A descriptive study of substance abuse and mental health disorders in intimate partner violence abusers in prison

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ABSTRACT

Objective: To obtain data on substance abuse and mental disorders amongst a population of inmates imprisoned for gender violence. **Design**: 106 intimate partner violence offenders were recruited in our study, all of whom were prison inmates. The study is descriptive and statistical comparison of percentages was used. **Results:** the percentage of substance abuse was 61.3%; most of which consisted of alcohol and cocaine. According to DSM-IV R, 25.5% of the inmates had at least one psychiatric diagnosis at the time when entering prison: 11.3% adjustment disorder with depressed mood, 6.6% personality disorders, 2.8% psychosis, 1.9% major depressive disorder, 1.9% bipolar disorder and 1.9% psycho-organic disorder were encountered. The average age of the men of the sample was forty years old. The most common nationality was Spanish. The percentage of immigrants was significant greater than the global percentage of the general population. The percentage of global substance consumption and psychopathologic problems is greater than data obtained in IPV from other populations, like samples of men charged by their partners with gender violence. **Conclusions:** depressive symptoms, personality disorders, alcohol and cocaine consumption need to be investigated as gender violence risk markers in Spain. Attention should be paid to the role of consumption prevention when entering prison.

Keywords: Domestic Violence; Violence Against Women; Spouse Abuse; Prisons; Aggression; Substance-Related Disorders; Mental Health; Spain.

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INTRODUCTION

Currently there is agreement on the definition of intimate partner violence (IPV) as any type of violence against women perpetrated by a current or former partner or spouse. This fact sets the difference between intimate partner violence (IPV) and other types of domestic violence. Although nowadays the economic crisis draws social attention away from IPV, victims of gender based violence still raise an important social awareness and in a developed country it is undeniable that IPV is a major social issue [1].

Such social awareness constituted the perfect framework for the enactment of the Organic Law 1/2004 on Comprehensive Protection Measures against IPV in Spain (*Ley Orgánica 1/2004 de Medidas de Protección integral contra la VG*). The act defines a comprehensive concept of harm which widely surpasses the fact of physical violence and includes all types of violence such as stalking, threats, verbal violence including reviling and sexual violence. Such act has also promoted the creation of judicial courts specialized on violence against women and Forensic Assessment Units for IPV victims. However, to this day the elements and parameters established by this policy change regarding the legal evaluation and the imposition of sentences have not yet achieved the main objective of actually reducing the number of intimate partner violence crimes [2].

Public health care providers are required to be involved in the detection of female victims of IPV [3] and this makes professional health care providers be aware of the social magnitude of the issue. Effective prevention may arise from the knowledge of the series of factors conditioning IPV [4-5]. A comprehensive understanding of IPV implies conceiving

the phenomenon as an interactive process between aggressors and victims [1,6] and it justifies researching all health disorders which may influence the violent behavior of aggressors.

In Spain we count upon several epidemiological data regarding female victims of IPV. Nevertheless, we lack epidemiological studies on aggressors although throughout recent years there has been an increase of this type of studies.

International bibliography reports frequent substance abuse among aggressors and it is considered as a risk factor for new violence episodes [7-8]. Personality disorders [9-11] and depressive disorders [10] are identified as common mental health problems among them.

Among our national bibliography we count upon thorough bibliographical reviews on the issue [9-10] and on studies carried out on the Spanish population [9, 11-13]. Such data shows that harmful use of alcohol can be found on up to 41.9% [12] and 39% [13] of aggressors and cocaine abuse on 10.6% [12] of them. The overall prevalence of mental disorders is considered low among aggressors with incidence rates ranging between 13% and 26% [10] with overall percentages of 20% [14].

The lack of studies regarding the IPV aggressor justifies the interest on obtaining epidemiological data and sets the main objective of the present study which intends to provide information on substance abuse and mental disorders among gender based violence perpetrators as to establish valid hypotheses for the research on the dynamics of the steps towards the aggressive act in males.

