

The Cycle of Family Violence and Substance Use

Ashley E. Gartner

Wake Forest University

CNS 765: Addictions Counseling

Dr. Philip Clarke; Jena Plummer

July 10th, 2022

The Cycle of Family Violence and Substance Use

Family violence is a severe and pervasive problem at a global level. Typical definitions include intimate partner violence (IPV), also called domestic violence, and child maltreatment (CM) under family violence. Choenni, Hammink, and Van de Mheen (2017) define family violence as “any kind of violence that takes in the home or family situation” (pg. 37), including IPV and familial CM taking place in and out of the home. The prevalence of intimate partner violence runs around 44% of the population, including female and male victims (Choenni, Hammink, & Van de Mheen, 2017), and between 10-24% of the adult population in the United States report having been abused or neglected in some way as children (Afifi, Henrikson, Asmundson, & Sareen, 2012). In an empirical study, Cox, Kotch, and Everson (2003) found a significant overlap between domestic violence, or IPV, and CM, meaning that in homes where IPV is prevalent, CM likely will also be.

Substance use disorders (SUDs) are defined by a pathological pattern of behaviors indicating that an individual continues to use a substance despite significant issues caused by substance use (SU) (American Psychiatric Association, 2013). The DSM-5 (APA, 2013) splits these patterns into four groups: impaired control, social impairment, risky use, and pharmacological criteria. Around 20% of the population possesses an alcohol use disorder, with an additional 4% suffering from other SUDs (Miller, Forcehimes, & Zweben, 2019), which is a significant amount of people worldwide. SU is also highly correlated with the perpetuation of family violence (Choenni, Hammink, & Van de Mheen, 2017).

The connection between family violence and SU is well documented. Lander et al. (2013) state that one to two-thirds of CM cases involve SU. Studies strongly indicate an association between CM and early initiation of SU (Afifi et al., 2012; Edalati & Krank, 2016; Herrenkohl et

al., 2013; Van Dam et al., 2014). Van Dam et al. (2014) state that of the millions of children exposed to childhood maltreatment, between 40 – 50% of them will develop a SUD. The relationship between family violence influencing SU or SU influencing family violence is well documented and studied. However, the cycle of family violence and SU itself is less so. This paper will explore this topic by presenting both sides of the process and conclusions drawn regarding the cyclical relationship.

Literature Review

Substance use influencing family violence

Choenni et al. (2017) completed a thorough review to analyze and combine what is known about the correlation between family violence and SU to formulate implications for treatment and prevention. They included only original studies that examined any substances, excluding tobacco, and all degrees of use, which is something previous reviews had not done. They excluded studies regarding individuals who did not have a significant intimate partner or family relationship, studies based on non-industrialized countries, and samples with specific characteristics, such as military veterans or ADHD, as these studies do not generalize well to the public. Based on this criteria, they found 96 articles – 69 IPV-focused and 27 CM-focused. They found a significant correlation between alcohol use and IPV in both female and male perpetrators and CM, especially if the mother drank. Illicit drug use was also found to be significantly correlated to both IPV and CM. The limitations of this study are that due to the nature of the cross-sectional study, they could not define causality and found inaccurate measures of IPV, CM, and substance use.

In an original study, Sprang, Clark, and Staton-Tindall (2010) examined three separate groups of children to compare how methamphetamine and other SU by caregivers directly

effects trauma exposure in the home. They hypothesized that children exposed to methamphetamine use would be the most traumatized, followed by the children exposed to other substance use (Sprang, Clark, & Staton-Tindall, 2010). They gathered a random sample of 1127 children from a list of all open child protection cases from a public child welfare agency in the southern United States between 2005 and 2006. The groups were: children exposed to methamphetamine use, children exposed to other substance use, and children exposed to no substance use (Sprang, Clark, & Staton-Tindall, 2010). The author's findings supported their hypothesis on all abuse measures except sexual. The children exposed to substance use of any kind scored much higher on the trauma measures than the children not exposed to substance use. They also found that, when comparing the two substance use exposure groups, the children are also exposed to higher levels of IPV, child endangerment, physical abuse, and chemical exposure, with the methamphetamine group scoring higher in all categories (Sprang, Clark, & Staton-Tindall, 2010). Many of the children in the substance use exposure groups also met the criteria for post-traumatic stress disorder (PTSD), with a more significant number of the children in the methamphetamine group meeting the full criteria for PTSD (Sprang, Clark, & Staton-Tindall, 2010).

