On The Margins: A qualitative study of professional experiences of identifying DV in Irish mental health services.

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Study Background

In Ireland, recent years have seen substantial progress in legislative and policy arenas responding to issues of domestic violence.

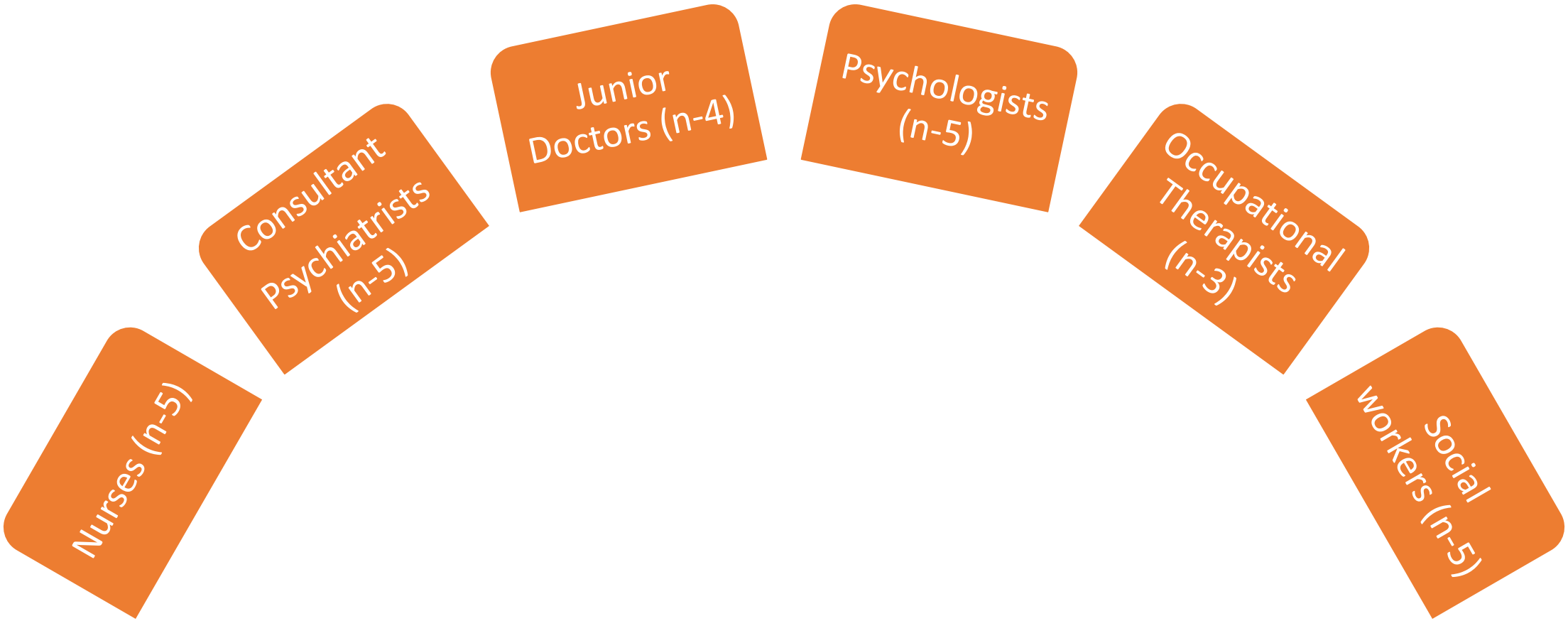
The role of healthcare professionals in responding to issues of domestic violence has been highlighted in case reviews since early 1990s.

Trauma informed care is gaining increasing traction across services.

An Irish study of MHSW's (Donnelly and Kelly, 2018)- 52% of participants reported providing an intervention related to DVA in the past month

Study Design

- A qualitative exploratory approach.
- Data collection was completed using semi structured focus group methodology.
- Ethical approval was granted by TCD and research site.
- Six focus group interviews were completed with a total of 27 mental health professionals recruited.
- Data was analyzed using Braun and Clarke (2006) six stages of thematic analysis.
- ‘Insider’ research project.


Nurses (n-5)
Consultant Psychiatrists (n-5)
Junior Doctors (n-4)
Psychologists (n-5)
Occupational Therapists (n-3)
Social workers (n-5)

Main Findings

The increased prevalence of domestic violence among the service user population was generally reported and acknowledged.

