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Partner violence among drug-abusing women receiving behavioral couples therapy versus individually-based therapy

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ABSTRACT

Introduction: Studies have found reductions in female-to-male (F-to-M) and male-to-female (M-to-F) intimate partner violence (IPV) following alcohol-related treatment. Despite high prevalence of IPV among drug-abusing women, there are no controlled studies examining IPV following drug-related treatment for women. This is a secondary analysis of a randomized clinical trial comparing behavioral couples therapy plus individually-based treatment (BCT + IBT) versus individually-based treatment (IBT) for drug-abusing women and their male partners ($N = 61$; see O'Farrell, Schumm, Murphy, & Muchowski, 2017). We hypothesized that both treatments would have reductions in F-to-M and M-to-F IPV, but reductions would be greater in BCT + IBT.

Material and methods: Women were mostly White, and all exhibited drug use disorders (74% opioid use disorder). Forty-five percent had a male partner with a current substance problem. The Revised Conflict Tactics Scales (CTS2) were administered at baseline and 12-months after treatment (85% follow-up rate).

Results: Psychological aggression frequency and F-to-M physical assault declined in both treatments. M-to-F physical assault, M-to-F sexual coercion, and female and male injury declined in IBT. However, these outcomes did not change in BCT + IBT. Thus, results showed that IBT, but not BCT + IBT, reduced M-to-F physical assault and M-to-F sexual coercion. Contrary to our hypothesis, IBT was lower than BCT + IBT on F-to-M and M-to-F physical assault, M-to-F sexual coercion, and female injury. M-to-F physical assault frequency was lower at follow-up if the male partner had versus did not have a current substance problem.

Conclusions: BCT + IBT and IBT are viable interventions for reducing both partners' psychological aggression and F-to-M physical assault frequency among drug-abusing women and their male partners. IBT is promising for reducing M-to-F physical assault and female physical injury. There appears to be greater risk of M-to-F physical assault when the female but not male partner is substance-abusing.

1. Introduction

A meta-analysis of 285 studies found a significant, medium effect size association between problematic substance use and intimate partner violence (IPV) perpetration and victimization (Cafferky, Mendez, Anderson, & Stith, 2016). Although alcohol and drug use had similar positive associations with IPV perpetration, drug use was found to have a significantly higher positive correlation with IPV victimization versus alcohol use. In comparison to men, women's substance use was found to have a significantly stronger positive association with IPV victimization. These findings suggest that women who abuse drugs may be at risk for perpetrating IPV, and these women may be at a comparatively higher risk than their male counterparts to experience IPV victimization.

Despite the evidence that drug-abusing women are at higher risk than their male counterparts to experience IPV victimization, most research on IPV among substance-abusing individuals has involved men seeking substance use disorder treatment. The few studies which have examined IPV among married or cohabiting women who are seeking substance use disorder treatment suggest that IPV perpetration and victimization is a prevalent problem among these women. In various studies, women's past year prevalence of physical IPV victimization (i.e. male-to-female (M-to-F) IPV), as reported at the outset of SUD treatment, was in the 50–65% range (Burnette et al., 2008; Chermack, Walton, Fuller, & Blow, 2001; Drapkin, McCrady, Swingle, & Epstein, 2005; Schumm, O'Farrell, Murphy, & Fals-Stewart, 2009). These studies

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also found that around two-thirds of women entering SUD treatment have perpetrated physical IPV (i.e. female-to-male (F-to-M) IPV) toward their partner within the past year. Further, Schumm et al. (2009) found 80% prevalence for M-to-F and 92% prevalence for F-to-M elevated psychological aggression. These rates of F-to-M and M-to-F physical and psychological IPV among women entering SUD treatment far exceed rates observed in community members without substance use problems (Schumm et al., 2009).

Substances such as alcohol may exert disinhibiting effects on aggression, thereby increasing the likelihood of aggression in response to relationship conflict (Murphy & Ting, 2010). Consistent with this, Kaufmann, O'Farrell, Murphy, Murphy, and Muchowski (2014) found that among women in substance use treatment relationship conflicts were more likely to include F-to-M or M-to-F physical IPV when the women had been using alcohol or drugs during the 12 h prior to the conflict, whereas non-violent conflicts were more likely if she had not been using substances during the 12 h prior to the conflict. In addition, F-to-M or M-to-F physical IPV was more likely if male partners had been using alcohol during the 12 h prior to the conflict.

Arguments about substance use may be another factor that increases risk for IPV among women with substance use disorders and their male partners. In examining the content of the topics that were discussed during the worst-reported conflicts between substance-abusing women and their male relationship partners, Kaufmann and colleagues (2014) found that the most common topic was the woman's alcohol use. The woman's alcohol use was more common during conflicts that included include F-to-M or M-to-F physical IPV (63%) versus conflicts that did not include physical IPV (53%). Women's drug use was also a common topic of discussion the worst-reported conflicts, although there were no differences in how often drug use was discussed in conflicts that did (42%) versus did not (41%) include F-to-M or M-to-F physical IPV. Taken together, these findings suggest that reduction of substance use may be an important target for interventions to reduce physical IPV among women with substance use disorders and their male partners.

