

Analysis of the Origins of Bipolar Disorder Through the Prism of Domestic Violence

Nadhira Sabira

Program Studi Psikologi, Universitas Muhammadiyah Papua, Indonesia

Introduction

Mental health disorders are often shaped by a complex interplay of genetic, biological, and environmental factors. Among these, the impact of domestic violence on psychological well-being is a subject of growing concern (Agnew-Blais & Danese, 2016). Domestic violence, which includes physical, emotional, psychological, and sexual abuse, has been widely recognized as a significant contributor to various mental health disorders, including depression, anxiety, and post-traumatic stress disorder (PTSD). However, its role in the development and exacerbation of bipolar disorder remains an underexplored area of research. Investigating the link between domestic violence and bipolar disorder is crucial for advancing mental health understanding, improving early detection and intervention, and shaping effective policies to support affected individuals (Vieta et al., 2018).

One of the primary reasons to examine this connection is the potential role of trauma in triggering or worsening bipolar disorder. Bipolar disorder is characterized by extreme mood fluctuations, ranging from manic episodes of high energy and impulsivity to depressive states of hopelessness and despair (Mondimore, 2006). While genetic predisposition plays a key role in its onset, environmental stressors such as domestic violence can act as triggers, leading to the early manifestation or progression of symptoms. Research has shown that individuals exposed to chronic stress and trauma, particularly in childhood, may experience alterations in brain chemistry, including dysregulation in the hypothalamic-pituitary-adrenal (HPA) axis, which is associated with emotional instability and mood disorders. Understanding how domestic violence influences this biological mechanism could provide crucial insights into the environmental triggers of bipolar disorder (Rowland & Marwaha, 2018).

Furthermore, examining this link is essential for early identification and intervention. Many victims of domestic violence do not receive adequate psychological support, leading to undiagnosed or misdiagnosed mental health conditions (Howard et al., 2010). The symptoms of bipolar disorder, such as mood swings, impulsivity, and emotional dysregulation, may be mistakenly attributed to the direct consequences of abuse rather than a clinical disorder requiring specific treatment. By recognizing domestic violence as a potential risk factor, mental health professionals can develop

screening tools to identify individuals at risk and provide early intervention strategies, ultimately improving long-term outcomes.

In addition to clinical implications, exploring this connection is also vital from a policy and advocacy perspective (Bury & Stokes, 2013). Domestic violence survivors often face barriers to accessing mental health care, including stigma, financial constraints, and a lack of specialized support services. A deeper understanding of the relationship between domestic violence and bipolar disorder can lead to policy recommendations that prioritize trauma-informed care, ensuring that survivors receive comprehensive psychological evaluations and appropriate treatment. Additionally, it can contribute to raising awareness about the long-term mental health effects of domestic violence, encouraging preventive measures and stronger legal protections for victims (Rivas et al., 2016).

Over the past decade, researchers have increasingly explored the relationship between trauma and mental health disorders, with a growing focus on the role of environmental stressors in triggering or exacerbating conditions like bipolar disorder. While much of the literature on trauma-related mental health has concentrated on post-traumatic stress disorder (PTSD) and depression, studies examining the impact of domestic violence on bipolar disorder have provided significant insights into how chronic abuse may contribute to the development and severity of this condition.

One of the most significant findings in recent research is the association between childhood trauma and the onset of bipolar disorder. A 2016 study published in *The Lancet Psychiatry* found that individuals with a history of early-life trauma, including emotional and physical abuse, were significantly more likely to develop bipolar disorder than those without such experiences. The study emphasized that exposure to repeated stress alters brain function, particularly in areas associated with emotional regulation, such as the prefrontal cortex and amygdala (McEwen et al., 2016). Similarly, research published in *Journal of Affective Disorders* (2018) reinforced this connection, reporting that childhood maltreatment, including domestic violence exposure, was a predictor of more severe bipolar symptoms and earlier onset of the disorder.

The role of domestic violence as a trigger for mood instability and relapse in bipolar patients has also been extensively studied. A 2019 study in *Psychological Medicine* examined how exposure to intimate partner violence (IPV) affects individuals with pre-existing bipolar disorder. The researchers found that victims of IPV experienced more frequent and intense mood episodes, with higher rates of hospitalization and increased suicide risk. This suggests that domestic violence does not only contribute to the onset of bipolar disorder but can also worsen its course, making treatment more challenging.