Yet, relevance of domestic violence issues to mental health services was described as unclear. The understanding of this issue reported by participants emerged as poor and variable.

It was recognized that domestic violence was not routinely identified by participants and responses were described to be limited, uninformed and inconsistent.

Social workers were considered best placed to respond in the context of reported knowledge gaps among many professionals.

Domestic violence and abuse:
A relevant practice issue for mental health professionals?

The increased prevalence of domestic violence among the service user population within the setting was generally reported and acknowledged.

The prevalence of both domestic violence experience and perpetration was deemed inevitable and intertwined with the vulnerability of the service user population.

There's an awareness. Professional 9

Yeah…an awareness of it...understanding… I'd used that term loosely. Professional 13

But it's a question that never enters my mind when I'm talking to a patient. Professional 11

Detection and Disclosure

"I also wonder is it literally not asking...is there a sense of not knowing to ask or that this isn't on the radar when it comes to the influence... And I think it's literally that if you don't ask you don't find out." Professional 18

Central to how professionals recognized domestic violence was how was constructed in this setting.

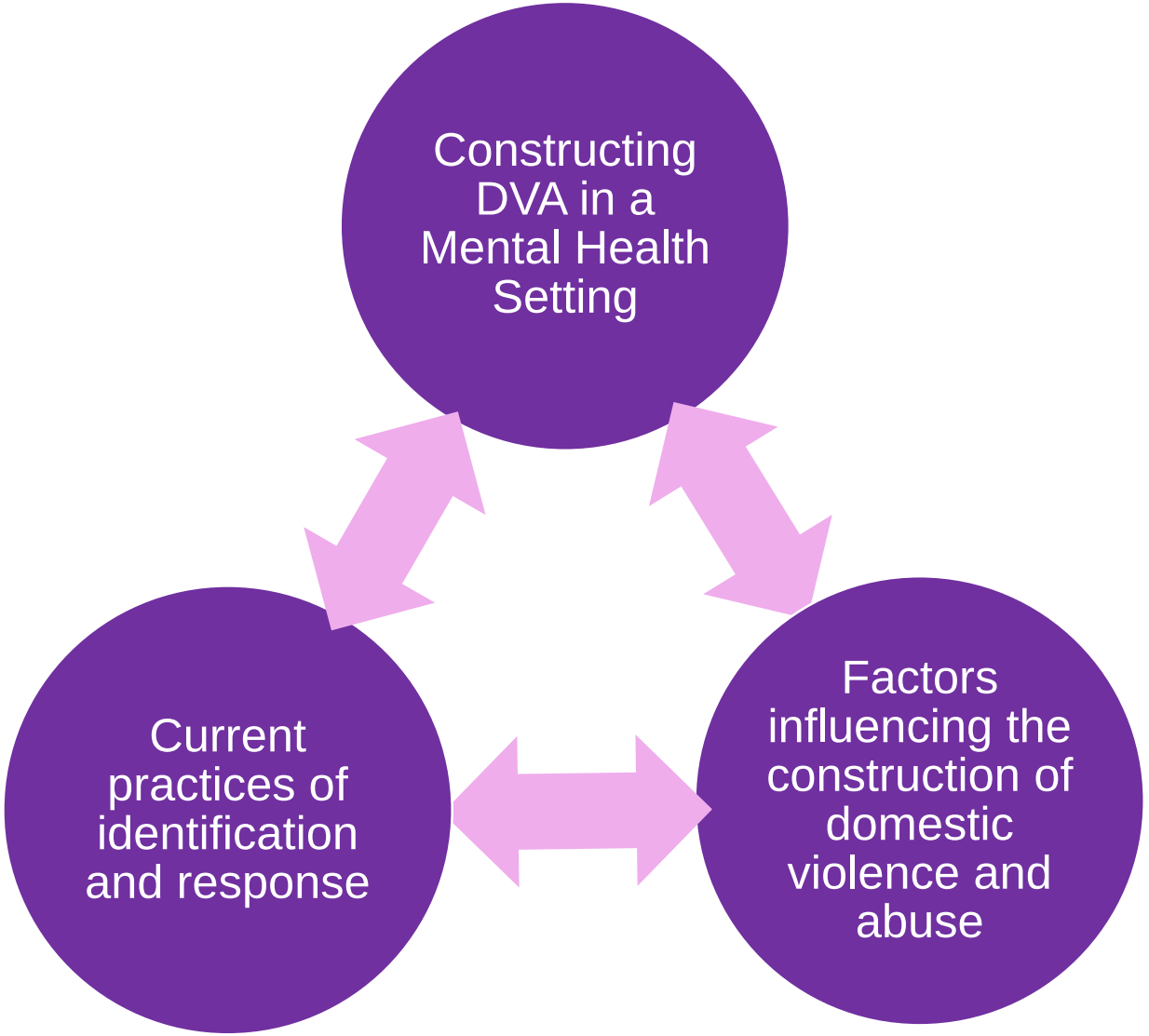
The construction of domestic violence in this setting was reportedly problematic. This is a recurrent problem referenced in studies to date (Stark & Flitcraft, 1996; Humphreys & Thiara, 2003).