There is major controversy regarding the situation of men falsely accused of gender based violence although, to this day, there is no agreement on the actual impact of this issue. The reasons behind false accusations normally entail the search of legal advantages for the complainant or the social expression of dysfunctional partner relationships. Those studies carried on men who have been accused by their partners include the recruitment of participants in Assessment Units belonging to courts specialized on violence against women or to courts of Instruction upon urgent requirement. Therefore, the recruitment of someone who is actually not a gender based violence perpetrator (due to false accusations) entails a selection bias which can't be controlled by the researcher. Yet, in a population which only includes males who have been imprisoned on the basis of IPV the probability of recruiting someone who has been falsely accused is really low. The sentence to prison is never based only of the victim's accusation since it requires a legal writ based on the legal system and on the legal evidence considered by the judge.

The prison of Pamplona is a pioneering facility regarding the coordination between Penitentiary Institutions (the national authority on this matter) and the National Health System by means of the implementation of shared access to the electronic clinical record of Navarra's Health Service by Prison healthcare services (physicians and nurses belonging to PI). The creation of this report included the collection of data from this electronic tool which greatly enabled the collection of the clinical history and improved the quantity and reliability of the information gathered.

MATERIAL AND METHOD

Descriptive study on a population of males imprisoned for IPV offences. Description and comparison of percentages as to establish a significant association in the sample regarding previously selected epidemiological and clinical parameters. Recruitment was carried out by means of systematic sequential random sampling between the second semester of 2009 and the first semester of 2011 in the prison of Pamplona. 106 cases were recruited during that period. The main inclusion criterion was the sentence to prison for IPV crimes. Males sentenced to prison for other domestic violence crimes, according to the definition of IPV established by the Organic Law 1/2004, were excluded of the sample.

The main epidemiological indicators selected for the study were age and nationality. Different nationalities were grouped according to a common cultural background. If someone originally foreign had been granted the Spanish nationality as an adult the profile assigned for the study was his original nationality. The data regarding the percentages of immigration were collected from the OPIMA (Permanent Observer for Immigration of the Government of Navarra) when the recruitment concluded (June 2011).

As for the potential relationship with medical pathology, two variables were selected according to previous working lines: "psychiatric diagnosis" and "abuse of psychoactive substances". The inclusion criterion for the variable "psychiatric diagnosis" implied the existence of a clinical record in the NHS of a mental disorder diagnosed by a specialized psychiatrist prior to imprisonment. Other diagnoses by healthcare providers other than psychiatrist were excluded. Diagnosed "reactive disorders", "stress

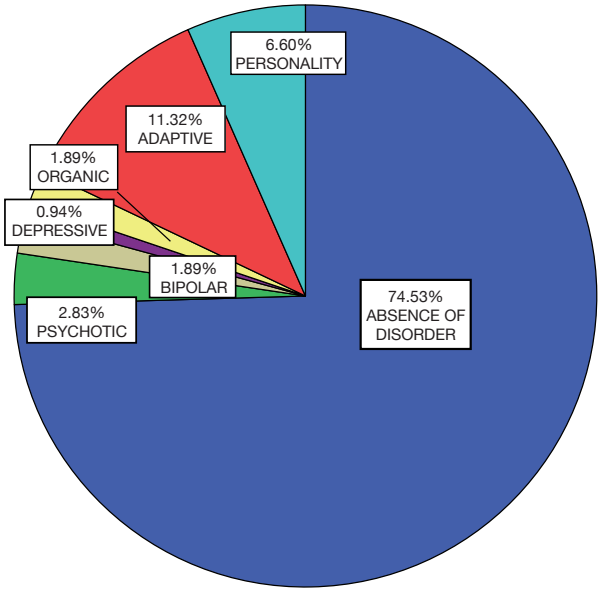

Figure 1. Percentage of psychiatric diagnoses.

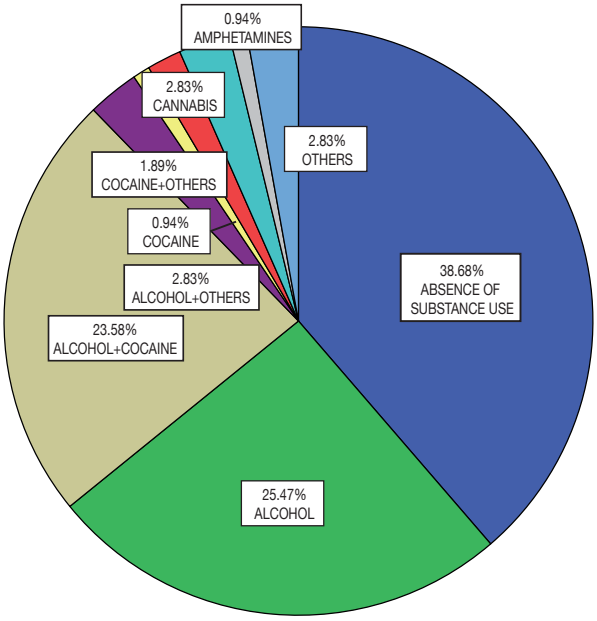

Figure 2. Percentage of substance use.

reactions" and analogous conditions are grouped as "adjustment disorders (AD) with anxiety/depressed mood".

