

Literature Review on Concurrent Disorders in Victims of Domestic Violence

Prairie Research Associates

HIGHLIGHTS REPORT

This report presents the highlights from a literature review on concurrent disorders in victims of domestic violence prepared by Prairie Research Associates for the Ministry of Community and Social Services. The literature review was undertaken to address a key knowledge need within the sector that serves victims of domestic violence. Given the large number of women presenting at Violence against Women (VAW) agencies with both mental health symptoms and substance-abuse issues, it has become increasingly important to understand the service needs of this population.

Objectives

The purpose of this review is to provide an overview of the insights obtained from the literature on domestic violence and concurrent substance abuse and mental health disorders, and to inform stakeholders' interests in supporting service provision in this critical area. The main objectives of this literature review are to:

1. Provide an overview of the prevalence and nature of concurrent disorders (i.e., substance use disorders accompanied by mental health disorders) in women with histories of domestic violence, as documented in the academic literature;
2. Summarize the treatment and service needs of this population, as identified by the literature;
3. Highlight best practices in service delivery to inform effective service provision in this area.

Prevalence and Nature of Concurrent Disorders

Domestic Violence and Mental Health Disorders

- Mental health disorders are substantially more prevalent among women who have experienced abuse than among the general population (BC Society of Transition Houses, 2011). Depression, Post-Traumatic Stress Disorder (PTSD), and anxiety are the most prevalent mental health effects experienced by women who have been victim to intimate male partner violence (IPV) (Pico-Alfonso, Echeburúa, & Martinez, 2008):
 - 50% of women who enter transition houses as a result of domestic violence experience major depression (Cory, Godard, Abi-Jaoude, & Wallace, 2010)
 - An estimated 64-94% of female victims of domestic violence develop PTSD, representing almost three times the rate of non-abused women who develop trauma-related PTSD (Campbell, 2002; Lilly & Graham-Bermann, 2009; Pico-Alfonso, 2005; Scotty-Tilley, Tilton & Sandel, 2010; Watson et al. , 1997).

Domestic Violence and Substance Use Disorders

- Women who receive treatment for domestic violence have higher rates of substance abuse problems compared to the general population (Cunradi, 2009; Martin, Moracco, Chang, Council, & Dulli, 2008):

- Alcohol dependency is 15 times more prevalent among women who are impacted by abuse than among the general public (Cory et al., 2010).
- Some studies have estimated that two-thirds of women who receive treatment for substance abuse experienced domestic violence in the year prior to treatment (Lipsky et al., 2010)

Domestic Violence and Concurrent Substance Use and Mental Health Disorders

- Although the three-way association between domestic violence, mental health disorders, and substance use disorders is increasingly recognized, the link is generally understudied; prior to 2004, no empirical studies on women with domestic violence histories had yet addressed both substance abuse and mental health disorders (Najavits et al., 2004). According to a recent study of service providers conducted by the BC society of Transition Houses (2011), however, it is rare that women who have experienced violence experience *only* impacts on *either* their mental health or on their substance use alone—these impacts are often co-occurring.
- Challenges to obtaining prevalence data include under-reporting as well as under-diagnosis of abuse. According to Statistics Canada, as of 2009, less than one quarter (22%) of Canadian spousal violence victims reported their victimization to the police. Furthermore, very few clinicians routinely screen patients for domestic violence or for mental health disorders (Rodriguez, Valentine, Son & Muhammad, 2009). In a survey of primary care clinicians, fewer than 20% of clinicians explored the possibility of domestic violence with patients being treated for high-risk conditions (e.g., depression, anxiety, pelvic pain, injuries) (Kass-Bartelmes & Rutherford, 2004).

Concurrent Disorders and Domestic Violence: Complexities and Impacts

- While studies provide empirical support for the association between domestic violence, substance abuse, and mental health disorders, causality is difficult to establish. Although concurrent disorders are generally recognized by the literature as *responses* to violence, they are also thought to increase the risk of domestic violence (Friedman & Loue, 2007). The latter possibility may be explained by the fact that both mental health disorders and substance abuse impair victims' judgment and might interfere with victims' perceptions of violence in intimate relationships; they may prevent victims from being able to seek out appropriate services or to develop strategies to avoid or to leave abusive situations.
- Factors identified as contributing to an increased risk for domestic violence and concurrent disorders include ethnicity, poverty, and stress (Rodriguez et al., 2009; Stalans & Ritchie, 2008):
 - Studies on IPV and mental health symptoms have shown that African American IPV survivors are approximately twice as likely to experience depression following IPV than are Caucasian IPV survivors
 - The relationship between the use of certain illicit drugs and the occurrence of IPV was found to be stronger among minorities than among Caucasians. Among minority women, the stress associated with living in poverty or experiencing racism was found to be a further risk factor for the development of mental health and substance use disorders.

