

# Domestic violence, alcohol and substance abuse

## Violência doméstica, abuso de álcool e substâncias psicoativas

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### Abstract

Domestic violence and substance abuse are common in primary care patients. Although these problems are associated with severe physical and psychological sequelae, they are often undiagnosed. This article provides an overview of the prevalence of these problems, the health-related consequences for adults, children and elderly, as well as the challenges for clinicians in screening, assessment and referral.

**Keywords:** Alcoholism/complications; Domestic violence; Substance-related disorders/complications; Family relations; Spouse abuse

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### Resumo

Violência doméstica e abuso de substâncias psicoativas são comuns em pacientes atendidos no sistema de saúde de baixa complexidade. Apesar de estes problemas acarretarem graves seqüelas físicas e psicológicas, eles freqüentemente não são diagnosticados. Este artigo oferece uma revisão ampla sobre a prevalência destes problemas e suas conseqüências para a saúde de adultos, crianças e idosos, bem como discute os desafios enfrentados por médicos clínicos para a sua detecção, avaliação e encaminhamento.

**Descritores:** Alcoolismo; Violência doméstica; Transtornos relacionados ao uso de substâncias/complicações; Relações familiares; Maus-tratos conjugais

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## Introduction

Domestic violence is defined as any sort of physical, sexual or emotional abuse perpetrated by one partner to another, in a past or current intimate relationship. In a broader sense, domestic violence refers also to abuse towards children and elderly in the household.

The problem is underreported, but potentially affects 10% to 15% of women in the United States. Prevalence reports vary widely, depending on definitions and methodology. In selected populations, the prevalence of severe violence ranges from 0.3% to 4% (lifetime estimate of 9%) and 8% to 17% for total violence (lifetime estimates ranging from 8% to 22%).<sup>1</sup>

The association between domestic violence, including male-perpetrated violence against female intimate partners and the physical and sexual abuse of children by parents and other caretakers, and substance use, abuse and dependence has been investigated by a number of authors,<sup>2-3</sup> but a causal relationship (that substance use, abuse or dependence causes domestic violence) cannot be inferred.<sup>4</sup> The purpose of this article is to review current research on the relationship between domestic violence and psychoactive substances and to offer practical guidelines on assessment in primary care settings by internists, family practitioners, obstetrician-gynecologists (Ob-Gyns) and in mental health care settings by psychiatrists and other mental health care professionals.

## Associations between domestic violence and substance abuse and dependence

Irons and Schneider illustrate how closely the behaviors of perpetrators of domestic violence resemble those of substance dependence, including loss of control, maintenance of behavior in spite of adverse consequences (physical injuries and impact on family relationships), consumption of a great deal of time, blaming on others, denial, minimization, and cycles of escalation, followed by contrition and promises of change, among others. Both women and men hold an intoxicated victim more responsible than an intoxicated perpetrator.<sup>4</sup> Culturally, chemically dependent women are considered to be more sexually available, leading to the notion that sexual aggression towards them is acceptable.<sup>5</sup>

Substance use (by the perpetrator, the victim or both) is involved in as many as 92% of reported episodes of domestic violence.<sup>6</sup> Alcohol frequently acts as a disinhibitor, facilitating violence. Stimulants such as cocaine, crack cocaine and amphetamines are also frequently involved in episodes of domestic violence by reducing impulse control and increasing paranoid feelings. Alcohol use seems to be involved in up to 50% of the cases of sexual assault. Violent married men have higher rates of alcoholism when compared to their non-violent counterparts.<sup>7</sup> Studies report rates of alcoholism of 67% and 93% among wife batterers.<sup>8</sup> Among male alcoholics in treatment, 20 to 33% reported having assaulted their wives at least once in the year prior to the survey, their wives reporting even higher rates.<sup>9</sup> The American Medical Association<sup>10</sup> reports that rape represents 54% of cases of marital violence. Rape and other forms of victimization are disproportionately frequent among women with substance use problems in comparison to other women in the general population. Substance use may also be involved in domestic violence in more subtle ways, such

as arguments over financial matters (the substance user takes money from the spouse, or diverts money that should be used to pay household bills to buy drugs, for example).<sup>11</sup>

