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Obstacles and possibilities for domestic violence interventions in health care: Frame analysis of professional's conceptions

Paper

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Introduction

Domestic violence is a serious social and public health problem worldwide. There is international recognition that health care providers are in a key position when it comes to recognizing victims of domestic violence and helping them (Krug et al., 2002). However, health care systems generally have been slow to identify domestic violence. Instead, the tendency to downplay violence as a problem issue seems to be typical of the ways in which health care organizations deal with domestic violence (Husso et al. 2012, Virkki et al. 2014).

Several studies have sought explanations for the low domestic violence screening rates and lack of violence interventions (D'Avolio, 2011; O'Campo et al. 2011, Spangaro et al. 2010, Thurston et al., 2009; Todahl & Walters, 2011). It has been suggested that health care providers fail to ask about domestic violence because of infrastructure barriers: time limitations, insufficient resources, and inadequate institutional support for screening. In addition, providers' attitudes toward domestic violence and understanding of their own role in violence intervention have been claimed to have a major effect on their willingness to ask about violence (Husso et al., 2012, John et al. 2010; Minsky–Kelly et al., 2005; Robinson, 2010).

This qualitative study of health care professionals' attitudes towards domestic violence interventions aims at contributing to the discussion by focusing also on the possibilities for interventions in violence. The main research question is how the professionals see their own roles and those of others in the domestic violence intervention. Further, the study investigates how the barriers of a domestic violence intervention examined here as frames of thinking and acting, might be broken down, not simply by rejecting them but by transforming them in a more positive and fruitful direction.

Theoretical considerations, data and methods

The theoretical framework of this study is based on social interactionism which understands the phenomenon under study as something that emerges in social interaction and is, to a large extent, context-bound (Scheff, 2005). Erving Goffman's (1974) frame analysis offers a theoretical-methodological view of the ways in which the understandings of particular situations are socially constructed. Goffman used the idea of frames for labeling the "schemata of interpretation" that allows individuals or groups to perceive and understand events and occurrences, thus rendering meaning, organizing experiences and guiding actions. Frames are shared ways of understanding and interpreting different situations, and within each frame, the agents are endowed with different rights, responsibilities and duties. Through framing, people look for definitions that suit the event at hand. Different definitions of a situation call for different forms of action, and the meaningfulness and the legitimization of that action – or lack of it – depends on how the situation is framed.

We utilize frame analysis as a concept and a method of analyzing our data, which consist of six focus group interviews with specialist health care professionals (n=30) on the topic of encountering domestic violence. The focus groups comprised nurses, doctors, social workers, and psychologists working in a general hospital. The interview questions concerned the ways in which participants perceived their own role, and their possibilities for action as professionals when encountering problems related to domestic violence, and their attitudes toward domestic violence and people seeking help for this problem.

Findings

Frames Justifying the Lack of Intervention in Domestic Violence

First, we introduce the frames that are used to justify lack of intervention in domestic violence. We have named these frames medical, practical, individualistic, and psychological.

Medical frame. From the standpoint of the medical frame, the problem hampering intervention in domestic violence and accepting responsibility for dealing with it is the understanding of violence as a strictly medical problem. This frame is based on a medical definition: it focuses on recognizing the patient's somatic

symptoms, diagnosing them, and deciding on the proper treatment. In addition, medical framing raises the issue of the symptom homogeneity, which prevents recognition of the diverse characteristics of the effects of violence. In the medical frame domestic violence is seen as a social problem, and thus as belonging to the domain of social work or to the domain of psychology or individual psychopathology.

Practical frame. The practical frame refers to dealing with questions of domestic violence from the standpoint of concrete practices. Professionals justify their lack of intervention in violence by reference to the inadequacy of existing working practices. In particular, gaps in the social and health care service structures and differences in municipalities' practices, as well as the lack of permanent models of action were brought up in the discussions. In addition, confusion over the division of responsibilities, lack of information and dysfunctional cooperation between different authorities were mentioned as reasons for not intervening in violence.

Individualistic frame. In the individualistic frame, domestic violence is defined as an individual problem, which cannot therefore be defined as a health issue. For example, social effects and effects on health were interpreted as personal characteristics of the target of violence. The professionals explained that they were frustrated and disappointed with the repeated and continuous problems caused by the domestic violence experienced by their patients, as it made them feel that intervention in violence was a futile effort. From the perspective of the individualistic frame and its reliance on individuals' ability to function and their freedom of choice, it was difficult to understand that people living in a violent relationship found it very difficult to withdraw from it, or to understand what kind of assistance such withdrawal would require.