Family violence influencing substance use

Afifi et al. (2012) examined the association between CM, specifically abuse and neglect, and lifetime SU, and compared male and female use differences. The study utilized data from Wave 2 of NESARC, a longitudinal study completed in the US between 2001 and 2005, to collect data on substance use and mental health disorder symptoms to examine comorbidity in the SUD (Grant & Dawson, n.d.). The study sample (n=34,653) was representative of the non-institutionalized, general civilian population in 2005 (Grant & Dawson, n.d.). Trauma history

was a specific component of this national survey. Afifi et al. (2012) found a statistical significance in the presence of CM and the development of a SUD. They also found no significant differences between male and female populations. Limitations of the study include an inability to infer causation due to the study's cross-sectional nature, the incapacity to assess the level of maltreatment experienced, and utilizing information collected several years before the current analysis.

In another study, Edalati and Krank (2016) completed a review of longitudinal studies on the association between SU and CM. They hypothesize that the cognitive impairments caused by the stress of CM increase the likelihood that a person will develop a SUD. They offer evidence of cognitive impairments caused by CM and the mediation of such impairments on SUD development. Specifically, they found that the stress caused by adverse childhood experiences (ACE), such as abuse and neglect, likely causes permanent alterations to the brain structure and function and negative reactivity to stress (Edalati & Krank, 2016). This alteration is then associated with the later development of cognitive impairments, including deficits in memory and executive functioning and psychiatric disorders. They also demonstrate how executive functioning impairment is strongly associated with vulnerability to developing SUDs. They posit that this increased vulnerability may have several factors, including maladaptive schemas about the self, inability to reason effectively, and inability to integrate past knowledge into the current situation affecting decision-making skills (Edalati & Krank, 2016).

A third study focused on the association of officially recorded child abuse and neglect cases and the adult outcomes of mental health, physical health, and substance use and the children and those maltreatment cases (Herrenkohl, Hong, Klika, Herrenkohl, & Russo, 2013). It was one of the first studies to address the direct relationship between CM and adult risk markers

(Herrenkohl, Hong, Klika, Herrenkohl, & Russo, 2013). Previous longitudinal studies had been cross-sectional, so a direct connection could not be drawn. The authors used data from the Lehigh Longitudinal Study, which gathered 457 children – 249 with maltreatment cases and 208 without any maltreatment history in Pennsylvania from 1973 to 1974 – and interviewed them as 30-year-old plus adults in 2010 (Herrenkohl, Hong, Klika, Herrenkohl, & Russo, 2013). Then they compared the two groups. They found that the individuals from the abuse/neglect group scored markedly higher on the mental health and substance use measures and significantly lower on the physical health measure than the control group (Herrenkohl, Hong, Klika, Herrenkohl, & Russo, 2013). The main limitation of this study is that it does not consider the severity level, abuse type, or duration of the CM. It also does not consider developmental concerns seen with CM in other studies.

All of these studies found and substantiated, at the very least, a strong correlation between SU and family violence, from one side or the other, using meta-analysis and empirical studies. From the research presented on both sides of the coin, one can reasonably infer the probable existence of the trauma/substance use cycle. If substance use is a substantial contributing factor in family violence, and family violence is a significant contributing factor in substance use, logic follows that this cycle is a chicken and egg situation. Most people are likely unable to tell which came first, as both would have been factors in their lives for a significant amount of time (Miller, Forcehimes, & Zweben, 2019), making this an even more tragic situation. The question becomes less of which came first and more of how a counselor treats co-occurring trauma and substance use when exacerbating either could be detrimental to the progress with the other.

