SURVIVORS AND SUBSTANCE ABUSE

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The following excerpts from social science literature may help attorneys and other practitioners better understand the intersection of intimate partner violence (IPV) victimization and substance use/substance use disorder (SUD). These selected passages can be a starting point for further research. These excerpts may also help practitioners recognize the context in which survivors of IPV use substances. This context is crucial, particularly when working with survivors who are charged with crimes related to substance use.

ASSOCIATION BETWEEN SUBSTANCE USE AND SURVIVORSHIP

"Associations between IPV and substance use among women have been widely documented, with many studies identifying increased prevalence of IPV among women with SUD and women seeking SUD treatment (Campbell et al., 2003; El-Bassel, Gilbert, Witte, Wu, & Chang, 2011; Engstrom, El-Bassel, & Gilbert, 2012; Schneider, Burnette, Ilgen, & Timko, 2009)" (Ogden, Dichter, & Bazzi, 2022).

"IPV exposure in women may increase the occurrence of risky substance use behaviors. For example, frequent patterns of heavy or binge drinking episodes (Testa and Leonard, 2001; Martino et al., 2005; Weinsheimer et al., 2005; Hink et al., 2015; Ullman and Sigurvinsdottir, 2015) and drinking and driving (Hanson, 2010) have been observed. Elevated rates of illicit substance use (El-Bassel et al., 2005; Gilbert et al., 2012; Hink et al., 2015), misuse of prescription medications (Smith et al., 2012; Hall et al., 2016), and needle sharing for intravenous substance use (Braitstein et al., 2003; Wagner et al., 2009) have also been reported in women exposed to physical or sexual violence relative to non IPV-EW [exposed women]" (Mehr, Bennett, Price, de Souza, Buckman, Wilde, Tate, Marshall, Dams-O'Connor, & Esopenko, 2023).

"[M]any studies have found that women who have been abused by an intimate partner are more likely to use or become dependent on substances, as compared to women who have not experienced IPV (Anderson, 2002; Bonomi et al., 2006; Eby, 2004; Lipsky, Caetano, Field, & Larkin, 2005; Smith, Homish, Leonard, & Cornelius, 2012). This has been established through studies utilizing national or general community samples as well as samples of DV survivors in a variety of settings. For example, a community-based study of low-income women found higher rates of substance abuse among IPV survivors (26%), as compared to those who had not experienced IPV (5%) (Eby, 2004). A

2012 national cohort study of 11,782 women found that, as compared to those with no history of IPV, women with a recent history of experiencing IPV had nearly six times the risk of problematic alcohol use (LaFlair et al., 2012). Similarly, results of a large national survey indicate that IPV survivors are two times as likely as those who have never been victimized to participate in alcohol treatment (Lipsky & Caetano, 2008)" (Rivera, Phillips, Warshaw, Lyon, Bland, & Kaewken, 2015).

"Research has also been conducted on the relationship between IPV and the type of substance or substances used by survivors. Experiencing IPV is associated with increased alcohol use (Golinelli et al., 2008; Stuart et al., 2013; Temple et al., 2008; Wong et al., 2011), and abuse, heavy drinking, or dependence (Boden et al., 2012; Bonomi et al., 2006; El-Bassel et al., 2003; La Flair et al., 2012; Lipsky & Caetano, 2008; Reingle et al., 2012; Reingle-Gonzalez et al., 2014; Smith et al., 2012; Stuart et al., 2013; Vos et al., 2006; White & Chen, 2002). While the above studies found a significant statistical relationship between experiencing IPV and alcohol use, the strength of the relationship varied across studies" (Rivera, Phillips, Warshaw, Lyon, Bland, & Kaewken, 2015).

"We found sparse recent evidence on the role of IPV influencing the use of drugs other than alcohol that are known to cause health and social harms (e.g., methamphetamine, heroin, opioids). Importantly, in the context of the ongoing opioid and polysubstance use crises (Mathers et al., 2013; Wilson, Kariisa, Seth, Smith, & Davis, 2020), more research is needed on the role of IPV in shaping the unhealthy use of a broader array of substances" (Ogden, Dichter, & Bazzi, 2022).

"While many studies found a relationship between abuse by an intimate partner and substance use or substance use disorders, it is important not to overstate these results. It should be noted that a substantial number of studies also found no relationship between women's experiences of IPV and alcohol use (Boden et al., 2012; Lipsky et al., 2005), abuse, alcohol dependence (Boden et al., 2012; Burke et al., 2005; El-Bassel et al., 2003; Lipsky et al., 2005; T. Sullivan & Cavanaugh, 2009), or other drug abuse (González-Guarda, Peragallo, Urrutia, Vasquez, & Mitrani, 2008; Poole, Greaves, Jategaonkar, McCullough, & Chabot, 2008; T. Sullivan & Cavanaugh, 2009; Testa et al., 2003; Wingwood et al., 2000). For example, one study found that neither the length of abuse nor the severity of injuries sustained predicted regular or heavy alcohol use among IPV survivors (Kaysen et al., 2008). Devries and colleagues (2014) attributed these mixed results to the inconsistent measurement of substance use and abuse" (Rivera, Phillips, Warshaw, Lyon, Bland, & Kaewken, 2015).

