Discussion Papers on Health/Family Violence Issues

3. THE IMPACT OF VIOLENCE ON MENTAL HEALTH: A GUIDE TO THE LITERATURE

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PREFACE

With the help of resources provided through the Federal Family Violence Initiative, the Mental Health Division of Health Canada has been working in collaboration with the health community to help health professionals develop an enhanced awareness of the family violence issue and greater sensitivity in responding to people affected by violence in their lives. Over a four-year time frame, the Division's objectives have been to facilitate better access to information, programs, and approaches, as well as to develop and expand resource materials.

The work of the Mental Health Division has spanned the broad issue of family violence—violence in relationships of kinship, intimacy, dependency or trust—while recognizing the special vulnerability of women, children, older adults and people with disabilities. Special attention has been given to prevention, early intervention and effective screening approaches, as well as to appropriate responses to the needs of people critically affected by violence in their everyday lives.

Literature on family violence is constantly being updated and areas of research are being expanded as, step by step, more is learned about the nature and breadth of this issue. *The Impact of Violence on Mental Health - A Guide to the Literature,* while not meant to be an exhaustive reference list, identifies a substantial amount of literature derived from research into various forms of abuse. However, much of the work on the impact of violence on mental health is not derived from research alone. Much knowledge is also gained through experience in the practice setting. Therefore, in order to augment the research references, one of the appendices of this document is devoted to literature that provides additional background references.

On particular topics, available literature from one setting (either research or practice) may be more extensive than from the other. For example, while the portion of research references pertaining to abuse and neglect of older adults is fairly limited, the additional selected references section contains a more extensive listing for this subject. Depending upon the status of investigation into other topics, more research references may be available. It is important to be aware of sources of information from both research and practice.

This document is meant to be a resource both for those people interested in an overview of the subject and for those interested in investigating particular research areas. For example, students and other academics may find this guide useful as a resource for their courses and research. Health and social service providers, self-help groups or concerned individuals may similarly be interested. Researchers into family violence, on the other hand, may find this resource useful in revealing findings from the practice setting. A substantial part of this literature was developed as a direct outcome of the numerous projects funded under the Family Violence Initiative of the federal government.

Janice Ristock of the Manitoba Research Centre on Family Violence and Violence Against Women at the University of Manitoba developed the main body of this guide which consists of a summary of the research into discrete categories of abuse and a corresponding bibliography. Subsequently, the Mental Health Division of Health Canada prepared the overview of the impact of violence on mental health and added another bibliography that includes more general references. These selected references were added because they provide background or overview information

on family violence, because they are significant works on the impacts of family violence or because they are themselves guides to related literature or projects that may lead interested parties to further sources of information.

These more general references were recommended by the staff of the Mental Health Division and the Family Violence Prevention Division of Health Canada. The National Clearinghouse on Family Violence selected additional references from its database. Additional guides to the literature, published by the National Clearinghouse on Family Violence, are included in the background references listed in this document.

Mental Health Division
Health Canada

March 1995

INTRODUCTION

(by J. Ristock)

Violence in relationships of kinship, intimacy, dependency or trust is now recognized as a widespread problem. A recent survey (the Violence Against Women Survey) by Statistics Canada reveals that 25% of Canadian women have experienced physical or sexual violence at the hands of a marital or common-law partner, and one-half of all Canadian women have experienced at least one incident of violence since the age of sixteen (Statistics Canada, 1993). Statistics presented in the Badgley Report (1984) estimate that as many as one in two girls and one in three boys have been victims of unwanted sexual acts; the report estimates that 75% of the perpetrators are persons known to the victim.

Problems that have been identified more recently, such as abuse and neglect of older adults (elder abuse) and dating violence, have few available figures on prevalence and incidence, as victims of these crimes are often reluctant to identify themselves (National Clearinghouse on Family Violence, 1990b and 1993a - fact sheets on elder abuse and dating violence, respectively).

All of these forms of violence have both physical and psychological consequences which have been researched by social scientists over the last twenty years, as our awareness of this issue and its magnitude has developed.

The purpose of this guide to the literature on the mental health effects of violence is to provide a systematic, descriptive overview of the breadth of literature in this area in order to provide professionals in the health/mental health fields and others with various references for further readings.

All of the references with respect to research into discrete forms of violence/abuse were assembled through computer searches of key journal articles written since 1989 (current to March, 1994)[1]. The searches included material from various disciplines, notably, psychology, social work, sociology, women's studies and medicine as well as from Canadian governmental and non-governmental organization reports.

The additional background references on violence and mental health were elicited from representatives in the Family Violence Prevention Division and from the National Clearinghouse on Family Violence library and database. They were selected as being particularly significant examples of literature on this subject and include references published prior to April, 1995.[2]

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1 The bulk of this report was completed by Janice Ristock in March, 1994. Therefore, the references in Appendix A are current to this date.

2 References in Appendix B are current as of April, 1995, which was the period when additional text and references contributed by the Mental Health Division were completed. Note also that this paragraph, describing the additional background references, was added by the Mental Health Division to the introduction written by Janice Ristock.

REPORT ORGANIZATION

This report is divided into five components (three sections and two appendices):

- **Section 1** provides background on the development of the concepts of mental health and violence in order to give a sense of the magnitude of the problem of violence and the need to be sensitive to impacts on mental health. To this end, a short list of recent initiatives is presented to indicate the nature of ongoing research.
- **Section 2** provides a systematic overview of the research into the impacts on mental health of discrete types of violence/abuse.
- **Section 3** indicates areas for further research due either to existing gaps in the literature or to the illuminating effects of ongoing research.
- **Appendix A** presents a bibliography of the references cited in Section 2.
- **Appendix B** lists a number of selected references of a more general nature which provide background on this issue.

