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Study of Domestic Violence in Female Patients of Schizophrenia

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ABSTRACT

Background **-** Schizophrenia is a chronic illness which puts burden on the patient and caregivers. Behavioral problems in Schizophrenia lead to domestic violence especially on females in India. ***Aim*** **-** To study the co-relation between level of psychopathology in Schizophrenia and domestic violence and also between domestic violence and anxiety or depression. ***Materials and Methods*** – 30female patients diagnosed with Schizophrenia (as per ICD 10) were recruited from OPD at Psychiatric Center, Jaipur. The Positive and Negative Symptom Scale, Interview Schedule for Violence in Women (Hindi version), Hamilton Rating Scale for Depression and Hamilton Rating Scale for Anxiety were applied. SPSS 20 was used for statistical analysis. Results and ***Conclusion*** **-** The total score of Domestic Violence was not found to be significantly associated with psychopathology in Schizophrenia. Domestic Violence was found to be significantly associated with Anxiety and Depression ($p<0.05$). This emphasizes the need to undertake measures to prevent domestic violence and thus prevent anxiety and depression in patients of Schizophrenia, for an improvement in the overall outcome of treatment.

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Domestic violence is defined as 'any incident of threatening behavior, violence or abuse (physical, psychological, sexual, emotional or economical) between adults who are or have been intimate partners or family members, regardless of gender or sexuality' (11). This definition encompasses traditional cultural practices, including forced marriage, honor-killings and female genital mutilation in addition to partner violence. However, there is no international consensus on which term to use for domestic violence and some believe that the term 'domestic violence' is misleading because domestic implies that the violence is occurring at home. Some international studies use the term 'intimate partner violence' but it implies an intimacy that partners may not share and assumes violence from the partner when in fact other family members may be involved (2). In this article the term 'domestic violence' has been used with reference to violence from spouse. In general population, the lifetime prevalence of domestic violence is comparable for men (one in five) and women (one in four), but women are at a greater risk for repeated coercive, sexual or severe physical violence (12). The WHO multi-country study reported a lifetime prevalence of physical and/or sexual partner violence between 15 and 71 % in women. A systematic review by Alhabib reported highest mean lifetime prevalence rates for physical and sexual violence in healthcare settings, including psychiatric settings (1). Lifetime prevalence of severe violence amongst psychiatric inpatients is 30-60% (13). Domestic violence is more hidden and potentially more psychologically harmful than stranger violence because of the nature of the relationship between the perpetrator and the victim (4). There is ample evidence supporting a causal relation between domestic violence and psychiatric disorders in both directions (10). Pre-existing mental health problem influences the vulnerability to domestic violence by increasing the likelihood of being in unsafe environments or relationships (19). The cultural influences in our country also contribute to domestic violence by making caregivers believe that they have a right over the victims and

need to teach them a lesson for their inappropriate behavior. This constitutes a part of 'expressed emotions' by relatives in the form of hostility towards patients, due to difficulty faced by them in regulating emotions. The lack of effective enforcement of laws prohibiting domestic violence has further provided impetus to a general lack of respect for the patients with Schizophrenia and thus to their victimization. Domestic violence has deleterious effects beyond trauma and is associated with many mental health consequences, including post traumatic stress disorder (PTSD), depression, substance misuse, functional symptoms and exacerbation of psychotic symptoms (12). In fact, psychological violence can be as detrimental to mental health as physical violence (18). Except for prevalence and observational studies conducted in recent years on population in Varanasi, Rohtak and Mumbai, there is limited literature pertaining to co-relation or intervention studies on this issue from Indian setting. The current study aimed at exploring domestic violence among patients with Schizophrenia. It aimed to explore the correlation between the level of psychopathology in Schizophrenia and domestic violence in those patients. Also, it aimed to find the correlation between domestic violence and anxiety and depression among patients with Schizophrenia.

MATERIALS AND METHOD

The current study was carried out in the out-patient psychiatry department of a tertiary care treatment centre. A cross-sectional observational design was used to study a sample of 30 female patients diagnosed with Schizophrenia as per ICD-10 (17). Those willing to participate in the study and giving informed consent were included in the study. The study subjects were assessed using semi structured proforma to collect socio-demographic details and illness related details; Positive and Negative Symptom Scale for Schizophrenia (PANSS); Interview Schedule on Violence against Women (ISVW)-Hindi version; Hamilton Rating scale for Depression (HAM-D); and Hamilton Rating scale for Anxiety (HAM- A). PANSS is an objective scale which gives separate scores on domains of positive, negative and

