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Group 4: Bipolar disorder and IPV

Health

Bipolar disorder is a chronic mental illness that is often characterized by abrupt changes in mood, energy, and activity levels. The most common definition is the presence of recurrent episodes of mania or hypomanic episodes punctuated by depressive episodes. The episodes of bipolar illness are severe enough to interfere with social, professional, or everyday functioning, which sets it apart from typical mood swings. According to the National Institute of Mental Health, approximately 2.8% of American adults experience bipolar disease in any given year, with 83% of cases being classified as severe (NIH, 2022). The World Health Organization ranks bipolar disorder among the leading causes of disability worldwide (WHO, 2025). There are three major subtypes of bipolar disorder recognized: Bipolar I disorder, which involves at least one manic episode; Bipolar II disorder, which includes hypomanic and depressive episodes but no full manic episodes; and Cyclothymic disorder, which is characterized by milder, fluctuating mood symptoms lasting at least two years (NIH, 2025). It typically begins in late adolescence or early adulthood and is one of the primary causes of disability in young individuals (NAMI, 2017). Bipolar disease is often misdiagnosed as unipolar depression, especially in young adults in early stages, leading to the delayed proper treatment for an average of 6-10 years, contributing to worsened conditions and outcomes.

There are several contributing variables to bipolar disorder. Genetics is important since having a first-degree relative with bipolar disorder significantly raises risk. Neurobiological factors, including the dysregulation of neurotransmitter systems such as dopamine, serotonin,

and norepinephrine, are also implicated (Charney et al., 2020). Environmental factors, including trauma, chronic stress, or exposure to violence, can cause the illness or exacerbate it.

Additionally, people with bipolar disorder frequently have comorbid conditions such as substance use disorders, post-traumatic stress disorder, or anxiety disorders, which makes diagnosis and treatment more challenging. Cardiovascular disease, obesity, and diabetes are among the most common conditions in people with bipolar disease, partly due to both the illness itself and the side effects of medications, linking mental health to broader chronic disease risk (Spoorthy et al., 2019). Irregular sleep is also one of the characteristics that act as both a risk factor and a trigger. Studies show that circadian rhythm disturbances play a role in the onset of manic episodes (Gold et al., 2016). It is also proven that women with bipolar disease are more prone to experience rapid cycling, four or more mood episodes per year, and mixed episodes, while men present with earlier onset mania (Parial et al., 2015).

Bipolar disorder symptoms usually fall into two categories: depressive episodes, which are marked by low motivation, exhaustion, poor concentration, and suicidal thoughts; and manic or hypomanic episodes, which include impulsivity, racing thoughts, decreased need for sleep, pressured speech, and risky behavior (Jain et al., 2023). These episodes can happen more than once in a person's lifetime and last anywhere from a few days to several months. Even outside of mood episodes, many people who experience bipolar disorder deal with difficulties with memory, concentration, and functioning, leading to challenges in school or workplace settings (Sanchez et al., 2015). The frequent upheavals all severely impact relationships, jobs, and financial stability. Additionally, by encouraging poor adherence, the adverse effects of pharmaceutical therapy, such as fatigue and weight gain, may increase the chance of recurrence.

There is no known way to prevent bipolar disorder due to its strong genetic component combined with the impact of environmental factors. However, seeking treatment as soon as you notice warning signs can help prevent the condition from progressing (Mayo, 2024). There are ways to manage the condition and limit episodes, such as adhering to a regular sleep schedule, stress management techniques, avoiding drug/alcohol use, and seeking prompt treatment when presenting warning signs. Sleep disruptions are proven to cause bipolar instability, so maintaining a strict schedule is very important for managing this condition (Mayo, 2024). Drinking alcohol and doing drugs can also make your symptoms worse and even increase the likelihood of symptom recurrence (Mayo, 2024). Additionally, speaking with your care team about symptoms early on can stop episodes from getting worse, and can help doctors identify a pattern to what is causing your symptoms. This is critical in determining the best methods of treatment for your situation.

When treating bipolar disorder, mental health professionals will utilize a combination of medicinal and therapeutic approaches. “Bipolar is a lifelong condition, with treatment directed to manage symptoms” (Mayo, 2024). Medication typically used to treat bipolar disorder consists of mood stabilizers and antipsychotics, which are proven to help with managing acute mania (NIH, 2025). These medicines are often taken right away to begin stabilizing and balancing an individual’s mood. Antidepressants should be taken during the manic episode and can be combined with mood stabilizers/antipsychotics during depressive episodes. In addition to medication, some individuals will require intensive outpatient programs or partial hospitalization. These types of programs provide intensive support and counseling to patients that consists of a few hours per day for several weeks, mainly to help get symptoms under control (Mayo, 2024). These programs are great opportunities for working people, as they can

schedule their counseling sessions outside of their job hours. However, some individuals may require a longer hospital stay, especially if the individual is exhibiting dangerous behaviors or thoughts about committing suicide (Mayo, 2024). Getting mental health treatment while in such a vulnerable state is necessary, and hospitals are trained to help keep individuals calm and safe while stabilizing their mood. Many individuals with bipolar disorder continue taking medication for the rest of their lives, even when they're feeling much better. If medicine is stopped for even one day, symptoms could return, and minor mood swings could turn into a downward spiral of mania or depression (Mayo 2024). Adults with bipolar who are actively in remission with zero symptoms must continue their mood stabilizers and antipsychotic medications for at least 6 months. Individuals facing multiple episodes of mania depression usually require more long-term treatment to minimize the possibility of relapse.

Common psychological interventions used to treat bipolar disorder include cognitive behavioral therapy, interpersonal therapy, and psychoeducation. Cognitive-behavioral therapy, or CBT, focuses on “identifying unhealthy, negative beliefs and behaviors and replacing them with healthy, positive beliefs and behaviors.” (Mayo, 2024). CBT can also help individuals identify patterns that may be triggering their bipolar episodes. Interpersonal therapy is another common intervention, which focuses on “stabilizing daily rhythms, including sleeping, waking and eating.” (Mayo, 2025). Regulating a normal sleep-wake cycle along with a healthy diet and exercise routine can help people with bipolar disorder. Psychoeducation, which is learning about your condition, can help you as well as friends and family understand more about the condition (Mayo, 2025). This treatment method can help your support system know how to help you, whether that's symptom management, safety plans, or finding support. These treatment methods have been proven to effectively reduce depressive symptoms and the possibility of relapse.

