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# Exploring the use of safety strategies by victims of interpersonal violence: A systematic review

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## Abstract

This systematic review analysed 61 papers, from an initial search result of 3,540 papers, to explore how victims of Intimate Partner Violence (IPV) and interpersonal violence manage their victimisation. The review yielded five themes, centred on evidence for safety strategies adopted by those affected by IPV or interpersonal violence. These comprised; Victims seek help following interpersonal violence; Victims of interpersonal violence experience barriers to seeking help; Victims use multiple strategies to manage experiences of abuse; Victims of interpersonal violence cope in multiple ways; The help-seeking behaviours of victims are contextual. The findings indicated that victims of IPV and interpersonal violence utilise a range of strategies, including help-seeking, safety enhancing strategies and coping strategies, in response to their victimisation. It also indicated that there are significant barriers preventing help-seeking and victimisation reporting. The findings are discussed in relation to the help seeking behaviour of victims and how this may be impacted by barriers at different stages of the help-seeking process.

Keywords: Interpersonal Violence; Intimate Partner Violence; Domestic Abuse; Help Seeking; Safety Behaviour; Victimisation

## Introduction

Intimate Partner Violence (IPV), a form of interpersonal aggression, must involve directed aggression or abuse towards another (World Health Organisation, 2013). Victims may experience a range of harmful behaviours, including sexual, physical, stalking and verbal violence. Victims in IPV relationships may, therefore, respond similarly to their victimisation to victims of stranger violence. IPV can have significant negative mental health outcomes for female victims (Centres for Disease Control and Prevention, 2008), including increased depressive symptoms (Afifi et al., 2009; Coker et al., 2002) and PTSD (Campbell, 2002). Similar health consequences have been identified in males who experience IPV victimisation, including gay and bisexual (Houston & McKirnan, 2007) and heterosexual (Exner-Cortens et al., 2013; Próspero, 2007) victims. Relatedly, other forms of interpersonal violence have been shown to negatively affect mental health, (Basile et al., 2004; Choudhary et al., 2008). However, IPV is consistently underreported for both female (Dunham & Senn, 2000; Fleming & Resick, 2016) and male victims (Douglas & Hines, 2011).

It is unclear how victims who experience violence or abuse manage their experiences, as the focus historically has been on the perpetrators of violence (Koss et al., 1994) and

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researchers have questioned why victims in abusive intimate relationships do not leave their partners (Cruz, 2003; Fisher & Stylianou, 2019). Walker (1980) suggested that the women in abusive relationships did not seek help or strive to prevent their abuse, rather that they have accepted their situation, accepted responsibility for their abuse but also experienced a severe stress response that they did not then seek help for (Walker, 1980). Indeed, evidence indicates that victims of IPV experience several negative reactions (Centres for Disease Control and Prevention, 2008). However, the assumption is that victims who are passive in their experiences have not been supported. Contrastingly, victims of IPV do seek informal support (e.g. from friends and family) to acquire help (Sylaska & Edwards, 2014). Indeed, the role of social support has been identified as a protective factor against mental health problems (Carlson et al., 2002), which may mitigate psychological difficulties resulting from experiencing abuse (Liang et al., 2005; Sylaska & Edwards, 2014).

Despite the potential benefit of help-seeking, significant barriers have been identified that impede the help seeking of IPV victims (Petersen et al., 2005; Rizo & Macy, 2011). While LGBTQ (Lesbian, Gay, Bisexual, Trans gender, Queer or Questioning) victims have similar post victimisation needs, they appear similarly reluctant to seek help (Calton et al., 2016; Scheer et al., 2020). The LGBTQ community is still under researched in this area (Ard & Makadon, 2011). Victim reluctance to report their abuse may be due to several factors, including perceived stigmatism (Finneran & Stephenson, 2013), disbelief of victimisation (Edwards et al., 2015), perceived homophobia by services (Wolf et al., 2003), lack of appropriate services (Edwards et al., 2015) and fear of repercussions from perpetrators (Ergöçmen et al., 2013; Wolf et al., 2003). Further, research indicates that statutory organisations, such as the police, may not be used by victims, due to perceived discrimination or ineffectiveness, or due to less 'severe' abuse (Ansara & Hindin, 2010; Machado et al., 2016; Lelaurain et al., 2017). This indicates that accessing support can be difficult for a range of victims' currently experiencing violence or abuse within an intimate relationship.

