

# Domestic Violence, Drug & Alcohol Abuse Including Types of Anger in Indian Culture in India and Abroad

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**Abstract – Alcohol's role in men's violence against women is a controversial issue. Many articles have been written that we read in the newspapers that teens are being held for consuming drugs & alcohol and most of them are usually aged between 17-20. But the main question arises that why the Indian society is experiencing such a dilemma where more of the teenagers and youths are involved in unethical, non-societal and unproductive activities like substance or drug abuse. This research paper studies about domestic violence, drug / alcohol abuse and types of anger in Indian culture in India and abroad.**

**Keywords: Alcohol; Domestic Violence**

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## 1. INTRODUCTION:

Abusive behavior at home, drug or alcohol abuse and anger is an indistinguishable plague from where it exists in different societies, social orders and nations. India is a major nation having 329 languages {*Medico-Legal Dictionary (RKD) by Chetana Parkashan, Ludhiana, India*} and many more dialects spoken and notwithstanding these dialects, there are numerous lingos spoken there too. Indian populace originates from various societies, social orders, ethnic foundations, whose predecessors came to India from numerous different nations and mainland's including antiquated Aryans, Middle Eastern, Arabs, English, Germans, Spanish and Portuguese pioneer societies, which have made the present India and Indians.

Each culture and society has its own particular standards. As there are battles that begin with the impact of alcohol or drugs and India isn't a special case of it. In India opium, alcohol, marijuana and ganja are the basic things to remain high for habit, which are being used. Everybody can't manage the cost of alcohol bought from alcohol stores / shops. Such huge numbers of individuals buy alcohol from vendors, who don't have any license or permit to sell the product {alcohol} and nobody realizes that of what that alcohol is made of, which has killed a great number of many individuals.

In Indian families abusive behavior at home was additionally a piece of settlement, yet the new age isn't purchasing endowment. In the past endowment was

additionally a reason for passing's of love bird ladies and the casualties were not just from the working class, poor class or rich class of individuals, it was going on in every one of the levels of the general public.

India likewise has individuals from all religions like in Jammu and Kashmir for the most part individuals are from Muslim Religion, in Punjab individuals are from all religions including Hindus, Sikhs, Muslims, Christians, Buddhist, Catholics and numerous progressively. The same is in Haryana, New Delhi, Maharashtra and different conditions of India and these scourges {*a whip used as an instrument of punishment*} of abusive behavior at home, tranquilize / alcohol abuse and rankles are the issues in numerous families. Notwithstanding beating kids or rebuffing them physically is a typical thing there in India. Drinking dramatically changes a home's dynamics in not only India, but worldwide as well. Consumption of alcohol is a very socially acceptable trait within India within the basic events as well as major family events; many women have just accepted their spouses to be heavy drinkers and drug abusers. Due to the cultural norm, they do not stand up for themselves, and allow harsh circumstances to exist within their households, without realizing how dangerous the actions of the adults are, which impact the children and other adults within the home. The anger which erupts from abuse of alcohol or substance abuse, effects

not only the user but all who are involved with him/her in any way.

Common types of Anger:

1. Behavioral Anger;
2. Chronic Anger;
3. Constructive Anger;
4. Deliberate Anger;
5. Judgmental Anger;
6. Overwhelming Anger;
7. Paranoid Anger;
8. Retaliatory Anger;
9. Self-Inflicted Anger;
10. Verbal Anger;

## 2. REVIEW OF LITERATURE:

The current writing about alcohol and alcohol addiction is so huge and fluctuated. Yet, audits of the accessible ones uncover that reviews identified with the mates of drunkards are not very many. For planning the present examination the huge discoveries and perceptions of prior investigations are basically investigated, which concentrates detailed amid the previous five years separated from the exceptionally noteworthy {interesting, significant, or unusual} more seasoned ones. Studies are characterized and displayed less than four noteworthy segments:

- Biological impacts of alcohol abuse;
- Effects of Alcoholism on youngsters;
- Psycho social impacts of Alcoholism;
- Effects of alcohol abuse on marriage and family.

