PATTERNS OF INTIMATE PARTNER VIOLENCE AMONG DRUG USING WOMEN

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ABSTRACT

Following from growing concern with the role of violence in intimate relationships, this paper examines the relationship between partner violence dynamics and illicit drug use among women in Hartford, CT. Based on an interview sample of 497 street-recruited, not-in-treatment, drug-involved women, the paper compares drug use and health risk among women in four types of relationships: 1) those without self-reported violence; 2) those in which there is violence targeted at a female partner; 3) those in which the violence is perpetrated by the female partner; and 4) those in which there is bi-directional or mutual violence. Findings suggest that drug treatment programs that serve women should therapeutically address the issue of intimate partner violence.

Recent scholarship in the domestic violence literature has explored the complex relationship between substance abuse and intimate partner violence (IPV) (Amaro, Fried, Cabral & Zuckerman 1990; Bennett 1995; Caetano, Cunradi, Clark, & Schafer 2000; Cunradi, Caetano, Clark, & Schafer 1999; Cunradi, Caetano, & Schafer 2002; El-Bassel, Gilbert, Witte, Wu, Gaeta, Schilling & Wada 2003; Goldberg 1995; Leadley, Clark, & Caetano 2002; Lown & Vega 2001; Sharps, Campbell, Campbell, Gary, & Webster 2001). Although the initial focus of this work was on the substance abusing behaviors of batterers, there is a growing interest, as well, in substance misuse by victims of such violence, particularly women (Cunradi et al 2002; El-Bassel et al 2003; Gilbert, El-Bassel, Rajah, Fontdevila, Foleno, & Frye 2000). Specifically, this latter work has examined both the ways in which the grim necessity of addiction leaves certain women vulnerable to IPV (in that these women may be dependent on their partner for money, shelter, protection, or access to drugs), and the uses of mood altering substances by victims to self-medicate the deleterious emotional effects of violence victimization (Duke 2002; Wu, El-Bassel, Witte, Gilbert, & Chang 2003; Romero-Daza, Weeks, & Singer 2003; Singer 2006). However, intimate relationships are not uniform in terms of the direction of physical violence, particularly in regards to the relationship between partner violence victimization and gender. In other words, although women in heterosexual relationships are more likely to be victims of partner violence than are men, some nonetheless take on the role of batterer. Likewise, as Tjaden and colleagues (1999) have indicated, rates of partner violence in female same-sex relationships are roughly comparable to those of heterosexual couples. Finally, acts of violence within an intimate relationship can be reciprocal, rather than unidirectional. In order to understand the relationship between substance abuse and intimate partner violence in all its complexity, it is thus important to explore the full panorama of relationship dynamics vis-a-vis IPV, including: relationship history; social support; directionality of partner violence; prior exposure to sexual violence; and drug procurement and sharing behaviors of romantic partners.

This paper examines the relationship between partner violence dynamics and illicit drug use among substance-involved women in Hartford, CT. Utilizing a sample of 497 street-recruited, not-in-treatment heroin and/or cocaine (including crack cocaine)-involved women, the paper compares substance abuse and related behaviors among women in four alternative (current or most recent[1]) relationship types: 1) those in which there is no reported physical violence; 2) those in which there is unidirectional violence directed against the woman; 3) those in which there is unidirectional violence by the woman against her partner; and 4) those in which there is reciprocal or mutual violence.

Methods

The study described here[2] was implemented in the city boundaries of Hartford, CT. Hartford currently has a population estimated at approximately 130,000 people, with

Table 1: Binomial Physical Violence Scores and Intimate Partner Violence (IPV) Group Assignment

IPV Group	Ego-as-Victim	Ego-as-Perpetrator
Partner Violence Victim (PVV)	1	0
Partner Violence Perpetrator (PVP)	0	1
Mutual Partner Violence (MPV)	1	1
Non-Abusive Relationship (NAR)	0	0

an ethnic composition that is 45-50 percent African American, 30-35 percent Hispanic (primarily Puerto Rican), and 20 percent White and other. Hartford is estimated to be the fourth poorest moderate-sized city in the U.S., with high rates of unemployment, community violence, drug abuse, and AIDS cases (Himmelgreen & Singer 1998).

