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The Official Journal of
National Institute of
Mental Health, Dhaka

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Domestic violence among psychiatric patients: a cross-sectional descriptive study

Shoebur Reza Choudhury, Fahmida Ferdous, Nayan Ranjan Sarker, Abdul Matin

Background: Domestic violence is increasingly cited as a risk factor for the adverse physical and mental health outcomes. It is associated with an increase of psychoactive substance use, anxiety, depression, suicidality and post-traumatic stress disorder symptoms. It is also related with high risk of developing severe mental illness such as schizophrenia and bipolar disorder.

Objectives: To estimate the prevalence and factors associated with domestic violence among psychiatric patients.

Methods: : It was a cross-sectional, descriptive study and a convenient sample of 200 married adult psychiatric patients were taken. Domestic violence was assessed by using the Bangla version of HITS (Hurt-Insult-Threaten-Scream) Scale.

Results: Out of the 200 married adult psychiatric patients, domestic violence was experienced by 21% of the patients. Among the male, 13% were victims of domestic violence and among the female it was 27.8%. Victims of domestic violence most commonly suffered from depressive disorders (47.6%) and trauma and stress related disorders (19%).

Conclusions: A significant number of individuals with mental illnesses suffered from the domestic violence. Screening for domestic violence and providing information about safety plans can improve the quality of life and reduce the violence related injuries.

Declaration of interest: None

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Keywords: Domestic violence; mental health; in mental health settings; HITS.

Introduction

Domestic violence as a global public health problem is increasingly cited as a risk factor for adverse physical and mental health outcomes. In a retrospective cohort study in UK looking at the associations between domestic abuse and mental illness, strong association between exposure to domestic violence and the incidence of mental illness was found.¹ All types of domestic violence including physical,

emotional and sexual abuse, were strongly associated with depression in women attending general practice.² In addition to depression, domestic violence also has been associated with an increase of psychoactive substance use, anxiety, suicidality, and post-traumatic stress disorder symptoms.³ It has an inter generational effect with children witnessing abuse having multiple health problems.⁴

Women who have experienced domestic abuse have high risk of developing severe mental illness, such as schizophrenia and bipolar disorder.¹

Despite domestic violence being a very common problem in individuals with severe mental illness, there is comparatively little research in the mental health settings.⁵ Domestic violence is often not given due importance in mental health settings.⁵ Furthermore, there are many barriers for enquiry by health professionals.⁶ It is a sad reflection on the fields of psychiatry and other mental health professions that providers sometime do not feel it is part of their role, when the association of abuse and violence and mental ill health is so strong. Mahase E¹ found that not only was there a higher chance of developing mental illness after experiencing domestic abuse, but those with mental illness were more likely to go on to experiencing further domestic abuse. The over-reliance on medical, diagnostic and treatment models by mental health providers may be the cause of overlooking social issues such as domestic violence.⁵

Research showed that female survivors describe wanting primary care health providers to listen, show validation, empathy, non-judgmental and confidential responses regarding domestic violence. These skills are all within the scope of experienced mental health professionals.⁴ The lack of discussion in clinical settings related to domestic violence has seen a movement, particularly in the USA, for screening of all women in clinical settings.⁵ As far as the researcher's knowledge, domestic violence among the psychiatric patients is not mentioned much as the stigma in asking about domestic violence is also prevailing in many countries, which stimulates the authors of this paper to carry out the study to explore the issues of domestic violence in the psychiatric patients.

Methods

This was a cross-sectional study, carried out in the Internal Medicine Outpatient Department (OPD) of Combined Military Hospital (CMH), Dhaka, Bangladesh in between September 2018 to February 2019. Patients aged 18 years and above attending Internal Medicine OPD of CMH, Dhaka were enrolled by purposive sampling method. The patients who were suffering from acute physical illness, acute confusional state, patients who had visual or hearing impairment to such extent that they could not participate in the study were excluded from the study.

A semi-structured questionnaire was prepared to collect the sociodemographic information like age, sex, residence, marital status, family type, etc. Bangla version of Patient Health Questionnaire-9 (PHQ-9) was used to assess whether the respondents had experienced symptoms associated with depression within 2 weeks before the interview. Sensitivity and specificity of PHQ-9 score ≥ 10 is 88% for major depression.⁶ It is a very useful tool for accurate as well as rapid diagnosis of depression in clinical settings.⁶⁻⁸ Based on the instrument standard, a PHQ-9 score of ≥ 5 (five or more) was considered as significant for depression. PHQ-9 positive individuals were further assessed by psychiatrists for diagnosis of depression according to DSM-5 criteria.

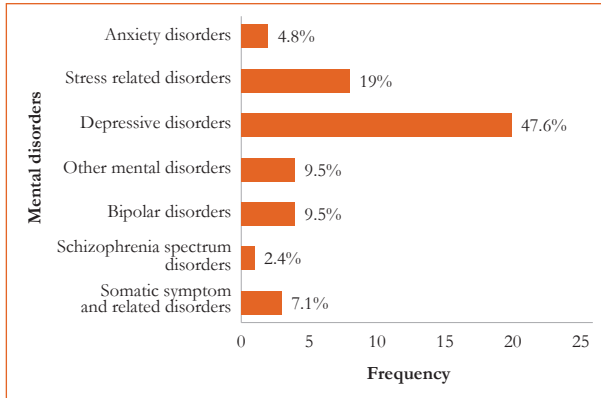
Results

All the respondents (N=200) were aged above 18 years and 75% of them were below 49 years and the mean (SD) age of the respondents was 35.8 ± 10.3 years. Most of the respondents were from urban background (75.3%), completed primary level of education (75.5%) and hailed from nuclear families (72%). Out of the 200 married adult psychiatric patients, domestic violence was experienced by 21% of the patients. Among the male married adult psychiatric patients 13% (n=12) were victims of domestic violence and among the female married adult psychiatric patients (n=108), 27.8% were victims of domestic violence (Table 1). Chi-square test showed, female psychiatric patients suffered comparatively more domestic violence than male psychiatric patients ($p < 0.05$).