"After adjustment for demographic and psychosocial characteristics associated with a history of physical violence and/or respondent's drug use, women with a history of adult partner violence had four and a half time the odds of using illegal drugs during the subsequent study years than women who had not experienced partner violence as adults" (Salomon, Bassuk, & Huntington, 2002).

"A comparison of the recorded onset of alcoholism and of abusive injury among battered and nonbattered women indicates that 74% of the alcohol cases emerge only after the onset of abuse, suggesting abuse is the context for alcoholism among this population, not the reverse" (Stark & Filcraft, 1988).

"The ten studies we identified investigated wide-ranging associations between various forms of IPV and substance use outcomes; however, due to study design and inconsistencies in measurement of IPV we are unable to draw causal conclusions. While the studies included in this review could not establish a causal link between IPV and subsequent substance use among women, overall, this literature identified temporal associations that support prior assumptions on the direct (i.e., coercion) and indirect (i.e., self-medication or distress coping behaviors) pathways that link IPV and substance use" (Ogden, Dichter, & Bazzi, 2022).

SUBSTANCE USE AND CO-OCCURRING ISSUES

"Evidence suggests that IPV, the use of substances among survivors, and trauma-related mental health conditions tend to co-exist, and that the relationships among these factors are both complex and interrelated (Connelly et al., 2013; Golder et al., 2012; Jaquier et al., 2015; Paranjape et al., 2007; Peters et al., 2012)" (Rivera, Phillips, Warshaw, Lyon, Bland, & Kaewken, 2015).

"However, survivors may use substances to cope with a range of interconnected stressors, including ongoing IPV and chronic mental health concerns such as PTSD and depression, as well as problems associated with housing or finances, limited social support, effects of childhood and other forms of trauma, and physical health conditions that interfere with daily life (Poole et al., 2008). These life stressors are interrelated" (Rivera, Phillips, Warshaw, Lyon, Bland, & Kaewken, 2015).

SUBSTANCE USE AND CO-OCCURRING ISSUES

"For many survivors who use substances, it is a way to cope with the traumatic effects of abuse (Bennett & O'Brien, 2007; Schumacher & Holt, 2012, Warshaw et al., 2014, Wingwood et al., 2000)" (Rivera, Phillips, Warshaw, Lyon, Bland, & Kaewken, 2015).

"These studies point to the importance of considering alcohol misuse in the context of pain self-management, particularly in women who may be less likely or able to seek medical treatment for injuries sustained as the result of an IPV-related assault. Reframing alcohol use through this lens may help clinical treatment providers to restructure alcohol-related conversations to reduce stigma and shame" (Mehr, Bennett, Price, de Souza, Buckman, Wilde, Tate, Marshall, Dams-O'Connor, & Esopenko, 2023).

"IPV can also result in psychological trauma or other mental health outcomes that lead to substance use as a coping mechanism (Gielen, Krumeich, Tekelenburg, Nederkoorn, & Haver mans, 2016; Khantzian, 1997; Levy, 2019; Lewis et al., 2015)" (Ogden, Dichter, & Bazzi, 2022).

"Many battered women report that they began to use substances as a way to cope with unremitting danger and fear. Frequently, these women report that they had sought help repeatedly from the traditional social services and legal systems, but received inadequate or negative responses" (Zubretsky & Digirolamo, 1996)
Experiences of physical or sexual abuse "often leads to drug use as a coping mechanism to numb and survive both emotional and physical pain" (Ward, 2003).

"After a violent assault, women may increase substance use to cope with assault-related PTSD or other assault-related mental health problems. According to this conceptualization, extremely high levels of negative affect produced by assault create a drive state that leads individuals to engage in behaviors that rapidly reduce negative emotions. Behaviors such as situational escape and ingestion of alcohol or drugs are examples" (Kilpatrick, Acierno, Resnick, Saunders, & Best, 1997).

"Substance misuse in IPV-EW [exposed women] has been reported as a means of coping with the physical and emotional pain (Smith et al., 2012; Simonelli et al., 2014; Gezinski et al., 2021). Self-medication, defined in the general population as using alcohol, recreational drugs with analgesic properties, and prescription opioids to treat pain (Alford et al., 2016; Cil et al., 2019; Rogozea et al., 2020), can accelerate the progression from substance use to SUD (Timko et al., 2005; Lehavot et al., 2014; Hogarth et al., 2019); however, the use of psychoactive substances as self-medication is not specific to the IPV community - it is a common pathway to addiction across populations"(Mehr, Bennett, Price, de Souza, Buckman, Wilde, Tate, Marshall, Dams-O'Connor, & Esopenko, 2023).