Recovery-oriented interventions promote independence and inclusion, which can consist of supported employment or housing, peer support, and life skills training. These interventions are effective particularly for youth with bipolar disorder as they facilitate the "acquisition of skills for coping with stress, developing social supports, and achieving autonomy" (del Mar Bonnin et al, 2022).

Intimate partner violence (IPV) is one of the most widespread yet preventable forms of violence across the globe. It is defined by the Centers for Disease Control and Prevention (CDC) as "abuse or aggression that occurs in a romantic relationship," including current or former spouses and dating partners. IPV includes physical, sexual, psychological, and stalking behaviors, which may occur individually or in combination (CDC, 2024). Because of its broad prevalence, severe health impacts, and societal consequences, IPV has been recognized as a major public health crisis requiring coordinated prevention and intervention efforts (Breiding et al., 2015).

The CDC identifies four main forms of IPV. Physical violence includes acts such as hitting, kicking, choking, or otherwise inflicting bodily harm. Sexual violence involves repeated unwanted attention, surveillance, or contact that induces fear for safety. Finally, psychological aggression refers to verbal and non-verbal communication intended to humiliate, intimidate, control, or manipulate a partner. These forms of violence may occur as isolated events but more commonly overlap, creating compounded harm for victims (CDC, 2024).

IPV is pervasive in the United States. Data from the National Intimate Partner and Sexual Violence Survey (NISVS) indicate that 44.2% of men (52.1 million) and nearly one in four women have experienced some form of IPV in their lifetimes (CDC, 2022). Among adolescents, one in twelve teens experience physical dating violence and one in 10 experience sexual dating

violence (CDC, 2024). Research consistently shows that women are disproportionately affected, though men also experience substantial victimization (Smith et al., 2018).

The effects of IPV extend far beyond immediate injuries. Survivors frequently experience long-term physical health issues such as chronic pain, gastrointestinal problems, and reproductive health complications (Campbell, 2002). Mental health outcomes include post-traumatic stress disorder (PTSD), depression, anxiety, and substance misuse (Devries et al., 2023). IPV is also linked to unintended pregnancies, low birth weight, and infant mortality (Hill et al., 2016). Furthermore, children exposed to IPV, whether as direct witnesses or bystanders, face heightened risks of emotional and behavioral problems (Howell et al., 2016).

Culture

There are various social, economic, and cultural determinants of bipolar disorder. To start, it is important to note that no one knows the exact cause of bipolar disorder nor what triggers an onset of bipolar disorder and symptoms (Mind UK, 2022). Since this is the case, many people who have bipolar disorder are met with stigma from family or community members (Latifian, et al., 2023). A systematic review published in the International Journal of Bipolar Disorders analyzed numerous articles and summarized the findings into key themes. Two of these themes included stigma experienced by people living with bipolar disorder and consequences of stigma in those living with bipolar disorder (Latifian, et al., 2023). The first theme described involves how those with bipolar disorder are labeled in a negative manner by society (Latifian, et al., 2023). Family members of those with bipolar are also blamed for symptoms becoming presentable and allowing the disease to progress (Latifian, et al., 2023). Because of this, family members feel forced to hide their loved one who has bipolar disorder

from the community (Latifian, et al., 2023). The second theme deals with the consequences of stigma surrounding bipolar disorder. The main consequence is psychological harm and distress from feeling forced to hide away and mask their symptoms (Latifian, et al., 2023).

In addition to stigma, there are numerous other determinants that affect the risk of bipolar disorder. A list of social and cultural determinants include childhood trauma, family links, stressful life events, and drugs, alcohol, and medications (Mind UK, 2022). To begin with childhood trauma, many experts believe that undergoing emotional distress in the early years of development can cause an onset of bipolar disorder (Mind UK, 2022). This emotional distress can include experiences such as neglect, traumatic events, losing a close friend or family member, and abuse ranging from sexual to emotional (Mind UK, 2022).

Someone is more likely to have bipolar disorder if they have a family member who also experiences bipolar disorder or symptoms, this is known as a family link (Mind UK, 2022). This does not mean a formal diagnosis is needed (Mind UK, 2022). This reiterates the idea that family members are a big influence on how one grows up and what environment one grows up in (Mind UK, 2022). A family link does not mean that there is a singular genetic answer to bipolar disorder, it focuses on how familial relationships can be a determinant of health, in this case the onset of bipolar disorder (Mind UK, 2022).

Stressful life events have been thought to trigger an onset of symptoms of bipolar disorder (Mind UK, 2022). For some, this means that a singular stressful event can trigger a mood episode and for others it means that a combination of events will trigger the onset of symptoms (Mind UK, 2022). Some examples of stressful events include being abused, experiencing trauma, big events like holidays or weddings, feeling lonely, and losing a close friend or family member (Mind UK, 2022). Another example of a stressful life event is financial

worries and poverty, which can also be seen as an economic determinant of bipolar disorder (Mind UK, 2022). All of the determinants overlap with each other and influence one another, one determinant is not restricted to a singular category.

Another determinant of bipolar disorder is the use of drugs, alcohol, and medication (Mind UK, 2022). Using alcohol and recreational drugs can potentially cause someone to have symptoms that mimic mania and depression, it is hard to differentiate the two (Mind UK, 2022). The use of medication is a little more complex. Certain medications can cause mania as a side effect in two ways: as a potential side effect or as a symptom of withdrawal if someone were to stop using the medication (Mind UK, 2022).

Gender is also a predictor and determinant when it comes to bipolar disorder risk and protection (Gardea-Resendez et al., 2025). A cross-sectional analysis published in the *Journal of Bipolar Disorders* found that various social determinants of health were more influential in women compared to men (Gardea-Resendez et al., 2025). Women were more likely than men to have a lack of familial support (25% versus 42%) and women were more likely than men to have financial difficulties (49% versus 53%) (Gardea-Resendez et al., 2025). Additionally, when it came to healthcare coverage and healthcare access women were less likely to have access to these services when compared to their male counterparts (Gardea-Resendez et al., 2025).

