Violence and Substance Use Among Female Partners of Men in Treatment for Intimate-Partner Violence

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To improve understanding of the complex dynamics in intimate partner violence (IPV) in heterosexual relationships, we explored violence and substance use among the female partners of men entering treatment for both IPV and substance-related problems. All male participants ($n = 75$) were alcohol dependent and had at least one domestic-violence arrest. Results showed that female partners were as likely as men to engage in substance use the week before treatment; however, according to reports by the men, the female partners were more likely than men to use substances during the last week of treatment, due to a reported increase in use during the men's treatment. Regarding violence, 59 percent of female IPV victims reported engaging in some form of mild violence against their male partners, and 55 percent reported engaging in some form of severe violence. By contrast, only 23 percent of male batterers reported that their female partners had engaged in mild violence, and only 19 percent reported that their partners had engaged in severe violence. Regardless of whether the violence was defensive in nature, the data suggest that women in relationships involving substance abuse and IPV are in need of treatment. Implications of these findings are discussed.

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Intimate partner violence (IPV) is an all-too-common occurrence in the United States, with 1 in 10 heterosexual couples experiencing IPV each year.[1] Both the perpetration and receipt of IPV have numerous negative consequences, including long-term impairments related to physical health, mental health, and overall functioning.[2,3] In addition, children exposed to violence between parents are shown to display increased behavioral problems, depression, anxiety, and trauma symptoms,[4,5] as well as an increased likelihood of engaging in IPV as adults, regardless of gender.[6]

According to the Bureau of Justice and Statistics,[7] 80 percent of IPV cases reported to the police in 2000 were male-on-female violence; however, community surveys show that women are as likely to engage in domestic violence as men.[8] Although IPV initiated by women is less likely to cause injury than IPV initiated by men,[8] female-initiated IPV can lead to reciprocal violence from the victim, which may then escalate into severe violence with the potential to harm women and their families. Consistently, a high percentage of IPV is reciprocal, and one of the best predictors of violence by either gender is the level of violence by one's partner.[8] In a meta-analysis, Archer[1] found that men were more likely than women to engage in severe violence of choking/strangling and beating, and women were more likely than men to engage in slapping, kicking, biting, punching, throwing something, and hitting with an object.

Extensive research has documented a relationship between substance use and IPV in both men and women,[9,10] and substance use may maintain IPV by impeding the ability to regulate aggressive impulses. Consistently, IPV is 5 to 11 times more likely on days of substance use than on days of no use, with alcohol and cocaine having the strongest association with IPV occurrence.[11–13] Alcohol use is involved in 40 to

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60 percent of IPV episodes,[14–16] and substance use, regardless of type, predicts IPV perpetration, and victimization by persons of both genders.[10,13,17]

Although research has begun to explore female IPV in community samples and treatment-seeking populations,[2,10,18] data are lacking on the expression of violence in women with partners in treatment for IPV. Researchers may hesitate to study violence perpetrated by female victims, as many point out that such violence often is utilized in self-defense or in retaliation for violence they have endured.[19] However, it is important to study women's violence in such relationships, because these behaviors may intensify the conflict and put the women (and possibly their families) at increased risk of physical and psychological harm. In addition, lack of awareness often precludes women from receiving treatment that may provide numerous benefits, including skills to cope with their partners' aggression in ways that are safer and more effective.

The purpose of this exploratory study was to investigate the expression of violence and substance use by women whose male partners were enrolled in treatment for IPV and substance-related problems. Baseline self-reports and partner reports of IPV were collected from men entering treatment and their female partners. Because of the established association between substance use and violence, we also investigated the men's reports of their own and their partners' substance use at pretreatment, active treatment, and post-treatment time points.

