Safety Strategies employed when responding to Intimate Partner Violence: A systematic review.

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Report prepared for Domestic Violence Service Management, NSW.
November 2018
Summary

The research report sets out to provide evidence-based safety strategies adopted by those affected by Intimate Partner Violence (IPV). Where appropriate, other forms of interpersonal violence are considered in order to add breadth to the evidence that supports practice offered to those affected by IPV. Globally, IPV is public health and human rights issue crossing over into the justice system and while the outcomes of IPV victimisation are well documented, it is less clear how victims who experience violence or abuse manage their experiences.

The systematic review presented in this report initially scoped 3,540 papers moving through screen and quality assessment procedures. As a consequence the review yields 5 themes that centre on evidence for safety strategies adopted by those affected by IPV: Victims of Interpersonal Violence are likely to seek help from personal sources; Significant barriers for victims of interpersonal violence in seeking help; Victims use of an array of strategies to prevent or reduce harm from inter-personal violence; Victims of interpersonal violence engage in a variety of behaviours to manage their emotions; Type and severity of interpersonal violence affecting type of help sought by victims. While the implications of the study presented in this report are two-fold: research and clinical.
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Chapter 1 - Introduction to the research

Intimate Partner Violence (IPV) is recognised as a global public health concern (García-Moreno et al., 2013) and human rights issue (Abramsky et al., 2011), which affects around 25% to 54% of women in their lifetime (Cambell, 2002; Bonomi et al., 2006). IPV victimisation rates in males is thought to be equal (Coker et al., 2002a; Caetano, Vaeth & Ramisetty-Mikler, 2008a) or greater than females (Archer 2000). Conceptually, IPV as a behaviour is defined as threatened, attempted, or completed physical or sexual violence or emotional abuse by a current or former intimate partner (Centers for Disease Control and Prevention, 2008). Although some have questioned the ‘uniqueness’ of IPV in comparison with other forms of aggression (Moffitt, Krueger, Caspi & Fagan, 2000) IPV and general violence have been shown to differ in predictor variables in both men and women (Thornton, Graham-Kevan & Archer, 2016). Nevertheless, by its definition, IPV is a form of interpersonal aggression, in that it must involve directed aggression or abuse towards another person. In this way, victims of IPV may experience a range of behaviours including sexual assault, physical assault, stalking and verbal abuse. Victims in IPV relationships may, therefore, respond similarly to their victimisation to victims of stranger violence.

Previous research has demonstrated that IPV victimisation can have significant negative mental health outcomes (Centers for Disease Control and Prevention, 2008) including increased depressive symptoms (Coker et al., 2002b; Bonomi et al., 2006; Afifi et al., 2009) and PTSD (Post-Traumatic Stress Disorder, Cambell, 2002). Similar health consequences have been identified in males who experience IPV victimisation, including gay and bisexual male (Housten and MCKirnan, 2007) and heterosexual male (Próspero, 2007; Exner-Cortens, Eckenrode & Rothman, 2013) victims. Other forms of interpersonal violence have also been shown to negatively affect the mental health of victims, such as in violent crime (Kilpatrick and Acierno, 2003), sexual violence (Choudrey, Cohen and Bossarte, 2008) and stalking (Basile, Arias, Desai & Thompson, 2004).

Victim help-seeking or protective behaviour

Although the outcomes of IPV victimisation are well documented, it is less clear how victims who experience violence or abuse manage their experiences, as the focus historically has been on perpetrators of violence (Koss et al., 1994). Einces indicates that IPV is consistently underreported for both female (Dunham and Senn, 2000; Fleming & Resick, 2016) and male victims (Douglas & Hines, 2011). This reluctance to report their abuse may be due to factors including perceived stigmatism (Goodman and Smyth, 2011; Finneran & Stephenson, 2013; Overstreet & Quinn, 2013; Calton, Cattaneo & Gebhard, 2016), disbelief of victimisation (Sylyska & Edwards, 2013), perceived homophobia by services (for non-heterosexual victims, Wolf, Ly, Hobart & Kernic, 2003) and fear of repercussions from perpetrator (Wolf, Ly, Hobart & Kernic, 2003; Ergöçmen, Yüksel-Kaptanoğlu & Jansen, 2013). Furthermore, it is suggested that LGBT (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning) victims are similarly reluctant to seek help (Calton, et al., 2016; Cruz, 2000); however, the LGBTQ community is still under researched.

