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Original Research Article

Psychological violence, a commonly missed form of intimate partner violence: Our experience at a tertiary health care facility in South East Nigeria

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Intimate partner violence (IPV) is a gross violation of human rights and a major challenge faced by females in the developing world. Its consequences are enormous and could result in reduced productivity and even death. There is little empirical evidence on the subject. The aim of this study was to describe IPV using hospital-based data of all clients who present to the hospital on account of gender based violence (GBV). A retrospective hospital-based review of 86 GBV survivors, we extracted data on IPV at one-stop-centre for women and girls of the National Obstetric Fistula Centre from Nov 2020-Feb 2022. Descriptive analysis and correlations were done on the obtained data using IBM SPSS statistics version 25. Results were presented as means, frequencies and correlation coefficient. A p-value of 0.005 was accepted as significant. Of 86 GBV patients seen, 18 had IPV (20.9% prevalence). The mean age of IPV patients was 27.39±7.25years. Of pediatrics age group(<18) were 3 (16.7%) while 15 (83.3%) were adults. Fourteen (77.8%) belonged to the low socioeconomic class. Types of IPV reported were psychological 18(100%), sexual 5 (27.8%) and physical in 13 (72.2%). The perpetrator was married to the patient in 15 (83.3%) of case. Commonest sign of abuse was berating/insults (verbal abuse). Age and marital status were significantly correlated with IPV. While IPV remains prevalent, psychological violence remains a common missed form. All clients with various forms of IPV should be further evaluated for psychological violence and treated as such.

Keywords: Psychological abuse, intimate partner violence, Nigeria.

INTRODUCTION

Gender based violence(GBV) refers to any violence targeted at an individual or group on the basis of socially ascribed (gender) differences, stereotypes and norms between males and females(WHO,2010). On the other hand, Intimate partner violence (IPV) can be defined as any behavior within an intimate relationship which causes harm to an individual(WHO, 2010). Intimate partner violence, differs from GBV in that IPV can occur between partners of the same gender identity, such as in gay or lesbian relationships.

Four types of IPV are identified; physical violence which can range from slapping to homicide; sexual violence including forced sex and sexual coercion; psychological violence including insults/berating, humiliation, threats and controlling behaviors such as isolating a person from family and friends, monitoring their movements or restricting their access to financial resources, employment, education or medical care(WHO, 2012). Economic violence

is considered a fifth type but often classified as part of controlling behavior; it occurs when one is prevented from being economically independent, for example by being prevented from gaining employment, having earnings taken or being forced from one's home(Gibbs et al., 2018). Economic violence is particularly common in our clime due to societal stereotype of male-dominance where women are expected to submit to male intimate partners. Previous authors on the subject economic violence have however placed it under controlling behaviors (Gibbs et al., 2018). The perpetrator of IPV maybe a current or former intimate partner (WHO, 2012). Victims of IPV can manifest physical signs and symptoms such as injuries, insomnia, hyperventilation and chronic pain. Psychological manifestations may include mood changes, anxiety and depression. IPV can result both in unplanned pregnancies and pregnancy complications for mother and child. (WHO, 2012); Gibbs et al., 2018).

Approximately 1 in 3 women worldwide have experienced either bodily and/or sexual intimate partner violence in their lifetime (Women UN nations. (2010). Different authors have reported varying prevalence of IPV which is largely dependent on the study design and population studied. Azene et al. (2019) and Ashenafi et al. (2020) working independently in Ethiopian Pregnant women obtained 41.1% and 30.5% as prevalence of IPV within the past year. Another Ethiopian study however, reported a lifetime prevalence of 32.5% among a general population of women(Yitbarek et al., 2019). Similarly, a prevalence rate of 37.2% was obtained in Enugu South East (Ezeudu et al., 2015), Nigeria among pregnant women while the study in south west Nigeria done among the general population of women reported a lifetime prevalence of IPV of 73.3% (Oluwole et al., 2020). Awolaran et al., 2021) while studying a rural population of women in southwest Nigeria obtained a lifetime prevalence of 39.4%. It is apparent that previous authors' studied 1year prevalence of IPV in pregnant women or lifetime prevalence in general population of women. While previous studies were majorly questionnaire based, which was administered virtually or physically, current study seeks to describe acute experiences of IPV as reported by clients who presented in a GBV clinic f a tertiary institution.

