

## THE EFFORTS OF RECEIVING PSYCHOLOGICAL SUPPORT AMONG WOMEN SURVIVORS OF DOMESTIC VIOLENCE

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### Abstract

This study examines how women survivors who received protection order describe their efforts of receiving psychological or psychiatric support with their (ex) husbands and how their (ex) husbands responded to attending any intervention in Turkey. Five semi-structured interviews with women who had protection order as well as attempted to receive psychological or psychiatric support were conducted. The phenomenological analysis was used. The findings revealed two major themes, including (a) feelings of being blamed and (b) the process of men's rejection or preference to participate in therapy or psychiatric support. While psychological support is critical for women and men in cases of domestic violence, several multiple factors are involved in regular attendance in psychological support for both men and women. These factors were economic problems, substance use, psychiatric disorders, feelings of being blamed, and men's insufficient responsibility. While several studies pointed out the importance of interventions for domestic violence, this study suggests that mental health and human services should consider multiple factors in the process of psychological or psychiatric support to enhance survivors' well-being.

**Keywords:** *Domestic violence, psychological support, women survivors.*

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### 1. Introduction

The protection order is a common response to family violence. However, the effectiveness of the protection order is inconsistent and uncertain whether it facilitates women survivors' safety. Importantly, the protection order is only a short-term solution to prevent violence against women - as the offenders often violate the protection order- Considering the effectiveness of restraining orders, several studies reported that unemployed partners or having a history of arrests are unlikely to discourage by the threat of arrest and are more likely to violate the protection orders (Cordier et al., 2021; Zoellner et al., 2000). Further, some studies reported that restraining orders led to further violence (Messing et al., 2021; Messing & Thaller, 2014; Russell et al., 2012), higher rates of revictimization (Logan & Walker, 2010; Logan et al., 2006) and homicide for some cases (Morton, 1997). Therefore, some women may feel discouraged from using protection orders due to the fear of their partners' retaliation. Nevertheless, some studies showed that women, who sought a restraining order, believed that they made a good decision in terms of providing safety for their family (e.g., Logan et al., 2006; Richards et al., 2019). Moreover, former studies claimed that protection order lessened the odds of violence (Russell et al., 2012), trauma and stress symptoms, and increased self-esteem among women who obtained a protection order (Logan et al., 2006; Logan & Walker, 2010; Wright & Johnson, 2012). As seen in the previous research findings, protection orders hold a moderate effect on women's well-being. Recognizing the harmful consequences of domestic violence on women survivors and the importance of male perpetrators' taking responsibility, this research aimed to explore how women survivors who received protection orders the last six months describe attending psychological or psychiatric support with their (ex) husbands. This investigation can help us to understand the elements of having psychological support.

While the previous study findings about the women survivors' accessing mental health services results were inconsistent, several factors may impact seeking psychological support. For instance, women survivors with either depression or other psychological problems often used health services (Edmond et al., 2013). However, some women had not used any mental health services due to having multiple problems such as issues of accessing housing, legal services, and medical care. Therefore, it is suggested that practitioners working with women survivors should evaluate their post-traumatic stress disorder and depression to prepare effective treatments or effective referrals (Edmond et al., 2013). Considering the high rates of depression, substance abuse, and co-occurring disorders among domestic violence survivors,

domestic violence services need to provide accessible and effective mental health care as part of treatment protocols within their agency programs (Edmond et al., 2013). Moreover, the more extended longer-term needs of survivors should be addressed for long-term well-being. Notably, a few studies examined the effectiveness of group therapy among women survivors of intimate partner violence. For example, the efficacy of trauma-sensitive yoga in group therapy was investigated for female victims of partner violence (Clark et al., 2014). They found that reduced the symptoms of anxiety, depression, and post-traumatic stress disorder after the group therapy (Clark et al., 2014). Recognizing the importance of attending mental health and psychological support services for women survivors' well-being, this research investigates how survivors who received protection order describe receiving psychological or psychiatric support and how their (ex) husband attend any interventions.