Given that many instances of IPV remain unreported, researchers have questioned why victims in abusive intimate relationships do not leave their partners (Rhodes and McKenzie, 1998;
Merrill & Wolfe, 2000; Eckstien, 2011; Henning & Connor-Smith, 2011; Mayer 2012). In the 1970/80s, victimised women, who experienced IPV were referred to as ‘battered women’ (Walker, 1980). Walker suggested that women stayed with their abuser with no regard to their own person rights (Fernandez, 2007) and experienced a state known as learned helplessness (Walker, 1977). Learned helplessness (Maier & Seligman, 1976) is a theory developed from animal experiments whereby dogs gave up resisting electric shocks after their attempts to avoid being shocked were unsuccessful. Walker (1977) suggested that battered women show a similar response to IPV, they do not attempt to avoid or escape their abuse when they believe their attempts to do so are unsuccessful. This ‘battered women syndrome’ was later employed as a theory to explain how women in abusive relationships can go on to perpetrate violence towards their male partners (Walker, 1992).

More recently, research has moved away from why women tolerate abuse to how victims seek support and manage their experiences of abusive relationships and the nature of how victims access support. Although it is under reported, there is evidence that indicates victims of IPV will seek informal support (e.g. from friends and family) to acquire help (McCart, Smith and Sawyer, 2010a; Sylaska & Edwards, 2014a) rather than formal sources of support. Indeed, the role of social support has since been identified as a protective factor against mental health problems (Carlson, McNutt, Choi and Rose, 2002) that may mitigate psychological difficulties resulting from experiencing abuse (Coker et al., 2002c; Liang, Goodman, Tummala-Narra & Weintraub, 2005; Sylaska & Edwards, 2014b). As such, one of the most common types of social support that victims, particularly women, seek, appears to be informal support (e.g. by friends; Hamby and Bible, 2009). However, there is evidence that indicates the help-seeking practices of victims may change depending on their victimisation experiences. The severity of abuse has been distinguished between occasional, isolated violent acts between two partners and pervasive abuse directed to one partner only, with a coercive control aspect, these described as Situational Couple Violence and Intimate Terrorism respectively (Graham-Kevan & Archer, 2003; Johnson, 2005; Johnson, 2010). Indeed, victims who fall into the intimate terrorism classification tend to seek more formal help than those in the other classification (Leone, Johnson and Cohen, 2007; Hines and Douglas, 2010). Thus, this demonstrates how the help-seeking of IPV victims may be affected by a multitude of factors, including barriers and availability of services.

The context whereby victims seek help or engage in behaviours to reduce or prevent harm in abusive relationships is an important consideration for policy makers, professionals and victims, when considering safety planning. Current efforts to support victims who remain in abusive relationships are not based on psychological theory or victim informed data. A victim’s choice to engage in help-seeking or protection behaviours may potentially involve two processes; the intention to engage in the behaviour and the motivation. As such, theories of motivation and behaviour change, although dated, may be useful in outlining a victim’s choice to engage in these behaviours. The Theory of Planned Behaviour (TPB, Ajzen, 1985a) outlines the process of behaviour change and forming an intention to engage in a certain behaviour (for a detailed overview see Ajzen, 2002). This theory, in brief proposes that behaviour change involves three central tenets, behavioural beliefs, normative beliefs and control beliefs. If an individual believes that a behaviour is helpful for them, that others also believe the behaviour is helpful or appropriate and that they have the capability to enact the behaviour, the intention to engage in that behaviour is formed. The intention to behave in a certain way is prerequisite
to enacting the behaviour. Ajzen emphasises that the TPB does not refer to the successful completion of a behaviour, but the intention to attempt it (Ajzen, 1985b). Given that the TPB has been applied to preventing online victimisation (Burns & Roberts, 2013), this may be an appropriate platform to explain the processes that direct IPV victim attempted safety behaviours.

Additionally, the Protection Motivation Theory (PMT, Rogers, 1975a) and the Self Determination Theory (Ryan and Deci, 2000a) outline the role of motivation (and fear as a motivator) in the development of behaviour. In short, the PMT posits that danger responses require two appraisals, a threat appraisal and a coping appraisal. An individual evaluates the threat to their safety or health and decides how severe the threat is, or how likely they will be harmed by the threat. The individual then evaluates their ability to engage adaptive coping and the effectiveness of their coping response. Thus, this may be an adequate format to understand how victims of IPV engage in protective behaviours while in abusive relationships. Self-determination theory (Ryan and Deci, 2000) compliments the PMT in that it suggests that a person’s self-belief and evaluation of control over their situation increases the likelihood they will engage in behaviours they evaluate as helpful. Indeed, as personal control is decreased, behaviour to regain or increase that personal control increases.

Thus, the current review will explore the existing literature across a range of interpersonal violence victimisations in order to understand how victims manage their abuse, when remaining in abusive relationships, and their help-seeking behaviour. An exploration of the behaviours used and barriers identified by victims will be discussed in respect to the aforementioned theories. The findings from this review may provide useful insight for both professionals and victims in developing their understanding of the most helpful strategies and processes to prevent or reduce their experiences of abuse.
Chapter 2 – Methodology

The following chapter outlines the process in which the systematic review was conducted, providing detail on search strategies and related terms as well as issues concerning inclusion criteria and screening. Thus, setting the context in which the results will be presented.

