Understanding Research on Intimate Partner Violence and Substance Use

Intimate partner violence (IPV) is best understood as an ongoing pattern of power and control exerted by one partner over another in a romantic relationship, enforced by the use of abusive tactics, such as intimidation, threats, physical or sexual violence, isolation, economic abuse, stalking, psychological abuse, and ongoing coercion (Bancroft, 2003; Johnson & Leone, 2005; Stark, 2007). Research has documented the myriad adverse health and mental health effects of IPV, including chronic pain, injury, depression, posttraumatic stress disorder (PTSD), and substance use[1] (Black et al., 2011; Dutton, 2009; Dutton et al., 2006; Golding, 1999; Jones, Hughes, & Unterstaller, 2001; Phillips et al. 2014). A growing body of research suggests that survivors of IPV may use substances at higher rates than people who have never been abused. Research also suggests that people accessing substance use disorder treatment experience high rates of IPV. While the currently available research documents the prevalence of co-existing IPV and substance use, it does not provide much information about w*hy* there may be an association between substance use and IPV.

Current research on the relationship between substance use and IPV is limited due to inconsistencies in the measurement of substance use and substance use disorders (Devries et al., 2014), a lack of attention to other forms of trauma as potential contributing factors to survivors' use of substances, and the utilization of measures of IPV that do not assess for coercive control. Recent research findings and practice-based evidence suggest that abusive partners may use substances as a way to harm, control, and further isolate their partners (i.e., substance use coercion). Some are coerced into using substances by an abusive partner who uses this as a tactic of manipulation and control (Warshaw et al., 2014). Others use substances as a way to cope with the traumatic effects of abuse (Bennett & O'Brien, 2007; Schumacher & Holt, 2012, Warshaw et al., 2014, Wingwood et al., 2000). Findings on substance use coercion have clear implications for the interpretation of research in this area, particularly for studies that have not incorporated an understanding of coercive control into their conceptualization and measurement of IPV.

[1] "Substance use" is defined in this document as the use of alcohol and/or other drugs. It can be distinguished from "substance abuse," which is defined variously by researchers and treatment providers, and is based on the quantity consumed or frequency of use. "Substance use disorder" (SUD) is the terminology found in the DSM-V, which combines the previous conceptions of substance abuse and substance dependence (American Psychiatric Association, 2013). It should be noted that the terms substance use, abuse, and dependence are used in this fact sheet to reflect those used in the research studies that being cited.

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This fact sheet is a companion to "The Relationship Between Intimate Partner Violence and Substance Use: An Applied Research Paper," highlighting key findings from the review and discussing them in the context of recent research on substance use coercion and IPV.

RESEARCH FINDING #1: IPV SURVIVORS ARE MORE LIKELY TO USE OR BECOME DEPENDENT ON SUBSTANCES, COMPARED TO PEOPLE WHO HAVE NOT EXPERIENCED IPV

Overall, studies have found that people who have been abused by an intimate partner are more likely to use or become dependent on substances, compared to people who have not experienced IPV. Representative findings include the following:

- **Substance abuse:** A community-based study of low-income women[2] found higher rates of substance abuse among IPV survivors (26%) as compared to those who had not experienced IPV (5%) (Eby, 2004).
- **Problematic alcohol use:** A 2012 national cohort study of 11,782 women found that, as compared to those with no history of IPV, women with a recent history of experiencing IPV had nearly six times the risk of problematic alcohol use (LaFlair et al., 2012).
- **Alcohol and drug dependence:** One study found higher rates of both past-year alcohol (18.1%) and drug (6.4%) dependence in a community-based sample of IPV survivors, as compared to the general population (6.6% and 2.6% respectively) (Nathanson, Shorey, Tirone, & Rhatigan, 2012; SAMHSA, 2014).
- **Participation in alcohol treatment services:** Results of a large national survey indicate that IPV survivors are two times as likely as those who have never been victimized to participate in alcohol treatment (Lipsky & Caetano, 2008).

While the majority studies found a relationship between experiencing IPV and substance use, the prevalence rates of substance use or substance use disorders among IPV survivors vary by study. This variance across studies is related to methodological differences, including the type of sample (nationally representative sample, IPV survivors in the community); type of substance or substances studied (alcohol versus illegal drugs or other substances); the way IPV is understood and measured in each study; and the way that substance use, abuse, dependence, or substance use disorder are defined and measured.

