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Original Article

The Frequency of Dissociative Disorders Among Women Who Experienced Physical Domestic Violence and Were Referred to the Mashhad Department of Forensic Medicine In 2024

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Abstract
Objective: Dissociative disorders are a range of conditions characterized by a sudden, temporary disruption in a person's consciousness, memory, identity, or perception. This study aimed to determine the prevalence of dissociative disorders among women who had experienced physical domestic violence and were referred to the Department of Forensic Medicine.
Materials and methods: This cross-sectional study was conducted at the Mashhad Department of Forensic Medicine in 2024. The primary objectives were to determine the prevalence of dissociative amnesia, dissociative fugue, dissociative identity disorder, and depersonalization /derealization disorder in this population. Data were collected using two instruments: the Dissociative Experiences Scale (DES) and the Structured Clinical Interview for DSM Dissociative Disorders (SCID-D).
Results: Among the participants, 22.6% were diagnosed with a dissociative disorder. The prevalence rates for specific disorders were 21.7% for dissociative amnesia, 5.7% for dissociative fugue, 9.9% for dissociative identity disorder, and 12.7% for depersonalization/derealization disorder. A lower level of education (non-university) was significantly associated with a higher prevalence of overall dissociative experiences, dissociative amnesia, and depersonalization/derealization.
Conclusion: The findings indicate a relatively high frequency of dissociative disorders among women who experienced physical domestic violence and were referred to the Mashhad Department of Forensic Medicine in 2024.

Keywords: Dissociative Disorders; Domestic Violence; Forensic Medicine

Introduction
Dissociative disorders, encompassing disruptions in consciousness, memory, identity, and perception (e.g., dissociative amnesia, depersonalization/ derealization disorder, and dissociative identity disorder), are prevalent psychological conditions with significant comorbidity, including depression,

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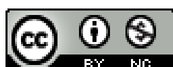
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anxiety, and self-harm (1-5). A well-documented etiological factor for these disorders is exposure to trauma, particularly physical and emotional abuse and domestic violence (6-9).

While the epidemiology of dissociative disorders has been extensively studied globally, a substantial gap exists in data from the Iranian population. Furthermore, despite robust international evidence confirming the correlation between domestic violence and dissociative pathology, no formal study has investigated this relationship within Iran's specific socio-cultural context. To address this research gap, the present cross-sectional study aims to determine the prevalence and particular frequency of dissociative disorders among a sample of Iranian women with a history of physical domestic violence. This research is crucial for informing targeted prevention strategies and effective treatment protocols for this vulnerable population in Iran at the Mashhad Department of Forensic Medicine in 2024.

Materials and methods

The participants in this cross-sectional study included women who had experienced physical domestic violence and were referred to the Mashhad Department of Forensic Medicine in 2024. Utilizing a combination of the Dissociative Experiences Scale (DES) for screening and the Structured Clinical Interview for DSM Dissociative Disorders (SCID-D) for diagnosis, the research aimed to quantify the frequency of specific disorders, including dissociative amnesia, fugue, identity disorder, and depersonalization/derealization, within this traumatized population at a single point in time.

Subsequently, participants who scored above a predetermined clinical cutoff on the DES or reported significant dissociative experiences during the initial screening were administered the Structured Clinical Interview for DSM-5 Dissociative Disorders (SCID-D). The SCID-D is a semi-structured interview conducted by trained mental health professionals, designed to systematically assess the presence and severity of dissociative amnesia, dissociative fugue, dissociative identity disorder, and depersonalization/derealization disorder, according to the diagnostic criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). All interviewers underwent rigorous training to ensure inter-rater reliability and adherence to standardized administration protocols.

The assessment of dissociative disorders and related experiences in this study relied on two primary instruments: the Dissociative Experiences Scale (DES) and the Structured Clinical Interview for DSM Dissociative Disorders (SCID-D). Both measures have demonstrated established reliability and validity in clinical and research settings.

The Dissociative Experiences Scale (DES) is a 28-item self-report questionnaire designed to assess the frequency of various dissociative experiences. Participants rate each item on an 11-point scale ranging from 0% (never) to 100% (always). The DES provides a total score, with higher scores indicating a greater frequency and severity of dissociative experiences. This scale has been widely used as a screening tool for dissociative disorders and has good psychometric properties.

The Structured Clinical Interview for DSM Dissociative Disorders (SCID-D) is a comprehensive, semi-structured diagnostic interview used to assess for the presence and severity of dissociative amnesia, dissociative fugue, dissociative identity disorder, and depersonalization/derealization disorder. Trained clinicians administer this interview and systematically cover the diagnostic criteria for each disorder as outlined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). The SCID-D provides definitive diagnoses and is considered the gold standard for diagnosing dissociative disorders.