The inclusion criteria for the variable "abuse of psychoactive substances" included two different stages. For those who a previous psychiatric assessment had been reported, inclusion and exclusion criteria were the presence of absence of such diagnosis in the Mental Health network respectively. For those whose electronic clinical record reported no previous psychiatric assessment, prison physicians carried out an evaluation upon imprisonment and according to DSM-IV-R criteria by the American Psychiatric Association included or excluded inmates from the variable "abuse of psychoactive substances". No differences were considered between substance dependence and substance abuse since we found no studies which conclude a significant difference between both diagnoses regarding IPV. Several common abuse profiles were considered in line with previous studies on IPV [11, 15].

The comparison of proportions by means of the chi-squared statistical test was used for this purpose, with a consideration of statistical significance for values of p under 0.05. Statistical analysis comparing proportions between all indicators and all the frequencies of variables was carried out with hypothesis acceptance or rejection tests by means of a cross search of all potential associations between variables. No statistically significant association in any of the comparisons was concluded. As for the complete range of potential comparisons between the profiles age and nationality with substance abuse and the presence of mental disorders, no statistically significant association was found. Nationality profiles were compared between them but due to the small size of the sample the test was invalid and only the Spanish nationality versus the foreign nationality as a whole could be compared.

RESULTS

An overall percentage of 25.5% is concluded for mental disorders. The most frequent mental pathology is represented by adjustment disorders (AD) with an overall percentage of 11.3% followed by personality disorders (PD) with 6.6%. Lower percentages are concluded for psychotic disorders (2.8%), endogenous depression (1.9%), bipolar disorder (1.9%) and psycho-organic disorders (1.9%).

An overall percentage of 61.3% is concluded for substance abuse among aggressors. Alcohol is the most common with an overall percentage of 51.9%: 25.5% for the use of exclusively alcohol and 23.6% for the use of alcohol and cocaine. The abuse of cocaine is found among 26.4% of aggressors yet only 0.94% uses exclusively cocaine. Cannabis alone is used by 2.8%, amphetamine alone is used by 0.9% and multiple drug abuse is concluded in 2.8% of the sample.

Table 1. Percentage of nationalities

Nationality	Frequency	Percentage
Spanish	53	50.0
Latin American	39	36.8
Maghreb	7	6.6
Mediterranean Europe	3	2.8
Eastern Europe	4	3.8
Total	106	100.0

The Spanishnationality was the leading nationality among IPV aggressors (50%) followed by the profile "Latin America" with 36.8%. Six out of the seven cases with personality disorder came from Spain.

The average of the sample was 40 years old, with a median of 38 years.

Only four individuals associated psychiatric diagnosis to substance abuse: two due to alcohol abuse, one to cocaine alone and another to both cocaine and alcohol abuse.

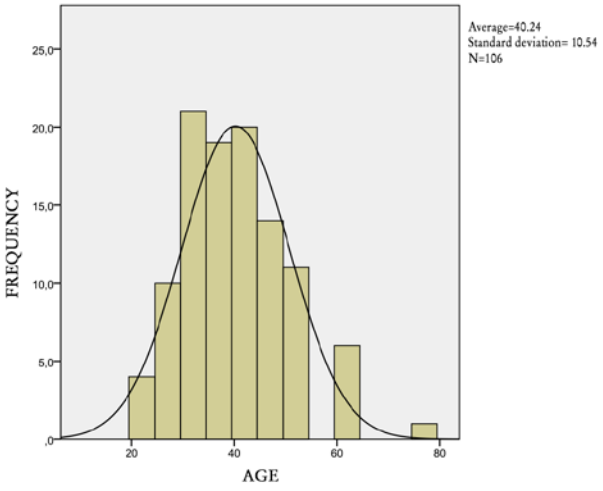

Figure 3. Distribution according to age

DISCUSSION

The study's internal validity increases as the rate of false positive results decreases in the sample by means of the control of the selection bias implied by IPV false accusations. On the other hand, external validity is limited because of the sample's size. This has not enabled a classification of the aggressor population according to different crime profiles. For example, it would have been interesting to make a difference between severe crimes such as homicides and less serious crimes such as mild physical aggressions and actions such as threats or harassment. We haven't been able either to establish immediate imprisonment for violation of restraining orders. Future studies with bigger samples should assess these issues and measure and compare potential differences between different acts classed as IPV crimes.