Search Strategy

A search of the bibliographic databases was conducted including six academic journal databases\(^1\). The following search terms were used to acquire the most relevant papers to inform the aims of this review;

“Victim safety behaviour*” OR “Abuse safety behaviour*” OR “Abusive safety behaviour*” OR “Victim safety planning” OR “Victim safety strategies*” OR “Victim safety barriers” OR “Victim protection strategies*” OR “Victim help” OR “Victim support” OR “Victim management”.

AND

“Aggression” OR “Abuse” OR “Distress” OR “Interpersonal violence” OR “Violence” OR “Domestic abuse” OR “Spousal abuse” OR “Intimate partner” OR “Stalking” OR “Bullying” OR “Sexual” OR “Repeated aggression” OR “Repeated violence” OR “Repeated abuse”.

AND

“Protection” OR “Planning” OR “Help” OR “Barriers” OR “Emotions” OR “Support” OR “Strategies” OR “Management” OR “Approaches”.

Inclusion Criteria

Papers were initially deemed eligible for the review if they included an adult, human sample and the paper was available to be read in the English language. Only primary data was considered eligible, therefore, literature reviews, meta-analyses and systematic review papers were not included (as recommended by Bearman et al., 2012) in order to prevent duplication of data.

Eligibility Screening

The eligibility for the qualitative analysis was determined in two phases. In the first phase, papers were considered eligible, if they included a sample over the age of 18, and if the paper referred to victim safety behaviours, safety planning or victim support. If they met these inclusion criteria, they were evaluated again at phase two, where additional inclusion criteria were added; papers needed to include victims of interpersonal violence and involve primary data. The papers that met the inclusion criteria at phase two were then included in the final data set.

\(^1\) Journals included in the database search included PsychInfo, Medline, CINAHL, SocIndex, PsychArticles and Criminal Justice Abstracts.
In addition, each paper in the final data set was examined for relevant references, for this review. If a reference met the inclusion criteria (outlined in phase two), they were also included in the final data set. The number of articles that were evaluated at each phase of the review, including the final data set, is displayed (figure 1) in accordance with the PRISMA framework (figure 1).

The database search revealed 3,540 papers in total, which were exported. Duplicate papers were removed from the data-set (N=809) leaving 2,731 papers in phase one of the systematic review. A further 2,495 papers were excluded in phase one, as they did not meet one or more of the inclusion criteria. In phase two, an additional 191 papers were excluded due to not meeting one or more inclusion criteria in this phase.

The final data set included 45 papers that were deemed relevant to the aims of the review. In order to gather as much information as possible, the reference lists of each of these papers were examined for possible papers to also include in the review. From this, an additional 18 papers met the inclusion criteria and were also included in the final data set. Therefore, the final data set included 63 papers.

Figure 1 – The Prisma flowchart outlining the systematic review process.

Quality Assessment

Relevant information from each included paper is displayed in Appendix 1, including information about the sample, methodology, findings and prevalence of victimisation. This data was used, along with other aspects of the papers (such as the aims, conclusions and statistical reporting of the paper), to assess the methodological quality of the data set. Each paper was given a rating of ‘good’, ‘fair’ or ‘poor’ quality based on their accordance with quality assessment tools.
Three quality assessment tools were employed for the data set, to evaluate the homogeneous nature of the methodologies involved in the review.

1. The Mixed Methods Appraisal Tool (MMAT; Pluye, Gagnon, Griffiths & Johnson-Lafleur, 2009) was employed to assess the methodological quality of papers that involved both qualitative and quantitative procedures. The MMAT (Pluye, Gagnon, Griffiths & Johnson-Lafleur, 2009) was developed from a review of the existing quality assessments in health-related mixed method studies (Pluye, Grad, Dunikowski & Stephenson, 2005). This tool was designed to assess the methodological quality of a paper using 21 categorised criteria, each pertaining to particular research methodology (i.e. qualitative, randomised control trials, mixed methods). Although this tool remains in development, and has undergone several iterations, it has been evaluated (Pace et al., 2012). The researchers using the MMAT report a moderate inter-rater reliability before discussing each item (Kappa 0.717) and after discussion of the items, the inter-rater agreement rose (kappa 0.936).

2. As there are no validated tools to assess the quality of cross-sectional, quantitative papers, the AXIS tool was employed (Downes, Brennan, Williams, & Dean, 2016). This tool was developed through a literature review and a Delphi with medical experts.

3. The Critical Appraisal Skills Program (CASP; http://www.casp-uk) was employed to evaluate the quality of qualitative methodology used in the final data set. This tool consists of ten questions regarding the sample, analyses, findings and academic contributions.

