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Webinar

Working Together to Support the Mental Health of People who have Experienced Family Violence

Thursday, 19th February 2015

“Working together. Working better.”

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society,
the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

This webinar is presented by  **mhpn**
Mental Health Professionals' Network

Tonight's panel

- Prof Kelsey Hegarty (GP)
- Ms Carmel O'Brien (psychologist)
- Ms Jac Taylor (social worker)
- “Amy” (lived experience)

Facilitator

- Dr Mary Emeleus (GP and psychotherapist)

Ground Rules



To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- Please note: to protect the identity of our lived experience panel member a pseudonym has been used. Please use this when referring to the case.
- Be respectful of other participants and panellists. Behave as if this were a face-to-face activity.
- Post your comments and questions for panellists in the 'general chat' box. For help with technical issues, post in the 'technical help' chat box. Be mindful that comments posted in the chat boxes can be seen by all participants and panellists. Please keep all comments on topic.
- If you would like to hide the chat, click the small down-arrow at the top of the chatbox.
- Your feedback is important. Please complete the short exit survey which will appear as a pop up when you exit the webinar.

Learning Outcomes



Through an exploration of Amy's experience, the webinar will provide participants with the opportunity to:

- Better understand mental health indicators in the context of family violence
- Identify the key principles of the featured disciplines' approach in screening, identifying, and supporting individuals experiencing family violence
- Explore tips and strategies for interdisciplinary collaboration, thereby improving the provision of care to individuals experiencing family violence

General Practitioner Perspective



What is intimate partner violence? WHO, 2002

- Domestic violence is defined as any behaviour within an intimate relationship that causes physical, psychological or sexual harm
- At least **one in ten** women attending general practice will have experienced combined abuse in last 12 months Hegarty, 2006
- Such behaviour includes:
 - Physical aggression - slapping, hitting, kicking, beating
 - Psychological abuse - intimidation, constant belittling
 - Forced intercourse and other forms of sexual coercion
 - Various controlling behaviours - isolating from family and friends, monitoring movements, deprivation of basic necessities



Prof Kelsey
Hegarty

General Practitioner Perspective



How do women present?

Non physical

- Anxiety/depression
- Drug/alcohol problems
- Eating disorders
- Suicide attempts
- Post Traumatic Stress
- Frequent attendance
- Recent separation

Campbell, 2002

Black, 2009

Physical

- Chronic headaches
- Unexplained injuries, bruising
- Sexually Transmitted Infections
- Miscarriages
- Terminations Pallitto, 2013
- Irritable Bowel Syndrome
- Pelvic pain



Prof Kelsey
Hegarty

General Practitioner Perspective



Children living with partner abuse: presenting symptoms

- Bedwetting, sleeping disorders, anxiety, stress, depression, withdrawal
- Aggressive behaviour and language, problems at school
- Chronic somatic physical problems and frequent presentations
- Drug and alcohol abuse, suicidal ideation in adolescence

Smith, 2006, Bedi, 2006



Prof Kelsey
Hegarty

General Practitioner Perspective



How should you ask?

- How are things at home?
- Do you feel safe at home?
- What happens when you argue?
- Are you afraid of your partner?
- Has your partner ever physically threatened or hurt you?
- Violence is very common in the home. I frequently ask my patients.....



Prof Kelsey
Hegarty

General Practitioner Perspective



What do women expect from health professionals?

Before disclosure/questioning

- Be alert to signs and raise issue
- Environment appropriate (posters)
- Assure women about privacy and confidentiality

Immediate response to disclosure

- Non-judgemental validation is key
- Take time to listen
- Address safety concerns

Response in later interactions

- Understand the chronicity of the problem and provide follow up and continued support
- Respect women's wishes Feder, 2006



Prof Kelsey
Hegarty

General Practitioner Perspective



WHO Guidelines 2013

http://www.who.int/reproductivehealth/publications/violence/VAW_WHO_Guidelines.jpeg

- Women centred care
- Training for all health professionals in first line response
- Case finding
- Written info. on intimate partner violence (IPV) in private areas
- No mandatory reporting for domestic violence
- Psychological treatments
- Mother Child interventions



Prof Kelsey
Hegarty

General Practitioner Perspective



Women Centred Care

- Non-judgemental support and validation
- Practical care and support that responds to her concerns but does not intrude
- Asking about history of violence, listening without pressuring her to talk
- Provide information about resources
- Assisting her to increase safety
- Providing or mobilising social support
- WEAVE study Hegarty, 2013



