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## Help-Seeking Behavior and Domestic Violence



Gena K. Dufour <sup>1</sup>, Elizabeth Gerhardt <sup>2</sup>, Jennifer McArthur <sup>3</sup> and Marguerite Ternes <sup>2</sup>

<sup>1</sup>Department of Psychology, University of Windsor, Windsor, ON, Canada

<sup>2</sup>Saint Mary's University, Halifax, NS, Canada

<sup>3</sup>Dalhousie University, Halifax, NS, Canada

### Synonyms

[Disclosure](#); [Formal and informal support seeking](#); [Seek support](#)

### Definition

Help-seeking in a domestic violence context is a multistep process which involves (1) recognizing and defining the problem, (2) identifying and engaging with sources of formal or informal support, (3) disclosing experiences of violence, and (4) receiving formal or informal help (Goodson & Hayes, 2021; Liang et al., 2005; Stork, 2008; Sylaska & Edwards, 2014).

### Background

Domestic violence (DV) refers to physical, sexual, emotional, economic, and/or psychological

violence against a partner, child, or family member, and can have physical, psychological, and lethal consequences for survivors (Centers for Disease Control and Prevention, 2020). Across the globe, estimates indicate that anywhere from 10% to 70% of women and girls and approximately 30% of boys and men will experience some form of DV in their lifetimes (Centers for Disease Control and Prevention, 2020; Lelaurain et al., 2017). Despite the high prevalence of DV, research consistently indicates that the proportion of DV survivors who seek help in escaping that violence is disproportionately lower than we would expect (Fanslow & Robinson, 2010). Some estimates indicate that as few as 40–75% of people who experience DV will seek help from a friend, family member, or other informal source of support, and even fewer will disclose to formal support services like police (e.g., Fanslow & Robinson, 2010).

Help-seeking is a complex, multistep process that the American Psychological Association defines as “searching for or requesting help from others via formal or informal mechanisms” (American Psychological Association, n.d., p. 1). Scholars have offered several conceptualizations of help-seeking behavior; however, the most widely accepted steps include: (1) recognizing and defining the problem, (2) identifying and engaging with sources of formal or informal support, (3) disclosing experiences of violence, and (4) receiving formal or informal help (Goodson &

Hayes, 2021; Liang et al., 2005; Stork, 2008; Sylaska & Edwards, 2014).

### Step 1: Recognizing Domestic Violence

For many DV survivors, the process of seeking help is arduous and nonlinear. While recognition of a problematic or dangerous situation is typically the first step towards seeking help, survivors often miscalculate the risks, leading to a failure to realize or acknowledge that they need help (Fanslow & Robinson, 2010). While experiences are highly situational and unique to each survivor, abusers often adopt a discernible pattern of behavior, which starts with more innocuous forms of controlling and abusive behavior aimed at isolating a partner (Edwards et al., 2015). These behaviors often escalate later in the relationship, with abusers oscillating between physically violent outbursts and periods of affection coupled with gifts, gaslighting, and promises that the violence will end. Survivors are effectively manipulated into rationalizing and excusing the abusive behavior, making it difficult for them to appreciate the precariousness of their own situation (Ansara & Hindin, 2010; Fanslow & Robinson, 2010; Mosher, 2015).

Further complicating matters, coercive control and psychological abuse are often perceived as acceptable and/or harmless behaviors within intimate relationships, especially when contrasted against physical and sexual violence (Masci & Sanderson, 2017; Wright et al., 2021). Social and cultural norms play a significant role in victims' perceptions and understandings of violence risk and escalation. Many coercive or controlling behaviors (such as when one partner takes executive control of the household finances and economic decisions) are normalized parts of intimate relationships in some cultures (Lelaurain et al., 2017; Waller et al., 2021, 2022; Wright et al., 2021). Moreover, several traditional and religious ideologies place high importance on the sanctity of marriage (Lelaurain et al., 2017; Waller et al., 2021). Consequently, women who endorse religious beliefs are less likely to seek help for DV than nonreligious women (e.g., Hassouneh-Phillips, 2001; Potter, 2007). For these women, making the decision to leave violent relationships

is made more difficult because the support people and systems in their lives do not necessarily recognize the risks associated with controlling or abusive behavior (Waller et al., 2021).

For many survivors, their situation often needs to become dire before they are motivated to seek support. In some situations, a key motivator or trigger for seeking help is the explicit belief that one's life is in danger (Barrett & St. Pierre, 2011). In a systematic review of help-seeking behavior, Lelaurain et al. (2017) reported that survivors who have endured sexual or psychological DV are less likely to disclose than those who have experienced physical DV. However, the more severe or frequent the violence at home, the more likely that the survivor will report it and seek help.

### Step 2: Identifying Sources of Support

The second step in seeking help is to identify a source of support and then take action to contact and engage with that support. Most models of help-seeking differentiate between formal and informal sources of support for survivors of DV. Formal sources of support include, but are not limited to, institutional services (e.g., university campus-based supports), health care professionals (e.g., family doctors, psychologists), community agencies or organizations (e.g., DV shelters, crisis centers, helplines), criminal justice system services (e.g., police, victim service units), and other government-run awareness programs (Goodson & Hayes, 2021; Sylaska & Edwards, 2014). Informal sources of support include individuals who are close to the survivor but are not associated with any formal system or institution, such as family members, friends, neighbors, or coworkers (Ansara & Hindin, 2010). Connection with either formal or informal sources of support can help to improve safety and physical and mental health outcomes for DV survivors (Liang et al., 2005). The decision to contact either formal or informal sources of support depends on the survivor and their unique context.