Existing theories of behaviour intention and motivations may be an appropriate framework to apply to understand how or why victims engage in protective behaviour. These may be useful frameworks to understand safety behaviours used by victims of abuse and crime due to their use within with the area of health behaviour, with particular consideration to cognitive and emotional influences. The *Theory of Planned Behaviour* (TPB) has been applied to understand the prediction of online victimisation (Burns & Roberts, 2013) and psychological help seeking (Smith et al., 2008). Thus, it may be useful in explaining the choices victims, in abusive relationships, make to protect themselves and/or seek help. The TPB (Ajzen, 1985, 2002) outlines the process of behaviour change through forming an intention to engage in certain behaviour. In brief, it proposes that behavioural action involves three central tenets; behavioural beliefs, normative beliefs and control beliefs. Behavioural beliefs refer to how helpful or effective an individual perceives the behaviour will be for them. Similarly, normative beliefs refer to an individual's belief about how others perceive the behaviour. Finally, control beliefs refer to how able an individual perceives they are at executing a behaviour. These contribute to the development of the intention to engage in behaviour, a precursor to behavioural execution.

Additionally, *Protection Motivation Theory* (PMT, Rogers, 1975) outlines the role of motivation, and fear as a motivator, in the development of behaviour. PMT has been applied to health behaviours to explain the relationship between threat perception and adaptive/maladaptive coping (Floyd et al., 2000), particularly for current health seeking behaviour (Milne et al., 2000), with fear being an effective motivator for behaviour change (Witte & Allen, 2000). 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 in adaptive coping and the effectiveness of their coping response. Consequently, this may be an adequate theory to apply to understand how victims of IPV engage in defensive or protective behaviours, while in abusive relationships.

The aim of this systematic review was to explore the behaviour and strategies that victims of IPV and other forms of interpersonal aggression employ to manage their experiences of abuse. It also seeks to develop an understanding of how victims choose strategies to increase their safety.

## Method

### *Procedure*

The systematic review was completed in accordance with the recommended guidelines by the Preferred Reported Items for Systematic Reviews and Meta-Analysis (PRISMA; Moher et al., 2009). A search of bibliographic databases was conducted, including six academic journal databases[2]. The search terms for the systematic review were: 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 (Protection OR Planning OR Help OR Barriers OR Emotions OR Support OR Strategies OR Management OR Approaches) 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).

Papers were excluded from the review if they were not in the English language, did not refer to interpersonal violence or abuse victimisation or did not refer to coping, help-seeking or safety enhancing strategies. References of papers involved in the qualitative analysis were subjected to the same exclusion criteria. Only primary data was considered eligible; therefore, reviews and meta-analyses were not included (Bearman et al., 2012), in order to prevent duplication of data.

The database search revealed 3,540 papers in total. Through abstract and full text screening, these were reduced to 43 papers that were included in the qualitative analysis. A manual search of the reference lists of these papers yielded a further 18 papers eligible for the review, resulting in 61 papers being analysed. The papers included in the review are indicated in the reference list (via *). Western populations, particularly from the USA, were over-represented in the review. Additionally, the majority of papers included heterosexual female participants. There was a lack of representation for males (n=20) and LGBTQ (n=7) participants. Consequently, a direct comparison of populations was not possible.