Table 1: Incidence of domestic violence among male and female married adult psychiatric patients (N=200)

Gender	Domestic violence	Frequency (n)	Percentage (%)
Male	Present	12	13
	Absent	80	87
	Total	92	100
Female	Present	30	27.8
	Absent	78	72.2
	Total	108	100

Figure 1: Type of psychiatric disorders in the victims of domestic violence among the married adult psychiatric patients (n=42)



Among the victims of the domestic violence, most suffered from depressive disorders (47.6 %) followed by trauma and stress related disorders (19%) (Figure 1). However, no statistically significant difference was noted between male and female victims of domestic violence in the type of psychiatric disorders in the chi-square test ($p=0.164$).

Discussion

This was a cross-sectional, descriptive study and the main objective of the study was to determine the prevalence of domestic violence among the psychiatric patients. Out of the 200 married adult psychiatric patients, domestic violence was experienced by 21% of the patients. Among the female 27.8% were victims of domestic violence. Coker et al.⁹ found, among women, 25.3% experienced domestic violence. World Health Organization reported wide variation in the prevalence of domestic violence among women and mentioned that the prevalence estimates range from 37.7% in the South-East Asia region, 23.2% in high-income countries, 24.6% in the Western Pacific region and 37% in the Eastern Mediterranean region.¹⁰

In this study, among the male 13% were victim of the domestic violence. In the study of Coker et al., 13.2% of men were victim of the domestic violence.⁹ Shakil et al.⁴ also noted significant number of men were as likely as women to report psychological, emotional and sexual abuse. Among the victim of the domestic violence, most suffered

from depressive disorders which was also noted by Hegarty et al.¹¹ and they suggested doctors to ask depressed women routinely about their experiences of violence and abuse in intimate relationships. An Australian study of 1,257 female patients visiting GPs found women who were depressed were 5.8 times more likely to have experienced physical, emotional or sexual abuse than women who were not depressed.¹² Another study noted that women experiencing domestic abuse nearly three times as likely to develop mental illness.¹³

Conclusions

Domestic violence is a chronic and potentially life-threatening condition that is preventable and a strong association between exposure to domestic violence and the incidence of mental illness was found. Screening for domestic violence and providing information about safety plans and referrals to advocacy services can improve the quality of life and reduce the violence related injuries.

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How to cite this article: Choudhury SR, Ferdous F, Sarker NR, Matin A. Domestic violence among psychiatric patients: a cross-sectional descriptive study. Arch NIMH 2021; 4(1): 35-38.

Received 22 Feb 2021, revised 5 May 2021, accepted 15 May 2021.

References

- 1 Mahase E. Women who experience domestic abuse are three times as likely to develop mental illness. *BMJ* 2019; 365: 14126.
- 2 Hegarty K, Gunn J, Chondros P, Small R. Association between depression and abuse by partners of women attending general practice: descriptive, cross sectional survey. *BMJ* 2004; 328(7440): 621-4.
- 3 Ruiz-Pérez I, Plazaola-Castaño J. Intimate partner violence and mental health consequences in women attending family practice in Spain. *Psychosom Med* 2005; 67(5): 791-7.
- 4 Shakil A, Donald S, Sinacore J M, Krepcho M. Validation of the HITS Domestic Violence Screening Tool with Males. *Fam Med* 2005; 37(3): 193-8.
- 5 Hegarty K. Domestic violence: the hidden epidemic associated with mental illness. *BMJ* 2011; 198(3): 169-70.
- 6 Waalen J, Goodwin MM, Spitz AM, Petersen R, Saltzman LE. Screening for intimate partner violence by health care providers. Barriers and interventions. *Am J Prev Med* 2000; 19: 230-7.
- 7 Sherin KM, Sinacore JM, Li XQ, Zitter RE, Shakil A. HITS: a short domestic violence screening tool for use in a family practice setting. *Fam Med* 1998; 30(7): 508-12.
- 8 Choudhury SR, Ferdous F, Sarker N. Bangla adaptation of HITS- a domestic violence screening tool. *Arch NIMH* 2020; 3(2): 37-9.
- 9 Coker AL, Derrick C, Lumpkin JL. Help-seeking for intimate partner violence and forced sex in South Carolina. *Am J Prev Med* 2000; 19(4): 316-20.
- 10 World Health Organization. Violence against women. World health organization 2017; Available from: (<https://www.who.int/news-room/fact-sheets/detail/violence-against-women>).
- 11 Hegarty K, Gunn J, Chondros P, Small R. Association between depression and abuse by partners of women attending general practice: descriptive, cross sectional survey. *BMJ* 2004; 328(7440): 621-4.
- 12 Parker R. How domestic violence affects women's mental health. *The Conversation*; Available from: (<https://medicalxpress.com/news/2019-02-domestic-violence-affects-womenmental.html>).
- 13 Women experiencing domestic abuse nearly three times as likely to develop mental illness. University of Birmingham 2019; (<https://medicalxpress.com/news/2019-06--women-experiencing-domestic-abuse-mental.html>).