YOGA AND VIOLENCE SURVIVOR MENTAL HEALTH

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Background

Violence and Mental Health
- 1 in 4 women in the U.S. will experience physical or sexual intimate partner violence (IPV) in their lifetime.
- IPV survivors suffer from high levels of depression, anxiety, and PTSD, conditions that are also potent risk factors for cardiovascular disease, the leading cause of death in the U.S.
- Therefore, efforts to mitigate the mental health effects of IPV in women at high risk of their occurrence are warranted.

Why Yoga?
- Yoga is natural extension of existing breathing exercises and meditation in DAP's Aftercare Group therapy.
  - HPV survivors struggle to integrate their traumatic experiences into both their mind and body.
  - Yoga has been shown to have health benefits that are compatible with the goals of this project:
    - Decrease in perceived stress and symptoms of anxiety, depression, and PTSD,
    - Improvement in emotion regulation and,
    - Improvement in feelings and/or perception of self-efficacy.
- Yoga practice entails very few adverse side effects.
- Yoga can be conducted in the same space as group, reducing logistical concerns.

Women's Group Therapy at DAP

DAP’s 12-week Aftercare Group for women is offered twice a year and is available for women who have completed the 16-week psycho-educational Primary Group. The Aftercare Group offers women the opportunity to maintain a community of support and to deal with the continued effects of IPV on their lives and well-being.

Research Question
Can Combining Yoga with Group Therapy Improve Coping Skills and Mental Health of Domestic Violence Survivors?

Intervention & Sample

A 12-week yoga protocol, designed by The Trauma Center in Boston, MA, as an adjunct treatment for survivors of complex trauma was incorporated into 1 of 2 Aftercare Groups at DAP. After an hour and a half of group therapy, the 40-minute session was led by a certified yoga instructor (Rachel Allyn, Ph.D., L.P.). The control group received typical group therapy.

Data

Questionnaires were administered at baseline and weekly throughout the course of the Aftercare Groups. The questionnaires varied in length from nearly 30 minutes at baseline and weeks 4, 8 and 12 to fewer than 10 minutes every other week. The questionnaires incorporate validated scales to measure the participants’ mental health, exposure to IPV, social support networks, self-care, and reaction to study participation.

- Posttraumatic Stress Diagnostic Scale
- Parts I & II
- Domestic Violence Coping Self-Efficacy
- Hospital Anxiety and Depression Scale
- Patient Health Questionnaire-9
- Emotion Regulation Questionnaire
- Hopelessness
- Revised Conflict Tactics Scale
- Perceived Stress Scale
- K-6
- State-Trait Anxiety Inventory
- Dissociative Experiences Scale
- Respondents Reactions to Participation Scale

Study Aims

Major Aim: To test the feasibility of a 12-week yoga intervention (combination of breathing techniques, meditation for relaxation, and physical postures) designed to improve the mental health and coping skills of women receiving group therapy for IPV.

Specific Aims:
1) Examine the level of acceptance of the yoga intervention.
2) Evaluate the study participants’ perceptions about the safety and utility of participating in this study.
3) Evaluate the study participants’ perceptions about the safety and utility of participating in this study.

Secondary Aim: To test whether the intervention improves the mental health and coping skills of the group participants.

Methods

Anticipated Results and Discussion

Findings “…I didn’t have to leave the meeting with anxiety…. I was able to leave it on the MAT.” (participant comment)
- Study recruitment was difficult despite the presence of a waiting list. Of the 12 anticipated participants per group, 9 control and 8 intervention participants were consented. However, retention was higher in the intervention group (7 compared to 6).
- The yoga protocol was ideal for the study population (slow increase in the difficulty of the positions, emphasis on choice, and fit for all levels of previous yoga experience and physical fitness).
- Study participants were engaged and reported enthusiasm about the incorporation of a yoga intervention into the group.
- No study participants reported harm resulting from participation in the study and most reported personal and social gain from their participation.

Translation

- Based on the success of the pilot, DAP has begun the process of integrating yoga into all therapeutic groups for women.
- We are currently pilot testing the incorporation of biological health measures into the protocol to monitor the effects of the yoga intervention on IPV survivors’ risk for cardiovascular disease.
- Our next step is to use the preliminary data to write a grant to conduct a fully-powered group randomized control trial on yoga and violence survivors’ mental and cardiovascular health.

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