The size of the sample has also determined the impossibility to study the variables according to age profiles.

We concluded a percentage of substance abuse among aggressors of 61.3% which entails a higher overall percentage in over 20% regarding other populations under study. Some of the reasons for this result may be the type of population under study, the collection of data from such a broad source of information as electronic clinical records and the collection of information by clinicians specialized in patients addicted to drugs, who may have greater ability in identifying the problem.

From the legal point of view, the fact that defendants may suffer from a substance use disorder may entail less legal defense capability to avoid their imprisonment.

The results concluded coincide with other studies on identifying alcohol and cocaine as the substances most commonly used. Some other data on epidemiological data for which we lacked bibliographical reference are provided. Among them we can highlight the associated use of alcohol and cocaine in 23.6% (a poly-consumption pattern which entails high morbidity and difficult therapeutic management). We also provide percentages on consumption profiles for which there are few bibliographical references such as amphetamine or cannabis user profiles.

A surprising result has been the scarce number of individuals with dual disorder (clinically considered as psychiatric pathology associated to substance use). This may be due to the fact that a significant percentage of the sample includes young immigrants from South America who use drugs on the basis of weekend, and this is their only mental health disorder.

An overall percentage of mental health disorders of 25.5% is concluded, higher than that found in other studies. This may be due to the use of electronic clinical records as well as to an environment which may have determined a higher rate of mental pathology detection.

According to the authors [16] there is a considerable percentage of patients who have never been assessed by specialized psychiatrists during their legal process and who are later diagnosed with different psychia-

tric disorders during their imprisonment. For example, in a study carried out with a sample of detainees [12] without access to their electronic clinical record as a source of information, an overall rate of 5% for psychiatric disorders was concluded.

There are both international [17-18] and Spanish[19] studies which suggest the relationship between mental pathology and the most severe cases of IPV. This fact entails a high interest on the research of the potential role of the aggressor's psychopathology as a trigger of violent actions. The results of the study stress the incidence of depressive disorders, most of which imply adaptive or reactive disorders-far more than major primary or endogenous depressive disorders. The incidence of depressive psychopathology has already been identified as a risk factor for IPV in the Anglo-Saxon background [9]. The fact that almost all personality disorders (PD) belong to Spanish aggressors may imply that the foreign aggressors have contacted less with the mental health network. The study also concludes the incidence of psychoorganic disorder, a greatly variable disorder as far as clinical manifestations are regarded which is frequently underdiagnosed [9].

There are many international reports on substance abuse among aggressors and it is agreed that substance abuse is a risk factor for the incidence of IPV episodes. Alcohol is the substance most frequently associated to IPV [7-8, 20-26]. Nevertheless, despite the thorough epidemiological information available, the knowledge of the substances' psychodynamics in IPV remains greatly insufficient [7-8, 15, 20]. Some authors underline the importance of social factors in the consumption of alcohol [27]. The simultaneous use of substances by the victim seems to increase the risk of abuse [23-26]. Some studies in the USA have shown that the prevalence of alcohol consumption [17, 27-30] and cocaine abuse [30] is higher in the most severe cases-those which included dead victims. Some studies carried out in the Anglo-Saxon environment have also concluded frequent cocaine use among aggressors imprisoned for IPV crimes.

Spanish authors also agree on the fact that substance abuse is a risk factor for IPV [11-12, 14]. Spanish reports also include data that suggests that drug abuse by the victim may also imply a risk factor for IPV [12-13, 19]. Something which has been less assessed in our country is the initiation or modification of the aggressor's abuse pattern after the victim's first accusation, which could entail a high risk factor [31].

