

An Observational Study on Domestic Violence, Marital Satisfaction, and Psychiatric Morbidities in Wives of Alcohol Use Disorder Males

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Received on: 20 July 2024; Accepted on: 04 September 2024; Published on: 19 February 2025

ABSTRACT

Background: Alcohol is a commonly consumed substance that induces intoxication and can lead to dependence. Alcoholism is often referred to as a family disease due to its harmful impact on the lives of family members and its maximum impact is felt on spouses. Understanding the pivotal role spouses plays in alcohol treatment, there is thus a need to study domestic violence, marital satisfaction, and psychiatric morbidity in spouses of alcohol-dependent patients to understand and address such issues.

Aims: This study aimed to assess domestic violence, marital satisfaction, and psychiatric morbidity in spouses of men with alcohol dependence syndrome and explore the association.

Materials and methods: A total of 105 spouses of men with alcohol dependence syndrome were evaluated. Severity of alcohol dependence was assessed using severity of alcohol dependence questionnaire (SADQ), marital satisfaction in spouses was assessed using the MAT, domestic violence was assessed using domestic violence questionnaire, mini-international neuropsychiatric interview (MINI) was used to screen for the possible presence of psychiatric morbidity among spouses. Depression and anxiety severity was assessed using Hamilton Rating Scale for Depression (HAM-D) and Hamilton Anxiety Rating Scale (HAM-A).

Results: Out of 105 cases, we found that the mean age of spouse was 22.29. Majority of patients had severe alcohol dependence (46.7%) based on SADQ score. Severe level of domestic violence was present in (28.6%) of spouses. Most of the spouses (50.5%) had a lower level of marital satisfaction and (82.86%) spouses had a psychiatric disorder. Primarily depression and anxiety disorder were present. Domestic violence, marital dissatisfaction, and severity of depression and anxiety in spouses were significantly associated with alcohol dependence.

Conclusion: Spouses of alcoholic husbands suffer from high levels of domestic violence, with marital satisfaction being low and psychiatric morbidity in spouses of alcohol-dependent men are high. Addressing these issues will be beneficial as spouses are known to play an important role in the treatment of alcohol dependence syndrome.

Keywords: Domestic violence, Marital satisfaction, Psychiatric morbidity, Spouses, Substance dependence.

Indian Journal of Private Psychiatry (2025): 10.5005/jp-journals-10067-0186

INTRODUCTION

Alcohol is a commonly consumed substance that induces intoxication and can lead to dependence.¹ The excessive use of alcohol is responsible for the deaths of 3 million individuals annually. Global consumption in 2018 amounted to 6.2 liters of pure alcohol per capita aged 15 and above, with unrecorded consumption contributing to 26% of the total. In total, the detrimental effects of alcohol misuse account for over 5% of the worldwide disease burden.²

Alcoholism is often referred to as a family disease due to its harmful impact on the lives of family members and those close to the individual suffering from alcohol dependency. Every alcoholic family has its mixture of neglect, anger, suspicion, guilt, fear, and abuse that weakens the bonds that hold the family together. This phenomenon is a significant contributor to family dysfunction.³

The influence of alcohol within the family's social framework holds particular significance. Familial elements can shape the progression of alcohol use disorders (AUD), and the individual AUD within a family impact the overall functioning of the family and the developmental outcomes of its members.⁴

The spouses of alcoholics face significant challenges. The unpredictability of their partner's behavior, poor communication, social stigma, concerns about the future, the inability to influence

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How to cite this article: Patel RK, Dalsaniya PN, Patel P, *et al.* An Observational Study on Domestic Violence, Marital Satisfaction, and Psychiatric Morbidities in Wives of Alcohol Use Disorder Males. *Ind J Priv Psychiatry* 2025;19(1):6–10.

