

Psychological Distress and Domestic Violence among Wives of Alcohol Dependent Men in South IndiaHarish JA¹, Illimoottil JP², Nair AR³, Inbakamal S⁴, Rachana A⁵¹Advanced Trainee, Southwest Healthcare, Warrnambool, Victoria, Australia²Assistant Professor, Department of Psychiatry, Christian Medical College, Vellore, Tamil Nadu, India PIN 632002.³Associate Professor, Department of Psychiatry, Travancore Medical College Hospital, Kollam, Kerala, India PIN 691020.⁴Lecturer, Department of Psychiatry, Christian Medical College, Vellore, Tamil Nadu, India PIN 632002⁵Professor, Department of Psychiatry, Christian Medical College Vellore, Thorapadi Post, Vellore, Tamil Nadu, India

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Abstract:**Background:** Alcohol addiction is known to negatively influence the lives of families. The mental health of wives of alcohol dependent men (WADM) is often neglected, though they are expected to participate in the deaddiction process. This study aims to investigate the psychological morbidity of wives of those with alcohol dependence, and its social correlates in Indian context.**Methods:** The study, conducted in a tertiary centre, followed cross-sectional design with consecutive recruitment of wives of newly registered adult outpatients with alcohol dependence syndrome. A semi-structured questionnaire was used to collect relevant data. The psychiatric morbidity among WADM was assessed using Clinical Interview Schedule - Revised (CIS-R). Domestic violence was assessed using Hurt-Insult-Threat-Scream (HITS) tool. Data was analyzed using SPSS, version 21.0.**Results:** Hundred participants were recruited with mean age 32.6 years (SD: 6.8). Majority belonged to nuclear families (76%), and low socioeconomic status (81%). Seventy-five percent expressed poor family support. Seventy-three percent of WADM were identified to have psychiatric morbidity. Among the participants, 16% had past suicide attempts. Nearly all (99%) had experienced aggression from their husbands. Among WADM, partner violence and perceived lack of support had statistically significant association with common mental disorders.**Conclusion:** Psychiatric morbidity and partner violence were highly prevalent among WADM. Partner violence was the most significant social factor associated with psychiatric morbidity. There is a need to identify and address early the mental health needs of WADM.**Keywords:** wives of alcoholic dependent men (WADM), common mental disorders, spouse's psychiatric morbidity, alcoholism, domestic violence, perceived family support.

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Introduction

About 5.1% of the global burden of disease can be attributed to alcohol. Alcohol consumption is consistently reported to be higher and more prevalent in men than women over the years [1]. Alcohol addiction is a psychiatric disorder that can cause negative physical, mental, and social problems. The brunt of its negative social impact is experienced primarily within the family. This can result either from diversion of family resources for drinking or due to the drinker's behavior. The harm from drinking especially affects spouses of drinkers. Living with an alcohol dependent husband is found to increase the odds of harm suffered by the wife, with the odds increasing with heavy drinking [2].

Literature research reveals several studies that have investigated the influence of female spouses on alcohol dependent men (ADM). In early literature, wives of alcohol-dependent men (WADM) had often been attributed with some form of psychopathology instrumental in initiating, perpetuating, and maintaining alcoholism in husband [3]. Behaviors such as enabling and codependency among WADM were found to influence their spouse's drinking pattern, resulting in negative outcomes with respect to drinking behavior [4,5]. Notably, WADM are often viewed through the lens of "codependency model" or "stress-coping model" [6]. It implicated deviant personality traits and poor

coping skills among WADM which facilitated drinking behavior in their spouses. However, there are studies which showed that there is no difference between spouses of alcohol dependent men and spouses of men without alcohol dependence, with respect to personality factors [7,8]. Other studies had focused on the role of WADM in their husband's deaddiction therapy and subsequent abstinence from alcohol. It was found that involvement of the spouse for management of substance use disorder has always given better outcomes than otherwise. For example, strategies used in behavioral couple therapy which involves the spouse in treatment, had better results than individual therapy [9]. Similarly, involvement of spouses in 'Antabuse contracts' made with those having alcohol use disorder was found to be more effective in ensuring adherence to treatment plan [10].