SUBSTANCE USE COERCION

"IPV may affect women's substance use and treatment-related behaviors and outcomes through direct or indirect pathways as partners may coerce women to use substances (Warshaw, Lyon, Bland, Phillips, & Hooper, 2014)" (Ogden, Dichter, & Bazzi, 2022).

"More broadly, research has also found that women can also be socially influenced or coerced to use substances by intimate partners who use substances. Women can rely more on their partners to facilitate their use, such as in the case of injection drug use in which women may need assistance with drug procurement and injection, factors that are also associated with IPV and drug-related overdose (Bryant, Brener, Hull, & Treloar, 2010; El- Bassel et al., 2019; Simmons & Singer, 2006)" (Ogden, Dichter, & Bazzi, 2022).

"Overall, substance use coercion has a chilling effect on survivors, limiting realistic options for creating a different life. The implications of substance use coercion may extend to a survivor's ability to access economic support, employment, or social support. This is in addition to the stigma that many people experience regarding substance use, as well as trauma-related feelings that may emerge as a result of being victimized and controlled (Warshaw & Brashler, 2009)" (Rivera, Phillips, Warshaw, Lyon, Bland, & Kaewken, 2015).

"The most pervasive limitation across studies is the inadequate conceptualization and measurement of IPV. For the most part, the measurement of IPV did not include or take into consideration the overarching pattern of coercive control that is central to IPV, and instead focused on a decontextualized subset of violent acts. For example, some researchers defined IPV solely in terms of physical violence (Anderson, 2002; Golinelli et al., 2008; La Flair et al., 2012; Lipsky & Caetano, 2008; Martino et al., 2005; O'Leary & Schumacher, 2003; Reingle et al., 2012; Smith et al., 2012; White & Chen, 2002) or discrete acts of physical and sexual violence (Boden et al., 2012; Burke et al., 2005; Cohen et al., 2013; El-Bassel et al., 2003, 2005; Lipsky et al., 2005; Reingle-Gonzalez et al., 2014; Stuart et al., 2013; Vos et al., 2006; Wong et al., 2011)" (Rivera, Phillips, Warshaw, Lyon, Bland, & Kaewken, 2015).

"Others are coerced into using by an abusive partner who then sabotages their efforts toward recovery and threatens to undermine them with authorities (e.g., the police, treatment providers, the courts) by disclosing their substance use" (Rivera, Phillips, Warshaw, Lyon, Bland, & Kaewken, 2015).

CRIMINALIZATION OF SUBSTANCE USE

"Instead of viewing SUD as a public health issue, the criminal justice system often treats it as a criminal offense, leading to punitive measures such as arrests, convictions, and incarceration. Criminalization stigmatizes women further and hinders their access to necessary treatment and support services. Fear of legal consequences can deter women from seeking help because they may be reluctant to disclose their struggles and risk potential legal repercussions. Furthermore, once they become involved with the criminal justice system, barriers to rehabilitation and reintegration into society intensify, limiting their chances for recovery and perpetuating a cycle of recidivism" (Carter-Orbke, Henry-Okafor, & Moore, 2024).

BARRIERS TO SEEKING HELP

"[T]actics are used to further control their partner and have a chilling effect on survivors' ability to access safety and support and to retain custody of their children (Warshaw et al., 2014). Emerging research demonstrates that substance use coercion is common within abusive relationships (Warshaw et al., 2014)" (Rivera, Phillips, Warshaw, Lyon, Bland, & Kaewken, 2015).

"Abusive partners may also inhibit women's ability to access or stay engaged in SUD treatment services (Rodriguez, Valentine, Son, & Muhammad, 2009; Wilson, Silberberg, Brown, & Yaggy, 2007)" (Ogden, Dichter, & Bazzi, 2022).

"Economic barriers also negatively impact access to quality SUD treatment (Matsuzaka and Knapp, 2020; CDC, 2022) and often delay treatment seeking due to lack of health insurance and/or reliable transportation (Schmidt et al., 2007; Matsuzaka and Knapp, 2020; CDC, 2022). This delay in treatment seeking can impact the severity of substance misuse issues and the progression to SUD (Lewis et al., 2018; Matsuzaka and Knapp, 2020)" (Mehr, Bennett, Price, de Souza, Buckman, Wilde, Tate, Marshall, Dams-O'Connor, & Esopenko, 2023).