IPV affects people across gender, age, and socioeconomic status, with disproportionate impacts on women and marginalized groups. Pregnancy does not shield women from IPV and may in fact increase vulnerability. CDC surveillance data indicates that 5.4% of women with live births reported experiencing IPV during pregnancy between 2016 and 2022 (CDC, 2024). IPV during pregnancy is strongly associated with delayed prenatal care, maternal depression,

substance use, and adverse birth outcomes. These risks emphasize the critical need for screening and intervention in prenatal care settings.

IPV does not arise from a single cause but is shaped by multiple risk factors across the individual, relationship, community, and societal levels (CDC, 2024). At the individual level, risk factors include young age, substance abuse, depression, and early exposure to violence. Relationship-level risks include jealousy, dominance, and economic stress. Communities with high poverty, crime, and low cohesion further increase vulnerability. On a societal scale, cultural norms that condone aggression, gender inequality, and inadequate enforcement of IPV laws exacerbate the problem (Capaldi et al., 2012). IPV results in significant economic costs, including healthcare expenditures, lost productivity, and justice system burdens (Peterson et al., 2018).

Due to the fact that IPV emerges from complex social, cultural, and psychological processes, prevention must be multi-level and comprehensive. Effective programs emphasize communication skills, conflict resolution, critical reflection on harmful gender norms, and community engagement (Ellsberg et al., 2015). Trauma-informed care and psychoeducational programs support survivors' healing, while coordinated services among healthcare, legal, and social systems ensure safety and long-term stability (WHO, 2021). Despite progress, significant gaps remain in adolescent-focused programs, post-abuse interventions, and integrated global strategies (Yoshihama et al., 2024). As a preventable problem, IPV should remain at the forefront of public health, policy, and clinical practice.

What is Needed

Jessica's path to stability requires a multidisciplinary, trauma-informed approach that simultaneously addresses health, safety, and independence. To sustain long-term recovery, Jessica must overcome personal barriers such as financial dependence, systemic fragmentation, and social stigma.

Jessica continues to experience verbal abuse from her husband, following a long history of enduring his physical abuse as well. Although he grew ill and cannot physically harm her anymore, the emotional and verbal abuse remain detrimental to her well-being and can potentially trigger episodes of mania or depression. It is critical that Jessica implements a safety plan in case the verbal abuse continues to escalate or becomes emotionally unbearable. Although leaving an abusive relationship can cause stress and mental health to worsen, seeing a trauma-informed counselor can help individuals transition safely. Intimate partner violence can act as a strong environmental trigger for mood episodes and non-compliance with treatment. Without emotional stability and safety, Jessica's bipolar symptoms would likely worsen.

A psychiatric reassessment of Jessica's medication is highly necessary as she has become nonadherent to her plan due to side effects. Potential services she could seek include free or low-cost psychiatric services, therapy, and case management. An additional option is attending psychotherapy sessions, such as Cognitive Behavioral Therapy or Social Rhythm Therapy, which are proven to reduce stress, build healthy routines, and prevent relapse. Because bipolar disorder is a chronic illness, Jessica will require consistent follow-up appointments to monitor her symptoms, side effects, and suicide risk. This condition requires serious treatment, so if Jessica becomes non-adherent again, she risks severe relapse into manic or depressive episodes. These episodes have dangerous implications, specifically Jessica's potential return to depending on her

husband. Jessica would benefit from integrated care, where her mental health, primary care, and trauma recovery services are coordinated. An example of this would be the Collaborative Care Model, which integrates mental health providers, primary care physicians, and case managers within the same treatment team to ensure continuous communication and consistent follow-up (Agency for Healthcare Research and Quality, 2016). This can reduce fragmented care and missed appointments, and prevent gaps in medication non-adherence. To improve accessibility, Jessica could also utilize telehealth services such as telepsychiatry or virtual counseling. These options can be beneficial for individuals who face transportation barriers or financial hardship, allowing her to maintain consistent contact with healthcare providers even when in-person visits are not possible.

Jessica only has access to medical care through her husband's insurance plan, making her completely financially dependent on him. Therefore, if her husband's illness progresses or he passes away, she will lose all coverage and stability. Jessica's dependence on her husband's income and insurance plan creates a power imbalance in their relationship that essentially traps her in an abusive, unsafe environment. Seeking independent financial resources could help her gain autonomy and safety in her situation. There are multiple options for Jessica to apply for her own insurance plan, including the Medicaid "Special Enrollment" program or Georgia Pathways Medicaid (assuming she meets the income and activity requirements). Because she has no income, she should also apply for federal financial assistance or social benefits, such as SNAP, TANF, and SSDI if her mental illness is impacting her work ability. Finding a case manager or social worker can help Jessica navigate benefits, apply for insurance, and connect with local community resources. This is important because these programs have complex application

processes and require documentation that can be overwhelming for individuals struggling with mental illness, especially those without support.

If Jessica decides to leave her husband, she would need to have safe traditional housing options. There are several emergency shelter and transitional programs in the Athens community that could support her in this adjustment. Long-term case management could help her secure affordable housing and explore part-time employment or vocational rehab opportunities once her mental health stabilizes. For women recovering from IPV and managing chronic illness simultaneously, housing stability and independence are critical protective factors. Free legal aid could also assist Jessica pursue protective orders, divorce proceedings, and financial rights, including access to joint property. Legal advocacy may empower her to take steps towards independence while ensuring her safety. Fear of retaliation and emotional attachment often prevent survivors from leaving abusive situations, particularly when financial dependence and mental illness are involved. A trauma-informed counselor can help Jessics process these concerns and prepare emotionally prior to pursuing legal action, allowing her to move forward with greater confidence and security.

Jessica is very socially isolated and emotionally dependent on her husband, and would likely benefit from peer support groups to help her connect with similar individuals. She could also seek trauma-informed therapy within peer groups, which could help her process emotional abuse and the shame and stigma associated with her condition. Facing the societal stigma toward both mental illness and domestic abuse can keep Jessica feeling isolated and discouraged from sharing her experiences with others. Rebuilding a support network consisting of family, friends, and community will not only strengthen her resilience but also reduce her risk of relapse. Reconnection and social support also help reduce fear and promote long-term recovery. From a

broader perspective, increasing public awareness and community education around IPV and mental illness can help reduce stigma and expand local support networks.

