



Strong Women

# Examining Interventions for Intimate Partner Violence and Substance Use: Results from a Scoping Review



# Abstract

Intimate partner violence (IPV) and substance use (SU) simultaneously surged in Canada and globally during the COVID pandemic, exacerbated by increased stress, economic strain, and social isolation. When women experience both IPV and SU together, their impact is further heightened. However, in Canada, service delivery recognizing the dual experience of IPV and SU is scarce. Both service systems operate independently, despite the frequent co-occurrence of these health issues among women. We conducted a scoping review on interventions that addressed both IPV and SU among women, to support a project creating and testing an intervention for women for use in antiviolence and substance use services across Canada. We gathered evidence to inform the development of a workbook for women with IPV and SU experiences and accompanying materials based on these interventions. Then we assessed the effectiveness of these interventions and conducted a sex and gender-based analysis (SGBA+) of these interventions.

The search yielded 4,263 unique records—of which, 104 were full-paper screened. Thirteen articles met the eligibility criteria for inclusion. Of the 13 studies included in this scoping review, outcome substances reported ranged from one substance up to more than 7 substances. No study included tobacco as an outcome substance. Four studies examined trauma-informed interventions, with three focusing on the Women, Co-Occurring Disorders and Violence Study (WCDVS). Motivational Interviewing and cognitive behavioral strategies were commonly used, alongside social cognitive theory, empowerment, and gender-responsive approaches, highlighting a range of therapeutic modalities employed when working with women who experienced IPV and SU. The outcome variables encompassed a broad spectrum, ranging from substance use reduction to enhanced emotional and mental well-being, safety planning, abuse awareness, IPV experiences and improvements in mental, and physical health. These findings underscore the critical necessity of implementing interventions that address the multifaceted challenges faced by individuals experiencing both intimate partner violence and substance use. These studies emphasize the complexity of these health issues and the urgent need for tailored interventions that encompass a trauma-informed, gender-informed, and motivational interviewing approaches to promoting recovery, enhancing emotional well-being, and ensuring the safety and overall health of women with IPV and SU experiences.

# Executive Summary

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## Introduction

Intimate partner violence (IPV) and substance use (SU) have both increased concomitantly in Canada and globally, creating corollary pandemics affecting women and their families. Women's mental and physical health is particularly affected by these two trends with 10% of Canadian women in 2020 reporting that they were very, or extremely concerned about violence in the home [1]. Evidence also suggested that women's mental health declined more than other groups during the COVID-19 epidemic [2]. While these trends have been widely recognized, service provision for IPV and SU in Canada remains largely uncoordinated, with both systems operating without formal linkages to the other even though women often experience both issues together [3-8]. This has resulted in disconnected service provision and a lack of coordination of health promotion initiatives and interventions in responding to these two issues.

## Methods

This review is part of a larger project that is adapting, co-developing, piloting, and implementing an intervention to improve mental and physical health, by responding to and addressing women's experiences of IPV and SU, for use in anti-violence and substance use treatment settings. The purpose of this scoping review was to explore and synthesize the body of evidence on interventions addressing the intersection of IPV and SU in the form of tobacco and/or alcohol use. The goal was to gather insights to inform the development of a workbook for women with IPV and SU experiences and accompanying materials based on these interventions. Specifically, we sought to assess the effectiveness of these interventions and conduct a sex and gender-based analysis (SGBA+) of these interventions. We followed the methodological framework for scoping studies developed by Arksey and O'Malley [9] and PRISMA-ScR [10].

## SEARCH STRATEGY

A systematic search strategy was employed, utilizing a combination of subject terms and keywords to focus on the interplay between IPV and alcohol and/or tobacco use. The search was conducted on November 3, 2022, across prominent databases, including Medline, CINAHL, Cochrane, and PsycInfo.

## Study Characteristics

### COUNTRY

This scoping review report included 13 studies from four different countries. The majority of the studies were conducted in the United States [11-20]. The remaining studies were conducted in Kyrgyzstan [21], Spain [22], and South Africa [23]. All studies were published between 2005 and 2017.

