Women's experiences of referral to a domestic violence advocate in UK primary care settings: a service-user collaborative study

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Summary:

Domestic violence and abuse (DVA) can occur in intimate relationships, family relationships and friendships. It usually consists of, but not limited to, psychological, physical, sexual, financial and emotional abuse

This was a qualitative study conducted by a multidisciplinary team whose aim was to understand women's experience of disclosure of domestic abuse in general practice and particularly focused on referral by their GP or nurse to a DVA advocate. The General Practice doctors and nurses had undergone training called Identification and Referral to Improve Safety (IRIS). The aim of this programme is to improve the response to women experiencing domestic violence and abuse. IRIS trains clinicians in identification, initial response, referral to an appropriate advisor and ongoing support.

The methods involved purposive sampling was used to maximise heterogeneity across age, ethnicity, and length of DVA. 35 women initially agreed to being contacted but 23 women later declined. Once consented they met with a survivor of DVA at a safe place and time to undertake the interviews. Interviews lasted 30-90 minutes. Interviews used a topic guide, were recorded and transcribed verbatim. At the end of the interview the women were asked if they wished to see a DVA advocate to discuss any difficult or distressing thoughts or feelings, none took up the offer. The interviewer also received debriefing session.

Thematic data analysis was used with constant comparison method of noting and coding emerging themes. Saturation of key themes had been reached by 12 interviews. Age range of participants was 27-81 years old, with women being in an abusive relationship for 3 months–60 years. All had experience of more than one type of abuse and 5 were still with the perpetrator.

The results of the interviews showed only 2 patients disclosed the DVA spontaneously, the rest all needed to be asked directly. Women who suffer DVA seem to benefit from the support of the DVA advocate to help them feel validated, make decisions and be educated in DVA. The interviewees were also grateful, if when they saw their GP next, they were asked how was home life and how they were progressing with the DVA advocate.

Research team:

Alice Malpass, PhD, is an NIHR Research Fellow who has worked as a Research Associate at the University of Bristol since 2003 and in the School of Social and Community-Based Medicine, University of Bristol since 2006. Alice joined the Academic Unit of Primary Health Care in 2006 as a research associate and progressed to the grade of Research Fellow in 2011.

Alice has a background in social anthropology and social policy. Her doctoral work was a social anthropological study based upon 18 months ethnographic fieldwork in Karnataka, South India (2000-2002), where she explored changing perceptions of health and the self in relation to bio-genetic agricultural transformations in rural South India.

Impact:

Cited 26 times

Used as a resource for the Chapter on Domestic violence and abuse in a book, Essential Primary Care by Andrew Blythe and Jessica Buchan

Thinking points:

1. Consider ethical and psychological impacts of using a survivor of domestic violence as the interviewer for this study. This article discusses it further (Malpass A, Sales K, Feder G. Reducing the symbolic-violence in the research encounter: collaborating with a survivor of domestic abuse in a qualitative study in UK primary care. Sociol Health Illn. in press.)
2. Discuss in more depth around the types of domestic abuse
3. Are there certain phrases or behaviours that might highlight to a doctor that someone is being abused?
4. What are the risks when a patient discloses domestic violence?
5. Have a look at the black dot campaign for domestic violence, what are the ethical points around this campaign? Discuss why it was closed down.