WHY (AND WHAT) PSYCHIATRISTS SHOULD KNOW ABOUT GENDER BASED VIOLENCE

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EASTERN DIVISION SPRING CONFERENCE 2021

WHAT ARE VAWG AND IPV?

IPV- Behaviour by a current or previous intimate partner that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviour

Now includes stalking and financial abuse

VAWG- Includes female genital mutilation (FGM), forced marriage, forced abortion & sterilisation, 'honour' crimes, sexual assault and harassment

Specific groups, eg migrant women, women with disabilities, or women living in institutions, are more likely to experience violence – e.g. women with SMI

WHO 2013

CDC 2018

HOW DOES IPV RELATE TO OTHER SIMILAR TERMS?

- Spouse abuse = wife abuse = wife battering
- Domestic or family violence (anyone in family)
- Violence against women or gender-based violence (based on gender)
- Interpersonal violence (between any people)
- Dating violence (may involve any gender)
- Sexual assault or sexual violence (SV) or rape (not restricted to intimate partner)

PSYCHOLOGICAL VIOLENCE AND CONTROLLING BEHAVIOURS

Recurring criticism

Verbal aggression

Jealous behaviour and accusation of infidelity

Threats of violence, to end relationship

Destroying property

Hostile withdrawal of affection

Isolation from family, friends, support networks

Limited access to money

Surveillance of everyday tasks like grocery shopping

Intercepting mail, calls, texts

Threats to children, pets or cherished possessions

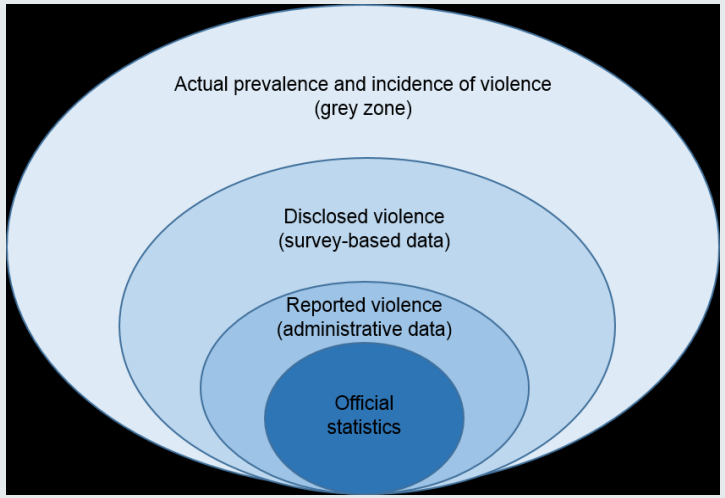
Monitoring of computer/phone use

Violence against women and girls VAWG

In EU (2014) survey

- 1 in 3 women experienced some form of physical and/or sexual violence since the age of 15.
- 1 in 10 women experienced some form of sexual violence (1 in 20 raped) since age 15
- >1 in five women experienced physical and/or sexual violence from either a current or previous partner

In many EU States >1/2 female murder victims are killed by an intimate partner, relative or family member i.e. approximately 3500 domestic violence-related deaths/yr
ie >9 victims/day



The IPV Pandemic

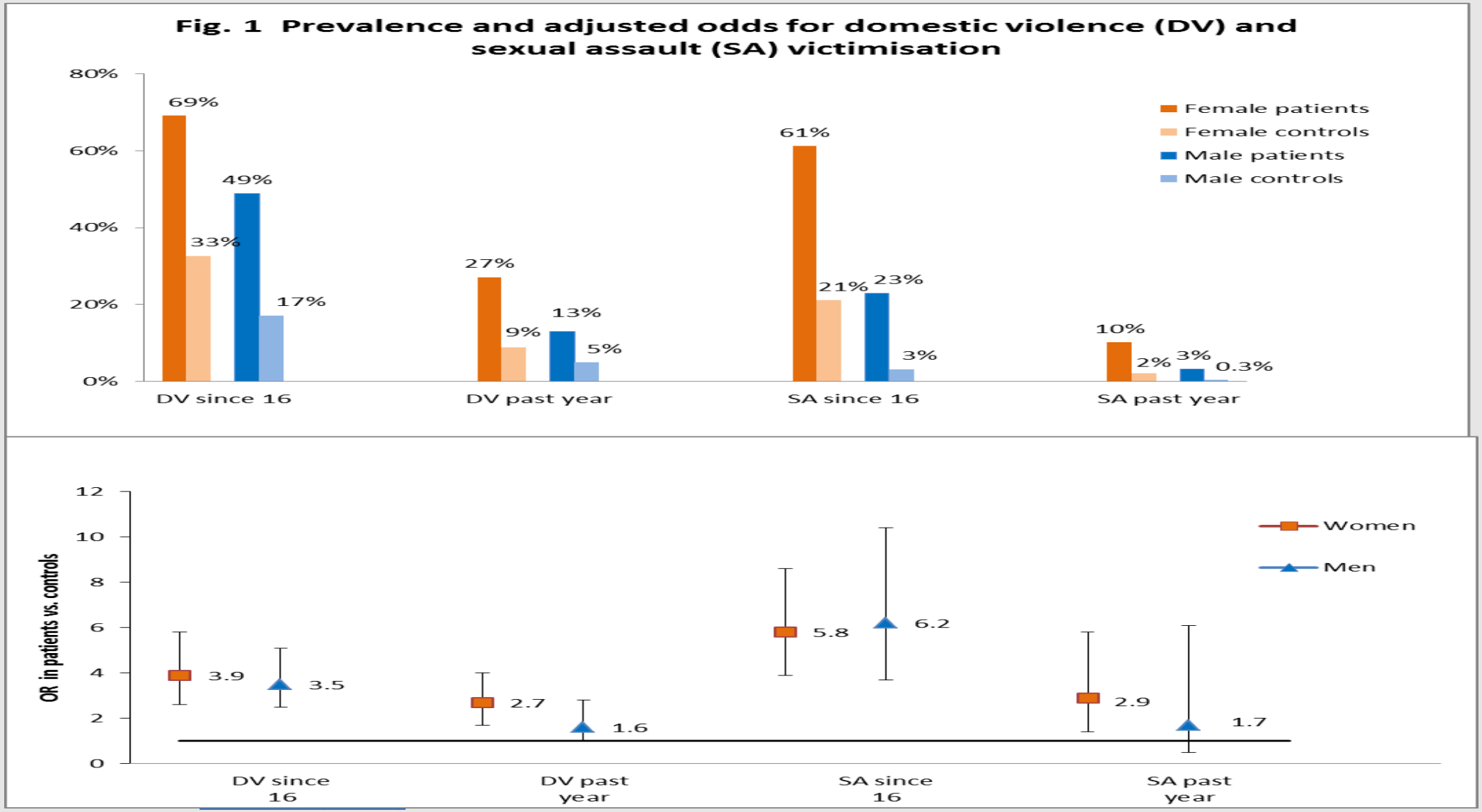
Crime Survey for England &Wales (2019):

- 5.7% adults (2.4 mn) -7.5% women (1.6mn); 3.8% men (786,000)
- Police recorded 1,316,800 IPV related incidents & crimes.
- In 75% of IPV-related crimes the victim was female.
- Between March 2016 - March 2018, 74% of victims of domestic homicide were female compared with 13% of victims of non-domestic homicide.
- Adults who were separated/divorced were more likely to have experienced IPV vs those who were married/civil partnered, cohabiting, single or widowed.