Resources

Advantage Behavioral Health

Advantage Behavioral Health Systems is a community service board set up by the state of Georgia. Their mission statement is “to provide person-centered treatment and recovery support to individuals and families experiencing behavioral health challenges, intellectual/developmental disabilities, and addictive diseases”(Advantage). They follow the values of quality, accountability, continuous improvement, relationship, and accessibility (Advantage). They provide services to a wide variety of community members, including those with bipolar disorder.

Advantage Behavioral is located at 240 Mitchell Bridge Road, Athens, GA 30606 (Advantage). They are open Monday through Thursday from 8:00AM-7:00PM, Fridays from 8:00AM-5:00PM, and the second and fourth Saturday of the month from 8:30AM-5:00PM (Advantage). If someone needs to contact Advantage for a crisis, they can walk into any of their sites during business hours or call the crisis hotline at (706)-583-7307 (Advantage). If someone needs to contact Advantage for general or routine care, they can call 1 (855)-333-9544 to schedule an appointment or walk into any of their sites during business hours (Advantage). When someone calls to schedule an appointment, they will be given a date and time and informed that the intake appointment can range from two to three hours (Advantage).

The intake appointment is the first contact for anyone seeking outpatient services. Advantage provides a list of materials for a first-time patient to bring. These include a state issued identification, their social security number, any previous clinical documentation, a list of current medications and their respective dosages, financial status information (tax return, W-2,

check stubs, proof of unemployment from the state), and insurance documentation. In terms of health insurance, Advantage will serve all people in the community who are eligible for treatment (Advantage). They will not turn away someone who is experiencing a crisis (Advantage). They accept a wide list of insurances including Medicaid, Medicare Part B, Amerigroup, Wellcare, Cenpatico, United Healthcare, and Blue Cross Blue Shield (Advantage). If a patient is uninsured, they may qualify for the State Assistance Program and pay a fee depending on a sliding scale (Advantage). There are also financial counselors on site to help patients identify any and all financial resources available to them (Advantage).

At the intake appointment, Advantage will conduct a clinical assessment which will be used to determine what services are the best fit (Advantage). If it is discovered that the patient does not meet the eligibility requirements, Advantage will do their best to provide referral information (Advantage).

Advantage Behavioral Health Systems provide a wide range of services ranging from medical to employment support (Advantage). The clinic based services are available to those with bipolar disorder (Advantage). They provide outpatient mental health services with group counseling and individual therapy sessions (Advantage). Psychiatry services are also an option to patients if necessary (Advantage). Advantage also offers crisis stabilization care, which is a basic crisis assessment that is used to determine the next steps for treatment (Advantage). There are three options for this (1) routine follow up with an outpatient provider, (2) admission to a crisis stabilization unit, or (3) admission to a temporary observation unit (Advantage). The temporary observation unit is a place where a patient can stay for up to 23 hours for observation and evaluation (Advantage). It will then be determined if the patient should (1) go back into the community, (2) be admitted to an inpatient unit, or (3) be referred to a crisis stabilization

program. (Advantage). The crisis stabilization unit is a 30 bed center that offers short-term stabilization stays to individuals experiencing psychiatric disorders which includes bipolar disorder (Advantage).

Another treatment option is health education and integrated care. This option focuses on individualized care coordination which involves developing relationships between patients and their providers (Advantage). This is a person-centered approach to care and emphasizes collaboration between all parties (Advantage). They also provide a supported employment program. In order to be eligible, the patient needs to be receiving treatment from Advantage and have a desire to obtain a job (Advantage). This program assists someone in preparing to enter the workforce and maintaining a long-term job (Advantage). They have employment specialists that coordinate plans with therapists and case managers to start the job search once the patient has expressed interest (Advantage).

Advantage Behavioral also offers several services under the umbrella category of evidence based practices and prevention (Advantage). One of these services is cognitive behavioral therapy which is a model used to manage the way patients think and perceive themselves in the outside world (Advantage). Trauma recovery and empowerment model is group therapy designed for those who have a history of physical and sexual abuse (Advantage). The wellness recovery action plan is a person-centered model that allows a patient to make their own changes to their lives to make it how they want to live (Advantage). The adult needs and strengths assessment is an evaluation and assessment tool used to determine the severity of symptoms in a patient and the level of dysfunction experienced (Advantage). The motivational interviewing is a program targeted at strengthening a patient's motivation for change (Advantage).

As well as clinical services, Advantage offers a medication assistance program (MAP). This is a program of a pharmaceutical company used by those who need help accessing mental health medications who do not have prescription drug coverage through their health insurance (Advantage). A set of specific financial guidelines must be followed in order to qualify (Advantage). The pharmaceutical companies predetermine what medications can be provided to patients through MAP (Advantage). MAP will help the patient determine which program the individual is best suited for and from here an application will be provided (Advantage). If the pharmaceutical company approves the application, the medication is shipped to Advantage and the patient can pick it up at their next appointment (Advantage).

Project Safe

Project Safe is a nonprofit organization located in Athens, Georgia, that provides free and confidential services to individuals experiencing domestic or intimate partner violence. Their mission is “to end domestic violence through crisis intervention, ongoing supportive services, systems change advocacy, and prevention and education” (Project Safe). The agency operates under the assumption that all individuals are deserving of living in safety and freedom from violence, and that their services are designed to empower survivors from early intervention through long-term recovery and self-sufficiency. Project Safe offers services to residents of Athens-Clarke County and the surrounding community, regardless of sex, income, or citizenship, and offers bilingual services in order to make access available to all members of the community (Project Safe).

The main office is located at 995 Hawthorne Avenue, Suite E, Athens, GA 30606. Administrative hours are Monday through Friday, 9:00 AM to 5:00 PM by appointment, but their

24-hour crisis hotline is always open for immediate assistance (Project Safe). Those in crisis can call the hotline at 706-543-3331 or text 706-765-8019 to speak with an advocate. The agency encourages people in perilous situations to reach out to them, even if they are unsure if they will be leaving, as advocates can help them develop tailored safety plans and discuss their alternatives with confidence. For the majority of people in crisis, Project Safe is the first and most critical point of entry in acquiring safety and emotional stability.

