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ORIGINAL ARTICLE / ОРИГИНАЛНИ РАД

Lifetime and periodic prevalence and characteristics of violence against women committed by their alcohol-dependent partners – a cross-sectional study

Nataša Dostanić[1], Željka Stamenković[2], Nataša Maksimović[3], Aleksandra Đerić[4], Bosiljka Đikanović[2]

[1]Special Hospital for Addictions, Department for Alcoholism, Belgrade, Serbia;
[2]University of Belgrade, Faculty of Medicine, Institute of Social Medicine and Centre – School of Public Health, Belgrade, Serbia;
[3]University of Belgrade, Faculty of Medicine, Institute of Epidemiology, Belgrade, Serbia;
[4]Dr Laza Lazarević Clinic for Mental Disorders, Belgrade, Serbia

SUMMARY

Introduction/Objective We aimed to investigate the lifetime and periodic prevalence (during a year) and characteristics of violence against women and health status of women whose partners have been treated for alcohol dependence.

Methods A cross-sectional study was conducted among women whose male partners were alcohol-dependent and admitted to hospital for the inpatient treatment. Exposure to physical and sexual violence was measured by the Conflict Tactics Scale (CTS-2). Mental health status was measured by Beck Depression Inventory (BDI-II), Beck Anxiety Inventory (BAI), suicidal risk (using Mini International Neuropsychiatric Interview or MINI scale), and alcohol consumption (Alcohol Use Disorders Identification Test). The data were analyzed by descriptive and inferential statistical methods. We also constructed two logistic regression models to study associations between violence and socioeconomic status, and violence and health-related variables.

Results The lifetime prevalence of physical violence committed by alcohol-dependent partners against women was 65.4%, while the periodic prevalence (during 12 months prior to the study) was 46.2% for physical, 20.2% for sexual, and 18% for both types of violence. No women were in risk of harmful alcohol consumption. Violence was more frequent against women not living in urban areas [odds ratio (OR) 2.53, 95% confidence interval (CI) 1.08–5.94, in the univariate model], and among women with moderate/severe depression (OR 12.34, 95% CI 2.26–67.33, in the multivariate model).

Conclusion Alcohol-dependent men are very often violent toward their spouses, and inpatient treatment presents an opportunity to work with them on raising awareness on the unacceptability of violence against women.

Keywords: alcohol dependence; alcohol use disorders (AUD); violence; women; health; perpetuators

INTRODUCTION

Violence against women (later in the text: violence) is a worldwide phenomenon that is rooted in gender inequality. Most often, the perpetrator of violence is the woman's intimate partner (a spouse), either current or a former one. According to the World Health Organization, prevalence of physical and/or sexual violence among all ever-partnered women worldwide was 26% and 10%, respectively, during the past 12 months [1].

In Serbia, the most recent available data showed that 17% of women experienced physical violence and 5% experienced sexual violence during their lifetime [2]. The frequency is even higher among women whose husbands/partners have alcohol dependence [3, 4]. Intimate partner violence can manifest itself not just as a physical or sexual violence, but also psychological violence, which is very prevalent and even more difficult to bear, although it is challenging for validation and intercultural interpretation [5]. However, in real life, violence often simultaneously appears in many forms, which has cumulative negative consequences on women's health [6]. All forms of violence are associated with poor mental health of women, especially with the occurrence of depression [6].

Alcohol consumption, especially heavy drinking, facilitates expression of violence [7]. According to the social-ecological model, violence is a result of the interaction of four groups of factors that appear at the individual's, partner's, community's, and society's level [8, 9]. Men's excessive alcohol consumption is one of the risk factors for violence that belong to the individual partner's level and is associated with reduced reasoning and disinhibited behavior. Although not all men perpetuate violence under the influence of alcohol, it is well known that alcohol affects cognitive functions, alters perception, reduces inhibitory mechanisms, makes it difficult to constructively solve problems, and facilitates the manifestation of aggression [3, 7].