Irrespective of the impact the WADM has on the behavior or treatment of ADM, they undergo varying degree of distress attributable to factors attached to their husband's alcohol use, such as being subject to verbal and physical aggression [11], delusion of infidelity [12], and problems related to husband's sexual dysfunction [13], apart from the financial burden that is associated with their spouse's alcohol use [14,15]. The quality of their marital relationship is often severely affected. Studies have also identified that alcohol abuse in men can precipitate depression in their wives [16–18]. The distress the WADM undergo is also often influenced by factors such as socioeconomic status, employment, perceived health status, presence of children less than 15 years of age, presence of a confidante, years of marriage, and availability of social support [19].

In India, there is a high prevalence of alcohol use [20]. According to National Family Health Survey 2019-21 (NFHS-5) of India [21], about 22% men consume alcohol, of which 15% drink alcohol almost every day and 43% drink alcohol at least once a week. In many parts of the country society still holds strong skewed values regarding gender roles. Women are often expected to be socially, culturally, and economically dependent and subordinate to their male spouses. The challenges faced by WADM in India include being subjected to high-risk sexual behavior, marital rape, and domestic violence. About 29.3% of women aged between 18-49 years have experienced spousal violence. The direct effect of these factors along with indirect effects resulting from poverty and marginalization, contribute to psychological distress among WADM in India [21]. Only few studies from India have focused on the emotional experience and abuse that WADM undergo. This study adds to the existing limited knowledge on the psychological morbidity of WADM and its social correlates in an Indian

context, in order to facilitate better support and treatment for their psychological needs.

Material and Methods

This cross-sectional study was conducted in Department of Psychiatry, Christian Medical College, Vellore, Tamil Nadu, India. The department provides both outpatient and inpatient care. Majority of the patients are from South India, though patients from other states of India and other countries also seek care here. Study followed consecutive sampling method. The sampling frame included wives of newly registered adult outpatients to the department of psychiatry diagnosed with International Classification of Diseases 10 (ICD 10) diagnosis of alcohol dependence syndrome.

Inclusion criteria were: 1) participants should speak the local language (Tamil) and are from the same Indian state (Tamil Nadu) where the study was conducted; 2) participants should have been involved in care and responsibility of the patient with alcohol dependence; 3) the persons with alcohol dependence syndrome should not be having other primary psychiatric disorders, organic brain disorders (including - traumatic head injury, seizure disorder and dementia), or intellectual disability. The study obtained approval from the Institutional Review Board of the Medical College (IRB Min, No. 8035).

A study-specific clinical research form was used to collect socio-demographic details of WADM and details regarding marital dyad. Tamil version of revised Clinical Interview Schedule (CIS-R) was used to assess common mental disorders (CMDs) in WADM and Hurt-Insult-Threaten-Insult scale (HITS) was used to assess domestic violence. A total of 100 participants were recruited for the study. The participants were recruited after obtaining informed written consent from them, and their details were collected, and relevant questionnaires were administered maintaining privacy and strict confidentiality by the first author. Data analysis was performed in SPSS version 21.0. Chi square test was used to analyze association between CMDs and sociodemographic and psychosocial variables among WADM, and logistic regression analysis was done to determine the relationship between CMDs and factors associated with them.

Clinical Interview Schedule Revised (CIS-R) [22]

The CIS-R is a standardized semi-structured interview to assess the mental state of subjects for CMDs. The schedule has 14 sub-sections: somatic symptoms, fatigue, concentration, sleep problems, irritability, worry about physical health, depression, depressive ideas, worry, anxiety, phobia, panic, obsessions and compulsions. Scores for sub-sections range from 0 to 5.

These scores can be summed up to yield an overall score. A cut-off score of 12 indicated caseness for psychiatric morbidity [22]. CIS-R algorithms developed based on CIS-R scores aid in making ICD 10 Primary Care diagnoses. For the purpose of this study, Tamil translation of CIS-R was used, which had been used previously in several studies [23–27].

