

Going crazy – a reasonable response to domestic violence? The relationship between mental illness and domestic violence.

Introduction

Recent research into the relationship between domestic violence and mental illness (Hager 2001) found that domestic violence drives women 'crazy' and that, currently, there is very little understanding and therefore no appropriate response to this phenomenon. One of the major themes to emerge from the research was that when a person constantly has their perceptions denied they lose their sense of groundedness and reality, and find it increasingly difficult to trust their own perceptions of events. People who are experiencing this, with or without the extra trauma of physical and sexual abuse, may exhibit behaviours that can be read as symptoms of mental illness. These behaviours are, however, usually reasonable responses to living in intolerable situations. Women in these circumstances require safety and constructive support in order to recover - not a diagnosis of mental illness.

The definition of domestic violence that was used in the research is based on the Duluth power and control wheel. (Domestic Abuse Intervention Project 1997) This explains that the purpose of abuse is to destroy a person's will – to make them pliant and acquiescent. This means that women may be experiencing physical, sexual, emotional/mental or spiritual abuse or a combination of all of these. Abuse is no less harmful or dangerous if it does not include physical abuse – but it makes it more difficult to discuss and to prove. Women spoken to for the research project identified mental/emotional abuse as the abuse that made them feel like they were going mad.

Nickolaos Kazantzis (Kazantzis, Flett et al. 2000) identified that domestic violence may account for as much as 12% of psychological distress and 7% of physical illness among adult women in New Zealand. Also, there are high rates of injury and pregnancy complications associated with domestic violence. Between 50% - 60% of murders committed in New Zealand each year are men murdering their partners.

Mental health outcomes of domestic violence.

The literature documents the negative mental health effects of domestic violence. These include:

- Suicide - international figures suggest that 1/4 of suicides of women in America, 1/2 of all suicides by African American women and 41% among Fiji Indian women are related to domestic violence. (Dutton, 1992)
- Alcohol abuse – up to one third of abused women will abuse drugs or alcohol as a way of coping with abuse. (Heise, Pitanguy et al. 1994) A number of studies have suggested that most abused women only begin drinking heavily after the abuse has started. (Amaro et al 1990; Stark et al 1981 cited in (Heise, Pitanguy et al. 1994) (Roberts, Williams et al. 1998) (Dutton 1992)
- Mental illness diagnoses including major depression, trauma and anxiety disorders. (Gleason, 1993) (Dutton 1992; Roberts 1998) They are given diagnoses such as eating disorders, generalised anxiety, obsessive compulsive disorder, multiple personality and personality disorders. (Koss, 1990, 1993, cited in (Davies, Harris et al. 1996; Kernic, Wolf et al. 2000)
- Post traumatic stress disorder.
- Other presenting issues, from the literature, associated with victimisation may be: sleeping disorders, self-neglect, malnutrition, panic attacks, aggression towards

ones-self and/or others, dissociative states, repeated self injury, chronic pain, compulsive sexual behaviours, sexual dysfunction or pain and poor adherence to medical recommendations.

Women involved in the study listed a number of long term effects of being involved in an abusive adult relationship. These included:

- On going fear
- Lack of volition
- Diminished ability to deal with stress
- Being superwoman
- Vigilance – being constantly watchful
- Being suspicious
- Afraid – including for the children
- Depression
- Worn down
- Shattered
- Isolated
- Disassociation
- Blocking out – having gaps in their lives
- Reality checking becomes poor

They were given DSM IV labels including schizophrenia, bi-polar disorder, clinical depression, and post traumatic stress disorder.

However, many of these behaviours are very reasonable responses to the circumstances that they were living with.

The costs of the mental health effects of domestic violence.

The ongoing costs associated with this issue include:

- Women's ongoing use of mental health and substance abuse services
- Rehabilitation and long term care
- Personal health services such as A&E and GP services for ongoing mental and physical health problems and problems associated with self harming behaviours
- The inappropriate care of women who have been abused – i.e., placed in mental health services when they really require domestic violence services
- Years of life lost because of suicide and homicide
- The time that people are unable to function without support
- Diminished realisation of educational, employment and personal potential
- The long term effects on the children and wider family

From: (American Medical Association 1996)

What this means for service provision.

If women are already manifesting signs of mental illness or drug and alcohol abuse they will probably not be able to access refuge – as refuge generally exclude women who they think will cause excessive problems. This is reasonable, as many women who work in refuge are volunteers and will not have the levels of training and experience required to work with severely traumatised women and children. If women in this situation want to leave their partners, currently, they will probably have to do it without the support of refuge.

Referring women to mental health services can also be unsafe for them, unless the person that they are referred to has a good understanding of the dynamics of domestic violence and will believe the women and offer her help and support in the context of her abuse. Otherwise, mental health services may well put her at increased risk. Medication slows a women's reactions and makes her less able to protect herself. (American Medical Association 1996) Being associated with mental health services confirms a woman's belief that she's crazy, that the abuse is her fault and it gives the abuser more power over her, as he becomes seen as the sane person in the family. It also makes her vulnerable to the effects of stigma associated with mental illness and institutional abuse.

Therefore, specialised services, that have the facilities to respond appropriately, are needed. The support and levels of clinical care that women and children in this situation require is much higher than it is possible to provide in the usual refuge situation.

What women want.

From the results of the research (Hager, 2001) and the extrapolated themes, a list can be drawn up of what women, who feel that domestic violence has driven them mad, really want. These are:

- Sleep.
- To be asked, specifically and comprehensively, about domestic violence.
- To be heard and believed.
- Information and language to describe their experiences and make informed choices.
- To be safe – to be offered and encouraged to use appropriate support services.
- Time to think and reflect.
- Not to be pathologised.

In order to achieve these things, a specialised service needs to be provided. Currently, apart from some individuals who are aware of this issue, there are very few safe places for women in this situation to go.

Potential outcomes of a specialised service.

It is envisaged that the potential outcomes of providing a specialised service include:

- Less women and children requiring on going mental health services
- Less need for referral to acute services
- Mental health service referrals having a more positive outcome, because the cause of the trauma has been addressed
- Women with pre-existing mental illness being encouraged to live in non abusive situations, which will help their recovery
- Earlier referral to drug and alcohol services – with more positive outcomes
- Less trauma for children, because they will have professional support to address their dual needs of having lived in an abusive family and with a mother with addiction or mental health problems
- Less use of A&E and GP services
- Women being able to become productive and functioning more quickly – and therefore less dependant on disability services

Appendix one.

People interviewed for the research.

Twenty people – professionals who interact with women who have been abused - were interviewed for the key informant interviews, six women were interviewed who, as well as experiencing domestic violence as adults, had been abused in childhood and four women were interviewed who had no history of abuse before meeting an abusive partner. None of the women interviewed had pre-existing mental health problems, i.e. they had not manifested signs of mental illness before being in an abusive relationship.

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Contact.

For more background information relating to the service proposal, a copy of our strategic plan, a paper about the research or a copy of the thesis - contact Debbie Hager. Email - debbie.neil@paradise.net.nz

