Advocacy Thought Piece

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Part I:

Intimate Partner Violence Presents Special Mental Health Concerns

With one in four women affected by intimate partner violence (IPV), we all know someone who may have been in this situation, whether we realize it or not. IPV occurs in every culture, country, and age sector and does not spare any class of people. It affects all socioeconomic groups and people of all religious backgrounds and occurs in same-sex and heterosexual relationships. It can occur, regardless of how long the couple has been in a relationship or how financially successful one or both partners are. It can happen to partners who are dating, married, living together, or are estranged. Bottom line—IPV could happen to anyone!

IPV and mental health

Research has established links between IPV and mental health problems. Sixty percent of women using mental health services are survivors of an abusive relationship, and individuals with a pre-existing mental health condition are at an increased risk for becoming victims.

In some cases, the effects of the abuse manifest themselves into harmful coping mechanisms such as substance abuse, eating disorders, and self-injury in order to ease the pain. These additional mental health challenges make it more difficult to leave the relationship and begin the healing process.

Reforms helpful, but more is needed

The Affordable Care Act (ACA) mandates that women have access to free screening and counseling services for IPV. Unfortunately, there is no federal requirement that physicians be trained to conduct the screenings. As a result, physicians and mental health practitioners may not be equipped to assess the occurrence of IPV.

Because medical professionals are frequently not trained to deal with IPV, they often do not ask the right questions, nor do they provide accurate information or offer effective treatments. One inappropriate, but common, treatment approach by medical professionals is to prescribe and rely exclusively on psychotropic medication, thus further stigmatizing the victim. Instead providers, should take into account the experience of the victim, teach her coping mechanisms and offer her resources that will empower her to leave an abusive relationship. Without such care, the victim is left to feel that she is too “sick” to get out of the situation.

Another well-intended, but harmful approach is using couples therapy to “treat” IPV. However, couples therapy has often been shown to further exacerbate the cycle of violence.

Finally, those with limited resources often rely on community mental health centers. These resources although affordable and confidential, frequently have long wait times and may offer only a limited number of sessions.

Part II

Help Ensure Mental Health Services for Victims of Intimate Partner Violence

Even women in abusive relationships who do not have a pre-existing mental health issue may find it difficult to leave the relationship. Factors such as finances, child care, and shame, combined with the cyclical nature of the abuse, contribute to the challenge of leaving.

Having a mental health condition can make a person even more likely to stay in an abusive relationship because the victim may be dependent on the abusive partner in a number of ways. An abuser may exploit the victim's vulnerability by using the mental health diagnosis to control her behavior. He may convince the victim that others will not believe her accounts of abuse because, for example, she is "crazy," has a history of past hospitalizations, or uses psychotropic medication. He can also use the diagnosis to convince the victim that the court will not grant her custody of their children, adding to her reluctance to leave the relationship. If the victim is experiencing anxiety, has panic attacks, or is feeling suicidal, the perpetrator may force her into hospitalization.

Barriers to care

Another control tactic used by perpetrators is to interfere with the victim's psychotropic medication either by over- or under-medicating her. Abusers can also control access to treatment and insurance coverage.

Women who do try to leave abusive relationships also must face the issue that some shelters have strict rules regarding women with a mental health condition. They may not allow entrance or, if they do, they may have rules regarding medication use. These rules may not align with the woman's current situation and create a barrier to her reaching a safe place.

Where can women find support to deal with these concerns and find safety? What can we expect from health providers, especially mental health professionals?

One would hope that a woman could find help and support from her health providers. But can they be expected to help with something they don't know about? A woman involved in IPV may be uncomfortable or afraid to raise the topic. When practitioners are passive and don't make inquiries, they remain unaware of IPV. Because they are not asking the appropriate questions, they treat only the psychiatric symptoms and do not address the larger issues at hand.

What can advocates do?

Know your rights.

The Affordable Care Act (ACA) requires many insurance plans to include preventive health services for women, including **domestic and interpersonal violence screening** and counseling. If you believe your or your loved one's insurance plan is not complying, contact them to find out if these services are covered. If not, demand that they do so. If they are, revisit the issue with your provider.

Advocate to have support services in place.

IPV can lead to sadness, isolation, and depression. Victims should be connected to resources to get support and mental health care as soon as possible. The National Network to End Domestic Violence provides education and resources to motivate advocates to demand national funding for these services.

Educate mental health and medical professionals about the linkage between IPV and mental health problems.

Providers must ensure that victims be treated for the mental health impact of such abuse and use best practices in assessing

everyone for intimate partner violence. If your health insurance plan does not have adequate mental health coverage, it may not be complying with the ACA.

Work to implement appropriate and consistent screening.
Professionals who treat women with mental health issues should determine whether intimate partner violence is underlying the presenting problem. Health care professionals who do not screen their patients are not doing their jobs properly; all health-care workers should get a full history of past and present episodes of abuse. Everyone should get screened!

Urge and facilitate collaboration among all disciplines.
Mental health specialists, medical practitioners, and legal advocates must collaborate to develop a standard approach to effectively screen and treat mental health problems in all women.

Include post-screening and follow up care.
Victims and IPV survivors may need ongoing mental health care. Medical providers should continue with appropriate screening and care.