

Innovations

Prevalence of Intimate Partner Violence in Spouses of Patients with Alcohol Dependence Syndrome

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Abstract

Problem: Violence exposure can aggravate pre-existing mental health illnesses or cause psychopathological conditions; additionally, it can heighten a person's propensity for intimate relationship violence. Male partner alcohol misuse is an independent factor that contributes to poor mental health and a higher likelihood of domestic violence among married women. This study was conducted to estimate the prevalence of intimate partner violence among spouses of patients diagnosed with alcohol dependence syndrome and its relation with psychological distress.

Methodology: A cross sectional study was conducted among the spouses of patients diagnosed with alcohol dependence syndrome in a tertiary care medical college at southern Tamil Nadu, India. The study period was between August 2023 and February 2024. Simple random sampling method was employed. Composite Abuse Scale Revised –Short Form, SADQ questionnaire and Kessler Psychological distress scale were used to assess partner violence, severity of alcohol dependence and degree of psychological distress respectively. **Findings:** A total of 120 study subjects were included. The mean age of the study participants was 36 years and majority were in the age group of 25-34 years (40.8%). The prevalence of intimate partner violence was 55.5%. The proportion of study subjects whose spouses were having severe alcohol dependence was 30.5% and those with severe psychological distress was found to be 18.5%. The intimate partner violence was found to be significantly associated with degree of alcohol dependence and degree of psychological distress **Conclusions:** In addition to detecting domestic violence, it is essential to screen spouses of patients with alcohol dependence syndrome for mental health issues.

Keywords: partner violence, alcohol dependence, psychological distress, mental health

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Introduction

According to World Health Organization, Intimate partner violence refers to behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours. This definition covers violence by both current and former spouses and partners. Nearly one in three women, or 736 million out of 852 million, who were 15 years of age or older in 2018 reported having suffered some type of violence at least once in their lives. These figures attest to the widespread prevalence of intimate relationship abuse, both sexual and physical, among women worldwide (WHO, 2023).

Due to the fact that they are trained to believe that it is their responsibility to serve their husbands and since marital rape is not always illegal in some countries, many married women do not view forced sex against their will as sexual assault. The fifth Sustainable Development Goal, "Eliminate all forms of violence against all women and girls in the public and private spheres," recognizes the significance of intimate partner abuse. Additionally, it increases the chance of early morbidity and death (Daruwalla *et al.*, 2020). More often than not, women are the victims of this violence. One of the most prevalent forms of female murder is demonstrated to be the deaths of female companions by men (Daruwalla *et al.*, 2020).

The National Family Health Survey 5 (NFHS-5) reports that 29.3% of Indian women who have ever been married and are between the ages of 18 and 49 have experienced marital violence; in Tamilnadu, this figure is 38.1%, and in rural regions, it is 42.2%. Not only does intimate partner violence impact the victim, but it also has an impact on families and society. In addition to physical wounds, mental health issues, including anxiety and depression, are prevalent among victims. More significantly, violence against intimate partners is frequently recurrent and can get worse with time. Different forms of violence and repeated exposures can create harm that can compound and have major long-term effects on mental health (Yuan and Hesketh, 2021). In a society where expectations are high and a couple falls short, cultural, social, and economic variables may give rise to violence (Ahmadabadiet *al.*, 2018).

Violence exposure can aggravate pre-existing mental health illnesses or cause psychopathological conditions; additionally, it can heighten a person's propensity for intimate relationship violence (Mazza *et al.*, 2021). In the context of healthcare, it is critical to screen for intimate partner violence since, if detected,

these acts of violence may be curbed if the victims are connected to a support network (O'Doherty *et al.*, 2015). Intimate partner violence is linked to psychopathological issues that can be exacerbated by frustration, stress, and a lack of control, which could lead to more violent episodes (Glowacz *et al.*, 2022). One of the main causes of psychological distress is gender inequality (Almeida *et al.*, 2004). Women's education, leadership, empowerment, decision-making, and financial independence all require targeted approaches (Fakembe *et al.*, 2024; Satyanarayana *et al.*, 2016). Alcohol-related issues have become a significant public health concern in India as a result of the country's changing society, particularly with regard to young, and the country's expanding production, distribution, and easy access to alcohol (McCauley *et al.*, 1995). The long-term effects on society of the lack of sensible alcohol policy.

