When things are getting out of hand: Prevalence, assessment, and treatment of substance use disorder(s) and violent behavior

Kraanen, F.L.

Link to publication

Citation for published version (APA):
Kraanen, F. L. (2014). When things are getting out of hand: Prevalence, assessment, and treatment of substance use disorder(s) and violent behavior

General rights
It is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), other than for strictly personal, individual use, unless the work is under an open content license (like Creative Commons).

Disclaimer/Complaints regulations
If you believe that digital publication of certain material infringes any of your rights or (privacy) interests, please let the Library know, stating your reasons. In case of a legitimate complaint, the Library will make the material inaccessible and/or remove it from the website. Please Ask the Library: http://uba.uva.nl/en/contact, or a letter to: Library of the University of Amsterdam, Secretariat, Singel 425, 1012 WP Amsterdam, The Netherlands. You will be contacted as soon as possible.

UvA-DARE is a service provided by the library of the University of Amsterdam (http://dare.uva.nl)
Criminality is a significant problem that harms individual victims, for example by causing injuries, mental health problems, and material damage, as well as society. Clearly, crime should be limited as much as possible. Since a large proportion of offenders who have been convicted recidivate, it is essential to focus on preventing relapse into criminal behavior. To accomplish this, it is important to identify risk factors associated with recidivism and to develop effective treatments for offenders. A risk factor often associated with criminal behavior is substance use. Therefore, the present thesis focused on criminal behavior and (problematic) substance use and consisted of two parts. The first part of this thesis zoomed in on the prevalence of substance use disorders among perpetrators of specific offenses, i.e., intimate partner violence (IPV), general violence (GV), and sexual violence (SV). Subsequently, the second part of the current dissertation reported on substance abuse in relation to IPV perpetration. Specifically, the following was studied: 1) the validity of a screener to detect IPV perpetrators in substance abuse treatment, 2) the question as to whether combinations of specific substance use disorders were predictors for IPV perpetration and victimization among patients in substance abuse treatment, and 3) the effectiveness of a combined treatment addressing both IPV perpetration and problematic substance use.

Part I

In chapter 2, a study on the incidence of substance use disorders among IPV perpetrators in domestic violence treatment is reported. It was pointed out that 50% of 150 participants was diagnosed with at least one substance use disorder such as alcohol, cannabis and / or cocaine abuse or dependence at the time of the index offense. Also, a substantial proportion of the patients who were diagnosed with a substance use disorder (about two thirds) reported intoxication at the time of the offense. Moreover, it was demonstrated that substance abusing IPV perpetrators did not differ from non-substance abusing IPV perpetrators with regard to demographics and offense related variables. It can be concluded from this study that, also in the Netherlands, substance use disorders are highly prevalent among IPV perpetrators in forensic outpatient treatment.

In chapter 3, the incidence of substance use disorders among perpetrators of GV, IPV, SV, and ‘other’ offenses in forensic outpatient treatment was assessed. Patients who had an intake were first screened for alcohol and drug misuse. After screening positive, substance use disorders were formally diagnosed using a semi-structured interview. It was found that 62% of the GV perpetrators, 31% of the IPV perpetrators, 9% of SV perpetrators, and 27% of ‘other’ perpetrators fulfilled criteria for substance abuse and / or dependence. Comparisons demonstrated that significantly more GV perpetrators and significantly less SV perpetrators were diagnosed with a substance use disorder than other perpetrators. In
addition, GV perpetrators were significantly more often intoxicated at the time of the offense than perpetrators of IPV, SV, and ‘other’ offenses. It can be concluded that substance use disorders are highly prevalent among patients in forensic outpatient treatment. It is noticeable that the study in chapter 2 reported higher rates of substance use disorders among IPV perpetrators than the study presented in chapter 3 (50% and 31%, respectively). Explanations are that 1) the dropout rates in the study described in chapter 3 were relatively high: over one-third of the patients that screened positive for alcohol and / or drug abuse did not complete the diagnostic interview while positive screening patients were likely to be diagnosed with substance use disorders, and 2) the results from the study described in chapter 3 were based on self-report whereas the study presented in chapter 2 used patients’ files which contained collateral information, for example, from police reports.

Finally, in chapter 4, the last chapter of part I of this dissertation, the literature on substance misuse among SV perpetrators was reviewed. It was demonstrated that half of the SV perpetrators had a history of any substance abuse and that a quarter of the SV perpetrators were intoxicated at the time of the offense. Again, discrepancies between the studies in this thesis are evident: this review of the literature showed a higher prevalence rate of substance use disorders rates among SV perpetrators than the study that was reported in chapter 3 (i.e., 50% and 9%, respectively). One explanation for this difference is that the studies included in the review examined substance use disorders among hands-on SV perpetrators, whereas most SV perpetrators included in the chapter 3 study committed hands-off SV (such as downloading child pornography). However, since no other studies examined substance abuse among hands-off SV perpetrators, it cannot be verified whether these findings can be generalized to other hands-off SV perpetrator populations. In sum, the studies presented in chapters 2, 3, and 4 of this thesis confirmed that substance abuse and criminal behavior often co-occur; the two studies presented in chapters 2 and 3 demonstrated that this is also the case in the Netherlands.

