

Barriers to Care for GBV Survivors

AN ECOLOGICAL MODEL

Barriers

Level

Logistics, e.g. Cost, Time
Fear, Shame, Resistance, Self-Blame
Language Barriers
New to Mental Healthcare
Trauma Symptoms Complicate Recognition, Reporting, Adherence
Concerns about Self-Defense Being Misconstrued
Normalization, Minimization, Denial of Abuse
Concerns about Provoking Abuser
Concerns about loss of power and control
Internalized Stigma of GBV, Mental Illness

Individual



Pressure from Family Members
Lack of Childcare
Concerns About Losing Custody
Financial Control by/Dependence on Abuser
Referral Confirms Abuser's Denigration of Survivor's Mental Health

Familial



Poor Prior Treatment
Fear of Being Disbelieved or Dismissed
Discrimination and Violence in Institutional Policy, Practice
Insurance Status
Abuser Monitoring Insurance Use
Care Logistically Inaccessible
Fear of Involving Police, ICE, or Child Protective Services
Lack of Trauma-Informed Practices
Lack of Culturally-Responsive Practices
Requirement of "good victimhood"
Engagement Increases Re-Experiencing, Risks

Institutional



Stigma of GBV
Stigma of Mental Illness
Acculturation Stress
Minority Stress, including Intersectional Minority Stress
Pressure to Hide Emotion
(e.g. Toxic Masculinity, Professionalism, Forebearance)

Cultural



Social Inequities in Resources and Infrastructure
Disregard/Discrimination in Local, Regional, and National Policy
Discrimination and Oppression in the Enforcement of Policies

Systemic

