

THE INTERSECTIONALITY OF RACE, GENDER, POVERTY, AND INTIMATE PARTNER VIOLENCE

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I. INTRODUCTION

A. Background

Trigger Warning: The following story may trigger an adverse reaction for survivors of intimate partner violence, or IPV.

Robert Kelly, better known by his stage name “R. Kelly,” and Andrea Kelly have been divorced for almost a decade.¹ Unfortunately, Andrea is still tormented by the abuse she experienced from her now ex-husband.² During an appearance on *The View*, she claimed that on one occasion R. Kelly attacked her in the back of a Hummer and that she now suffers from post-traumatic stress disorder stemming from the attack.³ On the same show, she also recalled another incident in which she claimed R. Kelly “hogtied” her on their bed, and she escaped on her own once R. Kelly fell asleep.⁴ Due to the alleged abuse, at one point she considered ending her life.⁵

Andrea Kelly is not alone. In fact, some would consider her lucky. Andrea Kelly had the financial resources to leave her relationship, hire an attorney to represent her in her divorce case, and go on to pay for a safe place to stay. Unfortunately, impoverished women are not as lucky. Low-income survivors, who must rely on entitlement programs for shelter and legal representation, cannot afford to do so. In addition, seeking professional help to heal from the trauma they experienced at the hands of their partner is likewise unattainable. That is why it is essential to utilize an intersectional lens when discussing funding treatment costs for impoverished women who are seeking treatment from mental illnesses that stem from surviving intimate partner violence.

B. Financial Barriers Survivors Encounter When Seeking Treatment for Mental Illnesses

Intimate partner violence (“IPV”) is a major public health concern for Americans. The term “intimate partner violence” encompasses abuse by a current or former partner that may be physical, sexual, or psychological.⁶ Financial abuse

1. Nicholas Hautman, *R. Kelly’s Ex-Wife Andrea Kelly Claims He Almost Killed Her, She Considered Suicide After Alleged Abuse*, US WKLY. (Oct. 5, 2018), <https://www.usmagazine.com/celebrity-news/news/r-kellys-ex-wife-andrea-kelly-claims-he-almost-killed-her/> [<https://perma.cc/6FUY-MFSE>].

2. *Id.*

3. *Id.*

4. *Id.*

5. *Id.*

6. *Intimate Partner Violence*, CTRS. FOR DISEASE CONTROL, <https://www.cdc.gov/>

is one of the most harmful forms of intimate partner violence.⁷ Intimate partner violence can occur between heterosexual or same-sex couples.⁸ Over one in three women experience intimate partner violence in their lifetime.⁹ “While both men and women are victimized, prevalence rates of violence against women are higher.”¹⁰

The survival of intimate partner violence is closely linked with mental illness.¹¹ Experiencing IPV can lead to numerous health consequences for women.¹² These consequences can include anxiety, depression, substance abuse, and post-traumatic stress disorder (PTSD).¹³ According to the National Institutes of Mental Health, “PTSD is a disorder that develops in some people who have experienced a shocking, scary or dangerous event.”¹⁴ One study found that 47.6 percent of women who survived IPV were “depressed and 63.8 percent had [PTSD]; 18.5 percent used alcohol excessively; 8.9 percent used drugs; and 7.9 percent committed suicide.”¹⁵ Depression is one of the most common sequela of IPV for survivors, and it is also one of the chronic effects of PTSD caused by IPV.¹⁶ Survivors of domestic violence often need the help of a mental health professional to heal from trauma.¹⁷

Furthermore, serious mental illnesses are more frequent among adults who

violenceprevention/intimatepartnerviolence/index.html/ [https://perma.cc/NK5X-UNC8].

7. *Learn About Domestic Violence and Financial Abuse*, PURPLE PURSE ALLSTATE FOUND., <https://www.purplepurse.com/the-issue/domestic-violence-financial-abuse.aspx/> [https://perma.cc/S88C-GKH5].

8. *Intimate Partner Violence: Definitions*, CTRS. FOR DISEASE CONTROL, <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html/> [https://perma.cc/9AU4-4VUL].

9. SHARON G. SMITH ET AL., NAT’L CTR. FOR INJURY PREVENTION & CONTROL, THE NATIONAL INTIMATE PARTNER AND SEXUAL VIOLENCE SURVEY: 2015 DATA BRIEF – UPDATED RELEASE 7 (Nov. 2018), <https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf> [https://perma.cc/2VWH-FJ3Z].

10. Gunnur Karakurt et al., *Impact of Intimate Partner Violence on Women’s Mental Health*, 29 J. FAM. VIOLENCE 693, 693 (2014).

11. *Recognizing Domestic Partner Abuse*, HARV. WOMEN’S HEALTH WATCH. (Harvard Health Publishing, Boston, Mass.), Sept. 2006, https://www.health.harvard.edu/newsletter_article/recognizing-domestic-partner-abuse [https://perma.cc/J2NU-FRCM].

12. Karakurt et al., *supra* note 10, at 693-96.

13. *Id.*

14. *Post-Traumatic Stress Disorder*, NAT’L INST. MENTAL HEALTH (Feb. 2016), <https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml> [https://perma.cc/F7FV-WW7G].

15. *Recognizing Domestic Partner Abuse*, *supra* note 11.

16. Susan Babbel, *Domestic Violence: Power Struggle with Lasting Consequences*, PSYCHOLOGY TODAY (May 27, 2011), <https://www.psychologytoday.com/us/blog/somatic-psychology/201105/domestic-violence-power-struggle-lasting-consequences> [https://perma.cc/RP7V-RKDD].

17. *Medicaid*, SAFE HORIZON, <https://www.safehorizon.org/medicaid> [https://perma.cc/9SBT-SG24].

are uninsured and those who are poor.¹⁸ In a 2016 study, twenty-one percent of Americans reported that “they or a family member did not receive needed mental health services.”¹⁹ This lapse in treatment may be due to the fact that some of the participants could not afford the cost.²⁰ A recent report by the Substance Abuse and Mental Health Services Administration (SAMHSA) showed that “cost [was] the most commonly reported barrier to using mental health services.”²¹ With this in mind, it is important to note that poverty has been correlated to increased rates of intimate partner violence.²² Intersectionality as a framework can be utilized to understand why survivors of intimate partner violence may not be able to afford mental health services.

*C. The Issue: The Personal is Political*²³

Intersectionality is an instrument used “for analysis, advocacy and policy development that addresses multiple discriminations and helps us understand how different sets of identities impact access to rights and opportunities.”²⁴ In the words of Kimberle Crenshaw, “[i]ntersectionality is a lens through which [one] can see where power comes and collides, where it interlocks and intersects.”²⁵ The intimate partner violence that many women face is often shaped by “other dimensions of their identities, such as race and class.”²⁶ Various forms of

18. Rabah Kamal, *What are the Current Costs and Outcomes Related to Mental Health and Substance Abuse Disorders?*, KAISER FAM. FOUND. (Jul. 31, 2017), <https://www.healthsystemtracker.org/chart-collection/current-costs-outcomes-related-mental-health-substance-abuse-disorders/#item-serious-mental-illness-prevalent-among-adults-uninsured-poor> [https://perma.cc/P8RT-HPTN].