Part II
Part II of this thesis (chapters 5, 6, 7, 8, and 9) specifically focused on substance abuse in relation to IPV perpetration. In chapter 5, two studies were described on the validation and cross-validation of the Jellinek Inventory for assessing Partner Violence (J-IPV), a 4 items screening instrument that identifies perpetrators and victims of IPV among patients in substance abuse treatment. The first study demonstrated that the J-IPV possessed good psychometric properties and could be used to detect any and severe IPV perpetration as well as IPV victimization among substance abusers. These results were replicated in the second study that was conducted in another substance use disorder treatment facility. It was con-
cluded that the J-IPV is a valid screener for IPV perpetration and victimization among patients in substance abuse treatment. After screening positive, IPV should be assessed in more detail. A limitation of the J-IPV is that the instrument is not sensitive enough to discriminate between any IPV perpetration and any IPV victimization, possibly due to the fact that IPV perpetration and victimization are in most cases overlapping (i.e., patients are in many cases both perpetrator and victim).

In chapter 6, it was examined whether (combinations of) substance use disorders predicted IPV perpetration and victimization among patients in substance abuse treatment. An alcohol related disorder in combination with a cannabis and/or cocaine use disorder predicted any IPV (perpetration and/or victimization) and severe IPV perpetration in male patients. Being diagnosed with both an alcohol and cocaine use disorder predicted any IPV (perpetration and/or victimization) and severe IPV perpetration in female patients. Substance use disorders did not predict severe PV victimization in both male and female patients. A limitation of this study was that it was not possible to distinguish between any IPV perpetration and any IPV victimization, because the J-IPV was used to assess IPV.

In chapter 7, a case study was presented of a patient in forensic outpatient treatment (Henry) who received Integrated treatment for Substance abuse and Partner violence (I-StoP). I-StoP aims 1) to stop IPV perpetration, and 2) to stop or reduce substance use to non-harmful levels. The rationale of I-StoP was based on the assumption that alcohol intoxication causes IPV perpetration, which is in accordance with the proximal effects model. After completing I-StoP, Henry, who was diagnosed with alcohol and cannabis dependence, had stopped IPV perpetration but not substance use. At 6 months follow-up he had even started using MDA, a drug resembling MDMA (ecstasy). However, he had not relapsed into IPV perpetration. Although Henry had not altered his substance use during the course of treatment, other skills had improved, such as problem solving and communication skills. It is therefore hypothesized that the spurious model (i.e., a third variable, such as in Henry’s case ineffective problem solving skills, is responsible for both IPV perpetration and substance use) might also explain the alcohol – IPV nexus. In addition, Henry’s partner Eric had decreased substance use and had become more assertive, which presumably also contributed to the cessation of IPV. This case study underlined that although alcohol use and IPV perpetration may be causally related (which may carefully be concluded from studies showing that stopping alcohol use led to cessation of IPV perpetration), other explanatory models should not be overlooked.

In chapter 8, a randomized controlled trial on the effectiveness of I-StoP was presented. The study was conducted among IPV perpetrators in substance abuse...
treatment. The outcome of I-StoP was compared to the outcome of cognitive behavior therapy (CBT) for substance use disorders (SUD) including one session addressing IPV (CBT-SUD+). Patients in both conditions significantly reduced substance use and IPV perpetration at posttreatment compared with pretreatment. There were no differences in outcome between conditions and results were no different for completers and the intention-to-treat sample. Completers in both conditions almost fully abstained from physical IPV perpetration in 8 weeks before the end of treatment. The primary concern of this study was the high dropout rate (about 60%). Although it is quite common for patients in substance abuse treatment to end treatment prematurely, the dropout rates in this study were in the top range. Since the effectiveness of CBT-SUD+ is no different from I-StoP, it is recommended to administer CBT-SUD+ to IPV perpetrators in substance abuse treatment because it is more cost and time effective to implement CBT-SUD+.

Then, in chapter 9, a pilot randomized controlled trial on the effectiveness of I-StoP among IPV perpetrators in forensic outpatient treatment who were diagnosed with substance use disorders was described. Patients were randomly assigned to I-StoP or CBT addressing IPV perpetration (CBT-IPV). The results of the completers demonstrated a non-significant trend that patients who completed I-StoP committed less physical IPV at posttreatment compared to pretreatment; patients who completed CBT-IPV perpetrated significantly less physical IPV at posttreatment compared to pretreatment. In addition, there was a non-significant trend that patients allocated to I-StoP reported lower substance use, indicating that their amount of substance intake had decreased at posttreatment compared to pretreatment. However, patients allocated to I-StoP were not more days abstinent at posttreatment compared to pretreatment. There were no significant differences between conditions. It is promising that completers hardly perpetrated any physical IPV at posttreatment. The primary concerns of this pilot were the low number of participants who were included and the high number of dropouts.

Finally, in chapter 10 the main findings of this thesis were discussed. From part I of this thesis can be concluded that substance use disorders are highly prevalent among perpetrators of various offenses and that offenders are often intoxicated when committing crimes. Research presented here pointed out that also in the Netherlands this is the case. From part II can be concluded that 1) the J-IPV is a valid screener to identify perpetrators and victims of IPV among patients in substance abuse treatment; 2) specific combinations of certain substance use disorders are predictors for IPV perpetration and victimization among patients in substance abuse treatment; 3) both I-StoP and CBT-SUD+ are effective in reducing IPV and substance use among patients in substance abuse treatment; and 4) CBT-IPV was effective in reducing IPV and there was a non-significant trend that I-StoP was effective in reducing IPV among patients in substance abuse treat-
ment; also, there was a trend that patients who received I-StoP had reduced substance use. In sum, this thesis contributed to the body of research regarding the relationship between substance misuse and criminal behavior in general and particularly regarding substance misuse and IPV perpetration. It also became evident how complex the subject is. Research presented in this thesis is a step in the right direction, but much more research on the subject is needed with as ultimate goal recidivism prevention.