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Violence against women addicts

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COI

- No conflict of interest regarding this presentation

Psychiatric
Illness in

Women

Emerging Treatments and Research

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Women's Mental Health

*a
comprehensive
textbook*

edited by Susan G. Kornstein
and Anita H. Clayton



Overview

1. Relationship between substance misuse, psychiatric disorders & (active) violent behaviour among ♀ and ♂
2. Intimate partner violence (IPV) against substance using ♀
3. Screening & treatment interventions for substance-using ♀ experiencing IPV

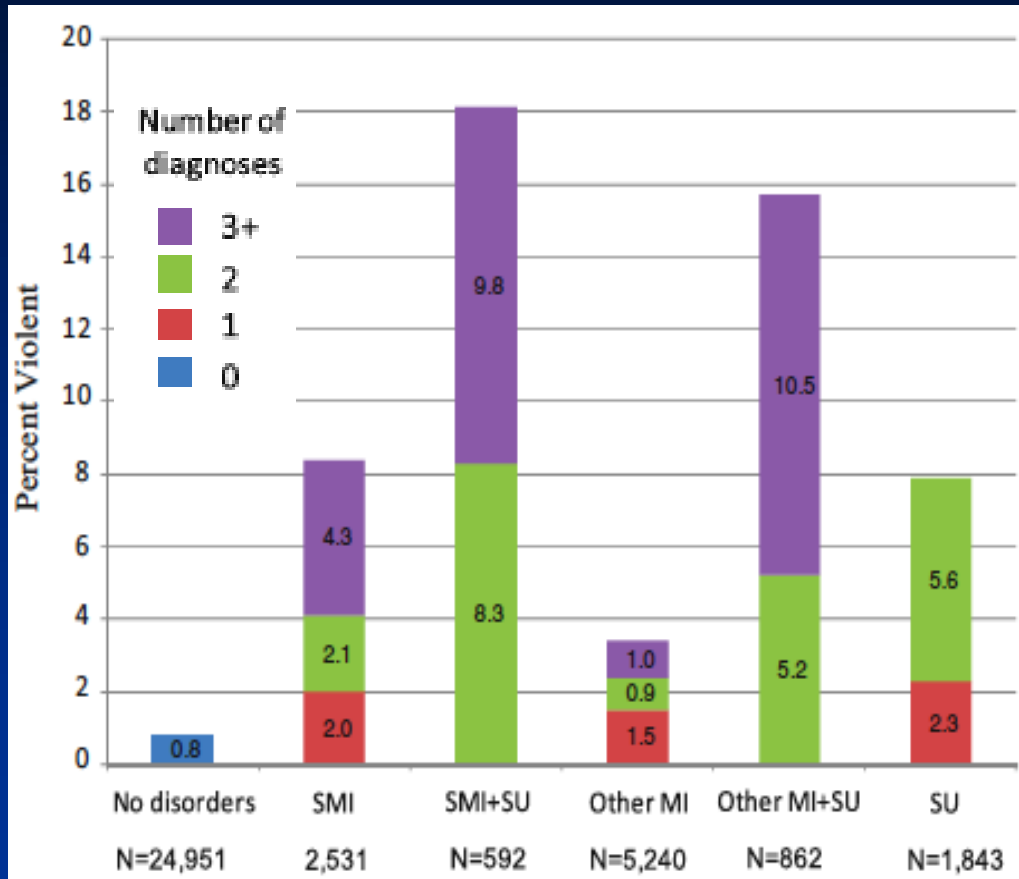
1. Substance misuse, psychiatric disorders & violent behaviour

- General consensus: The presence of severe mental illness (i.e., schizophrenia, bipolar disorder and major depressive disorder) increases the risk for violent behaviour
- Substance use is a significant risk factor for violence and disturbed behaviour
- Important confounding variables
 - Male gender
 - Higher loading in psychopathology
 - Antisocial personality
 - Repeated intoxications
 - Non-adherence with treatment



Psychiatric disorders and violence – Findings from the NESARC*

% of respondents reporting recent violence by type and number of diagnoses



SMI = severe mental illness; SU = substance abuse; MI = mental illness

- Those with severe mental illness (SMI; schizophrenia, bipolar disorder and major depressive disorder), irrespective of substance abuse status, were significantly more likely to be violent
- Those with severe mental illness & substance use disorders had the highest risk of violence
- *Childhood abuse and neglect, household antisocial behavior, binge drinking and stressful life events were also associated with violence*