19. *Id.*

20. *Id.*

21. *Id.*

22. *Domestic Violence and Poverty*, GET DOMESTIC VIOLENCE HELP, <https://www.getdomesticviolencehelp.com/domestic-violence-and-poverty.html> [https://perma.cc/8NNM-CGA3].

23. Carol Hanisch, *The Personal is Political: The Women’s Liberation Movement classic with a new explanatory introduction*, (Feb. 1969), <http://www.carolhanisch.org/CHwritings/PIP.html/> [https://perma.cc/JB29-KWL8].

24. *Intersectionality & Violence Against Women of Color*, CTR. FOR RELATIONSHIP ABUSE AWARENESS, <http://stoprelationshipabuse.org/action/intersectionality-violence-against-women-of-color/> [https://perma.cc/ZY4H-EDKD].

25. Kimberlé Crenshaw on *Intersectionality*, *More than Two Decades Later*, COLUMBIA L. SCH. (June 8, 2017), <https://www.law.columbia.edu/pt-br/news/2017/06/kimberle-crenshaw-intersectionality> [https://perma.cc/YBA2-UU6W].

26. Kimberlé Williams Crenshaw, *Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color*, in *THE PUBLIC NATURE OF PRIVATE VIOLENCE: THE DISCOVERY OF DOMESTIC ABUSE* 93, 93 (Martha Albertson Fineman & Roxanne Mykitiuk eds. 1994), <https://www.racialequitytools.org/resourcefiles/mapping-margins.pdf>

oppression exists across many levels, such as institutions and policies.²⁷

Moreover, different systems of oppression interact and form “an individual’s sense of power, resilience, and well-being.”²⁸ Low self-esteem and continuous trauma are some factors that can add to poor mental health.²⁹ Due to discrimination and prejudice, minority groups suffer many traumas.³⁰ The lasting effects of trauma can accrue over time and interact with a person’s life experience, thus impacting their health.³¹ To analyze how low-income women can seek resources to heal from trauma that stems from intimate partner violence, one needs to understand how intimate partner violence and poverty intersect.³²

II. INTERSECTIONS AND MULTIPLE IDENTITIES

A. Intersection of Intimate Partner Violence and Socio-Economic Class

There is a correlation between being a survivor of intimate partner abuse and poverty.³³ One study showed that sixty percent of intimate partner violence survivors reported that, as a direct consequence of the abuse they suffered, they lost their jobs.³⁴ In that same study, “98% [of survivors] said that abuse made them worse at their jobs — they couldn’t concentrate because they’d been attacked, or were anticipating an attack when they got home.”³⁵ Adding in the factor that economic abuse is present in ninety-eight percent of abusive relationships, it is not shocking that a woman who tries to leave her abuser often finds her financial support structure in shambles once the relationship disintegrates.³⁶ It is for this reason that many homeless women are survivors of intimate partner abuse.³⁷

[<https://perma.cc/JED3-TNAL>].

27. Linda Baker, Elsa Barreto, & Nicole Etherington, *Intersectionality*, 15 LEARNING NETWORK (Western University Centre for Research & Education on Violence Against Women & Children, London, Ontario), Dec. 10, 2015, at 1, 2, http://www.vawlearningnetwork.ca/our-work/issuebased_newsletters/issue-15/Issue%2015Intersectionality_Newsletter_FINAL2.pdf [<https://perma.cc/G2XZ-8M7S>].

28. *Id.*

29. Charmaine Perry, *What Does Intersectionality Mean in Mental Health?*, GRAY MATTHEWS PROJECT (OCT. 11, 2017), <https://www.graymatthewsproject.com/2017/10/11/20171011-what-does-intersectionality-mean-in-mental-health/> [<https://perma.cc/9EZE-8GVL>].

30. *Id.*

31. Baker, Barreto & Etherington, *supra* note 27, at 2.

32. Babbel, *supra* note 16.

33. Sady Dole, *Want to Reduce Domestic Violence? Treat It Like An Economic Issue.*, TALK POVERTY (Sept. 19, 2016), <https://talkpoverty.org/2016/09/19/want-reduce-domestic-violence-treat-like-economic-issue/> [<https://perma.cc/JNG8-Z3FQ>].

34. *Id.*

35. *Id.*

36. *Id.*

37. *Id.*

Analyzing this issue in terms of intersectionality is essential because “an intersectional lens can help . . . policy makers recognize the [sic] facets of poverty and marginalization and interrogate the invisibility of disadvantaged populations.”³⁸ In other words, when enacting legislation in regards to this issue, intimate partner violence survivors cannot be viewed as only having that identity. It must be taken into consideration how their multiple identities intersect. It should be taken into consideration that intimate partner abuse survivors’ lives are impacted by poverty.

Survivors of intimate partner violence and those who are experiencing the symptoms of trauma frequently require mental health services as they recover.³⁹ Low-income women are especially more vulnerable to domestic violence, and poverty limits one’s ability to access those much-needed mental health services. There is a shortage of mental health providers in Indiana, which can compound this issue. According to a 2017 report by Mental Health America, “Indiana ranks 45th of the 50 states for access to mental health care.”⁴⁰ A major factor to the state’s low rank is due to the lack of access to mental health care providers.⁴¹

This exacerbates problems of access for people who lack reliable transportation. In a study conducted by JAMA Internal Medicine, “at one time or another, up to half of low-income patients have missed or rescheduled medical appointments because of unreliable transportation.”⁴² Even when care is readily available, many low-income people struggle to find reliable transportation.⁴³

Unfortunately, a woman’s socioeconomic status can also compound her risk for triggering of mental health issues.⁴⁴ For instance, women who have the highest risk of being victimized are those that are low-income women, in intimate partner violence shelters, and utilize the public mental health system.⁴⁵ A study

38. Canan Corus, Bige Saatcioglu, Carol Kaufman-Scarborough, Christopher P. Blocker, Shikha Upadhyaya, & Samuelson Appau, *Transforming Poverty-Related Policy with Intersectionality*, AM. MARKETING ASS’N., <https://perma.cc/N53M-8TRT>.

39. *Id.*

40. Chris Adam, *Filling the Mental Health Care Need*, PURDUE U. (2017), <https://www.purdue.edu/hhs/nur/nurse-online/2017fall/features/new-mental-health-program-address-critical-shortage-of-providers.php> [<https://perma.cc/DAV5-7AH6>].

41. *Id.*

42. Lisa Rapaport, *Free Lyft may not help poor people keep doctor appointments*, REUTERS (Feb. 8, 2018, 12:41 PM), <https://www.reuters.com/article/us-health-ridesharing-missed-appointment/free-lyft-may-not-help-poor-people-keep-doctor-appointments-idUSKBN1FS2SF> [<https://perma.cc/4HN5-4NMS>].