SECTION 1: OVERVIEW OF THE IMPACT OF VIOLENCE ON MENTAL HEALTH

(Prepared by the Mental Health Division)

Context of Discussion of Violence

Definition of Mental Health

Understanding of the concept of mental health has expanded in the same way as the concept of health has come to mean more than the absence of disease or illness and to include mental and social, as well as physical, dimensions. The definition of mental health has gradually been evolving from the traditional, medically-based concept which developed in Western culture and which viewed mental health as the absence of mental disorders and freedom from psychiatric symptoms. As stated in *Mental Health for Canadians: Striking a Balance,*

> *Mental health is the capacity of the individual, the group and the environment to interact with one another in ways that promote subjective well-being, the optimal development and use of mental abilities (cognitive, affective and relational), the achievement of individual and collective goals consistent with justice and the attainment and preservation of conditions of fundamental equality.*[3]

It is important to recognize a clear distinction between a mental disorder and a mental health problem. A mental disorder is defined as,

> *a recognized, medically diagnosable illness that results in the significant impairment of an individual's cognitive, affective or relational abilities. Mental disorders result from biological, developmental and/or psychosocial factors.*[4]

However, a mental health problem results from the disruption of effective interaction of individual, group and environmental factors due to causes internal to the individual (e.g. physical or mental illness or inadequate coping skills) or due to external causes (e.g. unjust social structures, family or community tensions).[5]

Therefore, if mental health is viewed as a continuum, the end of the scale opposite to optimal mental health is not mental disorder, but is minimal mental health. Persons with mental disorders, who have received treatment such that their symptoms are controlled, can enjoy good mental health if the individual, group and environmental factors interact effectively or can suffer from poor mental health if these factors are disrupted (e.g. stigma of mental illness, rejection by family or friends, etc.). The same is true of persons without mental disorder. Mental illness is, therefore, only one of many determinants of mental health.

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3 Health and Welfare Canada. (1988). *Mental Health for Canadians: Striking a Balance.* (Ottawa: Minister of Supply and Services Canada), p. 7.

4 Ibid., p. 8.

5 Ibid., p.8.

The definition of mental health in the publication, *Mental Health and Aging*, reinforces the view of its broad, societal context by including (among others) such characteristics of mental health/well-being as self-acceptance, environmental mastery and positive relations with others.[6]

These current definitions of mental health that include societal and environmental factors mean that health service providers cannot focus solely on the individual as a discrete entity to enhance that person's mental health. Nor, given the complexity of the interaction between individual, group and environmental factors, can health service providers act in isolation to improve an individual's mental health. A more broadly-based, integrated approach is required because, in addition to the health service sector (including research, policy, promotion, prevention and treatment), other sectors of society such as those involving social services, education, employment and the environment have an impact on mental health.

Definition of Violence

Just as the understanding of mental health is developing to recognize the social and environmental aspects that affect it, so too has the understanding of the impact of violence been expanding. Moreover, as a result of studies and surveys (such as Statistics Canada's national Violence Against Women Survey), there is greater appreciation for the magnitude of the problem of violence in our society. Violence is now recognized as a social act, one involving a serious abuse of power (i.e. a relatively stronger person controlling or injuring another, typically the least powerful person accessible to the abuser[7]). Societal values not only condone or condemn the nature of violence in society but contribute to the attitudes and tensions that produce it. Violence is recognized "as a composite of numerous complex factors, not necessarily or even primarily due to 'extremely pathological behaviour'".8

Violence in relationships of kinship, intimacy, dependency or trust is the particular focus of this literature guide. Consensus on the definition of violence is difficult to achieve due to its many facets and the numerous researchers currently studying this issue, representing a variety of perspectives. For example, someone studying violence from a criminal justice perspective might include only physical abuse that would result in criminal charges being brought. However, with respect to the impact of violence on mental health, this is too narrow a focus. The various aspects of violence in relationships of kinship, intimacy, dependency or trust include "physical, emotional, verbal, financial, psychological, sexual, neglect, deprivation, exploitation (active or passive), and violation".[9]

Violence is often studied as discrete types of abuse. These include child abuse, abuse of women[10], sexual abuse, dating abuse, abuse and neglect of older adults[11], abuse and neglect in institutional settings, abuse against persons with disabilities, sibling abuse, caregiver abuse and adolescent abuse of parents. However, as research in these discrete areas accumulates, a picture of similar themes and interrelationships linking all forms of violence in intimate relationships is emerging.[12]

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6 National Advisory Council on Aging. (1991). *Mental Health and Aging*. (Ottawa: Minister of Supply and Services Canada), p. 4.

7 Mental Health Division. (1994a). *Discussion Papers on Health/Family Violence Issues: 1. A Challenge for Health: Making Connections Within the Family Violence Context*. (Ottawa: Health Canada), p. 4.

8 Ibid., p. 3.

9 Ibid., p.6.

10 Many terms are used to indicate abuse of women. These include: woman abuse, wife abuse, spousal abuse, domestic or marital violence, partner abuse and family violence.

11 Abuse and neglect of older adults or of seniors is often categorized under elder abuse.

12 Ibid., p. 1.

Importance of the Response of Health/Mental Health Professionals

It is important that health/mental health professionals today be able to recognize signs of violence/abuse at an early stage in the clients that they encounter. They may be the first and only point of contact for assistance to victims of abuse, particularly if the client is reluctant to disclose the abuse. Health service providers must find ways to address the problem in a systematic manner; for example, consistently asking questions about violence as part of routine documentation so that this information can incorporated into appropriate treatment. Health/mental health professionals must also be clear about differential responsibilities for victim care and establish frameworks for collaboration among health professionals and social support networks.

It is, therefore, important that health/mental health professionals be aware of the complexity of the impacts of violence in order to understand the necessity and potential for collaboration. "As in other high-risk, stressful work, health care providers cannot expect to provide appropriate service if they are working alone and have a highly individualistic focus".[13]

Selected Examples of Recent Initiatives

As is evident from the summary of research which follows, much effort is being expended to gain a clearer understanding of violence. Under the federal government's Family Violence Initiative, numerous projects have been funded and collaborative activities undertaken. In order to indicate the types of research in progress and to emphasize the importance of keeping current with emerging information, selected examples of the initiatives are highlighted below.

