VICTIM SAFETY IN THE CONTEXT OF ABUSIVE INTIMATE RELATIONSHIPS

By

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A thesis submitted in partial fulfilment for the requirements for the degree of Doctor of Philosophy at the University of Central Lancashire

31.07.2023

Supervised by Professor Jane Ireland, Dr Roxanne Khan and Dr Philip Birch

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ACKNOWLEDGEMENTS

I would like to express my extensive appreciation and gratitude to my supervisory team, Prof. Jane Ireland, Dr Roxanne Khan and Dr Philip Birch. Their knowledge and skills have been invaluable and vital to the completion of the PhD, and the value of their support to me is too extensive to be described here. The support of Prof. Jane Ireland has been particularly influential, who's advice and supervision has enhanced both my research and clinical skills.

Further, I want to express gratitude to the University of Central Lancashire, who provided the opportunity for me to complete this PhD, and Coastal Child and Adult Therapeutic Services (CCATS) and colleagues for their understanding and time that they afforded me throughout the PhD process. My express thanks also goes to Dr Carol. Ireland, your unwavering enthusiasm and extensive knowledge has been a constant source of support.

I would also like to thank members of my family, particularly my parents, who have provided unending encouragement and support. Their patience and encouragement have bolstered my motivation and drive over the last six years.

Finally, I want to express my deep thanks to all those who participated in the research, your contributions to this PhD is significantly valuable and this research could not be completed without it.

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GLOSSARY

BCQ	Brief COPE Questionnaire
CASP	The Critical Appraisal Skills Program
CBS-R	Controlling Behaviours Scale
CBT	Cognitive Behaviour Therapy
CCS	Consequences of Control Scale
CDC	Centres for Disease Control and Prevention
COVID-19	Coronavirus Disease
CPTED	Crime Prevention Through Environmental Design
CSEW	Crime Survey for England and Wales
CTS	Conflict Tactics Scale
CTS2	Conflict Tactics Scale (Version 2)
DA	Domestic Abuse
DV/DA	Domestic Violence and/or Abuse
ERS	Emotion Reactivity Scale
ESS	Environmental Security Scale
GAS	General Adaptive Syndrome
GSES	General Self-Efficacy Scale
GST	General Strain Theory
IDVA	Independent Domestic Violence Advisor
IPV	Intimate Partner Violence
IPVSI	Intimate Partner Violence Strategy Index
LGBTQ+	Lesbian, Gay, Bisexual, Transsexual, Queer (and more)
LOCS	Locus of Control Scale
MANOVA	Multivariate Analysis of Variance

MMAT	The Mixed Methods Appraisal Tool
NDHS	Nigeria Demographic and Health Survey
NISVS	National Intimate Partner and Sexual Violence Survey
ONS	Office for National Statistics
PCA	Principle Component Analysis
PMT	Protection Motivation Theory
POM	Process Orientated Model
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
PSS	Personal Protection Survey
PSVS	Physical and Sexual Victimisation Scale
PTS	Post-Traumatic Stress
PTSD	Post-Traumatic Stress Disorder
RMAP	Rubicon Model of Action Phases
SCT	Social Control Theory
SEM	Structural Equation Modelling
SET	Social Exchange Theory
SLT	Social Learning Theory
SNS	Sympathetic Nervous System
SPSS	Statistical Package for the Social Sciences
TPB	Theory of Planned Behaviour
TRA	Theory of Reasoned Action
TTC	Transtheoretical Model of Behaviour Change
UK	United Kingdom
UN	United Nations

USA/US	United States of America
VAW	Violence Against Women
VAWG	Violence Against Women and Girls
WHA	World Health Assembly
WHO	World Health Organisation

ABSTRACT

This PhD thesis aimed to understand how individuals in abusive relationships increase their sense of safety. It draws on findings from a systematic review of the literature, alongside primary data obtained in three empirical studies. The research underpinning this thesis employed a mixed methods approach, benefitting from both qualitative and quantitative data. A systematic literature review, of 61 papers, was initially conducted. It aimed to examine how victims (of interpersonal violence) have responded when they have been subjected to Intimate Partner Violence (IPV). The Thematic Analysis supported the presence of five overarching themes, that victims of interpersonal violence; 1) seek help after their victimisation, 2) experience barriers to seeking help, 3) employ a range of strategies, 4) cope with victimisation differently and 5) The help-seeking behaviours of victims are contextual. These findings illustrated several things. Firstly, when in abusive relationships, individual behaviour is varied and dynamic. Secondly, how individuals respond to abuse is influenced by a range of environmental, societal, and individual barriers.

Study one extended the findings from the systematic review by bringing in the knowledge of professionals that work with victims and survivors of IPV. A survey instrument was developed from the findings of the systematic review, and was completed by 69 professionals who worked with victims of IPV. The survey instrument was designed to explore perceptions of professionals regarding the use of strategies (obtained from the systematic review) by those being harmed by a partner, and their *likely* effectiveness in increasing these individuals' sense of safety. The findings indicated that victims may not consistently use strategies that are considered effective in increasing safety. All the strategies were endorsed by the sample. However, no strategy (or strategy type) was perceived to be universally employed by victims, or helpful in increasing victim safety. Extending this, help-seeking strategies that

participants considered most likely to be used by victims were also perceived to be effective strategies in increasing safety. However, this was conversely true for coping and safety behaviour strategies. Finally, the strategies that were considered to be most likely to be employed represented those that may be most likely to be within victims' control, while in abusive relationships.

Building on these findings, study 2 brought in the experiences of survivors who had been in abusive relationships, to gain a more in depth understanding of victim decision-making. Using a qualitative approach, 30 participants (15 survivors and 15 professionals) were interviewed. Separate interview protocols were developed for participants who had been abused and participants who worked with victims of abuse. Interviews were analysed using Thematic Analysis (Braun & Clarke, 2006; 2012) and Grounded Theory (Glaser & Straus, 1967; Strauss & Corbin, 1997). The analysis resulted in 11 themes; 1) Victims are subjected to abuse that has significant long and short term impact, 2) Victims have expectations of what will increase their safety, 3) Safety decisions are influenced by victims' needs, 4) Decisions to seek help are guided by many influences, 5) Increasing safety can be difficult for victims due to existing barriers, 6) There are emotional influences on victims' safety behaviour, 7) Not all victims can rely on existing knowledge to inform safety behaviour, 8) Victim decision making is influenced by fear, 9) Victims employ multiple strategies in response to abusive behaviours, 10) Victims amend safety behaviour to manage different abuse contexts, and 11) Victims make appraisals of safety behaviour following their use. The findings provided several insights. Firstly, IPV safety strategy use (and non-use) was influenced by a variety of factors, both internal and external, that can increase or decrease use. Secondly, victim strategy use occurs at various points during an abusive relationship. Strategies to increase safety are not only used at the point of harm being done, but also in preparation for potential harm and after episodes of

abuse. This indicates a role of cognition in identifying and planning strategies to increase safety.

Finally, Study 3 extended previous findings by exploring the association between behaviours used to increase safety in abusive relationships, such as coping behaviour and environmental security use, and measures of cognition and emotional reactivity. Study variables were derived from behavioural theory implicating affect and cognition in behavioural motivation (Ajzen, 1985; Liang et al., 2005; Rogers, 1975). Two hundred and eighty victims and survivors of IPV completed a questionnaire battery, including measures to explore their coping and environmental security use. The findings indicated that gender, being female, was associated with differences in cognition and affect. Additionally, participants who reported more (in number) abuse reported lower self-esteem and locus of control, and higher emotional reactivity. Regarding victim behaviour, coping behaviour was predicted by cognition or affect, but environmental security was not. Consequently, this provides further indication that both cognition and affect may play a role in victims' decision-making, in the context of abusive relationships.

The findings from this thesis support the understanding that individuals in abusive relationships implement a range of strategies to act against abusive partners. The findings describe victim decision making being dynamic, impacted by both external (abuse and environment) and internal (affect and cognition), and that strategies used are developed over time through learning and reappraisals. This work indicates that an inclusive theoretical model, to outline how abuse victims identify and implement safety strategies, is needed. Thus, a victim-informed Integrative Model of Victim Safety Strategies (IMVSS) was developed. It is hoped that this will be used to design future research and to help professionals working with victims and survivors of IPV to recognise the potential influences that can increase or decrease victim safety behaviour.

CHAPTER ONE

SETTING THE SCENE

1.1 Structure of the Chapter

The first chapter of this PhD provides an overview of the rationale guiding the thesis. It will introduce the theoretical background pertaining to the nature of IPV and the current understanding of how individuals that are trapped in abusive relationships act to increase their sense of safety. The chapter will identify what is known, and unknown, regarding individuals' actions in response to abuse, recognising gaps in current knowledge. Thus, the chapter will introduce the psychological literature as it pertains to IPV victim help-seeking, coping and safety enhancing behaviours. However, a more in-depth review of these areas is provided in chapters two and three.

1.2 IPV and Victim Responses

1.2.1 Nature of IPV

IPV is a significant and pervasive societal problem (Peterson et al., 2018; Peterson, Liu et al., 2018), that directly effects over two million individuals per year in the United Kingdom (UK) alone (Office for National Statistics [ONS], 2020). In addition, IPV is associated with substantial adverse health outcomes for victims (Coker et al., 2002; Graham et al., 2021; Lagdon et al., 2014). This problem is highly prevalent, regardless of gender and sexual orientation (Nowinski & Bowen, 2012; Peitzmeier et al., 2020; Sanz-Barbero et al., 2018), despite suggestions that IPV is gendered in nature and, as such, a problem amongst males in particular (Dutton, 2012; Stark, 2009).

The responsibility of decreasing IPV has been adopted by society, through public awareness, treatment provision and criminal justice involvement. Thus, importance is placed on reducing the perpetration of such behaviour (Eckhardt et al., 2013; Cadihac et al., 2015). However, the literature indicates an intuitive motivation of victims, to avoid harm, in situations

of abuse. As knowledge of the detrimental impact that IPV can have, explorations of the behavioural and emotional responses of victims, in response to abuse, have increased (Goodman et al., 2003; Meyer, 2011). Clinicians and academics have increasingly recognised the need to explore victims' responses to abusive behaviours (Goodman et al., 2003), though, empirical exploration of victims' behavioral responses to abuse has focused on help-seeking and coping. The use of protective behaviours in response to abuse has received less attention and the understanding of why protective action is used is understudied. As mentioned previously, traditionally, the IPV literature has reflected a gendered and heterosexual focus (Cannon, 2015). The strategies of males and LGBTQ+ individuals have been neglected in favor of those used by heterosexual females. However, strides have been made to explore victims experiences of IPV within ethnic or sexual minority populations (Lacey et al., 2021; Reuter et al., 2017; Satyen et al., 2019; Scheer & Baams, 2021). There remains a need to further explore victim behaviour, being inclusive of different populations that are subjected to IPV, representing a significant gap in the current literature.

1.2.2 Seeking help for IPV

A significant focus of public policy has been placed on increasing services to support individuals escaping abusive relationships. Hence, considerable efforts have been afforded to the funding and advertising of support services for victims. This can be observed in the UK for instance, evident in their violence against women and girls [VAWG] strategy[1], updated in 2021. This approach included funding more support organisations (both at grassroots and governmental levels), creating more independent domestic violence advisors (IDVA) and increasing awareness campaigns for the public/victims/survivors. Awareness campaigns have arguably increased during the COVID-19 pandemic, where efforts to reach victims who were at increased risk of harm were particularly pertinent. For instance, various national policies

[1] https://www.gov.uk/government/publications/strategy-to-end-violence-against-women-and-girls-2016-to-2020

implemented during the COVID-19 pandemic served to restrict victims' actions and access to services, and may have reduced victims' ability to escape abusive relationships. The goal of publicity approaches can be understood to provide information about what IPV is and where to seek advice, with the aim to encourage individuals to leave abusive relationships. It is a reasonable tactic to increase professional services available to victims, when they provide expert support and resources not otherwise available to them. This becomes problematic when resources are unavailable, or inaccessible, by individuals who need external support (Hines & Douglas, 2011; Tsang, 2014), or when support is not perceived as helpful (Kurdyla et al., 2019; Vasiliauskaite, 2015; Walker et al., 2020). The role of individual behaviour in preserving safety is, consequently, an important consideration and worthy of further investigation.

An often utilised option that individuals who are abused employ is to seek the support of others. Individuals who reach out to sources of support are often influenced by a fear for their safety (Fanslow & Robinson, 2010; Lelaurain et al., 2017). The aims of support seeking include acquiring resources, developing escape plans, ensuring protection from further harm and receiving emotional aid. This is likely to represent a thoughtful process, influenced by the many circumstances inherent in abusive relationships, as Liang and colleagues (2005) propose. Three sequential processes are suggested to successfully acquire help; accurately defining the problem, deciding to seek help, and selecting an appropriate source of support. Within their framework, Liang and colleagues suggest that these processes are mediated by individual, interpersonal, and sociocultural influences. That is, individuals' ability to complete these help-seeking processes can be inhibited, or promoted, by their own beliefs, how others respond to them and social/cultural norms. This framework recognises innate difficulties faced by victims of IPV in both recognising the need for help and deciding to seek help. It also outlines the role of individual and societal factors that can affect behaviour change, consistent with existing theories of behaviour change (i.e., Ajzen, 1985). As Liang and colleagues developed the

framework around cognitive theory, the processes described are cognitively driven. Hence, help-seeking is presented as a thoughtful and reasoned exercise, though in doing so, the framework neglects the role of emotion. The literature does indicate that help-seeking is also influenced by affect, such as fear and shame (Overstreet & Quinn, 2013; Robinson et al., 2020). Hence, the framework suggested by Liang et al. (2005) may account for the role of cognition in help-seeking, in the context of IPV, but it is limited by its lack of attention to affect.

Further, Liang et al. (2005) describe barriers that inhibit support seeking. The literature clearly outlines how individuals can understand they are being abused, and that they need support, but do not access it. Indeed, IPV is a significantly under reported crime with many individuals not seeking help at all (Goodson & Hayes, 2021; Kaukinen, 2020; ONS, 2020). The barriers faced by individuals in abusive relationships, escaping their abuser, are well documented (Huntley et al., 2019; Robinson et al., 2020), including those captured by Liang et al. (2005). Consequently, this may indicate that a reliance on victims seeking professional support may not be an effective strategy in increasing their safety during an abusive relationship. There is likely to be other processes that victims use also.

1.2.3 Coping with IPV

Alongside seeking external support, individuals in abusive relationships also attempt to manage the emotional impact of IPV (Foster et al., 2015; Haeseler, 2013; Rizo et al., 2017). In the context of IPV, coping has received less attention in the literature than victim help-seeking strategies. Coping has focused on stress and trauma (Lazarus, 2000; Lazarus, 2013; Littleton et al., 2007). Still, IPV is significantly stressful and traumatic (Lagdon et al., 2014), creating the emotional responses that necessitates victims to engage coping strategies. Coping is considered an essential process in buffering against psychological and emotional health difficulties (Compas et al., 2017; Taylor & Stanton, 2007), and thus, is likely to serve a similar function within abusive relationships. The current evidence indicates that individuals are resourceful in attempting to minimise harm from abusive partners. This is also consistent with

existing literature outlining the range of strategies used by individuals that are subjected to abuse to preserve emotional health.

Specifically, coping in IPV relationships has been outlined as a cyclic process. Victims of abuse are conceptualised to move from distinct types of coping throughout a relationship (Carlson, 1997; Maselesele, 2011), not unlike the stages of change proposed by Prochaska and DiClemente (1982). Stages appear to reflect more emotionally focused and avoidant, approaches to coping, through presenting with anger, denial, self-blame, and self-discovery. That is, victims cope through attempting to manage their emotions and avoiding what the cause of the distress may be (Maselesele, 2011). While Carlson (1997) suggests a similar process, more problem-focused coping approaches are indicated, where individuals engage in strategies to address the issues causing distress. Though both models were based on small sample sizes, they indicate that coping is dynamic and impacted by characteristics of the abusive relationship (Parker & Lee, 2007; Sabina & Tindale, 2008).

Proposed coping frameworks may provide insight into how individuals in abusive relationships cope but provide limited additional knowledge regarding their coping approach choice. It is clear, however, that victims employ a range of coping approaches (Goldberg-Looney et al., 2016; Rizo, 2016; Waldrop & Resick, 2004). Further, the existing literature base regarding victims' coping, is centered around the experiences of heterosexual females. Hence, exploration of coping in male and LGBTQ+ victims is limited. It also lacks cultural competency, being developed with particular focus on the experiences of White and Western populations, which may obscure important differences in individuals' behaviour. Consequently, there remains a need to further explore victims' coping and to understand their use in conjunction with other safety enhancing strategies.

1.2.4 IPV safety strategies

Abusive behaviours by an intimate partner have been considered particularly detrimental to individual autonomy and personal risk management (Stark, 2009; Walker, 1980). This perception indicates that individuals have little, or limited, behavioural strategies to increase their safety. As noted earlier, however, IPV is a significantly under-reported crime, therefore, it could be assumed that victims develop their own strategies to mitigate the risk of abuse. A plethora of empirical evidence is emerging that does not support a view that victims become helpless. Relatedly, other forms of abusive behaviours, including sexual and violent assaults, appear to elicit victim behaviour aimed at preventing, or minimising, the risk of harm (Gidycz et al., 2008; Gilmore et al., 2018; Lea et al., 2017). Similarly, victims of IPV also engage safety behaviours to increase their sense of safety (Hanson et al., 2019; Riddell et al., 2009), or others' safety (Buchanan & Moulding, 2021; Wendt et al., 2015).

A commonly facilitated practice, safety planning, aims to identify and plan for risky situations to increase individuals' ability to effectively respond. This has gradually become a regular aspect of victim support (Goodkind et al., 2004; Murray et al., 2005). The evidence on safety enhancing behaviour is not as developed as help-seeking, although, it does indicate that safety planning and strategies are used based on abuse characteristics (Anderson et al., 2014; Hanson et al., 2019; Parker et al., 2015). This suggests that, as with coping and help-seeking, there is likely to be a thoughtful process guiding victim behaviour, which is not yet fully understood.

Various approaches to safety planning have been developed (Glass et al., 2010; Kendall et al., 2009), however, the practical effectiveness has not been evaluated. While researchers have attempted to describe what strategies are used by individuals in abusive relationships to preserve safety (Goodman et al., 2003; Parker & Gielen, 2014), theoretical explanations of how safety decisions are made have been limited.

Cluss and colleagues (2006) propose a *Psychosocial Readiness Model* of behaviour change as applied to individuals being abused by an intimate partner. The model suggests that victims undergo a state of change, from 'upholding the status quo,' to engaging in change. Reaching a stage of change is considered to be contingent on the interplay between internal and external factors. Internal factors include social support, self-efficacy/power, and awareness, whereas external factors include interpersonal or environmental features. To move closer to a state of change, individuals develop their positive internal and external factors and reduce their negative internal and external factors.

The Psychosocial Readiness Model (Cluss et al., 2006) is consistent with literature outlining motivation and health behaviour change (Ajzen, 1985; Deci & Ryan, 2008). This approach recognises that victims' emotional state can influence their predilection to change. However, Cluss et al. (2006) focus on victims' use of help-seeking and exiting an abusive relationship, thus neglecting the array of strategies victims use independent of external support. Further, this model may also be limited to explaining the continued use of safety behaviours, by victims, following the termination of the abusive relationship, where perpetration of abuse can continue. In addition, consistent with a sizable portion of research with victims of IPV, the model was suggested based on a small, qualitative sample of women, which does limit its generalisability.

1.3 Aims and Organisation of the Thesis

This thesis aimed to address the gap in the literature by accounting for victims and professionals in the area of IPV. More specifically, it aimed to increase understanding of the behaviours and approaches that are used by victims of IPV to increase their sense of safety. The literature clearly indicates that victims practice a wide array of safety enhancing behaviour. This thesis aimed to more accurately understand the mechanisms that guide their choice of action within abusive relationships. This included identifying the types of strategies that

victims use, and recognising strategies that may serve particular protective functions in reducing risk of harm in abusive relationships. It also involved exploring the decision-making processes used by victims, in response to abusive situations, that determine what strategies are used, or not used. For instance, the research explored the range of factors that impact victim decision-making, such as cognition, affect and contextual influences. This understanding was aimed to be achieved through the completion of four interrelated research studies.

The aims of this thesis were initially explored by gathering established insights from previous research. A systematic review of the literature, exploring how victims increase their safety in abusive situations, was conducted. Exploring findings from previous research provided some understanding about the current state of knowledge regarding IPV victim behaviour. However, other forms of abuse, considered to be forms of interpersonal violence, were also included. This aimed to provide additional detail regarding the strategies that victims are known to utilise, alongside factors that influence their use, more specifically preventing strategy use. The findings contributed to the understanding of what victims in abusive relationships do to preserve or enhance their safety, and factors that impact their decisions in this context. The findings of the systematic review were integrated into a questionnaire in the first empirical study to explore the use of safety behaviours further.

The first empirical study aimed to build on the systematic review by further developing an understanding of the range of strategies that are used by individuals that experience IPV. Professionals, with a range of experience and knowledge, were asked to appraise how likely victims would be to use safety strategies, alongside how effective these are perceived to be in preserving victims' safety. It was aimed that the findings of this study would complement those from the systematic review by incorporating professionals' insights, which are not routinely explored in the existing literature. This study also contributed to the thesis aims of understanding the strategies used by victims to increase their safety.

A second empirical study is then outlined, focusing on the experiences of survivors who have experienced abusive relationships, and of professionals that work with victims of IPV. An interview methodology was utilised to gather rich and detailed data. The aim of this research study was to gain clarity and depth regarding the strategies employed, or not, by individuals that experience abuse from an intimate partner. Further, this study aimed to investigate the motivational processes that influence individuals' decision making when choosing how to respond to abuse. This study invited both survivors of abuse, and professionals, who have different experiences and understanding of victim safety behaviour, to participate. The thesis recognised the inherent expertise that individuals who have experienced abuse have, but it also recognised how professionals may have acquired knowledge from working with a variety of individuals, at different points within abusive relationships.

Finally, a third empirical study, which utilised a questionnaire approach, aimed to capture the cognitive and emotional influences on victim safety behaviour. This included current and past victims of IPV. Measures of cognition and affect were used, in conjunction with measures of victim behaviour, such as coping and environmental security behaviours, to explore their relationships. As existing theory relating to behaviour change and motivation indicates clear roles for both cognition and affect, this study aimed to explore this within a victim population, which was aimed to contribute to the development of a victim-informed model of safety behaviour use.

The thesis is organised into nine chapters, which aim to clearly describe the development of a victim-informed theoretical model. Chapters one to three outline the aims of the thesis and the theoretical background that has informed the thesis. This includes existing theory pertaining both to the development of IPV offending and victim actions in response to abuse. Chapter four describes how the research has been completed, summarising the methods used to collect data in each study. Next, Chapters five to eight outline a systematic review and

three empirical studies, which aim to communicate the findings from research with individuals that have experienced IPV and professionals that work in the area of IPV. Finally, Chapter nine proposes a theoretical model of victim safety behaviour, which is informed by the existing literature and the findings from the research described in this thesis. The thesis will now outline the nature of IPV in in the following chapter, focusing on how partner violence and IPV is defined and the scope of the problem.

1.4 Summary

In summary, this chapter has introduced how individuals who are abused attempt to increase their safety, through seeking support, addressing emotional distress and employing safety enhancing behaviours. It has outlined how the existing literature demonstrates a focus on what victims do (or do not do), in abusive relationships, where the underlying processes to explain why victims chose certain strategies have received limited attention. The extensive literature base supports a hypothesis that an extensive number of victims do not seek help for the abuse they are subjected to, despite safety being a central concern in abusive relationships.

The chapter also introduced the notion that victims' decision-making is influenced by many factors, internal and external, and involve cognitive and affective appraisals. Due to IPV being particularly diverse, chronic, and repeated, it is important that victims are able to receive accurate and empirically supported advice from professionals that will contribute to safety. While help-seeking is well researched, there is a substantial lack of knowledge around strategies victims use independently, and how effective these are in reducing risk of harm, representing a significant gap in the literature. Nevertheless, as outlined in this chapter, there is no model or theory that has been able to unify these areas of research, or that has focused on outlining the process underlying the diverse responses of victims to reduce the risk of harm, and the psychological motives for this.

CHAPTER TWO
THE NATURE AND PREVALENCE OF INTIMATE PARTNER VIOLENCE (IPV)

2.1 Structure of the Chapter

Chapter two provides an overview of how IPV is currently conceived. It further details how theoretical approaches have shaped how IPV is defined, and how these criteria have the capacity to impact how IPV is understood and applied. The chapter also describes the prevalence and extent of IPV in society. It outlines how abuse is experienced by individuals within the context of intimate relationships, considering the frequency that individuals are victimised and the breadth of adverse outcomes that IPV is associated with. Finally, theoretical perspectives regarding the development and impact of IPV will be introduced. Models and theories developed or adapted to explain IPV will be outlined and critiqued.

2.2 The development of the term 'IPV'

IPV, also termed Domestic Violence and/or Abuse (DV/DA), is a complex term for researchers who aim to understand the concept. Initially conceived and described in the mid-20th century, abuse within intimate relationships received an increased public awareness, led by the feminist and womens' liberation movement, particularly in the USA, which was formed in response to perceived subjugation and oppression of women (Arnold, 2017; Becker et al., 2021). Gendered and feminist influences are described later in this chapter. Early understanding and framing of partner violence focused on the dynamics and behaviours, mainly physically and sexually assaultive behaviours, between romantic partners. While preliminary defining remain in current definitions of partner violence, understanding has evolved significantly. Since its conception, a series of terms have emerged, which have aimed to sufficiently capture the nature and impact of abuse towards intimate partners (Bagwell-Gray et al., 2015). The way in which partner violence is defined has been underpinned by a range of

theoretical perspectives, and thus, a range of definitions have ensued (Lawson, 2012; Tjaden & Thoennes, 2000). Hence, one area that the conceptualisation of partner violence has been informed is through the understanding that it is a unique form of violence.

2.2.1 IPV and General Violence

Abusive behaviours in intimate relationships are generally considered a subsidiary of general violence (Dutton et al., 2006; García-Moreno et al., 2005), rather than being similar. In 1999, the WHA declared violence a major public health concern (Krug et al., 2002; World Health Assembly, 1993), providing clarity regarding violent behaviour and assisting in defining partner violence. However, researchers have appraised violence towards women as conceptually different to general violence. Subsequently, if partner violence is seen as different to that of general violence (Moffitt et al., 2000), a general violence definition is insufficient. This will be expanded upon later in this chapter. The distinctness of IPV is, however, reflected within the United Kingdom (UK) legislation, employing a definition of Domestic Abuse (DA). This definition states that domestic abuse is *"any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to; psychological, physical, sexual, financial or emotional abuse"* (United Kingdom, Home Office).

Moffitt et al. (2000), for instance, queried the uniqueness of partner violence, and reviewed findings from a birth cohort study (N=849 adults, assessed at age 18 and 21). The researchers suggested that perpetrators of partner abuse may share many personality characteristics as those who engage in general criminal behaviour. However, they also noted some unique predictors. For instance, the personality characteristic 'constraint' or 'self-control'; how well an individual is able to manage their behaviour, was not consistent across general and domestically violent behaviour. Poor self-control has been shown to play a pertinent role in the use of aggression (Denson et al., 2012; DeWall et al., 2007), which partner

abuse often involves. Moffitt et al. (2000) found that low constraint was associated with general crime and violence but not partner abuse (i.e. high constraint). This is consistent with theorising regarding the controlled nature of IPV (Pence, 1983; Stark, 2009), though some findings indicate an important contribution of poor self-control in partner abuse perpetration (Finkel et al., 2009).

Moffitt et al. also found that negative emotionality, experiencing uncomfortable emotions such as anger, anxiety, and irritability, was found to be a risk factor for both general crime and partner abuse. This is congruent with the non-gendered theorising of partner violence, however, whereby emotion dysregulation and stress are considered to play an important role. While Moffitt et al.'s (2000) findings provide clarification on the relationship between partner abuse and general violence, the origins of partner abuse remain elusive. The task of identifying the defining parameters of partner violence has been impeded by various methodological issues, outlined in the following sections.

The considerable influence of dichotomous theory on how partner abuse is characterised represents one central methodological issue, which the field has experienced difficulty overcoming. Itzin (2000) describes this by suggesting *"how violence is conceptualized and defined will determine what is visible and seen and known...and what is and is not done about it through policy and practice"* (p. 357). Partner abuse exemplifies this issue, being defined in numerous ways depending on different theoretical leanings. The definition of partner abuse has been shaped by the dynamic political landscape. Consequently, a myriad of terms and definitions have emerged from the psychological literature. This is expected, considering that domestic abuse can involve abuse towards partners, parents/children and siblings. Nonetheless, definitions provide an indication of what theoretical stance they have been informed by (see Table 1), discussed further in the proceeding sections. Most definitions,

if not all, are contested and debated for the focus on specific types of behaviours or their inclusion/exclusion of certain individuals(Murrey & Powell, 2009).

2.3 Terminology Underpinned by Gender

It is beyond the scope of this chapter to examine each definition used to describe partner violence, yet, it is useful to consider how definitions, used within the literature, are informed by victim and perpetrator gender. Partner violence, and public understanding of this, was initially pioneered by the feminist movement (Arnold, 2017; Becker et al., 2021). Consequently, current and past framing of partner violence has been heavily influenced by feminist and gendered theory, and the rise of the feminist movement served as a catalyst in transforming abuse towards female partners from a private matter, to an issue of public and legislative concern (Becker et al., 2021; Kurz, 1989; Tierney, 1982). *Wife abuse*, for instance, was commonly employed during the 1980s and 1990s to describe violence directed towards women (see Yllö & Bograd, 1988). The term wife abuse, used synonymously with *wife beating* or *battered women*, emphasises both the physical nature of abuse recognised at the time and the focus on victimised women. Consistent with gendered theorising, partner violence is considered a consequence of the oppression of women, and gender inequality (Kurz, 1982). Wife beating was recognised in legislation, such as in the USA (Tierney, 1989), contributing to judicial defences whereby women have used violence towards abusive male partners (Faigman, 1986; Ptacek, 1999; Walker, 2016), and was only able to be used in cases of violence against women.

Table 1

The Scope of Inclusion for Terms Used to Describe Violence and/or Abuse in Relationships

Partner Violence Terminology	Definition	Relationship to perpetrator	Sex of victim
Wife Abuse	Physical and/or sexual violence against women by their male partners (Correia et al., 2015).	Formal Intimate Partner	Female
Dating Abuse	Physical and/or sexual assault in the context of a dating relationship (Wolitzky-Taylor et al., 2008).	Informal Intimate Partner	Male or Female
Intimate Partner Violence	Physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner) (Breiding et al., 2015).	Any Intimate Partner	Male or Female
Domestic Abuse	Abuse that occurs in any relationship within households (i.e., including abuse of children, elders, or siblings) (Hegarty et al., 2000).	Any Intimate Partner or Family Member	Male or Female
Violence Against Women	Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women (Heise, 1993).	Any Intimate Partner, Family Member or Stranger	Female
'Honour'-based Violence	A wider term that captures honour killings but also other forms of violence inflicted upon women, such as assault, battery, acid attacks and in some cases, even rape in the name of so-called 'honour'. (Idriss, 2018).	Any Intimate Partner, Family Member or Stranger	Female

Gendered framing of partner abuse was furthered through the establishment of terms used to describe partner abuse. V*iolence against women* (*and girls),* for instance, is an approach that is designed to amalgamate all abusive behaviour targeted towards females together, as part of an international intervention strategy to address the abuse of women and girls. This is reflected in its defining criteria (see Table 1), whereby it is not a specific definition of partner violence but serves to encompass this in a wider definition. Indeed, this is best communicated

in the UK government's '*Call to end violence against women and girls*' paper (published in November 2010[2]), which outlines a national strategy to address violence perpetrated by males against females, including domestic abuse, sexual assault and general violence. However, they use definitional criteria set out by the United Nations (UN) in the declaration of the elimination of violence against women and girls (UN, 1993), firmly applying a gendered lens to the framing of violence or abusive behaviours. The UN state that violence against women is "*Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life"* (UN, 1993, p. 3). As such, this definition is employed to capture victimisation of females, and perpetration by males, to guide preventative and responsive policy. The violence against women strategy is echoed worldwide, and has, as a result, featured in high profile publicity and advertising, increasing public awareness further. Hence, focus on the violence towards women initiative would likely contribute to how the public recognise partner abuse.

Applying definitions of partner abuse that focus on the victimisation of women has been criticised by a portion of researchers (Dutton, 2012; Powney & Graham-Kevan, 2019). Some suggest that defining partner violence as a gendered phenomenon vilifies male perpetrators and indicates all perpetrators engage in pre-meditated, severe, and chronic violence, influencing public perception of this behaviour (Corvo & Johnson, 2003). Gendered definitions are generally predicated on a mainstream assumption that partner abuse is only used by men, towards women, against the backdrop of male patriarchy and oppression. Thus, the influence of the gendered narrative is clear, indicating that male violence is a phenomenon wholly different from that of females' (Martinez, 2011; Winstok, 2007). Additionally, gendered definitions have substantial limits in applying to populations that fall outside of this

[2] https://www.gov.uk/government/publications/call-to-end-violence-against-women-and-girls

assumption, such as the presence of male and non-heterosexual partner abuse victims. This is further complicated when combined with other forms of violence (including child abuse, general violence, and sexual violence). As such, violence against women (and girls) does not differentiate between violence perpetrated by familiar individuals and strangers. This is problematic given the violence within relationships is considered to be distinct from other forms of violence, such as stranger violence (Moffitt., 2000; Pence, 1983; Yllö & Bograd, 1988).

2.4 Terminology Not Underpinned by Gender

Partner abuse has also been conceptualised to reflect a broader perspective; that partner violence is not isolated to male perpetrators and female victims (Lawson, 2012). Most notably, and most widely adopted, this has included Domestic Violence and/or Abuse (DV/DA), but has also included terms such as *marital violence, spousal abuse* and *dating violence*. The focus of these terms is placed in the nature and context of abuse, rather than the sex of the individuals perpetrating the abuse or being victimised. Most recently, the term *Intimate Partner Violence (IPV)* has emerged, advancing the re-conceptualisation of partner abuse. IPV is commonly employed by researchers to describe violence between intimate partners, which includes physical, sexual, or psychological acts of aggression (Capaldi et al., 2012; Dixon & Graham-Keven, 2011; García-Moreno et al., 2013; Plichta, 2004; Tjaden & Thoennes, 2000). IPV employs a broader remit of partner violence regarding both the type of behaviours and the individuals that it would apply to, regardless of victim and perpetrator gender (Ali et al., 2016).

Non-gendered criteria for partner abuse allow for greater inclusion, both for gender and sexual orientation, and is commonly applied in research exploring male victims and LGBTQ+ victims alongside female victims of partner abuse. Definitions that focus on the behaviour, rather than gender do not subscribe to the notion that partner abuse is nested within a gendered context. It can, however, acknowledge gendered aspects of partner abuse within its defining

parameters. For instance, there is evidence that some forms of abuse are only directed to women, such as sexual abuse resulting in forced pregnancy (Miller et al., 2010; Miller, Jordan et al., 2010), but this is not restricted through non-gendered definitions of abuse. As noted by Itzin (2000), defining criteria determine what data is collected, and what policies are implemented. Thus, greater emphasis on abusive behaviours, rather than gender, allows for greater freedom to explore the scope of partner abuse and develop more inclusive theories and polices to address this. As indicated in Table 1, IPV utilises one of the broadest criteria. While domestic violence and abuse captures additional behaviours directed towards wider family members such as children, siblings, and parents, IPV is the most comprehensive definition for partner violence specifically.

2.5 Disparity in definitions

It should be expected that, as greater awareness and focus on partner abuse and as criteria for establishing this develops, the disparities in definitions used in academic domains become increasingly unhelpful (Saltzman, 2004; Winstok, 2007). Definitional inconsistencies cloud data comparison and evaluation; behavioural coding or observations can differ both based on acts considered abusive and appraisal of the severity of these behaviours. Resulting from early understanding of partner abuse consisting of primarily physical abuse and being directed towards females only, comparison of data collected during the initial conceptualisation of partner abuse and recent data represents a significant methodological challenge. For instance, research has focused heavily on physical abuse as a measure of partner abuse, whereas more recent exploration places a significant focus on additional abusive behaviours, such as psychological and sexual abuse. Consequently, reported victimisation and perpetration rates can differ substantially, not necessarily due to actual experiences but potentially due to different measurements and outcomes in research studies. Inconsistent definitions include sampling methodology, regarding victimisation or perpetration, whereby female victims have

been the primary sample in early partner abuse research, and by feminist scholars, though more diverse samples are recruited in current research in this area.

