

Research Report

INTIMATE PARTNER VIOLENCE AND ITS ASSOCIATION WITH COMMON MENTAL DISORDERS AMONG SPOUSES OF MEN WITH ALCOHOL DEPENDENCE SYNDROME ATTENDING TERTIARY CARE HOSPITAL

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ABSTRACT

Background: Intimate Partner Violence (IPV) among spouses have been associated with increased common mental disorders (CMDs) and poor quality of life in women. But this relationship has not received adequate research attention. **Aim:** To study the prevalence of IPV and CMDs and their interrelationship among spouses of people with ADS. **Methods:** A cross-sectional study was done on 65 spouses (participants) of people with ADS admitted to the inpatient de-addiction services. The participants were administered with Demographic and Health Survey Tool, Domestic Violence Module (DVM) to assess the IPV. Alcohol Use Disorder Identification Test (AUDIT) was applied to note the pattern of alcoholism. Participants were administered with Self Reporting Questionnaire-20 (SRQ-20). Those who had a score of 6 and above on the SRQ-20 were administered with specific modules of MINI. International Neuropsychiatric Interview PLUS to obtain a specific diagnosis of CMD. **Results:** IPV was present either in the form of emotional, physical or sexual violence (84.6%). Physical (72.3%) and emotional violence (66.2%) was noted to be the most commonly experienced violence, followed by sexual violence (30.8%). On backwards linear regression analysis, emotional violence was found to be a significant predictor variable for CMDs ($p < 0.05$), and the Chi-square test showed a significant association of CMDs with emotional violence ($p = 0.009$). **Conclusion:** The results emphasize the need to develop and integrate psycho-social interventions in the routine de-addiction programmes, focusing on the mental well-being of spouses of people with ADS. Conventionally, de-addiction programmes focus more on the patient, and less emphasis is given to the mental health needs of the spouses. This study highlights that CMDs and IPV are prevalent in spouses of patients with ADS. Hence, such interventions can aid in the early diagnosis and management of CMDs.

Keywords: Intimate Partner Violence, Common Mental Disorders, Alcohol Dependence Syndrome, Spouses.

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INTRODUCTION

The term common mental disorders (CMDs) were introduced by Goldberg and Huxley to describe disorders commonly encountered in community and primary care settings.¹ The occurrence of which showed the breakdown in normal functioning.² CMDs include diagnosis of any depressive episode, phobias, panic disorder, generalized anxiety disorder, obsessive-compulsive disorder, and post-traumatic stress disorder. It is one of the causes of global public health burden in women in low-middle income countries.³

Alcoholism in men is a significant risk factor for intimate partner violence against women. It also increases the burden on women as economic providers. There are also reports that men's alcohol problems and intimate partner violence increases the risk of CMD which further leads to poor quality of life.

Intimate Partner Violence is increasingly being observed as a significant predictor of negative mental health consequences in the spouses of men with ADS.^{4,5} Here, Intimate Partner Violence refers to any behavior within a relationship that causes physical, psychological or sexual harm to those in that relationship.⁶ Previous studies have estimated the prevalence of domestic violence against women in rural India to be 20–50%.^{7,8}

There is paucity of data on CMDs and IPV among spouses of male alcoholics. On the background of significant prevalence of alcohol problems in the Indian context, there is a need to enquire into this aspect. Such an enquiry will also help in planning and initiating appropriate intervention programs for those affected.

MATERIALS AND METHODS

The study was conducted in a tertiary care hospital, over a period of 17 months, on the spouses/partners (participants) of alcohol dependent persons admitted in the de-addiction ward. It was a cross-sectional study which was targeted on 65 participants using non-probability purposive sampling who fulfilled inclusion and exclusion criteria and consented to participate in the study. The sample size was calculated by using the 20% prevalence of IPV reported in previous studies^{7,8}, an absolute precision of 10% and an α -level of 5%. The minimum number required for the analysis was found to be 61, however in the study 65

participants are recruited to avoid unforeseen false entries in data sheet.

The study is registered in the ethical committee under the registration INST.EC/E.C/109/2013-14.

Privacy and confidentiality was ensured and the participants were administered with Demographic and Health Survey Tool, Domestic Violence Module (DVM) to assess the IPV. Alcohol Use Disorder Identification Test (AUDIT) was applied to note the pattern of alcoholism on patients admitted in the de-addiction ward.

Participants were given with Self Reporting Questionnaire-20 (SRQ-20) which were in three different language (English, Kannada, Malayalam). Study participants who had scored 6 and above on the SRQ-20 were administered with specific modules of MINI. International Neuropsychiatric Interview PLUS to obtain specific diagnosis of CMDs.

