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Final session today is on the interplay of DV, substance use, trauma & MH. Chaired by [@DrWilliams](https://twitter.com/DrWilliams), with [@ManjulaOConnor](https://twitter.com/ManjulaOConnor), Sathya Rao & Carole Warshaw; [@croakeynews](https://twitter.com/croakeynews) is at the veterans and first responders MH stream [#RANZCP2021](https://twitter.com/RANZCP2021)

First up is [@ManjulaOConnor](https://twitter.com/ManjulaOConnor), on gender, social power & restrictive norms, leading to disparities and inequities [#RANZCP2021](https://twitter.com/RANZCP2021)

Gender is a system defining men and women in opposition and distributing power accordingly, privileging masculinity says O'Connor [#RANZCP2021](https://twitter.com/RANZCP2021)

O'Connor says process of gendering begins in utero, with the expectant family readying an environment reflecting constructs. By age 10, children have internalised notions of hazardous masculinity & toxic femininity, setting the stage for a range of health behaviours [#RANZCP2021](https://twitter.com/RANZCP2021)

These reinforce ideas of natural bodies being inadequate, predicating bodily manipulation. For many women, their bodies are the subject of gatekeeping and policing by others, she says [#RANZCP2021](https://twitter.com/RANZCP2021)

Interesting reflections on feminist psychology from [@ManjulaOConnor](https://twitter.com/ManjulaOConnor) and Jean Baker Miller's relational model of human behaviour, and how it can be used to understand damaging models of masculinity [#RANZCP2021](https://twitter.com/RANZCP2021)

Feminist Psychology and relationship
Feminist psychiatrist, Miller (1986, p. 76) provides an eloquent description of the differing development of relationships between the genders
Male society, by depriving women of the right to its major "bounty" – that is, development according to the male model – overrode the fact that women's development is proceeding, but on another basis. One central feature is that women stop with, build on, and develop in a context of connections with others.
Indeed, women's sense of self becomes very much organised around being able to make and then maintain affiliations and relationships.
Eventually for many women the threat of disruption of connections is perceived not just as a loss of a relationship, but as something closer to a loss of self.
Ref: Jean Baker Miller, M.D. "Telling the Truth About Power" 2003. In: Jodye Sarker et al. 2011. Advances in Women's Psychology

Jean Baker Miller "Relational Model" of human development
proposes that "growth-fostering relationships are a central human necessity and that disconnections are the source of psychological problems".
Growth-fostering relationships require mutuality, which describes the shared participatory process of relationships, rather than denoting sameness.
The significance of the concept of mutuality lies in the conviction that its absence results in the development of psychological problems and contributes to the rise of violent conflict.
Give rise to Relational Cultural Theory – holds that "we grow toward an increased capacity for respect, having an impact on the other, and being open to being changed by the other" in developing these kinds of relationships.

Miller's feminine psychology
Men have deprived themselves of the psychological need for connections, at considerable cost to themselves and the humanity
Women derive strength from relationships, at the same time the society benefits, families are nurtured, individual members of the family their growth potential is enhanced.
This is only possible in the current system if women remain subservient, submissive partners –and sacrifice whole part of themselves

How does feminist theory understand the factors leading to family and domestic violence? The socio-political context of women must be key [#RANZCP2021](https://twitter.com/RANZCP2021)

Feminist Theory
Gender inequality and power imbalance - Key factors lead to FV/PIPV

Societal Education, Politics, Law, ASX Board rooms Policing
Cultural values and beliefs - gender inequality maintained via rigid gender roles, patriarchy, dowry abuse

Family factors - gender inequality is maintained by demarcated rigid men women roles, Male control of decision making, control of wealth in the family, dowry demands

Individual Personal history - male child roles - being child roles, witnessing PV as a child, being abused as child.

Facilitating factors - Poor role of law, alcohol and drugs, unemployment, poverty, low education, migration, colonialisation

Practical tips
Coercive control in an abuser - some markers

Is he jealous?
Does he try to control his partner's behaviour, money, time and so on?
Does he expect total devotion and commitment from partner?
Does he expect his partner to be able to do everything he wants her to do?
Does he feel better when no one else is around her, like her family and friends?