### Natural effects of alcoholism:

**Sabhesan, S. and Natarajan, M. (1988)** discovered posttraumatic amnesia (PTA) to be drawn out in subjects who were alcohol wards before head damage. A correlation with controls showed that the PTA in the drunkards was altogether more.

**Shankar, Ray and Desai (1986)** investigated liver tissue from 41 male heavy drinkers and blood tests from the drunkards and from 52 male nonalcoholic controls (individuals). Mean utilization of alcohol among alcoholic subjects was 183.1 g of ethanol for a

normal of 9.7 years. Just five subjects had ordinary livers. Six subjects had greasy livers, 23 had alcoholic hepatitis, and four had pre-cirrhosis and cirrhosis. Biochemical investigation demonstrated that drunkards had lifted estimations of SGOT, SGPT and GGT contrasted with controls.

*{Enzymes are chemicals that help the cells of your body work. **AST** is found in red blood cells, liver cells, and muscle cells, including the heart. It is released into the blood when these cells are damaged. This enzyme is also called serum glutamic-oxaloacetic transaminase, or SGOT}*

*{SGPT: Serum glutamic pyruvic transaminase, an enzyme that is normally present in liver and heart cells. SGPT is released into **blood** when the liver or heart are damaged}*

*{The gamma-glutamyl transferase (GGT) test may be used to determine the cause of elevated alkaline phosphatase (ALP). Both ALP and GGT are elevated in disease of the bile ducts and in some liver diseases, but only ALP will be elevated in bone disease}*

**Ravindran (1995)** investigates the psycho diagnostic capacity of the Bender Visual Motor Gestalt Test (BVMGT) in distinguishing {perceptuomotor **perceptuomotor** (not comparable) (physiology) Describing the movement of a limb in response to a perception; especially describing the ability to reach towards an object that is being looked at} brokenness because of unending alcohol addiction. 30 endless alcoholic guys and 30 male controls were independently directed to the BVMGT. The two gatherings had been coordinated on age and training. The scoring proposed by **Pascal and Suttell (1951)** was utilized to break down the information. Results uncovered that alcoholic subjects performed ineffectively on five of the eight outlines. Frequencies of deviations were reliably higher for alcoholic subjects.

**Kurup and Kurup (2003)** surveyed the pathway in patients with alcoholic compulsion, alcoholic cirrhosis, and gained hepatocerebral degeneration {Loss of nerve and supporting cells of the brain from multiple episodes of hepatic encephalopathy or coma. This condition may be caused by Wilson's disease or other insults to the liver, e.g., hepatic coma produced by alcoholic, drug-induced, or viral hepatitis}. The part of hemispheric strength in their pathogenesis {the manner of development of a disease} likewise was examined. In the patient gathering there was raised digoxin {a poisonous compound present in the foxglove and other plants. It is a steroid glycoside and is used in small doses as a cardiac stimulant} blend, expanded dolichol {**Dolichol** refers to any of a group of long-chain mostly unsaturated organic compounds that are made up of varying numbers of isoprene units