In our country there are studies which show that there is no correlation between the percentage of known substance use and the percentage of mitigating circumstances on the basis of that substance abuse concluded in court [32]. According to that same reference [32], the percentages don't show either a correlation with the corresponding legal appreciation in sentences.

The proportion of immigrants varies rapidly and significantly due to continuous migration flows and the progressive acquisition of Spanish nationality. The study concludes a significantly higher percentage of foreign aggressors than foreign people among the general population. Recent clinical forensic medicine practice guidelines on IPV [1] identified the immigrant condition as a risk factor. Therefore the result of our study is consistent with such consideration. Other research carried out on males accused of IPV or detained on the basis of IPV [12-13] identified Latin American as the most frequent nationality, thus in our study it was the Spanish nationality. This can entail a higher number of false accusations among the Latin American profile with less males who are eventually imprisoned.

A classification of the risk of each aggressor allows intervention measures to be taken. We now understand that there are different profiles for IPV aggressors and that we must abandon the approach of IPV as a sole entity [9-10, 18]. We lack a scientific evidence-based knowledge that enables the establishment of a multidimensional IPV aggressor system. The most accepted classification is still that developed by Holtzworth-Munroe and Stuart in 1994. The studies suggest that the aggressor profile remains unchanged throughout time [33]. We highlight as a relevant fact for risk assessment the fact that a male with no history whatsoever of social violent behavior may be classified as high-risk for becoming an IPV aggressor [34]. As far as the consideration of nationality and racial origins are concerned, recent studies on such a culturally and ethnically varied society as that of United States have showed no significant differences between the social profiles under study [35]. This agrees with the open approach of IPV which should be considered as a complex issue inherent to the human nature. Can IPV be prevented? International bibliography provides different screening tools to assess the risk of gender-based violence which have shown their methodological validity for the studied population [36-37]. Spanish workgroups have developed and validated screening tests for primary care centers in our country [38]. Nevertheless, to this day no screening clinical method has proven with A1-level scientific evidence its efficacy in reducing new IPV episodes [36, 39-41]. Primary Care (PC) providers from Public Health Services (PHS)are paradoxically demanded to

play a role in the prevention of IPV [1] when to this day there are no tools which have proven their efficacy in doing so [42]. A theoretical implementation of screening programs in PC centers would imply the consideration of enforcing an ineffective strategy in a sector which is already overloaded. Another less assessed aspect in Spain is the analysis of hourly segments and week days when IPV episodes may tend to mount up. There is a high percentage of episodes which take place on weekend and saturday night in the context of substance abuse [12-13, 43]. We currently acknowledge that there is no evidence enabling the quantification of the specific impact of different available therapies on different aggressor profiles [44]. Some clinical trials with treatment based on psychotherapy have proven a better response in aggressors who only used alcohol versus those who used several substances (polyconsumption)[15]. Other clinical trials suggest that couple therapy may be more effective than individual interventions in those cases where both members of the relationship use substances [45]. We must consider that couple therapies would not be applicable in our country as long as restraining orders are in force. A recent American revision on the efficacy of specific substance abuse therapies on the reduction of violent episodes showed further benefits as far as psychological violence was concerned versus physical violence [23]. Studies agree on the scarce efficacy of therapies in the reduction of IPV and the high percentage of therapy discontinuation by aggressors [9, 23, 24].

It may be interesting to assess whether the combination of pathological personality features and depressive psychopathology is frequent among aggressors. The size of our sample does not allow this analysis. From a medical point of view it would be simple, and probably functional, to divide aggressors according to the presence or absence of mental disorders classified under the diagnostic categories used in clinical practice. This two-fold division is invalid for the classification of aggressor profiles but it may be useful in the research of risk markers of new gender-based violence episodes. The use of alcohol and cocaine, certain personality features and the development of reactive depressive symptoms may be considered especially relevant psychopathological markers. Instead of imprisonment, the legal system may consider the application of specific safety measures at specific times for those aggressors with a profile associated to substance abuse. The control of alcohol and cocaine use together with adequate psychiatric assessments may be considered by the prison system as individual assessment parameters according to each aggressor's profile. The research on IPV may require the collaboration between Penitentiary authorities and the Ministry of Justice.

The effective identification of the risk for new IPV episodes by professional clinicians may enable their prevention. In view of the lack of scientific evidence, clinicians must follow the recommendations by experts.

This report is dedicated to the staff of the prison of Pamplona.

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