After the papers were evaluated for methodological quality, 20 papers were assessed as being of ‘Good’ quality, 21 papers were assessed to be of ‘Fair’ quality and 3 papers were assessed to be of ‘Poor’ quality. As the papers evaluated to be of poor and fair methodological quality contained information thought to be relevant for the review, these remained in the final data set and analysed along with the papers considered to be of good quality.

The data was extracted and analysed using the Thematic Analysis method (Braun and Clarke, 2006). The approach is a technique that is considered as appropriate by the scientific community to identify and extract general themes in the reviewed literature. The accumulation of themes can be expressed in patterns, allowing researchers to obtain an overview about the investigated field. Additionally, an independent research conducted a separate thematic analysis on 10% of the data set to assess inter-rater-reliability; disagreements were resolved during discussions.
Chapter 3 – Results: Emerging Themes

The thematic analysis of the reviewed papers revealed five themes, which will be outlined in the following paragraphs. These are as follows:

1. Victims of Interpersonal Violence are likely to seek help from personal sources;
2. Significant barriers for victims of interpersonal violence in seeking help;
3. Victims use of an array of strategies to prevent or reduce harm from inter-personal violence;
4. Victims of interpersonal violence engage in a variety of behaviours to manage their emotions;
5. Type and severity of interpersonal violence affecting type of help sought by victims.

Prevalence of Intimate Partner Violence (IPV)

Various papers either reported on prevalence rates for IPV or found rates of IPV among their samples. Only primary data will be reflected here, to ensure data is not replicated from secondary prevalence rates reported by the reviewed papers. While the considered research exhibited a wide range of sample types (e.g. heterosexual males/females, gay/bisexual males, lesbian/bisexual females), the majority appeared to focus on heterosexual women as victims. Hence, the predominant focus of the IPV prevalence reported here is in regards of that specific population. Furthermore, not all researchers noted the specific constellation of abuser and victim regarding their sexuality and/or gender. All those factors contribute to an under-representation of IPV prevalence’s of those not identifying as heterosexual and those identifying as heterosexual men. In addition, many papers included only victim samples, where a comparison of non-victimised samples was not possible.

As presented in table 1 (see below), the prevalence of IPV reported in the reviewed papers was variable. For female victims, lifetime prevalence ranged from 13% to 54%, males were reported to experience IPV at a rate of 13% to 91%. Clearly, males’ experience of IPV is reported more broadly in the reviewed papers, with only one of these papers reflecting gay and lesbian victims (Guadalupe-Diaz, 2013).
Table 1 – The prevalence rates of IPV for male and female victims, reported in the reviewed papers.

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<tr>
<th>Paper</th>
<th>Lifetime Prevalence of IPV</th>
<th>Sample origin</th>
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<tr>
<td>Pakieser, Lenaghan and Muelleman (1998)</td>
<td>Male: ---, Female: 13%-54%</td>
<td>USA</td>
</tr>
<tr>
<td>Bruschi, Paula and Bordin (2006)</td>
<td>---, 32%-34%</td>
<td>Brazil</td>
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<tr>
<td>Fanslow and Robinson (2010)</td>
<td>---, 33%-39%</td>
<td>New Zealand</td>
</tr>
<tr>
<td>Al-Modallal (2012)</td>
<td>---, 43%</td>
<td>Jordan</td>
</tr>
<tr>
<td>Djikanović et al. (2011)</td>
<td>---, 23%</td>
<td>Serbia</td>
</tr>
<tr>
<td>Coker et al. (2000)</td>
<td>13%, 25%</td>
<td>USA</td>
</tr>
<tr>
<td>Guadalupe-Diaz (2013)</td>
<td>39%, 49%</td>
<td>USA</td>
</tr>
<tr>
<td>Machado, Hines and Matos (2016) – gay and Bisexual males</td>
<td>91% psychological (85.4%), physical (47.2%), sexual IPV (29.2%)</td>
<td>Portugal</td>
</tr>
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</table>

This chapter will now move on to present the 5 themes that emerged from the review.

**Theme One** – Victims of Interpersonal Violence are likely to seek help from personal sources:

The literature indicates that those who experience violence, both within an intimate relationship and by strangers, seek help from a variety of sources; latter can be classified as formal or informal. Formal sources typically include professional and authority services such as the police, women shelters, medical centres and legal professionals. Informal support includes social and personal resources such as friends, family and colleagues. Again, it must be noted that the here presented themes are derived from literature that mainly focused on heterosexual relationships, consequently limiting the generalisability to other types of intimate partnerships.