Source of support: Nil

Conflict of interest: None

Patient consent statement: The author(s) have obtained written informed consent from the patient for publication of the case report details and related images.

their partner's drinking habits, and the added responsibility of managing both their own and their partner's duties, which places them under considerable physical and psychological strain.⁵⁻⁷

Marital discord frequently occurs in couples where one partner struggles with alcohol abuse, leading to elevated rates of separation and divorce, as well as diminished levels of marital satisfaction.^{7,8}

The repercussions of problem drinking contribute to marital dissatisfaction by generating various stressors, such as negative interactions, financial difficulties, employment issues, embarrassing situations, instances of verbal and physical aggression, and impaired sexual function. These stressors, coupled with repeated unsuccessful attempts to address the drinking problem, often result in the affected spouse experiencing anger and resentment.⁹

Domestic violence is described as any type of physical, sexual, or emotional abuse committed by one partner against another in a previous or current intimate relationship. In India, as of 2017, nearly 18% of women reported experiencing violence from their partners.¹⁰ The likelihood of experiencing such violence is two to three times higher if the husband frequently consumes alcohol and gets drunk.¹¹

Apart from the potential for intoxication, alcohol consumption and violence are social behaviors that relate to the expression of masculinity and normative heterosexuality.¹²

Research from numerous global contexts identifies men who adhere to traditional masculine beliefs often exhibit behaviors like excessive alcohol and drug use, as well as engaging in intimate partner violence against women.¹³

Further research examining similar connections indicates that wives whose husbands regularly consume alcohol are nearly six times more likely to report experiencing physical intimate partner violence (IPV).¹⁴ Studies conducted outside of India also suggest a link between husbands' alcohol use and IPV perpetration, theorizing that alcohol consumption lowers inhibitions, potentially leading to increased aggression.¹⁵

A study conducted by Dandu suggests that 66.3% of spouses of alcohol-dependent individuals experienced psychiatric issues. The most common diagnosis was depressive disorder, affecting 44.6% of spouses, followed by adjustment disorder in 18.8%, and anxiety disorders in 3%.¹⁶

With their psychological well-being compromised, these spouses may struggle to cope effectively, impacting their roles as caregivers, mothers, sisters, and homemakers.^{17,18} Addressing the mental health challenges of spouses of alcoholics can alleviate their burden, enhance their coping abilities, and improve their overall quality of life. Moreover, it could positively influence the treatment and recovery of individuals struggling with alcohol dependency.¹⁹

Aims

- To study the severity of alcohol use disorder (AUD) and find out the prevalence of domestic violence, marital satisfaction, and psychiatric morbidity.
- To study the correlation between the severity of AUD and domestic violence, psychiatric morbidity, and marital satisfaction.

MATERIALS AND METHODS

Study Design

It was a cross-sectional study carried out in the PDU government medical college, Rajkot. A total of 105 spouses of men with alcohol dependence syndrome diagnosed according to the Diagnostic and Statistical Manual of Mental Disorders DSM V, who were aged

between 18 and 65 years and married for more than 1 year and gave consent for the study were included in the study.²⁰ Wives of AUD patients who were already having a psychiatric illness or were currently on treatment and patients having other substance use disorders (except tobacco) were excluded from the study.

Data Collection

Patients were assessed with a semi-structured proforma containing a detailed sociodemographic profile, standard scales, and questions about the aim of the study.

Study Instruments

- Socio-demographic datasheet: It consists of a structured format to record certain variables such as age, education, occupation, income, type of family, and locality.
- Mini-international neuropsychiatric interview (MINI).²¹
- Severity of alcohol dependence questionnaire (SADQ).²²
- Domestic violence questionnaire.²³
- Marital adjustment test (MAT).²⁴
- Hamilton Anxiety Rating Scale (HAM-A).²⁵
- Hamilton Rating Scale for Depression (HAM-D).²⁶

Statistical Analysis

The statistical analysis for this study was conducted using SPSS version 25. Descriptive statistics, including means and standard deviations for continuous variables and frequencies and percentages for categorical variables, were computed for all variables. The primary inferential statistical method employed was the Chi-square test of independence, used to examine associations between the severity of AUD and levels of domestic violence, categories of marital satisfaction, and presence/severity of psychiatric morbidity in spouses. Fisher's exact test was used when Chi-square assumptions were violated. Cramer's *V* was calculated to measure the strength of significant associations. A *p*-value of less than 0.05 was considered statistically significant for all two-tailed tests. Missing data were handled through case-wise deletion for specific analyses. A *post-hoc* power analysis was conducted using G*Power software. Results were presented in tables and visualized using appropriate charts, with statistical values reported to two decimal places (three for *p*-values). This methodology provided a robust framework for analyzing the relationships between AUD severity and its impacts on spouses.

