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Differential profiles of drug-addicted patients according to gender and the perpetration of intimate partner violence

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ABSTRACT

Background: This study explored the differential profiles of drug-addicted patients according to gender and the perpetration of intimate partner violence (IPV).

Methods: The study assessed a sample of 127 drug-addicted patients (84 male and 43 female) who sought treatment. Information about socio-demographic and consumption characteristics, IPV, psychopathological symptoms, personality characteristics and maladjustment variables was obtained. Four groups were created according to gender and the presence or absence of the perpetration of IPV: (a) men with IPV ($n=41$), (b) women with IPV ($n=29$), (c) men without IPV ($n=43$), and (d) women without IPV ($n=14$). The four groups were compared in terms of all of studied variables.

Results: There were significant differences between the groups in the severity of the addiction and personality characteristics. In general, the drug-addicted patients with associated IPV perpetration exhibited greater scores for nearly all of the studied variables, independent of gender. Moreover, the differences among groups were more strongly related to perpetration of IPV than to the gender of the patients.

Conclusions: According to the results obtained, treatment programs for drug addiction are a suitable context for identifying the presence of IPV, but IPV is typically unnoticed in addiction treatment programs. The implications of these results for future research and clinical practice are discussed.

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1. Introduction

High rates of intimate partner violence (IPV) have been found in drug-addicted patients (Arteaga et al., 2012; Clements and Schumacher, 2010; Fernández-Montalvo et al., 2011; Moore et al., 2008; Stuart et al., 2009). According to different studies, between 40% and 60% of people in treatment for drug addiction have histories of episodes of IPV within the year prior to the initiation of treatment (Easton et al., 2000; O'Farrell and Murphy, 1995). These rates are significantly higher than those found in studies conducted in the general population (Devries et al., 2013; European Union Agency for Fundamental Rights, 2014).

Although IPV has traditionally been associated with a male-perpetrator and female-victim pattern, an increasing number of studies have also revealed the occurrence of violence committed by women against men (Carney et al., 2007; Dixon et al., 2012; Dutton, 2012). Some studies have even indicated a greater prevalence of these violent behaviours in women than in men (Archer,

2000) and the existence of differential aggressor profiles according to gender (Archer, 2002).

This same phenomenon was recently observed in a study that was specifically developed with drug-addicted patients in treatment (Arteaga et al., 2012). In this study, nearly two in three women in the sample (63.3%) had committed IPV. This figure was significantly higher than that found in the men (24.2% of cases) and doubled the rate of female aggressors in the general population (31% according to Palmetto et al., 2013).

These data showing the high rates of IPV by drug-addicted women are worrisome. On the one hand, studies that have examined the differential profiles according to gender have shown that women who attend programs for drug addicts exhibit more severe profiles than men (Fernández-Montalvo et al., 2014; Grella et al., 2005; Hser et al., 2003). Women develop more severe addictions in terms of consumption and associated psychopathological symptomatology, particularly regarding anxiety and mood disorders (Greenfield et al., 2010; Landa et al., 2006).

Studies that have compared drug-addicted patients with and without histories of IPV have reported important differences. Specifically, drug-addicted patients with IPV present with greater numbers of psychopathological symptoms and personality disorders (Arteaga et al., 2012). The same results have been obtained

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in studies conducted with non-addicted abusers in which the presence of IPV has been related to increased associated psychopathology and personality problems (Echeburúa et al., 2003; Novo et al., 2012; Wolfe et al., 2004).

According to the abovementioned results, it can be hypothesised that women who have perpetrated IPV will present with more severe addiction profiles. Nevertheless, issues related to IPV often go unnoticed in treatment programs for addictions, which mainly focus on specific consumption problems. From a psychological treatment perspective, it is very relevant to ascertain the different and specific characteristics of these types of drug-addicted patients while simultaneously accounting for both gender and the perpetration of IPV. This knowledge will allow therapists to implement individually tailored treatment strategies according to the most relevant aspects that characterise these patients. Consequently, the main purpose of this study was to assess and compare the specific characteristics of four groups of drug-addicted patients that were defined in terms of gender and the perpetration of IPV (i.e., men with IPV, women with IPV, men without IPV and women without IPV).

2. Material and methods

The protocol for this study was approved by the ethics committees of the Public University of Navarra and the Fundación Proyecto Hombre de Navarra.

2.1. Participants

The initial sample consisted of 182 addicted patients who sought treatment at the *Proyecto Hombre* Addiction Treatment Programme in Pamplona, Spain from May 2010 to December 2012.

The admission criteria were as follows: (a) meeting the diagnostic criteria for substance dependence disorder of the DSM-IV-TR (American Psychiatric Association, 2000), (b) being between 18 and 65 years old, and (c) providing consent to participate in the study. The exclusion criteria were as follows: (a) the presence of a serious mental illness that would contraindicate participation in the study, (b) a statement by professionals advising that the patient should not be interviewed due to his or her stage in the treatment process, and (c) a lack of knowledge of the Spanish language. Following these criteria, 39 people (18%) were excluded from the study, and 16 (7.4%) refused to participate. Therefore, the final sample was composed of 127 subjects.