MENTAL HEALTH IMPACT

- Emotional:
  - PTSD/Complex PTSD
  - depression, anxiety
  - sexual problems
  - sleep & eating disorders
  - suicide, self harm
  - chronic pain
  - psychosis
  - somatization
- Risky behaviours: substance abuse, sexual behaviours
- Stewart DE, Vigod SN 2019

Increased prevalence and odds of DVA and SA among people with severe mental illness



SYSTEMATIC REVIEW OF PSYCHIATRIC PATIENTS AND IPV

- 42 studies of inpatient and outpatient psychiatric patients
- Approximately 30% of women inpatients and outpatients had lifetime history of IPV
- Often unrecognized by HCP
- 41 studies
- Women with depressive disorders OR=2.77 IPV
  anxiety disorders OR=4.08 IPV
  PTSD OR=7.34 IPV

compared to women without a mental disorder

Trevillion et al. 2012
Oram et al. 2013

VIOLENCE DURING PREGNANCY

WHO, 2011

Intimate partner violence during pregnancy

Fatal outcomes

- Homicide
- Suicide

Non Fatal outcomes

Negative health behaviour

- Alcohol and drug abuse during pregnancy
- Smoking during pregnancy
- Delayed prenatal care

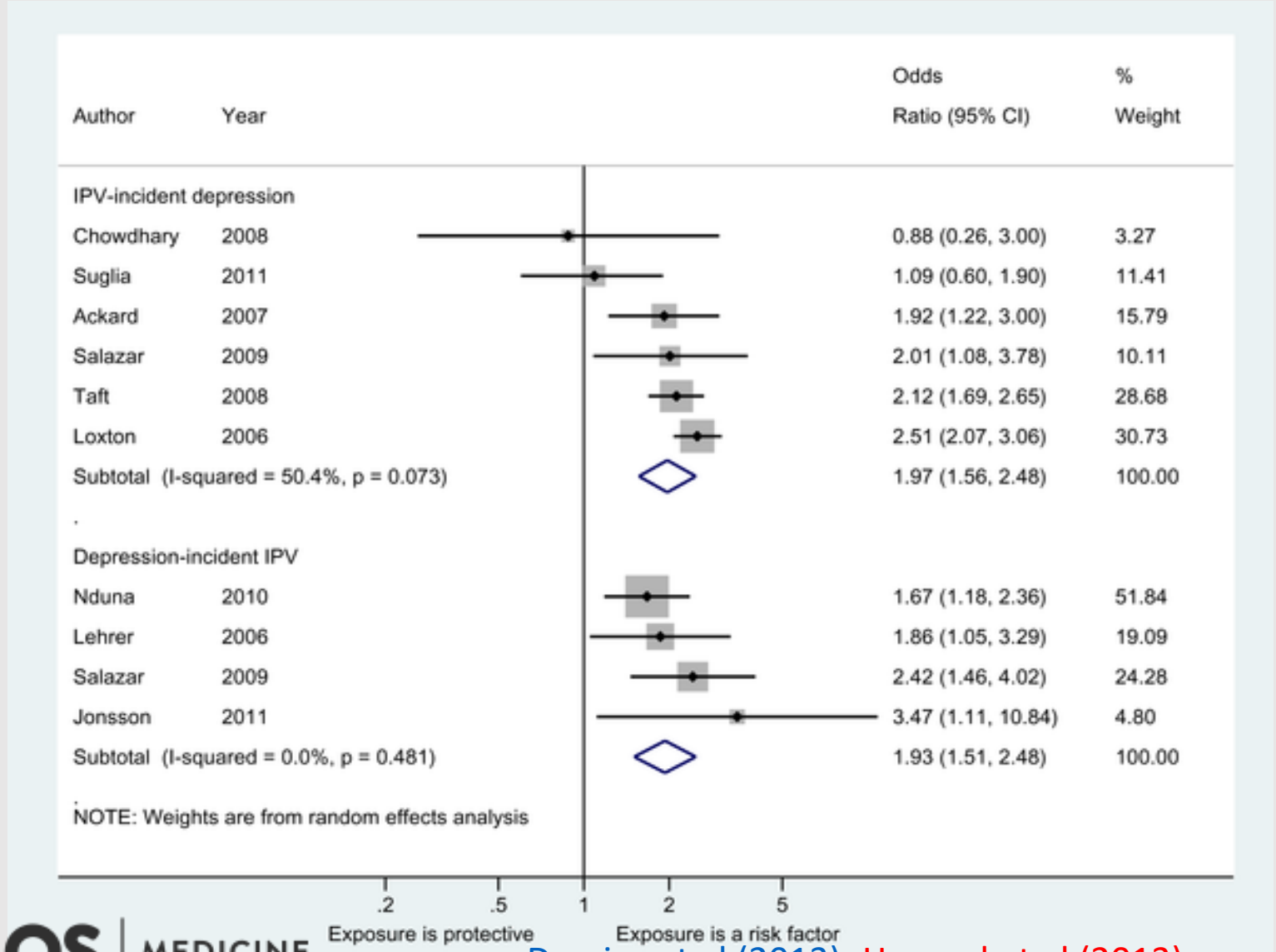
Reproductive health

- Low birth weight
- Pre-term labour/delivery
- Insufficient weight gain
- Obstetric complications
- STIs/HIV
- Miscarriage
- Unsafe abortion

Physical and mental health

- Injury
- Physical impairment
- Physical symptoms
- Depression
- Difficuties or lack of attachment to the child
- Effects on the child

