Case Report

INTIMATE PARTNER VIOLENCE

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ABSTRACT

A 27-year-old married woman presented with anxiety after several episodes of physical and emotional abuse leading to a suicide attempt. She is diagnosed with acute stress disorder resulting from intimate partner violence. She is predisposed to be a vulnerable victim, having experienced the loss of a father figure, rejection and hatred towards her father in her childhood. This condition is precipitated by a few physical and mental abuses that cause an acute stress response, which manifests as feelings of anxiety, fear, and sadness. It is perpetuated by the lack of social support and the absence of a close confidant. Psychodynamically, the unconsciousness mental mechanism of this patient's is thought to employ signal anxiety as a protective function against the threat; using denial, acting out, and repetitive compulsions as defence mechanisms to cope with the trauma. The patient is treated with various treatment modalities, including antidepressants for mood regulation and supportive psychotherapy. Alternatively, psychodynamic psychotherapy and cognitive behavioural therapy could be used to treat this patient. Psychosocial support is provided to her by the Women Aid Organization, the One-Stop Crisis Centre, the police, the social services department, and the legal department. Abusive behaviour toward women is forbidden in Islam because it contradicts the goal of Islamic jurisprudence.

INTRODUCTION

The prevalence of Intimate Partner Violence (IPV) in Malaysia ranges from 4.94 to 35.9%. Two studies reported emotional or psychological abuse as the most common form of IPV (13% of 22%) and (29.8%; CI = [0.27, 0.32]). IPV occurs at all levels of society, but few are reported and brought for psychiatric treatment [1]. This is partly because victims are ashamed and afraid to report the acts. As a result, patients suffer a variety of psychological consequences, including depression and post-traumatic stress disorder (PTSD).

The objective of this case report is (i) to discuss Intimate Partner Violence, particularly the victim's experience of trauma, from a psychodynamic perspective and (ii) to examine bio-psycho-social-spiritual perspective in the management of intimate partner violence.

CASE PRESENTATION

A 27-year-old married Malay woman, childless, school employee, presented to the psychiatric clinic complaining of feeling anxious and exhaustion for the past two months. She described going "crazy" with the anxiety she was feeling. It started with her feeling stressed most of the time, sleeping poorly, having frequent headaches, and constantly worrying about her living situation. It ended with her feeling down and not feeling like eating anything, especially food, as she complained of low appetite and weight loss.

She lives alone because her husband has moved in with his mistress. She described him as abusive and intimidating. She had constant fears that her husband would visit and physically abuse her again. She believed her husband was stalking her and watching her every move. Whenever she thinks about her husband, she feels so terrible that she breathes heavily for at least an hour, has palpitations, cold sweats, and shakes.

As a result, she had difficulty concentrating or thinking about anything other than worrying about her husband. She also has difficulty falling asleep, which causes her to feel exhausted at work.

A week before admission, she had some thoughts of death based on text messages from her husband. She thought that she would be comfortable if she died and her husband would no longer bother her. She had the urge to kill herself because she felt her life was coming apart at the seams. Two weeks earlier, she had attempted suicide by ingesting a handful of paracetamols, which she fortunately spit

out, feeling very guilty about it. She insisted on being admitted to the ward because she still has suicidal thoughts and no one can stop her since she lives alone. Her greatest fear is her inability to control herself since she has no close friend. She has no psychotic or manic symptoms. She has no history of abuse of illegal substances.

Her father, a 55-year-old retired police officer, and her mother, a 59-year-old housewife, had divorced when she was just six years old because she had previously been abused. She and her little sister came to live with her mother. Her life took a complete turn when she had to help her mother bake cakes that she sold in the market to pay her school fees, as she gradually developed a hatred for her father who had abused the family. On the other hand, her mother has become a strict and punishing mother as she did not want her to end up like her. Her mother scolds her for no reason when she complains about her life. Her relationship with her mother became worse and worse after her husband left her. Even when she told her mother that she was suffering from anxiety, her mother did not believe her and accused her of not being in the right frame of mind and being ungrateful to God for what He had given her. Her mother accused her of being overdramatic and unfaithful to God. She was left without family support and made the black sheep of her family.

