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IDENTIFYING THE BARRIERS TO THE UTILIZATION OF SUPPORT SERVICES AMONG INTIMATE PARTNER VIOLENCE SURVIVORS

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ABSTRACT

Intimate Partner Violence (IPV) is a significant public health and human rights concern that affects millions of people globally, particularly women. Although governments and non-governmental organizations have established support services such as counselling, medical care, legal aid, and social welfare services, many survivors fail to utilize these services. This study aimed to identify the barriers to the utilization of support services among intimate partner violence survivors in Malawi. A qualitative research design was employed, involving 20 participants comprising 17 intimate partner violence survivors and three key informants from the police, health, and child protection sectors. Data were collected through in-depth semi-structured interviews and analyzed using thematic analysis. The findings revealed that social stigma, cultural norms that encourage preservation of marriage, lack of awareness of available support services, corruption, and economic dependence were the major barriers preventing survivors from seeking help. Counselling and medical care were identified as the most commonly available support services. The study concludes that addressing these barriers requires coordinated efforts among government institutions, healthcare providers, social workers, community leaders, and civil society organizations. The study recommends strengthening community awareness, improving access to survivor-centred services, and enhancing institutional accountability to promote the utilization of support services.

KEYWORDS: Intimate Partner Violence, Support Services, Survivors, Social Work, Barriers, Malawi.

INTRODUCTION

Intimate Partner Violence (IPV) is one of the most common forms of gender-based violence worldwide and remains a major public health and social welfare concern. The World Health Organization estimates that approximately one in three women experience physical or sexual violence by an intimate partner during their lifetime. IPV includes physical, sexual, emotional, psychological, and economic abuse perpetrated by a current or former intimate partner. These forms of violence have severe consequences for survivors, including physical injuries, mental health disorders, reproductive health complications, economic hardship, and social isolation.

Despite the availability of support services such as healthcare, counselling, legal assistance, police protection, shelters, and social welfare programs, many survivors do not seek or utilize these services. The reasons for this are complex and are influenced by individual, family, community, and institutional factors.

In Malawi, intimate partner violence remains widespread despite legal and policy interventions aimed at protecting survivors. Many women continue to experience violence in silence because of fear of retaliation, financial dependence, social stigma, cultural expectations to preserve marriage, and limited awareness of available support services. These barriers reduce survivors' ability to obtain timely medical treatment, psychosocial support, legal protection, and justice.

Understanding these barriers is essential for developing effective interventions that improve access to support services and promote survivors' safety and well-being. This study therefore sought to identify the barriers to the utilization of support services among intimate partner violence survivors and provide recommendations for strengthening service delivery.

Objectives of the Study

General Objective

To identify the barriers to the utilization of support services among intimate partner violence survivors.

Specific Objectives

To explore survivors' understanding of intimate partner violence.

To identify the barriers that prevent survivors from utilizing available support services.

To identify the support services available to survivors of intimate partner violence.

Literature Review

Understanding Intimate Partner Violence

Intimate Partner Violence refers to any behavior within an intimate relationship that causes physical, sexual, psychological, emotional, or economic harm to one partner. According to the World Health Organization (2021), IPV is among the leading causes of injury, disability, depression, and poor reproductive health among women worldwide. Survivors often experience long-term psychological trauma, reduced economic productivity, and diminished quality of life.

Support Services for IPV Survivors

Support services are interventions designed to protect survivors, address the consequences of violence, and promote recovery. These services include emergency medical treatment, counselling, legal aid, police protection, shelter, psychosocial support, and social welfare assistance. Effective support services require coordination between healthcare providers, law enforcement agencies, social workers, community organizations, and non-governmental organizations.

Barriers to the Utilization of Support Services

Research from low- and middle-income countries indicates that many survivors fail to seek formal support because of multiple barriers. Social stigma discourages survivors from reporting abuse due to fear of discrimination or community rejection. Cultural norms often encourage women to tolerate violence in order to preserve marriage and family honor. Financial dependence on abusive partner's limits survivors' ability to leave violent relationships or seek alternative support.

Institutional barriers also contribute to low utilization of services. These include limited awareness of available services, inadequate confidentiality, long distances to service centres, corruption, and negative attitudes among service providers. Together, these barriers reduce survivors' confidence in formal support systems and increase their vulnerability to continued abuse.

Empirical Evidence

Studies conducted in Malawi demonstrate that intimate partner violence remains highly prevalent and is often normalized within some communities. Chikhungu et al. (2021) reported that cultural beliefs and traditional gender norms contribute to the acceptance of violence against women, making many survivors reluctant to report abuse.

The Malawi Demographic and Health Survey (National Statistical Office & ICF, 2017) found that women experiencing intimate partner violence were less likely to access maternal healthcare services and other essential health services. Dadabhai et al. (2016) further reported that IPV is associated with adverse physical and reproductive health outcomes, including chronic pain and reproductive complications.