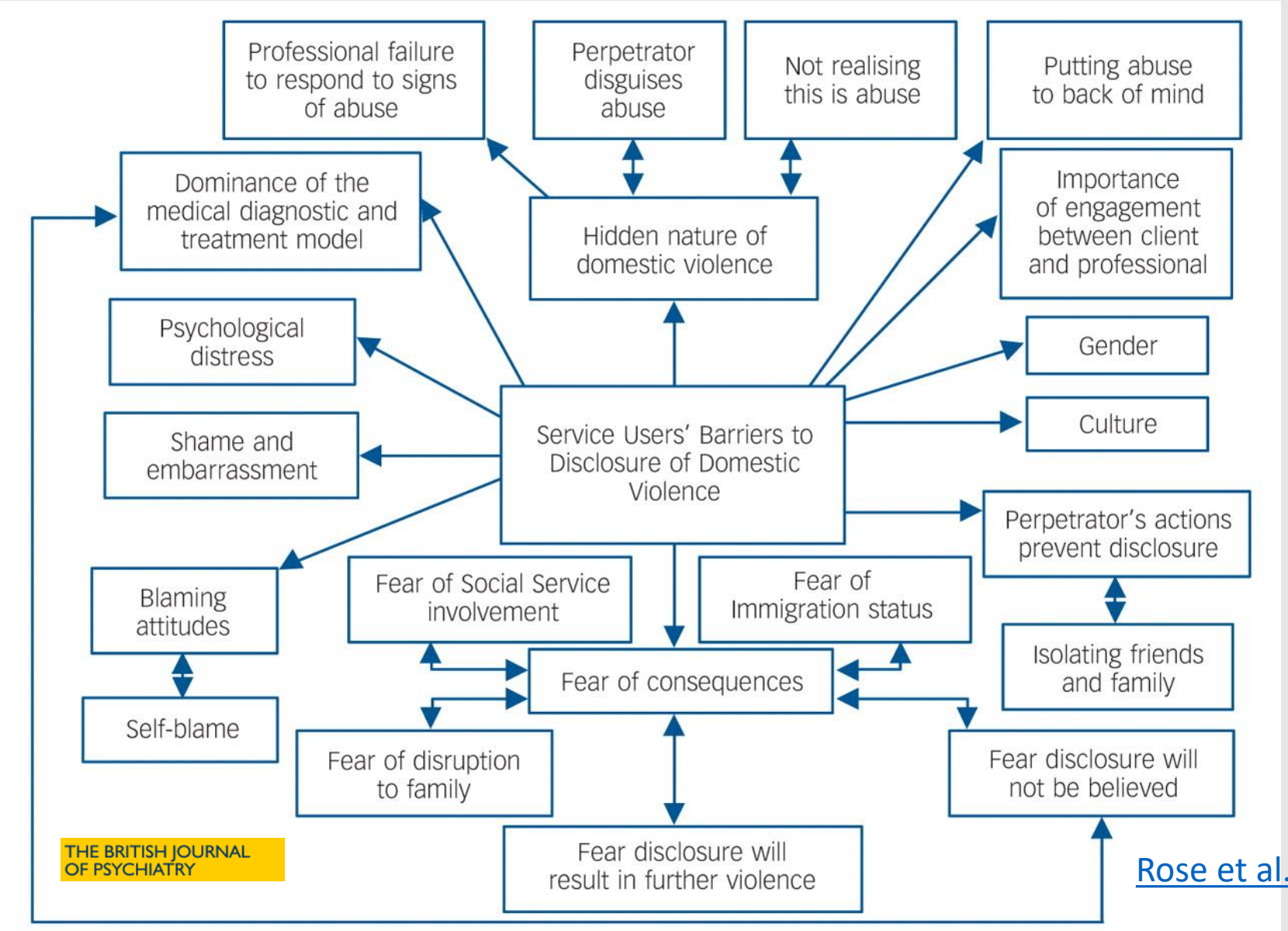
All perinatal mental disorders associated with DVA
Increased odds of depression post-IPV & IPV post-depression



PLOS MEDICINE

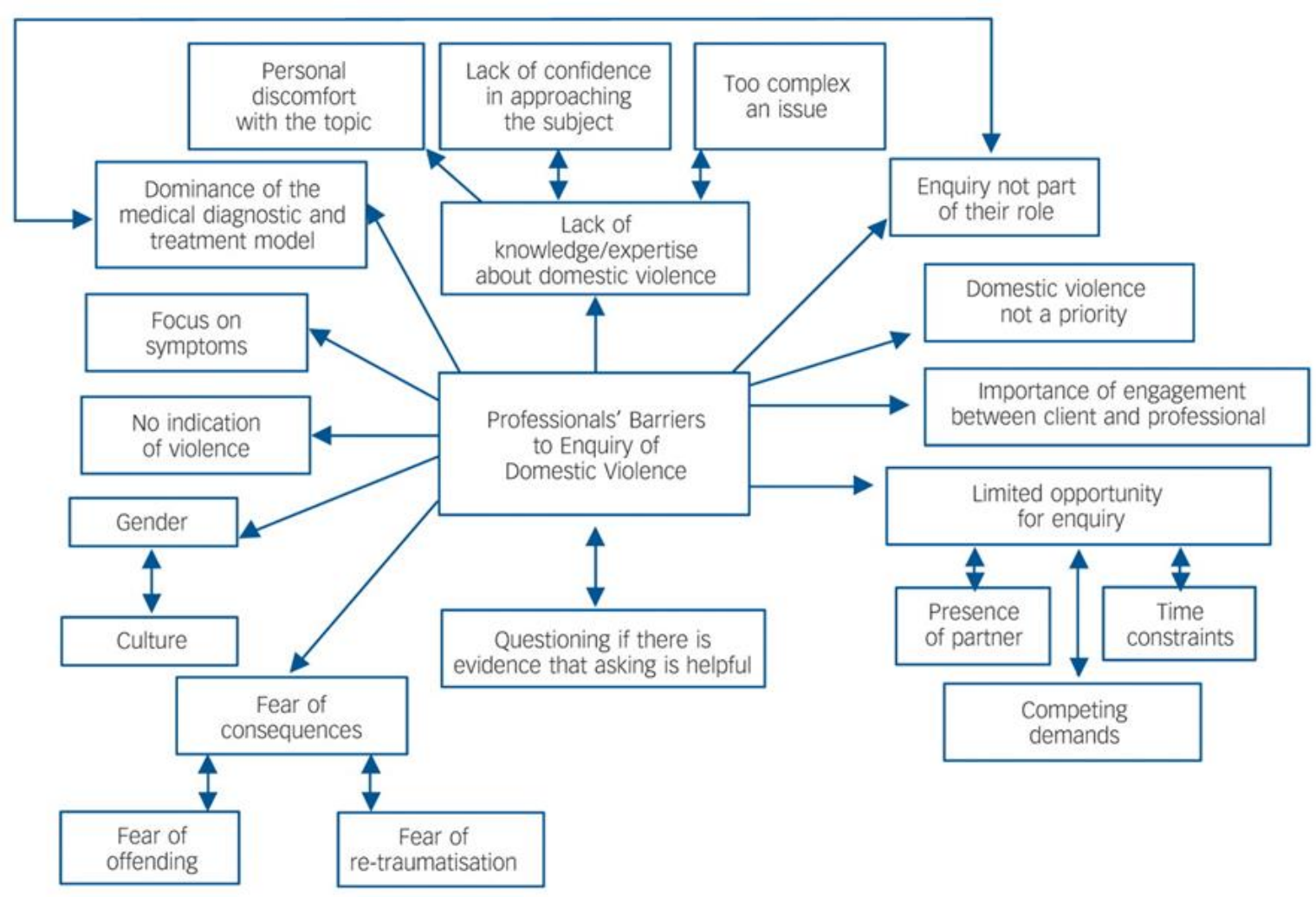
Devries et al (2013); Howard et al (2013)

