

# Domestic Violence Mental Health and Substance Abuse

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*"All i, seem to, think about is violence  
It doesn't matter if I'm dead sober or I'm bent  
It's strange, I'm not insane or at least I don't  
think so  
Or am i? you think so doc, truthfully I don't  
know  
I need a doctor to give me some therapy  
I need a doctor to check my, my brain.."*

*Therapy by Heltah Skeltah*

## What's On Your Mind?

- What are your concerns –
  - About mental illness?
  - About substance abuse disorders?

## Historical Concerns About Mental Illness or Addiction in Victims

- Tension between grassroots advocates and mental health professionals
- Importance of advocacy work largely unrecognized not always respected by mental health professionals
- Mental illness is still highly stigmatized and is frequently used against battered women
- Bias and differing opinions about providing peer support vs. counseling by professionals

## Historical Concerns About Mental Illness or Addiction in Victims

- Stigma of mental illness
  - Implies "something wrong"
- Over-diagnosing
  - Grief, loss, anger and trust issues stemming from abuse should not be interpreted as mental illness
  - Many of the issues will resolve when abuse is gone and women
- Over-medicating

## Mental Illness Globally



- As many as 450 million people suffer from a mental or behavioral disorder
- Disability
  - Four of the six leading causes of *years lived with disability* are due to neuropsychiatric disorders (depression, alcohol-use disorders, schizophrenia and bipolar disorder)
  - Mental disorders are the leading cause of disability in the U.S. and Canada for ages 15-44

## Mental Illness

- Mental disorders are common in the United States and internationally
- An estimated 26.2 percent of Americans ages 18 and older (about one in four adults) suffer from a diagnosable mental disorder in a given year.
- This translates to about 60 million people.

*National Institute of Mental Health, 2008*

## Mental Illness

- Many people suffer from more than one mental disorder at a given time.
  - Nearly half (45 percent) of those with any mental disorder meet criteria for 2 or more disorders

*National Institute of Mental Health, 2008*

## Mental Illness - Definition

- Impairment in an individual's ability to correctly assess and cope with activities of daily life
- Dysfunction in feelings, mood, thoughts and/or perception
- Varying severity, chronicity and degree of impairment in daily functioning
- May include bizarre and inappropriate behavior (delusions or hallucinations)

## Substance Abuse

- In 2006, 23.6 million persons aged 12 or older needed treatment for an illicit drug or alcohol use problem (9.6 percent of the persons aged 12 or older)
- Of these, 2.5 million (10.8 percent of those who needed treatment) received treatment at a specialty facility
- Thus, 21.2 million persons (8.6 percent of the population aged 12 or older) needed treatment for an illicit drug or alcohol use problem but did not receive it

*National Survey on Drug Use and Health, 2007*

## Co-Occurring Mental Illness and Substance Use Disorder

- At least 50% of the 2 million Americans with severe mental illness abuse drugs or alcohol, compared to 15 percent of the general population
- 6-7% of alcoholics demonstrate chronic anxiety disorders which is twice the rate of the general population

## Relationship Between Substance Abuse and DV

- The link between substance abuse and violence has been clearly documented in numerous studies
- Partner history of alcohol and drug abuse is a strong risk factor for domestic violence
- Violent behavior can interfere with treatment for substance abuse
- Substance abuse can impede interventions to change violent behavior
- Drugs or alcohol can impair both the batterer's and victim's ability to make sane and safe choices

## Relationship Between Substance Abuse and DV

- Women who abuse alcohol and other drugs are more likely to become victims of domestic violence
- Victims of domestic violence are more likely to receive prescriptions for, and become dependent, upon tranquilizers, sedatives, stimulants, painkillers, and are more likely to abuse alcohol
- As a result, victims of domestic violence are more likely to self-medicate against fear and to relieve stress

## Relationship Between Substance Abuse, Mental Illness and DV

- Experiencing partner / family violence
  - Plays a significant role in future violence
  - Plays a significant role in the development and exacerbation of mental disorders and substance abuse problems
  - May influence the course of recovery from psychiatric illnesses and addiction
- One-fourth to one-half of men who commit acts of domestic violence also have a substance abuse problems

## Battered Women and Mental Illness

- Across studies of battered women, rates of:
  - Depression range from 63% to 77%
  - Anxiety range from 38% to 75%
  - PTSD range from 54% to 84%

"Linking domestic violence advocacy with mental health and substance abuse service delivery is critical for the prevention of future violence and its sequelae."