In a review of naturalistic studies examining IPV perpetration and victimization outcomes prior to and following alcohol use disorder treatment, Murphy and Ting (2010) found evidence for pre- to post-treatment reductions in M-to-F and F-to-M IPV. The studies reviewed showed two to three-fold reductions in prevalence of IPV perpetration and victimization from the year prior to the 1–2 years after substance use disorder treatment. The magnitude of pre- to post-treatment reductions in frequency of IPV was a small-to-medium effect size for physical IPV perpetration and victimization and a large effect size for psychological aggression perpetration and victimization. However, of the seven studies that were reviewed, only one included women seeking alcohol use disorder treatment. More studies are needed among women with substance use disorders to examine the potential impact of substance use treatment on IPV perpetration and victimization.

Murphy and Ting (2010) noted two factors that may account for reductions in IPV perpetration and victimization following substance use disorder treatment: a) a reduction in substance use, and b) relationship factors such as improved conflict management and strategies to promote or enhance partner safety. Both of these areas are targeted in behavioral couples therapy (BCT) for substance use disorders (O'Farrell & Fals-Stewart, 2006). Given the focus of BCT on promoting sobriety and improving the relationship, Murphy and Ting (2010) suggested that BCT may be a promising intervention for reducing IPV among individuals with substance use disorders.

1.1. Intimate partner violence and treatment for women with substance use disorders

A prior randomized controlled trial by Schumm, O'Farrell, Kahler, Murphy, and Muchowski (2014) compared BCT plus IBT versus IBT for reducing IPV among women with alcohol use disorder. Results from this study showed that BCT plus IBT was not superior to IBT in reducing physical IPV. Prevalence of M-to-F and F-to-M physical IPV significantly declined in both treatment conditions from the year prior to the year following treatment, and the conditions did not significantly differ on these outcomes 1 year following treatment. However, a randomization failure occurred in this prior study, and there was significantly greater M-to-F physical IPV in the BCT plus IBT versus IBT during the year prior to treatment. Therefore, it is difficult to draw conclusions about these comparisons following treatment, since the treatment conditions differed in IPV prior to treatment.

A study by Jones, Tuten, and O'Grady (2011) examined couples therapy for drug-abusing women patients. However, this study did not examine IPV outcomes. Therefore, additional research is needed to examine the efficacy of BCT for reducing IPV among women with a primary drug use disorder and their male partners.

Finally, a major gap in research on IPV among individuals seeking substance use treatment is that most studies have excluded “dual problem couples” in which both partners have a substance use disorder. Research on couples in the community has found that concordance between partners with regard to their alcohol use patterns (i.e., either both or neither partner engages in heavy alcohol use) is predictive of less IPV and greater relationship satisfaction versus when the male but not female partner uses alcohol heavily (Leonard & Eiden, 2007). These findings are consistent with laboratory-based research showing that the ratio of positive to negative communication patterns is highest among couples that are concordant with regard to alcohol use disorder diagnosis (i.e., both or neither partner exhibits alcohol use disorder) versus those in which the male but not female partner exhibits an alcohol use disorder (Floyd, Cranford, Daugherty, Fitzgerald, & Zucker, 2006). Roberts and Leonard (1998) propose that dual problem couples may have shared substance use goals and use substances together. These couples may, therefore, experience less conflict about their substance use versus couples in which one but not both partners has a substance use disorder. Drapkin et al. (2005) examined IPV among a sample of women with alcohol use disorder, and this study included some dual problem couples. However, this study did not examine differences in IPV outcomes between couples in which the women only versus both partners had an alcohol use disorder, and IPV outcomes were reported at pre-treatment only. Studies are needed to explore whether both partners having a substance use disorder is related to IPV outcomes among women seeking substance use treatment and their partners.

1.2. Current study background and aim

This paper presents IPV outcomes for a study that compared BCT plus IBT versus IBT for drug abusing women on substance-related and relationship outcomes over a 1-year follow-up. The main clinical outcomes paper for this study, which has been published elsewhere (O'Farrell, Schumm, Murphy, & Muchowski, 2017), did not present study data on IPV. Notably the current paper evaluated the prevalence and frequency of IPV victimization and perpetration of both female and male partners. The primary aim of the present paper was to compare the efficacy of BCT plus IBT versus IBT for reducing IPV among women with a primary drug use disorder and their male partners. Based upon prior research suggesting that both BCT plus IBT and IBT are associated with reductions in IPV (Murphy & Ting, 2010; Schumm et al., 2014), we tested the hypothesis that both BCT plus IBT and IBT only would have significant reductions in IPV outcomes in the year prior to versus in the year following treatment. We also tested the prediction that women who received BCT plus IBT, as compared to those who got IBT, would have lower IPV in the year following treatment. This hypothesis was based up our prior findings showing that BCT plus IBT was superior to IBT in reducing substance-related problems, improving male partner relationship satisfaction, and preventing relationship break-up (O'Farrell et al., 2017). Reduction in substance-related problems and improved relationship functioning have been proposed as mechanisms through which SUD treatment reduces IPV (Murphy & Ting, 2010).