For the purposes of this thesis, the definition of IPV, provided by the WHO, will be adopted; "*IPV refers to any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. [This includes,] acts of physical violence, sexual violence, emotional* (*or psychological) abuse, controlling behaviours."* (WHO, 2012). However, it is extended to include past intimate relationships, accounting for the understanding that IPV can persist after the relationship has ended.

2.6 Prevalence of IPV in Heterosexual Relationships

IPV is prevalent around the world, representing a significant concern for researchers exploring the issue, and frontline professionals that work with victims and perpetrators (Munoz et al., 2017; WHO, 2010; Zolotor et al., 2009). Due to its significant presence, it is associated with enormous economic costs, both at an individual and collective level (Duvvury et al., 2013; Max et al., 2004). IPV is estimated to affect a vast number of adults in the UK alone, an estimated 513,000 men and 1.2 million women in 2019-2020, approximately 4% of the adult population. Under the sphere of domestic abuse, more adults are estimated to have been abused by their partner, than any other family member (with approximately 250,000 males and 300,000 females experiencing abuse from another family member) (ONS, 2020). While IPV is estimated to have affected 4% of the UK population, only 1,288,018 police reports of domestic abuse were made in the same year (and only approximately 750,000 reports were classed as a crime), indicating that the reporting of IPV to the police is much lower than the estimated prevalence (ONS, 2020).

Further to the UK prevalence, international estimates are substantially higher. The research indicates that 30% of ever-partnered women experience physical or sexual IPV in their lifetime, with variation in global regions (García-Moreno et al., 2013). The review of 155

prevalence studies, conducted by the WHO, focused on women only, and further, only women that had ever had a male intimate partner. This does have limitations, such as in comparing rates with male victims or LGBTQ+ populations, in the same areas. Consequently, it could be expected that a higher proportion of the sample reported victimisation than in population surveys that also include individuals who may not have had an intimate partner in their lifetime (or an intimate partner that is male). More specifically, there was some divergence, globally, in the levels of reported abuse. For instance, European and Western-Pacific regions had a lower estimated prevalence of IPV when compared to Eastern Mediterranean and South–East Asian regions (25.4% and 24.6%, and 37% and 37.7% respectively) (García-Moreno et al., 2013). In this review, African regions had the highest estimated prevalence (37%), other researchers have presented alternative estimates, as low as 15% (Shamu et al., 2011) and as high as 70% (Abeya et al., 2011). However, the research by García-Moreno et al. (2013) also indicated that 38% of all murders, where a woman was a victim, were committed by an intimate partner.

Consistent with García-Moreno et al. (2013), the lifetime prevalence of IPV among women in heterosexual relationships appear to be considerable but can vary between 15% - 48% (Alhabib et al., 2010; Breiding et al., 2008; Breiding et al., 2014; Garcia-Moreno et al., 2006; Thompson et al., 2006; Tjaden & Thoennes, 2000). For instance, Breiding et al. (2014) report the lifetime prevalence of IPV, from National Intimate Partner and Sexual Violence Survey (NISVS) data (9,970 US women), segregated by type of abuse. This indicated that, based on the USA data, all forms of IPV are prevalent for women (15% sexual abuse, 33% physical abuse, 48% psychological abuse and 7% reproductive control). Thus, within heterosexual relationships, heterosexual females represent a population at significant risk of partner abuse.

In addition, it appears that individuals from ethnic minority groups may be at an increased risk of IPV. Prevalence data from a US survey indicates that individuals identifying

as American Indian/Alaskan native or multiracial experience more IPV than individuals identifying as White (33-46% and 38-49% lifetime IPV compared to 28% for White participants) (Breiding et al., 2008). Other data indicates that individuals identifying as Black (between 12%-26%) or Hispanic (between 17%-21%), in the US, are victimised at an increased rate that those identifying as White (between 5%-21%) (Field & Caetano, 2004). While the UK data is available, using the ONS (2022) data, it indicates that ethnicity may be an important consideration in estimating the risk of IPV.

Much of the research has focused on female victims of IPV, yet, it is clear that males are victims of IPV also. The understanding of IPV directed towards males, however, may have been impacted by suggestions that presenting IPV in a mutually perpetrated way is unrepresentative of the available data, leading to ineffective treatment for perpetrators, thus being neglected (Reed et al., 2010). Consequently, male victims have been overlooked in the academic literature (Mills et al., 2006; Warburton & Raniolo, 2020; Wright, 2016), and is considered less serious than female victimisation (Bates et al., 2019; Savage et al., 2017; Sylaska & Walters, 2014; Russel, 2018). Nonetheless, examination of male victimisation IPV rates indicate rates similar to that of women, in heterosexual relationships. Research suggests that males and females use IPV at comparable levels. For instance, male victimisation ranges from 7 - 30% (Hines & Douglas, 2016; Mills et al., 2006; Nowinski, & Bowen, 2012; Powney & Graham-Kevan, 2019). Indeed, when researchers explore IPV prevalence in both male and female samples, similar victimisation rates are found (Archer, 2000; Breiding et al., 2008; Desmarais et al., 2012; Exner-Cortens et al., 2021; Krahé et al., 2005; Sparrow et al., 2020; Velopulos et al., 2019). Therefore, the empirical data indicates that the presence of abusive behaviours, in heterosexual relationships, is as frequent for males as it is for females.

2.7 Prevalence of IPV in Same-Sex Relationships

LGBTQ+ populations have also been neglected in the academic research (Chan, 2005), potentially because LGBTQ+ IPV provides a challenge to the established feminist narrative, public acceptance, and previous legal standings (Baker et al., 2012; Burke & Follingstad, 1999; Barnes & Donovan, 2018; Letellier, 1994). This issue may have contributed to the misconception that individuals in same-sex relationships are less abusive than individuals in opposite sex relationships (Balsam & Szymanski, 2005; Burke et al., 2002; Finneran & Stephenson, 2013; West, 2002). Similarly, however, lifetime prevalence rates of abuse for same sex relationships are broad, with some reporting extremely high rates, between 25% and 97% (Donovan et al., 2006; Edwards et al., 2015; Finneran & Stephenson, 2013; McClennen, 2005; Murrey et al., 2007). Nevertheless, researchers appear to agree that IPV within same-sex relationships is as, if not more, prevalent than in opposite sex relationships (Ard & Makadon, 2011; Stiles-Shields & Carroll, 2015; Tesch et al., 2010; Whitehead et al., 2021).

2.7.1 Issues Impacting Reported Prevalence Rates

The literature investigating prevalence rates, in both same sex and opposite sex relationships, fluctuate substantially. Various methodological reasons may explain this range. For instance, there is often a disparity between official reporting data and survey findings regarding IPV victimisation (ONS, 2020, for instance). This disparity is indicative of various features of IPV, which are somewhat localised to partner violence as opposed to other types of victimisation. Related to this, IPV has traditionally been considered a private affair, an issue kept within the family rather than reported to the police (Felson et al., 2002; Gerbert et al., 2002; Woolley, 2007). Reporting is also hampered by individuals' choices not to report their abuse (Wolf et al., 2003). There is a reluctance to report IPV to the police or authorities (Donovan et al., 2006; Donovan & Hester, 2011; Emery, 2010; Langenderfer-Magruder et al., 2016; Voce & Boxall, 2018), preventing accurate communication of the scale of victimisation using formal data sources. Accurate data may also be disadvantaged by police decision making,

whereby they may choose not to arrest or action a report of abuse, or arrest the individual reporting the abuse instead (Frye et al., 2007; Hamilton & Worthen, 2011; Hirschel et al., 2007; Johnson, 2007). Consequently, official reporting data is vulnerable to underreporting of actual abuse directed to individuals in intimate relationships.

Further, research exploring the prevalence of IPV acknowledge that findings may be obstructed by reporting bias. For instance, Vollaard amd Hamed (2012) report findings from their study, indicating that the disparity between police recorded crimes and crime survey data is impacted by external variables, through examining police statistics. This includes police practices and the number of police officers available to log crimes, particularly for violent crimes. However, while police practices may impact official reporting data, crime survey findings are reliant on individuals' understanding and perceptions of crime. Individuals may not report being victimised if they do not have an awareness of their perpetrator's behaviour being abusive or illegal, due to the complicated and often subtle nature of IPV, accuracy of individual's memory, a reluctance to perceive an intimate partner as abusive or cultural norms. Relating to reporting rates, data gathered using crime survey measures are based on substantially different criteria to establish victimisation, with police and prosecution data requiring a higher burden of proof to be recorded as a crime, than crime surveys. Hence, prevalence rates may not reflect actual levels of victimisation due to potential respondents being unable to report victimisation (i.e. due to fear or impracticalities of reporting abuse while in a relationship) (Waltermaurer et al., 2003).

Extending this argument, the criteria that IPV is defined by, and the populations that are targeted, have the capacity to influence how much IPV is reported (Hegarty & Roberts, 1998). More specifically, estimation of prevalence in same-sex relationships reflects the broad nature of the non-heterosexual terminology. LGBTQ+ captures males, females and transsexual individuals, yet, the majority of research has been conducted solely with gay men or lesbian

females, and has not used consistent definitions or measurements to classify participants as LGBTQ+ (Edwards et al., 2015; Katz-Wise & Hyde, 2012). This is similar in the research base for opposite sex IPV, whereby research has focused on female victim samples over males (Sparrow et al., 2020; Trevillion et al. 2012). This focus may be seen in Table 2, a search of the literature using key terms. As such, understanding of the true prevalence of IPV, in both same sex and opposite sex relationships, is clouded by definitional and sampling limitations.

2.8 Gendered Theorising of Intimate Partner Violence

Gendered theorising of IPV is diverse and there is not a single strand of feminism. Rather a plethora of feminist theories aiming to explain the existence of IPV have been developed (Fitz-Gibbon et al., 2020; Maidment, 2006). It is beyond the scope of this section to outline the entirety of feminist theory, as it pertains to IPV. Accordingly, this section reflects the literature developed by 'White feminism' (Roth, 2004), which is arguably most communicated within current approaches to IPV in the UK, and thus, is limited. The chapter acknowledges that different strands of feminism exists, which have contributed to feminist theory hugely (Lawson, 2013), that do not share the same central tenets, however (Fitz-Gibbon et al., 2020). Nevertheless, for many feminist scholars, IPV is defined as being male perpetrated, not a feature of women's behaviour and functions to increase power and control over others (Dutton, 2011; Dutton & Nicholls, 2005; Hague & Malos, 2005; Harne & Radford, 2008). IPV is theorised to be a result of political, social, and cultural factors that promote men's use of violence (Gondolf, 1985; Lawson, 2013), consistent with the sociological nature or feminist theory.

Table 2

Articles Found from a Literature Search (*Including Sex and Sexual Orientation/Identity)*

Search terms (Article Abstract) [3]	Returned articles
Domestic Abuse OR Domestic Violence OR Intimate Partner Violence AND Women	13,746
Domestic Abuse OR Domestic Violence OR Intimate Partner Violence AND Men	4,366
Domestic Abuse OR Domestic Violence OR Intimate Partner Violence AND Gay	327
Domestic Abuse OR Domestic Violence OR Intimate Partner Violence AND Lesbian	316
Domestic Abuse OR Domestic Violence OR Intimate Partner Violence AND Trans OR Transgender	130

While feminist theory is varied, it could be argued that radical feminism is most 'in action' when theorising IPV in the UK (Gottzén et al., 2020). This considers Western cultures, such as in the United Kingdom, as inherently patriarchal, which is integral to some feminist theory (Dobash & Dobash, 1979; DeKeseredy, 2011). However, the concept of patriarchy is not easily defined, though is a concept that is regarded to have substantial power in shaping mens' attitudes, through defining both femininity and masculinity (De Coster & Heimer, 2021). For instance, it may not be isolated to the national scale, but also within familial and interpersonal relationships. Further, this is noted to be inseparable from wider societal patriarchy (DeKeseredy & Schwartz, 2009; DeKeseredy, 2011), suggested to involve two defining criteria, a structure and ideology (Dobash & Dobash, 1979). Men hold more power and capital than women, and the oppression of women is normalised (DeKeseredy, 2021). Patriarchal structures and ideology are then theorised to create a culture and environment where mens' domination and female subordination is worn into the fabric of society, such as through the suppression of womens' intellectual and social freedom (Kurz, 1989; Rowland & Klein, 1996; Dixon & Graham-Kevan, 2011).

[3] Based on a literature search of 6 journal databases (APA PsycArticles, APA PsycInfo, Criminal Justice Abstracts with Full Text, MEDLINE with Full Text, Social Sciences Full Text (H.W. Wilson), SocINDEX with Full Text) with adult human participants, conducted on 14.04.2021.

Indeed, radical feminism positions male power and privilege, as the root cause of violence towards women (Nixon & Humphreys, 2010; DeKeseredy, 2011). Violence within the context of intimate relationships is conceptualised to involve the attitudes and behaviour of men, both individually and as a group, symbolising "*womens' oppression within the family and the lack of responsiveness on the part of the men who ran the criminal justice system"* (Karmen, 2012, p 259). Thus, the wider role of men in authority, in failing to adequately address attitudes supportive of violence, is also considered important. Consequently, radical feminists emphasise the causal role of gender inequality, male entitlement, and gender stereotypes (DeKeseredy, 2011). They suggest that men are socialised to oppress women, representing a process that is 'learned but cannot be unlearned' (McPhail et al., 2007), suggesting permanency of such attitudes.

The popularisation of radical feminism is reportedly undergoing a decline (DeKeseredy, 2021), which may be due, in part, to critiques put to it. Indeed, central principles of feminist theory, arguably most supported by radical feminism, are challenged. They are challenged twofold; individuals are victimised *because* they are female, and that feminist theory does not empower women. It is conveyed that IPV can be, and is, perpetrated against males and females. This was first communicated in research examining *battered husbands* (Steinmetz, 1977; 1978). The idea of female perpetrated abuse was, however, rejected by feminists at the time (Johnson, 1995), giving way to an "*invisibility of husband abuse*" (Sarantakos, 1999, p 232). Conversely, other researchers reject the gendered narrative (Dutton & Nicholls, 2005), stating that IPV is not a solely/overwhelmingly male perpetrated crime (Archer, 2000; Dutton & Nicholls, 2005; see Dutton, 2012 for a review). Critics suggest that sampling accounts for the elevated prevalence of IPV reported by feminists, where many researchers sample refuges and shelters or from crime surveys, which typically reflect higher levels of abuse by males (Johnson, 1995; Archer, 2000; Dutton, 2012). However, feminist

researchers maintain that this demonstrates a higher incidence of IPV perpetrated by males, which cause significant injury to females (Pleck et al, 1978; Dobash & Dobash, 1979; Kurz, 1989).

Relatedly, many feminist scholars maintain that violence is a behaviour that is more prevalent among men, than women (De Coster & Heimer, 2021). Yet, it has been suggested that violence is seen as a masculine construct, and hence the use of violence by women is seen (and thus analysed) differently. This may provide an account for why lower reports of male victimisation are recorded (Anderson, 2005). Critics also refer to aspects of feminist narrative that appear to disempower women. For example, framing victims as 'battered' presents women in a gendered stereotype that they are helpless and frail (Barner & Carney, 2011), a stereotype that feminists seek to reduce. This is particularly pertinent regarding the *Battered Women Syndrome* proposed by Walker (1979; 1984). By advocating that women are vulnerable to trauma when abused but men are not, a narrative may ensue that women have less skills or resources to manage their experiences (Rothenberg, 2003), differentiating them from men. Using battered women, the rejection of the 'battered men' reflects a perspective that women are the only victims of IPV.

Building on previous feminist theory, *Intersectionality Theory* has been adopted by the feminist sphere, drawing parallels with overarching feminist theory. This refers to the theorised relationship between different forms of oppression, and a hierarchy of power and privilege, that affect women (Crenshaw, 1991; 1993). Whilst it is not borne out of feminist theory, feminism has embraced intersectionality (McCall, 2005; Davis, 2008). For instance, it considers structural, political, and representational intersections that reinforce oppressive systems, such as sexism and racism (Carastathis, 2014). It proposes that disadvantages in one area may also increase vulnerabilities in others (Hearn et al., 2016). Consequently, domestic abuse, of women, represents just one form of oppression, with ethnic and sexual minority

women experiencing additional forms (Bograd, 1999). Hence, patriarchy is a central concept, whereby women, of all cultures, sexuality, and social class, are oppressed. In essence, it proposes that different levels of power and privilege, as presented through the bounds of gender, disability, race, and class (Josephson, 2002; Cramer & Plummer, 2009; Erez & Harper, 2018) occur within discrete populations, meaning that one group of individuals have several vulnerabilities or oppressions that intersect (Kapilashrami & Hankivsky, 2018).

However, intersectionality acknowledges a significant problem within (particularly White) feminist theory, which focuses on the experiences of middle class, White, heterosexual women, over other intersections of society (MacDowell, 2013). Describing intersectionality within the sphere of IPV, Bograd (1999) explains "*while all men who batter exercise some form of patriarchal control, men's relationships to patriarchy differ in patterned ways depending on where they are socially located"* (p. 3). Thus, both the oppressed and the oppressors are placed on a continuum of power and privilege, whereby victimisation or perpetration can be interpreted. Indeed, some feminists also consider the intersectionality of perpetrators, where their individual and social characteristics affect how IPV is assessed and addressed (MacDowell, 2013). Bograd (1999) suggests that minority populations (such as non-white and LGBTQ+ individuals) can become 'invisible' victims, as limited data is collected as opposed to white, heterosexual women. This also infers that individuals can experience many different types of violence, alongside of IPV, that intersect and are unique to each individual (Rice et al., 2020). Though, the notion that women of all colours and cultures are both unique and similar (George & Stith, 2014) can be somewhat ambiguous. Such emphasis on the individual experiences of women, which are not unilateral, make comparisons difficult and generalising feminist theory challenging.

Further to this, intersectionality's ability to account for the complexity and diversity of society is disputed. The notion that individuals are diverse in how power and oppression

intersect, and grouping populations, such as ethnic and sexual minorities, together, appears incongruent (Carastathis, 2014). This is further constrained due to its primary focus on women, and exclusion of male vulnerabilities (Davis, 2008). Relatedly, intersectionality's ability to delineate the point individual differences are defined, and how these are then considered in a hierarchy of privilege, where more value is placed on some forms of oppression than others, is unclear (Carastathis, 2014). Consequently, scholars' interpretation of intersectionality, as a concept, is inconsistent and varied (Davis, 2008).

Notably, challenges to feminist theory are referred to as a dissent, suggesting a deviation from the status quo, or what is already established (Nixon & Humphreys, 2010). Challenges are founded on the basis that IPV is not gender-based and is perpetrated by men and women equally (see Archer, 2000). However, such challenges are interpreted as an attack on feminism by outsiders (Nixon & Humphreys, 2010) and thus dismissed. For instance, some feminist scholars suggest that the reported prevalence of male victims results from methodological differences and a widening of the definition of domestic abuse to a point it becomes de-gendered (Nixon & Humphreys, 2010). Hence, they suggest that reported data on male victims is inaccurate, and therefore, unreliable. Further, fear is incorporated into feminist theory, that fear is a function of abusers to maintain power and control, and that this is isolated to males' use of abuse only (Bograd, 1999). The gendered analysis is demonstrated, reportedly, through "*examining the issues of frequency, injury, and living in fear*" (Nixon & Humphreys, 2010, p. 10). However, while fear is certainly an important consideration in the impact of abuse, it provides little understanding of the perpetration of such behaviour. Fear is subjective and situationally dependant. For instance, while a behaviour may not result in fear, this does not indicate that fear was not the intention of the perpetrator. Indeed, evidence indicates that men, more generally, may be less likely to experience anxiety and fear, or at least report this (Sutton

& Farrall, 2005; McLean & Anderson, 2009). Thus, the notion that a lack of fear in male victims indicates less severe abuse potentially minimises victims' experiences.

2.9 Family Violence and General Theorising of IPV

The following section of the chapter will describe key theories of IPV, as they have an important role in understanding the experiences of individuals subjected to abuse in intimate relationships. Family violence theories of IPV regard the development of IPV to be a culmination of a multitude of variables, enabling a range of theories to be proposed. Many family violence theories have origins in social or developmental psychology, and criminology. All of these theories will not be described here, the focus will be on what could be considered influential theory. To date, however, there have been few theories developed specifically to address IPV. This may be due to the prominence of feminist theorising in the area, or that other existing theory, is well suited to explaining the phenomenon.

2.9.1 Systems Theory

Firstly, the *Systems Theory*, was developed by biologist Bertalanffy (1968). Grounded in the notion that different systems interact and lead to different outcomes, Straus (1973; Giles-Sims & Straus, 1983) opined that the concept could be applied to the development of IPV. Systems Theory has two elementary premises; family units (including intimate relationships) entail numerous interacting systems and processes, and conflict between individuals within a family unit is expected (Straus, 1973). As it is concerned with family dynamics, Systems Theory appears an appropriate framework to be applied to intra-family conflict. It suggests that abusive behaviours towards an intimate partner result from individuals in a family unit engaging in maladaptive behaviours. This represents a deviation from gendered theorising, which emphasises the role of society rather than relationship and interpersonal dynamics. As such, Systems Theory posits that perpetrators use of maladaptive strategies is influenced by their previous experiences and learning (Lawson, 1989 in Craft & Serovich, 2005), gender stereotyped beliefs and psychosocial stressors (Bell & Naugle, 2008). The concept that

violence is learned and moulded by social attitudes can also be seen within *Social Learning Theory* (Akers, 1985; Akers & Jennings, 2019; Bandura, 1978), based on behaviourist principles.

Systems Theory also proposes that, if one part of the family system (i.e., a family member) is affected by these factors, the whole system (family/relationship) is also impacted. One system of the family unit cannot be understood without understanding the other parts (Hardesty & Chung, 2006) as all members of a relationship are inter-dependant, and behaviours employed by members are reciprocal (Murray, 2006; Whitchurch & Constantine, 1993). This may have utility in understanding how some intimate partner relationships can involve violence from multiple individuals, rather than a single perpetrator and victim. However, it acknowledges that violence and abuse often differ in severity, from individual to individual. As such, it may also be helpful in understanding how violence may be used, by some, in response to the behaviour of the perpetrator, such as in defence or retaliation.

The function of IPV is proposed to be a problem-solving behaviour, with individuals observing positive consequences, and receiving encouraging messages from others. Thus, it is used to meet a need or goal, consistent with wider theorising that abuse within intimate relationships is used to maintain power and control over others (Craft & Serovich, 2005; Hardesty & Chung, 2006). However, Straus (1973) proposed that several factors increase family violence. For instance, family violence would increase if an individual holds violent attitudes, aggression becomes frequent, there is a high community tolerance of violence, their partner has a lower degree of relative power and if the victim subscribes to family role expectations (Gelles & Maynard, 1987).

Nonetheless, Systems Theory, applied to IPV, has been criticised for not accounting for power dynamics within abusive relationships. For instance, by presenting violence as inevitable and reciprocal, this can be seen as placing equal weight for abusive behaviour on the

abuser and victim. By suggesting that individuals within abusive relationships affect each other, this places some blame on the victim for their own victimisation (Murray, 2006). Indeed, the use of intervention programmes based on Systems Theory principles have received similar criticisms (Dutton & Corvo, 2006). Systems Theory may also have limitations when considering that IPV can persist after the end of an abusive relationship, when partners no longer live together and through technological means, where perpetrators and victims do not have physical contact.

2.9.2 Ecological and Social Learning Theory

Building on the ideas proposed by Straus (1975), Dutton (1985) proposed similar principles in their *Nested Ecological Theory* (Bronfenbrenner, 1977), termed the '*interactive system'* (Dutton, 2011). This can be interpreted to represent a development of Straus' (1973) system descriptions through indicating that systems are not independent of each other, being a complex network of influence on behaviour. As described by Straus (1973), ecological theories suggest that behaviour is influenced by multiple factors, though this extends beyond the family unit. A top-down process is applied, whereby societal and cultural influences exert the broadest influences on behaviour, and individual variables exert the narrowest (Bronfenbrenner, 1977; CDC, 2009). Consistent with Systems Theory, Dutton suggested that different systems interact to increase the risk of partner abuse, these systems are 'nested', so higher order systems affect lower order systems. While Dutton (2011) disagrees that patriarchal structures are *responsible* for partner abuse, they argue that this is one factor, of many. For instance, they propose five system levels, where individual differences are nested within societal norms and attitudes (see Table 3).

Table 3
System Levels Outlined in Dutton's (*1985) Ecological Model*

Ecological Model Level	System examples
Suprasystem (Structures that promote inequality)	Societal structures and inequality between men and women, conflicting political or spiritual ideology.
Macrosystem (Social/cultural norms and attitudes)	Patriarchal attitudes and beliefs within society, sexist, racist or homophobic societal attitudes.
Exosystem (outside the family/intimate relationship)	Job stress, social dissatisfaction, conflict outside the relationship.
Microsystem (within the family/intimate relationship)	Conflict between family members, norms within relationships, dynamics between individuals.
Ontogenic Factors (individual factors)	Individual beliefs, emotional states, developmental experiences

As Ecological Theory applies a multivariate approach, considering violence and abusive behaviours as a consequence of numerous variables, many of its ideas are supported in wider psychological theory. For instance, the *Social Learning Theory of Criminal Behaviour* (Akers, 1985; Akers & Jennings, 2019) supports the notion that abusive behaviour is influenced by suprasystem, macrosystem and ontogenic variables. Poor modelling, and the lack of adverse consequences of abusive behaviour leads to individuals developing supportive beliefs and attitudes about violence. This is proposed to occur through four processes; imitation, definitions, differential associations, and differential reinforcement (Cochran et al., 2017).

The work of Akers (1985) concurs with both Systems Theory and Ecological Theory, proposing that individuals are more likely to reproduce behaviours, such as violence, that they observe in role models, such as caregivers or meaningful others (imitation). Through observing and listening to others in their social environment, individuals learn negative values and attitudes, which support the use of violence towards intimate partners (definitions). Imitation and definition do not create violent behaviour on their own. The attitudes and values held by individuals and wider society, are equally important (differential associations). Finally, individuals' attitudes and behaviours are reinforced, by means of positive consequences or

reactions from others (differential reinforcement) (Cochran et al., 2011; Cochran et al., 2017). The concept of intergenerational abuse, where abusive behaviours are replicated over several familial generations, is supported in the psychological literature (Bell & Naugle, 2008; Ehrensaft et al., 2003; Smith et al., 2011). Further, a variety of psychological theories indicate that ontogenic factors are important in the development of IPV. This includes attachment (Bowlby, 1973; Mahalik et al., 2005) and personality difficulties (Allen & Links, 2012; Scott et al., 2014).

A social learning perspective of IPV is supported by research data, despite inconsistent accounts of the learning mechanism (Ali & Naylor, 2013). For instance, the literature can indicate that witnessing violence is the primary learning mechanism (Aldarondo & Sugarman, 1996; McNeal & Amato, 1998) however, literature also finds direct victimisation to be most important (Corvo & Carpenter, 2000). Nevertheless, reviews find that both these may be impactful on future IPV perpetration (Capaldi et al., 2012; Gil-González et al., 2007; Stilth et al., 2000). Further, it has been criticised as an overly simplistic approach to explaining IPV, as it does not distinguish any mediating factors from childhood experiences (Hines & Saudino, 2002). For instance, it is clear that not all individuals who experience or witness violence in childhood engage in abusive behaviours towards intimate partners (Roberts et al., 2011) and not all victimised individuals engage in relationship violence (McKinney et al., 2009; Roberts et al., 2010). As such, social learning cannot fully account for this (Bell & Naugle, 2008). Nonetheless, empirical support for an ecological system that influences abusive behaviours is bolstered through social learning perspectives.

Attributing future relationship violence perpetration to childhood experiences likely constitutes just one variable, considering the relationship between the two may be far from strong (Stilth et al., 2000), further supporting a multivariate explanation. Dutton therefore suggests that childhood experiences may increase an individual's capacity to be violent, but

does not cause violent behaviour (Dutton, 1994). Findings that several mediators may affect the relationship between childhood experiences and IPV perpetration (Gratz et al., 2009; Iverson et al., 2014; White & Widom, 2003) support this position and provides further support to an Ecological Theory.

Related to this, Ecological Theory intentionally casts a 'wide net' to adequately capture the complexities of IPV. However, the theory is yet to be fully supported as consistent evidence for all levels of Dutton's (1985, 2011) theory has not yet been established (Bell & Naugle, 2008). For example, empirical studies have found that some levels, but not all, are predictive of IPV perpetration (Smith et al., 2014; Stilth et al., 2000). Stilth et al. (2000) examined Ecological Theory in a meta-analysis of 85 studies. Risk factors that related to the 'exosystem' (i.e. career stress and unemployment) were weakly associated with IPV perpetration, however, 'microsystem' (history of abusive behaviours and marital satisfaction) risk factors had moderate to strong effects on IPV perpetration. 'Ontogenic' (attitudes supporting violence and sex-role beliefs) risk factors, though, had mixed effects (Stilth et al., 2000). Consequently, it is not yet clear if all of these factors have clinical utility, or how these are weighted to predict IPV perpetration.

2.9.3 Attachment Theory

Attachment is considered an integral component of human social development (Bowlby, 1969; Bowlby & Ainsworth, 2013), which constitutes part of the learning process that influences how individuals conceptualise the world, themselves, and other people (Bretherton, 1999; Bretherton & Munholland, 2008; Doumas et al., 2008). *Attachment Theory* suggests that successful bonds to a caregiver, in childhood, results in the formation of a secure attachment style. Conversely, if one does not develop strong, warm bonds with caregivers, they may be considered to have an insecure attachment style (Bowlby, 1973). Attachment styles represent how individuals view and engage with interpersonal relationships (Ainsworth et al., 1978). This can be conceptualised as how safe and confident an individual feels on their own

or with other people. Indeed, IPV, by definition, occurs within relationships, thus, it is interpersonal in nature. Hence, Attachment Theory may be useful in understanding abusive behaviours from a developmental perspective.

Childhood attachment may play a significant role in adolescent (Furman et al., 2002) and adult (Cohn, 1992; Collins et al., 2006) intimate relationships. A body of research supports an insecure attachment style as a risk factor for aggression in adolescents (Ooi et al., 2006; Riggs & Kaminski, 2010) and adults (Fonagy, 1999; Fournier et al., 2011; Wilson et al., 2013). Consequently, two models of attachment have been applied to IPV perpetration; the three-factor model proposed by Ainsworth et al. (1978, extended later by Hazan & Shaver, 1987) and the four category model proposed by Bartholomew and Horowitz (1991).

Hazan and Shaver (1987) extended Attachment Theory, and attachment styles, to adult romantic relationships. They proposed that adult attachment could be understood as secure, avoidant, and anxious/ambivalent, such as been identified for children (Ainsworth et al., 1978). Securely attached adults are able to form meaningful relationships with others, based on the trust of others. However, avoidant attachment is marked by uncomfortableness with long relationships and fearfulness of intimacy. Relatedly, anxious-ambivalent individuals are mistrustful, fearful of rejection and attempt to control relationships to ensure intimacy (McClellan & Killeen, 2000). Thus, anxious-ambivalent attachment was proposed to be, theoretically, related to abusive behaviours within intimate relationships. Hazan and Shaver's (1987) findings indicated that a) adult intimate partners self-identified with these attachment styles, b) adult relationships are consistent with Ainsworth and colleague's (1978) attachment styles, c) each attachment style was associated with different beliefs and attitudes regarding romantic relationships and d) insecure individuals reported more loneliness (anxious-ambivalent) and less intimacy (avoidant) than secure individuals (Hazen & Shaver, 1987). It is important to note, however, that romantic attachments may be conceptually different to parent-

child attachment, with romantic relationships being unique in their sexual nature (Hazen & Sahver, 1987).

Deviating from the three pronged theory outlined by Hazan and Shaver (1987), Bartholomew and Horowitz (1991) proposed a four category attachment theory (Doumas et al., 2008). They proposed that the combination of one's beliefs of the self and others can result in one of four attachment styles in adults, including secure, dismissive, fearful, and preoccupied attachment styles (Bartholomew & Horowitz, 1991). Each attachment style is associated with distinct interpersonal styles. As outlined by Corcoran and Mallinckrodt (2000) "*a dismissing style show high levels of self-confidence, hostility, and coldness and low levels of emotional expressiveness, warmth, and intimacy in personal relationships. Individuals with a preoccupied style show high levels of self-disclosure, emotional expressiveness, reliance on others, use of others as a secure base, and caregiving. The fearful style involves low self-confidence, assertiveness, self-disclosure, intimacy, reliance on others, and use of others as a secure base*" (Corcoran & Mallinckrodt, 2000, p. 374). While this model of attachment was developed specifically to explain romantic relationships, styles described by Bartholomew and Horowitz (1991) bear some similarity to those offered initially by Ainsworth and colleagues (1978). For example, a dismissive or fearful attachment may present two types of an avoidant attachment (Brennan & Morris, 1997), where fearful may indicate an anxious presentation.

Consequently, abuse in intimate relationships, can be considered a dysfunctional method to maintain closeness (Allison et al., 2008), consistent with ideas proposed in Systems Theory. Indeed, specific attachment styles have been linked to the perpetration of violence, such as preoccupied and fearful attachments (or avoidant) (Bookwala & Zdaniuk, 1998; Collins et al., 2002; Dutton et al., 1994; Henderson et al., 2005; Goldenson et al., 2007; Mauricio & Lopez, 2009). Further, Attachment Theory, and its application to IPV, may be an appropriate framework for understanding IPV, through a developmental lens. As it places importance on

internalised representations of the self and others, developed through previous experiences, Attachment Theory may explain the relational behaviours used to meet specific needs in IPV, from a function perspective (Park, 2015). However, critics note that individual theories, such as attachment, do not explain why, given a substantial amount of intimate partners may be classified as insecure (Hazan & Shaver, 1987), all individuals do not engage in IPV. Hence, attachment cannot be a sole explanation of IPV, though it may contribute to multivariate understanding.

Exchange and Social Control Theory

The influence of criminological theory is evident within *Exchange/Social Control Theory* (Gelles, 1983), an amalgamation of two theories; *Social Exchange Theory* (SET, Emerson, 1976) and *Social Control Theory* (SCT, Hirschi, 1969), which posit that IPV arises through a lack of deterrent alongside perceived advantages for the perpetrator. Hence, Emerson suggests that social behaviour is based on cost and benefit appraisals. Family violence is "*guided by the pursuit of rewards and the avoidance of punishment and costs*" (Gelles, 1983, p. 157). Individuals who have more perceived power in intimate relationships will make more decisions, act against their partners wishes and have more control over their partner's actions (Filson et al., 2010). Further, consistent with behaviourist principles, if an exchange occurs (the perpetrator receives something they want), the behaviour is likely to be repeated. Therefore, if abusive or violent behaviour meets the perpetrator's needs, and the perceived benefits of this behaviour outweigh the costs, it is likely to persist.

SCT suggests that crime occurs as a result of individuals failing to form bonds to society. There is a notable influence of criminology theory that suggests that quality and design of individuals' environment has an important role in crime prevention (Cozens, 2013; Jeffery, 1971; Wilson & Kelling, 1982), and that crime is more prevalent when perpetrators have opportunity and access to victims (Stark, 1987). As such, SCT suggests that societal bonds are

protective against criminal behaviour. These include attachment, commitment, involvement, and belief (Wiatrowski et al., 1981). Attachment to significant others, commitment to well defined goals, involvement in prosocial activities and prosocial beliefs are considered to decrease the likelihood of delinquent behaviour (Wiatrowski et al., 1981). SCT therefore posits that individuals' behaviour, and propensity to engage in criminal behaviour, is controlled by social constraints that are meaningful to them (Agnew, 1985). Indeed, researchers have suggested that a multitude of factors, including community involvement, prosocial beliefs, and prosocial relationships, can reduce individuals' risk of future violent behaviour (Coupland & Olver, 2020; de Vogel et al., 2009; de Vries Robbé et al., 2020).