Participants were recruited in areas of the city known from past studies to have comparatively high numbers of drug users, drug-related activities, and drug use/acquisition sites. Outreach workers—who matched the target population by gender, language, and ethnicity—walked through these areas and walked up to and engaged in conversation with women encountered on the street. Usually, conversations began with the offer of condoms and led quickly to a brief description of the project. Potential participants were asked a brief set of questions to determine their eligibility for the study. Women were deemed eligible if they met the following criteria:

1) between 18-58 years old;
2) reported having used heroin or cocaine during the previous 30 days;
3) reported not being in drug treatment (including detoxification and self help programs) during the last 30 days.

Candidates were excluded from participating: 1) if project staff concluded—based on their observations—that a woman was unable to comprehend the informed consent process (because she offered inappropriate responses to consent questions); or 2) if the candidate participant made verbal threats or actually engaged in violent behavior (neither of which occurred).

Woman interested in participating who met the inclusion criteria and were not eliminated by the exclusion criteria were given an appointment to be interviewed at the offices of the Hispanic Health Council. At the time of appointment, women were again screened using the inclusion and exclusion criteria, and, if accepted into the study, participated in the informed consent process and then were interviewed with the project instrument battery. After the hour long interview, if deemed appropriate by the interview coordinator and project coordinator, project staff made a voluntary referral for intervention services or, if needed, emergency services.

Assignment of relationship type was determined by responses to the physical violence prevalence items of the partner violence subscale (Form N) of the Conflict Tactics (CT) Scale developed by Straus (Straus 1979; Straus & Gelles 1990). The CT scale is a widely used instrument for measuring intra-family conflict and violence. The subscale elicits the frequency, recency, and duration of specific minor (e.g., verbal abuse, pushing, shoving) and severe (e.g., beatings, threats or actual use of weapons) acts of violence directed toward them by their domestic partner. For each item the participant was asked to identify prevalence, frequency, and severity of violence committed against her by her partner (ego-as-victim). Cronbach's alpha for the Violence subscale is .80. In the version modified for this study, for each item participants were also asked whether they had committed those acts of violence against their partner (ego-as perpetrator).

In order to describe patterns of intimate partner violence among drug using women, data from the current and recent relationships were combined into a single category. The first step of the analysis was descriptive. Participants were described regarding selected socio demographic characteristics (e.g. age, ethnicity), substance abuse history and types of their IPV relationship. In the second step, chi square tests were undertaken to address differences in terms of lifetime history of violence and also address the group differences in term of the drug using behaviors of respondents' of current/most recent partner. A two tailed alpha of $p<0.05$ was considered statistically significant in bivariate analysis. All data was analyzed using SPSS software version 10.0.

Based upon their responses to the physi-

Table 2: Relationship Group Distribution for Last Three Relationships

Relationship Type	Current/Recent Relationship (N=499)	2nd Most Recent Relationship (N=440)	3rd Most Recent Relationship (N=250)*
PVV	10.7	18.9	14.8
PVP	08.5	03.9	04.8
MPV	39.0	35.5	40.4
NAR	41.9	41.8	40.0

*Percentages may not sum to 100% due to rounding.

cal violence items[3], two binomial scores were then calculated (0=answered negatively to all of the physical violence items; 1=answered affirmatively to one or more physical violence items) for both the ego-as-victim and ego-as-perpetrator scales. A score of 1 in the former scale and 0 in the latter assigned that participant to the Partner Violence Victim (PVV) category, while a reverse score (ego suffered no physical violence victimization, but engaged in physical violence against her partner) placed her in the Partner Violence Perpetrator (PVP) group. Respondents with a score of 1 for both ego-as-victim and ego-as-perpetrator scales were assigned to the Mutual Partner Violence (MPV) group, while those scoring 0 for both scales constituted the Non-Abusive Relationship (NAR) group. This categorization scheme was utilized for participants' current or most recent relationships, as well as their second and third most recent relationships. The assignment of respondents to each of the four groups is summarized in Table 1.