On the other hand, alcohol and other drugs are often used to medicate the pain involved in situations of domestic violence and trauma by women.<sup>12</sup> Women injured by a male partner are twice to three times as likely to abuse alcohol and to have used cocaine than controls. Women in treatment for alcohol and other drugs report elevated rates of victimization.<sup>3</sup> Their male partners are twice as likely to abuse alcohol and four times as likely to use drugs as compared to controls.<sup>13-14</sup> Women who use psychoactive substances seem to be at higher risk of violence, both as a result of their own use and that of their partners. A relationship between female substance use and increased violence has been reported in several studies.<sup>15-16</sup> A qualitative study reported that women in treatment for substance use disorders felt that violence against them was associated with low social status, increased perceived sexual availability, their partner's substance use, their own verbal aggression under the influence of crack and alcohol, and conflicts related to seeking and splitting drugs.<sup>2</sup>

## Domestic violence, substance abuse, and pregnancy

Domestic violence among pregnant women (particularly those of lower income) poses additional health care challenges including increased perinatal substance use, increased likelihood of premature labor, poor prenatal care, reduced birth weight, and greater utilization of health care services, underscoring the need for improved screening techniques.<sup>17</sup>

## Childhood abuse and substance use

A strong association between childhood sexual and physical abuse in women and later development of substance use problems has been reported. A recent review documented that rates of childhood abuse among women with substance use problems and rates of substance use problems among women with histories of childhood abuse are significantly higher than that found in the general population. Moreover, it is suggested that the relationship between childhood abuse and the development of substance use problems among women is mediated by psychiatric comorbidity, including anxiety, particularly post-traumatic stress disorder, and depression.<sup>18</sup>

Parental substance use may facilitate the occurrence of child abuse and child neglect. A number of studies suggest that men who are abusive towards their wives may also abuse their children.<sup>11</sup> Children who experience neglectful parenting are also at higher risk of developing substance use problems, thereby perpetuating an ever growing cycle of violence/neglect.<sup>19</sup>

## Screening

Domestic violence and substance use disorders in women often go undetected by health care professionals. Professionals do not feel comfortable asking women about domestic violence and substance problems, and patients do not feel comfortable reporting them. These are painful conditions and experiences associated with shame and stigma. Feelings that they are the guilty parties, that they somehow provoked the violence, also contribute to

underreporting. Both patients and professionals may feel it is not worthwhile to raise these issues, feeling powerless to fix the situation and afraid of creating even more difficulties.

Screening, however, is essential. Women and children experience a range of health problems in connection with domestic violence and substance-related disorders, including depression, insomnia and anxiety,<sup>20-21</sup> chronic pelvic pain, repeated urinary infections and sexually transmitted diseases.<sup>22</sup> There is some research suggesting that evaluation of domestic violence maybe even more problematic than evaluation of substance use disorders. For instance, in a survey done in Quebec with Ob- Gyns, it was observed that although evaluation of substance use was better among more recently trained professionals, little or no improvement was noted regarding the evaluation of sexual abuse or domestic violence, with only 3% of those surveyed reporting having asked their patients about domestic violence.<sup>23</sup>

Health care providers may feel reluctant to ask a woman in treatment for a substance use disorder about violence because they are concerned that the memory of such painful events during the early stages of recovery will precipitate the resumption of substance abuse. However, the failure to identify victimization in this population may be associated with poorer outcome of treatment. Hence, it is recommended that questions focused on past and current domestic violence be a routine part of history-taking for women with substance use problems.<sup>3</sup>

While screening for domestic violence is a crucial step in providing comprehensive health care, it is important to ensure the patient's privacy and safety both in order to protect her and to obtain reliable information. This kind of evaluation must be done away from the potential batterer, and the patient should be informed that her partner will not have access to the information. A number of signs should prompt further evaluation. These are summarized in Table 1. The evaluation may start with indirect questioning, but clear, direct questioning will be needed

**Table 1 – Signs suggesting domestic violence**

- Vague and repeated complaints
- Attendance at prenatal care only after the second trimester
- A possessive and controlling partner
- An overly attentive partner
- Repeated urinary infection
- Chronic pelvic pain
- Irritable colon syndrome
- Sexual complaints
- Repeated abortions
- Depression
- Anxiety
- Insomnia
- Suicide attempts
- Substance-related problems

*Adapted from: Meyer B, Smith-Dejulio K. Diagnosis and management of domestic violence. Group Health Cooperative Medical Forum. 1994;8:8-11.*

*Schraiber LB, d'Oliveira AF. Violence against women and Brazilian health care policies: a proposal for integrated care in primary care services. Int J Gynaecol Obstet. 2002;78 Suppl 1:S21-5.*

at some point. Table 2 provides examples on how health professionals can approach women in a nonjudgemental, sensitive manner.