Alcoholism is a complicated behavior that has detrimental ramifications for society, the family, and the workplace. Male partner alcohol misuse is an independent factor that contributes to poor mental health and a higher likelihood of domestic violence among married women. Long-term losses resulting from increasing alcohol usage may also have an influence on society (Gorney, 1989). The purpose of this study was to determine how common intimate partner violence was among spouses of patients diagnosed with alcohol dependence syndrome enrolled in a tertiary care facility connected to a medical college in the Trichy district of Tamil Nadu, India, and how much of it involved controlling behavior, sexual assault, and physical violence.

Materials and Methods

A hospital based cross sectional study design was employed at tertiary care teaching hospital located in Central part of Tamil Nadu, India. The study period was between August 2023 to February 2024. According to National Family Health Survey (NFHS 5, 2019-21), the prevalence of intimate partner violence was 32%. By assuming a 10% increase, 42% will be among the spouses of those consuming alcohol in dependence pattern. By allowing 20% relative error with 95% confidence, the adequate sample size is 138. However, considering patient availability and time constraints, maximum effort has been made to recruit as possible which is approximated to 120. Sample size N=120.

The study participants included were spouses of patients diagnosed with alcohol dependence syndrome as per ICD-10 criteria by a psychiatrist in the psychiatry department. Only when these subjects were in the age of 19 and 60 years, history of use of alcohol by husband for more than one year and married for more than year were included in the study. Those subjects who were not willing to give consent, any other psychoactive substance use other than nicotine in the patient, co- morbid diagnosable psychiatric illness for the husband, subjects whose

husbands were currently abstinent from alcohol were excluded from the study. The study was approved by the Institutional ethical committee (Ref. No: 786/TSRMMCH&RC/ME-1/2023 - IEC No: 049 dated 20.07.2023)

A detailed case history with demographic data was accomplished from the study subjects after getting written and informed consent. The intimate partner violence among the participants was assessed using Composite Abuse Scale Revised –Short Form. The Composite Abuse Scale (Revised)—Short Form (CASR-SF) is a comprehensive, valid and reliable brief self-report measure containing 15 questions, which captures physical, sexual and psychological abuse and overall intimate partner violence (Ford *et al.*, 2016). Confidentiality had been ensured and Ethical guidelines recommended by WHO regarding the ethical conduct of domestic violence research had been followed during the interview.

The severity of alcohol dependence among the husbands of the recruited study subjects was assessed using the SADQ questionnaire which is 4-point scale containing 20 questions (Akyelet *et al.*, 2018). The degree of psychological distress among the study subjects was estimated using the Kessler Psychological scale which contains 10 questions (Andrews and Slade, 2021). The spouses who were found to be experiencing intimate partner violence were given information regarding the Women Helpline (WHL) number 181 which is a 24-hour confidential service for women and child survivors and victims of any form of violence including domestic and intimate partner. Professional help was offered to those who were found to have high psychological distress after obtaining their consent.

The gathered information was input into Microsoft Excel, and SPSS version 4 was utilized to do statistical analysis. The KOLMOGOROV-SMIRNOV test was used to determine whether the test was normal, and it was discovered that the continuous variables had a normal distribution. For each continuous variable, descriptive statistics such as frequency, percentages, mean, and standard deviation were calculated. In order to ascertain the correlation between partner violence and the degree of psychological stress and alcohol dependence of the spouse, a Chi square test was employed, with a p value of less than 0.05 being deemed statistically significant.

