

MENTAL HEALTH ISSUES - WOMEN WHO SUFFERED Violence

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**For DHEERA,
An initiative by Dr. Shantha Kumari,
President of The Federation of Obstetric and Gynaecological
Societies of India**

CASE REPORT

- Mrs. R 26 year old woman was brought to the hospital with C/O sudden abdominal pain
- She was 28 weeks pregnant and married for 1 year and this was the first pregnancy
- She was a booked patient on regular AN check up and non diabetic/HT
- O/E patient was very much depressed
- Vitals were stable
- Uterus was 28 weeks, irritable and FH was normal
- Vaginal examination was unremarkable
- On enquiry she came out with H/O being beaten by her husband



Contd.....

- **What are the details to be gathered from the patient?**
- **Whether we need to inform the police?**
- **How to counsel the patient?**
- **What are the problems the patient can come across?**
- **Family counselling ?**
- **Any drugs can be suggested ?**
- **Aftermath of IPV?**



Put your comments in the Chat Box

Need of the triad of consultations



WHY MENTAL SUPPORT IS NEEDED ?

- **PTSD- perceived life threats or injury**
- **Hyper vigilance**
- **MOOD DISORDERS- depression and suicide**
- **Substance abuse**
- **Sexual disorder**
- **Phobia**
- **Functional GI symptoms**
- **Dissociation symptoms**
- **Social withdrawal**



First line support MAINLY BY OBGYN

INTERVENTION-ROLE OF Obstetricians

- 1. Risk assessment – frequency, severity and chronicity**
- 2. Safety- from further assault from partner, psychological screening, suicide and danger assessment.**
- 3. Assess domestic homicide risk**



Danger signs

Frequency

Presence of severity of injuries

Alcohol misuse

Threatening to kill

Sexual violence

Suicidal ideation in women

Access to weapon

Morbid jealousy in partner

When to hospitalize?

	Severe medical injuries
	Suicidality / Homicidality
	Dissociative or psychotic symptoms
	Mood instability / affective dysregulation
	Self destructive behaviors
	Serious threat to patient's life

Individualized multidisciplinary treatment plan

Primary treatment modalities – safety assessment –suicide and danger assessment.

Milieu therapy

Mood stabilization

Medication evaluation

Psychosocial support

Need for rape kit, photo documentation, reporting legal concerns



TRAUMA RECOVERY CLINIC

- **Objectives:**

- Enable survivors to come to term with trauma, reclaim lives by reducing emotional symptoms of trauma
- Enhancing self esteem and resilience
- Improving social support
- Prevent re traumatization
- Conduct awareness and capacity building programs for psychologists and counselors
- **We can have such clinics in any multi-disciplinary centres which is the need of the hour**
- **For example clinic which is started in 2014 at NIMHANS**