In this paper, we investigated the frequency and characteristics of intimate partner violence against women whose partners have been

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Correspondence to:
Bosiljka ĐIKANOVIĆ
Institute of Social medicine
Faculty of Medicine
University of Belgrade
Dr Subotića 8
11000 Belgrade, Serbia
bosiljka.djikanovic@med.bg.ac.rs

Table 1. Incidence of physical and sexual intimate partner violence against women during the previous 12 months, among women who experienced intimate partner violence during lifetime

Physical violence	No n (%)	Yes n (%)	Frequency		
During the last 12 months, has your current husband/partner ever…			Once n (%)	A few times n (%)	Many times n (%)
Slapped you or thrown something at you that could hurt you?	25 (24)	39 (37.5)	14 (35.9)	24 (61.5)	1 (2.6)
Pushed or shoved you or pulled your hair?	17 (16.3)	39 (37.5)	15 (38.5)	22 (56.4)	2 (5.1)
Hit you with his fist or with something else that could hurt you?	10 (9.6)	10 (9.6)	5 (55.6)	4 (44.4)	-
Kicked, dragged or beaten you up?	7 (6.7)	5 (4.8)	5 (100)	-	-
Choked or burnt you on purpose?	6 (5.8)	-	-	-	-
Threatened to use or actually used a gun, knife or other weapon against you?	9 (8.7)	10 (9.6)	4 (36.4)	6 (54.5)	1 (9.1)
Answered "Yes" to any of the above questions	-	**48 (46.2)**	-	-	-
Total number of physical violence acts	-	103	43 (41.7)	56 (51.4)	4 (3.8)
Sexual violence	No n (%)	Yes n (%)	Frequency		
			Once n (%)	A few times n (%)	Many times n (%)
Were you ever physically forced to have sexual intercourse when you did not want to?	5 (4.8)	9 (8.7)	2 (22.2)	7 (77.8)	-
Did you ever have sexual intercourse you did not want because you were afraid of what he might do?	10 (9.6)	20 (19.2)	8 (40)	12 (60)	-
Did he ever force you to do something sexual that you found degrading or humiliating?	2 (1.9)	4 (3.8)	3 (75)	1 (25)	-
Answered "Yes" to any of the above questions	-	**21 (20.2)**	-	-	-

treated for alcohol dependence. Additionally, we examined the associations between violence against women and socio-demographic characteristics, and women's health status. We used the same sample to study mental health as a main outcome variable, the results of which have been published in a previous paper, while in this paper we focused on factors associated with the experience with violence [10].

METHODS

The research was designed as a cross-sectional study, using self-administered questionnaire among women older than 18 years whose partners (spouses) were under an inpatient treatment for alcohol dependence, with an established diagnosis of alcohol dependence F10.2, according to the International Classification of Diseases, 10th revision. The research was conducted at the Special Hospital for Addiction Diseases in Belgrade, and ethics committee of this hospital approved conducting of this study.

Recruitment of participants and inclusion criteria

Women older than 18 years who appeared at the Department for consultations related to treatment of their spouses were approached and asked to fill out the questionnaire. The inclusion criteria were that they have been married or living in cohabitation for at least a year with their male partners who were alcohol dependent and currently admitted to hospital for inpatient treatment. Prior to the start of the survey, the respondents were informed that their participation in the survey was anonymous and on a voluntary basis, and women gave their informed consent. The data were collected between January and June of 2018.

Main dependent variables

The main dependent variable in the study was exposure to physical and sexual violence that women experienced during the last 12 months by their partners who had been at that time under the inpatient treatment for alcohol dependence. The occurrence of physical and/or sexual male partner violence was measured by the Conflict Tactics Scale 2 (CTS 2) [11]. This scale included six behaviorally specific questions regarding exposure to physical violence, and three behaviorally specific questions related to the exposure to sexual violence (Table 1).

Independent variables

Independent variables were socio-demographic characteristics of both partners (age, level of education, employment status); characteristics of marital union (number of years spent in marital/extramarital union, number of children), and health characteristics of both partners (existence of somatic and psychiatric diseases, on a dichotomous scale yes/no). In addition to it, we measured mental health outcomes among women, such as depression, anxiety, suicidality, and the occurrence of alcohol dependence.