43. Imran Cronk, *The Transportation Barrier*, ATLANTIC (Aug. 9, 2015), <https://www.theatlantic.com/health/archive/2015/08/the-transportation-barrier/399728/> [<https://perma.cc/L9WM-HFMC>].

44. NAT’L CTR. ON DOMESTIC VIOLENCE, TRAUMA & MENTAL HEALTH, INTIMATE PARTNER VIOLENCE AND LIFETIME TRAUMA 1 (2011), <http://nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Warshaw-IPV-and-Lifetime-Trauma.pdf> [<https://perma.cc/9JRL-EZ56>].

45. *Id.*

revealed that “the lifetime prevalence of severe physical or sexual assault among very low-income women was found to be 84% . . . and 60% had been physically assaulted by an intimate partner.”⁴⁶

Also contributing to this problem is the wage gap, as women start from a less economically powerful position than male survivors of intimate partner violence. Women receive more college and graduate degrees than men, yet they, on average, continue to considerably earn less than men.⁴⁷ Although over half a century has passed since the US passed the Equal Pay Act, women still face a substantial gender wage gap.⁴⁸ The wage gap is “the gap between what men and women are paid.”⁴⁹ Today, the average full-time woman worker makes 80.7 cents for every dollar her male cohort makes.⁵⁰

According to the Institute for Women’s Policy Research, if change continues at the same pace as it has done for the past fifty years, “it will take 40 years—or until 2059—for [white] women to finally reach pay parity.”⁵¹ Hispanic and black women will have to wait until 2224 and 2130, respectively, for equal pay.⁵² Utilizing an intersectional lens, it is evident that, “the larger disparity between white men’s and women of color’s earning could be attributed to the fact that ‘women of color suffer both because of their gender and their race.’”⁵³

In addition to the violence that a survivor experiences, low-income women face additional stress.⁵⁴ An increase in psychological distress can be linked to a decline in overall health and reduced access to critical resources.⁵⁵ Incarceration, poverty, homelessness, “unsafe living conditions[,] and dependence on caregivers” worsen to these risks.⁵⁶

46. *Id.*

47. *Pay Equity and Discrimination*, INST. FOR WOMEN’S POL’Y RES., <https://iwpr.org/issue/employment-education-economic-change/pay-equity-discrimination> [<https://perma.cc/9SC3-B97R>].

48. Shyanne Gal, Andy Kiersz, & Sonam Sheth, 6 *Charts That Show the Glaring Gap Between Men and Women’s Salaries*, BUSINESS INSIDER (Aug. 26, 2019, 9:16 AM), <https://www.businessinsider.com/gender-wage-pay-gap-charts-2017-3> [<https://perma.cc/B4E3-E6X2>].

49. Deborah J. Vagins, *The Simple Truth about the Gender Pay Gap*, AM. ASS’N UNIV. WOMEN, <https://www.aauw.org/research/the-simple-truth-about-the-gender-pay-gap/> [<https://perma.cc/XW43-YP9L>].

50. Gal, Kiersz & Sheth, *supra* note 49.

51. *Pay Equity and Discrimination*, *supra* note 48.

52. *Id.*

53. Gal, Kiersz & Sheth, *supra* note 49.

54. See NAT’L CTR. ON DOMESTIC VIOLENCE, TRAUMA & MENTAL HEALTH, *supra* note 45.

55. *Id.*

56. *Id.*

*B. Intersections of Intimate Partner Violence, Mental Health,
Socio-Economic Class, and Race*

Minority women are at a higher risk of experiencing mental health problems and intimate partner violence because there is a greater likelihood that they are impoverished.⁵⁷ Intersectionality comes into play, “to the extent that minority women experiencing [intimate partner violence] are low income, they may have greater risk for mental health problems co-occurring with [intimate partner violence].”⁵⁸ In a 2008 study involving depression and PTSD among pregnant Latina women, fifty-one percent of pregnant Latina survivors of [intimate partner violence] experienced depression.⁵⁹ This is significantly higher than the fourteen percent rate of depression among white women who experienced intimate partner violence.⁶⁰

In a 2003 study about intimate partner violence and mental health symptoms (such as depressive symptoms, PTSD, and suicidality), thirty-one percent of African-American women survivors were depressed versus fourteen percent of white intimate partner violence survivors.⁶¹

About ninety percent of the patients who visit the emergency department were from impoverished or low-income households and were African American. It is important to note that most study participants lacked health insurance.⁶² Also, in another 2006 study on intimate partner violence and its implications on mental health of Alaska Native women, forty percent reported a history of intimate partner violence associated with depression and other conditions.⁶³

Intersectionality provides an avenue to explore why women of color, “face challenges of accessibility, economic and educational opportunities, societal stigma, and gender bias.”⁶⁴ Intersectionality, to the extent that it relates to mental health, is essential in distinguishing the contrasting experiences of people of

57. See generally Michael Rodrigues, Jeanette M. Valentine, John B. Son, & Marjani Muhammad, *Intimate Partner Violence and Barriers to Mental Health Care for Ethnically Diverse Populations of Women*, 10 TRAUMA VIOLENCE ABUSE 358, 358 (2009).

58. *Id.* at 358-59.

59. *Id.* at 359.

60. *Id.*

61. Raul Caetano & Carol Cunradi, *Intimate Partner Violence and Depression Among Whites, Blacks, and Hispanics*, 13 ANNALS EPIDEMIOLOGY 661, 663 (2003). See Debra Houry et al., *Intimate partner violence and mental health symptoms in African American female ED patients*, 24 AM. J. EMERGING MED. 444 (2006).

62. Houry et al., *supra* note 61, at 2.

63. See *id.* Teresa Evans-Campbell et al., *Interpersonal Violence in the Lives of Urban American Indian and Alaska Native Women: Implications for Health, Mental Health, and Help-Seeking*, 98 AM. J. PUB. HEALTH 1416, 1416 (2006).