### *Analysis and Quality Appraisal*

The methodological quality of papers included were assessed as 'good', 'fair' or 'poor' quality based on their presentation using a quality assessment tool. Three tools were used to assess the quality of qualitative designs (CASP; http://www.casp-uk), cross-sectional designs (AXIS tool; Downes et al., 2016) and mixed method designs (MMAT; Pluye et al., 2009). As

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[2] Journals included in the database search included PsychInfo, Medline, CINAHL, SocIndex, PsychArticles and Criminal Justice Abstracts.

the papers evaluated as 'poor' or 'fair' contained information thought relevant for the review, these remained in the final data set and were analysed along with the papers considered of 'good' quality.

The data was extracted and analysed using the Thematic Analysis method outlined by Braun & Clarke (2006). The approach was considered appropriate to identify and extract general themes in the reviewed literature. The accumulation of themes can be expressed in patterns using this method, thereby allowing researchers to obtain an overview of the investigated field (Joffe & Yardley, 2004). A coding scheme was developed to capture patterns in the data, with a specialist qualitative analysis program, NVivo, used to generate data codes. Themes considered relevant to the research aims were then selected for more rigorous analyses, where comparisons between the dataset and the evolving analysis were made. Additionally, an independent postgraduate researcher conducted a separate thematic analysis on 10% of the dataset to assess inter-rater reliability, with a high degree of agreement being reached (87%).

## Results

Overall, five themes were identified; Victims seek help following interpersonal violence; Victims of interpersonal violence experience barriers to seeking help; Victims use multiple strategies to manage experiences of abuse; Victims of interpersonal violence cope in multiple ways; The help-seeking behaviours of victims are contextual. These are presented next, with the number of papers relating to each theme indicated in parentheses.

### *Victims of interpersonal violence seek help after their victimisation (n=34).*

This comprised the following subthemes.

*Victims of interpersonal violence prefer to seek help from informal sources (n=22):* Among victims of IPV, informal sources of support are an important resource, with friends and family being the most common forms of support cited by victims, when asked who they seek help from (Cho & Huang, 2017; Fry & Barker, 2002; Ghanbarpour, 2011; Morrison et al., 2006; VanVoorhis, 1995). Other sources of informal support include their partner's family (Bruschi et al., 2006) and faith leaders (Vaaler, 2008). These findings appear internationally corroborated (Al-Modallal, 2012; Haarr, 2008; Odero et al., 2014; Tenkorang et al., 2017), mainly in female samples. Additionally, male IPV victims also access informal support but use the internet to access communities and information to help them in their situation (Douglas & Hines, 2011). Victims of stalking and general/sexual violence also turned to friends and family for support (Björklund et al., 2010; Kaukinen, 2002, 2004; Galeazzi et al., 2009).

*Informal support is helpful (n=7):* Most papers referring to this subtheme did not report victims' perceptions of informal help-seeking. However, in those that did, both male and female victims of IPV reported feeling their support networks, involving friends and family, were helpful (Douglas & Hines, 2011; Machado et al., 2016; Machado et al., 2017). This was also noted for gay men (McClennen et al., 2002). Further, female victims of abuse reported more satisfaction with support from parents and family members, than other social sources (Fry & Barker, 2002). Morrison et al. (2006) also found that African-American IPV victims felt informal supports were helpful for practical, but not emotional support.

*Victims also access formal sources of support (n=15):* Although victims seek support from informal sources in the first instance, formal services are also accessed. Reporting IPV victimisation to the police was noted by some studies (Bruschi et al., 2006; Cho & Huang,

2017; Pakieser et al., 1998; Sabina & Tindale, 2008). To a lesser degree, seeking support from physical/mental health services was an option some IPV victims' advocated (Cho & Huang, 2017; Coker et al., 2000; Douglas & Hines, 2011; Pakieser et al., 1998; Sabina & Tindale, 2008; Zink et al., 2006), with victims of rape also accessing health services (Amstadter et al., 2008). Victims of IPV may also access religious, spiritual or charitable agencies for support (Zink et al., 2006), and social services (Cho & Huang, 2017; Lipsky et al., 2006).

