Prescription Drug Abuse Among Female Survivors of Intimate Partner Violence: A Call for Research

Abstract

Recent studies indicate that female victims of intimate partner violence (IPV) abuse prescription drugs to cope with emotional distress resulting from violence. Accordingly, the main objectives of this study were to provide a summary of the literature on the relationship between IPV and prescription drug abuse (PDA) in female survivors to identify gaps in knowledge and to propose future avenues for research. A systematic review was carried out in Web of Science, SCOPUS, and ProQuest databases. Of the 585 results obtained, 5 articles were included in the review. The results showed that although PDA was detected in 1% to 27.9% of women suffering from IPV, the relationship was not significant. Inconsistencies in the definition of variables and their measurement were detected. Recommendations and a call for research on this phenomenon are presented to fill the gap in the literature and design more accurate methods for improving mental health in IPV female survivors.

Keywords: intimate partner violence, prescription drug abuse, prescription drug misuse, women, substance abuse.

Introduction

Substance abuse, including the misuse of prescription drugs, has increased in the last two decades around the world (McCabe, et al., 2007; National Institute on Drug Abuse [NIDA], 2023; World Health Organisation [WHO], 2020). Global sources estimated that 5.5% of people aged 15-64 years worldwide had used an illicit drug and that 0.7% of the adult population suffered from drug use disorders. A proportion of disorders is associated with the non-medical use of prescription drugs such as synthetic opioid analgesics, anxiolytics, hypnotics or psychostimulants (NIDA, 2018; WHO, 2020). Furthermore, prescription drug abuse (PDA) might be higher in specific populations such as women with substance use disorder (SUD; Peteet, 2020), especially among those who had attempted suicide (Icick, 2017). Some of the factors that have been related with PDA are histories of abuse and the lessened stigma associated with the use of prescription drugs compared to the use of illegal drugs (Fleary et al., 2013). For example, survivors of violence have presented a greater vulnerability to substance abuse (Khantzian, 1997), than has serious medical consequences (Benyamin et al., 2008).

Intimate partner violence (IPV) is a global public health problem associated with several physical and mental health consequences in women such as depression, anxiety, or substance abuse (Campbell, 2002). Among these consequences, Bailey et al. (2019) indicated that women abused substances to manage their emotions. This relationship has been mostly supported by the self-medication hypothesis, which holds that people with an addiction problem seek to cope with emotional distress through substance use (Khantzian, 1997).

Although the relationship between IPV and substance use has been established among women (Ahmadabadi et al., 2019; Golding, 1999), few studies have examined

the specific relationship between IPV and PDA. In recent years, an increase in PDA among Spanish women who had suffered IPV has been observed (Ministerio de Igualdad, 2020). The most prevalent prescribed drugs were both anxiolytic and antidepressant drugs, with higher rates of use among IPV survivors than among the general population (Crespo et al., 2017). In other countries, studies found that almost half of participants were taking pain and/or psychotropic medications to cope with IPV impact (Wuest et al., 2007). On the other hand, victimization histories were more extensive among women who used sedative-hypnotics and opiates compared to women who did not (Kubiak et al., 2006).

As IPV may be a predisposing factor for the development of PDA (Kubiak et al., 2006), the main goals of this review were to provide a summary of recent research on the relationship between IPV and PDA, identify gaps in knowledge and propose specific avenues for future research.

Methods

Study design.

A systematic review was carried out. The methodological framework suggested by the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) guidelines was used (Page et al., 2021).

Search strategy and data sources.

Systematic searches were conducted in Web of Science, SCOPUS and ProQuest (APA PsycArticles, APA PsycInfo, Psychology Database & PTSDpubs). The search strategy combined key words referring to IPV and PDA in women and was developed with the help of an experienced information technician using the following filters: 1) publications in English or Spanish, 2) peer-reviewed research articles, and 3) empirical

quantitative research. These terms were combined by the Boolean operators AND, OR and NEAR (see Table S1). The final search was conducted on 22 May 2022.

Study selection and data extraction.

After removing duplicates, in the first phase of screening, the title and abstract of the results obtained were reviewed. Secondly, the full text was reviewed. In both phases, each record was independently reviewed by two authors. Finally, full-text articles were assessed for eligibility through discussions among reviewers, where discrepancies were debated until a consensus was reached. Exclusion criteria are presented in the PRISMA flowchart (Figure 1).

PLACE FIGURE 1 HERE

Results

Participant characteristics.

The characteristics of the studies included in the final review are presented in Table 1. Two studies presented samples of male and female IPV survivors [2, 5], using "IPV" without gender distinction. There were three studies in which all the sample consisted exclusively of women [1, 3, 4] and some of those were IPV survivors. The largest sample was formed by 13,928 women, where 893 (5.5%) had suffered IPV [2]. The smallest sample consisted of 77 women [4].

PLACE TABLE 1 HERE

The samples were selected from epidemiological surveys from general population [2, 5], from population with restraining orders [1] and from women in SUD treatment [3,4]. In one of the studies, participants were older than 20 years [2]. Three studies did not specify information (media and standard deviation) about age of the global sample [1, 2, 5]. This information was reported by groups.

Variables, measures, and studies characteristics.

Only one study was design to address specifically the relationship between IPV and PDA [1]. All the studies presented a cross-sectional design [1- 5].

