

Violent victimization of the mentally ill- skeletons in the closet

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ABSTRACT

Background: Mentally ill individuals are generally portrayed as being violent by society. Violence against the mentally ill, on the other hand is not portrayed despite its higher prevalence. It has been seen in a variety of settings and needs to be estimated and tackled.

Methodology: This study was conducted in a tertiary care centre in urban Bangalore. 100 inpatients of Psychiatry were compared with inpatients in Medicine and Surgery based on Norvold's Abuse Questionnaire (NorAQ) for lifetime emotional, physical and sexual abuse. Comparisons were also made on the basis of gender.

Results: A significantly higher prevalence of lifetime abuse was found in the mentally ill with differences in the nature of abuse across gender.

Conclusion: The mentally ill face significant discrimination and victimization in society which needs urgent addressing. Variations in abuse across social scenario and gender are known to occur. More studies on this aspect are required to guide lawmakers and mental health professionals alike.

Keywords: Violent victimization-emotional abuse-physical abuse-sexual abuse.

(Paper received – 18th November 2019, Peer review completed – 12th December 2019)

(Accepted – 16th December 2019)

INTRODUCTION

“Guns don't kill people, the mentally ill do”

Ann Coulter, social and political commentator, January 16th 2013 [1].

Prevalent beliefs in society point to a link between mental illness and violence. This has been held quite stably over time [2]. Most early studies focused on this aspect [3-4]. Of the major mental illnesses, psychosis and schizophrenia have been believed to carry the maximum risk of violence [5-6]. Multiple studies have been carried out to study the risk factors for violence in psychosis. However, evidence has failed to point out any significant predisposition of violence in psychotic individuals compared to the general population [7]. The attributable risk of being mentally ill to violent amounts to about 5% only [8-9]. On the other hand, violent victimization and abuse of the mentally ill has been largely ignored. Recent studies point out that individuals with severe mental illness are at higher risk than the general population to be victimized [10]. These have been found to occur in varied settings, including home, work and even in prisons [9-11]. The risk of being victim far exceeds the data showing mentally ill as perpetrators. There are various factors which predispose violence against individuals with mentally illness. In this study we attempt to dispel a few myths and throw light on this important issue.

METHODOLOGY

Our study was a cross-sectional comparative study done in the teaching hospital of Ramaiah Medical College, Bengaluru between July 2017 to October 2017. 100 consecutive patients admitted in the Psychiatry ward were enrolled by convenient sampling. 100 patients admitted at the same period in medicine and Surgery wards were taken as controls. After a brief assessment of psychiatric history including substance abuse, informed verbal consent was taken and Norvold Abuse Questionnaire (NorAQ) administered.

The NorAQ is a 13 items questionnaire which assesses lifetime incidence of abuse, either as a child or in adulthood or both. It assesses emotional, physical and sexual abuse and also abuse in health-care system. Both penetrative and non-penetrative abuse are assessed by this scale. For each item, there is a separate grading of mild, moderate and severe abuse. The score obtained ranges from 13-52 with higher scores pointing to more severe abuse. It has been tested in various settings. In women in a Swedish community it showed good test-retest reliability (84-95%). Specificity was high for all types of abuse (98%) except physical (85%). Sensitivity ranged from 75% for emotional abuse to 6% for physical [12].

Data obtained included age, gender, psychiatric diagnosis made and presence/absence of abuse as scored on NorAQ. Abuse in health-care system was not applicable to any of the subjects. Analysis was done on SPSS 18.0.

RESULTS

Our study population included 100 inpatients from Psychiatry ward (Table 1) and the rest 100 were inpatients in Medicine and Surgery. 111 males and 89 females were enrolled in our study. Of them 55 males and 45 females belonged to Psychiatry. The mean age of the population was 41.9 years. The mean age for the Psychiatry inpatients was 41.0 years whereas that of the controls was 42.9 years. This suggests that the cases and controls were uniform in terms of age.

Table 1: Diagnoses of the mentally ill patients in study

Diagnosis	Number of patients
Adjustment disorder	4
Major depression	9
Schizophrenia	19
Chronic unspecified psychosis	10
Bipolar disorder with mania	18
Alcohol dependence	12
Dissociative disorder	7
Somatoform disorder	10
Obsessive compulsive disorder	3
Panic disorder	4

Our study found 103(51.5%) of the total study population to have experienced some form of emotional, physical or sexual abuse at some form in their lives. Of them 46(44.7%) had faced violence as a child, 42(40.8%) in adulthood and 15(14.6%) in both childhood and adulthood. Among the psychiatric inpatients 64(64%) had suffered emotional abuse, 75(75%) physical abuse and 32(32%) sexual abuse, with 75(75%) of them having faced some form of abuse in their lifetime. 31 of them (31%) had faced all three. It was significantly higher than inpatients in the other wards. In the inpatients of Medicine and Surgery 5(5%) had faced emotional abuse, 4(4%) had faced physical abuse whereas none of them reported sexual abuse.