Barriers to DVA disclosure by MH service users



Rose et al. 2011

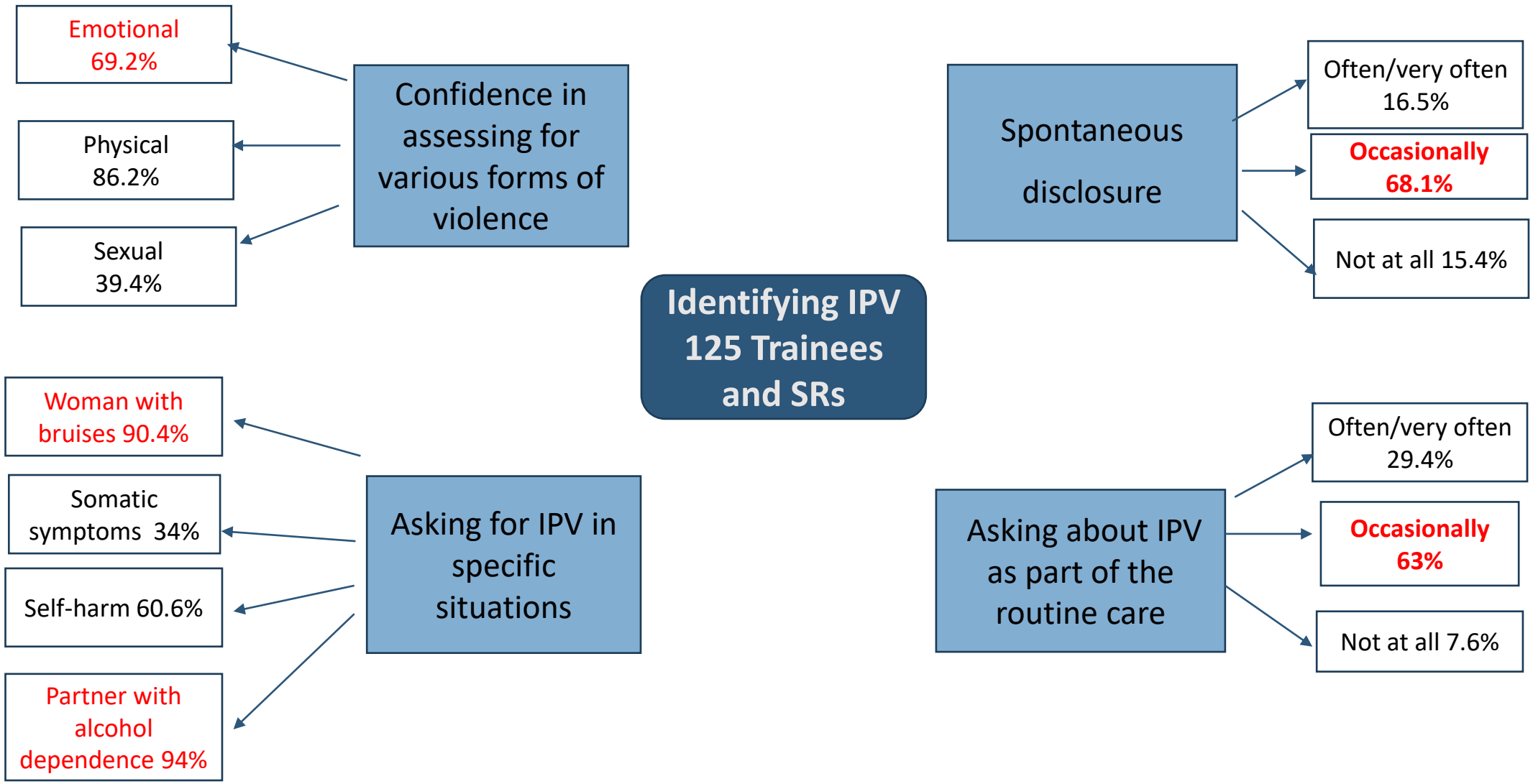
Barriers to DVA enquiry by MH professionals