Statistical Analysis: Descriptive statistics, including frequencies and percentages, were calculated to characterize the prevalence of overall dissociative disorders and specific dissociative disorders (dissociative amnesia, dissociative fugue, dissociative identity disorder, and depersonalization/derealization disorder) among the study participants. To investigate potential associations between demographic variables and dissociative disorders, chi-square tests were employed for categorical variables. Statistical significance was set at $p<0.05$. All statistical analyses were performed using SPSS software version 13.

Results

A total of 212 women experiencing physical domestic violence referred to the Mashhad Department of Forensic Medicine in 2024 were included in the study. Table 1 presents the sociodemographic characteristics of the women included in the study.

Table 1: Socio demographic Characteristics of Women Experiencing Physical Domestic Violence

Variable	Category	Number	Percentage
Age (years)	Minimum	18.0	-
	Maximum	64.0	-
	Median	32.0	-
	Mean (SD)	32.2 (8.3)	-
Education	High School Diploma	129	60.8%
	Associate Degree	3	1.4%
	Bachelor's Degree	65	30.7%
	Master's Degree and PhD	15	7.1%
Job	Homemaker	145	68.4%
	Teacher	22	10.4%
	Self-Employed	17	8.0%
	Student	7	3.3%
	Employee	16	7.5%
	Doctor and Nurse	5	2.4%
Marital Status	Married	204	96.2%
	Single	8	3.8%
Having Children (N=204)	Has Children	161	78.9%
	No Children	43	21.1%

The age distribution shows a mean age of 32.2 years, with the youngest participant being 18 years old and the oldest being 64 years old. The majority of women had a high school diploma (60.8%) or a bachelor's degree (30.7%), indicating a diverse educational background. A significant proportion of participants were homemakers (68.4%), and nearly all participants were married (96.2%), with most having children (78.9%).

Regarding dissociative experiences, 22.6% (n=48) of the women reported having dissociative experiences, while 77.4% (n=164) did not. Specific dissociative disorders were also assessed: 21.7% (n=46) experienced dissociative amnesia, 5.7% (n=12) experienced dissociative fugue, 9.9% (n=21) experienced dissociative identity disorder, and 12.7% (n=27) experienced depersonalization/derealization disorder. The mean scores for the Amnesia Factor, Depersonalization/Derealization Factor, Absorption Factor, and Total Dissociative Experiences were 16.1± 17.8, 27.6 ±18.4, 16.4± 19.7, and 20.7± 17.5, respectively. Table 2 details the prevalence and severity of dissociative experiences among the participants.

Logistic regression analysis revealed that education was the only significant factor influencing the presence of overall dissociative experiences ($P<0.05$), dissociative amnesia ($P<0.05$), and depersonalization disorder ($P<0.05$). Specifically, women with non-university education were more likely to report dissociative experiences, dissociative amnesia, and depersonalization disorder compared to those with non-university education. Age, marital status, and job status did not show a statistically significant effect on overall dissociative experiences, dissociative fugue, or dissociative identity disorder ($P>0.05$). Table 3 summarizes the results of the logistic regression analysis, examining the impact of various factors on the diagnosis of different dissociative experiences.

Discussion

The current cross-sectional study investigated the prevalence of dissociative disorders among women survivors of physical domestic violence referred to the Mashhad Department of Forensic Medicine in 2024. Our findings reveal a substantial presence of dissociative experiences and specific dissociative disorders within this group, offering crucial insights into the psychological aftermath of physical domestic violence in an Iranian context.

A key finding of our study is that 22.6% of the women who experienced physical domestic violence presented with dissociative experiences. This figure underscores the profound psychological impact of such trauma. When comparing this to other research, the prevalence of dissociative symptoms in survivors of intimate partner violence (IPV) can vary widely across studies.