- Review of violence against people with psychiatric disabilities that included a literature review, focus group research and survey (Canadian Mental Health Association).
- Development of a manual on methods for making shelter and crisis services accessible to women with disabilities (including mental health disabilities), based on a study of the incidence of abuse among women with disabilities and the support services available to them (Disabled Women's Network).
- Presentations and publication of findings of research into multiple victim child sexual abuse in British Columbia (British Columbia Ministry of Health, cost-shared with Family Violence Prevention Division and the Mental Health Division of Health Canada).
- Development of a training manual for the group treatment of adult female survivors of incest (Family Service Centre of Ottawa-Carleton, Ontario).
- Evaluation of an integrated treatment program for victims of incest with the aim of:
  - producing a manual of a treatment plan that is portable to other rural areas;
  - promoting community-based efforts of both professionals and consumer volunteers;

  (Charlotte County Mental Health Clinic, New Brunswick).
- Evaluation of sexual health in family treatment (treatment and prevention) in a therapeutic setting for sexually intrusive children under the age of twelve and their families (ACT II Child and Family Services, British Columbia).
- Comparison of two research/treatment models for high-conflict separated families which are intended to prevent the

13 Mental Health Division. (1995e). *Violence Issues: An Interdisciplinary Curriculum Guide for Health Professionals.* (Ottawa: Health Canada), p. 9.

development of significant mental health problems within this groups of families (Clarke Institute of Psychiatry, Ontario).

- Completion of a survey of adult survivors of child sexual abuse from across Canada in order to determine the strategies that survivors employ outside of the therapeutic sessions to assist their own healing (Dalhousie University, Nova Scotia).
- Research study into the development of sexually intrusive/offending behaviour in children and youth with the purpose of:
  - identifying the key "variable areas/clusters" associated with children and youth who display this behaviour;
  - determining how the behaviour emerges; and
  - testing selected preliminary hypotheses on the development of these behaviours;

  (Central Toronto Youth Services, Ontario).
- Production of training and resource materials to assist transition house staff in dealing with psychiatrized women (women with significant mental health disabilities) and women in emotional crisis; the intention is to improve access to transition house services to more effectively address the needs of women (Second Opinion Society, Yukon).
- Development of a framework on violence and its impact on youth and youth sexuality; the focus is on implications for programs and services (Mental Health Division, Health Canada).
- Development of an annotated bibliography and two discussion papers on abuse and neglect of older adults in institutional settings (Mental Health Division, Health Canada).
- Regional consultations with university Health Sciences faculties in order to consider curriculum content, interdisciplinary teaching and programs, opportunities for increased collaboration, strengthening of existing networks and improved access to information (Mental Health Division, Health Canada).
- Development of an interdisciplinary curriculum guide for health professionals on violence issues (Mental Health Division, Health Canada).
- Development of a resource and training kit for service providers with respect to abuse and neglect of older adults (Mental Health Division, Health Canada).

Initiatives have also been undertaken with the support of funding by the National Health Research and Development Program (NHRDP) and the Victims of Violence Contribution Program (VOV). Some recent projects include:

- Research study of the psychological and social characteristics of children in protective care because of maltreatment (NHRDP project by L. S. Ethier, E. Palacio-Quintin and C. Jourdan-Ionescu).
- Research study of the effects of extrafamilial child abuse on children and parents, finding that maternal adjustment and child functioning were strongly related but that maternal adjustment was affected if the mother had a history of abuse (NHRDP project by J. McIntyre, I. Manion, R. Ensom, G. Wells and P. Firestone)
- Development of prevention strategies against sexual abuse of children with disabilities and sexual assault of adults with disabilities (NHRDP project by D. Sobsey and S. Mansell).
- Identification of resources available to deaf women and children who are victims of abuse and the development of a model for self-help organizations (VOV project by the Ottawa Sexual Assault Support Centre).

SECTION 2: SUMMARY OF RESEARCH INTO DISCRETE FORMS OF ABUSE

(Prepared by J. Ristock)

There exists an extensive literature on the mental health impacts of violence. Although the literature primarily focuses on the different types and forms of violence, the mental health impacts of all forms of violence in intimate relationships and relationships of trust and dependency are remarkably similar (Koss, 1990; Goodman, Koss, Fitzgerald, Felipe-Russo, & Keita, 1993). Reviews of the consequences of violence on victimized women, for example, reveal that most woman experience distress from the trauma that includes similar physical, cognitive and behaviourial responses regardless of the type of abuse experienced (i.e., in Coley & Beckett, 1988; Koss, 1990; Goodman et al., 1993).

Recently many researchers have been using the diagnostic category Posttraumatic Stress Disorder (PTSD) to explain the symptoms manifested by victims of violence which often include increased fear/avoidance, anxiety, disturbances in self-concept, depression, and sexual dysfunction (see for example, Herman, 1992; Browne, 1993; Resick, 1993; Rowan & Foa, 1993).

Posttraumatic Stress Disorder is a diagnostic category included in the *Diagnostic and Statistical Manual of Mental Disorders (Third Edition-Revised)* (DSMR-III-R), the classification system developed by the American Psychiatric Association (1987). The symptoms that are characteristic of Posttraumatic Stress Disorder include:

1. persistently reexperiencing the traumatic event;

2. persistent avoidance of situations similar to those involving the traumatic event or numbing of general responsiveness; and

3. persistent symptoms of increased arousal;

(Hanson, 1990; Briere, 1992).

Researchers writing in the areas of rape/sexual assault, domestic violence and most recently, child sexual abuse have been using Posttraumatic Stress Disorder as a model to account for the symptoms that develop as the sequelae of violence. The diagnosis of Posttraumatic Stress Disorder does not, however, account for many other symptoms manifested by victims of violence. This document will cover all the symptoms reported in the literature.

While there seem to be many similarities in the psychological consequences of violence, the literature on violence is characterized by examining the specific forms of abuse as discrete categories. This guide to the literature, then, will follow this same pattern by reviewing studies in the areas of:

- child abuse: physical and sexual;
- abuse in intimate relationships: abuse of women, gay and lesbian partner abuse, dating violence;
- abuse and neglect of older adults; and
- rape/sexual assault: stranger, acquaintance, date.