***Victims of interpersonal violence experience barriers to seeking help (n=27).***

This included the following subthemes.

*Many victims of interpersonal violence do not seek help from others (n=12):* Although many victims access support, many do not, in both heterosexual and non-heterosexual samples (Coker et al., 2000; Fanslow & Robinson, 2010; Guadalupe-Diaz, 2013; Machado et al., 2017; Wydall & Zerk, 2017; Zink et al., 2006), extending further to victims of elder abuse (Moon & Evans-Campbell, 2000; Moon & Williams, 1993). Some victims were reported to 'do nothing' in response to violence or IPV (Kaukinen, 2002, 2004; Odero et al., 2014), including not reporting their abuse. A similar lack of reporting is observed with victims of sexual assault (Amstadter et al., 2008), indicating a range of barriers may impact help-seeking.

*Shame and embarrassment (n=7):* Male victims of IPV reported feelings of shame (Turell & Herrmann, 2008; Machado et al., 2016) that hindered their help-seeking decisions. Similarly, male victims of IPV reported experiences of formal services that represented a gendered approach, reporting being treated differently by the police from female victims, such as being treated as the aggressor rather than the victim or services failing to respond to their reports of victimisation at all (Machado et al., 2017). The anticipation of negative reactions by others (Coulter & Chez, 1997) was also reported, which prevented men from accessing support. Findings from Kenya revealed similar barriers for victims (Odero et al., 2014), as well as for lesbian and bisexual women, who felt that they would experience homophobia outside the LGBT community (Turell & Herrmann, 2008). Finally, Morrison et al. (2006) found that African-American victims of IPV reported their perception that victims are seen as 'stupid' by their community.

*Feeling that support is not required or available (n=7):* Some victims felt their experiences could be managed alone (Stavrou et al., 2016) or that their abuse was not serious (Fanslow & Robinson, 2010; Machado et al., 2016; Stavrou et al., 2016), preventing help-seeking with both male and female victims of IPV. Further, elder victims of IPV have reported feeling that IPV is a private matter or not wanting to impact their role/status within their family, thus not reporting their abuse (Zink et al., 2006). In relation to service utilisation, victims of stalking noted that seeking help was hindered by feeling that the police could not do anything about their abuse, or that stalking was not a police matter (Björklund et al., 2010).

*Formal sources of support perceived as unhelpful (n=8):* Victims of homophobic hate crime considered the police to be ineffective for them (D'haese et al., 2015; McClennen et al., 2002). Male IPV victims described health care services only providing them with medication, and this being unhelpful (Machado et al., 2017). Contact with the police appeared particularly unhelpful for men, who felt victimised by the police service, and describing being ridiculed by the police or the police failing to attend to the incident at all (Machado et al., 2016; Machado et al., 2017). Consequently, male victims of IPV noted a distrust of the available formal support (Machado et al., 2016). Similarly, victims of stalking advocated that the police were least likely to take their complaints seriously (Galeazzi et al., 2009) and that legal

services were not responsive to their victimisation (Brewster, 2001), reporting they were encouraged to place themselves at an increased level of risk for police intervention.

### *Victims of interpersonal violence employ a range of strategies in response to victimisation (n=12).*

This comprised the following subthemes.

*Victims use strategies designed to avoid contact (n=7):* Avoidant strategies have been observed in stalking victims, where victims attempted to avoid coming into contact with their stalker (Amar, 2006; Brewster, 2001) or avoiding leaving their home (Kamphuis & Emmelkamp, 2001). Similarly, victims of homophobic hate crime reported that they employed 'boundary setting', referring to avoiding places or individuals where they would expect to be victimised. This included keeping a distance between themselves and 'hazardous' individuals or acting in a manner to avoid attention being drawn to them (D'haese et al., 2015). Similar strategies were found with IPV victims, including avoiding locations where the perpetrator frequented, avoiding arguments, avoiding 'inflaming' the perpetrator, hiding from perpetrators and ending friendships with mutual friends (Ghanbarpour, 2011; Machado et al., 2017).

