

Violence against Women with Mental Illness

The Council of State Governments Justice Center is coordinating a project to draw attention to the unmet needs of women with mental illness who have been victims of crime and to provide guidance to policymakers, practitioners, and advocates on how to address those needs. The project is supported by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Office on Violence Against Women, U.S. Department of Justice.

The Issue

Women with serious mental illness, such as schizophrenia, bipolar disorder, or serious depression, are vulnerable to domestic violence, sexual assault, and other forms of criminal victimization.

- In North Carolina, domestic violence service providers reported that 25 percent of their clients had mental health problems.¹
- Twenty-six percent of female patients admitted to emergency rooms in Seattle with a complaint of sexual assault were found to have a major psychiatric diagnosis.²
- A study examining rates of victimization among women receiving treatment at nine substance abuse/mental health treatment facilities found that 35 percent of the women had been physically abused; 82 percent had been sexually abused; and 47 percent had been robbed, mugged, or physically attacked by a stranger in their lifetimes.³

Yet all too frequently, women with serious mental illness fail to receive the treatment, services, protection, and support they need from victim service providers, mental health agencies, police departments, courts, and others.

- Women with mental illness are less likely to report crimes committed against them, and mental health service providers may underreport these crimes even when they are disclosed, leaving this population vulnerable to repeat victimization.⁴
- People who commit crimes against women with mental illness are subject to lower rates of arrest, prosecution, and conviction than people who commit crimes against the general population; these lower rates compromise the safety of women with mental illness.⁵

Victim service providers, criminal justice personnel, and mental health service providers, facing training limitations and significant logistical challenges, often cannot recognize the mental health and victim service needs of women and provide appropriate referrals.

- Victim service providers may not have resources or training to address women with mental illness, particularly if women require shelter housing.

- Criminal justice personnel and advocates may not understand victims' behavior and may not know how to navigate the mental health system.
- Mental health service providers, though skilled in treating mental illness, may misinterpret stories of victimization as symptoms of a person's mental illness.
- Confidentiality concerns may impede the efforts of victim service providers, mental health service providers, and criminal justice personnel to work together to serve these women.

The Response

The Justice Center has convened several meetings of victim service and mental health experts to discuss the needs of women with mental illness who have been victims of crime and to explore how to address those needs at the local, state, and federal levels. With input from these experts, domestic violence and sexual assault service providers, community mental health agency representatives, and others, the Justice Center has produced an issue brief and is developing a set of policy recommendations.

- **Issue Brief:** Reviews existing literature on mental illness and victimization; provides information on relevant mental health or victim service programs and resources; and recommends research, methods of developing policy and programs, and types of training and education to improve services for this population. To access an online version of the issue brief, visit: <http://consensusproject.org/issue-areas/vwmi>.
- **Policy Recommendations:** Offers guidance to victim service providers, criminal justice personnel, mental health service providers, and advocates on how to collaborate to improve services for women with mental illness who have been victims of crime. The policy recommendations, due out in 2008, highlight examples of state and local initiatives in which victim and mental health service providers appear to have achieved a significant degree of service integration.

In the coming months, the Justice Center will continue to engage policymakers at the state and federal level; representatives from key victim, mental health, and criminal justice interest groups; and practitioners to work together to address violence against women with mental illness. For more information on this project, visit: <http://consensusproject.org/issue-areas/vwmi> or contact Hope Glassberg at 212-482-2320 or hglassberg@csg.org.

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