Hurt, Insult, Threaten, Scream (HITS) Tool [28]

Spousal domestic violence was assessed using HITS Tool, which is copyright protected to sherininkmj@gmail.com. The questionnaire has four items enquiring how often their partner physically hurt, insulted, threatened with harm, or screamed at them, covering the psychological and physical domains of violence. Each item is answered on a 5-point Likert scale, and the score ranges from 4 to 20. Scores above 10 indicated domestic violence. It is easy to administer and takes only a brief duration for completion.

Results

One hundred WADM consented to participate. The mean duration of marriage was 13.1 years (SD: 7.1). A majority (n=87, 87.0%) of their husbands had alcohol consumption prior to marriage and most participants (n=55, 63.2%) were unaware of their husband's alcohol use at the time of marriage.

Ninety-five couples had children and on average, the couple had two children (median). While five couples had no children, some couples had no male children (n=32), some had no female children (n=29), while a few had no minor (n=15) children.

Sociodemographic details

The mean age of the participants was 32.6 years (SD: 6.8). Excluding seven of them, the rest (n=93, 93.0%) were literate. Seventy-five participants reported poor family support. Further socio-demographic details are provided in Table 1.

Table 1: Socio-demographic details of wives of alcohol dependent men (N=100)

Socio-demographic variables	N (%)
Education	
Illiterate	7 (7.5)
Primary	25 (26.9)
Intermediate	49 (52.6)
Graduate	12 (12.9)
Professional	7 (7.5)
Place of residence	
Rural	56 (56.0%)
Urban	44 (44.0%)
Living arrangement	
Joint	24 (24.0%)
Nuclear	76 (76.0%)
Religion	
Hindu	89 (89.0%)
Christian	9 (9.0%)
Muslim	2 (2.0%)
Socioeconomic status	
Upper	2 (2.0%)
Middle	17 (17.0%)
Lower	81 (81.0%)
Employment	
Employed	32 (32.0%)
Homemaker	68 (68.0%)

Details of medical and psychiatric history

Eight participants had chronic medical illness. These included diabetes mellitus, seizure disorder, hypothyroidism, and bronchial asthma. Four participants had met psychiatrist previously for their own evaluation. Their diagnosis included mania, anxiety, and reaction to stress. Only one participant with history of mania was continuing psychiatric medication. Three of the participants had family history of psychiatric illness.

Psychiatric morbidity

Seventy-three participants (73.0%) were identified to have psychiatric morbidity, i.e., CMDs using CIS-R. The algorithm for ICD-10 diagnosis from CIS-R data revealed 48 participants (48.0%) had depression and 75 participants (75.0%) had anxiety with mixed anxiety and depressive state in many participants. Another significant finding was that amongst the participants, 16 percent had attempted suicide in the past, 35 percent admitted to suicidal thoughts in past, and ten percent reported active suicidal thoughts. Stressful life events were reported by five participants.

Domestic violence

HITS score > 10, representing domestic violence, was observed in 68 participants (68.0%). Over the past one year, nearly all participants (n=99, 99.0%) reported psychological violence and 97 participants (97.0%) reported physical violence from their partner. Frequent physical violence and psychological violence (scored as 'fairly often' and 'frequently' in HITS) were reported by 41 participants (41.0%) and 58 participants (58.0%), respectively.

Factors associated with psychiatric morbidity

Partner violence (psychological, physical, and both), and perceived lack of support had statistically significant association with CMD among participants.

The details are provided in Table 2. Though it was found that those from nuclear family, urban habitat, and middle socioeconomic strata are more likely to have psychiatric morbidity, the relation was not statistically significant on bivariate analysis. Similarly, presence of higher morbidity among those having no children or having only female children had no statistical significance on bivariate analysis.