Several predictors of intimate partner violence have been reported. Oluwole et al. (2020) reported being employed; having witnessed parental violence; partner consuming alcohol and partner having other sexual partners as predictors of IPV. Persons with low self-esteem, low education or income, young age have also been identified as risks for IPV(WHO, 2012). It would be untrue however to say that IPV affects only some groups of women, when it in fact occurs generally with its resultant consequences. Disclosure on the part of the victims is usually difficult as they live in hope that their partner would change with time. Though different studies on IPV have documented various aspects, a critical appraisal of existing studies reveals that many more sections of IPV have not been adequately studied and documented. It is on this premise that the authors have set out to describe IPV as experienced in a tertiary health institution in south east Nigeria.

METHODOLOGY

Study site

Ebonyi is one of the five south eastern states of Nigeria with Abakaiki as its capital. two tertiary heath institutions are located in Abakaliki of which the National obstetrics fistula centre(NOFIC) is one. The one stop centre for women and girls, National Obstetric Fistula Centre (NOFIC) Abakaliki, Ebonyi State, Nigeria is a centre which attends to clients with all forms of gender based violence. This centre runs a daily clinic and receives its pool of patients from the communities within the state. It is a growing clinic with patient monthly turnover increasing from 1 to 15 over 16 months. Patients were few because of the existing culture of silence due to fear with regards to issues of Violence against women.

Study design

It was a retrospective and descriptive study of all GBV clients seen at the centre between November 2020 and February 2022.

Study population

All GBV clients seen at the study centre over the selected period.

Inclusion criteria

All GBV clients seen at the given period were included.

Exclusion criteria

Records of clients whose consent forms were not sited were excluded from the study.

Outcome

Past year prevalence of intimate partner violence (IPV) among women.

Definitions

- All clients with any form of physical, sexual, psychological abuse which includes, berating/verbal abuse, controlling behavior, and economical abuse from an intimate partner were recruited purposively.
- Mental heath was assessed by observation of affect and classified as poor/sad/crying, indifference, anger and cheerful.
- Socioeconomic status was assessed with clients' education and/or occupation according to Olusanya et al. (1985).

Data collection

Case notes of patients seen within the given period were

Table 1. Description of pattern of intimate partner violence

		Freq	%
A	**SOCIAL CLASS**		
	Low	14	77.8
	Middle	2	11.1
	High	2	11.1
B	**AGE OF CLIENT**		
	Adult	15	83.3
	Child (≤18year)	3	16.7
C	**FAMILY SIZE OF VICTIM**		
	<4 children	5	27.8
	≥4 children	13	72.2
E	**TIME OF PRESENTATION**		
	≤72Hours	4	22.2
	>72Hours	14	77.8
F	**COMMON PRESENTING COMPLAINTS**		
	Forced peno-vaginal sex	2	11.1
	Battery	10	55.6
	Bleeding per vagina from rape	1	5.6
	Unwanted pregnancy	2	11.1
	Hearing loss	2	11.1
	Red eye	1	5.6
G	***TYPE OF IPV**		
	Sexual	5	27.8
	Physical violence	13	72.2
	Psychological	18	100.
H	**MENTAL HEALTH**		
	Poor affect/crying	14	77.8
	Indifference	4	22.2
I	**MARITAL RELATIONSHIP OF PERPETRATOR AND CLIENT**		
	MARRIED	15	83.3
	UNMARRIED	3	16.7

*some experienced more than one type of sexual assault

pulled and sociodemographic variables, symptoms and signs of IPV, types of IPV, already documented in the case notes were extracted into a proforma and subsequently transferred to Microsoft excel.