Gelles (1983) proposes that SET and SCT are mutually cohesive, and useful in explaining why individuals abuse their intimate partners (Lawson, 2012). They suggest that IPV may occur if an individual perceives there to be little negative consequences for violence (and a positive gain), feels unrelated to meaningful others and holds violence supportive beliefs. In brief, they suggest that IPV results from a) individuals holding attitudes supportive of violence, b) increased opportunity to abuse and c) a lack of consequences or costs associated with abusive behaviour. Social Exchange/Control Theory places IPV as a premeditated endeavour, drawing comparisons to feminist theorising. This approach suggests that individuals' decisions are informed purely by their thoughts and beliefs, neglecting the role of emotion. Ecological and Systems Theory, for example, place greater importance on the role of stress and emotion, in addition to cognition.

2.9.4 Equity Theory

Building on the ideas of SET, some theorists bring in the notion of perceived fairness and justice within the construct of intimate relationships (Hatfield & Rapson, 2011). *Equity Theory* (Hatfield et al., 1978) determines that individuals in intimate relationships do not only seek to maximise their gains whilst minimising the costs to themselves, they also appraise how well their needs are being met in comparison to their contributions. It considers individuals'

perceived self-worth and perception of their partner's effort during the relationship (Hatfield & Rapson, 2011). Hatfield and Rapson (2011) define the core propositions of Equity Theory, namely that individuals are hardwired to try to maximise pleasure and minimise pain, society has an interest in promoting fair and equitable relationships, individuals are most comfortable when they believe they are getting what they deserve, and individuals are motivated to reduce inequity in intimate relationships. Indeed, greater levels of inequity result in greater levels of distress for the individual that feels they are under-benefiting from the relationship, and they will exert greater efforts to establish equity. It is also suggested that individuals are motivated to punish individuals within a social relationship that treat other members inequitably. Importantly, an equitable relationship is established when all participants in the relationship, including outside observers, consider that each individual in the relationship is receiving equal relative gains (Hatfield & Traupmann, 1981). Consequently, individuals who receive more gains than they feel they deserve from a relationship may feel they are over-benefitting in comparison to their contributions, whereas individuals that receive less gains than they feel they deserve may feel they are under-benefitting (Hatfield & Rapson, 2011).

Equity Theory, due to its innate focus on relationship dynamics, appears potentially well-suited to the understanding of IPV relationships. The notion of power within IPV relationships is well researched and documented, with some researchers referring to equity of power, reflecting the balance of power that is negotiated through the division of equity (Dunbar, 2015). Thus, greater imbalances of power are attributed to a greater potential of abuse occurring. Indeed, the notion that individuals who feel the relationship is characterised by inequity move are unhappy, and move to increase equity, aligns well to other theory, such as *General Strain Theory* (GST; Agnew, 1992). IPV relationships, of course, are defined by inequity, whether this lies in levels of power, social freedom or financial capacity, for instance. Hatfield and Rapson (2011) reflect that inequity in relationships likely lead to one of three

outcomes; individuals try to increase actual equity, they may try to increase psychological equity, or they may end the relationship.

Critically, Equity Theory has most application in considering how individuals respond to perceived inequity, rather than identifying the origins of inequity. It does not elaborate why individuals may 'over-benefit' from relationships and not seek to restore equity, which perpetrators of IPV demonstrate. It is suggested that individuals that over-benefit from a relationship may experience distress, as do those that feel they under-benefit (Hatfield & Traupmann, 1981), although this is not yet researched as a concept within IPV contexts. However, individuals that perceive themselves to over-benefit from the relationship may actually experience less distress than those feeling they under-benefit (Hatfield & Traupmann, 1981), which may provide some recognition as to why some individuals may aim to gain unequal power/gains, if they feel they are at risk of under-benefiting. This may be congruent with data suggesting that perpetrators of IPV are likely to have low levels of self-esteem (Capaldi et al., 2012; Renner & Whitney, 2012), with the acquisition of power and control serving as a mechanism to increase emotional stability (Maloney et al., 2022). However, the exploration of Equity Theory to intimate relationships, extending this from general social justice motives, has been limited (Hatfield & Traupmann, 1981; Hatfield et al., 1985; Hatfield & Rapson, 2011), through exploring employee and employer relationships and general intimate relationships. It has not yet evidenced its application to IPV relationships.

2.9.5 Theories of General Violence

While IPV specific theory has valuable contributions to understanding the etiology of IPV, the contribution of the aggression literature should not be overlooked. Of course, the role of cognition, as described in the *Information Processing Model of Aggression* (Huesmann, 1988) is important, informing individuals' decisions to engage in behaviour, through the development of attitudes, beliefs, and internal schema. However, it is evident that violence can

have an emotional basis, as a stress response or a coping approach (Agnew, 1992; Breuer & Elson, 2017; DeWall et al., 2011).

The wider literature on violence indicates that there is an important role of both emotion and cognition, in violent behaviour. While IPV can involve an array of behaviours in addition to physical aggression, this behaviour is prevalent within abusive relationships. Aggression is outlined as *"any behaviour directed toward another individual that is carried out with the proximate* (*immediate) intent to cause harm. In addition, the perpetrator must believe that the behaviour will harm the target, and that the target is motivated to avoid the behaviour"* (Anderson & Bushman, 2001, p.2), whereas violent behaviour is severe aggression that is likely to cause extreme harm. As such, it may be direct or indirect in its nature. Conceptually, physical and sexual aggression would constitute direct aggression, whereas emotional and psychological abuse may be considered indirect aggression (Anderson & Bushman, 2002).

Particularly within feminist theorising, the vast literature on aggression function and motivation has not been integrated. As discussed in detail within this chapter, individuals are theorised to engage in IPV to establish power and control. This is reminiscent of, from an aggression perspective, a proactive motivation (Crick & Dodge, 1996; Dodge, 1991), where the behaviour is used to meet a particular goal. This approach to aggression is typically cognitively driven and premeditated. However, aggression can also present as reactive, which is emotionally driven and is typically in response to uncomfortable emotions or threats to safety. Indeed, Straus (1973) and feminist researchers (DeKeseredy & Hinch, 1991; Johnson, 2000; Kellermann & Mercy, 1992; Walker, 1984) describe a reactive component to IPV, whereby this is used in response to the behaviour of a partner, stress, or anger, or due to feeling unsafe.

However, feminists only apply this principle to female victims. Indeed, feeling a sense of injustice or unfairness, or a perceived threat to safety can illicit an aggressive response

(Agnew, 1992; DeWall et al., 2011). Violence towards a partner, here, may be a functional response to preserve personal safety or manage distressing emotions resulting from the situation. Nonetheless, there is utility in considering the aggression literature regarding abusive behaviours in intimate relationships, the mechanics of aggression are unlikely to change upon entering an intimate relationship. This is reinforced through the notion that there may be some similarities between offenders that engage in criminally violent behaviour and those who engage in IPV (Lishak et al., 2019; Moffitt et al., 2000).

The usefulness of the aggression literature is further demonstrated given that there appears to be great similarity between the risk factors for general aggression and IPV. This continues to validate the benefit of appraising the influence of a range of factors in understanding IPV. For instance, poor mental health, relationship quality, childhood victimisation and previous abusive behaviours are suggested to be a risk factor for IPV (Spencer et al., 2019; Spencer & Stith, 2020; Stith & McMonigle, 2009; Smith-Marek et al., 2015; Smith-Marek et al., 2016). Similar risk factors have been found for general aggression (Churcher & Nesca, 2013; Douglas et al., 2005; Douglas & Reeves, 2010; McEwan et al., 2017). Consequently, understanding the development, and maintenance, of IPV could be aided through understanding what violence is, and what may increase the likelihood of this occurring.

2.10 Summary

In summary, this chapter has outlined the diverse range of terms used to describe IPV. It has charted how IPV has traditionally been positioned securely within a 'gender paradox', in that it has been perceived as a phenomenon characterised by male perpetrators and female victims. It concludes that, depending on how IPV is theorised, terminology applied to partner violence can be varied, and have different defining criteria. The focus of research and policy has also developed, since partner abuse came to the fore in public awareness. This led to an assumption that females were overwhelmingly the victims of IPV, and males the perpetrators,

an assumption that remains today. However, the chapter has also provided an overview of the scope of IPV, being prevalent across the world. The focus of research on females is inconsistent with the wealth of research and governmental data that indicates males make up 25%-50% of IPV victims.

Extending this notion, the chapter has explored theoretical explanations for the aetiology of IPV. Despite the data demonstrating more gender symmetry of IPV than has been traditionally understood, theoretical explanations of this behaviour remain divergent. Gender-based scholars propose that abusive behaviours are primarily male perpetrated and result from males' socialisation to abuse women due to a patriarchal society. Conversely, other researchers have proposed, or adapted, theories that suggest a more nuanced perspective, implicating childhood experiences, maladaptive attitudes, emotion dysregulation and societal influences in the development of partner abusive behaviours. However, theoretical explanations of IPV, and operational definitions, are important as they guide how and what data is gathered and integrated into policy designed to support victims. This thesis draws from a range of theoretical influences in its understanding of IPV. Well recognised theories of physically and sexually abusive behaviours are adopted to capture the theoretical position of the researcher. This includes developmental explanations (e.g. Social Learning Theory; Bandura & Walters, 1977; Attachment Theory; Bowlby, 1969), cognitive explanations (e.g. Information Processing Model; Huesmann, 1988) and integrated explanations (e.g. Good Lives Model; Ward, 2002, Pathways Model; Ward & Siegert, 2002, General Aggression Model; DeWall et al., 2011). Consequently, the research contained within the thesis benefits from a theoretical perspective more closely aligned to those communicated by family violence researchers, than those communicating gendered theory.. The next chapter will focus on the strategies employed by individuals who are abused in intimate relationships, to protect themselves and increase their safety.

CHAPTER THREE

ABUSE FROM AN INTIMATE PARTNER: VICTIM RESPONSE

3.1 Structure of the chapter

This chapter will outline the psychological literature and theory relating to individuals' responses when abused by an intimate partner. It will acknowledge a variety of ways that individuals attempt to increase their physical and emotional safety, through coping, acquiring support and safety enhancing behaviour. As such, the chapter provides an overview of coping in regard to the emotional impact of abuse, as it pertains to being subjected to IPV. It will explore the role of coping to outline how individuals in abusive relationships, in particular, mitigate the psychological impact of abuse. Further, the role of disclosure and seeking support is outlined. Specifically, the chapter will appraise the function of seeking support, and the impeding factors that affect motivation or ability to acquire help. Finally, the use of safety enhancing strategies and safety planning will be outlined and it will appraise the helpfulness of these strategies in preserving victim safety. Throughout the thesis, the terms 'victim' and 'survivor' are used to describe individuals that have been subjected to abuse from an intimate partner. The use of 'victim' is used to describe individuals that are in a current or active abusive relationship. The term 'survivor' is used to describe individuals that have left or escaped an abusive relationship in the past and are not currently victimised. The thesis makes such a distinction to recognise the different stages individuals may be within the context of IPV, particularly within the research studies outlined in Chapters six to eight. Within the literature, a similar distinction is made, where referring to individuals as survivors may recognise their autonomy and agency in escaping their abusive relationship (Gill et al., 2012). Further, advocates of individuals that suffer abuse also express that the term 'survivor' can be empowering for those that experience abuse, and is congruent with a strength-based approach

that is commonly used within victim services (such as Women's Aid[4] and SafeLives[5]). Nevertheless, the thesis also recognises that there are different perceptions of these terms, with 'victim' potentially labelling individuals as a product of abuse, and 'survivor' minimising the impact and severity of individuals' experiences. The thesis does not seek to place negative value labels on these terms, with the terms 'victim' and 'survivor' chosen to aid clarity of the narrative, free from judgement.

3.2 Coping in the Context of IPV

Coping is a broad concept and has been the focus of innumerable research (Folkman, 2011; Somerfield & McCrae, 2000). The focus of this research is on individuals' ability to recognise and reduce impairment resulting from emotional distress, termed emotional regulation. Stress and violence victimisation, such as IPV, can have significant emotional and mental health impacts, and can exert substantial strain on coping resources (Folkman & Moskowitz, 2000; Lagdon et al., 2014). Coping involves both the self-regulation of emotions and the management of environmental stimuli causing distress (Folkman et al., 1986). This represents unconscious or effortful acts to manage internal and external demands, which exceeds an individual's resources (Folkman, 2011; Folkman & Moskowitz, 2007; Garnefski et al., 2001).

Responses to stress and distress, and subsequent coping methodology, are broad and diverse, yielding a variety of classification systems and typologies that aim to adequately distinguish effective coping from ineffective coping (Boals et al., 2011; Van Damme et al., 2008). However, this chapter defines coping using the problem-focused, emotion-focused and avoidant-focused framework (Baker & Berenbaum, 2007; Boals et al., 2011; Chao, 2011). This framework presents coping behaviour as a three factor model, though it can also include a

[4] https://www.womensaid.org.uk/information-support/the-survivors-handbook/
[5] https://safelives.org.uk/news-views/real-life-stories

fourth factor, detached coping. Nevertheless, it suggests that individuals use different 'styles' of coping behaviour to manage stress and distress. Specifically, coping styles represent patterns of behaviour used in response to stress or distress. Hence, individuals may directly address the stimuli causing the distress, aim to manage their emotional response to a problem, or attempt to avoid a problem completely.

Most coping behaviour is likely to feature some element of different coping styles, however, coping is highly influenced by the context of the distress. Nevertheless, problem-focused coping, attempting to resolve the source of stress, is recognised as an effective coping mechanism in response to significant occasions of stress (Boals et al., 2011; Chao, 2011; Green et al., 2010). It is associated with less detrimental health outcomes following stress exposure (Baschnagel et al., 2009; Myrtveit et al., 2015; Wolters et al., 2010). Conversely, emotion-focused or avoidant coping, attempting to manage emotional responses, or the absence of coping, is associated with more negative health outcomes (Bosmans et al., 2015; Littleton et al., 2007; Pineles et al., 2011; Rodríguez-Rey et al., 2019). However, it may be that the use of such coping is more pronounced for individuals suffering from trauma symptomology (Dorahy et al., 2009; Dyer et al., 2009; Stadtmann et al., 2018), which could indicate an association between severity of trauma and use of emotion-focused or avoidance coping. Indeed, the literature may also indicate that the presence of trauma symptoms has an important role in psychological adjustment, but may have importance in how individuals cope with this. Rawlins et al. (2020) disseminate findings that suggest post-traumatic stress symptoms mediate the relationship between adverse childhood experiences, and the development of avoidant behaviours. However, the presence of post traumatic stress symptoms also mediated the relationship between adverse childhood experiences and resilience. Thus, trauma symptoms may be important in directing how individuals cope with distress. Regardless, the literature

indicates that the approach taken to manage stress, and distress, may be influential in psychological and emotional outcomes.

Indeed, the notions expressed in Equity Theory may be of particular importance in considering how individuals cope with abusive relationships. As described in section 2.8, Equity Theory attempts to explain how individuals cope with relationships that are inequitable, that is, where individuals in the relationship believe that they are getting more or less than they deserve. It posits that individuals are happiest when they feel they are getting what they deserve from a relationship, and that feelings of inequity result in efforts to restore equity. As Hatfield and Rapson (2011) describe, individuals may cope with inequity in relationships, which is a hallmark of abusive relationships, in three ways; individuals may seek to restore actual equity (such as sharing strains and gains equally), increase psychological equity (through avoiding acceptance of the unfairness or distorting facts of the relationship to rationalise inequity), or by leaving the relationship. The notion that individuals experience distress as a result of perceived inequity is congruent with findings suggesting that victims attribute more distress to controlling or psychological abuse than physical abuse (Lagdon et al., 2014; Shen & Kusunoki, 2019).

The routes that are described by Equity Theory to cope with relationship inequity have some resemblance to distinct coping approaches. Attempting to re-establish actual equity in abusive relationships resembles a problem-focused approach, whereby individuals attempt to directly address problems contributing to the distress. Increasing psychological equity though represents an avoidant approach to managing distress, through minimisation and cognitive distortion. Finally, leaving the relationship may arguably represent a detached strategy, especially if individuals seek help in order to do so. Nonetheless, Equity Theory was not developed to account for relationship dynamics that are abusive, certainly not at the severity seen within IPV contexts, but for social or ‘unfair’ relationships. The complexity of victim responses, and perpetrator action, may not be sufficiently captured as a result. However, it may

add some insight into the process that influences victim action, namely through their appraisals of equity and deservedness, more specifically, their reflections on what they deserve from the relationship. It follows, then, that if individuals feel that they deserve very little from their intimate relationships, they may be less likely to seek to increase equity, and thus may accept fewer fair conditions and actions from the perpetrator. Thus, considering victims' perception of fairness and what they deserve from a relationship may help to understand *how* they choose to respond to abuse from an intimate partner.

3.2.1 Theories of coping

Being subjected to violence and abuse results in significant stress and trauma-inducing symptoms (Jones et al., 2001). Violence, defined throughout this chapter, refers to any act of aggression or coercion that is intended to cause emotional or physical harm (Anderson & Bushman, 2002). Indeed, a threat of harm or victimisation can cause significant fear in victims (Curiel & Bishop, 2018; Lorenc et al., 2012), an inherently stressful and upsetting emotion. However, the responses that are most effective at managing consequences of violence remain unclear (Haden & Scarpa, 2008).

General Strain Theory (GST; Agnew, 1992) suggests that negative experiences increase psychological strain and negative emotions (Agnew, 1992; Hay & Evans, 2006). It posits that psychological strain may result in inner directed (depression and anxiety) or outer directed (anger and frustration) distress, consistent with well-established literature on how individuals respond to traumatic events (for instance, see WHO, 2019). For example, as outlined earlier, stress exposure (violence included) can result in mental health difficulties, however it can also include presentations of aggression and suicidality (Jakupcak & Tull, 2005; Sarchiapone et al., 2009; Zatti et al., 2017). Thus, victims of violence can experience mental health difficulties, behavioural difficulties, or both, consistent with GST. In relation to GST and coping, empirical support indicates a correlational relationship (Barbieri et al., 2019).

Nevertheless, individuals cope with strain using adaptive or maladaptive strategies (Jang & Johnson, 2003). Maladaptive coping can include substance misuse, which may be increased in conjunction with low self-control (Hedtke et al., 2008; Keyson et al. 2007; Turanovic & Pratt, 2013). There are limited explorations of GST within victim populations. Archer (2019) attempted to understand if the GST framework may explain self-protective behaviours used by victims of sexual assault (n = 1,328). The sample was predominantly White, had near equal males and females, and was limited to individuals that reported being sexually assaulted on college campuses. Archer reports findings, from telephone interviews, that indicate sexual assault to be a significant predictor of adaptive coping, namely the use of self-protective behaviours. However, this relationship was mediated through a fear of crime, individuals with a higher fear of crime used more self-protective behaviours. Archer suggests that these findings demonstrate a utility of GST in explaining adaptive responses to strain, such as within non-offender populations. While Archer uses robust analyses, structural equation modelling, it is notable that several aspects may limit its applicability. For instance, the analysis focuses solely on individuals who were sexually assaulted, this having no control group for comparison. Additionally, a lack of data collected on participants abusive experiences makes the findings unable to confront questions regarding the effect of victimisation type or severity on victim coping behaviour.

Even so, GST is not designed to explain adaptive coping, focusing on strain leading to antisocial or 'deviant' behaviour (such as aggression and substance use). Its ability to theorise why individuals utilise adaptive coping, as opposed to maladaptive strategies is restricted. Furthermore, GST is dated, born out of delinquency research, rather than IPV victimisation specifically. It was designed to reflect the experiences of perceived injustice or unfairness, rather than the nature of IPV, which can be life-threatening and longstanding. IPV is a complex form of violence, encompassing many forms of abuse and elaborate relationship dynamics.

Consequently, GST may be too simplistic to understand how victims respond to abuse, and the pathways negating different coping approaches. The application of GST to coping was intended to explain youth delinquent behaviour (Thaxton & Agnew, 2018). It can also be argued that GST lacks detail into the process of coping over time, whereby the focus appears to be on situational stressors, rather than enduring or repeated victimisation. How individuals react to isolated events, as opposed to long periods of distress, is likely to be substantially different. Nevertheless, substance use is a common coping strategy among victims of violence, so understanding maladaptive responses to violence is useful (Hedtke, 2008; Ullman et al., 2013; Vermeiren, 2003).

3.2.2 Coping as a process

Extending from GST, several stage-based process theories have been proposed to understand the coping process for individuals subjected to IPV (Carlson, 1997; Maselesele, 2011). Carlson (1997) proposed that coping comprises of four distinct stages; experiencing guilt/self-blame, attribution of responsibility for the abuse to the perpetrator, loss of confidence that the perpetrator will change, and despair. These stages were developed from the literature, the researcher's clinical experience, and interviews with domestic abuse shelter workers, though, the sample numbers were not reported. Application of the theory is difficult due to the lack of depth and subsequent testing of the theory. It is also important to note that Carlson based the theory on a definition of IPV being directed towards females from males, from a 'patriarchal terrorism' motivation (Johnson, 1995).

Carlson described individuals' difficulty in identifying and understanding abusive behaviours towards them, perceiving it to be a result of their own failures before accepting that the abuse is the fault of the perpetrator. This is consistent with self-blame that can be disclosed by individuals who experience abuse from an intimate partner (Overstreet & Quinn, 2013; Pokharel et al., 2020). While individuals are initially conflicted, believing that the perpetrator will change (Huntley et al., 2019; Fitzgerald et al., 2020), they begin accepting that their partner

cannot, but remain hopeful. Finally, they enter a state of despair, accept that the perpetrator will not change and may escape the relationship (Carlson, 1997). These stages are described to progress through various coping styles, initially indicating an emotion-focused presentation, moving towards problem-focused strategies. How and why individuals move through stages, and if this is a linear sequential process, however, remains unclear.

A second stage model, proposed by Maselesele (2011), through interviewing female victims of long-term abusive relationships (n=18), proposed six stages of coping. It represents a more detailed process, though also draws similarities to Carlson's (1997) conception of coping. Maselesele (2011) describes avoidant and emotion-focused coping strategies. Similarly, the proposed model is established on a limited sample of heterosexual female victims, making it currently inappropriate to apply to male or non-heterosexual victims. Though the process that individuals achieve the coping stages outlined by Maselesele is not made explicitly clear, each stage appears to represent progress from emotional coping to more explicit problem-solving. Nevertheless, it indicates that coping is not a static concept; being affected by the relationship characteristics, or appraisals of the abusive relationship.

More specifically, Maselesele (2011) explains that the initial stage represents individuals' limited insight into the abusive nature of their relationship, justifying and minimising the severity and frequency of abuse (Crawford et al., 2009; Hogan et al., 2021). Secondly, individuals become apathetic, feeling 'helpless'. This represents the stage where they are unable to identify effective coping and attempt to appease their abuser to prevent further abuse (Cantor & Price, 2007; Googman et al., 2003). They become uncertain of the future if they act to leave their abuser or end the abuse, feeling dependent on their abuser, followed by accepting that they have no choice but to remain in the abusive relationship. Maselesele suggests that individuals actively hide from friends and family to avoid external attempts to encourage them to seek police help, which places increased strain on them. Finally,

they reach the anger/retaliation and the self-rediscovery stages, represented by their anger towards the abuser. It is further suggested that individuals in this stage may cope by developing an 'I don't care' attitude, postulating that this may make the individual 'dangerous' due to entering a 'self-defence' mentality. Consequently, they reach a realisation that the abuse is not their fault, that the abuser is responsible and there is a need to leave/end the abuse (Maselesele, 2011).

Drawing similarities from Carlson's (1997) proposed framework, though demonstrating some theoretical development, Maselesele's (2011) description of coping is also insufficient. Likewise, it is unclear whether the coping stages are entered in sequence or if individuals are able to regress backwards, alongside their progression forward, as some change models suggest (i.e. Prochaska & DiClemente, 1983). Furthermore, while Carlson (1997) refers to coping styles, such as problem/emotion focused and avoidance, Maselesele (2011) does not, though the concept of coping styles can be observed through descriptions of coping behaviour. Irrespective, both models are described ambiguously and are developed based on the literature pertaining to female victims of male abuse. Hence, although attempts to outline the coping process of IPV have considered coping to be a process, changing throughout the abusive relationship, in depth understanding of this has not yet been achieved.

3.2.3 Coping styles

Individuals who experience abuse by an intimate partner appear to have a multitude of coping strategies to manage their abuse (Nally et al., 2021), which represent a different set of circumstances than other stressors (Gondolf & Fisher, 1988). For instance, while exposure to general violence may be episodic or short-lived, IPV can involve a significant range of behaviours and is repeated. This is despite early theorising that women who sustain IPV are unable to cope, despite experiencing significant distress (Walker, 1984). The literature on coping with IPV, specifically, is limited (Waldrop & Resick, 2004). Nonetheless, it may be interpreted to understand if different coping strategies are effective for individuals in abusive

relationships, or not. For instance, the literature suggests that avoidant and emotion-focused strategies are likely to increase adverse mental health consequences, including depression and Post-Traumatic Stress Disorder (PTSD) symptomology (Calvete et al., 2007, 2008; Flicker et al., 2012) and externalising behaviours such as suicidality (Reviere et al., 2007). Individuals who are traumatised, however, often display avoidant and emotion-focused coping (Badour et al., 2012; Fletcher et al., 2021; Krause et al., 2008; Steiger et al., 2009), due to the symptomology associated with PTSD (APA, 2013) Still, the use of avoidant coping may increase alongside the severity of the abuse experienced, despite individuals who have experienced abuse feeling that this style of coping is not effective for them (Bauman et al., 2008; Lewis et al., 2006). While emotion-focused coping, characterised by strategies such as intense emotional expression or substance and alcohol use, is generally considered to be unhelpful, this may not be consistent for victims of IPV. For instance, strategies serving to increase positive feelings for victims, rather than decrease negative feelings, are perceived as helpful (Bauman et al., 2008).

Relatedly, problem focused coping may be used in response to less severe abuse (Lewis et al., 2006) but is associated with positive outcomes. The positive effect of this style of coping has been found in a number of psychosocial outcomes, including fewer adverse mental health symptoms (Weiss et al., 2017; Wong et al., 2016), reduced sense of hopelessness (Clements & Sawhney, 2000), reduced suicidal ideation (Yoon et al., 2019) and increased confidence (Lerner & Kennedy, 2000). It is clear, however, that individuals in IPV relationships utilise a range of strategies, that may be helpful and unhelpful (Lewis et al., 2006), but appear to be dynamic and responsive to victims' needs (Kanagaratnam et al., 2012; Scarduzio et al., 2018). Puente-Martinez et al. (2021) describe findings showing that individuals cope differently in different stages of abusive relationships. In a sample of 200 female survivors of IPV, more passive coping strategies were used in earlier stages of change, compared to more active coping

towards commitment to change. For instance, when these individuals committed to, or engaged in change, they were much more likely to use strategies such as to seek help, reduce self-isolation, and direct actions. However, when individuals were pre-contemplative they were less likely to seek help and more likely to self-isolate. Thus, victims do engage in coping strategies that can be effective in reducing emotional distress and subsequent adverse health consequences, however this may not be used by all victims or may depend on relationship characteristics.

3.3 Support Seeking in the Context of IPV

Seeking support, often referred to as help-seeking, describes attempts to acquire support or resources from a range of sources, which is considered a problem orientated form of coping (Barker et al., 2005; Julal, 2013). It represents an externalised form of coping, as opposed to internalised coping described in the previous section. Coping has traditionally been framed as individuals' personal resources to manage a problem, though this may not always be the case. The concept of detached coping, as opposed to problem-focused, can be defined as feeling independent from a stressor and the emotions resulting from it (Roger et al., 1993). This often involves 'distancing' from the problem, including enlisting the help of others' coping resources (Ireland et al., 2005). Individuals seek support for a range of difficulties, including mental health (Doherty & Kartalova-O'Doherty, 2010; Oliver et al., 2005; Mojtabai et al., 2002) and physical health (Addis & Mahalik, 2003; Demyttenaere et al., 2006). Victims of violence similarly seek help in response to being harmed (Armstrong, 2015; Evans-Campbell et al., 2006). Support for individuals who are abused typically involves two sources, informal and formal. Informal support typically includes friends, family, and colleagues (also referred to as social support), formal support typically encompasses services with police, medical or legal professionals (Cornally & McCarthy, 2011).

Social support can serve an adaptive function that promotes positive health and well-being. Indeed, involving the transfer of emotional, information or instrumental resources, it has been explored in relation to health benefits (Cohen et al., 2000). Hence, it is considered to be a protective factor against symptoms of mental ill health (Peirce et al., 2000; Reblin & Uchino, 2008). Peirce et al. (2000), for example, found that social support was inversely associated to depressive symptoms in a sample of general population adults (n=1,992). Specifically, as social support increased in the sample, depressive symptomology decreased. Furthermore, depressive symptoms were then associated with increased alcohol abuse, with social support being directly related to reduced alcohol abuse, which can also be a consequence of abuse victimisation. Relatedly, Kendler et al. (2005), in opposite sex adult twins (n=1,057), found accessing social support buffers against the development of depressive symptoms over a one-year period. Despite depression being more prevalent amongst females (Angst et al., 2002; Nolen-Hoeksema, 2001), social support resulted in a higher protective effect for females than males; hence, females benefited more than males from having social support (Kendler et al., 2005). Of course, these empirical studies, while recognising a potential benefit of utilising social support, cannot quantify a causal link towards increased mental wellbeing. Nevertheless, there appears to be significant benefit in accessing social support in response to distressing events.

3.3.1 Theories of help-seeking

Various theories of help-seeking have been suggested, though typically descriptive and developed from the field of health psychology (Schreiber et al., 2009). Irrespective, they may be appropriate in understanding the process guiding individuals' requests for help, in the context of being subjected to abuse. One such theory is the *Theory of Planned Behaviour* (TPB; Ajzen, 1985) (Schomerus et al., 2009; Smith et al., 2008), an extension of the *Theory of Reasoned Action* (TRA; Ajzen & Fishbein,1980), proposing that behavioural action is preceded by intention. Three belief systems are theorised to generate behavioural intention; behavioural (the perceived effectiveness/usefulness of behaviours), normative (the perception of societal

acceptance of a behaviour) and control beliefs (the perception of an individual's degree of control). TPB assumes behaviour change represents rational decision-making, neglecting the role of emotion (Sniehotta et al., 2014). Health promoting behavioural intention is more likely when an individual has strong behavioural, normative and control beliefs (Ajzen, 1985; 2002). However, Ajzen suggested that the efficacy of these beliefs may vary across different behaviours and situations (Armitage & Conner, 2001), indicating that help-seeking intention may also. As IPV is complex, encompassing many relationship dynamics, personal beliefs, and attitudes, understanding victims' beliefs may also be more complex than other forms of violence. As there is a substantial disparity between estimated prevalence of IPV and reported crimes (Office for National Statistics [ONS], 2020), there is likely a disparity also between individuals' intention to seek help and their ability to do so.

The TPB emphasises the role of an individual intention, though, other theories describe potential help-seeking over time, focusing on goal achievement instead (Schreiber et al., 2009). Of course, goal achievement is considered to have an important role in action propensity (Deci & Ryan, 2008; Snyder et al., 2002). Although behavioural intention may be a strong predictor of behavioural action, it may be a poor predictor in longitudinal designs (Conner et al., 2015), indicating that the theory's utility in conceptualising behaviour implementation may be short-lived. Relatedly, empirical testing has failed to support *all* the TPB assumptions, with intention not converting to significant changes in health-related behaviours when appraising normative, control and behavioural beliefs (Sniehotta et al., 2014). The TPB has received criticism for not sufficiently incorporating external factors, such as the environment. Instead, it postulates that external factors are mediated through the core assumptions of the theory, rather than requiring additional consideration (Sniehotta et al., 2014; Sniehotta et al., 2013). This is, of course, highly relevant to IPV, as the context and environments of abuse are often connected to the abusive behaviours and how victims respond (Beyer et al., 2015; Kiss et al., 2012). Thus, while the

TPB may be helpful in understanding cognitive influences on help-seeking behaviour, other theoretical perspectives are also required to develop a more in depth understanding.

3.3.2 Stage models of support seeking

Stage theories have been applied to health behaviours (Gollwitzer, 1990; Prochaska et al., 1992) and help-seeking behaviour (Brown et al., 2000; Laplante-Lévesque et al., 2013). Progressively, stage theories present change as more than a one-step, short-term process (Gelles, 1990 in Schreiber et al., 2009). However, they have also been considered to be too simplistic for most situations (Schreiber et al., 2009), especially when decision making is not usually linear or within individuals' own control. For instance, IPV often restricts individual autonomy and self-direction (Stark, 2009), which stage theories do not fully account for. However, in some ways, stage theories seek to build upon theories of behaviour intention (e.g., Ajzen, 1985), by considering change over time. While TPB, for example, suggests that behavioural intention leads to implementation, stage theories suggest that the relationship is not as linear, and individuals may regress from having intention, which may be observed when individuals in abusive relationships retract statements or return to an abuser.

Behavioural intention, however, is merely one factor affecting behavioural action, with efficient planning and implementation of behaviour intention, other intentions, and situational conditions also contributing (Schreiber et al., 2009). The *Rubicon Model of Action Phases* (RMAP; Heckhausen & Gollwitzer, 1987; Gollwitzer, 1990) aimed to integrate some of these factors. Four action phases are outlined, describing how individuals may commit to and evaluate actions based on a goal setting approach. The RMAP was designed to encompass two behaviour motivation transitions: intention formation and the transition to behavioural action (Heckhausen & Heckhausen, 2018). It proposes that individuals enter a pre-decision stage, where available options are considered and decisional criteria is set, followed by a period of acceptance and a choice to engage in a particular action (post-decision). As these are representations of an individual's attitudes and beliefs, they are aligned with behaviour

intention (Ajzen, 1985), however, the RMAP moves further to describe action and evaluation stages. Individuals enact their decisions and engage in reflection to evaluate the extent to which the behaviour achieved their pre-decision goals.

Movement through each stage is clearly described to be a linear process where individuals begin at pre-decision and progress onwards, and stage boundaries are explicitly outlined. However, the model is not clear in explaining if individuals can also regress to the pre-decision stage. This is important considering the difficulties encountered by individuals abused by an intimate partner. For instance, individuals that are subjected to abuse encounter a variety of barriers that impede help-seeking (Huntley et al., 2019; Robinson et al., 2020), causing them to reassess their expectations, and what they hope from help-seeking as a consequence. Further, the model was not designed for IPV relationships, nor has it received empirical testing in such context (Armitage & Conner, 2000), limiting its current clinical utility. Nevertheless, it provides a theoretical framework to understand how individuals may move beyond help seeking intentions, and how they may process and evaluate their decisions to seek help.

Similarly, the *Trans Theoretical model of Change* (TTC; Prochaska, DiClemente & Norcross, 1992) attempted to apply stages of change to smoking-related health behaviours. Extending from the RMAP, the TTC postulates that individuals progress through seven stages, which can be regressed and progressed, largely congruent with those proposed by Heckhausen and Gollwitzer (1987). The TTC stages include pre-contemplation, contemplation, preparation, and action stages, which are similar to the RMAP's four phases. However, the TTC also postulates additional phases (maintenance and relapse), suggesting that individuals can experience difficulties maintaining a behaviour over a period of time and this may result in reverting to previous behaviours.

Although the TTC may provide a basic framework to understand the support seeking process (Schreiber et al., 2009), observable differences between conceptualised stages are not consistent across different behaviours (Rosen, 2000). Indeed, individuals at the action stage in abusive relationships would look very different from those seeking support for other difficulties, such as addiction for which the model was developed. This may be similarly true of the evaluation and maintenance stages, as individuals facing abuse are required to consider a different set of circumstances than those attempting to cease health impeding behaviours. The TTC is also criticised for not defining stages sufficiently, by having arbitrary boundaries between them and suggesting that individuals can enter and leave the model at any point, without explaining how and why they do so. Using this model, the placement of individuals in specific stages becomes difficult (West, 2005). Indeed, IPV relationships can involve an array of abusive behaviours, which may have different impacts on individuals' decisions, and ability, to seek help.

Currently, change theories are not entirely effective in communicating why and how individuals seek help, and they are not designed to explain IPV support seeking. Further, they have not been sufficiently tested and refined. The barriers that IPV victims face when disclosing abuse are not easily integrated to change models, given that many barriers are independent from their own control or cognitions. However, they provide a theoretical framework that may be applied to support-seeking, which may be empirically tested in the future.

