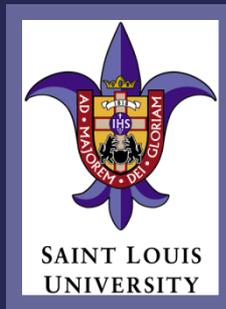


Complicating Comorbidities in Physical and Sexual IPV: Substance Abuse, Mental Health and Medical Issues



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Prevention: Both research and practice suggest basic assumptions about vulnerability to violent victimization by intimates.

- Women and girls with disabilities and/or chronic physical or behavioral health problems are more likely to be victimized.
- They are also more likely to have a history of victimization:
 - Past victimization predicts vulnerability to future victimization;
 - IPV increases the likelihood of developing mental health and substance use disorders for women.

Women with substance use and mental health problems or justice involvement are more easily discredited, reluctant to call police, less likely to leave, and face a heightened risk of fatality (Greenfield, 2002) .

Sex and Gender: Biological and sociological differences impact women's service needs.

Biological

- Women don't process legal, illicit or prescribed drugs as efficiently as men. They remain in the female bloodstream longer, increasing physiological vulnerability to their effects. The magnitude of the medical implications is not fully known (APA, 1996; NIDA, 2005)
- Women become physically addicted and sustain substance-related medical complications at lower consumption levels after shorter periods of use, narrowing the window from misuse to addiction and making early intervention critical (NIDA, 2005).
- Women enter treatment at more advanced stages of addictive illness with more serious medical complications than men.

Sex and Gender: Documented gender-based disparities affect service delivery and medical research.

Gender-based

- Dosage levels of prescribed drugs may be based on clinical trials with male subjects.
- Important research data may not be disaggregated by sex or analyzed with regards to gender.
- Women are more likely to be prescribed sedatives and analgesics, and 48% more likely to use any abusable prescription drug (Simoni-Wastila, 2000; WHO, 2004).
- Doctors tend to prescribe long-term use of benzodiazepines for depression in women, while prescribing to men as recommended; for short-term control of acute anxiety (CASA, 1998; Curie, 2004; Mellinger, Balter & Uhlenhuth, 1984; Simoni-Wastila, 2000).

Co-morbidities: Many victims deal with a cluster of co-occurring issues. They experience the totality of their difficulty as greater than the sum of its parts.

- Women with substance-related disorders are more likely to have histories of victimization. They may turn to substances to manage the psychological and emotional effects of past abuse.
- They report stigma as one of the top deterrents to seeking treatment (CSAT, 2009).
- Women who do seek addiction treatment report high rates of **current danger** (47%) from violent partners (CSAT, 2009; Downs & Miller, 2002)
- Women who use substances are more likely to be victims of IPV: cocaine use - 4.4 times more likely; marijuana use - 4.5 times more likely (El Bassel et al., 2004); binge drinking - 3 times more likely (Connor, Kypri, Bell & Cousins, 2011).

Co-morbidities and service integration: Responsive service require gender specific, integrated approaches to screening *and intervention*

- Increasing utilization of primary care, behavioral health treatment, and IPV safety planning involves reducing the impact of stigma and re-thinking potentially re-traumatizing aspects.
- Screening alone will not remedy the fragmentation that can deter women from seeking help. Clear, direct benefits of screening include access to essential services and effective interventions.
- Responsive services attend complex needs for safety, advocacy and treatment.

Substance Abuse and Associated Comorbidities Challenge

IPV Screening and Referral Capacities

- **Substance abusing victims of IPV experience:**
 - Some of the most severe and intractable forms of violence;
 - Complex childhood trauma histories;
 - Significant mental and physical health comorbidities;
 - Limited individual, social and community-based resources;
 - Synergistic biases (about IPV and substance abuse) that engage healthcare providers' values and expectations for change.

Substance Abuse is Associated with Severe and Intractable Forms of Violence

- **The Topography of the Intimate Partner Violence**
 - Reciprocal Violence and reciprocal substance use/abuse
 - Substance use may be perceived by victims as reducing risk *(Macy, Renz & Molino, 2013)*
 - Substance use may be coerced *(Macy, Renz & Molino, 2013)*
- **Previous trauma exposure**
 - Childhood trauma history may play a significant role in substance initiation and advancement *(Gutierrez & Van Puymbroeck, 2006)*
- **Increased Potential for Lethality** *(Campbell, Webster & Glass, 2009)*
- **Substance facilitated or incapacitated sexual assaults** *(Kelly & Stermac, 2012; Kilpatrick, Resnick, Ruggiero, Conoscenti & McCauley, 2007)*

Substance Abuse is Associated with Significant Mental Health and Physical Comorbidities

- **Reduced Decision/Judgment and Resources**
 - Impairment in memory, cognitive functioning, problem solving and access to (eroded) social supports
 - Alcohol/drug use can influence the woman's personal safety assessment
 - Social/environmental risk factors including poverty, violence subcultures, increased access to weapons *(Testa, 2004)*
- **Posttraumatic Stress Disorder** *(Sullivan & Holt, 2008)*
- **Depression** *(Lipsky, Caetano, Field, & Bazargan, 2005)*
- **Comorbid Medical Issues**
 - **Injury** *(Thompson & Kingree, 2006)*
 - **Pregnancy** *(Ogbonnaya, Macy, Kupper, Martin & Bledsoe-Mansori, 2013)*
 - **Behavioral Health Risk factors** *(Plichta, 2004)*
 - **Interactions with medications** *(Weathermon & Crabb, 1999)*
 - **Issues with managing chronic health conditions** *(Plichta, 2004)*

Substance Abuse Requires Tailored Screening/Intervention Considerations

- **Stages of Change for Screening/Safety Planning** *(Zink, Elder, Jacobson & Klostermann, 2004)*
 - Evaluate readiness for change in substance abuse and explore in conjunction with readiness for change in improving safety
 - Consider how readiness for change may influence engagement in forms of treatment
 - Consider stage of change for determining the nature of the discussion of IPV/substance abuse

Substance Abuse Requires Tailored Screening/Intervention Considerations

- **Using Screening, Brief Intervention, Referral, Treatment (SBIRT)** *(Babor et al., 2007; Choo, Nicolaidis, Jenkinson, Cox & McConnell 2010)*
 - Fear of perceived or actual blame by healthcare provider
 - Altered perceptions of healthcare provider motives
 - Woman's perception of the role that her partner's substance use in IPV *(Macy, Renz & Molino, 2013)*
 - Concern regarding forensic/legal implications of her substance use and barriers to pursuing IPV-related civil and criminal options
 - Coerced/substance facilitated involvement in criminal activities
 - Limited Access to resources depending on restrictions regarding sobriety

Questions for Discussion

- **How can approaches to screening and intervention consider the complex needs of victims who may be using substances before, during or after experiencing IPV?**
- **In what way can some of the existing models for complex issues in primary care be used to inform these approaches to IPV screening and referral?**
- **What effective prevention and harm reduction strategies can primary care can offer?**
- **What are the important assumptions that are established or need to be established through research?**