Method

Participants

The present study arose from a pilot study evaluating a treatment for substance abuse and domestic violence (SADV[20]) for men recruited from the Substance Abuse Treatment Unit (SATU), an outpatient facility affiliated with Yale University in Connecticut. Participants included 75 men enrolled in 12-week treatment for IPV and substance abuse, as well as their female partners who were contacted via telephone for collateral information. Twenty-two female partners participated in the baseline telephone interview; the rest could not be reached—either because of lack of voice mail or working phones, or because they did not return calls during the men's pretreatment phase.

Male participants were 18 years of age or older, met criteria for Alcohol Dependence according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV[21]; as assessed by the Structured Clinical Interview for DSM-IV; SCID[22]), and had been arrested for domestic violence within the previous year. The male sample was 48 percent Caucasian, 35 percent African American, 10 percent Hispanic, and 7 percent Other. The average age of the men was 38.5 years ($SD = 8.9$). Seventy percent were employed full-time, 78 percent had finished high school, and 63 percent reported living alone at the time of the study. The men had a mean of 2.0 ($SD = 2.0$) prior domestic violence arrests and 4.6 ($SD = 4.2$) total arrests. Because of the purpose of the original study, demographic data were not obtained for female participants.

Procedures

The study was approved by the Institutional Review Board of Yale University School of Medicine, and all participants provided written, informed consent. After consents and releases of information were obtained, a phone call was placed to female partners in an attempt to schedule a phone interview at a time that would be convenient and confidential. Consents were then collected from the female partners, and a phone interview was conducted to assess relationship violence. All participants were informed that information was confidential and would not be shared with partners or the justice system.

Assessments utilized in the current study were administered to the men at baseline and on a weekly basis during the 12-week treatment. Assessments were conducted by bachelors- and masters-level research assistants who were trained to reliability in each assessment they conducted. (For additional details, see Easton *et al.*[20].)

Measures

Intimate Partner Violence

Relationship aggression was assessed with the Conflict Tactic Scale for Couples (CTS2[23]), which contains 78 items assessing physical, sexual, and psychological aggression, with physical aggression further broken down into the categories of mild and severe. The CTS2 has demonstrated reliability and validity in assessing relational aggression in both men and women.[10,20,23,24] In the present study, the CTS2 was used to explore each partner's baseline

report of the types of physical, sexual, and psychological aggression committed by themselves and their partners during the previous year. For the current study, each act of violence was coded dichotomously as either endorsed or not endorsed.

Substance Use

Substance use in the men was determined via weekly assessments, including breathalyzer tests, on-site urine toxicology screening (Roche Diagnostic's Testcup5 with adulteration checks), and the Timeline Follow-Back (TLFB) method.[25] The TLFB is a widely used semistructured interview in which a calendar is utilized to collect retrospective reports of daily alcohol and drug use. The TLFB has demonstrated reliability and validity for assessing both alcohol and substance use.[25,26] Each male participant also completed a modified TLFB to assess his female partner's alcohol and drug use during the previous week. Because of the nature of the original study, the female partners were not contacted to verify the men's accounts of substance use.

Of participants who tested positive for alcohol via breathalyzer, 100 percent had consistent self-reported alcohol use. Of participants positive for drug use via urine toxicology screening, 74 percent had consistent self-reports. For comparison between the males and their female partners, the current study coded substance use for the previous week as a dichotomous variable consisting of either "use" (which included both reported and objective assessments) or "no use."

