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CASO CLÍNICO/CASE REPORT

Intimate Partner Violence and Late-Onset of Substance Use Disorder: A Case--Report of Getting Free and Staying Stuck

Violência Doméstica e Perturbação do Uso de Substâncias com Início Tardio: Um Caso-Clínico de Liberdade e Cativeiro

SARA GOMES RODRIGUES*[1], DANIELA OLIVEIRA MARTINS[2], ANA PEIXOTO[3]
[1] Departamento de Pedopsiquiatria e Saúde Mental da Infância e da Adolescência, Centro Hospitalar e Universitário do Porto, Porto, Portugal
[2] Departamento de Psiquiatria, Hospital de Magalhães Lemos, Porto, Portugal
[3] Equipa de Tratamento de Matosinhos, Centro de Respostas Integradas Ocidental, Porto, Portugal

Abstract
Intimate partner violence (IPV) perpetrated by men is a highly prevalent public health problem. IPV has long been associated to substance use disorder (SUD) in young women, namely alcohol-related problems. However, evidence on this link regarding late-adulthood onset is scarce. In this paper, we report the case of a 52-year-old female patient voluntarily seeking medical help for first-time heroin use. She had previously been married into a thirty-year-long abusive relationship, following unintended teenage pregnancy. At 49 years-old, as the patient signs for divorce and puts an end to the abusive relationship, high-risk behaviors and SUD follow. Although a bidirectional association between IVP and SUD is described in young women, further investigation is needed to elucidate on how IPV-related trauma may impact on older women. It is paramount to promote specialized mental health care among this vulnerable population.

Resumo
A violência por parceiro íntimo (VPI) perpetrada por homens é um problema de saúde pública significativamente prevalente, com associação a maior incidência de abuso de substâncias em mulheres jovens. No entanto, a evidência sobre esta associação em mulheres em idade adulta avançada é escassa. Neste artigo, apresentamos o caso de uma paciente do sexo feminino de 52 anos de idade, observada por início recente de consumo de heroína. A paciente relatava história de abuso físico e emocional em contexto matrimonial durante trinta anos. Aos 49 anos, quando assina o divórcio e termina o relacionamento abusivo, seguem-se comportamentos de risco e abuso de substâncias ilícitas. São necessários estudos adicionais em prol do esclarecimento do impacto do trauma associado à VPI em mulheres mais velhas, bem como da promoção de medidas preventivas e terapêuticas na salvaguarda da saúde mental desta população vulnerável.

Keywords: Intimate Partner Violence; Substance Use Disorder.

Palavras-Chave: Perturbação do Uso de Substâncias; Violência por Parceiro Íntimo.

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* Autor Correspondente/Corresponding Author: Sara Gomes Rodrigues | Departamento de Pedopsiquiatria e Saúde Mental da Infância e da Adolescência, Centro Hospitalar e Universitário do Porto, Largo do Prof. Abel Salazar, 4099-001 Porto | sararodrigues.pedopsiquiatria@chporto.min-saude.pt

INTRODUCTION

Intimate partner violence (IPV) perpetrated by men is a highly prevalent public health problem. With worldwide estimates of one in every three women having been victimized during their lifetime, IPV includes physical, emotional, and sexual abuse experienced during or after an intimate relationship.[1,2] It is a major risk factor for murder among female individuals, with an astounding 40% of all assassinated women in the world being killed by their partner.[2]

IPV has long been associated with a multitude of adverse mental health outcomes, namely depressive and anxiety symptomatology, post-traumatic stress disorder (PTSD), higher suicidality and illicit substance abuse.[3-5] Particularly, IPV has been linked to substance use disorder (SUD) onset in young women, such as alcohol-related problems.[5,6] There is also evidence on higher rates of IPV in women in their twenties with opioid use disorder (OUD).[7,8] However, data on this association in late-adulthood is scarce. We report a case of a 52-year-old patient presenting with recent OUD following a thirty-year-long abusive intimate relationship, focusing on IVP-related trauma on this late--onset presentation.

CASE REPORT

A 52-year-old woman was observed in our local center for addiction and mental health, where she recurred asking for medical treatment for opioid use. She reported first-time use of heroin about a year before, in the company of a close friend, as they were aiming for new experiences. Currently, the patient smoked approximately four street "low-cost" heroin packages per day (around 0.1 g per day). Lately, the patient felt constantly distressed and struggled to keep her drug use hidden from relatives. She was also unemployed, as her emotional lability interfered in previous jobs. Nevertheless, she planned to pursue further education – she had recently enrolled in a caregiving-oriented course, with prospects of achieving a stable career. She was divorced, with a 35-year-old child resulting from her previous marriage. At the time of her appointment, she considered herself to be in a serious relationship and reportedly co-lived with her partner for the past couple of years. Regarding her current partner, she detailed history of past substance use behaviors, with abstinence for more than a decade. As noted during history--taking, the patient felt cared for and satisfied in this relationship, despite feeling guilty for not admitting her substance use to her significant other. She reported no other relevant medical condition or regular pharmacological treatment.