The Construction of Domestic Violence

- Study findings suggest that a prevailing medical model along with an exclusive focus on physical forms of violence shaped the [in]visibility of the DV in this practice setting practice.

- DV issues were marginalised from mental health care due to its construction as a social problem, with resultant patient needs related to DV not considered the remit of mental health services.

- This disconnected construction was influenced by several factors including training and education, fear, professional roles and team working in a dominant medical model.


Constructing DVA in a Mental Health Setting
Factors influencing the construction of domestic violence and abuse
Current practices of identification and response

Domestic Violence as Mental Illness

A dominant medical model was described by participants as a key lens through which DV was viewed, with acknowledged implications in defining what constitutes DV.

The team would be like 'oh well it's just when he's drinking he's like that'…..and it was pretty much rape of his wife ….she acknowledged that and the team were like 'well if we treat the alcohol that will stop it'… Professional 19

"Or mental illness…yeah, I think sometimes it gets reframed into that…I think definitely it's not labelled or mislabeled..". Professional 15

"Well I think sometimes if a person does have certain types of personality traits it can be a factor in them finding themselves in unstable relationships or even relationships where they're victims." Professional 10

Domestic Violence as Mental Illness

Participants reported that disclosures made whilst a person is acutely unwell were likely to be dismissed and assimilated as part of the illness

I do think that it can be dismissed because they're just seen as 'they're psychotic, they're vulnerable, we don't need to take them seriously'. Professional 14 "

Participants discussed how this often led to individual's allegation being dismissed, as described by this professional:

"I had a similar case recently where a lady had alleged rape by her partner and there was a general feeling of disbelief on the team because of her diagnosis, even though it was a very explicit act that she had alleged. Professional 3"

As Incidental Physical Violence

"I think it's more the controlling element or the manipulation more, so I haven't had massive experience within the MDT here of domestic violence like physical abuse...that would be less but definitely lots around controlling relationships and controlling finances. Professional 13

I: And when you encounter a victims of domestic violence, what does it look like in your experience?

Well they're usually beaten up...that's very obvious Professional 9"

The absence of ‘visible evidence’

Participants spoke of the challenges of determining the presence of domestic violence experience in the absence of ‘visible evidence’ as these next quotes illustrate:

"Definitely there is a lot more subjectivity and ambiguity in our role as opposed to our colleagues in the ED department…. they do an x-ray they look for broken bones and that’s a definite red flag…they can bring up to the Gardaí or authorities with confidence that you know what happened and you have proof… where we are dependent on subjective reports from our patients…which can be left to interpretation.” Professional 7

