Towards Better Practice:
Enhancing Collaboration between domestic violence services and mental health services

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Defining Domestic Violence

"A chronic syndrome characterised, not only by episodes of violence, but by the emotional and psychological abuse used by men to control their female partners."

(Hegarty, 1995 in Astbury & Cabral, 2000, p. 67)

Easier said than done…

'We are continually urged to "work together" as if this is merely a matter of goodwill. Yet interagency collaboration is highly complex and involves interpersonal, inter-professional and inter-organisational dimensions.'

Scott (1996, p. 1)

Domestic Violence and Depression

- 47.6% of all abused women suffer from clinical depression (10 - 20 % in the overall community)

- the more severe the abuse, the more severe the depression

- The longer women were away from the abuse, the greater the decline in their depression

- Abused women three and a half times more likely to be suicidal than non-abused women   (Golding, 1999)

Domestic Violence & Mental Health

- Abused women almost four times more likely than non-abused women to be experiencing PTSD

- The more severe or the longer the abuse, the more severe or prevalent was PTSD

- Victimised women were almost six times more likely than non-abused women to misuse alcohol

- Abused women were five and a half times more likely to misuse licit or illicit drugs than other women.

(Golding, 1999)

Integrated Service Provision

Integrated service provision means: coordinated, appropriate, consistent responses aimed at enhancing victim safety, reducing secondary victimisation and holding abusers accountable for their violence.

(Mulroney, 2003)

This definition highlights

Collaborative responses are a *means* to achieving the *primary goal* of enhancing victim safety (& the secondary goal of increasing perpetrator accountability), rather than the key goal itself.

Secondary victimisation

Women may experience harm, in addition to the direct effects of domestic violence, if their attempts to seek help are met with inappropriate responses

Health Responses

- Disclosure itself insufficient to reduce risk of adverse mental health outcomes - unless the listener's response to the disclosure was repeatedly supportive (Coker et al, 2002)
- Women report a key characteristic of helpful encounters with health-care providers was a non-judgemental, sympathetic and caring response. (Gerbert et al, 1999)

Essential Components of Collaborative Responses

- A shared philosophy & understanding of domestic violence
- Policies and procedures to guide the coordination
- A formal structure for monitoring the coordination (leadership)
- A mandate
- Promotion of a respectful and participative culture between participants.
- Independent evaluation
- Appropriate membership
- Inclusion of victim advocates

Evaluating effectiveness of collaboration

Essential to creating an inclusive climate are the following:

– effective leadership that is organised, efficient and skilled at encouraging input from all stakeholders

– shared power in decision-making

– presence of a shared mission

(Allen, 2005)

The Research

The broad aim of the research is to:

enhance collaboration between mental health services and women's domestic violence services in order to better equip practitioners to respond effectively to women experiencing domestic violence and mental health concerns

The Four Studies

- A self-completion survey

  – 107 responses

- In depth interviews with women

  – 33 women interviewed from diverse geographical, cultural and linguistic backgrounds

The Four Studies (contd)

- Focus group interviews with practitioners from both domestic violence and mental health services
  - 2 phases
    - initial focus groups separately with domestic violence and mental health workers
    - second series of focus group with both domestic violence and mental health workers leading to formation of working groups

- Action Evaluation

Key issues identified from the first three studies

Limited resources and supports

Patient needed to be transported to another service but difficult because of lack of staff (mental health worker)

Lack of resources meant it was difficult to provide women with ongoing care (focus group)

Difficulties in filling positions (rural focus group)

Key issues identified from the first three studies (contd)

Different understandings, philosophical positions and approaches to domestic of violence

Sometimes blurring the boundaries and not being clear about what support was available to the woman (domestic violence worker)

Minimisation by psychiatrist. Fear from staff. Lack of safety procedures in the event of DV (mental health worker)

Key issues identified from the first three studies (contd)

Lack of commitment to collaboration

As soon as they knew she was seeing us…they were relieved that another agency was involved and they didn't feel the need to consult or collaborate (domestic violence worker)

Key issues identified from the first three studies (contd)

Limited communication between practitioners in the different service sectors

Agencies having their own agenda and not being flexible enough to accommodate certain behaviours (domestic violence worker)