Results

The mean age of the recruited study subjects was observed as 36 years. Table 1 shows the socio-demographic details of the study subjects in which majority of the study subjects belonged to the age category of 25-34 years (40.8%) followed by 35-49 years (33.3%). Majority of the study participants were from the rural areas (65.8%) and also in religion, 3/5th of the study subjects were belonging to the Hindu community. About 18.5% of the women in the current study had no education, while only 9.5% of their husbands had no education. Only 27.5% of the women were

working while 93.3% of their husbands were involved in working. Almost equal proportion of the study subjects were present in all classes of socio-economic status as per BG Prasad socio-economic scale.(Table 1).

Fig 1- shows the prevalence of intimate partner violence among women involved in the study which was found to be 55.5% assessed using Composite Abuse Scale Revised –Short Form. Table 2 shows the distribution of different forms of abuses in partner violence. The severity of alcohol dependence assessed using SADQ questionnaire among the study subjects was shown in fig 2 in which the proportion of mild, moderate and severe degree of alcohol dependence were 36.6%,32.5% and 30.9% respectively. The degree of psychological stress which was estimated using the Kessler psychological stress scale was shown in fig 3 in which the percentage of mild, moderate and severe stress was identified as 23.3%, 20.8% and 18.4% respectively.

Table 3 shows the association of intimate partner violence with the degree of alcohol dependence in which the proportion of intimate violence increases with the increase in the severity of alcohol dependence which was statistically significant at p value <0.01. Similarly, there is significant association observed with the degree of psychological stress among the study subjects with the partner violence.

Discussion

The present study was conducted to estimate the prevalence of intimate partner violence among the women attending the tertiary care center whose spouses were diagnosed with alcohol dependence. The mean age of the study subjects was observed to be 36 years and majority was in the age category of 25-34 years and these results were consistent with other studies conducted in Bolivia and India (Meekerset *et al.*, 2013; Hudgeet *et al.*, 2022). Women in this age group may be more likely to be in committed relationships, increasing exposure to potential abuse. Also, pregnancy and childcare responsibilities can increase vulnerability to control and abuse. Our study showed that 18.5% of the women were illiterate and only 27.5 % were involved in working occupation. These findings were comparable with the study conducted in Srilanka which also identified that 25.6% of women were involved in working and 16.7 % of women had no forms of education (Jayasuriya *et al.*, 2011). This finding of literacy and occupation could pave for the women to get exposed to domestic violence because of lack of awareness.

The prevalence of intimate partner violence among the study subjects was observed as 55.5%. Similar study conducted among the women in general population showed this prevalence as 42.5% (Gilchrist *et al.*, 2010). This marked difference could be due to the fact that the current study was conducted among the women whose spouses were diagnosed with alcohol dependence syndrome. Similar studies conducted using the same questionnaire also showed varied prevalence of

40%- 50% because of the varied study population (Ludermiret *al.*, 2014; Patel and Pednekar, 2006). Another study in Karnataka, India showed nearly the prevalence of about 60% (Radhakrishnan and Andrade, 2012) which is comparable to our study. The presence of intimate partner violence was found to be significantly associated with the severity of alcohol dependence among the spouses of study subjects. There are many reasons postulated for the strong correlations between alcohol usage and the prevalence of IPV. Relevant alcohol impacts include a decrease in cognitive and physical capabilities that impede self-control, resulting in a decreased capacity to resolve conflicts non-violently. Furthermore, excessive drinking by one partner might aggravate financial challenges, childcare issues, adultery, or other family pressures. Additionally, individual and societal beliefs that alcohol promotes aggression may contribute to aggressive behaviour after drinking.

This study showed significant association with the degree of psychological distress among the study subjects. The above findings are comparable to a study conducted in Serbia which showed association of partner violence with the presence of depression (Dostanicet *al.*, 2022). Women who experience high intimate partner violence (IPV) often suffer from high psychological distress due to the profound impact of prolonged trauma, emotional manipulation, and control. The constant fear, anxiety, and stress caused by physical, emotional, or sexual abuse can lead to hyperarousal and hypervigilance, emotional dysregulation, loss of self-esteem and autonomy, social isolation, trauma bonding with the perpetrator. The cumulative effect of IPV on psychological distress is exacerbated by factors like severity and frequency of abuse, lack of social support, economic dependence, stigma and shame.