64. Salma Siddick, *Intersectionality of Mental Health and Race*, YOUNG WOMEN’S CHRISTIAN ASS’N (May 9, 2018), <https://www.ywcaworks.org/blogs/ywca/wed-05092018-1330/intersectionality-mental-health-and-race> [<https://perma.cc/H9FU-85RS>].

color, specifically black people, versus the experiences of their white counterparts.⁶⁵

Ethnically diverse survivors of intimate partner violence experience many blockades to mental health care.⁶⁶ Attention to these obstacles can help develop effective strategies for healthcare policy.⁶⁷ There is significant evidence that “the mental health needs of women affected by [intimate partner violence] are going unmet,” despite the correlation between intimate partner violence and mental health issues.⁶⁸ The underutilization of mental health services among women affected by intimate partner violence is more noticeable among women of color, who are less likely than white women to seek treatment.⁶⁹

Despite expectations of an impartial health care system, a report perceived discrimination among ethnically diverse female patients.⁷⁰ A 2000 study found that physicians rated black patients as “less intelligent, less educated, more likely to abuse drugs and alcohol, more likely to fail to comply with medical advice [and] more likely to lack social support.”⁷¹ The color of your skin may mean the difference between receiving the right tests to diagnose what ails a person.⁷²

III. MENTAL ILLNESSES STEMMING FROM IPV

Intimate partner violence can lead to traumatic brain injury, which can be caused by “being hit on the head or falling and hitting your head.”⁷³ Traumatic brain injury can cause, headaches, memory loss, trouble concentrating, and sleep loss.⁷⁴

In addition, traumatic brain injury may cause psychiatric illness.⁷⁵ There is a strong correlation between traumatic brain injury and mood and anxiety

65. *Id.*

66. Rodrígues, Valentine, Son & Muhammad, *supra* note 58, at 2.

67. *Id.* at 10.

68. *Id.* at 2.

69. *Id.*

70. Leslie R.M. Hausmann et al., *Perceived Discrimination in Health Care and Health Status in a Racially Diverse Sample*, MED. CARE. (Sept. 2005), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3424509/> [<https://perma.cc/BBS6-ZX7A>].

71. Brian D. Smedley, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, INST. OF MED., (2003), <https://www.ncbi.nlm.nih.gov/books/NBK220340> [<https://perma.cc/49Q5-5LQP>].

72. Joanne Spataro, *Doctors Don't Always Believe You When You're a Black Woman*, VICE, (Feb. 2, 2018, 10:00 AM), https://tonic.vice.com/en_us/article/qvedxd/doctors-dont-always-believe-you-when-youre-a-black-woman [<https://perma.cc/8XXT-BM4B>].

73. *Effects of Violence Against Women*, U.S. DEP'T HEALTH & HUMAN SERVS., <https://www.womenshealth.gov/relationships-and-safety/effects-violence-against-women> [<https://perma.cc/T8V5-NGCU>].

74. *Id.*

75. Robert van Reekum, Tammy Cohen, & Jenny Wong, *Can Traumatic Brain Injury Cause Psychiatric Disorders?*, 12 J. OF NEUROPSYCHIATRY & CLINICAL NEUROSCIENCES 316, 316 (2015).

disorders.⁷⁶ Research suggests that psychiatric disorders may be present at increased rates after a traumatic brain injury.⁷⁷

Criteria for causation include: “consistently demonstrating an association between a causative agent and the purported outcome,” “demonstrating a biological gradient,” “demonstrating an appropriate temporal sequence,” and “providing a biologic rationale.”⁷⁸ There is strong, growing evidence that supports that traumatic brain injury causes some psychiatric disorders in those who have suffered a traumatic brain injury.⁷⁹

Traumatic brain injury is defined as “a bump, blow, or jolt to the head that disrupts the normal function of the brain’ as a result from an external force to the head.”⁸⁰ Data suggests that intimate partner violence attacks are typically focused “at the woman’s face or head creating medical and neurological difficulties.”⁸¹ “Psychological sequelae from [intimate partner violence] and [traumatic brain injury] range from . . . constant fear, hypervigilance, confusion, disorientation, memory loss, flat affect[,] and depression.”⁸² Subsequently, long-term outcomes for survivors may result in debilitating impairments.⁸³

Intimate partner violence can lead to other long-term mental health effects. Post-traumatic stress disorder can result from experiencing physical and emotional trauma.⁸⁴ A survivor may become easily startled or have angry outbursts.⁸⁵ Research indicates that “54 percent to 84 percent of battered women suffer from PTSD.”⁸⁶

In addition to PTSD, experiencing intimate partner violence can also cause depression and anxiety.⁸⁷ Research indicates that “63% to 77% of battered women experience depression”⁸⁸ Then too, intimate partner violence can cause a survivor to have general anxiety or can cause the survivor to experience disabling fear.⁸⁹ Studies of both American and Canadian women revealed that among [those] “receiving services for [intimate partner] violence, rates of depression

76. *Id.* at 319.

77. *Id.* at 316.

78. *Id.* at 317.

79. *Id.* at 316.

80. Kathleen Monahan, *Intimate Partner Violence and Traumatic Brain Injury: A Public Health Issue*, 3 J. NEUROLOGY & NEUROMEDICINE, 3 (2018).

81. *Id.* at 4.

82. *Id.*

83. *Id.*

84. *Effects of Violence Against Women*, *supra* note 74.

85. *Id.*

86. *Trauma, Mental Health and Domestic Violence*, FLA. COALITION AGAINST DOMESTIC VIOLENCE, <https://www.fcadv.org/projects-programs/trauma-mental-health-and-domestic-violence> [https://perma.cc/ZNM7-K9T9].

87. *Effects of Violence Against Women*, *supra* note 74.

88. *Trauma, Mental Health and Domestic Violence*, *supra* note 87.

89. *Effects of Violence Against Women*, *supra* note 74.

ranged from 17% to 72%, and rates of PTSD ranged from 33% to 88% percent.”⁹⁰ Research indicates that “38% to 75%[of battered women] experience anxiety.”⁹¹

Many survivors cope with trauma by using “drugs, drinking alcohol, smoking, or overeating.”⁹² Data shows that “about 90% of women with substance [abuse] problems had experienced physical or sexual violence” during their lifetimes.⁹³ “For women who have experienced multiple forms of victimization . . . adult partner abuse puts them at even greater risk for developing posttraumatic mental health conditions, including substance abuse.”⁹⁴ Substance abuse is “a common method of relieving pain and coping with anxiety, depression and sleep disruption associated with current and/or past abuse.”⁹⁵ “These conditions and coping strategies may . . . place them at risk for further abuse.”⁹⁶ Substance-using women are more susceptible to intimate partner violence than those who do not.⁹⁷ Experiencing intimate partner violence and substance use “attract a lot of stigma, which may create problems for individuals suffering from both.”⁹⁸ The “stigma of addiction may hinder a person’s willingness to seek treatment” due to “feelings of blame, shame[,] and isolation.”⁹⁹

Notably, abuse rates are more prevalent among homeless women with serious mental illnesses.¹⁰⁰ A 1995 study with ninety-nine sporadically homeless women with serious mental illness, reported that “significant numbers had been physically (70 percent) or sexually (30.4 percent) abused by a partner.”¹⁰¹ The women from the study “had been referred from a local shelter or psychiatric hospital to a major urban community mental health center.”¹⁰² For the purposes of this study, former homelessness was defined as “having lived in a shelter or on the street or having no fixed address at point of discharge from the hospital.”¹⁰³ According to case managers, more than half the sample was diagnosed with schizophrenia or schizoaffective disorder as a primary diagnosis, sixteen percent with bipolar disorder, and fourteen percent with major depressive disorder.¹⁰⁴ The

90. *Trauma, Mental Health and Domestic Violence*, *supra* note 87.

