

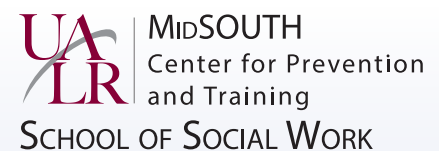
REFERENCES:

1. U.S. Department of Health and Human Services. Violence against women. Office on Women's Health Web site. <http://www.womenshealth.gov/violence-against-women/types-of-violence/domestic-intimate-partner-violence.html>. Updated May 18, 2011. Accessed March 17, 2014.
2. Dahlberg LL, Mercy JA. History of violence as a public health issue. AMA Virtual Mentor. Volume 11, No. 2: 167-172. <http://virtualmentor.ama-assn.org/2009/02/mhst1-0902.html>. Published February 2009. Accessed March 2014.
3. Centers for Disease Control and Prevention. Intimate partner violence. Injury Prevention and Control Web site. <http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/index.html?source=govdelivery>. Updated March 7, 2014. Accessed March 13, 2014.
4. Catalano S. Intimate Partner Violence: Attributes of Victimization, 1993-2011. Publication No. NCJ 24330. <http://www.bjs.gov/content/pub/pdf/ipvav9311.pdf>. Published November 2013. Accessed March 2014.
5. Max W, Rice DP, Finkelstein E, Bardwell RA, Leadbetter S. The economic toll of intimate partner violence against women in the United States. Violence and Victims. 2004;19(3):259-272.
6. Violence Policy Center. When Men Murder Women: An Analysis of 2011 Homicide Data. <https://www.vpc.org/studies/wmmw2013.pdf>. Published September 2013. Accessed March 2014.
7. Arkansas Coalition Against Domestic Violence. Arkansas domestic violence statistics. <http://www.domesticpeace.com/ARstats2012.htm>. Accessed March 2014.
8. Arkansas Department of Health. 2006 Intimate Partner Violence Module Variables Report: Behavioral Risk Factor Surveillance System. http://www.healthyarkansas.gov/programsServices/healthStatistics/Brfss/Documents/DataStatistics/Optional%20Module%20Data/2006/2006_module_partner_violence.pdf. Published March 2, 2007. Accessed March 18, 2014.
9. Stuart GL, O'Farrell TJ, Temple JR. Review of the association between treatment for substance misuse and reductions in intimate partner violence. Substance Use and Misuse. 2009;44(9-10):1298-1317. Doi:10.1080/10826080902961385.
10. Centers for Disease Control and Prevention. Intimate partner violence: risk and protective factors. Injury Prevention and Control Web site. <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html>. Updated December 24, 2013. Accessed March 18, 2014.
11. National Center on Domestic and Sexual Violence. Power and Control Wheel. <http://www.ncdsv.org/images/PowerControlWheelNOSHADING.pdf>. Accessed March 18, 2014.

FOR MORE INFORMATION:

Individuals in immediate danger should call 911

- **Arkansas Coalition Against Domestic Violence:**
<http://www.domesticpeace.com/> (800-269-4668)
- **Shelters in Arkansas** (with links to local hotlines):
<http://www.domesticpeace.com/shelters.html>
- **U.S. hotline:** 800-799-SAFE (7233)



Substance Abuse and Domestic Violence



Over five million U.S. women are victims of domestic violence or intimate partner violence (IPV) each year.¹ IPV was once seen as a “private issue,” a problem families should handle at home. By the 1990s, after years of research, domestic violence was considered a public health issue requiring attention of both the treatment community and criminal justice system.² The Centers for Disease Control and Prevention (CDC) defines intimate partner violence as “physical, sexual or psychological harm by a current or former partner or spouse.”³

Victims of IPV can be of any race, age, sexual orientation, religion, gender, socioeconomic background or education level. Although both women and men can perform acts of aggression, a greater percentage of U.S. female (13%) than male (5%) victims receive serious injury.⁴

DOMESTIC VIOLENCE INCLUDES:

- **Physical abuse** – actions like hitting, slapping, shoving or striking another person with an object that causes physical pain or injury
- **Emotional abuse** – includes verbal abuse, intimidation and manipulation by a partner
- **Sexual abuse** – forced sexual behavior from one partner to another or sexual assault

