

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

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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.¹

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 that 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.