Table 2: Chi Square analysis on association of common mental disorders among wives of alcohol dependent men (N=100)

Variable	Those with CMD (%)	Chi Square value	p value
Place of residence			
Urban (n=44)	35 (79.5)	1.708	0.191
Rural (n=56)	38 (67.9)		
Living arrangement			
Nuclear (n=76)	58 (76.3)	1.766	0.184
Joint (n=24)	15 (62.5)		
Socioeconomic status			
Middle or Upper (n=19)	15 (78.9)	0.421	0.516
Lower (n=81)	58 (71.6)		
Family size			
Not having children or having only female child (n=32)	24 (75.0)	0.096	0.757
Having at least one male child (n=68)	49 (72.1)		
Domestic violence (HITS >10)			
Present (n=68)	56 (82.4)	9.431	0.002*
Absent (n=32)	17 (53.1)		
Frequent physical violence			
Present (n=41)	35 (85.4)	5.391	0.020*
Absent (n=59)	38 (64.4)		
Frequent psychological violence			
Present (n=58)	48 (82.8)	6.672	0.010*
Absent (n=42)	25 (59.5)		
Perceived family support			
Absent (n=75)	65 (86.7)	28.429	< 0.001*
Present (n=25)	8 (32.0)		

*p value less than 0.05. CMD: Common Mental Disorder; HITS: Hurt, Insult, Threaten, Scream tool

Multivariate logistic regression analysis identified that presence of domestic violence had statistically significant (p=0.015) relation to CMDs among participants after being adjusted for age, place of residence, type of family, socioeconomic status, employment status, and years of marriage. Participants subjected to domestic violence were 4.7 times more

likely to be associated with CMDs than those without partner violence. Perceived family support also, retained statistical significance (p<0.001) in multivariate analysis.

The model explained 49 % variance in CMDs and correctly classified 82% of cases. Table 3 shows the details.

Table 3: Logistic Regression on association of common mental disorders among wives of alcohol dependent men adjusted for age, socioeconomic score and years of marriage.

Variable	Odds Ratio	p value
Urban residence	1.74 (0.51-5.97)	0.382
Nuclear family	0.98 (0.25-3.81)	0.980
Being unemployed	0.63 (0.15-2.70)	0.538
Presence of family support	0.05 (0.01-0.18)	<0.001*
Presence of domestic violence	4.74 (1.36-16.52)	0.015*

*p value less than 0.05.

Discussion

The findings of the study provide insight into the life and plight of WADM evident from the extent, nature, and severity of their psychiatric morbidity. It is quite alarming to find that nearly three out of four WADM have a CMD. Several studies done in India had found that majority of female spouses were psychologically distressed. However, when compared with community-dwelling women, and wives of non-ADM, there is higher morbidity among WADM which can be reasonably attributed to the alcohol use in their spouses [29–32]. Drawing a parallel with other studies, anxiety and depressive symptoms were predominant among WADM in this study, with overlapping of both these symptoms being a common presentation. Another finding of utmost concern is the high prevalence of suicidality and suicide attempts among the WADM, even though majority of them did not have any personal history or family history of mental illness. Other studies have also reported that suicide ideations are not uncommon among WADM [33–35]. The high prevalence of CMDs and suicidality in our study reiterates the WHO observation that social harm, in the context of family, is a significant problem related to alcohol consumption. Social harm can include intangible costs such as pain, fear, and suffering brought to family by a person's drinking, as well as other issues such as criminal activity, work problems, other interpersonal problems, and social marginalization [36]. Social harm, including financial distress associated with it, arising from alcohol use in men and their impact on their wives and children have been recognized in the Indian subtext as well [37,38].

Many WADM in the present study perceived poor family support. This may be a reflection of another finding of this study that the majority of WADM lived in a nuclear family set-up, in which there are limited options for seeking support from or to confide their problems to other family members. In such families, often the ADM contribute less to the household and family needs, and the responsibility falls on the WADM to manage the family and financial responsibilities while also addressing the issues related to alcohol use in their husbands.

Among the WADM identified to have CMDs, perceived lack of support can also be a cognitive state resulting from the disorder itself. These WADM are also likely to have poor social network as a

consequence of their spouses' alcohol use [39]. Thus, there is a complicated interaction between poor support, alcohol use, and the mental state of the spouses of alcohol users. Poor marital satisfaction was also reported by WADM in the present study, with a likely bidirectional association between marital dissatisfaction and psychiatric morbidity. One factor that points to poor-quality marital relationships in the study is spousal domestic violence, which is a major yet largely ignored consequence of alcoholism. A recent review study also noted poor quality of life among WADM compounded by domestic violence [40].

