



Collaborative Mental Health Care in a Changing World

## Family Violence

## Session purpose

#### At the end of this session, participants will have:

- increased confidence to participate in interdisciplinary collaborative care when responding to mental health presentations where family violence is, or has been, a feature.
- a better understanding of how interdisciplinary collaborative care can contribute to better outcomes for individuals and/or families where family violence is, or has been, a feature.



## Session format

Part	Description	Timing	Location
1	Family Violence Overview by Dr Sabin Fernbacher	30 mins 11– 11.30am AEDT	This room
2	Moderated discussion of vignette(s)	1 hour 11.30am – 12.30pm AEDT	Breakout rooms
3	Feedback & session conclusion	30 mins 12.30 – 1pm AEDT	This room



### How to interact

#### How to interact in Parts 1 & 3

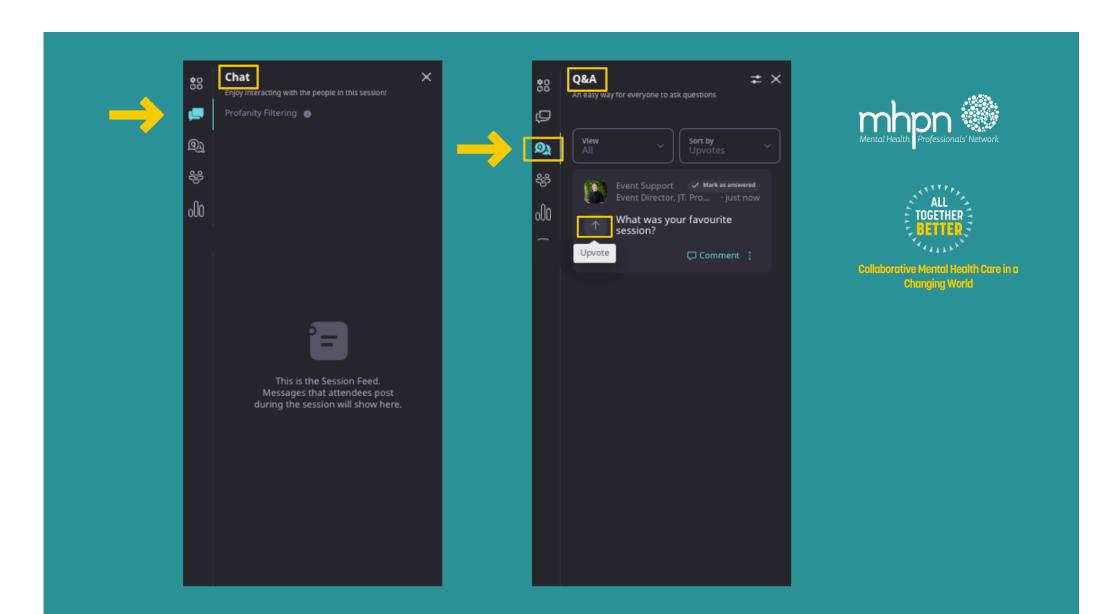
#### Chat box

• Engage with other delegates (direct message to an individual or post to everyone)

**Tech issues?** Post in the Q & A tab to receive help, or visit the Help Desk.



## How to interact





## Family Violence & Mental Health

ALL TOGETHER BETTER:
Collaborative Mental Health Care in a Changing World
Mental Health Professional Network Conference
March 2023

## Acknowledgments

# Family Violence & You: Self Care

### Look after yourself

Looking after yourself is good practice (today & any other time)

Reach out, seek support, & pay attention to your wellbeing

Support: 1800 RESPECT

## Remember....societal context



- Compounding
  - Family Violence & Mental Illness
  - Mental Illness & Family Violence
- Stigma
  - Family Violence & stigma & shame
  - Mental Illness & stigma & shame



## Impacts

- Financial/economic status
  - Loss of income
  - Relocation costs
- Work & study (adults, children & young people)
  - Disruption
  - Discontinue
- Housing & homelessness
- Health
  - Poorer general health
  - Early pregnancy loss
  - Greater health costs over a life-time
- Mental Health





# Mental Health Impacts: Examples

Anxiety

Hypervigilance

Stress

Sleeping & eating problems

Drug, alcohol, prescription medication use

Post Traumatic Stress symptoms

Self harm

'Trauma symptoms': flashbacks, triggers

Women wit 'mental illness' – specific issues

Multiple types of trauma over a lifetime

High levels of family violence

Disbelief by professionals

Lack of access to services or appropriate support

Exclusion



## Using mental illness against...

She needs him

Lacks skills to live alone/without the other person

Is a bad parent

Professionals won't believe her

Her illness is the problem (I am the 'good partner', parent)