Inclusion criteria: Married or cohabitating women living with alcohol dependent person for at least preceding one year in the age group of 18-49 years. This age group was included as the reproductive lifecycle of most women is till 49 years of age, and the study also focuses on sexual risk of participants hence participation was limited to women aged 18-49 years.^{7,9} In addition, participants who were able to read one of the languages (Kannada, English and Malayalam) and also who gave written informed consent to participate were included in the study.

Exclusion criteria: Spouses/partners who have a clinical diagnosis of psychosis, mania, dementia or mental retardation and who have alcohol or other substance abuse except nicotine were excluded from the study.

Assessment/tools used in the study:

Socio-demographic data sheet.

The Alcohol Use Disorders Identification Test (AUDIT)

Self-Reporting Questionnaire-20 (SRQ 20)

The Mini International Neuropsychiatric Interview 6.0 (MINI PLUS)

Demographic and Health Survey Tool, Domestic Violence Module (DVM).

RESULTS

The collected information was summarized using descriptive statistics (Mean, Standard Deviation,

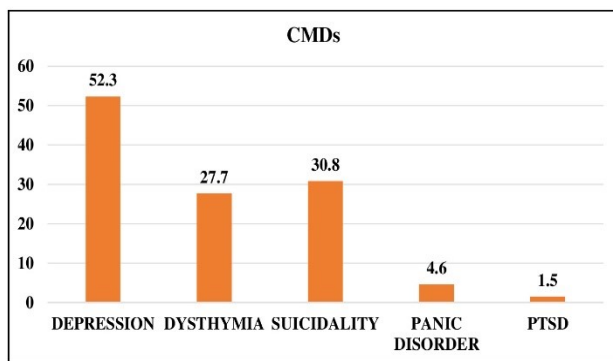
Frequency and Percentage). The statistical analysis was done using SPSS version 22. The sample consisted of 65 spouses with a mean age of 35.9 (7.39) years. The mean duration of alcohol consumption of participant’s husband were noted to be 17.3 (7.7) years with the mean AUDIT score being 29.9 (4.5). Majority of spouses 56 (86.2) scored equal or more than six score on SRQ-20. In contrast only 9 (13.8) of them scored less than six on SRQ-20. A mean SRQ-20 total score of 10.98 (4.82) was obtained (Table 1).

Table 1 : Clinical variables

Variables	Mean (SD)
Duration of alcohol consumption of husbands	17.3 (7.7) years
AUDIT score of husbands	29.9 (4.5)
SRQ-20 score = OR > 6	56 (86.2)
SRQ-20 < 6	9 (13.8)
SRQ-20 total score	10.98 (4.82)

The distribution of CMDs was assessed by administering modules of MINI PLUS. Depression was noted to be the highest 34 (52.3%) followed by suicidality 20 (30.8%), dysthymia 18 (27.7%), panic disorder 3 (4.6%) and post-traumatic stress disorder 1 (1.5%) (Figure 1).

Figure 1. Distribution of MINI Plus positive common mental disorders

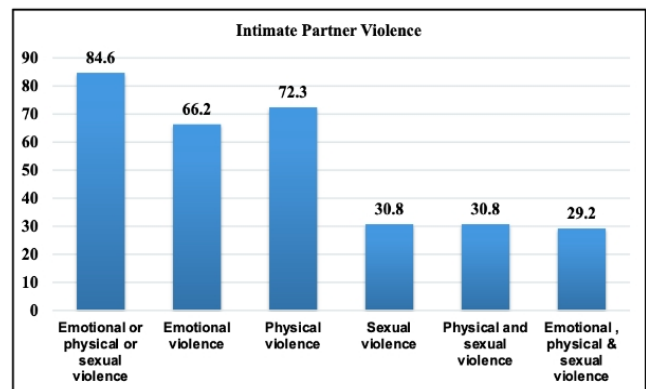


Y-axis in percentage (%)

The IPV assessed by using Demographic and Health Survey Tool, Domestic Violence Module (DVM) showed that majority of the spouses 55 (84.6%) experienced either one of the forms of violence (emotional or physical or sexual violence), maximum being physical violence 47 (72%), followed by emotional violence 43 (66.2%) and sexual violence 20 (30.8%). Women experiencing all three forms

(emotional, physical and sexual) of violence were noted to be 19 (29.2%) (Figure 2). The possible association between CMDs and various socio-demographic factors were analyzed. It was found that majority of participants with CMDs reported that their husbands did not have a regular job ($p = 0.02$), which was noted to be statistically significant (Table 2). The AUDIT scores of participants’ husbands were assessed to find the association with CMDs. On doing

Figure 2. Distribution of Intimate Partner Violence (IPV) experienced by participants



Y - axis in percentage (%)

correlation, it was found that there was a weak positive correlation between AUDIT scores and SRQ 20 scores, which was noted to be statistically significant ($r=0.22$; $p = 0.05$). The backward linear regression analysis was conducted to identify the predictors of CMDs, it was found that emotional violence predicted the CMDs with p – value of 0.027 (Table 3). It was found that a significant proportion of participants with CMDs experienced emotional violence ($p=0.009$) (Table 4).