Limitations and Implications

The main limitation in the literature for this paper is that few recent studies look at the cyclical relationship between CM, IPV, and SU. The concepts that SU influences the perpetration of family violence and that the trauma created by family violence is a mediating factor in the development of substance use are thoroughly flushed out using single and longitudinal studies. Now empirical studies need to focus on the cyclical nature of the two and the generational effect of substance use and abuse. This information will be imperative to appropriately treat co-occurring substance use and trauma disorders and break the cycle, which is a significant implication for practice. Breaking the cycle should effectively reduce both the incidence of SUD and family violence. The research shows that this is theoretically possible.

Utilizing the two longitudinal studies already in place would be a great place to start with research, simply by including family histories when analyzing the data. If these analyses turn up interesting numbers, other, smaller studies could be completed to determine the effect of multigenerational trauma regarding substance use explicitly. The data gathered in this type of study could completely change how we systematically view and treat substance use disorders. Imagine a world where IPV and CM are no longer common occurrences. What a wonderful it would be.

References

- Afifi, T. O., Henrikson, C. A., Asmundson, G. J., & Sareen, J. (2012). Childhood maltreatment and substance use disorders among men and women in a nationally representative sample. *The Canadian Journal of Psychiatry*, 57(11), 677-686.
<https://doi.org/10.1177/070674371205701105>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington DC: Author.
- Choenni, V., Hammink, A., & Van de Mheen, D. (2017). Association between substance use and the perpetuation of family violence in industrialized countries: A systematic review. *Trauma, Violence, and Abuse*, 18(1), 37-50. <https://doi.org/10.1177/1524838015589253>
- Cox, C. E., Kotch, J. B., & Everson, M. D. (2003). A longitudinal study of modifying influences in the relationship between domestic violence and child maltreatment. *Journal of Family Violence*, 18(1), 5-17. <https://doi.org/10.1023/A:1021497213505>
- Edalati, H., & Krank, M. D. (2016). Childhood maltreatment and development of substance use disorders: A review and a model of cognitive pathways. *Trauma, Violence, and Abuse*, 17(5), 454-467. <https://doi.org/10.1177/1524838015584370>
- Grant, B. F., & Dawson, D. A. (n.d.). *Introduction to the National Epidemiologic Survey on Alcohol and Related Conditions*. National Institute on Alcohol Abuse and Alcoholism: <https://pubs.niaaa.nih.gov/publications/arh29-2/74-78.htm>
- Herrenkohl, T. I., Hong, S., Klika, J. B., Herrenkohl, R. C., & Russo, M. J. (2013). Developmental impacts of child abuse and neglect related to adult mental health,

substance use, and physical health. *Journal of Family Violence*, 28(1), 191-199.

<https://doi.org/10.1007/s10896-012-9474-9>

Lander, L., Howsare, J., & Byrne, M. (2013). The impact of substance use disorders on families and children: From theory to practice. *Social Work in Public Health*, 28(0), 194-205.

<https://doi.org/10.1080/19371918.2013.759005>

Miller, W. R., Forcehimes, A. A., & Zweben, A. (2019). *Treating Addiction: A Guide for Professionals* (2nd ed.). New York: The Guilford Press.

Sprang, G., Clark, J. L., & Staton-Tindall, M. (2010). Caregiver substance use and trauma exposure in young children. *Families in Society: The Journal of Contemporary Social Services*, 91(4), 401-407. <https://doi.org/10.1606/1044-3894.4029>

Van Dam, N. T., Rando, K., Potenza, M., Tuit, K., & Sinha, R. (2014). Childhood maltreatment, altered limbic neurobiology, and substance use relapse severity via trauma-specific reductions in limbic gray matter. *JAMA Psychiatry*, 71(8), 917-25.

<https://doi.org/10.1001/jamapsychiatry.2014.680>