

Domestic Violence and Its Impact on Mental Health, Challenges on Providing Multi Sectoral Support – Albania Case

Marsela Allmuça

PhD Candidate, Department of Social Work and Social Policy, Faculty of Social Sciences,
University of Tirana

Dr. Eliona Kulluri Bimbashi

Department of Social Work and Social Policy, Faculty of Social Sciences, University of Tirana

doi:<https://doi.org/10.37745/gjahss.2013/vol12n74150>

Published September 08, 2024

Citation: Allmuça M. and Bimbashi E.K. (2024) Domestic Violence and Its Impact on Mental Health, Challenges on Providing Multi Sectoral Support – Albania Case, *Global Journal of Arts, Humanities and Social Sciences*, Vol.12, No.7, pp.41-50

ABSTRACT *Domestic violence is one of the main problems of Albanian society. According to the latest survey of INSTAT (2018), 1 out of 2 or 52.9% of women aged 18-74 'ever' experienced one or more of the five different types of violence during their lifetime. The literature shows that survivors of violence are three times more at risk of developing mental illnesses. On the other hand, those who suffer from mental health problems are more likely to be abused or even attempt suicide. The aim of the paper is to identify the challenges of social services in addressing cases of domestic violence with mental health problems in Albania. The methodology is qualitative based on available secondary data and semi-structured interviews with service providers at local level. The main conclusions of the paper are related to the lack of clear procedures for the management of cases of violence with mental health problems, difficulties in diagnosing cases, lack of specialized services, lack of trained professionals, difficulties in the long-term reintegration of cases, etc.*

KEY WORDS: *mental health, gender-based violence, situation, services, challenges*

INTRODUCTION

Domestic violence is a widespread and often hidden issue that affects millions of individuals around the world. It includes physical, emotional, psychological and sexual abuse, usually perpetrated by one partner on another in an intimate relationship. The impacts of domestic violence are profound, affecting the physical health, emotional stability and psychological well-being of victims. Gender-based violence continues to remain a serious problem in Albanian society, which affects women and girls every year. Referring to the latest INSTAT population survey (2018), 1

in 2 or 52.9% of women aged 18-74 have experienced one or more of the five different types of violence during their lifetime. Long-term studies have shown that there is an association between depression and subsequent domestic violence and abuse and also that domestic violence and abuse increases the likelihood of depression in women with no prior history of symptoms; *Devries KM, Mak JY, Bachus LJ, (2013)*. More than 10% of postpartum depression can be attributed to domestic violence and abuse. *Oram S. (2013)*.

A systematic review and meta-analysis *Trevillion K, Oram S, (2012)* reported a three-fold increase in the odds of depressive disorders, a four-fold increase in the odds of anxiety disorders, and a seven-fold increase in the odds of post-traumatic stress disorder. post-traumatic stress disorder (PTSD) for women who have experienced domestic violence and abuse. Significant associations between intimate partner violence and symptoms of psychosis, substance abuse, and eating disorders have also been reported. *Pico-Alfonso MA, Garcia-Linares M., (2012)*. Research suggests that women who experience more than one form of abuse are at increased risk of mental disorders and comorbidities. *Echeburua E, Corral P, Amor PJ. (2018)*. The COVID-19 pandemic has worsened the situation, leading to an increase in cases of domestic violence and exacerbating its impacts on mental health.

Albania continues to have a poor system of specialized multisectoral professional services for victims of gender-based violence and especially for those who also have mental health problems. Civil society organizations provide most of the services for victims of gender-based violence and domestic violence (out of 10 centers for victims of gender-based violence in Albania, only 2 of which are supported by public funds, while the others are supported by donors), which makes it difficult to provide services for cases that also have mental health problems. This article reviews the literature on the relationship between domestic violence and mental health, exploring the multifaceted effects and the role of the pandemic in exacerbating this crisis as well as the challenges in providing multi sectoral services specializing in cases of violence with mental health problems.

LITERATURE/THEORETICAL UNDERPINNING

The link between domestic violence and mental health

In Albania, violence against women and girls remains a very concerning issue. According to the latest survey of INSTAT, 1 out of 2 or 52.9% of women aged 18-74 'ever' experienced one or more of the five different types of violence during their lifetime. More specifically, 47.0% of women 'ever' experienced intimate partner domestic violence, and 65.8% of women 'ever' experienced dating violence. 12.6% 'ever' experienced stalking. More worryingly, women rarely report incidents of violence to the relevant authorities.