Project Safe's programs address a range of needs, including crisis intervention, shelter, legal advocacy, counseling, and community outreach. The crisis intervention and shelter program provides immediate protection to the victims of abuse escaping from the abuse. The organization operates an anonymous emergency shelter where survivors stay temporarily while striving towards stability (Project Safe). The shelter is trauma-informed and family-oriented and welcomes children to stay with their parents. For people who are not yet ready to leave their homes but still need safety, Project Safe offers safety planning, which is an individualized plan that outlines how to stay safe during violent outbursts, how to prepare to evacuate, and where to go for help (Project Safe). Advocates can also arrange for safe transportation to the shelter or to another safe place. For survivors requiring long-term housing support following emergency shelter, Project Safe offers transitional housing programs. These provide longer-term care, typically several months, and are linked with case management services that help the residents secure jobs, receive benefits, and acquire permanent housing (Project Safe). Transitional housing gives survivors time and structure to restore their lives and end dependence upon abusive partners.

The second major service delivered by Project Safe is legal advocacy. Survivors find it challenging to navigate the justice system and, hence, receive free assistance to complete

Temporary Protective Orders (TPOs) and other court forms (Project Safe). Advocates also accompany survivors to court hearings, explain the procedures clearly and in an understandable way, and help them grasp their rights. Project Safe also partners with organizations such as Georgia Legal Services and the Athens Justice Project to refer clients to attorneys as needed (Project Safe). Restraining orders may include restrictions that prevent the abuser from contacting or getting close to the survivor, orders for custody, and provisions for financial assistance. The advocacy branch continues to work in close coordination with the Clarke County Superior Court, Sheriff's Department, and local police in enforcing court orders accordingly.

Counseling and emotional support constitute the most vital aspects of the work done by Project Safe. The agency offers individual and group counseling conducted by trauma-informed professionals trained in recovering from domestic violence. Survivors are invited to attend support groups that meet weekly to address rebuilding self-worth, stress management, and coping with the emotional effects of abuse. Counseling is provided face-to-face and online to reach those with transportation or scheduling problems (Project Safe). They also provide therapy and support groups for children who have witnessed or been a victim of family violence. These services help individuals recover from trauma, acquire coping skills, and regain a sense of mastery in their lives.

Apart from direct services, Project Safe engages in community-based prevention and education to reduce domestic violence in the community. The organization offers education programs in schools, workplaces, and organizations to educate on healthy relationships and early abuse warning signs (Project Safe). They also train volunteers, students, and professionals on how to support survivors and cultivate a culture of responsibility. In doing so, Project Safe not

only responds to emergencies but also works toward long-term prevention and community transformation in Athens-Clarke County.

Accessibility is one of Project Safe's strongest strengths. All services are completely free and confidential, and therefore, survivors don't have to worry about price or publicity when they seek services. There are no income, immigration status, or residency requirements for the application (Project Safe). Men, women, and people of all identities are invited to participate, and interpreters are used for those who do not speak English (Project Safe). Care coordination across the mental health, housing, and social service systems is enabled by the agency's relationship with other community programs, including Advantage Behavioral Health Systems. For example, a survivor who enters the shelter may also receive a case management or psychiatric referral in response to ongoing mental health needs.

Survivors are able to phone the 24-hour hotline or textline to speak directly with an advocate in order to access services. During the initial call, the advocate will discuss immediate safety needs and help decide if shelter, legal protection, or community-based safety planning is the best response (Project Safe). In the event of an emergency shelter, staff offer confidential transportation to the center. Upon arrival, survivors meet with a case manager who discusses introduced programs, rights, and helps create a personalized plan. Individuals seeking legal protection can be assisted with TPO form completion and accompanied by advocate representatives to court hearings. Shelter stays usually last from 30 to 90 days, depending on circumstances, and staff, before discharge, connect survivors with ongoing services like housing, employment, or counseling (Project Safe).

Project Safe's work is particularly critical for those with compounded issues like mental illness, economic reliance, or isolation. Domestic violence compounds mental illnesses and

disrupts treatment adherence, so integrated, trauma-informed services become a priority. By offering safety planning, counseling, and legal services under one roof, Project Safe helps survivors break cycles of abuse while facing the psychological and logistical obstacles that keep them in their situations. Project Safe is among Athens' most essential sources of support for those who are victims of intimate partner violence. It is also a crisis response center and a portal to long-term recovery through referrals to local partners, including housing and behavioral health agencies. The agency's survivor-centered, holistic approach ensures that no one is ever turned away, regardless of income or background, and that everyone has a chance to rebuild a safe, stable, and self-sufficient life.

Athens-Clarke County Temporary Protective Order (TPO) Process

One of the examples of a free legal service that assists a victim of domestic or family violence in gaining immediate protection from the abuser is the Athens-Clarke County Temporary Protective Order (TPO) process. A TPO, which is an order of the civil court, cannot allow an abuser to make contact, visit, or come near the survivor's home, workplace, or other specified areas (ACC). Other orders, such as child custody or support, may also be issued, as well as the removal of the abuser from a mutual household (ACC). This order is a highly significant safety protection for those who want to halt ongoing abuse without sacrificing their independence and security.

The Athens-Clarke County Superior Court Clerk's Office, 325 E. Washington Street, Suite 450, Athens, GA 30601, is where a survivor may apply for a TPO. Monday through Friday, the courthouse is open from 8:00 AM to 5:00 PM. Interpreters are available on request. Parking is located behind the courthouse, and it is accessible by public transportation using Athens

Transit routes. Survivors can file with ease, and if necessary, direct help is available from trained Project Safe advocates to assist with paperwork, clarify the process, and offer emotional support at court hearings (ACC).

