UK Center for Research on Violence Against Women

A key mission of the Center for Research on Violence Against Women is to ensure that the findings of quality research make it into the hands of advocates. This translation of research to practice ensures that science has an impact on the lives of women and children.

In 2010 the Center for Research on Violence Against Women conducted a survey with over 100 rape crisis and domestic violence advocates in Kentucky about what they needed to know from research to help them do their jobs. Advocates identified ten top issues. A series of ten briefs were prepared by the Center to answer the Top Ten Things Advocates Need to Know.

Top ten things advocates need to know

1. What services do survivors of rape find most helpful, and what help do they say they need?
2. What type of sex offender is most likely to recommit their crimes? Incest offenders, rapists, or pedophiles?
3. What mental health issues are caused by experiencing intimate partner violence or sexual assault?
4. Do protective orders work? Who violates protective orders the most?
5. What is the impact of mandatory arrest laws on intimate partner violence victims and offenders?
6. What are the most significant long-term health consequences of chronic sexual or physical violence?
7. What percentage of rape cases gets prosecuted? What are the rates of conviction?
8. Does treatment with intimate partner violence offenders work?
9. Does a report of intimate partner violence or sexual assault by a partner put a woman at risk of losing custody of her children?
10. How do women from different racial/ethnic backgrounds experience intimate partner violence (IPV) or sexual assault? Does race and ethnicity matter?

For more information on the Center for Research on Violence Against Women and to find PDFs of the Top Ten Things Advocates Need To Know Series, visit www.uky.edu/CRVAW

UK University of Kentucky
Center for Research on Violence Against Women

TOP TEN SERIES

THINGS ADVOCATES NEED TO KNOW

QUESTION 3:

WHAT MENTAL HEALTH ISSUES ARE CAUSED BY EXPERIENCING INTIMATE PARTNER VIOLENCE OR SEXUAL ASSAULT?

REPORT AT A GLANCE

- Rates of diagnosed mental problems are much higher for women who experience intimate partner violence than for the general population of women.
- Studies have found higher levels of depression, eating disorders and anxiety disorders among rape survivors than victims of violent, non-sexual crimes (e.g. robbery).
- If friends, family or service providers react negatively or in a stigmatizing way to rape survivors, they are likely to exhibit more depressive symptoms.
- The most commonly diagnosed mental health consequence of victimization is posttraumatic stress disorder (PTSD).
- PTSD symptoms may include unwanted intrusion of thoughts about the trauma, social withdrawal, debilitating fearfulness, emotional detachment, belief that their situation is hopeless, avoidant behaviors and long-term heightened emotional arousal and fear.
- PTSD has been shown to increase the risk of future victimization among intimate partner violence survivors.
- Current research indicates that IPV and sexual assault must be understood as unique causes of mental illness, with unique consequences, and in turn efforts must be made to address the factors negatively impacting survivors' mental health throughout many parts of our society.

In 2010 the Center for Research on Violence Against Women conducted a survey with over 100 rape crisis and domestic violence advocates in Kentucky about what they needed to know from research to help them do their jobs. Advocates identified ten top issues. This brief is one in a series of ten prepared by the Center to answer these top ten research questions.

Introduction

Intimate partner violence (IPV) and sexual assault can have significant impacts on the mental health of women who are exposed to traumatic experiences. Under certain circumstances, a victimization experience can cause severe, long-term mental health problems which can negatively impact a woman's quality of life, and can increase her likelihood of experiencing more victimization in the future. For this reason, researchers and mental health professionals have sought to understand the ways in which mental health concerns are caused, impacted, and affected by women's experiences of IPV or sexual assault.

Does Victimization Impact Women's Mental Health?

Rates of diagnosed mental problems in the United States are much higher for women who experience intimate partner victimization than for the general population of women (1, 2, 3). In fact, most of the major non-organic forms of mental distress and disorder have been associated with at least one form of interpersonal victimization in women (4). Golding (1) estimates that the rates of depression, PTSD, alcohol abuse, and drug abuse among women who experienced IPV are anywhere from 2-6 times greater than among national samples of women (see table).