The findings observed in our study showed that significant proportion of women had experienced at least one type of abuse by their spouses who were diagnosed with alcohol syndrome. Also, this proportion increases with increase in the severity of alcohol dependence and it was well associated with the psychological distress. The observed findings in the present study could help in further exploration of domestic violence and its link with the alcohol dependence severity which could be confirmed by analytical studies.

The study employed a cross-sectional design, which limits the ability to establish causal relationships between alcohol dependence, intimate partner violence, and psychological distress. The study excluded individuals whose spouses were currently abstinent from alcohol. This may limit the understanding of the full spectrum of intimate partner violence, as this could play a significant role.

Future studies should consider a longitudinal design to assess the long-term effects of intimate partner violence on the mental health of spouses of individuals with alcohol dependence syndrome. This approach would provide insights into the causal relationships and changes over time, enhancing the understanding of the

dynamics involved. Future research should explore the cultural, social, and economic factors that contribute to intimate partner violence. Understanding these variables could inform targeted interventions and policies to address the root causes of violence.

Conclusion

Our study showed the higher prevalence of intimate partner violence among the women whose spouses were diagnosed with alcohol dependence syndrome. In addition, the degree of psychological stress and the severity of psychological stress were associated with the presence of partner violence. Hence it is imperative to have mental health screening among the spouses of alcohol dependence syndrome patients apart from diagnosing domestic violence. Successful strategies to combat intimate partner violence in general include addressing social tolerance of intimate partner violence, accepting heavy alcohol consumption as a mitigating factor, and changing normative views that heavy alcohol consumption is a sign of masculinity.

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Table 1- Socio- demographic details of the study subjects (N=120)

Age category	Frequenc y	Percenta ge
Age of women		
19-24 years	15	12.5
25-34 years	49	40.8
35-49 years	40	33.3
50-60 years	16	13.4
Place of Residence		
Rural	79	65.8
Urban	41	34.2
Religion		

Hindu	91	75.8
Christian	17	14.1
Muslim	12	10.1
Women's education		
No education	37	18.5
Primary	72	36
Secondary	50	25
Higher secondary &more	41	20.5
Husband's education		
No education	19	9.5
Primary	55	27.5
Secondary	98	49
Higher secondary &more	28	14
Women's working status		
Working	33	27.5
Not working	87	72.5
Husband's working status		
Working	112	93.3
Not working	8	6.7
Socio-economic class		
Upper	19	15.8
Upper Middle	23	19.2
Middle	25	20.8
Lower middle	26	21.6
Lower	27	22.6

Table 2: Distribution of different domains in partner violence among the study subjects (N=120)

Domains of partner violence	Frequenc y	Percenta ge
None	55	45.8
Psychological abuse only	19	15.8
Sexual abuse only	37	30.8
Physical abuse only	25	20.8
Psychological and sexual abuse	14	11.6
Psychological and physical abuse	10	8.3
Sexual and physical abuse	2	1.6
All three forms of abuses	17	14.2

Table 3: Association between intimate partner violence with severity of alcohol dependence and psychological distress among the study subjects

Variable	Intimate partner violence		Total (N=120)	Chi square value	P value
	Yes =66	No=54			
Degree of alcohol dependence					
Mild	11(16.5%)	33(60.4%)	44(36.6%)	30.27	<0.01
Moderate	16(24.2%)	16(18.7%)	32(26.7%)		
Severe	23(34.8%)	5(20.9%)	28(23.3%)		
Degree of Psychological distress					
No	16(24.2%)	29(53.7%)	45(37.5%)	13.78	<0.01
Mild	16(24.2%)	7(14.5%)	23(19.2%)		
Moderate	17(25.8%)	5(9.6%)	22(18.4%)		
Severe	17(25.8%)				

