

Domestic Violence: What Should We Know and What Can We Do as a Mental Health Professional?

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Abstract

Domestic violence has recently become an area of major concerns among social and clinical services providers. As mental health professionals, we can help prevent occurrence of domestic violence by recognizing the predictors of violence in our psychiatric patients. We can also help the victims who suffered from trauma in domestic violence. In this paper, the predictors of domestic violence in psychiatric patients and the psychological impact on the victims of domestic violence will be discussed.

Keywords: violence, domestic violence, mental illness

Introduction

In the recent few years, there has been an increasing number of reports of domestic violence in Hong Kong. These tragedies not only draw the attention of the public and the mass media, they also raise the concerns among both social and clinical services providers. Because of the significant impact of domestic violence to the individual families concerned as well as the society, the government has provided different social services and community resources to support those families at risk.

As mental health professionals, we can help prevent the occurrence of domestic

violence by recognizing the predictors of violence in our psychiatric patients. We can also play a role to help the victims who suffered from both physical and psychological trauma in domestic violence. In this paper, the predictors of domestic violence in psychiatric patients and the psychological impact on the victims of domestic violence will be discussed. It hopefully can assist the mental health professional in identifying those at risk and managing those in need of help.

Definitions and forms of domestic violence

There is a number of definitions for domestic violence given by researchers. Kelly in 1999 defined domestic violence as emotional, physical,

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sexual, psychological or economic abuse of power and the exercise of control by another individual on a family member, partner or ex-partner regardless of gender, age or sexual orientation. Hester and Westmarland (2005) defined domestic violence as any incident of threatening behavior, violence or abuse between adults with close relationship, regardless of gender and sexuality.

To sum up the above definitions, domestic violence can be broadly defined as any unwanted aggression, humiliation and intimidation towards a family member or a partner. There are different forms of domestic violence including physical aggression, threats or intimidation, sexual abuse, emotional abuse, neglect or economic deprivation. Homicide and suicide are also regarded as domestic violence.

Prevalence of domestic violence

We all know the adverse impact of domestic violence to the families concerned and society. One of the issues is how prevalent and common this problem is in the world and in Hong Kong. According to one study done by Leye *et al.* 1999, 1 out of 5 women has experienced violence in an intimate relationship at some point of her life. In two United Kingdom and United States studies, they showed that the lifetime prevalence of domestic violence on women was around 20%. (Walby & Myhill, 2000; Coker *et al.* 2000). In one report done by World Health Organization (WHO, 2002), it showed that around 3% of women has been assaulted by their partner in most developed countries such as US, Canada and Australia; while over 50% of similar cases were reported in developing country such as Palestine.

In Hong Kong, the number of newly reported battered spouse cases increased from 1009 in 1998 to 2433 in 2001, and there were 4975 newly reported battered spouse cases from January to September in 2008 (Central information system on battered spouse and sexual violence, CISBSSV). According to the Child Protection Registry (CPR), there were

also 644 newly reported child abuse cases from January to September in 2008. From the above figures, it shows that the occurrence of domestic violence is not uncommon in Hong Kong and the number of reported cases has been increasing in the past few years. The follow-up questions we need to consider are the causes for the domestic violence and the preventive measures.

Predictors of domestic violence

There is a number of general predictors of domestic violence identified (Siegel, 2006). The presence of alcohol and the accessibility of weapon are found to be associated with increased risk of domestic violence. Furthermore, having a stepchild in the family with limited bonding and having marital discord with estrangement are also one of the predictors of domestic violence.

Different cultural and social values are also considered to be one of the predictors of domestic violence. In some culture, battered spouse is regarded as usual phenomenon and being accepted by some society, perpetrators tend to justify their violent act under such belief. Socioeconomic factor is also an important predictor of domestic violence. A person who is under economic stress and has a lower educational background with inadequate coping ability might take one's frustration and anger towards his or her spouse and family members, domestic violence will then be resulted.

Apart from the above factors, researchers also found that a significant number of domestic violence is resulted from a sudden burst of anger after a verbal dispute. History of victimization would also increase the risk of future violence propensity.

What about the predictors of domestic violence in our local population? There was one case-control study conducted in 2006 to investigate the risk factors for injury to married women from domestic violence in Hong Kong (Tsui *et al.*, 2006). Five contributors were identified

as risk factors for domestic violence in Hong Kong: they are husband having low educational level, unemployment, presence of extra-marital affairs, alcohol abuse and mental problem.

Mental illness and violence

As reported in the above local study, mental illness is one of the risk factors for domestic violence in Hong Kong. In 80's, most researchers believed that people with psychiatric disorders were no more likely to act violently than the general population (Hafner & Boker, 1982; Monahan & Steadman, 1983). However, in the last two decades, evidence to the contrary was found. Most of the studies supported the view that there was a moderate and reliable association between mental disorder and violence (Swanson et al, 1990; Lindqvist & Allebeck, 1990; Hodgins 1992). In these studies, the prevalence of violence in psychiatric patients was found ranging from 10% to 40%, with a median of 15%. The variation in the prevalence can be explained by different approaches to study the violence in psychiatric patients (Mullen 1997).

Despite the fact that different approaches were employed to study the relationship between mental illness and violent behavior, it is now generally accepted that psychiatric patients are statistically more violent than the general population. The next question is whether there are any predictors of violent behavior among these patients.