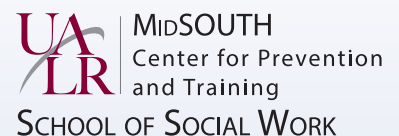
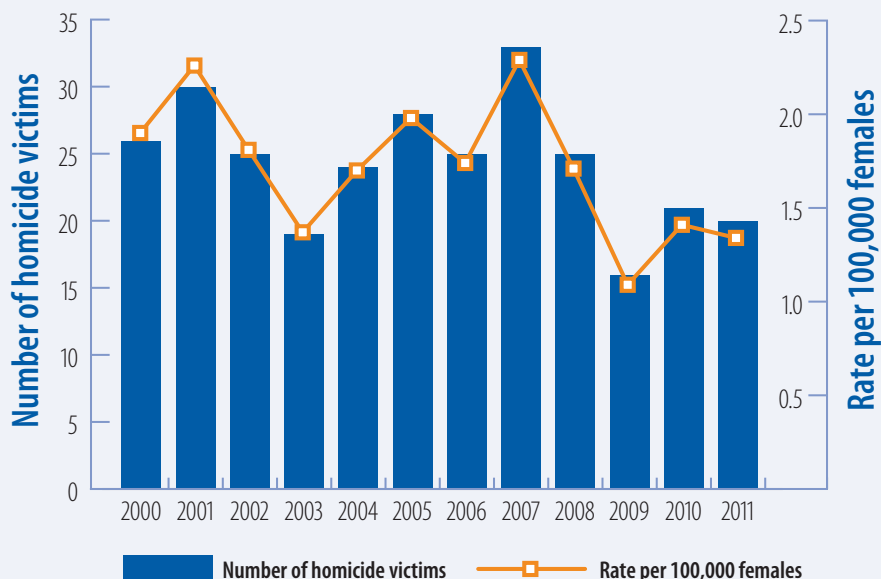


FIGURE 1.

Females murdered by males in single victim/single offender homicides



**IN 2011,
ARKANSAS RANKED
17TH
IN THE RATE OF
FEMALES MURDERED
BY MALES IN
SINGLE VICTIM/
SINGLE OFFENDER
HOMICIDES**

IPV victims may suffer both physical and emotional injuries requiring medical care. For 2003, the CDC estimated costs associated with intimate partner rape, physical assault and stalking would be well over \$8.3 billion in the U.S.⁵ The majority of estimated cost was due to health care services, both physical and mental, provided to victims.

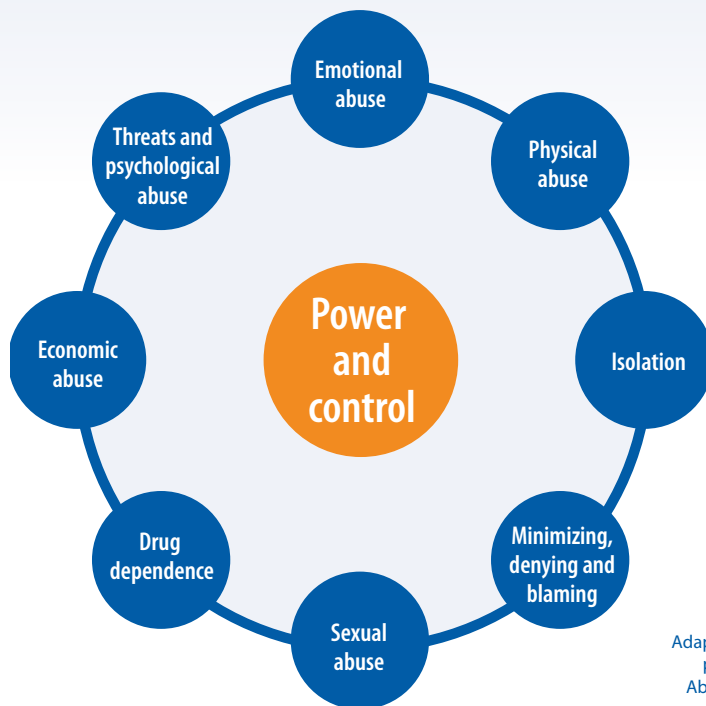
The Bureau of Justice Statistics tracks homicide and manslaughter between intimate partners. In the U.S., there was a decline in the rate of serious intimate partner violence for both females (72%) and males (64%) from 1994 to 2011.⁴ It is important to note that state-level homicide data is only available for females due to the small numbers of male victims and limitations of reporting. Since 2000, variation in the number and rate of Arkansas females murdered by males in single victim/single offender homicides was noted (Figure 1). In 2011, the Arkansas rate of females murdered by males in single victim/single offender homicides was 1.34 homicides per 100,000 females.⁶ The state ranked 17th in the nation for the rate of females murdered by males. The yearly percentage of the homicides which were domestic related or performed by someone the victim knew for the same time period ranged from 60-96 percent.⁷