There are certain limitations to this analytical strategy, particularly in terms of reciprocal violence. For example, the survey data do not measure the sequence of violence (i.e., whether the participant or her partner initiated acts of violence) nor whether one member of the romantic dyad engaged in partner violence as a form of self-defense against the other. Nonetheless, a focus on each of these four types of relationships yields clear differences in terms of history of childhood sexual violence, drug use patterns, economic strategies, relationship dynamics and social support.

Research Sample

In terms of the racial/ethnic distribution of the sample, 38.6 percent were African American, 39.4 percent were Hispanic/Latino, and 17.4 percent were Euro-American, which roughly corresponds to the demographic composition of Hartford as a whole[4]. Differences between racial/ethnic groups in terms of IPV relationship patterns were not statistically significant. The average age of the women in our sample was 37.8 years (standard deviation = 8.0). There was no significant relationship between age, race/ethnicity, or education and IPV group membership. Of the 497 respondents, 279 (56.1%) were in romantic relationships at the time of their interview[5]. Ten percent of respondents reported that their current or most recent relationship was with a woman, while 0.2 percent reported that their current/most recent partner was transgendered. However, there was no significant group difference between heterosexual and same-sex partners, nor heterosexuals and transgendered partners in terms of their assignment in one of the four partner violence groups.

Turning to the four IPV groups, 41.9 percent (n=208) reported that there were no incidents of physical violence between themselves and their current or most recent partner, and were thus assigned to the Non-Abusive Relationship group (NAR). In contrast, the PVV or Partner Violence Victim group (those who reported being physically abused by their partner but not vice versa) comprised 10.7 percent of the sample (n= 53). A somewhat smaller percentage (8.5%, n=42) reported physically abusing their current or most recent partner, although not vice versa (Partner Violence Perpetrator group or PVP). Finally, a full 39 percent (n=194) reported mutual physical violence in their current/most recent relationship (Mutual Partner Violence group or MPV) (see Table 2).

Because the physical violence scale encompasses a wide range of injury, it is important to distinguish between relationships solely consisting of moderate violence and those which include reported incidents of what we term "severe intimate partner violence" (SIPV), which we define as those where beatings, stabbings and/or shootings reportedly occurred. Among the PVV group,

Table 3: Distribution of IPV Group Categories in the Second Most Recent Relationship by Current/Most Recent Relationship Group Membership

IPV Group	2nd Most Recent Relationship			
(N=438)	PVV	PVP	MPV	NAR
PVV (n=48)	**29.2**	2.1	31.3	45.7
PVP (n=38)	13.2	**13.2**	42.1	31.6
MPV (n=179)	16.8	4.5	**36.9**	41.9
NAR (n=173)	19.7	1.2	33.5	**45.7**

Bold indicates remaining in same relationship type. Percentages may not sum to 100% due to rounding.

nearly half (45.5%, n=55) were victims of SIPV, while 30.2 percent (n=43) of those in the PVP group initiated severe forms of violence against their partners. Among the Mutual Partner Violence group, 35.0 percent of respondents were victims of SIPV, while 40.3 percent engaged in SIPV against their partner, meaning that in over five percent of MPV relationships the severity of self-perceived respondent violence perpetration was greater than the severity of their victimization.

History of Violence

We encountered significant differences between participants in the four relationship groups in terms of lifetime history of violence. For example, there are significant group differences (x 2=.001) in terms of being victims of sexual abuse prior to age 18 (n=121). Respondents in the Partner Violence Perpetrator (PVP) group were much more likely to report victimization (45.2%) than those whose current or most recent relationship was non-abusive (NAR) (17.7%). Those in the victim (PVV) group and mutual partner violence (MVP) group were in between, at 28.3 percent and 27.4 percent, respectively.

