Intimate Partner Violence — It Always Hurts

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Content of Presentation

- Links between violence and mental health issues?
- Impact of linking IPV and mental health problems
- Barriers of linking IPV and mental health problems
- Challenges of linking dual issues (mental health and IPV)
- Benefits of linking dual issues (mental health and IPV)

Importance of Looking at Links

For several years now, many organizations that work closely, or from afar, with the issues of intimate partner violence are encountering a growing number of people who are also affected by mental health challenges.

Impact of IPV

- Women impacted by IPV experience various negative health effects and are more likely to rate their overall health as poor compared to women who have not experienced violence.

- IPV can have various impacts on women's physical and psychological health, including their levels of mental health and substance use.

Cost of IPV

- The estimated annual cost to the Canadian health care system for medically treating women who have experienced violence ranges from $408 million to $1.5 billon.

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http://www.endingviolence.org/files/uploads/FreedomViolenceIntro.pdf

Links between IPV & Mental Health

- Research shows that women's experiences of violence precede their substance use and/or mental health issues.

- Women who have experienced violence have significantly higher rates of substance use and mental health concerns compared to women who have not.

Links between IPV & Mental Health

Although women who have varying levels of mental health are more likely to experience violence, for many women, mental health concerns develop in response to the violence and feelings that arise from those experiences.

PREVALENCE

The World Health Organization has declared violence against women to be the leading cause of depression for women

PREVALENCE

- In Canada, the lifetime prevalence of depression for women is estimated to be 12.2%
- In transition houses, over half of women suffer from major depression and over 33% suffer from PTSD
- Higher rates of depression for women who had experienced violence in their lives compared to general populations of women
- Among mental health inpatient populations, one study estimated that 83% of women had been exposed to severe physical or sexual violence as a child or adult

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Labelling

- Trend in health and mental health professionals to label women who have experienced violence with mood disorder diagnoses, such as depression and borderline personality disorder, with little or no consideration for the social context that may be contributing to her concerns.

- These mental health labels can be stigmatizing and create barriers to services

Labelling

- Women with BPD are sometimes seen as ‘difficult to work with’ and are referred on or even refused access by service providers in various sectors

- Some prefer to use diagnosis of Post-Traumatic Stress Responses (PTSR) so that the stressors underlying any mental health symptoms are acknowledged

- Whatever diagnoses a woman is given, anti-violence advocates believe that it is up to the woman to decide whether or not a mental health label makes sense or applies to her experiences

The impact of labelling

- Women are prescribed medications by physicians for mental health concerns, including depression and anxiety, more than any other medication

- Significant correlation between a history of sexual violence and the lifetime number of suicide attempts, and this correlation is twice as strong for women as for men

Impact of IPV and Mental Health

- Women impacted by violence & mental health often face high levels of discrimination and judgment in society and in the services they attempt to access
- Unemployment rates for people with mental health concerns are between 70% and 90% in Canada
- Therefore, high rates of women with mental health concerns living in poverty
- Gaps in provincial government services designed to alleviate these challenges

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Barriers

Barriers at the System-Level and in Services:

- Difficulty accessing social services and child care
- Need for support and education around parenting
- Lack of long term counselling and support groups for experiences of violence/abuse
- Lack of long term and safe housing
- Lack of vocational and legal assistance, etc.

Barriers

- Severe shortage of affordable and safe housing
- Low and underpaid employment
- Unhelpful incomes assistance policies
- A lack of affordable child care and
- Some overzealous child welfare agencies

Barriers ….

- Women could not gain access to their children who had been apprehended until they got safe housing, away from the abuser

- Without access to their children they do not have the level of income support needed to afford even subsidized housing

Barriers

- Lack of cooperative or collaborative services – not able to get support around more than one issues in one place
- Judgement/stigma on the part of service providers
- Fear that children will be apprehended because of violence, mental health
- Requiring a woman to take/monitoring a woman's prescribed medications
- Inflexible rules and inaccessible services and programs

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Why the Disconnect in the Formal System

Few agencies and practitioners are abled to provide all the services needed by abused women and who also experience mental health and/or substance use issues.

Why the Disconnect …

- Philosophical differences – women's movement vs medical model
  - *Priorities between the two sectors differ: anti-violence services are primarily concerned with women's safety and mental health services are concerned with mental stabilization*

- Even when connections are seen, they may be unsure of how to safely accommodate women with these intersecting concerns
  - *the second most common reason women were turned away from Transitional Housing programs across Canada was because of mental health concerns*

(DAWN Canada's National Accessibility and Accommodation Survey)

The Impact of Not Acknowledging Violence

- Their safety needs may not be accessed properly
- Therefore, women are responsible for their own safety
- Women do not trust the services to be there for her and to support them early in treatment

Barriers to Services

- Judgement/stigma on the part of the service provider
- Lack of understanding about IPV which can lead to inappropriate service recommendations or put women at further risk of violence
- Services further disempower women/reproduce abusive relationships
- Feelings of powerless as they are not included in their own health care planning
- Increased risk of violence when seeking support around mental health because abuser feels they have less control over the woman

Barriers to Services…

May be more complex for women who:

- Do not speak one of our official language
- May not see their culture or ethnicity represented in the organization
- May face other forms of discrimination and marginalization – whether outright or subtle – when accessing services

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Dangerous Because

Abusers may:

- Use a woman's level of mental health against her
- Keep medications from her or over medicate her
- Take advantage of changes in her symptoms or feelings
- Claim that she is an unfit mother, and/ or minimize her credibility

Other Issues

- Mental health programs are usually funded by different ministries than violence against women services
- Grants are often targeted towards one or two of the issues leaving gaps in funding for the other(s)
- Anti-violence services and workers are underfunded compared to other services that work with marginalized women
- Funding is often short-term and/or project based which makes sustainable partnerships and programming difficult

Other Issues

- Limited funding available for building relationships/collaboration across sectors and services

- Public policy are for the most part not violence-informed nor created using a gender-based analysis

- Some public policies may actually contribute to, rather than reduce, harms to women

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Recommendations

1. Focus needs to be placed on creating and enhancing services, projects and collaborative initiatives that respond to violence against women and mental health

2. Services in the two sectors need to be violence-informed or, at the very least, trauma-informed

3. All relevant agencies/ministries need to be involved in meaningful collaboration – not only representatives from frontline anti-violence and mental health sectors

Recommendations

4. Resources should be directed towards the women who are the most marginalized or who are most in need of them

5. Women with experience of IPV and mental health issues should be included in any collaborative initiatives around violence and mental health

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What We Need to Learn …

- We must all learn how to recognize and understand the complexities of IPV and be able to name the multifaceted issues that are lived by women, speak out when we see them, and reach out to offer help

- We must find ways to work with the women where they are to avoid re-traumatize the individuals any further

- We must all understand the potential for escalation of violence when there is alcohol/drug addiction and mental health problems, including threatening to commit suicide and/or murder

Get Informed

Knowledge is Power

Resources Online

- Ad Hoc Working Group on Women, Mental Health, Mental Illness and Addictions. (2006). Women, Mental Health and Mental Illness and Addiction in Canada: An Overview. Retrieved March 30, 2010 from http://www.cwhn.ca/PDF/womenMentalHealth.pdf
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Thank You.

Questions?

Thank You

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