Psychiatric disorders and aggression

NESARC, 2001-2002, N=43,093

Prevalence

- *Aggressive behaviour after age 15*
 - 0.66 % no lifetime psychiatric disorder
 - 25 % with bipolar disorder
 - 11 % with SUD
 - 8 % with alcohol dependence
- *Aggressive behaviour during the last 12 month occurred in**
 - 2 % no lifetime psychiatric disorder
 - 12 % with bipolar disorder (lifetime diagnosis)
 - 11 % with SUD (lifetime diagnosis)
 - 8 % with alcohol use disorder (lifetime diagnosis)
- *When patients exhibited symptoms of bipolar disorder or SUD in the last year, frequency of aggression increased by:*
 - 16 % with bipolar disorder
 - 20 % with SUD

*subset of NESARC subjects (n = 5865) completed a survey on aggressive behaviour during the preceding 12 months

Antisocial Personality disorder, Substance use disorder & violent behaviour in women

- SUD is associated with antisocial personality disorder (ASPD) → studied primarily in ♂ populations
- ♀ are far less likely than ♂ men to meet diagnosis for ASPD (1.8 % vs. 7.0 %) in community samples
- SUD & ASPD are both associated with violent behaviour & criminal offending
- Studies on ♀ felons (most serious offenders) found prevalences of SUD & ASPD approaching those of ♂ felons
- Recent study (Lewis, 2010):
 - In 130 ♀ felons 44 % violent offenses (mid - sentence of felony conviction)
 - 32 % ASPD (n = 41)
 - 44 % alcohol dependence
 - 72 % SUD

ASPD, SUD & violent behaviour in women

- **Participants:** n = 41 (32 %) incarcerated ♀ felons with ASPD
- **Prevalence of SUD (lifetime):**
 - 61 % cocaine dependence
 - 56 % alcohol dependence
 - 49 % opioid dependence
- Far exceed prevalence rates for community samples and even incarcerated ♂
- **Prevalence of most common comorbidities (lifetime):**
 - 63 % major depression
 - 46 % PTSD
 - 22% ADHD
- ♀ *more psychiatric co-morbidities than incarcerated ♂*
- Mean **overall violent behaviour score:** 3.4 (scale 1-5)
 - was NOT associated with substance dependence diagnosis
 - BUT with symptom severity (age of onset, symptom count) for alcohol, opiate and cocaine dependence & co-morbidities



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Committee on Drugs

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Article

Health-related and legal interventions: A comparison of allegedly delinquent and convicted opioid addicts in Austria

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Aim of the study

- To gather structured medical, psychological and legal data on the implementation of SMG (=narcotic substances act) in Austria regarding health-related and legal interventions
- Focus on Health related measures (HRM; quasi-compulsory treatment) in opioid-maintained individuals in comparison to prisoners in OMT



Sample



- HRM (“treatment instead prison”) sample:
 - 96 opioid-maintained individuals (10.4% ♀)
 - Randomly selected in specialised in- and outpatient institutions
 - sanctioned with HRMs (medical & social/psychological treatment > 1 year)
 - Structured battery of face-to-face interviews (EuropASI, ASI crime module)
-
- Prison sample:
 - Data were collected through integrated administration of the panel system
 - 228 subjects in OMT, imprisoned due to offenses against Narcotic substances act (NSA) (14.5% ♀)
 - Comparable sample to the HRM Sample

Findings – psychiatric comorbidities

Table 2. Lifetime prevalences of psychiatric comorbidities in HRM groups

	Male	Female	Total	p	OR
Serious depression	51 (59.3%)	9 (90.0%)	60 (62.5%)	0.084	0.16
Serious anxiety or tension	47 (54.7%)	9 (90.0%)	56 (58.3%)	0.042*	0.13
Problems understanding, concentrating or remembering	31 (36.1%)	6 (60.0%)	37 (38.5%)	0.177	0.38
Serious thoughts of suicide	38 (44.2%)	6 (60.0%)	44 (45.8%)	0.505	0.53
Attempted suicide	20 (23.3%)	3 (30.0%)	23 (24.0%)	0.699	0.71
Hallucinations	12 (14.0%)	1 (10.0%)	13 (13.5%)	1.000	1.46
Problems controlling violent behaviour	41 (47.7%)	0 (0.0%)	41 (42.7%)	0.004**	–
Prescribed medication for any psychological/emotional problem	40 (46.5%)	8 (80.0%)	48 (50.0%)	0.045*	0.22

HRM: health-related measure, OR: odds ratio, *p < 0.05, **p < 0.01 of Fischer's exact test between gender and lifetime prevalence.

