

**DOMESTIC VIOLENCE, MENTAL HEALTH & TRAUMA
Research Highlights**

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The Domestic Violence and Mental Health Policy Initiative (DVMHPI) is a Chicago-based project designed to address the unmet mental health needs of survivors of domestic violence and lifetime abuse. We strive to accomplish this goal through (1) facilitation of a collaborative network of more than fifty community mental health, domestic violence, and social service agencies as well as city and state officials based in the Chicago area; (2) provision of training and technical assistance to improve the capacity of local service systems to address the traumatic sequelae of abuse; (3) development and dissemination of integrated intervention models that incorporate the strengths of clinical and advocacy perspectives; and, (4) establishment of baseline standards of care within the publicly funded mental health system for the treatment of adults and children experiencing ongoing domestic violence.

Please visit our web site at www.dvmhpi.org for more information, or contact Dr. Carole Warshaw, Project Director, at 312-726-7020; email: clwarshaw@aol.com.

DOMESTIC VIOLENCE, MENTAL HEALTH & TRAUMA Research Highlights

DOMESTIC VIOLENCE is a pervasive problem in this society - one that cuts across race, class, cultural, sexual orientation, and religious lines. The National Violence Against Women Survey (NVAWS), conducted in 1995-96, found that violence against women is primarily intimate partner violence:

- 64% of women who reported being raped, physically assaulted and/or stalked since age 18 were victimized by a current or former husband, cohabiting partner, boyfriend or date (Tjaden & Thoennes, 2000 ^a).
- 22.1% of women had been physically assaulted by a partner or date during their lifetime. Based on these data, an estimated 1.3 million women are physically assaulted by a partner every year in the US (Tjaden & Thoennes, 2000 ^b).
- 7.7% of women had experienced attempted or completed rape by a current or former partner during their lives (Tjaden & Thoennes, 2000 ^b).
- 4.8% of women had been stalked by a current or former partner (Tjaden & Thoennes, 2000 ^b).

The National Crime Victimization Survey found that in 1998 (Rennison & Welchans, 2000):

- Approximately 875,000 women experienced a violent crime, excluding murder, committed by an intimate partner.
- 1,320 women were killed by a partner.

According to the FBI's Uniform Crime Reporting System (Paulozzi et al, 2001):

- An estimated 28,991 women were killed by a current or former partner during the period of 1981 – 1998.

The National Family Violence Survey, a phone survey of 3,002 women who were currently or recently married or cohabiting with a man, found that 16% had experienced domestic violence in the previous year (Gelles & Harrop, 1989)

Note: Prevalence estimates often vary due to differences in research methodology and definitions across studies.

MENTAL HEALTH

A significant number of people in the U.S. experience mental health problems - problems that often go unaddressed. Abuse and violence are associated with increased risk for developing a range of psychiatric conditions or exacerbating

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existing ones. At the same time, living with a serious mental illness may increase a woman's vulnerability to abuse.

According to the U.S. Department of Health and Human Services (2002), approximately 44 million Americans experience diagnosable mental disorders each year.

Results of the Epidemiologic Catchment Area study of the early 1980s and the National Co-morbidity Survey of the early 1990s indicate that about 20% of the U.S. population is affected by mental disorders annually (U.S. Public Health Service, 1999).

According to the National Institute of Mental Health (2001), in a given year:

- Approximately 18.8 million American adults (Narrow, 1998), or about 9.5% of the U.S. population age 18 and older (Regier et al, 1993), experience a depressive disorder (i.e. major depression, dysthymia or bipolar disorder). Of these, 12.4 million are women (Narrow, 1998). In 1997, 30,535 people died from suicide in the U.S. (Hoyert, Kochanek, & Murphy, 1999). More than 90% of people who do commit suicide have a diagnosable psychiatric disorder, commonly depression or substance abuse (Conwell & Brent, 1995).
- Approximately 19.1 million (13.3%) of American adults are affected by anxiety disorders (Narrow, Rae, & Regier, 1998). Rates are higher for women.
- Approximately 5.2 million American adults, or about 3.6% of the population, develop Posttraumatic Stress Disorder (PTSD) (Narrow, Rae, & Regier, 1998). Research has also shown that women are at higher risk for developing PTSD than men (Breslau et al, 1997). PTSD rates shortly after sexual assault can reach as high as 94% (Rothbaum, Riggs, Murdock, & Walsh, 1992).
- Bipolar disorder affects approximately 2.3 million American adults (Narrow, 1998), or about 1.2% of the U.S. population age 18 and older (Regier et al, 1993). Rates of bipolar disorder do not differ by gender (Narrow, 1998).
- Approximately 2.2 million American adults (Narrow, 1998), or about 1.1% of the population age 18 and older (Regier et al, 1993), have schizophrenia. Schizophrenia affects men and women with equal frequency (Robins & Regier, 1991).

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TRAUMA AND MENTAL HEALTH

Lifetime experiences of abuse and violence are common among women seen in mental health settings.

- Of 140 women attending an outpatient psychiatric clinic, 64% had a lifetime history of physical and/or sexual abuse (Surrey et al, 1990).
- Among 153 women seen in a range of psychiatric settings, half had been sexually abused and 16% had been physically assaulted as children (Mueser et al, 1998). As adults, 64% had been sexually assaulted, 36% had been physically attacked, and 24% had witnessed severe violence.
- Out of 303 depressed women culled from a large random sample, 63% had experienced abuse at some point in their life (Scholle et al, 1998). 55% reported having been abused in adulthood by "a family member or someone they knew well, such as a boyfriend."