Table 2: Distribution and Scores of Dissociative Experiences

Variable	Category	Number	Percentage
Frequency of Dissociative Experiences	No Dissociative Experiences	164	77.4%
	Has Dissociative Experiences	48	22.6%
Amnesia Factor Score	Minimum	0.0	-
	Maximum	86.0	-
	Median	10.0	-
	Mean (SD)	16.1 (17.8)	-
Depersonalization/Derealization Factor Score	Minimum	0.0	-
	Maximum	96.4	-
	Median	22.7	-
	Mean (SD)	27.6 (18.4)	-
Absorption Factor Score	Minimum	0.0	-
	Maximum	95.7	-
	Median	8.6	-
	Mean (SD)	16.4 (19.7)	-
Total Dissociative Experiences Score	Minimum	0.0	-
	Maximum	88.9	-
	Median	15.0	-
	Mean (SD)	20.7 (17.5)	-
Diagnosed Dissociative Disorders	Dissociative Amnesia	46	21.7%
	Dissociative Fugue	12	5.7%
	Dissociative Identity Disorder	21	9.9%
	Depersonalization Disorder	27	12.7%

Some research suggests that dissociative symptoms are present in approximately 50% of IPV cases. While our observed rate of 22.6% is lower than the 50% benchmark, it still represents a significant portion of the population (10, 11). The discrepancy might be attributable to several factors, including methodological differences in assessment tools, varying definitions of "dissociative experiences," the specific cultural context, or the severity and chronicity of the domestic violence experienced by the study population. However, our findings align with the consensus that IPV survivors are at an elevated risk for developing dissociative symptoms, highlighting dissociation as a common psychological sequela of interpersonal trauma. The act of dissociation can serve as a coping mechanism, a mental escape from an overwhelming reality that is physically inescapable, a typical response to severe or prolonged traumatic stress.

Delving into specific dissociative disorders, our study identified dissociative amnesia as the most prevalent at 21.7%. This high rate is consistent with the understanding that dissociative amnesia is strongly associated with severe or prolonged traumatic experiences, particularly abuse and violence. The referral to forensic medicine suggests a context of severe and likely repeated physical violence, which can overwhelm an individual's capacity to integrate memories, leading to amnesic episodes.

Table 3: Effect of Sociodemographic Factors on Dissociative Experiences

Variable/Reference Group	Dissociative Experiences (OR)	Dissociative Amnesia (OR)	Dissociative Fugue (OR)	Dissociative Identity Disorder (OR)	Depersonalization Disorder (OR)
Age (<30 vs. ≥30 yrs)	0.761	1.062	0.206	0.881	0.552
Marital Status (Single vs. Married)	1.857	0.408	2.394	2.927	0.882
Education (Non-University vs. University)	3.462*	7.004*	5.532	3.041	6.948*
Job (Non-Working vs. Working)	0.767	1.132	0.443	0.923	0.894
*P<0.05	0.166	0.060	0.046	0.053	0.047

A study involving battered Arab Israeli women reported a similar pattern, with approximately one in two respondents exhibiting symptoms consistent with dissociative amnesia (7, 12). This parallel reinforces the notion that traumatic events, such as physical domestic violence, often manifest in memory disturbances as a form of psychological defense.

Depersonalization/derealization disorder was observed in 12.7% of our participants. Depersonalization and derealization, characterized by feelings of detachment from oneself or one's surroundings, are well-documented responses to psychological trauma and interpersonal abuse. The experience of physical domestic violence can be profoundly disorienting and terrifying, making feelings of unreality or detachment a natural, albeit distressing, defense mechanism. Research has even suggested that emotional abuse can be a significant predictor of the diagnosis and severity of depersonalization disorder (11, 13). While our study focused on physical domestic violence, emotional abuse probably co-occurs, contributing to the observed prevalence of this disorder.

Our study found dissociative identity disorder in 9.9% of the women. This figure is higher than the 6% reported in an inner-city outpatient psychiatric population (14). This elevation could be attributed to the specific high-trauma population of our study, where the severity and chronicity of physical domestic violence may foster the development of more complex dissociative structures, as DID is widely understood to be rooted in severe, repetitive childhood trauma, often compounded by ongoing abuse in adulthood. Women with DID are known to have a significantly higher likelihood of experiencing IPV, suggesting a cyclical relationship where pre-existing dissociative vulnerabilities may make individuals more susceptible to revictimization, or severe and prolonged domestic violence can trigger the development of DID (15).

Dissociative fugue was the least prevalent disorder in our study, at 5.7%. This finding aligns with the general understanding that dissociative fugue is a relatively rare condition. It is often considered a more severe and dramatic form of dissociative amnesia, where individuals not only lose memory of personal identity but also wander away from their usual environments. The lower prevalence might reflect the extreme nature of this disorder, which may occur less frequently even in high-trauma populations, or it might be underreported due to the transient nature of the episodes. Some literature also frames fugue as a phenomenon that can accompany dissociative amnesia, indicating its close relationship with other forms of dissociative memory loss (16).

