

Assessment 1

Written Assignment

Systematic literature review

Student name: Ferline dos Santos Danqua

Student ID: 2030736

Module name: Introduction to Research

Module code: BMHP5005

Lecturer name: Rachel Cohen

Contents

Introduction	3
Background	5
Methods	6
Results	9
Discussion.....	11
Conclusion	13
References.....	14

Introduction

Definition of main concepts and what this study is about

Domestic violence refers to behaviours used in a relationship by one of the partners to exert control over the other. The individuals involved may or may not be married, of the same sex, living together, separated, or dating. Domestic abuse may affect anyone. Victims can be of any age, gender, religion, culture, ethnic group, sexual orientation, background, or marital status, and they can be rich or impoverished. Domestic violence, often known as domestic abuse, refers to physical, emotional, and sexual abuse in partner relationships or among family members. It can happen to anybody, and anyone can abuse (NHS, 2022). By the end of March 2017 Crime Survey for England and Wales, an estimated 1.9 million adults aged 16 to 59 years suffered domestic violence of which 1.2 million women and 713,000 men (Cottrill, 2017). These data are very alarming. Furthermore, Sohal, Feder and Johnson (2012) defines domestic violence and abuse are defined as a threatening behaviour, violence, or abuse (physical, sexual, emotional, or financial) between adults who are or have been intimate partners or family members, regardless of gender or sexual orientation. It develops into a pattern of coercive and dominating behaviour. Family members can include extended family members.

DVA consists of a variety of actions that, while not all of them are prohibited, all have the potential to negatively affect health. The focus has historically been on violent crimes involving physical and sexual assault, such as rape, sexual assault, attempt strangle, and physical assault. However, emotional abuse alone can also have long-term detrimental repercussions on one's physical and mental health; hence, medical professionals need to be more aware of the emotional abuse factor.

Women are the primary victims of this sort of violence, which is the world's least reported crime. This is done not simply out of shame, but also to protect other individuals in the family from similar behaviours. Other elements that contribute to its occurrence include the victim's belief that he is guilty for the acts of violence and believes that he deserves to be punished in this manner. In this way, even though people are deceiving one another, the situation is viewed as normal. Especially since

the rapist can exhibit regret on a frequent basis, promoting cyclical events in which the person is treated poorly at first, but then treated favourably, and so on. Domestic violence is generally regarded a crime of honour in Middle Eastern countries, making it not only acceptable, but even encouraged. These crimes occur in the context of adultery, divorce plans, grooms discovering that their wives are not virgins till marriage, and other situations.

This present study is about domestic violence. Domestic abuse against women cannot be understood without appreciating the context of social processes, attitudes and the actions of the systems around the individual. We were assuming that this context reflects the use of patriarchal dominance, male privilege and the oppression of women in perpetuating violence against women.

Aim

The aim of this research is to investigate (a) women's experiences of domestic violence and how it has affected women's mental health; (b) how they have been able to cope years of violence (c) and how the health system has assisted in combating this problem.

Background

Domestic violence refers to a variety of violent and abusive acts committed by adults who are currently in or have recently ended an intimate relationship. It is commonly acknowledged that violence against women violates human rights and poses a health risk. Domestic abuse and sexual assault are the two most prevalent types of violence against women, and being a victim increases the chance of developing mental illnesses (Schouler-Ocak and Brandl, 2022). Reports found that women who have experienced domestic violence and abuse are three times more likely to have depressive disorders, four times more likely to develop anxiety disorders, and seven times more likely to get post-traumatic disorder (PTSD).

Age could be a complicating element in the association between domestic violence and mental health. Younger women are more likely to encounter abuse now, but older women have experienced abuse over a longer period of time, which increases the risk of mental health issues (Ferrari et al., 2014). Domestic abuse, as previously said, affects not only young women, but also middle-aged and older women. What is more concerning is that the older women tend to suffer in silence for fear of being disregarded by health professionals. It is critical that health and social care practitioners to recognise domestic abuse as well as understand the unique experiences and needs of older women who have experienced domestic abuse.

