DOI: 10.14744/DAJPNS.2025.00000
Dusunen Adam J Psychiatr Neurol Sci
2025;38:000-000

LETTER TO THE EDITOR

Addiction and misogyny: A case report of a woman coerced into addiction by her husband

Sakine Aktas

Van Yuzuncu Yil University Faculty of Medicine, Deparment of Psychiatry, Van, Turkiye

Dear Editor,

Gender-based violence, particularly intimate partner violence (IPV), has a profound and often underrecognized influence on the development and perpetuation of substance use disorders (SUDs) among women. Coercion into substance use by controlling male partners is a specific and severe form of abuse that can entrap women in cycles of addiction and dependency (1–3). This letter presents the case of Mrs. X, a 42-year-old woman from a rural area, whose heroin use was covertly initiated and sustained by her husband over a 20-year period. Her story illustrates how IPV, misogyny, and structural barriers intersect to prevent women from seeking help and recovering safely. In this case, misogyny refers to a system of control in which the husband asserted power by forcing his wife into substance use and maintaining her dependency. It is not merely personal hostility, but part of a broader pattern of silencing, devaluing, and limiting women's autonomy through coercion and neglect.

Mrs. X, who had no formal education and was the mother of four children, began using opium at age 19. Her husband secretly added it to her tea to conceal his own heroin use, later justifying it by saying, "I got you used to it because if you found out I was using heroin, you would leave me." At the time, Mrs. X was unaware that her tea contained opium; her first exposure to the substance was entirely involuntary. Over time, her growing physiological dependence led her to seek the substance herself, though always within a context of fear and coercive control. This statement reflects a deliberate strategy of control and dependency, echoing descriptions of substance use coercion as a form of IPV and sexual exploitation (2, 3). Over two decades, she lived with escalating substance use, physical abuse, financial deprivation, and deep social isolation. It was only after her husband's incarceration that she sought help for the first time—an opportunity made possible by his physical absence and the temporary suspension of coercive control.

Upon presenting to our addiction center, Mrs. X declined inpatient treatment due to the lack of women-only facilities and concern over who would care for her children. Her reluctance is consistent with findings that many women avoid addiction services out of fear of losing custody or facing stigma related to their roles as mothers (4, 5). Outpatient buprenorphine/naloxone therapy was initiated, along with psychosocial support, financial aid, and family engagement. Mrs. X achieved remission within three months and has been followed in outpatient care for 11 months, with no additional pharmacological interventions. Follow-up remains ongoing. To reduce the risk of re-exposure to violence, our team developed a safety plan in collaboration with social services, including safe housing options and child welfare support in the event of her husband's release.

How to cite this article: Aktas S. Addiction and misogyny: A case report of a woman coerced into addiction by her husband. Dusunen Adam J Psychiatr Neurol Sci 2025;38:00-00.

Correspondence: Sakine Aktas, Van Yuzuncu Yil University Faculty of Medicine, Deparment of Psychiatry, Van, Turkiye
E-mail: sakine.alkan@gmail.com

Received: May 28, 2025; **Revised:** June 16, 2025; **Accepted:** July 08, 2025

There are several clinical and social implications worth emphasizing. First, coercion into substance use is a key factor in both treatment and prevention, and it should be more widely recognized in healthcare settings (as illustrated in this case). Second, the lack of gender-sensitive treatment options, such as women-only spaces and integrated childcare, disproportionately affects women's ability to access and remain in treatment (6, 7). Third, patriarchal cultural norms often frame women with addiction as morally flawed, reinforcing stigma and further discouraging help-seeking behaviors (8, 9). Clinicians must remain sensitive to these dynamics, particularly in rural or conservative settings where such stigma may be amplified.

Mrs. X's case also highlights the importance of a trauma-informed approach in addiction treatment. Research shows that trauma-informed, women-only programs significantly improve outcomes for women with histories of IPV and coercion (1, 7). Moreover, integrating legal advocacy and social services into treatment planning is vital for long-term recovery, especially when the risk of re-exposure to a violent partner remains. Screening tools that include questions on substance use coercion and IPV should be standard in addiction services. Clinicians must be trained to detect subtle forms of control and trauma that may not be openly disclosed.

At a policy level, investing in women-specific addiction services is not only a matter of public health but of social justice. Expanding community-based care that is trauma-informed and integrated with social and legal supports can empower women to reclaim their lives. Efforts must also be made to challenge and change cultural narratives that blame women for their substance use while ignoring the structures and abuses that underpin it (6, 7, 10).

In conclusion, the case of Mrs. X shows that addiction among women can result from coercion and control within abusive relationships, and should be routinely screened for during referrals. Health systems should develop gender-neutral models to adequately serve women in these contexts. Incorporating IPV screening, creating safe treatment spaces, and recognizing coercion as a form of abuse are essential steps toward recovery and justice.

Informed Consent: Informed consent was obtained from the participant.

Conflict of Interest: The author declare that they have no conflict of interest.

Financial Disclosure: The author declare that they have no financial support.

Use of AI for Writing Assistance: Not declared.

Peer-review: Externally peer-reviewed.

REFERENCES

1. Ogden SN, Dichter ME, Bazzi AR. Intimate partner violence as a predictor of substance use outcomes among women: A systematic review. Addict Behav 2022; 127:107214. [Crossref]
2. Mathew SR, Anil BA, John J. Coercion in substance use: A systematic review. Biomedical Science 2021; 4:1045-1049. [Crossref]
3. El-Bassel N, Gilbert L, Schilling R, Wada T. Drug abuse and partner violence among women in methadone treatment. J Fam Violence 2000; 15:209-228. [Crossref]
4. Barnett ER, Knight E, Herman RJ, Amarakaran K, Jankowski MK. Difficult binds: A systematic review of facilitators and barriers to treatment among mothers with substance use disorders. J Subst Abuse Treat 2021; 126:108341. [Crossref]
5. Weber A, Miskle B, Lynch A, Arndt S, Acion L. Substance use in pregnancy: identifying stigma and improving care. Subst Abuse Rehabil 2021; 12:105-121. [Crossref]
6. Jacobs L, Maseko M. Gender-Sensitivity Interventions for Mental Health Practitioners Working in Substance Use Disorder Treatment Facilities: A Systematic Review. Gend Behav 2022; 20:19342-19352.
7. Johnstone S, Dela Cruz GA, Kalb N, Tyagi SV, Potenza MN, George TP, Castle DJ. A systematic review of gender-responsive and integrated substance use disorder treatment programs for women with co-occurring disorders. Am J Drug Alcohol Abuse 2023; 49:21-42. [Crossref]
8. El Habiby M, El Rassas HH, Morsy M, Mohsen N, Ezzat F. Gender differences in clinical and sociodemographic patterns of substance use disorder. Addict Disord Their Treat 2020; 19:174-184. [Crossref]
9. Dittrich D, Schomerus G. Intersectional stigma in substance use disorders: In Schomerus G, Corrigan PW (editors). The stigma of substance use disorders. Cambridge University Press, 2022; 88. [Crossref]
10. Brady KT, Randall CL. Gender differences in substance use disorders. Psychiatr Clin North Am 1999; 22:241-252. [Crossref]