Correlation between family and domestic violence

Assessment Task – 1

The following essay is a discussion of the correlation between family and domestic violence and impacts this has on mental health. Authoritative journal articles which form the basis of evidence-based practice will be used to discuss the impact of domestic violence on mental health taking into consideration bio psychosocial factors influencing domestic violence and mental health for adults and children. This essay will discuss nurses role that identified holistic and consumer-oriented recovery approach by using effective therapeutic communication and it will be also focusing on nursing professional boundaries that recognize a range of nursing assessment and legal responsibility.

Domestic violence is one of the main factors of mental health issues that affect the psychosocial well- being of thousands of families a year (Healey, 2014). Domestic violence is defined as occurring when an abused person within an intimate relationship is intimidated, threatened or controlled by the abusing partner (O'Brian et al, 2013). Domestic violence includes emotional, psychological, physical, sexual and economic abuse (Healey, 2014). Amnesty International Australia (2013) identified that in the majority of cases, women and children are the victims of domestic violence. Children experience trauma witnessing violence in the family, which can have a prolonged psychological effect (Amnesty International Australia, 2013) for example, children living where they witness that their father abusing the mother on daily basis, can result in an aggressive mentality towards women. O' Brian et al., (2013) stated that domestic violence can also occur between female on male, and between same-sex couples. There are many types of family

structure including single parent families, same sex parents' families, nuclear families and blended families. For the purpose of this essay, the main focus will be on the correlation between on the family members and domestic violence and the impact this has the mental health of the mother, father, and child. According to O'Brian et al., (2013) men are more likely to be the act of continuous, physical and sexual abuse whereas women are more likely to exhibit emotional abuse. In terms of the impact of domestic violence on mental health, there is a consensus among the literature which indicates similar feelings and experiences of men and women which include fear and loss of feelings of safety, feelings of guilt and shame, anxiety, unresolved anger, loneliness and isolation and depression. Although, the physical and psychological issue is common in domestic violence, psychological abuse has long-term adverse effect on victim's well-being (Ramsay et al., 2012). In domestic violence studies, physically and sexually assaulted women have a high rate of depression which leads to post-traumatic stress disorder (PTSD) (Lacey et al., 2013). Most of the studies mainly focus on female victim; the main reason behind violence against men goes unreported due to fear of humiliation from the society and lack of available support group for men (Dirjber, Reijnders, & Ceelen, 2013). Studies found that men are experiencing less physical assault; however, mostly they face emotional, psychological and verbal abuse (Day et al., 2009). Although, men and women experiencing domestic violence differently; the long-term impact are same which associate with different mental disorder such as dysthymia, anxiety disorder, post-traumatic stress disorder, bipolar affective disorder, depression, schizophrenia and non-affective psychosis (Trevillion et al., 2012). Growing up in the violent environment, children will have less

attachment with their parents and antisocial behavior later on their life (Herrenkohl et al., 2011; Bailey & Eisikovits, 2014). Lanius, Vermetten and Pain (2010) stated that physical abuse is one of the major factors of childhood trauma which lead to risk for psychiatric morbidity. The conflict between partners, not only affected their relationship it also impacts on mental status of their children.

Health professional spend more time to assess their patient, which allowed them to identify patients problems and determined to choose the best action for the recovery. Wright, Sparks and O'Hair (2013) have identified that the verity of assessment is the main tool to connect and communicate with the patient to detect key problems. Hungerford et al., (2015) have stated that the assessment determines what patient experiencing and how these experience affecting them. It can be only possible when health professional build therapeutic communication with the patient. A bio psychosocial approach brings together all the aspects to avoid conflicts which consider biological, psychological and social dimensions (Hungerford et al., 2015; Melchert, 2010). According to Sadigh (2013) a bio psychosocial assessment useful to get past and current information, and look for patients' future condition. Therefore, this identifies patients past and present issues and encourage them to discuss about what changes that they would like to make to recover from those issues. Person-centred care is an approach which involves patient and their families' decisions to assure most appropriate need (Clissett at al., 2013; Hungerford et al., 2015). When health professional taking person-centred care approaches, they have to consider patients own decision about how they wish to receive. It is also important