This qualitative research has like rationale explore women's experiences of surviving domestic violence and its impact on their mental health, explore how can women cope with it and explore how health professionals address them.

Methods

Data collection/Search strategy

Literature search using ProQuest Central, Oxford Academic Journals, EBSCO Host and PubMed applying the following inclusion criteria: Young women, middle-age women and older women, LGBT women and for exclusion criteria: women with personality disorders, women with a long-term illness or disability, pregnant women. The key words found were: domestic violence, women's health, domestic abuse, mental health, public health, older women, coping, midlife women.

There conducted five secondary research from five different articles. On the first article, researchers performed a qualitative research using semi-structured interviews that lasted between one and three hours. A group of 18 older women aged 50 years who are currently, or had been in a long-term abusive relationship were recruited (Lazenbatt, Devaney and Gildea (2013). In order to support women of all ages experiencing domestic violence, Northern Ireland Women's Aid (NIWA) groups coordinate outreach and refuge programmes, a 24-hour helpline, and maintain a strong and autonomous presence. On the second article, the research sites included twelve projects for women and two projects for children linked with Women's Aid and offering non-refugee based domestic violence intervention services. Two of the services were specialised projects for black and minority ethnic women, while the other two focused in serving rural women. Long questionnaires were supplied by project outreach staff and filled out by women with their assistance. 6 In total, 180 questionnaires were completed by women from the twelve programmes, representing an average return rate of 80% across initiatives. Asian and other minority ethnic women made up 25% of the sample. Each of the twelve projects was assigned two women to interview (Humphreys and Thiara 2003). On the third article, twelve women from a mostly rural district in Northern England agreed to take part in the study. The interview lasted one hour. The participants ranged in age from 21 to 56 years. One of the twelve victims was abused in a lesbian relationship, while the others were all in heterosexual partnerships. Participants were provided open-ended questions in order to elicit thorough responses. Questions were asked concerning the women's experiences and repercussions of domestic abuse, the effects of the abuse, and the

tools and methods they used (Bostock, Plumpton and Pratt 2009). Over the course of five months, 31 women who sought support from specialised DVA agencies in the UK were interviewed twice, with fourteen staying in a shelter and seventeen residing in the neighbourhood, either alone or with friends or family. Four more women agreed to be contacted but could not be reached later. The average length of time each woman had been with her violent partner was eight years. After 5 months, 22 women were given a follow-up interview. Nine could not be reached for comment (Evans and Feder 2016). In the fifth article, semi-structured interviews were used to collect the data, which were then verbatim transcribed and thematically analysed. This qualitative study included fifteen women between the ages of 40 and 55 who lived in UK. Because of community-based support organisations, these women had access to letters of invitation and participant information sheets explaining the study. The women notified agency officials, who contacted the study team to arrange a time and location that would be safe for both the women and the researchers (Keeling, Smith and Fisher 2016).

Data analysis

Formulated meanings were sorted into themes using thematic analysis. Strategies used during the data analysis phase and a framework were integrated to improve the study's rigour by ensuring that each researcher originally analysed the data independently. To ensure inter-rater reliability, the research team joined and reviewed their themes together in the last stage of the analysis. The interviews were reviewed, recorded, and transcribed. Themes were then found. Then, these codes were contrasted with one another and with various participants. By continuously referring to the transcripts and clarifying the terminologies, connections between the themes and sub-themes were investigated. The interviewers checked the themes' validity and the significance of the labels by consulting women who had experienced abuse in a support group while they were developing them.

Several interconnected themes emerged, namely: health and wellbeing; psychological effects; and barriers to support, emphasising the needs of older women dealing with domestic violence and severe emotional distress, which frequently fit a pattern of symptoms associated with depression, post-traumatic stress disorder, and/or self-

harm and similarities and discrepancies in the experience of abuse; how women dealt with abuse; how systems responded by supporting or opposing the abuse; addressing the abuse outside of the partnership.