Victims of IPV have reported that personal sources of support are an important resource (VanVoorhis, 1995). For instance, Pakieser, Lenaghan, and Muelleman (1998) found that friends and family were the most cited sources of support for female victims of IPV (N=1645), when asked about their help-seeking behaviour. Most victims stated that they sought more than one source of support, with 71% of victims seeking support from their family and friends. Formal support was far less common, with more than half of the victims contacting the police (45%). These findings are corroborated by Tenkorang, Sedziafa and Owusu (2017). In a Nigerian sample of victimised women (N=6013), 32% sought informal support. Most victims did not seek support (65%) and very few sought formal support. It is important to note that the researchers outline cultural barriers for this sample and a lack of formal provisions for IPV victims. Similar findings have been reported for victims in Tajikistan (female only sample, Haarr, 2008), Kenya (male and female sample, Odero et al., 2014) and Jordan (female only sample, Al-Modallal, 2012). The importance of friends and family in supporting victims of
IPV was also alluded to by Coulter and Chez (1997). In their sample of 45 ‘battered’ women from the USA, 78% sought support from informal sources, such as friends or family members, in the first instance.

A similar theme emerged, when reviewing the limited literature (N= 4) regarding male IPV victims. Machado, Santos, Graham-Kevan and Matos (2017) interviewed male Portuguese victims (n=10) and while some of them sought support by friend and family, the majority did not seek any help. Although some victims decided to contact professionals, this was less frequent when compared to informal help-seeking. Similarly, Ansara and Hindin (2010) found, in a Canadian sample (n=696 women, n=471 males), men who experienced IPV used informal sources of support, such as friends, family and neighbours more than formal professional services. However, the findings also suggested that males were generally less likely to seek support than females. Further, Douglas and Hines (2011) also concluded that males who experience IPV are likely to seek informal support from friends and family. In a sample of US males (n=309) who experienced IPV, 84% utilised informal support, of proportion, they were online based. The help sought was accessed to get more information (54%) and to get support from others (24%). Although this may indicate a need for male victims to receive support, it also indicates that that male victims may experience a range of barriers which may limit their help-seeking behaviours.

**Theme Two – Significant barriers for victims of interpersonal violence in seeking help:**

Significant barriers have been suggested for both male and female victims of IPV in attempting to access both formal and informal support. These may limit or prevent the victim from receiving help, which could consequently lead to mental health problems. Some victims identified the anticipation of negative reactions by others. For example, Coulter and Chez (1997) found that 33% of 45 help-seeking women experienced some negative reactions from informal sources they had disclosed their abuse to. These reactions included disbelief, uncaring responses and anger towards the victim. Fanslow and Robinson, (2010) obtained similar findings in a sample of female victims from New-Zealand (n=956) who found that 63% of women who did not seek help did not identify themselves as a victim and 14% felt too embarrassed or ashamed to disclose their abuse. Indeed, a third of those who did disclose their abuse felt that they did not receive appropriate support. Barriers against disclosing experiences of IPV have also been found in an Australian sample of 469 women. Stavrou, Poynton and Weatherburn (2016) found that 73% of victims did not report their abuse to the police. The participants reported feeling like they could manage the abuse on their own (33%), the abuse was not serious enough to be reported (14%) and the victim feared their perpetrator (12%). In addition, victims did not want their abuser arrested (9%) or felt too embarrassed or ashamed to report their abuse (7%). Findings from Kenya reveal similar barriers in for victims in Africa (Odero et al., 2014).

Only two papers examined the barriers faced by male victims of IPV, which found that males may experience similar barriers as females. Machado, Hines and Matos (2016) report findings that in sample of male IPV victims (n=89), seeking help was prevented by feelings of shame, not feeling they were a victim and distrust of the available support systems. Relatedly, Machado, Santos, Graham-Kevan and Matos (2017) found that men who accessed formal help sources (e.g. police) felt that these were unhelpful for them; participants perceived formal
services as treating them differently to female victims of IPV, reporting that they have been ridiculed by the police and that the police did not attend, when they called them.

Victims who identify in a wider continuum of sexuality are less represented in the reviewed literature. However, Guadalupe-Diaz (2013) explored help-seeking in 993 non-heterosexual victims of IPV. In this sample, 57% did not seek any form of support (neither formal nor informal) and males were less likely than females to seek support. Additionally, the findings reflected a barrier for those who belong to lower socio-economic statues, resulting in less help-seeking behaviour. Furthermore, Turell and Herrmann (2008) suggested that for their sample of nine lesbian or bisexual victims the access of informal support was not always helpful. This was due to the fact that (1) the victims worried that relationship violence would be perceived as reciprocal by family or friends, (2) the victims reported feeling ashamed or embarrassed, (3) the feared that their disclosures would not remain anonymous, and (4) the victims reported experiencing homophobia from support outside the LGBT community. Specific sources of support that were thought to be helpful or unhelpful were explored by McClennen, Summers and Vaughan (2002), in a sample of help-seeking gay men. Medical doctors (7%), the police (16%), and attorneys (11%) were not considered helpful by participants. Furthermore, counsellors, psychologists and social workers were only slightly more helpful (18%, 15% and 26% respectively).

