

Summary

Lifetime Experiences of Violence Among Mental Health Professionals

Asil Ali Özdoğru
Üsküdar University

Ömer Akgül
Üsküdar University

The possibility of exposure to violence varies among individuals due to individual characteristics such as gender and occupation, or environmental factors such as family and culture. Certain group of occupations, which directly provides services to individuals, are at a higher risk for being exposed to violence (Renzetti & Edleson, 2008). Health care professionals are frequently exposed to violence and this topic is widely covered in media and research (Büyükbayram & Okçay, 2013). On the other hand, violence experience of individuals who are working in mental health fields such as psychology and psychological counseling has not been adequately examined.

Violence, often known as physical violence, is actually a multi-layered and multi-dimensional concept. World Health Organization (WHO) defines violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.” (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002, p. 5). WHO classifies violence in different categories based on the characteristics of perpetrator and the nature of violent behavior. According to the characteristics of the perpetrator, three kinds of violence were proposed as self-directed violence, interpersonal violence, and collective violence. According to the nature of behavior, types of violence were physical, sexual, psychological, deprivation, and neglect. Violence against oneself may be in the form of suicidal behavior and self-harm, whereas interpersonal violence may be in the form of domestic, intimate partner, and community violence. On the broader level, collective violence emerges in the form of social, political, and economic violence.

Physical violence includes all kinds of attacks on human body such as slapping, kicking, and punching.

Sexual violence is the enforcement of a sexual act that the individual does not consent to or the use of sexuality as a threat, intimidation, and control. Verbal violence consists of shouting, humiliating, naming, and ridiculing behaviors. Emotional violence is the behavior that targets individual’s mental health and involves continuous actions such as threats and blackmail. In the case of social violence, the individual is subjected to severe pressure from another group in the course of a social relationship. Economic violence is the use of economic resources and money on a regular basis as a means of sanctions, threats, and control. Neglect consists of behaviors like not allocating enough time, treating with disinterest, and refusing the need for closeness.

Various studies were conducted to assess the violence experienced by individuals working at different health institutions in Turkey. In a study conducted with 270 health professionals from 12 health institutions in Kocaeli, the percentage of participants’ exposure to violence during their work life was found as 73% and exposure during the last 12 months was 72% (Çamcı & Kutlu, 2011). In the same study, participants also reported that they were most frequently exposed to verbal violence and the most common source of violence was patients’ relatives and males. In a study with 64 doctors and nurses working at Samsun Psychiatry Hospital, 86% of the participants reported that they were exposed to violence within the past year (Gökçe & Dündar, 2008). The most frequent types of violence were verbal (59%) and physical (27%), while exposure to violence was seen to be associated with higher levels of trait anxiety. In another study conducted with 121 nurses working at Bakırköy Psychiatric Hospital, prevalence of being exposed to verbal violence (86%) was found to be higher than physical violence (50%) (Coşkun & Öztürk, 2010). It has been also found that 25% of the verbal violence victims and 22% of the physical violence victims reported the in-

cidence, 77% of the source of physical violence were the patients, and only 9% of those exposed to physical violence reported that they received psychological support.

In this study, the frequency, source, and consequences of violence experienced by mental health professionals throughout their lifetime was investigated. Even though there are studies on the prevalence of violence among health professionals, more comprehensive studies with professionals from mental health fields are needed. In this study, individuals from mental health fields, who are not sufficiently included in health professional groups, were examined. Violence experiences of mental health professionals in this study include not only the violence experienced in the last year or a certain period of time in the workplace or school but also the lifetime violence. In this way, it is aimed to have a more holistic and comprehensive survey.

Method

Participants

The present study was composed of 1043 volunteer individuals. The number of participants decreased to 781 after removing 262 participants, because 152 of them were still students, 103 were not from mental health fields, and 7 individuals did not respond all the questions. Ages of participants ranged from 21 to 62 ($M = 30.84$, $SD = 7.70$) while 84% of the participants were women and 16% were men. Majority of the participants were from psychology/clinical psychology (50%) and psychological counseling (44%) fields. 66% of the participants stated that they had a bachelor's degree and 34% had a master's degree.