Previous studies have primarily focused on the prevalence and health consequences of intimate partner violence. However, limited research has explored survivors' experiences regarding barriers to utilizing available support services. This study contributes to the existing body of knowledge by examining these barriers from the perspectives of survivors and service providers.

Research Methodology, Data Analysis and Findings

Research Methodology

Research Design

This study employed a qualitative research design to explore the barriers to the utilization of support services among survivors of intimate partner violence (IPV). A qualitative approach was considered appropriate because it enabled the researcher to gain an in-depth understanding of survivors' lived experiences, perceptions, and challenges regarding access to support services. The design also allowed participants to freely express their views and experiences in their own words.

Study Area

The study was conducted in Kuluya Village, Traditional Authority (T/A) Mponda, Mangochi District, Malawi. The area was selected because cases of intimate partner violence had been reported and support services were available through health facilities, the police, and child protection structures.

Study Population

The study population consisted of survivors of intimate partner violence and key service providers involved in responding to IPV cases. The service providers included a police officer, a Health Surveillance Assistant, and a Child Protection Worker.

Sampling Technique

The study used non-probability sampling methods, specifically purposive sampling and snowball sampling. Purposive sampling enabled the researcher to recruit participants who had

direct experience with intimate partner violence, while snowball sampling helped identify additional participants through referrals from those already interviewed.

Sample Size

A total of 20 participants were recruited. These included 17 survivors of intimate partner violence and 3 key informants. The survivor group consisted of 10 women and 7 men, while the key informants represented the police, health, and child protection sectors. Data collection continued until saturation was reached, where no new themes emerged.

Data Collection Methods

Data were collected using in-depth semi-structured interviews. The interview guide contained open-ended questions designed to explore participants' understanding of intimate partner violence, the barriers to utilizing available support services, and the types of support services available within the community.

All interviews were conducted face-to-face after obtaining informed consent from participants. The interviews were recorded with participants' permission and later transcribed for analysis.

Data Analysis

The data were analyzed using thematic analysis. Interview transcripts were read several times to familiarize the researcher with the data. Similar responses were coded and grouped into themes and sub-themes. The identified themes reflected participants' experiences and perceptions regarding barriers to utilizing support services.

Ethical Considerations

Ethical principles were observed throughout the study. Participants were informed about the purpose of the research before interviews commenced. Participation was voluntary, and informed consent was obtained from each participant. Confidentiality and anonymity were maintained by using participant codes instead of names. Participants were informed of their right to withdraw from the study at any stage without any negative consequences.

5. Data Analysis and Interpretation

Response Rate

The study achieved a 100% response rate, as all 20 participants who were approached agreed to participate. Of these, 17 were survivors of intimate partner violence and three were key

informants. The high response rate enhanced the credibility of the findings because all intended participants contributed their experiences and perspectives.

Demographic Characteristics

The study involved participants aged between 18 and 64 years. Most participants had attained primary school education, were married, and were unemployed. These characteristics are important because education, employment status, and marital relationships may influence survivors' decisions to seek formal support after experiencing intimate partner violence.

Three key informants—a police officer, a Health Surveillance Assistant, and a Child Protection Worker—provided professional insights into the challenges survivors face when accessing support services.

Themes Identified

Thematic analysis generated three major themes:

Participants' understanding of intimate partner violence.

Barriers to the utilization of support services.

Support services available to survivors of intimate partner violence.

These themes addressed the study objectives and formed the basis for interpreting the findings.

Findings and Discussion

Participants' Understanding of Intimate Partner Violence

Participants demonstrated an understanding of intimate partner violence by describing physical violence and economic violence as the most common forms of abuse within intimate relationships.

Physical Violence

Most participants described physical violence as beating, slapping, kicking, pushing, or causing bodily injuries. Some participants stated that they had experienced repeated assaults by their partners whenever disagreements arose.

One participant explained:

"*My husband beats me whenever he thinks I have done something wrong. One day he injured me badly. To me, this is violence.*"

This finding indicates that survivors clearly recognized physical abuse as violence, although some acknowledged that such behaviour had become normalized within their communities.

Economic Violence

Participants also identified economic violence as a common form of abuse. They reported that abusive partners often withheld money for household needs, prevented them from working, or exercised complete control over family finances. Such behaviour increased survivors' dependence on abusive partners and reduced their ability to seek assistance.

These findings are consistent with previous studies showing that economic dependence is both a form of abuse and a barrier to seeking help.

Barriers to the Utilization of Support Services

Social Stigma

Social stigma emerged as one of the most significant barriers. Participants feared being blamed, judged, or ridiculed by family members and the wider community if they disclosed experiences of violence.

