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# Silence, Disruption, Voice: Researching Gender Based Violence

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# Introduction

- Registered nurse in adult and mental health fields of practice. Joint appointment UoS and STH since November 2021.
- Prior to appointment Trust wide lead for sexual safety and domestic abuse.
- Clinical background in safeguarding adults and children.
- Academic background in health sciences.
- Research methodology: ethnography.



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*Gender-based violence (GBV) is the most pervasive yet least visible human rights violation in the world. It includes physical, sexual, mental or economic harm inflicted on a person because of socially ascribed power imbalances between males and females. It also includes the threat of violence, coercion and deprivation of liberty, whether in public or private.*

UNICEF (2022)



# GBV in context

- GBV is a significant global societal and public health issue.
- 1:3 women will experience GBV during their lifetime.
- It exerts a devastating impact on all those who experience abuse and this includes children and young people.
- *It is all encompassing and is not defined by any particular characteristics.*



# Silence: Older women and GBV

- While GBV is not exclusively defined by age, the effect of GBV on the lives and health of older women who have experienced abuse has often not been adequately acknowledged within the wider GBV discourse overall.



# Older women's experiences of GBV

- Qualitative approach involving interviews with older women aged 59 years and over (n=16) who had experienced domestic violence and abuse
- Potential participants identified through a designated counselling service and local media
- Three themes identified from the data



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## *Stripped of identity: the effect of domestic abuse on the lives and health of older women.*

‘I’m waiting for a hearing aid and now... I got severely bashed on my ear, and I’m told that I can’t hear at all in this ear, and I’ve been told that it is a perforated eardrum’ (participant eight, 76 years).

‘Because I don’t want to be out more than two or three hours and then I’ve got to get back ...I’ve got to get back ... don’t ask me why...I’ve got to get back’ (participant two, 71 years).

‘...and you just feel that you are totally and utterly stripped of any identity so it is like building another self when you finally get away’ (participant four, 76 years).



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# *Giving permission: potential barriers to reporting abuse*

'There was nothing for you ....and my parents would say "you make your bed then lay there" really... so I got no support [...] so I think that is the problem and which made me accept that [the abuse] in a very funny kind of a way' (participant one, 63 years).

'No refuges or whatever, not in those days, that's what I'm saying. You couldn't say to someone "please take me", there just wasn't anywhere to go' (participant two, 71 years).

'I think it is the "hiddenness" of it that is the problem actually, a big part of it...I think that needs to stop... I think we've got to give permission or try to get older women to realise that it is very wrong that they have been abused' (participant one, 63 years).





## *The information vacuum:* service provision for older women.

‘I just think there should be more information. I was very grateful to pick up this leaflet [local counselling service for older women] there again it was in a mental health waiting room rather than a doctor’s surgery. It was for older women and that was the only advert that I have ever seen. Most of it [domestic abuse services] applies to the young age groups because you just wouldn’t go there as a person over 50. I still don’t know whether it is just help and support for younger women with younger children [...] there should be more out there and people made aware of the needs of older women’ (participant five, 64 years).

‘I didn’t talk about it [domestic abuse] to anyone and I was sitting on the bus [recently] and there was an advert for counselling [for domestic abuse] Have you this and that? And I thought that’s me, and here we are’ (participant ten, 64 years).



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- While GBV exerts a significant impact on the lives and health of all of those who experience abuse there may be a number of ways in which the experiences of GBV for older women may be different to that of their younger counterparts.
- There may be perceptions among older women regarding the societal context of GBV including the 'privacy of the home' and feelings of shame.
- A lack of awareness of the support available for those seeking to leave abusive relationships.



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- There has been a limited recognition across a number of professional services surrounding GBV for older women.
- The consequent blurring of the boundaries between GBV and elder abuse.
- Continued invisibility of GBV for women in later life.



# Sexual safety in mental health

- Qualitative approach utilising interviews with a range of clinical staff (n=8).
- Number of years in clinical practice ranged from 4 – 30 years.
- All but 1 participant female.
- Four themes identified.



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- Sexual safety is widely recognised as a significant global issue.
- Priority for healthcare systems – promoting safety.
- Sexual assault: wide definition and includes physical assault as well as coercion and occurs in any setting.



- The impact of sexual violence is both immediate and longer term.
- In the UK women are more than five times more likely to experience sexual violence than men.
- Those who experience mental ill-health experience higher rates of victimisation and within acute care women are at particular risk of sexual assault.
- Clear body of evidence that those working in mental health contexts are poorly equipped to recognise and/or respond to sexual violence.
- Power imbalance and credibility.
- A number of high profile cases for example 'Jimmy Saville' raise questions such as: *How did this happen in plain sight?*



# Discredited

- *The lady in question had the diagnosis of personality disorder, also a history of allegations of a sexual nature, so there was, it did cause quite an atmosphere and a divide on the ward (participant five).*
- *And because also of the nature of the diagnosis of the victim, and her history, and her presentation previously with a lot of manipulative behaviour and splitting of staff and just being quite challenging, that added to the struggle that people had to accept what had happened (participant eight).*
- *[after] and then there was suggestions that safeguarding wasn't followed correctly, but it's nobody, nobody knew that there was any safeguarding issues to be answered, so why would you even implement safeguarding? She did appear to have quite a good bond with him and it was noted. That was noted that, you know, but not to a point where anybody suspected anything, to my knowledge anyway (participant six).*



# Disruption

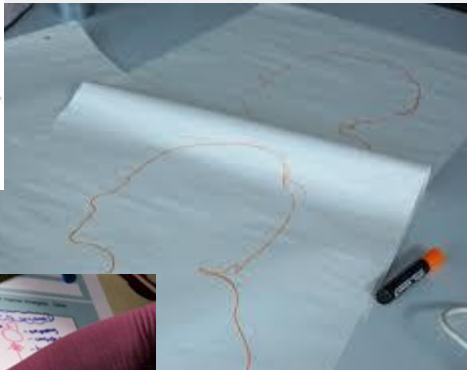
- Historically, the discourse surrounding mental health and domestic and sexual violence has assumed the language of the professions and the language of the objective or other.
- There has often been a disconnection between the language as spoken through these conduits and the voice of experience.
- Violence and abuse pervades all aspects of a person's life but the interwoven complexities and the experience of violence and abuse and mental health are often poorly understood.
- For those trying to tell of their experiences and be heard, **the positioning of the fractured narrative – that which is not objective nor dispassionate - within the dominant discourse has often been aligned to the 'incredible' and therefore 'discredited'.**





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# Voice: Unlocking Stories





# Voice: Unlocking Stories

- Draw attention to the pivotal role of hearing as well as listening to individual stories – a central skill in caring practice. As Crawford and colleagues highlight:
- *Matters are made meaningful when people understand and make sense of their actions, feelings and thoughts. Often this occurs through people creating narratives about themselves and events in their world (Crawford et al., 2015, p4)*



# After

I think about surviving. I am trapped in this way to live my life. Dark dwells around me.

I hear sounds like a knife scratching or chains are rattling.

Waking up in the morning breathing. Surviving is living a day at a time.

The women with pale skin and black eyes. She perhaps laughs a bit.

Peace and silence birds singing. Smiley faces things around me. My heart beating.

The woman does not like to talk, she is silent.

Happier, she has done sometimes for herself.



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