Prof Kelsey
Hegarty

General Practitioner Perspective



WHO summary first line response

LIVES

- Listen
- Inquire about needs
- Validate
- Enhance safety
- Support



Prof Kelsey
Hegarty

General Practitioner Perspective



Assessing safety

- How safe does she feel?
- Is she afraid of going home today?
- Has she been threatened with a weapon?
- Does he have a weapon in the house?
- Has the violence been escalating?
- Does he have a drug or psychiatric history?
- Safety plan: Spare keys, money, birth certificates, passports, signal - neighbour calls police



Prof Kelsey
Hegarty

General Practitioner Perspective

A promotional graphic for the 'idecide' website. On the left is a black laptop. In the center is a white rectangular box containing the 'idecide' logo, which consists of a white silhouette of a person standing next to the word 'DECIDE' in large, bold, purple letters. Below the logo, the text 'About My Relationship' is written in a smaller, purple font. At the bottom of the graphic, the text 'We need volunteers for idecide.org.au' is displayed in a black, sans-serif font.

Prof Kelsey
Hegarty

General Practitioner Perspective



Resources

- Abuse and violence: Working with our patients in general practice (the White book) 4th Edition available now on RACGP website:
<http://www.racgp.org.au/whitebook>
- GPLearning module Domestic Violence
- New health practitioner support line through 1800RESPECT in 2015
- Adults Surviving Child Abuse (ASCA) 1330 657 300 professional support line
<http://www.asca.org.au/guidelines>



Prof Kelsey Hegarty

General Practitioner Perspective



9 Rs - RACGP

Any health practitioner needs to understand our essential

- **Role** with patients who are experiencing abuse
- **Readiness** to be open to
- **Recognise** symptoms of abuse and violence, ask directly and sensitively and
- **Respond** to disclosures of violence with empathic listening and explore
- **Risk** and safety issues, including for children
- **Review** the patient for follow up and support,
- **Refer** appropriately and also
- **Reflect** on our own attitudes and management of abuse and violence. Finally have
- **Respect** for our patients, our colleagues and ourselves is an overarching principle of this sensitive work.



Prof Kelsey Hegarty

Psychologist Perspective



Trauma is to psychological medicine what bacteria is to physical medicine

Colin Ross

Violence is always about humiliation

Resistance is always about dignity

Alan Wade



Ms Carmel O'Brien

Psychologist Perspective



Psychological Impact

- Physical Symptoms:
 - Insomnia, or sleeping disorders
 - Self-harm
 - Excessive dieting, excessive eating, intestinal problems
 - Self-neglect, medication abuse, substance abuse
- Cognitive:
 - Low self-esteem
 - Problems with decision making, exhaustion
 - Concentration difficulties



Ms Carmel O'Brien

Psychologist Perspective

Psychological Impact (cont.)

- Emotional
 - Depression, anxiety, fear
 - Problems with anger, irritability
 - Impaired ability to form friendships
 - Social isolation
- Existential
 - Loss of sense of autonomy or self-efficacy
 - Trust deficits, guilt, self-loathing
- Post-traumatic stress symptoms,
 - including hypervigilance, flashbacks, panic, insomnia, emotional numbing, avoidance of triggers
 - Survival mode living



Ms Carmel O'Brien

Psychologist Perspective

Path to Recovery: The Weave Model



Ms Carmel O'Brien

Psychologist Perspective



Best Practice Elements

- Attend well to safety
- The four tasks of the model will keep being revisited
- Be patient:
 - The client may not choose to leave
 - Violence usually continues after separation
 - Issues recur
- Monitor progress together, recognise small victories



Ms Carmel
O'Brien

Psychologist Perspective



Best Practice Elements (cont.)

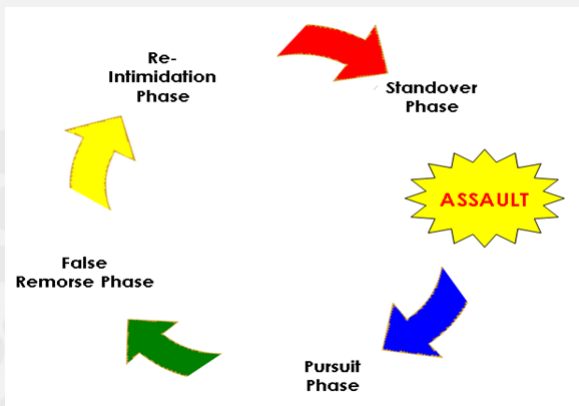
- Give accurate information
 - Be clear about confidentiality and its limits
- APS Guidelines for working with women:
 - Be non-judgemental, supportive, non-blaming
 - Know the importance of context
 - Validate the woman's experiences
 - Understand of the impact on women individually and societally



Ms Carmel
O'Brien

Psychologist Perspective

Cycle of Violence



Ms Carmel O'Brien

Social Worker Perspective

- Social work's dual focus: private troubles are public issues
- Domestic violence results in trauma ("symptoms of abuse")* as well as oppression
- Social work views the person in their environment
- Therefore, we need to ask "what has happened to Amy?" rather than "what is wrong with Amy?"