In terms of prior relationship history, respondent distribution in the four relationship categories is generally consistent between current/most recent relationships and participants' second and third most recent relationships (see Table 2). However, there is a somewhat lower likelihood of PVV group membership in current/most recent relationships (10.7%), than in the second and third most recent relationships (18.9% and 14.8%, respectively). In contrast, respondents are much more likely to be in the PVP group in their current/most recent relationship, than they were during their second (3.9%) and third (4.8%) most recent relationships. It is unclear from the survey data whether reduced likelihood of non-reciprocal violence victimization and increased likelihood of unidirectional violence perpetration in respondents' current/most recent relationships is a product of response bias (i.e., respondents may be less likely to characterize their current partner as abusive or themselves as victims) or whether prior abuse for some woman may result in exercising control over their current or most recent partner.

However, the likelihood of remaining in the same category from one relationship to the next is not as apparent as the above figures may suggest, since there is a notable degree of fluctuation between relationship category membership between respondents' current/most recent relationship and their second most recent relationship (see Table 3). For current/most recent PVVs, for example, the highest percentage (37.5%) of group membership in their second most recent relationship was in the Non-Abusive group, a pattern also found in the MPV group (41.9%). It is worth noting that, although the largest percentage of the Non-Abusive Relationship (NAR) group remained in the same relationship category between their current/most recent and second most recent relationships, the majority of their previous relationships contained incidents of IPV (45.7%).

Survival Strategies and Health Status

There was a significant group difference in terms of receiving money from "hustling," a proxy for both legal (e.g., panhandling, bottle collecting) and illegal (e.g., theft, drug sales, commercial sex work) money-making strategies within the informal economy (x 2=.002). The highest percentage of women who utilized this economic strategy were in the MPV group (65.2%), followed by the PVP group (61.9%). In contrast, this strategy was utilized by less than half (46.3%) of the Non-Abusive Relationship (NAR) group and 55.8 percent of the PVV group. In response to the question, "Have you ever given sex for drugs or a place to stay?", there was a moderate group difference (x 2=.044), with those in the PVV group being more likely to have done so (53.8%) than those in the NAR group, who were the least likely (38.8%). Positive responses for the MPV and PVP groups were 51.5 percent and 42.9 percent, respectively. The distribution of responses was some-

Table 4: Conflicts Between Romantic Partners Over Splitting Drugs (In Percents)

	Taking the other's drugs without asking		Taking more than "fair share" of split drugs	
IPV Group	Partner blamed ego (N=327)**	Ego blamed partner (N=329)**	Partner accused ego (N=328)**	Ego accused partner (N=327)**
PVV	38.2	25.7	57.1	51.4
PVP	22.2	29.6	37.0	55.6
MPV	41.8	43.2	55.2	54.9
NAR	13.3	09.1	23.1	17.4

**p<.01

what different in response to the question, "Have you ever given sex for money?" While 67.9 percent of the PVV group had engaged in sex work for money, the lowest percentage of positive responses were from those in the PVP group (47.6%). Of the MPV group 63.9 percent and 50.7 percent of the NAR group had carried out sex work (x 2=.011).

There was no significant group difference in terms of self-report for most of the thirteen illnesses associated with drug use, including, Hepatitis B, Hepatitis C, and HIV. However, there were moderately significant group differences (x 2=.045) in terms of whether respondents had ever been diagnosed with a sexually transmitted disease (STD) (MPV= 24%; PVP=19%; PVV=17%; NAR=13%) or a mental illness (MPV=50%; PVP=45.2%; NAR=37.6%; PVV=32.1%). As these figures indicate, those in relationships in which reciprocal violence occurs were more likely to have been diagnosed with an STD or a mental illness than their counterparts in the other groups. Although the survey did not include questions regarding types of mental illness, the latter is of particular interest in that there is a sharp divide between those respondents who engage in IPV (either mutually or unidirectionally) and those who do not.