that health professional should not prejudge to the mental health patient and build trusting relationship by applying therapeutic communication (Hungerford et al., 2015). Nursing consideration is all about gathering more information from the client, by using various types of assessment and communication techniques. It is also important for the nurse to aware patients' age, gender, religion, employment status and relationship with their family or partners. Townsend (2015) described that a therapeutic interpersonal relationship is the nursing process, where psychiatric nurse focuses to get more information from the patient in various mental health setting. A therapeutic interpersonal relationship classified in four phases: the interaction phase, the orientation phase, the working phase and the termination phase. In preinteraction phase nurse prepare for first meeting with the client, during orientation phase nurse create environment to establish trust with the client, working phase nurse maintain trust promoting clients' insight and perception, and termination phase evaluate client condition for the further assessment. According to Townsend (2015) while implementing therapeutic interpersonal relationship, nurse must be aware of the boundaries in nurse and client relationship; which includes: materials, social, personal and professional boundaries that allow nurses to recognise acceptable limit. For example, touching clients provide them comfort and encouragement as nature of nursing care; however, nurse must considerare professional boundaries and apply appropriate non-verbal communication. Nurse must maintain the professional relationship towards client instead of personal relationship; i. e. romantic, sexual, or other similar personal relationship is not appropriate between nurse and client. Every individual patient have their own triggers, the nurse must understand and implement

accordingly. Although, mental health assessment considers all aspect of the patient, each time it should occur when health professional interaction with the patient (Hungerford et al., 2015). Mental state examination (MSE), clinical risk assessment, and suicidal assessment are the most common assessment mental health (Hungerford et al 2015). Mental state examination is the fundamental factor of patients' assessment, clinical risk assessment identifies potential risk and minimized the level of risk (Szmukler and Rose, 2013) and suicidal assessment include variety of interventions to assure patients safety and encourage better health. Every state has their own mental health assessment and framework, whereas New South Wales implemented the Mental Health Outcomes and Assessment Tools (MH-OAT) to measure the effectiveness of the health care provided (NSW Health, 2013). MH-OAT includes MSE, substance use, physical examination, family history and development history (Hungerford et al 2015). MH-OAT helps health professionals to work effectively and efficiently by ensuring NSW meet National Standard of Mental Health Care and which provide standard clinical document that include triage, assessment, care plan, review and discharge (NSW Government Health, 2014). According to the Australian Collage of Mental Health Nurses (2013) standard practice provide practical benchmark which minimise level of performance for register nurses in mental health setting; this includes 9 standard practices which are: acknowledging cultural diversity, establishing collaborative partnership, developing therapeutic communication, values other stakeholders contribution, reduce stigma, demonstrate evidence-based practice, practice common law and specialist qualifications. It is very important that nurses must familiar with the legal and ethical context of mental health care. In Australia, each state has its own

mental health legislation which known as ' Mental Health Act (MHA)'; MHA protect as individual and community by emphasising on providing right treatment in least restrictive environment (Hungerford et al 2015).

In conclusion, this essay successfully correlated between family and domestic violence which lead to various mental health problems by giving perfect example of affected family. It discussed major mental health priorities and strategies such as effective therapeutic communications, therapeutic interrelationship, person-centre approach and bio psychosocial approach which reduce conflict and minimize potential risk for themselves and patients. It also explained the importance of the nursing assessments and legislations for the nurses.

References

Amnesty International Australia. (2013, July 19). *Mythbusting violence against women* . Retrieved fromwww. amnesty. org. au.

Bailey, B., & Eisikovits, Z. (2014). Violently reactive women and their relationship with their abusive mother. *Journal of Interpersonal Violence, doi: 10. 1177/0886260514549463* , 1-24.

Clissett, P., Porock, D., Harwood, R. H., & Gladman, J. R. (2013). The challenges of achieving person-centred care in acute hospitals: A qualitative study of people with dementia and their families. *International Journal of Nursing Studies, 50* (11), 1495-1503.

