

Professionals' Experiences of Domestic Abuse: Implications for Supporting Victim/Survivors in Dorset

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Domestic abuse (DA) is a major health and human rights issue with significant public health implications in the United Kingdom. The National Centre for Domestic Violence reports that 1 in 5 people experience domestic abuse in their lifetime, and global prevalence estimates indicate **that 20–33% of women experience lifetime intimate partner violence**, with 38% of female homicides committed by intimate partners (WHO, 2014; NCDV, 2022).

In England and Wales, 2.3 million people aged 16 and over experienced domestic abuse in the year ending March 2024 (Office for National Statistics, 2024). **UK definitions include psychological, physical, sexual, financial, emotional abuse and coercive control (ONS, 2023; Domestic Abuse Act, 2021).**

Professionals who support victims/survivors may themselves experience DA, creating risks of vicarious trauma, re-traumatisation, compassion fatigue and occupational stress (Dheensa et al., 2023; Najmabadi et al., 2024).

Rural and coastal regions such as Dorset face additional barriers including geographic isolation, limited services, and reduced anonymity.

Domestic Abuse Experiences

95% reported coercive control or psychological/emotional abuse.

Access to Support: 75.6% felt that considerable barriers to seeking help from employers existed regardless to whether or not they went on to seek help

Barriers included shame, stigma, confidentiality concerns, fear of judgement, limited rural services, and reduced anonymity.

Impact on Professional Practice: Enhanced empathy and recognition of perpetrator tactics. Some avoided DA-related cases due to triggers.

Training Needs: Strong desire for trauma-informed and vicarious trauma training across Wessex and the UK potentially.

Relevance to Rural & Coastal Wessex: Workforce vulnerability increases risks of delayed help-seeking, isolation, and unaddressed trauma.

Aims and Objectives

Explore the personal and professional experiences of DA among professionals who support victim/survivors.

- Identify barriers and facilitators to accessing support, particularly in rural/coastal regions.
- Understand how lived experiences influence professional practice.
- Identify training and support needs regarding trauma-informed practice.

Methods

- Cross-sectional mixed-methods study using a convergent parallel approach
- **Anonymous online questionnaire (n=41)**
- Dorset (rural/coastal) setting
- Descriptive statistics and qualitative explanatory categorisation
- **Public Patient Involvement:** VOICE® workshops informed questionnaire design

“Just separate your work from your home life.”

For Professionals who are also Victims/Survivors wanted more effective, safe, confidential, empathetic, trauma-informed support from employers

“Our lone working policy changed meaning our employer wanted the ability to track our work phones; this was extremely triggering for me as this is something I found out my ex-partner had done - when I explained this to my Employer, I was told it was not an unreasonable request and that I should seek therapy to 'deal with my own issues'” (Participant 215).

“My colleagues were an incredible support (emotionally and practically) in helping me leave, and keeping me safe after I'd left” (Participant 4).

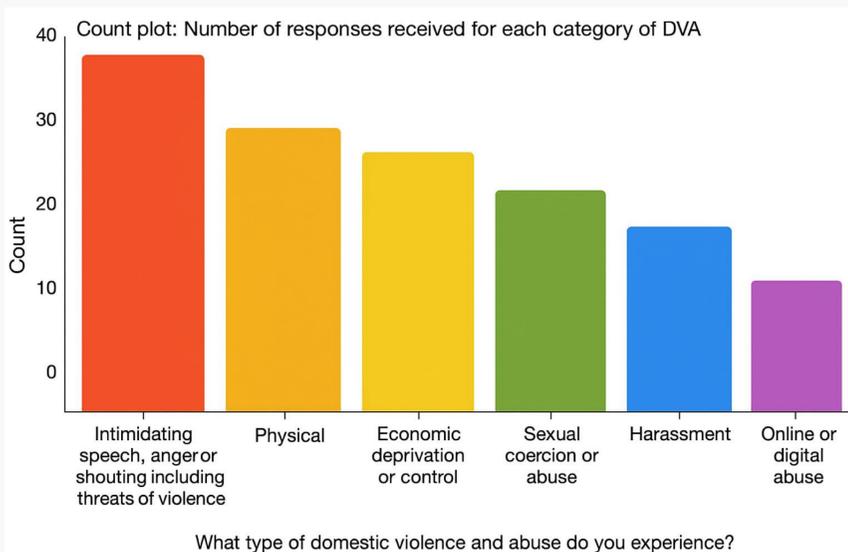
IMPACT

Reduced risk of burnout, vicarious trauma, and re-traumatisation.

More effective support for those accessing the service

For Wessex Service Provision:
Stronger collaboration.
Better service quality.

A more resilient, supported workforce.



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