



## Intimate Partner Violence and Psychiatric Co-Morbidities in Spouse of Alcohol Dependence Syndrome

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### ABSTRACT

**Introduction:** Family members especially their spouses suffer intense psychological, physical and social trauma due to core drinking problem. Intimate partner violence (IPV) is a globally acknowledged public health problem. In this background the study was carried out to assess IPV and depression in spouses of Alcohol Dependence Syndrome (ADS). **Methodology:** A hospital-based study of 100 participants with alcohol dependence syndrome and their spouses were interviewed. Patient with other psychiatric illnesses and substance dependence except nicotine were excluded. Spouses diagnosed with any psychiatric illness were excluded. Severity of alcohol dependence questionnaire (SADQ) Hamilton depression rating scale (HAM-D) and Hamilton anxiety rating scale (HAM-A) were used for the participants and WHO-IPV scale was used for their spouses. **Results:** A positive association of the severity of alcohol consumption with IPV. We also found a significant association with HAM-A and HAM-D to spouse who were exposed to IPV. **Conclusion:** This study highlights that depression and anxiety disorders co-morbid in patients with ADS and IPV is higher spouses of patients with ADS.

**Keywords:** WHOIPV, ADS, SADQ, HAM-A and HAM-D.

### INTRODUCTION

According to the World Health Organization [WHO] (2007), the incidence of alcoholism in the world is 3–5% of the adult population. The prevalence of alcohol dependence in the WHO European Region in 2016 was 3.7%. National Family Health Survey of India 2019-21 (NFHS-5), among adults aged 35–49, 30 percent of men drink alcohol whereas 44 percent drink alcohol at least once a week. The consumption of alcohol is slightly higher in rural areas compared to urban areas (23% vs. 22%) [1]. The National Mental Health Survey of India 2015–16 found the prevalence of AUDs to be 9% in adult men. In India, the alcohol-attributable fraction (AAF) of all cause deaths was found to be 5.4% [2].

There is no doubt that men's alcohol usage has an impact on the mental health of their families, particularly on their spouses [3]. Numerous studies have examined the negative effects of alcohol on women with alcohol-dependent partners. They have discovered that, in contrast to women whose partners do not abuse alcohol, these women are more likely to complain about psychosomatic illnesses, poor mental health, or developing a substance addiction themselves [4, 5]. Women who are spouses to males who use alcohol in dependence pattern are frequently vulnerable to mentally illness. The most prevalent mental illnesses among women whose spouses abuse alcohol are anxiety and depression. Compared to women whose husbands do not abuse alcohol, women experience depression three times and anxiety two times more frequently [6].

Women whose partners abuse alcohol may experience depression and anxiety due to alcohol related contextual factors. These include the partner's excessive drinking and inability to stop, which can lead to a heavy burden of stress, arguments and disputes within the couple, their unreliability and failure to be responsible family members, careless spending, and a distorted priorities where alcohol consumption takes precedence [1, 7]. Extended periods of tension in the home, brought on by partners' excessive alcohol consumption, can impair women's ability to attain their desired level of well-being and mental health.

Depression affects women roughly twice as often as it does men [8]. This discrepancy could be explained by the fact that women face more violence and abuse, different social roles and sex discrimination, higher rates of adverse life events, and greater poverty [8]. 50% of the abused women had clinical depression, according to a meta-analysis on the incidence of mental health issues among women who had experienced violence from a spouse compared to women who had not experienced abuse [9, 10].

Excessive and frequent use of alcohol can cause physical, mental and emotional problems to the users and their spouses and often leads them to feel anxious depressed, confused and frustrated. This can lead to stress and other negative feelings in the relationship. The spouses of alcoholics may suffer negative image and low self-esteem due to the physical and mental abuse from the alcoholic partner. This will lead them to experience social withdrawal, depression and problems in their job. The spouses of alcohol dependence patients also experience mental and stress related illness that leads them to depressed, feeling anxious, confused and frustrated.

In this background, the study was carried out to assess IPV, depression and anxiety in spouses of Alcohol Dependence Syndrome (ADS).

## **METHODS AND MATERIALS**

The study design is a hospital based prospective, observational study conducted in a tertiary care hospital in Bengaluru, India. A total of 100 patients who fulfil the ICD-10 criteria for alcohol dependence syndrome and their spouses were interviewed. Patient with other psychiatric illnesses and other substance dependence syndromes except nicotine dependence were excluded. Spouse who had other psychiatric illnesses were excluded.

After Informed written consent, the patient and the spouse were interviewed separately, and their responses recorded in a semi-structured proforma.

Severity of alcohol dependence questionnaire (SADQ) was utilized for assessing the severity of dependence, and Hamilton depression rating scale (HAM-D) and Hamilton anxiety rating scale (HAM-A) for assessing the severity of depression and anxiety respectively in spouses. To determine Intimate partner violence, WHO-IPV scale was used questions 703 to 706 from Section 7 of WHO study was incorporated.

The demographic details and the scores were entered into an MS excel spreadsheet, and analysed using SPSS v21.

## **RESULTS**

100 patients with ADS and their spouses were included in this study. When we assessed the ages between the two groups, we found a significant difference between the mean ages.

Of the 100 study participants, 68% belonged to the rural areas, while the remaining were from semi-urban/urban areas.

Socio-economic status of the husband can also influence the extent of alcohol abuse and its associated mental disorders. In this study, we observed that 59% belonged to lower-middle class, 23% to upper-middle class and rest to lower class.

