Domestic Violence and Serious Mental Illness

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UB Psychiatry Grand Rounds
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Objectives

1) Define domestic violence
2) Prevalence
3) DV and psychiatric disorders
4) Temporal relationships
5) Perpetrators and psychiatric disorders
6) Screening and detection
7) Intervention
WHAT IS DOMESTIC VIOLENCE?
Terminology

*Domestic violence*

*Intimate partner violence*

*Family violence*
A Definition

Domestic violence is a pattern of coercive and abusive behavior...

...perpetrated by one person against another in an intimate (e.g., married, engaged, cohabiting, dating, teenage) relationship...

...with the goal of establishing and maintaining power and control over the other individual.
A Definition

The abuse may take many forms, including psychological, emotional, economic, physical, sexual, stalking and the use of children as weapons.

The abusive behavior usually **escalates** at the time the victim attempts to **separate** from the perpetrator.
A Definition

DV is found across all socioeconomic classes, races, ethnicities and age groups.

Most of the abuse is perpetrated by a male toward his female partner. However, women are also primary aggressors. DV occurs at equal rates within same-sex relationships.
A Definition

Children are always victims of domestic violence, whether they witness the abuse or are direct victims.

Pets are often victimized.
PREVALENCE: GENERAL POPULATION VERSUS PEOPLE WITH SMI
General Prevalence

- 1 out of 3 women and 1 out of 4 men have been a victim of physical violence by an intimate partner within their lifetime.
- About 20,000 phone calls to DV hotlines per day.
- DV accounts for 15% of all violent crime.
- A women is assaulted or beaten every 9 seconds.

http://www.ncadv.org/learn/statistics
General Prevalence

About three women a day are murdered by husbands or boyfriends (Catalano, 2007)

At least one of every three women globally will be beaten, raped or otherwise abused during her lifetime. In most cases, the abuser is a member of her own family (United Nations Development Fund for Women, 2003.)
Prevalence in Patients with SMI

60 to 90 percent of DV victims may have mental health issues
Prevalence in Patients with SMI

Jones et al. (2014) study:

**Lifetime Prevalence**

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Women</td>
<td>27.8%</td>
</tr>
<tr>
<td>Men</td>
<td>18.7%</td>
</tr>
</tbody>
</table>
Prevalence in Patients with SMI

Khalifeh et al. (2015a) study:

- 60% had Schizophrenia
- 53% history of involuntary admission
# Prevalence in Patients with SMI

## Lifetime Prevalence

<table>
<thead>
<tr>
<th>Gender</th>
<th>Controls</th>
<th>SMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>33%</td>
<td>69%</td>
</tr>
<tr>
<td>Men</td>
<td>17%</td>
<td>49%</td>
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</tbody>
</table>

## Past Year Prevalence

<table>
<thead>
<tr>
<th>Gender</th>
<th>Controls</th>
<th>SMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>9%</td>
<td>27%</td>
</tr>
<tr>
<td>Men</td>
<td>5%</td>
<td>13%</td>
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</tbody>
</table>
Prevalence in Patients with SMI

Khalifeh et al. (2015b) study:

- Examined chronic mental illness (CMI)

### Past Year Prevalence

<table>
<thead>
<tr>
<th>Gender</th>
<th>Controls</th>
<th>SMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>5.3%</td>
<td>20%</td>
</tr>
<tr>
<td>Men</td>
<td>3.1%</td>
<td>6.99%</td>
</tr>
</tbody>
</table>
Prevalence in Patients with SMI

Howard et al. (2010) literature review:

**Lifetime Prevalence (Inpatient Hospital)**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Prevalence range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>33% to 63%</td>
</tr>
<tr>
<td>Men</td>
<td>14% to 48%</td>
</tr>
</tbody>
</table>

**Lifetime Prevalence (Outpatient)**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Prevalence range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>15% to 90%</td>
</tr>
<tr>
<td>Men</td>
<td>0% to 13%</td>
</tr>
</tbody>
</table>
An Increased Risk

People with SMI are at increased risk for general victimization

For DV

- 3 to 4 times increased risk versus GP (Khalifeh et al., 2015a)
- Lifetime prevalence OR = 3.21
- Past year CMI OR = 2.9 (Khalifeh et al., 2015b)
Prevalence in Inpatients

Of the 64% of female inpatients identified as victims of physical abuse, 56% lived with the perpetrator (Jacobson & Richardson, 1987)

Consider many DV victims may have to return to a perpetrator

*Implications?*
Prevalence in Inpatients

About **30 to 60%** of inpatients report being a victim of DV

This rate is **much higher** than what is found in the general population

(Howard et al., 2009)
DV AND PSYCHIATRIC DISORDERS
DV and Adverse Effects

Many studies only examine physical and sexual abuse, long assumed to have the worst impact.