RESULTS

Table 1 presents the socio-demographic characteristics of alcohol-dependent men and their spouses. The age range for men with AUD was 25–50 years (mean 21.45, SD 18.23), while their spouses ranged from 20 to 45 years (mean 22.29, SD 13.48). Education levels varied, with the majority having primary education (48.57% of men, 41.90% of spouses). Occupationally, most men were unskilled workers (49.5%), while 36.2% of spouses were unemployed. The majority of couples (54.3%) fell into the middle-income bracket (11,708–19,515). Most families were nuclear (69.52%) and resided in urban areas (73.33%).

Table 2 illustrates the severity of AUD among male patients using the severity of alcohol dependence questionnaire (SADQ). Of the 105 patients, 12 (11.4%) had mild AUD, 44 (41.9%) had moderate AUD, and 49 (46.7%) had severe AUD. This distribution indicates that the majority of the study population had moderate to severe alcohol dependence.

Table 1: Socio-demographic characteristics of alcohol-dependent men and their spouses

Variables	AUD male	Spouses
Age		
Range	25–50	20–45
Mean (SD)	21.45 (18.23)	22.29 (13.48)
Education		
Illiterate	9 (8.57)	8 (7.61)
Primary	51 (48.57)	44 (41.90)
Secondary	29 (27.61)	30 (28.57)
Higher secondary	10 (9.52)	14 (13.33)
Graduate	6 (5.71)	9 (8.57)
Occupation		
Unemployed	31 (29.5)	38 (36.2)
Unskilled worker	52 (49.5)	47 (44.8)
Semiskilled worker	13 (12.4)	20 (19)
Skilled worker	9 (8.6)	0
Income		
3,908–11,707	26 (24.8)	
11,708–19,515	57 (54.3)	
19,516–29,199	22 (21)	
Type of family		
Nuclear	73 (69.52)	
Joint	32 (30.47)	
Locality		
Urban	77 (73.33)	
Rural	28 (26.60)	

Table 2: Severity of alcohol in alcohol use disorder male patients

SADQ	Frequency (n = 105) (%)
Mild (<16)	12 (11.4)
Moderate (16–30)	44 (41.9)
Severe (≥31)	49 (46.7)

Table 3: Severity of domestic violence in wives of alcohol use disorder males

Severity of domestic violence (Score) {Percentile}	Frequency (n = 105) (%)
Mild (0–43) {<50}	54 (51.4)
Moderate (44–53) {50–70}	21 (20)
Severe (54–67) {>70}	30 (28.6)

Table 3 depicts the severity of domestic violence experienced by wives of men with AUD. Among the 105 wives, 54 (51.4%) reported mild domestic violence, 21 (20%) reported moderate violence, and 30 (28.6%) reported severe violence. These data suggest that a significant proportion of wives experience some level of domestic violence, with nearly half facing moderate to severe violence.

Table 4 presents data on marital satisfaction among wives of men with AUD. Of the 105 wives, 53 (50.5%) reported low marital satisfaction, 25 (23.8%) reported moderate satisfaction, and 27 (25.7%) reported high satisfaction. These findings indicate that half

Table 4: Marital satisfaction among wives of AUDs males

Marital satisfaction in wives (Score) {Percentile}	Frequency (n = 105)
Low satisfaction (6–27) {<50}	53 (50.5)
Moderate satisfaction (28–77) {50–70}	25 (23.8)
High satisfaction (≥78) {>70}	27 (25.7)