A yes answer to any one suggests coercive controlling behavior
Refer her to men's behavior change program

Carole Warshaw is speaking next. She is Director of the National Center on Domestic Violence, Trauma & Mental Health [#RANZCP2021](#)

Warshaw giving some valuable history on reluctance by FDV survivors and activists to speak about MH or substance use consequences due to its weaponisation by perpetrators to further harm (to deny access to custody, housing, legal assistance) [#RANZCP2021](#)

Center on Domestic Violence, Trauma & Mental Health

Thinking About Trauma in the Context of Domestic Violence: Reconsidering Traditional Clinical Paradigms

Carole Warshaw MD
RANZCP Conference
May 17th, 2021

There is a well established link [#RANZCP2021](#)

Mental Health, Trauma, and Domestic Violence: What are the Connections

- DV has serious health, mental health and substance use-related effects.
- People who access mental health and substance use disorder treatment services experience high rates of DV
- Abusers actively use mental health and substance use issues against their partners as a tactic of control, compromising their partners' wellbeing and undermining the effectiveness of psychiatric treatment
- Survivors often experience multiple types of trauma that impact healing, recovery, and access to resources
- Offering an integrated DV-, social justice, and trauma-informed approach is critical to good clinical care

It's a double-edged phenomenon, says Warshaw. FDV increases risk of developing MH & SU issues; and people with these issues are also more vulnerable to FDV. They are also a form of coercive control for perpetrators [#RANZCP2021](#)

On the need for an integrated trauma, social justice & DV approach. Our services must not retraumatise [#RANZCP2021](#)

Why an Integrated Trauma, Social Justice, and DV Approach?

- Trauma, DV, and structural inequities can affect people's access to and experiences of mental health services.
- Without an understanding of trauma, services can be retraumatizing.
- Without an understanding of DV, treatment may not be accessible or safe.
- Without an understanding of trauma AND DV, treatment may not be effective.

Evolution of Trauma Theory: Reframing Symptoms and Disorders from a Trauma Perspective

- 1980's PTSD**
 - Injury model, Symptom constellations
 - Rape Trauma Syndrome, Combat trauma, BWS
- 1990's Complex Trauma and DID**
 - Adult survivors of childhood trauma/ACE study
 - Developmental lens, multidimensional approach
 - Reframing Borderline Personality Disorder
- 2000's and Beyond: Neuroscience Research**
 - Circuits and networks
 - Gene X environment interactions, neuroplasticity
 - Network analysis, RDoC, Machine learning, GWAS

Really interesting - reframing BPD around complex trauma, an adaptive response. For many, trauma is not or ever 'post' [#RANZCP2021](#)

Reframing BPD With a Complex Trauma Lens

- Managing emotions: Affect dysregulation**
 - Capacity to manage internal states in ways that do not create other difficulties; avoidance of trauma reminders; Ongoing fear
- Trusting and valuing oneself and one's community**
 - Feelings of worthiness; right to protect self from harm
 - Center of gravity, collective impact, social fabric, isolation
- Trusting other people and systems**
 - Harder to reach out for and respond to help; interpersonal challenges; trust that CAN protect from harm.
- Cognitive and integrative capacities**
 - Solve problems, exercise judgment, take initiative, plan; Working memory, mental flexibility, self-control
 - Accuracy of attributions, Emotional awareness, reflection, social emotional processing, being present

Trauma in the Context of DV and Other Ongoing Sources of Danger and Coercive Control

- PTSD**
 - Trauma is not "post"
 - Appropriate response to ongoing danger and coercive control
 - "Overreaction" to minor stimuli versus acute social awareness
- Other Ongoing Trauma**
 - Cultural, historical, political, environmental, insidious

Now hearing from Spectrum director Sathya Rao [#RANZCP2021](#)

spectrum
Personality Disorder Service

Is there a link between BPD and Family Violence?