Research consistently shows that men and women are significantly more likely to disclose instances of violence to informal rather than formal sources of support (Sylaska & Edwards, 2014). For example, Fanslow and Robinson

(2010) found that nearly 60% of the women survivors in their sample disclosed their abuse to family members, while less than 15% sought help from police or doctors. Similar findings have been replicated across the globe, including in developing nations (Goodson & Hayes, 2021). However, contact with formal versus informal support services are not mutually exclusive options, and several studies have found that having support from informal sources (e.g., family or friends) increases the likelihood of later contacting formal support services (e.g., Fanslow & Robinson, 2010; Ravi et al., 2021). Some research has found a positive relationship between abuse severity and use of formal services, such that the more severe the violence is at home and the more controlling the partner becomes, the more likely survivors are to reach out to police, lawyers, crisis centers, and shelters (Ansara & Hindin, 2010).

While both formal and informal sources of support help to improve safety and physical and mental health outcomes for DV survivors (Liang et al., 2005), each source is associated with a unique set of benefits and drawbacks. Formal resources are often effective avenues for victims to gain substantial and immediate support. For example, contacting police officers can lead to the arrest of the abuser and increased immediate safety for the victim, although that immediate safety does not inherently lead to longer-term safety if the perpetrator is released (Decker et al., 2019). In fact, the use of formal services, such as the police, is positively associated with greater risk of intimate partner homicide for some women, given that it increases the chance of perpetrator retaliation (Koppa & Messing, 2021). Further, accessing formal supports can be a confusing and time-consuming process (Fugate et al., 2005). Navigating the bureaucracy of formal support services might seem overwhelming or intimidating to some victims of violence, particularly those who have previous adverse experiences with institutions like the police.

Conversely, informal sources, such as friends or family, are typically easier to access and more likely to provide emotional support to survivors, a characteristic of support directly linked to better

mental health outcomes (Flicker et al., 2012). However, informal supports can initially struggle with defining their role in providing support to the victim (Sylaska & Edwards, 2014) and despite their best intentions, informal supports may also inadvertently discourage survivors from leaving their partner, even when health or safety are at risk (Lelaurain et al., 2017; Waller et al., 2021). Moreover, survivors who disclose victimization experiences to loved ones and receive negative responses to those disclosures (e.g., minimization, victim-blaming) are at risk of greater PTSD symptoms, emotional distress, and overall impairment to day-to-day functioning (Ullman, 2010, 2021).

### Step 3: Disclosure

After identifying sources of support, the third and arguably most difficult step for survivors is to disclose the abuse (Sylaska & Edwards, 2014). Disclosure refers to any conversation with formal or informal supports wherein the individual shares information about their experiences with victimization and violence within their relationship (Hyman et al., 2006). Thus, although the two processes are often confused or conflated, disclosing violence is only one component of help-seeking.

Disclosure can be a difficult step for DV survivors because it means involving another person in the relationship. Survivors of DV may be hesitant to disclose the abuse to another person because they would prefer to keep personal matters private, due to feelings of shame and embarrassment, or because they fear the person they are disclosing to will react poorly by, for example, victim-blaming, pressuring them to end the relationship, or pressuring them to go to the police (Sylaska & Edwards, 2014). DV survivors who are racial or ethnic minorities may face additional barriers to disclosure related to language barriers or fears related to deportation (Barrett & St. Pierre, 2011; Decker et al., 2019). Finally, DV survivors who are sexual minorities may feel inhibited from disclosure if they are not “out” to members of their social network or if they anticipate experiencing homophobia (Robinson et al., 2021).

The disclosure of violence does not necessarily signal an appeal for help. For example, a DV survivor may self-disclose the abuse in an attempt to reduce distressing symptoms (Vogel & Wester, 2003). Similarly, some survivors may seek help from formalized supports such as health care providers or nonprofit organizations, such as shelters, without ever explicitly disclosing their experiences with abuse, particularly since those services are not specific to DV (Krishnan et al., 2001). Therefore, while there is a substantial overlap between disclosures and help-seeking, the acts do not always co-occur. Nevertheless, disclosing that one has been victimized is an important part of seeking help, and most models of help-seeking include disclosing violence in their definitions (Liang et al., 2005; Sylaska & Edwards, 2014).

#### **Step 4: Receiving Support**

Once a survivor has disclosed that they are experiencing violence and asked for help, the next steps often involve receiving help from third parties that are external to the violence they are experiencing. It is important to recognize that engagement with formal help and support systems can be a lengthy process and that asking for help does not necessarily mean the survivor is ready to leave the relationship or the home. In some cases, a survivor might simply be asking for access to specialized support (e.g., mental or physical health care) or help with risk reduction and management to minimize the possibility of the violence getting worse (Jeffrey et al., 2019; Logan & Walker, 2018). Safety planning and risk management techniques are integral aspects of the help-seeking process and are especially important for families experiencing violence (Logan & Walker, 2018). Such techniques may include educating women about their level of risk, providing emergency services for DV, alerting the police to the risk, and when needed, planning an escape or relocating work and home locations (Bader et al., 2019). Thus, seeking help in leaving and recovering from violence is not a “one-and-done” event, it means ongoing engagement with sources of support until such a time a victim is safe (Logan & Walker, 2018; Sylaska & Edwards, 2014).

As discussed, seeking help and receiving help are not the same thing, and survivors do not always receive the help they had hoped for (Liang et al., 2005; Ullman, 2010, 2021). For example, it is common for DV survivors who seek help from formal resources to be met with disbelief due to the need to have their victim status corroborated by another formal source. Fear of being turned away due to an inability to provide corroborative evidence, coupled with poor response to requests for help (e.g., victim-blaming, disbelief, minimization), leaves those in need without support and may lead survivors to avoid contacting formal services (Ullman, 2010). Such negative responses to a disclosure can be detrimental to the survivor’s well-being and progress in recovery (Ullman, 2021). DV survivors who feel they have been failed by formal resources tend to avoid reaching out for help in the future (Lelaurain et al., 2017). Conversely, positive responses to disclosures of violence are integral in facilitating recovery for the survivor, and individuals who are met with appropriate, supportive, and trauma-informed responses to disclosures of violence are more likely to show more positive psychological health benefits and fewer negative symptoms of trauma and stress (Sylaska & Edwards, 2014; Ullman, 2010, 2021).