Table 1 Acts of Aggression According to Self-report

	Women (n = 22)	Men (n = 22)*	Pearson χ^2	χ p
Mild violence				
Threw something	14	5 (4)		
Twisted hair or arm	9	0 (5)		
Pushed or shoved	50	14 (16)		
Grabbed	41	14 (11)		
Slapped	36	4 (5)		
Any mild violence	59	18 (20)	7.77	.005
Severe violence				
Punched	23	5 (4)		
Used a weapon	5	0 (0)		
Choked	0	5 (5)		
Slammed into wall	0	0 (2)		
Beat up	22	5 (4)		
Burned	5	0 (0)		
Kicked	18	0 (1)		
Knocked unconscious	0	0 (1)		
Bruised	27	5 (6)		
Partner felt pain next day	23	5 (7)		
Broke bone	0	0 (2)		
Partner needed med. attention	0	0 (5)		
Any severe violence	55	14 (16)	8.19	.004
Sexual violence				
Violence or threats	0.0	0.0 (1.3)		
Psychological aggression				
Insulted/swore	77	50 (55)		
Called names	23	4 (4)		
Shouted	91	46 (56)		
Called a lousy lover	9	0 (3)		
Behaved spitefully	32	10 (8)		
Threatened to throw or hit	14	5 (7)		
Stomped out of room	41	18 (24)		
Destroyed something	27	5 (7)		
Any psychological	91	62 (65)	5.06	.02

Data are percentage reporting each type of aggression.
*Numbers in parentheses indicate the percentage of men from the full sample (n = 75) who endorsed each item.

Results

Intimate Partner Violence

Two-way contingency analyses were conducted to compare the men's and the women's reports of violent acts committed by self and by partner. Table 1 displays self-reports of specific acts of violence endorsed by each partner, as well as the total scores for mild, severe, sexual, and psychological violence. A comparison of self-reports of pretreatment violence showed that the women were significantly more likely than the men to report that they had engaged in mild violence, severe violence, and psychological aggression. None of the women or men in the current sample reported engaging in sexual violence.

In contrast, when both the male and female participants were asked about their partners' violent acts, all significant differences were in the direction of the men engaging in more aggression than the women (Table 2). According to partner reports of pretreatment violence, the male partners were more likely than the female partners to engage in mild violence, severe violence, and psychological aggression. Although a small percentage of the men were reported to engage in acts of sexual violence, the number of endorsements was not large enough to test for significance.

From another perspective, overall results showed that 59 percent of the female partners reported engaging in some form of mild violence, and 55 percent reported engaging in some form of severe violence. By contrast, only 23 percent of the male batterers reported that their female partners had engaged in mild violence, and only 19 percent reported that

Table 2 Acts of Aggression According to Reports by Partner

	Women (n = 22)	Men (n = 22)*	Pearson χ^2	χ p
Mild violence				
Threw something	9 (14)	23		
Twisted hair or arm	5 (7)	27		
Pushed or shoved	18 (20)	64		
Grabbed	14 (13)	41		
Slapped	5 (6)	32		
Any mild violence	23 (27)	64	7.50	.006
Severe violence				
Punched	5 (6)	32		
Used weapon	5 (2)	5		
Choked	5 (4)	32		
Slammed into wall	0 (3)	23		
Beat up	5 (5)	36		
Burned	0 (1)	0		
Kicked	0 (3)	14		
Bruised	5 (6)	50		
Knocked unconscious	0 (0)	9		
Partner needed med. attention	0 (0)	9		
Broke bone	0 (0)	5		
Partner felt pain next day	5 (5)	50		
Any severe violence	19 (15)	64	8.78	.003
Sexual violence				
Forced oral sex	0 (1)	5		
Forced sex with weapon	0 (1)	5		
Threat of forced sex	0 (3)	5		
Any sexual violence	0	5		
Psychological aggression				
Insulted/swore	46 (51)	86		
Called names	18 (8)	45		
Shouted	50 (51)	89		
Called a lousy lover	0 (4)	5		
Behaved spitefully	9 (13)	37		
Threatened to throw or hit	5 (7)	14		
Stomped out of room	14 (20)	59		
Destroyed something	9 (7)	23		
Any psychological	57 (61)	96	8.84	.003

Data are percentage reportedly engaged in each type of aggression.
*Numbers in parentheses indicate the percentage of men in the full sample (n = 75) who reported that their female partners engaged in the acts of aggression.

their female partners had engaged in severe violence. In addition, 18 percent of the male batterers reported engaging in mild partner violence, and 14 percent reported engaging in severe violence; however, 64 percent of female victims reported that their partner had engaged in mild violence, and 64 percent also reported that their partner engaged in severe violence.