Experiences of abuse and violence are especially high for women diagnosed with serious mental illness (SMI).

- Out of 39 adult female clients in an *intensive psychiatric case management program*, 59% had been sexually abused and 62% had been physically abused as children and/or adults (Rose, Peabody, & Stratigeas, 1991).
- In a sample of 123 female patients on a *psychiatric inpatient unit*, 53% had a lifetime history of abuse (Carmen et al 1984).
- Although not explicitly identifying the perpetrator, another study found that of the 64% of female *inpatients* who had been physically assaulted as adults, 56% shared a home with the perpetrator (Jacobson and Richardson 1987).
- In one study with 66 female psychiatric *inpatients*, 44% had experienced physical assault as an adult (Bryer et al 1987). Of those, 59% had been assaulted by an intimate partner.
- Out of 93 women seen in a *psychiatric emergency room*, approximately half had been physically and/or sexually abused as children, 42% had been abused by a partner in adulthood, and 37% had experienced an attempted or completed rape (Briere et al, 1997).
- In a study of 69 *inpatients* (male and female) who had ongoing relationships with partners or family members, 63% reported a history of physical victimization by a partner and 46% reported physical abuse by a family member (Cascardi et al., 1996). Twenty-nine percent had experienced domestic abuse within the past year.

Abuse rates are even higher among homeless women with serious mental illness. In a study with 99 episodically homeless women with SMI, Goodman et al (1995) found that significant numbers had been physically (70%) or sexually (30.4%)

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abused by a partner. Rates of physical or sexual abuse in adulthood by any perpetrator were 87% and 76%, respectively.

DOMESTIC VIOLENCE AND MENTAL HEALTH

Although domestic violence causes considerable emotional pain, many battered women do not develop mental health conditions and data indicate that symptoms, particularly of depression, may resolve when social support and safety increase (Campbell, Sullivan and Davidson, 1995; Tan et al, 1995).

For other women, however, being abused over a long period of time may eventually result in significant mental distress. For example, in a study with a large sample of randomly selected women, 48% of those who had been battered (n = 207) reported they had “wanted help with mental health in the past 12 months” (Weinbaum et al, 2001). In general, studies on domestic violence and mental health are designed to measure particular constellations of symptoms that meet criteria for psychiatric diagnoses, rather than the psychological impact of experiencing abuse and betrayal by an intimate partner or the developmental influence of prolonged exposure to abuse by a caretaker in childhood. Even diagnoses that specifically address traumatic events do not fully capture what living in a climate of fear does to a woman’s psychological landscape or what a woman has to do to reconfigure her sense of identity, her belief in herself, her connections to others, and her relationship to a world that has betrayed her.

However, currently available data indicate that women who are being abused by a partner are at increased risk for developing certain mental health problems such as depression and posttraumatic stress disorder (PTSD). Across studies of US and Canadian women receiving services for domestic violence, rates of depression ranged from 17% to 72%, and rates of PTSD ranged from 33% to 88% (see table below). Prevalence rates vary widely depending on a number of factors, such as the mental health assessment tool used, the number of women in the study, and the timing of the assessment (e.g. during a crisis, after a woman is safe). Meta-analysis across multiple samples of battered women, including those in settings other than domestic violence agencies (e.g., hospital emergency rooms, psychiatric settings), showed a weighted mean prevalence of 48% for depression and 64% for PTSD (Golding, 1999).

Substance abuse, somatoform disorders, eating disorders, sexual difficulties and psychotic episodes have also been linked to adult and childhood abuse (Briere et al, 1997; Bryer et al, 1987; Danielson et al, 1998; Jaffe et al, 1986; Kilpatrick et al, 1988; McCauley et al, 1995; Moeller & Bachmann, 1993; Poirier, 2000). Partner abuse is a significant risk factor for suicidality as well (Plichta & Weisman, 1995; Stark, Flitcraft, & Frazier, 1979).

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TABLE: PREVALENCE OF DEPRESSION AND PTSD AMONG WOMEN RECEIVING DOMESTIC VIOLENCE SERVICES

CITATION	SAMPLE	DEPRESSION	PTSD
Arias & Pape, 1999	68 DV shelter residents	_____	88% PTSD
Astin et al, 1993	53 DV agency clients	_____	33-58% PTSD
Astin et al, 1995	50 DV agency clients	_____	58% PTSD
Campbell et al, 1995	141 DV shelter residents	64% depression	___
Cascardi & O'Leary, 1992	33 DV agency clients	52% severe depression	___
Humphreys et al, 2001	50 DV shelter residents	_____	39% PTSD
Humphreys, 2003	50 DV shelter residents	_____	56% PTSD
Kemp et al, 1991	77 DV shelter residents	_____	84% PTSD
Kubany et al, 1996	50 DV shelter residents	50% depression	___
Orava et al, 1996	21 DV shelter residents	33% severe depression	___
Sackett & Saunders, 1999	60 DV agency clients	27% moderate depression 17% severe depression	___
Sato & Heiby, 1992	136 DV agency clients	47% depression	___
Street & Arias, 2001	63 DV shelter residents	_____	65% PTSD
Torres & Han, 2000	124 DV agency clients	72% depression	56% PTSD
Tuel & Russell, 1998	40 DV agency clients	23% moderate depression 43% severe depression	___
West, et al, 1990	30 DV homeless shelter residents	37% depression	47% PTSD

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