The number of domestic violence cases reported to the police has increased year by year, from 3866 cases in 2015 to 5064 cases in 2023 (*State Police, 2023*). This continuous increasing trend of reported cases reaffirms that domestic violence and gender-based violence remains an alarming phenomenon in Albania.

Research has consistently highlighted the strong correlation between domestic violence and negative mental health outcomes. *Walker's (1979)* seminal work on the "Cycle of Abuse" elucidates how repeated patterns of violence create an environment of chronic stress, leading to various psychological disorders. Referred to (*Campbell, 2002*). Victims of domestic violence often experience anxiety, depression, post-traumatic stress disorder (PTSD) and other mental health issues.

Anderson et al. (*2003*) conducted a comprehensive meta-analysis showing that women exposed to intimate partner violence (IPV) are significantly more likely to suffer from depressive symptoms and PTSD compared to non-abused women. This analysis highlights the enduring nature of mental health issues that persist long after physical violence has ceased. Furthermore, WHO (*2013*) reported that survivors of domestic violence are almost twice as likely to experience depression and alcohol problems.

Mechanisms of Psychological Influence

The psychological impact of domestic violence can be understood through several mechanisms. According to Humphreys and *Thiara (2003)*, the constant state of fear and helplessness experienced by victims disrupts normal psychological functioning. This prolonged exposure to stress can lead to changes in brain chemistry and structure, affecting memory, emotion regulation, and cognitive functions (*Teicher et al., 2006*).

Additionally, the literature emphasizes the role of learned helplessness, a concept introduced by *Seligman (1975)*, whereby individuals exposed to uncontrollable trauma can develop a pervasive sense of helplessness, contributing to depressive symptoms and low self-esteem. Social isolation often imposed by abusers exacerbates these issues, limiting victims' access to support networks and mental health services (*Stark, 2007*).

Gender and cultural dimensions

Gender plays a crucial role in the dynamics of domestic violence and its mental health consequences. Women are disproportionately affected by IPV, although men and non-binary individuals can also be victims. Studies by *Tjaden and Thoennes (2000)* point out that women are more likely to suffer severe psychological effects due to the higher prevalence and intensity of abuse.

Cultural factors also influence the impact and reporting of domestic violence. In many societies, cultural norms and stigma prevent victims from seeking help, further entrenching psychological harm. For example, in collectivist cultures, an emphasis on honor and family cohesion may discourage victims from disclosing abuse (*Haj-Yahia, 2000*).

Impact of COVID-19 on domestic violence and mental health

The COVID-19 pandemic has had a profound impact on domestic violence and mental health. Lockdown/isolation measures, economic stress and increased time spent at home have created favorable conditions for the escalation of domestic violence. Data from various countries show a sharp increase in reported cases during the pandemic (*Bradbury-Jones & Isham, 2020*). A study by *Boserup et al. (2020)* documented significant increases in domestic violence emergency calls during lockdown periods. Pandemic-related stressors have intensified conflicts and reduced victims' ability to escape abusive environments. Additionally, the restriction of movement and social interactions has further isolated victims, compounding their mental health challenges.

In Albania, the COVID-19 pandemic was accompanied by a marked increase in circumstances favoring GBV and exacerbated existing tensions as well as security issues for many women and families. According to UN Women Albania (2021), 16% of women stated that insecurity has increased as a result of COVID-19., 23% of women and girls stated that conflict has become more frequent since the beginning of the pandemic, 79% are expressed that the situation has worsened as a result of the COVID-19 pandemic, 29% of women think that physical injury, abuse and harassment have increased since the start of the COVID-19 pandemic. Also among women who said that their income had decreased, 28% said that family conflict had increased as a result of the COVID-19 pandemic. In the same way, women who earn more than their partner (33%) have expressed that the subsequent impacts of COVID-19 are related to family tensions. (*UN Women, 2021*).

The intersection of the pandemic and domestic violence has exacerbated mental health issues among victims. *Mariana Pinto da Costa (2020)* points out that the pandemic has magnified pre-existing mental health disorders and introduced new stressors, such as health anxiety and economic insecurity. Victims of domestic violence during the pandemic report higher levels of anxiety, depression, and PTSD symptoms (*Graham-Harrison et al., 2020*).

In addition, the pandemic also disrupted access to mental health services. Many support organizations and residential centers faced operational challenges, reducing their capacity to provide assistance (*van Gelder et al., 2020*). This disruption has left many victims without crucial support, worsening their psychological condition.