Psychological frame. The psychological frame provides grounds both for intervening in violence and for not doing so. In the psychological frame, violence is considered a problem linked to many other psychological problems as well as to traumatization of the patient, and thus offers an opportunity to understand the patients' situation from a more holistic point of view. Although the psychological frame in a significant way opens up possibilities for encountering domestic violence, the professionals had ambivalent feelings about experiences of domestic violence that emerge during the treatment. They considered that experiences of violence should be a target of treatment, and as such, they should be curable. Nevertheless, some were concerned about the potential consequences of treatment, fearing that treating experiences that were considered traumatizing would do more harm than good. Although the psychological frame differs from the other frames presented above, in the sense that it enables understanding violence as a physically and mentally wounding phenomenon and draws attention to the significance of the effects of violence and considers these effects an ethically relevant target of treatment, it nevertheless easily ignores domestic violence due to its fear of "opening up old wounds".

Frames that Support Intervention in Domestic Violence

When we analyzed the focus group discussions, we noticed that as the discussion progressed, the participants began to look for grounds and justification for intervention in domestic violence in their own work. In our data, we found three frames that support intervening in domestic violence: these are labeled the health promotion, the justified intervention, and the process launching frames.

Health and well-being promotion frame. As a frame supporting intervention in domestic violence, the health and well-being promotion frame requires an understanding of the effects of violence on people's health and well-being. This approach questions the notion expressed in the medical frame, according to which intervention in violence requires that the issue is perceived as a medical problem. Instead, the health and well-being promotion frame considers dealing with the effects of violence as an "equally important aspect of work compared to any other task that aims at the overall well-being of the patients." The health and well-being promotion frame also questions the individualistic and psychological frames: issues that have an impact on the patients' health and well-being are not private questions or "opening up old wounds," but are something that all health care professionals should be prepared to deal with.

Justified intervention frame. The justified intervention frame presents reasons for intervening in domestic violence. What ultimately emerged in the focus group discussions was the need for laws, regulations, and shared routine questions. Practices for asking about domestic violence and intervention guidelines that could be agreed on and shared at the institutional level might justify and thus help intervention in cases of domestic violence. The most evident justifications of this kind include child protection laws and regulations that oblige people to take action. Whereas the practical frame focuses on the difficulties of intervention in domestic violence, and the psychological frame focuses on the fear of traumatizing patients, the justified intervention frame offers different possibilities for making intervention in violence an easier task. At best, intervention in domestic violence would be considered a natural part of everyday work, and would not be seen as adding to the burden of already overloaded specialist health care personnel.

Process launching frame. By the process launching frame we mean an understanding that supports intervention in domestic violence; more specifically, an understanding of (a) the effects of violence on the lives, well-being, and the ability to function of the targets of violence and (b) the role of the professionals who encounter victims of violence as the authorities who launch the intervention process. This frame questions the notion of individual responsibility that is typical of the individualistic frame and the exclusion of the effects

of violence that is typical of the medical frame. It also questions the lack of time, typical of the practical frame and fear of traumatizing processes, typical of the psychological frame. Instead, this frame includes an understanding of the challenges posed by changes and the difficulties of launching the process. Instead of requiring immediate results, the process launching frame underlines the idea that caring, and sowing the seeds of change, giving the victim a nudge in the direction of seeking help and thus triggering a process that questions domestic violence are significant gestures and important as such in encounters with violence.

Conclusion

The results indicate that there might be some seeds of change in spite of the initial reluctance or even strong opposition towards domestic violence intervention. The initially negative attitudes toward domestic violence interventions and pessimistic views of one's possibilities for intervention may be questioned and changed to become more positive.

In addition, the research findings suggest that it is possible to develop well-functioning practices for identifying persons who have experienced domestic violence, for deciding appropriate actions to take when encountering violence, and for breaking the vicious circle of violence. Developing well-functioning practices for interventions in domestic violence requires (a) understanding the consequences of violence, (b) becoming conscious of attitudes, beliefs and framings that act as barriers to violence interventions, and (c) recognizing the challenges and possibilities of violence intervention in regard to the professional practices of health care organizations.

To conclude, the results imply a need for a deeper understanding of the importance of launching a process that questions non-intervention in domestic violence and changes the meanings and interpretations linked to situations of violence, thereby enabling change in personal attitudes and the reform of professional and organizational practices. Such understanding would help social and health care professionals to outline their agency, and their role as members of their organization and community, and as members of a larger chain of service providers working collaboratively against domestic violence.

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Learning objectives

Participants will...

1. have an understanding of the conceptions and attitudes justifying the lack of domestic violence interventions in the health care sector.
2. identify how the barriers of domestic violence intervention, examined as frames of thinking and acting, might transform in a more positive and fruitful direction.

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