

CALL TO ACTION- NEW RESEARCH FINDINGS HIGHLIGHT THE IMPACT OF INTIMATE PARTNER VIOLENCE ON MATERNAL MENTAL HEALTH



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Pregnant and parenting people who experience intimate partner violence (IPV) are at high risk for interlocking forms of abuse that target their access to behavioral health services while making it harder to maintain housing and child custody.

For decades, studies and patient reports have detailed coercive tactics used by abusive partners that focus on survivors' mental health or substance use – tactics known as mental health and substance use coercion (Warshaw et al., 2014). Tactics abusive partners use include, but are not limited to, deliberately doing things to make their partner feel like they are losing their mind, forcing or pressuring their partner to use substances, threatening to report them to child welfare for their substance use, or restricting their partner's access to behavioral health services through manipulation, coercion, or violence (Phillips et al., 2020a). While these forms of abuse have adverse effects on mental health, safety, and wellbeing, coercive threats related to custody loss and housing instability also serve as deterrents to behavioral healthcare for pregnant and parenting IPV survivors.

The National Center on Domestic Violence, Trauma, and Mental Health, with The National Domestic Violence Hotline and StrongHearts Native Helpline, recently conducted a survey of over 18,000 people aged 18 or older to better understand these forms of abuse. These new findings provide the first-ever prevalence data on ways that abusive partners leverage the nexus of behavioral health concerns and powerful systems against pregnant and parenting people. In this study, 33.0% of respondents reported that they were pregnant at the time of the abuse.

Key Findings for Respondents Who Were Pregnant at the Time of the Abuse High Rates of Abusive Tactics, Including:

Restricting access to behavioral health services and culturally-specific healing supports

- 60% of respondents who sought mental health services reported that their partner restricted their access to mental health services and culturally-specific healing supports.
- 68% of respondents who sought substance use treatment services reported that their partner restricted their access to substance use treatment services and culturally-specific healing supports.

Jeopardizing child custody

- Among respondents who sought behavioral health services, 62% of those accessing mental health services and 72% of those accessing substance use services reported that their abusive partner used their behavioral health needs against them to jeopardize their ability to maintain custody of their children.

Threatening housing stability

- 63% of respondents who sought mental health services reported that their partner used claims about their mental health against them to make it harder for them to get or keep housing.
- 72% of respondents who sought substance use treatment services reported that their partner used claims about their substance use against them to make it harder for them to get or keep housing.

Legal system involvement

- 58% of respondents who sought mental health treatment services reported that their partner used their mental health against them to get them in legal trouble.
- 66% of respondents who sought substance use treatment services reported that their partner used their substance use against them to get them in legal trouble.

Additional Findings

- 83% of respondents who were pregnant at the time of abuse reported experiencing at least one form of mental health coercion.
- 88% of respondents who were pregnant at the time of abuse and who have sought support for substance use related challenges have experienced at least one form of substance use coercion.
- Respondents pregnant at the time of abuse experienced significantly higher rates of each of the eight mental health and each of the eight substance use coercion tactics included in this survey ($p < .001$), as compared to those not pregnant at the time of abuse.
- 78% of respondents pregnant at the time of abuse reported that an abusive partner made false claims about them having challenges with mental health and/or substance use.

Tactics included:

- “Get you in legal trouble”
- “Make it harder for you to keep or get child custody”
- “Make it harder for you to get an order of protection”
- “Make it harder to get or keep housing”
- “Get you in trouble with immigration”
- “Make it harder to get or keep public benefits (like SNAP/food stamps or cash assistance/welfare (TANF))”
- “Restrict access to mental health services”
- “Restrict access to substance use services”
- “Restrict access to healing activities that are important to you spiritually or culturally.”

Abusive partners may use mental health and substance use coercion to manipulate pregnant and parenting people into situations that seem inescapable, where they face negative consequences regardless of their actions or choices.