91. *Id.*

92. *Effects of Violence Against Women*, *supra* note 74.

93. *Id.*

94. NAT’L CTR. ON DOMESTIC VIOLENCE, TRAUMA & MENTAL HEALTH, *supra* note 45, at 1.

95. *Id.*

96. *Id.*

97. Sonia Tagliareni, *Domestic Abuse, Sexual Violence and Substance Use*, ADVANCED RECOVERY SYS., <https://www.drugrehab.com/guides/domestic-abuse> [<https://perma.cc/H4RK-JUMR>].

98. *Id.*

99. *Id.*

100. *Trauma, Mental Health and Domestic Violence*, *supra* note 87.

101. *Id.*

102. Lisa Goodman et al., *Episodically homeless women with serious mental illness: prevalence of physical and sexual assault*, 65 AM. J. ORTHOPSYCHIATRY 468, 470 (1995).

103. *Id.*

104. *Id.* at 471.

remaining eleven percent “had been given a number of primary diagnoses including alcohol or other drug dependence, psychotic disorder, and borderline personality disorder.”¹⁰⁵ For the women who were interviewed and participated in this study, traumatic experiences were so inextricably interlaced into their lives that it was normative.¹⁰⁶

For women who already have a diagnosed mental illness, exposure to “ongoing abuse can exacerbate symptoms and precipitate mental health crises, making it more difficult to access resources and increasing abusers’ control over their lives.”¹⁰⁷ Societal stigmatization of mental illness as well as “clinicians lack of knowledge about [intimate partner violence]” augment the abuser’s capabilities to use mental health issues to manipulate their partners.¹⁰⁸ An example of this form of manipulation is gaslighting. Gaslighting is “an extremely effective form of emotional abuse that causes a victim to question their own feelings, instincts, and sanity, which gives the abusive partner a lot of power.”¹⁰⁹ The abuser’s victim can “lose all sense of what is actually happening” and depend on their partner to “define reality.”¹¹⁰ A sign that a person is a victim of gaslighting can include them knowing something is wrong but unable to express the problem, even to themselves.¹¹¹

A survivor’s risk of victimization can be heightened due to acute symptoms of mental illness.¹¹² For example, if a woman is experiencing symptoms of acute psychosis, clinicians may construe claims of abuse as hallucinations, “thus leaving her vulnerable to further victimization.”¹¹³ Due to “symptoms of severe trauma, such as disassociation or flashbacks” seemingly mimicking psychotic disorders, the possibility of misdiagnosis is heightened.¹¹⁴ This then further victimizes survivors.

105. *Id.*

106. *Id.*

107. NAT’L CTR. ON DOMESTIC VIOLENCE, TRAUMA & MENTAL HEALTH, *supra* note 45.

108. *Id.*

109. *What is Gaslighting?*, NAT’L DOMESTIC VIOLENCE HOTLINE (May 29, 2014), <https://www.thehotline.org/2014/05/29/what-is-gaslighting/> [https://perma.cc/6F7U-MJ9V].

110. *Id.*

111. *Id.*

112. NAT’L CTR. ON DOMESTIC VIOLENCE, TRAUMA & MENTAL HEALTH, *supra* note 45.

113. *Id.* at 3

114. *Id.*

IV. POVERTY AND MEDICAID

*A. The Three Ms of Distress: Money Problems, Mental Illness and Medicaid**1. Medicaid and the Social Construction of the Undeserving Poor*¹¹⁵

America has an extended political history of limiting redistributive policies to the morally deserving.¹¹⁶ The separation of United States healthcare into Medicaid and Medicare has resulted in categorizing the “most impoverished citizens in the country into two classes of citizens.”¹¹⁷ The distinction between the two programs reinforces the notion that there is a deserving and undeserving poor.¹¹⁸ Broadly speaking, America’s current healthcare system demonstrates how United States welfare stigmatizes those in need.¹¹⁹

In contemporary welfare policy, “there is an unarticulated ontological distinction between the unfortunate and the irresponsible, or the pitied and the blamed.”¹²⁰ This classification starts with the term “welfare”.¹²¹ Although all government programs that aim to cover a basic standard of well-being for citizens could be understood as part of the welfare state, the connotation of welfare today is restricted to forms of public assistance.¹²²

With the 1965 amendment to the Social Security Act, President Johnson established two new healthcare programs: Medicaid and Medicare.¹²³ Medicaid signifies the public assistance form as welfare, as people qualify by virtue of their low income. Along those lines, Medicare represents the social insurance form as people pay into the program over time.¹²⁴

This distinction between paying into a social insurance program, such as Medicare, and receiving welfare, as is the case of Medicaid, creates the sentiment that Medicaid is essentially a federal handout.¹²⁵ These narratives of the poor continued during welfare reform in the 1960s and 1970s.¹²⁶ At a campaign rally in 1976, Ronald Regan introduced the welfare queen into the mainstream discourse in regards to poverty.¹²⁷ Welfare queens, black women, who exploited

115. Andrew Deck, *Medicaid and the Construction of an Undeserving Poor*, BROWN POLITICAL REV. (Mar. 12, 2015), <http://www.brownpoliticalreview.org/2015/03/medicaid-and-the-construction-of-an-undeserving-poor/> [<https://perma.cc/2NVW-ZBN2>].

116. *See id.*

117. *Id.*

118. *Id.*

119. *Id.*

120. *Id.*

121. *Id.*

122. *Id.*

123. *Id.*

124. *Id.*

125. *Id.*

126. *Id.*

127. Rachel Black & Aleta Sprague, *The Rise and Reign of the Welfare Queen*, NEW AMERICA

the welfare system by fraudulently collecting benefits.¹²⁸ These narratives continue to shape America's perception, impact welfare policy and has long stigmatized many of those who receive its benefits.¹²⁹

Then-governor Mike Pence once stated that, charging premiums "gives Hoosiers the dignity to pay for their own health insurance."¹³⁰ Like Ronald Reagan, Pence contributed to the legacy of identifying the undeserving poor.¹³¹

2. *An Overview of Medicaid*

Medicaid plays a vital role in linking survivors of IPV with access to medical treatment.¹³² Medicaid serves as a significant source of insurance coverage for impoverished Americans, and as the sole "source of funding for some specialized behavioral health services."¹³³ Women with behavioral health needs may require a variety of services, "from outpatient counseling or prescription drugs to inpatient treatment."¹³⁴ In 2015, about "9.1 million adults with Medicaid had a mental illness and over 3 million had a [substance use disorder]."¹³⁵

Medicaid is America's largest source of health coverage.¹³⁶ Because of their low incomes, "beneficiaries with behavioral health conditions qualify for Medicaid."¹³⁷ In 2010, Medicaid kept 2.1 million Americans out of poverty.¹³⁸

(Sept. 22, 2016), <https://www.newamerica.org/weekly/edition-135/rise-and-reign-welfare-queen/> [<https://perma.cc/7F7X-BMAM>].