*Victims interact with their perpetrator (n=7):* Stalking victims employed strategies to discourage their stalkers, such as confronting the perpetrator (Brewster, 2001; Geistman et al., 2013) and threatening to call the police (Kamphuis & Emmelkamp, 2001). However, stalking victims who interacted with a perpetrator, as opposed to those asking others to do so, often thought their actions were ineffective at discouraging their stalker (Geistman et al., 2013). Some victims of homophobic hate crime reported adopting a confrontational and assertive approach where they reprimanded perpetrators. However, this was likely for incidents where the risk of physical aggression was low (D'haese et al., 2015). Additionally, victims of IPV reported engaging in strategies to protect themselves, such as fighting with the perpetrator in response to violence (Ghanbarpour, 2011). However, this was less reported than other forms of violence.

*Planning and management of environment and routines (n=6):* In regard to stalking, victims could actively modify their daily routines to manage their experiences of stalking by taking more precautions in their daily lives (Amar, 2006) and changing or blocking phone numbers (Brewster, 2001). Other studies reported related findings with victims of stalking and hate crime (D'haese et al., 2015; Geistman et al., 2013). Ghanbarpour (2011) found similar behaviours for IPV victims, such as changing the times they would go to work, parking their car in different places, checking their homes at night and arranging to be taken home by friends or family. Two papers found that the environment where victims, and the perpetrators, lived was also managed by victims, and/or via additional safety planning. For example, victims of IPV reported multiple strategies to manage their environment, including attempting to control where in the house an argument would likely take place, moving objects that could be used as weapons, walking away from their abusers during an argument, increasing the physical security of the home by installing security systems and changing locks (if the perpetrator did not reside with them) (Ghanbarpour, 2011). Additionally safety planning may be used, which is recommended to be led by victims and include friends and family ('allies') in the safety planning process. Sudderth (2017) also found that IPV safety planning should involve the victims' community to watch over the victim and monitor the perpetrator. Safety planning from the Sudderth (2017) study included keeping emergency belongings, such as keys, important documents, or a packed bag/clothes and toiletries, in a secure location.

*Victims use legal strategies to prevent or reduce potential abuse (n=4):* Victims engage in a variety of legal strategies, with some female victims reporting pursuing a criminal conviction (Ghanbarpour, 2011). Some victims described also taking steps to protect themselves after taking legal action, such as receiving notifications when their abuser was released from custody and obtaining more information about their abuser's offending history (Ghanbarpour, 2011). Legal strategies were also observed in victims of stalking, such as threatening to call the police and applying for protection orders, although these were ineffective in half of cases (Brewster, 2001). Victims of IPV also engage in behaviour to support legal strategies, such as taking photographic evidence of their injuries to support a police investigation (Deutsch et al., 2017) and forming legal agreements with the perpetrator to state what they could or could not do (Ghanbarpour, 2011).

### *Victims of interpersonal violence cope with victimisation differently (n=13).*

This included the following subthemes.

*Victims engage in adaptive coping (n=6):* Reported behavioural coping strategies included male IPV victims using cosmetics to hide injuries on their face, missing work when injuries could not be concealed, avoiding leaving the house and avoiding discussing their abuse (Machado et al., 2017). Ghanbarpour (2011) provided further examples of coping strategies, which included praying and journaling. Interestingly, problem-focused coping behaviours in stalking victims, such as actively thinking about managing their stalking behaviour (e.g. planning behaviour aiming to counter the stalking) resulted in *increased* psychopathology, in one sample (Kraaij et al., 2007). Further, Zink et al. (2006) noted that elder victims of IPV could reappraise their role within the family or re-direct their energy to cope with their abuse. This included focusing on family duties, volunteering and involving themselves more in spiritual activities.