Ethical considerations

According to Bhandari (2022), ethical considerations in research are a set of values that drive research design and procedures. When gathering data from people, scientists and researchers must always follow a set of rules. Understanding real-life occurrences, exploring successful therapies, investigating behaviours, and enhancing people's lives are all common goals of human research. The importance of ethical considerations are to protect the rights of research participants, to enhance research validity and to maintain scientific integrity.

Semi-structured interviews were held at a suitable time and in complete confidentiality. When planning and conducting interviews, every effort was taken to ensure safety and secrecy, as well as flexibility. All of the women offered verbal and written approval, and permission was granted to record the interviews on audiotape. Data was protected with pseudonyms to preserve anonymity, and it was kept safe in a locked area at the institution. Belfast Women's Aid and the Queen's University Belfast School of Social Work Ethics Committee accepted the research methodology and informed consent forms (Lazenbatt, Devaney and Gildea 2013). The University of Health and Social Care Ethics Committee at the University of Chester in the United Kingdom and the Human Research Ethics Committees at The University of Western Australia in Australia both received ethical approval. Particular care was taken to avoid maleficence, ensuring that all women had access to ongoing emotional and practical support in the event of discomfort during or after the interview. All participants provided written informed agreement to the use of a pseudonym with their data and the publishing of interview quotes (Keeling, Smith, and Fisher 2016). Following approval from the local Research and Ethical Committee, interviews were performed between June and November 2003. To allay fears that the interviews might be stressful for participants, they were all given the opportunity to discuss any specific issues after the interview, and the interviewer gave them contact phone numbers in case of need. The participants were guaranteed that their experiences would be kept confidential, and all

identities were changed and tape recordings of the interviews were destroyed (Bostock, Plumpton and Pratt 2009).

Results

Over the course of five months, 31 women who sought assistance from specialised domestic abuse agencies in the UK were interviewed twice. The women in the sample ranged in age, ethnicity, socioeconomic background, work position, and type of support received (Evans and Feder 2016). The data sheds light on how women disclosed themselves and sought assistance from formal organisations and unofficial networks, as well as the difficulties they encountered and the results of their disclosure. Women were able to elaborate on and clarify difficulties brought up in their original interview at the follow-up by describing changes in support over time as well as looking back on their help-seeking trajectory.

Twelve women, ranging in age from 21 to 56, took part in the one-hour interview. In sequence, open-ended questions were posed to the participants. Grounded theory was used as the inquiry and analytic methodology. The use of grounded theory was made possible by the idea that participant experience is a reliable source of information. The themes were jointly created by the people questioned and the researchers, in accordance with a grounded theory methodology. However, the researchers do recognise some influence from the body of literature on domestic abuse and a social and community viewpoint (Bostock, Plumpton and Pratt 2009).

Semi-structured interview formats were utilised to talk about how domestic violence affects women differently, how they cope, and where they may get support. 18 older women who are currently, or had been in a long-term abusive relationship were recruited and interviewed. Through formal member checking of the transcribed data and peer debriefing within the research team, a framework was established to assure the methodological rigour and trustworthiness of the findings; and the production of a reflexive journal fostered dependability and confirmability (Lazenbatt, Devaney and Gildea 2013).

The study included 15 women who met the inclusion requirements. Each member of the study team read each transcript multiple times to become familiar with them and get a sense of them as a whole. Formulated meanings were grouped into topics through thematic analysis. By ensuring that each researcher originally conducted an independent examination of the data, strategies used in the data analysis phase worked together to increase the study's rigour. The research team combined and reviewed their themes collectively as a consequence of the analysis's final step in order to guarantee inter-rater reliability (Keeling, Smith, and Fisher 2016).

Four black and minority ethnic women were among the twenty women interviewed, out of all the women. The interviews and questionnaires were both thematically analysed Humphreys and Thiara (2003).

Discussion

As stated AAFP (2012), violence is defined by The World Health Organization (WHO) as the intentional use of physical force or power, whether threatened or actual, against oneself, another person, or a group or community, which results in or has a high potential of resulting in damage, death, psychological harm, maldevelopment, or deprivation.

