

Domestic Violence in a Sample of Egyptian Female Psychiatric Patients (Pilot Study)

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Background: Domestic violence is one of the most pervasive of all social problems, Domestic violence for women is violence perpetrated within relationships; this violence is much serious than violence perpetrated by a stranger. of this work is that domestic violence is a general health problem and not present particularly in psychiatric patients. studying domestic violence in married female psychiatric patients.

Subjects & Methods: Sixty Egyptian married females were included, 20 of them had the I.C.D.-10 diagnosis of bipolar affective disorder, 20 with neurotic disorder and 20 control group. All groups were clinically and psychometrically assessed using clinical psychiatric sheet of Kasr El-Aini hospital. All participants were subjected to: Zung Self Rating Depression Scale, Locus of Control Scale, Eysenck Personality Questionnaire (E.P.Q) and a specially designed questionnaire to assess intimacy, and marital abuse or violence.

Results: Reveal no statistically significant difference between the 3 groups concerning the domestic violence or the degree of abuse. Battered women of patient group were more depressed than control group with no statistical significance, while neurotic patients were significantly more depressed (87.5%) than bipolar patients (50%) and control group (57.1%) ($p < 0.05$). Significant higher scores were found in neurotic patients on EPQ neuroticism scale, in bipolar patients on the lie scale, and in the control group on psychoticism scale. No significant relation was found between domestic violence and intimacy among couples in both groups.

Conclusion: Domestic violence occurring in female psychiatric patients is not higher than normal. In addition, despite abuse, Egyptian wives tend to see their husbands positively.

Keywords: Domestic violence, Females, Bipolar disorder, Neurotic disorder.

Abbreviations:

ICD 10: International Classification of Diseases 10
E.P.Q: Eysenck Personality Questionnaire

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INTRODUCTION

Domestic violence appears to be both cultural and universal phenomena. Its historical roots are as ancient as they are deep (Erez, 2002). It is one of the most pervasive of all social problems affecting most of the population directly or indirectly. Domestic violence knows no barriers and presents in all ethnic, racial, religious, educational, and socioeconomic levels (Nucero and O'Connor, 2002).

Domestic violence, which is also called spouse abuse, intimate partner abuse, battering, and partner violence, is when an individual is in some way hurt by a person that he or she knows. These "hurts" are not limited to physical harm: a person can also be sexually abused or psychologically abused. Often a victim is hurt in more than one of these ways. Domestic violence usually continues over a long period of time and gets more frequent and more severe over time (David, et al. 1997).

Domestic violence for women (not for men) is violence perpetrated within relationships which suppose to involve care and protection e.g. (a partner, husband, boyfriend, etc). In such condition, violence is a much serious problem than violence perpetrated by a stranger (Kaplan and Sadock, 2004). Intimate partner violence is another term commonly referred to domestic violence, which is our concern in this study.

It is found that one in four women experiences domestic violence at some time in their life. Two women per week were killed by their current or ex-partner. Women are victims of 70% of domestic incident (Mirlrees-Black, et al. 1998). Of women subjected to domestic violence in any year, one in nine sustains injuries serious enough to require medical attention, 10% report being knocked unconscious and 5% sustain broken bones (Stanko, et al. 1997). Domestic violence is a factor in one of four suicidal