2. Intimate partner violence (IPV)

- Intimate partner violence is the type of violence most frequently experienced by female addicts
- 20 % to 50 % of substance-using women, including those in substance abuse treatment, have experienced IPV in the past year
- 3-5 times higher than prevalence rates found among general populations of women
- IPV victimization may heighten the risk
 - of continued drug use and recidivism
 - serious mental and physical health consequences
 - and mortality in substance-using women

The REDUCE project

JUST/2010DPIP/AG0975



“Reducing hepatitis C injecting and sexual risk behaviours among females who inject drugs in Europe (REDUCE): translating evidence into practice“

(N = 231 ♀ who had injected illicit drugs in the previous 6 months)

1. Measure HCV transmission knowledge and HCV risk behaviours among females who inject drugs (FWID)

2. Determine the extent of HCV transmission knowledge & HCV risk behaviours among FWID

3. Develop & test an evidence-based group intervention to increase HCV transmission knowledge & reduce HCV risk taking behaviours among FWID.

→ A mixed methods study design (quantitative & qualitative data) was applied

Findings

High prevalence of HCV infection among FWID is a result of regular risk behaviours for HCV transmission (Sharing of needles/syringes; Injecting in groups or with a partner; *Involvement in high risk violence partner relationships*)

Dissonance between knowledge and behaviour is explained by:

- Lack of sterile injecting equipment
- Stressful situations leading to impulsive behaviour
- Injecting in groups and/or unsafe locations
- **Intimate partner violence (IPV) increases FWID vulnerability to injecting risk behaviours & reduces their ability to negotiate & assert safer injection practises**
- Psychiatric comorbidity increases FWID vulnerability to injecting risk behaviours and reduces their ability to negotiate and assert safer injection practises

Intimate partner violence (IPV)



- 70 % of participants had experienced IPV in the past 12 months of their current or most recent relationship

Type of IPV	% of all participants
Severe combined sexual and physical abuse	40%
Physical abuse with emotional abuse	16%
Emotional abuse and/or harassment	11%
Physical intimate partner violence without any other forms of violence	4%

Qualitative results



Experience of IPV limited participants' ability to avoid sharing equipment with aggressive/dominant partners:

“Aye, too scared to say to him, I don't want to use yours, in case I got another smack in the jaw.” (Scotland, cocaine dependent, 39 y. old, HCV positive)

Previous or current IPV resulted in fear of a partner's reaction if asked to use a condom:

“He refused [to use a condom] furthermore, he hit me in the face. I was afraid, I couldn't say ,use it' twice.” (Spain, heroin dependent, 45 y. old, HCV positive)

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Putting gender on the agenda