In 2006, the Arkansas Department of Health Behavioral Risk Factor Surveillance System (BRFSS) survey included questions regarding intimate partner violence. A total of 15.7 percent of individuals surveyed reported ever being hit, slapped, pushed, kicked or physically hurt by an intimate partner.⁸ More females (21%) than males (10%) surveyed by BRFSS reported physical violence by an intimate partner.

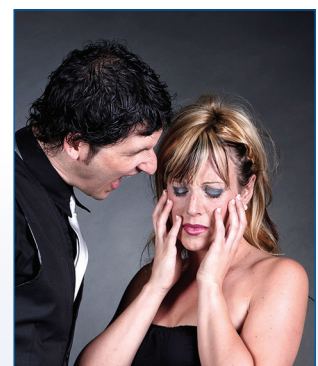
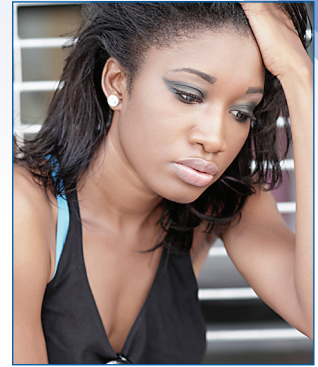
Substance use (illegal drugs, alcohol, or misuse of prescription drugs) is one of the factors linked with domestic violence. Much like co-occurrence of mental health diseases and substance use, there is an association between alcohol and drug use and intimate partner violence.⁹ Since many of the interacting factors are similar for both substance use and IPV, it has not been possible to establish whether substance use only co-occurs, contributes as a cause of IPV, or simply can be seen as an “excuse” for aggression.



FIGURE 2.
The Power and Control Model for Women's Substance Abuse



© Copyright 1996
Marie T. O'Neil
Adapted from and used with
permission by: Domestic
Abuse Intervention Project
202 East Superior St.
Duluth, MN 55802
218-722-4134
<http://www.ncdsv.org>



The CDC lists heavy alcohol and drug use as an individual risk factor for intimate partner violence.¹⁰

Regardless of the relationship between substance use and IPV it is increasingly clear there is a need for a coordinated community response. The goal of public health agencies is education and interventions that prevent IPV before it begins. Often, acts of domestic violence or IPV are seen as a means to impart control over a partner. The Power and Control Model for Women's Substance Abuse was developed by the National Center on Domestic and Sexual Violence to reflect the overlap between violence and substance use (Figure 2).¹¹ This model highlights the tactics male abusers use to obtain power and control over their female partners. Ideally, prevention and treatment interventions will address the underlying issues of power and control among partners.

Resources available for treatment and support

Treatment for IPV should encompass variables related to substance use — depression, self-esteem, aggression, violence and establishing a balance of power and control within partner relationships. Current treatment recommendations warrant coordination between substance use/mental health treatment facilities and the justice system.⁹ Proper screening for IPV victims in primary care, emergency departments or through the justice system aids in identifying individuals who need treatment. For couples where both partners are willing to engage in therapy, behavioral couples therapy is recommended. When one partner does not agree, or negative consequences or fear of participating in behavioral couples therapy outweighs the benefits, individual treatment for substance use is indicated.