

Post-Traumatic Stress Disorder and Intimate Partner Violence: The Dark Memories of the Survivors at Shelter Homes

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Introduction

Experts in mental illnesses have shown that exposure to traumatic event may lead to Post-Traumatic Stress Disorder (PTSD)[1]. In Malaysia, every year police statistics indicate a worrying prevalence of intimate partner violence (IPV) [2]. Despite significant prevalence and detrimental effect of PTSD and violence, there is sparse study locally to investigate the associations between history of multiple types of violence and PTSD among IPV survivors at shelter homes. Hence, this study will bridge those gaps in knowledge.

Objective

To determine i) the prevalence of PTSD and the prior physical, emotional and sexual abuse among the female survivors of IPV in shelter homes and, ii) the risk of having PTSD after exposed to various types of IPV.

Methods

This study was a cross-sectional study, using convenient sampling among girls and women aged 16 years and above, seeking shelter at four private or public homes in Malaysia. Participants who fulfilled the selection criteria and gave informed consent were assessed using i) Women Abuse Screening Tools (WAST) and, ii) WHO Multi-country Study on Women's Health and Life Events Questionnaire to screen for previous physical, sexual, and emotional abuse and their sociodemographic background, and experiences of IPV respectively. The PTSD Checklist for DSM-5 (PCL-5) was used to determine the presence of PTSD. Logistic regression was used to analyse the risk of exposure to violence and the presence of PTSD

Results

Of the total 91 participants (Refer to Table 1), 79 (86.8%) had experienced any form of IPV; 75 (82.4%) had a partner with controlling behaviour; 54 (59.3%) had emotional violence; 53 (58.2%) had sexual violence and 27 (29.7%) had physical violence (Refer to Figure 1). (Refer to Figure 2). The prevalence of PTSD among them was 67.0% (Refer to Figure 2). Participants who experienced emotional violence (OR=5.176, p<0.001) and sexual violence (OR=2.491, p=0.046) have increased odds for PTSD respectively (Figure 3). Other statistical tests were not significant.

Figure 1: Prevalence of Intimate Partner Violence

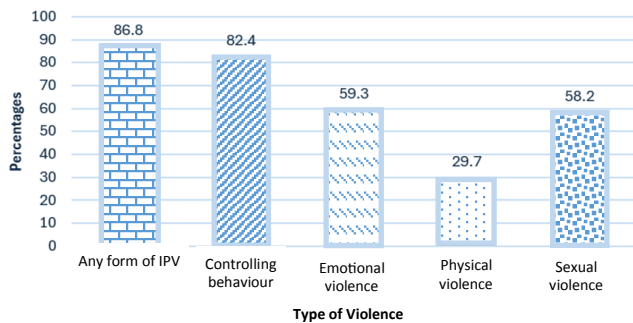


Figure 2: Prevalence of PTSD

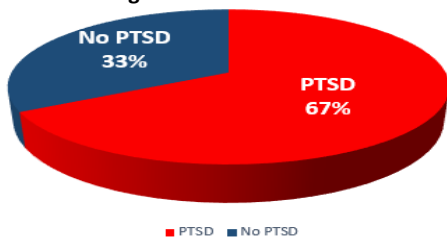
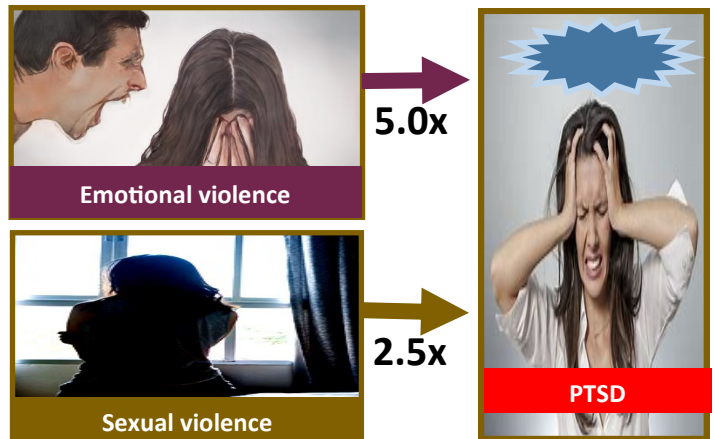


Table 1: Background Sociodemography of the Participants

Characteristics of Girls and Women	Frequency (%)
Religion	
Muslim	86 (94.5%)
Buddhist	1 (1.1%)
Hinduism	3 (3.3%)
Christian	1 (1.1%)
Ethnicity	
Malay	81 (89.0%)
Chinese	1 (1.1%)
Indian	3 (3.3%)
Bumiputera Sabah	2 (2.2%)
Bumiputera Sarawak	3 (3.3%)
Other	1 (1.1%)
Level of Education	
No formal education	1 (1.1%)
Primary school	10 (11.0%)
Secondary school	69 (75.8%)
Higher (college or university)	11 (12.1%)
Employment status	
Working	29 (31.9%)
Not working	11 (12.1%)
Studying	51 (56.0%)
Estimated household income per month	
B40 (<RM 2500-RM 4849)	73 (80.2%)
M40 (RM 4850 – RM 10 959)	12 (13.2%)
T20 (> RM 10960)	6 (6.6%)
Marital status	
Single	85 (93.4%)
Married	3 (3.3%)
Widowed	3 (3.3%)

Figure 3: Types of Violence and Risk for PTSD



Discussion

This study highlights about two-third of girls and women at shelter homes have PTSD. Having experienced emotional and sexual violence perhaps contribute to the high prevalence of PTSD among them. This prevalence is higher than prevalence of previous local study and the prevalence among the public [3,4]. Physical violence and controlling behaviour of the spouse do not seem to give significant impact to PTSD. This study has a few limitations including the predominant representation of young, unmarried, Malay and Muslims participants at the shelter homes. Perhaps, future study can focus on general population which reflects true sociodemographic characteristics of people in Malaysia. Nevertheless, those girls and women require proper treatment and support to manage their psychological well-being and health.

Conclusion

Girls and women at shelter homes have experienced multiple forms of violence in their lives and increased risk for significant PTSD. It is crucial for government and non-governmental agency (NGO) to assist these vulnerable groups to be given optimum treatment for PTSD and counselling to enhance their psychological empowerment and better quality of life.