Government of Western Australia
North Metropolitan Health Service
Women and Newborn Health Service

Mental Health and Family and Domestic Violence: A Guide for Clinicians

Mental Health & FDV

There has been increased awareness of the impact of FDV on clients who access mental health services and the unique opportunity for mental health professionals to identify FDV and provide support.

FDV has long since been associated with a range of significant mental and physical consequences for victims/survivors including depression, PTSD, anxiety, self-harm and sleep disorders as well as somatic disorders, chronic disorder, chronic pain and gynaecological problems.

For women who are or have been abused, FDV can exacerbate already existing mental health conditions and can present as PTSD, anxiety, depression, anger, emotional dysregulation and a lack of sense of self and safety in intimate relationships. FDV against women is also associated with suicide attempts.

Given the higher rates of intimate partner violence coupled with the World Psychiatric Association position paper. which views IPV as a major determinant of mental distress and psychiatric illness for women, routine inquiry about violence and victimisation is recommended as part of psychiatric assessment.

Mental health clients can be at greater risk of being abused by their partner or family member due to an increased vulnerability, social isolation, an inability to articulate concerns and not being believed due to previous delusions.

Some examples of ways in which partners might seek to abuse and control are:

- Appear caring & wanting to be involved in their partner's care to increase control;
- Calling the victim crazy or doing things to make them feel they are crazy (i.e. 'gas-lighting');
- Telling or making the victim take or stop taking medication;
- Using the victim's drug or mental health history as a threat;
- Encouraging suicidal thoughts;
- Encouraging the use of substances;
- Deciding what is best for her/him e.g. controlling finances and living arrangements, food & sleep; and
- Preventing them from accessing mental health help/support.

Mental health clients can be particularly vulnerable to being targeted by perpetrators, being unaware of what constitutes abuse and with barriers to accessing support.

Asking about FDV in mental health settings

Identifying FDV in a mental health context can be challenging as clients may be unaware that they are experiencing FDV or may be unable to articulate their circumstances. Reports of abuse can also be misunderstood by mental health professionals.

Some common misconceptions are:

- It is not a widespread problem;
- There are as many male as female victims;
- FDV occurs overwhelmingly in certain groups e.g. low socioeconomic;
- Alcohol **causes** FDV; and
- People can just leave if they want to.

The Risk Assessment and Management Plan (RAMP) now includes specific questions to enquire if a client may be at risk of FDV i.e.:

- Are you ever afraid of somebody in your home, a partner of an ex-partner?
- Has anyone in your family, household, or from a previous relationship, ever threatened to hurt you?
- Are you worried about the safety of your children or someone else in your family or household?
- Would you like help with this now?

Please note, it may not be appropriate to screen a male if you suspect that he may be perpetrating violence.

If a client does disclose abuse, it is recommended an FDV Risk Assessment is completed (e.g. the Assessment FDV951 form) for risk of further harm or homicide.

Suicide risk should also be assessed. Intimate Partner Violence is associated with an increase in suicide attempts (by both the victim and perpetrator). Traumatic stress is the main mechanism by which IPV might cause subsequent depression and suicide attempts. The behaviour of coercive control used by a perpetrator can lead to a victim/survivor feeling increasingly trapped, isolated and in despair, which can increase their risk of suicide. Supporting men who perpetrate violence is likely to have benefits for preventing suicide in both men and women.

For a list of FDV support services a person can access, see the FDV Support Services Guide.

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