Figure 1- Prevalence of intimate violence among the study subjects (N=120)

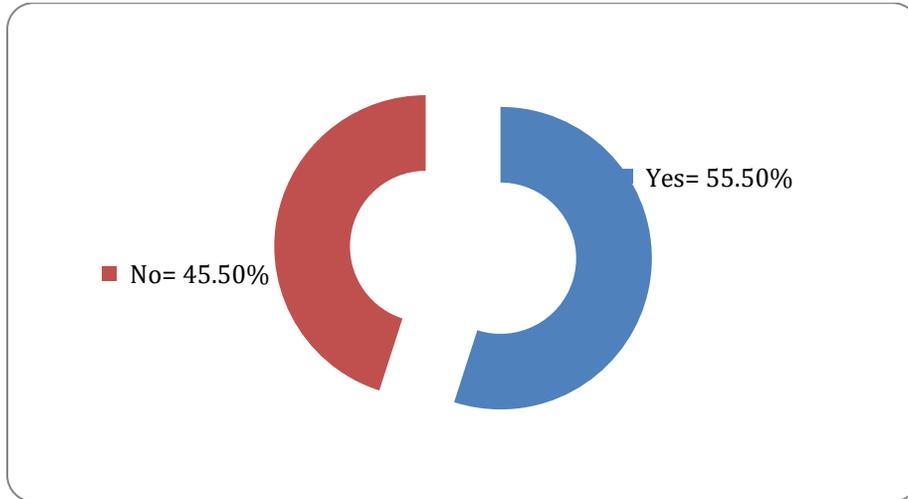


Figure 2: Distribution of degree of alcohol dependence as per SADQ questionnaire among the study subjects (N=120)

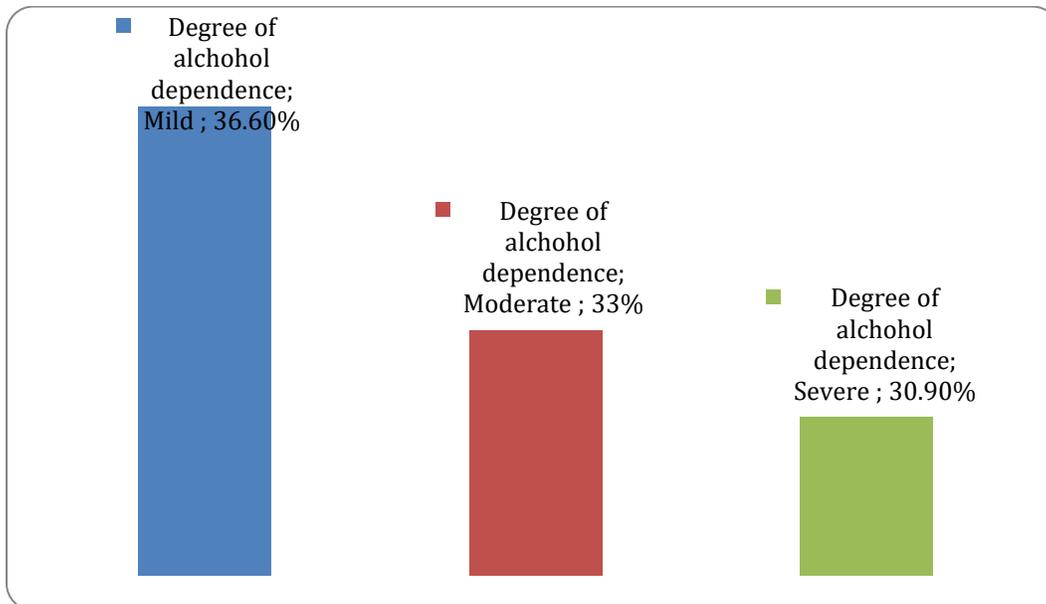


Figure 3: Distribution of psychological stress as per Kessler psychological distress scale (K10) among study subjects (N=120)

