How Cross-National Research on Domestic Violence Shelters Can Help Reduce Barriers to Service

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Jonathan Grubb, Assistant Professor of Criminal Justice & Criminology

Since the 1970s, domestic violence has gained attention from researchers and public commentators. Survivors of such violence, we have learned, often face difficulties in obtaining the services they need. But most research has focused on the United States, so little is known about services for domestic violence and access to those services in other countries. To advance our comparative knowledge, Lisa R. Muftić and I investigated the extent to which barriers to service are similar in the United States and Bosnia and Herzegovina.

Comparative Research on Barriers to Service Provision

Although domestic violence has happened for at least a millennia, only in the past four decades has there been a push for systematic examination of the offense. This body of research has rapidly expanded to cover topics ranging from factors influencing domestic violence, to the physical and psychological consequences and responses by the criminal justice system. Yet one key area remains under-researched, barriers to service provision for survivors of domestic violence. As survivors seek out help to reduce and prevent further victimization, they commonly encounter intertwined challenges – such as costs, transportation, and family norms – that affect whether they can obtain needed services. Research on such barriers in the United States is slowly accumulating, but similar studies have been infrequent on an international level. What is more, researchers usually examine one culture or country at a time and do not make comparisons. Our research closes this gap and offers insight into how the barriers facing survivors of domestic violence vary across geographic and cultural settings.

In total, we examined eighteen different barriers to service utilization in five different categories: citizenship and language barriers; familial barriers; financial barriers; service provider barriers; and a combination of other obstacles. In addition to uncovering barriers to service, our study investigated the effectiveness of other local agencies that assist survivors as well as characteristics of survivors and domestic violence shelters.

From surveys of directors of domestic violence shelters in the United States, specifically Texas, as well as in Bosnia and Herzegovina, several important findings emerged:

• Citizenship and language barriers – such as not speaking the native language and fear of deportation – were more problematic in Texas than Bosnia and Herzegovina.

• Family barriers were important everywhere – such as pressure not to come forward from family members, fear that a significant other will find out about a victim trying to get assistance or children will be removed, and fear of harm from the abuser.
In Bosnia and Herzegovina, lack of insurance, long wait times, and the community negatively labeling women seeking help were more problematic than in Texas.

Lack of transportation was a significantly greater problem in Texas.

Emergency medical personnel, nurses, and doctors were perceived as more adequately meeting the needs of survivors in Bosnia and Herzegovina than in Texas.

Survivors in Bosnia and Herzegovina more frequently spoke the native language fluently and were married to their abusers or were suspected victims of human trafficking. Compared to Texas victims, they were also more likely to report their victimization to police and have a safety plan when they came into the shelter.

A greater proportion of survivors in Texas identified as lesbian, gay, bisexual or transgender or from outside of the country. Texas victims were also more likely to have problems with drugs or alcohol, suffer from mental illness, have a physical disability, and more often had a safety plan by the time they left the shelter.

Compared to shelters in Bosnia and Herzegovina, those in Texas had assisted more survivors in a given year, maintained more full and part time staff, and had more beds.

Shelters in Bosnia and Herzegovina had longer maximum lengths of time a survivor could stay in the shelter.

Overall, differences across nations were minimal for 12 out of 18 barriers studied. Factors referring to language and citizenship revealed the sharpest differences.

**How Research on Barriers Can Improve Service Provision**

Research findings such as ours can help shelters, service providers, and policymakers make improvements – and cross-national comparisons help to pinpoint which barriers are universal and which are tied to specific contexts. Culturally relevant barriers may well vary according to the location and type of population being served. For instance, language barriers were important in Texas but not in Bosnia. Our findings highlight the need to recognize cultural variations among individuals. In addition, financial and transportation barriers can be eased by strengthening ties among local governmental agencies, non-governmental organizations, and day care centers.

Moving forward, there are two key areas for further research. We need better understandings of access to resources after victims leave shelters and we also need a greater grasp of barriers in urban and rural locations. The issues facing domestic violence survivors and service providers may vary across nations – but there may also be critical divergences between urban and rural settings. One-size-fits-all solutions are unlikely to work either within or between countries.