Limitations of the Literature

It is important to bear in mind the history of research in this area when reviewing the literature. Research on violence against women and children has often been constrained by dominant belief systems about the nature and causes of violence. These in turn, have influenced the kinds of research questions that have been investigated (Sorenson & White, 1992). For instance, wife battering was at one time a socially acceptable behaviour with some restrictions. 1767 English common law, for example, decreed that a man could beat his wife with a whip or rattan no wider than his thumb (hence the term 'rule of thumb') (Thorne-Finch, 1992).

It has only been since the 1980's that wife abuse has been seen as a public rather than a private issue, as a case of domestic violence rather than a victimless "domestic dispute". Prior to this view of wife assault as a public crime, researchers often investigated psychological character flaws of the battered woman to explain the abuse, rather than exploring the psychological impact of enduring on-going physical and emotional abuse (Walker, 1993).

Research in the area of domestic violence, though much improved and much more extensive, remains constrained, according to some researchers, by focusing primarily on the effects for white women and children, heterosexuals and able-bodied people; by not exploring the ways in which the larger social context also affects the impact of violence on an individual; by not examining the impact of experiencing multiple forms of violence over a lifetime; and by not recognizing the links between the many forms of violence (i.e., MacLeod, 1989; Koss, 1990; Herman, 1992; Canadian Panel on Violence Against Women, 1993; Goodman et al., 1993). Such limitations can perhaps also account for the lack of literature on the psychological impact of abuse and neglect of older adults (elder abuse) and dating violence on victims. These areas are beginning to be explored with researchers currently focusing on prevalence, incidence and social impact.

Methodological limitations, as well, must be kept in mind when reviewing this literature. Definitions of the forms of abuse being investigated are not always consistent or agreed upon. Many researchers rely on surveys, clinical samples and adult retrospective studies without being able to speak to a random sampling of people about their experiences or without being able to contextualize victims' experiences.

Child Abuse

The literature on child abuse is most often divided into research on physical and sexual abuse, although a child may experience both of these forms of abuse as well as emotional abuse and neglect and general maltreatment.

Child Physical Abuse

Reviews of the literature indicate that there are both psychological and behaviourial consequences of physical abuse. Emotional abuse and neglect are often referred to in tandem with physical abuse as they are viewed as part of a continuum of abusive behaviour resulting in similar kinds of effects (see Health and Welfare, 1989b, for a brief discussion of the distinctions between emotional abuse and neglect). Iverson and Segal (1990) in their review of the recent literature on physical abuse report that aggression and fear are the reactions most often associated with victims of physical abuse. Other effects reported in the literature include:

- **effects on interpersonal relationships**: anger, hostility, fear of others, withdrawal, stoicism and aggressiveness, inability to derive comfort from caregivers, aggressiveness towards peers and caregivers (Briere & Runtz, 1990; Iverson & Segal, 1990; Markesteyn, 1992);
- **general conduct disorders**: juvenile delinquency, truancy, stealing, lying and drug abuse (McLaren & Brown, 1989; Markesteyn, 1992);

- **poor perception of self**: lower on self-esteem and self concept scores when compared to non-abused children (Stovall & Craig, 1990);
- **extreme affect**: positive as well as negative (Iverson & Segal, 1990); and
- **long-terms effects.**

With respect to the last point, according to a review by Markesteyn (1992), few studies have been conducted on the long term consequences of child physical abuse. He notes three studies that comment on the long-term effects of physical abuse: Walker, Bonner, & Kaufman, 1988; Briere & Runtz, 1990 and Martin & Elmer, 1992, which suggest that child abuse may have a profound effect into adulthood. A recent book by John Briere (1992) also considers the long term impacts of child abuse. His work considers the impact of all forms of child maltreatment including sexual, physical and psychological abuse as well as emotional neglect and parental alcohol or substance abuse.

Child Sexual Abuse

Over the last 10 years, there has been an explosion of research that concentrates specifically on sexually abused children. The literature on the mental health effects includes both the long-term and short-term consequences of child sexual abuse. Until recently, studies consisted primarily of retrospective studies of adults (Hanson, 1990). There has also been little consistency in child abuse studies that explore the effects of this form of abuse, with reviewers concluding that child sexual abuse has persistent negative effects for some but, for others, few adjustment difficulties are shown (Browne & Finkelhor, 1986; Gelles, 1990; Hanson, 1990).

Briere (1992) describes seven major psychological disturbances frequently found in adolescents and adults who were abused in childhood, based on a review of the literature that includes retrospective studies and insights of abuse-specialized psychotherapists. These include:

- **post-traumatic stress**: immediate and long term symptoms (see McLeer, Deblinger, Atkins, Foa & Ralphe, 1988) intrusive symptoms such as flashbacks, nightmares and intrusive thoughts (see Courtois, 1989; Meiselman, 1990);
- **cognitive distortions**: guilt, low self-esteem, self blame, (see for example, Runtz, 1991);
- **altered emotionality**: depression and anxiety (see Conte, Briere & Sexton, 1989; Briere & Woo, 1991; Elliot & Briere, 1992);
- **dissociation**: disengagement, detachment/ numbing, observation, amnesia, multiple personality disorder (Putnam, 1989; Ross, Miller, Reagor, Bjornson, Fraser, & Anderson, 1990; Rivera, 1991; Sanders & Giolas, 1991; Briere, 1992);
- **impaired self-reference** (Briere, 1992);
- **disturbed relatedness**: intimacy disturbance, altered sexuality, aggression, adversariality and manipulation (Briere, 1992); and
- **avoidance**: suicidality, self-mutilation, use of psychoactive substances (Briere, 1992).

Recent research has included child victim studies. According to a review of 46 child victim studies by Kendall-Tackett, Williams & Finklehor (1993), the most common symptoms of child sexual abuse that occur most frequently are fears, Posttraumatic Stress Disorder, behaviour problems, sexualized behaviours and poor self-esteem.

Yet these reviewers note that no one symptom characterized a majority of sexually abused children and that one third of victims had no symptoms (Kendall-Tackett et al., 1993). This is also supported by other reviews of child sexual abuse studies (Gelles, 1990; Hanson, 1990; Rowan & Foy, 1993).