*Humphreys & Thiara (2003)



Ms Jac Taylor

Social Worker Perspective



- Prevalence of domestic violence in women's lives means we need to be alert to this reality
- Women may disclose or we may need to explore this (screening)
- For this to be safe/appropriate, worker needs to be DV informed and the environment needs to be safe
- In responding it is critical to believe, support and advocate



Ms Jac Taylor

Social Worker Perspective



- Understand the woman's response to her partner's use of violence
 - Material resources
 - Social/psychological resources
- Risk Assessment/Safety Planning: Amy is the expert of her life
- Partner with women (be alert to power imbalances in relationship)
- Strengthen mother/child relationship

Laing & Humphreys (2013)



Ms Jac Taylor

Social Worker Perspective



- Utilise a trauma lens (Judith Herman's Trauma & Recovery)
- Narrative approaches:
 - Fits well with social work values, principles & practices
 - Externalise the problem from the person
 - Focus on meaning making
 - Explores the problem saturated dominant story, seeking out "unique outcomes" to build the woman's alternative story

Laing & Humphreys (2013)



Ms Jac Taylor

Social Worker Perspective



- Collaborative Practice:
 - Shared understanding of domestic violence
 - Shared purpose (women's safety & autonomy; abuser's visibility and accountability)
 - Role of advocacy: individual and systemic but requires "institutional empathy"
 - Includes accessing and navigating legal processes

Laing & Humphreys (2013)



Ms Jac Taylor

Lived Experience Perspective



Understanding the dynamics of domestic & family violence

- Perpetrator desire for power and control
- Psychological, emotional, social, physical, cultural, sexual, financial abuse
- Refer (1) Duluth Model wheel: “Power and Control”

Lived Experience Perspective

DOMESTIC ABUSE INTERVENTION PROJECT

202 East Superior Street
 Duluth, Minnesota 55802
 218-722-2781
www.duluth-model.org

Lived Experience Perspective



Real Time Statistics

- DV Homicide: DV is the leading cause of death and injury in women under 45. Currently 1 woman in Australia is murdered by her current or former partner every week
- Safety Planning: most dangerous times for a woman are when she is pregnant and when she tries to leave
- 1 in 3 Australian women have experienced physical violence since the age of 15
- 1 in 4 Australian women have experienced emotional abuse since the age of 15
- 1 in 4 Australian children will witness DV against their mother or stepmother
- DV accounts for 40 per cent of police time.
- The cost to the Australian economy is \$13.6 billion per year.

Lived Experience Perspective



Helpful Interaction and Responses

- Treat holistically
- Avoid dialogue that victim blames & shames
- Fulfil your role in the present, with a future focus
- Avoid dialogue that minimises the impact of domestic violence on the victim, or ignores a disclosure
- Ask the victim
 - “What is it that YOU need right now? How can I assist in helping YOU?”
 - Listen
- Encourage the victim to seek support

Lived Experience Perspective



Mental Health: Care Plan or Plan to Deem the Victim an Unfit Parent?

- Mental Health Care Plan (MHCP): difficulty in consistency of engagement for victim, dependent upon current environment and external factors she is facing (i.e. safety, accommodation, legal)
- Affordability: many psychologists still charge a hefty gap which is unattainable for victims

Lived Experience Perspective



Mental Health: Care Plan or Plan to Deem the Victim an Unfit Parent? (cont.)

- **WHY?** Victim most likely has dv-related mental health from trauma sustained, constant environment of 'fight or flight'
- Perpetrators can use the patient's mental health against them to intimidate emotionally and physically, causing further distress and impact
- Mental health is quite often used as a defence in court for the perpetrator's acts of domestic violence, therefore the victim isn't comfortable with that diagnosis for themselves
- Society's misconceptions around mental health and victim feeling 'weak', concerned and doubtful of how to live with mental health condition/s
- Victims may therefore fear the MHCP, diagnosis and undergoing treatment for mental health

Q&A session

Thank you for your participation

- Please ensure you complete the *exit survey* before you log out (it will appear on your screen after the session closes). Certificates of attendance for this webinar will be issued within two weeks.
- Each participant will be sent a link to online resources associated with this webinar within two to three business days.
- Our next webinar, **Working Together to Manage Substance Use and Mental Health Issues**, will be held on Wednesday 25th March 2015. Visit www.mhpn.org.au/upcomingwebinars to register.

Are you interested in leading a face-to-face network of mental health professionals in your local area?

MHPN can support you to do so.

Please fill out the relevant section in the exit survey. MHPN will follow up with you directly.

For more information about MHPN networks and online activities, visit www.mhpnp.org.au

Thank you for your contribution and participation