terminating in an  $\alpha$ -saturated isoprenoid group, containing an alcohol functional group. Contents} and glycoconjugate {**Glycoconjugates** is the general classification for carbohydrates covalently linked with other chemical species such as proteins, peptides, lipids and saccharides. **Glycoconjugates** are formed in processes termed glycosylation} levels, and low ubiquinone {any of a class of compounds that occur in all living cells and that act as electron-transfer agents in cell respiration} and hoisted free radical levels. There was an expansion in tryptophan catabolites {a product of catabolism} and a decrease in tyrosine {a hydrophilic amino acid that is a constituent of most proteins and is important in the synthesis of some hormones} catabolites, and additionally lessened endogenous morphine amalgamation from tyrosine. There was an expansion in cholesterol; phospholipid {a lipid containing a phosphate group in its molecule, e.g., lecithin} proportion and a decrease in glycoconjugate {**Glycoconjugates** is the general classification for carbohydrates covalently linked with other chemical species such as proteins, peptides, lipids and saccharides. **Glycoconjugates** are formed in processes termed glycosylation} level of RBC layer in these gatherings of patients. Alcoholic cirrhosis, alcoholic enslavement, and procured hepatocerebral {**Hepatocerebral degeneration is a brain disorder that occurs in people with liver damage**} degenerations were related with an up-regulated isoprenoid {Also, referred to as terpenoids or prenol lipids, **isoprenoids** are any of a class of organic compounds composed of two or more units of hydrocarbons, with each unit consisting of five carbon atoms arranged in a specific pattern} pathway and raised digoxin emission from the hypothalamus. This can add to NMDA excitotoxicity {**Excitotoxicity** is the pathological process by which nerve cells are damaged or killed by excessive stimulation by neurotransmitters such as glutamate and similar substances} and modified connective tissue lipid digestion correlation in its pathogenesis. Alcoholic habit, alcoholic cirrhosis, and obtained hepatocerebral {**Hepatocerebral degeneration is a brain disorder that occurs in people with liver damage**} degeneration happened in right hemispheric, artificially prevailing people.

**Moore, Endo and Carter (2003)** examined the connection between:

- Two limits of over the top alcohol drinking;
- Binge drinking; and
- Impairment in practical status in more established consumers.

In this cross sectional examination, ten inward drugs rehearse partnered with a scholastic restorative focus.

One hundred sixty-one people, matured 60 and more seasoned, who revealed drinking at least one beverage in the past three months. Two usually utilized limits of exorbitant drinking:

- 1) Eight to 14 drinks for every week for ladies and men (bring down edge) and
- 2) More than 14 drinks for every week for ladies and men (higher edge); a measure of episodic drinking (> or = 3 drinks for each event for ladies or > or = 4 drinks for each event for men); and self-revealed instrumental exercises of day by day living (IADLs) and propelled exercises of day by day living (AADLs).

Results demonstrated that more seasoned people expending seven or less beverages for each week, those surpassing the higher edge of over the top drinking will probably have hindrances in IADLs (balanced chances proportion (AOR) = 8.4) and, to a lesser degree, AADLs (AOR = 3.7); those surpassing the lower limit will probably have disabilities in IADLs (AOR 56.0) however not in AADLs (AOR = 1.7). Orgy consumers were additionally more inclined to have weaknesses in IADLs (AOR = 3.0) however not in AADLs (AOR = 1.5). In this gathering of more seasoned men and ladies, drinking more than seven beverages for every week was related with disabilities in IADLs and, to a lesser degree, AADLs. Drinking more than three beverages for each event was related with weaknesses in IADLs.

**Schweinsburg, Omar and Michael et al. (2003)** utilized proton attractive reverberation spectroscopy to assess sexual orientation effects on alcohol related changes in cerebrum digestion. Convergences of N-acetylaspartate {*N-Acetylaspartic acid, or N-acetylaspartate, is a derivative of aspartic acid with a formula of  $C_6H_9NO_5$  and a molecular weight of 175.139. NAA is the second-most-concentrated molecule in the brain after the amino acid glutamate*}, Choline containing {*Choline is a water-soluble vitamin-like essential nutrient. It is a basic constituent of lecithin, which is present in many plants and animal organs*} mixes, myo-inositol {**Myo-inositol** helps to promote proper utilization of the hormone insulin, which in turn supports proper hormone balance, ovarian function, egg quality and menstrual cycle regularity}, and creatine {*Creatine is a nitrogenous organic acid that occurs naturally in vertebrates. Its main role is to facilitate recycling of adenosine triphosphate, the energy currency of the cell, primarily in muscle and brain tissue*} in addition to phosphocreatine {a phosphate ester of creatine found in vertebrate muscle, where it serves to store phosphates to provide energy for muscular contraction} in frontal

projection dim issue and white issue were evaluated in eight ladies and seventeen men who were as of late detoxified from long haul alcohol addiction. Twelve ladies and thirteen men with no history of alcohol addiction were utilized as a correlation gathering. Results demonstrated that lower groupings of white issue N-acetylaspartate, which may show neuronal misfortune or brokenness, is similarly serious in men and women with equivalent alcohol abuse histories. In any case, female drunkards displayed essentially less N-acetylaspartate in frontal dark issue with respect to female nonalcoholic correlation subjects, which could imply that female heavy drinkers are more powerless to dim issue damage than their male partners.

