



Interpersonal violence against wives by substance dependent men



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ABSTRACT

Background: Indian research on intimate partner violence (IPV) with substance use covers only alcohol, and very few studies have reported on IPV with other substances. The study aims to assess IPV against wives by substance dependent men.

Methods: The study sample was recruited by convenient sampling from men (and their wives) seeking treatment at a de-addiction centre in North India between October, 2011 and February, 2012. The consenting wives self-administered the violence questionnaire.

Results: 267 wives were recruited into the study. The prevalence rates for IPV were: 55% for the whole sample, 63.19% for alcohol dependence and 42.33% for opioid dependence. IPV was associated with higher age of husband, lower education or unemployment of either spouse, lower income of family and nuclear family structure.

Conclusions: Present research confirms that IPV against wives is highly prevalent among substance dependent men, more with alcohol dependence as compared to opioid dependence. Addressing IPV should be an integral part of substance abuse management.

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1. Introduction

Intimate partner violence (IPV) is understood as any behaviour within an intimate relationship that causes any harm (physical or psychological or sexual) to the partner or spouse. It includes acts of physical aggression (slapping, hitting, kicking or beating), psychological abuse (intimidation, constant belittling or humiliation), forced sexual intercourse, or any other controlling behaviour (isolating a person from family and friends, monitoring their movements and restricting access to information or assistance; Klostermann, 2006; Johnson, 2006; Saltzman et al., 2002).

Traditionally considered as a private family matter, IPV remained hidden from the public view for long. However, the changing times and values have now made it a public health issue that requires the attention of both the treatment community and the criminal justice system.

There is a large body of research from the West linking substance use and abuse with domestic violence. Substance abusers, particularly alcohol abusers, frequently indulge in partner violence both during intoxication and withdrawal phase (Poulose and Srinivasan, 2009). Severity of domestic violence increases with alcohol use

(Johnson, 2001; Kantor and Straus, 1987). About half of the partnered men who sought treatment for the substance abuse reported indulging in partner violence in the past year (Chermack et al., 2000; Fals-Stewart and Kennedy, 2005) and being 11 times more likely to abuse their partner on a day when they took alcohol (Fals-Stewart, 2003).

In India, substance use is more prevalent in men. The largest community based study showed nearly one in every four adult men using one or more substances other than tobacco (Ray, 2004). Over the years alcohol and other substance use disorders have increased in clinical population (Murthy et al., 2010; Basu et al., 2012). The most commonly used substances in north India are alcohol and various opioids (Basu et al., 2012; Ray and Chopra, 2012; Chavan et al., 2007; Varma et al., 1980).

The Indian research on IPV is sparse. The International clinical epidemiologists network (INCLEN) report on domestic violence suggested that the husband's drunkenness was a significant risk factor for domestic violence (Ahuja et al., 2000). Others showed that compared to the general population alcohol users indulged in IPV more frequently (Ahuja et al., 2000; Kumar et al., 2005). IPV has been reported to be associated with problematic alcoholic users in one third to half of cases in a community-based study (Gururaj et al., 2006) and in 20–60% in two other studies (Kumar et al., 2005; Babu and Kar, 2009). Thus, while there is some research on IPV and alcohol use, there is no data on IPV and other commonly abused

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substances like opioids. More importantly, none of the existing research specifically assessed the wives of men abusing other substances like opioids.

In India, men seeking treatment for their substance dependence are usually accompanied by their wives. This provides a unique opportunity to assess IPV experience directly from such wives.

In view of the lack of Indian data on IPV for different substances of abuse and from the victims themselves, the present research aimed to study the prevalence, socio-demographic correlates and different types of IPV experienced by the wives of those seeking treatment for alcohol or opioids dependence.

2. Methods

2.1. Setting

The study was conducted at the drug de-addiction and treatment centre (DDTC) at the post graduate institute of medical education and research (PGIMER), Chandigarh. DDTC PGIMER caters to 20 inpatients and yearly average of 1500–1800 new outpatients. Thus, most of our patients are managed as outpatients. Almost all the patients are accompanied by their family members who are involved in patient care and treatment. Almost all (99.5%) of our patients are male and around two third of them (62.5–76.8%) are married (Basu et al., 2012). Participants for this study were recruited from both the inpatient and outpatient settings.

To be included in the study, the patients were required to: be older than 18 years of age, fulfill the diagnostic criteria for either alcohol or opioid dependence as per the international classification of diseases, 10th revision (ICD-10), and been living with their wife for at least 1 year. Patients with comorbid severe mental disorders like psychotic, affective and obsessive compulsive disorders were excluded. The wives were required to be able to read hindi, punjabi or english. Wives who had psychotic disorders, mental retardation, dementia and organic brain disorders were excluded. This was assessed by a psychiatrist based on a semi-structured interview. Those couples who were already in the legal process of mutual divorce were excluded.