## **OUTCOME SUBSTANCES**

Of the 13 studies included in this scoping review, outcome substances reported ranged from one substance up to more than 7 substances. Ten studies reported alcohol as an outcome substance [11, 12, 14-17, 19-21, 23]. Of the articles reporting alcohol as an outcome substance, four solely reported on alcohol [11, 12, 19, 23]. Two studies reported on heroin [16, 21]. Cannabis was listed as an outcome substance in two studies [16, 21]. Two studies reported heroin as an outcome substance [16, 21]. Three studies reported crack/cocaine as an outcome substance [14-16]. Seven studies reported non-specified illicit substances as outcome substances [14-18, 20, 22]. One study listed methamphetamine and hallucinogens as outcome substances [16].

## **INTERVENTION APPROACHES**

Four studies explored outcomes of trauma-informed interventions [13, 16, 17, 20] with three of them delving into findings from the Women, Co-Occurring Disorders and Violence Study (WCDVS) [13, 16, 17]. Three interventions used Motivational Interviewing approaches [12-14]. Cognitive behavioural strategies were employed in three interventions [11, 22, 23]. One intervention was guided by social cognitive theory and empowerment [15]. One study utilized a gender responsive drug treatment approach based on two manualized curricula informed by cognitive behavioural approaches, mindfulness, meditation, and experiential therapies [18]. One study used a combination of cognitive-behavioral therapy and motivational interviewing [19]. Specifically, this study incorporated a goal-oriented approach with personalized goals, drawing on cognitive-behavioral principles and motivational interviewing [19]. Additionally, the intervention included an emotion-focused approach, utilizing behavioral and Gestalt therapeutic interventions [19].

## **Key Findings**

The findings were structured according to the approaches employed in the interventions, aligning with our aim of creating and testing an intervention for women with IPV and SU experiences. The overarching goal was to gather insights and assess the effectiveness of interventions for women experiencing both IPV and SU. This was done to inform the development of a workbook and accompanying materials tailored specifically for this population, drawing directly from the principles, strategies, and methodologies utilized in these interventions. Additionally, this task was supplemented by another activity involving an environmental scan, which identified additional materials and resources relevant to the intervention's objectives.

## **TRAUMA-INFORMED INTERVENTIONS**

A US quasi-experimental study evaluated the effectiveness of the Helping Women Recover (HWR) and Beyond Trauma (BT) interventions, delivered sequentially to incarcerated women. Grounded in relational theory and gender responsiveness, the combined treatment targeted substance use and trauma symptoms. HWR consists of 17 sessions across four modules, while BT includes 11 sessions in three modules. Both integrated psychoeducation, cognitive-behavioral techniques, and expressive arts. The study supplemented HWR/BT with additional modules on relapse prevention, domestic violence, and 12-step recovery. Statistically significant between-group differences favored the treatment condition for negative posttraumatic cognitions, but overall effectiveness was questioned, prompting the need for further research on treatment components and subsets of populations of women who are incarcerated [20].

The Women, Co-Occurring Disorders and Violence Study (WCDVS) aimed to address the lack of services for women with co-occurring mental health and substance use disorders and a history of abuse [13]. The quasi-experimental study, conducted from 2001 to 2003, implemented trauma-informed interventions centered on personal safety, empowerment, and coping skills [13]. Results showed significant improvements in trauma and mental health symptoms among intervention group women compared to the comparison group, with effects strengthening at the 12-month follow-up [13]. The study highlighted the impact of childhood trauma on women with co-occurring disorders and emphasized the need for tailored interventions [13].

A US study, based on the Seeking Safety intervention, found that women from different agencies demonstrated greater efficacy in improving trauma-related symptoms and coping skills among the intervention group compared to the control group [16]. Completion of the trauma-informed program was associated with lower distress levels, indicating its success in addressing the needs of women with co-occurring disorders and trauma histories. Both groups had similar histories of homelessness and childhood abuse, emphasizing the importance of trauma-informed interventions in substance abuse treatment programs [16].