128. See Deck, *supra* note 116.

129. *Id.*

130. Margot Sanger-Katz, *The Goal Was Simplicity; Instead, There's a Many-Headed Medicaid*, N.Y. TIMES (Jan. 28, 2015), <https://www.nytimes.com/2015/01/29/upshot/the-goal-was-simplicity-instead-theres-a-many-headed-medicaid.html?abt=0002&abg=0/> [<https://perma.cc/V2CE-LY37>].

131. Deck, *supra* note 116.

132. See Julia Zur, MaryBeth Musumeci, & Rachel Garfield, *Medicaid's Role in Financing Behavioral Health Services for Low-Income Individuals*, KAISER FAM. FOUND. (Jun. 29, 2017), <https://www.kff.org/medicaid/issue-brief/medicaids-role-in-financing-behavioral-health-services-for-low-income-individuals/> [<https://perma.cc/LJ73-KSMR>].

133. *Id.*

134. *Id.*

135. *Id.*

136. Nazihah Siddiqui, *Reducing Poverty: How Medicaid Does More Than Just Improve Access to Healthcare in Cities*, CHI. POL'Y REV. (Jan. 20, 2014), <http://chicagopolicyreview.org/2014/01/20/reducing-poverty-how-medicaid-does-more-than-just-improve-access-to-healthcare-in-cities/> [<https://perma.cc/8X7Q-QQ29>].

137. *Focus on Health Reform: A Guide to the Supreme Court's Decision on the ACA's Medicaid Expansion*, KAISER FAM. FOUND. (Aug. 2012), <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8347.pdf> [<https://perma.cc/SZ3K-MC9Z>] [hereinafter *Focus on Health Reform*].

138. *Id.*

data shows that on average, Medicaid cuts each recipient's medical expenses from \$871 to \$376.¹³⁹ "Adults may be eligible for Medicaid if they live in a state that expanded its program under the Affordable Care Act (ACA) and have incomes up to 138% of the federal poverty level (FPL)."¹⁴⁰ As of 2019, the FPL is \$12,490 a year for an individual living in the continental United States or the District of Columbia.¹⁴¹

People with behavioral health needs may require a broad range of medical and long-term care services.¹⁴² This may include outpatient services, such as individual therapy, or group therapy.¹⁴³ Necessary services can range from partial hospitalization and case management to inpatient services such as detoxification, hospital visits, and residential treatment. Treatment can also include medications as part of psychiatric treatment for mental illness or medication-assisted treatment for [substance use disorder] and home and community-based services, such as supportive housing and supported employment.¹⁴⁴

Although the behavioral health services described above are not an explicitly outlined category of Medicaid benefits, the program covers many behavioral health benefits.¹⁴⁵ "Some behavioral health benefits fall under mandatory Medicaid benefit categories that all states must cover by federal law."¹⁴⁶

People with serious mental illness and behavioral health needs may also qualify for Medicaid based on having a disability.¹⁴⁷ Individuals who have a mental illness that makes them eligible for Supplemental Security Income, the federal cash assistance program for low-income aged, blind or disabled individuals, automatically qualify for Medicaid in most states.¹⁴⁸ "To be eligible for SSI, individuals must have low incomes, limited assets, and an impaired ability to work at a substantial gainful level as a result of old age or significant disability."¹⁴⁹

For the purposes of qualifying for SSI, substance use disorder is not considered a disability.¹⁵⁰ This disadvantages intimate partner violence survivors, because a disability diagnosis might offer another avenue that they could take if

139. Siddiqui, *supra* note 137.

140. Zur, Musumeci & Garfield, *supra* note 133. *Medicaid's Role in Financing Behavioral Health Services for Low-Income Individuals*, KAISER FAM. FOUND. (Jun. 29, 2017), <https://www.kff.org/medicaid/issue-brief/medicaids-role-in-financing-behavioral-health-services-for-low-income-individuals/> [<https://perma.cc/LJ73-KSMR>].

141. *Poverty Guidelines*, OFF. ASSISTANT SEC'Y FOR PLAN. & EVALUATION (Feb. 1, 2019), <https://aspe.hhs.gov/2019-poverty-guidelines> [<https://perma.cc/U3MJ-FHSU>].

142. Zur, Musumeci & Garfield, *supra* note 133.

143. *Id.*

144. *Id.*

145. *Id.*

146. *Id.*

147. *Id.*

148. *Id.*

149. *Id.*

150. *Id.*

they did want to seek help for substance use disorder.

B. Medicaid prior to the Affordable Care Act

Medicaid is a joint federal and state program that provides health coverage for over 72.5 million Americans. Medicaid is funded by both federal and state governments.¹⁵¹ Although states are not required to participate in the Medicaid program, all states do.¹⁵² While states participating in the Medicaid program have a lot of room in determining how care is delivered, and how insurance providers are paid,¹⁵³ the program mandates that states follow certain federal rules as a condition of receiving federal funds.¹⁵⁴ When Congress first established the Medicaid program in 1965, Congress gave the Secretary of the Department then known as Health, Education, and Welfare (now Health and Human Services) the authority to enforce states' compliance with federal Medicaid rules.¹⁵⁵ The Secretary's enforcement power includes the ability to withhold all or some of a state's matching federal funds.¹⁵⁶

Although the Secretary has such authority, the Department has never withheld a state's entire Medicaid grant as a penalty for noncompliance with the federal rules.¹⁵⁷ Withholding federal funds as a penalty can only be imposed after notice and the opportunity for a hearing.¹⁵⁸ The penalty is also subject to judicial review.¹⁵⁹ Since its enactment in 1965, federal Medicaid law has mandated that participating states cover certain groups of persons.¹⁶⁰ Subsequently, Congress has periodically expanded the mandatory coverage groups.¹⁶¹

C. Medicaid Expansion Under the Affordable Care Act

With the passage of the Affordable Care Act (ACA) in 2010, Congress intended to reduce the number of uninsured Americans by expanding access to affordable health insurance.¹⁶² The ACA extends Medicaid eligibility to almost all low-income individuals with incomes at or below 138 percent of the federal

151. *Focus on Health Reform*, *supra* note 138, at 1.

152. *Id.*

153. *Id.*

154. See *Federal Core Requirements and State Options in Medicaid: Current Policies and Key Issues*, KAISER FAM. FOUND. (Apr. 1, 2011), <https://www.kff.org/health-reform/fact-sheet/federal-core-requirements-and-state-options-in/> [<https://perma.cc/E2NN-N8ZU>].

155. *Focus on Health Reform*, *supra* note 138, at 1.

156. *Id.* at 9.

157. *Id.* at 1.

158. *Id.*

159. *Id.*

160. *Id.* at 2.