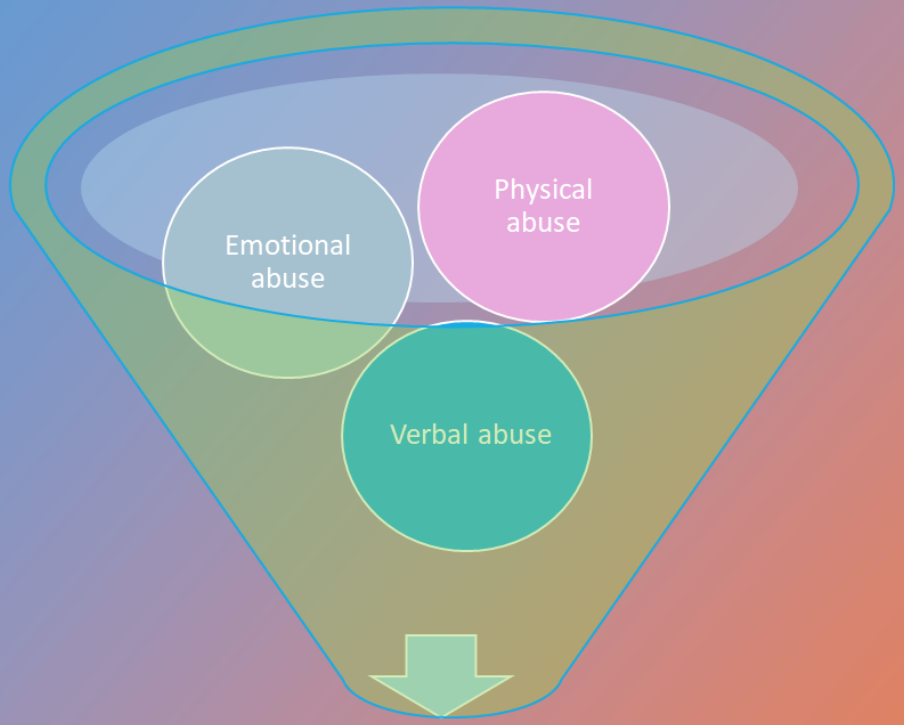
"If they don’t have bruises or cuts...well then it can be well is it domestic violence or is that just their word you know...how do we really know? we're not detectives this kind of thing. Professional 19”

What's language got to do with it?

Domestic violence was not named, terminology was routinely avoided and issues of domestic violence were found to be reframed as relationship issues or mental illness.

"I have had experience where I've identified something as domestic violence and the feedback I got was watch the language you are using. Be very careful about the terminology that you are using."
Professional 5

"I mean unless the patient is naming it as physical, verbal or sexual abuse, then for you to document it as domestic violence… it's a brave move."
Professional 8



Marital Disharmony
Relationship Difficulties
Mental Illness

The Reframing and Renaming of Domestic Violence

- ‘Safer’
- ‘More familiar’
- ‘Contained’

The acknowledgement of the process of naming and reframing was a source of conflict for participants as described by these professionals:

> *We don't say the person alleges their mood low, we don't say the person alleges they are sleeping poorly….I think it's extraordinary if there is a case of domestic violence now, we don't name it for what it is, it is part of their issues that are bringing them here and pussy footing around using euphemisms and whatever for fear of … or maybe not even believing the person, wanting corroborating evidence before actually calling it what it is.. Professional 22*

> *I wouldn't. I would be trying to talk to the husband and... ideally the parents and a few other people to see what exactly is going on here. I definitely think you need more information…. Professional 23*

“A safer term”

Marital disharmony is a safer term to use …….nobody can disagreed with that…especially when there is ambiguity of whether it is violence or not. Professional 6

I mean unless the patient is naming it as physical, verbal or sexual abuse, then for you to document it as domestic violence… it’s a brave move. Professional 8

The Reframing and Renaming of Domestic Violence

Participants described a recognised discomfort with the terminology of domestic violence and how comfort was found in the use of other language, as described here:

“ I think what happens is you're talking about something through the lens and suddenly you realize that we're actually having a conversation about something else. So you could talk about a person, male or female, with a pervasive pattern of emotional and behavioural dysregulation which is actually a conversation about them becoming enraged and beating their partner....and you can become swept up in the other language which obscures what’s actually happening and there is a tendency for people to collude with that because it becomes safer and more familiar and more contained.”

Professional 16

Practice Implications: ‘On The Margins’.

"The social worker would mention it and I’d kind of look at her a bit of perplexed and then say ‘good luck with that’.” Professional 9

“I think for a lot people once the referral is made to social work that's it” Professional 5

Detection and Disclosure

- Domestic violence was reportedly under detected in the service.

- When asked about screening many participants reported that to ask about domestic violence on admission would be inappropriate and insensitive:

  - *To boldly ask somebody a question, a yes/no question like that, I think it's quite aggressive. Professional 27*

- This was for some participants' due to difficulties in responding to disclosures when a person is acutely unwell.

