





**Copyright** © The Author(s). 2021 This is an open access article distributed under the terms of the Creative Commons Attribution 4.0 International License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.



**DOI:** 10.29052/2413-4252.v7.i1.2021.6-10

**Citation:** Siddiqui MI, Kazi KA, Qadri JA, Rajput AH, Pandhiani H & Memon MA. Tracing the roots of generalized anxiety disorder; Domestic Violence & Abuse. JJWE. 2021; 7(1):6-10

# **Corresponding Author Email:** muhammadilyas@lumhs.edu.pk

**Funding:** The author(s) received no specific funding for this work.

**Conflicts of Interests:** The authors have declared that no competing interests exist.

Received 08/06/2020 Accepted 04/01/2021 First Published 10/03/2021

# Original Article

# Tracing the roots of generalized anxiety disorder; Domestic Violence & Abuse

Muhammad Ilyas Siddiqui<sup>1</sup>, Khalil Ahmed Kazi<sup>2</sup>, Jawad Ahmed Qadri<sup>1</sup>, Aatir H. Rajput<sup>3</sup>, Hadiqa Pandhiani<sup>4</sup>

<sup>1</sup>Department of Community Medicine & Public Health Sciences, Liaquat University of Medical and Health Sciences, Jamshoro-Pakistan.

<sup>2</sup>Department of Community Medicine, Indus Medical College, University of Modern Sciences, T.M.K-Pakistan.

<sup>3</sup>Deptartment of Psychiatry & Behavioral Sciences, Liaquat University of Medical and Health Sciences, Jamshoro & Hyderabad-Pakistan.

<sup>4</sup>Isra University, Hyderabad-Pakistan.

#### Abstract

**Background:** Though the factors causing domestic violence and abuse (DVA), such as mental illness among men is well research, the mental health consequences of DVA for the victims (women) are seldom explored.

**Methodology:** This case-control study was conducted upon a sample of 200 women (100 cases and 100 controls) presenting to the psychiatric outpatient department at Liaquat University Hospital, Hyderabad. After taking written informed consent, patients with a clinical diagnosis of general anxiety disorder (GAD) were invited to participate in this research. Their data was collected via a self-structured questionnaire inquiring about basic biodata, sociodemographic details, GAD diagnosis, GAD 7 scale score and DVA history. The data collected was analyzed using SPSS version 22. 0.

**Results:** The mean age of the study sample was  $36 \pm 09$  years (range 23 to 49). 164 (82%) women were present in a marital relationship, and the remaining were either separated, divorced, or widowed. The mean duration for which the survivors suffered abuse was  $7.3 \pm 2.5$  years, and 153 (76.5%) suffered from DVA to date. 41 (20.5%) participants made their index visit to the psychiatric facility while the remaining were frequent visitors. The mean GAD score of the sample was recorded to be  $18 \pm 3$ , with a majority of the patients having moderate or severe anxiety. DVA was more prevalent among the GAD group (p-value 0.034). Additionally, within the GAD group, a higher GAD & scale score correlated with a longer DVA duration and active DVA infliction.

**Conclusion:** There is a significant association between DVA and GAD. However, more research is needed to further explore the relationship, for better understanding, and maybe developed upon which more suited treatment protocols may be devised. The results also highlight the prevalence of DVA and the need to apply interventions and offer women help.

#### Keywords

Generalized Anxiety Disorder, Psychiatric Disorder, Domestic Violence & Abuse, Physical or Sexual Intimate Partner Violence, GAD 7 Scale.

## Introduction

Published evidence from previous literature indicates that domestic violence and abuse (DVA) has a lifetime prevalence for ever-partnered women, which is as high as 71%, with the 12-month prevalence rate being as high as 54%<sup>1</sup>. One-fifth of all women in Europe aged above 14 years are suggested to have DVA, with 4% of them experiencing DVA in the last year<sup>2</sup>.