The first step in the TPO filing process is to request a Family Violence Petition from the clerk's office. The petition is heard on the day the petition is submitted by a judge, and if there is enough evidence, the judge may issue an immediate temporary order of emergency protection (ACC). The order becomes legally enforceable after being served on the abuser by the Clarke County Sheriff's Office. A court hearing is scheduled to be conducted within 30 days to decide whether, under the particular circumstances, the order should be made permanent or extended up to a maximum of 12 months (ACC). Along with support, survivors are urged to accompany the hearing with an attorney or advocate. A TPO is issued to Georgia citizens who have experienced domestic or family violence in the state. Eligible couples are spouses, ex-spouses, boyfriends, girlfriends, and family members residing in the household. Proof of recent or ongoing verbal, physical, sexual, or emotional abuse, harassment, or intimidation on the part of the victim must be established. Notably, the protection order is free from court charges, such that legal protection is not withheld because of an inability to afford it (ACC). All else being equal, Athens-Clarke County's TPO process allows victims of domestic violence to have a confidential, accessible legal pathway to expedited safety and the beginning of safe separation from their abuser. To help survivors progress to key steps toward long-term safety and healing, the local court system collaborates with agencies such as Project Safe to make sure they have both legal and emotional support throughout the process (ACC).

Athens Neighborhood Health Center

The Athens Neighborhood Health Center is a nonprofit federally qualified health center. It provides quality healthcare to Athens-Clarke County and the surrounding communities at affordable prices. The Athens Neighborhood Health Center has a mission to “ensure that every individual, regardless of income or insurance status, has access to quality healthcare” (Athens Neighborhood Health Center). The Athens Neighborhood Health Center operates with the philosophy of equity and community well-being in mind because it is well aware that illness, poverty, or the absence of insurance should not be barriers to good healthcare for any person in need of it. The Athens Neighborhood Health Center receives funds to offer patients with a discounted fee scale determined by income and family size, thereby ensuring that patients with no insurance are not left out (Athens Neighborhood Health Center).

There are various locations in Athens where patients can access healthcare from ANHC, with one of the prominent locations being 402 McKinley Drive, Athens, GA 30601 (Athens Neighborhood Health Center). The healthcare centers are open from Monday to Friday between 8:00 AM and 5:00 PM, with walk-in appointments offered to cater to patients with acute problems. Patients can opt to book appointments via phone number 706-543-1145 or by accessing the site of the organization. The healthcare centers offer free parking and access by Athens Transit, ensuring that patients with vehicles can conveniently access healthcare services. Additionally, there are translation services to facilitate healthcare provision to patients with less understanding of the predominant language (Athens Neighborhood Health Center).

The Athens Neighborhood Health Center has numerous services that cater to the physical and behavioral aspects of patients’ well-being. The primary healthcare aspects include physical examinations, women’s healthcare exams, management of chronic diseases, laboratory work, and

management of prescription refills (Athens Neighborhood Health Center). The Athens Neighborhood Health Center has integrated behavioral healthcare services, which imply the inclusion of mental healthcare screening and counseling in addition to healthcare services. The licensed clinical social workers and behavioral healthcare counselors offer therapy in cases of depression, anxiety, trauma, and bipolar disorder, while the psychiatrists specifically deal with prescribing and monitoring drug efficacy in patients (Athens Neighborhood Health Center).

For patients who lack insurance coverage or have inadequate insurance coverage, the ANHC has designed the sliding fee scale program to make it affordable for them to seek services. Patients can qualify for reduced fees after presenting proof of income and the number of members in the family, with the fee being only \$25 to \$35 for patients who are uninsured (Athens Neighborhood Health Center). The ANHC has partnered with most insurance companies, including Medicaid, Medicare, PeachCare for Kids, and others, such as Blue Cross Blue Shield and United Healthcare, ensuring that patients have access to quality services without spending a lot of money on healthcare (Athens Neighborhood Health Center).

Apart from providing healthcare-related services and behavioral healthcare, ANHC provides case management assistance to patients. The primary aim of case managers working with patients is to help them access other resources in the community that may include dental services, nutrition assistance, and specialty healthcare providers. Case managers can also assist patients in obtaining benefits to access any form of social assistance they require, for instance, SNAP or housing assistance (Athens Neighborhood Health Center).

The behavioral health needs of patients can be met very well by the behavioral health offerings of ANHC, especially if the patient has any kind of mood disorder or any trauma-related concerns. The patient can benefit from individual therapy, Psychiatric Medication Management,

and Behavioral Health Screenings done during primary care visits (Athens Neighborhood Health Center). What it does help, though, is that the patient's needs related to emotional well-being would not be something that needs to be addressed on the side or secondary to something else, but would be taken care of in advance. The procedure to seek healthcare at ANHC is rather simple. Patients can either call or walk in to set up an appointment and must provide proof of identity in the form of a photo ID, residency proof, insurance if applicable, and proof of income for the sliding fee scale program. The patient has an introductory appointment with a nurse and behavioral healthcare counselor to evaluate primary needs during the initial visit. Patients can then set up follow-up appointments ranging from one to three months, depending on the patient's healthcare plan (Athens Neighborhood Health Center). Patients on healthcare who require prescription drugs can either fill them out-of-office hours from the in-office or affiliated pharmacy. In general, it can be concluded that Athens Neighborhood Health Center is one of the most vital organizations within the Athens-Clarke County Community in terms of ensuring accessibility to healthcare, especially for the less privileged in society. The major factor that makes it so vital to the community is the fact that it is affordable, it offers integrated behavioral healthcare, and it provides healthcare in a manner that is very respectful of different cultures in society.

Mercy Health Center

Mercy Health Center is a faith-based nonprofit free clinic located at 700 Oglethorpe Avenue, Suite C7, in Athens, Georgia. The clinic provides high-quality medical, dental, pharmacy, and specialty care to uninsured adults living in Athens-Clarke County and the surrounding areas (Mercy Health Center, n.d.). Operating largely through volunteer physicians, nurses, and medical students from local universities, Mercy Health Center ensures that each

patient receives compassionate and comprehensive care regardless of financial status. The clinic offers a wide range of services, including primary medical care such as physical exams, women's health services, and chronic disease management (Mercy Health Center, n.d.). In addition, Mercy provides access to specialty clinics in fields like cardiology, dermatology, endocrinology, neurology, and orthopedics. For patients with emotional or psychological needs, the center offers mental health referrals and access to volunteer counselors who provide behavioral health support (Mercy Health Center, n.d.).

Mercy Health Center also operates an on-site pharmacy that dispenses free prescription medications to qualifying patients and provides laboratory and diagnostic testing at no cost through local partnerships (Mercy Health Center, n.d.). Beyond healthcare, the clinic offers social service assistance such as case management, insurance navigation, and referrals to community resources like Project Safe, food banks, and housing aid programs (Mercy Health Center, n.d.). To qualify for services, patients must be uninsured, at least 18 years old, live within Athens-Clarke County or a nearby county, and have an income below 200% of the Federal Poverty Level. All care, medications, and testing are provided entirely free of charge. The center does not bill insurance or collect copayments, though donations are welcomed (Mercy Health Center, n.d.).

