Help-seeking amongst women survivors of domestic violence and abuse (DVA): a qualitative study of pathways to formal and informal support

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Reporting on a recent qualitative study

Background and context to study

Main findings:

- Motivations for help-seeking at a DVA agency
- Barriers to disclosure
- Pathways to specialist services: role of professional agencies, informal support and self or third-party referral
- Role of health professionals including GP responses to DVA disclosure

What next?
The high prevalence of domestic violence and abuse (DVA) and its impact on physical and mental health make it a key public health priority (at least 31% women affected, British Crime Survey 2004)

- Shocking statistics (Women’s Aid)
- Women experiencing DVA have increased risk of depression, post traumatic stress disorder, substance use and suicidality
- Interventions that facilitate earlier access to services: ‘drastic improvement in functioning and resilience and decrease in abuse for all women’ who connected with DVA services’ (McFarlane et al 2014)
- Difficult for women to speak out and many suffer in silence. Research evidence of barriers for women to disclosure and help-seeking, mostly USA surveys
Context

- Expanded definition to include coercive and controlling behaviour (Home Office 2013)
- Local authority funding cuts for refuges leading to closure, hand-over to generic providers or only accessible locally
- Commissioning of specialist DVA services is now within the scope of healthcare providers in the UK (NICE guidance 2014)
- Importance of identification and referral via primary care (IRIS)
- It is the first qualitative study to explore disclosure and help-seeking amongst women survivors of DVA outside north America
Sample [N=31] and Methods

- Data were drawn from a qualitative study nested in a trial of a psychological advocacy intervention (PATH trial)
- 31 interviews after arriving at agency, 22 follow-up interviews after 5 months
- Mean age 37 yrs (20-65 yrs)
- Ethnicity: White British and other (28), Black Caribbean (3)
- Refuge (14) and Community (17)
- Length of abusive relationship (mean 8 yrs, range 1.5 - 30 yrs)
- Data analysis from narrative interpretivist perspective
Motivations for help-seeking

- Recognition of need for help
- Protect children and family members from further abuse
- Reduce social isolation
- Someone non-judgmental to talk to about DVA, outside family and friends
- Re-housing in a safe location
- Long journey through ambivalence... triggered by crisis eg rape, physical assault, homelessness
Barriers to disclosure and help-seeking

Disclosure was limited until women had LEFT the abusive partner

- **Psychological self-perception:** self-blame; denial; isolation leading to ‘normalisation’ of abuse; depression and low self-esteem; fear of judgmental response or advice to leave the perpetrator

- **Past relationship experience:** DVA part of family / cultural norms; abuse from childhood onwards; women in long-term marriages ‘living a lie’; previous unhelpful ‘counselling’

- **Fear of repercussions:** perpetrator finding out, leading to increased violence; emotional blackmail; lack of trust in professional confidentiality eg safety of children
Barriers to disclosure

‘It was quite difficult to communicate really when you were in the thick of it ... because of him. There’s always excuses and stuff you know, he was always watching what I was doing, so I didn’t get much time to sort of you know associate with family really. He tried to cause an argument so like my kids wouldn’t speak to me, so it’s pretty hard’. [Age 48, 3 yrs in relationship]

‘Just thinking perhaps it was me that was the problem and I am the mother and the wife and I am supposed to keep things together and really I should have got help actually and got the kids away from it because they might not have been as they are, you know what they have gone through and I feel guilty about that now, but I was trying to do the best I could for everybody.’ [Age 49, 30 yrs in relationship]
‘Normalisation’ of abuse

‘I’ve never been in a relationship that wasn’t abusive you know so I just assumed that’s how it was ... my mum was in an abusive relationship ... my sister was in an abusive relationship, we just like, you know, it was just normal, it was completely normal’ [Age 29, 9 yrs in relationship]
Pathways leading to specialist DVA support