The review by Kendall-Tackett et al. (1993) suggests that some effects of child sexual abuse are specific to certain ages:

- **preschoolers**: the most common symptoms were anxiety, nightmares, general Posttraumatic Stress Disorder, internalizing, externalizing, and inappropriate sexual behaviour;
- **school aged children**: the most common symptoms were fear, neurotic and general mental illness, aggression, nightmares, school problems, hyperactivity, and regressive behaviour; and
- **adolescents**: the most common effects were depression; withdrawal, suicidal, or self-injurious behaviours; somatic complaints, illegal acts; running away and substance abuse.

The authors point out that certain symptoms also appear throughout the age groups but may be labelled differently at different ages (Kendall-Tackett et al., 1993). These include depression, school and learning problems, anti-social behaviour and sexualized behaviour (McGrath, Keita, Strickland & Russo, 1990; Beitchman, Zucker, Hood, daCosta, & Akman, 1991; 1992).

Some examples follow. Depression is a robust symptom across age groups. School and learning problems are prominent in school-age and adolescent children and might parallel employment difficulties faced by adults who have been sexually abused as children. Anti-social behaviour in preschool and school-age children might be seen as illegal in adolescents. Sexualized behaviours in preschool-age children might reappear in adolescence as prostitution, promiscuity or sexual aggression. These same symptoms might also manifest themselves as sexual dysfunctions or sex offenses in adulthood.

The review by Kendall-Tackett et al. (1993) also found that certain intervening variables affect the development of symptoms over time:

> *In summary, the findings of various studies reviewed indicated that molestations that included a close perpetrator; a high frequency of sexual contact; a long duration; the use of force; and sexual acts that included oral, anal or vaginal penetration, lead to a greater number of symptoms for victims.*[14]

Wyatt (1990) suggests that other dimensions of victimization, such as racism experienced by ethnic minority children, may exacerbate and complicate the dynamics of sexual abuse and affect long-term adjustment to the trauma.

There are many disagreements between researchers on how to characterize the wide-ranging and often inconsistent symptoms of child sexual abuse with some researchers advocating a core symptom theory (such as Posttraumatic Stress Disorder) in order to understand the long-term consequences of child sexual abuse. Others prefer multi-faceted models of traumatization to understand the effects of child sexual abuse (Kendall-Tackett et al. 1993).

For example, a review on Posttraumatic Stress Disorder and child sexual abuse by Rowan & Foy (1993) suggests that many researchers have found Posttraumatic Stress Disorder as the best diagnosis to fit the syndrome commonly seen in child sexual abuse survivors (see Greenwald & Leitenberg, 1990; Koverola, Foy, Heger & Lytle, 1990; Wolfe, Gentile & Wolfe, 1989).

The review by Kendall-Tackett et al. (1993) discusses research that suggests sexual abuse produces multifaceted effects, not Posttraumatic Stress Disorder alone (see Browne & Finkelhor, 1986; Clausen & Crittenden, 1991; Briere, 1992).

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14 Kendall-Tackett, K., Williams, L. M., & Finkelhor, D. (1993). Impact of Sexual Abuse on Children: A review and synthesis of recent empirical studies. *Psychological Bulletin*, 113 (1), p. 171.

Abuse in Intimate Relationships

The literature on partner abuse in intimate relationships has generally focused on male violence against women in marital or cohabiting relationships and includes physical assaults that cause harm or have the potential to cause harm, sexual aggression, threats to kill or harm, and forcible restraint of activities and movement. Abuse may also include verbal harassment, sexual coercion, intimidation and put-downs (Browne, 1993).

A variety of names have been used to refer to this kind of intimate violence including: wife assault, wife battering, woman abuse, marital violence and domestic abuse (Health and Welfare Canada, 1989b). I will use many of these terms interchangeably and comment specifically on the forms of abuse that have more recently received attention by researchers.

The literature has expanded to include specific populations that had been previously ignored, namely older adults, adolescents, and gays and lesbians. The psychological effects of spousal abuse on male heterosexuals has not been empirically researched, probably because the vast majority of heterosexual spousal abuse victims are women (MacLeod, 1989; Markesteyn, 1992).

Abuse of Women (Spousal/Partner Abuse)

The following psychological outcomes of abuse in intimate relationships are described in a review article by Browne (1993):

- shock, denial, withdrawal, confusion, psychological numbing, and fear during and immediately after assaults are often outcomes (Browne, 1987; Dutton, 1992 b);
- depression, suicide ideation, and suicide attempts are also common (Stark & Filcraft, 1988; McGrath et al., 1990);
- substance abuse, chronic fatigue, intense startle reactions, disturbed sleeping and eating patterns and nightmares can occur (Herman, 1992; Jones & Schecter, 1992; Goodman et al., 1993); and
- ongoing experiences of victimization can produce long-term emotional numbing, passivity and helplessness (Dutton, 1992 b; Herman, 1992; Walker, 1993).

The activity by researchers on the cumulative effects of trauma indicates that, the more violence experienced by a woman, the more she suffers various forms of psychological distress (Gelles & Harrop, 1989). Further victims of both physical and sexual abuse in a relationship exhibit the most severe sequelae, including lowered self-esteem, greater risk of alcohol use in response to depression, an overwhelming sense of danger, intrusive memories or flashbacks, and thoughts of suicide (Shields & Hanneke, 1983; Browne, 1987; Dutton, 1992; Herman, 1992).

Some studies that specifically address the experiences of battered black women, aboriginal women, and immigrant women point to the additional barriers facing minority women (such as racism, isolation, lack of services, language barriers, geographical barriers, and religious beliefs) that can contribute to the magnitude of the impact of violence (Coutinho, 1986; Coley & Beckett, 1988; Canadian Panel on Violence against Women, 1993).

Recently the diagnostic category of Posttraumatic Stress Disorder has been used to understand these psychological responses of victims of partner assault. On the basis of clinical and empirical inquiries the following researchers have suggested that Posttraumatic Stress Disorder be used as the most accurate diagnosis for survivors of domestic abuse: Gondolf (1990); Davidson & Foa (1993); Walker (1991; 1992); Browne (1993).

Battered Woman Syndrome is the name that has been given to the psychological changes that accompany physical, sexual and severe psychological abuse. Lenore Walker has conducted most of the research in this area (Markesteyn, 1992). The Battered Woman Syndrome is considered a sub-category of the generic category of Posttraumatic Stress Disorder (Walker, 1993).