Male patients without IPV are most prevalent in addiction clinical settings. Therefore, the following procedure was used to select the patients in this study to acquire well-balanced groups. First, all of the women who met the admission criteria were directly included in the study and divided into two groups according to the perpetration of IPV. Second, all the men who had perpetrated IPV and met the admission criteria were included within the third group. Finally, the fourth group was composed of the men without IPV who sought treatment consecutively until the size of this group was similar to the largest of the other groups.

The mean age of the individuals included in the study was 35.7 years ($SD = 7.8$). The sample included 84 (66.1%) men and 43 (33.9%) women. The socioeconomic levels were middle to lower-middle class. The main substances that motivated treatment were cocaine (40.3% of the sample) and alcohol (33.6% of the sample), followed by other substances (e.g., heroin, cannabis, amphetamine, etc.) at lower incidences (26% of the sample).

2.2. Instruments

The European Addiction Severity Index (EuropASI; Kokkevi and Hartgers, 1995) is the European version of the Addiction Severity

Index (ASI; McLellan et al., 1980). The Spanish version that was used was created by Bobes et al. (1996). This interview assesses a patient's treatment needs based on seven different areas: (a) general medical condition; (b) employment and financial situations; (c) alcohol consumption; (d) use of other drugs; (e) legal problems; (f) family and social relationships; and (g) psychological state. The Interviewer Severity Rating (ISR), which has proven useful in different studies conducted in the treatment context (López-Goñi et al., 2010, 2012), was used. The score for each area ranged from 0 (no problem) to 9 (extreme problem). The short-term test–retest reliabilities of the ASI severity ratings have been reported to be greater than or equal to 0.92 for all domains (McLellan et al., 1985). The alpha coefficient for the current sample was 0.70.

The Revised Conflict Tactics Scale-2 (CTS-2) (Straus et al., 1996), which consists of 78 items, measures the degree to which individuals commit/suffer from IPV and the use of negotiation to resolve conflicts. This instrument consists of five scales: (a) reasoning/negotiation; (b) physical aggression; (c) psychological abuse; (d) sexual coercion; and (e) injuries. In this study, the last four scales, which are related to violent behaviours, were used, and only the items in these scales that refer to the perpetration of IPV were included. The dichotomous-response version was applied (i.e., 0, absent; 1, present), and the responses indicated whether the behaviours that composed the scale had ever occurred. The internal consistence ranges from 0.83 to 0.84.

The Inventory of Distorted Thoughts about Women (IDT-W) (Echeburúa and Fernández-Montalvo, 1998) consists of a list of 13 binary items that aim to detect irrational thoughts related to sexual roles and the inferiority of women. A four-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree) was used. The results range from 13 to 52. The internal consistence is 0.87 and the test–retest reliability is 0.92.

The Inventory of Distorted Thoughts about the Use of Violence (IDT-V) (Echeburúa and Fernández-Montalvo, 1998) consists of a list of 16 binary items that aim to detect irrational thoughts related to the use of violence as an acceptable means to resolve conflicts. A four-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree) was used. The results range from 16 to 64. The internal consistence is 0.94 and the test–retest reliability is 0.89.

The Symptom Checklist (SCL-90-R) (Derogatis, 1992; González de Rivera, 2002) is a self-administered questionnaire for general psychopathological assessment. This questionnaire consists of 90 items that are rated on a five-point Likert scale that ranges from 0 (not at all) to 4 (extremely). This questionnaire aims to reflect the symptoms of psychological distress and consists of nine primary symptom dimensions: somatisation, obsession-compulsion, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. Additionally, this questionnaire provides three global indices that reflect the overall severities of the subject's symptoms: the Global Severity Index (GSI) reflects the overall symptom severity, the Positive Symptom Distress Index (PSDI) indicates the symptom intensity, and the Positive Symptom Total (PST), which is the number of items with scores different from 0. The internal consistency ranges from 0.70 to 0.90. In this study, the percentiles of each dimension were considered.

The Millon Clinical Multiaxial Inventory (MCMI-III) (Cardenal and Sánchez, 2007; Millon, 2004) is a clinical questionnaire that is used to assess personality disorders. It consists of 175 dichotomous response items (true/false) that provide information about 11 basic personality scales (i.e., schizoid, avoidant, depressive, dependent, histrionic, narcissistic, antisocial, aggressive-sadistic, compulsive, passive-aggressive, and self-destructive), three pathological personality scales (i.e., schizoid, borderline, and paranoid), and 10 clinical syndromes (i.e., anxiety, somatoform, bipolar disorder, dysthymia, alcohol abuse, drug abuse, posttraumatic stress disorder, thought disorder, major depression, and delusional disorder). The

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