Nearly all WADM in the current study reported domestic violence. Many other studies have investigated alcohol use and spousal domestic violence [31,33,41–48], with most studies showing strong correlation between the two. Supporting the findings of this study are findings from India's fourth National Family Health Survey (NFHS-4) on partner violence among married women (aged 15–49 years) in Tamil Nadu. The survey found that forty-five percent of ever married women experienced domestic violence with a significant proportion (38.9%) experiencing physical violence. It identified that their husband's alcohol consumption contributed to domestic violence. In the survey, 73.4% of women whose husbands drank very often ever experienced violence compared to 24.6% of women whose husbands did not consume alcohol at all [49].

Spousal domestic violence was also found to significantly contribute to psychiatric morbidity in the current study. WADM subjected to domestic violence were 4.7 times more likely to have CMDs when compared to those without domestic violence. India-SAFE study had found a strong association between alcohol use among men, domestic violence, and poor mental health among women [31]. Review of literature reveals that there is a complex interplay between multiple factors implied in domestic violence, of which alcohol use seems to be an important contributory factor [50,51]. Some studies reported that the domestic violence experienced, reduced with alcohol de-addiction of spouses with alcohol dependence [52,53].

Studies have highlighted the positive influence of WADM in treatment of alcohol dependence in their spouses [9,10]. However, the distress WADM undergo due to alcohol addiction in the spouses can

hinder their active participation in deaddiction programs. This further emphasizes the need to recognize and address psychological distress and caregiving burden in WADM. Though limited, there is evidence for benefits from interventions in WADM that minimize distress like psychoeducation about addiction, teaching coping skills and providing support [54], and for couples' therapy in mitigating inter-partner violence [55]. WADM who may develop severe depression [56], can also benefit from pharmacological management of their psychiatric morbidity.

It is important that the clinician treating ADMs be sensitized to mental health challenges of WADM. The study urges for a change in the therapeutic orientation, whereby understanding and addressing the mental health challenges of WADM is also made a part of the management plan for alcohol de-addiction. We believe, this can result in a better therapeutic alliance and a more comprehensive care plan for the family. This can be crucial in improving their mental health, and their ability to meet daily and often unfair share of challenges.

Strengths and limitations: The adequate sample size in the study helped explore social determinants that may influence mental health of WADM such as education, employment, poverty, recent stressful life events, support system and partner violence. However, there are limitations to the study. This being a hospital-based sample, the results may not be representative of the mental health of WADM living in the community. Family support was not assessed based on any standardized scales. Additional psychological factors that could contribute to psychiatric morbidity like caregiver burden, personality factors, expressed emotions, and interpersonal dynamics between WADM and other family members, were not part of this investigation. Sexual violence, which is also a component of partner violence, was not explored.

Conclusion

The study identified high prevalence of psychiatric morbidity among wives of men with alcohol dependence. Spousal domestic violence is a prevalent and important factor associated with psychiatric morbidity in them. These findings call for recognizing the distress in this population, identifying domestic violence as a major source of their psychopathology, and assuming an empathetic approach towards them. Further studies exploring the effect of addressing the psychological morbidity of WADM on alcohol de-addiction of their spouses are warranted to stress this need.