She graduated from the Polytechnic and later worked as a school clerk. At work, she was aloof and did not share her problems with anyone, because her husband did not allow her to make too much friendship with anyone. The husband was a gentle gentleman when they first met on an online platform and courted 6 months later. It was a love marriage. Unfortunately, he started to turn into a jealous man who kept an eye on every detail of her and checked her phone to make sure she was not cheating on him by contacting someone else. She was always accused of infidelity when her husband was suspicious of her. He restricted her friends and called her a whore when he was angry. She felt tormented, and this made her husband apologize, and the cycle repeated itself when her husband was jealous of her. She later found out that her husband had a mistress, after which she felt betrayed and tormented. They got into a physical fight and her husband hit her a few times. He left the house and never came back.

Mental status examination reveals a Malay woman of medium height, dressed normally, who appears tired, anxious, and agitated. She is cooperative and speaks in Malay. Her speech is rational, relevant, and coherent. The mood is euthymic and affect is appropriate. She cries through tears and appears anxious when speaking of her husband. No formal thought disorders. She also does not exhibit psychotic features. Her cognitive functions are intact. She has good judgement and insight. Physical examinations are normal.

A diagnosis of Acute stress disorder resulting from Intimate Partner Violence (Battered wife syndrome) is made. She is predisposed to be a vulnerable victim because of her childhood experience of loss of father figure, rejection and hatred of her father. This condition is precipitated by some physical and emotional abuses that cause an acute stress reaction, expressed in anxiety, fear and sadness. It is perpetuated by the lack of social support and the absence of a close confidant.

Biological investigations such as a complete full blood count, renal profile, liver function test, thyroid function test, fasting blood glucose, and lipid profile show no abnormalities. Psychosocial investigations also show no abnormalities.

Treatment includes prescription of selective serotonin reuptake inhibitors, escitalopram 10 mg nocte, and supportive psychotherapy. Support groups help improve social support and alleviate social stigma. The prognosis depends on the safety of her living environment, the availability of social and legal support, and the coping strategies she uses to deal with stress reactions to physical violence and emotional neglect.

DISCUSSION

Intimate partner violence (IPV) is the surrogate for battered wife syndrome. It is defined as physical, sexual, and emotional abuse and controlling behaviours by an intimate partner. It refers to acts of physical violence such as slapping, punching, kicking, and spanking, including sexual violence such as forced sexual intercourse and other forms of sexual coercion. Emotional (psychological) abuse such as insults, belittling, constant humiliation, intimidation, threats of harm, and threats to take children away is also included. Controlling behaviours such as isolating a person from family and friends, monitoring their movements, and restricting access to financial resources, employment, education, or medical care are not exceptions. The term "domestic violence," on the other hand, refers to intimate partner violence, but can also include child or elder abuse or abuse by any member of a household. Battering refers to a severe and escalating form of intimate partner violence characterised by multiple forms of abuse, terrorising, and threatening behaviour, as well as increasingly possessive and controlling behaviour by the perpetrator [2].

This case illustrates the extent of IPV on the patient's acute emotional status. The psychodynamic hypothesis is that the anxiety is an affective signal of danger that arises in her ego as part of a protective function against threat, i.e., against the agonizing danger posed by the loss of her father through the divorce of her parents when she was six years old. When she married a man she initially loved, only to find out later that her love had been betrayed by her husband. Her subconscious recalls similar signals that later reactivate secondary defenses such as denial (*e.g., when she fell in love with her future husband and thought he was a more sympathetic person than her real father, which turned out to be untrue*) and acting out (*committing suicide by taking paracetamols to cope with the thought that it would be better if she died so her husband would stop bothering her*).

