

Suicidality and family violence in Australian immigrant women presenting to out-patient mental health settings

Dear Sir

Family violence, noted in one in three women globally, is commonly associated with mental health disorders such as Post-Traumatic Stress Disorder (PTSD), Major Depressive Illness, anxiety disorders and suicidal behaviours.¹ Suicide is seven times more likely in family violence victims.² Australia is a highly multicultural country, yet there is paucity of culturally nuanced studies to understand suicidality in ethnic patients, and especially victims of family violence. We report a de-identified clinical audit of 84 immigrant victims of family violence presenting at two private psychiatric clinics (City and Bundoora, Victoria) with a focus on suicidality, its association with mental conditions and outcome after treatment. Patient permission to use de-identified data for research and teaching purposes was obtained. Two ethnic groups – South Asian victims ($n = 56$; one male) and Middle Eastern victims ($n = 28$; all females) – were provided treatments as usual for mental health conditions and followed up for nine months. Clear differences emerged between the two groups. South Asian women were younger (median age 27 years), single, had fewer children and sought

treatment after severe violence. Middle Eastern women were older (median age 40), married with children ($n = 24$) and suffered mild to moderate but not severe violence and sought treatment for unresponsive depression. PTSD was found primarily in South Asian women who suffered greater threats to life, serious physical violence, fear and dowry extortion. Suicidal ideation was present in 100% Middle Eastern women, and 43% attempted suicide. In comparison 75% of South Asian women were suicidal and 17% attempted suicide. After nine month follow-up, disconnection between mental health outcomes and suicidal ideation emerged. A greater number of Middle Eastern women (43%) showed clinical improvement (HAM D GAS), but a greater number (82%) remained suicidal (one suicide attempt). In contrast only 27% of the South Asian group improved but the suicidal ideation stopped in the majority – 67% (one suicide attempt). Further analysis revealed key differences in social factors – the majority of South Asian women had greater education, returned to work/study, found financial independence and felt a degree of control over their life. Whereas the majority of Middle Eastern women (84%) returned back to live with the perpetrator in a dependent marital situation, had limited education and little prospect of work outside the marriage.

This clinical observational study reflects the reality of everyday life. Complex clinical phenomena intersected with multiple social factors such as female gender, immigrant status, suicidality, psycho-social factors, for example family violence, relationship with perpetrator, autonomy and degree of control over one's life and finances. When treating suicidal immigrant women family violence should be kept in mind.

Acknowledgement

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Disclosure

The authors report no conflict of interest. The authors alone are responsible for the content and writing of the paper. [AQ: 1]

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