3.3.3 Barriers impeding help-seeking

Seeking support is not a simple and immediate process, it is affected by numerous factors, which can increase or decrease the likelihood of action. Seeking help or support must be preceded by a recognition that behaviours in IPV are abusive and require action (Liang et al., 2005). Liang et al. (2005) outline their *Process Orientated Model* (*POM),* describing three help-seeking processes: defining the problem as IPV, recognising the need for support, and

accessing support. These are suggested to be linear in nature, recognising that a need for support and accessing this occur in sequence. Further, these processes are impacted on by three interrelated variables: individual (emotions, beliefs, and cognitions), interpersonal (relationships) and sociocultural (social norms and attitudes).

Certainly, definitions of IPV can vary considerably, which may hinder recognition of abuse (see chapter two). If definitions appear to exclude victims, this is likely to impede their recognition of IPV, and themselves as being victimised. However, defining abuse does not singularly rely on legislative terms, but also include social information. The POM suggests that the understanding of IPV is developed based on the notion that IPV is directed towards women. They suggest that women undergo a change-process, applying the TTC to IPV help-seeking (Prochaska & DiClemente, 1982). It posits that individuals initially subscribe to the abuser's definition of abuse, before learning to adopt their own. Liang and colleagues (2005) considered this to be the process of recognising the experience as abusive, rather than normalised or expected. The model also suggests that, as violence increases, so does help-seeking, before they decide to leave. This is consistent with research suggesting that, when abuse is considered to be more severe or as it becomes more likely to injure, individuals become increasingly more likely to seek help (Duterte et al., 2008; Leonardsson & San Sebastian, 2017; McCart et al., 2010).

The POM also outlines interpersonal and sociocultural influences on how IPV is defined. It recognises the dynamic and fluid nature of violence in abusive relationships (encompassing many abusive behaviours), shifts in boundaries, and abuse being more difficult to detect when considering coercive control (Stark, 2009). Further, factors including the wider social perception and attitudes towards IPV are included in the model, theorised to impact recognition of abuse being problematic for individuals (Overstreet & Quinn, 2013; McCleary-Sills et al., 2016). The POM suggests that, once abuse is accurately understood, help-seeking

decisions are guided by three subsequent aspects; recognising the situation as undesirable, recognising that the problem is unlikely to relent without help and identifying a suitable source of support (Liang et al., 2005). This is consistent with findings indicating that help-seeking increases when the severity of violence does and not realising that their experience is abusive can represent a barrier to help-seeking. Indeed, stigma, as communicated by Overstreet and Quinn (2013), may be important in how individuals perceive and respond to IPV. For instance, Overstreet and Quinn (2013) refer to cultural stigma and anticipated stigma, which represent the attitudes and beliefs of others and individuals' worry regarding how they will be perceived by others when the abuse is disclosed. Importantly, societal beliefs and attitudes affect individual level stigma also, supporting the sociocultural impact outlined in POM. Hence, those who feel that IPV is negatively viewed in society, and that external support will not have positive consequences, are unlikely to seek help (Liang et al., 2005).

While change models have been adopted for IPV support seeking, these have tended to focus exclusively on heterosexual female victims (Chang et al., 2006; Cluss et al., 2006; Edwards et al., 2006), consistent with Liang et al. (2005). This is a limitation that prevents application to alternative victim populations, including male and same sex victims. This is important as these populations can experience different barriers to seeking help (Calton et al., 2016; Donovan & Barnes, 2020; Huntley et al., 2019; Tsui et al., 2010). Further, expressions of trauma can vary significantly, as demonstrated by the range of symptoms that are associated with a diagnosis of PTSD (APA, 2013) and data indicating that trauma responses are related to a range of secondary emotional and behaviour problems (MacIntosh et al., 2105; Shepard and Wild, 2014; Stimmel et al., 2015). Indeed, complex PTSD, marked by significant impacts to individuals' sense of identity and relationships with others, is pertinent to victims of relationship abuse (Courtois, 2004; Herman, 1992). The symptomology of PTSD, and particularly CPTSD, likely has ramifications on victims' ability to seek and accept help, when

vulnerabilities with shame and guilt (Dorahy et al., 2013) and developing trust (Kampling et al., 2022). Further, individuals with CPTSD presentations may have particular difficulties acquiring social support (Simon et al., 2019). Consequently, their ability to utilise support networks may be hindered by symptoms of trauma.

Relatedly, the POM's consideration of factors, such as relationship dynamics/contexts, perception of support usefulness, service provisions, availability, coping styles, and evaluations of costs associated with particular sources of support indicates that help-seeking is a complex process. Further, the POM has been applied to lesbian/bisexual IPV support seeking, being extended to include victims defining their abuse as intolerable, rather than undesirable. For instance, Hardesty and colleagues (2011) found that lesbian/bisexual victims of IPV (n=24) appraised three variations of help-seeking responses following judging their abuse as intolerable; overt help-seeking, covert help-seeking, and trying to solve it alone (Hardesty et al., 2011), building on POM further. This draws similarities to the literature on stress coping, whereby the nature of the stressor, and individuals' own appraisal of the appropriate solution, affect the way in which stress or distress is managed. Hardesty et al. (2011) also provides support for the utility of this model across other populations besides heterosexual females, which other change models have been unable to do.

While individuals that suffer violence may access support (Nally et al., 2021), it is clear that many do not (Galeazzi et al., 2009; Reyns & Englebrecht, 2014; McCart et al., 2010). One factor affecting help seeking concerns the way in which disclosures of abuse are responded to. A review of 41 IPV help-seeking studies with male and female victims, indicated that most individuals in abusive relationships who disclose their abuse, do so to sources of support in the community (Sylaska & Edwards, 2014). Further, the literature indicates that, regardless of gender, individuals prefer to seek informal over formal support (Du Mont et al., 2005; Machado et al., 2016). The most helpful responses received by victims included emotional support,

tangible support and giving advice, indicating that individuals value friends and family in managing their own reactions to abuse (Edwards et al., 2015). Nonetheless, not all individuals prioritise emotional support, with some finding tangible support (food, shelter, and finances) more helpful (Postmus et al., 2009; Sylaska & Edwards, 2014). Reactions such as not understanding the abuse, pressuring and blaming, which were associated with increased victim distress about their abuse, were considered to be unhelpful by individuals in the literature (Edwards et al., 2015). However, the support-seeking preferences of individuals in abusive relationships may be impacted by type and increased severity of their abuse, with them appearing to access more formal support as a consequence (Akers & Kaukinen, 2009; Ansara & Hindin, 2010; Duterte et al., 2008; Leone et al., 2007; Ergöçmen et al., 2013).

Formal support involves, in part, reporting abuse to the police, medical services, and working with court/legal services. Heterosexual and same-sex IPV victims, however, hold mixed feelings towards reporting abuse to police services. Individuals contacting the police for help are likely to have been subjected to severe or life-threatening abuse (Akers & Kaukinen, 2009; Bonomi et al., 2006; Leone et al., 2007). Females may be more likely to contact the police than males (Felson & Paré, 2005). Indeed, Finneran & Stephenson (2013b) found that nearly 60% of gay and bisexual men (n=989), in their study, considered police support to be less helpful for them, than for heterosexual females. This is consistent with research findings indicating non-heterosexual individuals find the police unhelpful for them (Calton et al., 2016). Further, Douglas and Hines, (2011) interviewed males who were abused by a female partner (n=302) who expressed that the police response was inadequate or gender-biased, thus, finding this unhelpful.

Furthermore, individuals in abusive relationships seek support from medical services, such as general practitioners and emergency department professionals. For example, individuals abused by an intimate partner tend to make multiple visits to emergency

departments, such as in findings by Kothari and Rhodes (2006). They found that 788 female IPV victims made 4,456 emergency department visits in a two-year period (an average of six visits per person), in the USA. Additionally, in a Canadian sample of males and females in abusive relationships (n=1,187), health services and the police represented the most commonly accessed form of formal support. Talking to health professionals also increased alongside the severity of the abuse. However, females were twice as likely to speak to health professionals and the police than males, indicating that females experiencing abuse may be more able or have more access to formal support, than males. However, while some individuals access medical support as a result of physical injuries sustained from their abuse (Hifner et al., 2005; Kothari & Rhodes, 2006), others seek support for indirect symptoms (such as anxiety and depression) without intending on disclosing their abuse (Evans & Feder, 2016).

Liang and colleagues' (2005) model is supported by the plethora of evidence that individuals who are subjected to abuse by an intimate partner experience barriers to acquiring help. The choice to seek support may be influenced by levels of injury, fear of life, the presence of children or being assaulted by strangers or familiar perpetrators (Ullman & Filipas, 2001; McCart et al., 2010). Indeed, individuals subjected to abuse by an intimate partner may seek additional support to protect their children from harm or to manage risk of injury (Barrett & Pierre, 2011; Fanslow & Robinson, 2010; Meyer, 2010b; Rhodes et al., 2010). Additionally, barriers preventing abuse disclosure include fear of disclosing abuse (Fugate et al., 2005), perceiving services as unhelpful (Machado et al., 2017), cultural barriers (Shen, 2011; Othman et al., 2014; West et al., 2005), and perceiving IPV as a private matter (Petersen et al., 2005).

Further, members of the LGBTQ+ community face specific barriers to seeking help (Calton et al., 2016; Laskey & Bolam, 2019). For example, sexual minority populations report barriers that include gendered responses to victimisation (Guadalupe-Diaz & Jasinski, 2017), perceived homophobia (Brown & Herman, 2015; Leung, 2015) and services not being tailored

for LGBTQ+ needs (Edwards, Sylaska et al., 2015). Thus, models of IPV support-seeking need to account for these barriers, in explaining support-seeking choices. Nevertheless, while not all individuals report their victimisation, it is unclear how they manage their victimisation, independently of social or professional support. As such, safety behaviours/strategies, used to increase their safety while in abusive relationships, will be explored in the proceeding section.

3.4 Safety Behaviours Used by Victims Subjected to IPV

Safety behaviour is defined as the overt or covert avoidance of feared outcomes carried out within a specific risk situation (Salkovskis, 1991 in Rachman et al., 2008). It involves the planning of an anticipated event, or an immediate response to an expected threat. However, the literature has primarily focused on occupational safety, such as within the construction trade, rather than abuse victimisation (Glendon & Litherland, 2001; Langford et al., 2000; Machin & De Souza, 2004). Nevertheless, there have been efforts to explore safety strategies in the context of interpersonal violence, such as rape (Tark & Kleck, 2014), general violence (Bachman et al., 2005) and child sexual abuse (Leclerc et al., 2011). The literature indicates that individuals use preventative strategies to reduce the risk of victimisation across a range contexts (Nally et al., 2021). Relatedly, safety planning refers to a process completed in the event that dangers or hazards are anticipated to arise, and is wide-spread victim-focused practice. It is a fundamental aspect of IPV victim support (Goodkind et al., 2004; Murray et al., 2005). It has been applied across a variety of health-related contexts including preventing suicidal behaviour (Matarazzo et al., 2014), IPV (Campbell, 2001; Goodkind et al., 2004; Lindhorst et al. 2005) and stalking (Logan & Walker, 2017). Specifically, IPV safety planning evaluates the risks of individuals remaining in, or leaving, an abusive relationship, and generates plans or strategies to reduce those risks (Kress et al., 2008; Waugh & Bonner, 2002). Safety planning should increase individuals' sense of autonomy (Campbell, 2001) and be

collaborative between a professional and the individual facing the risks (Murray & Graves, 2013).

Safety planning may have particular salience to IPV relationships as individuals being abused may choose, or feel required, to remain in abusive relationships (Bell & Naugle, 2005; Goodkind et al., 2004). Individuals subjected to abuse by an intimate partner are likely to hold significant knowledge about the risks posed by their partner and to have developed strategies to mitigate the risk. Further, due to the repeated and prolonged nature of IPV, risks may be anticipated. This is consistent with literature indicating that these individuals develop knowledge about the risk of harm in their relationships (Cattaneo et al., 2007; Heckert & Gondolf, 2004; Weisz et al., 2000), which may contribute to effective risk reduction.

Consequently, IPV safety planning involves providing legal information and providing contact details for specific support networks, planning to hide weapons, placing important documents and emergency supplies in a safe location, increasing security systems, creating code words to elicit help from neighbours, and sharing safety plans with friends and family (Campbell, 2002; Kress et al., 2008; Murray et al., 2005; Murray & Graves, 2013). The development and implementation of safety plans may directly affect a person's sense of safety. However, social commentators suggest that the use of safety planning, and promotion of safety strategies, may infer that individuals are responsible for managing the behaviour of the perpetrator. Thus, this interpretation suggests that the focus is placed on victim behaviour change, rather than accountability for the abuser to manage their own behaviour.

3.4.1 Strategies used by individuals in abusive relationships

The existing literature on the implementation of safety planning interventions is limited (Murray et al., 2005). However, it has been applied to supporting those who present themselves to hospital emergency departments (Kendall et al., 2009), using internet technology (Glass et al., 2010; Oschwald et al., 2009) and using the telephone (McFarlane et al., 2004). While safety planning interventions have been evaluated, they involve limited samples of heterosexual

females. They indicate that safety planning could be a useful method to increase safety in the context of abusive relationships. For example, two studies by McFarlane et al., (1998; 2004) found that women who utilised a safety planning intervention employed more safety behaviours, than women who did not use the intervention, after the intervention had finished. McFarlane et al. (1998) studied a sample of pregnant women in current IPV relationships (n=137) offering three safety planning sessions. The findings indicated that these individuals utilised more safety behaviours after the first safety planning session and after the conclusion of the intervention. McFarlane (2004) also studied a sample of females in abusive relationships (n=150). Of these individuals, half were offered telephone safety planning sessions and half were not. Those who attended safety planning sessions reported using, on average, two more safety behaviours in response to their abuse than the control group. While these studies demonstrate a possible clinical utility of safety planning, they do not indicate the usefulness of the safety strategies used, or how effective they were at preventing/reducing harm for the individuals. Indeed, evaluations of the effect of safety planning intervention on their physical safety is mixed, with some suggesting individuals are safer (Glass et al., 2010) and others indicating they are not (Messing et al., 2017). Further, while there have been some preliminary attempts, safety planning with males or non-heterosexual samples is yet to be explored (Oschwald et al., 2015).

To present how individuals attempt to increase their safety in abusive relationships, Goodman and colleagues (2003) proposed the *Intimate Partner Violence Strategy Index (IPVSI)*. It outlines the strategies used when in abusive relationships, referring to literature and theories pertaining to 'Battered Women', which informed the IPVSI. Goodman et al. (2003) suggested that a lack of safety behaviour measurement has hindered accurate understanding of victim behaviour. Thus, generated from a literature search and professional advocacy, they identified a plethora of safety strategies that are used by individuals to increase their safety. It

should be noted that the IPVSI was evaluated with a victim sample, drawn from IPV shelters/hostels, comprised primarily of African American, women (n=406). Hence, the IPVSI would struggle to be applied across other populations, such as males and those who do not identify as heterosexual (or who are victimised by a same sex partner). However, the unique contribution of the IPVSI should be considered as it represents an initial attempt to classify patterns of behaviours into strategy types, which may or may not be effective in increasing victim safety.

The IPVSI distinguished six types of strategies: *Placating*, *Resistance, Safety Planning, Legal, Formal Help-Seeking* and *Informal Help-Seeking*, consisting of 33 different strategies, spanning individual behaviour, help-seeking and coping strategies. For instance, one item is 'Tried not to cry', whereas another is 'Stay at parent's house' suggesting substantial variability in behaviours. This is consistent with literature indicating that victims use a range of different behaviours in response to their abuser's behaviour. Testing the tool, with a female only sample (n=406), resistance and placatory strategies were *most frequently* used. However, these were considered to be the *least helpful* in reducing or preventing harm with safety planning, legal support, and formal/informal help-seeking being considered *most helpful* (Goodman et al., 2003; Riddell et al., 2009). Yet, these findings do not clarify why they chose specific strategies, nor does it outline when strategies were used during the relationship. Nevertheless, the researchers suggested that all strategies were used more frequently when violence towards the victims escalated, consistent with other research (Hanson et al., 2019). Thus, it is difficult to consider if strategy use changes over time or if individuals use a consistent pattern of strategies throughout their abuse. Nonetheless, it is also consistent with the existing literature that focuses on *perceived* effectiveness of safety strategies, rather than objective measurements (Parker & Gielen, 2014). Further exploration is required to understand what strategies are used to preserve safety in abusive relationships and why strategies are used that they perceive as unhelpful in

preserving their safety, given the rationale for the use of these strategies. As such, the consequence of using ineffective strategies can be severe and life threatening. Further, an incorporation of the cognitive and emotional processes affecting safety behaviours is also required to develop a holistic understanding of victim behaviour.

Similarly, Goodkind and colleagues (2004) have also explored the strategies employed in IPV relationships, expanding on Goodman et al. (2003), by exploring how the use of strategies affected abused womens' situations. Utilising a sample of females in abusive relationships (primarily Caucasian or African American) (n=160), strategies used in abusive relationships and the impact on abuse were explored. As with Goodman et al. (2003), participants were recruited from victim services and consisted of females only, limiting the generalisability of the data. However, the sample comprised of mothers, thus decisions about safety strategy use may have been impacted upon by the presence of children. Indeed, the presence of children can be a significant factor in victim safety decisions (Randell et al., 2012; Rhodes et al., 2010).

Goodkind, et al. (2004) clustered similar strategies together, resulting in five strategy clusters; *Placatory*, *Active Resistance*, *Formal Help-Seeking*, *Informal Help-Seeking and Emergency Escape Plan*. It is notable that these are, in part, aligned with the strategy categories derived by Goodman and colleagues (2003), with the exception of the emergency escape plan cluster. Each cluster included multiple strategies, though no specific strategy was uniformly effective across the sample. Goodkind et al. (2004) reported comparable findings to Goodman et al. (2003), placatory and resistant strategies appeared to be some of the *most utilised* strategies, which under 50% of the sample evaluated as helpful for their situation, consistent with other research (Hanson et al., 2019). Seeking formal support was *less utilised* but seemed more effective at improving the participant's situations (i.e. 79% of participants felt staying at a Domestic Violence Shelter made their situation better). Participants experiencing high levels

of psychological abuse were also more likely to seek informal support, whereas participants who experienced severe physical abuse were more likely to seek formal help and use resistance, placatory and emergency planning strategies. Using strategies from all five strategy clusters was associated with experiencing mid to low levels of physical violence, indicating no preference for any strategy (Goodkind et al., 2004). This may indicate that the experience that victims have in an abusive relationship may impact their ability to employ effective actions to increase their safety.

Finally, Chang et al. (2006) considered safety strategies across four domains: *Education/Information-Seeking*, *Interpersonal Help-Seeking*, *Self-Empowering* and *Seeking Protection or Separation*. They explored safety strategy use under a change model framework, with a limited sample of female population (n=20) from victim services. The sample included individuals who were currently in, or had escaped, an abusive relationship. The findings indicated that individuals may progress and regress through stages of change throughout their abusive relationships, using safety strategies at multiple stages, in response to the abuse they are subjected to. This included a multitude of strategies, including gathering information about available services, disclosing abuse to others, preparing an 'escape bag' and opening up a new bank account, moving out of the bedroom, calling the police, and leaving their abuser.

However, as strategy use was not quantitatively investigated, the findings could not show the effectiveness of safety behaviour choices. Though, the findings did indicate that safety strategies may be employed throughout an abusive relationship, not isolated to certain points or periods. Still, to understand victim behaviour change, a stages of change framework was utilised, outlining five stages that should be traversed before behaviour change occurs. The findings are indicative of general critiques of stage models in that participants appeared to skip stages of change, indicating that the route and boundaries between stages is not well-defined. Further, an emphasis on mapping victim's progress through stages of change appears to neglect

the opportunity to develop further understanding of how these individuals behave in response to abusive relationships, with the process of using safety behaviours not described. The study indicated that individuals' move through, and backwards, different stages of change, thus, it provides some insight into what strategies may be used and when they may employ particular strategies. As such, it provides some development from previous research that only outlines what strategies are used, and not when they are used.

Despite research exploring what behaviours are used, it also indicates that effective strategies may also not be used. As such, the literature outlines a variety of barriers that may prevent individuals from employing strategies to reduce or prevent harm to themselves, or others. This may be especially pertinent for males and those in same sex relationships, who have additional difficulties accessing professional and social support. Nevertheless, Change et al. (2006), for example, indicated that women face numerous barriers in implementing safety behaviours. They reported barriers, including feeling pressured to marry their abuser and feeling pressured to hide signs of IPV, leading to them accepting their abuse and placating their abuser. Change et al. (2006) also notes that women regressed from action stages (using strategies such as confronting their abuser, calling the police, and seeing a counsellor) to a contemplation or pre-contemplation stage, suggesting that safety strategy use is not a linear process. Participants' regressions were preceded by circumstances such as physical abuse, verbal and psychological abuse, the abuser apologising, other women making fun of them and police giving warnings to perpetrators. The participants experienced barriers to employing safety behaviours, through feeling trapped in their relationship, feeling deserving of abuse, and attributing the abuser's behaviour to be a result of alcohol. Hence, the use of strategies can be hindered by relationship dynamics, abusive behaviours, self-blame, social responses, and inadequate formal consequences for the abuser. However, this may be through their self-esteem

or emotional states being impacted (Cruz, 2003; Matheson et al., 2015; Patzel, 2006; Zlotnick et al., 2006).

3.5 Summary

In conclusion, this chapter has outlined research that has examined how individuals manage their victimisation and their response to abuse in a variety of ways, though there are significant barriers for them to employ them. It has suggested that, in response to being subjected to abusive behaviours, individuals recognise a need to manage both the emotional impact of abuse, and the risk to physical safety. As such, they employ coping, help-seeking and safety enhancing strategies. While coping can be diverse, the use of problem-focused coping, in particular, appears to have beneficial effects on the potential adverse emotional impacts of victimisation. On the other hand, as coping is context dependant, avoidance and emotion focused strategies may be functional within IPV relationships. Contextually, problem focused coping may be employed in response to less severe abuse, whereas more emotion focused and avoidance coping may be used when the severity of abuse increases, providing some insight into how coping changes throughout an abusive relationship.

Further, the chapter has communicated that individuals in abusive relationships also engage in support-seeking, which appears to increase in response to abuse severity. Nevertheless, individuals seek support from a variety of sources, which can be helpful in combating the adverse impact of victimisation on mental health. Seeking support, however, may be hindered by an array of variables, both internal and external to them. While individuals in abusive relationships appear to have a significant need for support, social support appears to be their preferred source, with more formal sources being associated with more severe or physical abuse.

Finally, the chapter has demonstrated that safety strategies, and safety planning are a commonly practiced area of victim support, however, the effectiveness of safety planning in

reducing victim harm is not clear. It has outlined evidence that suggests that strategies available to individuals at risk of abuse are diverse and may be increased through victim intervention, but their ability to reduce the risk of harm is not yet evidenced. It is also unclear why victims appear to employ strategies that are not considered to be effective in reducing potential harm, and why ineffective strategies are used by victims.

Hence, the chapter concludes that the majority of applied theory is based on samples of heterosexual females, which substantially limits their application to the diverse population of those impacted by IPV, including males and non-heterosexual individuals. Further, there is a lack of connectivity between the literature on coping, support-seeking and safety enhancing behaviour, stemming from the various theoretical applications in these areas being developed independently from one another. The next chapter will outline the research questions and hypotheses that guide this thesis.

CHAPTER FOUR

AIMS AND METHODOLOGY

4.1 Structure of the Chapter

This chapter describes how gaps in the literature will inform the aims and hypotheses of the thesis. Attention will be directed towards the limited research concerning the use of safety behaviours within victim populations, and the process that informs this behaviour. Additionally, the guiding research questions and hypotheses, alongside the planned methodology, will be outlined.

4.2 Gaps in the Literature

This thesis aims to explore the safety behaviours used by individuals in intimate partner violence relationships. It further aims to identify the processes that underpin victims' responses to abusive behaviours and situations. Chapters Two and Three examined the existing literature in detail, which indicates that victims of abusive behaviours use a range of responses to increase their sense of safety. Current knowledge, and empirical investigation, has focused on victims' help-seeking and coping, though the use of safety behaviour has received less academic interest. Nevertheless, the diverse range of behaviours observed with individuals who are abused is, in part, influenced by the dynamic and varied nature of IPV, encompassing several forms of violence and control. Hence, numerous factors have the potential to influence victims' behavioural response to abuse, including cognition, affect, situational and relational variables. Combined with the established knowledge that victims of IPV often do not report their abusers, and the plethora of identified barriers to help-seeking, a need to explore what victims do in lieu of reporting and seeking professional support is clear.

The literature has focused largely on developing descriptive accounts of individuals' abusive experiences, and on outlining prevalence rates. Few researchers have attempted to

identify the processes that are used by victims of IPV, beyond appraising barriers that prevent use of behaviours or situational factors. Some have attempted to map the decision making of victims, but considering only specific behavioural patterns, such as help-seeking or coping.

When appraised in isolation, coping has been considered to evidence a stage-based process (Carlson, 1997; Maselesele, 2011), whereby victims pass through stages of coping, representative of accepted coping dimensions (i.e. avoidance, emotion-focused, problem-focused). As acknowledged in Chapter Three, stage-based conceptualisations take some inspiration from the Trans Theoretical Model of Change (Prochaska & DiClemente, 1983), but lack conceptual clarity and depth. Thus, additional exploration is required.

A similar issue is presented when considering attempts to model victims' help-seeking process. While help-seeking, as a universal action, is well researched, its application to IPV is limited. Individual help-seeking, regarding health behaviour, has also been conceptualised as a stage-based process (Prochaska & DiClemente, 1983), as has IPV help-seeking (Heckhausen & Gollwitzer, 1987; Gollwitzer, 1990). Stage models of help-seeking consider individuals to progress along a defined path, from lacking insight or motivation to engaging and maintaining change behaviour. Indeed, descriptive models have emerged, which illustrate the process of help-seeking for IPV victims in more depth (Liang et al., 2005), sharing conceptual stages with general help-seeking assumptions. While descriptive models are helpful, empirical testing and a focus on psychological processes has not been demonstrated. However, they also place a significant emphasis on help-seeking being a cognitively driven process, where applications of health change theory (Ajzen, 1985) may be useful to consider.

In comparison, empirical exploration of victims' independent actions to preserve their, or others', safety is extremely limited. The current literature provides a narrative of victims' decision-making, but is limited when accounting for the psychological processes that underpin them. Attempts have been made to consider what actions are used by victims of IPV (Goodman

et al., 2003; Goodkind et al., 2004), though further depth as to why they are used remains a gap in the literature. Significant efforts have been placed on identifying appropriate safety planning strategies, however (Campbell, 2001; Murray et al., 2005). While researchers have explored the progression/development of safety behaviours in IPV victim samples, utilising a stage-based approach, this also lacks conceptual clarity and does not expand on the underlying psychological processes affecting safety behaviour use.

4.3 Mixed Methods

A mixed methods approach was utilised in order to address the gaps in the existing literature, which is an accepted methodological approach (Johnson et al., 2007). To achieve this, a sequential explanatory mixed method design was developed. As described by Creswell and Clark (2017), this design is useful when seeking to build upon the findings of quantitative research through qualitative data collection. This involves completing each study within a multi-study project in sequential order, so each study is informed by the findings from the previous studies. This was considered conducive to the aims of the thesis, namely to outline development of an empirically based model as an endpoint of the research, due to the limited knowledge in this area.

Additionally, an exploratory sequential design was appropriate due to the nature of the research. The research did not aim to replicate or validate previous findings, but to add and build on existing theoretical frameworks. Indeed, mixed methods research programs are suggested as an appropriate approach for several reasons; for quantitative research to validate or confirm qualitative findings, for an expansion of quantitative findings, and to develop ideas using different methods (Johnson et al., 2007). Thus, the elements of both quantitative and qualitative data was considered essential for this thesis.

Though qualitative and quantitative investigations are inherently different, both in philosophical origins and in methodology, mixed methods approaches attempt to reconcile this

difference (Creswell & Clark, 2017). By adopting both, mixed method approaches can result in several methodological approaches (i.e. parallel or sequential research designs, explanatory or exploratory research aims). A 'pure mixed' position was adopted, that is, that the qualitative and quantitative elements have equal validity and status within the research program (Johnson et al., 2007), as opposed to either qualitatively or quantitatively representing a dominant approach. Both elements were planned to have unique contributions to address the overall research question that guided the thesis.

In the design stage of the thesis, several research studies were planned, each to be conducted sequentially. Each research study aimed to build on the study before it, leading to the development of a model that predicated on both psychological theory and the research findings. Consequently, the method and order of each study was devised based on both theoretical frameworks described at the start of each study chapter, and the findings that were expected from each study.

As described further in the following sections, the thesis comprises four research elements; a systematic review of the literature, two quantitative studies and a qualitative study. Each was planned to be completed procedurally. Firstly, a systematic review of the literature was planned, which aimed to review and synthesise findings from previous research (Chapter five). A qualitative design was utilised to gain a foundation to understand emerging themes within the existing literature base. As such, it was expected that this review would illuminate types of strategies that are used by victims of abuse to increase their safety.

The first empirical study follows, in keeping with the sequential research design, utilising a quantitative study design (Chapter six). Using an opportunity sample of professionals, this study aimed to build on the findings from the systematic review. The findings from the systematic review were amalgamated into a questionnaire to understand the real world applications of safety strategies that have been identified in the existing literature.

A further qualitative research study then aimed to gain further depth and detail, and build on the findings of the previous research studies (Chapter seven). Interview protocols were developed to explore the underlying factors that encourage or inhibit safety strategy use. Further, this study aimed to provide a clearer framework regarding psychological constructs that affect victim decision-making, for the final study.

The final study, utilising a second quantitative approach, aimed to add to findings from the previous research studies. Recruiting an opportunity sample of IPV victims and survivors, several measures of victimisation and victim behaviour, such as coping safety strategy use, were applied. Other measures, emergent from the previous qualitative study, were used that explore measurable factors implicated in the victim decision-making process. The next section outlines the aims and expectations for each research study.

4.4 Aims of the Systematic Review

Aims:

1) To explore the strategies used by victims of IPV, and interpersonal violence[6], to increase their sense of safety.
2) To explore the approaches to coping used by victims of IPV, and violent crime, to reduce levels of emotional distress.
3) To explore the barriers faced by victims of IPV, and violent crime, to increase their sense of safety.

Consequently, the systematic literature review had the following research question;

What strategies are used by victims of interpersonal violence to increase their physical or psychological safety, and what factors affect the use of these, from a review of the existing quantitative and qualitative literature?

[6] This includes single or multiple acts of violent crime, by strangers or familiar individuals.

4.4.1 Systematic review method

The systematic review was guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA; Moher et al., 2009) framework. The review searched psychological, criminological and sociological academic journals using strict search terms relating to abuse in intimate relationships and victim behaviour. Using a set of exclusion criteria, and the protocols suggested by Moher et al (2009), papers identified through the literature search were reviewed to ensure only the most relevant papers were included in the analysis. After each paper was reviewed for their quality, remaining papers were then subjected to qualitative analysis, commonly used in systematic review studies, more specifically, thematic analysis (Braun & Clarke, 2006). Each paper included in the analysis had the reference list reviewed to identify additional papers to be analysed.

4.4.2 Expectations for the systematic review

Based on previous findings, it was anticipated that the literature review would reveal a range of strategies used by victims, spanning behavioural, coping and help-seeking. It was further anticipated that the review would also identify internal and external barriers that prevent victims, or reduce their ability, from engaging in strategies to increase their safety. The findings from the literature review was used to develop a questionnaire that was used in the study recruiting a professional[7] sample. Strategies (behavioural, coping and help-seeking) identified in the literature review were presented in the questionnaire to explore their perceived use and effectiveness for victims of IPV.

4.5 Aims of Study One; Exploring Victim Safety Strategy Use with Professionals

Aims:

1. To explore the perception of professionals, who work with victims of IPV, regarding victims' use of safety enhancing strategies while in abusive relationships.

[7] Professionals here refer to individuals who work, in a professional capacity, with victims or survivors of IPV. This may include police officers, medical professionals, psychology professionals and victim support professionals.

2. To explore the perception of professionals, who work with victims of IPV, regarding the effectiveness of safety behaviours for victims in abusive relationships.

4.5.1 Study one method

To address the research hypotheses, the study recruited a sample of professionals that work in the area of IPV. This included police officers, medical professionals, psychologists, and academics with relevant experience. A questionnaire was developed, consisting of coping, help-seeking and safety strategies found from the systematic review. Participants were asked to record their understanding of how likely a victim may use each behaviour, while in an abusive relationship, and how effective each strategy would be in increasing their safety. All data was analysed using SPSS[8]. The analytic strategy initially included screening the data. Further, the questionnaire was subjected to reliability analyses to evaluate the internal consistency.

To address the study hypotheses, two analyses were completed. Firstly, participant responses were examined, and a frequency analysis was conducted, to evaluate how often each item in the questionnaire is selected. Secondly, each set of items in the questionnaire was included in cluster analyses, specifically hierarchal cluster analysis, to evaluate similar groupings of items. This allowed comparison to other research, such as Goodman et al. (2003). This was hoped to also inform understanding about patterns of behaviour used by individuals in abusive relationships.

4.5.2 Expectations for study one

The findings of this cross-sectional study were expected to further elaborate on the use of strategies by victims of IPV, and the perceived effectiveness of these in preserving/increasing victims' sense of safety. Combined with the findings of the systematic literature review, the findings from this study were also expected to provide further understanding of the use of victim strategies, and the barriers that may inhibit victim strategy

[8] Statistic Package for Social Sciences - https://www.ibm.com/products/spss-statistics

use. Study two, interviews with survivors of IPV, further developed understanding of the rationale and factors that influence victims' behaviours in response to abusive behaviour. The findings of this study were used to develop interview questions for use in study two.

4.6 Aims of Study Two; Interviews with Survivors of IPV and Professionals

Aims:

a. To explore the experiences of abusive relationships with survivors of IPV.
b. To explore the use [and non-use] of safety enhancing behaviours, and coping, with survivors who had been subjected to IPV.
c. To explore the reasoning behind the use [and non-use] of safety enhancing behaviours, from the perspective of survivors of IPV.

4.6.1 Study two method

Semi-structured clinical interviews were developed from the findings of the systematic review and study one. Individuals who have previously been abused by an intimate partner were invited to participate, alongside professionals with experience working directly with victims of IPV. Separate interview materials were developed, one for the victim sample and one for the professional sample.

All interview transcripts were transcribed and transferred to NVivo[9], so codes could be developed and applied. The interview data was then analysed using thematic analysis, using the process suggested by Braun & Clarke (2009); familiarisation with the data, generating initial codes, searching for themes in the codes, reviewing the themes, defining and naming the themes, and producing the report.

4.6.2 Expectations for study two

The findings of this interview study were expected to compliment the previous findings from the systematic literature review and study one. It was expected that they would identify

[9] A qualitative data analysis program - https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home

behaviours/strategies used by individuals in response to abusive behaviours. The findings were also expected to contribute to the victim-informed model by clarifying the factors that influence victim decision-making when appraising their safety in abusive relationships. Thus, a preliminary model to explain the process guiding victim safety behaviour was developed, following this study.

4.7 Aims of Study Three; Exploring Emotional and Cognitive Influences on Safety Strategy Use With a Victim Sample

Aims:

- To explore the presence of environmental security within IPV relationships, and the influence of environmental security on participants' cognitive and emotional variables.
- To explore influence of being subjected to abuse on cognitive (sense of control and self-efficacy) and emotional (emotion reactivity) variables.
- To explore the influence of cognitive (sense of control and self-efficacy) and emotional (emotion reactivity) variables on participants' use of coping or implementation of environmental security.

4.7.1 Study three method

To address the aims of the study in the thesis, participants were asked to complete various questionnaire measures. Previous, and current, victims of IPV were asked to complete measures aimed to explore cognition and affect, and safety behaviour, such as coping and environmental security.

The questionnaire data was initially screened, using SPSS, to ensure it was normally distributed and that it did not have outlying data that may impact the analysis. To address the research hypotheses, the data was initially subjected to Multivariate Analysis of Variance (MANOVA) to evaluate the associations between affect and cognition, and participant safety

behaviours. Secondly, Structural Equation Modelling (SEM) was used to demonstrate the direct and indirect relationships between abuse characteristics, affect and cognition, and participant safety behaviour use.

