



## Prediction of intimate partner violence by type of substance use disorder

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### ABSTRACT

The present study investigated whether (combinations of) specific substance use disorders predicted any and severe perpetration and victimization in males and females entering substance abuse treatment. All patients ( $N = 1799$ ) were screened for IPV perpetration and victimization; almost one third of the sample committed or experienced any IPV in the past year. For males, an alcohol use disorder in combination with a cannabis and/or cocaine use disorder significantly predicted any IPV (perpetration and/or victimization) as well as severe IPV perpetration. For females, alcohol and cocaine abuse/dependence predicted both any IPV (perpetration and/or victimization) and severe IPV perpetration. Results from the present study emphasize the importance of routinely assessing IPV in patients in substance abuse treatment and demonstrate that clinicians should be particularly alert for IPV in patients with specific substance use disorder combinations.

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### 1. Introduction

Intimate partner violence (IPV) is a prevalent societal problem; Schafer, Caetano, and Clark (1998) demonstrated that about 20% of the couples in the US general population experienced past year physical IPV. Dutch figures (although not completely comparable because of the longer reference period) appeared somewhat lower: in the past 5 years 49% reported any IPV, of whom 9% reported severe IPV (Van der Veen & Bogaerts, 2010). Consequences of IPV can be very serious and may lead to injuries and mental health problems in victims and children witnessing IPV (e.g., Campbell, 2002; Holt, Buckley, & Whelan, 2008; Kitzmann, Gaylord, Holt, & Kenny, 2008; Plichta, 2004; Wood & Sommers, 2011). A large body of research has identified risk factors for IPV perpetration as well as victimization. Risk factors related to physical IPV perpetration are verbal abuse, life stress, marital dissatisfaction, anger, and depression, to name a few (for reviews, see: Schumacher, Feldbau-Kohn, Smith Slep, & Heyman, 2001; Stith, Smith, Penn, Ward, & Tritt, 2004; Leonard & Senchak, 1996). Robust risk factors associated with physical IPV victimization include childhood abuse, depression, fewer years of education, and violent behavior toward the partner (Schumacher et al., 2001; Seedat, Stein, & Forde, 2005; Stith et al., 2004; Whitfield, Anda, Dube, & Felitti, 2003). A prominent risk factor for both IPV perpetration and

victimization is substance use (Schumacher et al., 2001; Stith et al., 2004). The current study elaborated on previous research and aimed to assess IPV perpetration and as well as victimization among patients in substance abuse treatment. At the same time it was intended to examine whether specific (combinations of) substance use disorders predicted IPV perpetration and/or victimization.

#### 1.1. The relationship between substance use and IPV perpetration

The co-occurrence of substance use and IPV perpetration has been studied extensively; up to about 60% of patients in domestic violence treatment were diagnosed with a substance use disorder (e.g., Brown, Werk, Caplan, & Seraganian, 1999; Kraanen, Scholing, & Emmelkamp, 2010, 2012; Stuart, Moore, Kahler, & Ramsey, 2003; Stuart, Moore, Ramsey, & Kahler, 2003). Furthermore, a number of studies found that IPV perpetration was overrepresented among patients in substance abuse treatment: past year prevalence rates of physical IPV perpetration in this group ranged from 40% to 60% (e.g., Chermack et al., 2008; Murphy & O'Farrell, 1994; O'Farrell & Murphy, 1995; Stuart et al., 2002; Vedel, 2007). In addition, Smith, Homish, Leonoard, and Cornelius (2012) demonstrated that the relationship between substance use and IPV perpetration was different for specific combinations of substance use. Data from a large general population survey showed that a combination of alcohol and cannabis use disorders decreased the likelihood of IPV perpetration compared to either an alcohol or a cannabis use disorder. In contrast, alcohol and cocaine use disorders increased the odds of IPV perpetration compared to only an alcohol use disorder, but decreased the odds for IPV perpetration compared to only cocaine abuse/dependence.

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Various explanations have been proposed for the relationship between substance use and IPV perpetration. Alcohol use and IPV perpetration may be causally related (e.g., Leonard, 2005) since direct pharmacological effects of alcohol lead to a distorted appraisal of cues and to disinhibition, which in turn may lead to committing IPV (Foran & O'Leary, 2008). As for the relationship between cannabis use and IPV, some have suggested that IPV is mediated by irritability resulting from withdrawal from cannabis (e.g., Hoaken & Stewart, 2003; Moore et al., 2008), or that a shared variable (e.g., impulsivity) may be responsible for both IPV and cannabis use (Moore & Stuart, 2005). Further, cocaine use might be related to IPV through direct pharmacological effects (Moore et al., 2008) since cocaine intoxication affects the serotonergic signaling system that may facilitate aggression (e.g., Patkar et al., 2006). However, underlying personality traits might be responsible for this relationship as well (Hoaken & Stewart, 2003). Finally, even though a significant proportion of substance abusers use more than one substance (Moore, 2010), little is known about the effect of interactions between different substances and their relationship with IPV.