Partners' Substance Abuse and IPV

The data yielded a moderate group difference in terms of the illicit drug using behaviors (not including marijuana) of respondents' current/most recent partner. Of 473 respondents who answered the survey question regarding whether their partner had ever used illicit drugs during the relationship, 329 (69.6%) responded affirmatively (x 2=.015). Those in the Mutual Partner Violence group were much more likely to have a drug using partner (77.2%) than were those Non-Abusive Relationship group (62.1%). Partner violence victims (PVV) and perpetrators (PVP) were in between, at 68.6 percent and 71.1 percent, respectively.

Contrary to expectations, those in relationships with a drug using partner in which there is no partner violence (NAR) were much less likely to assist their partners in securing drugs than those in other types of relationships. Also somewhat surprising is that respondents who have been the victims of nonreciprocated violence (PVV group) were not the most likely to engage in such activities. For example, in response to the question "Did you ever sell drugs in order to get drugs for this partner?" (N=328), only 11.6 percent of those in non-violent relationships answered affirmatively, as compared to 28.6 percent of those in the PVV group (MPV= 32.4%, PVP=29.6%; x 2=.001). Likewise, only 11.8 percent of the NAR group reported that they ever sold sex for money or drugs in order to get drugs for their partner, while 22.9 percent of PVV group did so (PVP=25.9%; MPV=25.5%; x 2=037). In both instances, a significant percentage of participants in relationships in which mutual violence had occurred (MPV group) participated in these activities on behalf of her partner. Even more surprising, a significant percentage of those who had engaged in non-reciprocated violence against their partner (PVP group) sold sex or drugs in order to secure drugs for their partners. However, when the partner pressures the respondent, the distribution is notably different. Drug using partners in the nonreciprocal violence victims group, for example, were significantly more likely than those in the other groups (20%) to have insisted that the participant boost or steal in order to get drugs for him/her (N=328; MPV= 15.9%; NAR=4.1%; PVP=3.7%; (x 2=.003).

Among women whose romantic partners used heroin and/or cocaine (including crack cocaine), there was no significant group difference in terms of whether these partners split drugs with them. Despite this, tensions surrounding the splitting and sharing of

Table 5: Mean Scores of Social Support and Action Towards Leaving the Relationship

	Social Support (N=497)*		Action Towards Leaving (N=297)**	
IPV Group	Mean	Standard Deviation	Mean	Standard Deviation
PVV	2.53	0.39	2.61	0.88
PVP	2.69	0.43	2.14	0.77
MPV	2.68	0.45	2.36	0.76
NAR	2.75	0.43	1.95	0.68

*p<0.05; **p<0.01

drugs seem to provide a nexus of physical conflict. In response to the question, "Has this partner ever blamed you for taking his/her drugs without asking him/her?", for example, those in the MPV and PVV groups were much more likely to have responded affirmatively (41.8% and 38.2%) than those in the remaining two groups (see Table 4). Likewise, those in the Mutual Partner Violence group were more likely to blame their partner for taking their drugs without asking (43.2%) than those in the other groups. For each of the four sharing conflict items, the percentages of affirmative responses in the NAR group were significantly lower than those in the groups where IPV has occurred. This strongly suggests a positive association between conflicts over drug sharing and partner violence history within that relationship, whether directed towards ego, ego's partner, or both.

