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NCDVTMH Contributes Critical Insights to Maternal Mental Health National Strategy and Report to Congress

Urges Recognition of Gender-Based Violence as a Key Factor

CHICAGO, IL - The National Center on Domestic Violence, Trauma, and Mental Health (NCDVTMH) is urging policymakers and healthcare providers to recognize the significant role that gender-based violence plays in the maternal mental health crisis facing our nation. This call to action builds on NCDVTMH's Director, Carole Warshaw, MD's crucial contributions to the newly released Maternal Mental Health National Strategy and Report to Congress and on key findings from a groundbreaking study NCDVTMH conducted in partnership with The National Domestic Violence Hotline and StrongHearts Native Helpline.

Dr. Warshaw, an appointed member of the Task Force on Maternal Mental Health co-chaired by the Health and Human Services Agency (HHS) Assistant Secretary for Health Admiral Rachel Levine, M.D., and Assistant Secretary of the Substance Abuse and Mental Health Services Agency (SAMHSA) Miriam E. Delphin-Rittmon, Ph.D., made vital contributions to the Task Force's National Strategy to Improve Maternal Mental Health Care and report to Congress. As an internationally recognized expert dedicated to addressing the complex safety and mental health needs of domestic violence survivors, her contributions were crucial in highlighting the unique challenges faced by pregnant and parenting individuals experiencing gender-based violence.

To further illustrate the critical intersection of gender-based violence and maternal mental health, we turn to the study conducted by NCDVTMH and its partners. Early findings paint a troubling picture: pregnant and parenting survivors of domestic violence face a heightened risk of experiencing forms of abuse that weaponize the stigma surrounding mental health and substance use. This includes abusive tactics that deliberately reduce their access to essential resources and leverage claims about mental health or substance use to mobilize child welfare and legal systems against them. This creates devastating consequences for the safety and well-being of both domestic violence survivors and their children.

Key initial findings on maternal mental health from NCDVTMH's survey of over 18,000 domestic violence survivors include:

- 33% of the 18,000+ respondents were pregnant at the time their partner abused them.
- 83% of respondents who were pregnant at the time of abuse reported that their partner used abusive tactics that leveraged mental health stigma against them with powerful systems (e.g., child welfare, legal systems, housing) or restricted their access to mental health services.
- 88% of respondents who were pregnant at the time of abuse and sought help for substance use reported that their partner used abusive tactics that leveraged substance use stigma against them with powerful systems (e.g., child welfare, legal systems, housing) or restricted their access to substance use supports and services.
- High rates of abusive tactics among survivors who were pregnant at the time of abuse and sought help for mental health or substance use:
 - Those seeking mental health support said that their mental health concerns were used against them to restrict their access to mental health supports (60%), housing (63%), as well as to jeopardize child custody (62%) and get them in legal trouble (58%).
 - Those seeking substance use support said that their substance use concerns were used against them to restrict their access to substance use services (68%), housing (72%), as well as to jeopardize child custody (72%) and get them in legal trouble (66%).
- 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. These types of false claims are often weaponized against survivors in their interactions with systems, such as child welfare and family court, as well as within criminal legal proceedings.

“The initial findings of our study are deeply concerning and underscore the importance of having our National Strategy address gender-based violence as a core issue impacting maternal mental health,” said Dr. Warshaw. *“We can no longer treat the violence pregnant and parenting people face as an afterthought. We must work collaboratively across systems to ensure that these needed improvements center the voices and experiences of survivors.”*

As NCDVTMH continues to analyze the data from this study, the organization remains committed to sharing its findings with the public and using this data to inform needed policy changes and adequate resources to support maternal mental health and address the devastating intergenerational impact of gender-based violence.

About NCDVTMH: The National Center on Domestic Violence, Trauma, and Mental Health (NCDVTMH) is a leading organization dedicated to addressing the complex intersections of gender-based violence, trauma, mental health, and substance use. NCDVTMH promotes survivor-defined healing, liberation, and equity by transforming the systems that impact survivors of domestic and sexual violence and their families.