THE BRITISH JOURNAL OF PSYCHIATRY

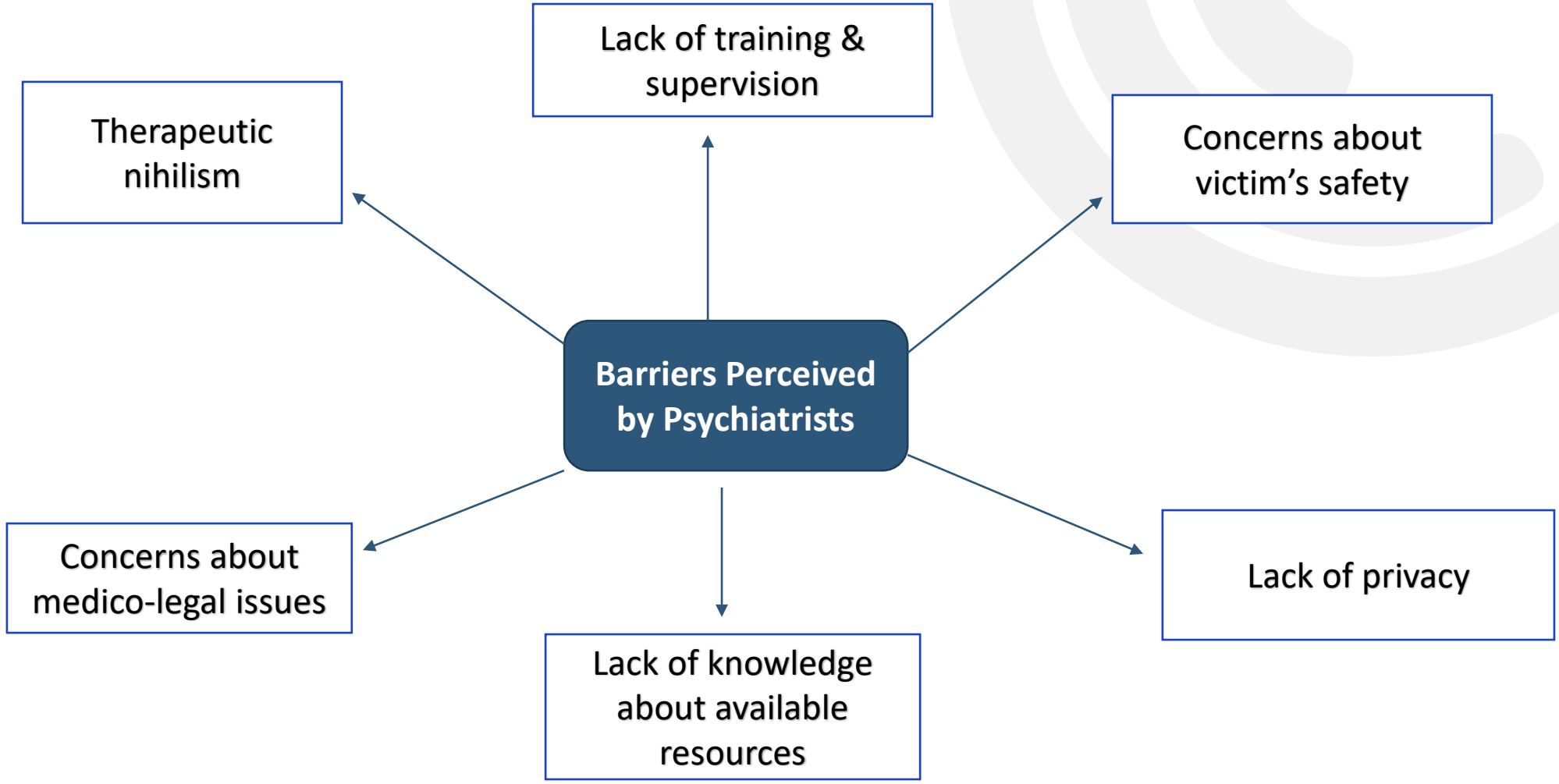
Rose et al. 2011

HOW OFTEN DO PSYCHIATRY RESIDENTS IDENTIFY IPV?



Mathur P, Sharma LP, H Nanjundaswamy M, S Chandra P. Training needs of psychiatry residents in handling Intimate Partner Violence (IPV) in clinical situations-A survey. Asian J Psychiatr. 2020 Oct;53:102379. doi: 10.1016/j.ajp.2020.102379. Epub 2020 Aug 27. PMID: 32906057; PMCID: PMC7450965.

BARRIERS PERCEIVED BY EARLY CAREER PSYCHIATRISTS/RESIDENTS



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Linking Abuse and Recovery through Advocacy (LARA)

Linking
Abuse and
Recovery through
Advocacy
(for
Victims and
Perpetrators)

A resource to help mental health professionals identify and respond to Domestic Violence and Abuse (DVA)

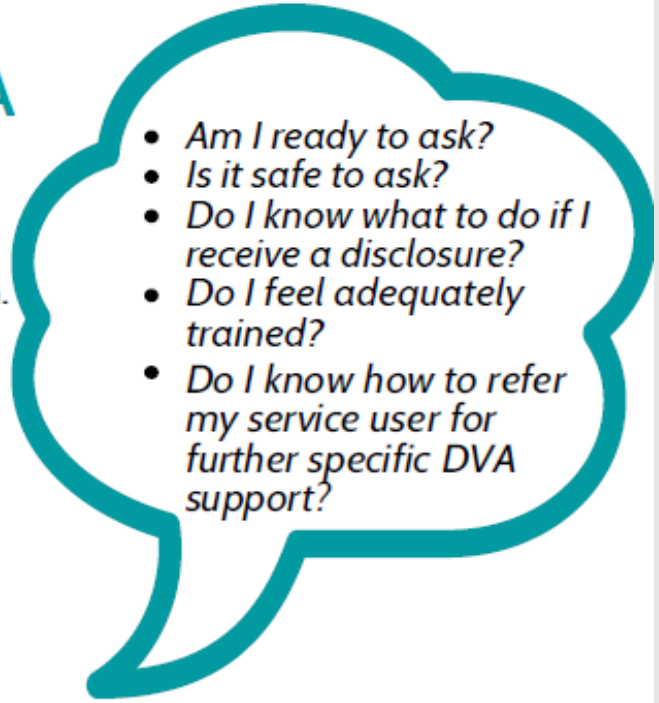
Contents

Asking about experiencing current DVA

Asking even a single question about DVA means that people experiencing DVA can:

- Know that you are willing to listen, so they are not on their own.
- Find out that you understand that DVA affects mental health.
- Discuss with you how to improve their safety.
- Find out about sources of help.

When you're asking service users about DVA, it may be helpful to start with a general phrase such as: *People's mental health is affected by how things are at home and how people treat them. How are things with your partner/ex-partner/family?*



Your service user may not realise or acknowledge that what they are experiencing is DVA, and your goal is to develop a dialogue about how your service user interacts with those closest to them. Asking specific questions can be easier to understand. You could start by asking an open question, for example:

- *I know that 1 in 4 women/1 in 7 men experience abuse from someone close to them, so I ask everyone if this has ever happened to them. Has anyone close to you ever hurt or frightened you?*
- *How are things with your partner/ex-partner/family?*
- *Are you afraid of anyone close to you?*
- *What happens when you and your partner/expartner/family member argue? What sort of things do you argue about?*
- *Who makes the rules in your household? What happens when you do not obey them?*
- *Does anyone consistently put you down or belittle you?*
- *Do you ever change your behaviour because you're worried about how someone at home might react?*
- *Many people who have these symptoms have been experiencing difficulties in close relationships. Has anyone hurt or upset you?*

Open followed by specific Qs (unless could be overheard)

"You really feel it's you. The more they hit you... you convince yourself that it's you... I convinced myself 'well look, this is the third violent relationship I've had, it can't be them it must be me, it must be something I'm doing wrong'." (CMHT Service User) (55)

Asking specific questions after the more open questions above are often the only way to elicit disclosure. It is therefore important to ask about specific behaviours. For example, you could ask whether a partner, former partner, or a family member has ever:

- *Forced you to have sex when you didn't want to?* (Sexual abuse)
- *Insulted you, called you names or sworn at you?* (Psychological abuse
- *Forced you to take out a loan?* (Economic abuse)
- *Monitored your spending or implied that you need to seek their*
- *approval before spending money?* (Controlling behaviour)
- *Monitored your emails, texts, or whereabouts?* (Technology-based abuse)
- *Used your gender identity or sexuality as a basis for threats, intimidation or harm?* (LGBTQ+)
- *Used your immigration status or religion as a basis for threats, intimidation or harm?* (Cultural-based abuse)
- *Sent you emails or texts that you found intimidating or threatening?* (Stalking)

Using language effectively

Some people (male service users in particular) may not be willing to admit they are "afraid" of anyone, and it may be more sensible to ask a general question about whether they modify their behaviour to avoid a negative reaction from someone at home. If your service user speaks a different language to you, you should arrange for an appropriate interpreter. If your service user is from a different cultural background, think about how you can provide more culturally appropriate, individualised care in the context of DVA.

