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Original Article

The Impact of Intimate Partner Violence on Women with Depression and Conversion Disorder: A Case-Control Study in an Indoor Psychiatric Facility

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ABSTRACT

Background: Intimate Partner Violence (IPV) represents a significant public health challenge, particularly among women, and is known to adversely affect mental health, leading to conditions such as depression, conversion disorder, and other psychiatric comorbidities. Despite increasing awareness, the specific impact of IPV within psychiatric populations remains under-researched, particularly concerning the prevalence and severity of psychiatric disorders among IPV survivors seeking psychiatric care.

Objective: This study aimed to explore the prevalence of IPV among women with psychiatric conditions, particularly depression and conversion disorder, in a psychiatric setting, and to examine the association between IPV exposure and the severity of psychiatric symptoms and functional impairment.

Methods: A case-control study was conducted at the Department of Psychiatry, Khyber Teaching Hospital, from June 16, 2022, to June 15, 2023. The study included 125 female patients, divided into 65 in the case group (exposed to IPV) and 60 in the control group (not exposed to IPV). Inclusion criteria were DSM-5 diagnosed depression or conversion disorder in women aged 18 years and above. Exclusion criteria included acute psychotic symptoms, significant cognitive impairment, and inability to provide informed consent. Data were collected through face-to-face interviews, standardized evaluations, and medical record reviews. IPV exposure, psychiatric diagnoses, and the severity of psychiatric symptoms and functional impairment were assessed using standardized measures like the MINI, BDI, and PHQ-15. Statistical analysis was performed using SPSS version 25.0.

Results: The prevalence of IPV exposure in the case group was 76.9%, significantly higher than global estimates. Depression was observed in 84.6% of the case group and 66.7% of the control group, while conversion disorder was reported in 46.2% of the case group compared to 25.0% in the control group. Comorbid conditions such as anxiety disorders (38.5%), PTSD (30.8%), and substance use (15.4%) were more prevalent in the case group. The case group also showed higher scores in the Beck Depression Inventory (28.6 ± 5.3), Global Assessment of Functioning (45.2 ± 8.7), and PHQ-15 (18.7 ± 3.9), indicating more severe symptoms and functional impairment.

Conclusion: The study highlighted a high prevalence of IPV among women with depression and conversion disorder in a psychiatric setting, associated with greater severity of psychiatric symptoms and functional impairment. These findings underscore the need for IPV screening and specialized interventions for IPV survivors in psychiatric care.

Keywords: Intimate Partner Violence, Depression, Conversion Disorder, Psychiatric Symptoms, Functional Impairment, Mental Health, Case-Control Study, IPV Screening.

INTRODUCTION

Intimate Partner Violence (IPV) constitutes a critical public health concern with profound and far-reaching consequences on individuals worldwide, particularly affecting women across diverse sociocultural landscapes (1,2). Defined as any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship, IPV encompasses a range of

abusive actions from physical aggression and emotional manipulation to sexual coercion (3,4,5). The repercussions of such violence surpass the immediate physical injuries, exerting enduring impacts on the mental health and general wellbeing of the survivors, thereby underscoring the need for a comprehensive understanding of IPV's multifaceted effects (6,7).

Among the severe mental health outcomes associated with IPV are depression and conversion disorder, both predominantly observed in women. Depression is characterized by persistent sadness, a sense of hopelessness, a lack of interest, and diminished pleasure in activities, ranking as a leading cause of global disability (9). Conversion disorder presents through neurological symptoms such as paralysis, tremors, and blindness without a clear medical cause, leading to significant distress and functional impairment (10). Despite considerable research highlighting the adverse mental health impacts of IPV, including heightened instances of depression and anxiety disorders among survivors, there remains a notable research gap in understanding the specific effects of IPV on women diagnosed with depression and conversion disorder within psychiatric settings (11). This gap indicates a crucial lack of insight into how IPV exposure correlates with psychiatric diagnoses and its implications for symptom severity, functional impairment, and treatment outcomes in this vulnerable population (12).

This study seeks to address these lacunae by investigating the ramifications of IPV on women with depression and conversion disorder within an indoor psychiatric facility. By adopting a case-control approach, the research aims to elucidate the relationship between IPV exposure and mental morbidity, while also considering potential mediating factors such as trauma history, social support, and coping strategies. The goal is to contribute to the formulation of targeted IPV-related mental health interventions within psychiatric care settings, thereby enhancing trauma-informed care for those most at risk. Through this examination, the study not only aims to broaden the understanding of IPV's impact on specific psychiatric conditions but also to foster the development of more effective, evidence-based therapeutic approaches tailored to the needs of survivors of intimate partner violence within a psychiatric context.