Prevalence studies that have found a connection between experiencing IPV and substance use tell us little about *why* this may occur. Other evidence suggests that women may begin using substances because of pressure from an abusive partner or use substances to cope with abuse (Warshaw et al., 2014). As part of a study of substance use coercion among National Domestic

[2] Throughout this fact sheet, the use of gender-specific language is reflective of the original research being cited.

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Violence Hotline (NDVH) callers, women described the ways their abusive partner influenced their use of substances. Evidence suggest that abusive partners may force or pressure survivors to use substances for a variety of reasons, including to incapacitate them, make them "compliant," or to sabotage their ability to engage in important activities (e.g., working, accessing health care services) (Edmund & Bland, 2011; Warshaw et al., 2014). The pressured or forced use of substances is also used as a tactic to keep survivors isolated, including from potential formal (e.g., law enforcement) and informal (e.g., family or friends) types of support. Thus, not only does abuse itself appear to contribute to women's use of substances in the context of IPV (e.g., using to manage the traumatic effects of abuse, coerced use by an abusive partner), the use of substances also increases abusive partners' control over their lives.

RESEARCH FINDING #2: THERE ARE HIGH RATES OF IPV AMONG PEOPLE RECEIVING SUBSTANCE USE DISORDER TREATMENT SERVICES

Researchers have found high rates of IPV among people who use substances or experience substance use disorders. This finding has been consistent across a range of substances (e.g., injectable drugs, alcohol) and time periods (e.g., past-month IPV, lifetime IPV). Representative findings include the following:

- **Entering substance abuse treatment / lifetime IPV:** In a study of men and women entering substance abuse treatment, 47% of the women reported having experienced victimization by an intimate partner at some point in their lives (Schneider & Burnette, 2009).
- **In substance abuse treatment / past 6-months IPV:** A study of women accessing substance abuse treatment services found that approximately 67% reported experiencing physical IPV in the past 6 months (Downs, 2001).
- **Using injectable drugs / past year IPV:** A study of women who use injectable drugs found that 31% reported experiencing physical and sexual IPV in the previous year (Wagner et al., 2009).
- **Attending a methadone clinic / lifetime IPV:** A study of women who attended a methadone clinic found that 90% had experienced IPV in their lifetimes (Engstrom, El-Bassel, Gilbert, 2012).

The overall prevalence rates of IPV among people using substances vary significantly, from 31%-90%. This variance can also be explained by significant methodological differences across studies.

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Much of the existing sheds little light on the role IPV may play in survivors' ability to engage in treatment or maintain recovery. However, emerging evidence suggests that abusive partners may utilize a range of coercive tactics to undermine their partner's recovery or sobriety (Warshaw et al, 2014). A study of NDVH callers found that, of the 15% of women who had attempted to seek help for substance use, 60% reported that their partner/ex-partner prevented or discouraged them from accessing treatment (Warshaw et al., 2014). This study found that abusive partners use a range of tactics to try to keep their partners from accessing substance use treatment services and 12-step meetings. This includes threatening or using violence in an attempt to prevent them from attending substance use treatment services, keeping them up all night before an important appointment, or denying them access to transportation in order to attend an appointment. Callers also reported that abusive partners utilized coercive tactics designed to sabotage their recovery or abstinence from substances (Warshaw et al, 2014), as it may pose a threat to abusive partners' sense of control (Foley, 2010 as quoted in Edmund & Bland, 2011). Abusive partners may keep substances in the house or pressure their partners to use once they are in recovery or have maintained abstinence from substance use. Overall, experiencing ongoing violence can make it more difficult to stay away from substances, including because of coerced or pressured use. At the same time, having a substance use disorder can make it harder to escape violence or heal from past abuse (Edmund & Bland, 2011). The effects of these tactics are synergistic and can make it especially challenging for survivors to heal from the abuse, maintain sobriety or recovery, and be safe from violence.

RESEARCH FINDING #3: MENTAL HEALTH CONDITIONS, INCLUDING POSTTRAUMATIC STRESS DISORDER (PTSD) AND DEPRESSION, MAY MEDIATE THE RELATIONSHIP BETWEEN IPV AND SUBSTANCE USE

Studies have consistently documented higher rates of trauma-related mental health conditions among survivors, as compared to people who have not experienced IPV (Beydoun et al., 2012; Dutton et al., 2006; Jones et al, 2001; see Phillips et al., 2014 for a review)-- particularly depression and PTSD (Beydoun et al., 2012; Fedovskiy et al, 2008). Evidence suggests that IPV, substance use, and trauma-related mental health conditions tend to co-occur (Beydoun et al, 2012; Black et al, 2011; Fedovskiy et al, 2008; Houry et al, 2006). The relationships between these factors are complex, though some studies suggest that depression and PTSD may mediate the relationship between IPV and substance use. *In other words, experiencing higher levels of IPV may be related to an increased risk of PTSD and depression, and higher levels of PTSD and depression may be related to an increased risk of substance use* (Sullivan & Cavanaugh, 2009;

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Sullivan & Holt, 2008). While survivors may use substances to manage abuse-related anxiety or depression, substances may exacerbate mental health symptoms over time (Sullivan & Holt, 2008) or increase survivors' risk of harm from their abusive partner, which may further worsen their overall mental health (Bennett & Bland, 2008).