Table 5: Psychiatric morbidity among wives of AUDs male

Psychiatric comorbidity in wives	Frequency (n = 105)
Absent of disease	18 (17.14)
Present of disease	87 (82.86)
Anxiety disorders	30 (34.48)
Generalized anxiety disorder	18 (20.68)
Panic disorder	8 (9.19)
Agoraphobia	4 (4.59)
Depressive disorders	57 (65.51)
MDD	41 (47.12)
Dysthymia	16 (18.39)

Table 6: Severity of anxiety and depression in wives of AUD males

Severity of anxiety (HAM-A)	Frequency (n = 105) (%)	Severity of depression (HAM-D)	Frequency (n = 105) (%)
Mild (<17)	65 (61.9)	Mild (10–13)	43 (41)
Moderate (18–24)	9 (8.6)	Moderate (14–17)	7 (6.7)
Severe (25–30)	31 (29.5)	Severe (>17)	55 (52.4)

of the wives experience low marital satisfaction, likely due to the challenges associated with living with a partner with AUD.

Table 5 provides information on psychiatric morbidity among wives of men with AUD. A striking 87 out of 105 wives (82.86%) presented with some form of psychiatric comorbidity. Among those with psychiatric issues, depressive disorders were most common (65.51%), with 47.12% diagnosed with major depressive disorder (MDD) and 18.39% with dysthymia. Anxiety disorders were present in 34.48% of wives, including generalized anxiety disorder (20.68%), panic disorder (9.19%), and agoraphobia (4.59%). These findings highlight the significant mental health burden on spouses of individuals with AUD.

Table 6 further breaks down the severity of anxiety and depression in wives of men with AUD. For anxiety, measured by the HAM-A, 65 wives (61.9%) had mild anxiety, 9 (8.6%) had moderate anxiety, and 31 (29.5%) had severe anxiety. Regarding depression, assessed by the HAM-D, 43 wives (41%) had mild depression, 7 (6.7%) had moderate depression, and 55 (52.4%) had severe depression. These results underscore the high prevalence of severe depression among wives of men with AUD.

Table 7 demonstrates the association between marital satisfaction, domestic violence, and the severity of AUD in male partners. A strong correlation was observed between these variables ($p < 0.0001$). All 49 wives of men with severe AUD reported low marital satisfaction, while all 12 wives of men with mild AUD reported high satisfaction. Similarly, domestic violence severity increased with AUD severity, with 300 wives of men with severe AUD reporting severe domestic violence.

Table 7: Association between marital satisfactions and domestic violence in wives and severity of alcohol in male partners

SADQ	Mild	Moderate	Severe	p-value
MAT				
Low	0	4	49	$p < 0.0001$
Moderate	0	25	0	
High	12	15	0	
DVQ				
Mild	12	0	3	$p < 0.0001$
Moderate	44	0	00	
Severe	19	0	300	

Table 8: Association between the severity of anxiety and depression in wives and the severity of alcoholism in their husbands

SADQ	Mild	Moderate	Severe	p-value
HAM A				
Mild	12	0	0	$p < 0.001$
Moderate	25	8	11	
Severe	28	1	20	
HAM D				
Mild	12	0	0	$p < 0.0001$
Moderate	27	4	13	
Severe	4	3	42	

Finally, Table 8 shows the association between the severity of anxiety and depression in wives and the severity of AUD in their husbands. Again, a significant correlation was found ($p < 0.001$ for anxiety, $p < 0.0001$ for depression). All 12 wives of men with mild AUD reported only mild anxiety and depression. In contrast, among wives of men with severe AUD, 20 reported severe anxiety and 42 reported severe depression. These findings clearly demonstrate that as the severity of AUD increases in men, the likelihood and severity of anxiety and depression in their wives also increases.

In summary, these tables collectively paint a comprehensive picture of the profound impact of AUD on spouses, highlighting increased risks of domestic violence, reduced marital satisfaction, and significant psychiatric morbidity, all correlating strongly with the severity of the partner’s AUD.

DISCUSSION

This cross-sectional study provides compelling evidence of the profound impact of AUD on the spouses of affected individuals, particularly in terms of domestic violence, marital satisfaction, and psychiatric morbidity. The findings underscore the complex interplay between the severity of AUD and various psychosocial outcomes for spouses.