Even though the number of reported domestic violence cases and women seeking protection orders are increasing worldwide, there is not enough research on this important issue. To prevent domestic violence and protect women, it is important to understand women's experiences of seeking help and attending psychological support during or after the protection orders. Therefore, this research has two goals: examining (a) women survivors' lived experiences of gaining protection orders and (b) perspectives of accessing psychological support among women survivors and male perpetrators. The overarching research question is: How do women survivors describe their efforts of having psychological or psychiatric support during or after the protection order?

## **2. Research design and methods**

This article is based on data collected during a more extensive research study that examined the effectiveness of the domestic violence perpetrator program. As men's involvement in interventions is critical for the safety of family members, this article focuses on survivors' participation with psychological support. This qualitative study employed interpretative phenomenological analysis (IPA) to explore how women survivors experience domestic violence and determine how they receive psychological support. Semi-structured interviews and IPA were chosen because this methodology closely examines how participants make sense of accessing psychological support (Patton, 2002; Patton, 2014; Smith et al., 2009). This method gives an in-depth and unique understanding of phenomena by facilitating participants' expression (Sokolowski, 2000).

Five participants were recruited from the Violence Prevention and Monitoring Center which provides services to survivors of violence in Turkey. We invited women survivors who received protection orders within the last six months to examine their experiences during this order and other interventions for their well-being and safety. Participant inclusion criteria (a) being adult women (18 years or older), (b) having a history of (ex)husbands' violence in the relationship, (c) receiving a protection order within the last six months, (d) being able to understand study remit.

Of 25 women initially invited to participate, 5 met the criteria and agreed to attend interviews. Their mean age was 40, ranging from 32 to 46. Regarding socio-educational status, two had participated in primary school, three high schools. Three women had full-time jobs, and 2 were unemployed. Four were married, and one was divorced. All participants attempted to have therapy or psychiatric support.

### **2.1. Data collection and analysis**

The data collection tool of the study is semi-structured interviews (e.g., Can you tell me about your relationship with your (ex) husband? How would you decide to receive psychological or psychiatric support? How did your (ex) husband respond to receiving psychological support?). The first author drafted questions for the interviews with women prepared. The interviews were recorded for transcription and took about 30-60 minutes.

The analysis of participants' statements followed the IPA method (Denzin & Lincoln, 1998; Denzin & Lincoln, 2012; Smith et al., 2009). The transcribed interviews were fed into NVivo20 to accomplish the purposes of qualitative data analysis. We used pseudonyms names in presenting the findings. A four-stage process (Giorgi & Giorgi, 2003) was applied to the transcripts: (a) writing reflexivity by the researchers on the implications of the study themes to identify any weaknesses, limitations, and prejudices relating to the phenomena; (b) readings of the transcripts by the researchers; (c) the horizontal coding of the broad fragments related to the phenomena according to the topics of the interview outlined; and (d) clustering of the data as supported by broad fragments. This process provides extracting themes from the participants' testimonies before interpretation (Denzin & Lincoln, 1998). Researchers experienced in qualitative data analysis and domestic violence independently coded the transcripts and identified themes. Then, they discussed emerging themes and field notes.

### 3. Results

According to the data analysis, two themes emerged: feelings of being blamed and husbands' rejection or preference to participate in therapy or psychiatric support. Women's loss of hope about (ex) husbands' resistance to attending therapeutic support increased despair. In this section, themes are presented using verbatim samples from the interviews.

When conflicts or discussions arise among couples, many women invite their husbands to receive couple therapy or individual psychological support before the protection orders. However, women were mostly frustrated with facing men's resistance to attending any treatment or interventions. Women's efforts to invite their (ex) husbands to participate in psychological support and therapy resulted in men's further psychological abuse, lack of responsibilities, and blaming women.