Substance Use

To compare substance use, two-way contingency analyses were conducted for the men's reports of substance use by themselves versus their female partners at baseline and at the men's completion of the 12-week treatment (Table 3). Although the men appeared more likely to report substance use in the week before baseline than they were to report use by their partners (39% versus 27%), these results were not statistically significant ($p = .14$). However, according to reports of the men who continued to have contact with their female partners, the female partners (58%) were significantly more likely to use substances in the last week of treatment than were the men (38%, $p = .03$). Twelve percent of the men did not have contact with their female partners at baseline, and 28 percent either did not attend the final assessment or did not have contact with their partners by end of treatment; thus, these men did not provide reports of female substance use. However, there was no difference in the reported baseline substance use of the women in contact with partners versus the women not in contact with partners at treatment completion ($\chi^2(1) = 0.63$, $p = .45$).

Table 3 Men's Reports of Their Own and Their Partners' Substance Use During the Prior Week

	Women (n = 62)	Men (n = 71)	Pearson χ^2	p
Baseline	27%	39%	2.14	.14
	Women (n = 51)	Men (n = 60)		
Treatment completion	58%	38%	4.64	.03*

*$p < .05$.

Discussion

The purpose of this study was to improve the understanding of the dynamics at play in intimate partner violence in heterosexual relationships. To that end, we investigated self- and partner-reports of violent acts performed by batterers and their female partners, and assessed batterers' reports of their own and their partners' substance use. Results revealed a clear need for further attention to this complex problem.

According to self-reports of the women versus the men (i.e., the women's reports of their own violence versus the men's reports of their own violence), the women were more likely than the men to engage in both mild and serious violence, as well as in psychological aggression. In contrast, according to the women's reports of their partners' violence versus the men's reports of their partners' violence, the male partners were reportedly more likely than the female partners to engage in both mild and severe violence, as well as in psychological aggression. In other words, the women were more likely than the men to report violence by both themselves and their partners.

One obvious interpretation of these findings is that the men underreported their own violence as well their partners' violence. The men's underreporting of their own violence is consistent with previous research in community samples,[1] although men in those samples were more likely than were women to endorse acts of choking or strangling and beating. Of note is that the men in this study were encouraged to share reports of violence in their group therapy sessions; thus, they may have been ashamed to admit any violence in front of therapists or other group members who might have questioned reports of unprovoked female violence and thus increased the likelihood that the men's own violence was also revealed. Finally, all the male participants had been arrested for domestic violence within the previous year, and, although the participants were informed that no information would be shared with legal authorities, they may have been reluctant to discuss any violence in their home because they feared legal repercussion.

Of course, another interpretation could be that the women overreported acts of violence. Perhaps the violence impacted the women to such an extent that it seemed more pervasive in the relationships than it actually was. The salience of their partners' arrests and mandated treatment also might have increased the perceived pervasiveness of violence. In addition, the engagement of violence may have been a means by which the women gained a sense of control and empowerment, which also might have increased the salience of the violence. The women also may have overreported acts of violence in retribution for violence committed against them; however, this last explanation would not be consistent with their greater reports of their own violent acts.

This study also assessed substance use of the men and their partners, as substance use has a well-documented relationship with IPV perpetration and victimization. According to the men's reports, the men and their female partners were equally likely to engage in substance use the week before treatment. However, the female partners were reportedly more likely than the men to use substances during the last week of treatment, because of a reported increase in female substance use over the course of treatment. It is important to note that these results were based only on reports by the men.

One explanation of this unexpected increase in female use may be that the men underreported their partners' use of substance at baseline, much as they may have underreported IPV, but then felt comfortable enough to provide a more accurate report by the end of treatment. Alternatively, the men may have overreported their partners' substance abuse at week 12, or the women's use may actually have increased, as they were not engaged in treatment during this time. Additional research is needed to clarify further the patterns of substance use by partners of men in treatment.