general symptoms. In order to make sure that psychopathology was not directly contributing to the symptoms of anxiety and depression, the patients with scores above 25 on positive and negative scales and above 35 on general symptoms scale, were excluded (24). ISVW- Hindi version is a scale devised after unanimous opinion of a team of experts working in the field of research in this area, after applying it on two successive occasions on a group of 50females, at an interval of two weeks (Reliability = 0.85). The scale was originally comprised of50 questions which were selectively condensed to a set of 20 questions answered on a score of 0to 2 (total score 40). A score of >5 is considered as positive and further graded as mild, moderate or severe. Domestic violence over the past one year was assessed. Hamilton Rating scale for Depression is an objective assessment of the level of depression. Hamilton Rating scale for Anxiety is an objective grading of severity of anxiety symptoms. The HAM-A and HAM-D were used to assess symptoms of anxiety and depression, respectively over the past 6 months. The subjects with insight score of less than/ equal to three (as assessed by PANSS) and Domestic Violence score of more than five were included in the study. Data were analyzed using SPSS version 20. Descriptive analysis was carried out for the study variables where the mean values and standard deviation for scores on each variable were calculated. Co-relation between domestic violence and Schizophrenia as well as between domestic violence and anxiety and depression was analyzed using the Pearson's co-relation coefficient. The level of statistical significance was kept at $p < 0.05$.

RESULTS

It was found that more than three-fourth of the cases belonged to an age of > 30 years (mean = 34.87± write SD as well years). About a third of cases were graduates and more than a third had passed higher secondary education. Very few cases (13.33%) were illiterate. Around 40 % of the women were employed outside their homes and the rest were homemakers. With respect to the distribution as per the type of family, half of the women belonged to joint families while the rest belonged to nuclear or nuclear extended families. The mean duration of

illness of the study subjects was 4.75± years. About two-third of the subjects had a history of illness in the range of 3-6 years. The descriptive analysis for the variables on the PANSS, HAM-A, HAM-D and ISVW has been presented in table 1.

Table 1: Psychopathology, anxiety, depression and experience of domestic violence scores for the study subjects (N=30)

Variables	Mean	SD
PANSS		
Positive	18.25	7.77
Negative	14.75	3.73
Composite	3.5	5.68
General	22.65	8.76
HAM-A	12.125	4.086
HAM-D	10	2.5
ISVW- Hindi version		
Domestic Violence	8.5	1.77
Physical	0.75	0.70
Sexual	0.125	0.35
Emotional	3.25	1.16
Economical	0.5	0.755
Social	3.875	1.12

A positive co-relation was found to exist between psychopathology and domestic violence. A negative co-relation was found between psychopathology in Schizophrenia and sexual violence. However, none of the values reached level of statistical significance (Table 2). There was a positive co-relation between violence and the severity of anxiety (0.799, p = 0.017). Economical and social violence also had positive co-relation with anxiety scores but failed to reach statistical significance (p = 0.06). A positive co-relation was found between total score of Domestic Violence and depression scores (0.804, p = 0.016). Economical violence showed a positive co-relation with depression scores but did not reach statistical significance (p = 0.06).

Table 2: Significant correlation between various study variables (N=30)

Variables	Coefficient of correlation	*p value*
Psychopathology and domestic violence	0.804	*0.016*
Depression and domestic violence	0.799	*0.017*

DISCUSSION

The Dunedin Multidisciplinary Health and Development Study in New Zealand found that intimate partner violence was associated with an increased risk of psychiatric disorders among women and there was a past history of substance misuse and other psychiatric illnesses in women of this group, highlighting the bidirectional causality among the two (6). In line with this view, it has been reported that mental health disorders like schizophrenia appear to elevate the risk of victimization in domestic violence (8). The results in our study are in keeping with the possibility of such relationship between schizophrenia and violence experienced by women. However, the severity of underlying schizophrenia did not appear to influence the severity of resultant violence significantly. There is a dearth of studies to further corroborate this finding.

An Indian study on Hinduism, marriage and mental health quotes that the most vulnerable group for domestic violence seems to be of the women who were married off at an early age by parents who no longer wanted to take responsibility for them or were concerned about their ineligibility as wives. These stigmatized attitudes tend to continue after marriage and contribute to reinforcing their sense of vulnerability and social burden (28). A study by the Schizophrenia Research Foundation (SCARF) showed that mental health problems in women were given low priority as compared to males in terms of latency and frequency of consultation (29). Married women with Schizophrenia especially form a high risk population for various forms of abuse where the victims are unable to raise their voice against violence or protect

themselves. Such women are more likely to be victims than perpetrators of violence (16, 26). In the current study all subjects were married and were symptomatic at the time of interview. With the focus of study on violence by spouse, the observations from the above research are reflected in this study in terms of marital status of the women, their home environment and spousal attitude towards their illness, causing hostility and inadequate care.

Researchers have observed over the years that when a woman presents with depression, anxiety, insomnia, suicidal ideation or post traumatic stress disorder, it is very likely that she has underlying abuse and violence issues (15).