Prevalence and Severity of AUD

Our study revealed a high prevalence of moderate to severe AUD among the male participants, with 41.9% classified as moderate and 46.7% as severe cases (Table 2). This distribution aligns with previous research indicating that individuals seeking treatment often present with more severe forms of AUD.²⁷ The high proportion of severe cases in our sample highlights the urgent need for effective interventions and support systems for both individuals with AUD and their families.

Domestic Violence

One of the most alarming findings of our study is the high prevalence of domestic violence experienced by the spouses of men with AUD. Nearly half of the wives reported moderate to severe levels of domestic violence (Table 3). Moreover, we found a strong positive correlation between the severity of AUD and the intensity of domestic violence (Table 7). This association corroborates existing literature linking alcohol abuse to an increased risk of intimate partner violence.²⁸ The findings emphasize the critical need for integrated approaches that address both AUD and domestic violence simultaneously in treatment and prevention programs.

Marital Satisfaction

Our results demonstrate a clear inverse relationship between AUD severity and marital satisfaction (Tables 4 and 7). Half of the wives reported low marital satisfaction, with all spouses of men with severe AUD falling into this category. This finding is consistent with previous studies that have shown alcohol abuse to be a significant predictor of marital dissatisfaction and instability.²⁹ The strong correlation between AUD severity and marital dissatisfaction underscores the importance of including couples therapy and family focused interventions in AUD treatment programs.

Psychiatric Morbidity

Perhaps one of the most striking findings of our study is the extremely high prevalence of psychiatric morbidity among the spouses of men with AUD. An overwhelming 82.86% of wives presented with some form of psychiatric comorbidity (Table 5). Depression was the most common disorder, affecting 65.51% of the women with psychiatric issues, followed by anxiety disorders at 34.48%. These rates are substantially higher than those typically observed in the general population, highlighting the significant mental health burden borne by spouses of individuals with AUD.³⁰

Furthermore, we observed a strong positive correlation between the severity of AUD in husbands and the severity of both anxiety and depression in their wives (Table 8). This gradient effect, where increasing AUD severity is associated with more severe psychiatric symptoms in spouses, provides compelling evidence of the direct impact of AUD on family mental health.

Clinical Implications

These findings have several important clinical implications:

- **Holistic assessment:** When treating individuals with AUD, it is crucial to assess the well-being of their spouses, including screening for domestic violence, marital dissatisfaction, and psychiatric disorders.
- **Integrated treatment approaches:** Treatment programs for AUD should adopt integrated approaches that address not only the individual’s alcohol use but also family dynamics, domestic violence, and the mental health needs of spouses.
- **Early intervention:** Given the strong correlation between AUD severity and negative outcomes for spouses, early intervention in less severe cases of AUD could potentially prevent the escalation of these associated problems.
- **Support for spouses:** Dedicated support services for spouses of individuals with AUD are essential, including mental health treatment, support groups, and resources for addressing domestic violence.

- Public health initiatives: The high prevalence of AUD and its wide-ranging impacts on families underscores the need for robust public health initiatives aimed at prevention and early intervention in alcohol abuse.

Limitations and Future Directions

While our study provides valuable insights, it has several limitations. The cross-sectional design prevents us from establishing causal relationships or understanding the temporal dynamics between AUD and spousal outcomes. Longitudinal studies are needed to elucidate these relationships over time. Additionally, our sample was limited to male AUD patients and their female spouses; future research should explore these dynamics in more diverse family structures and consider the impact of AUD in women on their male partners.

CONCLUSION

In conclusion, this study provides robust evidence of the pervasive and severe impact of AUD on spouses, manifesting in increased domestic violence, reduced marital satisfaction, and high rates of psychiatric morbidity. The strong correlations between AUD severity and these negative outcomes emphasize the need for comprehensive, family centered approaches in AUD treatment and prevention strategies. By addressing AUD as a family issue rather than solely an individual problem, we may be able to mitigate its far-reaching effects and improve outcomes for both individuals with AUD and their families.

Ethical Approval

The Ethics Committee of the institute approved the study.

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