

For better health, start with safety: addressing and preventing intimate partner violence through Medicaid policy

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Abstract

Background

Intimate partner violence (IPV), including physical or sexual violence or stalking, is a widespread, multigenerational problem that affects about 41 percent of women and 26 percent of men. This social driver of health (SDOH) has severe, long-lasting impacts on the physical and mental health of survivors and their children and increases the risk for other SDOH. State Medicaid agencies have an opportunity to exercise waivers and flexibilities to enact policies that address IPV to improve the health of beneficiaries, particularly through maternal health initiatives.

Objective

Mathematica partnered with Blue Shield of California Foundation and Futures Without Violence to develop evidence-informed recommendations for using Medicaid policy levers to prevent and address IPV.

Methods

We searched published and gray literature, conducted key informant interviews with subject matter experts (including IPV advocates and survivors, clinicians, policymakers, and managed care plans), and reviewed emerging state Medicaid initiatives.

Results

State Medicaid agencies and managed care plans can and should integrate policies that address the health and social needs of IPV survivors through provider training, expanded benefits, maternal health initiatives, behavioral health initiatives, workforce development, payment strategies, and partnerships. California and North Carolina have begun to do so. Effective strategies include requiring and providing IPV training for health care providers and staff; increasing universal education, IPV screening, and response in health care settings; covering and requiring IPV training for community health care workers, promotores, doulas, and home visitors; expanding benefits to include services that address social needs; expanding behavioral health services for survivors and their families; and building sustainable partnerships with community IPV service providers and related supports.

Conclusion

We urge policymakers and others to adopt evidence-informed approaches that address and prevent the effects of IPV. Other states can learn from and replicate recent Medicaid initiatives in California and other states that prioritize such strategies.