Depression was measured using the Beck Depression Inventory (BDI-II) scale, which is standardized in Serbia as well [12]. The scale has 21 questions about how the respondent might feel, with four options of answers, starting from 0 (does not agree at all) to 3 (agrees very much). The total score on the scale was obtained by simply adding all the answers obtained from the first to the 21st question. No depression is indicated by the score of up to 9 points; mild depression is indicated by 10–19 points; moderate depression by 20–29 points, and severe depression by 30–63 points [12]. In the later analyses, moderate and severe depression were summarized in one category.

Anxiety was measured using Beck Anxiety Inventory (BAI), which is standardized in Serbia as well [13, 14]. This instrument comprises 21 questions related to the symptoms of general anxiety. Respondents answered each question by estimating the intensity of symptoms, on a Likert scale from 0 (not present) to 3 (very much present). The sum of all responses (maximum of 63) represents the intensity of the symptoms of general anxiety. The overall score was graded into four categories: no anxiety (0–9), mild and mild to moderate (10–19), moderate (20–29), and severe anxiety (30–64). In later analyses, moderate and severe anxiety were summarized in one category.

Suicidality among women was measured using the Mini International Neuropsychiatric Interview (MINI), which has six questions, with binary options of response (yes/no) [13]. Positive response on the first, the second, and the third statement indicated high level of suicidality risk.

Women's alcohol drinking was measured using the Alcohol Use Disorders Identification Test (AUDIT) [15]. AUDIT is a screening test designed for the early identification of risky and harmful drinking as well as alcohol dependence in the adult population, developed and recommended by the World Health Organization. Developed and evaluated over a period of two decades, it has been found to provide accurate risk measurement by both sex and age in different cultures. It consists of 10 questions related to recent alcohol consumption, the existence of symptoms of alcohol dependence, and problems related to alcohol consumption. It complies with the International Classification of Diseases 10th revision definitions of alcohol dependence and harmful alcohol use. It can be used through an oral interview or as a written questionnaire. Answers are scored in the range of 0–4. The values of all responses are summed up and grouped into the five levels: no alcohol consumption at all; zone I (1–7 points); zone II (8–15 points); zone III (16–19 points), and zone IV (20–40 points) [15]. No alcohol consumption risk comprises two categories: no alcohol consumption at all and zone I (1–7 points) [15].

Statistical analysis

The statistical analyses were done using the methods of descriptive and analytical statistics. Frequency of exposure to physical and sexual violence against women was expressed in absolute numbers and percentages. We used the χ^2 test to identify the differences in occurrence of physical and/or sexual violence among women and wide range of socioeconomic and health variables. We run two logistic regression models with the exposure to violence as an outcome variable: one model with all SES variables, and the other one with all health-related variables. For both models we ran both the univariate and the multivariate model, and the results were expressed as odds ratios (OR) with 95% confidence intervals (CI).

Probability of results was set up at 0.05 and 0.01 level (significant and highly significant results). The analyses were done by using the statistical software package IBM SPSS Statistics, Version 26.0 (IBM Corp., Armonk, NY, USA).

RESULTS

A total of 104 women whose husbands/partners have been under treatment for alcohol dependence completed the questionnaire. The age of the respondents was in the range 26–66 years, (mean age 48.19 years, SD 9.17). The age of their current partners who were being treated for alcohol dependence were in the range 33–67 years (mean age 50.09, SD 10.94). The structure of the sample in relation to age, education, and employment status of spouses is shown in Table 2.

Table 2. Sociodemographic and health characteristics of women, their partners/spouses, and characteristics of the marital union

Parameters	Women (respondents) N = 104 (100%) n (%)	Partners/ spouses N = 104 (100%) n (%)
Age		
Under or 39 years old	17 (16.5)	14 (14)
40–49 years old	38 (36.9)	35 (35)
50–59 years old	33 (32)	37 (38)
60 and over	15 (14.6)	14 (13)
Education		
Primary school	6 (5.8)	9 (8.7)
High school (9–12years)	56 (53.9)	64 (61.6)
Higher education (12 years and more)	42 (40.4)	31 (29.8)
Working status		
Employed	67 (64.4)	69 (66.3)
Unemployed	26 (25)	26 (25)
Retired	11 (10.6)	9 (8.7)
Presence of physical disease		
Yes	11 (10.6)	19 (18.3)
No	93 (89.4)	85 (81.7)
Presence of psychiatric disease		
Yes	1 (1)	2 (1.9)
No	103 (99)	102 (98.1)
Characteristics of marital union and number of partners treatments for alcohol dependence	N = 104 (100%) n (%)	
Duration of marital union		
10 years or less	21 (20.4)	
11–20 years	37 (35.9)	
21–30 years	26 (25.2)	
31 years and over	19 (18.4)	
Number of children		
0	12 (11.7)	
1	31 (30.1)	
2	54 (52.4)	
3 and more	6 (11.7)	
Place of living		
City	71 (68.3)	
Countryside	11 (10.6)	
Suburb	22 (21.2)	
Differences in the level of education between spouses		
The same level of education	65 (63.7)	
The man is more educated	13 (12.7)	
The woman is more educated	24 (23.5)	
Number of treatments for alcohol addiction		
First treatment	72 (69.9)	
Second treatment	25 (24.3)	
Third treatment or more	6 (5.8)	