Convince others that she is making things up due to being 'mad'

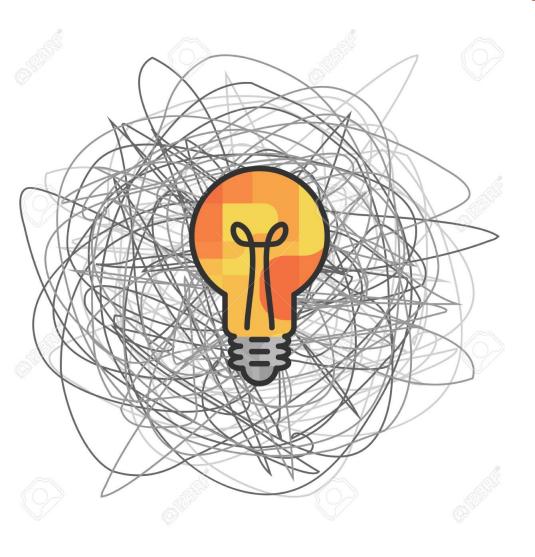
Should not see the children (e.g. adolescents)

## Weaponising mental health/illness



Threaten	Take children away/get them taken away	
Reporting	Report to Child Protection	
Forced	Have her admitted into psychiatric ward/call CAT team	
Publicising	Let employer/co-workers know re mental health	
Discredit	Publicly discredit – mental health related	

### Systemic Issues, Barriers & Challenges



- Barriers to
  - Disclosure
  - Support
- Professionals' lack of understanding/confidence
- Medical & diagnostic focus vs Trauma Informed understanding
- Disbelief by professionals
- Missing trauma
- Exclusion
  - "can't work with women with mental illness"
  - "can't work with women with family violence"



## Women's experiences with health & mental health service systems

□ Not being believed
 □ Doubting
 □ Dismissed
 □ "Not part of my role"
 □ Lack of skills, knowledge or confidence by professionals

☐ Focus on biological factors only: missing trauma

☐ Misunderstand trauma reaction as mental illness

Sabin Fernbacher Consulting March 2023

## LIVE: Listen Inquire Validate Enhance Support

WHO, 2014

- Listen: to her closely, with empathy, without judging.
- Inquire about and respond to their needs & concerns.
- Validate her experiences show that you understand and believe her. Assure her that she is not to blame.
- **Enhance** safety discuss a plan to protect herself and children from harm.
- **Support** and follow up help her connect to information services and social support.



### What do women want from healthcare professionals?

**Emotional Connection** 

Recognition & Understanding

Action & Advocacy

**Choice & Control** 

#### **Validation**

Create a safe space

Respond to the person before the situation

See & believe them

Be present for them

## Duluth Power and Control Wheel Domestic Abuse Intervention Programs



#### MEDICAL POWER & CONTROL WHEEL

## ESCALATING DANGER

#### VIOLATING CONFIDENTIALITY: Interviewing her in fron

Interviewing her in front of family members.
Telling colleagues issues discussed in confidence without her consent.
Calling the police without her consent.

#### Medical Power & Control

#### NOT RESPECTING HER AUTONOMY:

"Prescribing" divorce, sedative medications, going to a shelter, couples counseling, or the involvement of law enforcement. Punishing her for not taking your advice.

#### TRIVIALIZING AND MINIMIZING THE ABUSE:

Not taking the danger she feels seriously. Expecting tolerance because of the number of years in the relationship.

#### BLAMING THE VICTIM:

Asking what she did to provoke the abuse. Focusing on her as the problem and asking, "Why don't you just leave?," "Why do you put up with it?," or "Why do you let him do that to you?"

NCREASED ENTRAPMENT

Produced and distributed by:

Developed by: The Domestic Violence Project,
Kenosha, WI, adapted from the original wheels by the Domestic Abuse Intervention Project Sabin Fernbacher Consulting M 202 East Superior Street
Duluth. MN 55802

NORMALIZING

**VICTIMIZATION:** 

Failing to respond to

her disclosure of abuse.

Belief that abuse is the

outcome of non-

compliance with

**IGNORING THE** 

**NEED FOR SAFETY:** 

Failing to recognize her

sense of danger. Being

unwilling to ask, "Is it

safe to go home?" or

"Do you have a place

to go if the abuse

escalates?"

218.722.4134

patriarchy.