*Victims may demonstrate symptoms of maladaptive coping (n=9):* Symptoms of maladaptive coping among female victims of interpersonal violence was found. This included sleeping problems, smoking, experiencing suicidal thoughts/attempts (Al-Modallal, 2012, Odaro et al., 2014), drug use (Cho & Huang, 2017; Ghanbarpour, 2011; Odaro et al., 2014) and drinking alcohol (Machado et al., 2017). Unhelpful coping was also observed among female victims of stalking, including blaming themselves for their victimisation and ruminating on their experiences (Kraaij et al., 2007). An association between poor coping and higher levels of depression, anxiety and PTSD symptoms has been noted in victims (Garnefski et al., 2002; Ullman et al., 2007).

### *The help-seeking behaviours of victims are contextual (n=14).*

This included the following subthemes.

*The type of abuse used towards victims affects the type of help they seek (n=12):* A possible factor impacting victim responses could be the type of abuse experience. For example, those experiencing psychological violence in dating relationships were more likely to utilise informal sources of support (Cho & Huang, 2017). Sexual assault victims, who were physically injured during the abuse (Tenkorang et al., 2017; Ullman & Filipas, 2001) or involved in abuse that included weapons (Chen & Ullman, 2014) were more likely to seek formal support than those not physically injured. Similar findings were observed in the IPV literature; victims of IPV that was considered severe or involved physical violence had an increased chance of seeking support; both formal (Bruschi et al., 2006; Machado et al., 2017; Meyer, 2010; Stavrou et al., 2016) and informal (Fanslow & Robinson, 2010; Meyer, 2010). Further, Leone et al. (2007) found that IPV victims exposed to severe violence and control

were more likely to seek help than those exposed to lesser degrees of conflict. Additionally, women who perceived their life had been in danger may be more likely to seek formal support (Ullman & Filipas, 2001). Similarly, victims of violent crime who sustained serious injuries were found to attend more victim support sessions than those with minor injuries (Lowe et al., 2016). Lowe et al. (2016), however, found that victims of crime, who were intoxicated when victimised, where less likely than other victims to seek formal support.

*Victims aggressed to by non-familiar perpetrators, or whose informal help seeking is unsuccessful, are likely to seek formal support (n=5):* Four papers suggested that the aforementioned help-seeking behaviour could be influenced by the victim's previous experiences or their connection to the perpetrator. Beyond the type of offence, it appears that the type of perpetrator could have an effect on the subsequent help-seeking behaviour, with findings supporting the notion that victims who were abused by a stranger were more likely to report the abuse, than if the perpetrator was a relative (Chen & Ullman, 2014). Further, Kaukinen (2002) found that male and female victims of violent crime may respond differently. Females were more likely to seek informal support when their perpetrator was known to them. Males, however, while they may 'do nothing' when victimised by strangers, were shown to report to the police. Further, female victims of abuse may be more likely to seek support overall than males (Kaukinen, 2004). In addition, victims who attempted to access informal support or to use their own strategies, unsuccessfully, may seek legal support instead (Brewster; Odero et al., 2014).

## Discussion

By exploring the ways in which victims of interpersonal violence manage their experiences of abuse, several interesting themes emerged. These themes indicated that victims of interpersonal violence respond in a diverse way, which can be impacted by internal barriers and/or the context of their victimisation.

The findings support how victims of IPV have a preference for informal support. This was found for male and female victims and heterosexual and non-heterosexual victims, indicating therefore how victimisation does not discriminate. The preference for informal support may be due, in part, to friends and family being *perceived* as more helpful for victims of IPV (Fleming & Resnick, 2016; Sylaska & Edwards, 2014), than formal support sources (Saxton et al., 2021). It could be speculated that formal services may not be utilised due to cultural barriers, services being under-funded and thus being less available (Burman & Chantler, 2005), with evidence of victims feeling judged by such services, such as experiencing stigma and shame (Overstreet & Quinn, 2013). In cases where the victim chooses to remain in a relationship with their perpetrator, this creates an unsafe environment where victims may appear particularly unable to access formal services, thus meaning informal supports become more accessible, since it is without fear of legal repercussions.