Research has also found that people who abuse their partners often engage in multiple forms of coercion at the same time (Warshaw et al, 2014). In addition to coercive tactics related to a partner's use of substances, abusers also employ coercive tactics to undermine their partners' mental health. This includes making a survivor feel like they are "going crazy" (i.e., gaslighting) or deliberately doing things to worsen a survivor's mental health symptoms (Warshaw et al, 2014). Respondents to the NDVH survey shared that they have used substances, including prescription medications other than as directed, to manage their abuse-related mental health symptoms. This is particularly concerning as the misuse of prescription medication can have serious adverse health effects, including addiction and overdose, especially when they are taken along with alcohol or other drugs (National Institute on Drug Abuse, 2014). The combined use of tactics related to survivors' mental health and use of substances can further isolate them or undermine their credibility with the people and systems where they might seek support and help (Warshaw et al., 2014). It may also increase the likelihood of survivors using substances as a way to cope with the traumatic effects of this type of abuse.

Conclusion

The currently available body of research on IPV and substance use provides us with information on the prevalence of substance use and/or substance use disorders among IPV survivors, the rate of IPV among people in substance use treatment services, and factors that may mediate the relationship between IPV and survivors' use of substances (e.g., PTSD or depression, an abusive partner's substance use, a survivor's age). However, taken together, it does not provide sufficient information on other factors that may help to explain *why* IPV and substance use may co-exist. These include the use of coercive tactics related to a survivor's use of substances and the effects of stigma associated with substance use and addiction. People who use or find themselves dependent on substances are often labeled, stigmatized, or judged. Substance use coercion is effective, in part, because it relies on stigma associated with substance use and addiction (NCDVTMH, 2011). Furthermore, very few studies incorporate an understanding of how abusive partners may coerce their partners into using, sabotage their recovery, or use stigma surrounding their substance use against them with law enforcement, the justice system, the child welfare system, or in child custody cases (Warshaw et al., 2014). Finally, future research must incorporate a more nuanced understanding of how various types of trauma may impact the relationship between IPV and substance use. This includes the complex intersections

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between substance use/substance use disorders and historical trauma; structural violence; the effects of cumulative stress related to identity-based oppression; and IPV, childhood abuse, and other forms of interpersonal trauma (Clark et al, 2015; Kendler et al, 2000; Lehavot & Simoni, 2011; Lo & Cheng, 2012; Phillips, N.L. et al., 2015; Verissimo et al., 2014). Ultimately, research that clarifies the complex relationships between IPV and survivors' use of substances will help us to better support survivors' empowerment, healing, and well-being.

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References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC.

Bancroft, L. (2003). *Why does he do that? Inside the minds of angry and controlling men*. New York, New York: Penguin.

Bennett, L., & Bland, P. (2008). *Substance abuse and intimate partner violence*. *VAWnet.org* (pp. 1–16). Retrieved from http://vawnet.org/Assoc_Files_VAWnet/AR_SubstanceRevised.pdf

Bennett, L., & O'Brien, P. (2007). Effects of coordinated services for drug-abusing women who are victims of intimate partner violence. *Violence against Women*, *13*(4), 395–411. doi:10.1177/1077801207299189

Beydoun, H. A., Beydoun, M. A., Kaufman, J. S., Lo, B., & Zonderman, A. B. (2012). Intimate partner violence against adult women and its association with major depressive disorder, depressive symptoms and postpartum depression: A systematic review and meta-analysis. *Social Science & Medicine, 75*(6), 959-975. doi:http://dx.doi.org/10.1016/j.socscimed.2012.04.025

Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., et al. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Boden, J. M., Fergusson, D. M., & Horwood, L. J. (2012). Alcohol misuse and violent behavior: Findings from a 30-year longitudinal study. *Drug and Alcohol Dependence*, *122*(1-2), 135–41. doi:10.1016/j.drugalcdep.2011.09.023

Burke, J. G., Thieman, L. K., Gielen, A. C., O'Campo, P., & McDonnell, K. A. (2005). Intimate partner violence, substance use, and HIV among low-income women: Taking a closer look. *Violence against Women*, *11*(9), 1140–61. doi:10.1177/1077801205276943

Clark, T.T., Salas-Wright, C.P., Vaughn, M.G., Whitfield, K.E. (2015). Everyday discrimination and mood and substance use disorders: A latent profile analysis with African Americans and Caribbean Blacks. *Addictive Behaviors, 40*, 119-125.