### 1.2. The relationship between substance use and IPV victimization

IPV victimization is also associated with substance use. IPV victimization is prevalent in patients who follow substance abuse treatment; studies in this group revealed past year IPV victimization figures up to over 50% (Chermack et al., 2008; El-Bassel, Gilbert, Schilling, & Wada, 2000; El-Bassel et al., 2004; Gilbert et al., 2006; Chermack, Walton, Fuller, & Blow, 2001). Several mechanisms have been proposed for the relationship between substance use disorders and IPV victimization. Some have argued that problematic substance use might lead to stress in the relationship that may eventually lead to IPV (e.g., Goldstein, 1985); others hypothesized that IPV victims use alcohol (e.g., Kaysen et al., 2007) and cannabis (e.g., Kilpatrick, Acierno, Resnick, Saunders, & Best, 1997) to cope with stress, anxiety and pain resulting from IPV. Some recent studies provided evidence for a causal relationship between substance abuse and victimization in women (e.g., Gilbert, El-Bassel, Chang, Wu, & Roy, 2012; Parks, Romosz, Bradizza, & Hsieh, 2008). Riggs, Caulfield, and Street (2000) concluded that even though a relationship between substance abuse and IPV victimization exists, perpetrator substance abuse appears to influence IPV more strongly.

### 1.3. The current study

Studies that assessed IPV perpetration and victimization in patients in substance abuse treatment share some limitations. 1) Nearly all studies (with the exception of Chermack et al.'s (2008) study) either assessed IPV perpetration or IPV victimization but not both, even though IPV is reciprocal in many cases (Archer, 2000, 2002). 2) Most studies did not distinguish between any and severe IPV, a distinction that may be important from a clinical viewpoint. 3) Most studies investigating the prevalence of IPV victimization did so in very specific samples, such as females in methadone treatment (e.g., El-Bassel et al., 2000, 2004; Gilbert et al., 2006), but not in general samples of patients in substance abuse treatment. Therefore, the present study examined any IPV (perpetration and/or victimization) as well as severe IPV perpetration and victimization in a large, representative sample of male and female patients entering substance abuse treatment.

Further, only a small number of studies focused on identifying risk factors for IPV perpetration among substance abusers (Chermack et al., 2008; Kachadourian, Taft, O'Farrell, Doron-LaMarca, & Morphy, 2012; Murphy & O'Farrell, 1994; Taft et al., 2010). Results demonstrated that, for example, younger age, alcohol use problem severity, antisocial personality characteristics, and anger were associated with IPV perpetration (Chermack et al., 2008; Kachadourian et al., 2012;

Murphy & O'Farrell, 1994; Taft et al., 2010). Since the relationship between various substances (and their interactions) and IPV is different and different mechanisms appear to underlie the relationship between different substances and IPV, an important purpose of this study was to examine whether particular substance use disorders predicted any IPV (perpetration and/or victimization), severe IPV perpetration, and severe IPV victimization, all in the past year. In addition, participants were categorized according to the substance use disorder(s) they were suffering from since a significant proportion of patients suffer from more than one substance use disorder, and there is evidence that interactions of different substances may lead to different outcomes regarding IPV (Smith et al., 2012). Because research on the effects of using multiple substances in relation to aggressive behavior is scarce, Smith et al.'s (2012) study was used to formulate hypotheses. It was expected that 1) patients with both an alcohol and a cannabis use disorder and 2) patients with both an alcohol and a cocaine use disorder were at higher odds for IPV perpetration than patients with an alcohol use disorder alone. Other substance use disorder combinations as predictors for IPV were studied exploratory.

## 2. Materials and methods

### 2.1. Participants

Participants were patients who sought treatment at the cure department of Jellinek (in contrast to the care department that focuses on harm reduction in chronic patients), a large community substance abuse treatment center in Amsterdam, the Netherlands. Patients were allocated to either inpatient or outpatient treatment according to the stepped care principle (Sobell & Sobell, 2000); the majority of patients received outpatient treatment (about 95%). Patients were included if they met the following inclusion criteria: 1) having a partner in the past year (i.e., being married, co-habiting or having a living-apart-together relationship), 2) being 18 years old or older, and 3) current abuse or dependence of one or more psychoactive substances, with the exception of nicotine. Patients were excluded in case of: 1) severe mental problems that required acute care (e.g., psychosis or suicidal ideation), 2) severe cognitive disorders (e.g., Korsakov's syndrome), 3) insufficient knowledge of the Dutch language, or 4) severe intoxication or withdrawal at intake.

All patients who had an intake at the Jellinek substance abuse treatment center between July 1st 2009 and January 15th 2012 were screened for eligibility. In total, 4529 unique patients had an intake of which 2300 met inclusion criteria. The final sample consisted of 1799 patients (78.2% of those eligible to participate) (for an overview, see Fig. 1). In total, 501 patients (21.8%) were not included because they met one or more exclusion criteria or for logistic reasons ( $N = 239$ ; 10.4%). Examples of logistic reasons were insufficient time to complete the IPV questionnaire during intake or that the intaker had forgotten to administer the questionnaire. In addition, 55 patients completed more than one questionnaire because they had multiple intakes during the study period. Thirty-five of these patients (63.6%) obtained the same scores on the questionnaire; 20 patients (36.4%) obtained different scores. If patients obtained the same score on both screeners, only one of the screeners was included; if patients obtained different scores, the J-IPV with the highest score was used.

### 2.2. Instruments

#### 2.2.1. Jellinek Inventory for assessing Partner Violence (J-IPV)

The J-IPV (Kraanen, Vedel, Scholing, & Emmelkamp, 2013) was administered to all patients during intake (care-as-usual) to assess IPV. The J-IPV is a short structured interview aiming to identify past year IPV perpetration and victimization. The instrument consists of 4 yes/no items asking if someone was threatened by their partner, was

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