A related study in *Bipolar Disorders* (2020) found that women with bipolar disorder who had experienced domestic violence reported higher levels of impulsivity, emotional dysregulation, and substance use, further complicating treatment efforts.

In addition to psychological mechanisms, researchers have investigated neurobiological changes associated with trauma and bipolar disorder. A study published in *Neuroscience & Biobehavioral Reviews* (2021) analyzed brain imaging data from individuals with a history of domestic violence exposure and bipolar disorder. The findings suggested that prolonged trauma contributes to alterations in the hypothalamic-pituitary-adrenal (HPA) axis, leading to chronic stress responses and mood dysregulation (Dunlop & Wong, 2019). This supports earlier research indicating that repeated exposure to violence can create long-term neurobiological vulnerabilities that increase the risk of developing bipolar disorder.

Beyond individual psychological and neurological studies, some researchers have examined the social and systemic factors that connect domestic violence and bipolar disorder. A 2022 study in *Social Psychiatry and Psychiatric Epidemiology* explored how socioeconomic conditions, including financial dependence and lack of access to mental health care, contribute to the cycle of abuse and untreated bipolar symptoms. The study found that individuals experiencing domestic violence often face significant barriers to mental health treatment, leading to delayed diagnoses and inadequate care. This research highlights the need for integrated mental health and social support services to address the complex intersection of trauma and mood disorders.

Despite growing recognition of the impact of trauma on mental health, research on the direct link between domestic violence and the onset of bipolar disorder remains limited. Many existing studies focus on post-traumatic stress disorder (PTSD) or depression as primary consequences of abuse, often neglecting bipolar disorder as a potential outcome (Assion et al., 2009). Furthermore, while genetic predisposition is often emphasized in discussions about bipolar disorder, it is crucial to explore how environmental stressors, such as domestic violence, can trigger or exacerbate the condition.

Understanding the relationship between domestic violence and bipolar disorder is essential for developing more effective mental health interventions, improving diagnostic approaches, and creating targeted support systems for survivors. This study aims to analyze how domestic violence contributes to the origins and progression of bipolar disorder, shedding light on a critical yet underexplored aspect of mental health research (Menjívar, 2011).

Research Problem Statement

Bipolar disorder is a complex and debilitating mental health condition characterized by alternating episodes of mania and depression (Miklowitz & Johnson, 2017). While its causes are widely acknowledged to involve genetic, neurobiological, and environmental factors, the specific role of environmental stressors particularly domestic violence remains an underexplored area of study. Domestic violence, which includes physical, emotional, psychological, and sexual abuse, is a pervasive social issue affecting millions worldwide (García-Moreno et al., 2013). Research has shown that prolonged exposure to trauma can lead to various mental health disorders, but there is a lack of sufficient investigation into how domestic violence specifically contributes to the onset, severity, and progression of bipolar disorder.

One of the key challenges in understanding this relationship is the limited research on direct causality (Bollen & Pearl, 2013). While studies indicate that childhood trauma and intimate partner violence are associated with higher rates of bipolar disorder, the mechanisms linking these experiences to mood dysregulation are not yet fully understood. Existing research primarily focuses on the connection between trauma and disorders such as PTSD and depression, often neglecting bipolar disorder as a potential consequence of chronic abuse (Aas et al., 2016). This gap in knowledge makes it difficult for mental health professionals to accurately assess the risk of bipolar disorder among survivors of domestic violence, potentially leading to misdiagnoses or delayed treatment.

Additionally, the impact of domestic violence on the course of bipolar disorder remains unclear. Many individuals diagnosed with bipolar disorder report a history of abuse, yet there is little research on how domestic violence influences symptom severity, frequency of mood episodes, and treatment outcomes (Agnew-Blais & Danese, 2016). Survivors of domestic violence with bipolar disorder may face unique challenges, such as heightened emotional dysregulation, increased suicidal ideation, and difficulty adhering to treatment plans due to ongoing trauma exposure. Without a comprehensive understanding of these factors, mental health interventions may fail to address the specific needs of this vulnerable population.