### **Theories of Help-Seeking Behavior in Domestic Violence**

Help-seeking is a richly studied interdisciplinary phenomenon with roots in most social sciences and humanities related fields (Waller et al., 2022). Theories on help-seeking and escaping DV, while limited, largely posit that survivors are actively engaged in numerous complex decision-making processes related to violence prevention, violence management, and leaving violent situations (Sivitz, 2014; Sylaska & Edwards, 2014; Waller et al., 2022). Importantly, characteristics of violence (e.g., type, severity) are a critical component of help-seeking behavior in most models of decision-making as a cue of risk (Lelaurain et al., 2017), which is particularly critical given that the feeling that one’s life is in danger is one of

the strongest predictors of help-seeking behavior (Barrett & St. Pierre, 2011).

### **Progression of Disclosure and Help-Seeking**

One widely cited theory, developed by Liang et al. (2005), but expanded on by other authors over the recent years (e.g., Ullman, 2010), focuses directly on the complexities of help-seeking in DV situations. Liang et al. (2005) posited that help-seeking is a three-stage process parallel to the process of leaving a relationship, wherein the victim must recognize their situation as DV, decide to seek help, and make decisions about who to seek help from based on available resources (Liang et al., 2005). Building on Liang et al.'s (2005) theoretical framework, Ullman (2010) introduced an adaptation of this model by exploring the impact of disclosure responses on future help-seeking behaviors. It is well-established that positive responses (from either formal or informal sources of support) substantially improve mental and physical health outcomes for survivors of violence whereas negative responses to disclosures and requests for help can be detrimental to the survivor's mental health and might shape future decisions to seek help again (Sylaska & Edwards, 2014; Ullman, 2021). More recent articles (e.g., Sylaska & Edwards, 2014) have noted that Liang et al.'s (2005) model was "promising" but lacked thorough consideration of the victim's experiences with disclosure. Scholars in the gender-based violence sector have recently emphasized the need for help-seeking to be seen as a fluid, nonlinear path throughout their suggested stages of help-seeking, as help-seeking does not take the same direction for all individuals (Sylaska & Edwards, 2014). Moreover, it is important to consider the impacts of past disclosure experiences on the decision to seek-help in the future (Ullman, 2010, 2021).

### **Victims Make Rational Choices**

Research conducted in the social sciences often aims to understand how and why victims make the difficult decision to seek help. Rational choice theory suggests that these individuals are not poor decision-makers, nor are they to blame for "choosing" a violent and manipulative partner, as

previously suggested (e.g., Hamby & Gray-Little, 1997). Rather, many researchers have argued that individuals in these situations tend to make rational, well-considered decisions given the complexity of the social, economic, and safety decisions they are forced to make in an unsafe environment (e.g., Sivitz, 2014; Stork, 2008). Considering the actions of DV survivors through this lens helps explain why the path to seeking help is unique for each survivor and often nonlinear. In a scoping review examining the variety of interpersonal environments and existing theories on help-seeking among DV survivors, Sivitz (2014) concluded that research in DV has always examined the decision-making process of survivors; therefore, those seeking to assist DV survivors would benefit from the well-documented field of decision-making, especially in relation to accessing formal supports (e.g., the criminal justice system). Importantly, recent authors in the field have expressed a need for theories that can be extended beyond heteronormative conceptions of DV (e.g., help-seeking in same-sex couples, help-seeking in male victims; Sylaska & Edwards, 2014).

### **Barriers and Facilitators to Help-Seeking**

Extensive scientific literature has explored barriers to help-seeking for survivors of DV and significant advances have been made in measuring such barriers (Thorvaldsdottir et al., 2022). Although dozens of measures of help-seeking exist (Clement et al., 2012), only a handful of tools have been validated to explore barriers to help-seeking specifically and many of these tools still require additional examination and development (Thorvaldsdottir et al., 2022). Nevertheless, research has identified several commonly occurring barriers to help-seeking across contexts. Most commonly, survivors of DV cite fear of their abuser, fear of not being believed, lack of awareness of services, lack of accessibility, and negative social stigma as social barriers to seeking out assistance (Lelaurain et al., 2017; Mosher, 2015; Robinson et al., 2021; Wolf et al., 2003). While barriers can impede individuals from seeking

help, facilitators increase access to services and other helpful resources. Often barriers and facilitators are two sides of the same coin. For example, a lack of social and cultural awareness of DV and DV services acts as a systemic barrier to help seeking. Consequently, increasing social awareness of DV and the services available can aid in increasing accessibility and reducing stigma, making survivors feel more supported when seeking out resources. Further, barriers for some survivors may be facilitators for others. For example, while fear may make it difficult for some to disclose the harms done to them (e.g., Fugate et al., 2005), it can also motivate others to find support (Lelaurain et al., 2017).

### **Fear of Retaliation**

One of the most cited barriers to help-seeking is fear (Fugate et al., 2005; Robinson et al., 2021; Wolf et al., 2003). Of course, fear is a complex phenomenon that can take several forms. Fear of retaliation from the perpetrator is one example of how fear might prevent someone who is experiencing violence from reaching out for help. Many survivors of violence report a fear of retaliation should the perpetrator find out that the survivor had contacted support services (Robinson et al., 2021); this fear is often legitimate as limits on confidentiality can alert the abuser to their attempts to leave the relationship (Huntley et al., 2019).