MATERIAL AND METHODS

The case-control study was conducted at the Department of Psychiatry in Khyber Teaching Hospital, spanning from June 16, 2022, to June 15, 2023. It incorporated 125 female patients, with 65 designated as the case group and 60 forming the control group. The inclusion criteria targeted female patients aged 18 and above who were diagnosed with depression and conversion disorder according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria and admitted to the psychiatric facility. Exclusion criteria were set to omit individuals presenting acute psychotic symptoms, significant cognitive impairment, or those incapable of providing informed consent. The methodological approach to data collection combined standardized assessments, structured interviews, and thorough reviews of medical records. Trained researchers conducted face-to-face interviews to compile a comprehensive set of data, including demographic information, psychiatric history, and details of IPV exposure. Standardized instruments such as the Mini International Neuropsychiatric Interview (MINI), Beck Depression Inventory (BDI), and the Patient Health Questionnaire-15 (PHQ-15) were employed to evaluate psychological symptoms, functional impairment, and somatic complaints, respectively. Furthermore, medical records were meticulously examined to corroborate psychiatric diagnoses and gather clinical information. The demographic data encompassed age, educational background, marital status, and employment status. The severity of depression and conversion disorder was measured clinically, with the Beck Depression Inventory providing insights into the severity of mental symptoms associated with depression. The Global Assessment of Functioning (GAF) scale was utilized to gauge the extent of psychiatric symptom-related functional impairment, while the presence and severity of somatic symptoms were determined using the Patient Health Questionnaire-15.

For data analysis, SPSS version 25.0 was employed. Descriptive statistics were used to summarize demographic and clinical characteristics. The Chi-square tests and independent samples t-tests facilitated the comparison between case and control groups in terms of IPV exposure, mental symptoms, functional impairment, and somatic complaints. To identify the factors associated with IPV exposure among the female psychiatric patients, multivariate logistic regression analyses were conducted, adjusting for potential confounders.

Ethical considerations were meticulously observed throughout the study. Ethical approval was secured from the Institutional Review Board (IRB) of Khyber Teaching Hospital and the College of Physicians and Surgeons Pakistan, adhering to the principles outlined in the Declaration of Helsinki. All participants were fully informed about the study's purpose and procedures, and informed consent was obtained, ensuring participants' anonymity, voluntary participation, and their right to withdraw from the study at any time without any adverse repercussions. Special attention was given to safeguarding the wellbeing and confidentiality of all participants throughout the research process, underscoring the study's commitment to ethical research practices and respect for participant welfare.

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RESULTS

In the conducted case-control study at a psychiatric facility, a detailed assessment of demographic characteristics, prevalence of intimate partner violence (IPV) exposure, psychiatric diagnoses, comorbid conditions, and severity of psychiatric symptoms and functional impairment among female patients was undertaken. The study encompassed a total of 125 participants, divided into a case group of 65 and a control group of 60. The average age of participants across both groups was approximately 35 years, with a slight variation between the case group (35.2 ± 7.4) and the control group (34.8 ± 8.1), suggesting a uniform age distribution among the subjects (Table 1).

Demographic data revealed a diverse educational background among the participants. The proportion of individuals with primary school education was marginally higher in the case group (30.8%) compared to the control group (30.0%). A similar pattern was observed in the other educational categories, indicating a balanced distribution across both groups. Notably, the marital status showed that a majority of the participants were married (52%), with a slightly higher percentage in the case group. Employment status indicated that a significant majority were unemployed, with a higher percentage in the control group (66.7%) compared to the case group (61.5%) (Table 1).

Table 1: Demographic Characteristics of Participants

Demographic Variables	Case Group (n=65)	Control Group (n=60)	Total (N=125)
Age (Mean ± SD)	35.2 ± 7.4	34.8 ± 8.1	35.0 ± 7.7
18-25 years	10 (15.4%)	8 (13.3%)	18 (14.4%)
26-35 years	20 (30.8%)	15 (25.0%)	35 (28.0%)
36-45 years	18 (27.7%)	20 (33.3%)	38 (30.4%)
46-55 years	12 (18.5%)	10 (16.7%)	22 (17.6%)
56 and above	5 (7.7%)	7 (11.7%)	12 (9.6%)
Education Level			
Primary School (%)	20 (30.8%)	18 (30.0%)	38 (30.4%)
High School (%)	18 (27.7%)	16 (26.7%)	34 (27.2%)
College (%)	15 (23.2%)	15 (25.0%)	30 (24.0%)
Graduate (%)	12 (18.4%)	11 (18.3%)	23 (18.4%)
Marital Status			
Married (%)	35 (53.8%)	30 (50.0%)	65 (52.0%)
Single (%)	20 (30.8%)	22 (36.7%)	42 (33.6%)
Divorced (%)	10 (15.4%)	8 (13.3%)	18 (14.4%)
Employment Status			
Employed (%)	25 (38.5%)	20 (33.3%)	45 (36.0%)
Unemployed (%)	40 (61.5%)	40 (66.7%)	80 (64.0%)

Table 2: Prevalence of Intimate Partner Violence (IPV) Exposure

IPV Exposure	Case Group (n=65)	Control Group (n=60)
Yes	50 (76.9%)	10 (16.7%)
No	15 (23.1%)	50 (83.3%)