To access services, individuals must first complete an eligibility screening by calling (706) 425-9445 to schedule an appointment. Required documentation includes a government-issued photo ID, proof of residence, and proof of income such as recent pay stubs, a tax return, or an unemployment letter. Once eligibility is verified, patients are assigned a primary care provider and can schedule appointments for specialty or pharmacy services as needed. The clinic operates Monday through Thursday from 8:30 a.m. to 5:00 p.m. and Fridays from 8:30

a.m. to 12:00 p.m., remaining closed on weekends and major holidays. Mercy Health Center also provides free on-site parking and Spanish interpretation services to improve accessibility for all patients (Mercy Health Center, n.d.).

Georgia Pathways to Coverage (Medicaid Expansion Program)

Georgia Pathways to Coverage (Medicaid Expansion Program) is a statewide initiative designed to provide affordable healthcare coverage to low-income adults in Georgia who are not otherwise eligible for traditional Medicaid (Georgia Department of Human Services, n.d.). The program offers access to primary care, mental health services, prescriptions, and hospital care for adults between the ages of 19 and 64 who meet specific income and activity requirements. To qualify, applicants must be Georgia residents with an income below 100% of the Federal Poverty Level, which is approximately \$1,215 per month for a single individual in 2025. Additionally, participants are required to complete at least 80 hours per month of qualifying activities such as employment, job training, volunteering, or education. Individuals who are already enrolled in Medicaid or Medicare are not eligible for this program (Georgia Department of Human Services, n.d.).

Georgia Pathways to Coverage aims to increase healthcare accessibility and reduce the number of uninsured adults while promoting workforce participation. The program has no monthly premiums and requires very low or no copayments for most medical services (Georgia Department of Human Services, n.d.). Interested individuals can apply online through the Georgia Gateway portal at www.gateway.ga.gov or visit their local Division of Family and Children Services (DFCS) office for assistance from a caseworker. The Athens DFCS location is at 284 N Avenue, Athens, GA (Georgia Department of Human Services, n.d.). Applicants must

submit proof of income, Georgia residency, and qualifying activities when completing their application. Once approved, participants receive an approval letter by mail and can then select a Care Management Organization (CMO) to begin receiving benefits. For more information or assistance, applicants can contact the DFCS helpline at 1-877-423-4746 (Georgia Department of Human Services, n.d.).

Sustainable Solutions

Integrated Healthcare Development and Access

Currently, anywhere between 10 and 38% of bipolar patients are accessing their treatment exclusively in a primary care setting (Kilbourne et al., 2012). However, most primary care physicians are not professionally trained nor do they have the time to conduct the correct clinical methods to diagnose bipolar disorder (Kilbourne et al., 2012). Since most of these patients are usually exclusively seen in a primary care setting, collaborative chronic care models are a way to integrate mental health care into these visits (Kilbourne et al., 2012).

Due to limited mental healthcare and a cultural stigma in accessing such services, collaborative chronic care models are a key solution in treating bipolar disorder (Kilbourne et al., 2012). Collaborative chronic care models can include self-management strategies and support, care management, and provider guideline support; they are also already well-established in a primary care setting (Kilbourne et al., 2012). Collaborative chronic care models create an optimal framework to aid primary care physicians in managing bipolar disorder (Kilbourne et al., 2012). They have six key components: (1) clinical information systems, (2) delivery system redesign, (3) decision/guideline support, (4) patient self-management support, (5) community

resource linkages, and (6) leadership support (Kilbourne et al., 2012). Most collaborative chronic care models need three out of the six components to be successful.

Another program that is being pilot tested involves using health care systems (Kilbourne et al., 2012). This mainly involves the use of electronic medical records and identifying patients with current depressive diagnoses and any additional risk factors for bipolar disorder (Kilbourne et al., 2012). Additionally, those who get a positive screening from this method would then receive a formal diagnosis by their primary care physicians and then move into bipolar management and treatment methods (Kilbourne et al., 2012). Managing bipolar disorder in a primary care setting should generally include a psychosocial component (Kilbourne et al., 2012). Psychosocial interventions are those that place an emphasis on patient ability to increase self-management of bipolar disorder (Kilbourne et al., 2012). All in all, integrated health care methods are key in helping those who have been diagnosed with bipolar disorder effectively manage their conditions and symptoms in their own terms.

Economic Empowerment and Financial Independence

Economic empowerment is a critical component of sustainable recovery for individuals experiencing both bipolar disorder and intimate partner violence. Survivors of IPV often face financial instability, unemployment, and limited access to social safety nets, which can perpetuate cycles of abuse and hinder long-term independence. According to the Institute for Women's Policy Research (2020), financial insecurity is one of the most significant barriers preventing survivors from leaving abusive relationships, as many experience economic abuse, where partners restrict access to money, sabotage employment, or accumulate debt in the survivor's name. Similarly, individuals with bipolar disorder face higher rates of

underemployment and workplace discrimination, which can exacerbate poverty and dependence on others for financial stability (Marwaha et al., 2013).

To address these intertwined challenges, effective economic empowerment programs must integrate trauma-informed care with workforce development and mental health support. Several global and local initiatives have demonstrated success in this area. For example, in New York City, the Mayor's Office to End Domestic and Gender-Based Violence partnered with the Department of Consumer and Worker Protection to launch the Economic Empowerment Program (EEP), which provides survivors with job training, financial counseling, and connections to employment resources, all tailored to their mental health and safety needs (New York City Office to End Domestic and Gender-Based Violence, 2023). Evaluations of EEP found that participants reported greater financial confidence and were more likely to achieve stable employment within six months of completion.