**Theme Three - Victims use of an array of strategies to prevent or reduce harm from interpersonal violence:**

Victims seem to play an active role in managing their potential victimisation engaging in defensive and avoidant behaviours to prevent or reduce their experiences of violence or abuse. Exploring US college women’s (n=601) responses to stalking, Amar (2006) found that victims actively modified their daily routines to manage their experiences of stalking, from those they were not in an intimate relationship with. For example, some participants reported avoiding the stalker (47%) or taking more precautions (38%). Others reported their stalking to friends and family (33%). Furthermore, Brewster (2001) found that, among 187 victimised US women, direct and avoidant behaviours were used to manage their stalking experiences. Before contacting the police, most women attempted to reason with their stalker themselves (70%) and many women also tried to ignore their stalker (42%). Other safety behaviours included moving away from the stalking, changing or blocking their phone numbers, pleading with their stalker or threatening to call the police. Other studies have reported related findings of safety behaviours employed by victims of stalking (Geistman, Smith, Lambert & Cluse-Tolar, 2013) and Flemish LGB adults who experience hate related violence (D’haese, Dewaele, & Van Houtte, 2015).

Victims of IPV also engage in behaviour to manage their potential abuse, such as taking photographic evidence of their injuries to support a police investigation (Deutsch et al., 2017). Ghanbarpour (2011) interviewed 20 US women who had experienced IPV and who disclosed a large range of safety behaviours. The interviewees described managing their situation such as attempting to control where in the house an argument would likely take place, avoiding arguments, moving objects that could be used as weapons, fighting back and walking away from their abusers during an argument. Additionally, legal actions were mentioned as well, with some women reporting to contact the police and pursuing a criminal conviction.
Furthermore, some victims described taking steps to protect themselves after taking legal action, such as receiving notifications when their abuser was released from custody, obtaining more information about their abuser’s offending history and installing security systems.

**Theme Four – Victims of interpersonal violence engage in a variety of behaviours to manage their emotions**

Victims who experience violence or abuse manage their emotional responses in a variety of ways. Machado, Santos, Graham-Kevan, and Matos’ (2017) findings suggest that, in their sample of ten Portuguese male victims, a common response was to isolate oneself while engaging in a variety of emotional coping behaviour (e.g. leaving the house, drinking alcohol). One participant also reported using cosmetics to hide injuries on his face caused by his partner, or missing work when he could not hide his facial injuries. This reflects an avoidant coping strategy. Alternatively, Al-Modallal (2012) studied coping by female victims of IPV in Jordan (n=300) that demonstrated a primarily emotional coping style, such as sleeping problems (42%), smoking (15%) and suicidal thoughts/ attempts (27%/15%) (Odero et al., 2014). Ghanbarpour (2011) gave further examples of coping strategies: praying, journaling and drug use.

One study explored coping among Flemish LGB adults who had experienced hate crime (D'haese, Dewaele, & Van Houtte, 2015). The authors found that victims coped with their abuse by trying to amend their thoughts around the violence suffered. For example, some victims referred to focusing on their blame towards their perpetrators, thus reducing their feelings of guilt (rather than placing the incident as external to the internal motivations of the perpetrator). Other victims noted a change in their appraisal actively choosing not to be anxious. D'haese, Dewaele, and Van Houtte (2015) indicate that some victims can exhibit a problem focused approach. Other victims described growing more resilient to their abuse naturally, without changing their behaviours or cognitive appraisals. Further insight can be obtained by two studies investigating the victims’ responses to stalking: Kraaij, Arensman, Garnefski, and Kremers (2007) explored the coping styles of 47 Dutch women, who have experienced stalking. The women reported coping strategies such as blaming themselves for their victimisation and ruminating on their victimisation. Such behaviour is considered as maladaptive and has been found to be associated with higher levels of depression, anxiety and PTSD symptoms. Interestingly, even problem focused coping behaviours such as actively thinking about managing their stalking behaviour (e.g. planning behaviour aiming to counter the stalking) resulted in increased psychopathology. Jörklund, Häkkänen-Nyholm, Sheridan and Roberts (2010) also explored experiences of stalking with 615 Finnish university students. Those that experienced stalking involving violence engaged in problem-focused coping, involving the victim exhibiting more planning around managing their potential victimisation, positive appraisal of their situation, and more self-control than those who’s stalking did not include violence.

