ECGE7008Q - The Philosophy and Practice of Social Research: Assignment one:

‘A critical evaluation of, Help-seeking amongst women survivors of domestic violence: a qualitative study of pathways towards formal and informal support.’

Introduction:

Domestic violence and abuse, often referred to as DVA, remains a stain on the civil service, policymakers and social services within the UK. Since the first “legislation dedicated to tackling domestic abuse was passed in 1976” (GOV, 2025), it has affected millions of women globally, causing significant, often life-changing physical, emotional, and psychological consequences to a variety of livelihoods, backgrounds and ethnicities.

A 2014 qualitative study by Evans and Feder explored the whims and trajectories of female-identifying survivors of DVA within the UK, their access to help-seeking initiatives, commenting on both formal and informal pathways to support. First published in Health Expectations, provides insight into the barriers to disclosure, the role of health professionals, and the significant impact intervention and support can have on those affected by DVA. In England and Wales, while the police recorded 1,350,428 domestic abuse-related incidents and crimes in 2024, many cases still go unreported, yet an estimated 4.8% of people aged 16 and older are suspected to experience DVA each year (“Domestic abuse in England and Wales overview - Office for National Statistics”, 2024). Evans and Feder ask,

The article asks,“How do women survivors of domestic violence navigate pathways to formal and informal support, and what are their experiences of disclosure and help-seeking?” (Evans and Feder, 2016). Setting out to explore the motivations and barriers women face when seeking help for DVA, including routes for both informal and formal networks to accessing help-seeking pathways. The outcomes of disclosure, but also the emotional, social, and structural factors influencing help-seeking over time, as reflected in their chosen methodology.

The aim of this critical evaluation is to assess the strengths and limitations of the study, the use of methodology, ethical considerations, and contribution to the broader literature. Taking into consideration the relevance of the study’s findings for professionals who offer help-seeking opportunities, as well as implications for policy and practice.

Literature review:

In 2014, Evans and Feder conducted a qualitative study exploring how survivors of domestic violence and abuse in the UK navigate pathways toward formal and informal support systems. Evidencing interviews with over 30 women of different educational, ethnic and typological backgrounds, their study provides insights into the complexities of disclosure and help-seeking over time. Highlighting the road to support is often long and characterised by secrecy, fears of violence and or retaliation, financial loss and barriers regarding a person's emotional welfare, wants and wishes. “Disclosure to professionals in statutory agencies such as police or doctors was inhibited by women’s lack of trust, with fears around confidentiality and the potential misuse of personal information. (Evans and Feder, 2016, p.67). Many of which manifest into frequent delays within formal

disclosures, such as separation and incidents involving the abuser, later acting as a critical turning point triggered by these crisis events, for example, assaults.

The study references the Transtheoretical Model of Change (TTMC) to explain how women move toward seeking help for domestic violence and abuse (DVA). “Explanations of women’s trajectories away from abuse have emerged from the transtheoretical model of change (TTMC), adapted from its roots in addiction behaviour. The model describes a series of changes from pre-contemplation through contemplation and preparation leading to action and finally maintenance of safety.” (Evans and Feder, 2014). However, the study notes limitations as real-life experiences are nonlinear.

This along side the use of Psychosocial Readiness Model, “The concept of turning points is part of the ‘psychosocial readiness model’ describing the dynamic interplay of internal factors and external interpersonal and situational factors that affect women’s movements towards or away from change.” (Evans and Feder, 2014). Suggests many women only accepted the label of abuse, DVA or ‘victim’ after connecting with support agencies and being aided in reframing their experiences.

Barriers to disclosure included fear of social reaction, such as victim blaming or judgment, low self-esteem, and fear of repercussions, such as losing their financial support system (Trotter & Allen, 2009). Informal networks of support are often made up of friends and family, confidants of the survivor, typically the first point of contact (Sylaska & Edwards, 2014). Their effectiveness was limited unless the nominated individual had prior experience or understanding of DVA. The study found that general practitioners, despite frequent consultations for anxiety or depression, played a minimal role in facilitating access to specialist services. Women described a lack of continuity in care, minimal inquiry into abuse, and a predominant reliance on antidepressants as a response. “Women had low expectations of getting help and felt that GPs lacked the skills for asking and talking about DVA. They reported doctors missing signs of abuse such as a ‘stress rash’ and marks on the throat from strangling.” (Evans and Feder, 2016, p.68). The study highlights the need for better training and clear referral pathways to DVA services.