While fear for oneself can deter survivors from seeking help, the desire to protect others (e.g., children, pets, elderly) can motivate survivors to take steps to prevent loved ones from seeing, hearing, or otherwise experiencing the same violence they have suffered (Lelaurain et al., 2017; Newberry, 2017; Ravi et al., 2021). Many authors have noted that survivors of violence have stated that the decision to contact formal services was directly motivated by a need to protect the well-being and needs of their loved ones (Newberry, 2017; Rasool, 2016). Equally, however, fear of one's children being taken away by child protective services deters some women from calling the police for help (Wolf et al., 2003). This fear is particularly salient for individuals in vulnerable social positions (e.g., low socioeconomic status,

immigrants, people of color). Authors such as Mosher (2015) have pointed out that some abusers will go so far as to use factors such as immigration status to leverage their power over their partners and children.

### **Fear of Not Being Believed**

DV survivors have also reported apprehension about disclosing abuse due to fears that they would not be taken seriously, especially by those in the criminal justice system (Lelaurain et al., 2017; Mosher, 2015; Wolf et al., 2003). Furthermore, survivors who have had adverse experiences with formal resources are more likely to avoid reaching out for help in the future (Wolf et al., 2003). This fear stems from a general distrust of service providers, especially for marginalized groups seeking help from sources which have historically been sources of further systemic violence (Reina et al., 2014). Survivors who do seek police support have reported multiple issues with the responding officers including trivialization of the situation, misattribution of abuser/victim, and failure to reprimand or arrest abuser (Mosher, 2015). A negative perception of police officers reduces a victim's willingness to consider the police as a helpful resource and therefore they do not call police when in danger or cooperate when responders are called by a third party (e.g., neighbor or concerned family member) to engage victims. Individuals from marginalized backgrounds, such as Black or Indigenous DV survivors, are even less likely to willingly contact or engage with police services given histories of colonialism, systemic prejudice, and institutional abuse (Lelaurain et al., 2017; Mosher, 2015); however, marginalized groups are more likely to live in communities which are lacking resources and the police are often their only option for support (Lelaurain et al., 2017).

A lack of corroborating evidence of the abuse can make it difficult to follow through with contacting and engaging with formal support services, particularly since acts of gender-based violence are among the most underreported crimes (Cotter & Savage, 2019). A detailed history of abuse is often sparse or nonexistent due to fears of disclosure, fears of their abuser, and the failure

of formal resources to store and coordinate such information. Moreover, DV does not always involve physical violence, and emotional abuse can be more difficult to formally identify and prove (Mosher, 2015).

### **Lack of Awareness**

Another critical barrier to help-seeking is lack of awareness of services available specific to their situation, community, or demographic (Fugate et al., 2005; Goodson & Hayes, 2021; Robinson et al., 2021). For example, in a qualitative study, Fugate et al. (2005) reported that a large proportion of their sample of DV survivors indicated that they were not aware of any agencies or people who could help, did not know where to go, or did not know how to contact an agency or counselor. Such findings have been replicated across contexts (e.g., Goodson & Hayes, 2021) and there is evidence that DV services are simply not well-known to members of the general public. Significant efforts have been made in recent years by government and nonprofit organizations to increase awareness of available resources for victims and survivors of DV (Government of Canada, 2020; The National Resource Centre on Domestic Violence, 2021).

The community level gaps in knowledge of available services speaks to a larger need to highlight community-based education to promote cultural understandings of gender-based violence, including risk factors, response options, available services, how to access services, and what will and will not happen after engaging with services (Robinson et al., 2021). It is important to share information with community members, particularly youth who are learning to develop healthy relationships, about what DV is, what healthy relationships look like, and how to identify red flags. However, it is equally important to share knowledge about what resources are available for risk prevention, management, and response. In turn, improving community-level knowledge of available tools and services, thus increasing awareness of DV risks and resources, may improve help-seeking behaviors and contribute to reducing incidence of violence (Sylaska & Edwards, 2014).

### **Accessibility**

Another commonly identified barrier to help-seeking is rooted in the inaccessibility of services (Robinson et al., 2021). Access to resources plays an important role in the ultimate decision to seek help, and accessibility looks different for each survivor. Problems with accessibility are due to a lack of tangible resources which prevent survivors from making use of existing services. Issues such as financial insecurity often prevent survivors from leaving their homes, from accessing transportation to get to and from services, or from accessing childcare necessary for being out of the house. For other survivors, inaccessibility of services speaks to the lack of services available to them at all. Such financial, transportation, and availability issues are exacerbated for individuals living in rural areas who typically only have a single central location to accommodate a large geographic area (Jeffrey et al., 2019; Krishnan et al., 2001). For individuals without access to a vehicle, getting to and from formal resources might be impossible. The act of seeking help in violent situations necessitates, by design, a source of support to seek help from. For survivors who do not have access to sources of formal support, the decision is made for them.

Moreover, when survivors are able to use the services available in their region, those services might not perfectly match the individual and complex needs of every kind of survivor (e.g., they might lack culturally informed services or are not able to offer particular kinds of mental health support due to limited resources; Krishnan et al., 2001). Many immigrant victims of abuse will be unable to make use of local DV resources because those resources are not available in their primary language. Accordingly, the accessibility issues, which are exacerbated by low economic status, also frequently co-occur in rural, immigrant, and minority groups.

Informed and deliberate systemic changes to service provision can improve accessibility, in turn increasing the prevalence of help-seeking in previously limited communities. Improvements to accessibility have been made through the use of technology, such as apps, call-lines, websites, and other online resource options. Online tools are not

only easy to access, particularly for youth and young adults, but the increased potential for anonymity may also encourage greater self-disclosure than in-person resources (Voth Schrag et al., 2022). Additionally, the accessibility of services ought to be enhanced through the inclusion of culturally relevant services, culturally informed care, and diversity in the resource material provided to survivors of violence (e.g., the creation of resource material in a wide range of languages; Satyen et al., 2019; Waller et al., 2021).

