

Intimate Partner Violence and Mental Health

Co-Occurrence of Intimate Partner Violence and Mental Health

- Women who have experienced intimate partner violence are twice as likely to experience depression.
- Women who have a pre-existing mental health problem can experience a worsening or recurrence of their condition if exposed to IPV.
- Women with mental health problems may be at greater risk of experiencing IPV (there is an indication that this is a bidirectional relationship – i.e, women who have a mental health disorder are more likely to experience IPV and women who experience IPV are more likely to develop a mental health condition such as depression or suicidal behavior).

Key Considerations for Working with Survivors in these Contexts

- The way that a service provider responds to and supports a woman who has experienced IPV plays a critical role in her recovery. Providing basic psychosocial support may be sufficient to help a survivor recover from transient signs of psychological stress. In emergencies, a service provider may only see a woman once, thus basic, compassionate care may be the most important help one can provide.
- Violence is one of the most stressful experiences women can have. Though a survivor may feel fear, anxiety, sadness, anger, guilt, shame and other feelings of emotional distress, these are normal reactions to violence and will often pass if she receives basic support.
- If a woman had a prior mental health condition, it may be exacerbated or re-occur due to experiencing IPV. And because women with mental health problems may be at greater risk of IPV, it is possible that there will be a disproportionate burden of pre-existing mental health problems among survivors.
- Service providers should consider whether a survivor has a pre-existing mental health condition during assessment and the provision of care so that they can understand her risk of developing depression or another condition following an experience of violence.
- Service providers can help IPV survivors by focusing on coordination of care by connecting her with appropriate follow-up care for a pre-existing mental health condition, ensuring ongoing support.

Suggested Approaches¹

1. Provide basic psychosocial support
 - Actively listen to the survivor, inquire about her needs and concerns and validate her feelings and experiences with empathy and without judgment.
 - Address her practical and safety needs. Survivors of IPV may be at continued risk of violence. Developing a plan for her safety is critical. Refer the survivor to needed services and make a plan with her to manage some of her most pressing problems. Survivors may have health, practical and safety concerns that make it difficult to carry on with daily activities.
 - Work with the survivor to ensure she is connected to supportive activities, friends and family. Keep in mind that family and friends may be unsupportive and may take actions that put her at risk or further stigmatize and isolate her. Work with a survivor to understand who she may be able to count on for non-judgmental support.
 - Provide information about normal reactions to acute stress. After an experience of IPV a survivor may be experiencing frightening feelings of fear, anxiety, sadness, nightmares, and a host of other symptoms of emotional distress. Just reassuring the survivor that these are common reactions to violence can be enormously helpful.
 - Reinforce positive coping: Ask survivors how the violence has been affecting them and how they are coping with these problems day to day. Explore activities that help her to relax or are pleasurable and support her to reengage in these.
 - Explore relaxation and stress reduction exercises such as slow breathing, progressive muscle relaxation or grounding to alleviate stress and anxiety.
2. If the survivor has a pre-existing mental health problem, be attentive to worsening or recurrence. If symptoms persist, refer the survivor to a mental health specialist for an assessment of mental health problems (*preferably a health provider who is implementing mhGAP, if possible*)
3. Follow-Up: Make sure to make follow-up appointments so that you can continue to provide care and assess for further problems.

Multiple Choice Questions²

1. If you see survivors just once, what is amongst the most important help you can provide?
 - Information about mental illnesses
 - Basic, compassionate care
 - Relaxation techniques

Possible Resources

- Fulu, E, Warner, X, Miedema, S, Jewkes, R, Roselli, T and Lang, J. (2013). *Why Do Some Men Use Violence Against Women and How Can We Prevent It? Quantitative Findings from the UN Multi-Country Study on Men and Violence in Asia and the Pacific*.
- WHO. 2014. Health care for women subjected to intimate partner violence or sexual violence. A clinical handbook.
- WHO. 2013. Responding to intimate partner violence and sexual violence against women: WHO Clinical and Policy Guidelines.
- World Health Organization and United Nations High Commissioner for Refugees. *mhGAP Humanitarian Intervention Guide (mhGAP-HIG): Clinical management of mental, neurological and substance use conditions in humanitarian emergencies*.
- Geneva: WHO, 2015.



¹ Adapted from the WHO Clinical Handbook. This suggests using WHO's LIVES approach and basic PSS techniques., then assessing for a mental health condition if suspected.

² Basic, compassionate care