A US nonrandomized, quasi-experimental study evaluated the Trauma Recovery and Empowerment Model (TREM) therapy compared to treatment-as-usual (TAU) for women with co-occurring substance use disorders, mental illness, and trauma histories [17]. Results indicated that women in the TREM intervention group showed greater improvements in mental health symptoms, dissociative symptoms, personal safety, and coping with trauma compared to the TAU group. However, no intervention effect was observed for alcohol or drug abuse.

## **COGNITIVE BEHAVIOURAL INTERVENTIONS**

In a Spanish study addressing the higher incidence of IPV among drug-dependent women, the researchers adapted the Women's Wellness Treatment (WWT) for a pilot randomized controlled trial named "IPaViT-CBT" (Intimate Partner Violence Therapy-Cognitive Behavioral Therapy)[22]. The 10-week intervention, translated from the original WWT, targeted IPV, drug use triggers, trauma, mood, and safety. Modifications addressed depression, incorporating elements from Behavioral Therapy for Depression in Drug Dependence. Compared to the control group that received standard outpatient drug treatment, the IPaViT-CBT group reported reduced physical IPV and improved relationships, though not statistically significant. While depressive symptom reduction was not significant, both groups improved [22]. The IPaViT-CBT group showed decreased psychological violence frequency and better relationships 12 months post-intervention, attributing some effects to relationship reassessment skills.

A South Africa-based cluster randomized control trial explored the impact of an in-home visiting intervention, based on cognitive-behavioral change and behaviour change theory, compared to a standard clinic in addressing alcohol, partner violence, and depression among urban South African mothers [23]. While the home-visiting intervention was associated with improved maternal emotional health, there were no significant changes in alcohol use and IPV over time. The lack of changes in IPV is attributed to the absence of IPV training, privacy challenges in home interventions, and potential reluctance among lower-income participants to discuss sensitive issues.

In a US-based randomized clinical trial, behavioural couples therapy (BCT) was compared with individual-based treatment (IBT) for women with alcohol use disorder and their male partners [11]. Results showed that BCT plus IBT had better outcomes in terms of higher percentage days abstinent and fewer substance-related problems compared to IBT only. BCT also had higher male relationship happiness scores during the follow-up period. IPV was reduced with no significant differences between treatment conditions. The study primarily included women of middle-to-upper-class socioeconomic status, potentially influencing their engagement and outcomes.

## **MOTIVATIONAL INTERVIEWING AND SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT)**

In a US-based randomized clinical trial with 600 female patients who experienced IPV, a brief Motivational Interviewing-based intervention in the emergency department did not significantly improve outcomes for women with heavy drinking involved in abusive relationships [12] but both intervention and control groups showed decreases in reports of IPV and heavy drinking over time. The study suggests that while the intervention was not effective in the emergency department setting, a Motivational Interviewing-based intervention may be effective in other contexts, considering the higher psychosocial comorbidity, including IPV, among female drinkers.

In a randomized controlled trial, the feasibility, safety, and efficacy of a single-session self-paced computerized IPV SBIRT intervention - computerized Women Initiating New Goals of Safety (WINGS) - was evaluated and compared with the same intervention delivered by study case managers in community supervision settings [6]. The intervention aimed to empower women who used substances, to recognize and share experiences of IPV and develop safety plans. The study found no significant differences between conditions in identifying IPV or improving receipt of IPV services and secondary outcomes. Both intervention groups showed increased receipt of IPV services, enhanced social support, IPV self-efficacy, and decreased days of drug use, indicating the feasibility and promise of both modalities in addressing IPV among women who use substances [14].

In an adaptation of WINGS in Kyrgyzstan, a study evaluated a two-session GBV prevention SBIRT model for women engaging in substance use, revealing a reduction in physical and verbal IPV, and decreased illicit drug use at the 3-month follow-up [21].

## **SOCIAL COGNITIVE INTERVENTIONS**

In a US study addressing gaps in HIV and IPV prevention, researchers compared traditional Women on the Road to Health (WORTH), computerized WORTH, and the Wellness Promotion program for women engaged in substance use in community corrections. Traditional WORTH, modified for this context, focused on safe sex and IPV prevention with group sessions aligned with social cognitive and empowerment theories. Computerized WORTH featured interactive sessions using technology, and Wellness Promotion emphasized holistic wellness. Results revealed decreased IPV rates in the Computerized WORTH group over 12 months, not replicated in Traditional WORTH or Wellness Promotion. The study emphasized the importance of tailored interventions recognizing the unique challenges faced by women in the correctional system dealing with substance use, advocating for targeted approaches in this context [15].

