Examining the barriers to domestic violence to domestic violence disclosure within the community care settings .

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The Beginnings

- 1 in 4 women experience episode of DV in the home.
- 2 women are killed each week as a result .
- Up to 90% of child protection cases relate to violence in the home.
- Human, social and financial cost
- Health and Safeguarding Impact

80% of Child Death Review
70% of Antenatal Homicide

A Review of The Literature

Women experience the more enduring health consequences.

Women do not object to being asked; willing to disclose

No consensus on terminology understanding and interpretation problematic.

Competing theoretical assumptions

The majority of cases are not uncovered by routine enquiry

Very little is known about health care practitioners understanding of domestic violence.

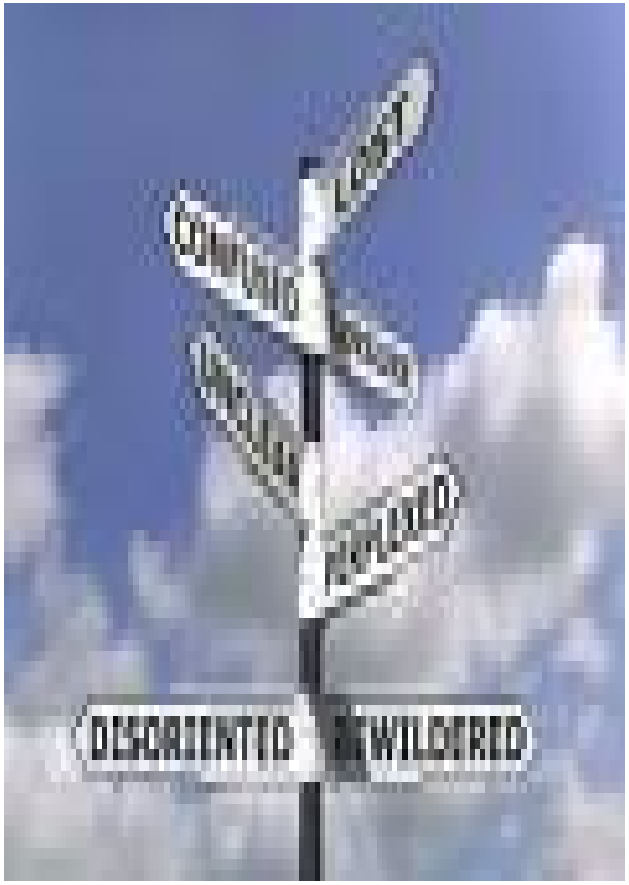
Limited studies carried out in the U.K.
barriers to disclosure

Cultural manifestations of violence; ubiquitous

Why so few disclosure? what is the role gender play in the discourse of DV

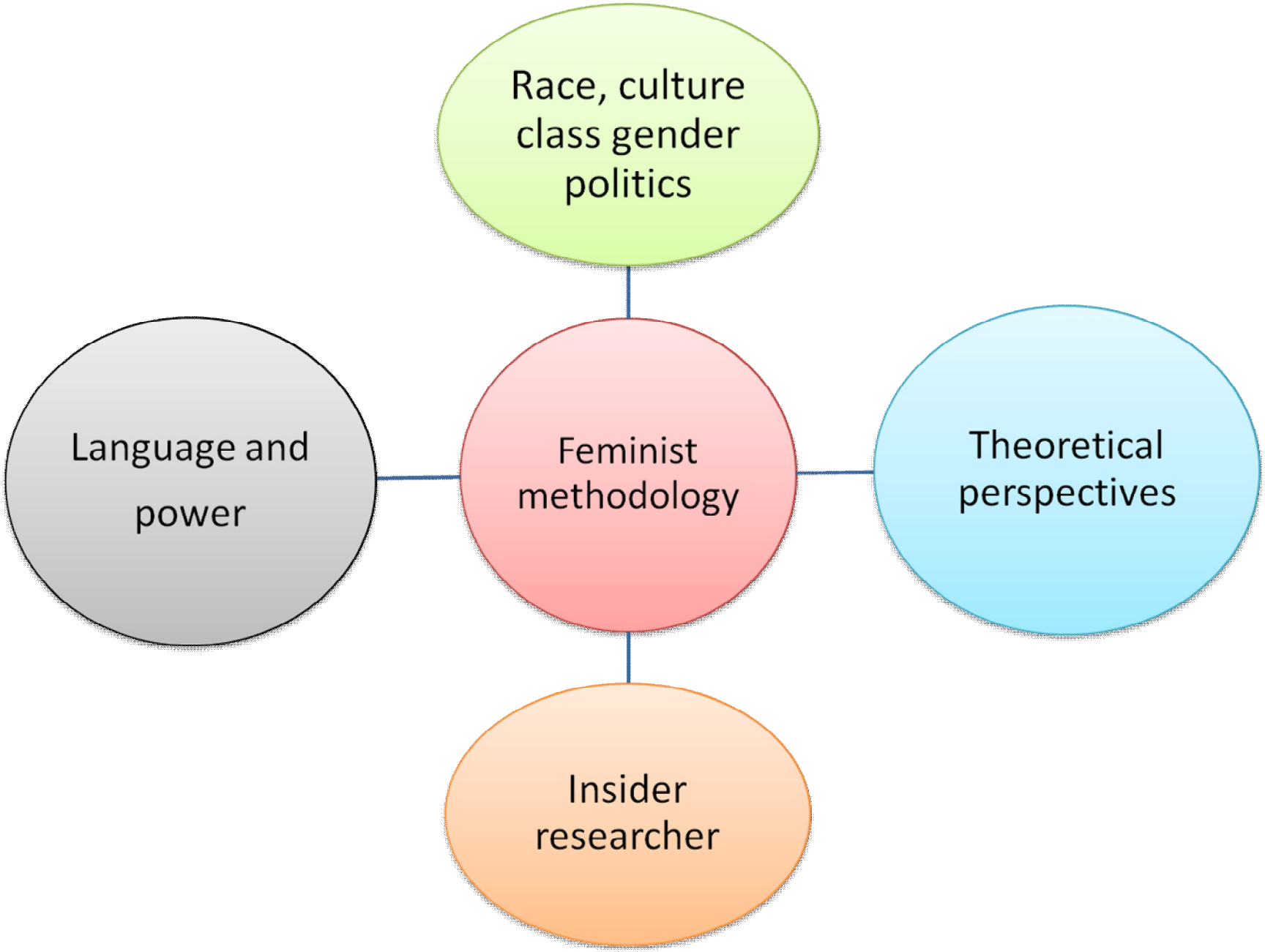
Which Methodology?

- QUALITATIVE STUDY
- ONTOLOGY; women's' experience as the starting point for knowledge. Gender /socially constructed unstable reality.
- EPISTEMOLOGY; assumes knowledge is socially situated and partial. Co-constructed during interviews. Interpretavism, seek to explain and describe experiences



Why Feminist Methodology?

- Health visitors have a unique access to women's experience; statutory.
- Potential to yield knowledge and understanding from an intimate professional perspective.
- Gender relations play a crucial role in understanding, the process of asking and disclosure.
- We need to understand gender relations in order to understand why women do not disclose to professionals.


Race, culture class gender politics
Language and power
Feminist methodology
Theoretical perspectives
Insider researcher

A Glimpse Into the Future

Ethical challenges governance
Code of practice

Findings to inform the current practice

Training and professional development

Service users' opinion to
inform practice

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