### **Stigmatization and Shame**

Stigmatization, another common barrier to help-seeking, occurs when power is exerted to identify, stereotype, and label differentness in socially devalued individuals, which ultimately leads to disapproval, rejection, exclusion, and discrimination (Link & Phelan, 2001). In the case of DV, many survivors face victim-blaming, stigmatization, and other types of adverse social responses as a result of seeking help within their communities. These factors play an important role in a survivor's ability to process emotions, experiences, and trauma, and can impact behavior and decision-making, such as in the case of help-seeking (Kennedy & Prock, 2018). Importantly, stigma occurs at various levels of the social ecology, such as individually or internalized stigma, group or local level stigma, as well as structural or cultural level stigma that perpetuates ideologies that delegitimize the experiences of DV survivors, in turn impacting survivors' willingness and availability to participate in help-seeking behaviors (Overstreet & Quinn, 2013). In many cases, negative attitudes about those who perpetuate and experience DV, and the individual and social impacts of DV, can harm survivors in both direct and indirect ways (Overstreet & Quinn, 2013).

### **Help-Seeking Through an Intersectional Lens**

As described, innumerable barriers to DV help-seeking have been identified in scientific literature. However, scholars (e.g., Overstreet & Quinn, 2013; Robinson et al., 2021) have highlighted the

importance of distinguishing between personal/individual level barriers (e.g., self-blame, embarrassment) compared to barriers at the systemic level (e.g., structural inaccessibility of services, systemic marginalization, minimization, or discrimination). Many feminist and intersectional scholars have pointed out that not all barriers to help-seeking will apply in every situation, and systemic barriers might impact some individuals more than others (Robinson et al., 2021; Waller et al., 2021). That is, help-seeking will look different for every survivor. Many individual, social, and cultural factors, including factors beyond what are discussed in this entry, shape someone's willingness and ability to ask for help when faced with DV.

### **Gender**

DV is considered a highly gendered social issue in society. Compared to men, women are at a greater risk of severe and fatal outcomes. Women, specifically women of color, those in rural or remote areas, transgender women, women who are poor, or women who are otherwise vulnerable (e.g., seniors, children, those with physical or mental disabilities) are at significantly higher risk of violence than individuals who are not in those social positions (e.g., Bader et al., 2019; Jeffrey et al., 2019). Accordingly, the ways women interact with formal and informal sources of support may be directly impacted by their gender identity. For example, trans women may be reluctant to approach police or psychologists due to histories of discrimination and may therefore reach out to informal or trusted community members for support. Additionally, while women face the barriers discussed above, many men also struggle to find anyone who is willing to take their concerns seriously.

On the other end, an estimated one in three men experience physical and psychological violence at the hands of an intimate partner (Lelaurain et al., 2017); however, evidence consistently demonstrates that men are less likely to seek help for their victimization compared to women (e.g., Ansara & Hindin, 2010). For men, barriers to help-seeking are generally rooted in societal concepts of masculinity and gender roles (Huntley



et al., 2019). Seeking help is often in conflict with stereotypical views that men should be emotionally muted, not exhibit weakness, and be self-reliant. Thus, men may find it more difficult than women to consciously identify as a “victim” of DV (Walker et al., 2020). In addition, the fact that most perpetrators of severe violence are male has led to a focus on providing resources to women which are hidden from men, and few resources have been developed to support men living with DV. Given the many intersecting systems of power that convey victimhood to be in stark contrast to the predominant masculine narrative in contemporary western culture, many men may struggle to find resources which are available to them and which meet their needs (Lelaurain et al., 2017).

### **Sexual Identity**

Emerging research on survivors of same-sex intimate partner violence has begun to address a long-neglected proportion of the population who face unique barriers to help-seeking. Prior to the 2010s, the sparsity of research in this field was largely rooted in a lack of understanding of LGBTQ+ relationship dynamics (Edwards et al., 2016; St Pierre & Senn, 2010). While there are many important factors that contribute to the decision to seek help, LGB survivors of violence have identified several barriers specific to their personal identities that fundamentally impact how they use and access support services. Commonly identified factors faced by this population include: a lack of services tailored to the needs of same-sex couples (or a lack of knowledge about whether such services exist at all), service providers who lack awareness of and sensitivity to LGB issues, concerns, and relationship dynamics, silencing within the LGB community about the prevalence and impact of DV, not being out about one’s sexual (or gender) orientation, distrust in providers, concerns that self-defense would be mistaken for violence perpetration, and overall shame related to same-sex DV (Oswald et al., 2010; St. Pierre & Senn, 2010; Walters & Lippy, 2016).

### **Ethnicity and Race**

In their systematic review of help-seeking for DV, Lelaurain et al. (2017) identified non-White ethnicity as an inhibiting factor to seeking help. They attributed this to a variety of factors from the help-seeking literature, including social isolation due to immigration, language barriers, and fear of negative consequences, such as repercussions related to immigration status. Interestingly, some studies have identified discrepancies in help-seeking behavior according to race, where African-American and Latina women have been more likely to seek help from the police than White women, while White women are more likely than racial minorities to seek help related to their mental health (Flicker et al., 2011; Lipsky et al., 2006).

### **Poverty, Class, and Housing Stability**

Finally, poverty, class, and housing instability have been directly linked to difficulty in escaping and recovering from DV (Goodman et al., 2009). The difficulties associated with poverty (homelessness in particular) make leaving an emotionally or physically abusive relationship more complicated, particularly for individuals who are reliant on their partners for financial or economic support. Especially as safety measures taken when leaving DV situations such as relocating, changing workplaces, and traveling to seek support all require the victim to have extra time and money which can be used without detection from their abuser. Surviving homelessness or extreme poverty at the same time as DV has been described as a “juggling act” that prevents the individual from having time to find, access, and reliably use any kind of support service, given that these survivors are often primarily focused on immediate basic health and safety needs (Goodman et al., 2009).

### **Conclusion**

Although many definitions of help-seeking exist, which vary in detail and generalizability, we have broadly defined help-seeking in a DV as a multi-step process which involves (1) recognizing and

defining the problem, (2) identifying and engaging with sources of formal or informal support, (3) disclosing experiences of violence, and (4) receiving formal or informal help (Goodson & Hayes, 2021; Liang et al., 2005; Stork, 2008; Sylaska & Edwards, 2014).

Survivors are the experts of their own situations. Every individual who has been victimized in this way will make the decisions that they feel are right for them. The decision to seek help in escaping, minimizing, or preventing DV in one's life will be informed by individual, community, and system level considerations. The route one survivor takes in seeking help will look different than the route taken by another survivor; while most individuals choose to seek help from family, friends, or other informal sources of support, others will feel compelled to contact the police or health care providers. Still others may decide not to seek help at all. While the decision to seek help for DV is an individual one, the community can assist by minimizing the barriers faced by those who wish to seek help. For example, governments and communities should provide resources for DV survivors and, importantly, ensure that members of the community are aware of what these resources are and how to access them. Moreover, those working in organizations that provide formal help-seeking should be educated in appropriate responses to avoid victim-blaming and stigmatization. Minimizing barriers to help-seeking for DV would likely improve help-seeking behaviors and contribute to reducing incidence of violence.

## Cross-References

- ▶ [Availability of Resources and Domestic Violence](#)
- ▶ [Barriers to Disclosure of Domestic Violence](#)
- ▶ [Building Social Support for Victims of Domestic Violence](#)
- ▶ [Coercive Control \(Intimate Partner Violence\)](#)
- ▶ [Domestic Violence: Survivors](#)
- ▶ [Domestic Violence: Victim Recovery](#)
- ▶ [Domestic Violence Against Immigrant Women and Children in the United States](#)
- ▶ [Education for Prevention of Domestic Violence](#)
- ▶ [Formal Sources of Support in Same-Sex Intimate Partner Violence](#)
- ▶ [Friendship Networks and Domestic Violence](#)
- ▶ [Help-Seeking in Same-Sex Intimate Partner Violence](#)
- ▶ [Male Victims of Domestic Violence](#)
- ▶ [Men's Nonlethal Physical Abuse of Female Intimate Partners](#)
- ▶ [Recovery from Domestic Violence](#)
- ▶ [Separating from an Abusive Partner](#)

## References

- American Psychological Association. (n.d.). *Help-seeking behavior*. APA Dictionary of Psychology. <https://dictionary.apa.org/help-seeking-behavior>
- Ansara, D. L., & Hindin, M. J. (2010). Formal and informal help-seeking associated with women's and men's experiences of intimate partner violence in Canada. *Social Science & Medicine*, 70(7), 1011–1018. <https://doi.org/10.1016/j.socscimed.2009.12.009>
- Bader, D., Doherty, D., Dumont-Smith, C., Guruge, S., Nepinak, J., Porteous, T., Campbell, M., Straatman, A. L., & Dawson, M. (2019). *Creating safety plans with vulnerable populations to reduce the risk of repeated violence and domestic homicide*. Domestic Homicide (6). Canadian Domestic Homicide Prevention Initiative. ISBN: 978–1–988412-29-0.
- Barrett, B. J., & St. Pierre, M. S. (2011). Variations in women's help seeking in response to intimate partner violence: Findings from a Canadian population-based study. *Violence Against Women*, 17(1), 47–70. <https://doi.org/10.1177/1077801210394273>
- Centers for Disease Control and Prevention. (2020). *Intimate partner violence, sexual violence, and stalking among men*. CDC Violence Prevention Website. <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/men-ipvsvandstalking.html>
- Clement, S., Brohan, E., Jeffery, D., Henderson, C., Hatch, S. L., & Thornicroft, G. (2012). Development and psychometric properties the barriers to access to care evaluation scale (BACE) related to people with mental ill health. *BMC Psychiatry*, 12(1). <https://doi.org/10.1186/1471-244X-12-36>
- Cotter, A. & Savage, L. (2019). Gender-based violence and unwanted sexual behaviour in Canada, 2018: Initial findings from the Survey of Safety in Public and Private Spaces. *Juristat*. Retrieved from [www.statcan.gc.ca](http://www.statcan.gc.ca)
- Decker, M. R., Holliday, C. N., Hameeduddin, Z., Shah, R., Miller, J., Dantzer, J., & Goodmark, L. (2019). "You do not think of me as a human being": Race and gender inequities intersect to discourage police reporting of violence against women. *Journal of*

- Urban Health*, 96(5), 772–783. <https://doi.org/10.1007/s11524-019-00359-z>
- Edwards, K. M., Sylaska, K. M., & Neal, A. M. (2015). Intimate partner violence among sexual minority populations: A critical review of the literature and agenda for future research. *Psychology of Violence*, 5(2), 112. <https://doi.org/10.1037/a0038656>
- Edwards, K. M., Littleton, H. L., Sylaska, K. M., Crossman, A. L., & Craig, M. (2016). College campus community readiness to address intimate partner violence among LGBTQ+ young adults: A conceptual and empirical examination. *American journal of community psychology*, 58(1–2), 16–26. <https://doi.org/10.1002/ajcp.12068>
- Fanslow, J. L., & Robinson, E. M. (2010). Help-seeking behaviors and reasons for help seeking reported by a representative sample of women victims of intimate partner violence in New Zealand. *Journal of Interpersonal Violence*, 25(5), 929–951. <https://doi.org/10.1177/0886260509336963>
- Flicker, S. M., Cerulli, C., Zhao, X., Tang, W., Watts, A., Xia, Y., & Talbot, N. L. (2011). Concomitant forms of abuse and help-seeking behavior among white, African American, and Latina women who experience intimate partner violence. *Violence Against Women*, 17(8), 1067–1085. <https://doi.org/10.1177/1077801211414846>
- Flicker, S. M., Cerulli, C., Swogger, M. T., & Talbot, N. L. (2012). Depressive and posttraumatic symptoms among women seeking protection orders against intimate partners: Relations to coping strategies and perceived responses to abuse disclosure. *Violence Against Women*, 18(4), 420–436. <https://doi.org/10.1177/1077801212448897>
- Fugate, M., Landis, L., Riordan, K., Naureckas, S., & Engel, B. (2005). Barriers to domestic violence help seeking: Implications for intervention. *Violence Against Women*, 11(3), 290–310. <https://doi.org/10.1177/1077801204271959>
- Goodman, L. A., Smyth, K. F., Borges, A. M., & Singer, R. (2009). When crises collide: How intimate partner violence and poverty intersect to shape women's mental health and coping? *Trauma, Violence, and Abuse*, 10(4), 306–329. <https://doi.org/10.1177/1524838009339754>
- Goodson, A., & Hayes, B. E. (2021). Help-seeking behaviors of intimate partner violence victims: A cross-national Analysis in developing nations. *Journal of Interpersonal Violence*, 36(9–10), NP4705–NP4727. <https://doi.org/10.1177/0886260518794508>
- Government of Canada. (2020). *The family violence initiative*. Public Health Agency of Canada Website. <https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence/initiative.html>
- Hamby, S. L., & Gray-Little, B. (1997). Responses to partner violence: Moving away from deficit models. *Journal of Family Psychology*, 11(3), 339–350. <https://doi.org/10.1037/0893-3200.11.3.339>
- Hassounah-Phillips, D. S. (2001). “Marriage is half of faith and the rest is fear Allah”: Marriage and spousal abuse among American Muslims. *Violence Against Women*, 7(8), 927–946. <https://doi.org/10.1177/107780101221828>
- Huntley, A. L., Potter, L., Williamson, E., Malpass, A., Szilassy, E., & Feder, G. (2019). Help-seeking by male victims of domestic violence and abuse (DVA): A systematic review and qualitative evidence synthesis. *BMJ Open*, 9(6), 1–13. <https://doi.org/10.1136/bmjopen-2018-021960>
- Hyman, I., Forte, T., Mont, J. D., Romans, S., & Cohen, M. M. (2006). Help-seeking rates for intimate partner violence (IPV) among Canadian immigrant women. *Health Care for Women International*, 27(8), 682–694. <https://doi.org/10.1080/07399330600817618>
- Jeffrey, N., Johnson, A., Richardson, C., Dawson, M., Campbell, M., Bader, D., Fairbairn, J., Straatman, A. L., Poon, J., Jaffe, P. (2019). *Domestic violence and homicide in rural, remote, and northern communities: Understanding risk and keeping women safe*. Domestic Homicide (7). Canadian Domestic Homicide Prevention Initiative. ISBN 978–1–988412-34-4.
- Kennedy, A. C., & Prock, K. A. (2018). “I still feel like I am not normal”: A review of the role of stigma and stigmatization among female survivors of child sexual abuse, sexual assault, and intimate partner violence. *Trauma, Violence, & Abuse*, 19(5), 512–527. <https://doi.org/10.1177/1524838016673601>
- Koppa, V., & Messing, J. T. (2021). Can justice system interventions prevent intimate partner homicide? An analysis of rates of help seeking prior to fatality. *Journal of Interpersonal Violence*, 36(17–18), 8792–8816. <https://doi.org/10.1177/0886260519851179>
- Krishnan, S. P., Hilbert, J. C., & Vanleeuwen, D. (2001). Domestic violence and help-seeking behaviors among rural women: Results from a shelter-based study. *Family and Community Health*, 24(1), 28–38. <https://doi.org/10.1097/00003727-200104000-00006>
- Lelaurain, S., Graziani, P., & Lo Monaco, G. (2017). Intimate partner violence and help-seeking: A systemic review and social psychological tracks for future research. *European Psychologist*, 22(4), 263–281. <https://doi.org/10.1027/1016-9040/a000304>
- Liang, B., Goodman, L., Tummala-Narra, P., & Weintraub, S. (2005). A theoretical framework for understanding help-seeking processes among survivors of intimate partner violence. *American Journal of Community Psychology*, 36(1–2), 71–84. <https://doi.org/10.1007/s10464-005-6233-6>
- Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, 27(1), 363–385. <https://www.jstor.org/stable/2678626>
- Lipsky, S., Caetano, R., Field, C., & Larkin, G. (2006). The role of intimate partner violence, race, and ethnicity in help-seeking behaviors. *Ethnicity & Health*, 11, 81–100. <https://doi.org/10.1080/13557850500391410>