Impacts of Alcoholism on kids **Brown and Sunshine (1982)**, in their examination proposes that offspring of heavy drinkers, similar to their folks are confined and commonly bear disgrace, confusion, and are very alone. Gatherings can give kids an inclination that their encounters are not one of a kind.

**Ambrozik (1983)**, analyzed the social circumstance of 91 youngsters from 34 alcoholic families. For the most part, Ss {Ss = some of them} needed parental care and control, lived in troublesome monetary and lodging conditions, and was associated with irritated and regularly obsessive family relations. They saw inbreeding, enticements, suicides, battles, and their moms undermining themselves, bringing about formative aggravations. They demonstrated weakness; inadmissible advance at school; absence of instructive desires; aggravated relations with their folks, educators, and other youngsters; and socially unaccepted or even criminal conduct.

**Callan and Jackson (1986)**, looked at 21 youthful kids (mean age 13.6 yrs) of recuperated alcoholic fathers and 14 youngsters (mean age 13, 6 yrs) of alcoholic fathers with 35 socio demographically coordinated controls (mean age 13.5 yrs) on parts of family and individual modification (**Rosenberg Self-Esteem Scale and Rotter's Internal-External Locus of Control Scale**), the parent-kid relationship, and impression of alcohol addiction. Offsprings of recuperated heavy drinkers and controls evaluated their families as more joyful and all the more confiding in, strong, secure, and loving than did offspring of families in which fathers still drank. Youths scored correspondingly on measures of confidence and locus of control, yet offspring of drunkards were less content with their lives. The 3 bunches did not contrast in their associations with either parent. Offspring of alcoholic or recuperated alcoholic fathers were less inclined to ascribe alcohol addiction to inside causes than controls, notwithstanding, and were more positive about heavy drinkers and their recuperation.

**Throwe (1986)**, talks about alcohol abuse as a multifaceted burden that straightforwardly influences the family as an aggregate unit and every part as an interfacing individual of that framework. Four

predominant issues shared by alcoholic families incorporate modified correspondence designs, part challenges, poor sexual collaboration, and forceful practices. In process that families use to manage alcohol issue includes five phases:

- 1) Denial conduct;
- 2) Control endeavors;
- 3) Disorganization of the family
- 4) Disassociation; and
- 5) Making decisions on whether to remain with or isolate from the family.

Anger and blame are the two most basic family responses to the emergency of hospitalization of a drunkard relative. Evaluation and intercession procedures that must be offered by social insurance suppliers to manage these two responses are portrayed.

**Kondandararn (1995)**, examined the alteration issues of 30 youthful offspring of alcohol subordinate fathers and 30 immature offspring of nonalcoholic subordinate fathers. Results show that the offspring of heavy drinkers have more change issues than their partners in the zones of home, wellbeing, social and enthusiastic. Offspring of alcoholic fathers had issues of parental dismissal, industrious strain at home, and powerlessness to relate to or identify with one or the two guardians.

**Jacob and Windle (2000)**, directed an investigation on 128 grown-up offspring of alcoholic fathers and discovered major issues in the territories of drinking, identity, psychopathology, instructive and social working. 128 grown-up posterity of alcoholic fathers (COAs), 138 grown-up posterity of ordinary control fathers and 127 grown-up posterity of discouraged fathers demonstrate that essentially more COAs {*Children of Alcoholics*} than correlation posterity were encountering significant issues in these territories. As indicated by the creators, these discoveries show that the dangers for COAs may relate particularly to parental alcohol addiction and its effect on posterity advancement and not to the combiner impacts of different parent psychopathologies and or dangerous type of family flimsiness.

