

Exploring the linkages between substance use with COVID-19 and intimate partner violence during the corollary pandemics

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The linkages between intimate partner violence (IPV) and substance use are complex. Rates of both have risen during the COVID-19 pandemic, with potentially enduring effects on women's health. In this rapid review, we integrated the evidence on COVID-19, IPV, and substance use and created two information sheets and an infographic to support action on linking practices on IPV and substance use.

Research Questions

RQ1. What is the relationship between disasters and pandemics and IPV among women?

RQ2. What is the relationship between substance use and experiences of IPV among women?

Click [here](#) for the full methodology.

Evidence on Natural Disasters and IPV

- IPV increases after a natural disaster [1-4].
- Women who experienced post-disaster IPV are more likely to present mental health challenges, such as a major depressive disorder and suicidal ideation [5].
- Perpetrators can use natural disasters or pandemics to exercise more or different forms of control, increasing threats or isolating women [6,7].

Evidence on Substance Use and IPV

- Women who have experienced IPV are:
 - More likely to use or become dependent on substances compared to women who have not [8,9].
 - More likely to use tobacco [10].
 - Coping by using alcohol to numb feelings, reduce fear or avoid thinking about the IPV [11].
- Perpetrators may use women's mental health issues or their alcohol use as a tactic of isolation and control [12].
- There is mixed evidence on the directionality between IPV and alcohol:
 - Some suggest that when only women or both partners use alcohol, women are more likely to report IPV [13].
 - Others suggest that when only men use alcohol, there is more likelihood of women experiencing IPV [14].
- There is evidence that IPV is linked to unequal gender roles and men's control and power over their partners [15, 16].

Click [here](#) to learn more about the project

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Implications for service providers and policymakers

- Integrated responses to these interconnected issues are underdeveloped.
- Health and social service providers need to be ready for increases in IPV in disaster and pandemic contexts and develop treatment and referral capacity.
- Governments and policy-makers need to prioritize IPV prevention and action on substance use, given the interconnections.