Intervention and Support Strategies

Addressing the mental health impact of domestic violence requires a multifaceted approach. Cognitive behavioral therapy (CBT) has been shown to be effective in treating PTSD and depression among survivors of domestic violence (*Johnson & Zlotnick, 2009*). CBT helps victims reframe negative thought patterns and develop coping mechanisms to deal with the trauma. Trauma-informed care is another critical approach, emphasizing the need to understand and respond to the effects of trauma in all aspects of service delivery. This approach, as described by *Fallot and Harris (2009)*, ensures that mental health services are sensitive to the specific needs of domestic violence survivors, fostering an environment of safety and empowerment.

Legal Frameworks, Policy and Community Support

Policy interventions are essential in mitigating the impact of domestic violence on mental health. Governments and organizations must increase funding for domestic violence services and ensure that these services are accessible, especially during crises such as the COVID-19 pandemic. Integration of mental health services within Residential Domestic Violence Centers can provide immediate and long-term support for victims (*Sullivan & Bybee, 1999*). The amendments to the Law No. 9669, dated 18.12.2006 "On measures against violence in family relationships, a stronger alignment of the *Albanian Gender Equality Strategy (2021-2030)* with international standards, and improvements to the legal framework on free legal aid aim to introduce a more effective response to violence against women. However, the implementation gap between policy and legislation remains considerable, with the network of coordinated referral mechanisms that need to consolidate their multi-sectoral support to and effectively guarantee the full protection of survivors (*UNCT, 2020*). The implementation of the law on social care services and other legislation related to provisions of services to women and girls, victims of domestic violence, is facing serious challenges, which are resulting in i) lack of adequate public services and specialized services, particularly in rural areas, ii) serious difficulties relating to their reintegration, especially to the labor market, iii) very few cases that benefit from the social housing programs, iv) lack of functioning of referral mechanism in all municipalities, v) lack of a coordinated response for each case.

Furthermore, the existing services are limited in providing rehabilitation and reintegration services, especially for those with mental health focused on rehabilitation and empowerment of cases. The Report of *GREVIO (2017)* identified a number of issues to be improved by the Albanian Government in order to comply with the obligations of *CEDAW*, among the others in relation to service providers to victims of DV, were such as: the allocation of adequate human and financial resources to the machinery for the fight against violence against women at both the central and municipal levels and increased funding for social services and shelters.

Community-based interventions, such as public awareness campaigns and training for health care providers, can also play an important role. Educating the public and professionals about the signs

of domestic violence and the importance of mental health support can improve early identification and intervention (*Garcia-Moreno et al., 2015*).

METHODOLOGY

The purpose of this paper is to identify the challenges of social services in addressing cases of domestic violence with mental health problems. For the realization of this work, a qualitative methodology was used, based on available secondary data and semi-structured interviews with social service providers at the local level.

To fulfill this goal, a purposeful sampling was used, targeting only those professionals who manage cases of domestic violence at the level. and specifically local coordinators for the management of local domestic violence cases and who have more than 5 years in their current position. 12 local coordinators of domestic violence were included in the study through semi-structured interviews, aged 25-45 with higher education in the field of Social Work, Sociology and Psychology.

The semi-structured interview consisted of seven main sections and aimed to collect comprehensive information, such as section 1) demographic data, 2) their roles and responsibilities in case management, 3) intersectoral collaboration in case management, 4) the situation of gender-based violence, management needs and challenges, 5) Mental health and domestic violence, 6) Necessary services and re-integration and 7) Addressing needs.

The transcribed interviews were examined through thematic analysis by identifying themes, ideas, and patterns of understanding that emerged repeatedly.

RESULTS/FINDINGS

Based on data from the literature and interviews with social service professionals at the local level in Albania, it turns out that there is a significant increase in cases with mental health problems that are identified as cases of domestic violence (as victims or as perpetrators). Professionals underline the fact that there is an increase in the number of protection orders where the parties also have mental health issues and that require a more systemic and professional treatment. This became most evident after the Covid-19 pandemic.

A challenge encountered by professionals results in the fact that the cases identified are in most cases undiagnosed, which makes the process of assessing needs and their long-term planning difficult, in the conditions where mental health services are lacking in all primary health care all over the country. There are regions of the country that do not have professional mental health doctors, which makes it even more difficult to diagnose cases.

Albania currently has a legal framework for domestic violence, a special law for mental health, but there is no standardized procedure for how cases with mental health problems should be managed. The professionals interviewed state that they are not legally clear about the way to manage cases of gender-based violence with mental health problems.

Also, professionals express a lack of inter-institutional coordination, especially with the secondary health system/specialties. Although the health services are part of the Coordinated Mechanisms for cases of domestic violence at the local level, their level of commitment and coordination continues to remain low.