### Intervention and treatment

All information obtained needs to be carefully entered in the medical record, since there may be future legal implications, including child custody determination. Health care professionals should remember that while there is no legal obligation to report cases of adult abuse, the law requires that all cases of child abuse must be reported to official child protective services. At the same time, professionals should be sensitive to the possibility that victimized women may lose custody of their victimized children to the abuser. Positive aspects of parenting should be recorded as well.

Cases of domestic violence in connection with substance use require concomitant approaches to both conditions. Professionals must first ensure their patients' safety, providing information on how to access the police and shelters available in the community. Treatment options available for both domestic violence and substance abuse/dependence can be offered at this point, including mutual help and advocacy groups.<sup>24</sup> Follow up visits are recommended, and it is important to keep in mind that both conditions are chronic and may relapse; the change process is lengthy by nature.

Direct confrontation of an identified batterer should be avoided, as this approach may increase anger and attacks towards the victim. The period following an attack is an opportunity to break the cycle by providing referral for help for the substance-abusing or dependent violent partner. At this point in time, usually associated with feelings of guilt and promises to change on the part of the batterer, a referral for evaluation and treatment may be more effective.<sup>11</sup> This can only be accomplished after the victim's safety and that of her children is assured and should not take the place of reporting to the police and other law enforcement agencies.

**Table 2 – How to ask about domestic violence**

"Stress can cause a lot of physical and psychological problems. Have you been under stress lately?"

"How do you and your partner handle conflicts? Does anyone ever get hurt? Who?"

"We know that many women who have complaints similar to yours are experiencing difficulties at home. Have you experienced problems at home?"

"Physical fighting is a problem in some of the families we see. Have you ever been hit by your partner?"

"Have you ever been forced to perform sexual acts that are uncomfortable for you?"

"Does your partner abuse drugs or alcohol? Does he get violent when he takes drugs or alcohol?"

"Are you worried about your drinking? What about medications prescribed by doctors? What about illicit drugs?"

*Adapted from: Meyer B, Smith-Dejulio K. Diagnosis and management of domestic violence. Group Health Cooperative Medical Forum. 1994;8:8-11.*

*Schraiber LB, d'Oliveira AF. Violence against women and Brazilian health care policies: a proposal for integrated care in primary care services. Int J Gynaecol Obstet. 2002;78 Suppl 1:S21-25.*

Because substance use disorders are associated with domestic violence, it is often assumed that reducing substance use automatically eliminates the abuse. Although recent research shows that treatment of alcoholism is associated with reduced partner violence,<sup>25</sup> this is not always the case. Therefore the clinician should approach both issues concomitantly.<sup>10,26</sup> For example, the study by O'Farrell and colleagues found that in the year preceding treatment for alcoholism alone, 56% of their sample of male alcoholics reported having been violent towards their female partners (versus 14% among controls). One year after treatment, the rate dropped significantly to 25% overall. Among abstinent individuals, violence decreased to 15% (similar to controls). Previous research by their group had shown that couples therapy was associated with reduced violence rates against female partners for both alcoholics<sup>27</sup> and drug users.<sup>28</sup> With different methodology, Fals-Stewart provided additional evidence for the link between alcohol consumption and partner violence.<sup>29</sup> Among men entering treatment (for both domestic violence and alcoholism) the odds of partner violence were 8 to 11 times higher in days when they drank as compared to days when they remained abstinent.

The association of violence and substance use problems tends to complicate and to impose challenges in providing treatment for women with both conditions. Physical consequences of substance use may complicate victimization-linked medical conditions. Likewise, physical and psychological consequences of violence, such as head injuries, pain, and reduced self-esteem may make it difficult for many women to attend addiction treatment. Concentration and memory problems may interfere with treatment. Medications used to alleviate physical and psychological injuries associated with violence also impact the treatment of alcohol and other drug problems. Moreover, victimized women may find it particularly difficult to build a trusting, working relationship with health care professionals.<sup>3</sup>

### Conclusion

Recent research has clarified health care professionals' understanding of domestic violence and its connections with substance use, abuse and dependence, offering the opportunity for us to use that understanding to improve the care of affected patients. These issues impact not only patients, but also their partners, children, and the elderly, influencing the physical and psychological well being of the whole family. Screening is critical, and, once the problems are identified, interventions must be directed towards both domestic violence and substance abuse, so as to reduce further victimization and its impact on the health of future generations.

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