  - *Sometimes it isn't taken seriously because they're saying, 'oh their mood is affected at this time, so maybe we'll just leave it' and it never comes back to it again. Professional 14*

Detection and Disclosure

- There was a recognition that service users require time and rapport to get to know team members and that rapport is often a facilitator to disclosure:

  - *“Well I think a lot of the time people are afraid to talk about it.I think it takes time to build trust with your team as well...they might not feel comfortable to discuss it”*
- *Professional 8*

- However, participants acknowledged how victims of domestic violence might experience professional response and avoid disclosure as a result:

  - *"People intuit very quickly what they're allowed to say and what isn’t welcome and will be encouraged or almost invited to participate in the collusion...” Professional 17*

Responses to DV

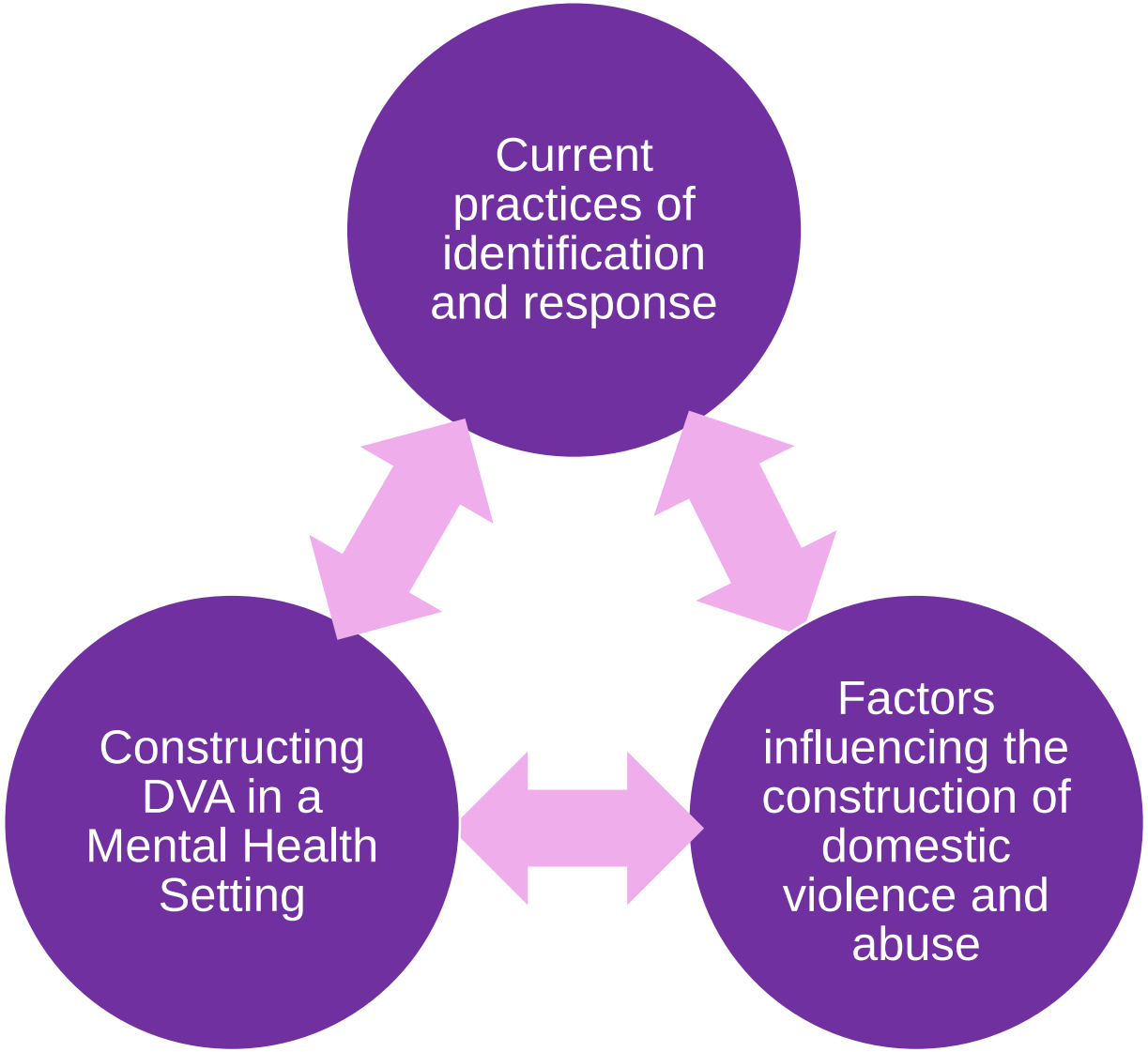
- Responses were depicted by participants as variable and largely uninformed.
- When it was identified, a risk management issue as opposed to a clinical need for individuals.
- Outside of the remit of mental health and in the domain of social work.
- Infrequently considered as a precipitating factor for a person's mental ill health
- The reframing of domestic violence as marital disharmony reportedly led to routine recommendations of couples counselling and that joint meetings were often undertaken.

