



Intimate Partner Violence — It Always Hurts

Presented at the

National Research Day 2012: Sexual Violence, Domestic Violence: Exploring the Continuum of Violence Against Women and Girls

Rina Arseneault, Associate Director
Muriel McQueen Fergusson Centre
for Family Violence Research

Content of Presentation

- Link 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 billion.

Link 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.

Link 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

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

Barriers

- Lack of cooperative or collaborative services – not able to get support around more than one issue in one place
- Judgement/stigma on the part of service providers
- Fear that children will be apprehended because of violence, mental health
- Inflexible rules and inaccessible services and programs

Why the Disconnect in the Formal System

Few agencies and practitioners are able 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)

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
- 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

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-traumatizing the individuals any further

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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- Parkes, T., Welch, Besla, K., Leavitt, S., Ziegler, M., MacDougall, A., Armstrong, S., LaCombe, B., LeClaire, M., Taylor, N., Cory, J. (2007). *Freedom From Violence Tools For Working With Trauma, Mental Health And Substance Use.* Ending Violence Association of BC. <http://www.endingviolence.org/files/uploads/FreedomVio>
- Warshaw, C. & Moroney, G. (2002). *Mental health and domestic violence: collaborative initiatives, service models and curricula.* The National Center on Domestic Violence, Trauma & Mental Health. <http://www.nationalcenterdvtraumamh.org/lib/File/Model%20Collab%2011.6.02.pdf>

THANK YOU.

Questions?



Thank You

Muriel McQueen Fergusson Centre
for Family Violence Research

For more information:

PO Box 4400

Fredericton NB E3B 5A3

Tel.: (506) 458-7137

Fax: (506) 453-4788

E-mail: rinaa@unb.ca

www.unb.ca/mmfc

