53). The “In-depth GBV Assessment Form,” presented in Appendix 9 (pg. 55–56), illustrates how to document alcohol abuse in the context of violence.

1.15 UNITED STATES DEPARTMENT OF JUSTICE: NATIONAL CRIMINAL JUSTICE REFERENCE SERVICE¹⁸

1.15.1 [National Protocol for Sexual Assault Medical Forensic Examinations](#) (2004)

Summary: This document provides detailed guidelines for criminal justice and health care practitioners on responding to the immediate needs of sexual assault victims. It identifies immediate response techniques to assist health care personnel in best addressing patients’ needs and minimizing the trauma patients may experience. The Protocol also details how to maximize the collection and preservation of evidence from patients and promotes collaboration among service providers, particularly in the criminal justice system, in order to enhance treatment and support for victims, as well as to identify and punish sex offenders.

Reference to Alcohol: In Chapter 7, “Drug-facilitated Sexual Assault,” the section, entitled “Plan response to voluntary use of drugs and/or alcohol by patients,” recommends that responders who suspect drug-facilitated sexual assault take appropriate measures to collect evidence (pgs. 101–102). This includes, for example, collecting blood or urine samples to determine blood alcohol levels. In general, the Protocol suggests education and training on how the misuse of drugs and alcohol may be linked to sexual assault and provides screening and management techniques in situations where drug-facilitated sexual assault is suspected. These skills are recommended for examiners and other relevant health care personnel, 911 dispatchers, law enforcement representatives, emergency medical technicians, prosecutors, judges, and advocates.

¹⁸ The [National Criminal Justice Reference Service](#) is a federally funded resource offering justice and substance abuse information to support research, policy, and program development worldwide.

1.16 UNITED STATES DEPARTMENT OF VETERAN AFFAIRS¹⁹

1.16.1 [Wounded Spirits, Ailing Hearts Training Manual](#)

Summary: This online manual was developed to assist health practitioners understand the unique needs of Native American Veterans. The guide informs health care providers and clinicians about the prevalence, causes, and impact of posttraumatic stress disorder (PTSD) among Native veterans. The manual also describes experiences of Native veterans with Veterans Affairs medical centers and outpatient clinics, the Indian Health Service, and community and tribal resources.

Reference to Alcohol: The section entitled [PST, Alcohol Problems, and Drug Use](#) explores the relationship between PTSD and alcohol misuse. Excessive alcohol use among Native veterans suffering from PTSD is considered to be: (1) a means of socialization and (2) a way to share trauma. The combined impact of PTSD and alcohol abuse is noted as contributing to loss of control and family or community violence.

1.17 WORLD HEALTH ORGANIZATION: DEPARTMENT OF INJURIES AND VIOLENCE PREVENTION²⁰

1.17.1 [Guidelines for Medico-legal Care for Victims of Sexual Violence](#) (2003)

Summary: These guidelines are intended to enhance health workers' capacity to respond to cases of sexual assault in a sensitive and comprehensive manner. They seek to improve health and forensic services for all victims of sexual violence.

Reference to Alcohol: Annex 1, "Sample Sexual Violence Examination Record," includes a section on how to record whether alcohol was consumed.

1.17.2 [Prehospital Trauma Care Systems](#) (2005)

Summary: The document outlines key concepts for developing prehospital trauma care systems, including traumas as result of violence, accidents, and self-inflicted injuries. The report is premised on the notion that, regardless of a responder's level of training and a nation's level of resources, it is possible to ensure that severely injured individuals receive simple but life-sustaining care within minutes of injury. Capacity development to ensure efficient and effective care is based on a three-tiered intervention model: first responder care where no prehospital trauma care system exists; basic prehospital care trauma care, i.e., the community level; and advanced prehospital care. In addition to implementing basic systems of care and developing the capacity of individuals to respond to emergency situations, the document also considers data collection, transportation, and communication, as well as ethical and legal factors.

¹⁹ The [US Dept. of Veteran Affairs: The National Center for Posttraumatic Stress Disorder](#) aims to advance the clinical care and social welfare of US Veterans through research, education, and training on posttraumatic stress disorder and stress-related disorders.

²⁰ The [World Health Organization's Department of Injuries and Violence Prevention](#) works to prevent injuries and violence, to mitigate their consequences, and to enhance the quality of life for persons with disabilities.

Reference to Alcohol: Alcohol is cited as a contributing factor to the high rate of injury in developing countries. In Chapter 4, “Prehospital Trauma Care Providers,” first responders are addressed as “the first tier” of the prehospital system. Documenting the presence of alcohol in victims is one of the issues addressed in Chapter. 6, “Documenting Care” (pg. 38).

