The Impact of Domestic Violence on Women’s Mental Health

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mental health continuum

good mental health

flourishing/thriving with illness
flourishing/thriving (without illness)

mental illness

languishing/surviving (with illness)
languishing/surviving (without illness)

no mental illness

poor mental health
“A feminist view of mental health sees women’s mental health as deeply affected by the fact that they are women, living in a society which views and treats women in particular ways”
Women who have used mental health services AND who have experienced domestic violence

Rate of depression and/or anxiety amongst women who have experienced abuse

Women in psychiatric hospitals who have experienced physical or sexual abuse

Women attending A&E for self harm treatment who are domestic violence survivors

Rate of suicide attempts amongst women who have been abused
Women who have used mental health services AND who have experienced domestic violence:

- Rate of depression and/or anxiety amongst women who have experienced abuse: X3 higher than average.
- Women in psychiatric hospitals who have experienced physical or sexual abuse: 80%.
- Women attending A&E for self-harm treatment who are domestic violence survivors: At least 33%.
- Rate of suicide attempts amongst women who have been abused: X5 higher than average.
There is a significant association between domestic violence and deliberate self harm in women

Multiple episodes of violence are associated with increasing episodes of self harm

We recommend that patients presenting with domestic assault should be asked about depression and suicidal ideation

Boyle et al 2006

Health care providers should strongly consider routinely inquiring about DV as part of the history, at a minimum for all female adolescent and adult patients

Anglin & Sachs 2003
### Risk and Protective Factors for Mental Wellbeing

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>Protective factors</th>
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<tbody>
<tr>
<td>Poverty</td>
<td>Economic security</td>
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<tr>
<td>Discrimination</td>
<td>Empowerment</td>
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<tr>
<td>Violence, abuse or neglect</td>
<td>Feelings of security, mastery and control</td>
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<tr>
<td>Peer rejection and isolation</td>
<td>Positive interactions with others</td>
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<tr>
<td>Stressful life events</td>
<td>Physical activity</td>
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<tr>
<td>Lack of family support</td>
<td>Stable and supportive family environments</td>
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<tr>
<td>Poor physical health/long-term condition</td>
<td>Healthy diet and lifestyle</td>
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stereotyping, stigmatisation, and discrimination

social isolation and exclusion

credibility may be questioned

unable to access sources of support

underestimate of depth of need
Psychological control & emotional abuse was experienced as the worst aspect of the abusive relationship, with the lasting psychological impact of that abuse being loss of identity, confidence & self-esteem, anxiety, depression, social isolation, eating problems, harmful use of alcohol & substances, self-harm & suicidal ideation.
There were few examples of health professionals asking women if they had experienced domestic abuse; very few professionals saw their presenting symptoms, other than physical injury, as signs of abuse; & only 2 out of the 42 women we engaged with had been given information about or directly referred to a specialist domestic abuse support service.
“I don’t call it mental health, I call it ‘symptoms of abuse’, because to me that’s what it is”
Emotional Pain

Disconnect

Unmet Needs

Anger

Self-Hatred

Anxiety/Fear
Emotional Pain

Disconnected Unmet Needs

Anxiety/Fear

Anger

Self-Hatred

Relief of Feelings

Feel Real or Alive

Comfort/Nurture

Communicate

Self Punishment

Control
Negative emotions and mental health problems, which are saliently related to DSH, tend to be more persistent and severe among individuals who experience interpersonal traumas such as IPV compared to impersonal traumas (Anders et al., 2011; Forbes et al., 2012).

Further, IPV-victimized women endure a high probability of repeat victimization, continued negative effects of IPV victimization, and a minimal likelihood of recovery over time compared to women who experience other traumatic life events (Beeble et al., 2009; Blasco-Ros et al., 2010).
<table>
<thead>
<tr>
<th>Depression</th>
<th>Post Traumatic</th>
<th>depression</th>
<th>Borderline Personality</th>
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<tbody>
<tr>
<td>Stress Disorder</td>
<td></td>
<td>numbing</td>
<td>Dissociative</td>
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<td></td>
<td></td>
<td>insomnia</td>
<td>Identity</td>
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<td></td>
<td></td>
<td>hopelessness</td>
<td>Disorder</td>
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<td></td>
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<td>hyper-arousal</td>
<td>Anxiety</td>
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<td></td>
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<td>intrusions</td>
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<td>Panic/anxiety</td>
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<td>somatisation</td>
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<td>self destructive behaviours</td>
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<tr>
<td>identity disturbance</td>
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<tr>
<td>depersonalisation/derealisation</td>
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Helpful Responses to Self Harm

Show that you see and care about the person in pain behind the self injury.

Show concern for the injuries themselves.

Make it clear that self injury is okay to talk about, and can be understood.

Convey your respect for the person's efforts to survive, even though this involves hurting themselves.

Acknowledge how frightening it may be to think of living without self injury.

Help the person make sense of their self injury.

Gently encourage the person to use the urge to self injure as a signal: of important but buried experiences, feelings, and needs.

Support the person in beginning to take steps to keep themselves safe and to reduce their self injury if they wish to injure.

Don't see stopping self injury as the only, or most important, goal. A person may make great progress in many ways and still need self injury as a coping method for some time.
Instead of asking:

‘what’s wrong with you?’

I wish someone would ask:

‘what’s happened to you?’
Useful Links

Women’s Aid Statistics on DVA and Mental Health:

Ideas for Trauma Informed Support:

Impact of DVA on Young People’s Mental Health:
http://www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo/parents-carers/domesticviolence.aspx

DVA Education and Awareness Raising: