e-ISSN 3060-5059
DOI: 10.67227

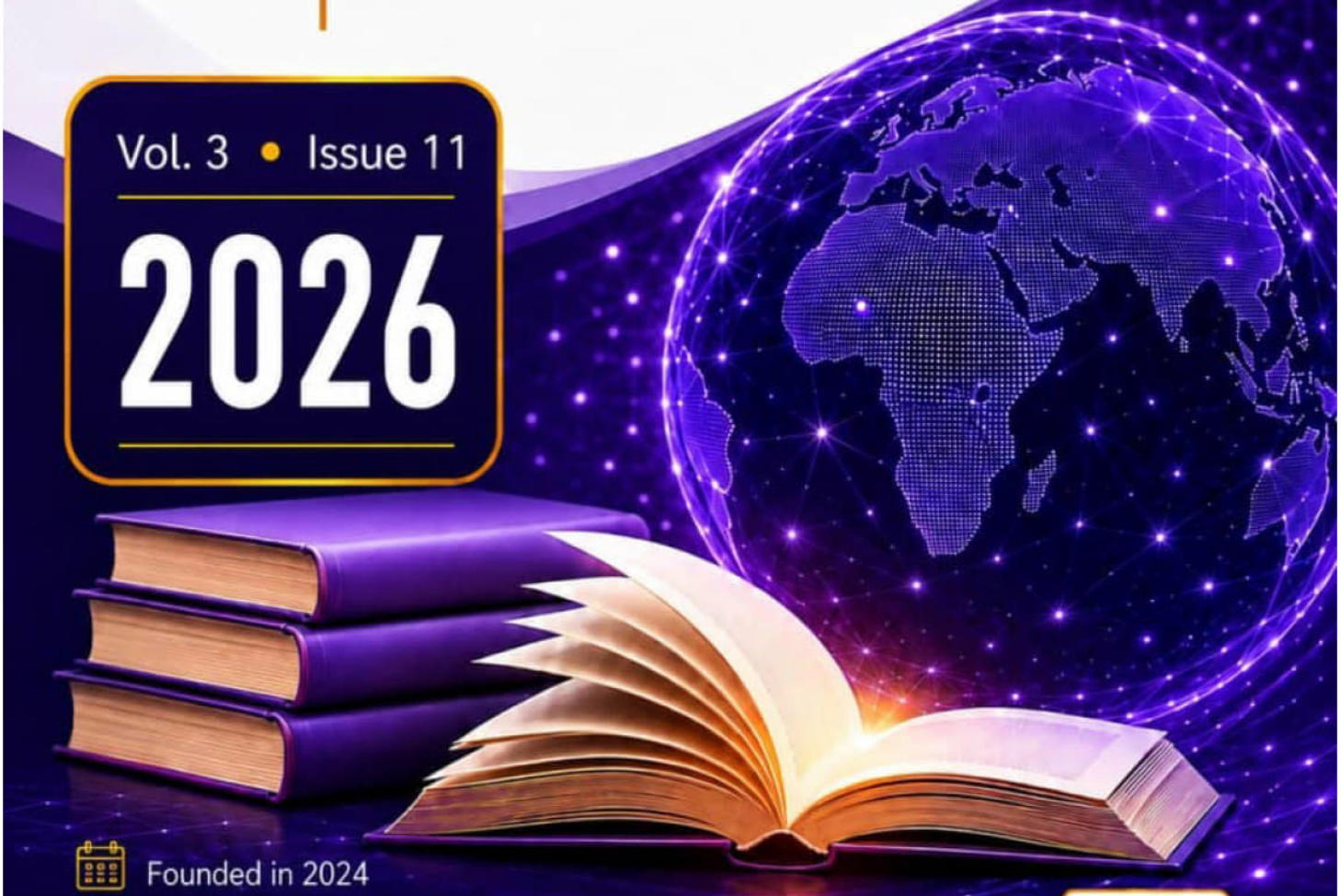
IJTIMOIY-GUMANITAR SOHADA ILMIY-INNOVATSION TADQIQOTLAR

ILMIY METODIK JURNAL

Scientific and Innovative Research in Social and Humanitarian Studies

Vol. 3 • Issue 11

2026



Founded in 2024

publishscience.uz | publish_science_journal@mail.ru

PEER REVIEWED • OPEN ACCESS

ISSN 3060-5059 (Online)
Article / Original paper https://doi.org/10.67227/fa8ahy08

ZO‘RAVONLIKDAN JABRLANGAN SHAXSLARNING IJTIMOIY XIZMATLARDAN FOYDALANISHIDAGI TO‘SIQLAR VA ULARNI BARTARAF ETISH STRATEGIYALARI

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Annotatsiya.
Maqolada zo‘ravonlikdan jabrlangan shaxslarning ijtimoiy xizmatlardan foydalanishiga to‘sqinlik qiluvchi axborot, psixologik, ijtimoiy-madaniy, iqtisodiy, geografik va institutsional omillar nazariy jihatdan tahlil qilinadi. Ilmiy adabiyotlar sharhi asosida xavfsiz murojaat qilish, muvofiqlashtirilgan yo‘naltirish va individual kuzatuv mexanizmlarini birlashtiruvchi konseptual yondashuv taklif etiladi. Shuningdek, mazkur yondashuvning O‘zbekiston sharoitida qo‘llanish imkoniyatlarini baholash uchun empirik tadqiqotlar o‘tkazish zarurligi ta’kidlanadi.

Kalit so‘zlar: zo‘ravonlikdan jabrlanganlar, ijtimoiy xizmatlar, foydalanishdagi to‘siqlar, yordam so‘rash, maxfiylik, yo‘naltirish, keys-menejment, ijtimoiy inklyuziya.

БАРЬЕРЫ ДОСТУПА К СОЦИАЛЬНЫМ УСЛУГАМ ДЛЯ ЛИЦ, ПОСТРАДАВШИХ ОТ НАСИЛИЯ, И СТРАТЕГИИ ИХ ПРЕОДОЛЕНИЯ

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Аннотация.
В статье проводится теоретический анализ информационных, психологических, социокультурных, экономических, географических и институциональных барьеров, препятствующих доступу лиц, пострадавших от насилия, к социальным услугам. На основе обзора научной литературы предлагается концептуальный подход, объединяющий механизмы безопасного обращения за помощью, координированного перенаправления к соответствующим службам и индивидуального сопровождения. Также подчёркивается необходимость проведения эмпирических исследований для оценки возможностей применения данного подхода в условиях Узбекистана.

Ключевые слова: лица, пострадавшие от насилия, социальные услуги, барьеры доступа, обращение за помощью, конфиденциальность, перенаправление, кейс-менеджмент, социальная инклюзия.

BARRIERS TO ACCESSING SOCIAL SERVICES FOR SURVIVORS OF VIOLENCE AND STRATEGIES FOR OVERCOMING THEM

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Abstract.
This article provides a theoretical analysis of informational, psychological, sociocultural, economic, geographical, and institutional barriers that prevent survivors of violence from accessing social services. Based on a review of the scientific literature, the study proposes a conceptual approach integrating safe help-seeking mechanisms, coordinated referrals, and individualized follow-up support. The article also emphasizes the need for empirical research to assess the applicability of this approach in the context of Uzbekistan.

Keywords: survivors of violence, social services, access barriers, help-seeking, confidentiality, referral, case management, social inclusion.

Introduction. Access to social services is an important component of support for survivors of violence. Assistance may include safe accommodation, psychosocial support, practical guidance and referrals to health and legal services. However, the existence of these services does not necessarily mean that survivors can access them safely or receive appropriate assistance. The United Nations Essential Services Package emphasises the importance of accessible, coordinated responses across social services, health care, policing and justice. This approach positions access as a shared institutional responsibility rather than solely a matter of individual help-seeking.

Survivors may encounter barriers before contacting a service, during their initial interactions with professionals or while attempting to obtain ongoing support. Limited awareness of available assistance, financial dependence on a perpetrator, anticipated stigma and distrust of service providers can discourage help-seeking. Seeking assistance may also involve perceived or actual risks, including retaliation, loss of housing or withdrawal of financial support. Consequently, delayed disclosure or interrupted contact should not automatically be interpreted as unwillingness to receive help. Such decisions need to be understood in relation to survivors’ individual circumstances and assessments of

ISSN 3060-5059 (Online)

personal safety.

Institutional responses are therefore central to the analysis of accessibility. A service may be geographically available but difficult to approach if its procedures are unclear, communication is inaccessible or confidentiality is uncertain. The World Health Organization's guidance on responding to intimate partner and sexual violence emphasises respectful support, privacy, confidentiality and its limitations, information about available resources and appropriate referrals. Although developed for health-care settings, these principles provide a relevant foundation for examining interactions between survivors and other support services.

An additional consideration is the diversity of survivors' circumstances. Age, disability, economic resources and responsibilities for dependants may influence both support needs and the practical ability to seek assistance. Barriers should therefore be examined as potentially overlapping rather than independent categories. For example, providing information about a service may have limited value if a person cannot reach it, communicate with its staff or make contact without alerting the perpetrator. A useful analytical distinction can be made between knowing that assistance exists, being able to access it safely, receiving appropriate support and maintaining access over time.

These questions are relevant to service development in Uzbekistan. UNFPA Uzbekistan has published practical guidance on coordinated, inclusive responses to violence and abuse against women and girls with disabilities, indicating attention to the relationship between inclusion and interagency cooperation. However, the publication of such guidance does not establish how consistently services are accessible in practice. Local assessment remains necessary to identify the barriers experienced by particular groups and the points at which access to assistance is interrupted.

This article aims to develop a conceptual framework for examining barriers to accessing social services among survivors of violence and identifying approaches to reducing them. It considers informational, psychological, sociocultural, economic, geographical and institutional dimensions of access, with particular attention to confidential communication, coordinated referrals and continuity of support. Much of the international guidance informing this discussion concerns violence against women and girls; its application to other survivor groups requires consideration of their specific circumstances. The article provides a basis for future empirical investigation in Uzbekistan rather than presenting locally measured findings or verified intervention outcomes.

LITERATURE REVIEW AND METHODOLOGY

The literature on survivors' access to support services brings together theories of help-seeking, research on stigma, models of service accessibility and evaluations of advocacy interventions. These perspectives explain different aspects of the same problem: recognising a need for assistance does not necessarily lead to obtaining appropriate support. Much of this evidence concerns women experiencing intimate partner violence. Its application to other forms of violence and other survivor groups therefore requires careful consideration.

Liang, Goodman, Tummala-Narra and Weintraub (2005) conceptualise help-seeking through three interrelated processes: defining the problem, deciding to seek assistance and selecting a source of support. Their framework highlights the influence of individual, interpersonal and sociocultural circumstances on survivors' decisions.

It provides a useful explanation for why information campaigns alone may be insufficient. A person may know that services exist but remain uncertain about whether their experience warrants intervention or whether disclosure will improve their situation. For the present article, this framework supports examining barriers at specific points in the help-seeking process rather than treating service non-use as a single outcome. However, it is a theoretical framework and does not demonstrate that these processes operate identically across all settings.

Overstreet and Quinn (2013) extend this discussion through the Intimate Partner Violence Stigmatization Model. They distinguish between cultural stigma, internalised stigma and anticipated stigma. Cultural stigma concerns social beliefs that devalue survivors; internalised stigma involves adopting these negative judgements about oneself; and anticipated stigma concerns expectations of rejection or criticism following disclosure.

This distinction is important because apparently similar patterns of non-disclosure may have different underlying explanations. A survivor who anticipates blame from professionals may require a different response from someone who considers the violence their own fault. The model directs attention to social attitudes and institutional interactions, although it does not establish the relative importance of each component of stigma in Uzbekistan.

A complementary perspective is offered by Levesque, Harris and Russell (2013), who describe access as an interaction between service characteristics and people's capacities to obtain care. Their framework identifies approachability, acceptability, availability and accommodation, affordability and appropriateness, alongside the abilities to perceive needs, seek assistance, reach services, pay and engage.

Although developed for health care, this framework offers an analytical structure that can be adapted to social services. Such adaptation would allow researchers to distinguish awareness of available assistance from practical accessibility and the appropriateness of support received. Its application in this article is conceptual: the framework has not been validated here for violence-related social services in Uzbekistan.

Empirical intervention research provides evidence that practical assistance in obtaining community resources can improve survivors' circumstances. Sullivan and Bybee (1999) evaluated an intensive community-based advocacy intervention by randomly assigning 278 women leaving a domestic violence shelter to intervention or control conditions. The study reported benefits relating to resource access, social support, quality of life and reduced violence over time.

This evidence supports examining advocacy as an active process of helping survivors obtain resources rather than merely providing contact information. However, the participants had already accessed a shelter. The findings therefore do not directly explain how to reach survivors who have never contacted formal services, nor do they establish that every form of case management produces comparable outcomes.

ISSN 3060-5059 (Online)

Taken together, the reviewed sources support an analysis that connects survivors' decisions with the conditions under which services operate. The specific evidence gap relevant to this article is the absence, within the sources examined, of a survivor-level assessment identifying where access becomes interrupted in Andijon and which barriers contribute to those interruptions. This does not imply that no local research exists. The present article therefore proposes examining access across four interconnected stages: recognising support needs, making safe initial contact, obtaining appropriate assistance and maintaining support when necessary. This synthesis provides a foundation for future empirical research while maintaining a clear analytical distinction between theoretical propositions, programme descriptions and demonstrated intervention outcomes.

METHODOLOGY

This article adopts a qualitative, literature-based approach combining a narrative review with conceptual analysis. The materials examined include scholarly publications on help-seeking, stigma, service accessibility and community-based advocacy, alongside international service guidelines and institutional publications concerning Uzbekistan. Sources were selected purposively based on their relevance to barriers encountered by survivors of violence and approaches to improving access to support. The review was not designed as a systematic review and does not claim exhaustive coverage of the literature.

The analysis organised the selected material around four stages: recognising support needs, making safe initial contact, obtaining appropriate assistance and maintaining support. Within these stages, informational, psychological, sociocultural, economic, geographical and institutional barriers were considered. Theoretical explanations, empirical intervention findings and practice recommendations were distinguished to avoid treating different types of evidence as equivalent.

DISCUSSION

A central analytical finding is the distinction between service availability and effective access. The existence of a support centre, referral mechanism or information campaign does not establish that survivors can obtain appropriate assistance. Drawing on Liang et al. (2005) and Levesque et al. (2013), access can be examined through successive questions: Can the person recognise a need for support? Can they seek assistance safely? Can they reach an appropriate provider? Does the assistance respond to their circumstances? These distinctions help identify where difficulties arise rather than interpreting all instances of service non-use in the same way.

The analysis also indicates that informational barriers should not be considered independently of safety and trust. Information about services may clarify available options, but it cannot, by itself, resolve anticipated blame, fear of disclosure or dependence on a perpetrator. Overstreet and Quinn's (2013) distinction between cultural, internalised and anticipated stigma helps explain why awareness may not translate into help-seeking. Accordingly, information provision should be assessed alongside the conditions under which survivors can act on that information.

A further implication concerns the interaction between material resources and institutional requirements. Transport costs, caring responsibilities, inaccessible communication and repeated appointments are potential obstacles that should be examined during service assessment. Their significance will vary between individuals and locations. For example, a referral may be technically appropriate yet practically unusable if the receiving service cannot accommodate the person's communication or mobility needs. These examples illustrate mechanisms requiring local investigation rather than documented findings from Andijon.

Coordination emerges as a practical concern, but its value depends on what happens after a referral is issued. The United Nations Essential Services Package supports cooperation across service sectors. For evaluation purposes, however, counting referrals alone provides limited information. A more informative approach would examine whether the receiving organisation accepted the referral, whether the survivor obtained the intended assistance and whether unresolved needs remained. Any follow-up arrangements should also consider survivors' preferences and whether contact can occur safely.

The intervention evidence reviewed offers qualified support for active assistance in obtaining resources. Sullivan and Bybee's (1999) study of community-based advocacy indicates that individualised support can produce benefits for women leaving a shelter. Its relevance to the present framework lies in treating access as a process that may require practical assistance. Nevertheless, the study does not establish equivalent effects for all survivor groups, all case-management approaches or individuals who have never contacted formal services. Advocacy should therefore be considered an approach requiring contextual adaptation and evaluation rather than a universally proven solution.

For Uzbekistan, the institutional materials reviewed document professional training and guidance on coordinated and inclusive services. These represent relevant developments, but they describe activities and intended standards rather than directly measuring survivors' experiences. Consequently, the available material does not support ranking the most significant barriers in Andijon or estimating the proportion of survivors whose needs remain unmet. Such conclusions would require locally collected evidence, including accounts from individuals who sought assistance unsuccessfully or discontinued contact.

The resulting framework directs attention to safe initial access, appropriate assistance and continuity of support. It also suggests that increased service use should not be treated as the sole measure of success. Evaluation should consider whether assistance was voluntary, accessible, responsive to identified needs and experienced as helpful. Future research in Andijon could apply this framework to investigate specific interruptions in access and assess which organisational changes address them. The present analysis provides the conceptual basis for such investigation without claiming locally verified outcomes.

RESULTS

ISSN 3060-5059 (Online)

The analysis of the selected literature suggests that barriers to accessing social services are best understood as interacting difficulties across the help-seeking process. The findings presented here constitute a conceptual synthesis of published research and institutional guidance; they are not based on fieldwork in Andijon or a statistical assessment of service users in Uzbekistan.



Figure 1. Barriers to Social-Service Access and Proposed Strategies for Supporting Survivors of Violence.

Table 1. Proposed framework for analysing barriers and assessing service responses

Stage of access	Potential barrier	Proposed response	Suggested assessment indicator
Recognizing support needs	Uncertainty about available assistance or eligibility	Clear information in accessible formats	Whether service users understand their options
Making initial contact	Anticipated blame, disclosure concerns, or fear of retaliation	Respectful communication and explanation of confidentiality and its limits	Reported safety and clarity of the initial interaction
Reaching a service	Transport difficulties, costs, caring responsibilities, or physical inaccessibility	Individual assessment of practical access needs	Reasons for delayed or unsuccessful access
Receiving appropriate assistance	Fragmented referrals or support that does not match identified needs	Coordinated referral and individualized planning	Referral completion and the survivor's assessment of suitability
Maintaining support	Repeated administrative demands or interrupted communication	Agreed follow-up arrangements and continuity of contact	Whether continuing needs receive an appropriate response

CONCLUSION

This literature-based analysis indicates that access to social services for survivors of violence depends on more than the availability of institutions or information. Informational, psychological, sociocultural, economic, geographical and institutional barriers may interact throughout the help-seeking process. Effective access therefore requires attention to survivors' ability to recognise their support needs, establish safe contact with service providers, obtain appropriate assistance and maintain access to support when necessary.

The proposed framework identifies several priorities for service development: accessible information, respectful communication, clear explanations of confidentiality and its limitations, practical assistance, coordinated referrals and individualised follow-up. These measures should respect survivors' autonomy and respond to their specific circumstances. Service evaluation should therefore extend beyond the number of consultations and referrals to assess whether assistance was received, addressed identified needs and was perceived as safe and helpful.

For Uzbekistan, the framework provides a basis for investigating barriers to accessing social services and identifying potential improvements in service delivery. However, this study presents neither locally collected empirical findings from Andijon nor evidence of the effectiveness of the proposed measures in that context. Future research should include survivors who have not accessed formal assistance or have discontinued contact with service providers, alongside current service users and practitioners. Such evidence would help identify where access is interrupted and determine which improvements are most appropriate. Given that much of the reviewed literature focuses on women experiencing

intimate partner violence, further research is also needed to assess the framework's applicability to other groups of survivors.

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