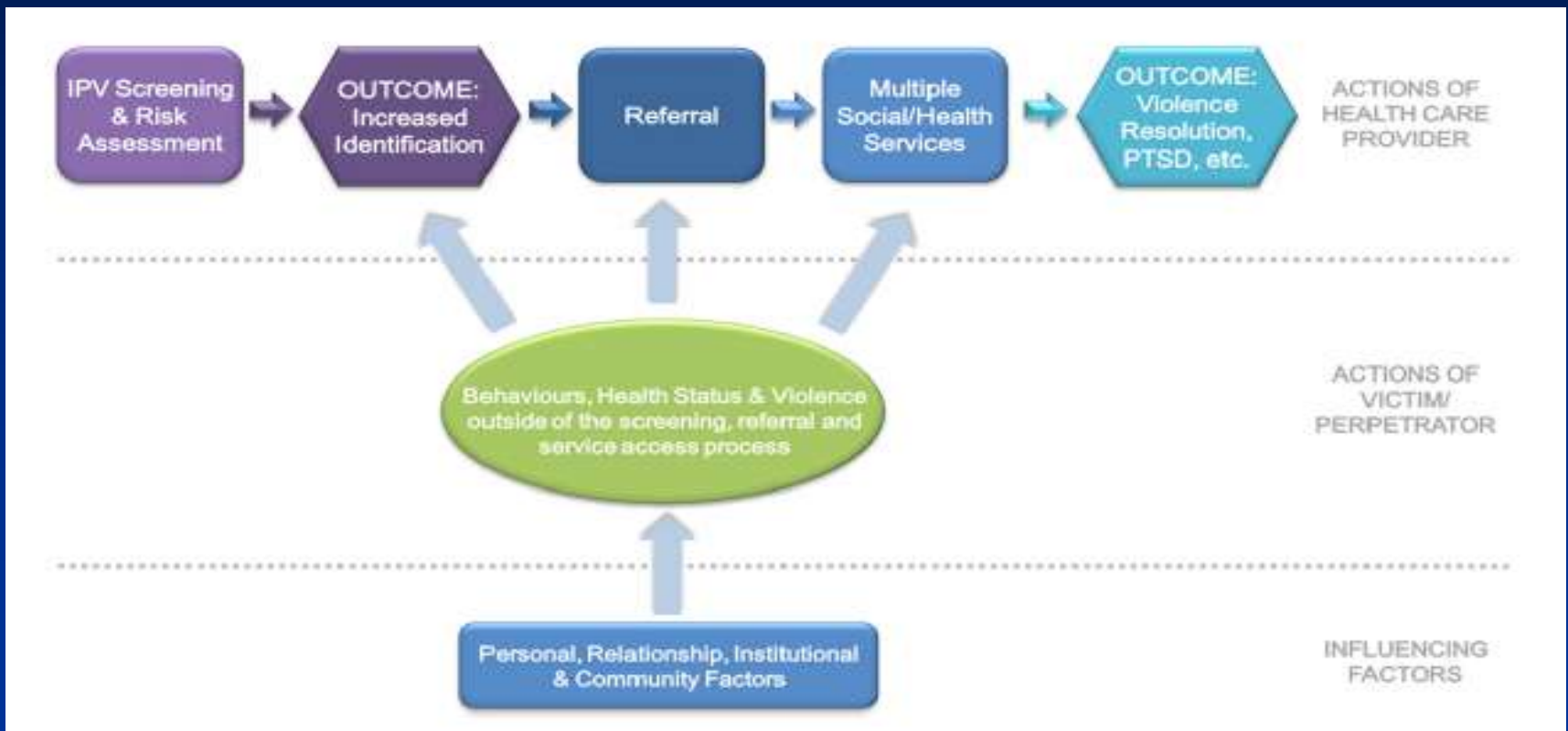
(Editorial)

“ Medicine as it is
currently applied
to women is less
evidence-based than
that being applied
to men.”

3. Implementing successful IPV screening programs in health care settings

- Reducing IPV victimization and associated risks among substance-using women is a multistep process

Complexity of the process of IPV screening, referral and problem resolution



Conceptual framework for IPV screening in substance using women



IPV screening should contain the following evidence-based components:

- identifying IPV
- raising awareness of the co-occurrence of IPV & substance use & conducting safety planning
- increasing motivation to reduce IPV, goal setting & referral of women to appropriate IPV & substance use services.
- Availability of female physicians increases retention

Efficacy of interventions for women who have experienced IPV

- A systematic review and meta-analysis of RCTs tested the efficacy of interventions (**cognitive behavior therapy “CBT” & advocacy**) to reduce IPV among different populations of women from 1990 - 2013
→ Only 12 RCTs met evaluation review criteria

CBT interventions aimed to provide necessary skills (e.g. cognitive restructuring, motivational interviewing techniques, thought-stopping, coping skills, problem-solving, etc.) to protect IPV victims from further IPV

Advocacy interventions included support provided by advocates & mentors to enhance female victim safety (information, provision of legal support, housing and financial advice, telephone social support, developing safety planning and facilitating access to community resources) without any psychotherapeutic approach.

Efficacy of interventions for women who have experienced IPV

- Both CBT and advocacy interventions, resulted in significant reductions of physical and psychological IPV
 - However, small effect size & heterogeneity of interventions do not allow to draw firm conclusions
 - Sexual IPV was not reduced by either advocacy or CBT interventions in the few studies considering this outcome
 - Only one of the 12 RCTs included in this review was found to be effective in reducing IPV among substance-using women → relapse prevention and relationship safety intervention
 - Need for more evidence regarding the types of intervention that may be effective in specific settings

New Developments

Computerized Screenings & Brief Interventions

- Effective behavioral interventions are often time intensive → not feasible to implement in many settings
- Growing evidence base: Computerized screening interviews are effective in increasing rates of IPV disclosure among women in health care settings
- Not yet tested among substance-using women

Women Initiating New Goals for Safety (WINGS)

- WINGS is a self-paced assessment and intervention that seeks to improve safety and encourage healthy relationships among **substance-using women on probation** in community court settings.
- The intervention seeks to identify women at risk of intimate partner violence, conduct safety planning, and enhance social support and access to services to prevent intimate partner violence

