MHTTC
Mental Health Technology Transfer Center Network
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NATIONAL Center on Domestic Violence, Trauma & Mental Health

Frequently Asked Questions

Intimate Partner Violence and Mental Health Amidst the COVID-19 Crisis and Beyond: July 8, 2020

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The following are several frequently asked questions from the webinar. See the webinar recording and slide deck for more information.

Participant Questions & Presenters' Responses

Q1 ***What are some of the mental health impacts of intimate partner violence (IPV)?***

A1 A large body of research has demonstrated that experiencing abuse by an intimate partner is associated with a wide range of mental health consequences, further amplified in the context of structural violence, ongoing danger, and coercive control. Multiple studies have found that being abused by an intimate partner increases one's risk for depression, PTSD, suicidality, and substance use. It then comes as no surprise that IPV is prevalent among people accessing mental health and substance use disorder treatment services.

Q2 ***What is mental health coercion?***

A2 In addition to precipitating or exacerbating mental health concerns, IPV commonly targets a person's mental well-being and access to mental health support. Mental health coercion refers to abusive tactics targeted towards a partner's mental health as part of a broader pattern of abuse and control. This often involves the use of force, threats, or manipulation and can include deliberately attempting to undermine a person's sanity, preventing them from accessing mental health services, controlling their prescribed medication, using their mental health to justify abuse and discredit them with sources of protection and support, leveraging their (real or fabricated) mental health status to manipulate law enforcement or influence child custody decisions, and/or using the stigma associated with mental illness to make them think that no one will believe them, among many other tactics.

Mental health coercion is all too common. In a study conducted by NCDVTMH in collaboration with the National Domestic Violence Hotline (n=2,733), it was found that:

- 89% of hotline callers had experienced at least one form of mental health coercion
- 73% experienced at least two forms of mental health coercion
- 86% said that their partner accused them of being "crazy"

- 74% said that their partner deliberately did things to make them feel like they were “losing [their] mind”
- 50% said that their (ex-)partner had threatened to report their mental health to keep them from sources of protection and connection (including law enforcement, custody of children, and protection orders)
- 53% had sought mental health services, and of those, 50% said that their (ex-)partner had attempted to prevent or discourage them from accessing mental health care.

Q3 ***What impact does COVID-19 have on the safety and well-being of individuals who are being abused by an intimate partner?***

A3 In the face of COVID-19, IPV has become more frequent and also more severe, including an increased use of weapons and more severe injuries. At the same time, people who are sheltering in place or self-quarantined with an abusive partner are experiencing higher rates of IPV, while also facing greater isolation and less access to safety and support. This has resulted in increased stress, anxiety, fear, grief, and trauma related not only to COVID-19 but also to being entrapped with an abusive partner. In addition, new forms of abuse have emerged that specifically leverage fear and risks related to COVID-19. These include withholding necessary items, such as soap and disinfectants; sharing misinformation about the pandemic in order to control, frighten, or prevent survivors from seeking sources of support (including healthcare), and more.

For more information on COVID-19 forms of abuse, see the graphic found here.

Q4 ***How can we be more aware of the presence of IPV in the lives of people accessing mental health care?***

A4 Disclosing IPV can increase danger for people who are currently being abused by an intimate partner. For this reason, it is important that mental health care providers:

- Focus on building safety within services, including confidentiality, informed consent, emotional safety, and physical safety. This applies to all areas of services, including provider relationships, service settings, health records, and other business operations.
- Create access to information about IPV and sexual violence (SV) and related resources that people can access without having to disclose their current situation.

One easy to remember method is CUES from Futures Without Violence, which stands for:

- C: Confidentiality
- U: Universal Education
- E: Empowerment

- S: Support

CUES is a proven clinical strategy focused on providing universal education about relationships and how they can impact health, mental health, and well-being. The CUES model promotes prevention of IPV and does not require disclosure of abuse in order to gain access to helping services and supports.

Mental health providers can integrate awareness of mental health coercion into existing assessment and therapeutic services by:

- Exploring the relationship between the individual's feelings or symptoms and current or past experiences of abuse, trauma, and coercion.
- Inquiring about how a current partner responds when the individual is experiencing mental health symptoms.
- Discussing how a current partner might respond to medication and treatment plans.

Below are some mental health coercion tactics to actively listen for:

- Undermining: partner uses the individual's mental health status to actively undermine them
- Blaming: partner uses the individual's mental health status to justify abuse
- Gaslighting: partner does things intentionally to cause the individual to question their sanity
- Jeopardizing: partner actively exacerbates mental health symptoms (such as preventing access to mental health services or interfering with nutrition and sleep)
- Discrediting: partner uses the individual's mental health status to undermine or humiliate with other people (very often, those who are potential sources of protection or support)
- Threatening: partner threatens to have the person hospitalized or institutionalized; partner uses mental health status to threaten the individual's custody of their children
- Controlling: seizing control of medications; interfering with the person's engagement in mental health services, including attempting to control a provider's perceptions; control over the person that is secured by guardianship or Psychiatric Advance Directive

Q5 ***How can we increase safe access in tele-based mental health care?***

A5 Treat confidentiality as a safety need and strive to use secure methods of communication that address tech safety. Adhere to HIPAA privacy regulations and support informed decision-making and consent. Support individuals in weighing the benefits and risks of different forms of communication and support safety planning around tech use as well as engagement in mental health care. It is important to offer flexibility with appointment times and rescheduling in order to support the safety of those who may be sheltering in place or being stalked by an abusive (ex-)partner. It

may be necessary to use creativity in order to determine what is a safe and confidential space from which a person can access their session. During tele-based sessions, begin by asking more yes/no questions to establish safety and confidentiality at the start of sessions. It can also be helpful to establish (in advance) an individualized safety code word or phrase so the individual can discreetly communicate that it is not safe to talk openly at this time or that they need help. Any supportive actions to be taken by the service provider in response to the safety code must be clarified in advance so as to not increase the person's danger.

