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

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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:
  - 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** - 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:
  - “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** - patients believed their experience of mental illness/previous victimisation/immigration status made them vulnerable to abuse and felt these vulnerabilities were overlooked by services:
  - “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)

- **Unknowing** - 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:
  - “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)

Demographic Details of Service Users

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<thead>
<tr>
<th>Gender:</th>
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<tbody>
<tr>
<td>Female n=16</td>
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<td>Male n=2</td>
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<tr>
<th>Diagnoses:</th>
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<tr>
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<td>Schizophrenia n=2</td>
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<tr>
<td>Borderline Personality Disorder n=1</td>
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<td>Substance use induced mental and behavioural disorders n=1</td>
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<table>
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<td>Latin American n=1</td>
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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

For more information please contact: kylee.trevillon@kcl.ac.uk

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