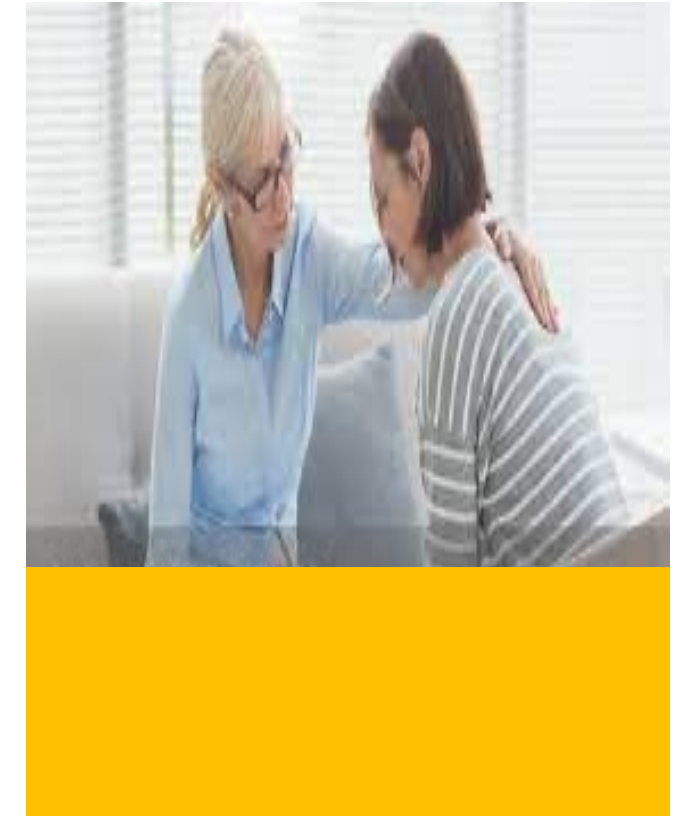


PSYCHOSOCIAL IMPACT

- **Helplessness**
- **Progressive erosion of confidence and self esteem caused by abuse**
- **Feeling of guilt**
- **Shame and isolation**
- **Traumatic bonding-paradoxically strengthen the emotional ties to perpetrators.**
- **Physical separation-due to increased risk of homicide.**
- **Decreases coping ability in victims.**

ROLE OF PSYCHOLOGIST

- **Plays a main role in treatment**
- **Post- assault psychotherapy**
- **Cognitive Behavioural therapy- exposure therapy**
 - **Variant of CBT- helps the victim to emotionally process assault by decreasing fear to memories or cues of event.**
- **BRIEF TRAUMA FOCUSED CBT**
 - **Accelerate the recovery in victim in acute cases**



STAIR (Skills Training in Affective and Interpersonal Regulation)

- 1. Psycho-education about the impact of trauma on emotions and relationships**
- 2. Emotion regulation skills**
- 3. Effective expression of negative emotions**
- 4. Interpersonal skills related to appropriate assertiveness**
- 5. Development of flexibility in regard to interpersonal expectations, actions and reactions**

Treatment also includes recognition of achievements during treatment and exercises in self-compassion.

Interpersonal Psychotherapy (IPT)

- **IPT has been shown to be an effective non-exposure-based treatment for PTSD.**
- **Many PTSD symptoms reflect interpersonal difficulties such as emotional withdrawal from relationships and individuals, Interpersonal deficits (persistent loneliness), sometimes resulting in “interpersonal hyper vigilance.”**

Interpersonal Psychotherapy (IPT)

- **Other newer psychotherapies includes:**
- **Cognitive Processing Therapy (CPT)**
- **Eye movement desensitization reprocessing (EMDR)**
- **HOPE (Helping to Overcome PTSD through Empowerment)**
- **Relapse Prevention and Relationship Safety (RPRS).**

Psychological therapy

- **Women experiencing IPV related depressive disorder or alcohol disorder should receive mental health care as per WHO mental health gap action programme intervention guide 2010 delivered by health care professionals with good understanding of VAW**
- **CBT and EMDR interventions delivered by health care professionals with good understanding of VAW are recommended for women who are no longer experiencing violence are suffering from PTSD**

WHO RECOMMENDATIONS FOR DEPRESSION AND OTHER EMOTIONALLY OR MEDICALLY UNEXPLAINED COMPLAINTS

Role of antidepressants and benzodiazepines	Mild and initial phase- no need Moderate to severe depression- TCA or FLUOXETINE If absence of prior depressive episode- no need for drugs in the initial phase.
Duration of treatment	Continue for 9-12 months after recovery
Brief structured psychological intervention	Interpersonal therapy and cognitive behavioural therapy including behavioural activation and problem solving treatment.
Relaxation training and physical activity	
Psychological support after recent traumatic event	Psychological de-briefing Psychological first aid- acute distress

MEN- GROUP TREATMENT THERAPY

- **Encouraging men to take personal responsibilities for violent behavior.**
- **Challenge attitudes on belief around the use of violence in a relationship.**
- **Developing skills for reacting non-violently to others.**
- **Increase the awareness of dynamics involved in use of violence.**

CONCLUSION

**MENTAL HEALTH IS AN ISSUE IN VAW AFFECTED
WOMEN AND THUS NEEDS TO BE ADDRESSED
ALONGWITH THE PHYSICAL HEALTH**



REGISTRATION and PRE – TEST

POST-TEST and FEEDBACK



Certificate will be awarded to participants on course attendance and submission of Registration, Pre-Test, Post-Test, Feedback