- Logan, T., & Walker, R. (2018). Looking into the day-to-day process of victim safety planning. *Journal of Family Violence, 33*(3), 197–211. <https://doi.org/10.1007/s10896-018-9951-x>
- Masci, B. S., & Sanderson, S. (2017). Perceptions of psychological abuse versus physical abuse and their relationship with mental health outcomes. *Violence and Victims, 32*, 362–376. <https://doi.org/10.1891/0886-6708.VV-D-15-00180>
- Mosher, J. (2015). Grounding access to justice theory and practice in the experiences of women abused by their intimate partners. *Windsor Yearbook of Access to Justice, 32*(2), 149–179. [https://digitalcommons.osgoode.yorku.ca/scholarly\\_works/2521/](https://digitalcommons.osgoode.yorku.ca/scholarly_works/2521/)
- Newberry, M. (2017). Pets in danger: Exploring the link between domestic violence and animal abuse. *Aggression and Violent Behavior, 34*, 273–281. <https://doi.org/10.1016/j.avb.2016.11.007>
- Oswald, R. F., Fonseca, C. A., & Hardesty, J. L. (2010). Lesbian mothers' counseling experiences in the context of intimate partner violence. *Psychology of Women Quarterly, 34*(3), 286–296. <https://doi.org/10.1111/j.1471-6402.2010.01575.x>
- Overstreet, N. M., & Quinn, D. M. (2013). The intimate partner violence stigmatization model and barriers to help seeking. *Basic and Applied Social Psychology, 35*(1), 109–122. <https://doi.org/10.1080/01973533.2012.746599>
- Potter, H. (2007). Battered black women's use of religious services and spirituality for assistance in leaving abusive relationships. *Violence against women, 13*(3), 262–284. <https://doi.org/10.1177/1077801206297438>
- Rasool, S. (2016). Help-seeking after domestic violence: The critical role of children. *Journal of Interpersonal Violence, 31*(9), 1661–1686. <https://doi.org/10.1177/0886260515569057>
- Ravi, K. E., Robinson, S. R., & Schrag, R. V. (2021). Facilitators of formal help-seeking for adult survivors of IPV in the United States: A systematic review. *Trauma, Violence, and Abuse* (online first access). <https://doi.org/10.1177/1524838021995954>
- Reina, A. S., Lohman, B. J., & Maldonado, M. M. (2014). "He said they'd deport me": Factors influencing domestic violence help-seeking practices among Latina immigrants. *Journal of Interpersonal Violence, 29*(4), 593–615.
- Robinson, S. R., Ravi, K., & Voth Schrag, R. J. (2021). A systematic review of barriers to formal help seeking for adult survivors of IPV in the United States, 2005–2019. *Trauma, Violence, and Abuse, 22*(5), 1279–1295. <https://doi.org/10.1177/1524838020916254>
- Satyen, L., Rogic, A. C., & Supol, M. (2019). Intimate partner violence and help-seeking behaviour: A systematic review of cross-cultural differences. *Journal of Immigrant and Minority Health, 21*(4), 879–892. <https://doi.org/10.1007/s10903-018-0803-9>
- Sivitz, E. (2014). Rational choice and domestic violence: How decision theory can inform domestic violence policy. *Penn Journal of Philosophy, Politics & Economics, 9*(1) <https://repository.upenn.edu/spice/vol9/iss1/3>
- St Pierre, M., & Senn, C. Y. (2010). External barriers to help-seeking encountered by Canadian gay and lesbian victims of intimate partner abuse: An application of the barriers model. *Violence & Victims, 22*(4), 536–552. <https://doi.org/10.1891/0886-6708.25.4.536>
- Stork, E. (2008). Understanding high-stakes decision making: Constructing a model of the decision to seek shelter from intimate partner violence. *Journal of Feminist Family Therapy, 20*(4), 299–327. <https://doi.org/10.1080/08952830802382128>
- Sylaska, K. M., & Edwards, K. M. (2014). Disclosure of intimate partner violence to informal social support network members: A review of the literature. *Trauma, Violence, and Abuse, 15*(1), 3–21. <https://doi.org/10.1177/1524838013496335>
- The National Resource Centre on Domestic Violence. (2021). *The domestic violence awareness project*. National Resource Centre on Domestic Violence Website. <https://www.dvawareness.org/about>
- Thorvaldsdottir, K. B., Halldorsdottir, S., & Saint Arnault, D. M. (2022). Understanding and measuring help-seeking barriers among intimate partner violence survivors: Mixed-methods validation study of the Icelandic barriers to help-seeking for trauma (BHS-TR) scale. *International Journal of Environmental Research and Public Health, 19*(1). <https://doi.org/10.3390/ijerph19010104>
- Ullman, S. E. (2010). *Talking about sexual assault: Society's response to survivors*. American Psychological Association. <https://doi.org/10.1037/12083-000>
- Ullman, S. E. (2021). Correlates of social reactions to victims' disclosures of sexual assault and intimate partner violence: A systematic review. *Trauma, Violence, and Abuse, 22*(1). <https://doi.org/10.1177/15248380211016013>
- Vogel, D. L., & Wester, S. R. (2003). To seek help or not to seek help: The risks of self-disclosure. *Journal of Counselling Psychology, 50*(3), 351–361. <https://doi.org/10.1037/0022-0167.50.3.351>
- Voth Schrag, R., Hairston, D., Brown, M. L., & Wood, L. (2022). Advocate and survivor perspectives on the role of technology in help seeking and services with emerging adults in higher education. *Journal of Family Violence, 37*(1), 123–136. <https://doi.org/10.1007/s10896-021-00279-0>
- Walker, A., Lyall, K., Silva, D., Craigie, G., Mayshak, R., Costa, B., Hyder, S., & Bentley, A. (2020). Male victims of female-perpetrated intimate partner violence, help-seeking, and reporting behaviors: A qualitative study. *Psychology of Men & Masculinities, 21*(2), 213–223. <https://doi.org/10.1037/men0000222>
- Waller, B. Y., Harris, J., & Quinn, C. R. (2021). Caught in the crossroad: An intersectional examination of African American women intimate partner violence survivors' help seeking. *Trauma, Violence, and Abuse, 22*(1). <https://doi.org/10.1177/1524838021991303>

- Waller, B. Y., Joyce, P. A., Quinn, C. R., Hassan Shaari, A. A., & Boyd, D. T. (2022). "I am the one that needs help": The theory of help-seeking behavior for survivors of intimate partner violence. *Journal of Interpersonal Violence*. <https://doi.org/10.1177/08862605221084340>
- Walters, M. L., & Lippy, C. (2016). Intimate partner violence in LGBT communities. In C. A. Cuevas & C. M. Rennison (Eds.), *The Wiley handbook on the psychology of violence* (pp. 695–714). Wiley Blackwell. <https://doi.org/10.1002/9781118303092.ch36>
- Wolf, M. E., Ly, U., Hobart, M. A., & Kemic, M. A. (2003). Barriers to seeking police help for intimate partner violence. *Journal of Family Violence*, 18(2), 121–129. <https://doi.org/10.1023/A:1022893231951>
- Wright, E. N., Anderson, J., Phillips, K., & Miyamoto, S. (2021). Help-seeking and barriers to care in intimate partner sexual violence: A systematic review. *Trauma, Violence, & Abuse*, 1–19. <https://doi.org/10.1177/1524838021998305>