Indeed, there appears clear difficulty in victims *accessing* formal services, with the police, legal aids and healthcare professionals being considered less helpful for victims, thus confirming previous findings in men (Douglas & Hines, 2011), women (Sylaska & Edwards, 2014) and in the LGBTQ+ community (Calton et al., 2016; Scheer et al., 2020). These findings also support the notion that significant barriers are experienced by victims of IPV, in their pursuit of help. As outlined by Tsui et al. (2012), male victims of IPV may be restrained by social and cultural constraints, which limit help-seeking. Consequently, male victims may, through a process of perceived gender roles, social stigma and poor social support, be less likely to seek help from both formal and informal sources. This is particularly consistent with the findings from this review that males and homosexual victims perceived there to be stigma

and a difference of support, compared with female victims. Indeed, within a victim's decision to seek help, perceived stigma has been theorised as an important component influencing their decision (Overstreet & Quinn, 2013).

Victims appear to employ several behaviours to increase their sense of safety and reduce their likelihood of experiencing abuse. This is consistent with findings indicating that victims of IPV have a range of strategies to consider, increasing their safety (Goodman et al., 2003). The review found that the behaviour of victims can be influenced by the nature of the abuse and the context. However, the underlying mechanisms may reflect a decision-making process informed by factors such as committing to seeking help, implementing safety strategies and taking advantage of support when it is offered. In this regard, health related theory has been helpful in explaining *how* help-seeking may change, accounting for the needs and experiences of victims. The Theory of Planned Behaviour (Ajzen, 1985; 2011) perspective is useful to reflect on here, since it outlines a precursor process to help-seeking, and behaviour change models (Prochaska et al., 1992). It could provide a helpful framework to explain *how* barriers may prevent help-seeking by highlighting how it is the beliefs held by victims, which could play an integral part in their choice to seek help.

Evaluating whether help is required or beneficial may represent a precursor stage in help-seeking decisions (Prochaska et al., 1992; Liang et al., 2005), whereby a victim does not have an original intention to seek help but this develops across time. Barriers identified in this review, such as feeling as though they are not a victim or thinking support is not needed, appear consistent with this stage. This can also be considered the stage whereby the intention to seek help is under development, suggesting a more process-focused approach to understanding how and when victims feel able to seek support. Being able to identify the point at which seeking help is most likely to occur would appear important and an area that future research could focus on.

Furthermore, the intention to actually act, as outlined by Ajzen (1985; 2011), requires the fulfilment of three belief systems. These are behavioural beliefs, normative beliefs and control beliefs. In this stage, an array of barriers might present a challenge to either of these belief systems, reducing the victim's likelihood of forming a help-seeking intention and progressing to more active help-seeking. The findings that victims may experience shame, embarrassment and that they will be treated differently based on sex may challenge their normative beliefs. Alongside this is research indicating that IPV relationships may also involve the coercive control of a partner/other (Dutton & Goodman, 2005; Harris & Woodlock, 2019; Stark, 2009), making it more challenging for the victims of such control to develop and internalise beliefs that assure them of having self-control in relation to their help-seeking (Salcioglu et al., 2017).

Further barriers, identified in the extant literature, may form challenges when moving towards more active help-seeking (Prochaska et al., 1992; Prochaska et al., 2015). This may represent a desire to seek help and thus the behavioural intention is formed. However, service provisions that are lacking or unhelpful for certain victims may prevent this help-seeking from being enacted. This may be particularly pertinent for individuals within the LGBTQ+ community, where heterocentric services may not adequately meet their needs (Scheer et al., 2020). In addition, the finding that victims may believe their experiences of abuse are manageable by them or that formal services are unhelpful, indicate that victim behavioural beliefs regarding help-seeking can be hindered. This may also be considered a precursor stage of help-seeking, where a victim *commits* to a definition of abuse prescribed by their abuser, thus believing they do not require help. In addition, a victim's normative beliefs around help-seeking may also limit their access to support. Examples from the current review involve the