Many participants indicated that reporting abuse was viewed as bringing shame to the family, leading many survivors to remain silent.

Preserving Marriage

Several participants reported that family members encouraged women to remain in abusive relationships in order to preserve their marriages. Divorce or separation was often viewed negatively within the community, causing survivors to tolerate violence rather than seek formal assistance.

Social and Cultural Norms

Participants explained that cultural beliefs and gender norms discouraged women from reporting violence. Many believed that a "good wife" should tolerate hardships within marriage, even when experiencing abuse.

These cultural expectations contributed to underreporting of IPV and delayed access to available support services.

Lack of Awareness of Available Support Services

Another important barrier identified was the limited awareness of available services. Several participants reported that they did not know where to obtain counselling, legal advice, or other forms of professional support.

This lack of information reduced survivors' ability to access appropriate services promptly.

Corruption and Lack of Trust

Some participants expressed concerns about corruption and the lack of trust in institutions responsible for responding to IPV cases. They believed that some cases were not handled fairly, discouraging survivors from reporting incidents to authorities.

Available Support Services

Participants identified counselling and medical care as the main support services available within their communities. Counselling services helped survivors cope with emotional trauma and make informed decisions, while medical services provided treatment for injuries sustained during violent incidents.

However, participants reported that these services were not always accessible because of limited awareness, financial constraints, and fear of community stigma.

DISCUSSION OF FINDINGS

The findings demonstrate that barriers to utilizing support services are influenced by interconnected social, cultural, economic, and institutional factors. Social stigma, cultural expectations to preserve marriage, and economic dependence discourage survivors from seeking formal assistance. These findings are consistent with previous studies conducted in Malawi and other low-income countries, which highlight that societal norms and limited institutional support continue to restrict access to services for survivors of intimate partner violence.

Furthermore, inadequate awareness of available services and concerns about corruption reduce trust in formal institutions, resulting in delayed help-seeking and continued exposure to violence. Addressing these barriers requires coordinated efforts from government agencies, healthcare providers, social workers, community leaders, and civil society organizations to ensure that support services are accessible, confidential, and responsive to survivors' needs.

Recommendations

Based on the findings of this study, the following recommendations are proposed to improve the utilization of support services among survivors of intimate partner violence.

Government

The Government of Malawi should strengthen the implementation of laws and policies that protect survivors of intimate partner violence. Adequate financial and human resources should be allocated to support service providers, including health facilities, police victim support units, and social welfare offices. In addition, the government should expand support services to rural areas to ensure that all survivors have equal access to assistance.

Ministry of Gender, Community Development and Social Welfare

The Ministry should intensify community awareness campaigns to educate the public on the forms of intimate partner violence, survivors' rights, and the availability of support services. Public education should challenge harmful gender norms and cultural practices that discourage survivors from seeking help.

Health Care Providers

Health workers should receive continuous training on survivor-centred care to ensure that survivors receive compassionate, confidential, and timely services. Health facilities should also strengthen referral systems to facilitate access to counselling, legal services, and social welfare support.

Malawi Police Service

The Police Victim Support Units should strengthen community outreach programmes to increase public confidence in reporting cases of intimate partner violence. Police officers should receive regular training on handling IPV cases professionally, confidentially, and without discrimination.

Community Leaders

Traditional leaders, religious leaders, and community elders should actively promote gender equality and condemn all forms of intimate partner violence. Community leaders should encourage survivors to seek formal support rather than resolving cases through informal mediation that may expose survivors to continued abuse.

Non-Governmental Organizations

Organizations working on gender-based violence should continue providing psychosocial support, legal aid, and economic empowerment programmes for survivors. NGOs should also collaborate with government institutions to strengthen community awareness and improve access to services.

Future Researchers

Future studies should include larger samples from different districts in Malawi and use mixed-methods approaches to provide a broader understanding of barriers to the utilization of support services among survivors of intimate partner violence.

CONCLUSION

Intimate partner violence remains a serious public health and human rights challenge that affects the physical, psychological, social, and economic well-being of survivors. Although

support services such as counselling and medical care are available, many survivors do not utilize these services because of numerous barriers.

This study found that social stigma, cultural expectations to preserve marriage, economic dependence, lack of awareness of available support services, and limited trust in institutions significantly influence survivors' decisions to seek help. These barriers often interact, making it difficult for survivors to access appropriate services and protection.

Addressing these challenges requires coordinated efforts from government institutions, healthcare providers, law enforcement agencies, social workers, community leaders, and civil society organizations. Strengthening community awareness, improving the quality and accessibility of support services, and promoting survivor-centred interventions will enhance service utilization and contribute to reducing the burden of intimate partner violence in Malawi.

The findings of this study contribute to the growing body of knowledge on intimate partner violence and provide evidence that can inform policy, social work practice, and future research aimed at improving the lives of survivors.

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