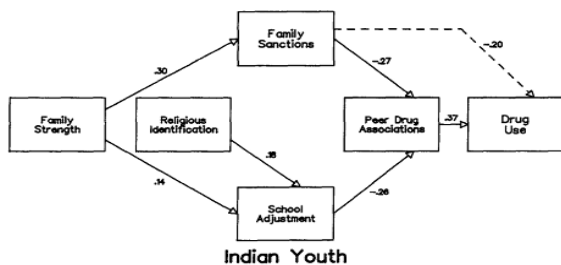
**Skibbee (2001)**, considered the connection between parental emotional well-beings, family customs, family conditions, and the strength of teenagers of alcoholic guardians. A correlation relationship was found among adolescent posterity with respect to family interruption and low family ceremonies / closeness. The examination information proposed that pre-adult's young men, not young ladies.

### 3. SOCIALIZATION LINKS AND DRUGS:

Utilization of Indian Youth, A youngster learns social mentalities, convictions, qualities, and practices through association with other individuals. The close family is obviously the most vital socialization compel in the youthful youngster's experience, taken after nearly by the more distant family. Later there is expanded contribution in different subcultures — the school, religion, the group, and associates. For more established Indian youth there may likewise be inclusion in a tribe or other social society.

The people group is a vital factor, as it gives the encompassing condition in which these different connections happen. The people group that individuals live in has been appeared to be identified with sedate contribution; when there is a general social pathology in the group, at that point tranquilize utilize is identified with the degree of that pathology. Issues in Indian reservation groups have just been examined; obviously, those issues may have an impact on the general degree of alcohol and drug utilization. Inside people group other socialization powers affect whether an adolescent gets engaged with sedate utilizing peer bunches. Ways outlined are a method for delineating that how the distinctive qualities are connected and how they cooperate in identifying with a result.

The ways outlined in Figure 6-1 indicate how these socialization groups fit together for Anglo and Indian youths. These outcomes are legitimate for one arrangement of Indian clans; information for an alternate arrangement of clans may prompt somewhat extraordinary outcomes, yet the general examples are probably going to be comparative. From various perspectives the way graphs for Anglo and Indian youths are comparative. They demonstrate that the correlation factor in deciding drug utilize is whether the young has "peer tranquilize affiliations", that is, regardless of whether an immature is included with sedate utilizing companions. In demonstrating this connection, the models outline peer group hypothesis — that is, when drugs are utilized, they are probably going to be utilized with companions. The models for Anglo and Indian youths are likewise comparative in different ways.



Source: [12]

Drug utilization might be an immediate outcome of having drug-included companions, yet what decides, if an adolescent will manufacture associations with other youths who utilize drugs? Among both Indian and Anglo youths, the two socialization factors that have the most intensity for averting inclusion with tranquilize utilizing companions are school, change and family authorization against drugs. A look at the models that demonstrate that having a solid family can be the reason for both **of these variables**: the solid family is probably going to offer help and support for its youngsters to enhance school modifications, and the solid family is probably going to give solid authorizations against sedate utilization. Youngsters who are experiencing difficulty in school tend to locate each other. They are not getting any prizes from school, and much of the time they have different issues as well. They are probably going to frame peer groups that have a high potential for aberrance, including alcohol and drug utilize. A similar thing is probably going to happen, if the family does not give solid messages against utilizing drugs. About each Indian family that is against tranquilize utilize, however a few families get this message crosswise over to their kids superior to others. Youths from families that don't give solid approvals against sedate utilize are probably going to locate each other, and the subsequent associate bunches likewise have a higher potential for aberrance and the abuse of alcohol and drugs.