There are insufficient capacities for the assessment of cases with mental health problems and a lack of experience and ability in addressing cases with mental health problems. The professionals interviewed state that they are not trained or qualified in dealing with cases of violence that also have mental health problems and that they find it difficult to make a real analysis of the needs of these cases. They also state that they do not have a consolidated experience in managing cases with mental health problems and express the need for further training and qualification.

The lack of long-term rehabilitation services for cases that also have mental health problems remains another challenge faced by professionals in the management of these cases. Currently in Albania, according to the standards of residential care services, no gender-based violence service has the capacity to provide services for cases that also have mental health problems. In the experience of professionals, there are many cases where they do not receive the necessary services because they are missing.

It is worth noting that the lack of community mental health services throughout the country and lack of cooperation in cases where they exist remains another challenge for professionals in the long-term treatment of cases and their reintegration into society. This often leads to a recidivism of cases due to the lack of necessary support.

Also, the interviewed professionals emphasize that the stigmatization of mental health results in a decrease in the speed of the institutional response, especially from the police structures when the perpetrator has mental health problems, but not only, other institutions such as the judiciary, health, education and the social services themselves often.

DISCUSSION

Findings from interviews and literature show that there is a close relationship between gender-based violence and mental health as a cause or consequence of incidents of violence and especially gender-based violence and domestic violence. The experience of professionals showed that there is an increase in cases of gender-based violence with mental health issues, especially after the

Covid-19 pandemic. This finding is also in line with Mariana Pinto da Costa (2020) who emphasized that the pandemic has magnified pre-existing mental health disorders and introduced new stressors, such as health anxiety and economic insecurity, which have contributed to the aggravation or emergence of mental health symptoms. The literature also suggests that victims of domestic violence during the pandemic reported higher levels of anxiety, depression and PTSD symptoms (*Graham-Harrison et al., 2020*), which was also confirmed by the professionals involved in the study.

Poor access to services or the lack of specialized services for cases of violence that also have mental health problems or the lack of mental health services in any part of the country's territory continues to remain a challenge for the long-term treatment of cases and a challenge for professionals in effectively addressing these cases. The literature suggests that the pandemic also disrupted access to mental health services. Many support organizations and residential centers faced operational challenges, reducing their capacity to provide assistance and many of them continue to operate in limited capacities (*van Gelder et al., 2020*).

The lack of services or access has left many victims without the necessary support, worsening their psychological condition. In Albania there is a high number of repetitive/recidivist cases due to the lack of support according to the needs of the cases. Professionals say that they are often referred to cases that are known to them but that you were not offered the necessary support.

Another important finding from the interviews with professionals is related to the fact that the interviewed professionals state that they are not trained or qualified in dealing with cases of violence that also have mental health problems and that they find it difficult to make a proper analysis of the needs of these cases. This finding is also in line with the findings from the literature where, according to (*Garcia-Moreno et al., 2015*), educating the public and professionals about the signs of domestic violence and the importance of mental health support can improve early identification and intervention.

Implication to Research and Practice

The findings from this study are a good basis to change some practices, regulations and standards in the provision of services for victims of gender-based violence with mental health problems. Specifically, from the findings of the study, there is a need to review the standards of specialized residential services, taking into consideration the increase in the range of services for people with mental health problems, so that these services are not exclusive to these cases. Also, the review of the protocol for the management of cases of domestic violence at the local level, as it does not provide for any procedure for cases that are victims of domestic violence and gender-based violence who also have mental health problems.

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Another important implication for the practice of providing services remains the need for budget allocation dedicated to a basket of services for each case. Currently, the local government units do not have a dedicated budget for the management of cases of gender-based violence according to the legal obligations derived from the Law on social services in the Republic of Albania.

Changes in university curricula for social science professionals (Social Workers, psychologists, etc.) with the aim of equipping future professionals with knowledge also in the field of mental health, in the conditions that it is an element of well-being that is integrated in every vulnerable target group with whom these professionals will work in the future.

CONCLUSION

Gender-based violence and domestic violence remains a critical public health issue with serious implications for mental health in Albania as well. The literature consistently shows that victims of domestic violence are at an increased risk of developing mental health disorders, and the COVID-19 pandemic has intensified these challenges. Addressing the mental health impacts of domestic violence requires comprehensive strategies, including trauma-informed care, expanded support services, and robust policy interventions. By recognizing and addressing the complex interplay between domestic violence and mental health, local and community social services can better support survivors and mitigate the long-term effects of abuse.

Future Research

This study recommends that other studies should focus on the stigma of professionals and the impact on the care of cases of violence with mental health problems and how the elimination of stigma would increase the inter-institutional response.

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