



Review

Prevalence and risk of experiences of intimate partner violence among people with eating disorders: A systematic review[☆]



Louise Bundock^a, Louise M. Howard^a, Kylee Trevillion^a, Estelle Malcolm^a, Gene Feder^b, Siân Oram^{a,*}

^a King's College London, Institute of Psychiatry, De Crespigny Park, Denmark Hill, London SE5 8AF, United Kingdom

^b Centre for Academic Primary Care, School of Social and Community Medicine, University of Bristol, 39 Whatley Road, Clifton, Bristol BS8 2PS, United Kingdom

ARTICLE INFO

Article history:

Received 4 December 2012

Received in revised form

20 March 2013

Accepted 29 April 2013

Keywords:

Eating disorder
Anorexia nervosa
Bulimia nervosa
Intimate partner violence
Domestic violence

ABSTRACT

Objectives: To estimate the prevalence and risk of lifetime and past year intimate partner violence (IPV) among males and females with eating disorders.

Methods: Systematic review. We searched 15 electronic databases, supplemented by hand searching, citation tracking, updating a review on victimisation and mental disorder and expert recommendations. **Results:** Eight papers were included, involving 6775 females and 4857 males. Individual studies reported that eating disorders are associated with a high prevalence and increased odds of lifetime IPV among both males and females. Evidence is lacking on eating disorder and past year IPV, on whether associations between eating disorder and IPV vary by type of IPV, and temporality.

Discussion: More research is needed to investigate the strength and nature of the association between eating disorders and IPV, including with regards to the direction of causality between eating disorders and IPV, and whether associations are mediated by childhood abuse.

© 2013 The Authors. Published by Elsevier Ltd. All rights reserved.

1. Introduction

Intimate partner violence (IPV) refers to acts of physical, sexual, or emotional abuse, and coercive or controlling behaviours, perpetrated by a current or former partner. IPV is a public health problem associated with substantial physical and psychological morbidity (Campbell, 2002; Golding, 1999; Howard et al., 2010b) and, as a consequence of victims' increased use of health services compared to those not abused, (MacMillan et al., 2006; Rivara et al., 2007) significant healthcare costs. The direct medical and mental healthcare costs associated with domestic violence are estimated to exceed \$4 billion each year in the USA alone (Centers for Disease Control and Prevention & National Center for Injury Prevention and Control, 2003). Little is known about the relationship between IPV and eating disorders, despite evidence that psychiatric patients experience a high prevalence of IPV (Oram et al., 2013) and substantial

literature on the association between eating disorder and childhood abuse (Rayworth et al., 2004; Wonderlich et al., 1997).

IPV affects the lives of hundreds of thousands of people around the world each year. The WHO multi-country study on women's health and violence, conducted in ten countries, reported that the prevalence of lifetime physical or sexual IPV ranged from 15% to 71% and that the prevalence of past year physical or sexual IPV ranged from 4% to 54% (Garcia-Moreno et al., 2006). In all but one site, women were at higher risk of violence perpetrated by a partner than by other people. No similar global estimates exist for the prevalence of being a victim of IPV among men. Studies conducted in the USA and UK suggest the prevalence of isolated incidents of violence reported by men and women is comparable (Howard et al., 2010a). However, women are more likely to sustain physical and psychological injuries as a result of violence from an intimate partner, and to report multiple incidents of violence (Black et al., 2011; Walby and Allen, 2004).

Despite the growing literature on the association between IPV and mental ill-health, (Golding, 1999; Howard et al., 2010b; Trevillion et al., 2012) reviews of risk factors for eating disorders have not examined the role of IPV (Kallivayalil, 2010; Polivy and Herman, 2002; Stice, 2002). A recent review, restricted to primary studies which reported on formally diagnosed mental disorders, identified only one study that assessed eating disorder and

[☆] This is an open-access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike License, which permits non-commercial use, distribution, and reproduction in any medium, provided the original author and source are credited.

* Corresponding author. Section for Women's Mental Health, Institute of Psychiatry, Box PO31, David Goldberg Centre, De Crespigny Park, Denmark Hill, London SE5 8AF, United Kingdom. Tel.: +44 (0) 20 7848 5129; fax: +44 (0) 20 7277 1462. E-mail address: sian.oram@kcl.ac.uk (S. Oram).

IPV (Trevillion et al., 2012). We therefore aimed to systematically review the literature to estimate the prevalence and odds of IPV (lifetime and past year) among males and females with eating disorders identified using diagnostic or screening instruments.