*Domestic Violence & Mental Health Policy Initiative*

## DSM IV Diagnosing

- Axis I
  - Clinical Disorders, or disorders that are a focus of Tx
- Axis II
  - Personality Disorders, Mental Retardation
- Axis III
  - General Medical conditions
- Axis IV
  - Psychosocial and Environmental Problems
- Axis V
  - Global Assessment of functioning



## Mental Disorders in DSM IV TR

- Anxiety Disorders
  - Unfounded fears which result in physical reactions and avoidance behaviors
- Mood Disorders
  - Major changes in affective states which result in persistent depressed or expansive moods
- Psychotic Disorders
  - Major disturbances of thought and perception which severely limit social functioning

## Mental Disorders in DSM IV TR

- Impulse-Control Disorders
  - Failure to resist impulse, drive, or temptation to perform an act that is harmful to self or others
- Dissociative Disorders
  - Disturbances in the normal integrative functions of identity, memory or consciousness

## Types of Substance Disorders

- Substance Use Disorders
  - Substance Abuse
  - Substance Dependence
- Substance-Induced Disorders

## DSM IV Axis I Mental Disorders

### Substance Abuse

- A maladaptive pattern of use leading to impairment or distress which may include
  - ✓ Failure to fulfill obligations at work, school, or home
  - ✓ Legal problems
  - ✓ Use in hazardous conditions
- Continued use despite persistent or recurrent social or interpersonal problems

### Dependency

- Clinically significant impairment in functioning
- Use resulting in
  - ✓ Tolerance
  - ✓ Withdrawal symptoms
  - ✓ Decline in normal activities
- Unsuccessful attempts to cut down or stop using
- Larger amounts / longer than intended
- Continued use despite negative consequences

## Mood Disorders

### Spectrum of Mood States



Severe mania / irritability

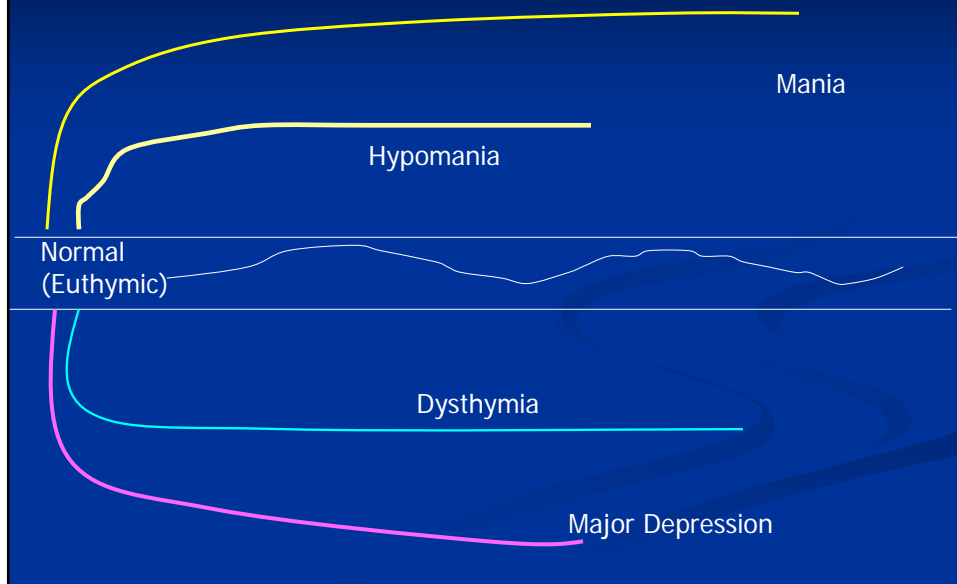
Hypomania (mild to moderate mania)

Normal/balanced mood

Mild to moderate depression

Severe depression

## Spectrum of Mood States



## Types of Bipolar Disorders

- Bipolar I
  - Alternating episodes of intense (psychosis possible) mania and depression
- Bipolar II
  - Episodes of hypomania between recurrent periods of depression
- Cyclothymia
  - Periods of less severe, but definite, mood swings
- Rapid Cycling Bipolar
- Dysphoric Mania (Mixed Mania)
  - Simultaneous mania/hypomania with hopelessness & suicidal ideation



## Depression

- Second most common of emotional disorders
  - Affects 17 million persons annually (1 in 10)
- Prevalence
  - Affects at least 12% of Women
  - Affects at least 8% of Men
- The WHO recently ranked depression as the leading cause of morbidity in developing nations



## Depression: Types

- Major Depression
- Chronic Depression: Dysthymic Disorder
- Atypical Depression
- Seasonal Affective Disorder
- Premenstrual Dysphoric Disorder
- Post-Partum Depression
- Grief

## Anxiety Disorders

## Anxiety Disorders

- The most common of emotional disorders
- Affects > 20 million annually (1 in 9)
- Different than normal nervousness
  - Sx occur for no apparent reason and do not go away
- Alarming reactions can make everyday experiences a source of terror



## DSM-IV Anxiety Disorders: Types



- Acute Stress Disorder
- Agoraphobia without History of Panic Disorder
- Generalized Anxiety Disorder
- Obsessive-Compulsive Disorder
- Panic Disorder with Agoraphobia
- Panic Disorder without Agoraphobia
- Posttraumatic Stress Disorder
- Social Phobia
- Specific Phobia
- Anxiety Disorder Due to ... (medical condition)
- Substance-Induced Anxiety Disorder
- Anxiety Disorders Not Otherwise Specified

## Anxiety Disorders: Symptoms

- Overwhelming feelings of panic and fear
- Uncontrollable obsessive thoughts
- Painful, intrusive memories; recurring nightmares
- Nausea, sweating, muscle tension, and other uncomfortable physical reactions