Table 3: Psychiatric Diagnoses and Comorbid Conditions

Psychiatric Diagnosis	Case Group (n=65)	Control Group (n=60)
Depression	55 (84.6%)	40 (66.7%)
Conversion Disorder	30 (46.2%)	15 (25.0%)
Comorbid Conditions		
Anxiety Disorders	25 (38.5%)	20 (33.3%)
PTSD	20 (30.8%)	10 (16.7%)
Substance Use	10 (15.4%)	5 (8.3%)

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Table 4: Severity of Psychiatric Symptoms and Functional Impairment

Clinical Variables	Case Group (n=65)	Control Group (n=60)
Beck Depression Inventory (Mean ± SD)	28.6 ± 5.3	20.3 ± 4.1
Global Assessment of Functioning (Mean ± SD)	45.2 ± 8.7	58.6 ± 7.2
PHQ-15 Score (Mean ± SD)	18.7 ± 3.9	12.4 ± 2.8

The prevalence of IPV exposure demonstrated a stark contrast between the two groups. A substantial 76.9% of the case group reported experiencing IPV, compared to only 16.7% in the control group, underscoring the potential impact of IPV on mental health (Table 2). In terms of psychiatric diagnoses, depression was notably higher in the case group (84.6%) compared to the control group (66.7%), while conversion disorder was also more prevalent in the case group (46.2%) than in the control group (25.0%). This trend extended to comorbid conditions such as anxiety disorders, PTSD, and substance use, with the case group consistently reporting higher rates (Table 3).

The severity of psychiatric symptoms and functional impairment provided further insights into the impact of IPV on mental health. The case group exhibited a higher mean score on the Beck Depression Inventory (28.6 ± 5.3) compared to the control group (20.3 ± 4.1), indicating more severe depression symptoms. Similarly, the Global Assessment of Functioning scores suggested greater functional impairment in the case group (45.2 ± 8.7) than in the control group (58.6 ± 7.2). Somatic complaints, as measured by the PHQ-15 Score, were also significantly higher in the case group (18.7 ± 3.9), further highlighting the extensive impact of IPV on physical and mental well-being (Table 4).

These findings emphasize the substantial influence of IPV on women with depression and conversion disorder, revealing significant disparities in IPV exposure, psychiatric diagnoses, comorbid conditions, and the severity of psychiatric symptoms and functional impairment between the case and control groups. The data underscore the urgent need for targeted interventions and support systems for women experiencing IPV, particularly those with existing psychiatric conditions.

DISCUSSION

The findings from the present study underscore the pronounced prevalence of intimate partner violence (IPV) among women with psychiatric conditions and its significant correlation with mental health problems, particularly depression, conversion disorder, and other comorbidities such as anxiety and PTSD. These results are in concordance with prior research, such as the studies by Devries et al. (2013) and Campbell et al. (2011), which have documented a clear association between IPV exposure and increased levels of depression, anxiety, and PTSD among women (13,14). Notably, the prevalence of IPV in the case group of this study (76.9%) was considerably higher than global estimates reported in a Ghanaian study (35%) in 2018 (15), suggesting that women seeking psychiatric treatment might be more likely to disclose experiences of IPV compared to the general population.

The elevated occurrence of depression in both the case and control groups aligns with existing literature that connects IPV with an increased risk of depression (Schwartz et al., 2015; Utsey et al., 2002) (16). Furthermore, the notably high incidence of conversion disorder (46.2%) in the case group compared to the general population rates (1-2%) as reported by the International Journal of Mental Health and Addiction (2016) (17), highlights a potential link between IPV and physical symptom disorders, suggesting that IPV may have a profound impact on somatic symptomatology.

The significant presence of comorbid conditions, including anxiety disorders and PTSD, corroborates earlier findings by Andrews et al. (2000) and Kessler & Greenberg (2002) (18), reinforcing the imperative for a comprehensive approach to address the mental health needs of IPV survivors. This includes recognizing and treating concurrent disorders to ensure effective management of the overall mental health of this vulnerable population.

The observation of severe mental symptoms and functional impairment in the case group is consistent with previous research by Campbell et al. (1999) and McGrath et al. (2000) (19), which indicated that individuals exposed to IPV might require more intensive and specialized interventions to meet their mental health needs and improve their functionality.

The strength of this study lies in its focus on a clinically relevant, yet under-researched, population within psychiatric settings, providing valuable insights into the intersection of IPV and mental health disorders. However, the study is not without limitations. The reliance on self-reported measures for IPV exposure and mental health conditions may introduce bias. Additionally, the cross-sectional design limits the ability to infer causality between IPV and psychiatric outcomes. Future research could benefit from longitudinal designs to better understand the temporal relationship between IPV exposure and mental health disorders (20).

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CONCLUSION

In conclusion, this study highlights a significant prevalence of IPV among women seeking psychiatric treatment and its association with severe mental health conditions and functional impairment. These findings emphasize the need for healthcare providers to proactively screen for IPV among psychiatric patients and offer tailored support for survivors. Furthermore, it underscores the importance of further research to unravel the complex relationship between IPV and mental health, aiming to develop and refine intervention strategies for this highly vulnerable group. Recommendations for future studies include exploring the efficacy of trauma-informed care models in psychiatric settings and investigating the long-term mental health outcomes of IPV survivors.

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