A/Prof Sathya Rao
May 2021

easternhealth

40% of people with BPD are in abusive relationships, 2/3 have childhood abuse experiences, 1/3 have experienced this in adulthood says Rao [#RANZCP2021](#)

Rao says there is an unfounded stigma around BPD and perpetration of violence, when there is more of an association with being subjected to it, except in the case of comorbidity with anti social personality disorder [#RANZCP2021](#)

spectrum

- Despite family violence people with BPD who are victims of violence, tend to persist in dysfunctional relationships due to unmet attachment needs, abandonment emotional dynamics, self-loathing and rejection sensitivity

Closing the session is a patient story from [@drwilliams](#) about 'Jenny'. An all too common and sobering story of a system failing to understand trauma and how it impacts a person and their life. When 1 in 4 of us are survivors of childhood trauma, this needs to change [#RANZCP2021](#)

COMMENTS FROM THE ED/ MEDICAL SYSTEM

- "If you really wanted to die you wouldn't be here"
- "You will never get better"
- "Why are you even here?"
- "Admission to hospital won't help you"

And even then, it will be better than being alone with her own thoughts, the ones that echo "You are useless you're a terrible person you will never amount to anything"

CASE STUDY

In 20 years re-view from the medical system will ask her about her childhood



CHILDHOOD TRAUMA

- In Australia, one in four adults are survivors of childhood trauma
- In the year 2015 - there were 55,953 notifications
- In that year 164,566 were investigated, 65,089 were substantiated
- Types of abuse
 - 12% was sexual abuse
 - 18% was physical abuse
 - 20% was neglect
 - 40% was emotional abuse



These statistics are heartbreaking. One quarter of children hospitalised from FDV will have a brain injury, says [@drwilliams](#) [#RANZCP2021](#)

FAMILY , DOMESTIC AND SEXUAL VIOLENCE

- 1 in 4 Australian women have experienced at least one incident of violence by an intimate partner
- A woman is hospitalized every 2 hours by an intimate partner
- 1 in every 5 women will experience sexual violence in their lifetime
- 1/3 of victims of family violence who are hospitalized are children



The scale of this problem in our country cannot be overstated [#RANZCP2021](#)

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DOMESTIC VIOLENCE – SOCIAL ISSUE

Economic impact – time off work, prohibited from working, inability to work, impact on super, homelessness

Domestic violence costs Australia \$26 billion year

Women who have experienced FDV are over-represented in the prison population



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Family and domestic violence is a leading cause of homelessness

72,000 women and 34,000 children and 9000 men sought homelessness services due to family violence



DOMESTIC VIOLENCE – IMPACT ON CHILDREN

48% of mothers who had children in their care when they experienced violence said their children had seen or heard the violence

Children likely to experience abuse directly

Impact on children - born prematurely/ LBW

Hypertension

Problems with attachment and bonding

Domestic violence is considered a 'risk factor' for ADHD, ODD, CD, Mood and Anxiety disorders



FDV is a health issue [#RANZCP2021](#)

DOMESTIC VIOLENCE IS A HEALTH ISSUE

FDV is the greatest cause of morbidity and mortality for women aged 23-44

Death - 1.2 women a week are killed by their current or former partner

Early pregnancy loss

Physical injuries – soft tissue injury, bruises, fractures, lacerations, burns

Brain injury – concussion, disability – under-recognized



DOMESTIC VIOLENCE IS A HEALTH ISSUE

Domestic abuse associated with higher rates of

- Alcoholism
- Bingeing
- Retail problems
- Hearing and eyesight problems
- Anxiety
- Autism
- Cervical cancer
- Cardiovascular issues



DOMESTIC VIOLENCE AS A MENTAL HEALTH ISSUE

Increased mental health disorders including anxiety, depression, PTSD sleep disorder and substance use

A study of 538 women with histories of DV 53% had been given a diagnosis of mental illness

- 43% during the relationship
- 44% after the relationship
- 13% before the relationship



Discussion around women's only police stations. [@drwilliams](#) says around 30% of police are perpetrators of FDV [#RANZCP2021](#)

[@drwilliams](#) says in mental health we should assume everyone has a history of trauma and acknowledge it in broad terms when doing an assessment, give an opening [#RANZCP2021](#)

[@drwilliams](#) says it can be cruel to invite people to discuss their trauma when there are currently just not enough specialist services to assist with recovery, but as psychiatrists it's essential to keep advocating for this, and for patients [#RANZCP2021](#)

That's the end of our final Monday session. Thanks to everyone tweeting from Hobart and from home, it's been a great day of discussions. We'll be back tomorrow to bring you the latest! [#RANZCP2021](#)

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