4.7.2 Expectations for study three

The findings of this final study were expected to develop understanding of the roles cognition and emotion have in victims' safety decision-making. The findings were used to refine the preliminary victim-informed model of IPV safety behaviours by clarifying the influence of abuse contexts, cognition and emotion in victims use of coping and environmental security measures.

4.8 The 'Researcher' in the Research

When adopting a qualitative approach, recognising what the researcher brings to the research programme is vital. More specifically, the influence of the researcher's experiences and identity need to be considered as part of the research methodology. As Watt (2007) states, "*Learning to reflect on your behavior and thoughts, as well as on the phenomenon under study, creates a means for continuously becoming a better researcher"* (p82). This is an important aspect of good quality research, to demonstrate empirical rigor (Dodgson, 2019). Further, Watt (2007) describes the process of reflexivity consisting of a dynamic relationship between the exploration of psychological literature, emerging data obtained from study methods and the researcher's decision making process. Others describe reflexivity in qualitative research to be a reflection on the intersection between researcher and participant (Dodgson, 2019). Both emphasise the importance of understanding how the researcher's qualities or exploratory approach can influence participant interaction and qualitative interpretation. This may be especially important in the context of research with vulnerable individuals, such as those that have experienced abuse. As the principle researcher, I recognised the importance of appraising my own experiences and the intersection of this with the qualitative design and interpretation.

I hold a clinical role as a Forensic Psychologist in Training, and work predominately with offending populations, some of whom have perpetrated IPV, conducting psychological assessment and intervention. I also provide assessment and intervention for individuals that have been abused, including providing trauma-focused intervention. My clinical experience has provided me with knowledge and skills that were applicable to the research area. For instance, acquired knowledge of perpetrator behaviour, and the potential impacts of qualitative explorations with victim populations, has had a pivotal role in identifying appropriate avenues of questioning. This has informed the framing of the research questions that the thesis aimed to address.

However, considering that researchers in the qualitative field should be self-critical of their bias', theoretical predispositions and preferences (Berger, 2015; Schwandt, 2001), I noted the importance of reflecting on what I bring to the research and the participant interaction. For instance, the field of IPV is predominately populated by gendered theorising and conceptualisations of partner abuse (Lawson, 2012; McPhail et al., 2007; Powney & Graham-Kevan, 2019). I was aware, from the outset of the research, that I do not wholly subscribe this approach, which has undoubtedly influenced how the current research was planned and implemented. For instance, I made decisions early on in the proposal and design of this research to be inclusive of participants regardless of sex, gender identity and sexual orientation. I had a desire to expand on the available literature, so recognised that I had preconceived expectations and goals, which moulded the research, from the sample used to the methodology and measures employed.

However, I also noted the importance designing research that is sufficiently robust, given the argument that qualitative explorations, when compared to quantitative methods, lack rigor (Howitt & Cramer, 2010). Thus, I aimed to develop a research plan that remained independent of theoretical bias, and that was sufficient to address the questions guiding the

thesis. Indeed, reflexivity is deemed to be essential for the researcher, provided that they are understood to be the *"primary instrument of data collection and analysis*" (Watt, 2007, p. 82). My clinical training has instilled the importance of adopting a reflective approach, with clinical intervention being inherently qualitative in nature through the design and administration of interview methodology and review of documentation. Indeed, such an experience has enabled me to develop and refine my understanding and skills in developing rapport, navigating sensitive topics and utilising exploratory techniques to increase information gathered from individuals being interviewed. However, this may also suggest a division between researcher and participants. I had also hoped to be inclusive in the recruitment for this research, given the lack of diversity regarding sexual orientation and ethnicity in the existing literature. I recognised that not involving individuals from a range of backgrounds can reduce the extent the research can account for the range of experiences that these individuals have had, and may perpetuate the lack of diverse literature in the area of IPV that already exists. This is further emphasised due to the increased risk that individuals from ethnic backgrounds, or who suffer from disability, can face from an abusive intimate partner (Hahn et al., 2014; Lipsey et al., 2009).

This position could be described as an 'outsider' role (Adler & Adler, 1994). As described by Breen (2007), insider roles in research reflect a researcher being part of a group under study, whereas outside roles occur when they do not belong in the group being studied. I recognised the importance of collecting qualitative data to ensure that the end result of the thesis, namely a theoretical model, was informed by the individuals that it aims to support. I recognised that my experiences are significantly different from individuals I was studying, at least when interviewing about abuse experiences. On the other hand, when interviewing with professionals in the area of IPV, I held an insider role, where I had shared experience and

knowledge with participants. I understood that both positions had advantages, and would certainly have an influence on how I conducted interviews with participants (Breen, 2007).

Conducting research from an outsider perspective provided me with opportunities to extend areas of exploration, through engaging in a curious style to gather information from participants to develop my own understanding. I was, however, mindful of how my position may have an impact on participants' responses to questioning or written measures. For instance, I was approaching vulnerable individuals who were, or have been, subjected to severe violence and abuse. The nature of questions, to address the research questions, would be inherently upsetting and uncomfortable for them. My experiences and knowledge of trauma, and trauma-informed care, for instance, were essential in developing interview protocols and research materials for individuals who have experienced abuse. I recognised that being insensitive to current distress, or invalidating of previous experiences would be uncomfortable for participants, and would reduce their ability to contribute. Thus, to reduce the impact of my questions on participants I ensured that, when asking about experiences of abuse, I used the least amount of time possible to gather the information I aimed for. I also made a number of ethics decisions, including providing a female interviewer for participants that required one, enhancing participants' choices in how interviews were conducted, ensuring their right to withdraw was clear and providing additional sources of support following participation.

I understood that my interactions directly with participants, both being an insider and outsider, can be influential to their responses. I have honed various skills that I felt, from the outset of the research, would be appropriate to encourage engagement. This included being non-judgemental, empathetic and using open questioning, which I adopted from my clinical work. In some ways, I was both insider and outsider amongst the professional sample. I understood that I had shared experiences with some, but not all, of the sample, specifically academic or psychologist participants. However, whilst this enabled me to understand contexts

that information participants provided nested in, I had reflected that this may lead to assumptions being made, and a less thoughtful approach to data collection. For instance, when exploring the psychological help seeking of victims, I could have asked for less depth than when asking police participants about their process for supporting victims (Bonner & Tolhurst, 2002). I have reflected that, as responsivity is an essential aspect of the reflective process (Gibbs, 1988; Kolb, 2014), I have made important learning, both about myself and the data, as a result.

CHAPTER FIVE

SYSTEMATIC REVIEW: EXPLORING THE USE OF SAFETY STRATEGIES BY VICTIMS OF INTERPERSONAL VIOLENCE[10]

5.1 Structure of the chapter

This chapter outlines a systematic review of the literature, pertaining to the strategies used by victims of interpersonal crime[11] and violence. It reviews 61 papers, resulting from a search of psychological, criminological and medical journal databases. The review focused on the coping strategies, help/support-seeking sources and safety enhancing behaviour used by victims, in response to being subjected to aggression or abuse. Thus, the chapter reviews the included literature regarding the contexts and barriers that influence victims' use of strategies. It will outline the aims of the systematic review, the methodology employed, and the five key themes identified from the qualitative synthesis. The findings from the systematic review are discussed in relation to psychological theory as it relates to behaviour change and coping. The chapter will also provide prevalence figures for the rates of victimisation observed in the reviewed literature. The limitations for this review and implications for further research, and clinical or victim-focused practice will be discussed.

5.2 Review aim

There is a scarcity of literature that explores how victims of interpersonal violence attempt to increase their sense of safety. Of the literature that does explore victim behaviour, focus is placed on the support-seeking behaviours, and associated barriers, of individuals in abusive relationships. However, the coping and behavioural safety strategies of these individuals are less explored. Thus, the aim of this systematic review was to explore the behaviours that individuals exposed to IPV (and other forms of interpersonal aggression)

[1010] The systematic review has been published in a peer-reviewed journal. This chapter is based on, and expands upon, the pre-proof version of the published paper. It is included in Appendix 1.

[11] General crime was included due to the dearth of literature concerning victim behaviour in relation to IPV specifically.

employ to manage their experiences of abuse. It further aimed to explore the barriers faced by these individuals in enacting coping, help/support-seeking and safety enhancing strategies, as understood in the existing literature.

Consequently, this systematic review aimed to answer the following research question; *What strategies are used by victims of interpersonal violence to increase their physical or psychological safety, and what factors affect the use of these, from a review of the existing quantitative and qualitative literature?*

5.3 Method

5.3.1 Search Strategy

The systematic review began with the development of a search strategy. A comprehensive search of bibliographic databases was conducted, including six academic journal databases[12]. The systematic review was completed following the guidance provided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA, Moher et al., 2009). The PRISMA guidelines were developed to ensure literature reviews are reported clearly and transparently (Page et al., 2020).

The literature review employed the following search terms 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"*

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

OR *"Planning"* OR *"Help"* OR *"Barriers"* OR *"Emotions"* OR *"Support"* OR *"Strategies"* OR *"Management"* OR *"Approaches".*

Inclusion Criteria

To identify the most relevant papers for the review, papers extracted from the term search were subjected to various inclusion criteria. This enabled the review to be truly systematic, ensuring that consistent criteria were applied to determine a paper's exclusion[13]. As such, 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 to prevent duplication of data (Bearman et al., 2012). Papers with samples under the age of 18 were also excluded from the review due to the majority of research on interpersonal violence, and IPV, being conducted with adult populations. Thus, the focus on adult populations was considered appropriate for the aims of the systematic review.

The eligibility of papers to be eligible for the qualitative analysis was further determined in two phases, consistent with the PRISMA method (Moher et al., 2009). In the first phase, eligible papers were required to have a sample over the age of 18 and to refer to victim safety behaviours, safety planning or victim support. If they met these inclusion criteria they were evaluated again at phase two, where further inclusion criteria were applied. At stage two, papers were required to include victims of interpersonal violence and involve primary data only. Thus, the papers that met the inclusion criteria at phase two were included in the qualitative analysis. In addition, each paper included in the analysis was examined for relevant references. If a reference met the same inclusion criteria as the papers identified in the initial search they were also included in the analysis. The number of articles that were evaluated at

[13] The literature search included papers until October 2018.

each phase of the review, including the analysis, is displayed (Figure 1) in accordance with the PRISMA framework[14].

5.4 Results

5.4.1 Literature search

The database search initially revealed a total of 3,540 papers. Duplicate papers were removed from the dataset (N=809) leaving 2,731 papers in phase one of the review. A further 2,495 papers were excluded in phase one, as they did not meet one or more of the inclusion criteria. More specifically, 2,346 papers were considered ineligible due to not referring to victim safety behaviour, safety planning or victim support. A further 149 papers were considered ineligible due to the sample containing individuals under the age of 18. In phase two, 195 papers were excluded due to not meeting one or more inclusion criteria in this phase. Papers were considered ineligible for several reasons, including not referring to safety behaviour, safety planning or victim support (n=37), not referring to adult victims of interpersonal violence (n=71), not being in the English language (n=5), being a review paper (n=41) and the full paper being unavailable (n=41).

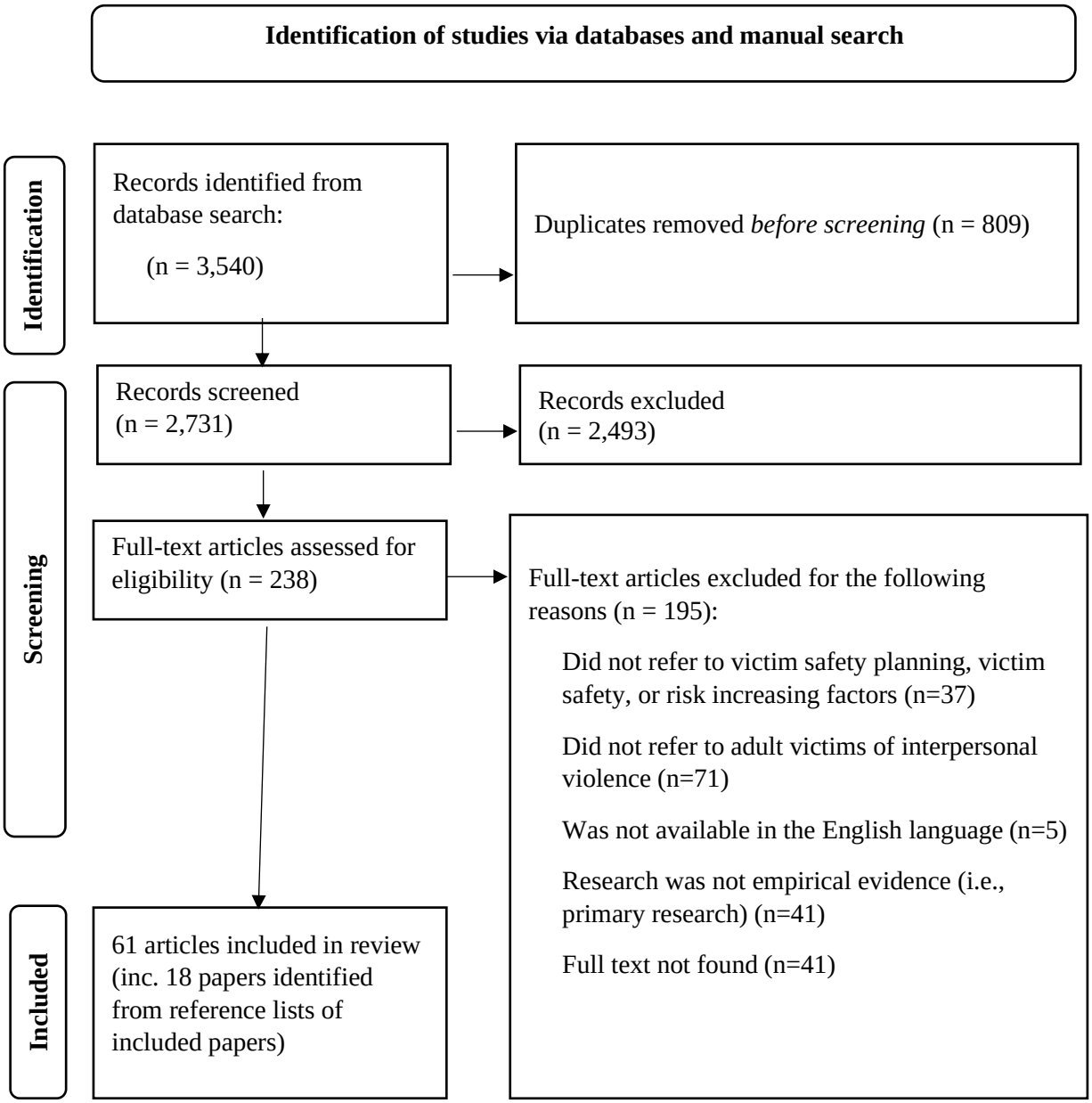
The final data set included 43 papers that were deemed relevant to the aims of the review. Further, in order to gather as much information as possible, the reference lists of each of these papers were examined for possible papers to also include in the review. From this, an additional 18 papers met the inclusion criteria and were also included in the qualitative analysis. Therefore, the final data set included 61 papers. A subsection of the papers that were included in the final analysis were randomly selected to complete inter-rater reliability. An independent post-graduate researcher reviewed 20% of the 61 papers (n=12) included in the review and appraised them against the inclusion criteria. A large degree of agreement was reached, with only two papers requiring further discussion. One full text of a paper could not be located, and

[14] The literature search was conducted up until, and including, January 2018.

one paper was considered to not meet the inclusion criteria. Following a discussion about these two papers, an agreement that they should be included was reached.

Figure 1

PRISMA Flowchart Outlining the Inclusion Process for the Systematic Review



5.4.2 Characteristics of included papers

Each paper's sample, design, victimisation variables, reported prevalence of IPV (if applicable), and quality appraisal is reported in Appendix 2. The main findings from each paper are provided in Appendix 3.

5.4.3 Study quality

Quality Assessment

The quality appraisal ratings for each included paper are presented in Appendix 2. The data from each paper, such as the aims, conclusions, and statistical reporting of the paper, were appraised to assess the methodological quality of each paper involved in the analysis. The quality appraisal resulted in evaluating each paper as of '*good'*, '*fair'* or '*poor'* quality based on their accordance with quality assessment tools employed.

Three quality assessment tools were employed, due to the heterogeneous nature of the methodologies involved in the review, to evaluate study quality.

1. The Mixed Methods Appraisal Tool (MMAT; Pluye et al., 2009) was employed to assess the methodological quality of papers that involved both qualitative and quantitative procedures. The MMAT was developed to assess the methodological quality of a paper by applying 21 categorised criteria, each pertaining to particular research methodology (i.e. qualitative, randomised control trials, mixed methods). Although this tool remains in development, 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. There are currently no validated tools to assess the quality of cross-sectional, quantitative papers. Consequently, the AXIS tool was employed (Downes et al., 2016). This tool was developed through a literature review and a Delphi with medical experts. Therefore, it was considered appropriate to evaluate the methodological quality of the cross-sectional papers including in this review.
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. This was used due to the lack of validated tools to evaluate the methodological quality of qualitative research.

It is important to acknowledge that there is no consistent agreement on how the quality of research literature should be determined, based on the above assessment tools. Thus, to identify papers that were of good, fair, or poor quality, total scores were categorised. Papers with cumulative scores on an assessment tool of 80% or more were labelled as 'good' papers, papers with scores of between 60-79% were labelled as 'fair' and papers with scores of 59% or less were labelled as 'poor'. After the papers were evaluated for methodological quality, 24 papers were assessed as being of good quality, 31 papers of fair quality and six papers 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. This was considered especially important due to the lack of papers focusing exclusively on IPV. Thus, the benefit of reviewing a larger number of papers, some of poor quality, was considered appropriate for the exploratory nature of this review. Papers considered to be poor quality were distributed across various victimisation variables, including IPV, stalking, general violence, and sexual violence.

5.4.4 Study design

Most studies included in the review employed a cross-sectional design (n=57), with three studies using a longitudinal design (Denkers, 1999; Goodman et al., 2003; Lowe et al. 2016). One study reported case-control design (Lipsky et al., 2006). Just under half of the studies (n=29) utilised a survey/questionnaire approach to data collection, with a further thirty studies utilising an interview or focus group approach. Two studies reviewed file information (Kuehnle & Sullivan, 2003; Lowe et al. 2016).

5.4.5 Country

The studies included in the review were predominately from Western populations (n=56, 91%). Thirty-seven (60%) studies originated from North America alone, with seven studies (11%) originating from European countries. One study included data from three European countries (Belgium, Italy, and Slovenia; Galeazzi et al., 2009). Only five studies (8%) included samples from Eastern populations.

5.4.6 Participant demographics

The total number of victim participants in the included studies was 46,255. The total number of professional participants in the included studies was 158, with one study not defining the professional sample quantity (Sudderth, 2017). The majority of studies included heterosexual female participants (see Appendix 4). Most studies included samples of females (86%), with only 40% included samples of males. There was a significant under-representation of LGBTQ+ samples in the review (13%). While all studies focused on victims of interpersonal relationships, there were some variety in the nature of the violence. The majority of studies focused on IPV victimisation (64%), while studies also focused on violent/hate crime (18%), stalking (10%), rape (8%), elder abuse (5%), relatives of homicide victims (2%), bullying (2%) and human trafficking (2%). Some studies focused on multiple types of abuse (Brewster, 2001; Fry & Baker, 2002; Kuehnle & Sullivan, 2003). Several factors influenced the decision to expand the search criteria for the systematic review to include forms of interpersonal violence in addition to IPV. Firstly, only a small number of studies relating to IPV victim responses were obtained from the literature search. Including other forms of violence was considered useful to ensure the search was as thorough as possible. Secondly, IPV and other forms of violence and abuse, while having several unique features, may also share many factors. For instance, IPV can involve the use of general violence, sexual violence, financial abuse and interpersonal abuse/bullying that individuals outside of an intimate relationship experience.

They are also likely to share some similar responses to their experiences, which may be useful for understanding responses to abuse within intimate relationships. For instance, Equity Theory (Hatfield et al., 1978) suggests that it is the perceived fairness and the individuals' sense of self-worth that is an integral factor in how they respond to unfair and unjust relationships. This is likely to bear some similarity across different relationship dynamics (such as intimate, familial, friendship or professional, for instance). Thus, including papers that relate to abusive relationships of different kinds was considered useful and would more thoroughly assess the aims and limit the potential of research being missed. This is considered important when accounting for the need to thoroughly assess victim responses to ensure no potential research was missed that could apply to IPV, accounting for the limited research. Indeed, Equity Theory, in understanding responses to unfair relationships, has been explored in relation to professional relationships (Skiba & Rosenberg, 2011), intimate relationships (Hatfield & Traupmann, 1981), and non-intimate relationships (Hatfield et al., 2011), with evidence therefore of a recognition of value in capturing a range of relationship forms.

5.4.7 Reported Prevalence of IPV

Only twenty studies (33%) presented prevalence data in regard to IPV victimisation. All of these included prevalence rates for females, but only seven presented these for males (11%). Most studies presented lifetime IPV prevalence data (25%), with some studies presenting 12 month prevalence (7%), two year prevalence (2%) or current prevalence (2%). While the majority of studies directly measured IPV prevalence (23%), some measured abuse from an intimate partner using more specific behaviours, such as stalking and elder abuse (10%). While the considered studies 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 articles noted the

specific constellation of abuser and victim regarding their sexuality and/or gender. In addition, many papers included only victim samples, where a comparison of non-victimised samples was not possible. As such, only prevalence rates from studies sampling non-victimised samples also, and where information about the sample population, will be presented here.

As presented in Tables 4 and 5, the prevalence of IPV reported in the reviewed studies varied substantially. For female victims, lifetime prevalence ranged from 24% to 49%, males were reported to experience IPV at slightly lower rates of 13% to 38%. Regarding previous 12 month prevalence, only one study reported male victimisation, 36%, however, female prevalence ranged from 5% to 50%. Only one of these papers reflecting gay and lesbian victims (Guadalupe-Diaz, 2013), with prevalence being 38% for males and 49% for females.

Table 4

The Lifetime Prevalence Rates of IPV for Male and Female Victims (*Reported in the Reviewed Papers)*

Paper	*Lifetime Prevalence of IPV*[15]		*Sample origin*
	Male	Female	-
Coker, Derrick, Lumpkin, Aldrich & Oldendick (2000)	13%	25%	USA
Djikanović, Lo Fo Wong, Jansen, Koso, Simić, Otašević & Lagro-Janssen (2011)	-	24%	Serbia
Fanslow & Robinson (2010)	-	33%-39%	New Zealand
Guadalupe-Diaz (2013)	38%	49%	USA
Pakieser, Lenaghan & Muelleman (1998)	-	37%	USA

[15] Note: Many studies used victim-only samples, or did not specify what populations prevalence rates referred to. Therefore, these studies are not presented here.

Table 5

The Previous 12 Months Prevalence Rates of IPV for Male and Female Victims (*Reported in the Reviewed Papers)*

Paper	*12 Month Prevalence of IPV*[16]		*Sample origin*
	Male	Female	
Al-Modallal (2012)	-	43%	Jordan
Cho & Huang (2017)	36%	38%	USA
Fanslow & Robinson (2010)	-	5%	New Zealand
Fry & Barker (2002)	-	50%*	Canada
Kaukinen (2002)	-	38%	Canada
Stavrou, Poynton & Weatherburn (2016)	-	6%*	Australia

*Prevalence rates reported for 12-24 months

5.4.8 Thematic synthesis

The data was extracted and analysed using the Thematic Analysis method (Braun & Clarke, 2006). This approach was considered appropriate 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 (Joffe & Yardley, 2004). The analysis involved screening papers from the literature search in an Excel file, where the abstracts and full text were coded based on if they met the inclusion criteria (Figure 1). A specialist qualitative analysis program, NVivo, was used to generate codes of data, which involved reading each paper in the final data set and coding important information from each. This data was then used to identify themes, based on a six phase process suggested by Braun and Clarke (2006); familiarisation with the data, generating initial codes, searching for themes in the codes, reviewing the themes, defining and naming the themes, and producing the report. Thematic analysis is a commonly applied approach to exploring patterns from existing psychological literature. Consequently, the thematic analysis facilitated five themes to be

[16] Note: Many studies used victim-only samples, or did not specify what populations prevalence rates referred to. Therefore, these studies are not presented here.

derived from the existing literature. Figure 2 presents the five themes, which are outlined below.

Figure 2

Themes Derived from the Systematic Review

Theme One: Victims of interpersonal violence seek help after their victimisation (n=34).

Theme one comprised the following subthemes.

Subtheme One: Victims of interpersonal violence often seek informal support (*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, while male IPV victims access informal support, they also 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., 2015; Kaukinen, 2002, 2004; Galeazzi et al., 2009).

Subtheme Two: Informal support is helpful (*n=7):* Most papers referring to this subtheme did not report victims' perceptions of informal help-seeking (75%). Only 15% (11 papers), therefore, reported data on victims' perceptions of safety strategies. 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.

Subtheme Three: 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), as well as social services (Cho & Huang, 2017; Lipsky et al., 2006).

Theme Two: Victims of interpersonal violence experience barriers to seeking help (n=27).

Theme two comprised the following subthemes.

Subtheme One: Many victims of interpersonal violence do not seek help (*n=12):* Although many victims access support, many do not. This is found 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), and extends 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.

Subtheme Two: 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 took a gendered approach, as well as being treated differently by the police than female victims. For example, they may be treated as the aggressor rather than the victim, or have services fail to respond to their reports of victimisation altogether (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 perceptions that victims are seen as 'stupid' by their community.

Subtheme Three: 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) which prevented help-seeking in 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, leading to 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., 2015).

Subtheme Four: Formal sources of support perceived as unhelpful (*n=8)*: Victims of homophobic hate crimes 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 described 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 the 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.

Theme Three: Victims of interpersonal violence employ a range of strategies (n=12).

Theme three comprised the following subthemes.

Subtheme One: Victims use strategies designed to avoid contact (*n=7):* Avoidant strategies have been observed in stalking victims, with victims attempting to avoid coming into contact with their stalker (Amar, 2006; Brewster, 2001) or avoiding leaving their homes

(Kamphuis & Emmelkamp, 2001). Similarly, victims of homophobic hate crimes reported that they employed 'boundary setting', which refers to avoiding places or individuals where, or by whom, 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).

Subtheme Two: 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.

Subtheme Three: 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 studies found that the environment where victims, and 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 be 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 victim's 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.

Subtheme Four: 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).

Theme Four: Victims of interpersonal violence cope with victimisation differently (n=13).

Theme four included the following subthemes.

Subtheme One: 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.

Subtheme Two: 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 self-blame and rumination (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).

Theme Five: The help-seeking behaviours of victims are contextual (n=14).

Theme five included the following subthemes.

Subtheme One: 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 experienced. 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, 2010b; 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, were less likely than other victims to seek formal support.

Subtheme Two: 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 help-seeking behaviours 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 affect 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).

5.5 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 diverse ways, which can be impacted by internal barriers and/or the context of victimisation. Thus, the findings provide insight into the research question guiding the systematic review; *What strategies are used by victims of interpersonal violence to increase their physical or psychological safety, and what factors affect the use of these, from a review of the existing quantitative and qualitative literature?*

The findings support the suggestion that victims of IPV have a preference for informal support. This was found for male and female victims, and heterosexual and non-heterosexual victims, indicating 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; Saxton et al., 2021; Sylaska & Edwards, 2014), than formal support sources. It could be considered that formal services may be under-utilised due to cultural barriers, or due to services being under-funded; thus, less available (Burman & Chantler, 2005). Victims may feel judged by such services, through perceiving stigma and shame (Overstreet & Quinn, 2013). In cases where the victim chooses to remain in a relationship with their perpetrator, this creates a potentially unsafe environment where victims may appear particularly unable to access formal services. Hence, informal supports become more accessible, since it is without fear of legal repercussions.

There appears to be clear difficulties 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). The findings from this study also support existing data outlining significant barriers that are experienced by victims of IPV in their pursuit of help. As outlined by Tsui et al. (2010), male victims of IPV may be restrained by social and cultural constraints, which limit help-seeking. 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 male and homosexual victims perceived there to be stigma surrounding support and a difference of support levels, compared with female victims. Indeed, in the process of a victim's decision about seeking help, perceived stigma has been theorised as an important component influencing their decision (Overstreet & Quinn, 2013).

Victims appear to employ various 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 available that may be used to increase 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 (Liang et al., 2005). 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 useful framework to explain how barriers may prevent help-seeking by

highlighting how it is the beliefs held by victims which can 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) wherein a victim does not have an initial 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 where 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 is an area that future research could focus on.

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 any 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 or 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 perceived as unhelpful for certain victims may prevent this help-

seeking from being enacted. This may be particularly pertinent for individuals within the LGBTQ+ community, where hetero-centric 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, indicates 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. 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 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 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, serves 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 another factor to consider since, without this, their seeking of help may be impeded. This is speculative and points to the need for further research, but particularly research which 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's motivation and actions.

The review included papers that focused on various types of abuse, in addition to IPV. While this may extend findings to multiple forms of abuse, it may also mean that the themes discussed within this chapter may not reflect responses to IPV specifically. IPV and other forms of abuse may share many qualities, including causing distress and harm, but the interpersonal nature of abuse can differ significantly. For instance, being abused by an intimate partner may have different effects than abuse from a stranger. Further, repeated acts of abuse, such as seen within abusive relationships, likely result in different protective strategies than single acts of abuse. Consequently, the inclusion of different forms of abuse in the systematic review may result in some themes being less relevant to victim responses within IPV relationships, as papers evidencing them refer to other forms of abuse. As such, focusing singularly on experiences of IPV would have likely resulted in different themes being observed and described, though it may not have identified themes that indicate commonality between IPV experiences and other forms of interpersonal abuse. Regardless, the limitation of the review lacking specificity is acknowledged in full. Future researchers may wish to limit their literature review.

5.6 Limitations

This review is not without its limitations. Although the review was comprehensive, six research databases were searched for relevant papers, papers not available in these databases were not included in the review, as well as unpublished manuscripts. 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, they comprised of psychological, sociological, legal, and medical journals. Further, an assessment of publication bias was not completed, which would examine if unpublished manuscripts substantially differed from studies that have been published. 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. Related to this, whilst the location of each study was considered, with most research being conducted in western cultures, the specific ethic breakdown of participants was not. This therefore limits the extent that the findings could be attributed to different ethnic backgrounds.

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 that utilised a cross-sectional, experimental design, and using self-report measures. These methods 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.

5.7 Summary

This chapter has outlined findings from a systematic review of the literature, which highlights 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. Additional findings described in this chapter suggest that those who experience more severe forms of violence change their help-seeking preferences towards formal sources of support. However, victims' 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 chapter has concluded that the current 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. The next chapter describes study one of the research, exploring victim safety strategy use with a sample of professionals who work in the area of IPV.

CHAPTER SIX

STUDY ONE: SAFETY STRATEGIES EMPLOYED BY VICTIMS OF INTIMATE PARTNER VIOLENCE (IPV): EXAMINING THE VIEWS OF PROFESSIONALS.

6.1 Structure of the Chapter

This chapter aims to extend the findings from the systematic review by exploring the perceived use and helpfulness of victim strategies, within the specific context of IPV. The safety behaviours, help-seeking and coping strategies used by victims were explored with a professional sample to utilise their clinical experience from working with victims. Thus, two elements of victim behaviour will be explored; both the perceived likelihood of victims using strategies and how effective these are perceived to be. The findings are discussed in relation to existing theory to understand why victims of IPV may or may not use strategies in the context of being in an abusive relationship.

6.2 Introduction

Exploring victim safety in the context of IPV has been the focus of considerable research over recent years. As described in Chapter 3, there is increasing recognition of victims' autonomy and competency in responding to IPV in order to preserve their safety. Indeed, existing theory suggests that individuals who are subjected to abuse are motivated to act against it (e.g. Equity Theory, Hatfield et al., 1978; Protection Motivation Theory, Rogers, 1980), and to increase their sense of safety. Individuals experience a significant amount of distress when perceiving situations to be unfair or unjust (Hatfield et al., 1978) and they develop strategies to cope with distress based on their existing skills and previous experiences (Agnew, 1992). Feeling that the relationship is unfair, whereby they are not receiving the treatment or outcomes individuals feel are deserved, also causes distress, and may similarly result in individuals developing strategies to increase fairness, or exit the relationship (Hatfield

& Rapson, 2011). Though, the focus of research has primarily been directed towards help-seeking and coping behaviours in abused individuals (Nally et al., 2021; Shannon et al., 2006), less attention has been dedicated to behavioural safety actions in response to abuse. Further, prior research has focused on individual types of safety behaviours, such as help-seeking, coping or behavioural strategies (e.g. Fanslow & Robinson, 2010; Rizo, 2016; Wood et al., 2021), which provides a limited degree of insight into the range of behaviours demonstrated by victims of IPV. Nevertheless, efforts have been made to understand the behavioural responses of individuals subjected to IPV, including the work by Goodman and colleagues (2003), in the development of the Intimate Partner Violence Strategy Index (IPVSI). Goodman and colleagues explored the use of strategies *and* the perceived effectiveness of these with victims of IPV, marking some deviation from the majority of the research in IPV victim behaviour, which focuses on the use of strategies rather than the effectiveness of them. However, Goodman et al (2003), and other researchers (Anderson et al., 2014; Parker & Gielen, 2014; Ridell et al., 2009) explored only a limited amount of strategies, which do not account for the wealth of strategies used by victims. This highlights a clear gap in the research.

Additionally, other researchers have aimed to understand victims' use of safety enhancing strategies, in response to abuse, but focus on what strategies are used and how much they are used (Glass et al., 2010; McFarlane et al., 2004; Oschwald et al., 2009). Victims' use of strategies to increase their physical or emotional safety has been primarily explored with victim and survivor populations (Ansara & Hindin, 2010; Nally et al., 2021; Yonemoto & Kawashima, 2022). However, the experience and perceptions of professionals that work directly with abused individuals has not been surveyed in the extant literature, beyond limited research that involves professional services that focus on distinct professional bodies, such as the Criminal Justice System and medical professionals (Lynch et al., 2021; Yonemoto & Kawashima, 2022). This does not account for the diversity of services that come into contact

with victims *throughout* the abusive relationship. Currently, the views of professionals that support victims in relation to how victims increase their safety, and how effective they are in keeping them safe, is absent from the literature. As victims interact with several professionals, and professional groups, at different points in their relationship, professionals have valuable insights into what victims do to keep safe, across the trajectory of the relationship. The systematic review in Chapter 5 identified a range of strategies, that span help-seeking, coping and behavioural approaches to increasing safety. These suggest a wider range of strategies than commonly considered.

As such, the current study has several aims, including to explore professionals' perception of the strategies used by victims in IPV relationships, and to explore professionals' perception of the effectiveness of safety behaviours for increasing victim safety. It is hypothesised that the study will find the following;

1. Professionals will perceive victims of IPV to be most likely to use safety strategies that they believe are ineffective at increasing safety (Goodman et al., 2003; Parker & Gielen, 2014; Lynch et al., 2021).
2. Professionals will perceive strategies consisting of safety planning, placation, and retaliation/defence to be the most likely to be used by victims in abusive relationships (Goodman et al., 2003; Parker et al., 2015; Wood et al., 2021).

6.3 Method

6.3.1 Participants

A total of 194 participants responded to the recruitment methods and provided data for the study. However, many participants did not complete the research measure in its entirety (65%) and were removed from the analysis. Approximately 40% of participants not included in the analysis did not provide demographic data. However, participants who did provide data

regarding their age, gender, occupation, and experience in an IPV victim support role, did not differ from those included in the analysis[17].

Sixty-nine participants were included in the analysis. The mean age of the sample was 41, with an age range of 23-65 years. Participants worked with victims of IPV between one and 34 years. The mean length of time participants worked with victims was nine years. The majority of participants were female (n=57), however, participants were not asked to provide information about their ethnicity. Table 6 outlines the full demographic information of the sample.

Table 6

Participant Descriptive Information

	N [a b c]	%
Occupation		
Social Worker	3	4
Psychologist	17	25
Healthcare Therapist	12	17
Support/Shelter Worker	9	13
Nurse	3	4
Lawyer/Solicitor	2	3
Police Officer/Detective	4	6
Other [d]	16	24
Missing	3	4
Gender	69	-
Male	12	17
Female	57	83

[a] Full sample (N = 69)
[b] Mean age = 41 years (SD = 11.08), range = 23 – 65 years
[c] Mean duration of experience working with victims of IPV = 9 years (SD = 8.72), range <1 – 34 years
[d] Many participants did not specify their occupation. Some examples, however, include scholar/researcher, court advocate and IPV service managers.