1.17.3 [World Report on Violence and Health](#) (2002) ²¹

Summary: The document is focused primarily on prevention of violence, specifically youth violence, child abuse/neglect, intimate partner violence, abuse of the elderly, sexual violence, self-directed violence, and collective violence. Response systems are also addressed and recommendations for action are provided.

Reference to Alcohol: Alcohol is mentioned throughout the document. It is cited as an individual risk factor associated with violence, and the presence of alcohol is also stated as being “a situational factor that can precipitate violence” (pg. 44). Contained in the violence prevention strategies, “reducing the availability of alcohol” is listed as “a positive community strategy” to reduce youth violence.

1.18 WORLD HEALTH ORGANIZATION: REGIONAL OFFICE FOR EUROPE (WHO: EURO) ²²

1.17.1 [Alcohol and Interpersonal Violence: Policy Briefing](#) (2005)

Summary: The report explores drinking patterns and levels of interpersonal violence in the European Union. It highlights examples of successful interventions which prevent and/or reduce levels of violence associated with alcohol. Although the document highlights the crucial role of health services, it calls for concerted and coordinated action in all relevant sectors to reduce alcohol and interpersonal violence in the region.

Reference to Alcohol: This report is primarily a policy document and focuses mostly on prevention. However, sections on “Prevention and the Role of Health Services” and “The Way Forward” do outline some responses and priorities for action in alcohol-related cases of violence.

²¹ Although the role of alcohol is not specifically mentioned, WHO’s [Guidelines for Essential Trauma Care](#), which address the process of managing different types of trauma, may be also be applicable in cases of alcohol-related violence.

²² The [World Health Organization Regional Office for Europe](#) is a specialized agency of the United Nations that acts as a coordinating authority on international public health within the region.

II. GUIDANCE FOR LAW ENFORCEMENT

2.1 INTERNATIONAL ASSOCIATION OF CHIEFS OF POLICE (IACP)²³

2.1.1 [Guide for Preventing and Responding to School Violence](#) (1999)

Summary: The guide presents strategies and approaches for school administrators, faculty, and staff, school counsellors and social workers, parents/guardians, students, community, and law enforcement offices to consider when implementing violence prevention programs in schools. Interventions presented incorporate multiple strategies and address the full range of possible acts of violence within schools, including delinquency, harassment, bullying, suicide, and many other forms of violence and antisocial behavior.

Reference to Alcohol: Alcohol use and abuse are identified as being associated with violence and other forms of delinquent behavior (pg. 10). The promotion of messages against both substance abuse and violence to students through education programs is seen as a strategy to encourage positive behaviors. Guardians and parents are also encouraged to communicate to children about the illegal and irresponsible use of alcohol (pg. 32).

2.1.2 [Model Policy on Domestic Violence](#) (2006)

Summary: The policy establishes guidelines for law enforcement officers responding to domestic violence calls. The procedures outlined in the policy adopt a proactive and proarrest approach, where the primary focus is victim's safety followed by perpetrator accountability.

Reference to Alcohol: "Incident Response Protocols" for communications officers require that they elicit as much information as possible from callers reporting incidents of domestic violence, including whether the suspect is under the influence of alcohol or drugs or both, in order to prepare investigating officers to respond to the situation (pg. 3). However, the use of alcohol or drugs by either or both parties is not a consideration when determining arrest decisions for law enforcement in domestic violence investigations (pg. 7).

- See also: [Domestic Violence: Concepts and Issues Paper](#) (2006)

2.1.3 [Model Policy on Investigating Sexual Assaults](#) (2005)

Summary: The policy provides law enforcement personnel with guidelines for responding to reports of sexual assault, for assisting victims, collaborating with local health and service agencies, and for conducting interviews with victims, witnesses, and suspects. The policy endorses a sensitive and nonjudgmental approach by officers so as to promote full disclosure and cooperation from the victim with the investigation. This tactful approach is also expected to support emotional and psychological healing thereafter.

²³ The [International Association of Chiefs of Police \(IACP\)](#) is a non-profit membership organization of police executives that seeks to enhance police services; to develop and disseminate improved administrative, technical, and operational practices; to foster police cooperation and the exchange of information and training; and to encourage adherence of all police officers to high professional standards of performance and conduct.

Reference to Alcohol: Intoxication as a result of drugs or alcohol, to a degree which prevents the victim from giving informed consent at the time of a sexual act, is stated as constituting the basis for a felony charge of sexual assault. Investigating officers are encouraged to collect blood/urine samples if they suspect that the sexual assault may have been facilitated with drugs or alcohol (pg. 2). Victim interview protocols also outline appropriate actions and responses by officers in instances where drugs or alcohol are involved (pg. 4).