Impact On Children

Children of woman assault victims also suffer harmful psychological consequences, such as low self-esteem, a lack of self confidence, insecurity, fears and anxiety. Feelings of guilt and responsibility for their parent's situation are also common (*Canada's Mental Health*, 1990; Jaffe, Wolfe and Wilson, 1990).

Children may exhibit other behaviours such as nightmares, sleep disturbances, bed-wetting, eating problems, rigid gender-role identification, poor impulse control (Health and Welfare Canada, 1989b; National Clearinghouse on Family Violence, 1990a).

As children grow older, they may demonstrate extremes of behaviour-withdrawal, depression, or either passive or aggressive delinquent acts (Health and Welfare Canada, 1989b). Adolescents may attempt suicide, run away or abuse drugs or alcohol (Jaffe et al., 1990).

Some research suggests that adolescents (particularly boys, but some girls) may continue the cycle of violence by emulating aggressive behaviour (Pressman, 1983; Sinclair, 1985; Statistics Canada, 1993). Other research has also found that not all children who grow up in violent homes go on to become violent adults (Sinclair, 1985).

Research also suggests that children witnessing abuse may exhibit the same symptoms as children who directly experience physical and/or sexual abuse (Jaffe et al., 1990).

Gay and Lesbian Partner Abuse

For some people, assaults in intimate relationships are perpetrated by their same sex partners. The literature on abuse in lesbian and gay relationships, however, has just begun to develop. (For empirical research and clinical work in this area see, Lobel, 1986; Kahuna, 1990; Island & Letellier, 1991; Ristock, 1991; Renzetti, 1992; 1993). The same forms of abuse including physical, sexual, psychological and emotional have been found to exist; however, much less is known about the psychological impact of this abuse.

Isolation, confusion and pain are cited as additional effects of this form of violence because of the social context of homophobia that can make receiving help and social support difficult to obtain. This is particularly the case for people who have to hide their gay or lesbian identity (Chesley, MacAulay and Ristock, 1991; Renzetti, 1992; Ristock, 1994).

Dating Violence

Dating violence is now recognized as another form of abuse that can permeate intimate relationships. Some researchers have argued that dating violence and marital violence should be seen as comparable, if not identical forms of violence (DeMaris, 1987; Flynn, 1987) while other researchers stress differences in the context of abusive adolescent dating relationships (Carlson, 1987; Levy, 1991).

Some researchers have also noted that both women and men (college age and younger) report that their partner has been abusive. But while incidents of violence against men do occur, the abuse directed towards women is usually more pervasive, systematic and more severe (National Clearinghouse on Family Violence, 1993a).

A review of the dating violence literature by Carlson (1987) indicates the consequences of dating violence are significant and varied. Findings include the following:

- Women are more likely than men to experience severe violence and suffer physical injury (Makepeace, 1986).
- Initial reactions to violent incidents include feelings of anger, emotional trauma and confusion (Sugarman & Hotaling, 1989; Levy, 1991).

- Many researchers comment on the response of some respondents who equate violence with love. Seeing violence as a sign of love affects the emotional attributions made and points to the normative confusion for some adolescents who are in abusive relationships (Sugarman & Hotaling, 1989).

Much of the literature in this area has focused on assessing the prevalence of dating violence. The area is now expanding to include studies that explore screening and intervention strategies.

Risk markers of dating violence have been put forward by Sugarman and Hotaling (1989; 1991), although many of their conclusions are tentative as they are based on few empirical studies. They have put forward the following factors as possibly being associated with dating violence:

- **intrapsychic factors**: more acceptance of premarital and marital violence by males, more traditional sex-role expectations and poorer self-concept;
- **experiencing and witnessing violence in the family of origin**: research results to date are inconsistent;
- **interpersonal factors**: past dating experiences (history of dating violence and sexual experiences), level of interpersonal commitment, interpersonal communication, power and resource availability and sexual aggression are all areas that are currently being explored in the literature (results are inconsistent); and
- **stress factors**: research to date reveals few consistent patterns.

A recent article by Rosen and Stith (1993) presents an intervention strategy for working with single, heterosexual women in violent dating relationships. Their treatment approach is based on their clinical experiences and data gathered from a qualitative study. The goals of the intervention strategy that they describe and the steps recommended to achieving these goals, are as follows:

- **helping the client keep herself safe**: develop a safety plan; consider the role of retaliatory or mutual violence; refuse to minimize the abuse;
- **helping the client gain perspective**: educate about domestic violence; use solution-oriented and future-oriented presuppositional questions; identify "seeds of doubt"; work through unrealistic fantasies about the relationship; be frank about reaction to abusive behaviour described; have the client pretend that she has other options; and
- **empowering the client to develop appropriate boundaries**: having the client keep a journal; keep the content of therapy sessions private from the boyfriend; develop private time; suggest taking a vacation from the boyfriend; develop new activities; encourage reconnection with family and friends.

Other authors describe intervention strategies but these are predominantly case studies that describe independent school and community based projects (see Levy, 1991, for sections on Intervention, Education and Prevention Strategies).

Abuse and Neglect of Older Adults

Most of the literature on abuse and neglect of older adults has focused on identifying and determining this type of abuse as well as on prevention and protection (see Health and Welfare Canada, 1989b). When summarizing the impact of abuse and neglect of older adults, reports often do not distinguish between the impacts of the four common categories of maltreatment: material abuse, chronic verbal aggression, physical violence and neglect (Pillemer, 1993).

The context of abuse and neglect of older adults also varies. Some research describes abuse that occurs between a caregiver (familial or professional) and older adult, while other research discusses abuse that occurs within an intimate relationship.

Mastrocola-Morris (Health and Welfare Canada, 1989a) in her review of the relationship between wife assault and elder abuse notes:...*it is highly probable that many women live their lives in a 'continuum of violence' stretching from childhood, through marriage, into middle and old age, when they become victims of elder abuse*[15]. She also comments that there is an absence of research that examines the impact of being a life long victim of violence.