### 4. TYPES OF ANGER:

#### COMMON TYPES OF ANGER:

It's implied that, anger is one of those feelings that can be ruinous and prompt different issues in the event that it goes unnoticed. Despite the fact that it can be intense here and there, with the different sorts of anger around, perceiving when anger initially happens is a key factor in figuring out what to do when it raises its appalling head. Here are a large number of the most well-known sorts of anger. Check whether if you perceive any of them.

1. **Behavioral Anger** – This sort of anger for the most part depicts somebody, who is forceful towards whatever set off their anger, this can be someone else. This can be somebody, who dependably appears to carry on, or is troublesome. At times the result is being physical, mishandled or assaults against others.
2. **Passive Anger** – People who utilize mockery or joke as an approach to conceal their sentiments, regularly express this type of anger. They have a tendency to stay

away from showdowns with individuals or circumstances.

3. **Verbal Anger** – Anger that is communicated for the most part through words and not activities. Verbal mishandle is utilized to censure and affront individuals (put them down) and gripe.
4. **Constructive Anger** – This kind of anger is a key factor in driving individuals to need to join developments and gatherings. It's the sentiment being tired of how things are going, and the need to roll out towards a positive improvement.
5. **Self-delivered Anger** – Anger that makes an interpretation of in making hurt one's own particular body. Individuals, who utilize this sort of anger are carrying on by rebuffing themselves for something they've fouled up. A few cases incorporate starvation, cutting, and gorging.
6. **Volatile Anger** – This type of anger happens in differing degree, it travels every which way. It can simply show up all of a sudden, or incorporate with something greater. It can either detonate or go unnoticed. It could even be communicated verbally or physically.
7. **Chronic Anger** – Ever run over somebody that is apparently irate for reasons unknown, or distraught constantly? More than likely, they were showing this sort of anger. Individuals with interminable anger are only frantic by and large.
8. **Judgmental Anger** – Putting other individuals down and influencing them to feel awful about themselves, or capacities, is a type of judgmental anger. This individual communicates their sentiments by making people around them feel useless.
9. **Overwhelmed Anger** – This individual diminishes worry by yelling, and spinning out of control, when they can't take circumstances and things that are occurring around them, any longer. At the point, when things are simply excessively overpowering, which is the reason it's called 'overpowered anger'.
10. **Retaliatory Anger** – This is presumably a standout amongst the most widely recognized, of the cluster. Retaliatory anger generally happens as an immediate reaction to another person lashing out at you, has that transpired here and there?
11. **Paranoid Anger** – This anger comes to fruition when somebody feels envy towards others, since they feel other individuals have or need to take what's legitimately theirs. Or on the other hand they may carry on in light of the fact that they feel threatened by others.
12. **Deliberate Anger** – Using annoyance to pick up control over a circumstance or individual. A man communicating this type of anger may not begin irate, but rather will get furious when something does not turn out how they would have preferred. Or on the other hand, somebody doesn't see eye to eye with something they arranged. This sort of anger is arranged.
13. **Anger Avoidance** – These individuals don't care for anger much. Some fear their anger, or the anger of others.
14. **Sneaky Anger** – Anger Sneaks never let others know they are furious.
15. **Sudden Anger** – People with sudden anger resemble electrical storms on a late spring day. They zoom in from no place, impact everything in sight, and after that vanish. In some cases it's just lightning and thunder, a major demonstrate that overwhelms.
16. **Shame-Based Anger** – People who require a considerable measure of consideration or are exceptionally touchy to feedback regularly build up this style of anger. The smallest feedback sets off their own disgrace.
17. **Addictive Anger** – Some individuals need the solid emotions that accompany anger. They like the force regardless of whether they dislike the inconvenience their anger causes them.
18. **Habitual Anger** – Anger can turn into an unfortunate propensity. Constantly irate individuals end up getting furious regularly, more often than not about little things that don't trouble others. They wake up cranky and start cursing the family members & friends around them.
19. **Moral Anger** – Some individuals think they have the privilege to be irate when others have broken a run the show. This makes the wrongdoer's awful, underhanded, mischievous, and wicked. They must be chastened, or perhaps rebuffed.
20. **Hate** – Hate is solidified anger. It is a terrible anger style that happens when somebody chooses that no less than one other individual is absolutely underhanded or awful. Pardoning the other individual

appears to be inconceivable. Rather, the hater promises to disdain the wrongdoer. Abhor begins as anger that does not get settled.