Crucially, the study contributes to existing literature by illustrating the role of ‘enablers’, “Help-seeking was often reactive to a crisis or to a serendipitous encounter with a significant individual who acted as an enabler”(Evans and Feder, 2016, p.69). These key individuals include police officers, social workers, friends and healthcare professionals. Or encounters that have the opportunity to legitimise help-seeking in the same way a crisis event may devalue it. Should said enablers choose to help, for example, whistleblowing, or if their aid is well received, many survivors struggle to accept help regardless of the formality of their pathway (Liang et al, 2005). Challenging the assumption that survivors always engage in planned, strategic help-seeking. Instead, it shows that many women do not act without a catalyst.

This underlines how structural barriers, such as lack of awareness, fear, or isolation, can delay access unless external forces intervene. This implies a need for services to ensure that potential enablers are trained accordingly in sign posting for abuse and effective response (Feder et al, 2011). Overall, highlighting a need for more proactive outreach, not just passive availability to often underfunded, underpublicized, overcrowded and inadequately trained public services.

Evans and Feder's work provides unique insight into the lived experiences of DVA survivors advocating for timely intervention through active engagement and improved visibility of DVA services. Emphasising a need for multi-agency responses tailored to women's varying stages of DVA experience.

Methodology:

Evans and Feder used qualitative data collected through a series of research interviews, set up to cross reference and examine the experiences of 31 women who were currently or had previously sought help from a specialist domestic violence and abuse services within the UK. This method is arguably well-suited to the study's aim of understanding the complex, emotional and often lengthy processes many women who experience DVA experience whilst help-seeking.The use of Max Weber's epistemology of Interpretivism, a theoretical perspective that emphasizes understanding the subjective meanings individuals attach to their experiences, actions, and social contexts. It assumes that reality is socially constructed and best explored through the participants' own words and perspectives, "attaching meanings to objects and events." (Schwandt, 2000).

The use of repeat interviews, (Holland, Thomson and Henderson, 2006), following the initial interview with a 5 month check in, allowed the researchers to build trust, capture changes in perception, and offer a more nuanced understanding of women's journeys out of abusive relationships. "Repeat interviews enabled a fuller understanding of the process of disclosure and help-seeking for women surviving DVA, enhanced by a trusting relationship with the researcher over time and the opportunity to reflect on current and past experiences." (Evans and Feder, 2016, p.70). How progress and growth is measured by an individual perception, regardless of their similarities.

The use of cluster sampling strategy ensured diversity across age, ethnicity, socio-economic background, and type of support received, which strengthens the transferability of the findings. However, the sample was drawn from participants who were already engaged with a formal support system, excluding the experiences of women who never sought help.

Interviews were conducted by the lead researcher, a woman, which likely helped create a supportive and empathetic environment, encouraging honest disclosure. Each held in participant-chosen locations and audio-recorded then transcribed verbatim. As a means to promote participation engagement through comfort and to avoid crowding in the interview space. The Data analysis followed a narrative thematic approach, appropriate for exploring how individuals construct meaning from their experiences. Interviews were guided by a topic guide, "an interview process that is guided by thematic concerns but remains responsive to the participant's contributions, thereby facilitating a deeper understanding of the subject matter." (Kvale and Brinkmann, 2015.). This included questions regarding general health, experiences of disclosure, the types of support participants may have previously received or would like to have received, and their readiness for change. The flexibility of the semi-structured format enabled researchers to explore in depth topics while still allowing participants to steer the conversation toward issues that were personally significant to them. This is particularly important when researching sensitive subjects like DVA, where participant safety, comfort, and trust are critical.

Despite its strengths, the methodology, as all has some limitations. The study lacks representation from some minority ethnic groups, potentially overlooking cultural barriers to disclosure. “A lack of representation—such as limited inclusion of minority ethnic women—risks reinforcing dominant perspectives while silencing marginalized experiences” (Kincheloe & McLaren, 2005). Additionally, the reliance on retrospective self-reporting can introduce recall bias, and the five month follow-up period, while useful, may still be too short to fully capture long-term recovery to a satisfactory complication. Limited by reliance on self-reported data, which may be influenced by memory lapses or emotional distress. Additionally, some participants could not be contacted or refused to follow-up, which may have affected the consistency and depth of their analysis.