The National Clearinghouse on Family Violence *Fact Sheet* (1990b) notes the following consequences of abuse: older adults may be ashamed, embarrassed, may rationalize the abuse, blame themselves, feel inadequate. Often they may be reluctant to talk about the abuse because they fear being sent to an institution, or, if they are being abused by a son or daughter, they may blame themselves for poor child rearing.

A national survey of abuse of the elderly in Canada found that all forms of maltreatment have serious consequences for the well-being of victims. Further, they found that victims of such abuse suffer from depression and high degree self-blame (Podnieks & Pillemer, 1991).

Rape/Sexual Assault

Rape was once considered to be primarily a crime committed by a man who was a stranger to the victim. Research on rape has now recognized other forms of rape: date rape, acquaintance rape, marital rape (Koss, 1993). Further, lesbian women and gay men are often additionally targeted for hate crimes that can include sexual assault by heterosexual men (Garnets, Herek & Levy, 1990).

Although the circumstances of rape may be different, a large empirical literature documents the similar psychological symptoms experienced in the aftermath of rape. According to Resick in her review of rape studies (1993):

> *An overall pattern has emerged with reasonable consistency in all of these studies. Most victims experience a strong acute reaction that lasts for several months. By three months postcrime, much of the initial turmoil has decreased and stabilized. Some victims continue to experience chronic problems for an indefinite period of time. These problems fall under the categories of fear/PTSD, depression, loss of self-esteem, social adjustment problems, sexual disorders and other anxiety disorders (social phobia or obsessive-compulsive disorder).*[16]

This pattern is also noted in reviews by Hanson (1990) and Koss (1993).

Researchers have noted the following features of the psychological impact of rape and sexual assault:

- **fear and anxiety** (Resick, Jordan, Girelli, Hutter, & Marhoefer-Dvorak, 1988; Resick, 1993);
- **Posttraumatic Stress Disorder** - Posttraumatic Stress Disorder (Rothbaum, Foa, Murdock, Riggs & Walsh, 1992; Kilpatrick, Edmunds & Seymour, 1992): rape is more likely to induce Posttraumatic Stress Disorder than is a range of traumatic events affecting people (Norris, 1992);
- **depression**: can include long-term depression and suicidal ideation and attempts (Kilpatrick, et al. 1992; Resick, 1993);
- low self-esteem (Schinke and Resick, 1990);
- social adjustment: poorer economic, leisure, social and work adjustment (Resick et al., 1988);

15 Health and Welfare Canada. (1989a). *Woman Abuse: the relationship between wife assault and elder abuse.* (Ottawa: Family Violence Prevention Division, Health and Welfare Canada), p. 5.

16 Resick, P. (1993). The psychological impact of rape. *Journal of Interpersonal Violence,* 8 (2), p. 225.

- sexual functioning: problems in sexual functioning have been observed by a number of researchers - these are among the most long-lasting problems of rape victims (Hanson, 1990; Resick, 1993);

- other psychological reactions to rape: these can include obsessive-compulsive disorder, anger and hostility, fatigue, alcohol abuse and dependence (Resick, 1993).

Assault Variables

Certain variables have also been found to affect the patterns and length of reactions. The review by Koss (1993) reports on some of these:

- **age**: those assaulted at a younger age are more distressed than those raped in adulthood (Burnam, Stein, Golding, Segal, Sorenson, Forsythe, & Telles, 1988);

- **ethnic background**: some researchers suggest that victims of certain ethnic backgrounds will have more difficult recoveries where irremediable shame is linked to rape (Ruch, Gartell, Amedeo & Coyne, 1991);

- **sexual orientation**: the impact on lesbian victims assaulted by men may revive internalized homophobia, and may affect the coming out process (Garnets et al., 1990);

- **previous victimization**: women victimized as children are 2.4 times more likely than non-victims to be assaulted again (Wyatt, Guthrie & Notgrass, 1992);

- **perceived threat**: the actual violence may be less crucial in predicting response than the perceived threat (Kilpatrick, Saunders, Veronen, Best, & Von, 1987);

- **identity of the rapist**: the psychological distress generated by rape is of equal impact regardless of whether the rapist was an acquaintance, steady date, or stranger. (Koss, 1988; Katz, 1991).

Date/Acquaintance Rape

It has been estimated that over fifty percent of rapes are perpetrated against adolescents. The majority are cases of date rape or acquaintance rape. Not all cases of date/acquaintance rape involve adolescents, but much of the research in the area targets adolescents and university age students. Date rape has been referred to as a campus epidemic.

Although the psychological effects of rape are similar, it is important to note that adolescents and young women are unlikely to report rape and many do not even recognize a rape has occurred (Bateman, 1991). These differences may also have a compounding effect on the impact of rape (Koss and Cook, 1993).

For more information on date and acquaintance rape see Mercer (1987); Check & LaCrosse (1988); Warshaw (1988); Pirog-Good & Stets (1989); Levy (1991).

SECTION 3: OPTIONS FOR FURTHER WORK

This section has been divided into three parts. The first part identifies further research needed on the impact of violence on the mental health of individuals. The second part focuses on areas where more information is needed about the impact of violence on our health and mental health systems of care. The third part describes some of the challenges for research by noting circumstances that constrain areas of research and by emphasizing the importance of the dissemination of findings (based on research and/or experience).

Work Needed on the Impact of Violence on Mental Health

(Prepared by J. Ristock)

More research is required to assess the cumulative effects (e.g. revictimization and intergenerational effects) of violence experienced over a lifetime: research should acknowledge that some individuals will experience a range of abuse, for example, sexual abuse as a child, dating violence, wife assault, and abuse as an older adult.

Further work is necessary in order to assess the interconnections and intersections between the various forms of abuse.

More research and review documents are needed to examine how the social context affects and compounds the psychological impact of violence (variables such as race, gender, age, homophobia, classism); for example, there has been a serious lack of research on aboriginal women not living on reserves and on elderly aboriginal women.

More research with respect to the experience and requirements of persons with disabilities or mental disorders is needed.

Further research in the areas of caregiver abuse and abuse and neglect in institutional settings is required.

More empirical research is necessary to evaluate screening, prevention and intervention strategies for dating violence, and date and acquaintance rape.

