

Creating Connections

Domestic Violence and Mental Health Policy Initiative

From the Director

Dear Friends,

Welcome to the second issue of *Creating Connections*, the quarterly newsletter of DVMHPI. In keeping with the goal of the newsletter to facilitate communication and collaboration between domestic violence, mental health, substance abuse, and social service providers, this issue features a fact sheet that provides helpful information for understanding the mental health impact of domestic violence. The fact sheet, which appears on pages 3 and 4, is culled from the findings of the extensive literature review we have been conducting over the past two years, and we are grateful to Holly Barnes for her effort in compiling the data.

Many new developments are underway at DVMHPI. As you may recall from the first issue of *Creating Connections*, in May we launched the Intensive Trauma Training and Implementation Program. Eighteen domestic violence, mental health, and social service agencies are participating in a series of trainings intended to prepare them to implement a range of trauma-informed and trauma-specific services and to assist the broader DVMHPI network of agencies in developing model programs and curricula. The trainings will conclude in December 2002; a few spaces are still available for individual registrants so be sure to contact our office if you would like to participate. We are also in the process of planning several symposia to be offered later this year or early next year. Topics include: Domestic Violence, Mental Health and the Legal System; Addressing Trauma and Domestic Violence in a Cultural and Spiritual Context; and Creating Politically Conscious Healing Environments in Domestic Violence, Mental Health and Social Service Agencies. A full calendar of symposia will be featured in the fall issue of *Creating Connections*.

As part of our collaboration with the Illinois Department of Human Services, Office of Mental Health to improve the public mental health system response to domestic violence and lifetime trauma, the Mental Health Service System Planning Council of Greater Chicago (also known as the Chicago Mental Health Planning Council) has established a Domestic Violence and Trauma committee. The committee will work to integrate domestic violence and trauma-focused services into inpatient, residential, and outpatient facilities. The committee will link DVMHPI to the public mental health system structure, creating formal opportunities to foster positive changes in the system's response to trauma and domestic violence. We have also recently briefed the Illinois Psychiatric Society about the Initiative and I am happy to report they are very interested in supporting our work, particularly through educational activities geared toward practicing psychiatrists and trainees.

Lastly, we are especially pleased to announce two new additions to our staff. We welcome Jennifer Ginsburg as Information Specialist and Yasmeen Ansari as Project Coordinator. Profiles of Jennifer and Yasmeen can be found on page 2. Together, they will greatly enhance our capacity to provide you with high quality technical assistance, training, and resources promoting the safety, healing, and mental health of domestic violence survivors and their children.

Sincerely,
Carole Warshaw, MD

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New Additions to DVMHPI Staff

Jennifer Ginsburg joins us in the new position of Information Specialist. In that role she will be responsible for keeping both DVMHPI staff and partner agencies up-to-date on the latest research, legislation, and best practice models for the integration of domestic violence and mental health services. She will also manage our new web site, www.dvmhpi.org, which should be up and running by the end of July. Jennifer received her Master's in Social Work from Columbia University in 1992. She has worked as a therapist treating trauma survivors both in community and private practice settings. She recently moved to Chicago from Ohio, where she was the director of the Family Violence Collaborative, a program designed to create a coordinated community response to domestic violence through training, inter-agency collaboration and protocol development.

Yasmeen Ansari is our new Project Coordinator. In this newly established position, she will be responsible for managing the day-to-day operations of the Initiative and providing logistical support for various meetings and activities. She will also assist in project evaluation. Yasmeen earned her Master's in Public Health from the University of Illinois last year. While completing her graduate studies, she worked as a research assistant with the Center for Research on Women and Gender where her responsibilities included participating in the evaluation of various programs, including two related to domestic violence. In addition, she worked as a public health intern with the Illinois Department of Public Health, Office of Women's Health.

www.dvmhpi.org Coming Soon!

Before the end of the summer, DVMHPI will launch our new website: www.dvmhpi.org. The web site is the first step in our mission to become a resource center for local and national mental health providers and domestic violence organizations. For our local partners, it will provide convenient links to view meeting dates and times, as well as information about upcoming trainings and events. As a general resource, the web site will contain updates on the latest research, links to national and local resources on domestic violence, mental health and trauma, as well as downloadable documents, such as our needs assessment, literature reviews, and model collaborations paper.

In tandem with the web site, we are exploring options for hosting a list-serve. This function would allow us to send legislative updates, new research regarding best practice models, and other information and announcements in a timely manner. We also hope to use the list-serve to facilitate information sharing among participants. But, don't worry: the list-serve would be moderated and sparingly used. We know

you have enough email to read! However, if properly implemented we believe the list-serve could provide an important mode of communication between and among DVMHPI and local domestic violence and mental health providers.