2. Methods

2.1. Search strategy

The review followed MOOSE and PRISMA guidelines and the protocol is registered with the PROSPERO database of systematic reviews (<http://www.crd.york.ac.uk/prospere>); registration number CRD42011001281 (Moher et al., 2009; Stroup et al., 2000). A completed PRISMA checklist is provided as [Supplementary Information](#). In the first stage, we conducted an electronic search of 15 bibliographic databases (see [Supplementary Information](#) for a list of databases used), updated a systematic review on the victimisation of people with severe mental illness, (Maniglio, 2009) hand searched three key journals (Trauma Violence and Abuse, Journal of Traumatic Stress, and Violence Against Women), conducted backwards and forwards citation tracking, and sought expert recommendations. Electronic databases were searched, using Medical Subject Headings (MeSH) and text words, from their dates of inception up to 31st March 2011. Terms for IPV were adapted from Cochrane protocols and peer-reviewed literature reviews and terms for mental disorders were adapted from NICE guidelines (Friedman and Loue, 2007; NICE, 2008; Ramsay et al., 2009). The search strategy for Medline, EMBASE and PsycINFO is provided as [Supplementary Information](#). In the second stage, we hand searched three eating disorder journals (International Journal of Eating Disorders, European Review of Eating Disorders, and Eating Disorders) and conducted additional backwards and forwards citation tracking.

2.2. Selection criteria

Studies were eligible for inclusion in this review if they: (a) included people who were 13 years or older and were assessed as having an eating disorder using a validated diagnostic instrument or screening instrument; (b) presented the results of peer-reviewed research based on experimental studies (e.g. randomised controlled trials, non-randomised controlled trials, parallel group studies), before-and-after studies, interrupted time series studies, cohort studies, case-control studies, or cross-sectional studies; and (c) measured the prevalence or risk of IPV. We defined IPV as acts of physical, sexual or emotional abuse, alone or in combination, and a range of controlling or coercive behaviours, perpetrated by current or former partners. When we identified multiple eligible papers from the same study only the paper reporting the largest sample size of relevance to the review was included.

2.3. Data extraction and quality appraisal

Two reviewers (SO and KT) screened the downloaded titles and abstracts against the inclusion criteria. If it was unclear whether a reference met the inclusion criteria, it was taken forward to the next stage of screening. Two reviewers (SO and KT) assessed the full texts of potentially eligible studies. If studies collected data on the prevalence and/or risk of IPV but did not report it, authors were contacted for further information. Data from included papers were extracted by two reviewers (LB and EM). Extracted data included details of the study design, sample characteristics, measures of mental disorder and IPV and the prevalence and risk of experiencing IPV. The quality of included studies was independently appraised by two reviewers (LB and EM) using criteria adapted from validated tools (Public Health Resource Unit, 2006). Reviewers

compared scores and resolved disagreements before allocating a final appraisal score. The quality appraisal checklist includes items assessing study selection and measurement biases and is provided as [Supplementary Information](#). Table 1 presents quality appraisal scores for each study.

2.4. Data analysis

Prevalence, odds ratios and 95% confidence intervals were calculated for IPV among men and women by type of eating disorder. When calculating odds ratios, the control group was people with no mental disorder. Prevalence and unadjusted odds ratios were also calculated separately by period (lifetime and past year). Adjusted odds ratios were extracted from primary studies if reported.

3. Results

3.1. Key features

Eight studies were included in the review, reporting on a combined sample of 6775 women and 4857 men. The study selection process is presented in Fig. 1. As shown in Table 1, all eight studies were conducted in high income settings. Five studies were conducted in a clinical setting (i.e. clinics or mental health services) and three used data from large scale epidemiological surveys: the third UK Adult Psychiatric Morbidity Survey (APMS), the US National Co-morbidity Survey-Replication (NCS-R), and the Dunedin Multidisciplinary Health and Development Study. Four studies included both men and women in their samples and four included only women. The mean age of participants across the eight studies

Table 1
Summary of key features of included studies ($n = 8$).

	Total ($n = 8$)
Gender	
Female only	4
Male only	0
Female or male	4
Setting	
Clinical only	5
Non-clinical	3
Region	
North America	3
Europe	3
Australasia	2
Eating disorder*	
Anorexia nervosa	2
Bulimia nervosa	4
Binge eating disorder	1
Any eating disorder	4
Assessment of eating disorder:	
Diagnostic interview schedule	2
Structured clinical interview for DSM-IV	2
Composite international diagnostic interview	1
SCOFF	1
Clinical interviews using DSM criteria	2
Recency of intimate partner violence*	
Lifetime	6
Past year	3
Type of intimate partner violence*	
Physical	6
Sexual	2
Psychological	1
Physical or psychological (combined)	1
Assessment of intimate partner violence	
Validated instrument	1
Modified instrument	3
Single item measure	2
Not stated	2

*As categories are not mutually exclusive, totals may exceed eight.

Download English Version:

<https://daneshyari.com/en/article/10302221>

Download Persian Version:

<https://daneshyari.com/article/10302221>

[Daneshyari.com](https://daneshyari.com)