Overall, the methodology is well suited to the study’s objectives, providing deep insight into the emotional and structural dimensions of help-seeking among DVA survivors.

Ethical Considerations:

Given the sensitive and potentially traumatic nature of domestic violence and abuse (DVA), the study by Evans and Feder demonstrates strong ethical awareness and careful planning. Such as Informed Consent (Beauchamp and Childress, 2013). The study followed a two-stage consent process, ensuring that participants first agreed to be contacted and then provided full informed consent before the interviews. This allowed women to make autonomous decisions about participation without pressure. Interviews were conducted in safe, participant chosen environments such as the home, refuges and community centers. In hopes to minimize the risk of retraumatization or exposure to danger.

The study respected confidentiality and anonymity, critical in protecting women from potential repercussions by abusive partners. The research received formal ethical approval from the National Research Ethics Service South-West committee, confirming that procedures met high ethical standards. All Women were kept anonymous and free to withdraw at any time, and non-contact at follow-up (9 of 31 women) was respected without coercion or pursuit.

However appropriate safeguards were in place, long-term emotional support post-interview was not detailed. Referring participants to follow-up care or support services could have further strengthened ethical practice.

Conclusion:

Evan and Feder effectively obtained their main result objective, emphasizing the complex and timely development of help-seeking. Highlighting the importance of both internal, emotional readiness and external factors, crisis events. Reinforcing the idea that disclosure and support access are often gradual processes, triggered by key ‘turning points’ Or the intervention ‘enablers’.

Evans and Feder carefully link their findings to practical recommendations, particularly in health and social care. They highlight the need for safe publicity of DVA services, compassionate GP responses, and support beyond signposting — offering a clear path for future service improvements. They critically engage with existing models, such as the Transtheoretical Model of Change and the Psychosocial Readiness Model,

acknowledging both their utility and limitations in understanding women's trajectories.

However many strives the study does have it's limitations, such as lack of ethnic diversity and acknowledgement. Alongside an under emphasis on informal support, although a part of the study informal networks could have been more primarily focused, seeking opportunities to mobilize these routes of help-seeking earlier to prevent escalation. The conclusion calls for improved responses and more accessible services but lacks detailed, actionable strategies for how these should be implemented in practice, particularly within overstretched healthcare systems.

This study matters to a range of stakeholders and professionals who are directly or indirectly involved in supporting survivors of domestic violence and abuse such as, the Survivors of Domestic Violence. The study gives voice to women's experiences and validates the challenges they face in seeking help, in hopes to inform better, more empathetic services.

Pushing for change regarding Healthcare Professionals, with a focus on general practitioners; They are often first points of contact, but the study shows they frequently miss signs of abuse or don't know how to respond. Understanding these findings can improve training, awareness, and patient care. As well as improve those in the Domestic Violence Support Services, DVA agencies can use these insights to adjust outreach, access methods, and support models. Emphasising the importance of nonjudgmental, proactive contact and long-term support.

They call for moment between Policymakers and Public Health Officials; The study highlights gaps in service integration and accessibility. It offers a basis for positive policy changes, such as better funding, improved inter-agency communication, and expanded DVA education. How simple Whistleblowing and signposting can change the narrative of domestic violence for an individual. As for other Researchers, Evans and Feder contribute to qualitative understanding of help-seeking and add to the global literature surrounding domestic violence, particularly outside North America.

For future guidance regarding a research topic of this nature, I'd recommend Broadening Participant Diversity. Including more diverse ethnic, cultural, and socioeconomic backgrounds to capture a wider range of experiences. This would improve generalizability and help identify culturally specific barriers and facilitators to help-seeking. For example Engaging with LGBTQ+ survivors and male victims, who may face unique challenges in accessing support.

Include Non-Help-Seekers in the research sample; The study focused on women who had already accessed support services. Including women who have not yet sought or found help could reveal earlier-stage barriers and overlooked needs.

Strengthening the research time frame, extending the follow-up period beyond five months could help track long-term outcomes of different help-seeking paths. How sustained and consistent support can effect a survivor over time. Id also recommend Integrating a Healthcare Professional Perspective. Including interviews with GPs,

nurses, and social workers to help understand the gaps in provider training, confidence, and systemic barriers to responding to DVA. Why the systems currently and previously in place may be failing.

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