It is also hypothesized that she may have an unconscious desire to re-enact earlier trauma. Through the use of repetition compulsion *(as brought up by her mother when the patient was accused of being overdramatic)* as she attempts to victimize her husband for the pain she endures from her childhood trauma. Staying with a partner who cheats on her and abuses her physically and emotionally could also be a way of dealing with the trauma, she has experienced in the past.

Lenore Walker (1979) (Figure 1) has suggested four stages in the cycle of abuse, namely: (1) build-up of tension, (2) an incident of abuse, (3) reconciliation, and (4) calm [3]. As can be seen in this case, the tension usually builds when the abusive partner becomes excessively angry and even calls her a "whore" This is followed by name-calling, threats of harm, and physical violence. When the tension gradually subsides, the abuser apologizes, remains calm and peaceful. But then the cycle repeats itself over time.

After acquiring a comprehensive understanding of the conscious, unconscious conflict and abuse cycle, coping capabilities are assessed and conceptualized. Part of the treatment is to build up a stable therapeutic alliances and the improvement of her emotional regulation. In this case, an antidepressant is used to regulate her mood.

Next, she should work on her suicidal “acting out”. A treatment contract that specifies commandments and prohibitions will help monitor, regulate and prevent suicidal impulses and other disruptive behaviours. Regressive behaviours will not be discouraged.

Cognitive behavioural therapy (CBT) is another option for treating these patients. Therapists can encourage patients to re-evaluate their thinking patterns and assumptions in order to change thinking distortions such as overgeneralizing bad outcomes, negative thinking that diminishes positive thinking, and constantly expecting catastrophic outcomes into more balanced and effective thinking patterns. These are designed to help the person reconceptualize their understanding of traumatic experiences as well as their understanding of themselves and their ability to cope.

Exposure to the trauma narrative of domestic violence and reminders of the trauma or emotions associated with the trauma are often used to help the patient reduce avoidance behaviours and maladaptive associations with the trauma. The goal is to return the patient to a sense of control, self-confidence, predictability and to reduce escape and avoidance behaviours.

CBT also offers some methods for dealing with suicidal thoughts. These include emotional regulation strategies such as action urges and choices, emotion thermometers, index cue cards, mindfulness, opposite action, distress tolerance skills, and problem solving strategies.

From a psychosocial point of view, she must be taken to safety, since she is already traumatized and living in unsafe conditions, to avoid future harassment. She is advised to contact the Women Aid Organization (WAO) for counselling.

In the event of a crisis, she can seek help at the One Stop Crisis Centre (OSCC) at a nearby government hospital. A police report can be filed at the OSCC. Police will provide security in the hospital. The OSCC provides shelter, legal assistance, and counselling. The social worker can issue an emergency protection order instructing the husband

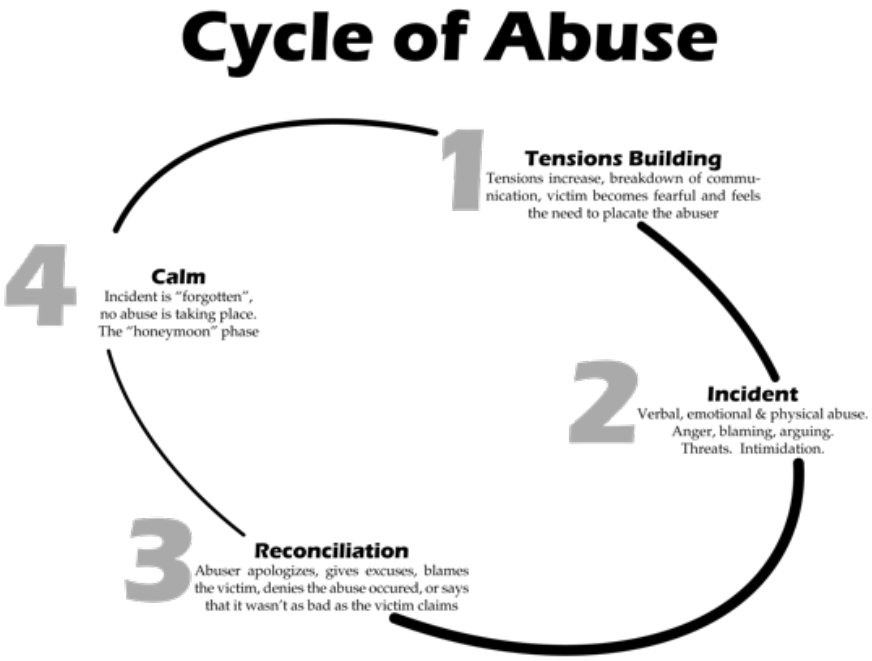
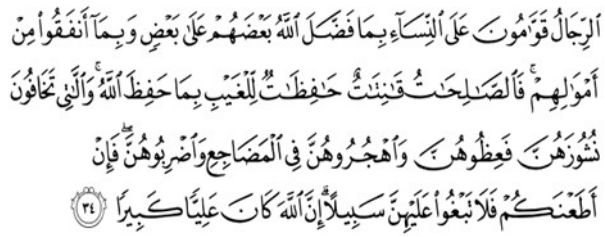