Materials

The researchers of this study developed an online questionnaire based on the research and measures in the related literature. This online questionnaire was used as the data collection tool. It included questions on demographic information such as age, gender, education, and field as well as questions about different types of violence experienced anytime in life. Physical, sexual, economic, emotional (psychological), social, verbal violence, and neglect were presented as different types of violence and these types of violence were defined for the participants before the corresponding sections as it was presented in this article. For each type of violence, participants were asked structured questions about the frequency of exposure to violence (no, few, many), the source of violence (parent, friend, spouse, school/work friend, teacher, sibling, relative, neighbor, supervisor/manager), reaction to violence (I was unresponsive, I resisted, I reacted, I complained to unofficial authorities, I

complained to official authorities, and other), and receiving psychological support (yes, no). Finally, participants were asked to indicate how they were affected as a result of all the violence they had experienced in an item with the option of choosing multiple options. The given options were as follows: I felt myself worthless, I had less self-confidence, I turned inwards, I had less self-esteem, I felt depressed, I lost the meaning of life, I harmed myself, and I harmed others.

Procedure

Approval of an ethics committee was obtained from the higher education institution that researchers were affiliated with. The study was announced via email to 90,000 members who were in the database of a national mental health association operating in Turkey and participation was requested from February 2015 to April 2015. Data from the participants were analyzed with descriptive statistical methods and mean difference tests using the PSPP 0.10.1 software program. After examining the sample's distribution among the mental health fields, the fields to be used in the analyzes were re-grouped into three as psychology, psychological counseling (PC), and other (psychiatry, social service, etc.). Parametric tests were used by taking the high number of participants and normal distribution characteristics into consideration. Levene's test was applied as the variance homogeneity test in assessing the mean differences between groups.

Results

A normal distribution was observed in terms of the number of types of violence exposed during any period of their lives. The percentage of the participants who were not exposed to any of violence was 6%, those who were exposed to three different types of violence was 21%, and those who were exposed to all seven types of violence was 2%. It was found that women ($m = 3.35$, $sd = 1.71$) were exposed to more types of violence than men ($m = 2.89$, $sd = 1.79$) [$t(778) = 2.74$, $p = .006$] and there were significant differences between mental health fields, $F_{2, 278} = 4.78$, $p = .009$. It was seen that individuals who were working in psychology field ($m = 3.45$, $sd = 1.74$) have been exposed to more violence than those in the field of psychological counseling ($m = 3.06$, $sd = 1.75$).

The most frequently reported types of exposed violence were found to be verbal (78%), emotional (56%) and physical (48%) violence. On the other hand, the types of violence the participants were less likely exposed to were economic (22%), sexual (38%), social violence (41%), and neglect (44%).

When the frequency of exposure to different types of violence was examined in terms of gender and men-

tal health fields, there was seen a significant difference between the males and females in all types of violence except for the physical and social violence, and neglect. While men were exposed to a higher frequency of economic violence ($m = 0.42$, $sd = .65$ for men; $m = 0.23$, $sd = .50$ for women) [$t(157) = -3.01$, $p = .003$]; it was found that women were exposed more sexual violence ($m = 0.11$, $sd = .31$ for men; $m = 0.50$, $sd = .61$ for women) [$t(339) = 10.54$, $p = .000$], emotional violence ($m = 0.54$, $sd = .66$ for men; $m = 0.74$, $sd = .72$ for women) [$t(778) = 2.86$, $p = .004$], and verbal violence ($m = 0.80$, $sd = .69$ for men; $m = 1.07$, $sd = .66$ for women) [$t(174) = 4.09$, $p = .000$]. It was seen that individuals from the other mental health fields ($m = 0.80$, $sd = .55$) were more frequently exposed to physical violence than individuals from both psychology ($m = 0.53$, $sd = .57$) and psychological counseling ($m = 0.47$, $sd = .54$) fields [$F_{2,778} = 6.84$, $p = .001$]. Individuals working in psychology field ($m = 0.48$, $sd = .61$) were more frequently exposed to sexual violence than individuals from other fields ($m = 0.23$, $sd = .42$) [$F_{2,778} = 4.83$, $p = .008$]. Furthermore, individuals working in psychology field were more frequently exposed to both social violence ($m = 0.59$, $sd = .73$ for psychology; $m = 0.45$, $sd = .65$ for psychological counseling, $F_{2,778} = 3.98$, $p = .019$) and neglect ($m = 0.61$, $sd = .72$ for psychology; $m = 0.48$, $sd = .63$ for psychological counseling, $F_{2,778} = 3.37$, $p = .035$) than individuals working in psychological counseling field.