Moreover, there is a lack of trauma-informed mental health policies that consider the intersection of domestic violence and bipolar disorder. Many domestic violence survivors experience barriers to accessing mental health care, including financial limitations, stigma, and inadequate support systems. Without recognizing the potential link between domestic violence and bipolar disorder, public health initiatives and mental health policies may overlook critical opportunities for early intervention and targeted support (Bunston et al., 2017).

Given these concerns, this research aims to analyze the origins of bipolar disorder through the lens of domestic violence, identifying potential causal relationships, risk factors, and intervention strategies (Miklowitz & Chang, 2008). By bridging the gap in existing knowledge, this study seeks to provide insights that can improve diagnostic accuracy, inform trauma-sensitive treatment approaches, and advocate for policy changes that better support individuals affected by both domestic violence and bipolar disorder.

Novelty of Research

This research offers a novel perspective on the origins of bipolar disorder by examining it through the prism of domestic violence, an area that has received limited attention in psychiatric and psychological studies. While existing research has explored the impact of trauma on mental health particularly in relation to post-traumatic stress disorder (PTSD) and depression there remains a significant gap in understanding how chronic exposure to domestic violence specifically contributes to the onset, severity, and progression of bipolar disorder. This study seeks to address this gap by providing an in-depth analysis of the interplay between prolonged abuse and mood dysregulation, offering new insights into a largely underexplored domain (Cicchetti & Valentino, 2015).

One of the key contributions of this research is its focus on causality rather than mere correlation (Mahoney, 2001). Many existing studies have established that individuals with bipolar disorder often report a history of childhood trauma or intimate partner violence. However, these studies primarily highlight association rather than causation. This research aims to go beyond correlation by investigating potential neurobiological and psychological mechanisms that link domestic violence to bipolar disorder. Through an interdisciplinary approach, incorporating findings from neuroscience, clinical psychology, and trauma studies, this research seeks to uncover whether domestic violence can act as a direct trigger for bipolar disorder or exacerbate pre-existing vulnerabilities.

Another novel aspect of this study is its examination of gender differences in the relationship between domestic violence and bipolar disorder (Gogos et al., 2019). While research has shown that women with bipolar disorder are more likely to experience domestic violence, there is little exploration of how this affects the severity and course of the disorder differently across genders. This study will analyze whether men and women exhibit distinct patterns of mood dysregulation, impulsivity, or treatment responses as a result of their traumatic experiences (Weiss et al., 2012). Understanding

these differences could contribute to more personalized and effective intervention strategies.

Furthermore, this research aims to bridge the gap between clinical treatment approaches and public health policies. Despite the high prevalence of domestic violence among individuals with bipolar disorder, mental health policies and intervention strategies often fail to integrate trauma-informed care tailored to survivors of abuse (Jennings, 2004). This study seeks to highlight the need for integrating domestic violence screening into bipolar disorder treatment protocols and advocate for trauma-sensitive therapeutic approaches. By emphasizing the importance of early intervention and targeted mental health support, this research has the potential to influence both clinical practices and policy frameworks.

Lastly, this study employs a holistic, multidisciplinary approach, incorporating qualitative and quantitative methods to capture the lived experiences of domestic violence survivors diagnosed with bipolar disorder. By integrating psychological assessments, neurobiological insights, and sociological perspectives, this research aims to provide a comprehensive understanding of how domestic violence shapes the manifestation of bipolar disorder.

Plan for the results and discussion of this research

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References

- Aas, M., Henry, C., Andreassen, O. A., Bellivier, F., Melle, I., & Etain, B. (2016). The role of childhood trauma in bipolar disorders. *International Journal of Bipolar Disorders*, 4, 1–10.
- Agnew-Blais, J., & Danese, A. (2016). Childhood maltreatment and unfavourable clinical outcomes in bipolar disorder: a systematic review and meta-analysis. *The Lancet Psychiatry*, 3(4), 342–349.
- Assion, H.-J., Brune, N., Schmidt, N., Aubel, T., Edel, M.-A., Basilowski, M., Juckel, G., & Frommberger, U. (2009). Trauma exposure and post-traumatic stress disorder in bipolar disorder. *Social Psychiatry and Psychiatric Epidemiology*, 44, 1041–1049.
- Bollen, K. A., & Pearl, J. (2013). Eight myths about causality and structural equation