Lifetime and periodic prevalence of physical and/or sexual violence

The prevalence of either physical or sexual intimate partner violence during the lifetime of women whose partners are under treatment for alcohol addiction was 69.2% (Figure 1).

When looking at the last 12 months, almost half of the women (48.1%) confirmed either physical or sexual violence (Figure 2).

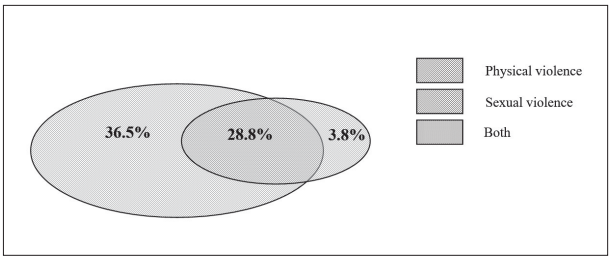

Figure 1. Exposure to violence against women during their lifetime

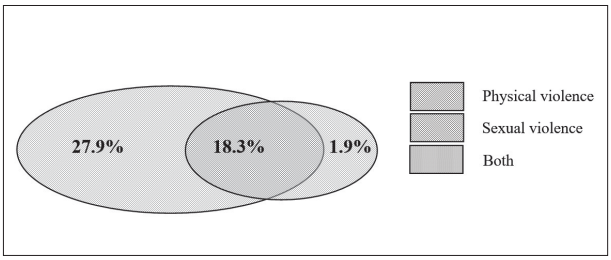

Figure 2. Exposure to violence against women during the previous 12 months

The most frequent acts of violence during the last 12 months were slapping or throwing something that could hurt women, and pushing or shoving or pulling women's hair, which were experienced by 37.5% each (Table 1).

Characteristics of women's mental health

No depression was found in 29.8% women, while mild and moderate/severe depression were found in two of three women (35.5% and 34.6%, respectively) (Table 3). No anxiety was found in 44.7% of women, and every fourth women had moderate/severe anxiety (25.2%). More than one in four women had some level of suicidal risk (27.2%). No women had the risk of harmful alcohol consumption (Table 3).

The results showed that there is statistically significant difference in the exposure of women to violence during the past 12 months in relation to the age of the husband ($p = 0.029$) and rural place of residence ($p = 0.030$) (Table 4). Living in rural areas was associated with an increased risk for experiencing violence (OR 2.53, 95% CI 1.08–5.94), which was even higher in a multivariate logistic regression model, although statistical significance was lost (OR 3.4, 95% CI 0.81–14.2).

A statistically significant difference was observed in the exposure of women to violence and the presence of depression ($p < 0.001$), anxiety ($p < 0.001$), and suicidality ($p < 0.001$) (Table 5). These health conditions were associated with several times higher odds for violence (starting from OR 3.92, 95% CI 1.48–10.35 for mild anxiety, to OR 27.96, 95% CI 7.35–106.33 for moderate/severe depression). In a multivariate logistic regression model, the direction of these associations remained, although weakened and without statistical significance, while moderate/severe depression remained to be strongly associated with violence (OR 12.34, 95% CI 2.26–67.33).