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References

1. World Health Organization [WHO]. Global status report on alcohol and health 2018 [Internet]. Geneva: World Health Organization (WHO); 2018 [cited 2021 Jun 16]. Available from: <https://www.who.int/publications-detail-redirect/9789241565639>
2. Benegal, Rao G. Chapter 8: Alcohol misuse and its harms to others under conditions of anomie in India's transition towns [Internet]. In: Harm to others from drinking: patterns in nine societies. World Health Organization (WHO); 2019 [cited 2021 Jun 15]. Page 129–57. Available from: <https://apps.who.int/iris/handle/10665/329393>
3. Whalen T. Wives of Alcoholics. Four Types Observed in a Family Service Agency. *Q J Stud Alcohol* 1953; 14(4):632–41.
4. Kaur S. A Descriptive Study to Assess Depression and Codependency among Wives of Alcoholics in a Selected Rural Community of Gurdaspur, Punjab. *Asia Jour Nurs Educ and Rese* 2016; 6(2):183.
5. Thomas EJ, Yoshioka M, Ager RD. Spouse enabling of alcohol abuse: Conception, assessment, and modification. *Journal of Substance Abuse* 1996; 8(1):61–80.
6. Hurcom C, Copello A, Orford J. The family and alcohol: effects of excessive drinking and conceptualizations of spouses over recent decades. *Substance Use & Misuse* 2000; 35(4):473–502.
7. Hill SY. Personality characteristics of sisters and spouses of male alcoholics. *Alcoholism Clin Exp Res* 1993; 17(4):733–9.
8. Rao TSS, Kuruvilla K. A study on the personality characteristics of wives of alcoholics. *Indian J Psychiat* 1991; 33(3):180–6.
9. McCrady BS, Wilson AD, Muñoz RE, Fink BC, Fokas K, Borders A. Alcohol-Focused Behavioral Couple Therapy. *Fam Proc* 2016; 55(3):443–59.
10. O'Farrell TJ, Bayog RD. Antabuse contracts for married alcoholics and their spouses: A method to maintain antabuse ingestion and decrease conflict about drinking. *J Subst Abuse Treat* 1986; 3(1):1–8.
11. WHO, John Moores University [JMU] Centre for Public Health. Intimate partner violence and alcohol [Internet]. 2006 [cited 2021 Jun 17]; Available from: https://www.who.int/violence_injury_prevention/violence/world_report/factsheets/fs_intimate.pdf
12. Nemeth JM, Bonomi AE, Lee MA, Ludwin JM. Sexual infidelity as trigger for intimate

