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VIOLENCE AND WOMEN'S MENTAL HEALTH

The Pain Unequaled

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This volume serves as the second in a two-part special issue focusing on the mental health implications of violence against women. Acknowledging that the field still lacks a detailed understanding of the particularized effects of intimate forms of violence on women's mental health and that sufficient conceptual models to explain the effects are elusive, in the summer of 2008, the University of Kentucky Center for Research on Violence Against Women hosted a national scientific meeting on this topic. To ensure that discussions included the key perspectives of advocates, the Center's cohosts for the meeting included advocates representing the National Network to End Domestic Violence, the National Sexual Violence Resource Center, the National Center for Victims of Crime, and local advocates from Kentucky. The meeting was also cohosted by the American Psychological Association.

CONTENTS OF THE SPECIAL ISSUE: VIOLENCE AGAINST WOMEN IN FORM AND CONTEXT

Eleven articles were commissioned for the national meeting and are collected in this two-part special issue. The special issue includes an article on the broad area of gender and trauma, and then a grouping of four articles focused more narrowly on the effects of four primary forms of violence on a woman's mental health: physical assault, sexual assault, stalking, and psychological aggression. Three additional articles were intended to contextualize discussions with views on poverty, race,

and ethnicity, and one article focused on the association of substance use and mental health in women exposed to violence. The complex relationships of child maltreatment, adult victimization, and mental health were also included through two articles. Commissioned authors were asked to author their manuscripts as literature reviews and, to the extent allowed by the literature, to focus on etiology and mechanisms for associations rather than limiting themselves to correlations between victimization and adverse mental health. Authors were also asked to offer conceptual models, theories, and recommendations for future research.

In Part 1 of this special issue (April 2009), the mental health effects of four major forms of violence against women were reviewed. Mary Ann Dutton, Rebecca Campbell and colleagues, T. K. Logan and Robert Walker, and Diane Follingstad authored articles focusing on intimate partner violence (IPV), sexual assault, stalking, and psychological aggression, respectively. Their articles identified research challenges and forged progress in understanding the mechanisms by which these variant forms of violence affect women's mental health. Part 1 also addressed trauma, first in Naomi Breslau's epidemiological look at the relationship between gender and posttraumatic stress disorder (PTSD), then in Dutton's use of PTSD as the pathway to explain how IPV leads to adverse outcomes, and finally in an article by Lisa Najavits that reviewed empirical studies on treatment interventions when victimization, PTSD, and substance abuse intersect in the life of a woman.

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As we now turn to Part 2, the context of women's lives comes into focus. In this volume, readers will find an article by Lisa Goodman and her colleagues describing a "collision of crises" that illuminates the role persistent poverty plays in shaping women's mental health response to IPV. They point out that psychological difficulties are missed when women contending with both poverty and IPV are viewed through the lens of just one of these crises rather than the dual harms. Their article introduces the term "survival-focused coping" to describe women's methods of managing the tightly intertwined phenomena of IPV and poverty. The poverty theme is carried into an article by Thema Bryant-Davis and her colleagues, which voices that the adverse effects of sexual assault are heightened for many women by the interlocking experience of societal traumas, specifically including racism, sexism, and poverty. Said another way, they suggest that the mental health effects of sexual assault for African American, Asian American, Latina, and Native American female survivors are mediated by race and ethnicity. That women from ethnically diverse populations suffer the additional burden of barriers to mental health care is addressed by Michael Rodriguez and his colleagues. The review they offer outlines patient, provider, and health system/community factors that must receive attention if we are to develop more effective strategies for health care practice and policy.

Understanding whether and by what means adult victimization will affect a woman necessarily involves consideration of childhood experiences. The final two articles of Part 2 view adult mental health problems through a lens focused widely enough to incorporate the psychological, sociocultural, and biological associations between child maltreatment and adult victimization in women. First, John Briere and I review the various forms of childhood maltreatment, the range of potential long-term psychological outcomes, and the important contextual variables that mediate or add to these maltreatment-symptom relationships. We specifically attend to characteristics of the abuse and/or neglect; effects of impaired parental functioning; premaltreatment and postmaltreatment psychobiology; qualities of

the parent-child attachment; abuse and/or neglect-related affect dysregulation that may lead to further symptomatology; the extent to which the child responds with significant emotional or behavioral avoidance; and whether later traumas are also present. Echoing the theme of previous articles in this special issue, we note the relevance of sociocultural contributors to both child maltreatment and maltreatment effects, especially poverty, marginalization, and oppression. Finally, Gretchen Neigh and her colleagues offer an article that demonstrates how exposure to trauma during a child's development increases the risk for both mental health and medical problems beyond the risks associated with adult violence exposure. They opine that alterations in the hypothalamic-pituitary-adrenal (HPA) axis, a major mediating pathway of the stress response, contribute to the long-standing effects of early life trauma. They also point out, however, that not all exposed individuals demonstrate altered HPA axis physiology, suggesting that the consequences of trauma exposure may be influenced by genetic variation.

CONCLUSION

Research and clinical experience of multiple decades have made clear that intimate forms of victimization can have devastating impacts on the mental health of women. That a relationship exists is accepted, what is less understood is the exact nature of the relationship between assault-induced trauma and subsequent mental health sequelae. The articles within this special issue, while focusing on different abuse forms and taking varied individual and contextualized perspectives, echo a common theme: understanding the mental health effects of violence against women is complex and necessitates a multilevel conceptual model. That, to be useful, models must integrate biopsychosocial differences and characteristics of the abuse experience at the individual level with contextual factors such as poverty, marginalization, and oppression at a broader level. As noted in the guest editor's introduction fronting Part 1, models on women's mental health and violence must acknowledge the interdependency

of psychological, sociocultural, and biological factors as mediators between victimization and mental health. Importantly, two articles within this special issue also point out that understanding how mental health is affected by certain victimization experiences awaits the field's agreement on how those abuse forms are even defined, specifically including stalking (where we too often limit definitions by outlining tactics rather than characteristics such as duration and intensity) and psychological aggression (the effects of which the field has yet to disentangle from those of physical abuse).

The depression, sadness, fear, anxiety, and other mental health effects that often accompany the experience of victimization are not easily seen and cannot be touched. What is intangible, however, is not unknowable. Said another way, violence and abuse adversely affect a woman's mental health but now our science must do a better job of understanding the nature of this injury and the path to recovery for its victims. This two-volume special

issue is an effort to build on the scholarly work of previous authors and to suggest new models and future research to advance this area of the field. This guest editor is equally indebted to the contributing authors, participating advocates, anonymous peer reviews, and to the journal's editor Jon Conte for their contributions to making this so.

Carol E. Jordan, MS, currently serves as Assistant Provost and Director of the Center for Research on Violence Against Women at the University of Kentucky. She holds faculty appointments in the Departments of Psychology and Psychiatry. She has authored or coauthored two books, four book chapters, and numerous articles on violence against women, particularly focusing on mental health and victimization and on experience of women victims with the civil and criminal justice systems. She has managed grants totaling more than US\$3.5 million and since coming to UK has built a US\$5 million research endowment. She has 25 years of experience in public policy, legislative advocacy, and the development of programs addressing IPV, rape, and stalking. Before coming to the University, she served for 8 years as Executive Director of the Kentucky Governor's Office of Child Abuse and Domestic Violence Services.