DOMESTIC VIOLENCE - REINGLE ET AL. 2011

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We now shift our attention to an article entitled "The Relationship Between Marijuana Use and Intimate Partner Violence in a Nationally Representative, Longitudinal Sample." It was published by Reingle et al. In 2011.

Intimate partner violence is considered to be a serious public health problem, with a number of negative consequences. Among these are an elevated risk of unhealthy weight control behaviors, low self-esteem, and personal insecurities, pregnancy, suicidality, sexually transmitted diseases, chronic disease, physical injury, and substance abuse.

Evidence of a significantly associated relationship between marijuana use and partner violence has been shown in a meta-analysis of 96 studies. When looking at the body of intimate partner violence research, one can also see that the focus has either been on perpetration or victimization only with no general assessment of the overlap between the two outcomes. Therefore, in order to address this gap in the literature, the authors of this study offer a longitudinal design that examined the association between marijuana use and intimate partner violence perpetration and or victimization.

The data for the study was collected from the National Longitudinal Study of Adolescent Health, or Add Health, through four ways between 1994 and 2008. The data collected in wave one reflect both adolescent and parent in-home interviews, whereas adolescents were interview in waves two through four. A total of 9,421 participants were included in the final data set using this analysis.

Intimate partner violence was the study's dependent variable. Three items were created to measure victimization and another three items were used to create a measure of perpetration. Four independent variables were used based on marijuana use and marijuana patterns in waves one, two, and three. These variables were non-marijuana users, desistors from marijuana use, initiators, and consistent marijuana users. These four groups have been used in other research as differential categories of substance users as well.

The covariates included in this study were depression, parental involvement, binge drinking, peer marijuana and alcohol use, and parental alcohol use. Measures of all covariates in wave one were used as predictors of intimate partner violence at wave four to account for baseline risky behavior. And the findings suggest that covariates did not vary substantially over time. Finally, race and ethnicity were self-reported by the respondents.

Results of the analyses show that all patterns of marijuana use were associated with a 1.2 to 2.4 times increased risk of intimate partner violence perpetration and victimization. Substantial evidence for the federal overlap was found with 12% of the sample reporting both intimate partner violence perpetrated and victimization. Among those who are both victims and perpetrators, findings point to consistent marijuana use as being a strong predictor of intimate partner violence.

In addition, demographic characteristics found males as being more likely to be victims and less likely to be perpetrators of intimate partner violence compared with women. And blacks as well as persons suffering from depression were also at greater risk of intimate partner violence.

A number of policy implications can emerge from these findings. First, since marijuana use appears to increase the risk of intimate partner violence, violence prevention strategies should include early and continued marijuana prevention efforts. Additionally, the link between marijuana use and intimate partner violence could be used to inform domestic violence treatment providers of issues related to recidivism. Knowledge of the victim-offender overlap and of marijuana use as a strong predictor of intimate partner violence could allow for the development of more comprehensive treatment regimens that incorporate the complex relationship between marijuana use and intimate partner violence.

Additionally, recognizing that males are at an increased risk for intimate partner violence has great implications for policy in suggesting that they should be included in intimate partner violence prevention programs. And since different risk factors have been shown to affect blacks differently than other races, culturally specific programs may also be relevant in preventing intimate partner violence. Finally, the findings of this study highlight the potential harm in legalizing marijuana as it may increase its use, which may consequently increase the harms associated with the drugs which also seem to include intimate partner violence.

Some limitations of the study should be noted. For example, since marijuana use was not assessed at a time of the violent behavior, it is unclear how events specific to marijuana use relates to intimate partner violence. Another limitation lies in the study's use of secondary data, which left certain variables unaccounted for.

The use of data collected through interviews may also be problematic as behavior may have gone underreported due to a sensitive nature. And a final limitation-- relationship characteristics and status were not accounted in the analysis, but they could have an impact on intimate partner violence.

This notwithstanding, this current study had many strengths. For instance, it provided evaluation of the relationship between marijuana and intimate partner violence across adolescence and early adulthood, and used a nationally representative sample. Patterns of marijuana use over time are also examined with longitudinal data. And finally, the study [? did ?] include an evaluation of the victim-offender overlap specifically.