



PSYCHIATRIC CO MORBIDITY AND DOMESTIC VIOLENCE IN SPOUSES OF ALCOHOL DEPENDENT MALE PATIENTS.

Psychiatry

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ABSTRACT

Introduction: Alcohol use disorders are common in every section of society, and are more prevalent in men than women. Alcoholism is considered as an ongoing stressor, not only for the individual, but also for family members as well as the spouses. Spouses of alcoholics are known to be exposed to high rates of Domestic Violence (DV), which could be verbal, physical, or sexual. Realizing its importance the present study is aimed to explore the psychiatric co morbidity and domestic violence in alcohol-dependent male patients, as there is dearth of information regarding same from our country.

Method: Spouses of 50 consecutive alcohol-dependent males aged 18-55 years giving informed consent attending the psychiatry OPD at Era's Lucknow Medical College, Lucknow were recruited. They were assessed for Domestic violence via Domestic Violence Questionnaire (DVQ) and Mini International Neuropsychiatric Interview Schedule was used to assess psychiatric co-morbidity. The association of DV with psychological morbidities was also studied.

Results: More than half of the spouses (60%) had a psychiatric morbidity. 36% had Adjustment disorder. Major depressive disorder was present in 20%. Domestic violence was seen in 60% of spouses. The most common mode of domestic violence was slapping and beating the spouses.

Conclusion: Domestic violence was higher among the spouses of alcohol dependent males. Addressing this issue will be beneficial, as spouses are known to play an important role in the treatment of alcohol use disorder.

KEYWORDS

INTRODUCTION

Alcoholism is serious health problem worldwide and also in India with major social, interpersonal and legal interpolations. The term alcoholism is a widely used term first coined by Magnus Hass in 1849, but in medicine is replaced by alcohol dependence.^(1,2,3) Globally alcohol dependence syndrome (ADS) ranks 5th and 3rd on the list of preventable causes of morbidity and mortality respectively. It contributes substantially to the health care costs of most nations. It is estimated to cause about 20-30% of oesophageal cancer, liver cancer, and cirrhosis of the liver, homicide, epilepsy, and motor vehicle accidents.^(2,3) Globally alcohol consumption has increased in recent decades, with all or most of that increase being in developing countries. India accounts for almost 62.5 million alcohol users among which 17% are dependent users. The State-wise prevalence being the lowest (7%) in the western part of Gujarat and the highest (75.0%) in Arunachal Pradesh. 30- 35% of adult men and approximately 5% of adult women consume alcohol (Male to Female ratio being 6:1)^(3,4,5). Alcoholism is considered as an ongoing stressor, not only for the individual, but for family members specially the spouses.^(6,7) Chronic alcohol consumption has an impact on individual health, familial and social consequences. Negative consequences of alcohol consumption may trigger psychological and behavioural responses thereby increasing the likelihood of psychological problems among spouses.⁽⁸⁾ In a study done in India, they found that 65% of the spouses of men with alcohol dependence (AD) had a psychiatric disorder; mood and anxiety disorders were the most common problems reported⁽⁹⁾

Spouses of alcoholics are known to be exposed to high rates of Domestic Violence (DV), which could be verbal, physical, or sexual.^(10,11) "Domestic violence", "Intimate partner violence (IPV)", "Wife abuse", and "Family violence" are all terms that have been used to refer to the occurrence of violence within adult relationships. Domestic violence is any act of physical, sexual or psychological abuse or the threat of such abuse inflicted against a person by another individual intimately connected to her by marriage, family relation or

acquaintainship. Women are particularly vulnerable to abuse by their partners in societies where there are marked inequalities between men and women, rigid gender roles.⁽¹²⁾ This leads to premature death in women under the age of 45 than any other of the well-known risk factors, like high blood pressure, obesity and smoking.⁽¹²⁾ Spousal domestic violence (DV) against women accounts for severe mental health repercussions in the sufferer. Depression, post traumatic stress disorder (PTSD), anxiety, self-harm, and sleep disorders are well documented to be mental health consequences of domestic violence.^(13,14) Alcohol abuse contributed to 84% of violence acts. Alcohol doubles the risk of Domestic Violence in the family.⁽¹⁵⁾ Compared to nonviolent husbands, violent husbands reported higher levels of problem drinking.^(16,17) more frequent and higher quantity alcohol consumption,^(18,19) and an earlier onset of problem drinking.⁽¹⁴⁾ Alcohol contribution to domestic violence remains unclear. The reason may be that alcohol consumption interferes with cognitive processes, contribute to or aggravate aggressive tendencies.⁽²⁰⁾ Forty per cent of all males with alcohol dependence in Karnataka (India) reported solving disagreements by physical fights.⁽²¹⁾ Reducing substance use (including alcohol) may decrease levels of physical harm but has not been shown to reduce the actual incidence of domestic violence.⁽²²⁾ Domestic violence has been identified as a significant health problem requiring urgent attention by a number of bodies at the international, national and local levels, including: The World Health Organization.⁽¹²⁾ Realizing its importance the present study is aimed to further explore the psychiatric morbidity and domestic violence in spouses of alcohol-dependent male patients, as there is dearth of information regarding the same from our country.