“I think sometimes we can be a bit blinkered and just look at the mental health, kind of moving people through all those stages and it gets pushed to the side”. Professional 13

"Well it's not always a primary part of care plan...it's not a primary concern.” Professional 7

"In my experience its shipped off to social work…. and it’s like deal with it and deal with it quickly because we need to get back to main stuff.” Professional 16

“Oh well it depends on if the relevant person is there or if someone’s there pushing it..but I think if sometimes the social worker isn’t there it mightn’t be given the attention” Professional 18


Current practices of identification and response
Factors influencing the construction of domestic violence and abuse
Constructing DVA in a Mental Health Setting

Education and Training.

"Well I was just going to say...what is domestic violence...a bit late in the day now but I haven't a clue."
Professional 9

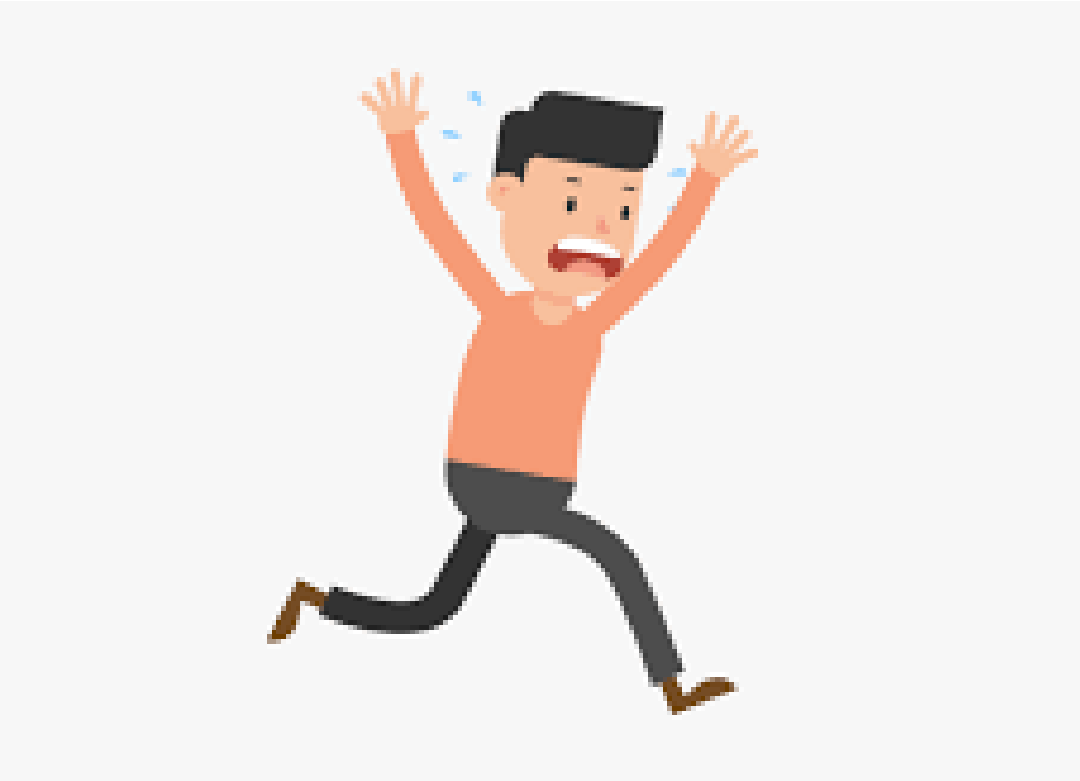
A reported lack of knowledge and absence of training leading to professional avoidance and reluctance to engage with service users around disclosure.

Social work was the only discipline with experience of formal education in domestic violence

Training needs to effect how domestic violence is understood and its increased prevalence in mental health setting

"Well it's the questions that you ask as well. If they don't know they are being abused and you ask about domestic violence…they are going to say no and you are going to move on" Professional 8

Fear and Discomfort



Fear and discomfort, widely acknowledged by participants reportedly lead to an avoidance of the issue and a resulting lack of detection.