According to the findings of research Lazenbatt, Devaney and Gildea (2013), Evans and Feder (2016) and Humphreys and Thiara (2003), living in a violent home situation has a significant detrimental impact on women's well-being and mental health, leading to extreme despair, anxiety, post-traumatic stress disorder, and occasionally self-mutilation. In addition to physical and psychological abuse, individuals are disregarded by professionals and health services when they seek professional assistance. Women who are subjected to violence on a daily basis may seek safety in alcoholic beverages, prescription and non-prescription medicines, and cigarettes. While the findings of study Keeling, Smith, and Fisher (2016) imply that middle-aged women move more swiftly from a violent and abusive relationship than younger women, findings of study Bostock, Plumpton and Pratt (2009) contends that circumstances of domestic abuse can be prolonged by the restricted alternatives for help accessible to victims. and protection, as well as a lack of active public acknowledgement that domestic abuse is wrong.

The results strongly imply that health professionals must receive appropriate knowledge and skill training in order to effectively deal with women who have been abused.

Recommendations for future policy and health and social care practice

To effectively assist older women facing domestic violence, health practitioners must have the necessary knowledge and competence training. Undergraduate, postgraduate, and continuing professional education and practise must include education and awareness training that emphasises clear definitions, straightforward screening procedures, particular communication skills, effective referral systems, and

appropriate inter-agency referral. Additionally, multidisciplinary education that gives various healthcare professionals the chance to collaborate and learn from one another is likely to improve interagency cooperation and the efficiency of healthcare services.

Importance of the findings for health and social care

Emotional, psychological, and social wellbeing all fall under the category of mental health. It influences our thoughts, feelings, and actions. Mental health is significant at every stage of life, from childhood and adolescence through maturity. It also influences how we manage stress, relate to others, and make healthy decisions (CDC 2018).

The findings of these research were very significant for health and social care because they demonstrate that, unfortunately, evidence of women experiencing domestic violence are neglected and disregarded by professionals and health services. They do not show up at the appropriate time due to a lack of training and skills. Additionally, it's critical for the professionals and healthcare settings to understand the effects of domestic abuse on health as well as on social, economic, and economic issues. They require education as well as suitable training.

Limitations of your research

Due to the fact that the sample was taken from a group of primarily white British people who had ended a violent heterosexual relationship. Although the awareness of domestic violence affects all relationships, researchers were unable to increase the sample's diversity, which raises concerns about how accessible important domestic violence services are for women of different backgrounds.

The sample consisted of a limited number of middle-aged women who experienced abuse over a long period of time. These results may not apply to women who have experienced domestic abuse more recently or to women in other stages of life, but they do contribute to understand how older victims of domestic abuse have dealt with the abuse in the past and are dealing with it now. This knowledge can also help to understand how to support other women who are still in abusive relationships over a long period of time.

Due to their participation in a study, the sample may not be representative of the women getting assistance at a DVA office. Few women from minority ethnic groups

were also included in the sample; these women may have unique requirements that call for additional research.

Conclusion

Domestic violence is an historical and global issue which can be defined as any act or series of acts of violence, abuse, or coercion between people 16 years of age or older who are or have been intimate partners or family members, regardless of gender or sexual orientation (ManKind Initiative, 2018). There are different types of domestic violence such as psychological/emotional which involves the routine and intentional use of a variety of words and non-physical actions with the aim of manipulating, hurting, weakening, or frightening a person mentally and emotionally; and/or distorting, confusing, or influencing a person's thoughts and actions within their daily lives; physical that someone can be kicked, punched, pinched, slapped, dragged, scratched, choked, bitten, pushed; sexual and economic/financial (Women's Aid, 2015).

The aim of this research was to gain a better understanding of what is domestic violence, what are the causes of it and how it has a significant impact in women's mental health. Women who been through experiences such as domestic violence suffered depression, anxiety, post-traumatic stress disorder and faced difficulties in accessing services and receiving the right support. Some of them found quicker leaving the abuse relationship than others.

