

PTSD Among Women Survivors of Domestic Violence in Hawaii

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Empirical evidence suggests that between 33% and 83% of Hawaii women receiving services from programs that serve battered women meet diagnostic criteria for posttraumatic stress disorder (PTSD). In addition, PTSD symptom severity is associated with depression severity, lowered self-esteem, and diminished quality of life. Combined with evidence that domestic violence often goes on for years, these findings provide additional compelling reasons why domestic violence screening should be conducted routinely in medical settings.

It has been estimated that between 22% and 35% of women who seek care in emergency departments are there because of domestic violence and that physicians detect only 5% of all cases.¹ Extrapolating from the results of a 1992 survey conducted on Kauai, it is estimated that between 14% and 20% of women in the State of Hawaii are victims of domestic violence.²⁻³ Based on this estimate, at least 49,000 women in Hawaii between ages 21 and 64 were survivors of domestic violence in 1992. Preliminary data drawn from clinical inquiry at an Oahu medical clinic in 1996 are consistent with these numbers and estimates. In their responses on a recently developed trauma history screen, 11 of 60 women patients (18%) at a rural Oahu ob-gyn clinic indicated that they had been "slapped, punched, kicked, or otherwise physically hurt by an intimate partner" at least once.⁴ Thus, domestic violence appears to be an immense problem in the Aloha State.

Physical injuries are only the most visible reasons why many authors, American Medical Association committees, and AMA-associated organizations have called for mandatory domestic violence screening in primary medical care settings.^{1,5-6} Every bit as deleterious as the physical effects of domestic violence, however, are its pernicious and long-lasting psychological and emotional effects.

Domestic violence often evokes intense fear, helplessness, and

horror in its victims. As a traumatic stressor, domestic violence can cause victims to develop posttraumatic stress disorder (PTSD). PTSD symptom clusters include

(a) *reexperiencing the trauma* (eg, intense distress when reminded of the trauma, nightmares, and physiological reactivity when exposed to reminders),

(b) *avoidance* (eg, efforts to avoid thinking about the trauma and avoidance of people, places, and activities that serve as reminders),

(c) *emotional numbing* (eg, loss of interest in important activities, detachment from others, and inability to experience positive emotions), and

(d) *hyperarousal* (eg, insomnia, irritability or anger, hypervigilance, and problems with concentration).

To make matters worse, if pervasive symptomatology is still present six to nine months after the trauma, subsequent improvements may be unlikely to occur without some intervention.^{7,8,9}

Because of its high rate of occurrence, domestic violence may be the single most common cause of PTSD in Hawaii. In a study of 50 women residing in a shelter for battered women on Oahu, 55% of the women obtained questionnaire scores that exceed a cut-off score for making a PTSD diagnosis.¹⁰ This finding is consistent with results obtained with shelter samples of battered women on the mainland, where PTSD incidence rates have ranged from 45% to 84%.¹¹⁻¹² Among 164 battered women receiving support group services from the Family Peace Center in Honolulu, 33% of the women obtained scores that exceed a cut-off score for making a PTSD diagnosis.¹³ In a project nearing completion, where PTSD symptomatology is being assessed by means of a structured clinical interview, 62 of 75 women (83%) who sought counseling in the past year received a DSM-IV diagnosis of PTSD.¹⁴

In addition to being a cause of PTSD, domestic violence can also produce serious clinical depression. PTSD, major depression, and dysthymic disorder have high comorbidity. In the shelter sample of battered women mentioned earlier, all seven women who were severely depressed (with scores above 30 on the Beck Depression Inventory) also had PTSD.¹⁰ In two studies of battered women in Hawaii, scores on measures of PTSD and depression were highly correlated (.76 and .73).^{10,14} Thus, when physicians identify a patient who has been exposed to physical or sexual violence, and the patient "looks" depressed (eg, appears apathetic, has flat affect), there is a strong possibility she also has PTSD. At the same time, if a patient looks depressed, this may serve as an additional "red flag" to physicians that trauma has occurred (and could be ongoing).

Women with domestic violence-related PTSD are also at heightened risk for lowered self-esteem, social avoidance, suicidal thoughts, *irrational* abuse-related guilt,¹⁵ and an impoverished quality of life. Among 68 battered women receiving support group services from the Family Peace Center in Honolulu, PTSD severity was highly correlated with negative self-esteem (.50), social anxiety and avoid-

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ance (.54), suicidal thought frequency (.57), and abuse-related guilt (.55).¹³ In a different sample of 75 battered women, PTSD severity was highly negatively correlated with a measure of quality of life (.51).¹⁴ Thus, empirical evidence with women in Hawaii indicates that the deleterious effects of domestic violence are pervasive across many areas of functioning.

The results of nationwide surveys of family violence indicate relatively high rates of aggression by women as well as men.¹⁶ However, domestic violence usually has far more serious consequences for women victims than for men who are "victimized" by women who fight back.¹⁷ This point may be brought home dramatically by presentation of some trauma history data collected recently from 68 men and 23 women in a residential treatment program for substance abuse in Honolulu.¹⁸ As shown in Table 1, rates of

Table 1.—Men and Women in a Residential Substance Abuse Treatment Program (on Oahu) Who Had Been Physically Hurt by an Intimate Partner

	Men (n=68)	Women (n=23)
Slapped, punched, kicked, beaten up, or otherwise physically hurt by an intimate partner	60%	87%
Badly injured during the abuse	7%	30%
Threatened with death or serious bodily harm by an intimate partner	20%	50%
Sexually abused by an intimate partner	3%	20%
Stalked by an intimate partner	10%	25%
Slapped, punched, kicked, beaten up, or otherwise physically hurt more than 8 times by an intimate partner	20%	50%
Intense fear, helplessness, or horror during the abuse	17%	60%

intimate partner abuse among both men and women residents were extremely high. (Twenty of 23 women reported being physically hurt by an intimate partner.) However, the women were more than four times more likely than the men to say they were badly injured during the abuse. In addition, women were much more likely than men to have been (1) threatened, (2) sexually abused, (3) stalked, and (4) physically hurt on numerous occasions by their intimate partners. Perhaps most important, as far as mental health implications are concerned, is the fact that the women were almost four times more likely than the men to say they experienced intense fear, helplessness, or horror during the abuse. (This subjective reaction must occur for an experience to be considered "traumatic" and result in PTSD).¹⁹ Thus, it is clear that domestic violence is viewed differently by women in violent relationships than by their male partners.

By identifying women who are in abusive relationships and making appropriate referrals, physicians are not merely addressing an acute problem of time-limited duration. They are seizing the opportunity to interrupt a cycle of violence that is often chronic and recurrent over a period of years in the absence of outside intervention. Among 50 women living in a shelter for battered women on Oahu, 81% indicated that the abuse had occurred over a period of one or more years, and the span of time between the first and last

incident of abuse was four or more years for almost half of these women.¹⁰ Very similar results were obtained with a combined sample of 168 Hawaii women attending support groups for battered women.¹⁴

Unfortunately, there is evidence that many physicians are unaware of the seriousness of the mental health consequences of domestic violence. For example, in a 35-page pamphlet on the "mental health effects of family violence" published by the AMA in 1995, PTSD was not mentioned even once.²⁰ Furthermore, PTSD symptoms of "emotional numbing" and "strong emotional and avoidant reactions" were only mentioned briefly, and only fleeting references were made to "unrecognized anxiety, depression, and other problems."¹⁸ It is hoped this article will raise physicians' awareness of the terrible psychological and medical costs of domestic violence and will motivate physicians to screen for domestic violence on a regular and systematic basis.

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