**Theme Five – Type and severity of interpersonal violence affecting type of help sought by victims.**
Some of the reviewed literature suggests that the aforementioned help-seeking behaviour can be influenced by the victim’s previous experiences regarding their environment’s response. A possible factor impacting the victim’s response could be the abuse type. For example, Cho and Huang (2017) observed in a sample of college victims that had experienced dating violence (n=126), that those who had experienced psychological violence were more likely to utilise informal sources of support. Dating violence refers to abusive behaviours between individuals in a casual, dating relationship. On the other side, those who experienced physical violence were more likely to seek formal support. The authors conclude that the type of violence potentially has an impact on the victim’s needs (e.g. victims of psychological violence may require more emotional support). Similarly, Ulman and Filipas (2001) found that sexual assault victims, who were physically injured during their abuse (73%), were more likely to seek formal support (and less likely to seek informal support) than those not physically injured (56%). Additionally, women who perceived their life had been in danger (71%) were more likely to seek formal support. Beyond the type of offence, it appears that the type of perpetrator could also have an effect on the subsequent help-seeking behaviour (Chen & Ullman, 2014). The authors could show that women who had experienced physical assault were more likely to report the assault to the police, if the perpetrator had been a stranger (47%). If the perpetrator had been a relative (10%), report rates dropped significantly. This is in line with other research proposing that latter offence type is severely underreported. Furthermore, assaults involving weapons or physical injuries were also more likely to be reported (Chen & Ullman, 2014).
Chapter 4 – Discussion and implications of the study

The review presented in this study both examines and explores the ways in which victims of interpersonal violence manage their experiences of abuse in relationships yielded some interesting themes. This extends the existing body of research in a meaningful way.

The finding that IPV victimisation rates were comparable between both male and female genders compliment established research that states men and women experience IPV at similar rates (Coker et al., 2002d; Caetano, Vaeth & Ramisetty-Mikler, 2008b). It would have been helpful if prevalence rates for IPV victimisation were reported for non-heterosexual samples also, this would enable a comparison to heterosexual samples and further develop understanding of the experiences of these individuals.

The findings support the notion that victims of intimate partner violence tend to seek informal support in the first instance. This was found for both male and female victims, as well as with heterosexual and non-heterosexual victims. This is consistent with existing research showing that generally victims of crime are more likely to seek informal help (McCart, Smith and Sawyer, 2010b; Sylaska & Edwards, 2014c). This may be due, in part, to friends and family being perceived as more helpful for victims of IPV (Sylaska and Edwards, 2014d; Flemmimg and Resnick, 2016), than formal support sources (Saxon et al., 2018); an assumption that is corroborated by the current review. In cases where the victim chooses to remain in a relationship with their perpetrator, this may create an environment where victims feel unable to access formal services, thus meaning informal supports may be more accessible for these victims.

Although it is promising that victims are able to access support, there is also a clear difficulty in accessing more formal services. Services involving the police, legal aids and healthcare professionals were considered less helpful for victims, thus confirming previous findings in men (Douglas and Hines, 2011; Tsui, 2014) and women (Sylaska & Edwards, 2014e).

Victim’s engagement in their abusive relationship appears to be active, in that they employ a range of behaviours to increase their sense of safety and reduce the likelihood of experiencing abuse. The review found that victim’s behaviours occur in response to stalking, IPV and hate crime, but the mechanisms that govern this may reflect a more conscious decision making. A possible route may reflect that outlined in the Self Determination Theory (Ryan & Deci, 2000b). In this respect, victims who experience abuse in the context of an interpersonal relationship, or on a regular basis, develop strategies and behaviour to manage their lives. This serves to increase or maintain individual sense of control. The barriers that were identified in this review, however, may restrict a victim in gaining this pursuit. Presently, there is no theory or model to explain how victims of interpersonal violence or IPV respond to their victimisation. However, from a TPB (Ajzen, 1985c) perspective, the findings from this review may represent challenges to victim’s beliefs, which are precursors to behaviour enacting. The finding that victims may belief that their experiences of violence or abuse are manageable by themselves or that formal serves are not helpful for them indicate that victim behavioural beliefs regarding help-seeking can be hindered. In addition, victim’s normative beliefs around help-seeking may also limit the access to support. Examples from the current review involve the perception of social stigma and the fear of being discredited. Finally, barriers such as fearing repercussions...
from their perpetrator could be conceptualised as control beliefs, which may limit help-seeking behaviour. When taking all these factors into account, a victim’s intention to seek help may be significantly decreased. This weighs heavily in light of further research suggesting that the victim’s immediate environment, which is controlled by the perpetrator of IPV, can be a barrier to receive support (McHugh & Frieze, 2006).

