



**WICHITA STATE  
UNIVERSITY**

**CENTER FOR COMMUNITY SUPPORT  
AND RESEARCH**

**OFFICE LOCATION** | 358 N. Main,  
Wichita KS 67202

**PHONE** | 316.978.3843

**TOLL FREE IN KS** | 800.445.0116

**FAX** | 316.978.3593

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## **DOMESTIC VIOLENCE AND MENTAL HEALTH BEST PRACTICES LITERATURE REVIEW**

Domestic violence is pervasive and cuts across race, economic status, religion, sexual orientation, and geographic regions. Mental health and domestic violence services often cross because those who have experienced interpersonal violence, especially over prolonged periods of time, are at risk to develop mental distress. Women being abused by a partner are at increased risk for developing certain mental health problems such as depression and posttraumatic stress disorder (PTSD). Substance abuse, somatoform disorders, eating disorders, and psychotic episodes have also been linked to adult and childhood abuse.

While it is recognized that victimization by an intimate partner has serious psychological consequences, collaborative models that include both domestic violence and mental health services for addressing these issues have been slow to develop. This is due to a lack of an integrated framework that addresses both the social and psychological needs of battered women and their children. Collaboration between domestic violence and mental health providers is important for many reasons. First, when individuals who initially seek help in either system have a provider who helps them assess their needs can enhance the quality of services provider. Some women may feel more comfortable with mental health provider, while others more comfortable in an advocacy environment. Collaboration is important for providers as well. Mental health professionals are less likely to feel overwhelmed by women's need for safety or their need for help negotiating the legal system if they are working in partnership with domestic violence advocacy programs. Having a mental health worker help assess the mental health needs of a domestic violence survivor and help negotiate the mental health system will enhance the capacity of domestic violence programs.

Therefore, it is essential to make available collaborative treatment and service delivery models that reflect the social and advocacy needs as well as the psychological concerns of battered women and their children. Unfortunately, there are few well-researched models that exist. Those that do come from well-funded demonstration grants, such as SAMHSA's Women, Co-Occurring Disorders, and Violence Study. There have been several local and regional networking models that have received attention as well. It is important to distinguish between system collaboration and local collaboration efforts as the approaches differ. These are described below and the common elements...

### **System Collaboration**

Collaborative efforts provide opportunities for mental health agencies and domestic violence programs to work together. Common elements of such approaches include:

- Establish common goals and principles for collaborative intervention
- Assess current needs and resources
- Improve communication between systems
- Increase awareness about factors related to interpersonal violence
- Address institutional and system barriers that impede both practice and access to care
- Establish ongoing cross-agency partnerships
- Provide cross-training for service providers
- Provide complementary approaches, including websites, libraries, resource centers

### **Local Efforts**

Local agencies have also implemented innovative practices to integrate mental health and domestic violence services. These services:

- Allow clients to enter into either service system
- Avoid large caseloads, especially in mental health services

- Train people in both fields to appropriately diagnose, determine interventions, and refer appropriately
- Develop trusting relationships with women/clients
- Focus on personal empowerment, self-esteem, and leadership development
- Recognizes the entire family, providing services for the abuser as well
- Are provided by persons with various backgrounds and experiences
- Are provided in a healthy therapeutic environment that fosters mutual respect, dignity, and communication

### **Trauma and Mental Health**

Related to the issue of domestic violence is that of trauma and mental health. Those who have experienced trauma, such as sexual or physical abuse, especially early in life, can have mental health and/or substance abuse problems. It is not uncommon for those who have experienced such traumas to develop coping strategies to manage the impacts of traumatic stress. While trauma may be core to their mental health concerns, it is seldom been asked about or viewed as an issue central to treatment in mental health settings.

The trauma experienced by persons in public mental health services are not typically those with “single blow” traumatic events, such as natural disasters or accidents. Rather the traumatic experiences of persons with serious mental health problems are interpersonal in nature, intentional, prolonged, and repeated – often in childhood or adolescence and extended over a period of years. As adults, these individuals often experience trauma and re-victimization through domestic violence, sexual assault, gang or drug related violence, homelessness, and poverty (Saakvitne, 2000). They may be further traumatized by additional abuse in inpatient or institutional settings, jails, or prisons.

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## **RESOURCES**

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<http://www.dvmhpi.org/Model%20Collab%2011.6.02.pdf> – Mental Health and Domestic Violence: Collaborative Initiatives, Service Models, and Curricula

<http://www.annafoundation.org/MDT.pdf> - Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services

<http://www.dvmhpi.org/> - Domestic Violence and Mental Health Policy Initiative

<http://www.nationalcenterdvtraumamh.org/home.php> - National center on Domestic Violence, Trauma, and Mental Health