A noteworthy result from our study is the significant association between a lower level of education (non-university) and a higher prevalence of overall dissociative experiences, dissociative amnesia, and depersonalization/derealization disorder. This implies that educational attainment might offer some protective factors against the development or severity of these dissociative symptoms following domestic violence. Several researchers have explored similar connections; for instance, a lower education level has been identified as a risk factor for depression among women who are victims of domestic violence. Furthermore, some studies indicate that uneducated women in rural areas represent a significant portion of dissociative disorder patients (16, 17). Education can empower individuals through increased self-efficacy, better access to information and resources, stronger social support networks, and potentially greater financial independence, all of which could buffer the psychological impact of trauma. Higher education may also correlate with better emotional regulation skills or greater awareness and understanding of psychological symptoms, leading to different coping strategies or earlier help-seeking.

Interestingly, our study did not find a significant effect of age, marital status, or job status on the prevalence of any dissociative disorder. This contrasts with some existing research, which has suggested that dissociative disorders are more common in certain age groups (e.g., 30-40 years old), married individuals, and homemakers. These discrepancies could be due to the specific homogenous nature of our study population—all were women experiencing physical domestic violence and referred to a forensic medicine department. Such a highly traumatized group might override the influences of other demographic variables, making trauma the predominant risk factor. Alternatively, cultural factors within Iran, which were not fully captured by these demographic variables, might play a more significant role. Other studies have highlighted sex, education, economic status, and occupation as factors correlating with dissociative symptoms, indicating that a broader interplay of socioeconomic factors is often at play (9,11).

The context of childhood trauma is paramount in

understanding dissociative disorders, even if not directly assessed as an independent variable in our primary results. The literature consistently demonstrates that childhood maltreatment is a strong etiological factor for both dissociative disorders and vulnerability to IPV in adulthood. Dissociation itself can be seen as an adaptive response developed in childhood to cope with overwhelming abuse, potentially setting a pattern for later reactions to trauma. Studies have shown a strong association between severe childhood trauma (e.g., physical and sexual abuse, life-threatening experiences) and adult dissociation (15, 16, 18). It is highly probable that a significant portion of the women in our study who experienced physical domestic violence also have a history of childhood trauma, contributing to their dissociative presentations. This cyclical nature of violence and trauma, where early adverse experiences increase vulnerability to later re-victimization and complex psychopathology, is a critical area for further investigation within this population.

This study is particularly valuable given the identified research gap in data from the Iranian population regarding the relationship between domestic violence and dissociative pathology. The Mashhad Department of Forensic Medicine provides a unique and vital setting for this research, as it offers access to individuals who have officially reported and documented experiences of physical domestic violence, thus reducing potential underreporting that might occur in general population surveys. The use of both the Dissociative Experiences Scale (DES) and the Structured Clinical Interview for DSM Dissociative Disorders (SCID-D) strengthen the diagnostic rigor of our findings. Despite its contributions, this study has limitations. As a cross-sectional design, it cannot establish causality between domestic violence and dissociative disorders; it only demonstrates their co-occurrence. Longitudinal studies would be necessary to understand the temporal relationship and progression of these conditions. Furthermore, the study population was drawn from women referred to a forensic medicine department, which may not be representative of all women experiencing domestic violence in Mashhad or Iran, potentially leading to selection bias. These women may represent cases of more severe violence or those who have sought official intervention, possibly skewing the prevalence rates higher than in the general population of IPV survivors. Additionally, while education was a significant factor, a deeper exploration of specific socioeconomic contexts, cultural norms, and access to mental health resources within the Iranian context would provide a richer understanding of the observed associations. The study also did not explicitly measure childhood trauma, which is a critical confounding factor in dissociative disorders and IPV.

Conclusion

Our study provides robust evidence of a high prevalence of dissociative experiences and specific dissociative disorders among women survivors of physical domestic violence. The significant role of educational attainment in moderating these outcomes highlights a potential area for targeted interventions. These findings are crucial for informing public health policies, developing culturally sensitive prevention strategies, and improving access to effective psychiatric care for this highly vulnerable population in Iran. Future research should consider longitudinal designs, broader population sampling, and a comprehensive assessment of childhood trauma and other sociocultural determinants to elucidate further the complex interplay between domestic violence and dissociative pathology.

Conflict of Interests

Authors declare no conflict of interests.

Acknowledgments

The present study has a code of ethics with an ID number IR.IAU.MSHD.REC.1402.154. Every procedure conducted during the research adhered to ethical guidelines and complied with the principles outlined in the 1964 Helsinki Declaration.

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