

Does marijuana use contribute to intimate partner aggression? A brief review and directions for future research

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Marijuana users are more likely to perpetrate intimate partner aggression (IPA) than non-users, yet the mechanism responsible for this association is unknown. Recent studies considering the association between episodes of marijuana use and episodes of IPA have failed to find evidence consistent with an acute effect of marijuana. Research gaps are highlighted and a heuristic model of marijuana's potential effects on IPA is presented. Research priorities include consideration of mediating mechanisms, moderating variables at the individual and couple level, and examination of acute effects of marijuana using daily report and EMA designs.

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Marijuana is the most commonly used illegal substance in the US [1], widely used for its ability to induce relaxation and mild euphoria. The notion that marijuana use may contribute to intimate partner aggression (IPA) seems paradoxical. Yet marijuana has been positively associated with perpetration of IPA across a variety of samples [2–5]. Understanding the association between marijuana and IPA takes on increasing urgency with the rapid growth in marijuana use and acceptance of legalization in recent years [6]. In 2013, 7.5% of Americans 12 and older used marijuana in the past month, an increase from 5.8% in 2007 [7]. As prevalence of marijuana use increases, any negative consequences associated with usage are expected to increase as well.

The literature on marijuana and IPA was reviewed in 2005 [8^{••}] and meta-analyzed in 2008 [9^{••}]. On the basis of 14 survey studies (32 effect sizes), there was a small but statistically significant effect of marijuana on physical IPA perpetration ($d = .21$) [9^{••}]. The current review focuses on approximately 30 studies published since 2008 that

considered the effect of marijuana use on physical IPA perpetration. Studies that considered marijuana use as a consequence of IPA are not included. Studies were identified from the PsycInfo and Medline databases using the keywords CANNABIS or MARIJUANA with VIOLENCE. We included studies that assessed both perpetration and victimization, variables that are highly correlated [10^{••},11], but excluded studies that examined victimization only.

Following earlier convention [8^{••},12], we distinguish between distal and proximal effects of marijuana. Distal effects refer to the relationship between marijuana use patterns and frequency of IPA, whereas proximal or acute effects refer to the occurrence of IPA while the user is under the influence of marijuana. It is a fallacy to conclude that distal effects reflect acute effects. Marijuana users may perpetrate IPA while under the influence of the drug, but an association at the distal level may also be spurious or reflect an indirect mechanism.

Cross-sectional studies

Because marijuana users differ from non-users on variables such as alcohol use, depression, and antisocial personality [13–15], most survey studies control for potential confounding variables. Independent positive effects of marijuana on IPA have been found in adolescent and college samples [2,16–18] and in adult and adolescent emergency department patients [5,19]. In some studies the association was limited to certain groups, for example, college women but not men [20], or, college men but not women [3]. In the National Household Survey on Drug Abuse there was a relationship between marijuana and IPA among minorities but not Caucasians [21]. In one study marijuana was a significant predictor of IPA in bivariate but not in multivariate analyses [22]. In a small sample study of young adults, marijuana problems were associated with IPA for men [23] but not their female partners [24].

A few studies have considered the association between marijuana use and amount or severity of IPA perpetration within clinical samples in which rates of violence and substance use are elevated. Marijuana use was not associated with IPA among couples in which the man was entering substance abuse treatment [25], but it was in a sample of men and women in substance abuse treatment who had a history of violence [26]. In a sample arrested for partner violence, marijuana use predicted IPA for men but not for women [4].

Longitudinal studies

Cross-sectional studies consider the relationship between retrospective reports of marijuana use and IPA assessed at a single point in time, using marijuana as the predictor and IPA as the outcome. Longitudinal studies consider the impact of marijuana use in an earlier time period on IPA in a later, non-overlapping time period, permitting proper temporal ordering. However, a longitudinal design is not necessarily superior to a cross-sectional design if acute drug effects are presumed, since marijuana use in Year 1 cannot directly influence IPA in Year 2.

