

# STASH, Vol. 10(2) - Intimate partner violence and substance use disorders: Is integrated treatment best?

January 29, 2014

There is a strong relationship between substance use and intimate partner violence (e.g., Kraanen, Vedel, Scholing, & Emmelkamp, 2013); many people who perpetuate IPV also struggle with substance use disorders. An integrated treatment program—one that targets both IPV and substance use concurrently—might be more effective than non-integrated treatment in reducing both IPV and risky substance use. This week, The STASH reviews a study that compared the effectiveness of an integrated program against one that primarily addresses substance use disorders (Kraanen, Vedel, Scholing, & Emmelkamp, 2013).

## Methods

- The participants were 53 adults (mean age = 36 years; 70% men) recruited from a substance use treatment facility in Amsterdam, the Netherlands.
  - Patients were included if they disclosed 7 or more acts of physical IPV in the past year and were in a relationship with the partner against whom they committed the IPV, and if they were diagnosed with a substance use disorder (alcohol, cannabis, or cocaine).
  - The researchers assessed a number of substance use and IPV variables before treatment began.
- Social workers administered one of two treatment protocols to the participants: I-StoP, a [cognitive behavioral therapy \(CBT\)](#) for both substance use and IPV, and CBT-SUD+, a CBT-based substance use treatment program with only one session that addressed IPV. Patients were randomly assigned to one of the two groups.
- After the 16th session, participants remaining in treatment were asked to complete a post-treatment assessment of the same variables.<sup>1</sup>

## Results

- The patients who completed both treatments showed statistically significant increases in days abstinent from substance use. After controlling for pre-treatment days abstinent, both groups had similar post-treatment days abstinent. (See Table 1.)
- Both treatments also led to statistically significant decreases in physical IPV. After controlling for pre-treatment IPV events, both groups had similar post-treatment IPV events.
- However, patients in the I-StoP group showed bigger decreases verbal IPV than patients in the CBT-SUD+ group.

	Past 2-month days abstinent		Past 2-month acts of physical IPV		Past 2-month acts of verbal IPV	
	Pre-treatment	Post-treatment	Pre-treatment	Post-treatment	Pre-treatment	Post-treatment
I-StoP	20.36 (23.27)	35.27 (20.54)	6.91 (6.61)	0.82 (1.40)	24.27 (18.15)	12.27 (13.85)
CBT-SUD+	17.50 (16.55)	40.00 (18.27)	18.75 (34.87)	0.38 (0.74)	47.75 (33.49)	8.62 (6.36)

Figure. Means (SD) for both treatment groups.

## Limitations

- The study had a very small sample, and it is unclear whether the absence of differences between groups is due to sample size or true treatment parity.
- Results were based on self-report, so it is possible that participants underreported incidents of IPV and substance use.
- A high drop-out rate from both treatment groups limited the depth of analysis.
- Recruitment from a substance treatment program might be related to the results.
- Recruitment from a different population of treatment seekers might have led to different outcomes.

## Conclusions

IPV can have devastating consequences, and identifying effective treatment approaches is a public health imperative. This study found that the I-Stop and CBT-SUD+ curriculums had similar outcomes in terms of both substance use and physical IPV. This represents a novel finding because earlier trials included only

people struggling with alcohol use disorder. Because both treatments were effective in decreasing physical IPV but substance use-focused treatment is less costly, the researchers recommend substance use-focused treatment as the more feasible option. More research is needed to evaluate the strength of these findings with larger samples, diverse recruitment sources, and different treatment approaches.

- Julia Wise

*What do you think?* Please use the comment link below to provide feedback on this article.

## **References**

Kraanen, F. L., Vedel, E., Scholing, A., Emmelkamp, P. (2013). The comparative effectiveness of integrated treatment for substance abuse and partner violence (I-StoP) and substance abuse treatment alone: a randomized controlled trial. *BMC Psychiatry*, 13(189). 1-14.

Kraanen, F. L., Vedel, E., Scholing, A., Emmelkamp, P. (2013). Prediction of intimate partner violence by type of substance abuse disorder. *Journal of Substance Abuse Treatment*, 10.

Mignone, T., Klostermann, K., Chen, R. (2009). The relationship between relapse to alcohol and relapse to violence. *Journal of Family Violence*, 24. 497-505.

Stuart, G. L., O'Farrell, T. J., Moore, T. D., Elkins, S. R., Temple, J. R., Ramsey, S. E., Shorey, R. C. (2013). The temporal association between substance use and intimate partner violence among women arrested for domestic violence. *Journal of Consulting and Clinical Psychology*, 81(4). 681-690.

Thomas, M.D., Bennett, L. (2009). The co-occurrence of substance abuse and domestic violence: A comparison of dual-problem men in substance abuse treatment and in a court-ordered batterer program. *Journal of Social Work Practice in the Addictions*, 9. 299-317.

---

[1] The researchers classified participants as “completers” if they attended at least 75% of treatment sessions. The analyses reported below include only

completers. The authors also completed [intention-to-treat analyses](#), using data from anyone who attended at least one treatment session. Those results are not included here.