6.3.2 Materials

A questionnaire measure was developed based on the findings from the systematic review study (chapter five). This involved the collation of identified strategies found in the

[17] The mean age of the sample removed from the analysis was 38 and the mean length of time working with victims was eight years. Participants that did not complete the research measure were frequently social workers, psychologists, or support workers. Social workers and support workers were less represented in the analysis.

systematic review and allocating them to one of three categories; coping strategies, help-seeking strategies and safety strategies. Importantly, strategies identified from papers exploring both IPV victimisation and other forms of interpersonal abuse were included, to be comprehensive. Each strategy group was presented twice in the questionnaire, across two sections. The questionnaire aimed to evaluate professionals' perceptions of safety strategies used by victims of IPV. It aimed to evaluate the extent to which participants perceived strategies to be employed by victims, and their perception of the helpfulness of these strategies in increasing physical or emotional safety. The questionnaire is presented in Appendix 5.

The systematic review study involved reviewing the included studies for safety enhancing, coping, and help-seeking strategies used by victims of IPV and other interpersonal crimes (n=61 papers). As such, strategies included in these studies were extracted to develop the questionnaire used in this study, comprising three scales (presented in two sections). The questionnaire presented safety strategies, coping strategies and help-seeking behaviours. The internal reliability of each scale used in the questionnaire is presented in Table 7. The questionnaire used in this study is presented in Appendix 6, where details of each item can be found. Participants were asked to rate, using a five-point Likert scale, from strongly disagree to strongly agree, the extent to which a victim of IPV would use the strategy/behaviour and how effective the strategy/behaviour would be in reducing the likelihood of harm to the victim.

The questionnaire comprised two sections. Section A presented the three scales and participants were asked to appraise how likely a victim would use each strategy, in the context of an abusive relationship. Section B presented the three scales again, but participants were asked to appraise each strategy regarding how helpful they perceived it would be in increasing victims' physical or emotional safety. In scoring each scale, for the purposes of analyses, the following approach was used; strongly disagree – 1, disagree – 2, agree – 3, and strongly agree – 4. The sample were also asked for demographic information, including their age, gender,

professional role, and experience working with victims of IPV (see Table 6). Appendix 6 outlines the descriptive data for each scale.

Table 7

Descriptive Data for Each Scale

Scale	N	M	Potential Range	Number of Items [a]	α
Likelihood of Use					
Safety Strategies	69	2.42	1 – 4	43	.89
Help-Seeking	69	2.51	1 – 4	26	.92
Coping	69	2.03	1 – 4	20	.71
Effectiveness of Use					
Safety Strategies	69	2.29	1 – 4	43	.77
Help-Seeking	69	1.86	1 – 4	26	.89
Coping	69	2.87	1 – 4	20	.80

[a] The number of items refer to before items were removed following reliability analyses.

6.3.3 Ethical Considerations

The research was approved by the University of Central Lancashire (UCLan) ethics committee (PSYSOC 451). Participants were made aware of the anonymous and confidential nature of the study, and their right to withdraw. Participants were required to provide consent prior to completing the questionnaire, as indicated by a consent form (paper questionnaire) or by them ticking a box indicating their consent (online questionnaire). Appendix 5 presents the consent form and debrief form used in this study, which provided information about the research to participants. This included the participants' right to withdraw and the anonymous nature of the study. Several amendments were requested to further increase the data collection of the study. This included using social media to recruit participants and applying a snowballing method to data collection. Further, approval was granted to approach participants offline, such as in training and conference events, where professionals in the area of IPV were likely to attend. Online questionnaire data was downloaded and placed in a password protected Microsoft Excel file, paper questionnaires were stored in a locked document cabinet within a locked office at the researcher's [then] place of work.

6.3.4 Procedure

Participants were recruited, initially, through online sampling. Study adverts were placed on social media (such as Twitter and LinkedIn), and recruitment emails were sent to services that work directly with victims of IPV. This included the British Psychological Society (BPS) and British Association for Counselling and Psychotherapy (BACP) professional directories. A snowball sampling technique was used, where individuals were encouraged to share recruitment posts on their own social media platforms to increase the reach of the research adverts.

An additional recruitment method was approved in March 2019, where participants were approached in training and conference events that attracted relevant professionals. Information about the research was verbally disseminated to professionals. Participants were recruited in the period between January 2019 and October 2019. Participants were asked to complete the measure based on their professional experiences only. As the questionnaire also included options to provide qualitative data, participants were instructed not to provide client or identifiable information. The questionnaire was hosted on an online survey platform and included an information sheet describing the study at the beginning of the questionnaire. When participants completed paper copies, these were placed in blank envelopes and sealed after completion before being handed to the researcher directly. Most participants completed the study online with only approximately 20% of questionnaires being completed using the paper versions.

6.3.5 Data Analysis

The questionnaire data was transferred from the online survey platform[18] used to host the questionnaire to SPSS[19] for data analysis. Questionnaire data from paper measures were entered manually into the same SPSS file. Data screening is described first, which consisted of

[18] Online Survey Software - Digital Survey Management Tool (qualtrics.com)
[19] Statistical Package for the Social Sciences (https://www.ibm.com/uk-en/products/spss-statistics)

a visual review of the data to identify any missing data and outlying values, followed by multivariate outlier analysis. Next, each scale undergoing analyses was subjected to reliability analyses by examining the Cronbach's α. Planned analyses to explore the study hypotheses (as outlined in chapter 4) were completed. This involved the participant responses on the questionnaire being compared based on participant characteristics, through Independent samples t-test analyses. It was anticipated that this would allow explorations of patterns in participants responses. Finally, the items on each scale were clustered using cluster analysis, using the hierarchal cluster analyses approach. A cluster analysis was used in order to group strategies into more meaningful groups. This would enable resulting clusters to be compared with clusters and categories of safety behaviours identified in previous research.

6.8 Results

6.8.1 Data Screening

To reduce missing data in the sample, the analysis was limited to the participants that completed all scales in the questionnaire. Missing data was identified, though the amount of missing data was marginal. There were no more than two missing values in each dependant variable. Thus, 74 values were replaced using Expectation Maximisation (EM). No univariate outliers were identified and multivariate outliers were examined using Mahloanobis Distance. No multivariate outliers were identified. Participant variables, such as age, job role and experience working with victims, were sufficiently normally distributed.

6.8.2 Reliability Analyses

The internal consistency, using Alpha coefficients, were explored for each scale in the questionnaire (Table 7). The likelihood of safety strategy use scale (n=43 items) was found to be reliable (α=.89). However, to improve the internal consistency ten items were removed,

reducing the items in the scale to 33[20]. The effectiveness of safety strategies scale (n=43 items) was also found to have acceptable internal consistency (α=.77), however some items were removed to increase the internal reliability further. As such, seven items were removed, including *learn more about the previous violence from the perpetrator, informal monitoring of the perpetrator, file a restraining order and reconcile with the perpetrator*.

The likelihood of help seeking use scale (n=26 items) was found to be highly reliable (α=.93). However, to improve the internal consistency three items were removed, reducing the items in the scale to 23[21]. Furthermore, the effectiveness of help-seeking scale (n=26 items) was also found to have good internal consistency (α=.89). To further increase this, two items were removed[22].

The likelihood of coping use scale (n=20 items) was found to be reliable (α=.71). However, to improve the internal consistency two items were removed, reducing the items in the scale to 17. Removed items included *focusing on own needs and blame others for the abuse*. In addition, the effectiveness of coping scale (n=20 items) was also found to have good internal consistency (α=.80). No items were removed from this scale.

Items, described above, were removed to allow the scales to be analysed using a cluster analysis, where measures with many items can make clustering uninterpretable. This, this was considered necessary to increase the utility of the cluster analyses, however, participants' responses on these items are still presented in Tables 8-10.

6.8.3 Participant Responses

Hypothesis one, ***professionals will perceive victims of IPV to be most likely to use safety strategies that they believe are ineffective at increasing safety***, was partially supported.

[20] Removed items included reconcile with perpetrator, isolate self, attempt to calm perpetrator, monitor the environment, avoid places, avoid people, change behaviour to avoid threat, change thoughts about the cause of abuse and try and manage where, in the house, a fight is likely to take place.
[21] Removed items included seek support from social media, take a course in self-defence and obtain medication to cope.
[22]Removed items included obtain medication to cope and seek support from partner's family.

Response frequencies for each scale were examined to explore patterns regarding professionals' appraisals of strategies used by victims of IPV. Participant responses regarding victim coping and safety strategies revealed strategies that were considered most likely to be used were also considered ineffective. Conversely, help-seeking strategies that were considered to be likely to be used by victims were also considered effective at increasing safety. This indicated that victims' use of help-seeking and coping/safety strategies is perceived differently by professionals. Further information is displayed in Tables 10-12, which displays the frequencies of participants' responding agree or strongly agree to each item. Further, participants' responses for each item were explored using Independent samples t-test analyses. Significant associations emerged for sex differences only, for some items.

Compared to male professionals, female professionals were significantly less likely to perceive victims of IPV to use strategies such as attempt to hide from their perpetrator, $t(67) = -.054$, $p = .05$, seek medical support, $t(66)=-.36$, $p = .05$, and attend civil court, $t(66)=-.34$, $p = .05$, However, compared to female professionals, male professionals were significantly less likely to perceive victims of IPV to avoid people, $t(67) = .55$, $p = .05$, change their own thoughts of their abuse, $t(67) = 1.5$, $p = .05$, and consume alcohol, $t(66)=.96$, $p = .05$. Further detail regarding the Independent samples t-test analyses on the strategy likelihood scales can be found in Appendix 7.

Regarding perceived effectiveness, compared to male professionals, female professionals were significantly less likely to perceive victims' use of focusing on their own physical health, $t(66)=-1.88$, $p = .05$, check in with others, $t(66)=-2.24$, $p = .05$, and using self-control, $t(67)=.94$, $p = .05$, to be effective strategies for victims of IPV. Compared to female professionals, male professionals were significantly less likely to perceive victims leaving school or college, $t(66)=1.38$, $p = .05$, directly requesting help, $t(67)=1.13$, $p = .05$, and attempting to kill themselves, $t(67)=.94$, $p = .05$, to be effective strategies. Further detail

regarding the Independent samples t-test analyses on the strategy effectiveness scales can be found in Appendix 8.

As shown in Table 8, few strategies that were perceived to be most likely to be used by victims were considered to be effective in increasing safety. For instance, the 10 strategies that participants felt were most likely to be used by victims were not all considered to be effective for victims' safety. However, only six of these strategies were considered to be effective by more than 50% of participants. This indicated that participants considered victims to use a mixture of strategies that may be effective and ineffective in increasing *their* safety in abusive relationships.

Table 8

Participant Responses for the Safety Strategy Scales

	Victims are likely to use strategy		Strategies would be effective in reducing/avoiding victim harm	
	Agree (%)[a]	Somewhat Agree (%)	Agree (%)	Somewhat Agree (%)
Change behaviour to avoid threat	53 (77%)	12 (17%)	15 (22%)	32 (46%)
Reconcile with perpetrator	42 (61%)	15 (25%)	7 (10%)	8 (12%)
Attempt to calm perpetrator	41 (59%)	21 (30%)	11 (16%)	25 (36%)
Monitor the environment	36 (52%)	22 (32%)	24 (35%)	35 (51%)
Avoid people	36 (52%)	24 (35%)	10 (15%)	17 (25%)

	Victims are likely to use strategy		Strategies would be effective in reducing/avoiding victim harm	
	Agree (%)[a]	Somewhat Agree (%)	Agree (%)	Somewhat Agree (%)
Change thoughts about the cause of abuse	33 (48%)	25 (36%)	19 (28%)	24 (35%)
Isolate self	30 (44%)	29 (42%)	8 (12%)	13 (19%)
Have a conversation with perpetrator	25 (36%)	17 (25%)	5 (7%)	13 (19%)

Avoid meeting the perpetrator	20 (29%)	26 (38%)	21 (30%)	30 (44%)
Do not answer the phone/hang up on the perpetrator	20 (29%)	20 (29%)	14 (20%)	27 (39%)
Informal monitoring of the perpetrator, such as through Facebook	19 (28%)	29 (42%)	7 (10%)	18 (26%)
Record phone calls or keep email correspondence with perpetrator	17 (58%)	27 (37%)	41 (59%)	23 (33%)
Change daily routine	17 (25%)	26 (38%)	28 (41%)	29 (42%)
Attempt to hide from perpetrator	16 (23%)	32 (46%)	12 (17%)	34 (49%)
Threaten to call the police	16 (23%)	26 (38%)	21 (17%)	31 (45%)
Keep money and documents in a safe and secure location	15 (60%)	32 (34%)	41 (59%)	23 (33%)
Change or block phone number	15 (22%)	28 (41%)	22 (32%)	29 (42%)
Make a ‘survival plan’	15 (22%)	26 (38%)	46 (67%)	16 (23%)
Try and manage where, in the house, a fight is likely to take place	14 (20%)	35 (51%)	17 (25%)	19 (42%)
Leave school or college (if applies)	12 (17%)	32 (46%)	11 (16%)	19 (28%)
Change address	12 (17%)	31 (45%)	23 (33%)	33 (48%)
Document injuries for the police	12 (17%)	23 (33%)	43 (62%)	18 (26%)
Leave home	11 (16%)	38 (55%)	27 (39%)	29 (42%)
Make a list of important phone numbers	11 (16%)	27 (39%)	43 (62%)	21 (30%)
Sleep in separate room from perpetrator	11 (16%)	23 (33%)	7 (10%)	25 (36%)
	Victims are likely to use strategy		Strategies would be effective in reducing/avoiding victim harm	
	Agree (%)[a]	Somewhat Agree (%)	Agree (%)	Somewhat Agree (%)
File a restraining order	11 (25%)	23 (33%)	33 (48%)	42 (45%)
Refocus on planning for the future	10 (15%)	18 (26%)	33 (48%)	22 (32%)

Change travel route	9 (13%)	30 (44%)	25 (36%)	28 (41%)
Learn more about the previous violence from the perpetrator	9 (13%)	17 (25%)	28 (41%)	17 (25%)
Leave the situation before a fight starts	8 (12%)	34 (49%)	28 (41%)	35 (51%)
Check in with others	8 (12%)	21 (30%)	21 (30%)	30 (44%)
Protect own physical health	8 (12%)	14 (20%)	41 (59%)	18 (26%)
Evaluate situation realistically	5 (7%)	16 (23%)	29 (42%)	24 (35%)
Set clear limits	5 (7%)	11 (16%)	20 (29%)	23 (33%)
Reveal the abuse to social circle	4 (6%)	18 (26%)	21 (30%)	30(44%)
Use a hostile voice towards perpetrator	4 (6%)	13 (19%)	2 (3%)	5 (7%)
Ask others to confront perpetrator	4 (6%)	11 (15%)	4 (6%)	10 (15%)
Live with people that the perpetrator fears	4 (6%)	10 (15%)	5 (7%)	19 (28%)
Carry pepper spray or equivalent	4 (6%)	7 (10%)	8 (12%)	17 (24%)
Threaten to hurt perpetrator	2 (3%)	5 (7%)	1 (1%)	2 (3%)
Destroy perpetrator's property	1 (1%)	13 (19%)	0 (0%)	4 (6%)
Physically hurt the perpetrator	1 (1%)	10 (15%)	1 (1%)	5 (7%)

[a] Values do not add up to 100% as 'somewhat disagree' and 'disagree' are not shown in the table.

As shown in Table 9, and conflicting with participants' responses regarding safety strategy use, many help seeking strategies that were perceived to be most likely to be used were also considered to be effective for victims. For instance, regarding the 10 strategies that participants felt were most likely to be used by victims, only one of these strategies was considered to be ineffective by more than 50% of participants. This indicated that participants perceived victims to seek help from sources of support that would be effective in increasing their safety.

Table 9

Participant Responses for the Help Seeking Scales

	Victims are likely to use strategy		Strategies would be effective in reducing/avoiding victim harm	
	Agree (%)[a]	Somewhat Agree (%)	Agree (%)	Somewhat Agree (%)
Obtain medication to help cope	28 (41%)	33 (48%)	11 (16%)	32 (46%)
Access abuse hotline/support line	19 (28%)	36 (52%)	45 (66%)	22 (32%)
Seeking support from a counsellor	17 (25%)	29 (42%)	35 (51%)	27 (39%)
Seek support from friends	16 (23%)	39 (57%)	42 (61%)	24 (35%)
Seek support from immediate family	15 (22%)	28 (41%)	44 (64%)	21 (30%)
Seek support from partner's family	14 (20%)	26 (38%)	3 (4%)	15 (22%)
Attend emergency department at the hospital	13 (19%)	36 (52%)	33 (48%)	26 (38%)
Seek emotional support	13 (19%)	35 (51%)	52 (75%)	16 (23%)
Seek support from a shelter organisation	13 (19%)	34 (49%)	43 (62%)	22 (32%)
Seek support from the police	12 (17%)	24 (35%)	41 (59%)	18 (26%)
Seek support from victim support services	11 (16%)	36 (52%)	52 (75%)	14 (20%)
Seek support from a nurse or doctor	9 (13%)	30 (44%)	41 (59%)	22 (32%)
Seek help from other mental health professionals	8 (12%)	36 (52%)	35 (51%)	29 (42%)
Seek support from housing assistance	8 (12%)	33 (48%)	31 (45%)	30 (44%)
Seek support from alcohol/drugs program	8 (12%)	30 (44%)	30 (44%)	30 (44%)
Seek support through social media	7 (10%)	25 (35%)	7 (10%)	27 (39%)
Seek support from colleagues	7 (10%)	20 (29%)	33 (48%)	23 (33%)
Seek support from social workers	7 (10%)	15 (22%)	26 (38%)	27 (39%)
Seek support from the extended family	6 (9%)	21 (30%)	25 (36%)	28 (41%)
Seek support from other criminal justice services	6 (9%)	19 (28%)	13 (45%)	26 (38%)

Directly request protection or help	4 (6%)	28 (41%)	45 (65%)	16 (23%)
Attend civil court	4 (6%)	28 (41%)	17 (25%)	34 (49%)
Seek support from solicitors/lawyers	4 (6%)	26 (38%)	18 (26%)	39 (57%)
Take a course in self-defence	3 (4%)	9 (13%)	13 (19%)	21 (30%)
Seek support from religious organisation	2 (1%)	28 (41%)	11 (16%)	26 (38%)
Seek support from accountants	1 (1%)	3 (4%)	11 (16%)	18 (26%)

[a] Values do not add up to 100% as 'somewhat disagree' and 'disagree' are not shown in the table.

As shown in Table 10, and being comparable to responses regarding safety strategy use, few coping strategies that were perceived to be most likely to be used by victims were also considered to be effective. For instance, the 10 strategies that participants felt were most likely to be used by victims were not all considered to be effective for victims' safety. However, only two of these strategies were considered to be effective by more than 50% of participants. This indicated that participants perceived victims to utilise coping approaches that would not be effective for them in abusive relationships.

Table 10

Participant Responses for the Coping Scales

	Victims are likely to use strategy		Strategies would be effective in reducing/avoiding victim harm	
	Agree (%)[a]	Somewhat Agree (%)	Agree (%)	Somewhat Agree (%)
Self-blame	46 (67%)	20 (29%)	4 (6%)	5 (7%)
Keep thinking about it	43 (62%)	20 (29%)	4 (6%)	11 (16%)
Crying	42 (61%)	22 (32%)	13 (19%)	30 (44%)
Accept the abuse	40 (58%)	24 (35%)	4 (6%)	7 (10%)
Consuming alcohol	38 (55%)	28 (41%)	2 (3%)	6 (9%)
Focusing on needs of perpetrator	38 (55%)	26 (38%)	4 (6%)	6 (9%)
Using substances such as illicit substances or medication	29 (42%)	33 (48%)	1 (9%)	9 (13%)
Using self-help such as keeping busy and using distraction	27 (39%)	36 (52%)	14 (20%)	34 (49%)
Trying to harm themselves	22 (32%)	35 (51%)	1 (1%)	7 (10%)

Thinking the situation could not possibly get any worse	21 (30%)	31 (45%)	4 (6%)	11 (16%)
Self-control	17 (25%)	27 (39%)	13 (19%)	36 (52%)
Trying to kill themselves	16 (23%)	30 (44%)	1 (1%)	3 (4%)
Try to refocus on the positive	14 (20%)	32 (46%)	18 (26%)	33 (48%)
Problem-focused coping	14 (20%)	28 (41%)	18 (26%)	31 (45%)
Try to put the abuse into perspective	14 (20%)	26 (38%)	10 (15%)	29 (42%)
Blame others for the abuse	12 (17%)	18 (26%)	3 (4%)	9 (13%)
Praying	11 (16%)	24 (35%)	5 (7%)	21 (30%)
Keeping a written journal and diary	7 (10%)	14 (20%)	32 (47%)	27 (39%)
Deciding to move on psychologically from abuse	6 (9%)	27 (39%)	28 (41%)	28 (41%)
Focusing on own needs	1 (1%)	12 (17%)	31 (45%)	30 (44%)

[a] Values do not add up to 100% as 'somewhat disagree' and 'disagree' are not shown in the table.

6.8.4 Cluster Analyses

Hypothesis two, ***professionals will perceive strategies consisting of safety planning, placation, and retaliation/defence to be most likely to be used by victims in abusive relationships***, was supported. Agglomerative Hierarchical Cluster Analyses (HCA), using squared Euclidian and Ward's method (hclust, method = Ward.D^2) (Ward, 1963), were performed on each subscale of the questionnaire. The visual inspection of the HCA outputs (dendrogram analysis, Euclidian distance plot, and agglomeration scheme) was used to determine the adequate number of clusters for each scale. This indicated that item clusters of between two and seven were most appropriate to understand the data.

The HCA for the likelihood of safety strategy use resulted in five independent clusters, incorporating between three and eleven items; *perpetrator directed strategies, prevention strategies, cognitive reappraisal, safety planning* and *avoidance strategies*. Items in the effectiveness of safety strategy use resulted in fewer independent clusters; *perpetrator focused strategies, responding to abuse, management of the situation* and *preparedness*.

The HCA for the likelihood of help seeking use resulted in five independent clusters, incorporating between two and six items; *information/practical support, abuse related support,*

emotional support, secondary support and *informal support*. Items in the effectiveness of help seeking resulted in more independent clusters; *informal support, disclosure, information/emotional support, health related support, secondary support, defensiveness* and *social work support.*

Finally, the HCA for the likelihood of coping use resulted in four independent clusters, incorporating between two and eight items; *emotional coping, self-directed coping, thought recording/change* and *cognitive coping*. The items in the effectiveness of coping resulted in two, different, independent clusters; *avoidance/refocusing* and *problem-focused coping-emotion-focused* coping. Full outlines of each scale and its resultant clusters are available in Table 11.

Table 11

Likelihood of Strategy Use Clustered Items for Each Scale

Safety Strategies

Perpetrator-Directed Strategies	Prevention Strategies	Cognitive Reappraisal	Safety Planning	Avoidance Strategies
Use a hostile voice towards perpetrator	Monitor the environment	Document injuries for the police	File a restraining order	Avoid meeting the perpetrator
Threaten to hurt perpetrator	Avoid places	Evaluate situation realistically	Carry pepper spray or equivalent	Do not answer the phone/hang up on the perpetrator
Physically hurt the perpetrator	Isolate self	Have a conversation with perpetrator	Informal monitoring of the perpetrator, such as through Facebook	Reconcile with perpetrator
Record phone calls or keep email correspondence with perpetrator	Attempt to calm perpetrator		Keep money and documents in a safe and secure location	Leave home
	Change behaviour to avoid threat		Make a ‘ survival plan’	Check in with others
	Change thoughts about the cause of abuse			Live with people that the perpetrator fears
	Protect own physical health			Change or block phone number
	Attempt to hide from perpetrator			Change daily routine
				Ask others to confront perpetrator
				Set clear limits
				Reveal the abuse to social circle

Help-Seeking

Information/Practical Support	Abuse-Related Support	Emotional Support	Secondary Support	**Informal Support**
Access abuse hotline/support line	Seek support from victim support services	Seek emotional support	Seek support from religious organisation	Directly request protection or help
Attend civil court	Seek support from the police	Seek support from a shelter organisation	Seek support from solicitors/lawyers	Seek support from friends
Seek support from partner' s family	Seek support from social workers			Seek support from immediate family
Seeking support from a counsellor	Seek support from accountants			Seek support through social media
Seek support from colleagues	Seek support from other criminal justice services			
Seek support from the extended family	Attend emergency department at the hospital			

Coping

Emotional Coping	Thought Recording/Change	Cognitive Coping	Self-Directed Coping
Consuming alcohol	Deciding to move on psychologically from abuse	Keep thinking about it	Trying to harm self
Praying	Keeping a written journal or diary	Try to refocus on the positive	Trying to kill self
Self-blame		Self-control	
Accept the abuse		Problem-focused coping	
Focusing on own needs		Using substances such as illicit substances or medication	
Using self-help such as keeping busy and using distraction			
Crying			
Try to put the abuse into perspective			

6.9 Discussion

The findings from this study indicated that professionals agree that victims engage in behavioural strategies to increase their safety, despite strategies being considered to be of varying degrees of effectiveness. The findings suggest that many strategies, which victims use, are considered to be ineffective. Victims of IPV were perceived to use ineffective safety behaviours and coping strategies more than help-seeking. Further, strategies that were considered to be used by victims also appeared to be ones that would most likely be within a victim's perceived control. Cluster analyses of safety strategies, help-seeking and coping strategies demonstrated similarities and differences to those outlined in the existing literature. Clustered strategies, however, did not indicate that any particular group of coping, help seeking or safety strategies were perceived to be universally effective in increasing victim safety. This is consistent with the literature indicating that victim support, namely victim safety planning, needs to be independent and be tailored to victims' own circumstances (Murray & Graves, 2013; Murray et al., 2015).

Safety strategies can be categorised in several ways, including help-seeking, defensive and planning behaviours (Goodman et al., 2003; Ridell et al., 2009). Safety strategy clusters in this study resembled similar categories, but did not replicate them. For instance, commonality was found in strategies representing a resistant or 'perpetrator directed' action. This included strategies encompassed within threatening or hurting the perpetrator, and safety planning and avoidance. These strategy groupings are consistent with previous research (Goodman et al., 2003; Ridell et al., 2009). Contrary to previous findings, with victim samples, retaliating with aggression was perceived to be an unlikely strategy for victims (Goodman et al., 2003). This may indicate that professionals and victims view this strategy differently.

Though strategies clustered under safety planning, avoidance and prevention were generally perceived as effective for victims, safety planning, in particular, was considered to

be an unlikely approach victims may take. As prevention and avoidant strategies represent safety planning, this may suggest that safety planning and increased preparedness may be helpful for victims of IPV, during abusive relationships. This may extend existing findings that only explore the use of safety planning, rather than the effectiveness of this (Kendall et al., 2009; McFarlane et al., 2004; Oschwald et al., 2009). Nevertheless, safety planning strategies being perceived as effective is consistent with previous research (Parker et al., 2015; Wood et al., 2019). However, as IPV can involve significant controlling behaviour (Hamberger et al., 2017), victim's ability to safety plan may be hindered, hence being less likely to use this. Though IPV is considered to be repeated and cyclic in nature (Walker, 1984), indicating that it can be predicted, perpetrators use a variety of behaviours, which can disrupt victims' prediction of risk (Laskey et al., 2019; Murray et al., 2015; Petersson & Strand, 2020). Consequently, while victims may perceive safety planning strategies to be useful, this may not align with their ability to engage with strategies in this area. Indeed, professionals in this study, and victim support generally, may also perceive safety planning to be under-utilised due to similar challenges, victims not being able to access services that offer safety planning services.

Victims' use of risk planning and avoidance indicates that victims have an adequate understanding of their perpetrator and their risk factors (Bowen, 2011), despite evidence indicating that victims may not always be accurate in their estimation of risk (Bell et al., 2008; Cattaneo et al., 2007). As such, the use of avoidance or preventative strategies are likely to be functional and based on victims' existing knowledge and beliefs about their perpetrator. Victims' use of strategies would be supported by their own beliefs that they would be effective in reducing the risk of harm, for instance. Victims likely apply cognitive appraisals that aid their decision-making process. Thus, many decisions are likely thoughtful and purposeful, rather than instinctive.

The *Theory of Planned Behaviour* (TPB; Ajzen & Fishbein, 1988) suggests that behavioural intent, a precursor to action, is determined by individuals' control, behaviour, and normative beliefs. The TPB accentuates the role of cognition in individuals' decision-making, particularly within the context of health preservation. As violence can have significant, and fatal, health implications, it is highly relevant to health preservation. Furthermore, as IPV relationships are often repeated and sustained (Caetano, 2008; Eckstein, 2011; Kulkin et al., 2007; Peterman & Dixon, 2003), victims likely develop their own intuitive knowledge of the perpetrator and risks. This may enable them to develop control and behavioural beliefs (i.e. they feel that they have control over their own behaviour and that strategies would have positive consequences for them). This is consistent with literature suggesting that IPV victims can feel that their approach to risk management is effective (Goodman et al., 2003; Parker & Gielen, 2014). Indeed, strategies contained in the avoidance and preparatory categories appear to be ones that are likely to be within the victim's control, and thus aligning more closely with their control beliefs. This indicates that victims' use of safety strategies may be influenced more by their control beliefs rather than their appraisal of effectives (Ajzen & Fishbein, 1988).

Regarding help-seeking behaviour, victims were perceived to seek support from sources of support perceived as effective. Clustered help seeking strategies that were perceived to be likely to be used were also considered effective, for victims. For instance, several strategies classified as information/practical and informal help sources were considered to be both likely to be used, and effective for victims. Indeed, these strategies may be considered to be more in the victims' control than those not considered likely, such as seeking support from the police or medical care. This is consistent with the TPB, whereby victims may be more likely to seek help from sources of support that they feel is within their control and will be effective in increasing their safety (Azjen & Fishbein, 1988). However, direct abuse-related support (i.e., police and medical support) was considered to be an unlikely approach for

victims, despite being considered to be somewhat likely to be effective. Nevertheless, clustered help-seeking strategies were not uniformly likely or effective, suggesting that help sources may vary on their usefulness. For instance, the strategies perceived most effective for victims included emotional, abuse related, information/practical, and informal support. However, secondary support (i.e. the use of spiritual or lawyer/solicitor support) was considered to be ineffective for victims' safety, consistent with findings that religious support can be unhelpful for victims (Horne & Levitt, 2004; Pyles, 2007). This is not unexpected due to the focus of these supports not being on physical safety, but emotional stability or evidential procurement/legal procedures. However, the diversity in perceived effectiveness of help-seeking strategies may reflect situational or contextual challenges victims may experience in seeking help (Petersen et al., 2005; Rizo & Macy, 2011).

The finding that, however, the 'information/practical support' and 'emotional support' clusters were considered the most effective sources is consistent with the notion that help-seeking is based upon an appraisal of need and defining of a problem (Liang et al., 2005). Seeking additional information and advice is likely to be conducive to developing victims' understanding of abuse, and the risk associated with their abusive relationship.

Informal support was perceived differently, in the current study, depending on its proximity to the victim. For instance, while seeking support from immediate family and friends was perceived as both likely and effective, seeking support from colleagues and extended family was not. This is consistent with literature suggesting that both male and female victims prefer family and friends when seeking help (Fanslow & Robinson, 2010; McCart et al., 2010). As emotional support was also perceived as both likely to be sought by victims and an effective source, it is likely that this is related to the source of help victims use. For example, IPV victims' use of help sources is known to be impacted by the positive or negative reactions they obtain from disclosure (Edwards, & Dardis, 2020; Sylaska & Edwards, 2015). The perceived

effectiveness of both familial/peer support and emotional support may suggest that victims may be more likely to get emotional support from friends and family. Of course, colleagues and extended family represent less emotionally close supports, which may create a barrier for victims. Emotional support is arguably less likely to be received, at least to the same degree, from direct abuse-related supports, such as the police or medical services than friends and family. Police and medical services would focus primarily on the victim's physical wellbeing and evidence gathering. Consequently, the function of victims' help seeking is likely to influence the strategy they use to seek help, providing support for, at least in part, a cognitive basis to help-seeking.

Relatedly, while victims' perceived control may be influenced from whom they seek help, the potential impact of emotions may also be an important consideration. Victims are likely to seek support in response to assessing their situation as threatening (Liang et al., 2005), potentially prompting two appraisals; of threat and of coping (Rogers, 1983). While the study could not compare responses based on severity of abuse, there was a clear indication that victims may access emotional, informal, and information/practical support over formal or abuse related support. This may relate to the way that victims in abusive relationships can misunderstand the abusive nature of the relationship or considering a need to involve formal services, for instance (Liang et al., 2005; Overstreet & Quinn, 2013). Thus, this would be consistent with professionals perceiving victims to be unlikely to seek help from formal support networks, despite these being of variable effectiveness. Nevertheless, this should be researched further to understand this pattern.

Coping strategies that were perceived as ineffective were considered most likely to be utilised, by victims. For instance, coping clustered under emotion-focused (including crying or blaming themselves) were perceived as likely strategies for victims, despite them being considered ineffective. However, not all strategies classed as emotion-focused would be

consistent with this description, such as using self-help books, for instance. Indeed, this is consistent with literature showing that victims do use emotion-focused coping (Bauman et al., 2008). The perception that this is an unhelpful approach to managing distressing emotions is also consistent with the literature (Flicker et al., 2012; Lilly & Graham-Bermann, 2010; Wong et al., 2017). Conversely, strategies clustered under cognitive or thought-based clusters were less endorsed by professionals but considered more effective in managing victims' emotions. While it may appear counter-productive to employ coping strategies that are not effective, this may result from the emotional impact of IPV. For instance, IPV involves violence, which can be severely threatening, likely causing some amount of fear. Fear, of course, can encourage immediate or short-term actions to remove or alleviate the source of distress.

As IPV can be prolonged and victims experience significant emotional distress, their opportunity to effectively manage emotions may be inhibited (Lagdon et al., 2014; Laskey et al., 2019; Pico-Alfonso et al., 2006). This may be due to the impact of trauma on cognitive and emotional functioning (World Health Organization, 2020), or due to the characteristics of IPV abuse. While a range of coping may be used, the findings that victims may use maladaptive emotion-focused or avoidant coping may be explained through *General Strain Theory* (GST: Agnew, 1992). IPV, through its threatening and controlling nature, likely prevents the reaching of positive goals and presents consistent negative stimuli. The abusive relationship is inherently negative and causes significant negative emotions (Coker et al., 2002; Karakurt et al., 2014). The use of problem focused coping indicates that victims are able to use adaptive coping. However, like help-seeking, which can be considered a form of coping, they may be constrained by barriers that prevent coping (Fraga, 2013; Rizo, 2016). Hence, this may prevent problem-focused coping and increase the use of maladaptive coping (Agnew, 1992). This is especially salient for IPV victims, who experience significant perpetrator control and thus report little personal control (Bates, 2017; Machado et al., 2017; Morgan & Wells, 2016),

whereby they are unable to directly address the abuse. Consequently, the use of avoidant strategies may enable the individual to manage a situation, where they have no or little perceived control over their situation.

Conversely, using cognitive strategies was perceived to be an effective way to manage emotions, in this sample. This is consistent with the effective nature of Cognitive Behaviour Therapy (CBT) based methods in the management of emotions (Baker et al., 2012). Indeed, while it was not possible to understand when coping may be used, cognitive coping may be more likely when victims are not in immediate danger or perceived threat. Various suggested models of IPV coping indicate that victims' use of coping develops as they progress through a change process. They suggest that victims initially employ emotional and avoidant coping before moving towards problem focused strategies (Carlson, 1997; Maselesele, 2011). Thus, this may represent a mechanism by which emotional or avoidant coping may be used during an abusive relationship, whereas cognitive or problem focused coping may be used towards the end or after an abusive relationship. This may also indicate that cognitive and problem-focused coping is more effective in the aim of leaving the relationship (Carlson, 1997; Maselesele, 2011), which participants in this study reiterated. As such, emotional or avoidant coping is unlikely to be effective in this aim.