In longitudinal studies of adolescents using short follow up intervals one study found a relationship between marijuana use and later dating aggression [27], whereas another did not [28]. Data from the National Longitudinal Study of Adolescent Health (AddHealth; $N = 9241$) show that consistent marijuana use in adolescence is a strong predictor of IPA perpetration in early adulthood [29]. Similarly, marijuana use reported at age 22 predicted involvement in intimate relationships involving more conflict and less cohesion at age 27 [30]. Multilevel growth curve modeling was used to consider between-person effects of marijuana separate from within-person changes in use [31^{••}]. There were no within-wave associations between marijuana and IPA, meaning that increases (or decreases) in marijuana did not coincide with increases in IPA during that time period. However, there was a between-persons effect of marijuana among girls (not boys) suggesting that marijuana users differ from non-users on characteristics that predispose them toward later dating violence.

In contrast to the generally positive longitudinal effects among adolescents, a longitudinal study of young adult couples, beginning at the time of marriage and continuing for nine years, suggests an inverse relationship between marijuana and IPA [32^{••}]. Couples in which both partners used marijuana frequently reported the fewest incidents of IPA over time. There was one exception to this pattern: among women with a history of IPA at the time of marriage, marijuana use was positively associated with later perpetration, suggesting the potential importance of individual moderators on marijuana's effects.

Cannabis use disorder (CUD)

Whereas the studies reviewed above considered use of marijuana as a predictor of IPA, others have considered CUD as a predictor. Because CUD criteria include withdrawal symptoms and substance use that interferes with daily functioning and social relationships [33], such individuals may be particularly likely to also report involvement in aggressive relationships. Roughly 1/3 of past year marijuana users meet criteria for CUD, or about 1.5% of the population based on National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) [34]. In analyses considering CUD rather than cannabis use, users

who do not meet CUD criteria are classified with non-users.

Three separate papers have used data from Wave 2 of NESARC ($N = 25,778$) to consider the relationship between CUD and physical IPA over the past 12 months, after controlling for antisocial and other psychiatric symptoms [10^{••},35[•],36[•]]. CUD was positively associated with victimization and with mutual IPA; however, it was not associated with perpetration after controlling for victimization. This pattern suggests that CUD may be more strongly associated with relationship difficulties than with pure aggression perpetration.

Smith and colleagues [10^{••}] also considered the combination of alcohol use disorder (AUD) and CUD. Meeting criteria for both disorders reduced the odds of perpetration relative to meeting criteria for either AUD or CUD alone. However, having both AUD and CUD resulted in increased risk of victimization relative to either disorder alone. It is possible, as Smith suggests, that simultaneous use of cannabis lessens the aggressive effects of alcohol; however, since it is not known whether the substances are used together, this is speculative.

Two studies have considered the association of CUD on IPA within clinical samples. In a sample of court-referred offenders in which most had a substance use disorder ($N = 1584$, 81% male), AUD alone increased the odds of IPA perpetration whereas CUD alone did not [37[•]]. However, the combination of AUD and CUD increased the odds of IPA relative to CUD alone but decreased it relative to AUD alone. Curiously, the opposite pattern of results was obtained in a Dutch sample ($N = 1339$) of men and women entering substance abuse treatment [38]. Having both AUD and CUD increased the odds of reporting severe physical IPA perpetration relative to having an AUD only; having a CUD only did not differ from AUD only. Because nearly all participants in these studies had some type of substance use disorder, effects of CUD are relative to effects of other types of disorders, whereas in NESARC, CUD effects are expressed relative to people generally without other substance use disorders.

Acute effects of marijuana

Examining the acute effects of marijuana on aggression that are believed to be responsible for the distal association requires experimental designs or event-level studies. To the best of our knowledge, no experimental analog studies have considered the effects of administered marijuana on aggression toward an intimate partner; however, experimental studies suggest that marijuana may reduce aggression toward a stranger [39,40].

Another method of considering the acute effects of marijuana involves examining whether naturally occurring episodes of aggression tend to co-occur with episodes

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