Devries, K. M., Child, J. C., Bacchus, L. J., et al. (2014). Intimate partner violence victimization and alcohol consumption in women: A systematic review and meta-analysis. *Addiction*, *109*(3), 379–391. doi:10.1111/add.12393

Downs, W. R. (2001). *Alcohol problems and violence against women: Report of summary findings (Doc. No. 188267)*, Washington, DC: U.S. Department of Justice.

Dutton, M. A. (2009). Pathways linking intimate partner violence and posttraumatic disorder. *Trauma, Violence & Abuse*, *10*(3), 211–224. doi:10.1177/1524838009334451

Dutton, M. A., Green, B. L., Kaltman, S. I., Roesch, D. M., Zeffiro, T. a, & Krause, E. D. (2006). Intimate partner violence, PTSD, and adverse health outcomes. *Journal of Interpersonal Violence*, *21*(7), 955–968. doi:10.1177/0886260506289178

Eby, K. K. (2004). Exploring the stressors of low-income women with abusive partners: Understanding their needs and developing effective community responses. *Journal of Family Violence*, *19*(4), 221–232. doi:10.1023/B:JOFV.0000032632.59865.8e

P: 312-726-7020
TTY: 312-726-4110
www.nationalcenterdvtraumamh.org

Edmund, D. S., Bland, P. J. (2011). *Real tools: Responding to multi-abuse trauma. A tool kit to help advocates and community partners better serve people with multiple issues.* Alaska Network on Domestic Violence & Sexual Assault.

El-Bassel, N., Gilbert, L., Witte, S., Wu, E., Gaeta, T., Schilling, R., & Wada, T. (2003). Intimate partner violence and substance abuse among minority women receiving care from an inner-city emergency department. *Women's Health Issues: Official Publication of the Jacobs Institute of Women's Health*, *13*(1), 16–22. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/12598055.

Engstrom, M., El-Bassel, N., & Gilbert, L. (2012). Childhood sexual abuse characteristics, intimate partner violence exposure, and psychological distress among women in methadone treatment. *Journal of Substance Abuse Treatment*, *43*(3), 366–76. doi:10.1016/j.jsat.2012.01.005

Fedovskiy, K., Higgins, S., Paranjape, A. (2008). Intimate partner violence: How does it impact major depressive disorder and post traumatic stress disorder among immigrant Latinas? Journal of Immigrant and Minority Health, 10(1), 45-51.

Golding, J. M. (1999). Intimate partner violence as a risk factor for mental disorders: A meta-analysis. *Journal of Family Violence, 14*(2), 99-132.

González-Guarda, R. M., Peragallo, N., Urrutia, M. T., Vasquez, E. P., & Mitrani, V. B. (2008). HIV risks, substance abuse, and intimate partner violence among Hispanic women and their intimate partners. *The Journal of the Association of Nurses in AIDS Care: JANAC*, *19*(4), 252–66. doi:10.1016/j.jana.2008.04.001

Johnson, M. P., & Leone, J. M. (2005). The differential effects of intimate terrorism and situational couple violence: Findings from the National Violence Against Women Survey. *Journal of Family Issues*, *26*(3), 322–349.

Jones, L., Hughes, M., & Unterstaller, U. (2001). Post-Traumatic Stress Disorder (PTSD) in victims of domestic violence: A review of the research. *Trauma, Violence, & Abuse*, *2*(2), 99–119. doi:10.1177/1524838001002002001

Kendler, K.S., Bulik, C.M., Siberg, J.S. et al. (2000). Childhood sexual abuse and adult psychiatric and substance use disorders in women: An epidemiological and cotwin control analysis. Archives of General Psychiatry

La Flair, L. N., Bradshaw, C. P., Storr, C. L., Green, K. M., Alvanzo, A. A. H., & Crum, R. M. (2012). Intimate Partner Violence and Patterns of Alcohol Abuse and Dependence Criteria Among Women. *Journal of Studies on Alcohol and Drugs*, *73*(3), 351–360.

Lehavot, K. & Simoni, J.M. (2011). The impact of minority stress on mental health and substance use among sexual minority women. *Journal of Consulting and Clinical Psychology, 79*(2), 159-170.