Table 3. The women's mental health status

Parameters	N = 104 (100%) n (%)
Women's depression	
Normal (0–9 points)	31 (29.8)
Mild depression (10–19 points)	37 (35.5)
Moderately depressed state (20–29 points)	26 (25)
Severe depression (> 30 points)	10 (9.6)
Women's anxiety	
Normal (0–9 points)	46 (44.7)
Mildly anxiety (10–19 points)	31 (30.1)
Moderately anxiety (20–29 points)	16 (15.5)
Severe anxiety (> 30 points)	10 (9.7)
Women's suicidal risk	
No risk	73 (72.3)
Low risk	25 (24.8)
Moderate risk	1 (1)
High risk	2 (2)
Risk of harmful alcohol consumption	
Never consume alcohol	67 (64.4)
Zone I (1–7 points) low level of alcohol related problems	37 (35.6)
Zone II (8–15 points) medium level of alcohol-related problems (hazardous drinking)	0
Zone III (16–19 points) high level of alcohol-related problems	0
Zone IV (20–40 points) high risk for alcohol dependence	0

DISCUSSION

In this paper we investigated the lifetime and periodic prevalence and factors associated with intimate partner violence against women whose spouses had been under treatment for alcohol dependence. We found that almost half of the women experienced violence in the previous year (46.2%). Other studies that also addressed alcohol-dependent men and their abusive behavior revealed that even in pregnancy women are not protected from violence: 27% of women who just delivered experienced violence [16]; Bhatta et al. [17] found that pregnant women whose partners are alcohol-dependent are exposed to violence twice as often than women whose partners are not alcohol-dependent. These findings suggest that alcohol dependent partners appeared to present an extremely high risk for perpetuation of violence, and a "red flag" that calls for an action to enhance women's protection and safety, by providing immediate protection and long-term support. However, these figures might be just the tip of the iceberg,

Table 4. Distribution of socio-demographic variables among women who were exposed to violence during the previous 12 months, along with univariate and multivariate logistic regression model

Parameters	Total n (%)[1]	Yes n (%)[2]	Univariate OR (95% CI)	Adjusted OR (95% CI)
Women's age				
Under or 39 years old	17 (16.3)	9 (52.9)	1.00	1.00
40–49 years old	38 (36.5)	12 (31.6)	0.41 (0.13–1.32)	1.20 (0.11–12.78)
50–59 years old	33 (32.7)	20 (60.6)	1.37 (0.42–4.45)	4.22 (0.15–117.44)
60 years or over	15 (14.5)	9 (60)	1.33 (0.33–5.43)	16.86 (0.29–971.20)
Women's education				
Primary school	6 (5.8)	5 (83.3)	1.00	1.00
High school (9–12 years)	56 (53.8)	28 (50)	0.20 (0.02–1.82)	0.33 (0.02–5.7)
Higher education (12 years and more)	42 (40.4)	17 (40.5)	0.14 (0.01–1.27)	0.40 (0.02–8.58)
Women's working status				
Employed	67 (64.4)	33 (49.3)	1.00	1.00
Unemployed	26 (25)	10 (38.5)	0.64 (0.26–1.62)	0.24 (0.05–1.05)
Retired	11 (10.6)	7 (63.6)	1.80 (0.48–6.74)	2.63 (0.20–35.4)
Partner's age*				
Up to 39 years old	14 (14)	8 (57.1)	1.00	1.00
40–49 years old	35 (35)	10 (28.6)	0.30 (0.08–1.09)	0.07 (0.01–0.98)*
50–59 years old	38 (38)	23 (60.5)	1.15 (0.33–3.98)	0.16 (0.01–4.42)
60 years or over	13 (13)	8 (61.5)	1.20 (0.26–5.59)	0.08 (0.00–4.78)
Partner's education				
Primary school	9 (8.6)	5 (55.6)	1.00	1.00
High school (9–12 years)	64 (61.6)	30 (46.9)	0.71 (0.17–2.87)	0.52 (0.07–3.51)
Higher education (12 years and more)	31 (29.8)	15 (48.4)	0.75 (0.17–3.33)	0.41 (0.05–3.49)
Partner's working status				
Employed	69 (66.4)	34 (49.3)	1.00	1.00
Unemployed	26 (25)	12 (46.2)	0.88 (0.36–2.18)	0.69 (0.16–3.02)
Retired	9 (8.6)	4 (44.4)	0.82 (0.20–3.33)	0.03 (0.00–1.24)
Duration of marital union				
Up to 10 years	21 (20.4)	6 (28.6)	1.00	1.00
11–20 years	37 (35.9)	17 (45.9)	2.12 (0.67–6.68)	6.46 (0.89–46.95)
21–30 years	26 (25.2)	16 (61.5)	4.00 (1.17–13.73)	4.03 (0.38–42.68)
31 years and more	19 (18.4)	11 (57.9)	3.44 (0.92–12.79)	4.39 (0.17–110.42)
Number of children				
0	12 (11.6)	5 (41.7)	1.00	1.00
1	31 (30.1)	12 (38.7)	0.88 (0.23–3.43)	0.41 (0.04–4.2)
2	54 (52.5)	28 (51.9)	1.50 (0.42–5.35)	0.79 (0.08–8.02)
3 and more	6 (5.8)	4 (66.7)	2.80 (0.36–21.73)	1.9 (0.07–49.02)
Place of living*				
City	71 (68.3)	29 (40.8)	1.00	1.00
Else	33 (31.7)	21 (63.6)	2.53* (1.08–5.94)	3.4 (0.81–14.2)
Differences in the level of education among spouses[3]				
The same level of education	65 (63.7)	32 (49.2)	1.00	-
The man is more educated	13 (12.7)	8 (61.5)	1.64 (0.49–5.58)	-
The woman is more educated	24 (23.6)	9 (37.5)	0.62 (0.24–1.61)	-