- *There's a fear...I think it's like oh no if we go down that road where will it bring us? Professional 19*

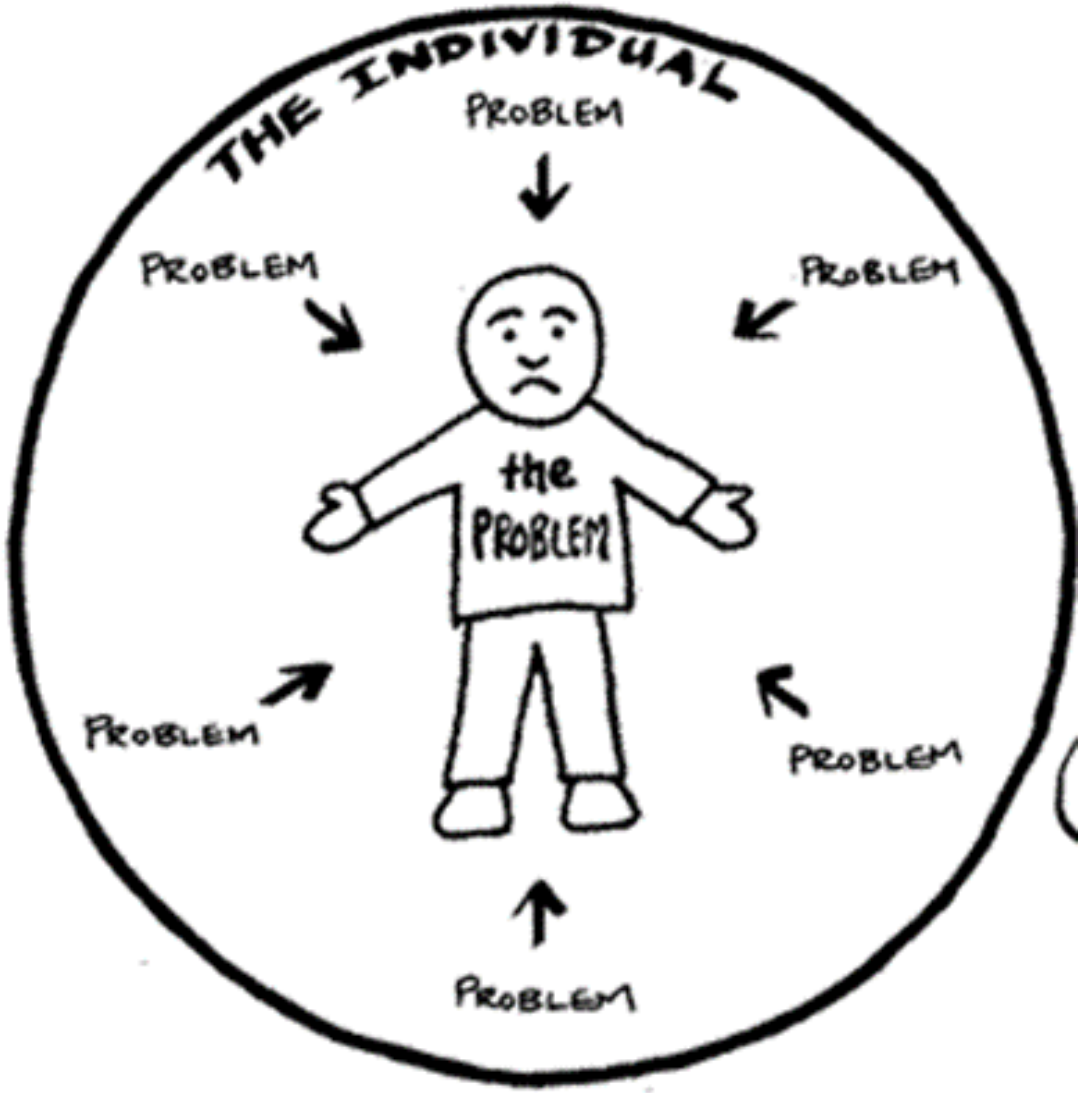
- *And what do we do? So actually, let's not go down it. Professional 16*

- *I think sometimes that's at the expense of actually believing the person and working with them. Professional 15*

Mandate and Remit

"What this brings up is actually the question of whether it's appropriate, when we are supposed to be primarily treating an individual." Professional 22

"I don't feel there is a role unless it's something directly impacting their mental health and it's something I can change." Professional 9



Team Culture

- Responses were largely dictated by the clinical lead of the team and the overall team culture which often varied greatly.