CRISIS  Contact via professional agency: housing department, police, victim support, national DVA helpline, solicitor, probation department, health professional, homeless hostel. Women did not generally take action until months or years later, often after many such incidents

INFORMAL  Friends (emotional support) > Family (instrumental support), only helpful if personal experience of DVA or worked in the field. Women waited up to two years before acting on information received

THIRD PARTY  concern for children via SSD

Role of serendipitous encounter with an ‘enabler’
Disclosure in a healthcare context

- 2 women sign-posted to DVA agency from hospital attendance for assault
- Low expectations of GP support: Lack ‘talking skills’; missing marks of abuse; unfamiliar GP; lack of continuity of care
- 24 (out of 31) were consulting GP for low mood
- 16 disclosed DVA 12 received empathy and anti-depressants; 4 referred for counselling (only one received it)
- 5 disclosures after receiving agency support; legitimisation
- Overall 2 referrals to DVA agency; one giving contact details; one phoning up
‘If you say [Name of DVA agency] they (doctors) automatically know well that’s to do with domestic violence and they soften, you can see their face soften, their attitude softens...  [DVA agency] itself is a powerful word... when I was going to the doctors before I had [DVA agency] and go in and say about my problems they were like right, okay, fair enough, we will patch you up, on your way but it’s not like that, I go to my doctors and I say I am feeling bad, and they sit me down and they listen.... there’s a massive difference in how I am treated, massive difference’ [Age 31, 5 yrs in relationship]
INT: ‘What was it like talking to your GP in that way?
RES: Um, it opened up a bit of a floodgate... Err, which... she’s great, the GP because it’s one particular doctor that if I had to see any other doctor in the surgery I wouldn’t have done it. But because she knows me from the past a little bit, she recognised there was some marital problems as far back as last July’

[Age 48, 30 yrs in relationship]
'I've got huge stress and anxiety. I have medication for it but, um, I don't take it because I don't like medicines. I just think my anxiety is caused through the situation I’m in.... I try and pick myself back up. I don't want to end up, you know, a mother that’s full of pills and doesn’t know what day it is.... I just think they’re addictive and they mask the problem.... he’s [GP] a man and I don't think unless you’ve been through it you can never really understand'  
[Age 37, 6 yrs in relationship]
**Discussion**

- Our study shows that only *after* connecting with a DVA agency did many women feel that disclosure of abuse and help-seeking via other formal or informal avenues was legitimised.
- Only two women had returned to the perpetrator at follow-up which highlights the importance of specialist DVA agency support in keeping women safe.
- Help-seeking can be viewed as empowered, planned and strategic. In our study help-seeking was often reactive to a crisis or a serendipitous encounter with individuals or the intervention of others that triggered or *enabled* help-seeking.
- Theoretical under-pinning (adapted from Transtheoretical model of change). Imp of ‘turning points’ triggering a psychological shift or providing external support for action, and individual ‘psycho-social readiness’
‘when you are in those kind of problems you really need someone to turn round and go, YOU need this NOW. When you’re in a domestic violence situation ... sometimes you do need someone to almost parent you ... especially when you are under that much stress, I’m pretty sure it’s like it for every woman who goes through this kind of stuff ... You don’t know who to ask, there isn’t anyone to ask. Unless someone says, this is what you need to do, the doors are closed. I’ve always had closed doors, nobody helps’.

[Age 31, 5 yrs in relationship]
What next?

- Multi-agency response that goes beyond sign-posting since many women lack the confidence to act on the information provided.
- Help may need to be sensitively offered by third parties, be they formal or informal contacts, and not necessarily in response to a direct request from the survivor.
- Safe advertising of DVA resources.
- Peer support such as buddying or non-professional mentoring from other DVA survivors.
- GP did not play an important role in helping abused women to resolve their problems, despite attendance for low mood. To encourage disclosure, women wanted greater continuity with a known GP and individually tailored support.
- Promotion of the IRIS model across the UK.
References

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