DISCUSSION

Our study included two phases in assessing the CMDs. The participants were initially screened and then a detailed diagnostic tool was administered to confirm the diagnosis. This is in keeping with the earlier studies conducted in the Indian and the Western studies.^{10,11} The present study has shown higher occurrence of CMDs (83.1%) among the participants which is in accordance with the Indian study, however, they used GHQ 12 screening tool and the diagnosis of mental disorders was done using the SCID I and SCID II.¹¹

Among the CMDs, depression (52.3%) was noted to be the commonest presentation followed by suicidality (30.8%), dysthymia (27.7%) panic disorder (4.6%) and

Table 2: Distribution of study participants with and without Common Mental Disorders (CMD) according to variables

		Yes (N = 54)	No (N = 11)	P value
Marital Status	Married	53 (98.1)	11 (100)	P = 0.649
	Re-married	1 (1.9)	0	NS
Place of Residence	Own	37 (68.5)	7 (63.6)	P = 0.73
	Rented	17 (31.5)	4 (36.4)	NS
Area of Residence	Urban	5 (45.5)	11 (20.4)	P = 0.06
	Semi-urban	28 (51.9)	6 (5.5)	NS
	Rural	15 (27.8)	0	
Religion	Hindu	48 (88.9)	10 (90.9)	P = 0.8
	Christian	2 (3.7)	0	NS
	Muslim	4 (7.4)	1 (9.1)	
Education (participant)	Primary School	10 (18.5)	4 (36.4)	P = 0.5
	Middle School	18 (33.3)	3 (27.3)	
	Secondary School	5 (9.3)	0	
	Higher Secondary	17 (31.5)	2 (18.2)	NS
	Diploma/certificate	2 (3.7)	1 (9.1)	
	Graduate	1 (9.1)	1 (9.1)	
	Professional	1 (1.9)	0	
Occupation	Adm/ exe/ managerial	1 (1.9)	1 (9.1)	P = 0.48
	Clerical	3 (5.6)	2 (18.2)	
	Business	1 (1.9)	0	
	Farmer/coolie/ fisheries	6 (11.1)	3 (27.3)	NS
	Industry/workers	1 (1.9)	0	
	Housewife	26 (48.1)	4 (36.4)	
	Non-agricultural labour	3 (5.6)	0	
	Beedi rolling	12 (22.2)	1 (9.1)	
Husband's education	Primary School	6 (11.1)	2 (18.2)	P = 0.24
	Middle School	12 (22.2)	2 (18.2)	
	Secondary School	19 (35.2)	1 (9.1)	
	Higher Secondary	12 (22.2)	5 (45.5)	NS
	Diploma/certificate	4 (7.4)	0	
Husbands Employment	Graduate	1 (1.9)	1 (9.1)	P = 0.24
	unemployed	0	1 (9.1)	
	Adm/ exe/ managerial	1 (1.9)	1 (9.1)	
	Clerical	2 (3.7)	0	NS
	Business	3 (5.6)	1 (9.1)	
	Farmer/coolie/ fisheries	25 (46.3)	7 (63.6)	
	transport/telecommunication	1 (1.9)	0	
	Industry/workers	1 (1.9)	0	
	Non-agricultural labour	14 (25.9)	0	
driver	7 (13)	1 (9.1)		
Husband's employment (Status)	Regular	13 (24.1)	5 (45.5)	P = 0.02*
	Irregular	41 (75.9)	5 (45.5)	
	Unemployed	0	1 (9.1)	
Number of Dependents	One	4 (7.4)	0	P = 0.76
	Two	11 (20.4)	4 (36.4)	
	Three	18 (33.3)	4 (36.4)	
	Four	13 (24.1)	2 (18.2)	NS
	Five	5 (9.3)	1 (9.1)	
Family history of Mental Disorder	Yes	6 (11.1)	0	P = 0.24
	No	48(88.9)	11 (100)	NS

Level of significance at P < 0.05; *Statistically significant at P < 0.05 and NS-Not significant using Chi-square test

Table 3. Linear regression analysis to identify the predictors of CMD

	Unstandardized coefficients		t	P value	95% CI
	B	Std. error			
Constant	15.99	2.49			
Emotional Violence	-3.27	1.41	-2.3	0.027*	-6.1 to 0.4
Sexual Violence	-0.47	1.3	-0.345	0.732	-3.2 to 2.2
Physical violence	0.41	1.3	0.306	0.76	-2.3 to 3.1

Level of significance at $P < 0.05$; Dependent variable: SRQ 20 score

post-traumatic stress disorder (1.5%). These findings obtained are similar to the WHO 2001 report, Indian and Western studies.^{12,13} However in a study conducted by Patel et al, mixed anxiety and depression (64.8%) was the commonest presentation among women.¹⁴ Our study also shows a higher risk of suicidality among the spouses of alcohol dependents and this finding is also seen in the study conducted by Radhakrishnan R et al.¹⁵ In our study, majority of the participants had mild risk for suicidality (18.5%), while around (7.7%) of them had severe risk.