- partner violence. *Journal of Women's Health* 2012; 21(9):942–9.
13. Rohilla J, Dhanda G, Meena PS, Jilowa CS, Tak P, Jain M. Sexual dysfunction in alcohol-dependent men and its correlation with marital satisfaction in spouses: A hospital-based cross-sectional study. *Industrial Psychiatry Journal* 2020; 29(1):82.
 14. Mulia N, Zemore SE, Murphy R, Liu H, Catalano R. Economic Loss and Alcohol Consumption and Problems during the 2008-9 U.S. Recession. *Alcohol Clin Exp Res* 2014; 38(4):1026–34.
 15. Tripathy D, Purohit M, Mishra P. Alcoholism and its Impact on Family and Finance. *Texila International Journal of Management* [Internet] 2019 [cited 2023 Dec 5]; Available from: https://www.academia.edu/39039782/Alcoholism_and_its_Impact_on_Family_and_Finance
 16. Dostanic N, Djikanovic B, Jovanovic M, Stamenkovic Z, Đeric A. The Association between Family Violence, Depression and Anxiety among Women Who's Partners Have Been Treated for Alcohol Dependence. *J Fam Viol* [Internet] 2021 [cited 2021 Jun 15]; Available from: <https://doi.org/10.1007/s10896-020-00238-1>
 17. Patel V, Chisholm D, and Kirkwood BR, Mabe D. Prioritizing health problems in women in developing countries: comparing the financial burden of reproductive tract infections, anaemia and depressive disorders in a community survey in India. *Trop Med Int Health* 2007; 12(1):130–9.
 18. Ray GT, Mertens JR, Weisner C. Family members of people with alcohol or drug dependence: health problems and medical cost compared to family members of people with diabetes and asthma. *Addiction* 2009; 104(2):203–14.
 19. Tempier R, Boyer R, Lambert J, Mosier K, Duncan CR. Psychological distress among female spouses of male at-risk drinkers. *Alcohol* 2006; 40(1):41–9.
 20. Gururaj G, Varghese M, Benegal V, Rao GN, Pathak K, Singh LK, et al. National Mental Health Survey, 2015-16: Summary [Internet]. 2016 [cited 2021 Jun 15]. Available from: <http://indianmhs.nimhans.ac.in/nmhs-reports.php>
 21. International Institute for Population Sciences [IIPS], ICF. National Family Health Survey (NFHS-5), 2019-21: India. Mumbai, India: International Institute for Population Sciences (IIPS); 2021.
 22. Lewis G, Pelosi AJ, and Araya R, Dunn G. Measuring psychiatric disorder in the community: a standardized assessment for use by lay interviewers. *Psychol Med* 1992; 22(2):465–86.
 23. Kuruvilla A, Pothan M, Philip K, Braganza D, Joseph A, Jacob KS. The validation of the Tamil version of the 12 item General Health Questionnaire. *Indian J Psychiatry* 1999; 41(3):217–21.
 24. Manoharam E, John kr, Joseph A, Jacob K. Psychiatric morbidity, Patients perspectives of illness and factors associated with poor medication compliance among the tuberculosis in Vellore, South India. 2000; 8.
 25. Nair AR, Shivanna YKG, Illimoottil JP, Rachana A, Mahasampath GS, Abraham S, et al. Common mental disorders among women and its social correlates in an urban marginalized populace in South India. *Int J Soc Psychiatry* 2022; 68(7):1394–402.
 26. Pothan M, Kuruvilla A, Philip K, Joseph A, Jacob KS. Common mental disorders among primary care attenders in Vellore, South India: nature, prevalence and risk factors. *Int J Soc Psychiatry* 2003; 49(2):119–25.
 27. Shankar BR, Saravanan B, Jacob KS. Explanatory models of common mental disorders among traditional healers and their patients in rural south India. *Int J Soc Psychiatry* 2006; 52(3):221–33.
 28. Sherin K, Sinacore J, Li X, Zitter R, Shakil A. HITS: A short domestic violence screening tool for use in a family practice setting. *Family medicine* 1998; 30:508–12.
 29. Bharathi AR. Assess the Stress Level among Spouses of Alcoholics and Spouses of Non-Alcoholics in a Hospital at Avadi, Chennai. *Journal of Pharmaceutical Research International* 2021; 356–65.
 30. Gandhi R, Suthar M, Pal S, Rathod A. Anxiety and depression in spouses of males diagnosed with alcohol dependence: a comparative study. *Archives of Psychiatry and Psychotherapy* 2017; 19:51–6.
 31. Kumar S, Jeyaseelan L, Suresh S, Ahuja RC. Domestic violence and its mental health correlates in Indian women. *Br J Psychiatry* 2005; 187:62–7.
 32. Nayak MB, Patel V, Bond JC, Greenfield TK. Partner alcohol use, violence and women's mental health: population-based survey in India. *Br J Psychiatry* 2010; 196(3):192–9.
 33. Manohar PS, Kannappan R. Domestic Violence and Suicidal Risk in the Wives of Alcoholics and Non-alcoholics. *J Indian Acad Appl Psychol* 2010; 36(2):334–8.
 34. Tyagi A, Mehta S. 'I drink, you suffer': impact of partner's alcohol consumption on spouse. *Sri Lanka J Psyc* 2013; 4(2):45–6.
 35. Vijayalakshmi G. Domestic Violence and Alcohol Dependence: Cross Sectional Study in A Tertiary Care Setting. *International Journal of Public Mental Health and Neurosciences* 2016; 3(2):14–26.