161. *Id.*

162. *Id.*

poverty guideline.¹⁶³ In 2019, that amount was \$29,435 for a family of three living in the 34 states or the District of Columbia.¹⁶⁴ Congress intended for the ACA's expansion of Medicaid eligibility to be national in scope, but a June 2012 Supreme Court ruling made it optional for states.¹⁶⁵

In *National Federation of Independent Business v. Sebelius*, two provisions of the Affordable Care Act were at issue: the individual mandate and Medicaid expansion.¹⁶⁶ The individual mandate requires most people to maintain some level of health coverage beginning in 2014.¹⁶⁷ While the Supreme Court upheld the constitutionality of the individual mandate,¹⁶⁸ the majority nevertheless found the Affordable Care Act's Medicaid expansion to be unconstitutionally "coercive" of states.¹⁶⁹ The majority of the Court reasoned that states did not have adequate notice to voluntarily consent to this difference in the Medicaid program.¹⁷⁰ The majority also reasoned that Medicaid expansion was "coercive" because the entirety of a state's existing federal Medicaid funds were potentially at risk if the state was determined to be noncompliant.¹⁷¹ The Court decided that the Medicaid expansion issue would be fixed by limiting the Department of Health and Human Services Secretary's enforcement authority.¹⁷² As of June 2018, eighteen states had not expanded their programs.¹⁷³

D. Indiana's Medicaid Expansion Under the Affordable Care Act

As of 2012, only eight states provided full Medicaid benefits to low-income adults.¹⁷⁴ In Indiana, to be eligible for Medicaid as an adult, one must be nineteen years of age or older; additionally, using Medicare or private insurance may

163. Rachel Garfield, Anthony Damico & Kendal Orgera, *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid*, KAISER FAM. FOUND. (June 12, 2018), <https://www.kff.org/medicaid/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/> [https://perma.cc/5QEJ-RQBJ].

164. Tricia Brooks, Lauren Roygardner & Samantha Artiga, *Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey* (Mar. 27, 2019), <https://www.kff.org/report-section/medicaid-and-chip-eligibility-enrollment-and-cost-sharing-policies-as-of-january-2019-findings-from-a-50-state-survey-medicaid-and-chip-eligibility/> [https://perma.cc/SZ3K-MC9Z].

165. See generally Nat'l Fed'n of Indep. Bus. v. Sebelius, 567 U.S. 519 (2012).

166. *Id.* at 519-20.

167. *Id.* at 519.

168. *Id.* at 589.

169. *Id.* at 581.

170. *Id.* at 584.

171. *Id.* at 522.

172. *Id.* at 588.

173. Aaron E. Carrol, *Finally, Some Answers on the Effects of Medicaid Expansion*, N.Y. TIMES (July 2, 2018), <https://www.nytimes.com/2018/07/02/upshot/finally-some-answers-on-the-effects-of-medicaid-expansion.html> [https://perma.cc/2HKH-VE9G].

174. *Focus on Health Reform*, *supra* note 138, at 2.

render a person ineligible for Medicaid.¹⁷⁵ For a family of two, the income limit per month is \$1,969.¹⁷⁶ Family size is established by the tax household.¹⁷⁷ If a survivor does not file taxes, then her household includes her child, her child's parents (biological, adopted and step), as well as the child's siblings (biological, adopted and step).¹⁷⁸

If a survivor does not qualify for the Indiana Medicaid program, she may qualify for the Family Planning Eligibility Program, the Emergency Services Only program, or the End Stage Renal Disease program.¹⁷⁹ These programs are a part of the Indiana Health Coverage Programs. Under the Indiana Family Planning Eligibility program, coverage is

limited to only family planning services to men and women . . . who . . . do not do not qualify for any other category of Medicaid; [a]re not pregnant; [h]ave not had a hysterectomy or sterilization; [h]ave income that is at or below 141% of the federal poverty level; [a]re U.S. citizens, certain lawful permanent residents, or certain qualified documented [immigrants].¹⁸⁰

If a survivor qualifies for the benefits available through Indiana Medicaid, as opposed to the Healthy Indiana Plan, she would have some coverage for: hospital care; doctor visits; wellness visits; well-child visits; clinic services; prescription drugs; over-the-counter drugs; lab and x-ray services; mental health care; substance abuse services; medical supplies and equipment; home health care; nursing facility services; dental care; vision care; physical, occupational, and speech therapy; hospice care; emergency transportation, non-emergency transportation, and more.¹⁸¹

By comparison, the Healthy Indiana Plan (also a health-insurance program for adults),¹⁸² pays for medical costs.¹⁸³ To be eligible, an intimate partner violence survivor must be between nineteen and sixty-four years of age and have an annual income of no more than \$17,443.¹⁸⁴

The HIP program covers the first \$2,500 of a survivor's medical

175. Ind. Medicaid for Members, *Eligibility Guide*, IN.GOV, <https://www.in.gov/medicaid/members/59.htm> [<https://perma.cc/8LVU-NZ5J>].

176. *Id.*

177. *Id.*

178. *Id.*

179. *Id.*

180. IND. FAMILY & SOC. SERV. ADMIN., FAMILY PLANNING ELIGIBILITY PROGRAM 1 (2019), <https://www.in.gov/medicaid/files/family%20planning%20eligibility%20program.pdf> [<https://perma.cc/V6Y5-T9KZ>].

181. *Id.*

182. FAMILY SOC. SERV. ADMIN., *Healthy Indiana Plan*, IN.GOV, <https://www.in.gov/fssa/hip> [<https://perma.cc/9CYH-AGNF>].

183. *Id.*

184. *Id.*

expenditures.¹⁸⁵ These expenses are paid from a mandatory savings account called a Personal Wellness and Responsibility (POWER) account.¹⁸⁶ Although Indiana pays for most of this amount, the survivor is required to pay a portion of the health care cost.¹⁸⁷ The survivor's portion of the POWER account is based off of her income and it must be paid monthly.¹⁸⁸ If a survivor's annual health care expenses are less than \$2,500 per year, she can rollover her remaining contributions to reduce her monthly payment for the next year.¹⁸⁹

In 2015,¹⁹⁰ Indiana expanded Medicaid by creating the Healthy Indiana Plan 2.0 through a waiver process.¹⁹¹ According to Section 1115 of the Social Security Act, states may apply for and utilize waivers that permit the states to implement or pilot innovate welfare programs, known as "Medicaid demonstration projects."¹⁹² These demonstration waivers not only have the possibility of influencing policy within in the state, but can potentially influence policy across the country.¹⁹³ Essentially, states are used as test labs to create concepts that can be trialed and evaluated over time.¹⁹⁴ The state's model may be replicated by other states and at the federal level, if the program proves to be effective.¹⁹⁵ "States apply for waivers by submitting a proposal to the Centers for Medicare and Medicaid services (CMS), [which is] part of the United States Department of Health and Human Services."¹⁹⁶

Although waiver provisions laws allow states to adjust the way they expand their state's version of Medicaid in order to modify to meet states' needs, some expansion waivers may carry risks.¹⁹⁷ For those with "negligible income", the effect of waivers permitting cost-sharing requirements is not well-understood.¹⁹⁸ In fact, although a lot of assessments have been made, there is very diminutive

185. FAMILY & SOC. SERV. ADMIN., *Terminology*, <https://www.in.gov/fssa/hip/2456.htm> [https://perma.cc/CAC7-3HY6].

186. *Id.*

187. *Id.*

188. *Id.*

189. *Id.*

190. PHIL GALEWITZ, *INDIANA MEDICAID DROPS 25K FROM COVERAGE FOR FAILING TO PAY PREMIUMS*, KAISER HEALTH NEWS (Feb. 1, 2018), <https://khn.org/news/indiana-medicaid-drops-25k-from-coverage-for-failing-to-pay-premiums/> [https://perma.cc/CB7V-NZVA].