Table 4: Distribution of study participants with and without CMD according to IPV

	Yes (N = 54)	No (N = 11)	P value
Physical violence			
Yes	35 (64.8)	4 (36.4)	P = 0.079
No	19 (35.2)	7 (63.6)	
Emotional violence			
Yes	33 (63.1)	2 (18.1)	P = 0.009*
No	21 (38.9)	9 (81.8)	
Sexual Violence			
Yes	19 (35.2)	1 (9.1)	P = 0.08
No	35 (64.8)	10 (90.9)	

Level of significance at $P < 0.05$; *Statistically significant using Chi square test. CMD- Common mental Disorder. IPV- Intimate partner violence.

When assessed for intimate partner violence, we obtained highly significant results with 84.6% participants experiencing emotional, physical or sexual violence by their intimate partners. This finding is consistent with Indian and Western studies which reported that women in their life-time experience some type of intimate partner violence.^{8,16}

Physical violence (72.3%) and emotional violence (66.2%) were mostly experienced followed by sexual violence (30.8%) but most of the participants had experienced more than one type of violence. The study by Jayasuriya V et al has also shown similar findings with physical violence being experienced more with alcohol abuse in partners being one of the risk factors for the IPV.¹⁷ Around 92.3% of the participants reported that their husband often consumed alcohol. About 40% of the participants reported of being sometimes afraid of their husbands and 26.2% being afraid of their husband most of the time. The result is in consistent with an earlier study.¹⁸ Many Indian and Western earlier studies have reported association between intimate partner violence and common mental disorders.^{4,8,19} Our study has also explored the possible association between intimate partner violence and the occurrence of CMDs in the participants and a significant association was found between them ($p = 0.009$). The current study has also tried to find out the predictors of CMDs and emotional violence was found to be a significant predictor variable for CMD ($p = 0.027$). This highlights the fact that emotional violence experienced by the spouses is one of the risk factors for CMDs. Our result is correlating well with the result published by Ludermer et al in 2014 which had shown a strong association of common mental disorders and psychological violence (OR 2.49, 95%CI 1.8; 3.5) even without physical or sexual violence.¹⁹ The result also shows that women with IPV are more likely to experience CMDs, as being abused either physically, emotionally or by sexual violence has been noted to be associated with learned helplessness. Studies have shown that depression is the most common presentation among CMDs in women who are abused because women tend to exhibit hopelessness and

attribute the cause of the IPV to internal factors, expecting negative outcomes from future.⁴

Our study has assessed the possible association between CMDs and various socio-demographic factors, however, none of the demographic variables were significantly associated with CMDs except husband's employment status. Most of the participants with CMDs reported that their husbands did not have regular employment ($p < 0.05$). Our study has revealed that there was a weak positive correlation between alcohol consumption in husbands and CMDs in their spouses ($p = 0.05$). However, many previous studies have proved a strong association between the husband's alcohol consumption and occurrence of CMDs in their spouses.^{7,11,15}

CONCLUSION

The study has shown higher occurrence of CMDs among spouses of alcohol dependent persons with majority of the participants suffering from depression, dysthymia, panic disorder and PTSD. This highlights the need for routine screening and detailed assessment for common mental disorders in spouses of patients with alcohol dependence syndrome. Suicidality was also found to be higher among this group and hence points to the fact that the participants are to be screened, the severity to be assessed and the required immediate measures has to be considered. Appropriate pharmacological and non-pharmacological interventions need to be considered.

Majority of the spouses of alcohol dependent persons have experienced Intimate Partner Violence with physical and emotional violence being the most common, followed by sexual violence. The association between CMDs and emotional violence was noted to be statistically significant. The results highlight the need for addressing these sensitive issues during couple therapy, educating the couple regarding the IPV and its after effects not only on the spouses but also on their family and society. This focuses the need for psycho-social interventions among spouses of alcohol dependents.

All the above factors point towards the need for developing interventions to address CMDs and IPV among this study group and the importance of integrating it as a part of de-addiction programme.

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Conflict of interest:

None declared.

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