However, despite—or possibly because of—the questions raised by these results, this study furthers the IPV literature in a number of ways. First, the results provide clear evidence supporting the need to examine reports of violence from multiple perspectives for accurate assessment of IPV by men in treatment.[27]

Regardless of which partner's reports are more accurate, the results show that at least a portion of female IPV victims also engage in IPV. It is important to point out that at least some of this violence may occur in self-defense or in retaliation for their own victimization. Even so, this violence has the potential to lead to continued or increased conflict, which may result in increased physical and psychological harm to both women and their families. Of note is that individuals who engage in IPV tend to have histories of victimization in both childhood and adulthood,[18] and these women have an increased likelihood of displaying PTSD symptoms and difficulties with emotion regulation.[24] Thus, violence might be one of the few methods these women have learned of responding to conflict or regulating distressing emotions.

Treatment options for this population are extremely limited. Traditional victims' programs tend to focus on the victimization but not the engagement of violence. When women enter the court system for engaging in IPV, the common practice is referral to traditional violence programs created for men (*e.g.* the Duluth model), which do not address underlying trauma or emotion dysregulation, do not address substance use, and have effect sizes near zero, even for men.[28] Although one option for eventual treatment may be Behavioral Couples' Therapy (BCT), which has shown promise in decreasing IPV[29] and substance use,[30] BCT is only appropriate if couples wish to stay together or if such treatment is clinically indicated (*e.g.,* no current severe violence, no substance use by the male partner, and willingness of the partner to engage in treatment). In addition, separate programs may be needed initially to address each

partner's safety, coping, and mental health needs.[31,32] Thus, the treatment needs for female victims who engage in IPV remain largely unmet. Although fear of promoting blame for the victim is understandable, the refusal to acknowledge violence in IPV victims can preclude women from receiving much-needed treatment that may help them to learn more effective skills for coping with partners' aggression, planning methods of ensuring their own safety, and managing their own difficulties with trauma and emotion regulation.

Finally, female partners reportedly engaged in as much or more substance use as did men in a domestic violence/substance abuse treatment, which indicates substantial use by female partners, even though the reliance on men's reports makes the exact numbers uncertain. This finding is troubling in that substance use predicts violence perpetration and victimization in both genders.[10,13] In addition, one partner's alcohol use predicts another's use over time,[33] and women's marijuana use predicts subsequent use by male partners.[34] Future research should investigate substance use of female IPV victims by interviewing the women themselves and utilizing more objective data (e.g., urine toxicology screening and breathalyzer analysis).

Limitations

This study has several significant limitations, including reliance on the men's reports of their partners' substance use, the correlational nature of the data, the female sample size, and the lack of demographic and diagnostic data for the women. In addition, as only 30 percent of female partners participated in the interviews, there is a potential for sampling bias in the responding women. This low participation rate is partially the result of difficulty making initial contact due to disconnected phone lines, lack of voice mail, conflicting schedules between research assistants and potential participants, and the short window of time for collecting baseline assessments before the men began treatment. In addition, despite assurances of confidentiality, some of the women may have refrained from participating for fear of retaliatory violence by the men or punishment by the justice system. Thus, until results of this study are replicated, all findings must be interpreted with caution, and no definitive conclusions can be made about the generalizability of these findings to female victims of IPV.

However, as an exploratory study, this work has relevance as a first step toward gaining a greater awareness of the processes involved in aggression and substance use. It is recommended that future studies utilize greater resources toward contacting and interviewing female partners for information about IPV, substance use, and demographic and diagnostic data.

Conclusion

Results of this study suggest that research focusing on violence perpetrated solely by one partner may miss important components of overall IPV. Consistently, treatments that focus only on the IPV and substance use of male batterers may leave the treatment needs of the female partners unmet. There is a clear need for further research and effective interventions to target the unmet needs of these women.

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