MEASUREMENT

- **Properties of an ideal IPV identification Tool**

- Psychometrically robust (reliable, valid, and feasible to use in real-world settings)
- Incorporates perspectives of people with lived experience of IPV
- Able to identify, at minimum, the 3 common types of IPV (physical, sexual, and psychological abuse)
- Able to identify the sex and gender identity of the person committing and the person experiencing IPV
- Incorporates assessment of the frequency, severity, and duration of abuse
- Easy to use across a variety of clinical and non-clinical settings
- Easy to integrate into any mental health outcome and risk assessment
- Suitable for use with all genders (i.e., gender sensitive)
- Culturally transferable (i.e., culturally sensitive)
- Adaptable for use in low literacy contexts

How health providers can support women who have experienced violence

Listen closely, with empathy and no judgment.

Inquire about their needs and concerns.

Validate their experiences. Show you believe and understand.

Enhance their safety.

Support them to connect with additional services.

World Health Organization

Do no harm. Respect women's wishes.

WHEN IPV IS DISCLOSED

- Validation (“Unfortunately this is common in our society.”)
- Affirmation (“Violence is unacceptable – you deserve to feel safe at home.”)
- Support (“There are things we can discuss that can help.”)
- Ask about safety and plan as needed!
- No critical remarks (“Why don’t you just leave?”)
- Respect the individual’s concerns and decisions
- Know local legislation and services
- Refer appropriately to other services
- Document carefully!

Therapeutic interventions

- Culturally appropriate individualised care
- Establish safety and stability
- Social support
- Stress management skills for emotional regulation
- Recognise relationship between symptoms and trauma e.g. trauma-focused CBT, eye movement desensitisation and reprocessing for PTSD
- Treat mental and physical health Sxs including co-morbidities
- Recognise difficulties with trust
- Don’t push her to leave (stages of change)
- Couple therapy is not safe where serious abuse – see individually

Therapeutic interventions

- Systematic review (middle to high income settings) of 33 trials (5517 women) of integrative (11), humanistic (9), CBT (6) third-wave CBT (4) and other psychological-orientated interventions (3) showed that therapies work to some extent in the context of IPV. Therapies ranged from 2-50 sessions; delivered by a variety of staff (social workers, nurses, psychologists, community health workers, family doctors, researchers).

  Probable reduction in:

- **depression** (SMD −0.24, 95% CI −0.47 to −0.01; 4 trials, 600 women; moderate certainty evidence)
- **anxiety** (SMD −0.96, 95% CI −1.29 to −0.63; 4 RCTs 158 women; low-certainty evidence),

- In LMIC SR: 21 studies reported that anxiety

(but not other mental health problems) showed a greater response to intervention among women reporting IPV versus those who did not

Hameed et al 2020; Keynejad et al 2020

THE MENTAL HEALTH OF PERPETRATORS

- May have been exposed to IPV or abuse as a child
- Family /society/beliefs condone IPV
- May need to control partner or have anger management problems
- May have a personality disorder
- May be alcohol or other substance use disorder
- May be depressed/anxious or other mental health disorder including psychosis, ADHD
- May have dementia or other organic brain syndrome

What else can I do in my Mental Health Team?

- Explore whole-team training from local DVA agencies, including reception, management and administrative staff
- Ensure staff know how to contact your local DVA agency for referral/advice; establishing a relationship can facilitate referrals.
- Display information posters in waiting rooms and patient toilets.
- Provide clinicians with cards detailing local DVA services.
- Every service needs a DVA lead.
- Leaders and managers should embed and promote safeguarding, empowering staff to discuss DVA and raise concerns.
- Many healthcare staff experience DVA. Team leaders should foster an open culture, be trained to detect signs of survivorship or perpetration and how to respond. Policies for staff.

Transforming mental health services to respond to VAWG

Training:

Dynamics of IPV

Unconscious biases

Responding

- safely
- non-judgemental
- collaborative
- empowerment

UG, PG and CPD

Interventions:

Emphasis on lived experiences and contexts; peer support

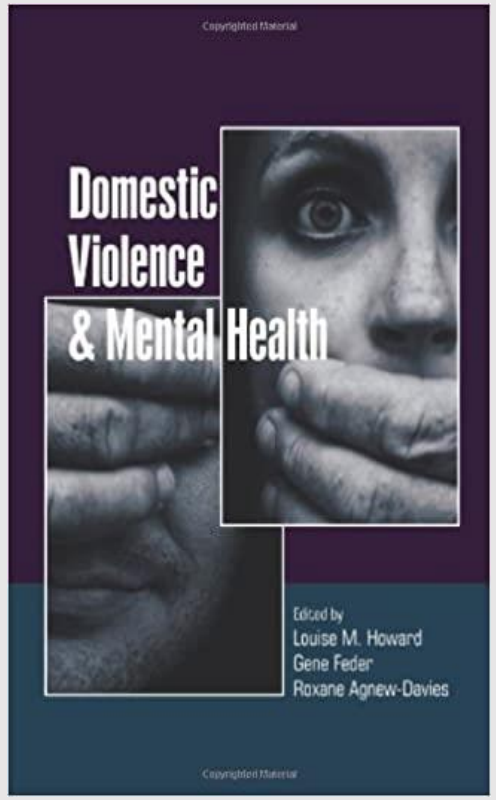
Evidence based, incl safety as priority

Protocols incl clear referral pathways with IPV sector

Reflective practice

Trauma Informed Approaches

Care for MHPs who experience(d) IPV

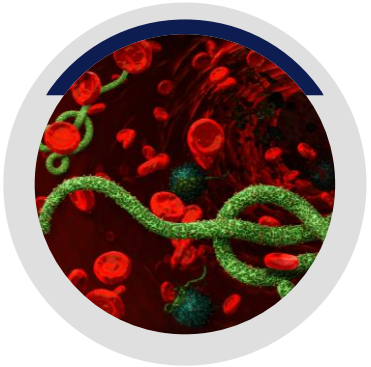


Research and Data collection:

- Routine IPV data collection
- Inclusion of IPV in longitudinal cohorts
- Investigation of moderating effects of IPV on treatments

COVID AND GENDER BASED VIOLENCE

THE RELATIONSHIP BETWEEN VIOLENCE AND VIRUSES



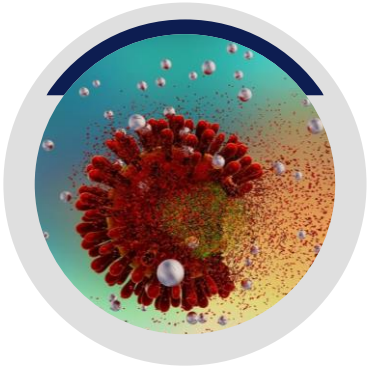
EBOLA

In West Africa

Increase in sexual and gender-based violence

Twice as many rapes

Sharp increase in pregnancy rates

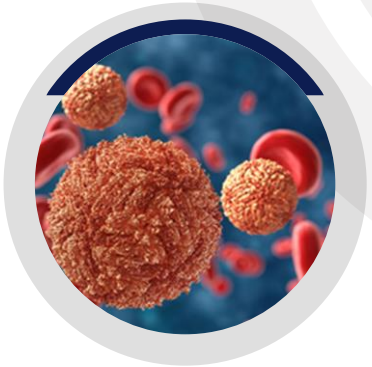


HIV

Women and girls (15-24 years) more vulnerable

Violence/fear of violence a barrier to seeking testing.