This includes:

- Contributing to a partner’s development of mental health challenges, then emotionally abusing them for being “crazy” and reporting them to child welfare as “mentally unfit” to parent.
- Reporting a partner’s use of psychiatric medication in an attempt to influence a child custody case.
- Forcing a partner to use substances, taking photos or videos to document it, then threatening to use the documentation to report them to child welfare if they attempt to leave the relationship.

Implications

Behavioral Healthcare

Treatment interference by an abusive partner is an often-overlooked yet critical barrier to behavioral healthcare access and negatively impacts maternal mental health (Mehr et al, 2023, Warshaw & Tinnon, 2018). People have reported that their abusive partners have: stalked them during regularly scheduled treatment appointments, twisted conversations in couples’ therapy to undermine their mental health and wellbeing, stole their behavioral health medications, forced them to do unwanted or illegal acts to obtain money or substances, and escalated violence when they accessed behavioral health services and supports (Edmund & Bland, 2011, Pallatino et al, 2021, Phillips et al., 2020b, Rothman et al., 2018, Macy et al., 2012). Pregnant people managing their substance use disorder have also been forced off of medication assisted treatment by their abusive partners. This is within a broader context in which people often fear the stigma related to accessing behavioral health services as well as their providers’ power to report them to child welfare or to the criminal legal system (Lippy et al., 2020).

Child Custody

The fear of child custody loss is a major deterrent to accessing behavioral healthcare - particularly substance use disorder treatment services. This is a legitimate concern as healthcare providers are one of the most frequent reporters to child welfare (Edwards et al., 2023). These fears are compounded in jurisdictions where “exposure to domestic violence” is grounds for child welfare involvement (Roberts & Pies, 2011, Sanmartin et al., 2020) or where substance use during pregnancy is considered child abuse; in five states, it is grounds for civil commitment (Guttmacher Institute, 2023). Mothers from marginalized groups, particularly those who are racial or ethnic minorities, low-income, or disabled, are at heightened risk for child custody loss due to systemic factors (Child Welfare Information Gateway, 2016). Parents whose children have been removed report experiencing profound grief, stigma, trauma, exacerbation of mental health or substance use challenges, overdoses, subsequent losses of other children, and additional adversities as a direct consequence of loss of child custody (Broadhurst & Mason, 2020; Kenny & Barrington, 2018; Thurmth et al., 2021).

These adverse outcomes are interlocking and deeply intertwined with IPV: not only is child removal connected to poverty and housing instability, but it is also worsened by the economic abuse that nearly all IPV survivors face (National Council of Juvenile and Family Court Judges, 2021, Postmus et al., 2012).

Housing and wellbeing

Experiencing IPV a major cause of housing instability and homelessness for mothers and their children (Suglia et al., 2011). At the same time, housing instability directly worsens mental health (Bullock et al., 2020). People who are made reliant on abusive partners for housing are forced to choose between becoming homeless, experiencing housing instability or dangerous living conditions, or staying with an abusive partner (Pavao et al., 2007). None of these options are acceptable; it is imperative that safe alternatives are made available. However, when abusive partners weaponize their partners' behavioral health concerns against them via the criminal legal system, fewer safe alternatives exist. As a way to maintain control, abusive partners threaten to call the police on their partners if they attempt to leave the relationship (Phillips et al., 2020b). The success of these tactics is further amplified by long-standing policies that create barriers to quality housing for racial and ethnic minorities and low-income and/or disabled people (Kulkarni & Notaro, 2023) - groups that are often disproportionately affected by the criminal legal system due to systemic factors (Pettit & Gutierrez, 2018). IPV survivors who have a criminal record face significant barriers to housing and employment; at the same time, lack of housing impacts the behavioral health, safety, and wellbeing of them and their children (Fedock et al., 2018).

In Conclusion

It is critical that policies that address the maternal mental health crisis center the experiences of IPV survivors. Mental health and substance use coercion are highly prevalent and create interlocking Catch-22's that place parents and their children at greater risk for homelessness, child welfare involvement, legal issues- all which worsen maternal mental health. At the same time, mental health and substance use coercion both decrease and deter access to behavioral healthcare, including due to well-founded fears related to provider reports to powerful systems that can lead to child custody loss or criminalization.

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