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FOCUS ON RESEARCH

Health professionals' beliefs about domestic abuse and the impact these have on their responses to disclosure: A Critical Incident Technique study

Researchers

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Aim

To explore health professionals' beliefs about domestic abuse and the influences of health professionals' beliefs on responses to disclosure.

Project Outline/Methodology

This two-phase qualitative interview study in Fife and Tayside involved 1) individual interviews with health professionals and 2) focus groups with women who had experienced domestic abuse. The interviews asked participants to think about situations where domestic abuse had been an issue. The interviews explored perceptions of the nature, cause, time-line, controllability and consequences of domestic abuse. Participants were identified through Health Boards and the non-statutory organisation, Scottish Women's Aid. To be included, health professionals had to have current or recent experience of working in a community setting and with responding to domestic abuse. Women participants had to have experienced and disclosed domestic abuse.

Twenty nine health professionals (16 health visitors, 11 midwives, two GPs) participated in the interviews. Three focus groups were conducted with a total of 14 women (range 3-7 across groups); two groups comprised all White participants, while one was held with all Asian participants. Interviews were transcribed word for word and in the analysis major themes were identified.

Key Results

There was considerable agreement of perspectives between women and healthcare professionals, in that disclosure of abuse is usually a process that occurs over time, rather than a one-off event; women often fail to recognise the abusive nature of a relationship and need help to identify their experiences as abuse; they are also likely to conceal abuse; health professionals have a responsibility to ask about abuse, but women need to be prepared to disclose; and several strategies can be used following disclosure to ensure women's safety. However, there were also some differences in perspectives between women and healthcare professionals. These included

health professionals' lack of recognition that male patients with chronic illness or disability can perpetrate domestic abuse; and although many health professionals worry about broaching the subject of domestic abuse, women *want* to be asked.

Conclusions

Health professionals' and women's awareness and understandings of domestic abuse influence the readiness to disclose, inquire and respond to it. Understanding how these beliefs and views delay or speed up disclosure of domestic abuse is important for planning the support process after disclosure has happened.

What does this study add to the field?

Our study shows how women's and health professionals' beliefs and actions are not always the same. This helps explain delays in disclosure, inappropriate responses to disclosure attempts, and a lack of preparation for the time after disclosure. As a result of our findings, we have produced a diagram (model) that captures the complexity of domestic abuse disclosure.

Implications for Practice or Policy

The detailed understanding of the disclosure process has relevance for the education and training of health professionals about domestic abuse. The model we have developed could be built into education programmes for nurses, midwives and general practitioners.

Where to next?

Systematic and theoretically informed research is needed to understand the attitudes of health professionals around domestic abuse. A next step will be to develop a brief questionnaire to measure professionals' attitudes to domestic abuse. Additionally, our model requires testing and validation.

Further details from:

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