METHODOLOGY

A Cross-sectional study with sample size of 50 spouses of male patients with diagnosis of alcohol dependence as per ICD-10 guidelines,⁽²³⁾ coming to Department of Psychiatry Eras Lucknow medical college and hospital and giving informed consent were considered for inclusion in the study. Spouses were screened using inclusion and exclusion criteria. In inclusion criteria Spouses were

female and belonging to age group of 18-55 years. Spouses with substance abuse disorder except Tobacco use or any previous history of psychiatric disorder before marriage were excluded from the study. Spouses fulfilling the inclusion criteria were taken for further assessment. A semi structured proforma was used to collect information regarding socio demographic profile of the Spouses. MINI-Mini international neuropsychiatric interview was applied to assess psychiatric morbidity. Further assessment of domestic violence was done using Domestic Violence Questionnaire (DVQ).^(24,25)

RESULTS-

Table 1 Socio-demographic variables

Socio-demographic Variables	Number (N=50)	Percentage
Spouse Age (Years)		
20-30	29	58%
31-40	21	42%
Husband age (years)		
20-30	2	4%
31-40	40	80%
41-50	8	16%
Religion		
Hindu	35	70%
Muslims	15	30%
Family Income (months)		
< 10000	35	70%
>= 10000	15	30%
Education		
Literate	32	64%
Illiterate	18	36%
Occupation		
Housewife	26	52%
Working	24	48%
Type of family		
Nuclear	22	44%
Joint	28	56%

Table 1 shows that Majority of spouses (58%) were aged between 20-30 years, 70% of them were hindus and were literate. 70% were housewife and had an family income of less than Rs 10,000 in a month. 56% spouses belonged to joint family.

Table 2- Clinical variables

Clinical Variables	Number (N=50)	Percentage
Family History of psychiatric illness in spouses		
Present	20	40%
Absent	30	60%
Total Duration of untreated illness in spouses		
Upto 1 month	15	30%
> 1 month	35	70%
Total Duration of treatment in husband		
Upto 1 month	22	44%
> 1 month	28	56%
Period of abstinence in husband		
< 1 month	38	76%
> 1 month	12	24%

Table 2 shows that 60% of spouses had an family history of psychiatric illness whereas among husbands 70% of husbands did not receive any treatment for more than a month. 56% had taken treatment for greater than 1 month. 76% of husband reported a period of abstinence for less than 1 month.

Figure 1 Psychiatric morbidity among the spouses



Figure 1 shows that 60% of spouses had psychiatric morbidity whereas 40% reported of no mental illness.

Figure 2 Distribution of psychiatric morbidity

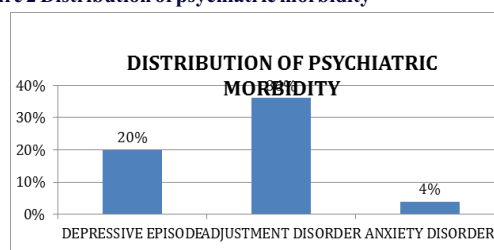


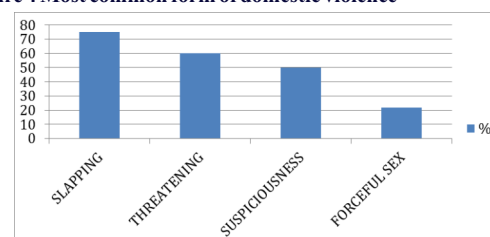
Figure 2 shows that 36% of spouses had adjustment disorder, 20% had depressive disorder whereas 4% reported of anxiety disorder.

Figure 3 Domestic violence among the spouses



Figure 3 shows that 66% of the spouses had suffered from domestic violence whereas 34% did not report of any domestic violence.

Figure 4 Most common form of domestic violence



One or more than one type of domestic violence is reported by one patient. The most common type of domestic violence were slapping, threatening and suspiciousness whereas the least common was forceful sex.