## **GENDER-RESPONSIVE AND COMBINED APPROACH INTERVENTIONS**

A US study analyzed outcomes from four drug court treatment programs, specifically comparing the effects of a standard mixed-gender (MG) drug court treatment program model to a Gender-Responsive (GR) treatment model. The GR program was designed with a specific focus on addressing the unique needs and experiences of women in substance abuse treatment under criminal justice supervision. The MG programs continued to deliver regular drug court standards of care, which typically did not address gender-specific issues or trauma histories. The results indicate that GR model participants showed more success during treatment compared to the standard MG treatment group of women; GR treatment participants also had positive trends indicating reductions in PTSD symptomology, and more positive treatment perceptions (reported via focus groups). There were no significant differences in drug use between MG treatment participants and GR treatment participants although both groups reported decreases in drug use [18].

Another US-based study aimed to assess the clinical effectiveness of two community-based treatments for women exposed to IPV and their children living in temporary family homeless shelters [19]. The goal-oriented approach, drawing on cognitive-behavioural principles, Motivational Interviewing, and the trans-theoretical model, focused on personalized goals encompassing various life aspects. The emotion-focused approach was comprised of behavioral and gestalt therapeutic interventions and included a five-session curriculum exploring personal belief systems, understanding abuse, expressing feelings, recognizing healthy relationships, and coping with stress. Positive outcomes were observed across measures, with both groups showing improvements. The goal-oriented group experienced a significant reduction in family conflict, while the emotion-focused group reported greater increases in social support [19]. Women in the goal-oriented group achieved a significant decrease in alcohol use, suggesting the efficacy of goal-oriented approaches for substance use in this population. The study highlights the need to tailor interventions to the unique experiences and needs of women in temporary family homeless shelters, emphasizing the potential benefits of both goal-oriented and emotion-focused treatments based on individual circumstances [19].

## Conclusion

This scoping review surfaced only 13 relevant studies, mostly from the USA, reflecting the overall lack of attention to the duality of experiencing substance use and IPV. Further, while alcohol use was a commonly measured outcome, tobacco use was not, reflecting the overall lack of attention to tobacco use in SU treatment interventions. A range of approaches and models were utilized and reported upon, in numerous settings including emergency departments, homeless shelters, clinics, women's homes, and community, using a range of delivery methods from group and individual sessions to brief interventions and computer assisted delivery, and with different sub-populations of women. Outcome variables varied widely from reduction of SU to recovery, and improved emotional or mental health, safety planning, awareness of abuse, and sexual, mental, and physical health. In general, results are not comparable, due to the different settings, sub-populations or women, and approaches used. However, it is clear that more research addressing the dual experiences of SU and IPV is direly needed, and tailored interventions respecting settings and experiential differences are required, in order to identify more specific outcome effectiveness.

### **Key takeaways from this review that influenced the development of the Strong Women intervention:**

- **Trauma informed** – The Strong Women's virtual social support group emphasizes physical, emotional and cultural safety, creating a trustworthy space where participants can learn, and make decisions about their recovery, growth and wellness. Trauma-informed approaches foster a sense of self-efficacy, self-determination, dignity, and personal control, in contrast to 'power over' interactions that participants have experienced in partner relationships.
- **Motivational Interviewing** – The Strong Women intervention draws upon MI as an approach that is concerned with how providers can foster empowerment, as well as partnership, acceptance and compassion. It uses core MI communication skills and the phases of MI-in-groups, for the flow of the sessions, conceptualized as Connect, Expand and Empower for the facilitators.
- **Gender responsive approach** – The Strong Women intervention weaves together a number of evidence-based approaches that address gender specific needs in recovery, such as emotion-focused, somatic and nature-based, self compassion, and empowerment-oriented approaches.

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