Lipsky, S. & Caetano, R. (2008). Is intimate partner violence associated with the use of alcohol treatment services? Results from the National Survey on Drug Use and Health. *Journal of Studies on Alcohol and Drugs*, *69*(1), 30–8. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/18080062

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Lipsky, S., Caetano, R., Field, C. a, & Larkin, G. L. (2005). Psychosocial and substance-use risk factors for intimate partner violence. *Drug and Alcohol Dependence*, *78*(1), 39–47. doi:10.1016/j.drugalcdep.2004.08.028

Lo, C.C. & Cheng, T.C. (2012). Discrimination's role in minority groups' rates of substance-use disorder. *The American Journal on Addictions, 21*(2), 150-156.

National Institute on Drug Abuse (2014). DrugFacts: Prescription and over-the-counter medications. Retrieved from: https://www.drugabuse.gov/publications/drugfacts/prescription-over-counter-medications

Nathanson, A. M., Shorey, R. C., Tirone, V., & Rhatigan, D. L. (2012). The prevalence of mental health disorders in a community sample of female victims of intimate partner violence. *Partner Abuse*, *3*(1), 59–75. doi:10.1891/1946-6560.3.1.59.

National Center on Domestic Violence, Trauma & Mental Health (2011). Mental health and substance use coercion- Safety and well-being tipsheet series. Chicago, IL: The National Center on Domestic Violence, Trauma & Mental Health.

Phillips, H., Warshaw, C., & Lyon, E. (2014). Current evidence: Intimate partner violence, trauma-related mental health conditions & chronic illness. Chicago, IL: The National Center on Domestic Violence, Trauma & Mental Health.

Phillips, N.L., Adams, G., Salter, P.S. (2015). Beyond adaptation: Decolonizing approaches to coping with oppression. Journal of Social and Political Psychology, 3(1), 365-387.

Schneider, R., & Burnette, M. (2009). Prevalence and correlates of intimate partner violence victimization among men and women entering substance use disorder treatment. *Violence and Victims*, *24*(6), 744–756. doi:10.1891/0886-6708.24.6.744

Schumacher, J. A. & Holt, D. J. (2012). Domestic violence shelter residents' substance abuse treatment needs and options. *Aggression and Violent Behavior, 17,* 188-197.

Stark, E. (2007). *Coercive control: How men entrap women in personal life*. New York, New York: Oxford University Press.

Sullivan, T., & Cavanaugh, C. (2009). Testing posttraumatic stress as a mediator oh physical, sexual, and psychological intimate partner violence and substance problems among women. *Journal of Traumatic Stress*, *22*(6), 575–584. doi:10.1002/jts.20474.

Sullivan, T. P., & Holt, L. J. (2008). PTSD symptom clusters are differentially related to substance use among community women exposed to intimate partner violence. *Journal of Traumatic Stress*, *21*(2), 173–80. doi:10.1002/jts.20318

Substance Abuse and Mental Health Services Administration. Results from the 2013 National Survey on Drug Use and Health: Summary of national findings, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Testa, M., Livingston, J. A, & Leonard, K. E. (2003). Women's substance use and experiences of intimate partner violence: A longitudinal investigation among a community sample. *Addictive Behaviors*, *28*(9), 1649–1664. doi:10.1016/j.addbeh.2003.08.040

P: 312-726-7020
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Verissimo, A.D.O., Grella, C.E., Amaro, H., Gilbert, G.C. (2014). Discrimination and substance use disorders among Latinos: The role of gender, nativity, and ethnicity. *American Journal of Public Health, 104*(8), 1421-1428.

Wagner, K. D., Hudson, S. M., Latka, M. H., Strathdee, S. a, Thiede, H., Mackesy-Amiti, M. E., & Garfein, R. S. (2009). The effect of intimate partner violence on receptive syringe sharing among young female injection drug users: An analysis of mediation effects. *AIDS and Behavior*, *13*(2), 217–24. doi:10.1007/s10461-007-9309-5

Warshaw, C., Lyon, E., Bland, P., Phillips, H., & Hooper, M. (2014). *Mental Health and Substance Use Coercion Surveys Report from the National Center on Domestic Violence, Trauma & Mental Health and the National Domestic Violence Hotline* (pp. 1–26).

Wingwood, G. M., DiClemente, R. J., & Raj, A. (2000). Adverse consequences of intimate partner abuse among women in non-urban domestic violence shelters. *American Journal of Preventative Medicine, 19,* 270-275.

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