"Depending on the team you're on..between the ability to be able to speak and to be heard……if you feel you're not being recognised properly and you've got something to say, it would be much easier to pass the information on to the social worker." Professional 11

- A fully biopsychosocial approach adopted by the team along with consistent joint working were recognized to be great effectors of supporting service users experiencing DV and perpetrating DV comprehensively.

Pathways and Resources

The existence of referral pathways was identified as facilitating a greater recognition of DV. For some participants this was linked to resources, as described here:

But also opening all of this up, you have then the question of have you got the resources to deal with what your unearthing. Professional 23

Are you saying then that we should potentially keep it hidden because we don't have the resources to cope with it..? Professional 22

And then do nothing? Professional 23

The Medical Model

"When you get to a medical setting if it can't be medically treated at times it doesn't appear on the radar.. so in a way sometimes a lack of solutions leads to a lack of identification of the problem...if there was drug called whatever for trauma we would give it… and we would talk about trauma all the time." Professional 15

- Participants routinely spoke about their experience of attempting to bring issues of domestic violence into team discussion without success. Some found the dominant medical model as silencing this regard:

"Sometimes I feel naively incredulous because I believe my clients." Professional 17

"It's a controlling piece...because it makes it less likely that you want to say it again." Professional 15

A common understanding

Participants described the process of naming domestic violence as key to developing an alternative construction of domestic violence:

"We have to find wording and a way of understanding and describing and it that encourages collaborative addressing of it."
Professionals 27

“The potential for us to be coercive as a service without being malevolent is huge…and I think something… a way of saying we are looking at this through a lens. We are thinking that domestic violence has this power to impact mental health and has this power to be impacted by mental health as well….and that we really understand that and we can communicate that understanding to the person.”

Professional 15.

Coercive Responses

- The voice of the service user was missing at all stages and fundamentally their perception of what was a primary need for them was not discussed as a consideration.
- The study findings indicated that an individual's mental health needs are defined and constructed by professionals for service users in this setting.

Practice Implications

Changes to improve service provision need to transform understanding of domestic violence in mental health settings.

Factors maintaining the current construction of domestic violence including education, team culture and role conflict in the context of a dominant medical model require attention.

This study supports the need for conceptual frameworks that do not marginalize issues of DV in the discourse of MH care delivery but provide a foundation for service user centered collaboration across professional disciplines.


Irish Times 19-10-72

Social worker seen as a stirrer-upper

By Our Social Services Correspondent

THE COMMUNITY-BASED social worker was an innovator, a stirrer-upper, the Minister for Health, Mr. Childers, said in Dublin on Tuesday, when he was given a brochure on the role of the community-based social worker by Miss Noreen Kearney, chairman of the Irish Association of Social Workers.

The social worker in the community, Mr. Childers said, was not only an adviser, counsellor and friend-in-need, she was also a vital catalytic agent whose job was to act upon a complex array of voluntary and State agencies for the promotion of community care, his number one priority in developing the health services.

Challenges for Social Work

"In my experience..when the social worker gets a hold of this, they usually don't let it go and sometimes that can nearly be a battle." Professional 12

- Supporting service users experiencing DVA without acknowledgement
- Team working challenges- conflict, silencing, guiding colleagues
- Amplifying the voice of the service user in a dominant medical setting.
- Potential unsafe/risky practices

Opportunities for Social Work

"And they will often unearth lots of complexity and nuance that wouldn't be apparent to the consultant psychiatrist because their focus is very much on help the individual and care plan for them." Professional 21

Skilled in maintaining a dual focus on individual concerns and wider structural issues.

Opportunity to lead the increased recognition of this issue for the benefit of service users.

Social workers as key advocates and agitators. Advocating for co-production is essential.

Reflections

Co-production is key to the development of a more inclusive and collaborative understanding.

Developing pathways along with enhanced interagency collaboration was deemed critical.

Critical reflection is key to ensure we thoughtfully consider the role of the language we use in every day practice. Social work has a responsibility to ‘challenge, expose and reframe’ language as it represents policy assumptions which direct practice (Gregory & Holloway, 2005).

Study Limitations

- The study sample was small and thus not assumed or expected to be generalizable.
- The acute setting of the research site may have impacted on professional perceptions of treatment priorities
- Further research exploring these experiences is critical to improving service response and guarding against professional dominance of recommendations and support pathways.

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