Regarding her early childhood and family history, the patient recounted history of domestic violence perpetrated by her father, recalling most of her childhood and teenage years as stressful and emotionally challenging. Following unintended pregnancy at seventeen years-old, she had married to her then-boyfriend. The patient defined her marriage as an experience of "total incarceration", adding that her ex-husband struggled with severe, untreated bipolar disorder and consequently displayed aggressive and unpredictable behavior. According to the patient, demeaning speech and physical threats were recurrent. She was often denied permission to attend events or meet friends, ultimately living in fear. There were reports of unceasing, serious physical and psychological abuse while in this relationship, including death threats. She added she had endured the abuse for the sake of their son, also thoroughly victimized and target of emotional abuse. The patient had no previous psychiatric or relevant medical history, neither did she report taking additional prescription drugs. At 49-years-old, following three decades of physical and psychological confinement, the patient decides to file for divorce. In spite of restless threats, she managed to rearrange plans for a living and stayed with a family member for a while, until she met her new partner and moved in with him. Although the patient was no longer in an abusive relationship, high-risk behaviors followed, with substance use onset – according to the patient, "a new kind of incarceration". She reported never having used illicit substances before her divorce.

The patient came alone to the appointment. She looked her stated age, despite her slightly disheveled appearance. She was oriented to time, place, time, and person. Speech was fluent and coherent, although pessimistic and flat tone. She looked severely distressed and overwhelmed with guilt, with notable emotional lability during our interview. While mood was mainly depressed, she denied suicidal ideation or previous self-injury episodes. Insight appeared to be intact, and no thought form or content deviations were detected. She seemed to be motivated towards change and relied on significant social and family support.

Multidisciplinary intervention was suggested, comprising regular psychiatric follow-up and physical examination, psychotherapeutic sessions, and social support activation. Psychotherapeutic approach focused on cognitive--behavioral strategies, relying on building solid therapeutic alliances. Psychotherapeutic sessions and medical evaluations were scheduled on a weekly basis during the first two months of treatment. Subsequently, follow-up was adjusted, with two visits each month. Treatment with opioid agonist buprenorphine was successfully initiated with 2 mg/day, with titration up to 6 mg/day. Moreover, given her marked depressive symptomatology, treatment with fluoxetine 20 mg/day was implemented. Therapeutic adherence was seemingly optimal. Clinical improvement was observed in three weeks, as her depressive state subsided, and heroin use was not reported in the months following her first appointment. The patient appeared to be highly motivated towards change, however still fearful of potential relapse.

DISCUSSION

Research demonstrates a strong bidirectional association between intimate partner violence (IPV) and multiple mental health conditions, including substance use disorder (SUD).[2,3] It is estimated that up to 72% of IVP victims may present with substance use behaviors and that up to 90% SUD patients may have experienced IVP in their lifetime.[8] Higher SUD incidence is particularly reported in young women who have experienced IVP,[5,6,8] while risk for IVP and homicide committed by an intimate partner hits its peak during reproductive period.[7,8]

While most studies on IVP-related trauma focus on women presenting with alcohol and cannabis abuse, opioid use disorder (OUD) appears to be increasingly prevalent among female victims. Importantly, women who use heroin seem to be more prone to psychiatric comorbidities and emotional distress compared to their male counterparts.[8] In a sample of 40 women aged 24 to 29 years old, Pallatino *et al* establish how remarkably influential IVP might be on opioid use management, naming several possible mechanisms behind this correlation. Among these, past or current emotional and financial abuse are described as major setbacks in SUD recovery and relapse risk in women, as well as the presence of substance use behaviors in an intimate partner.[6-8]

Despite this well-described association in literature, there is still little evidence on SUD onset among older IVP victims. In this paper, we present a case of opioid use disorder in a 52-year-old female patient, who reportedly first used heroin when she was 50. This patient shared experiences of long-term emotional and physical abuse in context of her lifelong marriage, adding to childhood history of domestic violence perpetrated by her father. Her record of lasting, repeated traumatic events was associated with emotional dysregulation and interpersonal difficulties. In fact, history of complex trauma seemed to be critical in how she engaged in self-sabotage and self-destructive behaviors. Literature emphasizes how IVP seems to be linked to non-adaptive coping mechanisms, such as illicit substance use and prescription drugs, and may facilitate future relapses.[7,8] Further investigation is required to elucidate on IPV impact among older women, as well as to promote additional support and risk assessment for SUD among this vulnerable population.

Declaração de Contribuição

SGR: Responsável por todas as etapas da elaboração do artigo, ideia do projeto, redação do texto, definição da metodologia, colheita e tratamento de dados e revisão bibliográfica.
DOM: Colaboração na revisão bibliográfica e na colheita e tratamento de dados.
AP: Orientação e supervisão clínica, bem como do tratamento de dados e revisão bibliográfica.

Contributorship Statement

SGR: Responsible for all stages involving manuscript preparation, project idea, text writing, methodology definition, data collection and processing and literature review.
DOM: Collaboration in the literature review and in the collection and processing of data.
AP: Clinical supervision and guidance in data processing and literature review.

Responsabilidades Éticas

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