To evaluate IPV, three studies used the Conflict Tactics Scale (CTS; Strauss et al, 1990) and/or the Conflict Tactics Scale-2 (CTS-2; Strauss et al, 1996) [1, 2, 4]. Two studies used the Psychological Maltreatment of Women Inventory (PMWI; Tolman, 1989) [1, 4] and one study used the Composite Abuse Scale (CAS; Hegarty et al., 1999) [3]. Some studies evaluated IPV with more than one instrument [1, 4]. One study used also questions from a national survey [4] and one study exclusively used three ad-hoc questions to evaluate IPV [5].

Regarding substance abuse, the diagnosis of abuse or dependence was made mainly through standardized diagnostic interviews (see table 1) [1, 2, 3, 4]. Also, with questions generated ad-hoc [5]. The types of substances evaluated were alcohol [1, 2, 3, 4], sedatives, tranquilizers, benzodiazepines, or hypnotics [1, 2, 3, 4], legal opioids [1, 5] and other illegal drugs [1-5]. Other aspects evaluated were mental disorders or mental [2, 3, 4] and physical [1, 4] health, child abuse [1, 5], and victimization during life [1].

Main results.

Cole and Logan (2010) [1] showed that within their sample of female IPV survivors, 40.9% had used prescription sedatives and hypnotics during lifetime, while 27.9% had used them without a prescription (in contrast to 7.2% in the general female population). Among women who had used these substances, 55% started using them with a prescription and later used them without a prescription. Women who had used opioids without a prescription suffered a greater intensity of IPV. However, IPV was not a significant predictor of PDA. Nonetheless, a cumulative exposure to other types of victimization during lifetime was associated with a higher risk of PDA.

Among IPV survivors, Afifi et al. (2012) [2] reported that 1% of female IPV survivors had a dependence on sedatives and tranquilizers, while the percentage fell to 0.3% in women who had not suffered IPV. No statistical significance was found in the association between being a IPV survivor and the consumption of sedatives/tranquilizers. However, having suffered IPV was associated with a higher probability of abuse of illegal substances. Neither significant relationship between IPV and sedative abuse were found in Gilchrist et al. (2012) [3]. In this study, 35.8% (n = 24) of the sample presented a sedative use disorder.

On the other hand, Shannon et al. (2015) [4] found that 91% of women in SUD treatment had experienced IPV in their lifetime. Among the sample, 92.2% and 36.4% had abused opioids and benzodiazepines throughout their lives, respectively. When examining the associations between IPV and PDA, no significant results were found.

Finally, Qeadan et al. (2021) [5] found that among college students who reported having suffered IPV (13.01%) there were a higher probability of prescription opioid abuse, without differentiating between sex. Moreover, having social and family problems were also variables that explained PDA.

Discussion

In this study, it has been summarized the research on PDA among women who have suffered IPV. The preliminary results of this review suggest that between 1% and 27.9% of women who have suffered IPV have misused prescription drugs during lifetime (Afifi et al., 2012; Cole & Logan, 2010). Although the percentage of women with IPV and PDA could be higher compared to women without IPV, no study has compared it directly. Nonetheless, cumulative victimization has been proposed as a risk factor for PDA (Cole & Logan, 2010). Moreover, although 24.4% of women with IPV in Spain report using legal drugs to cope with symptomatology resulting from violence

(Ministerio de Igualdad, 2020), no study included in this review has found a significant association between IPV and PDA.

These results should be interpreted with caution. As this study has shown, there is not a clear definition of the abuse of prescription drugs such as opiates and sedatives. The literature differs vastly in the way they have categorized and evaluated this issue. A standardization of the definition, classification and evaluation of the concept of PDA is needed. Some terms that would address the precise definition of PDA and that could unify the literature would be prescription drug abuse or misuse. In addition, a unification of the terms that define the different drugs involved in this abuse, such as sedatives and opiates, is needed, since different studies use different terms to define the same prescription drugs. In the same vein, refinement in the definition of IPV suffered by women is also needed. IPV is often addressed as a synonym of gender violence and as a synonym of violence between partners; this is also a field to be clarified. Scientific research will benefit from future studies if there is an integration of this concept. That will allow to design improved prevention actions and tailored interventions. Moreover, differences between countries related to accessibility to these drugs should be considered.

In addition, several quality limitations have been found in the literature such as the absence of longitudinal studies and the scarce studies design specifically to address the relationship of IPV and PDA. Furthermore, the low number of studies that fit the established criteria suggests that a broader search strategy could be implemented to increase the exhaustiveness of the topic. Finally, the exclusion of non-English language publications could play an important limitation for this study. Future research should address these aspects to reduce methodology biases.

Nonetheless, this review suggests that there is a scarcity of studies that explicitly analyse PDA in women IPV survivors. Overall, this study highlights a gap in the literature and the need for further research that would provide valuable information to design more accurate programmes to improve mental health in IPV survivors.

Statements and Declarations

Competing Interests: The authors do not have any financial interests that may influence the research.

Data Availability Statement: The authors confirm that the data supporting the findings of this study are available within the article and its supplementary materials**.**

Ethical Statements: Ethical Approval Statement and Informed Consent were not required for this systematic review.

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