Psychological abuse may most adversely affect health outcomes.
DEPRESSION
Depression

- Most common psychiatric outcome from DV (Lagdon, Armour, & Stringer, 2014)

<table>
<thead>
<tr>
<th>Time Period</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime</td>
<td>3.21</td>
</tr>
<tr>
<td>Past Year</td>
<td>3.31</td>
</tr>
</tbody>
</table>

- Past year prevalence in shelter = 51.5%

(Trevillion et al., 2012)
Depression

- 34.7% of disease burden (most) (Dillon et al., 2013)
- Dose-effect evident
  - 2.5 times more likely (with childhood maltreatment) (Ouellet-Morin, 2015)
Depression

- Subjective perception of stress more potent than objective
- More than one type of abuse (sexual, physical, and emotional) \( \rightarrow \) increases symptoms and severity
- Psychological abuse independent contributor

(Dillon et al., 2013)
Depression and Chronicity

Severity and chronicity of violence → more severe depressive symptoms

Remission after separation?
• Predicted depression 5 years out, whether separated or not

(Dillon et al., 2013)
PTSD
PTSD

<table>
<thead>
<tr>
<th>Time Period</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime</td>
<td>7.34</td>
</tr>
<tr>
<td>Past Year</td>
<td>3.62</td>
</tr>
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</table>

- 2.3 to 3 times more likely for victims of IPV
- Lifetime prevalence = 16.2% to 92%

(Tervillion et al., 2012)
PTSD

Of female inpatients who experienced physical abuse in the last year → 40% met criteria for PTSD (Goodman et al., 1997)
PTSD

Lagdon, Armour, & Stringer (2014) study:

- Physical and psychological abuse contributed to PTSD
- Psychological abuse independent contributor
- Comorbid problems - depression, suicidality
- Severity of IPV increased risk (also Dillon et al., 2013)
- All three forms = 9 times increased risk (Dillon et al., 2013)
PTSD

Implications of exposure to repeated traumas over time...
ANXIETY DISORDERS
Anxiety

<table>
<thead>
<tr>
<th>Time Period</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime</td>
<td>2.92</td>
</tr>
<tr>
<td>Past Year</td>
<td>2.29</td>
</tr>
</tbody>
</table>

- Past year prevalence (shelter sample) = 77%
- 27.3% of disease burden (2nd most)
Anxiety

- **Dose-response effect** (Dillon et al, 2013)
- Psychological abuse and anxiety relationship
- **Co-occur with depression and sleep disturbance** (Lagdon, Armour & Stringer, 2014)
BIPOLAR DISORDER
Bipolar Disorder

Not well studied

<table>
<thead>
<tr>
<th>Lifetime Prevalence</th>
<th>OR</th>
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<tbody>
<tr>
<td>Women</td>
<td>8.14</td>
</tr>
<tr>
<td>Men</td>
<td>9.42</td>
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Past year = no data

(Trevillion et al., 2013)
Bipolar Disorder

Considerations:

- Sleep deprivation
- Psychological abuse impact
- Emotional dysregulation
PSYCHOTIC DISORDERS
Psychotic Disorders

- Lifetime prevalence = 43.8% to 83.3%
- 43.8% of women with a psychotic disorder reported past year physical violence (OR = 3.25)
- 4.5 increase in psychotic spectrum disorders

(Ouellet-Morin et al., 2015; Trevillion et al., 2013)
Psychotic Disorders

- Dose-effect evident
- 3 times greater risk with child maltreatment
- 10 times for child and adult abuse
- More diverse abuse = more risk

(Ouellet-Morin et al., 2015; Trevillion et al., 2013)
Psychosis and Child Exposure to DV

Exposure to psychological abuse increases the risk for the development of psychosis.
Psychotic Disorders

Consider in differential
- May lead to misdiagnosis

Rule out PTSD or dissociative disorders

PTSD associated with acute and chronic psychotic symptoms
SUICIDE AND SELF-HARM RISK
Suicide and Self Harm Risk

Results of 13 studies across nine countries concluded:

- IPV is associated with suicide attempts

Physical abuse, sexual abuse or both:

- 3 times more likely to have suicidal ideation
- 4 times more likely to have attempted suicide
Suicide and Self Harm Risk

One study found 7 times greater risk for suicide.

More forms of violence = more suicide risk.

IPV also predicted greater self-harm risk.

(Dillon et al., 2013)
Contributing Factor or Consequence?