191. Carrol, *supra* note 174.

192. FAMILY & SOC. SERV. ADMIN., *About the Waiver Process*, IN.GOV, [https://perma.cc/6RGJ-69Q3].

193. *Id.*

194. *Id.*

195. *Id.*

196. *Id.*

197. See Shannon Firth, *Policy Experts Debate Pros and Cons of State Medicaid Waivers*, MEDPAGE TODAY (Oct. 2017), <https://www.medpagetoday.com/publichealthpolicy/medicaid/68900/> [https://perma.cc/379Z-ENN8].

198. *Id.*

empirical research on the effects of Medicaid demonstrations.¹⁹⁹ What is even more astounding is that there is almost nothing in terms of research in regards to the Healthy Indiana Plan.²⁰⁰

Indiana's expansion plan (HIP or HIP 2.0) is unique among the states because it requires recipients to also contribute to a health savings account.²⁰¹ In essence, Indiana's Medicaid expansion requires that poor people contribute to savings accounts, the funds from which are then applied to the part of the bill that insurance covers but which are not considered part of the co-pay.²⁰²

To qualify for full benefits, "[e]nrollees must make contributions to a health savings account, on a sliding scale based on income."²⁰³ If an enrollee misses a payment, then she will receive reduced benefits.²⁰⁴ An enrollee can also be locked out of coverage should she miss a payment into the account, or if she earns more than 138 percent of the poverty line.²⁰⁵ People below the poverty line are on Healthy Indiana Plan Basic, which requires hefty copays.²⁰⁶

Indiana's expansion, via the establishment of HIP, added about 240,000 Hoosiers to the Medicaid rolls under the Affordable Care Act.²⁰⁷ The contentious lockout provisions and monthly fees were championed by then-Governor Mike Pence.²⁰⁸ Between the program's start in 2015 and October 2017, about twenty-five thousand adults were disenrolled from the program due to failure to pay premiums.²⁰⁹

Indiana claims that the POWER account promotes personal responsibility in health care.²¹⁰ Essentially, this means that when people are cognizant of how much they spend, they will choose their medical care wisely.²¹¹ To evidence these points, on the state's Medicaid application, Indiana writes that "[forty] percent of

199. *Id.*

200. *Id.*

201. *IU researchers find gains in health insurance coverage from Indiana plan considered a national model*, IND. UNIV. L. & POL'Y (June 4, 2018), <https://news.iu.edu/stories/2018/06/iu/releases/04-researchers-find-gains-in-health-insurance-coverage-from-indiana-plan-considered-national-model.html> [https://perma.cc/5K4P-RALW].

202. *See id.*

203. Carrol, *supra* note 174.

204. *Id.*

205. Alana Semuels, *Indiana's Medicaid Experiment May Reveal Obamacare's Future*, ATLANTIC (Dec. 2016), <https://www.theatlantic.com/business/archive/2016/12/medicaid-and-mike-pence/511262/> [https://perma.cc/6FA5-P3UY].

206. *Id.*

207. Galewitz, *supra* note 191.

208. *Id.*

209. *Id.*

210. Jake Harper, *Indiana's Claims About Its Medicaid Experiment Don't All Check Out*, NPR (Feb. 24, 2017, 5:01 AM), <https://www.npr.org/sections/health-shots/2017/02/24/516704082/indiana-s-claims-about-its-medicaid-program-dont-all-check-out/> [https://perma.cc/PW4M-HBJE].

211. *Id.*

HIP Plus members ‘check their [POWER Account] balance at least once a month.’”²¹²

Indiana leaves out the important context.²¹³ According to the Lewin report, a majority of those in the HIP Plus program were unaware of the existence of a POWER account.²¹⁴ Of those who were aware of the POWER account, only forty percent of this demographic checked their account once a month.²¹⁵ This percentage is much lower from forty percent of all HIP Plus members.²¹⁶ In fact, the actual percent of those who checked their POWER account monthly is only about nineteen percent.²¹⁷ Rather than demonstrating that this program creates more personal responsibility, it may just evidence confusion.²¹⁸

V. CONCLUSION

Indiana could look to another state as a model for reshaping its Medicaid expansion: one state that has successfully expanded Medicaid is Louisiana. Louisiana’s Medicaid expansion has saved the state \$317 million, created 19,000 new jobs, and extended health coverage to more than 470,000 people.²¹⁹ Also, “[o]f those who gained coverage in the first year of the expansion, nearly 50,000 people began outpatient mental-health treatment . . . [and] almost 20,000 began treatment for substance abuse.”²²⁰ Intersectionality’s weight on the interaction between individual and institutional actors offers a more inclusive inspection of policy success and failure.²²¹ Taking an approach that takes into account how an intimate partner violence survivor’s multiple identities, will lead to a comprehensive solution.

It is not reasonable to require survivors of intimate partner violence to contribute to a monthly savings program or risk being locked out from receiving Medicaid benefits. As aforementioned, survivors of domestic violence are more likely to be impoverished. Intersectionality can help policymakers analyze why survivors may not be able to contribute to such a program on a consistent basis.

At minimum, Indiana’s Medicaid expansion should cover additional mental health services for survivors of intimate partner violence. Louisiana’s approach

212. *Id.*

213. *Id.*

214. *Id.*

215. *Id.*

216. *Id.*

217. *Id.*

218. *Id.*

219. Ashton Pittman, *Republican Candidates 'Looking at' Medicaid Expansion, Other States*, JACKSON FREE PRESS (Jan. 11, 2019, 1:06 PM), <http://www.jacksonfreepress.com/news/2019/jan/11/republican-candidates-looking-medicaid-expansion-o/> [https://perma.cc/9LUD-S67A].

220. *Id.*

221. Ange-Marie Hancock, *When Multiplication Doesn’t Equal Quick Addition: Examining Intersectionality as a Research Paradigm*, 5 PERSP. ON POL. 63, 63-64 (2007).

accounts for the intersectionality of poverty, intimate partner violence, and survivors' mental health needs whereas Indiana's approach does not. Indiana's approach constitutes a second victimization of these women, but this time at the hands of the government.