It was seen that the most frequently reported sources of violence were friends, parents, and spouses. Friend, as a source of violence, had the highest average value in most types of violence, whereas parent had a higher value than friend in terms of economic violence. When each source of violence was examined for gender and field differences, statistically significant differences were found between some groups. In terms of gender, there was found a significant difference only when the source was reported as spouse [$m = 0.89$, $sd = 1.26$ for women; $m = 0.57$, $sd = 1.04$ for men, $t(205) = 3.11$, $p = .002$].

The level of reaction to violence was calculated out of one and 16% of the sample had "0" for not reacting to the violence. No statistically significant difference was found between gender and field groups in terms of reaction levels ($M = 0.61$, $SD = 0.36$). It was found that the three types of violence with the highest levels of being unresponsive were neglect, sexual violence, and economic violence, respectively. On the other hand, the types of violence with the highest level of reaction were emotional, social, verbal, and physical violence, respectively.

It was found that the level of receiving psychological support was "0" for 83% of the participants, which indicated that these individuals did not receive any psychological support after being exposed to violence. A

statistically significant difference in the level of receiving psychological support ($M = 0.08$, $SD = 0.22$) was found between males and females but not between the mental health field groups. The level of receiving psychological support was significantly higher among women ($m = 0.10$, $sd = .24$) than men ($m = 0.03$, $sd = .12$), [$t(345) = 4.54$, $p = .000$]. The three types of violence in which psychological support were more likely to be observed were emotional violence, neglect, and economic violence, respectively. On the other hand, the types of violence that individuals received the least psychological support were, respectively, social violence, verbal violence, sexual violence, and physical violence.

General impact score was calculated for the each participant out of eight options. 60% of the sample did not select any option. A statistically significant difference in impact levels ($M = 1.13$, $SD = 1.78$) was found between gender groups but not among fields. The level of negative impact for women ($m = 1.19$, $sd = 1.82$) was significantly higher than that of men ($m = 0.80$, $sd = 1.55$) [$t(200) = 2.48$, $p = .014$]. It was seen that the most frequently selected impact as a result of all violent incidents were "I felt myself worthless", "I had less self-confidence", and "I turned inwards"; and the least selected consequences were "I harmed others", "I harmed myself", and "I lost the meaning of life".

Discussion

It is possible to summarize the findings of this study in a single individual case based on the average and most frequently observed data. As a result, in her lifetime a 31-year-old female psychologist has been exposed to verbal violence by her friend and responded to her friend afterwards but she did not receive any psychological support and she felt herself worthless because of this experience. The findings of the study summarized in this example show similarities with the previous research in terms of prevalence and characteristics of violence among individuals from the mental health fields.

It was seen that the number of different types of violence exposed throughout life was normally distributed among all individuals. Women were exposed to more different types of violence than men and also psychologists were exposed to more different types of violence than individuals working in guidance and psychological counseling field. It is known that violence victimization of women is more common and varied. The differences between mental health fields might be derived from gender distributions in this study where women had a higher level of representation in psychology (92%) than the field of guidance psychological and counselling (77%).

Among different types of violence, verbal, emotional, and physical violence were the most common types of violence; while the least exposed types of violence were economic, sexual, social violence, and neglect. Similarly, in the literature, physical violence has also been less frequently reported than verbal and emotional violence (Coşkun & Öztürk, 2010; Çamcı & Kutlu, 2011; Gökçe & Dündar, 2008). Men reported more frequent exposure to economic violence than women and women reported more frequent exposure to sexual, emotional, verbal violence, and neglect than men. This outcome might be related to more frequent involvement of women in emotional matters and men in financial matters in their lives.

When the source of violence across all types of violence was considered; friends, parents and spouses were found to be the most frequently reported sources. The fact that friends and parents are in the first place among the sources of violence and there is a difference in terms of victim's gender and type of violence, are all supported by the other studies in the literature (e.g., Turhan, İnandı, Özer, & Akoğlu, 2011).

It was found that individuals were mostly unresponsive to neglect, sexual violence, economic violence;

and they were mostly responsive to emotional violence, social violence, verbal violence, and physical violence. Even though there is an effect of personality traits on behavioral response to violence, it has been also observed that some types of violence (such as emotional and verbal) have more potential for showing a reaction than other types (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002).

Despite the fact that the participants were from the mental health fields, the level of receiving psychological support after experiencing violence was very low among them. Other studies also reported low levels of receiving psychological support among individuals in mental health fields and gender and type of violence made a difference in this behavior (Coşkun & Öztürk, 2010).

Personal experiences of violence among mental health professionals who provide services to victims of violence are important for the training and development of mental health professionals. Developing programs, practices, and interventions that take these experiences into account is important for both individuals working in this field and those who receive the services.