



Gregory, A. C., & Dheensa, S. (2023). *How did it happen to me? A qualitative study exploring the narratives of healthcare staff who have experienced domestic abuse*. Paper presented at European Conference On Domestic Violence, Reykjavik, Iceland.

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# How did it happen to me?

A qualitative study exploring the narratives of healthcare staff who have experienced domestic abuse

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**PRESSURE**

Primary and community healthcarE Staff as SURvivors of domestic  
abusE

# Aim & overview of PRESSURE



## Aim

To understand the impact of domestic abuse (DA) on healthcare professionals (HCPs) in order to inform workplace policy and the design of a future tailored intervention to support HCP-survivors

**Stage 1: survey** investigating (i) experience and impact of DA for HCPs (ii) views & experiences of people supporting HCPs (e.g., managers, HR, OH)

**Stage 2: policy review** of regulatory and professional body guidance, and local in-house organisational policies relating to staff experiences of DA

**Stage 3: interviews** with 22 survey participants, exploring interactions between work, emotional support & DA, barriers/facilitators to help-seeking, and HCP needs

# Qualitative interviews

- 22 Participants working in England in primary and community-based healthcare roles
- Interviews in-person or via Zoom/Teams
- Participant characteristics:
  - 21 women, 1 man
  - 9 GPs, 5 nursing staff, 2 health visitor staff, 2 pharmacists, 4 healthcare managers
  - 20 had experienced DA , 4 had supported staff who had experienced DA
  - For 5 participants, the person who had abused them also worked in healthcare (abusers = 4 x doctors, 1 x manager)
- Reflexive Thematic Analysis on-going



# Preliminary Themes

**Wide-ranging forms of abuse experienced, including sexual and economic control**

**Harsh self-critique and self-berating**

**Cognitive dissonance (inconsistent thinking about abusive behaviours)**

**Additional challenges and barriers to help-seeking**

# Wide-ranging forms of abuse experienced

## Physical abuse

- Punching, hitting, slapping
- Pushing, shoving
- Beating up
- Kicking and stamping
- Strangulation and suffocation
- Sleep deprivation
- Assaulting children
- Physical intimidation
- Threats to harm, destroy, kidnap, or kill
- Attacking or threatening with a weapon (knife, hammer)
- Physically restraining
- Damaging or smashing up home and property
- Breaking into home
- Abandoning in the middle of nowhere
- Preventing medical treatment

## Emotional & psychological abuse

- Belittling, undermining, ridiculing, and criticising
- Eroding self-esteem
- Aggression and intimidation
- Punishing 'non-compliance'
- Control over routine, socialising, food, hygiene, clothes, appearance, home, and housework
- Ignoring, blanking, silent-treatment, and disappearing
- Manipulation
- Gaslighting
- Blame-throwing
- Stalking
- Harassing and surveillance
- Threats of suicide or self-harm
- Sabotaging career
- False accusations: of infidelity; of poor parenting; of parental alienation. To professional regulators, workplaces, courts, and police
- Isolating from friends and family
- Enforcing servant-status

## Sexual Abuse

- Rape
- Pressuring and demanding compliance with unwanted sexual activities
- Sexual activities without consent
- Exploiting sexual fantasies
- Belittling sexual performance
- Sleeping with prostitutes/having affairs and passing on STIs
- Exposing to hard core pornography, creating pornography at home
- Contraception and pregnancy control

## Economic & financial abuse

- Controlling all finances and access to money
- Stealing money and possessions
- Accessing credit and building up debts via the survivor's job status (or in their name)
- Creating financial dependence on the survivor
- Controlling how much the survivor earns (hours they could work, job opportunities they could take)
- Freezing assets to prevent access and leaving
- Refusing to contribute to joints costs e.g., children/food/home
- Unilateral financial decisions
- Drawing out legal custody battles

I had problems after giving birth and it meant that it was very painful, and I wasn't interested in having sex, but he needed it and I wasn't giving him that, therefore he took it (GP)

I used to be belittled numerous times, especially in relation to sexual performance (Pharmacist)

I never wanted to have sex with him, but...I knew that it would be a problem if I didn't...[He] wanted me to have sex with other men in front of him. And I never agreed to it, but he put a lot of pressure on...he pressured me to reveal sexual fantasies. There was a lot of forcing me into sexual things I wasn't necessarily comfortable with (GP)

Because I didn't feel like having any sex, he said, 'Oh, I'll go and see a prostitute then' (Nurse )