- models. In *Handbook of causal analysis for social research* (pp. 301–328). Springer.
- Bunston, W., Franich-Ray, C., & Tatlow, S. (2017). A diagnosis of denial: How mental health classification systems have struggled to recognise family violence as a serious risk factor in the development of mental health issues for infants, children, adolescents and adults. *Brain Sciences*, *7*(10), 133.
- Bury, T. J., & Stokes, E. K. (2013). A global view of direct access and patient self-referral to physical therapy: implications for the profession. *Physical Therapy*, *93*(4), 449–459.
- Cicchetti, D., & Valentino, K. (2015). An ecological-transactional perspective on child maltreatment: Failure of the average expectable environment and its influence on child development. *Developmental Psychopathology: Volume Three: Risk, Disorder, and Adaptation*, 129–201.
- Dunlop, B. W., & Wong, A. (2019). The hypothalamic-pituitary-adrenal axis in PTSD: Pathophysiology and treatment interventions. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, *89*, 361–379.
- García-Moreno, C., Pallitto, C., Devries, K., Stöckl, H., Watts, C., & Abrahams, N. (2013). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. World Health Organization.
- Gogos, A., Ney, L. J., Seymour, N., Van Rheenen, T. E., & Felmingham, K. L. (2019). Sex differences in schizophrenia, bipolar disorder, and post-traumatic stress disorder: Are gonadal hormones the link? *British Journal of Pharmacology*, *176*(21), 4119–4135.
- Howard, L. M., Trevillion, K., Khalifeh, H., Woodall, A., Agnew-Davies, R., & Feder, G. (2010). Domestic violence and severe psychiatric disorders: prevalence and interventions. *Psychological Medicine*, *40*(6), 881–893.
- Jennings, A. (2004). Models for developing trauma-informed behavioral health systems and trauma-specific services. *Alexandria, VA: National Association of State Mental Health Program Directors, National Technical Assistance Center for State Mental Health Planning*.
- Mahoney, J. (2001). Beyond correlational analysis: Recent innovations in theory and method. *Sociological Forum*, 575–593.
- Maletic, V., & Raison, C. (2014). Integrated neurobiology of bipolar disorder. *Frontiers in Psychiatry*, *5*, 98.
- McEwen, B. S., Nasca, C., & Gray, J. D. (2016). Stress effects on neuronal structure: hippocampus, amygdala, and prefrontal cortex. *Neuropsychopharmacology*, *41*(1), 3–23.
- Menjívar, C. (2011). *Enduring violence: Ladina women's lives in Guatemala*. Univ of California Press.
- Miklowitz, D. J., & Chang, K. D. (2008). Prevention of bipolar disorder in at-risk children:

- theoretical assumptions and empirical foundations. *Development and Psychopathology*, 20(3), 881–897.
- Miklowitz, D. J., & Johnson, S. L. (2017). Bipolar disorder. *Psychopathology: History, Diagnosis, and Empirical Foundations, Third Edition*, 317–363.
- Mondimore, F. M. (2006). *Bipolar disorder: A guide for patients and families*. JHU Press.
- Rivas, C., Ramsay, J., Sadowski, L., Davidson, L. L., Dunnes, D., Eldridge, S., Hegarty, K., Taft, A., & Feder, G. (2016). Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse: A systematic review. *Campbell Systematic Reviews*, 12(1), 1–202.
- Rowland, T. A., & Marwaha, S. (2018). Epidemiology and risk factors for bipolar disorder. *Therapeutic Advances in Psychopharmacology*, 8(9), 251–269.
- Vieta, E., Salagre, E., Grande, I., Carvalho, A. F., Fernandes, B. S., Berk, M., Birmaher, B., Tohen, M., & Suppes, T. (2018). Early intervention in bipolar disorder. *American Journal of Psychiatry*, 175(5), 411–426.
- Weiss, N. H., Tull, M. T., Viana, A. G., Anestis, M. D., & Gratz, K. L. (2012). Impulsive behaviors as an emotion regulation strategy: Examining associations between PTSD, emotion dysregulation, and impulsive behaviors among substance dependent inpatients. *Journal of Anxiety Disorders*, 26(3), 453–458.