Acceptance of intimidation

as normal in relationships.



If this session has raised issues that you would like to talk through, make sure you access support.



You can do this by talking with your supervisor, access EAP at your workplace, talking with (FV)colleagues or contact one of the services below.

Looking after yourself is good practice and





## thank you





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### Meet the Moderators

#### Four breakout rooms



Laura Brooks



Sarah Johnson



Dr Elizabeth McLindon



Sally Stevenson AM



## Part 2: Moderated Vignette Discussion

#### Four breakout rooms

Moderated by	Go there if your surname start with:
Laura Brooks	A-D
Sarah Johnson	E — K
Liz McLindon	L – Q
Sally Stevenson	R - Z

#### How to get to your breakout room

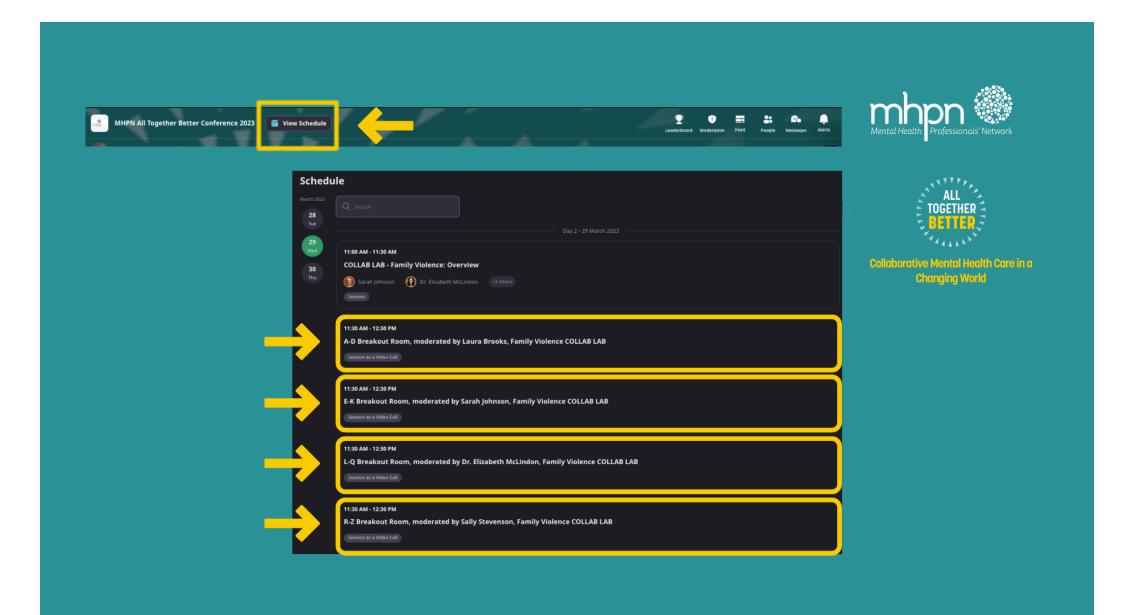
- Navigate back to Schedule
- Join the appropriate breakout room based on your surname

In the breakout room please have your camera on



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## How to get to the breakout room



## Part 3: Feedback

Please get settled.

We'll start in a few minutes when everyone has arrived.



## Part 3: Feedback

From your breakout rooms discussions, identify:

- what your breakout room learnt about the range of disciplines/services, and how they
  might contribute to better outcomes for mental health presentations where family
  violence is, or has been, a feature.
- what ideas were generated to improve capacity and/or increase the opportunities to engage in collaborative care in the field of family violence
- the hurdles or challenges we encounter when working together in this space
- how collaborative care contributes to better outcomes for people who have been or are experiencing family violence.



## Coming Up . . .

• Family Violence Networking Hub in 1 hour (starts at 2 pm AEDT)

MHPN supports networks that bring together practitioners whose work supports people
experiencing family violence to engage in interdisciplinary professional development, peer
support and networking.

- **Drop in** to the Networking Hub to learn more.
- Can't make it, but want to learn more? Scan the QR code and leave your details and we'll send some information.
- Social Isolation & Loneliness COLLAB LAB (starts at 3 pm AEDT)
- Guided Mindfulness starts at 5.15 pm



 Today's program concludes with The Nexus Between Climate Change & Mental Health panel discussion, tonight from 6.00 pm AEDT

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## Thanks for Participating

Before you log off, please complete the Feedback Survey by clicking on the Survey tab to the right.

Plus, we'll email a survey about the entire Conference next week. Please complete it – it will help inform future Conferences.