**Table 1: Demographic variables between patient and the wife**

Demographic Variables	Patient	Wife	P Value
Age (Years)	42.67	37.88	0.793
<b>Education</b>			
Uneducated	32	48	0.083
Primary	40	28	
Secondary	10	12	
Graduate and Above	18	12	
<b>Socioeconomic Status</b>			
Lower	59		
Middle	28		
Upper	13		

In this study, 49% had emotional IPV, 34% had controlling-IPV, 20% had physical IPV and only 9% had sexual IPV.

**Table 2: IPV Categorization**

IPV	YES	NO
Emotional-IPV	49	51
Controlling-IPV	34	66
SEXUAL IPV	9	91
PHYSICAL IPV	20	80

In this study, we observed that 46% did not have any IPV. The remaining 54% had atleast 1 form of IPV to report out of which 17% had at least two forms of IPV and 4% had all 4 forms of IPV.

Severity of Alcoholism by SADQ- in this study we observed that 45% had severe dependence on alcoholism, while 41% had moderate and 14% had mild dependence.

In this study, we observed in spouses that 27% had severe depression, and 22% had moderate depression. We also observed that 2% had severe anxiety, while 29% had moderate anxiety.

#### Correlation of IPV with severity of alcoholism

When we correlated the WHO-IPV with SADQ, we observed that there is a higher association of the severity of alcoholism with IPV.

The two-tailed P value equals 0.0001; conventional criteria, this difference is considered to be extremely statistically significant.

The mean of IPV-YES minus IPV-NO equals 6.00

**Table 3: SADQ correlation with presence of IPV**

SADQ	IPV-YES	IPV-NO
MEAN	30.68	24.68
SD	6.6	8.48
SEM	0.93	1.2

Similarly, when we correlated HAM-D and HAM-A in the wives, we observed a significant association with IPV. The two-tailed P value is less than 0.0001; by conventional criteria, this difference is considered to be extremely statistically significant.

**Table 4: Pearson's Correlation**

		SADQc	Ham D	Ham A
SADQc	Correlation	1	0.54	-0.18
	p		<.001	.08
Ham D	Correlation	0.54	1	-0.17
	p	<.001		.093
Ham A	Correlation	-0.18	-0.17	1
	p	.08	.093	

We found a positive significant correlation between HAM D and SADQc. Between SADQc and HAM A, there was a negative correlation.

**Table 5: Linear Regression HAM A and HAM D**

Model	Unstandardized Coefficients	Standardized Coefficients	Standard error	t	p	95% confidence interval for B	
	B	Beta				lower bound	upper bound
Ham A	-1.91		1.89	-1.01	.314	-5.67	1.84
Ham D	0.96	0.97	0.08	11.89	<.001	0.8	1.12
E IPV n	0.76	0.05	1.21	0.63	.53	-1.64	3.16
C IPV n	-0.23	-0.01	1.07	-0.22	.829	-2.36	1.89
Sexual IPV y	1.37	0.05	1.43	0.96	.341	-1.47	4.21
Physical IPV n	2.23	0.11	1.14	1.97	.052	-0.02	4.49

When we performed a multivariate analysis, we observed that HAM A and HAM D had a linear association.

## DISCUSSION

In a study conducted by Chandra *et al.*, in sample group of 105 women fifty-nine women (56%) in general population reported IPV: 50 women reported both physical and psychological abuse, 8 women reported only psychological abuse, 1 woman reported only physical abuse and 41 women (70%) also reported sexual coercion with the modal perpetrator being her spouse [11]. Our study also gave a similar finding with 54% had at least 1 form of IPV: 49% had emotional IPV, 34% had controlling-IPV, 20% had physical IPV and 9% had sexual IPV. In that same study out of the 59 women reporting IPV; twenty-three women (39%) reported moderate depression, and twenty-five women (42%) reported severe depression. Women with IPV reported significantly more depressive symptoms than women without a history of IPV. Our study showed that 22% had moderate depression and 27% had severe depression. But in this study correlations between depression and severity of (a) physical abuse ( $r = .04$ ) (b) nonphysical abuse ( $r = .15$ ) and (c) sexual coercion ( $r = .06$ ) were not statistically significant [11] but our study findings we observed a significant association with depression. In an global meta-analysis study that involved 46 countries which studies IPV and mental outcomes found that experiences of physical IPV were associated with the highest increased odds of depression and also found that sexual violence was associated with the highest increased odds of anxiety [12]. Even though our study did not correlate each form of IPV to HAM-D and HAM-A score we observed a significant association with overall IPV to HAM-D and HAM-A scores with two-tailed P value less than 0.0001; which is considered statistically significant. Similar to the findings in our study, in a UK-based study Chandanet *al.*, [8] noted a strong association between exposure to IPV and incident mental illness. This relationship was significant when assessing the incidence of anxiety and depression.

In a study conducted in low-income postpartum women in Mumbai, women with husbands who drank alcohol were twice as likely to report post-partum IPV, relative to women with non-drinking spouses [13]. In our study when we correlated WHO-IPV with SADQ score the two tailed P value equals 0.0001 which is considered extremely statistically significant. When we compared our results to studies abroad, in one such Sweden-originated study by Lövestadet *al.*, Women exposed to physical and sexual violence had also a higher depressive symptoms compared to those unexposed to IPV. After adjusting for socio-demographic and psychosocial covariates, all three forms of IPV showed statistically significant associations with self-reported symptoms of depression [10].

We can conclude women living with spouse's who are having alcohol dependence syndrome are at a greater risk of been affected with mental illness such as depression and anxiety.

## CONCLUSION

This study highlights that depression and anxiety and IPV are prevalent in spouses of patients with ADS.

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.

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