Data analysis

Data was analyzed using IBM SPSS Statistics for Windows, version 25 (IBM Corp, Armonk, NY, USA). Descriptive analysis and correlations were done. Results were presented as means, frequencies and correlation coefficient. A p-value of 0.005 was accepted as significant.

Ethical approval

The Research and Ethics Committee of, National Obstetric Fistula Centre (NOFIC), Abakaliki, Ebonyi state gave ethical clearance.

RESULTS

The total number of GBV clients seen were 86 of which 18 had IPV giving a prevalence of 20.9% for IPV over the study period. The mean age of IPV clients was 27.39±7.25years, 3 (16.7%) were of the pediatrics age group (<18) while 15 (83.3%) were adults. Fourteen (77.8%) belonged to the low social class, 2(11.1%) each belonged to the middle and high social class respectively. Thirteen (72.2%) clients were from families with more than 4 children, and only 4 (22.2%) presented within 72 hours of the incident. The common presenting complaints were Battery10 (55.6%), Forced peno-vaginal sex(11.1%), Bleeding per vagina from rape(5.6%), Unwanted pregnancy(11.1%), Hearing loss(11.1%), and Red eye(5.6%). Although no patient's primary presenting complaint was psychological violence, information documented from clerking showed that all patients had various forms of psychological abuse the commonest being constant berating/insults and controlling behavior of which economic abuse was chief.

Type of IPV was psychological (100%), physical in 13(72.2%), and sexual in 5 (27.8%) of cases. The perpetrator was married to the victim in 15 (83.3%) of case and they were unmarried in 3 (16.7%) of cases (Table 1). Age (r= - .495;p<.001), marital status (r=673; p<.001), and type of abuse (r= 473 ; p < . 001) were significantly

correlated with IPV.

DISCUSSION

Current study has shown a prevalence rate for IPV of 20.9% which is lower that rates obtained in different parts of Nigeria and some African countries. Azene (2019); Ashenafi et al. (2020); Yitbarek et al. (2019); Ezeudu et al. (2015); Oluwole et al. (2020); and Awolaran et al. (2021); Onoh et al. (2013). Studies in general women population which are comparable to current study were done in South West Nigeria (Awolaran et al., 2021) and in Ethiopia (Yitbarek et al., 2019). These studies were however questionnaire-based and masked both the identity of the participants and the interviewer unlike our study that examined IPV patients presenting physically to the clinic with various complaints of violence. These observations could therefore account for lower prevalence obtained in our study. It has taken massive and advocacy to communities to break the culture of silence on issues pertaining to violence against women and encourage people to seek medical help. This is also seen in the small population who presented in the clinic and hence recruited for study.

Our study documented the mean age of IPV patients to be 27.39±7.25(16-38years), which is similar to another study conducted in the South East Nigeria by Onoh et al. (2013). Most other previous studies reported in Nigeria recorded similar mean age but with a smaller age range usually because those studies were restricted to pregnant women. Yitbarek et al. (2019); Ezeudu et al. (2015); Onoh et al. (2013). Our study however identified adolescents, three (16.7%), who had been abused by their intimate partners. Age was also noted to be negatively but significantly correlated to IPV meaning that the younger a patient the greater the probability of IPV. This emphasizes that while women of reproductive age may frequently be studied, adolescents often experience IPV even before they become of reproductive age. Therefore more studies of IPV on adolescents are advocated as early identification of survivors would mean that care is received earlier so that the health consequences of IPV are prevented. Younger women are usually unable to protect themselves from violent intimate partners (Ezeudu et al., 2015).