21. **Violent Behavior** – These sorts of anger would all be able to prompt some sort of rough conduct. It frequently starts with verbal dangers or moderately minor occurrences, however after some time it can include physical mischief.

Violent conduct is extremely harming, both physically and inwardly. Vicious Behavior can incorporate physical, verbal, or sexual abuse of a private accomplice (aggressive behavior at home), a (kid mishandle), or a more seasoned grown-up (senior abuse).

22. **Incidental Anger** -- "Anger is not a bad or terrible emotion; it helps us to sense that something is wrong", says **Pavlock**. One such type of anger is incidental anger or anger about a specific event or situation that gets addressed directly & quickly. It's great to have an anger provoking incident, appropriately express it and move on.

According **Ms. Pavlock**; using "I feel" statements instead of accusatory language to keep the conversation direct and appropriate. The conversation handler needs to avoid angry outbursts or verbal abuse, which often upsets the person involved in conversation.

23. **Empathic Anger** -- As long as this anger is expressed appropriately, this is known as healthy anger in the form of Empathic Anger or righteous indignation. Empathic Anger occurs when you are angry on behalf of someone else (Aiken). It is a healthy anger to reduce harming anger in many ways.

These are the most well-known kinds of angers. As specified towards the start of this article, monitoring anger, when it initially shows up is one of the initial steps to ace keeping in mind the end goal to settle on various decisions in how to respond.

#### **Common symptoms that we look out for:**

Though there are different types of drugs, but the belongings and the symptoms are more or less the same, irrespective of the kind of drugs inspired. Some of the ordinary signs, which indicate that an individual is occupied with the process of drug abuse are:

- Neglecting responsibilities at workplace, school, colleges or at home like skipping your

tuition classes, low performance academically and staying away or alone for most of the time;

- It results in indifferences in relationships of an individual such as fights with your family members or your partner, losing a good old friend etc.;
- Change in behavioural attitude such as not being the same person when being with friends or family or partner;
- Losing temper easily and getting into nasty things for petty issues;
- Frequently getting into fights, accidents and illegal activities;
- Lack of motivation, feeling lethargic;
- Anxiety and Irritation;
- A Sudden Loss of appetite and weight & loss of sleep patterns.

#### **How can one stop the addiction to lead a normal & peaceful life:**

A large portion of the issue is settled, when one demonstrates the want to surrender addiction. One must talk up about his / her concerns to somebody who might comprehend and endeavour to get him / her out of the issue. One may endeavour to put limitations on oneself to stop the medication manhandle, depend on self-improvement programs, however without help, it would be extremely hard to put a conclusion to it. Support might come from:

- Family Members;
- Friends;
- Doctors or counsellors;
- People who had the same problem but recovered.

#### **CONCLUSION:**

The varying causes, which can spark the violence within the four walls of homes need to be analyzed carefully and a wise study of the factors causing the violence may prevent a family to suffer from the menace of domestic violence. The domestic violence may have a far wider and deeper impact in an individual's real life than what has been covered in this research paper. What is required: is to see closely the association of the factors provoking a particular form of domestic violence. If these factors

can be controlled then more than one form of violence can be prevented from harming an individual or our society and the world would be a much better place to live in. As it is discussed that behind the domestic violence there are many factors including, but not limited to Use of Alcohol, Use of Drugs, Use of Controlled Substances, Abuse of Medicine and Different Types of Angers. If these factors alcohol & drug abuse and angers are controlled a person can avoid the domestic violence in the family, which also effects the life of our children. In addition to this all the Indian Community living abroad can be a great morale to the societies living abroad if staying away from alcohol & drug abuse, anger and following the rules of traditional fundamentals can live in harmony in India and abroad.

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