

**Functioning of women in domestic violence shelters: The impact of mental health**

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**Introduction:** This paper presents a three-year study investigating mental health symptoms and disorders reported by women in a domestic violence shelter and the impact of those symptoms on work, school and social function. Findings were compared to estimates of U.S. women in a national sample of over 95 thousand women drawn from the 1995 National Health Interview Survey.

**Objectives:** The objective was to describe the mental symptoms and disorders of women in domestic violence shelters and the impact of these conditions on their ability to function in work, school and social encounters.

**Methods:** Data were collected from women (N=74) in the shelter using elements of the National Health Interview Survey. The NHIS is a nationally representative multi-stage stratified probability-based survey of the health and health access characteristics of American households. The conceptual framework is based on the World Health Organization's ICHD and the ICF. National sample data provided a baseline on disability related characteristics against which the project sample could be compared. Data was analyzed using SPSS.

**Results:** The sheltered sample presented significantly higher rates of mental conditions and functional impairments related to mental conditions affecting their work/school and social functioning than women in the general US population. They were also less educated and poorer and used more health services than the U.S. population.

**Conclusion:** Service providers must understand medical conditions as well as their symptoms and functional implications. By addressing psychological symptoms as a medical condition rather than as a manifestation of personal weakness, staff can effectively recommend appropriate treatment for women that will increase their functioning. Staff and consumer education materials must be developed to enable recognition of psychological symptoms and referral procedures. IPV must not be equated with mental illness, but rather, be considered as a risk factor that, when identified, serves to initiate a series of informed responses and further exploration of each individual woman's presentation and service needs.

**Contribution to Practice:** This paper illustrates how occupational therapists can work with both domestic violence survivors and shelter staff to improve clinical outcomes.