FACT SHEET ON DOMESTIC VIOLENCE, MENTAL HEALTH, AND TRAUMA

DOMESTIC VIOLENCE is a pervasive problem in this society - one that cuts across race, class, cultural, sexual orientation, and religious lines. The National Violence Against Women Survey, conducted in 1995-96, (Tjaden & Thoennes, 2000) found that violence against women is primarily intimate partner violence:

- 64% of women who reported being raped, physically assaulted an/or stalked since age 18 were victimized by a current or former husband, cohabiting partner, boyfriend or date.
- 22.1% of women had been physically assaulted by a partner or date during their lifetime. Based on these data, an estimated 1.3 million women are physically assaulted by a partner every year in the US.
- 7.7% of women had experienced attempted or completed rape by a current or former partner during their lives.
- 8.1% of women had been stalked.

The National Crime Victimization Survey found that in 1998 (USDOJ, Bureau of Justice Statistics):

- Approximately 875,000 women experienced a violent crime, excluding murder, committed by an intimate partner.
- 1,320 women were killed by a partner.

According to the FBI's Uniform Crime Reporting System, approximately 28,991 women were killed by a current or former partner during the period of 1981—1998 (Paulozzi et al, 2001).

The National Family Violence Survey, a phone survey of 3,002 women who were currently or recently married or cohabiting with a man, found that 16% had experienced domestic violence in the previous year (Gelles & Harrop, 1989)

Note: Prevalence estimates often vary due to differences in research methodology and definitions across studies.

MENTAL HEALTH A significant number of people in the U.S. experience mental health problems – problems that often go unaddressed. Abuse and violence are associated with increased risk for developing a range of psychiatric conditions or exacerbating existing ones. At the same time, living with a serious mental illness may increase a woman's vulnerability to abuse. Although DVMHPI wishes to avoid language that is pathologizing and recognizes that terminology such as "disorder" does little to mitigate the stigma associated with mental health problems, we believe these findings are important and present them in the language in which they were documented.

According to the U.S. Department of Health and Human Services, approximately 56 million Americans experience diagnosable mental disorders each year (Efforts to Promote Mental Health, 2002).

Results of the Epidemiologic Catchment Area study of the early 1980s and the National Comorbidity Survey of the early 1990s indicate that about 20% of the U.S. population is affected by mental disorders annually (Mental Health: A Report of the Surgeon General, 1999).

According to the National Institute of Mental Health (The Numbers Count: Mental Disorders in America), in a given year:

- Approximately 18.8 million American adults, or about 9.5% of the U.S. population age 18 and older, experience a depressive disorder. Of these, 12.4 million are women.
- In 1997, 30,535 people died from suicide in the U.S. More than 90% of people who kill

- themselves have a diagnosable mental disorder, commonly a depressive or substance abuse disorder.
- Approximately 19.1 million American adults, or about 13.3% of people are affected by anxiety disorders. Rates are higher for women.
 - Approximately 5.2 million American adults, or about 3.6% of the population develop Posttraumatic Stress Disorder (PTSD). Research has shown that PTSD is significantly more common among women than men (Halligan & Yehuda, 2000).
 - Bipolar disorder affects approximately 2.3 million American adults, or about 1.2% of the U.S. population age 18 and older. Rates of bipolar disorder do not differ by gender.
 - Approximately 2.2 million American adults, or about 1.1% of the population age 18 and older, have schizophrenia. Schizophrenia affects men and women with equal frequency.

TRAUMA AND MENTAL HEALTH

Lifetime experiences of abuse and violence are common among women seen in mental health settings. They are especially high for women diagnosed with serious mental illness, particularly those who are homeless (Goodman et al, 1995).

Out of 39 adult female clients in an intensive psychiatric case management program, 44% had been sexually abused and 49% had been physically abused as children and/or adults (Rose, Peabody, & Stratigas, 1991).

Of 140 women attending an outpatient psychiatric clinic, 64% had a lifetime history of physical and/or sexual abuse (Surrey et al, 1990).

Among 153 women seen in a range of psychiatric settings, half had been sexually abused and 16% had been physically assaulted as children (Mueser et al, 1998). 14% had also witnessed severe violence during their childhood. As adults, 64% had been sexually assaulted, 36% had been physically attacked, and 24% had witnessed severe violence.

In a study of 50 adult women in a psychiatric inpatient unit, 44% had been physically abused and 22% had been sexually abused as children (Jacobson & Richardson, 1987). 64% had been physically abused and 38% had been sexually abused as adults.

Of 100 women seen in a psychiatric emergency room, approximately half had been physically and/or sexually abused as children, 42% had been abused by a partner in adulthood, and 37% had experienced an attempted or completed rape (Briere et al, 1997).

Among 72 women diagnosed with bulimia nervosa, 54% had experienced some type of assault during their lifetime, including rape, attempted rape, and physical battery (Dansky et al, 1997).