There was a time when he'd do stuff in the mornings, and at the time I was taking medication which made me really heavily sedated in the mornings. I was aware of stuff, but wasn't able to fight him off... (GP)

He has wanted to do more and more violent things in order to be able to orgasm...with him getting torture implements off the internet and presenting them to me. When I say, 'I don't want to do those,' he's saying, 'Oh please.'... He would want to hit me, quite hard hitting me...he says it was consensual... (GP)

He completely looks after all the finances. I have no financial involvement in stuff...I've not had control over my money for 20 years (GP)

Although I had my own bank account, I had to show my bank statements; he dictated how much money I would have every day, to go out. Just enough money to put petrol in the car...  
(Community nurse)

I didn't have any control over anything – I got a huge tax rebate once. I was so happy and excited and planning what I was going to spend it on. He said, 'No, you're not having that' and took it off me (Manager)

He started stealing from me...so he stole my engagement ring and [sold] it  
(Mental health nurse)

Looking back, she deliberately manoeuvred me to where I was stuck, basically. I had a good job, and I had a good financial record. So, I could get plenty of credit. I had all the things that made it an easier life for her... Because of my ex, I'm now £43,000 in debt (Pharmacist )

...if I need something big paying for, I have to ask his permission...He's always told me I was too stupid to understand accounts and money, and that he had to control it all (GP)



# Harsh self-critique and self-berating

**Silly**

**Ridiculous**

**Pathetic**

**Overly  
sensitive**



**Failure**

**Stupid**

**Weak**

**Useless**

**Idiot**

I think the judgement is on myself. 'How on earth could you not realise this was abnormal?' ...'How am I letting this happen?' (GP)

Now I'm talking about it, I keep thinking what an idiot I was... (Manager)

Part of me was thinking, 'I've got extra training in this, how did it happen to me?' (GP)

...I felt really rubbish about myself ...like if you're a healthcare professional and you've been trained in domestic violence and abuse, you think, 'How have I got myself into this situation?' I just felt really stupid...and I felt like I was letting people down...I feel like I should be strong, and I should be able to sort it out (GP)

It was more about the idea that you should know better. Because that was my specialism, actually that I shouldn't have allowed myself to get into that position  
(Mental health nurse)

[Domestic abuse] is not meant to happen to you, and you should know better...Like people are judging the professional in you (Community nurse)

# **Cognitive dissonance (inconsistent thinking about abusive behaviours)**



I still remain not completely convinced that it's domestic abuse, but I have a thousand people telling me that it is...I've had how many hours training on domestic abuse, and yet I didn't realise this...I think it's hard to see it through clinical eyes when it is yourself (GP)

I don't think I ever realised it was abusive until I actually left the relationship, even though there was physical violence...I just thought he was being an idiot and messing about  
(Community nurse)

It was actually the marriage counsellor that got me on my own and said, 'Do you realise that he is controlling?' And I was like, 'No, he's not.' And she got a textbook out, and we went through 15 points, and he ticked every single one. And I was like, 'Oh.' And that was a bit of a eureka moment...I flipped in and out of believing it and not believing it for quite a while afterwards (GP)

I wouldn't have even called it [abuse] if the therapist hadn't pointed it out to me...She said, 'So everything you've just described, if a patient described it to you, what would you have called him?' Then I started crying because to say the words, that it's domestic abuse, it was really hard (GP)

# Additional challenges and barriers to help-seeking

The notion that healthcare professionals shouldn't experience domestic abuse

SHAME

The notion that healthcare professionals shouldn't put their own needs first, show emotion, experience poor mental health, or take sick-leave

Practicalities: long hours, no breaks, workload, shift work, no privacy, inflexibility, lone working, constant change

Worries about judgement by & on-going professional relationships with colleagues and services

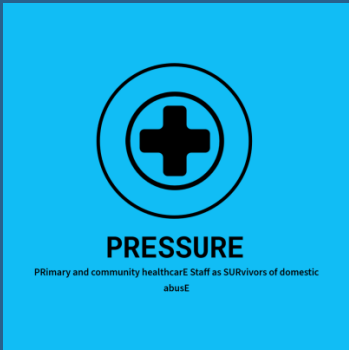
Lack of clarity about organisational service provision and policies

Concerns about confidentiality and anonymity

Possibility that 'fitness to practice' will be questioned

'Medicalising' the abuser or their behaviours; believing they can be 'fixed'

'Knowing too much' about how survivors are (mis)treated by services



Thank you for  
listening

Any questions?

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