36. WHO. WHO Expert Committee on Problems Related to Alcohol Consumption Second Report. Geneva: World Health Organization (WHO); 2007.
37. Benegal, Gururaj G, Murthy P, Girish N, Chand P, Jayarajan D, et al. Patterns & consequences of Alcohol Misuse in India - an epidemiological survey [Internet]. Bangalore: National Institute of Mental Health and Neurosciences (NIMHANS); 2012 [cited 2020 Dec 13]. Available from: http://nimhans.ac.in/cam/sites/default/files/Publications/WHO_ALCOHOL%20IMPACT_REPORT-FINAL21082012.pdf
38. Dharani MK, Balamurugan J. experiencing the issues of alcoholic wives: A descriptive study in Vellore district of Tamil Nadu. *YMER* 2022; 21(12):1900–9.
39. Nadkarni A, Dabholkar H, McCambridge J, Bhat B, Kumar S, Mohanraj R, et al. The explanatory models and coping strategies for alcohol use disorders: an exploratory qualitative study from India. *Asian J Psychiatr* 2013; 6(6):521–7.
40. Kashyap H, Kashyap K, Lalhmingmawii D. The Price of Partnership: Quality of Life Issues Faced by Spouses of Alcohol-Dependent Individuals. *International Journal of Indian Psychology* [Internet] 2024 [cited 2024 Nov 22]; 12(3). Available from: <https://ijip.co.in/index.php/ijip/article/view/8588>
41. Govindappa L, Pankajakshi B. A community study on violence among wives of alcoholics. *Delhi Psychiatry Journal* 2014; 17:323–7.
42. Indu PV, Jinu CR, Pallikkal NR, Sampathkumar R, Joy J. Experience of domestic violence and psychological morbidity in spouses of alcohol-dependent males. *Indian Journal of Psychological Medicine* 2018; 40(4):322–7.
43. Pinto VN. Comparative study of domestic violence in wives of alcohol dependent males versus that in abstainers/ social drinker's wives. *Bombay Hospital Journal* 2009; 51(2):203–8.
44. Ravindran OS, Joseph SA. Loss of coping resources and psychological distress in spouses of alcohol dependents following partner violence. *Indian Journal of Social Psychiatry* 2017; 33(3):202.
45. Sharma N, Sharma S, Ghai S, Basu D, Kumari D, Singh D, et al. Living with an alcoholic partner: Problems faced and coping strategies used by wives of alcoholic clients. *Ind Psychiatry J* 2016; 25(1):65.
46. Sreekumar S, Subhalakshmi TP, Varghese PJ. Factors associated with resilience in wives of individuals with alcohol dependence syndrome. *Indian J Psychiatry* 2016; 58(3):307–10.
47. Stanley S. Intimate partner violence and domestic violence myths: A comparison of women with and without alcoholic husbands (a study from India). *Journal of Comparative Family Studies* 2012; 43(5):647–72.
48. Wagman JA, Donta B, Ritter J, Naik DD, Nair S, Saggurti N, et al. Husband's Alcohol Use, Intimate Partner Violence, and Family Maltreatment of Low-Income Postpartum Women in Mumbai, India. *J Interpers Violence* 2016; 33(14):2241–67.
49. International Institute for Population Sciences (IIPS), ICF. National Family Health Survey (NFHS-4) 2015-16: India [Internet]. Mumbai, India: International Institute for Population Sciences (IIPS); 2017 [cited 2020 Dec 13]. Available from: <http://rchiips.org/nfhs/NFHS-4Report.shtml>
50. Berg MJ, Kremelberg D, Dwivedi P, Verma S, Schensul JJ, Gupta K, et al. The Effects of Husband's Alcohol Consumption on Married Women in Three Low-Income Areas of Greater Mumbai. *AIDS Behav* 2010; 14(Suppl 1):S126–35.
51. Satyanarayana VA, Hebbani S, Hegde S, Krishnan S, Srinivasan K. Two sides of a coin: Perpetrators and survivors perspectives on the triad of alcohol, intimate partner violence and mental health in South India. *Asian J Psychiatr* 2015; 15:38–43.
52. O'Farrell TJ, Van Hutton V, Murphy CM. Domestic violence before and after alcoholism treatment: A two-year longitudinal study. *J Stud Alcohol* 1999; 60(3):317–21.
53. O'Farrell TJ, Murphy CM. Marital violence before and after alcoholism treatment. *J Consult Clin Psychol* 1995; 63(2):256–62.
54. Rane A, Church S, Bhatia U, Orford J, Velleman R, Nadkarni A. Psychosocial interventions for addiction-affected families in Low and Middle Income Countries: A systematic review. *Addictive Behaviors* 2017; 74:1–8.
55. Stith SM, Rosen KH, McCollum EE. Effectiveness of couple's treatment for spouse abuse. *Journal of Marital and Family Therapy* 2003; 29(3):407–26.
56. Sumathi GS. Levels Of Depression Among Wives Of Alcoholics And Non- Alcoholics- A Comparative Study. *Indian Journal of Psychiatric Nursing* 2018; 15(1):1.