Social Support and Action Toward Leaving the Relationship

For people in abusive relationships, access to social support networks can play a critical role in moderating the negative effects to well-being that result from IPV exposure, as well as providing the emotional and material resources to leave that relationship. However, women in abusive relationships may feel a high degree of anxiety, embarrassment, or other forms of reluctance, in asking members of their social circle for help (Choice & Lamke 1999). Furthermore, abusing partners frequently exert considerable effort to keep their partners socially isolated from family and friends, in order to increase their dependence (Avni 1991; Mitchell & Hodson 1983; Hilberman & Munson 1977-1978). Indeed, as Tan and colleagues have noted (1995), increases in the rate of physical violence by abusive partners are associated with increased withdrawal from social support networks on the part of the victim. Thus, for women in abusive relationships, the mediating factor that is most likely to provide emotional and material support can be difficult to maintain (El-Bassel et al 2003). For a drug involved woman, accessing networks of social support entails particular challenges, since she may be dependent on her partner for money, alcohol, or drugs, and her substance misuse may have alienated her from friends and family. Often her circle of friends consists of other substance abusers, who may not able to be provide the level of material and emotional support that she needs.

The Social Support Behavior Scale (SS-B) (Vaux, Riedal, & Stewart 1987) was used to measure the extent to which participants had access to supportive networks. Using a four-point Likert scale participants were asked to use past experience to indicate the likelihood that a relative or friend would perform specific supportive activities. The scale taps emotional support, socializing levels, practical assistance, financial assistance, and provision of advice, and has an internal consistency of .90. In order to assess actions taken by participants to end their relationships, we used the Action Toward Leaving (ATL) scale, a 14-item measure of termination strategies developed by Wilmot and colleagues (1985). Participants were asked to indicate, via a four-point Likert scale, the frequency of use of three factor-analyzed categories of tactics to terminate the relationship: verbal directness, verbal indirectness, and nonverbal withdrawal (Cronbach's alpha=.94). ATL thus measures communicative acts engaged in by the respondent to emotionally and socially disengage from the relationship. The scale was used only for participants who were in a romantic relationship at the time of their interview.

As shown in Table 5, availability of social support is strongly associated with relationship type, with those in the Partner Violence

Victim group scoring lower than those in the other groups, while those in Non-Abusive Relationships scored highest. Action toward leaving the relationship was moderately associated with relationship type, with those in the NAR group scoring lowest and those in the PVV group highest. This distribution indicates that, like those in physically abusive relationships in the general population, substance-involved women who are victims of IPV face patterns of systematic estrangement from their social network, quite apart from the loosening of social bonds resulting from their addiction. The fact that the PVV group scored significantly higher on the ATL scale is particularly intriguing, because it indicates that women in abusive relationships are not merely passive victims. Rather, they practice what might be termed "everyday forms of resistance" (Scott 1985) within the relationship, using avoidance, emotional withdrawal, and other tactics to, if not leave the relationship, then at least create a degree of subjective autonomy within it.

Discussion

The analysis presented above outlines a number of group differences between the four relationship types. However, while the causes of some of these differences are fairly intuitive, others are less so. The latter is due in no small measure to the fact that respondents have belonged to different relationship groups throughout the life course, and thus it is likely that their attitudes and behaviors in the current/most recent relationship are influenced by past experiences. In this section, we will discuss the findings for each of the groups in turn.

Non-Abusive Relationship (NAR) Group—Despite the fact that there is significant movement across relationship groups from one relationship type to the next, the NAR group was by far the largest group for each of the three sequential relationships examined for each participant (current/most recent; second most recent; third most recent). This distribution indicates that, contrary to popular stereotypes, not all drug involved women are condemned to a life of violence and abuse at the hand of their romantic partners, but are capable of participating in stable romantic relationships. Even when a woman's partner is also a drug user, the relationship is not necessarily unstable or prone to violence (Simmons & Singer 2006).