- See also: [Investigating Sexual Assaults: Concepts and Issues Paper](#) (2005)

Other relevant IACP Resources:

- Additional [publications](#), [training tools](#), and briefs related to police responses to [violence against women](#)

2.2 UNITED KINGDOM HOME OFFICE: POLICE ²⁴

2.2.1 [National Policing Plan 2005–2008: Safer, Stronger Communities](#) (2005)²⁵

Summary: This document outlines the UK’s national framework for policing. It outlines five key priorities to guide the work of the police: (1) reduce overall crime; (2) provide a citizen-focused police service; (3) develop partnerships to increase sanction detection rates and target prolific and other priority offenders; (4) reduce people’s concerns about crime, antisocial behavior, and disorder; and (5) combat serious and organized crime. These targets are set out in the context of the overarching importance of counter-terrorism and of community engagement.

Reference to Alcohol: According to the British Crime Survey, alcohol is a key driver of nearly half of violent crimes committed in the UK. Chapter 3 section on “Alcohol and drug related crime” (pgs. 13–14) supports the integration of alcohol-related crime strategies in all violence prevention activities and policing plans.

2.2.2 [Building Communities, Beating Crime: A Better Police Service for the 21st Century](#) (2001)

Summary: This policy paper presents a program for police reform, raising performance standards, and promoting more consistent and effective policing in order to reduce crime and the fear of crime. It aims to improve prevention and response efforts related to criminal and antisocial behavior, increase public confidence, and develop partnerships to achieve better outcomes.

Reference to Alcohol: Alcohol misuse is identified as an important factor in antisocial behavior. According to the document: about 40% of violent crime is alcohol-related; a third of all stranger violence takes place in and around pubs and clubs; and nearly two thirds of people arrested for public order offences have been drinking heavily. Partnerships between Thames Valley Police in Oxford and pub landlords through “Pub Watch” schemes were highlighted as examples of best practice in the reduction of disorder through improvement of communication between pubs and the police (pg. 108).

²⁴ The [UK Police Home Office](#) consists of a number of police units established to support and enhance policing and pursue a variety of crime reduction initiatives.

²⁵ This document is intended to be read along with the white paper, *Building Communities, Beating Crime* (see 2.2.2). The white paper and the Plan are part of the wider program set out in the Home Office Strategic Plan.

2.3 UNITED STATES NATIONAL INSTITUTE OF JUSTICE (NIJ) ²⁶

2.3.1 [Violence against Women: Synthesis of Research for Prosecutors](#) (2003)

Summary: The report reviews research on prosecution policies and practices to promote protection of women from violence. Three categories of violence against women are explored: domestic violence; rape and sexual assault; and violations of protection orders and stalking. The document aims to provide guidance on the effectiveness of prosecutions in protecting victims from continuing abuse and to assess the value of adopting policies and practices used elsewhere.

Reference to Alcohol: Prosecutors are cautioned that victims who are substance abusers are less likely to cooperate than other victims. Court-ordered rehabilitation of offenders is identified as a preventative mechanism that may help protect women from abuse (pg. 6).

²⁶ The [National Institute of Justice](#) is the research, development, and evaluation agency of the US Department of Justice, solely dedicated to research on crime control and justice issues. A number of US states and counties issue their own guidelines for police response to crime/violence, based on INJ and IACP documents

III. GUIDANCE FOR ALL SECTORS

3.1 UNITED NATIONS COMMISSION ON HUMAN RIGHTS (UNCHR)²⁷

3.1.1 [Integration of the Human Rights of Women and the Gender Perspective: Violence Against Women](#) (1999)

Summary: In her report, the Special Rapporteur on violence against women, its causes and consequences, Ms. Radhika Coomaraswamy, addresses three areas of concern where women are particularly at risk: violence in the family, violence in the community, and violence as perpetrated and/or condoned by the State.

Reference to Alcohol: “Many States continue to make the erroneous link between alcohol and violence. While alcohol does in many cases exacerbate violence, alcohol does not itself cause violence against women. The focus on alcohol or drugs, rather than on male patriarchal ideology, which has as its ultimate expression male violence against women, undermines the anti-violence movement. Further, resources that should be allocated for support, training and systems’ development in respect to family violence against women, is instead allocated to combat alcohol and drug use and provide services to alcoholics and drug-abusers. While such services may be necessary, they should not detract from resource support for violence against women programming.” (para. 31)

²⁷ The [United Nations Commission on Human Rights](#) is a UN body sanctioned to examine, monitor and publicly report on human rights situations in specific countries or territories worldwide.