Figure 1: Cycle of abuse by Lenore Walker (1979)

not to commit any further acts of violence. A report can also be filed at the police station. The police officer can petition the court for an interim protective order prohibiting the husband from further abuse.

Islam's stance on domestic violence is clear. Abusive behaviour toward a woman is forbidden because it contradicts the goal of Islamic jurisprudence -particularly the preservation of life and reason, as well as the Quranic injunctions of righteousness and kind treatment.

The Quran and prophetic practise clearly illustrate the relationship between spouses. The Quran states that the relationship is based on tranquilly, unconditional love, tenderness, protection, encouragement, peace, kindness, comfort, justice, and mercy. Domestic violence is dealt with in Islamic law under the concept of harm (darar). This includes the husband's denial of obligatory financial support (nafaqa) to his wife, the husband's prolonged absence from home, the husband's inability to satisfy his wife's sexual needs, or his mistreatment of the wife's family members. If, on the other hand, the wife shows disobedience, shameless defiance and misbehaviour to husband (nushuz), Islam have some solutions as described in Al Quran, Surah an-Nisa', Verses 4:43 [4].


ٱلرِّجَالُ قَوَّٰمُونَ عَلَى ٱلنِّسَآءِ بِمَا فَضَّلَ ٱللَّهُ بَعۡضَهُمۡ عَلَىٰ بَعۡضٖ وَبِمَآ أَنفَقُواْ مِنۡ
أَمۡوَٰلِهِمۡۚ فَٱلصَّٰلِحَٰتُ قَٰنِتَٰتٌ حَٰفِظَٰتٞ لِّلۡغَيۡبِ بِمَا حَفِظَ ٱللَّهُۚ وَٱلَّٰتِي تَخَافُونَ
نُشُوزَهُنَّ فَعِظُوهُنَّ وَٱهۡجُرُوهُنَّ فِي ٱلۡمَضَاجِعِ وَٱضۡرِبُوهُنَّۖ فَإِنۡ
أَطَعۡنَكُمۡ فَلَا تَبۡغُواْ عَلَيۡهِنَّ سَبِيلًاۗ إِنَّ ٱللَّهَ كَانَ عَلِيّٗا كَبِيرٗا ٣٤

"Men are in charge of women by [right of] what Allah has given one over the other and what they spend [for maintenance] from their wealth. So righteous women are devoutly obedient, guarding in [the husband's] absence what Allah would have them guard.

But those [wives] from whom you fear arrogance - [first] advise them; [then if they persist], forsake them in bed; and [finally], strike them. But if they obey you [once more], seek no means against them. Indeed, Allah is ever Exalted and Grand."

(Surah An-Nisa', Verse 4:34 of the Qur'an)

CONCLUSION

Intimate Partner Violence can be understood from a psychodynamic perspective and treated according to the bio-psychosocial-spiritual paradigm.

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