Q6 ***What kinds of resources are available for people experiencing IPV or sexual violence?***

A6 Responding effectively to individuals experiencing IPV/SV requires specific training and support as well as ongoing partnerships with domestic and sexual violence (DV/SV) organizations. DV/SV advocates are the best resource for knowing how to safely connect individuals to available resources as well as helping to navigate complex systems (housing, medical, legal, custody, etc.). Many programs also offer DV counseling services for individuals and their children. DV/SV programs and crisis hotlines (phone, text, chat, TTY) continue to operate and provide services during the COVID-19 public health emergency (PHE) and Orders of Protection continue to be available.

Q7 ***For people experiencing both mental health concerns and abuse by an intimate partner, which one should be addressed first?***

A7 An integrated approach continues to be the most effective in supporting people experiencing both mental health concerns and IPV, so that service providers can be optimally responsive and tailor services based on each individual's self-defined needs. The person is always the expert on their experience and providers should begin wherever the person indicates it would be most helpful to start. System-level collaboration, cross-specialization, cross-training, and interdisciplinary teams are important resources in meeting survivors needs. When not possible or available, a high level of collaboration paired with cross-training and active consultation is the next best thing. Sequential or siloed services are likely to lock individuals and their children out of systems of care, leaving them without real help from anyone. For more information and resources on collaboration between domestic violence, mental health, and substance use disorder treatment systems, please see the Information Memorandum jointly released by SAMHSA, ACF, and NCDVTMH.

Resources

- National Center on Domestic Violence, Trauma & Mental Health: www.NationalCenterDVTraumaMH.org
    - COVID-19 Resource Hub: http://www.nationalcenterdvtraumamh.org/trainingta/covid/

    - **Stay connected and find out about future offerings:** www.nationalcenterdvtraumamh.org/newsletter-sign-up/
    - **Get social with us!**
        - Twitter: @ncdvtmh
        - Instagram: @ncdvtmh
        - Facebook: www.facebook.com/ncdvtmh
- For a listing of state and territory DV coalitions see: https://nnedv.org/content/state-u-s-territory-coalitions
- For a listing of tribal DV/SV coalitions see the National Indigenous Women's Resource Center (NIWRC) http://www.niwrc.org/tribal-coalitions plus many other resources related to violence against Native women
- For a listing of state and territory SV coalitions see: https://www.nsvrc.org/organizations/state-and-territory-coalitions
- Digital Services Toolkit (National Network to End Domestic Violence, NNEDV) www.techsafety.org/digital-services-toolkit
- Resources on the Response to COVID-19 (NNEDV): https://nnedv.org/latest_update/resources-response-coronavirus-covid-19/
- COVID-19 for Survivors, Communities, and DV/SA Programs (Futures Without Violence): www.futureswithoutviolence.org/get-updates-information-covid-19/
- Safety Planning (NDVH): www.thehotline.org/2020/03/13/staying-safe-during-covid-19/
- Safety Planning App: www.myplanapp.org
- Mental Health and Substance Use Coercion Survey Report: www.nationalcenterdvtraumamh.org/publications-products/mental-health-and-substance-use-coercion-surveys-report/
- Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence: A Toolkit for Screening, Assessment, and Brief Counseling in Primary Care and Behavioral Health Settings: http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2018/03/NCDVTMH_MHSUCoercionToolkit2018.pdf
- A Systematic Review of Trauma-Focused Interventions for Domestic Violence Survivors: http://www.nationalcenterdvtraumamh.org/publications-products/ncdvtmh-review-of-trauma-specific-treatment-in-the-context-of-domestic-violence/
- The Relationship Between IPV and Substance Use: Applied Research Review: www.nationalcenterdvtraumamh.org/wp-content/uploads/2014/09/IPV-SAB-Final202.29.1620NO20LOGO-1.pdf
- Recommendations for Suicide Prevention Hotlines on Responding to Intimate Partner Violence: www.nationalcenterdvtraumamh.org/publications-products/recommendations-for-suicide-prevention-hotlines-on-responding-to-intimate-partner-violence/
- Real Tools: Responding to Multi-Abuse Trauma: www.nationalcenterdvtraumamh.org/wp-

content/uploads/2012/09/RealTools_RespondingtoMultiAbuseTrauma_BlandandEdmund.pdf

- Trauma in the Context of DV: http://www.nationalcenterdvtraumamh.org/2014/10/ncdvtmh-guest-edits-special-issue-of-synergy-in-honor-of-dv-awareness-month/
- Trauma-Informed Care for Mental Health Professionals: http://athealth.com/trauma-informed-care-for-mental-health-professionals/
- Mental Health Treatment for Survivors of IPV: http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2015/10/Mitchell-Chapter-24.pdf
- SAMHSA and ACF Information Memorandum on the Intersection of Domestic Violence, Mental Health and Substance Use: http://www.nationalcenterdvtraumamh.org/2019/09/information-memorandum-from-samhsa-and-acf-calls-for-collaboration-on-domestic-violence-substance-use-and-mental-health/

Hotlines

Disclaimer

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