Women’s mental health, family violence and the interface with children’ services

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Interconnected sources of knowledge

- Women’s emotional well-being and family violence; Substance use services and family violence
- Exploring family violence as an attack on the mother-child relationship
- Women’s and children’s experiences of sleep (or not) in relation to family violence
- Child protection and family violence
Working in silos

- Mental health services
- Specialist family violence services for women and children
- Substance use services
- Child protection intervention
The work of conceptualisation

A causal relationship between violence and ‘the symptoms of abuse’– depression, trauma, suicide attempts and self-harm (Golding, 1999).

- Magnitude
- Consistency
- Temporality
- Gradient
- Experimental
Children’s emotional well-being

- A consistent research finding is that the emotional well-being of a substantial group of children is undermined by living with family violence.

- Meta analysis of 118 studies showed significantly poorer outcomes on 21 psychosocial measures for children ‘witnessing’ family violence, than those not living with violence (Kitzmann et al, 2003).

- 63% of children ‘witnessing’ domestic violence doing worse than those who do not witness domestic violence.
Children managing in the face of adversity

- ‘Resilience’ – not an individual trait – children live in different contexts of severity and protection
- In any sample of children between one third and a half are doing as well as or better than children not living with family violence.
The relationship with women’s mental health

- One intervening variable in the protective factors available to children is their mother’s mental health.
Hughes and Lukes (1998) showed that for 58 mothers living in a refuge: 26% of children with few behavioural problems, high levels of self-esteem and no anxiety recorded; and 36% with mild anxiety and above average self-esteem.

Children whose mothers were not experiencing depression showed fewer emotional problems (Hughes et al, 2001; Moore and Pepler, 1998)
The role of the perpetrator

- The perpetrator may be the intervening variable (Sullivan 2000). The direct negative effect is due to the man’s abuse and is not mediated by the mother’s well-being.

- Domestic violence is an attack on the mother-child relationship – an indirect effect is undermining the women’s emotional well-being so that she is not in a good position to parent.
Sleep as another point of interconnection

- Sleep deprivation as a tactic of abuse (intimate terrorism)
- Sleep deprivation as a consequence of the abuse and a factor which undermines health and well-being
- A non-pathologising way of exploring the ‘symptoms of abuse’
Pilot study in women’s refuges

- 17 women interviewed through focus groups and individual interview
- ‘To sleep or not to sleep, this is the question’

A question faced by women and their children every night when living with domestic violence.
A tactic of abuse

- Some women attacked while sleeping; active tactic of sleep deprivation
- A sense of safety and security are preconditions for sleep
- 53% of women experiencing partner violence reported sleep problems compared with 28% in a control group (Hathaway et al, 2000)
- Abused women more likely to see GPs complaining of sleep disorders not abuse (Taft et al, 2004)
Interconnections with children

- Children’s sleep patterns profoundly affected by living with family violence
- Nightmares
- Enuresis
- Sleep walking
- Children not going to sleep
- Sleep recovery – a long time coming (years rather than months)
Issues for conceptualisation

- Complex interconnections between women’s health and well-being and children’s health and well-being
- Over-simplistic to directly link children’s well-being to their mothers without understanding the direct and indirect role of the perpetrator
- The exploration of sleep exemplifies this complex interconnection.
Child protection issues

- In Australia a huge rise in notifications of children affected by family violence
- In NSW 27% of reports to the Central DOCS Helpline (58,758 reports)
- In Victoria 52% of substantiated child protection cases occur in a context of domestic violence.
Some major strategic issues

- Statutory child protection is now a mainstream provider of family violence intervention
- Major structural issue: an adult victim and a child victim
- An invisible family violence offender
Difficult to disaggregate mental health issues

- In Victoria 73% of substantiated child protection cases involved adult problems – mental health, substance use, family violence
- The return of the multi-problem family
- The emergence of ‘dual diagnosis’
- Who did what to whom and the effects of this can be lost
Effective co-ordination with adult services and child protection

Who will support the adult survivor?
- Mental health services
- Specialist family violence sector
- Substance use services.

Who will intervene effectively with the perpetrator of violence?
- Police
- Courts
- Men’s behaviour change programs
- Indigenous healing services
Services for children

Who will listen to children?
Who will support their need for safety?
Who will support their participation in decision-making about their lives?
Who support their recovery needs?
Who will strengthen and support their connection to significant adults in their live (primarily but not exclusively their mothers).
Connections between adult and children’s services

- The interface between children’s services and adult services is poorly developed
- No legislative framework – only endless rhetoric about collaboration
- Adult services are not required (and do not see it as their brief) to work with the adult as parent
Supporting safety, well-being and connection to others

- Return to the earlier conceptualisation
- Acknowledge the interconnection between women and children’s emotional well-being
- Acknowledge the role of the perpetrator
- Implications for co-ordination between services
- Implications for counselling intervention
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