# MENTAL HEALTH

Current research indicates that IPV survivors' experiences can often trigger a vast array of physical, emotional, and mental health conditions including depression, anxiety, and PTSD, as well as suicidal and homicidal ideations (Ferrari et al., 2016; Hyde et al., 2008). Physical interpersonal violence has been directly related to mental health disorders, suicidal behavior, and substance abuse in females more often than males according to a recent study of IPV survivors (Beydoun et al., 2017). The World Health Organization reported "intimate partner violence is a major contributor to women's mental health problems, particularly depression and suicidality" (World Health Organization, 2013, p. 31).

## DEFINITION

Mental illness is defined by the American Psychiatric Association as "health conditions involving changes in thinking, emotion, or behavior (or a combination of these)... associated with distress and/or problems functioning in social, work or family activities" (APA, 2017).

## PREVALENCE

- 51-91% of women experiencing abuse have PTSD, compared to the general population at 10.4%;
- 35-70% of female IPV survivors experience depression, compared to 12% of the general population, and
- 13.5% of female IPV survivors abuse substances compared to 2.8% of general population (Nathanson, Shorey, Tirone, Rhatigan, 2012).

## INTERVENTIONS

- Screen using recommended abuse screening questions – ask each patient, including those with a mental health concerns, and regardless of the absence of abuse indicators.

If patient screens positive:

- Validate patients' feelings. Employ trauma-informed approaches.
- Refer patient to appropriate IPV support for safety planning, counseling, advocacy, legal assistance and support groups, etc.

*A word about trauma-informed care and IPV service providers:*

While most IPV service providers and advocates are not mental health providers, the majority recognize the lingering effects of current and past victimization, understand the neurobiology of trauma, and employ trauma-informed practices that lessen the likelihood of retraumatization. Agencies may vary approaches (e.g., power and control paradigm, social services models of care, cognitive restructuring therapy, assertive communication, problem-solving, body awareness, education about women's issues, gender socialization, self-esteem building, concrete plan development, trauma therapy, and grief-resolution-oriented counseling). (Bennett et al., 2004). None of these approaches expressly exclude individuals with mental health concerns.

## RESOURCES

- Maryland Network Against Domestic Violence – for list of IPV victim service agencies in Maryland
  www.mnadv.org

- Pro Bono Counseling – Pro-bono counseling for Marylanders with limited resources
  http://probonocounseling.org/about_us

- Maryland Community Service Locator – Crisis Intervention – find resources in Maryland
  http://www.mdcsl.org/avjsc/csl_hotlines_ci.asp

- National Center on Domestic Violence, Trauma and Mental Health
  http://www.nationalcenterdvtraumamh.org/

- National Domestic Violence Hotline 24-Hour Hotline 1-800-799-SAFE (7233)
  http://www.thehotline.org/

## REFERENCES

American Psychiatric Association (APA). (2017). What is mental illness. Retrieved from: https://www.psychiatry.org/patients-families/what-is-mental-illness

Bennett, L., Riger, S., Schewe, P., Howard, A., & Wasco, S. (2004, July). Effectiveness of hotline, advocacy, counseling, and shelter services for victims of domestic violence: a statewide evaluation. *Journal of Interpersonal Violence, 19*(7), 815-829. doi:10.1177/0886260504265687

Beydoun, H., Williams, M., Beydoun, M., Eid, S., & Zonderman, A. (2017). Relationship of physical intimate partner violence with mental health diagnoses in the nationwide emergency department sample. *Journal of Women's Health, 26*(2), 141-151. doi:10.1089/jwh.2016.5840

Ferrari, G., Agnew-Davies, R., Bailey, J., Howard, L., Howarth, E., Peters, T., . . . Feder, G. (2016). Domestic violence and mental health: a cross-sectional survey of women seeking help from domestic violence support services. *Global Health Action, 9*. doi:10.3402/gha.v9.29890

Hyde, J., Mezulis, A., & Abramson, L. (2008). The ABCs of depression: integrating affective, biological, and cognitive models to explain the emergence of the gender difference in depression. *Psychological Review, 115*(2), 291–313.

World Health Organization. (2013). Pathways and health effects on intimate partner violence. *Global & Regional Estimates of Violence Against Women: Prevalence & Health Effects of Interpersonal Violence & Non-Partner Sexual Violence*, p. 8. Retrieved September 8, 2015, from http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf?ua=1