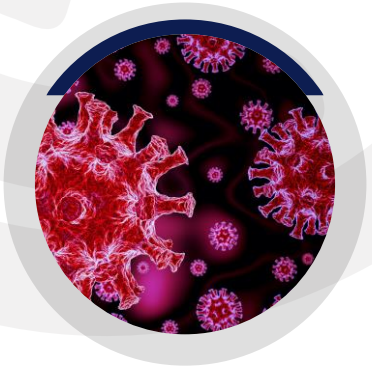
Links between GBV and HIV



ZIKA

Disproportionately impacted women and girls

73% of women who had Zika symptoms in the Dominican Republic did not seek healthcare services for fear of being assaulted



COVID-19

China- DV reports doubled post lockdown, 90% related to Covid-19

Helpline calls increased in Malaysia, Lebanon, France, Argentina, Cyprus, Singapore, India, Russia ----

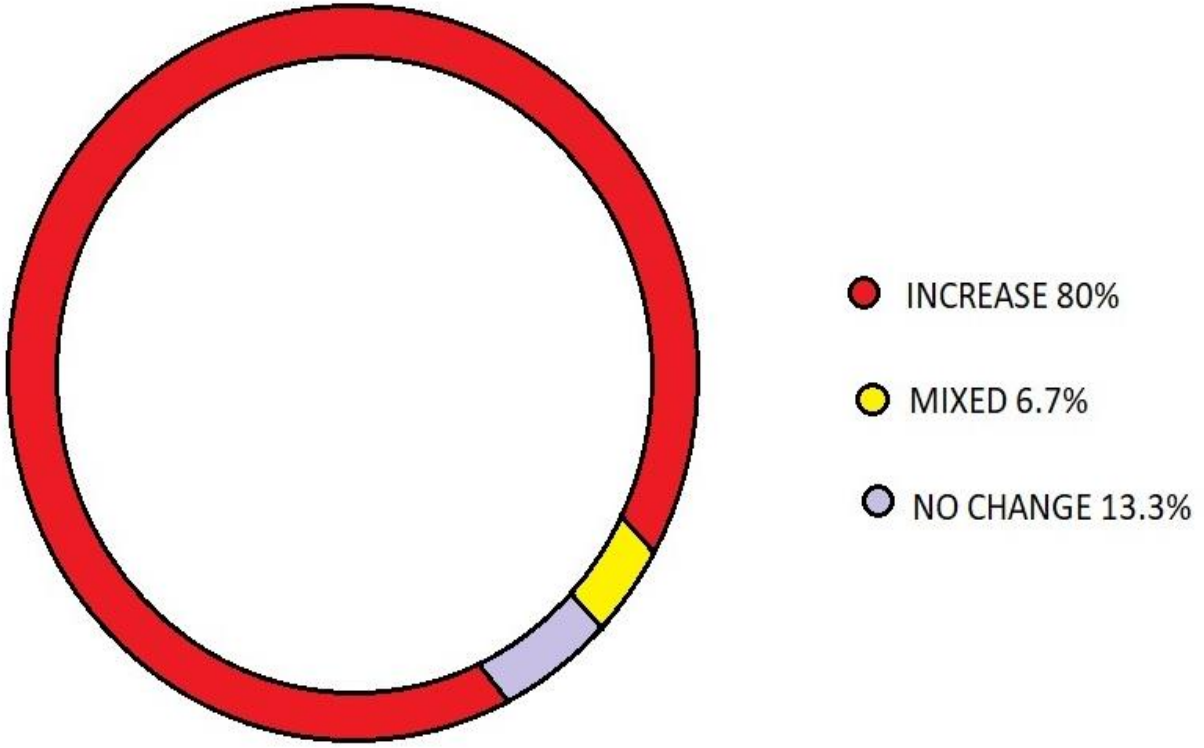
PATHWAYS AND MECHANISMS

- Financial insecurity
- Social isolation
- Lockdown with the abuser
- Relationship conflict due to close proximity
- Societal Instability
- Inability to disclose violence
- Food insecurity and Housing instability
- Alcohol presence and absence
- Fears related to the virus

SHELBY BOURGAULT, AMBER PETERMAN, AND MEGAN O'DONNELL

Center for Global Development

Violence against Women and Children during COVID-19 - one year on and 100 papers in: A fourth research round up



12 out 15 studies showed exclusive increase in violence (4 times increase in Jordan, 248% increase in China)

1 study had mixed finding (India)

2 studies showed no significant change from pre pandemic era (Kenya, South Africa)

STUDIES FOCUSSING ON RISK FACTORS

Lost income

Being married

Unemployed (either respondent or spouse)

Food insecurity

Spousal substance abuse

Higher education level of either wife or husband

Women's employment

Youth empowerment program (soft skills, sex education, mentoring , job finding assistance) reduced multiple types of violence experienced by adolescent girls in Bolivia (Gulesci et al 2021)

GENDER BASED VIOLENCE AND COVID-19

Lack of access to First Responders

- Health care settings not being open
- Women reluctant to visit health facilities due to fear of infections
- Increased burden on health services- **collateral damage**
- Shelters and counselling centres not recognised as essential services
- In cases of sexual assault- poor access to emergency contraception, post exposure prophylaxis (UNFPA, 2019)

CHILD MARRIAGES DURING COVID 19

- In the past 3 months, CHILDLINE India received 5,584 calls reporting child marriage
- Manusher Jonno Foundation, Bangladesh (MJF) found that 462 child marriages occurred in 53 districts in June
- Malawi- Breakdown of social networks heighten families' and communities' desire to control girls' sexuality and protect their "honour"

GIRLS NOT BRIDES

COLLECTING DATA ON VIOLENCE

REMOTE DATA COLLECTION

UN WOMEN AND WHO GUIDANCE, APRIL 2020

- Using Secondary data – Shelters, Helplines, Police records and One Stop Centres
- Key Informant studies
- Health settings
- Data to focus on new onset violence after the lockdown, exacerbation of previous violence, relationship to alcohol, child abuse
- Protective Factors
- Online and phone surveys in existing platforms
- Safety of Respondents is priority

THE PROBLEM WITH DATA

- Newspaper and media reports
- No face to face research possible
- Poor documentation in helplines and shelters
- Focus only on physical violence