6.10 Limitations and Future Research

There are several limitations to this study, which need to be accounted for when interpreting the findings. Firstly, the sample was over representative of female, psychological therapist participants. Thus, the findings may represent their perspectives more than other professional experiences. The study did not collect data on participants' ethnicity, which restricts knowledge about the experiences of professionals working in the area of IPV, which can be very diverse (especially regarding professionals supporting women who experience culturally specific forms of IPV). Secondly, the collected data relates to the perceptions of

participants only, and do not represent the direct experiences of victims. The findings should be interpreted with this in mind, and alongside the existing psychological literature. Relatedly, the data analysis does not lend itself to establishing causal relationships. Future research should aim to explore safety enhancing behaviours in victim samples to further understand what strategies are used by victims, and their effectiveness in increasing victims' physical and psychological safety. Further, research could focus on understanding the psychological underpinnings that guide victims' decisions when managing their safety and risks of victimisation.

6.11 Summary

This chapter has outlined findings from an empirical study, centring the insights of professionals working with victims of IPV. The results from this study extend findings from previous literature, involving victim samples (Goodman et al., 2003; Parker & Gielen, 2014), to explore how professionals who support victims perceive coping and safety behaviours. The findings provide some support for existing literature and suggests that strategies available to victims of IPV may not all be effective in reducing harm. This indicates that victims' response to partner violence is likely to be impacted by several variables that are both internal and external to the individual. The results also indicated that victims of IPV may be more likely to employ safety strategies, and coping strategies, which may not be effective in preventing harm. Interestingly, a similar finding was not observed regarding perceptions of victim help-seeking behaviour.

The chapter has outlined outcomes that may indicate that IPV victim behaviour is influenced by cognitive appraisals, particularly their attributions of control and effectiveness, consistent with the *Theory of Planned Behaviour* (Ajzen & Fishbein, 1988). It is unlikely, however, that victim behaviour is unaffected by emotional states. Indeed, the use of ineffective strategies could be influenced by a sense of urgency from feeling fearful or anxious, thus,

choosing to use strategies used previously or that are immediately accessible, to preserve their safety quickly. The proceeding chapter outlines study three of the research, which employed interviews with individuals who have survived IPV to better understand their safety behaviour use.

CHAPTER SEVEN

STUDY TWO: EXPLORING SAFETY STRATEGY USE WITH SURVIVORS OF IPV AND PROFESSIONALS: AN INTERVIEW STUDY

7.1 Structure of the Chapter

This chapter outlines the findings from interviews with survivors of IPV and professionals in the area. Complimenting the findings from study 1, study 2 aims to further explore the responses of victims to abuse. However, the results aim to develop previous findings through exploring the motivations and influences that guide victim decision-making in response to abuse from an intimate partner. Thus, the findings of this study further describe strategies used by victims in abusive relationships, to increase their physical or emotional safety, and strategies that are not used. Themes also describe how victims appraise the use of safety behaviours, including behavioural strategies, coping strategies and help-seeking, both before and after using them. The results of the study are discussed in relation to the process that guides victim safety behaviour, which is suggested to reflect both thoughtful and emotionally-driven action.

7.2 Introduction

Study 2 aimed to explore qualitatively what strategies are used by victims of IPV and the extent to which they are effective in preventing harm. The existing psychological literature is limited in its exploration of victim motivation, particularly as it relates to different strategies used by victims of IPV. Attempts have been made to explore, qualitatively, why victims respond to abuse using distinct strategies or approaches, though they focus on individual approaches, such as help-seeking (Hardesty et al., 2011; Randell et al., 2012). The motivations of victims and the factors that influence how they respond to abuse remains an important area of research yet to be understood.

A considerable body of research indicates that victim decision making is a product of numerable factors, that can increase or decrease safety behaviour. Liang and colleagues, for instance, describe a model of victim help-seeking that places importance on cognition. They suggest that an individual's definition of abuse and their perception of others' attitudes to abuse have the potential to influence if a victim seeks help. Indeed, this is congruent with previously proposed frameworks, such as the Theory of Planned Behaviour (Azjen, 1985), which determine that the central beliefs that victims hold influences their intention to implement behaviour. While research has been conducted to explore victim cognition in relation to safety behaviour, these efforts have not extended to understand how cognition affects victim decision-making in depth.

Similarly, there is evidence of an emotional influence on victim behaviour, within abusive relationships, with specific emotions such as fear and love appearing particularly salient. Research has shown that fear can act as a barrier to seeking help and escaping from abusive relationships (Fanslow & Robinson, 2010; Randell et al., 2012;), as can love for an intimate partner (Lysova et al., 2022; Merrill & Wolfe, 2000). This adds validity to theory capturing emotional pathways to behavioural action. Protection Motivation Theory, for instance, applies to situations where decisions can be affected by intense emotions. In IPV this could represent intense fear or threat. Protection Motivation Theory, then, posits that individuals, when faced with threats, consider how vulnerable they are to the threat and how able they are to cope with it (Rogers & Prentice-Dunn, 1997). Additionally, General Strain Theory (Agnew, 1999) and Equity Theory (Hadfield et al., 1978) both specify a role for emotion. The latter, for example, suggests that individuals that feel a sense of unfairness can experience significant emotional distress. General Strain Theory also suggests that individuals that perceive a situation to be unjust experience a strain on their coping resources, which may

result in distress. Indeed, both theories suggest that individuals experiencing distress are motivated to reduce it, through a variety means.

The current study aims to bring together cognition and emotion in exploring victim motivation, alongside exploring what strategies are used to preserve safety, whilst a victim remains in an abusive relationship. Using interviews, the study aims to explore the experiences of abusive relationships with survivors of IPV, including the use and non-use of safety enhancing behaviours. Additionally, it aims to explore the reasoning behind the use, and non-use, of safety enhancing behaviours, from the perspective of IPV survivors. As such, the study is expected to compliment the previous study by showing conformation and/or discordance with perspectives of professionals, and widening the perspectives explored. The study is also expected to build on the previous study by gathering more in depth information regarding cognitive and emotional influences on victim behaviour. Consequently, the study has three hypotheses;

1. Survivors of IPV will indicate a range of reasons for using, or not using, safety behaviours, which will be both emotionally and cognitively driven (Rogers & Prentice-Dunn, 1997; Ajzen, 2002; Barrett & Pierre, 2011; McCleary-Sills et al., 2016).
2. Survivors will indicate a variety of internal and external barriers that prevented them from using safety behaviours (Liang et al., 2015; Lysova et al., 2020; Musielak et al., 2020).
3. Survivors will indicate that safety strategy use is dynamic and changes in response to abusive behaviour or the abusive environment of their relationship (Ajzen, 2002; Barrett & Pierre, 2011; Liang et al., 2015; Cheng et al., 2020).

7.3 Method

7.3.1 Participants

A total of 30 participants were recruited and completed interviews for this study, comprising 15 survivors of IPV, and 15 professionals whose main job role was working with individuals subjected to IPV. The professional sample included more females (N=12, 80%) than males (N=3, 20%), whereas the survivor sample included more males (N=9, 60%) than females (N=5, 33%). Professionals who completed interviews held a range of roles, including with the police, NHS, victim support and private consultancy. The survivor sample all reported a previous abusive relationship with an opposite sex partner, and reported an average of one previous abusive relationship (range 1-2). The survivor sample reported an average abusive relationship length of seven years.

Amongst the survivor sample, they frequently reported psychological abuse or coercive control (100%), followed by physical abuse (60%). This was also observed in the professional sample who discussed the most prevalent form of abuse in victims they have worked with (psychological abuse 53%, physical abuse 60%). Further detail regarding the participant characteristics is presented in Table 12.

Table 12

Participant Characteristics

	Survivors (n=15)		Professionals (n=15)	
	N	**%**	**N**	**%**
Sex	-	-	-	-
Male	10	67	3	20
Female	5	33	12	80
Professional Role[a]	-	-	-	-
Police	-	-	3	20
Psychologist	-	-	4	26
Consultant	-	-	3	20
Academic	-	-	3	20
Domestic Violence Service Manager	-	-	1	6
Independent Domestic Abuse Advocate	-	-	4	26
Domestic Abuse Helpline Advisor	-	-	1	6
Liaison and Inclusion Practitioner	-	-	1	6
Type of Relationship	-	-	-	-
Opposite Sex	15	100	-	-
Same Sex	0	0	-	-
Most Frequent Form of Abuse[b]	-	-	-	-
Psychological Abuse or Coercive Control	15	100	8	53
Physical Abuse	9	60	9	60
Technological	7	46	6	40
Economic Abuse	7	46	1	6
Verbal Abuse	1	6	3	20
Sexual Abuse	4	27	2	12
Honour-Based Abuse	1	6	2	12
	Mean	**Std. Deviation**		
Length of Recent Abusive Relationship (years)	6.78	5.27		
Number of Previous Abusive Relationships	1.43	.62		

[a] *Professionals held a number of roles, as such the number of roles exceeds the number of participants.*

[b] *Multiple forms of abuse were reported by each participant.*

7.3.2 Materials

A semi-structured interview was developed and employed to conduct interviews with participants in this study. The semi-structured interview schedule (Appendix 9) was developed

based on the findings in the previous studies in this project and the aims of this study. Further, the development of semi-structured interviews was guided by psychological theory, which suggest victim behaviour may be influenced by cognition and affect. This included the *Protection Motivation Theory* (Rogers, 1975) and the *Theory of Planned Behaviour* (Ajzen, 1985). Two separate interview schedules were developed, one for use with the survivor sample and one to use with the professional sample. These differed primarily on the use of language to ensure questions were accommodating for survivor samples and that these focused on the nature of participants' exposure; direct experience or observation. After development, interview schedules were rehearsed with two independent post-graduate researchers to ensure that these were accessible and clear. Following feedback, the interview questions were amended to increase clarity.

The questions included in the interview schedules focused on exploring the behaviours directed towards victims of IPV by their perpetrator, the strategies used by victims in response to IPV behaviours, the helpfulness of these strategies for victims, and the variables that influence victim decision-making. Hence, questions were open-ended and were supplemented with follow up and exploratory questions to elicit as much relevant information as possible.

7.3.3 Ethical Considerations

Ethical approval for this study was obtained by the University of Central Lancashire Ethics Committee (PSYSOC 451). Participants were provided with information about the study before engaging in interviews, this included what the study aimed to explore and the use of interviews to do this. Participants contacted the researcher to participate in the study. Participants were then sent, through the email address they used to contact the researcher, an information sheet that contained information about the project, how the interviews would be completed, their right to decline or withdraw, and the confidential nature of the study. Further, they were provided with information about possible support helplines for individuals who

required further support. All participants provided verbal consent, which was recorded by the researcher on a consent form (Appendix 10).

Due to the sensitive and potentially distressing nature of the study, several additional procedures were implemented to reduce any adverse effects on participants. Firstly, participants were provided with a period of two weeks from receiving the information sheet to indicate their willingness to engage in interviews and being re-contacted by the researcher, before being withdrawn from the study. Secondly, participants were provided with several options to complete the interviews, based on their comfort or needs, including being interviewed by a male or female interviewer[23].

7.3.4 Procedure

Participants were recruited online, through information placed on social media and contacting victim services who work with individuals subjected to IPV. Recruitment for this study took place between June and October 2020. Interviews were completed over video conferencing and were primarily completed by the researcher (two were completed by a female post-graduate student). The option of a male or female interviewer was driven by concerns that participants may feel uncomfortable, or distressed, if interviewed about their experiences by someone that may be associated with their abuse. This option also aimed to increase participant choice and control in completing the interview. Participants self-identified through social media recruitment techniques and were contacted by the researcher only after they made contact first.

They were then sent an information sheet and were informed that they should contact the researcher if they wished to participate. Participants were then asked about their preferences regarding date and time of the interview, the mode of the interview and the sex of the interviewer. Participants were then sent the details of online video conference sessions for them

[23] A female post-graduate researcher was available to conduct interviews with participants who preferred a female interviewer.

to join to complete the interview. All interviews were recorded and saved on a secure server. Participants were then sent a debrief sheet, which included information about the research, contact details for the researcher and helplines for further support. Recorded interviews were then transcribed into word documents using the Microsoft Word transcribing software, when available, or manually. These were then reviewed to ensure they were accurate transcriptions. Finally, transcribed interviews were then converted to password encrypted PDF files.

7.3.5 Interviews

The approximate length of interview sessions varied for both the survivor and professional samples. For interviews with survivors, interviews ranged from approximately 40 to 120 minutes, whereas interviews with professionals ranged from approximately 30 to 70 minutes. Most interviews were completed over one session (n=29) with one participant completing the interview over two sessions. Twenty-eight participants were interviewed by a male and two were interviewed by a female. Participants that chose to be interviewed by a female were male. Most interviews were completed using Zoom[24] (n=29).

7.3.6 Data Analysis

The typed copy of each interview was used to perform the qualitative analysis. The data was subjected to qualitative thematic analysis, driven by grounded theory, to explore the use of safety strategies and behaviours in abusive relationships, and the underpinning motivations for these. The thematic analysis adhered to the same structure as outlined in Chapter Five. The six steps outlined by Braun and Clarke (2006) were adhered to. Further, grounded theory (Glaser & Straus, 1967; Strauss & Corbin, 1997) was applied to further elicit a rich account of the data and to support the adoption of the data in developing the proposed model.

The first step of thematic analysis is to become familiar with the data, which was completed through the immersion of the interview transcripts. The researcher conducted the interviews, reviewed recorded interviews and transcribed all interviews into word documents.

[24] An online video meeting software - https://zoom.us/

Interview transcripts were also read several times following being transcribed. The interviews were then subjected to qualitative coding procedures, using the qualitative data analysis tool NVivo, an analysis package designed to code and organise qualitative data. To code interview data, the researcher employed both inductive and deductive coding. This involved developing 'a priori' codes related to existing theory and models as applied to victim behaviour, and 'in vivo' coding developed from the interview data (Fereday & Muir-Cochrane, 2006; Roberts et al., 2019).

The coding stage resulted in 82 independent codes being generated from the interviews conducted with professionals and 78 independent codes being generated from interviews conducted with survivors of IPV. Codes were developed both 'a priori' based on theory described in section 7.2, and deductively as each interview was read. Many codes were observed in both the professional and survivor samples, which contributed to shared themes, whereby codes that were observed in only one sample contributed to singular themes. As the coding system had 'a priori' codes based on the existing literature, shared codes included emotional and cognitive consequences of victimisation and types of behaviours used by victims. Independent codes (either for survivors or professionals) included specific barriers preventing safety behaviour use and motivators promoting safety behaviour use. Shared codes were reviewed to ensure the content was sufficiently similar to each other, or if the content would be more suitable as a distinct code. Codes identified from interview transcripts were then grouped into meaningful categories and defined, a process where the groups of codes are explicitly described, based on their shared characteristics. Each category, or theme, was read several times to ensure that they accurately represented the data set. In this process, the principles of Grounded Theory were also applied to further increase its accuracy and integration of existing theory. This involved reviewing the themes against other themes in the analysis, such as comparing themes determined from both professional and survivor codes.

Themes were then refined to ensure each theme fully captured the data set. Table 13 outlines examples of codes that contributed to the development of themes presented in the following section.

Table 13 - Examples of codes that map onto identified themes.

Codes[25]	Theme
• **Existing knowledge of safety behaviours** • Previous actions to increase sense of safety • Success of previous strategy use	1. Victims have expectations of what will increase their safety
• Reported function of safety strategy use • **Expectations for sources of support** • Effects of abuse on personal functioning	2. Safety decisions are influenced by victims' needs
• Environmental promotors of safety behaviour use • **Knowledge of help-seeking sources** • **Perceived/expected consequences of abuse** • **Use of risk assessment to guide decisions**	3. Decisions to seek help are guided by many influences
• **Effects of abuse on self-esteem** • **Existing knowledge of safety behaviours** • **Perceived lack of autonomy**	4. Increasing safety can be difficult for victims due to existing barriers
• **Fear of consequences from using safety behaviours** • **Love for the perpetrator** • Anger towards the perpetrator	5. There are emotional influences on victims' safety behaviour
• **Fearing the perpetrator** • Fearing that others will be targeted by the perpetrator • **Fearing false allegations or use of the legal system by the perpetrator**	6. Victim decision making is influenced by fear
• **Safety strategy use** • **Sources of support used** • **Coping strategy use**	7. Victims employ multiple strategies in response to abusive behaviours
• **Perceived effectiveness of strategies** • Use of strategies more than once • Effect of safety behaviour on feelings of safety	8. Victims make appraisals of safety behaviour following their use
Codes	Theme
• **Form of abuse** • **Effects of abuse on physical health** • **Experience of distress following abusive relationship**	9. Victims are subjected to abuse that has significant long and short-term impacts

[25] Codes in bold represent codes that were observed in both the survivor and professional samples.

• **Number of abusive relationships** • **Existing knowledge of safety behaviours** • Adapting knowledge from other abusive experiences.	10. Not all victims can rely on existing knowledge to inform safety behaviour
• **Barriers to using safety strategies** • Responding to the perpetrator's change of behaviour • **Feelings of uncertainty or insecurity**	11. Victims amend safety behaviour to manage different abuse contexts

7.9 Results

The analysis of the interviews identified eight independent themes, which are outlined within the context of the stage of victims' decision making. Table 14 describes each theme. Eight themes were shared between both survivor and professional participants. These included, 1) Victims have expectations of what will increase their safety, 2) Safety decisions are influenced by victims' needs, 3) Decisions to seek help are guided by many influences, 4) Increasing safety can be difficult for victims due to existing barriers, 5) There are emotional influences on victims' safety behaviour, 6) Victim decision making is influenced by fear, 7) Victims employ multiple strategies in response to abusive behaviours, and 8) Victims make appraisals of safety behaviour following their use. Three themes were derived from survivor participants only. These included, 1) Victims are subjected to abuse that has significant long and short-term impacts, 2) Not all victims can rely on existing knowledge to inform safety behaviour, and 3) Victims amend safety behaviour to manage different abuse contexts. Professional (P) and survivor (S) abstracts are presented where relevant. Themes are organised in relation to the decision-making process that participants appeared to replicate in attempting to increase their safety in abusive relationships. As such, themes reflecting how victims are impacted by IPV (nature of victimisation), how victims have expectations for safety behaviours (pre-decision), victims' actions (strategy use) and how victims reflect on their strategy use (post-appraisal) are outlined below. Table 14 outlines the main theme structure derived from the interviews with

participants and Table 15 outlines examples of participant quotations that contributed to each theme.

Table 14

Themes and Subthemes Identified from the Analysis

Main Themes	Subthemes
1. Victims are subjected to abuse that has significant long and short term impact.	1. Abuse behaviours are varied but are not equally prevalent. 2. Abusers' behaviour eradicates victims' space for action. 3. Abusive relationships decrease victims' sense of control.
2. Victims have expectations of what will increase their safety.	1. Victims hold expectations of safety strategy use. 2. Expectations that increase propensity to seek help.
3. Decisions are influenced by their needs.	1. Victims assess the threat from their partners. 2. Victims' control beliefs are important.
4. Decisions to seek help are guided by many influences.	1. Internal influences on coping. 2. External influences on coping.
5. Increasing safety can be difficult for victims due to existing barriers.	1. There is a lack of available services for victims. 2. Victims are not aware of available services. 3. Previous negative safety behaviour experiences.
Theme	Codes

6. There are emotional influences on victims' safety behaviour.	1. Emotional responses can reduce propensity to use safety behaviours. 2. Emotional responses can increase propensity to use safety behaviours. 3. Focus of safety behaviour changes when children are at risk.
7. Not all victims can rely on existing knowledge to inform safety behaviour.	N/A
8. Victim decision making is influenced by fear.	1. Victims fear escalation of violence. 2. Fear for own safety. 3. Fear for others or the future.
9. Victims use several safety strategies, whilst in abusive relationships.	1. Victims use multiple safety strategies during abusive relationships. 2. Subtheme Two: Avoidance and placation were most commonly described. 3. Strategies were also used post-separation. 4. Victims have a preference for informal help.
10. Victims amend safety behaviour to manage different abuse contexts.	1. Victims' coping approaches are dynamic. 2. Help-seeking preferences change over time. 3. Victims employ strategies that are relevant for their individual needs.
11. Victims make appraisals of safety behaviour following their use.	1. Perceived helpfulness of help-seeking is mixed. 2. Appraisals of coping was mixed. 3. Strategies that were considered helpful were those that increased emotional wellbeing and reduced risk of harm.

Table 15

Exemplar Quotations Contributing to Each Main Theme

Main Theme	Sample	Survivor Quote	Professional Quote
		Nature of IPV Victimisation	
1. Victims are subjected to abuse that has significant long and short term impact	Survivors	*"Just being really, really scared and I did feel very vulnerable, very weak, very pathetic, very worthless and all of those things are very difficult, and that they've they're still with me a little bit now. I think they stay with you for quite a long time"* (*S25)* *"That's the main reason, it's mainly the sexual one that I have trouble, I've never dated since and it's been almost 10 years. OK, so that's…it's mainly that one that really affected me. It affected kind of how I see myself"* (*S30)*	*N/A*

Pre-decision			
		Survivor Quote	Professional Quote
Main Theme	Sample		
2. Victims have expectations of what will increase their safety	Survivors and Professionals	*"The feeling that if I reached out to those it was… this might sound a bit daft… but it was too official. It's kind of like you feel like you're fighting… a police report, you know, there's something that comes with a bit of gravitas, about it, you know it. To put it in a context, reaching out to change some stuff like that was kind of like dialing 111 instead of 999. You know, social services is one of those terms that's got a bit of gravitas as when you think social services you think of you know kids being taken away that you're abusing, you know. People step in and break up families and stuff like that, so it has this very official kind of shadow to it."* (*S26)*	*"I think other situations is where there is child protection proceedings in place. So whereby they need to be demonstrating to the social workers that they are maintaining the safety of the children, and that they're making active plans to do that, I think that's the time when I found that, particularly mothers, will certainly demonstrate that willingness to work with professionals, to demonstrate their willingness to cooperate."* (*P5)*
3. Safety decisions are influenced by victims' needs	Survivors and Professionals	*"Yeah, I wish I could say but I feel like at every move I make I was playing defense. I tell people so I'd wait for his offense and then play defense because people didn't understand"* (*S29)* *"So not to aggravate them, when I got home from work, I would ring the in laws and extended in laws, when I was going shopping out, I would ask if there's anything they wanted me to do. So instead of them controlling my behaviour I would ring them and take that control"* (*S7)*	*"So, if that victim is been subjected to that abuse under cycle basis, they might feel that the safety strategies, for them, might work and they'll just put up with [the abuse] essentially"* (*P6)* *"Quite a few of [victims] are, you know that they are their own experts, and they know full well particular behaviors that will either kind of escalate a situation or that it can keep it at bay"* (*P22)*

Main Theme	Sample	Survivor Quote	Professional Quote
4. Decisions to seek help are guided by many influences	Survivors and Professionals	*"As a man, yes because you've got nothing. You just have to stand there and take it right. You can't even defend yourself. And if you call the police, you will most likely be taken away and arrested even if you're not the one that's done it"* (*S28)* *"if she was going to kick my arse, she was going to kick my arse…the only thing that I could do was, which is how badly it was going to get kicked"* (*S26*)	*"There tends to be a tipping point where the help seeking override the fear, it doesn't produce it…of course it increases it, but the fear that kept them in situ, that makes them compliant and not say anything erm… something has changed and so like I said it might be the fair that she might be dead or the dog or the kids"* (*P20)*
5. Increasing safety can be difficult for victims due to existing barriers	Survivors and Professionals	*"I didn't tell anyone else because I don't want to affect my job or for me to lose my job"* (*S25)* *"If you would have asked me in that relationship if I was in an abusive relationship, I would have said no of course not…it's kind of only looking back in hindsight where I see the problems that were there."* (*S15)*	*"What makes it less likely, as I mentioned before, is low self-worth. If they have low confidence in seeking support, so if they think the consequences against me or my children are going to be much worse…so I will just not engage in that help seeking behaviour and I will just manage it"* (*P10)* *"The LGBT community has a backdrop to homophobia, transphobia, and general stigma, whereas the straight community depends on its societal beliefs and if it's female, and they do seem to, there is a lot more services for females than there is for male"* (*P10)*

Main Theme	Sample	Survivor Quote	Professional Quote
6. There are emotional influences on victims' safety behaviour	Survivors and Professionals	*"Out of desperation, I did mention it to one of my brothers. Just saying I need some help because...they both, my brothers have really good jobs. Now I just thought you know what I'll try, I need some help, so that was that just sheer desperation"* (*S25*) *"I think probably the feeling of inadequacy and hopelessness, I felt completely helpless in that I couldn't fix this, and I couldn't really get any help. So, it's just like being completely emotionally isolated in this growing and increasing nightmare and having nowhere to turn and no strategy to try and make you better I know mechanisms to mitigate the worst of it"* (*S17)*	*"They could almost feel quite guilty about seeking help…and I guess guilty about the fact that they need help themselves"* (*P5)* *"Equally, you may have a client in the same position and that's why they don't wish to engage because they still love care for that person and still feel responsible"* (*P19)*
7. Not all victims can rely on existing knowledge to inform safety behaviour	Survivors	*"Maybe my own beliefs about myself. I have always challenged myself to be able to cope at what life throws at me and so I felt that, because this is just one more challenge to handle, I could overcome this challenge. So my own belief in my ability to deal with unexpected situations that kept me going"* (*S27)*	*N/A*

Main Theme	Sample	Survivor Quote	Professional Quote
		"Not that I can remember. I had nothing to prepare me for this at all, this is not what I expected. No one had really explained to me that this was really possible. So, I had no idea, I had every perception that what I was experiencing was highly unusual. I've never heard anybody talk about it or I'd never read anything about it" (*S17)*	
8. Victim decision making is influenced by fear.	Survivors and Professionals	*"Obviously a lot of the time you don't feel safe. that obviously affects, if you don't feel safe and secure then that affects...that affects a lot of what you do and how you behave."* (*S8)* *"And then, not so much after terror or fear, just being afraid of there being conflict and yelling and shouting. And that was increased as we had more kids. It was protective feelings towards them, thought afraid for them. As a parent you feel that you want to protect them from these kind of things."* (*S17)*	*"The concept of fear is really complicated for women, and if you take abuse out of the context of always being physical, then there's a lot of things that are fearful that one then one can be afraid of. I think women's decisions about safety are affected by their emotions"* (*P21)* *"I have seen male clients fearful of malicious complaints to the police, I've seen them fearful of losing their children and are being attacked both physically and emotionally, being accused of sexual attacks and things like that."* (*P24)* *"I had a case in Criminal Court last year where she had committed fraud in the payroll company she worked in, and that was to keep her in the children safe, so he was getting his money and she thought that would keep them safe and he would leave them alone, but he didn't."* (*P4)*

Main Theme	Sample	Survivor Quote	Professional Quote
8. Victim decision making is influenced by fear.	Survivors and Professionals	*"Obviously a lot of the time you don't feel safe. that obviously affects, if you don't feel safe and secure then that affects...that affects a lot of what you do and how you behave."* (*S8)* *"And then, not so much after terror or fear, just being afraid of there being conflict and yelling and shouting. And that was increased as we had more kids. It was protective feelings towards them, thought afraid for them. As a parent you feel that you want to protect them from these kind of things."* (*S17)*	*"The concept of fear is really complicated for women, and if you take abuse out of the context of always being physical, then there's a lot of things that are fearful that one then one can be afraid of. I think women's decisions about safety are affected by their emotions"* (*P21)* *"I have seen male clients fearful of malicious complaints to the police, I've seen them fearful of losing their children and are being attacked both physically and emotionally, being accused of sexual attacks and things like that."* (*P24)*
			"I had a case in Criminal Court last year where she had committed fraud in the payroll company she worked in, and that was to keep her in the children safe, so he was getting his money and she thought that would keep them safe and he would leave them alone, but he didn't." (*P4)*

Main Theme	Sample	Survivor Quote	Professional Quote
		Strategy Use	
9. Victims employ multiple strategies in response to abusive behaviours	Survivors and Professionals	*"And changing my behaviour, obviously not seeing friends or family sometimes because it would upset her if I did, and it made her angry. It was really adjusting my own things that 1 would say and do, just to try and pacify and appease her really"* (*S8)* *"So it took a long time to build up these limits for myself again, to say no and I will not take that risk of getting close to her or being in this situation, but there's no witnesses or something like that. It was again that I gradually setup limits for myself…I locked all the doors, triple check that I locke d the doors and did some things like looking over my shoulder, planning my route to work and back and not being in the public space too much"* (*S27)*	*"I would say that they really are…you know there's as many safety strategies, almost as there are victims of domestic abuse"* (*P21)* *"While they are in abusive relationships, there are lots of different types of strategies I suppose. I have seen where they work through a plan…erm…with the victim. So, if they are actually still in the abusive relationship it's having a plan where they can keep themselves safe"* (*P1)*
10. Victims amend safety behaviour to manage different abuse contexts	Survivors and Professionals	*"I'll go to sleep in my daughter's room because I really didn't feel safe around him and that would make him upset. It would be like I don't understand why you're sleeping over there, that was the one method. When he got physically abusive, I would also leave the house and sleep in my car"* (*S11)*	*"I think when the level of violence is threated is imminent or severe, I think it is about self-protection"* (*P5)*

Main Theme	Sample	Survivor Quote	Professional Quote
		"Obviously she was being abusive to the children, it was about protecting the children and not myself, and sometimes that might be removing the children out the room or stepping ....me deflecting the argument so she argued with me and turned their attention towards me" (*S8)*	*"Giving away animals, putting themselves in positions where they've experienced violence or abuse, where they've allowed themselves to be sexually abused to protect children from experiencing trauma…so they just sent the sacrificing themselves for the protection of others"* (*P9)*
		Post-Appraisal	
11. Victims make appraisals of safety behaviour following their use	Survivors and Professionals	*It was helpful when people would be supportive around me, so if I did speak to friends… you know, we care for you, love you. I just thought I was worthless when people were like how my partner was with me. Talking with friends was really helpful, and it kept me going"* (*S25)* *"Well, the comfort eating as the direct side effect that my weight goes up, so I had to keep track of my weight over the years. You could tell when I was stressed because there would be an increase in my weight...so that would then affect my self-esteem because I don't like the way I look like that"* (*S15)*	*"They turned to alcohol themselves as a way of coping, almost like…well, I might as well drink along with them to kind of numb it, because I know exactly what's to come…but then with that can, alcohol reduces their inhibitions and gets them to quite an emotive state whereby they've had enough, and they lash out"* (*P22)* *"I think that if you avoid it, it means that you're not emotionally vulnerable…is almost like a brick wall that provides them with the ability to get through this next moment…get through this next night"* (*P22)*

7.9.1 Nature of IPV victimisation

Themes outlined within this section relate to the experiences and impacts of IPV described by participants.

Theme One – Victims are subjected to abuse that has significant long and short term impact (Shared Theme).

Theme one includes three further subthemes. It encapsulates victims' reported experiences of abuse. Survivors described the impact of being subjected to abuse, which appeared to have effects on their physical and psychological health. For example, one survivor described physical symptoms, *"there has been a lot of effects on my health…my hearing has been affected and I have had a lot of problems with my digestive system and stomach problems"* (*S 10).* However, survivors and professionals also described abuse having significant psychological impact, such as difficulties trusting others, hypervigilance, PTSD symptoms, sleep difficulties and situational anxiety due to their victimisation. One survivor stated, *"I was diagnosed with PTSD afterwards…I get anxious, it's like its inside me, like he has changed something inside me"* (*S 25).*

Subtheme One: Abuse behaviours are varied but are not equally prevalent. All participants described abuse encompassing physical, verbal, sexual, psychological, financial and spiritual abuse, which was similar for male and female survivors. Further, most participants described aspects of coercive control and abuse facilitated through the use of the internet and technology. While all participants referred to multiple forms of abuse being used by abusive partners; the use of psychological and physical abuse was most frequently described. Abusive partners using this method used surveillance technology (recording devices and cameras), monitored victims' mobile phone use and call logs, shared or hacked social media or communication accounts, harassed the victim using messaging or telephone calls or sent abusive messages. This form of abuse seemed particularly salient in the context of post-separation from the abusive partner.

Subtheme Two: Abusers' behaviour eradicates victims' space for action. Both survivors (14) and professionals (11) described significant impairment to victims' safety behaviours. For instance, this included abusers' psychologically coercive behaviours and physical restrictions or limits imposed by their partner. It limits victims' sense of control over their lives and the situation, and reduces their opportunities to enact strategies to increase their safety. This included emotional space *"The extent to which they are allowed to have a certain list of emotions and not allowed to have others…that doesn't mean that they don't have the ones on the forbidden list, but they are just not able to show or deal with them"* (P 21) and physical behaviour, *"You couldn't do that with my ex, she would just follow you, there was no escape other than just getting in the car and driving off, but then I had to think of the children…removing myself was not an option really"* (S 8).

Subtheme Three: Abusive relationships decrease victims' sense of control. Participants described control being diminished further through the environment or the control removed through professional help or actions. The abuse itself can reduce the extent that victims feel a sense of control, however, others reported abuse prematurely. As such, professional involvement alongside perpetrator change in routine/behaviour, alcohol/substance dependence and being isolated may further diminish their sense of control above and beyond that of the abuse. For instance, *"When they've had someone control every aspect of their life, the thought of them having to make their own decisions is incredibly overwhelming for them…that can reduce their ability to manage their own safety"* (P 22) and *"I would be worried about [the police] calling me back, in case he was next to me, and I would be worried about confidentiality, I would feel less in control*" (S 25).

7.9.2 Pre-decision

Themes outlined in this section described expectations and reflections made by victims in the preparation of using strategies to increase their safety.

Theme Two – Victims have expectations of what will increase their safety (Shared Theme).

Theme two includes two subthemes. It encompasses expectations that victims had that influenced their decision to act, or not to act.

Subtheme One: Victims hold expectations of safety strategy use. Nearly all participants (13 survivors and 11 professionals) described beliefs associated with victims' perceived control, expected strategy effectiveness and expected social judgements, in the use of safety strategies. Some participants felt that strategies would not be effective, before using them, *"A lot of victims will say that the only protection they have is understanding the abuse they have experienced…[the abuser] is going to be kicking down the door much quicker than the police will get there, if the police are even able to respond straight away"* (P 4). Indeed, when asked about the use of physical retaliation, one survivor stated, *"It would have made things 1000 times worse…that would have just been like lighting the torch…it will just set off an explosion so that was never the way that it could be managed"* (S 17). Professionals also described the importance of culture and social attitudes in how victims may use safety strategies, *"Generally, males won't take it on board…males are hard to deal with in terms of making them understand they are a victim…they say its other guys… the big tough man, cave man style"* (S 2). This behavioral appraisal was also described by survivors, as one stated, *"If I had gone to the police, I would have been a goner…there would be no chance…They would obviously believe her, so it puts you in a very difficult position really"* (S 8).

Subtheme Two: Expectations that increase propensity to seek help. Participants described feeling that seeking help should increase physical safety, that professionals should be knowledgeable in the area of domestic abuse, feeling that they could relate to individuals they spoke to and expecting to be believed and listened to. One survivor described an expectation of mutual experiences *"It helps if people tell me if they've been through the same experience, just sharing similar experiences really helps"* (S 3) while another expected a sense

of safety *"So it was in terms of protecting the children, I just wanted to have a safe home for them so they wouldn't get threatened…the only way to do that was to involve the police and social services"* (S 10).

Theme Three – Decisions are influenced by their needs (Shared Theme).

Theme three includes two subthemes. It encompasses several appraisals that victims made to assess what strategies would be useful for them, such physical threats and the level of control they were subjected to.

Subtheme One: Victims assess the threat from their partners. Three survivors described considering the level of threat from their partner in the context of decision-making. For instance, several described feeling that abuse was inevitable and that this was likely to be severe, or that they could have died due to the abuse. Further, one survivor felt that professionals put them at 'high' risk of being killed by their partner. These appeared to influence their use of safety behaviours. One survivor stated, *"If she was going to kick my arse, she was going to kick my arse, the only thing I could do was manage how badly it was going to be kicked"* (S 26). This was reiterated by professionals, with one stating *"We all know the most dangerous time for a woman is when she might leave…Victims know this absolutely so the whole complex calculation about whether to leave is…a lot more to do with the perpetrator's pattern"* (P 21).