NAR group participants shared relatively low levels of participation in the informal economy (apart from their role as consumers of illicit drugs) as compared with women in the remaining relationship groups. For example, NAR group participants were significantly less likely to engage in "hustling" or to have ever sold sex than their counterparts in the other three groups. Interestingly, this tendency to keep the informal economy at arm's length also extends to selling sex or drugs in order to secure drugs for their partner. Thus, contrary to the expectation that drug-involved, non-violent romantic partners would provide mutual support in helping the other secure drugs, participants in this relationship group had little involvement in their partners' drug procurement. Likewise, the NAR group was the least likely to have conflicts over the splitting and sharing of drugs, indicating that the tensions of procuring, splitting, and sharing are important features of violent conflict. Drug splitting occasions can be tense because they often occur when users are experiencing drug craving and have the cure for their problem at hand. Couples that either avoid sharing or share drugs without conflict tend to avoid partner violence.

Partner Violence Victims (PVV) Group—Comprising nearly 11 percent of the research sample, members in this group were more likely to report severe intimate partner violence (which involves being beaten, stabbed, or shot) than those in the Mutual Partner Violence group: 45.5 percent vs. 35.0 percent. The association between being a non-reciprocated victim of partner violence and violence severity undoubtedly stems from the lack of physical sanctions faced by the perpetrator (or, conversely, awareness of a partner's proclivity for extreme violence may intimidate a woman from even attempting defensive violence). However, relationships in which there is non-reciprocated violence are also quite different—interpersonally, psychologically, and in terms of power relations—than those in which mutual violence occurs. Johnson and Ferraro (2000) refer to systematic, unidirectional domestic violence against women by their partners (measured in terms of frequency, severity, recency, and duration) as intimate terrorism. Intimate terrorism is grounded in one partner's motivations for power and control over the other partner. The psychosocial dynamics of intimate terrorism are therefore distinct from relationships in

which each partner engages in violent behavior against the other, since the former consists of asymmetrical physical—and consequently behavioral and psychological—control over a partner. This sense of control is reflected in the fact that members of this group are much more likely to have a drug using partner insist that she boost or steal in order to secure drugs than those in the other groups. Thus, over the long run intimate terrorism tends to produce victim depression and learned helplessness (Walker 1984).

Not altogether surprising was the fact that the PVV group had the lowest measure of social support, reflecting the sometimes considerable effort on the part of batterers to keep their partners socially isolated from family and friends, in order to increase their dependence (Avni 1991; Mitchell & Hodson 1983; Hilberman & Munson 1977-1978; Dobash, Dobash, & Cavanagh 1985; Tan et al 1995). As stated above, it is particularly noteworthy that PVV respondents were much more likely to have taken action toward leaving their relationship than those in the other groups, indicating that these women continue to exercise a significant degree of agency within the confines of an abusive relationship, particularly in terms of seeking ways to extricate themselves from that relationship (Choice & Lamke 1999).

Partner Violence Perpetrator (PVP) Group—The smallest of the four relationship groups (8.5%), PVP respondents were the least likely to have been in a nonviolent relationship in their prior relationship. This suggests that their response to prior partner violence—whether as victim, perpetrator, or in a mutually violent relationship—is to take on the role of batterer in the current or most recent relationship. Interestingly, despite the fact that members of this group were the least likely to have ever engaged in sex work for money, they were the most likely to have sold sex for money or drugs specifically in order to secure drugs for their partners. This apparent altruism in terms of providing drugs for their partner seems to contradict their role of batterer in the relationship, although it is likely that engaging in these activities would result in resentment, which may on some occasions result in violence, particularly against partners who, apparently, are not likely to reciprocate with violence of their own. Furthermore, the fact that they are most likely to have accused their substance using partner of taking more than their fair share of drugs that they have split suggests that accusation involving drug sharing is a potential trigger of violence.

Mutual Partner Violence (MPV) Group—The largest of the groups in which partner violence occurred, a key feature of MPV respondents is that they were much more likely to have drug using partners than were those in the other three groups. This strongly suggests the significant role that the pain and tension of drug withdrawal plays in triggering episodes of mutual partner violence.