GLOBAL RESPONSES

Increase in Helplines

Aggregation of Resources by WHO, UN, VAWG, Women's Organisations, WPA

Government responses

Local Responses-

- **Mask 19**
- ***Shakti*** Aunty- a Whatsapp based Chatbot (India) accessible to women in different languages (www.shaktiwomen.org)
- Using Bluetooth technology with adolescents in Malawi
- Hotels as Shelters in Russia

PREPAREDNESS FOR THE NEXT CRISIS

Declaring Shelters and One Stop Centres as Essential Services

More Safe Houses Adolescents, Older women, Disabilities

Remote Methods Technology

Better internet access Closing gender gap in mobile phone ownership

Accessible Legal Facilities

Digital Safety and Reporting mechanisms

Alcohol Related Policies

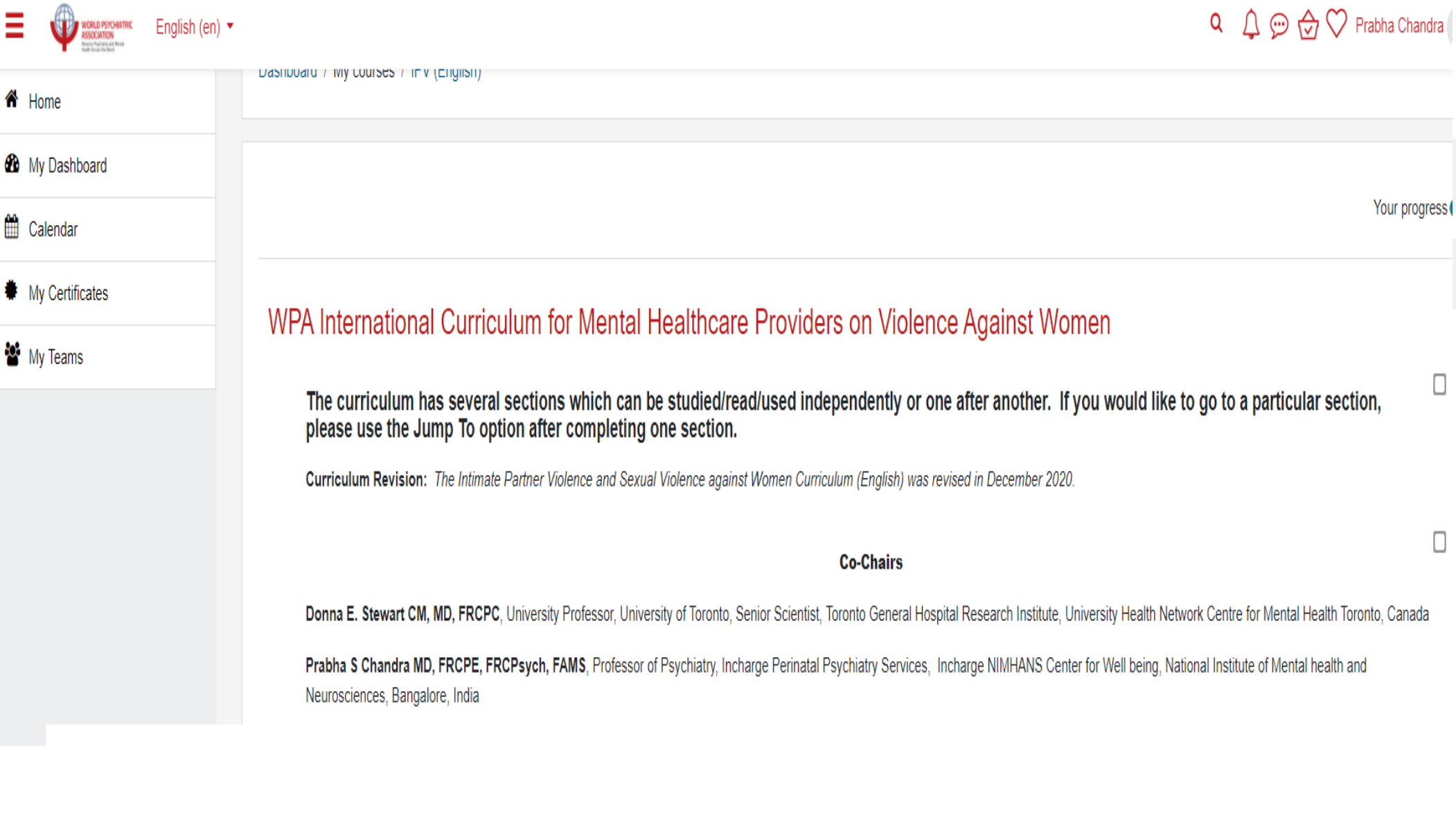
Mental Health of Men

Family related interventions

Integration of GBV prevention messaging into COVID-19 prevention materials for healthcare providers

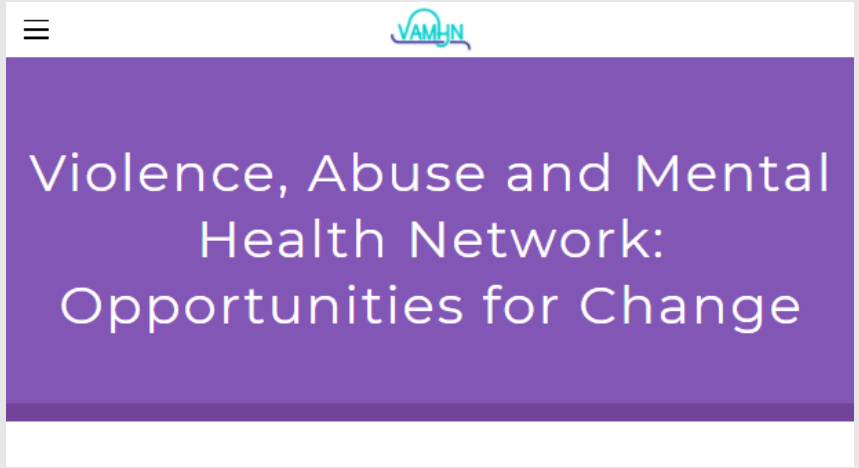
Community gate keepers and Bystander Education

USEFUL RESOURCES



UKRI Mental Health Network on Violence, Abuse and Mental Health

- vamhn.co.uk
- Email vamhn@kcl.ac.uk to join



https://oxfordhealthbrc.nihr.ac.uk/our-work/oxppl/domestic-violence-and-abuse/

- Responding to Intimate Partner Violence and Sexual Violence Against Women: WHO Clinical and Policy Guidelines

  http://www.who.int/reproductivehealth/publications/violence/9789241548595/en/

- WHO Clinical Handbook “Healthcare for Women subjected to Intimate Partner Violence and Sexual Violence”

  http://www.who.int/reproductivehealth/publications/violence/vaw-clinical-handbook/en/

- VEGA- Violence, Evidence, Guidance, Action

  https://vegaproject.mcmaster.ca/

THANKS FOR LISTENING

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