Another interesting finding was that a victim’s experience of abuse may affect their help-seeking behaviour. Victims whose abuse involved physical abuse or weapons are more likely to seek formal support to manage. This is consistent with research indicating that the type of violence experienced by victims has an important role in affecting help-seeking (Duterte et al., 2008; Vatnar, & Bjørkly, 2009; Ansara & Hindin, 2010; Barrett and Pierre, 2011). This effect on help-seeking may be described in reference to the Protection Motivation Theory (PMT) of adaptive behaviour (Rogers, 1975b). The author assumes that protective behaviour and coping is motivated by two forms of appraisals, namely the appraisal of threat and the appraisal of coping. An individual’s threat appraisal increases when their experience of violence included physical violence or perceived threat of life, which may motivate the individual to take more formal courses of action (i.e. seek support from the police or medical agencies). Additionally, as their threat appraisal increases, so might their coping appraisal. As they see themselves in increasing degrees of danger, their fear response may serve to increase their perceived need to engage in adaptive, protective behaviours. Indeed, this suggests that the perceived usefulness of formal support may increase as does severity of violence. As such this, and findings regarding barriers, indicate that the needs of victims may be complex and dynamic. To access support, victims must identify a need to do so and they must have adequate knowledge of services available to them. By the nature of severe IPV (and general interpersonal violence), victims may be more likely to receive injuries that require medical aid. By accessing medical aid, in hospitals, victims are likely to encounter professionals and publications outlining the support available to victims and this may have an impact on their further seeking of support from support/legal services.

Limitations

This review is not without its limitations. Although the review was comprehensive, six research databases were searched for relevant papers, this may mean that papers not available in these databases were not included in the review, as well as unpublished manuscripts. It is important to note that that the databases employed in the systematic review search were considered the most relevant for the aim of the review, they comprised of psychological, sociological, legal and medical journals. Thus, this may limit the extent to which these findings can be taken as a whole reflection of the extant literature in this area.

A second limitation relates to the inclusion criteria employed for the review. Papers analysed in this review included journal articles, dissertations and symposium papers. All data reported in the findings are primary data, found using only experimental designs, as such literature reviews and meta-analyses were not included. However, the use of dissertation and symposium papers may affect the quality of the findings reported, as these have not been peer reviewed. These papers were included due to the relative dearth in research in regard to IPV help-seeking and safety behaviours. The inclusion of these therefore increased the reportable data and was thought necessary and useful for the aims of the review.
Thirdly, it was clear from the review that heterosexual, female victims of interpersonal violence were over-represented compared to other populations. This is reflected in both the thematic analysis of behaviours and help-seeking and in the reported prevalence rates of IPV. This may indicate that the findings of this review lack generalisation to these under-represented populations. Heterosexual males and non-heterosexual samples may not report similar data if adequately represented in the extant literature. In addition, the prevalence of IPV reported here, while may be under-reported more generally, may not reflect the experiences of non-heterosexual samples. These were under-represented in prevalence figures.

Finally, most data presented in the findings of this review are taken from papers who utilise a cross-sectional, experimental design, using self-report measures. These do not aid the development of causational relationships and should not be interpreted in this way. As such, this may limit the extent that readers can infer cause and effect relationships between experiences of violence or abuse and the behaviours employed by victims.

**Implications**

The findings hold several implications for research and clinical practice.

**Research**

The findings of this review highlight the dearth of research that focuses on under-represented populations in violence research that includes male and non-heterosexual victims. These individuals were not featured in research comparably with heterosexual female populations, thus emphasising the need for more diversity in victimology research. Additionally, the current findings suggest that those who experience more severe forms of violence change their help-seeking preferences towards formal sources of support. However, the victim’s motivation and reasoning remain unclear. Future research must address this shift to be able to provide more support tailored to individuals to victims of a variety of violent behaviour. Finally, the research exploring the behaviours employed by victims, specifically of IPV, to manage their situations or to protect themselves in abusive relationships is limited. To further general understanding of how victims in IPV play an active role in their protection and the mechanisms that guide these behaviours, more exploration would be beneficial. Moving away from self-reported survey measures in studies aiming to explore the experiences of abuse and safety behaviours may increase knowledge on the implicit and explicit motivations of victims.

**Clinical**

There are clear clinical implications for from the findings of this review. Firstly, as victims of IPV were generally more reliant on informal sources of support, the response of professionals in supporting victims should reflect this. Understanding that victims who experience violence or abuse in a relation may not report this is an important consideration. Given that they may not be told directly; professionals are required to become more adept at identifying IPV from alternate sources. Indeed, safety planning services, and professionals involved in this, should be aware of the data suggesting victims may seek help from the police or healthcare professionals only when their experiences of violence or abuse becomes severe. This indicates that abuses and violence may occur at lower levels, where the victim employs their own
planning to manage this. As such, when victims do notify formal services, accurate knowledge and practical suggestions need to be made, the findings of this review may aid this.

Finally, victims of IPV, and more generally interpersonal violence, may find the findings of this review useful. The extent to which other victims have negated and managed their experience may be of benefit for those choosing how best to manage their abuse while residing with an abuser. The findings of the review may affirm or challenge their current practices and may influence their choice to seek help from both formal and informal sources of support. This information can be used to inform their own safety plans (either implicit plans or explicit plans) that may be useful in preventing violence for themselves or others.

The findings from this review may be useful to inform both research prospects and clinical support for victims. The findings provide support for previous literature that suggests victims of intimate partner violence are not compliant with their abuse but actively manage their experiences using a variety of sources and behaviours.
References