*$p < 0.05$;
[1] % of total in that variable;
[2] % of total in that category;
[3] the variable was not included in the multivariate model due to the collinearity level of education variables at individual level

as during the research, many women might still hesitate to confirm that partners perpetuated violence against them, or even they are not aware that such partner behavior constitutes violent acts that are forbidden and unjustifiable.

In regard to the partner's age, we found that older men are more violent, while some other authors identified that violence occurred more often among young married couples and young parents [3, 18]. Although in our study we did not inquire about the timing of the first violent acts that happened during the marital life, other researches indicated that this happens early, at the beginning of the union [3, 17, 18].

Our results corroborate findings related to the associations between women's mental health, especially depression, and exposure to partner violence, which actually might present a *circulus vitiosus*, which is very difficult to escape without comprehensive treatment and support [10, 19, 20]. As identified in a previous paper by Dostanić et al.

Table 5. Distribution of health-related variables among women who are exposed to violence, along with univariate and multivariate logistic regression model

Exposure to violence during the previous 12 months				
Parameters	Total n (%)[1]	Yes n (%)[2]	OR (95% CI)	Adjusted OR (95% CI)
Presence of physical disease in women				
No	93 (89.42)	43 (46.2)	1.00	1.00
Yes	11 (10.58)	7 (63.6)	2.03 (0.56–7.42)	1.51 (0.26–8.79)
Presence of psychiatric disease in women				
No	103 (99.03)	49 (47.6)	1.00	-
Yes	1 (0.97)	1 (100)	-	-
Presence of physical disease in partner				
No	85 (81.73)	41 (48.2)	1.00	1.00
Yes	19 (18.27)	9 (47.4)	0.97 (0.36–2.61)	1.00 (0.24–4.24)
Presence of psychiatric disease in partner				
No	102 (98.08)	49 (48)	1.00	1.00
Yes	2 (1.92)	1 (50)	1.08 (0.07–17.77)	-
The number of treatments for alcohol dependence				
The first treatment	72 (69.23)	32 (44.4)	1.00	1.00
Second treatment or more	31 (30.77)	18 (58.1)	1.73 (0.74–4.05)	1.07 (0.33–3.43)
Women's depression**				
Normal	31 (29.81)	4 (12.9)	1.00	1.00
Mild	37 (35.58)	17 (45.9)	5.74 (1.67–19.69)**	2.58 (0.62–10.74)
Moderate/ Severe	36 (34.61)	29 (80.6)	27.96 (7.35–106.33)**	12.34 (2.26–67.33)**
Women's anxiety**				
Normal	46 (44.66)	12 (26.1)	1.00	1.00
Mild	31 (30.09)	18 (58.1)	3.92 (1.48–10.35)*	1.74 (0.49–6.22)
Moderate/ Severe	26 (25.24)	19 (73.1)	7.69 (2.59–22.83)**	1.44 (0.33–6.33)
Women's suicidal risk**				
No	73 (72.28)	24 (32.9)	1.00	1.00
Yes	28 (27.72)	23 (82.1)	9.39 (3.18–27.75)**	3.33 (0.89–12.48)