Mental health practitioners ought to take into account a widespread issue in our culture like domestic violence towards female patients. Psychosocial therapies are essential to ensuring the mental health of women who have experienced violence. Domestic violence and the associated mental illness in women can both worsen one another, which can create a cycle of violence. Additionally crucial are psychosocial measures to guarantee the emotional health of women who have experienced violence. Because domestic violence and the mental illness that results in women as a result of it can both worsen, creating a vicious cycle for violence. One of the main ideas is that mental health experts should take into account a widespread issue in our society like domestic

abuse among female patients. Professionals in mental health should be aware of the factors influencing domestic violence. As a result, they will be able to identify circumstances where domestic violence against women is likely to occur and they will encourage women who have been the victims of domestic violence to discuss the problem and seek support.

References

AAFP (2012). *Violence (Position Paper)*. Available at: <https://www.aafp.org/about/policies/all/violence-position-paper.html#:~:text=The%20World%20Health%20Organization%20defines>.

Accessed: 28 Dec 2022

Bhandari, P. (2022). *Ethical Considerations in Research | Types & Examples*. Available at: <https://www.scribbr.co.uk/research-methods/ethical-considerations/>.

Accessed: 28 Dec 2022

Bostock, J., Plumpton, M. and Pratt, R. (2009) 'Domestic violence against women: Understanding social processes and women's experiences', *Journal of community & applied social psychology*, 19(2), pp. 95–110. Available at: <https://doi.org/10.1002/casp.985>

CDC (2018). *Learn About Mental Health - Mental Health - CDC*. www.cdc.gov. Available at: <https://www.cdc.gov/mentalhealth/learn/index.htm#:~:text=Mental%20health%20includes%20our%20emotional>. Accessed: 28 Dec 2022

Cottrill, N. (2017). *Domestic abuse in England and Wales - Office for National Statistics*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2017> Accessed: 26 Dec 2022

Evans, M.A. & Feder, G.S. (2016). "Help-seeking amongst women survivors of domestic violence: a qualitative study of pathways towards formal and informal support", *Health Expectations*, vol. 19, no. 1, pp. 62-73.

Ferrari, G., Agnew-Davies, R., Bailey, J., Howard, L., Howarth, E., Peters, T.J., Sardinha, L. and Feder, G. (2014). Domestic violence and mental health: a cross-sectional survey of women seeking help from domestic violence support services. *Global Health Action*, 7(1), p.25519. doi:10.3402/gha.v7.25519.

Humphreys, C. and Thiara, R. (2003) 'Mental Health and Domestic Violence: "I Call it Symptoms of Abuse"', *The British journal of social work*, 33(2), pp. 209–226. Available at: <https://doi.org/10.1093/bjsw/33.2.209>.

Keeling, J., Smith, D. and Fisher, C. (2016) 'A qualitative study exploring midlife women's stages of change from domestic violence towards freedom', *BMC women's health*, 16(13), pp. 13–13. Available at: <https://doi.org/10.1186/s12905-016-0291-9>.

Lazenbatt, A., Devaney, J., and Gildea, A. (2013). Older women living and coping with domestic violence: The Journal of the Health Visitors' Association. *Community Practitioner*, 86(2), pp. 28-32.

ManKind Initiative (2018). *Types of domestic abuse*. Available at: <https://www.mankind.org.uk/help-for-victims/types-of-domestic-abuse/>. Accessed: 28 Dec 2022

Schouler-Ocak, M. and Brandl, E.J. (2022). The Impact of Violence and Abuse on Mental Health of Women – Current Data. *European Psychiatry*, 65(S1), pp.S37–S37. doi:10.1192/j.eurpsy.2022.130.

Sohal, A., Feder, G. and Johnson, M. (2012). Domestic Violence and Abuse. *InnovAiT: Education and inspiration for general practice*, 5(12), pp.750–758. doi:10.1093/innovait/ins198.

NHS (2022). *Getting help for domestic violence and abuse*. Available at: <https://www.nhs.uk/live-well/getting-help-for-domestic-violence/>. Accessed: 26 Dec 2022

Women's Aid (2015). *What Is Domestic abuse?* Available at: <https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/>. Accessed: 29 Dec 2022