The association of DVA with posttraumatic stress disorder (PTSD), depression, and substance abuse are studied much; however other ailments with a more acute manifestation, i.e., anxiety, a common cause of suffering among women in society<sup>3-5</sup> and individuals consulting in primary care<sup>6,7</sup> are rarely discussed in light of DVA. Evidence from research claims that women facing abuse have a greater probability of being diagnosed with mental health disorders, and likewise, pre-existing mental health disorders make women more likely to encounter abuse; hence the association is bi-directional, with one leading to the other and vice versa. Though less has been written on which domain is more significant, especially in terms of anxiety, regarding which longitudinal studies are least available when compared to other mental health disorders<sup>3</sup>.

In routine practice, qualitative interviews of survivors of DVA is considered the best tools to assess the impact of DVA on the manifestation of mental health disorders<sup>8</sup>. Recently, few studies have reported a positive association between the severity and duration of encounter with DVA and poor physical or mental health<sup>9-11</sup>. Upon deeper exploration of the matter, it also comes to light that not only the duration and severity but the type of abuse also affects the development and progression of mental health disorders among DVA victims<sup>9,12</sup>. Hegarty et al., 2013<sup>9</sup>, in their study, reported that poor social coping and heightened levels of posttraumatic stress symptoms and anxiety are the hallmarks of severe abuse. Physical manifestations such as pain, self-inflicted injuries, adverse obstetric and gynecological conditions, difficulty in dealing with daily stressors are commonly found among abuse survivors<sup>5,13</sup>.

There is, however, hope for the survivors, as research reports a decrease in the prevalence and severity of mental health disorders among DVA survivors with the passage of time, i.e., the body and mind heals with the passage of time and can overcome the conditions such as PTSD<sup>14,15</sup> and depression<sup>16,17</sup>. Though the level of mental distress remains higher than the general population for extended periods of time<sup>18</sup>, there is hope that it may normalize eventually with the providence of the right kind of help and by fostering resilience and natural coping<sup>19,20</sup>. The present study aims to assess and observed the relationship between GAD and DVA among DVA abuse survivors.

# Methodology

This case-control study was conducted with a sample size of 200 women presenting to the psychiatric outpatient department at Liaquat University Hospital, Hyderabad. 100 subjects were kept in the GAD group (cases), and the other 100 were included in the control group. Consenting women with age between 18 to 60 years were included in the study, while women with multiple psychotic disorders, a history of GAD or other psychiatric disorders prior to experiencing DVA and presently receiving any counselling or cognitive behavioral therapy for GAD were excluded.

Ethical approval was obtained from institutional ethical review committee of University of Modern Sciences (Reference ID: IMC/IRB/2019/108). Written informed consent was taken from the included study participants. Patients with a clinical diagnosis of GAD were invited to participate in this research, and their data was collected via a self-structured questionnaire containing sociodemographic details, GAD diagnosis, GAD 7 scale score and history of DVA. The data collected was analyzed using SPSS version 22. 0 and was presented as frequencies and percentages.

### Results

Results of this study show that the mean age of the sample stood at  $36 \pm 09$  years (range 23 to 49). Furthermore, the detail of age distribution is graphically represented below in table 1.

Table 1: Age distribution among the study participants.

Variable		n(%)
	≤ 20	-
	21 – 30	35(17.5)
Age (years)	31 – 40	112(56)
	41 – 50	53(26.5)
	51 - 60	-
Spousal Status	Married	164(82)
	Separated	17(8.5)
	Divorced	16(8.0)
	Widowed	3(1.5)

It is shown in the results that almost 164 (82%) women were presented in a marital relationship, and the remaining were either separated, divorced, or widowed. Results also suggest that the mean duration for which the survivors suffered abuse was  $7.3 \pm 2.5$  years, and 153 (76.5%) were suffering from DVA. 41 (20.5%) individuals made their index visit to the psychiatric facility while the remaining were frequent visitors. The mean GAD score of the sample (cases) was recorded to be  $18 \pm 3$ , with a majority of the patients having moderate or severe anxiety. DVA was more prevalent among the GAD group (p-value 0.034). Correlation between scores.

Table 2: Prevalence of DVA in survival and controlled group

DVA	Cases (n=100)	Controls (n=100)
Present (n=169)	93	76
Absent (n=31)	07	24

<sup>\*</sup>DVA: Domestic Violence & Abuse

Additionally, within the GAD group, a higher GAD & scale score correlated with a longer duration of DVA and active DVA infliction.

