

DOMESTIC VIOLENCE AND MENTAL HEALTH

Prepared by Rochelle Braaf and Isobelle Barrett Meyering

Many studies have pointed to negative and often long-term mental health consequences of domestic violence for victims. These impacts extend to depression, anxiety, post-traumatic stress and other disorders, substance abuse to self medicate, and suicide. Findings linking domestic violence and mental health raise important issues for service response. Firstly, health systems and practitioners need to be attuned to negative mental health impacts of domestic violence for victims in order to assist them; that is, to address their psychological needs, as well as refer to specialised services to address their safety and other needs. Secondly, health services and systems need to be mindful of increasing levels of harm for victims who may have experienced multiple exposures to violence (including child abuse, sexual violence outside of intimate relationships, experiences of war and trauma, and partner violence). Thirdly, there is a need for a public health focus on the prevention of intimate partner violence as a means of reducing population levels of mental disorder.

DEPRESSION, ANXIETY, POST-TRAUMATIC STRESS AND OTHER DISORDERS

- Based on a nationally representative sample of 1218 Australian women who had experienced gender-based violence (i.e. partner violence, rape, other forms of sexual assault and stalking), Rees *et al.* (2011, p. 513) concluded that women who report such violence are more likely to experience mental illness over the course of their lifetime, with risk of mental illness increasing for women with the greatest exposure (p. 518). The rates for mental disorders in the study sample were: 77% for anxiety disorders, 52% for mood disorder, 47% for substance use disorder, 56% for post-traumatic stress disorder and 35% for suicide attempts (p. 513).
- Women who experience partner abuse specifically are more likely to develop depression (Mechanic, Weaver & Resick 2008; Romito & Grassi 2007), post-traumatic stress and anxiety disorders (Bennice *J et al.* 2003; Dutton *et al.* 2006; Robertiello 2007; Temple *et al.* 2007) and other stress-related syndromes (Cole, Logan & Shannon 2005).
- In a national survey on intimate partner and sexual violence in the United States, 62.6% of women who had experienced rape, physical violence and/or stalking by an intimate partner reported at least one symptom of post-traumatic stress disorder (Black *et al.* 2011, p. 56). Among male victims, 16.4% reported at least one post-traumatic stress disorder symptom (p. 57).
- Evidence indicates greater mental health consequences for women who are sexually abused by a partner when compared with those who are physically abused only, even after controlling for the severity of physical violence. Impacts include lower self esteem and body image (Campbell 1989); a greater number of mental health problems (Cole, Logan & Shannon 2005); depression and increased levels of depression (Campbell & Soeken 1999; Vogel & Marshall 2001); and more severe post-traumatic stress (Bennice *et al.* 2003; Temple *et al.* 2007).
- In their analysis of health outcomes contributing to the disease burden of intimate partner violence among women in Victoria, VicHealth (2004, p. 25) found that anxiety and depression represented the greatest proportion of the disease burden (27% and 35% respectively). Eating disorders represented a further 0.5% of the disease burden (p. 27).

- In a seminal study on the cost of domestic violence, Access Economics (2004, p. 24) associated nearly 18% of all female depression and 17% of female anxiety disorders in Australia with family violence.

DRUG AND ALCOHOL USE

- Studies indicate that women who are affected by intimate partner violence are more likely to have alcohol problems, to smoke (Loxton *et al.* 2006) and to use non-prescription drugs (Quinlivan & Evans 2001) than women who are not affected.
- VicHealth (2004, p. 27) found that alcohol harm, illicit drug use and tobacco consumption were further contributors to the disease burden associated with domestic violence (5%, 2% and 14% respectively).

SUICIDE

- In a review of 13 studies, Golding (1999, p. 112) found suicidal tendency rates of up to 77% among women who experienced violence by a partner.
- In their community-based sample of women in the United States, Seedat *et al.* (2005, p. 91) found that 23% of 102 women who experienced severe physical intimate partner violence had attempted suicide.
- Attempted suicide figures appear to be higher for women experiencing both physical and sexual abuse by a partner (McFarlane *et al.* 2005; Wingwood, DiClemente & Raj 2000).
- VicHealth (2004, p. 27) found that suicide represented 11% of the disease burden associated with domestic violence.

CHILDREN

- Children, too, demonstrate mental health effects from being exposed to or from directly experiencing violence in the home. Effects include depression (Kennedy *et al.* 2010), post-traumatic stress and anxiety disorders (Luthra *et al.* 2009), and emotional problems (Dehon C & Weems CF 2010).

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Australian Domestic & Family Violence Clearinghouse

The University of New South Wales
Sydney NSW 2052

p: +61 2 9385 2990

f: +61 2 9385 2993

freecall: 1800 753 382

e: clearinghouse@unsw.edu.au

w: <http://www.adfvc.unsw.edu.au>

F: www.Facebook.com/ADFVC

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