A retrospective study of the case notes of 515 patients in psychiatric hospitals of the New Territories East region in Hong Kong was conducted in 2007 (Chow and Ng) It showed that the prevalence of violence in psychiatric patients was 18.6%. A number of predictors for violent behavior in psychiatric patients were identified in this study. The predictors like past history of violence, patients suffered from psychotic disorder or learning disability, and patients having symptoms of persecutory delusion and agitation were all associated with increased risk of violence.

Psychiatric impact on victims of domestic violence

Apart from identifying and managing the perpetrator of domestic violence, mental health professional can also play an important role in assessing and treating the victims of domestic violence. A study shows that up to 60-90% of battered women had mental health problems (Warshaw et al, 2003). A meta-analysis done by Golding (1999) shows that among the 63% of battered women suffering from Post-traumatic stress disorder, 50% of them had depression, 18% had suicidal behavior and 15% had alcohol abuse problem.

Men are also abused by their female partner. However, domestic violence against men is not always acknowledged and is under-investigated. However, it is suggested that psychiatric impact of domestic violence on men is similar to those on female victims in terms of physical, emotional, sexual and financial sufferings.

As victims of domestic violence are often reluctant to disclose their problems, mental health professionals should therefore be more alert on the signs and presentation of the victims. They include frequent somatic complaints, inconsistent history and explanation of accidental injuries and tendency to minimize their extent of injuries. Moreover, their mental state should be assessed to see if they appear frightened and anxious or depressed.

Conclusion

Domestic violence is a major social and health problem; we cannot undermine its adverse impact to the families concerned as well as to the society. Apart from managing the victims, we should also focus on identifying predictors of violence in our mentally ill patients and manage them accordingly. Furthermore, a multidisciplinary approach involving medical health professionals, social workers and police can be applied when researching the cause, the impact and the preventive measures of domestic violence.

摘要

家庭暴力：作為精神健康的專業人士，什麼是我們應該了解和應該從事的呢？

近年，香港家庭暴力的個案不斷增加。作為醫護人員的一份子，我們希望從評估中，預早可發現及預防精神病患者對於家人的暴力行爲；更希望幫助及治療家庭暴力中的受害人。這篇文章會指出一些導致家庭暴力的危險因素，及提出受害人可能患上的情緒問題。

References

- Chow KW, Ng FS. (2007) Violent Behaviour and its Predictors in Psychiatric Patients – A study in Hong Kong. *Hong Kong Journal of Psychiatry*, 17, 115-123.
- Coker A, Smith PH, Mckeown R, et al. (2000) Frequency and correlates of intimate partner violence by type: physical, sexual and psychological battering. *American Journal of Public Health*; 90, 553-559.
- Larry J. Siegel (2006). *Criminology 9th edition*. Thomson Wadsworth.
- Golding JM. (1999) Intimate partner violence as a risk factor for mental disorders: a meta-analysis. *Journal Of Family Violence*, 14, 99-132.
- Hafner H & Boker W. (1982) *Crimes of violence by mental abnormal offenders*. Cambridge: Cambridge University Press.
- Hester M & Westmarland N. (2005) *Tackling Domestic Violence: Effective Interventions and Approaches*. Home Research Study 290. The Stationery Office, London.
- Hodgins S. (1992) Mental disorder, intellectual deficiency and crime: evidence from a birth cohort. *Archives of General Psychiatry*, 49, 476-483.
- Kelly L. (1999) *Domestic violence matters: An Evaluation of a Development Project*. Home Office Study 188. The Stationery Office, London.

Leye E, Githaiga A, Temmerman M. (1999) *Health Care strategies for combating violence against women in developing countries*. International Centre for Reproductive Health. University of Ghent, Belgium.

Lindqvist P & Allebeck P. (1990) Schizophrenia and crime. A longitudinal follow-up of 644 schizophrenics in Stockholm. *British Journal of Psychiatry*, 157, 347-350.

Monahan J. & Steadman H. (1983) Crime and mental illness: an epidemiological approach. In Morris N & Tonry M (eds) *Crime and Justice*, Vol 4. Chicago: University of Chicago Press.

Mullen P.E. (1997) A reassessment of the link between mental disorder and violent behaviour, and its implications for clinical practice. *Australian and New Zealand Journal of Psychiatry*, 31, 3-11.

Social Welfare Department Hong Kong website www.info.gov.hk/swd.

Swanson J, Borum R, Swartz M, et al. (1999) Violent behavior preceding hospitalization among persons with severe mental illness. *Law and Human Behavior*, 23, 185-204.

Tsui KL, Chan AY, SO FL, et al. (2006) Risk Factors for injury to married women from domestic violence in Hong Kong. *Hong Kong Medical Journal*, 12, 289-293.

Walby S & Myhill A. (2000) *Reducing domestic violence, what works? Assessing and managing the risk of domestic violence*. Crime reduction research series. London, UK: Policing and Reducing Crime Unit, Home Office Research, Development and Statistics Directorate.

Warshaw C, et al. (2003) *Report on Mental Health Issues and Service Needs in Chicago area Domestic Violence Programs*.

World Health Organization. (2002) *World report on violence and health*. Geneva (CH): WHO.