Among the males admitted under Psychiatry, 23(42.6%) had faced emotional abuse, 38(70.4%) had faced physical abuse and 15(27.8%) had reported sexual abuse. On the other hand, 27(58.7%) of the females had been emotionally abused, 16(34.8%) had been physically abused and 5(10.8%) had been sexually abused. In the whole population, the likelihood of emotional, physical and sexual abuse based on mental health status was assessed by Mann Whitney U test and have been depicted. (Tables 2,3,4)

Table 2: Comparison between two inpatient groups based on emotional abuse

Inpatient group	Number of subjects	Average rank	p value(two-tailed)
Medicine and Surgery	100	68.77	<0.001
Psychiatry	100	132.73	

Table 3: Comparison between two inpatient groups based on physical abuse

Inpatient group	Number of Subjects	Average rank	p value(two-tailed)
Medicine and Surgery	100	64.45	<0.001
Psychiatry	100	136.55	

Table 4: Comparison between two inpatient groups based on sexual abuse

Inpatient group	Number of Subjects	Average rank	p value(two-tailed)
Medicine and Surgery	100	84.5	<0.001
Psychiatry	100	116.5	

Mann Whitney U test was employed to find out whether any significant difference existed among the psychiatric inpatients based on their gender. For these, results were not significant.

DISCUSSION

Prevalence of violence against mentally ill persons is markedly higher than general population. Yet it continues to be neglected, especially in middle- and low-income countries. The lifetime prevalence of victimization varies widely [13] and is based on various factors. There is significant difference in the risk of violence based on gender. Violence against males comes to notice more frequently, possibly due to the shame of revealing such details in females. Males are also commonly victimized in community settings, including correctional facilities. Females usually are victims inside their homes, often at the hands of family members and partners. Sexual abuse is also more in females [14], with physical abuse being reported more against male mentally ill patients.

Our study found similar data on prevalence of various forms of abuse in men and women. In his meta-analysis, Passos described victimization among mentally ill to have a wide range-4.3-59% and the data was uniform irrespective of the degree of urbanization in the area. Higher prevalence rates are usually noticed in psychotic and substance users, which is probably related to their higher disability levels and higher expressed emotions [15-17]. Inpatients are also vulnerable, especially after discharge from a psychiatric facility, probably due to residual symptoms and severity of mental illness [16-17].

Goodman has noted physical abuse to be higher in men and sexual abuse to be more in women [18]. Shack commented that women are physically abused more than men [19]. While our study could not replicate this finding, a cause for the discrepancy may be due to the heterogeneity in the study population.

Kaur, in an Indian study reported higher prevalence of emotional (75.56% vs 64.45%) and physical (53.34% vs 46.67%) in men compared to women [20]. In this study sexual abuse was reported by 4.44% of women whereas it was denied by men. International studies on this aspect opine that sexual abuse is under-reported and found prevalence trends varying between 9-16% [10, 21-22]. Our study also finds sexual abuse in women

in the same range whereas in males a higher report was obtained. This discrepancy may be due to sexual subjects generally being considered a taboo in our population.

Studies have also attempted to seek risk factors for victimization. A meta-analysis of 20 studies found female gender, homelessness, substance abuse and history of child sexual abuse to be the most significant factors involved [15]. Most patients get abused verbally through harsh voice, abusive language, blaming and threatening. Physical abuse takes forms of slapping, beating, being attacked with a weapon, whipping, chaining, mutilation or keeping patients locked up. Social neglect and discrimination are common. In a significant number of these cases, the abusers are acquaintances or family members of the victim [20]. Intimate partner violence and domestic violence in females needs a mention in this regard [23].

There are certain factors in the mentally ill which makes them vulnerable to abuse, some of which includes their symptoms. Features of depression like hopelessness and helplessness make the individuals more likely to be abused [7,24]. Amotivation and disorganization are well-known symptoms of schizophrenia which could contribute towards negative expressed emotions which could lead to a patient being abused by family members or by co-workers [15,17,22]. In dissociative disorders, family members may not be able to understand the nature of secondary gain [21-23]. Treatment by magico-religious methods, wherein patients may be abused in various forms like beating, slapping, branding and chaining are culturally acceptable in many societies till date [21,22,24].

Violence in the mentally ill has far-reaching consequences for the patient as well as society [25-26]. Abuse and maltreatment faced in childhood are associated with higher predisposition to depression and various neurotic disorders [27]. They also tend to report a higher number of medically explained and unexplained physical and psychological symptoms [25,27]. The underlying mechanism has been explained by an amalgamation of various genetic, epigenetic, neurobiological, neurochemical and neuroendocrine factors [24, 26-27].

The issue of violent victimization of the mentally ill is important for mental health professionals and lawmakers alike. There are several laws in place to protect women and children [27-28]. Due to differences in the circumstances and types of abuse across gender, there is need for specific gender policies in this regard [10,22,28]. Mental health professionals, on their part, should be aware and rule out violence in their outpatients and inpatient settings. In case history of abuse is present, necessary steps should be taken to prevent and manage post-traumatic stress and other sequelae of abuse. Such policies will help remove the stigma that society has towards the mentally ill. [22, 26-28]

CONCLUSION

Middle and low-income countries like India are waking up to the ills of abuse and violence met out against mentally ill [29]. To our knowledge, this is one of early papers attempting to explore the prevalence of abuse in mentally ill. A limitation of this study is that the subjects were recruited from among only inpatients and hence the findings cannot be generalized. Future research should aim to explore the circumstances of abuse specific to both genders and their correlates [10,22, 30-31]. This will aid prevention of mental illness in the abused individuals, reduce stigma and assist framing of more effective mental health and legal health policies [10, 30-31].

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Acknowledgements – We acknowledge the contribution of Dr Rajat Agrawal who helped in distributing questionnaires and data collection

Conflict of Interest – Nil

Funding – Nil