In this study, fourteen (77.8%) of clients were of the low socioeconomic class while 2 (11.1%) were of middle and upper social class. It also documented that thirteen (72.2%) clients were from families with more than four children. This suggests that IPV from our studies were mainly among the low social class. This finding is in line with previous work that reported that higher women status such as women gainfully employed was protective of IPV when issues of community norm was not factored (Onoh et al., 2013); Benebo et al., 2018). It is difficult however to conclude that IPV is a thing of the low socioeconomic class since neither socioeconomic class nor family size were significantly correlated with IPV. This suggests multifactoral associations for IPV especially as Oluwole et al. (2020) had reported being employed as a predictor of IPV.

Intimate partner violence has various types of manifestation. Among the manifesting pattern are sexual, physical, and psychological. In our study physical violence was the commonest reported form as primary presenting complaint of IPV accounting for 13 (72.2%) of clients (Table 1). However, it was found during interview that all patients experienced psychological violence from their intimate partners, commonest of which was being constantly berated and controlled, irrespective of their presenting complaint. They however presented with physical and sexual violence complaints while psychological violence was only determined on further interview as documented in their case notes. It is often easier to prove physical and sexual violence which is why survivors would often report them but may find it difficult to identify psychological abuse. Previous studies have documented the different types of IPV manifestations with variable percentages. In a study in Abakaliki, South East Nigeria, (Onoh et al. (2013) reported verbal abuse as the most common manifestation among victims with 60.1% Similarly, psychological abuse was reported in a study as commoner but with 38.4% prevalence (Sulaiman et al., 2021). In a study among women of high socioeconomic class, psychological abuse was also reported as the commonest among the study population with 45.2% prevalence (Hesna et al., 2020). Physical violence might have been the commonest reported as presenting complaint mainly because it was a clinic-based study which made only victims who considered physical violence as a priority for presentation thereby masking the degree of psychological violence. To highlight possibilities of combination of the various forms of violence, it was established that most of the IPV survivors in addition to the physical violence also presented with crying especially when narrating their history. Crying in this context depicted an in-depth expression of psychological trauma which could result in depression.

Most times depending on the context, the presenting complaints from IPV victims connotes their perception for seeking health care. Hence such presenting complaints may not tally with IPV categorization. This study identified battery, a form of physical violence, as the commonest presenting complaint (55.6%) unlike in a related study where the commonest presenting complaints were obstetric and gynecological related manifestation and infections(Hoelle et al., 2015).

Marital status was noted to be positively correlated to IPV, fifteen (83.3%) of clients were married to their partners while the rest were either unmarried or cohabiting similar to other related studies in Nigeria (Abiodun et al., 2019). However in other cultures such as Europe and America, these findings are at variance with that found in the Nigerian study showing higher incidence of IPV among cohabiting partners (Wong et al., 2016; Sutton and Dawson, 2021).

The study has exposed the perception of patients for seeking health care with regards to violence experienced from intimate partners. Bodily injuries in the form of physical and sexual violence are seen as reportable such that psychological violence may be going on but will be

ignored meanwhile psychological violence may infact be either the precursor or the consequence of the physical and sexual violence. It is important that clinicians review and manage the patient holistically, while managing their bodily injuries.

The limitation of our study was the small sample size which restricted detailed analysis. Questionnaire based studies would recruit larger study participants, this study however was on patients who were seen at the clinic. Future Iines of study woud be to study a arger ppuatin f GBV patients fr IPV.

Conclusion

Intimate partner violence remains a prevalent occurrence among married women with physical violence as the most common type reported. However psychological violence is usually masked and frequently unreported. It is recommended that health care providers should for every case of physical and/or sexual violence search deeper for some form of psychological violence in order to offer a comprehensive care to IPV survivors.

Declaration of Authorship Responsibility,

Conception and design **HCU AND OUA**

Acquisition of data **OUA**

Analysis and interpretation of data **HCU AND OUA**

Drafting of the manuscript **HCU AND OUA**

Critical revision of the manuscript for important intellectual content **HCU**

Statistical analysis **OUA**

Obtaining funding PERSONAL FUNDS

Supervision **HCU**

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Competing Interest None

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