It appears that a vast majority of people with severe mental illnesses like schizophrenia have experienced physical or sexual assault during their lifetime and often have a history of childhood sexual abuse (14). It is found that sexual trauma experienced by a patient leads to a form of schizophrenia with severe anxiety, heightened hallucinations and social withdrawal. Such patients are all the more likely to be preyed upon (22). Thus, sexual violence is a hidden culprit amongst patients who have a worse form of underlying Schizophrenia and leads to further degradation of the illness. Contrary to the above findings, our study found a negative correlation between sexual violence and severity of illness. This suggests a probable under-reporting of sexual violence in the conservative Indian scenario or perhaps points towards various barriers to disclosure of information pertaining to such a sensitive matter. Research has shown that women may not disclose unless they are asked (7, 27). It has been found in extensive research by Howard that domestic violence in mental health services is under-detected internationally with only 10-30 % of recent violence asked about and disclosed in clinical settings (13). Factors like the fear of consequences, shame, public involvement, child protection proceedings, fear of not being believed, presence of the perpetrator when being interviewed and fear that disclosing would lead to further violence impede the disclosure (27). The lack of knowledge, expertise or responsibility on the part of mental health professionals, other than barriers related to gender or cultural issues add to the patient concealing the history of abuse. The

disclosure of this sensitive matter can essentially be facilitated by good communication skills regardless of gender and by empathic listening, emotional validation, promising confidentiality and a non-judgmental attitude (9). Studies on the association between domestic violence and mental health indicate that experience with violence is associated with adverse mental health effects (3, 21). Amongst them, depression and anxiety account for most of the burden (31). While examining the temporal relationship between violence and depression, Karen et al found that among women, symptoms of resultant depression were associated with intimate partner violence. Domestic violence increases the odds of depressive symptoms and suicide attempts among women (5). National Survey of Families and Households, USA suggested that women experiencing domestic violence are more likely to show depressive symptoms at 5 year follow up (33). To assess the proportion of mental health disorder attributable to exposure to domestic violence based on an assumption of causality, PAF (population attributable fraction) of violence on depression in pregnant women was calculated by Ludermir in a Brazilian population and accordingly, post-natal depression in women was estimated to be 10% (23).

The significant association of domestic violence with both anxiety and depression found in our study replicates the above findings. This association also replicates the data from a systematic review which found that severity and duration of violence was associated with prevalence or severity of depression and declined over time once the abuse had ceased (15).

With respect to symptoms of anxiety, self report of trauma, especially sexual trauma is linked to particularly high levels of anxiety amongst patients of Schizophrenia (22). This association of sexual trauma with anxiety could not be replicated in our study for aforementioned probable reasons.

Evidence shows that depression increases odds of further violence. And severe levels of anxiety further worsen Schizophrenia in the form of more hallucinations, poorer functioning and hopelessness (22). This highlights the need to stop the vicious cycle between domestic violence and psychiatric disorders, both affecting each other

adversely. An important step in this direction would be to effectively detect and control domestic violence in patients and also treat co-morbid psychiatric symptoms. Introduction of routine enquiry for domestic violence while treating patients can help early detection of the same and curb further damage to the mental health of victims, although the practical efficacy of this method has not yet been demonstrated in studies. Ludermir demonstrated that reducing the prevalence of domestic violence in our society could substantially reduce the burden of mental disorders and the costs to health services (23).In addition to effective pharmacological management of underlying schizophrenia, psychological interventions also play an important role in global care of these women. A review by Feder found psycho-education on feminist self-empowerment strategies and self-advocacy modules to have modest benefit in reducing depressive symptoms and improving self esteem in the victims of domestic violence. However, it is difficult to extrapolate these results to women with severe psychiatric illnesses (7). Experts suggest safety based interventions by para-professionals or cognitive-behavior therapy delivered by psychologists to have promising results in improving depression in these patients (25, 7).A study exploring relationship between mental health and domestic violence conducted in Indian sub-continent in Pakistan concluded that violence in the form of adverse life events and verbal aggression increased vulnerability to further mental health problems and suicidal ideation. They found proper psycho-education and social support to be protective on this down-hill road. In clinical relevance, there is need to address mental health issues and risk of suicide in victims of domestic violence, in addition to stopping the violence effectively (20). This includes the need to make social and health care policies pertaining to severity of violence inflicted upon a mentally ill patient more stringent. Currently, the PWDVA (Protection of Women from Domestic Violence Act) in India provides for effective protection of rights of women who are victims of violence of any kind in a domestic relationship, guaranteed under the Constitution. It takes are conciliatory approach and empowers women to file a criminal law suit if required (30). New guidelines from World Health Organization recommend partnership of

primary care workers and mental health service workers with the domestic violence sector in addressing the needs of patients (32).