ESTIMATED MENTAL ILLNESS RATES AMONG WOMEN IN THE U.S. (SOURCE 1, 2)

	General Population	IPV Survivors
Depression	21.3%	47.6%
PTSD	10.4%	63.8%
Alcohol Abuse	6.3%	18.5%
Drug Abuse	3.5%	8.9%

Depression & Violence

Women are 3x more likely than men to experience depression after a stressful life event (26)

Women who have experienced IPV report more depression symptoms than other women (27, 28, 29)

Women who have experienced sexual assault have higher depression rates (30, 31, 32)

Research also finds that survivors of physical and sexual victimization:

1. Have more mental health problems than other women, may experience related problems long after the traumatic experience; and
2. Have more severe mental health problems when they experience multiple or repeated victimizations (5, 6, 7).

Survivors of rape are particularly likely to experience several mental health issues at once following an assault, including anxiety, depression, and substance abuse (7). In one study, for example, a study by Faravelli and colleagues (8) compared rape survivors to victims of non-sexual crimes (e.g., assault or robbery) and found higher levels of depression, eating disorders, and anxiety disorders among women having experienced an assault. Several studies have found that the severity of a sexual assault experience's impact on a survivor's mental health is strongly shaped by what happens *after* the assault (5, 10). For instance, if friends, family, and formal service providers respond in negative or stigmatizing ways to a woman's attempt to seek help, the survivor is likely to exhibit more depressive symptoms (9). Findings such as these emphasize the very practical importance of having advocates available for women following an assault.

Posttraumatic Stress Disorder

In total, research suggests that the most prevalent mental health problem associated with IPV and sexual assault is post-traumatic stress disorder, or PTSD (1). Posttraumatic stress has been studied in numerous populations, including soldiers returning from combat, rape survivors, survivors of natural disasters, or individuals victimized by crime. Abuse by an intimate partner, however, is unique among the many recognized causes of PTSD.

Unlike many other traumatic stressors, IPV is not typically a single traumatic event, but rather an *ongoing* pattern of multiple, repeated traumas (10). In a recent research review, Mary Ann Dutton (11) acknowledges that "trauma theorists have not yet adequately addressed the potential implications for ongoing exposure to traumatic experiences that IPV typically illustrates" (p.212).

Posttraumatic stress disorder (PTSD) is diagnosed when "exposure to a traumatic event that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or other that involved intense fear, helplessness, or horror" results in a pattern of symptoms such as recurring distressful recollections or dreams, avoidance of the subject, emotional detachment, or difficulty sleeping following a traumatic experience (33).

Research shows that factors unique to IPV increase the levels of posttraumatic stress experienced by survivors of physical partner violence. For example, studies have found that coercive control by a partner (12), sexual violence by a partner (13), and psychological abuse (14, 15, 16, 17) all have a stronger relationship to PTSD symptoms than physical abuse alone. Likewise, levels of PTSD among survivors of sexual assault are increased by negative experiences during help-seeking, judgmental reactions when disclosing the assault to friends and family, and acceptance of socio-cultural norms which stigmatize sexual assault survivors (5).

Posttraumatic stress disorder has also been shown by researchers to increase the risk of future victimization among IPV survivors. PTSD symptoms may include social withdrawal, debilitating fearfulness, emotional detachment, belief that their situation is hopeless, and avoidant behaviors. A belief that no one can help might be caused by feeling intense fear and helplessness, and in turn this belief can lead survivors to respond in ways that increase rather than decrease their risks. For example, a woman experiencing traumatic fear after an abuser threatens her life might believe that even if she leaves and

reports the abuse, no one will be able to prevent her abuser from finding and killing her. And yet, hiding the abuse because of this fear will not actually protect her, and may instead reinforce or worsen her anxiety, sense of helplessness, and vulnerability to further abuse. Being diagnosed with PTSD as a result of partner violence is a significant predictor of a woman's likelihood of experiencing re-abuse by the same partner within 2 years (18). A recent study following up after 1 year found that re-abuse was predicted by PTSD, even when controlling for the severity of violence, help-seeking, and level of social support (19).