## Response to Danger / Threat

- Brain activation
- Adrenal Gland (adrenergic response)
- Increased B/P, HR, Respirations
- Fight/Flight/Freeze
- Brain activation
- Dopaminergic response
- Altered perception of
  - Time, Place, Pain
- Dissociative response

## Physical Response

- distraction
- startle responses
- heart rate
- blood pressure
- sweating
- dizziness
- light-headedness
- trembling
- shaking
- shortness of breath
- nausea
- feelings of choking
- abdominal pain
- chest pain



## Emotional / Behavioral Response

- inability to relax
- eating disorders
- depression
- physically exhaustion
- emotional exhaustion
- suicidal behavior
- mood disorders
- anxiety
- mental withdraw
- Confusion, daydreaming
- Fear of "going crazy"
- alcoholism

## PTSD Diagnostic Criteria

Must meet the following criteria

- At least one re-experiencing Sx
  - Nightmares, repetitive play, distress @ cues
- At least three avoiding or numbing Sx
  - Efforts to avoid thoughts/feelings associated w/trauma
- Two of the arousal Sx
  - Sleep disturbance, irritable, exaggerated startle response

## Duration of Symptoms

Less than one month: Acute Stress Disorder

### PTSD

- 1-3 months: Acute PTSD
- 3 months or longer: Chronic PTSD
- With Delayed Onset
  - At least 6 months have passed between the traumatic event and the onset of the symptoms

## Memory and Credibility

### Memory loss and/or distortion

- "Initial Amnesia"
  - Recalls more detail as time passes
  - Seen as "making it up"
- Hyperarousal → vivid image of threat; inability to:
  - Recall peripheral details, feelings, thoughts
  - Calm down while telling the story
- Dissociation → inability to:
  - Give thorough descriptions
  - Tell order, frequency, and circumstances of violence
  - Express emotion while telling the story

## Emotional Response May Explain

- Why didn't victim tell the whole story the first time?
- Why did victim tell the wrong order of events?
- Why can't victim remember facts?

## Questions to Ask

- Are services limited to DV counseling (education, dynamics, validation, support, safety planning, and assistance with resources)?
  - Are there appropriate screening and assessments done for mental health and substance abuse conditions?
  - Are referrals made to local mental health and substance abuse centers?
- 
- Do the programs consider mental illness or substance abuse as an exclusionary criterion
  - Are women (and men) with these issues welcome at shelters or DV programs --provided they are stable and adhere to treatment recommendations

## Screening Instruments

- Mental Health Screen Form III
  - 18 items about current and past symptoms (yes or no)
- MAST
  - A 25-item questionnaire designed to provide a rapid and effective screen for lifetime alcohol-related problems and alcoholism.
- DAST
  - A 20 item, brief, simple, practical, and valid tool for identifying individuals who are abusing psychoactive drugs
  - yields a quantitative index score of the degree of problems related to drug use and misuse

## Practical Concerns

- Mental Health Services System is hard to navigate, long waits and costly
- Fragmented system which includes hospitals, state-funded community mental health centers, private mental health, social agencies and private practitioners
- Each provider may see their area as the most prominent issue to treat or resolve
  - MH clinicians focus on the mental illness
  - Substance Abuse counselors focus on the addiction
  - DV providers focus on the DV issues

## Integrated Treatment Doing What Works:

- Accurate assessment and diagnosis
- Integrated services for co-occurring disorders
- Medications if indicated
- Education and illness self-management recovery skills
- Support group or self-help meetings
- Family psychoeducation
- Supported employment

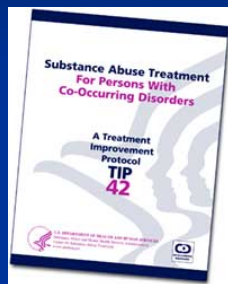
## Collaboration Across Multiple Systems Includes

- |   |                                      |
|---|--------------------------------------|
| ■ Alcohol /drug prevention & treatment services | ■ Law enforcement                    |
| ■ Mental health treatment services              | ■ Social and welfare services        |
| ■ Shelters / housing                            | ■ General health care services       |
| ■ Criminal justice systems                      | ■ Vocational rehabilitation programs |
| ■ Legal services                                | ■ Housing agencies                   |
| ■ HIV/AIDS prevention & treatment services      | ■ Educational opportunities          |

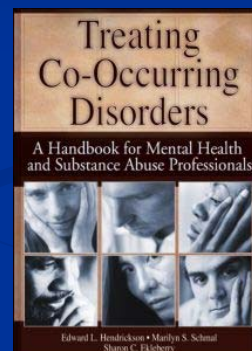
## Final Suggestions

- Use simple screening instruments regularly to assist you in making referrals for further assessments
- Work alongside mental health and substance abuse professionals to ensure the victim receives the help they need
- Collaborate and cross train or “Trade Training”

## Suggested Reading



TIP 42 available at SAMHSA



Treating Co-Occurring Disorders

Thank You!

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