Research Update: Three New Articles on the Relationship Between IPV and Mental Health

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Over the past 30 years, there have been numerous studies documenting the health and mental health consequences of domestic violence. Intimate partner violence (IPV) can play a significant role in the development and exacerbation of mental health conditions, lead to poorer physical health, and influence the course of recovery from psychiatric illness. Many IPV survivors also experience multiple types of trauma over the course of their lives, putting them at even greater risk for these effects. A trio of recent research reviews explores these associations between IPV and mental health and their implications for mental health practice.

One article in the International Journal of Family Medicine reviewed 75 studies published between 2006 and 2012 on the physical and mental health consequences of IPV. Situating the review in a framework defining IPV as a major human rights and public health problem, it included studies across a wide range of cultures, ages, and settings. Results of the studies reviewed show that experiencing IPV is associated most notably with depression, PTSD, anxiety, suicidal thoughts, self-harm, and sleep disorders. The authors also found that, across studies, experiencing more types of abuse (physical, sexual, emotional/psychological) and abuse of greater severity or duration increased the likelihood of developing one or more of these conditions.

This article reviewed both longitudinal and cross sectional studies. Cross-sectional studies, or studies conducted at one point in time, make it difficult to determine causality (i.e., whether having a mental health condition increases one's risk for being abused, or whether experiencing abuse increases one's risk for developing a mental health condition). However, the authors note that in the longitudinal studies they reviewed (studies conducted over an extended period of time), IPV preceded the development of these conditions, and the post-IPV rates were similar to those in many of the cross-sectional studies. This increased their confidence that the high rates of depression, PTSD, and suicidality are more likely to reflect the traumatic effects of IPV.

A second article published in the British Journal of Psychiatry reviewed 42 studies on the prevalence of IPV among women and men receiving inpatient and outpatient mental health treatment. After pooling the data, researchers calculated a median prevalence (i.e., middle score) of 30% for lifetime IPV exposure among women receiving inpatient mental health treatment, and a 33% prevalence of lifetime IPV

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exposure among women receiving outpatient mental health services, indicating high rates of IPV among women seen in a range of mental health settings.

A third recent review analyzed data from 41 high-quality studies on the prevalence of IPV among people with mental health conditions. As compared to women without a mental health diagnosis, on average, women with depression were 2.7 times as likely to be victims of IPV, women with an anxiety disorder were 4.1 times as likely to be victims of IPV, and women with PTSD were 7.3 times as likely to have experienced IPV. Because of the limited number of high-quality studies available, the researchers were not able to provide similar information about other mental health conditions, including schizophrenia, eating disorders, and bipolar disorder.

The findings of these three reviews are consistent with what NCDVTMH has learned from other research and from the experiences of survivors and advocates. It is clear that IPV affects the well-being and mental health of survivors and that it is not uncommon for survivors to develop mental health conditions after experiencing IPV. We also know that abusers often use their partner's mental health status against them as a tactic of coercion, control, and intimidation; interfere with mental health treatment; and undermine their credibility with friends, family, and the courts. (See the forthcoming report on the NCDVTMH/National Domestic Violence Hotline Surveys on Mental Health and Substance Abuse Coercion.)

This knowledge has important implications for both the mental health and DV fields. These articles confirm that many women seen in mental health settings have been (or are currently being) abused by an intimate partner. Thus, routinely inquiring about IPV and mental health coercion and responding appropriately when IPV is disclosed are critical to ensuring that mental health services are responsive to survivors' needs. In addition, these articles highlight the need for culturally relevant, DV-informed, trauma-specific treatment services (see **NCDVTMH's Literature Review of Trauma-Specific Treatment in the Context of Domestic Violence**).

These reviews also have important implications for those who work to end IPV and violence against women. In order to best support the safety and well-being of survivors, it is important for advocates to be aware of the mental health effects of abuse and ways that abusers use their partner's mental health status against them. These articles also underscore the importance of DV programs being fully accessible to survivors who are experiencing mental health conditions or psychiatric disability. NCDVTMH offers training and technical assistance, as well as a number of tip sheets and resources, available on our website, to assist DV advocates and programs in developing trauma-informed responses to domestic violence.

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