perception of social stigma and the fear of being discredited. This is consistent with literature indicating that police reporting is negatively impacted by victims' perceptions of police and legal responses (Ansara & Hindin, 2010; Machado et al., 2016; Lelaurain et al., 2017). Finally, barriers such as fearing repercussions from their perpetrator (Boethius & Åkerström, 2020; Vranda et al., 2018) could be conceptualised as control beliefs, which may limit help-seeking behaviour. When accounting for all of these factors, a victim's intention to seek help may become significantly decreased, further influenced by their immediate environment, which can be controlled by the perpetrator of IPV and serve as another barrier to receiving 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 appeared more likely to seek formal support. This was consistent with research indicating that the type of violence experienced by victims has an important role in affecting help seeking (Ansara & Hindin, 2010; Duterte et al., 2008). This effect on help-seeking could be described with reference to Protection Motivation Theory (PMT) (Rogers, 1975; Norman et al., 2005). Here there is an assumption that protective behaviour and coping is motivated by two forms of appraisals; the appraisal of threat and the appraisal of coping. An individual's threat appraisal increases when their experience of violence, including physical violence and/or with a threat to life, serving to motivate them to take a more formal course of action (i.e. seek support from the police or medical agencies). However, their ability to feel confident in their own coping ability (i.e. coping appraisal) becomes a factor to consider since without this their seeking of help may be impeded. This is speculative and points to a need for further research, but one that places the perceptions/appraisals of victims at the core of developing our understanding of how best to support them instead of focusing on the perpetrator, their motivation and actions.

## *Limitations*

Although the review was comprehensive, with six research databases searched, there are obvious limitations. For example, it is not unreasonable to recognise that some research may have been missed, particularly that not indexed and/or published in accessible sources. Nevertheless, it is important to note that the databases employed in the systematic review search were considered the most relevant for the aim of the review and comprised several disciplines. Having noted this, it was evident that heterosexual, female victims of interpersonal violence were over-represented compared to other populations. This reflects the state of the published field but demonstrates a limitation to how the findings can be generalised.

Additionally, the review captured dissertations and symposium papers, which have not been subject to journal peer review. This research was included due to the relative absence of research regarding IPV help-seeking and safety behaviours. The inclusion of these increased the reportable data and was thought necessary and useful for the aims of the review. Finally, most papers presented were derived from cross-sectional research using self-report measures. This does not aid the understanding of causal relationships but does point to a need for future research to adopt longitudinal designs that can consider help-seeking behaviour as a *process across time*.

## *Practical implications*

The following practical implications are offered on the basis of the review:

- Victim support services, and other aligned professionals, need to acknowledge and work to reduce factors that could contribute to victims' appraising contact as negative and/or potentially negative. This includes ensuring that all professionals, not just those based in victim services, are trained on how to provide effective and individualised support to victims. This includes a need to attend fully to their personal accounts and perceptions.

- All experiencing victimisation need to be aware of available services and how they can engage. Any developed awareness campaigns should be inclusive of gender and sexuality.

- Professionals should aim to empower victims with a *range of choices* and avoid any tendency to 'dictate' on options. By offering choices, professionals could facilitate a victim's sense of control. A non-judgemental approach that focuses on allowing victims a safe space to disclose appears key. This includes a space that recognises the decision to seek help could be a fluid and changing process. Communicating this to their existing support network could be of assistance, so this network is aware that engagement with help-seeking may be characterised more by change/indecision than certainty.

- Safety planning should be individualised and completed in collaboration with victims. This should also consider including their existing support systems.

- Professionals advising on victim safety should have an accurate knowledge of victim circumstances and the helpfulness of strategies for the particular situation. This should include a focus on enhancing the safety of victims and those connected to them.

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