MPV participants with drug using partners engaged in significant acts of mutual support. For example, respondents in this group were the most likely to sell drugs in order to obtain drugs for their partner. In addition, a nearly equal percentage with those in the MPV group sold sex for money or drugs in order to obtain drugs for their partner. From this standpoint, MPV participants place themselves at considerable risk (of street violence, of possible arrest, of disease exposure) in order to secure drugs for their partners, regardless of whether they are also engaging in these activities in order to obtain drugs for themselves.

However, the strain of addiction places unique strains on the relationships of drug using partners which can, in turn, lead to mutual acts of violence. As noted above, the axis of tension—and, potentially, of violence—in these relationships seems to revolve around the splitting and sharing of drugs. Of the four relationship categories, for example, the MPV group was more likely to have blamed their partners, or to have been blamed by their partners, for taking the other's drugs without asking. In addition, they were also the most likely to have been accused by their partner of having taken more than their "fair share" of drugs that they had split. Thus, the grinding pursuit of cash to purchase drugs, coupled with the tension of providing mutual support within the relationship while also obtaining a sufficient quantity of drugs for each partner, can lead to significant levels of stress, and at least potentially to physical confrontation.

Conclusion

Female drug users are highly diverse in terms of their romantic relationship patterns, particularly in terms of physical intimate part-

ner violence. Contrary to popular stereotypes of drug users as socially isolated or as people who would take advantage of anyone to get drugs, our findings show that drug users are capable of fully participating in romantic relationships, even when both members of the romantic dyad are substance involved. Furthermore, intimate violence is not an inherent feature in these relationships, as evidenced by the fact that the Non-Abusive Relationship group was the largest of the four in terms of participants' current or most recent relationship. Further research is therefore necessary in understanding these relationships. In particular, research should focus on indigenous forms of conflict resolution and mutual support among substance involved romantic partners, in order to understand better the ways in which potentially violent situations are avoided or diffused within those relationships.

However, the fact that drug involved women are much more likely to be victims of intimate partner violence throughout the life course than US women as a whole also indexes the importance of designing violence prevention and protection programs that take addiction status into account. Few programs exist, for example, that offer stress and anger management or self defense for women in addiction. Even more glaring is the lack of access to safe, anonymous, and well-protected shelter (e.g. "battered women's shelters") for women in addiction, the latter of which is a fundamental resource for those wishing to leave an abusive relationship. Because of multiple liability, childcare, security, and logistical concerns, substance abusing victims of partner violence are barred from admission to these facilities. It is therefore imperative that research-based harm reduction strategies be initiated to address partner violence in all its manifestations among this vulnerable population.

Our findings also have relevance for understanding drug use, commercial sex, and AIDS risk as reflecting far more than individual choice or morality. In the case of relationships involving violence victimization, but in relationships where violence among partners is mutual as well, interpersonal violence may be an important force driving individual behavior. Women who are victimized by partner violence, and then face social opprobrium for self-medicating drug use or for engaging in risky behavior, are doubly victimized (Weeks, Grier, Romero-Daza, Puglisi, & Singer 1998). It is thus critically important that partner violence prevention and advocacy accompany AIDS prevention and drug abuse intervention programs, in order to reduce violence in the lives of their clients.

ENDNOTES

[1] Current and most recent relationships were collapsed into a single category since there was no significant group difference between these two groups in terms of their demographic characteristics, drug use patterns, and distributions in the four IPV relationship categories.

[2] This study was funded by the National Institute on Drug Abuse, Merrill Singer, Principal Investigator.

[3] Although we recognize verbal abuse as a form of violence, we exclude the verbal abuse items of the Partner Violence scale from the current analysis since, in the absence of context, acts are ambiguous in terms of whether they constitute abuse or result from extenuating circumstances (misunderstandings, etc.) Furthermore, the entire sample of respondents who reported physical violence victimization and/or perpetration also reported positively to the verbal abuse items.

[4] The remaining 4.6 percent of respondents were re-calculated as Other.

[5] Respondents were allowed use their own criteria of what constitutes a romantic relationship, provided that the relationship in question had lasted at least two weeks.

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