Internationally, programs in Sweden and Canada offer strong models of integrating economic and mental health support. Sweden's social welfare system ensures that survivors of IPV and individuals with severe mental illnesses such as bipolar disorder have access to state-funded healthcare, income assistance, and employment reintegration programs. These resources not only promote safety but also reduce long-term public costs associated with homelessness, hospitalization, and unemployment (European Institute for Gender Equality, 2021). In Canada, the Women's Economic Council operates community-based programs that combine financial literacy education, cooperative business development, and peer mentorship to empower women recovering from violence and trauma. Studies of these programs have shown that economic self-sufficiency improves mental health outcomes and decreases the likelihood of returning to abusive environments (Women's Economic Council, 2020).

Comparatively, the U.S. has begun to recognize the need for integrating economic stability into IPV and mental health recovery, but implementation remains fragmented. Many programs still treat economic, mental health, and safety needs separately, which can create barriers for individuals navigating multiple systems simultaneously. Sustainable solutions require policies that fund coordinated care models linking mental health services, housing, employment assistance, and legal advocacy. Research shows that economic empowerment interventions (particularly those including financial coaching, access to safe banking, and vocational rehabilitation) significantly reduce the risk of IPV recurrence and improve long-term mental health recovery (Postmus et al., 2020). Therefore, investing in holistic, economically focused approaches is essential to breaking the cycle of abuse and ensuring sustainable recovery for those affected by IPV and bipolar disorder.

Housing Stability and Safe Environments

Having a stable and secure home environment is essential for individuals struggling with mental illness and IPV, particularly those who are seeking long-term recovery and well-being. Individuals with stable housing are much more likely to remain engaged in mental health treatment and recovery. Without a secure living environment, individuals carry a much higher likelihood of relapse or re-exposure to IPV, as they are facing risks that have not been resolved. According to a journal referenced by the Substance Abuse and Mental Health Services Administration, mental health outcomes for individuals struggling with severe mental illness were greatly improved by promoting follow-up care adherence and stress management (SAMHSA, 2013).

For survivors in situations similar to Jessica's, stability in housing alone is not nearly enough to make very much meaningful improvement. Recovery must be integrated with trauma-informed treatment that prioritizes security, independence, and trust. An example of this could be a trauma-informed transitional housing program, such as those that are funded through the U.S. Department of Housing and Urban Development's Continuum of Care plan. This plan assists survivors in accessing temporary housing and affordable supportive mental health services after facing significant life challenges (DHUD, 2023). Jessica would likely benefit from a program similar to this because it would help her not only stabilize her mental health, but also simultaneously learn skills to succeed independently later on. Another potential option is permanent supportive housing (PSH), which pairs affordable, safe housing with personalized mental health treatment. One study conducted in 2020 found that when a large proportion of individuals have access to PSH, there are reductions in psychiatric hospitalization rates and IPV revictimization rates among individuals with mental illnesses (Tsai et al., 2020).

Safe environments must branch beyond housing to include access to recovery support systems and a strong community foundation. Organizing partnerships with local housing organizations, behavioral health centers, and domestic violence agencies could ensure that all survivors are connected with all of the potential resources they could need. Various agencies located around Athens are centered around promoting advocacy in mental health and providing counseling and transitional housing for survivors in need. In addition to this, there are also telehealth opportunities available within these agencies, which can encourage follow-up care for individuals struggling with reliable transportation or finances. Safe, sustainable housing environments are not only protective factors for survivors of IPV and chronic mental illness, but serve as stepping stones for their recovery and long-term well-being.

Community Education and Stigma Reduction

Individuals experiencing both bipolar disorder and IPV require community education and stigma reduction as essential preparation for recovery. Most people do not report abuse, seek help, or engage with community resources, as they feel the stigma of mental illness and trauma. Stigma is perceived as a psychological and structural process that enables discrimination, social exclusion, and delays or barriers to treatment. Education that reduces stigma creates awareness among the community, encourages treatment-seeking attitudes, and creates a safe environment that nurtures recovery.

Research from a variety of programs around the world shows that stigma reduction and community education can effectively change attitudes and help facilitate cultural change over time. The Time to Change initiative in England (2007–2021) used mass media campaigns together with local events, established ‘social contact’ where people with first-hand experience of mental illness shared their stories of recovery. In a ten-year evaluation of the program, there were consistent improvements in public knowledge and significant reductions in discrimination against people with mental illness (González-Sanguino et al., 2019). There are similar examples from Canada with the Opening Minds initiative from the Mental Health Commission of Canada, which delivered contact-based workshops in schools, workplaces, and health settings. More than 60 of these programs were evaluated and found to significantly reduce stigma and improve acceptance of people living with mental illness (Stuart et al., 2014). These types of initiatives highlight the need for sustained funding, training of peer leaders and community ownership in order to be effective long-term.

Community education for violence prevention and mental health literacy has been successfully implemented in the US using a variety of strategies. The Green Dot bystander

intervention program was created to teach students how to identify and safely intervene in violent situations. It was tested in high schools in Kentucky. Schools that used Green Dot reported a 50% decrease in sexual violence and higher bystander engagement with the bystander intervention model in comparison to control schools during a five-year longitudinal study of the program (Coker et al., 2017). In terms of mental health, Mental Health First Aid (MHFA) has been effectively introduced in American communities to teach people how to identify early indicators that someone may be in distress, assist someone who is in distress, and link them to mental health resources. Studies show that MHFA significantly increases mental-health literacy, reduces stigma, and improves confidence in supporting others (Forthal et al., 2022).

In order to sustain community education initiatives, it is essential to include opportunities for peer involvement and assessment through ongoing culturally safe practice. In addition to public awareness campaigns and integrating MHFA or bystander training into other existing community resources, local governments, schools, and community organizations can provide continuing education workshops as a contact-based learning opportunity. For example, California's Each Mind Matters has successfully utilized school alliances, social marketing, and storytelling to normalize conversations surrounding mental health and foster a motivation to seek help (Collins et al., 2019).

The lasting reduction of stigma rests on three fundamental principles: (1) long-term exposure that contributes to behavioral and attitudinal change, (2) community engagement through survivors and peer leadership, and (3) cross-sector collaboration among education, healthcare, and media. When community initiatives on education utilize these principles, they stem stigma and foster empathy, communal responsibility, and safer recovery environments. As the examples at both the global and state levels herein illustrate, sustained education and

stigma-reduction efforts are not merely add-ons, but at the very heart of breaking the cycle of silence, building resilience to mental health challenges, and supporting survivors' healing in the long term.

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