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Mini Review

A Short Review on Violence against Women and Co-Occurring Mental Health Problems

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Abstract

Violence Against Women (VAW) is a worldwide problem with significant adverse mental health consequences. However, little is known about VAW and co-occurring mental health problems and new studies are required on this subject. Here, a short systematic overview of the current literature (where available) are provided to underline the importance of problems of VAW and co occurring mental health problems.

Keywords: Violence; Women; Mental health

Introduction

Although in many countries, Violence Against Women (VAW) has long been seen as a private problem in a family [1,2]; in the past few years it has been recognized as both a public-health and a serious human-rights matter [3-6]. The United Nations Declaration on the Elimination of Violence against Women in 1993 defines the violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" [7]. As a result, the United Nations Secretary General released a study related to VAW, in 2006, which highlighted that 'Violence against women persists in every country in the world as a pervasive violation of human rights and a major impediment to achieving gender equality'[8].

In the past decade increasing attention has been focused on the women's mental health manifestation caused by VAW. VAW now widely has been known as a worldwide problem with significant adverse mental health consequences. The mental health status of women has been closely linked with healthiness and wellness of her children. As reported in recent available data malnutrition, low birth weight and other developmental problems are strongly associated with an increased risk of children's health whose mothers suffer from mental disorders [9-12].

In this short review, a simply Pub Med search was done for the terms of "violence against women" and "health" yielded 2.217 titles dating back to the late of 1970s. There were only two publications about the terms in late of 1970s. In titles of that's publications the term of VAW was appeared as "the social construction of a private event" and "the myth of masochism". While in 1980s, there were a few publications focused on VAW, over the next two decades with a considerable increase in researches appearing in the 1990s and 2000s.

Globally, VAW is occurring at alarming rates. According to recent estimates nearly one in three women has experienced one form of physical and/or sexual violence against women in their lifetimes within the context of an intimate relationship [13]. Moreover, VAW is not only a substantial health problem by virtue of its direct effects, such as physical and sexual, but also that it might contribute to the overall burden of disease as a risk factor for women's mental health problems.

The relationship between violence and mental health problems has been well-documented with anxiety disorder, depression, Post-Traumatic Stress Disorder (PTSD), sleep disturbances as well as suicidal ideation and attempts [6,14,15]. For instance, a recent review article by Beydoun et al., noted that 11% of women who experienced any form of violence had a major depressive disorder or symptoms were reported by 26% of victimized women [16].

Previous studies indicated worse outcomes related to greater frequency and severity of violence [17], while others showed that even low violence levels (e.g. shoving, pushing, hitting etc.) are related with symptoms of depression [18,19]. For example, more than 50% of women who experienced any type of violence suffered some mental health consequences and approximately 75% of the women who experienced severe violence had one or more diagnosed mental health disorders [20].

In a recent survey argued that the associations between physical, psychological, or sexual violence and poor mental health may be mediated by the continuous stress of live conditions [21]. It has been suggested that there are several factors for the presence of VAW which can be divided as individual factors, personal relationship and factors associated with community norms. It is obviously shown that these factors include a low education of the members of the family and low socio-economic status of women, presence of social support, and childhood domestic violence history [22,23]. Furthermore some evident suggests that women with poor mental health situation are more vulnerable to experiences some form of violence due to their impaired perception, cognition, insight and judgment/decision or inability to resolve the potentially threatening situations [24].

The associations between VAW and mental health are complex and to effectively address these matters we need to more understand the relationships. The aim of this short review was is to summarize existing evidence on violence against women and co-occurring mental health problems. Thus, investigation of the recent available systematic reviews and meta-analyses will allow the researchers to better understand the processes of how women's experiences of

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violence affect their mental health and to develop an appropriate intervention way to prevent violence against women.

VAW and Co-Occurring Mental Health Problems

Recent literature worldwide suggested that, women who have experienced violence at some stage in their lives are two to three times more likely to develop depression and almost four times more likely to have suicidal attempt than women who were not abused [16,25].

Literature researches have shown that psychological, physical or sexual way, the VAW has been associated with greater prevalence of various mental disorders such as anxiety disorders, substance abuse and health disorders mood [6,26-29]. For instance, as showed by Fallot and Harris, virtually all women with mental health problems have a violence history [30].

A recent review study focused on mental health consequences of VAW by Lagdon et al., [31] found that in 39 of 58 studies among women who experiencing physical and/or psychological violence, the most common mental health problem was depression. Also, they reported that in 33 of these 58 studies PTSD was an important mental health consequence. In the same review study noted that of the 18 studies that examined the connections among violence, substance use and other mental health problems; nine of these indicated co-occurring PTSD and the remainder reported anxiety disorder, sleep disturbance, suicide attempt, and substance abuse.

Systematic reviews of the published literature indicated that while there is a variation in rate of VAW across various study settings; VAW was associated with a range of mental health disorders including depression, anxiety, PTSD and sleep disturbance. The relative significance of VAW in its impact on mental health disorder is shown in a recent systematic review and meta-analysis study by Trevillion et al., [32] who found that there was a greater rate and increased odds of experiencing violence for women with anxiety, depression or PTSD. Moreover in another study by Vos et al., [33] found that 34.7 % of the total VAW burden was attributable to depression. This is in comparison to 27.3 % attributable to anxiety and 10.7 % to suicide [33].

The associations between violence against women and mental health problems are more likely to be complex and bi-directional. For example, Devries and colleagues were conducted systematic review and meta-analysis including longitudinal studies to examine the relationship between violence and mental health problems. In their study they suggested that women who experienced violence were more likely to have depressive symptoms and of suicide attempts. At the same time, they noted that women with existing depressive symptoms are more likely to experience violence later in their life [13,34].

The complexity of the relationship between violence against women and mental health problems presents a challenge to healthcare providers in order to help the women with these problems (including depression, anxiety, PTSD and sleep disturbance). This challenge is a result of many factors such as relatively small number of available longitudinal researches, variability among the type of violence, the severity and frequency of violence experiences, differences in the mental health assessment and the recency of mental health problems [32-35].

Conclusion

Despite the common and reciprocity of violence and co-occurring mental health problems in women's lives, concrete recommendations in responding to these issues are quite lacking. Further longitudinal research using consistent definitions and measures are needed to clarify the temporal nature of these relationships and to growing recognition among health care providers and researchers of the extent of these co-occurring problems.

VAW and mental health problems are complex and bidirectional issue. Because of the nature of this issue of violence and mental health problems, women who experience violence with mental health problems have complex needs. It is clear that understanding the complex relationship between violence and mental health will enable healthcare providers to respond to those needs appropriately, effectively, and compassionately. To address the learning needs of healthcare providers who work with women who experience violence with mental health problems requires better communication, co-ordination across services and systematic assessment of new education and training initiatives. Also, it is important to consider the specific needs of woman at the health care center and to keep the individual of her when designing individualized treatment plans.

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