Table 3 Co relation between psychiatric morbidity and domestic violence

Psychiatric Morbidity	Domestic violence				chi sq	p-value
	No		Yes			
	N	%	N	%		
MDD						
No	12	70.6%	28	84.8%	1.43	0.232
Yes	5	29.4%	5	15.2%		
	17	100.0%	33	100.0%		
Adjustment						
No	16	94.1%	16	48.5%	10.14	0.001*
Yes	1	5.9%	17	51.5%		
Anxiety						
No	16	94.1%	32	97.0%	0.24	0.626
Yes	1	5.9%	1	3.0%		
	17	100.0%	33	100.0%		
Other						
No	12	70.6%	26	78.8%	0.41	0.520
Yes	5	29.4%	7	21.2%		
	17	100.0%	33	100.0%		

Among all psychiatric morbidities adjustment disorder had significant co-relation with domestic violence

DISCUSSION

This is a cross sectional observational study about Psychiatric co morbidity and domestic violence in spouses of alcohol dependent male patients. In the present study, the spouses of alcohol dependent male patients were diagnosed by ICD 10 criteria. 60% of spouses had

psychiatric morbidity whereas 40% reported of no mental illness. The diagnoses were primarily mood and anxiety disorders, the most common being adjustment disorder, depression and anxiety disorder. We found out that 36% of spouses had adjustment disorder, 20% had depressive disorder whereas 4% reported of anxiety disorder. These findings were in harmony with the study conducted by vijayanthiindu et al.⁽²⁶⁾ There have been very few Indian studies and even fewer have specifically examined the presence of psychiatric morbidity in spouses.^(27,28) The reason for psychiatric morbidity be attributed to the domestic violence faced by the spouses, the financial situations of the families and the added stressor of cost of alcohol, thus creating an economic crisis. The other reason might be that the spouses of alcoholics have more worries and poor functioning due to drinking habits of their husbands.⁽¹²⁾ A comprehensive meta-analysis showed that abused women were three to five times more likely to experience depression, suicidality, self harm, Panic disorder, Phobias, PTSD, alcohol abuse, and drug abuse than the general population. Emotional and verbal abuse was a significant individual predictor of depression.⁽²⁹⁾ Tempier et al did a study on psychological distress among spouses of alcoholic males and found out that they had higher level of psychological distress.⁽³⁰⁾

Alcohol abuse contributed to 84% of violence acts. Alcohol doubles the risk of Domestic Violence in the family.⁽³¹⁾ We found out that 66% of the spouses had suffered from domestic violence. Previous studies have found that domestic Violence in alcohol abuse is associated with lower socioeconomic status, lower education or any psychiatric morbidity among the husbands.⁽³²⁾ Some researchers found out that men who assault their wife suffer from a range of mental disorders, including antisocial or borderline personality disorder and post-traumatic stress disorder, and that they typically suffer from low self-esteem, jealousy, aggressiveness, and poor communication skills.⁽³¹⁻³³⁾ We also found that One or more than one type of domestic violence is reported by one patient. The most common type of domestic violence were slapping, threatening and suspiciousness whereas the least common was forceful sex. The cause for slapping, threatening and suspiciousness may be morbid jealousy, family conflicts. Morbid jealousy is a psychological disorder in which a person is pre occupied with the thought that the spouse or sexual partner is unfaithful without any proof and this resorts to questioning, stalking, and violence. 15 % of women at some time or other experienced violence at the hands of jealous partner.^(34,35) Previous studies have found that 26 percent of alcohol dependent patients had morbid jealousy this included that jealousy occurred both during intoxication and when in sober state. Earlier studies have found that family also play a pivotal role in developing substance abuse and domestic violence.⁽³⁶⁾ Children who grow up in violent homes are more likely to become violent and they see their father becoming violent towards their mother after drinking alcohol and thus they learn it as a social learning process that views violence as an appropriate and acceptable strategy for resolving conflicts within the family members.^(36,37) The other causes may be low family income, less education among the husbands, occupational pressure, larger family size all of which lead to domestic violence.⁽²⁶⁾ We also found that Among all psychiatric morbidities adjustment disorder had significant co-relation with domestic violence, wherein patients of domestic violence reported significantly higher prevalence of adjustment disorder in comparison to MDD and anxiety disorder. The cause may be marital dissatisfaction among the spouses increasing the vulnerability of mental illness.⁽⁹⁾ India being a developing country, faces cultural as well as educational barriers that prevent women from speaking out about their marital conflicts and the harsh violence they face at the domestic front. They are made to believe that the general attitude is of acceptance of any kind of abuse. These women become the primary care givers of their spouse and they suffer in silence which leads to psychosocial problems. The major drawback is that the spouses of alcoholics have difficulty in reaching the mental health facility in their area. Higher adverse consequences of alcoholism, marital dissatisfaction and psychiatric morbidity in spouses were found to be significantly correlated with each other. Increase stress in women who experience domestic violence might be a mediator factor that increases the psychological morbidity in the population.

CONCLUSION:

Domestic violence most commonly slapping was higher among the spouses of alcohol dependent males. High rates of psychiatric morbidity were reported by these women. Adjustment disorder was reported by more than one half of them. Addressing this issue will be beneficial as spouses are known to play an important role in the

treatment of alcohol use disorder.

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