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Dealing with violence, primarily in psychosocial violent behaviors

Abstract

Domestic violence and sexual assault have been considered a major public health issue causing global concern. Prevalence of domestic violence presumably showed a significantly different result, with a lifetime prevalence of approximately 10-69% in different countries. The number of domestic violence cases showed an increasing trend year by year from 62,310 in 2005 to 114,609 in 2014 in Taiwan. Sexual assault in Taiwan also showed a rising trend year by year with the number of cases increasing from 5,739 in 2005 to 14,229 in 2014.

Because domestic or sexual victims easily hid their symptoms. The clinicians should be more sensitive to domestic or sexual violence in the diagnosis and treatment of a patient. Secondly, the treatment for domestic or sexual violence is not simply the application of medication or psychotherapy; instead, effective notes, referrals and resource links are required to provide specific assistance to the victims.

Keywords: domestic violence, sexual assault, prevalence of domestic violence and sexual assault

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Domestic violence has been considered a major public health issue causing global concern.[1] A study on the prevalence of domestic violence presumably showed a significantly different result, with a lifetime prevalence of approximately 10-69% in different countries and a one-year prevalence of approximately 1-52%.[2] However, it is generally believed that the number of domestic violence cases is underestimated.[3] In Taiwan, the number of domestic violence cases showed an increasing trend year by year from 62,310 in 2005 to 114,609 in 2014. In the United States, according to a nation-wide survey (National Violence Against Women Survey; NVAWS), the lifetime prevalence rates of domestic violence were 22.1% for female victims and 7.4% for male victims, and the annual incidences of domestic violence were 1.3% for women and 0.9% for men. Meanwhile, injury cases that received emergency medical services because of domestic violence accounted for 17% of all medical treatments as a result of violence, and the annual cost of medical and mental health care because of domestic violence reached $4.1 billion dollars (Centers for Disease Control and Prevention, CDC, 2005). Domestic violence has become the most important reason for women being injured in the United States, and the severity of the harm to women even exceeds the sum of being raped, robbed, and getting in a car accident.

The bulletin of sexual assault in Taiwan also showed a rising trend year by year with the number of cases increasing from 5,739 in 2005 to 14,229 in 2014. The criminal acts of sexual abuse perpetrators should not only be punished but should also be corrected with treatment and counseling education. Romero et al.[4] indicated that intensive probation supervision and psychological interventions for perpetrators of sexual assault can reduce the recidivism rate. Similar results were also found in other reports.[5] Thus, how to address the perpetrators of sexual assault has become a very important social, judicial and psychiatric problem. The above data showed that in Taiwan and other countries around the world, processing the cases of domestic and sexual violence is a necessary step in promoting mental health. Dealing with victims with psychiatric diseases or impairments.

The currently known psychological perplexity and behavior problems that are prone to occur in women victims include alcohol and drug abuse, depression, anxiety (including post-traumatic stress syndrome), eating and sleep disorders, shame and guilt, low self-esteem, fear, panic, physical and mental symptoms, suicide and self-harm and unsafe sexual behavior. Because physical and mental states affect one another, sleep disorders, fatigue and memory loss of a victim are closely associated with the pain and disability status of the body, and post-traumatic stress disorder is also significantly related to chronic pain that interferes with physical functions in life and results in disability issues. However, most victims are either reluctant to seek treatment or to ask for help with other complaints (in psychiatry, for example). The individual often describes the symptoms as recent insomnia, anxiety, panic, irritability, and depression.

When asked about the stress source, employed women often respond with the pressure of an excessive workload (which is one type of pressure, but it may not occur for other colleagues in the work place or the women can quickly recover after the occurrence). Therefore, clinicians should be more sensitive to domestic or sexual violence in the diagnosis and treatment of a patient. Secondly, the treatment for domestic or sexual violence is not simply the application of medication or psychotherapy; instead, effective notes, referrals and resource links are required to provide specific assistance to the victims. For example, a woman may suffer depression, panic and insomnia as a result of being abused for a long time; the symptoms could be slightly improved if medication is given (but more cases were so-called cases of ineffective therapy); however, the symptoms will worsen when the patient is back in the abusive situation. Therefore, in addition to the passive acceptance of the referral from the prevention center (only very few cases), the physicians also must be aware of the related channels to provide resources and information for the victims so they can receive more comprehensive services. According to the literature, the vast majority of clinicians require training courses to enhance the ability to treat victims of sexual violence.[6] Guedes et al.[7] conducted a study in Latin America and found that some clinical staff members have incorrect thoughts and negative perceptions of victims of sexual

violence; therefore, continuing education for practitioners in domestic and sexual violence prevention must still be strengthened.

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Conflict of interest

The author declares no conflict of interest.

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