#### Discussion

A majority of the women in the study sample are DVA survivors who had been exposed to DVA for considerably long durations, with a mean duration of  $7.3 \pm 2.5$  years. While nearly three-quarters of the women were presently experiencing it without hope for any help or solution since apparently, it is not traditional in our society to speak out against one's male intimate partner or spouse<sup>21</sup>.

The participants in the study had a higher incidence of DVA than the general and clinical populations of women in Pakistan. According to United Nations (U.N.) statistics, the incidence of lifetime physical or sexual intimate partner violence is about 24.5%, and the incidence of physical or sexual intimate partner violence in the last 12 months is reported to be 14.5%<sup>22</sup>.

Additionally, local statistics from the Pakistan Demographic Health Survey (PDHS) demonstrate that the prevalence of emotional and physical violence on average is 36.4% in Pakistan. The frequency of emotional and physical violence is highest in Khyber Pakhtunkhwa (KPK), which is 54.9% and 36.4%, followed by Balochistan with 50.0% and 25.5%, Punjab with 35.9% and 15.8%, and Sindh standing at 24.7% and 13.3%. The prevalence of any form of violence (emotional or physical or both) is higher in rural than in urban areas (45.2% vs. 30.6%)<sup>23</sup>.

Research suggests that increasing severity of DVA is associated with worse mental health 10,11,24, especially anxiety and PTSD, even after controlling for confounders. The results of our research study also observed that within the GAD group, a higher

<sup>\*</sup>Values are given as frequencies.

GAD & scale score correlated with a longer duration of DVA and active DVA infliction.

Strengths of our study include focusing on women who are seeking help for GAD; providing a basis for designing interventions for such group; relatively precise estimates of the association between DVA severity and symptoms of GAD; and a relatively low proportion of missing data.

The limitation of our study suggests that the women in our sample may differ from those who have just encountered DVA and do not have any distressful symptoms of GAD yet. Moreover, we did not categorize GAD according to the severity, and doing so we may have yielded more detailed data. Overall, our findings are consistent with other studies on the association between IPV and mental health problems.

# Conclusion

After careful assessment and observation, it is concluded that there is a significant association between DVA and GAD. Furthermore, future research need to be conducted to further explore the relationship in order for a better understanding that may be developed upon which more suited treatment protocols may be needed. The results of our study also highlight the prevalence of DVA and the need to develop interventions and offer help to women

# **Acknowledgement**

The authors acknowledge the scientific help and technical assistance provided by LUMHS Research Forum.

# References

- Garcia-Moreno C, Jansen HA, Ellsberg M, Heise L, Watts CH. Prevalence of intimate partner violence: findings from the WHOmulti-country study on women's health and domestic violence. Lancet 2006; 368: 1260-1269.
- 2. RIGHTS HT. Violence against women: an EU-wide survey. Luxembourg: Publications Office of the European Union. 2014.
- Devries KM, Mak JY, Bacchus LJ, Child JC, Falder G, Petzold M, Astbury J, Watts CH. Intimate partner violence and incident depressive symptoms and

