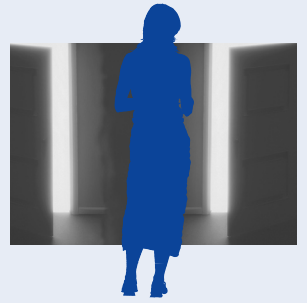


Violence against Women with Mental Illness



The Council of State Governments (CSG) is overseeing a project to draw attention to the unmet needs of women with mental illness who have been victims of crime and provide guidance to policymakers, practitioners, and advocates on how to address those needs. The project is supported by the Center for Mental Health Services, a division of the Substance Abuse and Mental Health Services Administration.

The Issue

Women with serious mental illness, such as schizophrenia, bi-polar 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.^{4,5}
- 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.^{6,7}

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

CSG 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, CSG has developed 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.
- **Policy and Practice 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. This document also highlights examples of successful community collaborations to support these women.

In the coming months, CSG 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 the Violence Against Women with Mental Illness project, visit www.consensusproject.org/vwmi or contact Hope Glassberg, 646-383-5737 or hglassberg@csg.org.

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2 Eckert, L.O., Sugar, N., Fine, D. (2001). *Characteristics of sexual assault in women with a major psychiatric diagnosis*. 186:6, 1285. Seattle: PCOG Society. Also see: Teplin, L. et. al. (2005, August). Crime victimization in adults with severe mental illness: Comparison with the National Crime Victimization Survey. *Archive of General Psychiatry*. 62(8), 825–6.

3 Cocozza, J. (1999, January). Women with mental illness who have experienced violence. *The SAMHSA Women, Co-Occurring Disorders and Violence Study 50(1)*. Delmar, NY: Policy Research Associate Services.

4 Hiday, V. A., Swartz, M. S., Swanson, J. W., Borum, R., & Wagner, H. R. (1999, January). Criminal victimization of persons with severe mental illness. *Psychiatric Services*, 50(1).

5 Salasin, S. E. & Rich, R. F., Mental health policy for victims of violence: The case against women. In J. Wilson and B. Raphael (Eds.) *International Handbook of Traumatic Stress Syndromes*. New York, 1993.

6 Watson, A. C., Corrigan, P. W., & Ottati, V. (2004). Police responses to persons with mental illness: Does the label matter? *Journal of the American Academy of Psychiatry and the Law*, 32:4, 378–385.

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