A study examining psychological abuse found that having a higher level of PTSD symptoms increased the risk of recurring psychological abuse by 1.5 times (21). This important area of research suggests that the symptoms of IPV trauma can have a cumulative impact; without intervention a traumatic experience can leave a woman vulnerable to repeat abuse, and may contribute to additional mental health problems.

A research review by Briere and Jordan (4) was able to identify several circumstances across studies which increased the severity of mental health symptoms after experiencing victimization. Survivors of traumatic abuse experienced more severe mental health consequences: when the victimization involved continued, multiple forms of violence over time; when survivors had experienced prior childhood or adult abuse which impacted the experience of a new victimization; when survivors had pre-existing mental health disorders such as depression or anxiety which contributed to symptoms after victimization; or when survivors lived in a social environment that was unsupportive or critical of victims of violence.

How Do Women Survive the Violence?

Research also identifies factors which are associated with resiliency among survivors of violence. Studies consistently show that positive social support or support groups are important for improving the well-being of survivors (9, 21, 22) and are especially helpful for African American women who derive strength from identifying with other women of color who share their experiences of victimization within a similar racial context (23). Research into coping strategies finds that women who stay with abusive partners frequently cope by reinterpreting their relationships in positive ways, but are less likely to be able to do so if physical abuse is accompanied by verbal abuse (24). A study by Zink and colleagues (22) examined coping strategies used by older women (55 and up) to live with long-term abuse. Many of these women had survived by developing strategies to limit their partner's abusive behaviors while remaining in the relationship. These coping strategies included building self-worth based on relationships with others such as friends, family, and church members for love and support, while clearly defining behavioral and sometimes spatial boundaries (i.e., staying in a different room) for their abusive partners. Others recognized that their partners didn't love them, so instead found a positive identity within domestic roles such as a parent, caretaker, or homemaker. Because leaving may not be a viable option for dependant older women (25), helping survivors to develop coping strategies that emphasize self-development and emotional well-being may be helpful when typical abuse interventions do not fit a survivor's life.

In general, research suggests that survivors with positive social support, good psychological adjustment (i.e., self-esteem, optimism, active problem-solving), and an identity based in spirituality or community-belonging were more resilient to the effects of victimization on their mental health.

Conclusion

Often, the most enduring consequences of violence against women are the mental health issues that survivors face after experiencing intimate partner violence or sexual assault. The most commonly diagnosed mental health consequence of victimization is posttraumatic stress disorder, caused by a traumatic experience involving threat of serious injury or death where a woman feels intense fear, helplessness, or terror. A survivor with PTSD can experience unwanted intrusion of thoughts about the trauma, emotional numbing or social withdrawal, or experience long-term heightened emotional arousal and fear. Research tells us that IPV and sexual assault are major causes of PTSD, but also that IPV or sexual victimization can cause many other mental health symptoms including depression, anxiety, drug or alcohol abuse, chronic pain syndromes, and eating disorders, to name only a few. Research finds that when women are supported by friends, family, and service providers these effects are lessened, but that even minor negative experiences with help-seeking can substantially increase the trauma and helplessness experienced by a survivor. Survivors, particularly those experiencing sexual assault, face the difficulty of "cumulative victimization" when a woman's own personal experiences with victimization and help-seeking, the socio-cultural norms held by those around her, and the presence of victim-blaming attitudes all contribute to the severity of the mental health impact caused by traumatic violence (5). Practitioners who serve survivors face unique challenges because IPV is typically not a single traumatic event, but instead consists of multiple and diverse forms of traumatic abuse. Researchers are continuing to try to understand and unravel the complex inter-relationships between victimization and mental health in ways that can improve treatment and outreach for women affected by violence. Current research indicates that IPV and sexual assault must be understood as unique causes of mental illness, with unique consequences, and in turn efforts must be made to address the factors negatively impacting survivors' mental health throughout many parts of our society.

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