Systematic review of the prevalence and risk of domestic violence victimization among women with mental disorders

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Introduction
Domestic violence victimization is highly prevalent among women with mental disorders. The extent to which women with mental disorders are at increased risk of domestic violence victimization is unclear.

Objectives
• Establish the prevalence of domestic violence victimization in women with specific mental disorders;
• Establish the risk of domestic violence victimization in women with specific mental disorders compared with controls.

Method
• Search of 18 electronic databases, plus hand searching, citation tracking, expert recommendations, and update of a previous review of criminal victimisation in psychiatric populations.
• Studies were eligible for inclusion if they: (a) included men or women who were 16 years or older and were either mental health service users or had a diagnosed mental disorder; (b) measured the prevalence and/or risk of domestic violence victimisation.
• Two reviewers independently extracted data and appraised study quality.

Results
40 studies were included. Data are presented only from studies which scored >50% during quality appraisal on question relating to selection bias.

Depressive disorders
• Median prevalence of lifetime partner violence: 58.3% (IQR: 31.7%-79.4%, range: 15.6%-89.2%)

Anxiety disorders
• Median prevalence of lifetime partner violence: 48.8% (IQR: 24.3%-77.0%, range: 22.4%-89.9%)

PTSD
• Median prevalence of lifetime partner violence: 61% (IQR: 41.1%-80.1%, range: 29.4%-89.5%)

Schizophrenia and non-affective psychosis
• Prevalence of past year physical partner violence: 43.8% (7/16)
• Risk of past year physical partner violence: OR 3.25 (95% CI 0.97-10.3)

Bipolar affective disorder
• Prevalence of lifetime physical partner violence: 26.7% (418/1,565)
• Risk of lifetime physical partner violence: OR 8.1 (95% CI 7.0-9.5)

Conclusions
Women with mental illness are at increased risk of domestic violence. Current or past history of domestic violence needs to be identified in these populations and preventative programmes and clinical interventions should be developed to address its consequences.

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