*p < 0.05
**p < 0.01
[1] % of total in that variable
[2] % of total in that category

[10], occurrence of depression in women whose partners have alcohol dependence is associated with older partners, and if they spent more than 20 years together, which was also found in other studies [21, 22]. The link between violence and older age of husbands with alcohol dependence can be explained by the fact that these men probably hold traditional values that justify gender-based violence, along with cognitive deficits they developed over time as a consequence of the continuous and excessive use of alcohol.

We found that women who live in rural areas in Serbia have experienced violence more often. It can be explained by the fact that they are much more vulnerable due to the adverse socio-economic conditions and lower social status they have [23]. Therefore, particular attention has to be given to recognition and timely protection and support of this population group.

CONCLUSION

Alcohol-dependent men perpetuate violence toward their female spouses very often. Inpatient treatment presents a window of opportunity to work with them, and professionals who are focused on the treatment should extend their professional competencies in a way to acquire knowledge and skills that are relevant for the identification and work with violent alcohol-dependent patients [24]. This would be particularly important when dealing with younger alcohol-dependent men, whose brain structure and cognitive functions are not yet largely compromised, and who therefore might possess the largest potential for change. They have to be aware that violence is completely unacceptable and to learn how to control their impulses for violent behavior.

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Целоживотна и периодична преваленција и карактеристике насиља према женама од стране њихових партнера који су зависни од алкохола – студија пресека

Наташа Достанић[1], Жељка Стаменковић[2], Наташа Максимовић[3], Александра Ђерић[4], Босиљка Ђикановић[2]

[1]Специјална болница за болести зависности, Одељење за алкохолизам, Београд, Србија;
[2]Универзитет у Београду, Медицински факултет, Институт за социјалну медицину, Центар – Школа јавног здравља, Београд, Србија;
[3]Универзитет у Београду, Медицински факултет, Институт за епидемиологију, Београд, Србија;
[4]Клиника за психијатријске болести „Др Лаза Лазаревић", Београд, Србија

САЖЕТАК

Увод/Циљ Циљ овог истраживања је утврђивање целоживотне и периодичне (12 месеци) преваленције и карактеристика партнерског насиља према женама чији се мужеви болнички лече од алкохолне зависности.

Методе Студија пресека је спроведена међу женама чији се партнери хоспитално лече због алкохолне зависности. Изложеност физичком и сексуалном насиљу током живота и претходних 12 месеци мерена је Скалом за оцењивање тактика у конфликтима, а ментално здравље жена је процењивано Бековом скалом за депресију, Бековим упитником за анксиозност, Мини интернационалним неуропсихијатријским интервјуом (МИНИ) за процену суицидалности и тестом за идентификацију алкохолом узрокованих поремећаја (АУДИТ). Изложеност насиљу и његова повезаност са социодемографским факторима и здравственим стањем анализирана је методама дескриптивне и инференцијалне статистичке анализе, као и помоћу два модела логистичке регресионе анализе.

Резултати Целоживотна преваленција физичког насиља међу женама чији се мужеви лече од алкохолизма била је 65,4%, док је изложеност насиљу током 12 месеци који су претходили истраживању (периодична преваленција) износила 46,2% за физичко, 20,2% за сексуално и 18% за оба типа насиља. Међу женама није регистровано ризично конзумирање алкохола. Насиље је било чешће међу женама које нису живеле у градовима (*OR* 2,53, 95% *CI* 1,08–5,94, у униваријантном моделу) и међу женама са умереном/тешком депресијом (*OR* 12,34, 95% *CI* 2,26–67,33, у мултиваријантном моделу).

Закључак Мушкарци зависни од алкохола су веома често насилни према својим супругама, и болничко лечење представља могућност да се са њима ради на подизању свести о недопустивости насиља према женама.

Кључне речи: алкохолизам; алкохолна зависност; насиље; жене; здравље; насилник