Men's oppression, blaming, insulting, and humiliating wives were key characteristics of (ex) husbands' resistance to attending any psychological support. Furthermore, blaming women was interconnected with men's perceived rightness positions:

*Melis: And I've always said we should attend psychological support services. I've always said it throughout our marriage. I said: let's go to the family therapist together. Let's go to the regular psychologist, even if he's not there. Let's talk; let's explain. Let's do something together. Let's fix it. What he tells me is this, always this, I studied psychology at university. I can treat myself.*

A few participants also shared (ex) husbands' revenge by using children. Blaming women based on other's gossip:

*Nesrin: When I was pregnant, his aunt insisted that I smoke. I had just moved to their village. Then his sister complained that I was smoking. [She said she refused to do so]. My husband also believed her. We argued a lot over this slander.*

Overall, males blaming women interconnected with men's paranoid thoughts of women betraying and irrational beliefs about their wife. Perceptions or suspicion of women betraying and male betray were linked to the gendered power relations as related women's responses were mostly not acceptable in the community. In this blaming issue, men did not take responsibility and not prefer to participate in therapy.

Women's depression due to the men's lack of responsibilities was also an important finding. While women tried to invite men to attend to participate in therapy, some women faced a lack of responsibility for their abusive acts. For instance, men mostly misunderstood the meanings of the therapy by focusing on the stigma around attending psychological support by indicating how they were not a mad person:

*Sevda: After that, I said it last year, I said it in the years before that. This time, before these events happened, he told me that you would go to the mental health service. He told the psychiatrist. And I said, if you go, I will come, I will not go myself. He said, "I'm not crazy, I can't go."*

Breaking the boundaries during childhood and the lack of responsibility were identified as key to men's resistance to attending such interventions:

*Tutkun: How can I say, my husband is not a very responsive person, because there has always been someone in the neighborhood who turned their backs on them. You know, a responsibility, not much has been given in his life. Or, let me call him a relaxed person. Or seems to be comfortable. I mean, I think he's someone who has his own, family problems. I think he has problems stemming from his childhood. However, he never prefers attending a psychologist.*

### 4. Discussion

In many societies, stigma can prevent women from seeking protection. Douki et al. (2003), for example, found that some families in Arab and Islamic communities consider domestic violence a family rather than a criminal issue. Furthermore, among black and minority ethnic groups, especially in the middle class, speaking out about violence may contradict women's social conditioning about being a "good wife" (Higginbotham, 1992; Simon-Kumar et al., 2017). Stigma is associated with silence, invisibility, and secrecy regarding violence against women, resulting in tolerance of violence. Thus, given this stigma and women's traditional roles in many communities, many women survivors do not call the police until their relatives or children intervene. Indeed, some women survivors said that a lack of support from their parents forced them to continue in an abusive relationship for years because of the risk of social isolation.

Regarding the protection orders, the perpetrators who are unemployed or have a history of offenses are more likely to violate the protection orders (Cordier et al., 2021; Zoellner et al., 2000) and often escalate their violence (Messing et al., 2021; Messing & Thaller, 2014; Russell et al., 2012).

We found that community pressures, economic struggles, and men's alcohol use are critical vulnerabilities that combine with the partners' inadequate communication skills insufficient to create abusive and violent interactions. The vulnerability-stress-adaptation model links these complex problems to violent or abusive acts (Karney & Bradbury, 1995). Although many participants reported being initially hesitant to apply for a protection order after their relationship became abusive due to their (ex) husbands' retaliation, they mostly said that the protection order was vital for their safety. This confirms previous findings that applying a restraining order is critical to ensuring the safety of family members (e.g., Logan et al., 2006; Richards et al., 2019). Several studies have demonstrated the importance of involving mental health services or psychological support in domestic violence cases (Clark et al., 2014).

## 5. Conclusions

Through the experiences of women survivors, this study revealed various factors triggering domestic violence toward them by their male partners and the process of receiving psychological support before a protection order against the perpetrators. These findings thus provide initial insights into how these women access mental health or therapy services among low- and middle-class communities. The present study suggests that it is crucial to empower these women and guide them on accessing psychological support for their well-being.

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