DOMESTIC VIOLENCE AND MENTAL HEALTH

Although domestic violence causes considerable emotional pain, many battered women do not develop mental health conditions and data indicate that many symptoms, particularly of anxiety and depression, resolve when isolation is reduced and safety increased (Sullivan et al, 1992). For many other women, however, being abused over a long period of time may eventually result in significant mental distress. For example, in a study with a large sample of randomly selected women, 48% of those who had been battered (n = 207) reported they had "wanted help with mental health in the past 12 months" (Weinbaum et al, 2001). In general, research studies on domestic violence and mental health are designed to measure particular constellations of symptoms that meet criteria for psychiatric diagnoses, rather than the psychological impact of experiencing abuse and betrayal by an intimate partner or the developmental influence of prolonged exposure to abuse by a caretaker in childhood. Even diagnoses that specifically address traumatic events do not fully capture what living in a climate of fear does to a woman's psychological landscape (Dabby, 2001), or what a woman has to do to reconfigure her sense of identity, her belief in herself, her connections to others,

and her relationship to a world that has betrayed her (Warshaw, 2002).

However, currently available data indicate that women who are being abused by a partner are at increased risk for developing certain serious mental health problems. Prevalence rates vary depending on a number of factors, including the type of setting (e.g. domestic violence shelter, psychiatric emergency room) and the timing of the assessment (e.g. during a crisis, after a woman is safe). Across studies of battered women, rates of

- **PTSD** range from 54% to 84% (Kubany et al, 1995, Kemp, Rawlings, & Green, 1991).
- **Depression** range from 63% to 77% (Gleason, 1993, Follingstad et al, 1991).
- **Anxiety** range from 38% to 75% (Gleason, 1993, Follingstad et al, 1991).

Domestic violence has also been linked to suicidal ideation/attempts and low self-esteem (McCauley et al, 1995; Russo et al, 1997; Stark & Flitcraft, 1995).

See www.dvmhpi.org (coming soon) for complete references.

Meeting Calendar

DVMHPI is a collaborative endeavor. Quarterly workgroup meetings create opportunities for the interagency discussion, planning, information sharing, and feedback that are crucial to successful collaboration, and they represent our primary means of advancing the work of the Initiative. Regional workgroups focus on service-delivery and training needs and feature clinical/advocacy presentations and discussions. Critical issue workgroups meet regularly to explore and respond to issues of central concern to the Initiative and to develop integrated practice models in their area of focus. We hope that you and your agency will take advantage of these quarterly meetings to ensure the availability of high-quality services for survivors of domestic violence and their children. If you have any questions about which group(s) is best suited to your agency, please contact Gabriela Moroney at 312/633-3223.

Regional Workgroup Meeting Calendar

North

Monday, July 15th, 10 am – noon, Uptown Center Hull House, 4520 N. Beacon, Chicago

South

Friday, July 19th, 10 am – noon, Community Mental Health Council, 8704 S. Constance, Chicago

West

Wednesday, July 24th, 10 am – noon, DVMHPI, 1900 W. Polk St., Board Room, Chicago

Southwest

Thursday, July 25th, 9:30 – 11:30 am, Metropolitan Family Services, 3843 W. 63rd St., Chicago

Critical Issue Workgroup Meeting Calendar

Women and Trauma

Wednesday, August 7th, 10 am – noon

Metropolitan Family Services, 14 E. Jackson, 14th Floor, Hunter Conference Room, Chicago

Domestic Violence in the Context of Serious Mental Illness

Friday, September 6th, 9:30 – 11:30 am

Mercy Hospital Community Mental Health Center, 2525 S. Michigan Ave., Chicago

Culture, Community, and Spirituality

To be determined. If you are interested in this group, please call Yasmeen Ansari at 312/633-3223.

Other Meetings

Working Meeting to Draft Guidelines for Trauma Assessment (a subgroup of Women and Trauma)

Wednesday, July 10th, 10:30 am – 12:30 pm

Metropolitan Family Services, 14 E. Jackson, 14th Floor, Trusdell Conference Room, Chicago

Working Meeting on Levels of Care (a subgroup of Domestic Violence in the Context of SMI)

Monday, August 5th, 10 am – noon

Loretto Hospital Outpatient Mental Health Clinic, 5524 W. Harrison, Chicago

Your response is CRUCIAL

Please note that if you plan to attend any of the above meetings we strongly urge you to call or email our office (312-633-3223 or gmoroney@hektoen.org) to enable us to plan accordingly. *Only those who have indicated they plan on attending can be notified in the event of a location change or meeting cancellation.*

Domestic Violence and Mental Health Policy Initiative

The Domestic Violence and Mental Health Policy Initiative (DVMHPI) is a collaborative effort designed to mobilize a comprehensive response to the mental health needs of domestic violence survivors and their children by bridging the philosophical, training, and service delivery gaps that exist between the domestic violence and mental health systems. The Initiative brings together stakeholders from systems that had previously been at odds to improve services for survivors who have both mental health and advocacy needs – needs that often go unmet when addressed by either system alone. DVMHPI serves a network of over 70 domestic violence, mental health, social service, and substance abuse agencies in and near Chicago, with the purpose of improving, in multiple venues, the scope and quality of services for domestic violence survivors and their children. In collaboration with this network of service providers, as well as city, county, state, and federal policymakers, DVMHPI has worked towards establishing common goals and principles for collaborative intervention; assessing current needs and resources; identifying institutional and system barriers that impede both practice and access to care; establishing ongoing cross-agency partnerships; and developing new models for delivering integrated services.

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