Considerations for Effective Service Provision and Treatment

- The literature identifies various factors that prevent female victims of domestic violence from seeking out services and treatment options for abuse and/or mental health and substance abuse issues:
 - Reluctance to acknowledge abuse or mental health problem for fear of stigmatization or family disapproval (Rodriguez et al., 2009);
 - Denial or excusal of abuse as a coping strategy or to protect abusive partner (Kass-Bartelmes & Rutherford, 2004);
 - Fear that disclosing details may lead to losing custody of children (Moses et al., 2003);
 - Language barriers among immigrant women (Rodriguez et al., 2009).
- Given the complexity of the relationship between domestic violence and concurrent disorders, an integrated approach to service delivery is necessary. The literature suggests that integrating treatment approaches for women experiencing any combination of disorders is more effective than is treating any one condition (domestic violence trauma, substance abuse issues, or mental health issues) on its own (Jorden, 2009; Krug et al., 2002; Lipsky et al., 2010). Various considerations for achieving this goal emerge from the literature:
 - Agencies should be aware of cultural factors associated with domestic violence and concurrent disorders and trained in culturally-appropriate means of responding (Jones, 2008).
 - Job development services may be both a preventative and a coping strategy to "treat" domestic violence and concurrent disorders by addressing the co-occurring effects and treatment barriers cause by poverty (Jones, 2008; Krug et al., 2002).
 - Increased collaboration among the various community agencies and medical centres that offer medical, legal, and social support is necessary to ensure that women who experience domestic violence and concurrent disorders are directed to appropriate channels of care to meet their specific service needs (Rodriguez et al., 2009).
 - Cross-training for professionals is needed to ensure that health professionals treating mental or substance use disorders are trauma-informed, and domestic violence service providers are aware of the range of disorders and issues that domestic violence victims may face (Moses et al., 2003).

Best Practices

The Women, Co-Occurring Disorders and Violence Study (WCDVS)

- WCDVS provides a good example of an integrated, comprehensive service delivery approach that is focused on meeting the needs of women with histories of domestic violence and concurrent disorders. The study found that women with WCDVS intervention conditions (i.e., exposed to comprehensive, trauma-informed, client-involved approaches to care) had better outcomes (with regards to improvement in mental health and drug use severity than did women receiving usual care)
- 'Integrated counselling' (counselling that integrated the three key treatment foci: domestic violence, mental health disorders, and substance use disorders) was central to achieving the positive program outcomes that were observed.

The Building Bridges Initiative: Linking Abuse, Substance Use and Mental Ill Health

- The Woman Abuse Response Program (WARP) is a provincial program of the BC Women's Hospital and Health Centre. Consultations with over 460 service providers and policy leaders throughout BC and 15 focus groups with approximately 100 women affected by abuse, substance use, and mental illness, revealed two major findings:
 1. Women with backgrounds of domestic violence and concurrent disorders want greater access to women's support groups;
 2. Women need greater integration between services.
- WARP responded to these findings with the Making Connections project curriculum (currently being piloted by six organizations in communities across BC), which has two primary objectives:
 1. To support women who are experiencing abuse, mental health, and substance abuse issues through the provision of low-barrier counselling, support groups, and a self-help resource handbook;
 2. To aid service providers in the fields of anti-violence, mental health, and substance use to co-facilitate these counselling and support groups by providing them with comprehensive training, ongoing clinical support, and up-to-date resource materials.

Reducing Barriers to Support for Women Who Experience Violence

- The "Reducing Barriers" initiative is another BC initiative that is designed to develop a coordinated approach to service delivery for female victims of violence who mental health and substance use issues. The goal of this project is to produce a toolkit for transitional housing programs, which contains a set of "Promising Principles" and a list of practical actions that agencies can undertake to ensure that their policies, procedures, and practices support women who are leaving situations of violence, and who have varying levels of mental health and substance use issues.
- Initial promising practices identified as part of the Reducing Barriers project include:
 - The use of women-centred, harm-reducing frameworks and models of care (which involve helping women to explore options in a non-judgemental fashion, and respecting and supporting their decisions);
 - Cross-sector collaboration and integration with cross-training and cross-referral;
 - A flexible, individualized approach to service provision that allows practices to vary depending on the needs of the women being served.

Further Details

- More detailed information is available in the full report located on the Resource Centre: <http://intra.collaboration.gov.on.ca/css/ssrc>

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