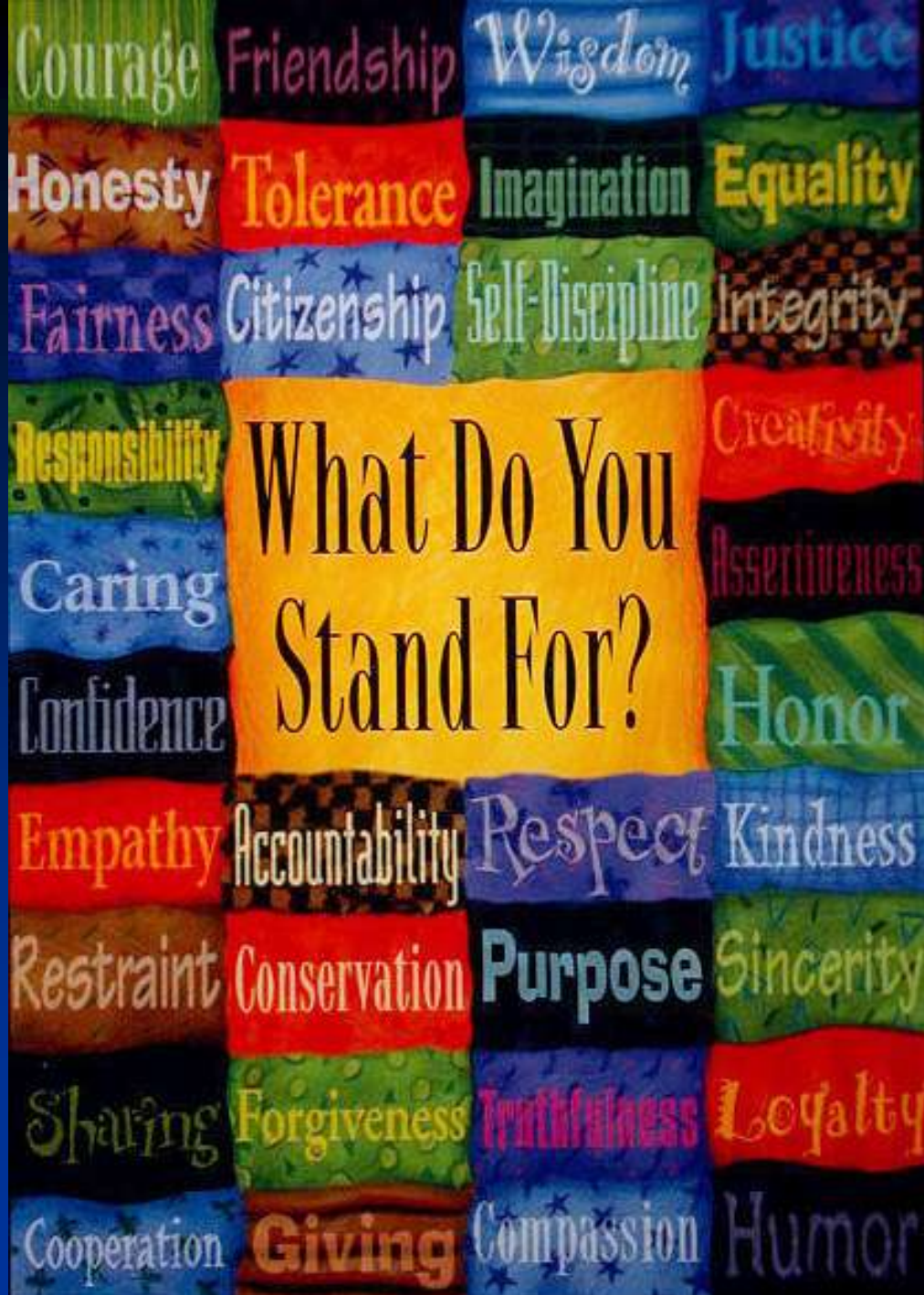


Women Initiating New Goals for Safety (WINGS)



Aim of the NIDA funded clinical trial:

- To conduct a RCT that will test the feasibility and preliminary effect of a **multimedia version of the tool compared to a non-media version** of the same IPV screening, brief intervention and referral service (delivered by a case manager)
- To test whether women in a court situation will more readily disclose intimate partner violence to a computer than to a caseworker they are meeting for the first time.



What Do You
Stand For?

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Restraint
Sharing
Cooperation

Friendship
Tolerance
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Conservation
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Giving

Wisdom
Imagination
Self-Discipline
Respect
Purpose
Truthfulness
Compassion

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Equality
Integrity
Creativity
Assertiveness
Honor
Kindness
Sincerity
Loyalty
Humor

Thank you for your attention

Take home message

No irrational anxiety

