

# A qualitative study of the experiences of mental health patients reporting domestic violence

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## Background

High rates of domestic violence are found among mental health patients but it is often undetected by mental health services. Limited research has been conducted on how mental health patients make sense of their experiences of domestic violence and how this influences their help-seeking behaviours.

## Methods

A purposive sample of 18 mental health patients in a UK London city were interviewed. We used a constant comparative analysis to examine patients narratives.

## Results

One societal-level and three individual-level typologies of understanding of domestic violence were identified. Patients understandings were not seen to be related to gender, age, ethnicity or diagnosis.

- **Social Acceptance** - all 3 groups described how social attitudes (i.e. gender stereotypes, cultural attitudes towards violence) influenced their help-seeking behaviours:
- **Self Blame** - patients blamed themselves due to their use of physical retaliation in response to violence, which they linked to childhood abuse, and so did not seek help from services
- **Vulnerable** - patients believed their experience of mental illness/previous victimisation/immigration status made them vulnerable to abuse and felt these vulnerabilities were overlooked by services
- **Unknowning** - patients with no previous victimisation struggled to identify the abuse due to the subtle coercive nature of their abusers behaviour and so did not seek help from services.

Demographic Details of Service Users
<b>Gender:</b> <ul style="list-style-type: none"><li>▪ Female n=16</li><li>▪ Male n=2</li></ul>
<b>Diagnoses:</b> <ul style="list-style-type: none"><li>▪ Depression n=6</li><li>▪ Bipolar disorder n= 6</li><li>▪ Schizophrenia n=2</li><li>▪ Borderline Personality Disorder n= 1</li><li>▪ Adjustment disorder n=1</li><li>▪ Substance use induced mental and behavioural disorders n=1</li><li>▪ No diagnosis assigned n=1</li></ul>
<b>Ethnic background:</b> <ul style="list-style-type: none"><li>▪ White British n=9</li><li>▪ Black Caribbean n=3</li><li>▪ Black British n=1</li><li>▪ Black African n=1</li><li>▪ Mixed Race n=1</li><li>▪ Asian n=1</li><li>▪ Latin American n=1</li><li>▪ European n=1</li></ul>

## Social Acceptance

"A lot of Muslim Asians maybe getting abused in certain ways...You're not going to see that because it's against their religion"  
(SU11, female, 39 years, British Asian)

"If you haven't got a straight thing in your mind 'no this is wrong and this shouldn't be happening'...That's what I lacked...I suppose you just think it's normal sometimes"  
(SU17, female, 45 years, White British)

## Self-Blame

"I've been on the receiving end of being hit and I've also hit someone as well...I think it came from my own family background...I was quite angry"  
(SU13, female, 43 years, Black Caribbean)

## Vulnerable

"I was young, I was homeless, I'd run away from home. I was only in that relationship because I was very vulnerable at that time, and the man knew I was vulnerable"  
(SU3, female, 51 years, Mixed Race)

"Being in the mental health system you face a lot of violence...Lots of violence goes on with people in the mental health system"  
(SU5, female, 45 years, African)

## Unknowning

"I didn't realise that I was a victim of domestic violence till I started reading information on it"  
(SU16, female, 46 years, White British)

## Discussion

- Mental health patients reported diverse understandings of abuse, which were seen to influence their pathways to and contact with support services.
- Increased public education about the nature and impact of abuse, alongside campaigns challenging violence perpetration, may improve identification of abuse and support help-seeking behaviours.

## Further Information

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## Acknowledgements

This poster presents independent research funded by the National Institute for Health Research (NIHR) under its Research for Patient Benefit (RfPB) Programme (Grant Reference Number PB-PG-0906-11026). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health. L Howard, K Trevillion and G Feder are also supported by an NIHR Programme Grant for Applied Research (RP-PG-0108-10084), and L Howard and D Rose are supported by the NIHR Biomedical Research Centre for Mental Health at the South London and Maudsley NHS Foundation Trust and Kings College London.