Work on the promotion of mental health should include research agendas and protocols for the prevention and eradication of family violence and violence against women (for example, a task force of the American Psychological Association reviewed and critiqued research on violence in order to provide a research agenda for areas that still needed to be addressed).

Work Needed on the Impact of Violence on the Health/Mental Health Systems

(Prepared by J. Ristock)

More work is necessary to determine when a victim of violence will seek professional

help; much of the research has indicated that despite suffering physical and psychological consequences of violence, many women do not rely on social services (Statistics Canada, 1993).

More research is needed that consults directly with various communities in order to develop specialized services and meaningful outreach (e.g. older adults, adolescents, gays and lesbians, immigrants, people of colour and aboriginal people).

More research is required to assess the training of health/mental health workers in the area of violence in order that they may be able to identify the signs of abuse, make appropriate referrals and avoid harmful interventions.

Two recommendations by the Canadian Panel on Violence Against Women refer to the training of health care professionals:

1. Undertake research to evaluate the effectiveness and efficacy of the roles of professionals in addressing the needs of people who experience violence;

2. Develop and review screening and diagnostic tools to help professionals make the links between past or present problems of violence and presenting conditions[17].

Surveys of health professionals are needed to determine what they require, what they know and what they lack when addressing issues of violence.

As suggested by the Canadian Panel on Violence Against Women, research into the roles and requirements of front-line workers and other community groups linked with delivery of support services to victims of violence is also needed.

More research and reviews are required to look at the range and effectiveness of prevention, intervention and counselling programs that specifically address the mental health effects of violence/abuse and neglect.

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Challenges for Research

(by Mental Health Division)

Research contributes to the base of knowledge about the impact of violence on mental health. Practical experience gained in assisting persons, whose lives have been critically affected by violence in relationships of kinship, intimacy, dependency or trust, also contributes to this base of knowledge. As stated in the first volume of Health Canada's discussion paper on health and family violence issues:

> *The practice setting can provide the raw data for research as well as the information from first hand experience, and can define areas where more knowledge is needed to increase effective functioning. Research examines and tests commonly held perceptions, confirms patterns (such as risk factors), trends, and prevalence, and thus provides an information base essential to policy formulation, program planning, and curriculum development.*[18]

In order to improve this interface between the research and practice settings and thus maximize the mutual benefit, it is essential that there be a dynamic exchange of information. This document, containing references to research articles, as well as practical and overview background references, contributes to this interface. However, an important

17 Canadian Panel on Violence Against Women. (1993). *Changing the Landscape-Summary* . (Ottawa: Minister of Supply and Services Canada),p. 41.

18 Op. cit., Mental Health Division (1994a), p. 11.

challenge for ongoing work on the impact of violence on mental health is to establish a systematic method of knowledge exchange.

It is only after a certain depth of knowledge has been achieved that new fields of investigation emerge. As various facets of issues are explored, other knowledge gaps become apparent. By pooling information, these new areas for exploration may be identified more efficiently.

For example, now that a certain amount of investigation into issues of abuse and neglect affecting older adults has been carried out, additional issues have become apparent. Questions regarding financial abuse of older adults can be added to existing issues of physical and emotional abuse and neglect. The examination of abuse and neglect in institutional settings (an area of research that has quite recently attracted more attention) holds major implications for programs and services and has a strong impact on the lives of older adults. As mentioned above, revictimization and intergenerational aspects of abuse with this target group have also emerged (i.e. experiencing abuse as a child or as a spouse, followed by abuse/neglect as an older parent).

Much more work remains to be done in examining issues of violence in relationships of kinship, intimacy, dependency or trust. Abuse and neglect of older adults is only one example. Other areas of interest that are currently being explored or which are developing, that may have family violence implications, include:

- mental health and substance use/abuse;
- disputed memory of childhood sexual abuse and the implications for the practice of mental health professionals;
- the interface between the mental health and criminal justice systems on the issue of violent offenders;
- quality of care/quality of life outcome indicators (i.e. how to measure the care a consumer receives from the health and social service systems);
- consumer empowerment; and
- partnerships or collaborative efforts of mental health stakeholders, both among non-governmental interest groups and across sectors (government and non-government).

CONCLUSION

(by Mental Health Division)

Violence in relationships of kinship, intimacy, dependency or trust continues to be of great concern to Canadians, affecting far too many lives in our society. The mental health impacts of this violence have major implications for individuals, their families, our health care system and our society.

The body of literature on this subject continues to grow, expanding the boundaries of our understanding of the nature and prevalence of such violence in its many forms. Discoveries from both research and practice settings contribute significantly to this knowledge. Therefore, it is essential that findings from each sphere reach and inform the work of the other.

The purpose of this guide to the literature is to help the reader identify relevant and current information either on family violence generally or on discrete forms of abuse. It is hoped that this document will prove a valuable resource for all parties interested in learning more about the mental health impacts of violence in relationships of kinship, intimacy, dependency or trust.

APPENDIX A

BIBLIOGRAPHY OF RESEARCH INTO DISCRETE FORMS OF VIOLENCE/ABUSE

(by J. Ristock)

PUBLICATIONS

NOTE TO USERS:

These publications have been grouped alphabetically under headings that represent discrete areas of abuse or general categories (i.e. general references or family violence). The purpose of this organization is to facilitate the search for readings on a particular topic, such as child abuse or dating violence.

However, for readers searching for a specific reference, it may be necessary to check more than one category. References which are relevant to more than one category are listed only once under the heading most closely related to the title of the publication. It may also be necessary to check Appendix B to locate a reference.

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APPENDIX B

SELECTED ADDITIONAL BACKGROUND REFERENCES RELATED TO VIOLENCE AND MENTAL HEALTH

(by Mental Health Division)

PUBLICATIONS

NOTE TO USERS:

These publications have been grouped alphabetically under headings that represent discrete areas of abuse or general categories (i.e. general references or family violence). The purpose of this organization is to facilitate the search for readings on a particular topic, such as child abuse or dating violence.

However, for readers searching for a specific reference, it may be necessary to check more than one category. References which are relevant to more than one category are listed only once under the heading most closely related to the title of the publication. It may also be necessary to check Appendix A to locate a reference.

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