Day, A., O'Leary, P., Chung, D., & Justo, D. (2009). *Domestic Violence – Working with Men: research, practice experiences and integrated responses.* Leichardt, NSW, Australia: The Federation Press.

Dirjber, B. C., Reijnders, U. J. L., & Ceelen, M. (2013). Male victim of domestic violence. *Journal of Family Violence, 28* (2), 173-178.

Healey, J. (2014). *Domestic and family violence.* Balmain, NSW: The Spinney Press.

Herrenkohl, T. I., Moylan, C. A., Tajima, E. A., Klika, J. B., Herrenkohl, R. C., & Russo, M. J. (2011). Longitudinal Study on the Effects of Child Abuse and Children's Exposure to Domestic Violence, Parent-Child Attachments, and Antisocial Behavior in Adolescence. *Journal of interpersonal violence, 26* (1), 111-136.

Hungerford, C., Hodgson, D., Clancy, R., Monisse-Redman, M., Bostwick, R., & Jones, T. (2015). *Mental Health Care: An Introduction for Health Professionals in Australia* (2nd ed.). Retrieved fromhttp://online. vitalsource. com/books/9780730317487/epubcfi/6/62.

Lacey, K. K., McPherson, M. D., Samuel, P. S., Sears, K. P., & Head, D. (2013). The Impact of Different Types of Intimate Partner Violence on the Mental and Physical Health of Women. *Journal of Interpersonal Violence, 28* (2), 359-385.

Lanius, R. A., Vermetten, E., & Pain, C. (2010). *The Impact of Early Life Trauma on Health and Disease: The Hidden Epidemic.* United Kingdom: Cambridge University Press.

Melchert, T. P. (2010). The growing need for a unified biopsychosocial approach in mental health care. *Procedia – Social and Behavioral Sciences, 5* (1), 356-361.

NSW Government Health. (2014, August 28). *MH-OAT for Mental Health Professionals* . Retrieved fromhttp://www. health. nsw. gov. au/mhdao/DM/Pages/professionals. aspx

NSW Health. (2013, October 30). *MH-OAT for Mental Health Professionals* . Retrieved fromhttp://www. health. nsw. gov. au/mhdao/mhprof_mhoat. asp

O' Brian, K. L., Cohen, L., Pooley, J. A., & Taylor, M. F. (2013). Lifting the Domestic Violence Cloak of Silence: Resilient Australian Women's Reflected Memories of their Childhood Experiences of Witnessing Domestic Violence. *Journal of Family Violence, 28* (1), 95-108.

Ramsay, J., Rutterford, C., Gregory, A., Dunne, D., Eldridge, S., Sharp, D., & Feder, G. (2012, Sep). Domestic violence: knowledge, attitudes, and clinical practice of selected UK primary healthcare clinicians. *British Journal ofGeneralPractice, 1* (1), 647-655.

Sadigh, M. R. (2013). Development of the biopsychosocial model of medicine. *Virtual Mentor, 15* (4), 362-365.

Szmukler, G., & Rose, N. (2013). Risk assessment in mental health care: Values and costs. *Behavioral Sciences & the Law, 31* (1), 125-140.

The Australian Collage of Mental Health Nurses. (2013). *Standards of Practice in Mental Health Nursing* . Retrieved fromhttp://www. acmhn. org/publications/standards-of-practice

Townsend, M. (2015). *Psychiatric Mental Health Nursing: Concepts of Care in Evidence-Based Practice* (8th ed.). Philadelphia, PA: F. A. Davis Company.

Trevillion, K., Oram, S., Feder, G., & Howard, L. M. (2012). Experiences of Domestic Violence and Mental Disorders: A Systematic Review and Meta-Analysis. *PLoS ONE, 7* (12), e51740.

Wright, K., Sparks, L., & O'Hair, D. (2013). *Health Communication in the 21st Century* (2nd ed.). New York: Wiley-Blackwell.