- suicide attempts: a systematic review of longitudinal studies. PLoS Med. 2013;10(5):e1001439.
- Trevillion K, Oram S, Feder G, Howard LM. Experiences of domestic violence and mental disorders: a systematic review and meta-analysis. PloS one. 2012;7(12):e51740.
- Ellsberg M, Jansen HA, Heise L, Watts CH, Garcia-Moreno C. Intimate partner violence and women's physical and mental health in the WHO multicountry study on women's health and domestic violence: an observational study. The lancet. 2008;371(9619):1165-1172.
- Hegarty K, Gunn J, Chondros P, Small R. Association between depression and abuse by partners of women attending general practice: descriptive, cross sectional survey. BMJ. 2004;328(7440):621-624.
- 7. Coid J, Petruckevitch AN, Chung WS, Richardson J, Moorey S, Feder G. Abusive experiences and psychiatric morbidity in women primary care attenders. Bri J psychiatry. 2003;183(4):332-339.
- 8. Queen J, Nurse A, Brackley MH, Williams GB. Being emotionally abused: a phenomenological study of adult women's experiences of emotionally abusive intimate partner relationships. Issues Ment. Health Nurs. Issues in Mental Health Nur. 2009;30(4):237-245.
- Hegarty KL, O'Doherty LJ, Chondros P, Valpied J, Taft AJ, Astbury J, Brown SJ, Gold L, Taket A, Feder GS, Gunn JM. Effect of type and severity of intimate partner violence on women's health and service use: findings from a primary care trial of women afraid of their partners. J. Interpers. Violence. 2013;28(2):273-294.
- 10. Lacey KK, McPherson MD, Samuel PS, Powell Sears K, Head D. The impact of different types of intimate partner violence on the mental and physical health of women in different ethnic groups. J. Interpers. Violence. 2013;28(2):359-385.
- 11. Nathanson AM, Shorey RC, Tirone V, Rhatigan DL. The prevalence of mental health disorders in a community sample of female victims of intimate partner violence. Partner abuse. 2012;3(1):59-75.
- Dutton MA, Green BL, Kaltman SI, Roesch DM, Zeffiro TA, Krause ED. Intimate partner violence, PTSD, and adverse health outcomes. J. Interpers. Violence. 2006;21(7):955-968.
- Howarth E, Feder G, Howard L, Agnew-Davies R, Feder G. Prevalence and physical health impact of domestic violence. Domestic violence and mental health. London: RCPsych Publications. 2013:1Á17.
- 14. Griffing S, Lewis CS, Chu M, Sage RE, Madry L, Primm BJ. Exposure to interpersonal violence as a predictor of PTSD symptomatology in domestic

- violence survivors. J. Interpers. Violence. 2006;21(7):936-954.
- Becker KD, Stuewig J, McCloskey LA. Traumatic stress symptoms of women exposed to different forms of childhood victimization and intimate partner violence J. Interpers. Violence. 2010;25(9):1699-1715.
- Bell ME, Goodman LA. Supporting battered women involved with the court system: An evaluation of a law school-based advocacy intervention. Vio Against Wom. 2001;7(12):1377-1404.
- 17. Sullivan CM, Tan C, Basta J, Rumptz M, Davidson WS. An advocacy intervention program for women with abusive partners: Initial evaluation. Am J community psych. 1992;20(3):309-332.
- 18. Tiwari A, Fong DY, Yuen KH, Yuk H, Pang P, Humphreys J, Bullock L. Effect of an advocacy intervention on mental health in Chinese women survivors of intimate partner violence: a randomized controlled trial. JAMA. 2010;304(5):536-543.
- Coker AL, Smith PH, Whitaker DJ, Le B, Crawford TN, Flerx VC. Effect of an in-clinic IPV advocate intervention to increase help seeking, reduce violence, and improve well-being. Vio Against Wom. 2012;18(1):118-131.
- 20. Sullivan CM, Bybee DI. Reducing violence using community-based advocacy for women with

- abusive partners. J consulting clin psych. 1999;67(1):43.
- Abramsky T, Watts CH, Garcia-Moreno C, Devries K, Kiss L, Ellsberg M, Jansen HA, Heise L. What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence. BMC pub health. 2011;11(1):1-7.
- 22. Global Database on Violence against Women Pakistan.Evaw-global-database.unwomen.org. 2020 [Updated 05 January 2021]. Available at: https://evaw-global-database.unwomen.org/en/countries/asia/pakistan?form ofviolence=fac5fe48636e4d3882bbd2ebbf29bd60
- National Institute of Population Studies. Demographic and Health Survey. Islamabad: National Institute of Population Studies; 2019. Available at: https://dhsprogram.com/pubs/pdf/FR354/FR354.p
- 24. Hegarty K, O'Doherty L, Taft A, Chondros P, Brown S, Valpied J, Astbury J, Taket A, Gold L, Feder G, Gunn J. Screening and counselling in the primary care setting for women who have experienced intimate partner violence (WEAVE): a cluster randomised controlled trial. The Lancet. 2013;382(9888):249-258.