The current study has certain limitations. The sample size of the study was very small due to stringent inclusion criteria and probable barriers to disclosure of violence. Retrospective assessments could have introduced recall bias. Inclusion of a control group would have strengthened the results of the study. Active psychopathology in the patients could lead them to give biased or exaggerated responses while assessing domestic violence. However, an attempt was made to overcome this factor by including patients with reasonable insight. In conclusion, domestic violence is strongly associated with psychiatric disorders like Schizophrenia, but the level of psychopathology does not seem to significantly influence the severity of violence. Domestic violence is associated with anxiety and depression in patients of schizophrenia and thus can worsen the course of the illness. There is need to undertake appropriate measures to prevent domestic violence in Schizophrenia, for an improvement in the overall outcome of treatment.

RECOMMENDATIONS FOR CONTROLLING VIOLENCE AGAINST WOMEN

Mental illness Psychiatric illness should be identified and treated promptly. Patients with active symptoms should be kept in a protected environment till substantial improvement takes place. Many patients may need life-long protection e.g. those suffering from mental retardation or chronic schizophrenia. Women with severe mental illness need special attention. Public awareness needs to be created with respect to the following: • Women need protection but those with mental illness need more care and protection. • The real problem is not mental illness, but the negative attitude toward it. • Many medical illnesses create more problems in marriage, than mental illnesses. • There should no double standard? If a woman can continue the marriage after her husband develops a mental illness, so can the husband. Similarly, people should be made to understand that if it is right to marry a son or daughter with mental illness, then the reverse is also true. A daughter in-law with mental illness should also be

accepted. • Good family support greatly improves the prognosis. • Many women with mental illness prove to be better marriage partners and daughter-in-laws than those without mental illness. • If the husband's family accepts the woman with mental illness, the society will also follow • Woman with mental illness should be accepted with her illness. • Violence is not the solution. Mental illness in the victim (e.g. depression) or perpetrator (e.g. alcoholism or schizophrenia) should be promptly treated.

Restriction on use of alcohol-There should be prohibition of alcohol use in mass gatherings in institutions, public places like trains and buses. The number of alcohol outlets should be decreased. The age for purchasing alcohol may be raised to 30 years. Special checks on festive occasions are recommended with the help of breath analyzers. Involuntary treatment of persons with alcohol dependence should be carried out.

Control on media Sexual material should be censored. Good themes, which condemn violence and glorify rehabilitation of the victim, should be projected. Ban on pornography should be strictly implemented. The sites may be blocked.

Marriages Marriage of boys and girls should preferably be in early 20s, as soon as feasible, so that sexual needs could be satisfied in a socially appropriate manner.

Strengthening the institution of marriage Strong marital bond would act as a deterrent. The "Shiv-Parvati" model should be promoted for Hindus.

Law enforcement Efficient and accountable law enforcement machinery at all levels (administration, government, police and judiciary) is needed.

Legislation Change in mind set of the judiciary- This is the need of the day. Indira Jaising, Additional Solicitor General of India, aptly stated "It's time for India's courts to gaze inward and throw out deeply embedded patriarchal notions that stop judgments from being fair to women. Sexism within the system has to go before it does more damage in the country."[34] A High Court judge in Orissa in his

judgment once famously held "It was not possible for a man, acting alone, to rape a woman in good health."[34]

Amendments in existing legislations The Hindu Marriage Act (1955):[35] Mental illness may be removed from conditions of Hindu marriage. Not informing about past illness of mental illness should not be a ground for nullity of marriage. PWDVA, 2005 and DPA, 1961: Assessment for mental illness may be incorporated in the code civil procedure so that the mental illness is identified in the victim (woman) and/or perpetrator (male relative) and promptly treated. This way violence can be prevented.

New legislations New legislation is needed to provide for granting "Interim Relief" (A big sum of money that is paid by the perpetrator) to a victim of severe sexual assault. The money may be utilized for rehabilitation of the victim. Rehabilitation of the victims of brutal sexual assaults should be the State's responsibility. The legislation should provide for enhanced punishment for violence perpetrated against women with mental illness

Appropriate application of laws in the setting of mental illness This is often very difficult, nevertheless very important. Judiciary handling such cases should desirably have both legal (LLB) as well as medical (MD Psychiatry/DPM) qualifications.

Code of conduct Code of conduct at work place, school and home, with respect to interaction with persons of opposite sex should be outlined and implemented.

Gender sensitization Gender sensitization by parents and teachers is needed regarding the sensitivities and boundaries of man-woman relationships.

Education and employment Improvement in quality of education and employment opportunities for youth.

Recreation and talent Recreational avenues and opportunities for talent development in young people.

Moral and religious values Parents and teachers should strive to infuse good moral and religious values in children and serve as role models.

Population control Last, but not the least, If we are sincere we will get the results. Let us all say "No" to violence against women.

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