"These interrelated factors also may affect survivors' ability to access services and supports. Survivors experiencing isolation related to the combination of IPV, mental health concerns, and substance use may be less likely to seek assistance because of fear of arrest, deportation, or referral to a child welfare agency (Bennett & Bland, 2008). Also, due to the stigma that surrounds substance use, mental health concerns, and IPV, survivors may not be seen as credible when they do try to access sources of support—either informal (e.g., friends, families) or formal (e.g., substance use treatment agencies, DV shelters, healthcare organizations)" (Rivera, Phillips, Warshaw, Lyon, Bland, & Kaewken, 2015).

“Furthermore, there are factors specific to ongoing IPV that influence survivors’ access to, and outcomes of, substance use disorder treatment. A study of National Domestic Violence Hotline callers found that approximately 15% had attempted to seek help for substance use, and of them, 60% reported that their partner/ex-partner prevented or discouraged such treatment (Warshaw et al., 2014)” (Rivera, Phillips, Warshaw, Lyon, Bland, & Kaewken, 2015).

“It is essential that substance use disorder treatment providers understand that abusive partners often actively undermine a survivor’s efforts to achieve sobriety, isolate a survivor from sources of support, and use a survivor’s dependence on substances as a way to further control them. Abusive partners may also use the stigma around substance use to call a survivor’s credibility into question, including in custody cases; or implicate a survivor in illegal activities, thus limiting access to law enforcement” (Rivera, Phillips, Warshaw, Lyon, Bland, & Kaewken, 2015).

TREATMENT CONSIDERATIONS

“Preventive measures play a crucial role in breaking the cycle of trauma and SUD in women by identifying at-risk individuals early and providing targeted support. Early intervention programs are essential to prevention efforts that aim to identify and address trauma exposure and substance use risk factors in women at a young age. By focusing on early detection and intervention, these initiatives can disrupt the trajectory toward SUD that often stems from unaddressed trauma. Early intervention may involve school-based programs that promote resilience, coping skills, and emotional regulation to support children and adolescents who have experienced trauma. By intervening early and providing targeted support, these programs can help build a foundation of resilience and healthy coping mechanisms, reducing the likelihood of women developing SUD as a maladaptive response to unresolved trauma” (Carter-Orbke, Henry-Okafor, & Moore, 2024).

“There is evidence that concurrent IPV services and substance use treatment may be a more effective approach than treating IPV or SUD on their own (Capezza and Najavits, 2012; Macy and Goodbourn, 2012; Capezza et al., 2015). For example, one treatment strategy designed to address both trauma symptoms and SUD, known as Seeking Safety, has been efficacious in reducing SUD and PTSD symptoms (Najavits, 2007) and has been recommended for use with IPV groups (Cohen et al., 2013; McKee and Hilton, 2019)” (Mehr, Bennett, Price, de Souza, Buckman, Wilde, Tate, Marshall, Dams-O’Connor, & Esopenko, 2023).

“Interventions that can both teach and strengthen resilience have been shown to improve IPV-EW’s [exposed women’s] confidence, independence, power, and positive social relationships, all of which contribute positive outcomes (Humphreys, 2003; Decker et al., 2020). Research has shown that IPV-EW who employ strategies such as physical activity, creativity, spirituality, introspection, and optimism are more likely to demonstrate greater resilience, positive adaptation, self-efficacy, and healing from abuse (Drumm et al., 2014; López-Fuentes and Calvete, 2015). Similarly, interventions that empower IPV-EW [exposed women] to access and use their strengths (e.g., social resources, help-seeking behaviors, assertiveness, problem-solving skills) enable survivors to respond to partner violence and related sequelae with healthier behavioral strategies, ultimately resulting in a decreased risk for substance use problems (Luthar et al., 2000; Humphreys, 2003; Sani and Pereira, 2020)” (Mehr, Bennett, Price, de Souza, Buckman, Wilde, Tate, Marshall, Dams-O’Connor, & Esopenko, 2023).

“It is important to acknowledge that most women do recover from abuse and demonstrate remarkable resilience in the face of significant barriers related to ongoing IPV. At the same time, survivors may also seek professional assistance to address substance use problems that interfere with daily life or contribute to mental or physical health concerns. Trauma-specific interventions provide promise for addressing a range of trauma-related mental health and co-occurring conditions (Dass-Brailsford & Myrick, 2010; Fowler & Faulkner, 2011; Macy & Goodbourn, 2012)” (Rivera, Phillips, Warshaw, Lyon, Bland, & Kaewken, 2015).

“However, the approaches used in such interventions may not always be helpful to survivors (Macy & Goodbourn, 2012; Warshaw et al., 2013). Without addressing the specific needs of survivors who are also dealing with an abusive partner, substance use disorder treatment may not be accessible or effective, or may even place survivors at greater risk for harm” (Rivera, Phillips, Warshaw, Lyon, Bland, & Kaewken, 2015).

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