Does the SMI cause a vulnerability to being abused or is the SMI caused by the abuse?
Contributing Factor or Consequence?

Bi-directionality

- IPV \(\rightarrow\) vulnerability to psychiatric problems
- Psychiatric problems \(\rightarrow\) victimization vulnerability
- Women with IPV had new onset of depression 2 years later, controlling for past abuse (Ouellet-Morin, 2015)
Contributing Factor or Consequence?

Dillon et al. (2013) concluded:

- Enough evidence to support that IPV **precedes** poor mental health outcomes
- These issues continue after the abuse desists
Contributing Factor or Consequence?

How does development of psychiatric problems impact:

- Future interpersonal functioning?
- Parenting ability?
- Economic independence?
- Ongoing abuse or further victimization?
- Ability to leave?
- Risk for incarceration?
Overall Implications

DV has effected or affects the majority of your patients
PERPETRATORS AND PSYCHIATRIC DISORDERS
Perpetration and SMI

Oram et al. (2014) literature review:

- Limited research on recent prevalence
- Men and women have increased risk of physical violence towards a partner (lifetime)
- Most risk for men
- Opposite findings to victimization research
Perpetration and SMI

Oram et al. (2013) study:

Intimate partner homicides 1997 to 2009
England and Wales

• 1,180 homicides
• 20% had symptoms of SMI at time of offense
  • 7% psychosis
  • 13 depression
Perpetration and SMI

Oram et al. (2013) study:

A third had lifetime diagnoses of SMI:

- 6% Schizophrenia and delusional disorder
- 17% affective disorder
- 7% personality disorder
Perpetration and SMI

Oram et al. (2013) study:

Those with symptoms during offense:

• Older
• Male
• Employed
Perpetration and SMI

Oram et al. (2013) study:

Less likely to have:

- Previous convictions
- Alcohol abuse history
- Self harm history
Perpetration and SMI

*Causal relationship?*

Consider:
- Mediating and moderating factors
- SMI and abuse separate issues
- Excuse making
- Importance of identification in patients
SCREENING, DETECTION AND INTERVENTION
Detection and Screening

WHO recommends standard screening
Detection and Screening

Research suggests that clinicians often do not ask

- Detect about 10 to 30% of cases (Howard et al., 2009)
  - Lack of knowledge
  - Not sure what to do if disclosed
- Detection improved when assessment of adult abuse is routine
Detection and Screening

Other obstacles:

- Disbelief
- Lack of time
- Fear of offending person
- Lack of validation
Detection and Screening

Nyame et al. (2013) study:

- 71 psychiatric nurses, 81 psychiatrists
- 54% reported training
  - 73% received 1 to 5 hours
- 15% asked all new patients
- 10% periodically asked
- More psychiatrists told about services versus nurses
Detection and Screening

Nyame et al. (2013) study:

- Psychiatrists had more knowledge about DV but...
  - Didn’t feel prepared to assess or manage experience of abuse
- 60% reported lack of knowledge of services
Detection and Screening

Oram, Khalifeh & Howard (2017) meta-synthesis:

“service users explained that a focus on diagnosing and treating psychiatric symptoms often prevented health care professionals from recognizing abuse, while labels of mental illness minimized service users’ experiences of abuse.” (p. 161)
Patient Disclosure

People may not report abuse

**Fear** most important factor:

- CPS involvement
- Not being believed
- May lead to more violence
- Disrupt family life
- Immigration status

(Rose et al., 2011)
Patient Disclosure

Other obstacles:

• Blaming self or others
• Shame and embarrassment
• Perpetrator prevents disclosure

(Rose et al., 2011)
Intervention

- Ask in private (no partner)
- Sensitivity
- Compassion
- Non-judgmental stance
- Validation
- Address safety concerns
- Understand reasons for staying
  - Risk-benefit analysis

(Oram, Khalifeh, & Howard, 2017)
Intervention

Check own psychological barriers:

- Pity
- Disdain
- Vilification of abuser

(Oram, Khalifeh, & Howard, 2017)
Intervention

IPV as environmental context

- Treat mental disorders in context of DV
- Consider how ongoing abuse may impact treatment compliance
- Pathologising symptoms occurring in response to abuse
- Consider complex PTSD
Intervention

Know where to refer for services

Long term treatment

- Trauma-focused
- CBT
- Supportive counseling
Local Resources

Family Justice Center
(716) 558-SAFE(7233)
More Resources

NYS Coalition Against Domestic Violence (NYSCADV)
http://www.nyscadv.org/

National Coalition Against Domestic Violence (NCADV)
http://www.ncadv.org/
References


THANK YOU!
QUESTIONS?