Each agency has their own agenda/paperwork / privacy issues etc. (mental health worker)

Mental health working in a medical or bio-psycho- social model and domestic violence workers with a more social theoretical framework (focus group)

High workloads

The Action Evaluation Process

- Five areas of NSW
- Two are rural
- Each is unique
- Working groups comprise interested and committed participants
- May 2007 to July 2008

Strategic initiatives area A

- Both initiatives – Outreach and Consultation - aim to address
  - Women falling through the gaps
  - Broader systemic issues

- Outreach **to** the hospital inpatient unit – education and liaison with staff and support of women

- Consultation **by** mental health practitioners – identification, referral, problem solving and advocacy

Strategic initiatives area B

- First initiative aims to increase communication, knowledge and skills through:

  - Training and in-services for staff
  - Sharing of knowledge, information and increased levels of communication

Strategic initiatives area B

- Second aims to develop an 'across the board' response of both sectors with development of:

  - referral protocols
  - outreach service model
  - improved staff use of DV screening tool

Strategic initiative area B

- Working group explicitly acknowledges need for
  - personal contact & ongoing relationships
  - establishment of mutual goals and a common language
  - clear definitions of mental health and domestic violence
  - commitment to the process

Data collection methods

- Memos
- Records of meetings
- Telephone interviews
- Case studies
- Participant reflections on meetings

Emerging findings about elements for effective collaboration

- Leadership
  - "Champions"
  - Facilitative Leaders
  - Inclusive Leaders
  - Leaders with decision making powers

Emerging findings about elements for effective collaboration

- Opening up the space to allow creativity – creating the opportunity for the two service sectors to meet and establish a meaningful dialogue rather than judging each other

  - Inclusive climate
  - Acknowledge and break down barriers
  - Open up space for Inquiry

The biggest hurdle for us is to shift mental health agencies from working within that medical model to make a more social orientated model, that most of our services are working from, and I am not sure how we can do that, because the medical model, as you know, comes from a patriarchy and we have got to dismantle that. And we know that it is not working for the clients that we are seeing at the moment. In fact it is exacerbating the situation for them.

(Domestic Violence Workers Focus Group)

It was a very good opportunity to meet and network with the others in the field – the domestic violence area. And the opportunity that arose for us between DV and mental health and we managed to focus on how to make changes. A lot of the times, even though we have opportunities to network, we don't have the opportunity to focus on an issue, so this was great. I thought it was a brilliant process- how the approach that Sydney University undertook. ….The (action) evaluation meetings have an opportunity to address the bigger issues that impacted on the DV and mental health teams

(Mental Health Worker: Action Evaluation).

Emerging findings about elements for effective collaboration

- Commitment from participants to make it work.

    "People's keenness to work together"

    (Domestic Violence Worker: Action Evaluation)

Emerging findings about elements for effective collaboration

- Membership

    "I think the collection of people invited to the forum and also those who attended were those interested"

    (Domestic Violence Worker: Action Evaluation)

Emerging findings about elements for effective collaboration

- Insider/Outsider roles

- Appreciating the uniqueness of each area

Emerging findings about elements for effective collaboration

- The Research

    The Researchers
    - Surround the groups with a set of values
    - Support the process and participants
    - Manage anxieties and complexities

The most positive thing is that the support from (the research team) has been one of the most beneficial things about keeping people together. Someone driving the …. process has worked really well.

(Mental Health Worker: Action Evaluation)

Being able to sit and discuss things through a formal structure and that there was someone to chair it, take minutes and do all the follow up. If we didn't have those… without (the research team), we couldn't have done it. Good to have someone impartial who would encourage us to look at the issues.

(Mental Health Worker: Action Evaluation)

Emerging findings about elements for effective collaboration

- The Research (contd)

Serendipity
- Unpredictability
- Unanticipated collaborative actions

The Seriousness of the Issue for Women
- Highlights the gaps in service provision
- Is a motivator for change

In Conclusion

The research is contributing to the generation of new knowledge about:

- the process of collaboration and effective practice strategies
- the connections between domestic violence and mental health
- research methodologies that produce knowledge and at the same time contribute to change in people's lives
- the effects of poor practice on women who live with domestic violence and mental health issues
- practitioners' knowledge and expertise in a number of areas

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