Women, Interpersonal Violence & Mental Illness. Everybody's or Nobody's Business?

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Mental illness
&
Interpersonal violence

Interpersonal violence
&
Mental illness

Inclusions

- Young women
- Pregnant women
- Aboriginal women
- CALD women
- Women with disabilities
- Women living in rural and remote areas
- Older women
- LGBTI

Examples

- Emerging issues in domestic/family violence research (L. Bartels)
- DV in Australia-an overview of the issues (Mitchell, 2011)
- Time for Action (National Council's Plan for Australia to Reduce VAW, 2009)
- Victoria's Action Plan to Address VAW & children
- Building a Respectful Community (WHIN, 2012)
- Building the Evidence (Healy et al, 2008)

Is Mental Illness a Disability?

- "Disability is complex and multi-dimensional. Disabilities may be apparent or hidden, severe or mild, singular or multiple, stable or degenerative, chronic or intermittent. They can be congenital, or occur as a result of accident, illness or ageing". (Victorian Office for Disability, 2008)

Prevalence

Clinical Mental Health Services

- 50-90% women: abuse histories
  - 46-70% of these women have histories of Childhood Sexual Assault

Family Violence Services

- Depression: 17% - 72%
- PTSD: 33% - 88%
- Higher rates (x 6) of Alcohol and other Drug misuse

Why do mental health services ignore trauma?

"For several decades the conceptualisation and treatment of mental health problems, including psychosis, have been dominated by a rather narrow focus on genes and brain functions".

John Read et al. 2008.

Why do mental health services ignore trauma?

"……..in both inpatient and outpatient settings patients diagnosed psychotic and schizophrenic tend to be even less likely than other patients to be asked about childhood trauma, and are less likely to receive a clinical response – including being offered trauma related psychotherapy – if they disclose to a mental health professional".

Why do mental health services ignore trauma?

"……..psychiatrists are less likely than psychiatric nurses, psychiatric social workers, or clinical psychologists to offer, or refer to, trauma-related therapy after patients had disclosed child abuse".

Barriers to enquiry and to appropriate response (Read et al, 2007)

◊ Other, more immediate needs and concerns

◊ Concerns about offending or distressing clients

◊ Fear of vicarious traumatisation

◊ Fear of inducing ‘false memories’

◊ The client being male

◊ Client being more than 60 years old

◊ Client having a diagnosis indicative of psychosis, particularly when the clinician has strong biogenetic causal beliefs

◊ Clinician being a psychiatrist, especially a psychiatrist with strong biogenetic causal beliefs

◊ Strong biogenetic causal beliefs in general – in both psychiatrists and psychologists

◊ Clinician being male or opposite gender to client

◊ Lack of training in how to ask and how to respond

Why do Family Violence and Sexual Assault Services exclude women with mental illness?

- Mental illness is not core business
- Fear of making things worse
- Too hard to manage behaviours
- Not sure whether the abuse actually happened
- Beliefs that people with mental illness are violent, dangerous, can't share with others....

Universal pitfalls.....

- Mental illness trumps everything
- Trauma reactions seen as symptoms of mental illness
- Lack of recognition of connection between mental illness and trauma
- Inadequate training and workforce support
- Re-traumatising practices and environments

Illness/problem focussed	Trauma focussed
Symptom	Adaptation to trauma
Symptom of illness	Symptom of abuse
Paranoia	Legitimate fear
‘What is wrong with you?’	‘What has happened to you?’
Self harm	Coping with overwhelming feelings
Attention seeking	Trying to build a relationship
Confusing behaviour	Adaptation to trauma

Some local initiatives

- Mental Health Service is implementing a Trauma Informed Care approach in the acute in-patient unit setting.
- Partnerships project – collaboration between mental health, family violence and sexual assault services
  - Secondary consultation
  - Liaison roles
  - Staff embedded in other service
  - Sharing support roles

....there is a need to ensure that expert mental health care is a central component of GBV (gender based violence) programs.

Similarly, psychiatric services need to be better equipped to assist women with mental health disorders who have experienced GBV. (Rees et al, 2011)

Thank you!

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