Participants were recruited by convenient sampling during the intake period of October, 2011–February, 2012. The sample consisted of 267 patients and their spouses.

2.2. Instrument for assessment of intimate partner violence

A modified version of the domestic violence questionnaire (DVQ) by Morgan et al. (2010) was used to assess the IPV. DVQ has 21 items, covering the 3 broad dimensions of IPV: physical violence, threatening behaviour and controlling behaviour (Grover et al., 2013). One item each was added to the questionnaire to assess violence during pregnancy and general level of fearfulness from patients in wives. All the items are answered as 'yes' or 'no'. To facilitate self administration the questionnaire was translated and back translated from english into hindi and punjabi by bilingual experts (Menon et al., 2012).

2.3. Ethical issues

The study was funded by the institute research fund and was approved by the ethics review board of the institute. All the patients and their spouses were recruited after obtaining a written informed consent.

2.4. Procedure

During the intake period all the inpatients and outpatients attending DDTC were approached and the aim of the study was explained. Those patients and wives who provided written informed consent were evaluated for inclusion and exclusion criteria. Socio-demographic and clinical profile of the consenting patients was recorded. Wives fulfilling the study criteria were invited to complete the modified DVQ in their preferred language. Privacy was ensured for the wives while completing the questionnaire. Further, the scale was administered after ensuring confidentiality of the information provided by the wives and they were informed that the information would not be shared with their spouses.

2.5. Statistical analysis

Analysis was done by using SPSS-14 (statistical package for the social sciences, 2005, Chicago, IL, USA). Frequencies and percentages were computed for discontinuous socio-demographic and clinical variables and each item of DVQ. Mean and standard deviation with range for continuous variables were calculated. Chi-square test, *t*-test, ANOVA and Fisher exact test were used for comparisons as per the requirement. Correlations among socio-demographic, clinical and IPV variables were carried out using Pearson's product moment correlation and Spearman's rank correlation.

3. Results

3.1. Sample

During the study period (October, 2011–February, 2012), 613 new patients were evaluated at the DDTC, of whom 380 were currently married. Of the 380 patients, 267 participated in the study along with their wives. The reasons for exclusion of 113 patients were: 20 cases were dependent on tobacco only, 55 cases had psychiatric comorbidity, 14 refused to give consent and 24 had both opioid and alcohol dependence.

Of the 267 patients, 61.1% ($N = 163$) were dependent on alcohol and 38.9% ($N = 104$) were dependent on opioids. In the alcohol group comorbid nicotine dependence was more prevalent (151 out of 163; 92.63%) compared to the opioid dependence group (90 out of 104; 86.53%). None of the patients reported harmful use or dependence on other substances than mentioned above.

3.2. Socio-demographic profile (Table 1)

The mean age of the patients was 38.46 ± 9.27 years with a range of 19–66 years and that of the wives was 35.13 ± 9.01 years with a range of 19–63 years.

Three fourths of the patients and their wives were studied upto matric and the mean number of years of education of wives was slightly less than that of the patients. About three-fifth of the patients were doing some kind of skilled work, one-fifth were professionals and another one-fifth were unemployed. A majority (87.6%) of the wives were homemakers. Slightly more than half of the couples belonged to non-nuclear families and three-fifths were residing in urban locality. In three-fourths of the cases, monthly family income was less than rupees 19,575. The average monthly income was three times more than average monthly income of the Indian family (Government of India, 2013). Compared to opioid dependent patients and their wives, alcohol dependent patients and their wives were older. Compared to the opioid dependent group, the alcohol dependent group had more families with income of \geq rupees 19,575 and were living independently from their adult parents. Wives of the substance dependent patients were not using any substances or psychotropic medications or suffering from any known psychiatric diagnosis. Substance dependent men were more educated compared to their wives ($r = 0.127$, $p = 0.038$).

3.3. Prevalence and forms of intimate partner violence (IPV) (Table 2)

Lifetime experience of IPV among wives averaged 55.1%, being higher in alcohol dependence than in opioid dependence group (63.19% vs. 42.31%).

For the whole group, among the different types of violence, the threatening behaviour was much less common with mean of 0.70 ± 0.10 , compared to controlling behaviour with mean of 1.75 ± 0.19 and physical violence with mean of 1.63 ± 0.21 behaviours. The prevalence of different types of violence ranged 2.2–34.5% for physical, 15.7–28.8% for threatening and 1.97–46.4% for controlling behaviours. Overall, 56.2% wives experienced at least one type of violence. Among those who experienced IPV (40% of the total sample; 70% of those who experienced IPV) reported experiencing violent behaviour in the range of 1–8 and only a minority of the spouses/partners reported experiencing ≥ 9 violent behaviours Table 3.

Physical violence in the last 12 months was reported by 18.7% wives. Feeling afraid of their partners was reported by 21.3% wives, while 9.4% reported experiencing violence during pregnancy.

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