Subtheme Two: Victims' control beliefs are important. Both survivors and professionals described a significant amount of influence regarding how 'in control' individuals feel during abusive relationships. One survivor stated "*"I felt out of control ever since I met him…I never felt safe…I never felt in control"* (S 25). However, it was also clear that victims' beliefs about their control could be positively impacted, through their interactions with their perpetrator or through enacting safety strategies, *"If they have the ability to feel in control and in charge of what happens in terms of how they keep themselves safe, then I think*

that would be empowering" (P 1), and, *"If I did feel more in control and not just along for the ride and scared then yes, I probably would have felt more safe because I was able to do this"* (S 30).

Theme Four - Decisions to seek help are guided by many influences (Shared Theme).

Theme four includes two subthemes. It encompasses factors described by participants to influence victims' decisions to seek help. It includes internal factors, such as emotions and knowledge, and external factors, such as other people and the perpetrator.

Subtheme One: Internal influences on coping. Most participants (11 survivors and eight professionals) suggested that coping in abusive relationships was influenced by a range of individual and environmental/perpetrator factors. Survivors described wanting to increase their wellbeing and self-esteem, having existing knowledge on coping and emotional distress as important when considering their coping behaviours. One survivor described the emotional impact affecting their choice to employ coping, *"I felt overwhelmed and that I couldn't cope, I just wanted to feel better…I knew I had to do something to manage this"* (S 11). This was echoed by a professional, *"I also think the presence of emotion may increase the urgency…that they need to employ some form of strategy to deal with the situation…to manage their difficulties as they appear"* (P 6).

Subtheme Two: External influences on coping. Participants (six survivors and six professionals) described several external factors that influence coping behaviours. This included the perpetrator's level of control, increasing levels of violence, the presence of children, the presence of social support and professional help were highlighted as positive influences. One survivor referred to the presence of children, *"So having children and needing to protect them…and professionals being involved as well"* (P 5), while a professional described the importance of other people, *"What I think helps people engage in more adaptive coping and help-seeking behaviour is having relationships who are seen to be safe…and I think*

if people have an understanding of what effective coping looks like, it can help victims use them" (P 9).

Theme Five - Increasing safety can be difficult for victims due to existing barriers (Shared Theme).

Theme five includes three subthemes. It encompasses factors that prevent victims from seeking help and employing safety enhancing strategies.

Subtheme One: There is a lack of available services for victims. Professionals (eight) and survivors (11) described a significant barrier being the lack of available services. The lack of available services to seek help from was most frequently described, particularly in respect of male and non-heterosexual victims. They described services being underfunded, and under-provided, thus many victims are not able to access support. Both survivors and professionals referred to the support sector being designed specifically for heterosexual females, perceiving that other victims are unaware of support services, *"there is a bit more out there for females to put in place, resources…and for males, it is not significantly signposted, there are a lot of services but there is just not enough…I think for males, they are often seen as the perpetrator so it is hard to get the trust"* (P 22). Males and non-heterosexual victims may also receive ineffective or harmful responses from services. A survivor stated, *"I did phone a helpline and they got quite angry at me because they couldn't believe that I was ringing up as a person that is being victimised, they kept saying 'well, you get angry don't you?'…they were totally uninterested in my partner's abusive behaviour"* (S 17).

Subtheme Two: Victims are not aware of available services. Survivors described being unaware of sources of support they could access, which was more representative of male and LGBTQ+ victims. Survivors stated," *But at the time there was definitely isolation because, who can I turn to?"* (S 26), and, *"I wanted to, but I just didn't know where. It would have been really good to be able to unload on somebody, but I just didn't know how I could do that"* (S 17). Another survivor described a lack of signposting, *"I didn't know anybody else is going*

through it, I didn't know about refuge. I was always looking for something, looking for a poster with a number on a wall, to talk to somebody but I didn't see that" (S 7).

Subtheme Three: Previous negative safety behaviour experiences. Ineffective outcomes from previous safety behaviours represented a further barrier. This prevented or interrupted future safety behaviour use, *"If I tried to make a 'go bag', they have all the important documents and the extra spare key, stuff like that…he would find it and he would unpack it, I just stopped preparing them after a while"* (S 11). Even victims' beliefs about previous experiences may impact strategy use. One professional stated, *"People may have had previous experiences where they have reported it to the police and they have found it humiliating and they have perceived that they have not been believed and finding the process quite retraumatising"* (P 9). This was consistent across coping, help-seeking and safety enhancing behaviours.

Theme Six - There are emotional influences on victims' safety behaviour (Shared Theme).

Theme six includes three subthemes. It encompasses factors described by participants to prevent or restrict the use of safety enhancing strategies. It includes factors described to increase safety strategy use also.

Subtheme One: Emotional responses can reduce propensity to use safety behaviours. Emotions, including depressive symptoms, anxiety, love for their partner, guilt or shame, being overwhelmed, hopelessness and uncertainty, were described to have a negative influence on safety behaviour. One survivor stated, *"I felt so ashamed because it was clearly a kind of dynamic that you wouldn't want to invite people into at all. The contact with other people was very much at a minimum"* (S 17). Indeed, anxiety and depressive symptoms were described by more than half of the survivor sample. These emotions appeared to reduce victims' sense of hope and motivation. Some professionals also described victims holding loving feelings towards their partner, despite receiving abuse, where they did not want to get them into trouble

or end the relationship. These negative emotions led some survivors to feel hopeless, *"At that point, I was practically wanting her to [kill them], because it would be over and nobody could say shit, and even if they do, I'll be dead…you feel very weak, you feel very alone, you wonder whether or not you should be living"* (S 26).

Subtheme Two: Emotional responses can increase propensity to use safety behaviours. Emotions that appeared to increase safety behaviour included anger, frustration, and desperation. Survivors' suggested that they may be a catalyst, both in recognising the abusive nature of their partner's behaviour and the need to engage in safety behaviours, such as help-seeking of safety strategies. Indeed, while anger, for some, may increase risk and increase victims' retaliation (and self-injury for one survivor), several described feeling angry towards their partner and the 'system'. Indeed, desperation appeared to increase help-seeking, whereby victims feel like they have no other options, or the abuse is too severe to manage individually. Indeed, two survivors described feeling frustrated that they had tried to help their partners, but this had been ineffective *"I was very frustrated so I would split up with him. He would just ring me back like he was wearing me down…so it was just like I was so drained and tired and I had no strength left…I just thought 'I'm not doing this anymore, this is ridiculous, I am not doing this for another five years'"* (S 16).

Subtheme Three: Focus of safety behaviour changes when children are at risk. Amongst both survivors (eight) and professionals (12), the presence of children was an important consideration for victims. Survivors, with children, described worrying that children would be exposed or victimised. Victims may change their safety behaviours to protect the children, or reduce the impact of their partner's abuse, sometimes at the expense of their own safety, *"She was being abusive towards the children; it was about protecting the children and not myself. Sometimes that might be removing the children out of the room or stepping away, me deflecting the argument so she argued with me and turned her attention towards me"* (S 8).

Both survivors and professionals described protective behaviours including victims placing themselves at risk. A professional stated *"The other thing is some of them that have children say the stuff they have done is thinking about where to move the children if there's any physical assault…the women I have worked with move the perpetrator away from [the child's] bedroom…so I had one lady who said to me that, to make sure the perpetrator would not physically harm her or her children, she would have sex with him"* (P 14).

Theme Seven - Not all victims can rely on existing knowledge to inform safety behaviour (Survivor Theme).

The reliance on existing knowledge to guide survivors' responses to their partner's abusive behaviours was described by 11 survivors. Several survivors described employing their knowledge gained from occupations to advice themselves on ways to reduce risk in their relationship, *"I think my background in psychology helped a little bit…so I was thinking what I would tell my clients"* (S 29). Others were able to identify appropriate strategies based on how they have coped or managed situations previously, and which were able to be used within their abusive relationships. This included using distraction or focusing on work, choosing to see their situation as a challenge or choosing to create goals to focus on. However, several survivors also felt that they had no appropriate knowledge to apply to their abusive relationship, *"No-one had ever explained that this was really possible, so I had no idea…I had every perception that everything I was experiencing was highly unusual"* (S 17). Additionally, a survivor felt that IPV was too novel to be prepared for, *"In terms of how I protect myself from harm or pain, the answer is there wasn't a way because there is nothing you can do in that situation until you have gone through it"* (S 26).

Theme Eight - Victim decision making is influenced by fear (Shared Theme).

Theme eight includes three subthemes. It encompasses the different ways that participants described the influence of fear on victim decision-making, such as the escalation of violence, fear of death and fearing the perpetrator's indirect abuse.

Subtheme One: Victims fear escalation of violence. This was described by both survivors (nine) and professionals (eight). Both male and female survivors felt that the use of self-defensive behaviours and/or physical retaliation in response to assaults by their perpetrators would be an ineffective and harmful strategy. They described that this would be conducive to the perpetrator using more severe violence towards them or using violence at a later period of time as a result of their perceptions regarding the victims' behaviour. This was also described by professionals, *"I don't think it [physical retaliation] reduces or avoids harm actually, I think it can escalate the situation because if you have someone who is already aggressive, then the victim retaliates with aggression, it can exacerbate the situation …it may also mean that the severity of the aggression towards the victim gets worse"* (P 1). Further, a survivor described *"[reacting with aggression] would have made things 1000 times worse, because that kind of confrontation just escalated with my partner, that would have been like lighting the torch…it would just set of an explosion that could never be managed"* (S 17).

Subtheme Two: Fear for own safety. Victims' experience of fear for their own safety was most prominent in participants' descriptions of the emotional impact of abuse, including fearing they may be harmed immediately, fearing future harm, and fearing they may be killed by their partner (ten survivors, eight professionals). Participants described fear being an important appraisal when considering seeking help, and thus preventing victims from doing so. One survivor stated, *"I lived in a state of constant fear...I just did everything according to how they wanted it, but on the inside, it was just total fear, absolute total fear"* (S 7). Further, another referred to her abuser's behaviour, "*I, for example, found out that he fractured his ex-wife's skull and I didn't want to be the next victim, you know, I didn't want him to do that to me"* (S 25).

Subtheme Three: Fear for others or the future. Participants described a fear for others (four survivors, one professional) and fear of consequences of using safety behaviour (eight

survivors, five professionals). This included fearing that their behaviour would escalate partner's abuse, fearing future violent retaliation, fearing that their partner would make false allegations about them and fearing losing contact with children in the future. One survivor stated, *"Sometimes, when she was punching me, I would grab her wrists to make her stop. She would say 'I am going to tell the police you grabbed me, look at the mark you made on my wrists'…my biggest fear was losing contact with my children…I've been assaulted but I was losing everything, was going to lose my children"* (S 28). Further, victims also fear others being harmed as part of their partner's abuse. While most survivors referred to thinking that their partner would harm a family member, pets or their children, one described fearing that they would harm someone else due to their intense feelings of anger created by being abused. One survivor stated, *"So she was physically assaulting me, hitting me and punching me while I was holding the baby and I thought that I needed to stop her from doing this or the baby is going to get hurt, I was really scared she would hit the baby"* (S 8).

7.9.3 Strategy use

The themes outlined within this section describe the behaviours used by victims to increase their safety within abusive relationships, including help seeking, coping and behavioural strategies.

Theme Nine - Victims use several safety strategies, whilst in abusive relationships (Shared Theme).

Theme nine includes three subthemes. It encompasses the strategies used by victims in response to IPV. It describes the nature of strategies used by victims, their reported preference for help-seeking and the use of safety strategies after separation from an abuser. All participants described a wide range of safety strategies to manage the risk of harm posed by perpetrators, in abusive relationships. All survivors described using several forms of safety behaviours.

Subtheme One: Avoidance and placation were most commonly described. All survivor and many professional participants described using avoidant or placating strategies to

attempt to reduce the risk of harm during their abusive relationship. Placation was described as a way to reduce the risks of abuse through doing what the perpetrator wanted, *"She committed payroll fraud in the hopes of keeping herself safe and her children safe"* (P 4) and, *"In terms of her general mood and temper, a lot of it became about pacifying her behaviour, to try and pacify her as much as possible and try and appease her basically…trying to prevent any conflict, even though I didn't agree with it I would just go with it"* (S 8). In addition, participants described the use of physical avoidance to prevent abusive behaviours from the perpetrator, either through avoiding the individual or avoiding locations.

Subtheme Two: Strategies were also used post-separation. Both professional and survivor participants described post-separation abuse, namely perpetrators using technology or contact with children, through family court, to further their abuse following the relationship ending. Victims described disabling social media accounts, move home (and countries), apply for restraining/non-molestation orders, begin family court proceedings and ask others not to disclose information to the perpetrator regarding their actions or location. One survivor was wary of family and friends, *"I was very careful what I shared with friends and family members about my plans of travelling…like distancing myself from my family and friends in the sense of avoiding sharing of information about my private life, I was scared she would find me"* (S 27). Further, a professional discussed target hardening strategies, *"So, if the perpetrator has left, it is about how do I keep the house safe? You know, putting locks on the doors, alarms, making other people aware, using harassment and non-molestation orders, trying to protect the children using the court process"* (P 1).

Subtheme Three: Victims have a preference for informal help. Survivors indicated a preference for informal support, including disclosing and asking for help from colleagues, neighbors, friends, family members in online support groups. Informal help-seeking was considered a less exposing and imposing way to both reflect on their abuser's behaviour and

get emotional or practical support, *"If I reached out [formally]…it was too official. [Formal reporting] comes with a bit of gravitas. You are wanting help but not wanting to go the whole hog. There is a big difference in officialness and there is comfort in the fact that you are going to take these steps with people who aren't really official"* (S 26). The preference for informal support was reiterated by professionals, *"It is less suspicious to [perpetrators] because they kind of already are in your life and it's nothing to be jealous of…if you were to go to someone new, that would be suspicious"* (P 22).

Theme Ten - Victims amend safety behaviour to manage different abuse contexts (Survivor Theme).

Theme ten includes three subthemes. It encompasses the dynamic and responsive nature of victims' safety enhancing behaviors,

Subtheme One: Victims' coping approaches are dynamic. Particularly amongst the professional sample, it appeared that victims in abusive relationships amend or change their coping behaviours throughout the duration of the relationship. For instance, professionals described victims adopting an avoidant approach during the early stages of a relationship, or when the abuse is considered less severe or threatening. However, as victims move towards exiting the relationship, professionals described them adopting more of a problem-focused approach, whereby they begin safety planning, recording evidence and seeking help outside the relationship. For professionals, this indicated a change in victims' mental state, whereby they had developed increased insight into the abuse, and the need for help. Indeed, survivors also described using emotional and psychological avoidance during early stages of their abusive relationships and moving towards problem focused when they felt they were ready, or able, to leave the relationship.

Subtheme Two: Help-seeking preferences change over time. Professionals and survivors described that, during early stages of the relationship, or when the abuse is primarily psychological/emotional, victims reach out to informal sources of support, including friends,

family members and colleagues. However, participants also indicated that professional support and help-seeking increases as the severity of physical abuse does, and as victims move towards being able to leave the relationship. Most prominently, the use of police and legal support was most associated with changes to the relationship circumstances, where victims' were described to contact the police in response to their partner's violence and to remove their partner, and using processes such as non-molestation or restraining orders.

Subtheme Three: Victims employ strategies that are relevant for their individual needs. While all types of strategies appear to serve a function for victims, the specific function of strategies differed across these types. For instance, the main function of help-seeking appeared to be emotional or practical support. Survivors stated that help-seeking, *"made me feel better, in terms of my emotions…you know, getting it off my chest"* (S 25) and they, *"wanted to be heard and acknowledged as a male victim"* (S 3). However, survivor's coping appeared to be focused on addressing their needs during the abusive relationship. This functioned to enable the survivor to believe there could still be a positive relationship with their partner, get on with other aspects of their life and to reduce emotional distress, as described by one survivor, "*I just wanted a future with her I guess…so I just did whatever it took to make that happen".* Similarly, the use of safety strategies appeared to serve a range of functions, primarily to increase physical safety. While most safety strategies were used to avoid or reduce immediate harm, some were also used to document and evidence the abuse, as a form of escapism and to maintain the relationship with their partner. One survivor described the prevention of future abuse, *"it may have avoided me being arrested for domestic violence…it was a way of covering my back from false allegations"* (S 27), though a professional described reducing harm to others, *"She used to try and do things to create that interaction before the grandchildren came home from school…it would be a protective mechanism for the children"* (*P 21).*

7.9.4 Post-decision appraisal

The theme outlined in this section describes the appraisals made by victims following the use of strategies aimed to increase their safety, including evaluations of strategy effectiveness.

Theme Eleven - Victims make appraisals of safety behaviour following their use (Shared Theme).

Theme eleven includes three subthemes. It encompasses participants perceptions of safety behaviors following their use and perceived functions that these served for victims.

Subtheme One: Perceived helpfulness of help-seeking is mixed. Most sources of support appeared helpful for some and not others. Both difficulties accessing help and the response received from them were areas that participants considered when appraising help-seeking sources. This included MARAC intervention, Police, Social Services, spiritual leaders, social support, counselling/psychological professionals and law-based agencies. While some survivors and professionals considered these to be positive sources of support that increased victim safety or provided practical or emotional support, others described these being a hinderance, or harmful to their safety or recovery.

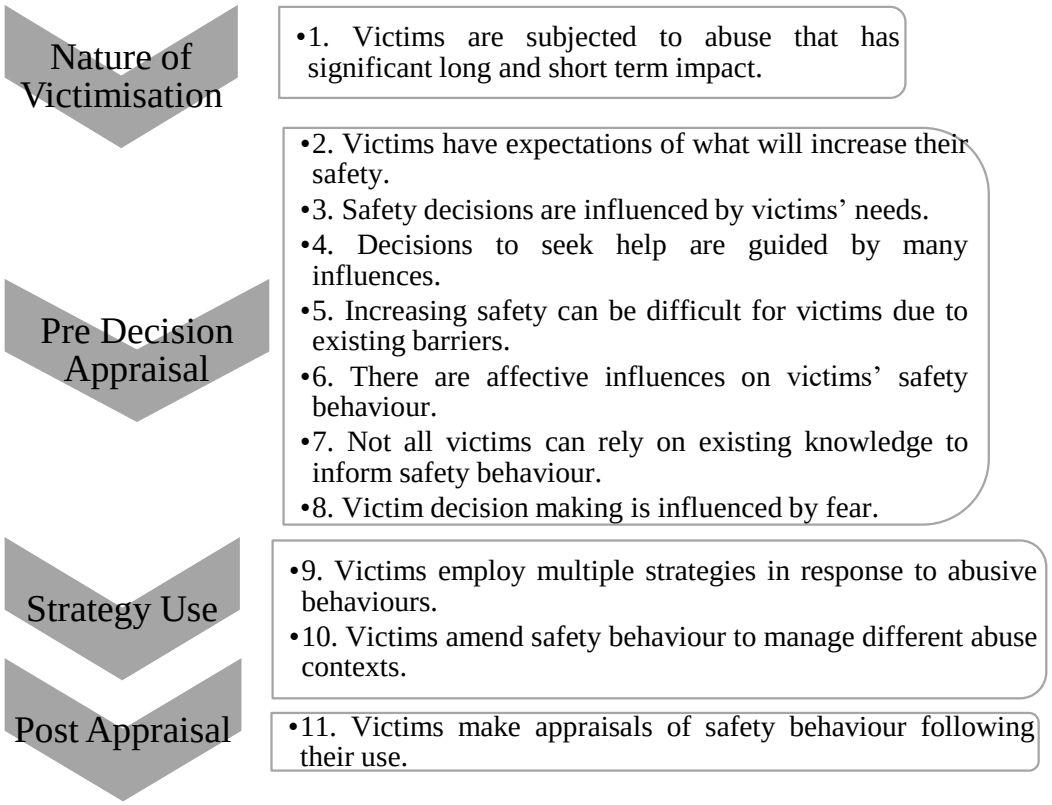
Subtheme Two: Appraisals of coping was mixed. Participants demonstrated more agreement on what coping is considered unhelpful for victims, than what is helpful. Coping appraised as helpful included short-term emotional avoidance, physical exercise, post-separation counselling, peer support, journaling, dissociation, goal setting, cognitive distancing and being with children. These strategies were considered helpful to ground victims and manage distress, "*to focus on the here and now and the practicalities of what needs to happen"* (P 1). One professional, however, stated that all types of coping can be helpful, if used at appropriate times. Further, one survivor stated, *"I journaled a lot because I was able to say what I wanted without judgement or retaliation…the journals were consistent"* (S 11). However, there were also various coping strategies that were considered, by survivors and

professionals, to be ineffective for victims when they are subjected to abuse. This included long-term emotional avoidance, using alcohol or substances, self-injury or attempted suicide, allowing themselves to experience their emotions, anti-depressant medication and cognitive reframing of their thoughts regarding the abuse. Indeed, these were considered to be unhelpful as they could escalate the abuse from a perpetrator, reduce victims' inhibitions and control, lead to long term mental health difficulties, increase victims' isolation and reduce victims' focus on their own health.

Subtheme Three: Strategies that were considered helpful were those that increased emotional wellbeing and reduced risk of harm. Strategies that were considered to be effective for victims appeared to be ones that increased their sense of safety and increased their emotional wellbeing (such as reducing their level of fear). Both survivors and professionals described strategies being contingent on being able to control how or where conflict would occur, reducing risk of harm to themselves or others, being easily implemented, de-escalating partner's aggression and reducing strain and distress. For instance, one survivor stated, *"it was helping me and avoiding new attacks…because she could not reach me physically…Putting the distance between us was the safest way"* (S 27). Figure 3 outlines the main themes described in the section above within a decision making framework that participants described in their interviews.

Figure 3

Themes Derived from Interviews Within a Decision-Making Structure



7.10 Discussion

The findings of this study indicate that victims of IPV employ a decision-making process to increase their safety during the abusive relationship. Consistent with the existing literature, a range of abusive behaviours were described and were indicated to have substantial impacts on victims' lives. In response to abusive behaviour, participants described appraising their abuse and needs, before taking action. Thus, seven themes described pre-safety decision appraisals; Victims have expectations of what will increase their safety; Safety decisions are influenced by victims' needs; Decisions to seek help are guided by many influences; Increasing safety can be difficult for victims due to existing barriers; There are emotional influences on victims' safety behaviour; Not all victims can rely on existing knowledge to inform safety behaviour; Victim decision making is influenced by fear. They also critically appraise their own behaviour to increase safety; Victims employ multiple strategies in response to abusive behaviours; Victims amend safety behaviour to manage different abuse contexts. However, victims also appear to reflect on their decisions after employing them. It is unsurprising that participants described a decision-making process, regarding increasing safety, given that behaviour is guided, at least in part, by cognition (Ajzen, 1985; Bandura, 1978; Liang et al., 2005; Rogers & Prentice-Dunn, 1997; Ryan & Deci, 2008). Thus, these findings add to the literature by exposing these decision-making appraisals in more detail.

The findings indicate that several appraisals are made by victims of IPV, prior to choosing and implementing safety strategies, which was consistent across strategy type. However, appraisals made by victims appear to fall into two broad categories; expectations for success and barriers preventing implementation, indicating that victim behaviour is, at least in part, cognitively driven. This is consistent with the concept of behavioural intention (Ajzen, 1985). Indeed, theory does indicate that victims of abuse rely on beliefs as a basis for their

behavioural implementation (Ajzen, 1985; Axelrod, 1973; Liang et al., 2005), where having an expectation requires victims to understand what their needs are and identify relevant responses that target these needs. Liang et al. (2005) support this notion, and suggest that help-seeking behaviour requires an accurate representation of a perpetrator's behaviour, alongside understanding what victims need to do to be safe and how this can be achieved through help-seeking.

Theory also indicates that individuals are required to form beliefs about behaviour for them to develop a strong intention to implement it (Ajzen, 1985). There is, of course, substantially more theory developed and applied to victim help-seeking than victims' independent use of safety strategies. However, victims do appraise their needs following identifying their situation as abusive (Chang et al., 2005; Fanslow & Robinson, 2010; Liang et al., 2005), which likely forms part of their decision-making when seeking help. Having positive expectations, and thus contributing to behavioural action, is consistent with theory developed from positive psychology (i.e. Snyder et al., 2002). While IPV can often diminish a sense of hope in victims (Bernardo & Estrellado, 2017; Kisa et al., 2019), *Hope Theory* (Snyder et al., 2002) posits a pre-decision appraisal process, namely through appraising the importance of goals, which may be considered to be a sense of safety for victims. This is not dissimilar from motivation theory, namely *Self-Determination Theory* (Deci & Ryan, 2008), which also suggests that individuals form beliefs prior to engaging in particular behaviours, similar to those suggested by other researchers (i.e. Azjen, 1985). This is consistent with findings suggesting that victims of abuse appraise help before seeking it (Evans & Feder, 2016; Fanslow & Robinson, 2010). As can be observed in the current findings, victims of IPV engage forethought regarding the need for, and benefit of seeking help, before doing so.

Victim behaviour is also clearly influenced by their emotions, as indicated by findings in this study. Indeed, existing research suggests that abuse severity is associated with help-

seeking behaviour (Ansara & Hindin, 2010; Lysova & Dim, 2020; Tenkorang et al., 2017). This may provide support for a *protection motivation* hypothesis regarding victim safety behaviour, suggesting that victims choose to enact safety behaviours based on, in part, their emotional response to a threat (i.e. fear) and their attribution of threat severity. Indeed, fear can form part of victims' decision making, particularly in choosing to seek help or leave an abuser (Fanslow & Robinson, 2010; Scheffer Lindgren & Renck, 2008; Wolf et al., 2003). Further, victims conduct private risk assessments regarding perceived threat, as found in this study (Cattaneo et al., 2007; Tenkorang et al., 2018; Weisz et al., 2000).

Participants in this study described fear contextually, not being isolated to personal safety. This could represent both affective and cognitive appraisal, that influence safety behaviours, where victims fear being hurt, or fear of a future event. This is also consistent with the existing literature that outlines a range of fear appraisals made by victims that may cover a fear for the self, others and future consequences (Faver & Strand, 2007; Machado et al., 2016; Meyer, 2011; Rhodes et al., 2010; Tjaden & Thoennes, 2000). However, the findings are also consistent with victims experiencing a range of emotions, in addition to fear, that affect how they respond to abuse from an intimate partner (Anyikwa, 2015; Fanslow & Robinson, 2010; Overstreet & Quinn, 2013; Machado et al., 2017). Emotion, of course, can be a significant driver of behaviour decision-making (Agnew, 1992; Ferrer & Mendes, 2018; McCarty, 2016). Nevertheless, within the area of IPV, this has primarily focused on help-seeking, but the findings outlined in this study suggest similar principles may apply to behavioural strategies used by victims.

The use of behavioural safety strategies is less understood in the extant literature. However, it is a growing area of interest, with research exploring what victims do in response to abuse (Goodman et al., 2003; Riddell et al., 2009; Wood et al., 2019). The findings in this study found that victims use a large array of strategies to keep themselves or others safe. These

strategies were not unlike those outlined in previous research (Goodman et al., 2003; Hanson et al., 2019; Irving & Liu, 2020), who also found a varied use of personal protection strategies in victim samples. The existing research focuses primarily on victims' use of help-seeking, or the barriers that prevent this. This research further indicates that individuals who are abused often develop their own strategies and their attempts to increase their safety are dynamic. However, descriptions regarding why safety behaviour was not used, in this study, mirror what has been found regarding help-seeking previously, such as lack of trust, fear, negative expectations and lack of support availability for male and LGBT victims (Calton et al., 2016; Hope et al., 2021; McCleary-Sills et al., 2016; Robinson et al., 2020). Consequently, victims in abusive relationships appear to be resourceful and are not helpless, as has been suggested previously (Walker, 1980). While some IPV advocates suggest that victims should not be responsible for managing perpetrators' behaviour, the findings indicate that victims appear to attempt to nonetheless. However, predominant exploration has focused on increasing safety for victims themselves, these findings indicate that victims also seek to protect or increase the safety of others. This includes children and pets, which are also vulnerable to abuse. Importantly, this may suggest that victims utilise social information, such as about the abuse and the perpetrator, to also inform their actions regarding others, besides themselves.

The findings suggested that motivation, or ability, to employ strategies changes over time, when in abusive relationships. This includes changes in response to abuse type and severity, but also in response to changes in victims' understanding and appraisal of the abuse. Indeed, motivation theory (Deci & Ryan, 2008) would suggest that an individual's ability to act is affected by several internal factors that are impacted by the abuse they are subjected to. Thus, changes in the circumstances of the abuse and the individuals own beliefs or emotions (Azjen, 1985; Rogers, 1975; Rogers & Prentice-Dunn, 1999), increase victims' ability to exercise autonomy and control, and increase their confidence in strategies to increase safety.

Nevertheless, these findings emphasise the need to understand victims' use of their own resources, as well as their use of support systems, in maintaining their safety. As such, the role of cognition in victims' decision making should be considered. This may include their self-efficacy, which can play a role in the outcome of IPV victimisation (Crapolicchio et al., 2021; Lambert et al., 2013; Peng et al., 2020;). Though self-efficacy may also be related to being able to employ safety behaviours (Reisenhofer et al., 2019), its relationship with victim behaviour has yet to be explored in depth.

The findings also indicated that victims' appraisal of safety strategies does not end after using them, but represents an ongoing, cyclic process. This is particularly pertinent when victims can be subjected to abuse following the ending of the abusive relationship (Bates, 2019; Rezy, 2020). In this study, participants reflected on how successful strategies were, and why, these appeared to influence their use of these in the future. Indeed, continual reflection and appraisal is not an unusual concept, but shared across many areas of behaviour, based on the principle that knowledge is malleable and influenced by the environment and individual experiences. Thus, victims of IPV, especially those who describe having little to no experience of abusive relationships, are likely to attempt a range of strategies to build their knowledge of 'what works' for them. This is also likely to filter into their response to different types of abuse (i.e. physical, sexual, psychological), where strategies are likely to differ in effectiveness for them.

The results from study one, with professionals in the area of IPV, are pertinent to these findings also. Victims of IPV use strategies that may not be particularly effective in increasing their safety. Indeed, behavioural knowledge is reliant on previous experiences (Bandura, 1978; Tomkins, 1978) and forms an essential aspect of learning (Kolb, 2014). Consequently, victims may rely on previous experiences from past situations that may not be helpful in the context of IPV, if they have no knowledge of abusive relationships. This may lead to them using strategies

that are initially ineffective as a result. Given that IPV perpetrator behaviour can be significantly complex, involving different abusive behaviours (Ali et al., 2016; Coker et al., 2000; Kelly & Johnson, 2008), victims are regularly required to re-appraise their responses to this. However, individuals that have been exposed to abusive relationships, or that have more awareness of IPV, may be better positioned to identify and employ strategies that are effective in increasing safety. As participants in this study described, the appraisal of strategies, after they are used, are then integrated into their knowledge, and thus influences how they respond to a similar situation in the future. As such, this indicates that victims' post-appraisals of strategies inform their pre-appraisals of future strategy use.

7.11 Limitations

This study is not without its limitations. Firstly, this study employed a qualitative analysis. Thus, a causational relationship between variables cannot be made. Secondly, the study aimed to recruit a representative sample of survivors, though it should be acknowledged that all survivor participants reported having been in a heterosexual relationship. Relatedly, data was not collected to adequately understand the ethnic diversity of the sample. Further, the professional sample described limited experience working with male and non-heterosexual victims of IPV, which may limit the extent that the information they provided relates to these victim populations. More representation from other professions, such as social work and medical care, may provide additional insights into victim behaviour. Thus, the extent to which the findings can be generalised to non-heterosexual victims of IPV may be limited. Finally, participants were recruited principally through social media advertisements. Thus, one could suggest that there may be an element of sample bias, that participants who responded to advertisements are significantly different from individuals that chose not to respond. Indeed, participants were required to have a good understanding of the English language to participate. This may have limited which participants could participate, which may include migrant and

ethnic minority victims/professionals and thus the study may not have captured experiences that are potentially unique to these populations.

7.12 Summary

This chapter has outlined the findings from the second study of this PhD. It has described results that indicate individuals who are subjected to abuse, in an intimate relationship, engage in thoughtful action to increase their safety. This appears to involve appraisals before, during and after employing safety behaviours. It has further suggested that a similar process is used for different types of safety behaviour, including help-seeking and behavioural strategies. If victim behaviour, in abusive relationships, is thoughtful, this suggests that they are required to make a range of appraisals to effectively identify and utilise strategies. This is important as there is a dearth of research exploring how victims in abusive relationships increase their safety, independent of professional or social support.

Further, the findings in this chapter found that victim behaviour, and coping, is influenced by both cognitive and affective appraisals. This is important considering that health behaviour, which victim behaviour could be considered to be, has typically been understood to be cognitively or emotionally driven, though not both. While more effort has been afforded to understanding the influences on help-seeking behaviour, how victims choose to cope or to act in abusive relationships is less clear. However, the findings indicate that victims are influenced by situational/environmental information, such as threat level and type of abuse, and enduring information, such as beliefs and prior learning. This may provide some explanation for findings that some individuals may use ineffective strategies, as found in this study and in study one. Consequently, these findings indicate that, when developing frameworks or models to explain victim behaviour, the roles of cognition and emotion should be a primary consideration. The next chapter will outline the final study, a quantitative study exploring safety strategy use with current and past victims of IPV, alongside cognition and affect variables.

CHAPTER EIGHT

STUDY THREE: EXPLORING THE ASSOCIATION BETWEEN IPV VICTIMISATION, AFFECT AND COGNITION, AND VICTIM BEHAVIOUR

8.1 Structure of the Chapter

This chapter outlines the final study of this thesis, a quantitative, questionnaire-based study. The study aimed to explore the relationship between abusive behaviours experienced by victims of IPV, with cognition and emotion. It also aimed to further develop previous findings regarding victims' behaviour in response to abuse. It explores the relationship between emotion and cognition, and behaviour, such as coping and environmental security. The results are discussed with consideration of existing psychological theory regarding victim behaviour and response to abuse.

8.2 Introduction

This study aims to build further on the previous empirical studies by exploring, in more depth, the associations between cognition and emotion, and victim safety behaviour use. As noted previously, the majority of existing research focuses on what victims do in response to abuse, but not on *how* they make these decisions. However, research does indicate that individuals experience significant emotional and cognitive consequences following IPV (Caldwell et al., 2012; Lagdon et al., 2014), and that victims that experience different abuse behaviours can suffer different emotional and cognitive outcomes (Ansara & Hindin, 2011; Hellmans et al., 2015). For instance, previous research suggests that abuse that is considered more severe in nature can have increased impacts on mental health than abuse considered less severe (Lagdon et al., 2014), as can abuse that spans a longer duration (Bonami et al., 2005). Indeed, victims who experience life threatening physical abuse can report more intense

emotional reactions, such as PTSD and depression (Bonami et al., 2007; Jonas et al., 2014). Further, research suggests that high level of multiple types of abuse is associated with higher levels of post-traumatic stress symptomology (Coker et al., 2002; Dutton et al., 2005). Whilst the literature indicates that the nature of abuse has the potential to influence victim responses, it has also established that female victims of IPV may experience more diverse and distressing outcomes than male victims (Caldwell et al., 2011).

This is congruent, of course, with established theory, as mentioned previously, that indicates emotion as a driver of behavioural action. General Strain Theory (Agnew, 1992), for example, argues that individuals become motivated to act when experiencing distress due to feeling a sense of injustice, as in IPV (Martínez-González et al., 201; Randall et al., 2012). Similarly, feeling that a relationship is unfair or is not consistent with what individuals feel they deserve, resulting in distress, can also motivate individuals to act, specifically to address relationship inequity (Hatfield & Rapson, 2011). Indeed, IPV victimisation can cause significant distress, which has the potential to result in an increased risk of developing PTSD symptomology (Birley et al., 2016; Phil et al., 2017). In addition, Protection Motivation Theory (Rogers, 1975) recognises the prominence of fear in activating behaviour change. It holds that feeling threatened, and feeling able to implement safety/health increasing behaviours, increase the likelihood of behavioural action. Consequently, emotion likely plays an important role aiding individuals' decision-making when considering how to respond to abuse.

Various theoretical frameworks, both regarding general help seeking (Equity Theory; Hadfield et al., 1978; Theory of Planned Behaviour; Azjen, 1985) and in relation to IPV (Liang et al., 2005; IPV Stigmatisation Model; Overstreet and Quinn 2013), also indicate cognitive pathways between abuse experiences and the use of safety enhancing behaviours. Liang and colleagues (2005), for example, argue that victims of IPV make several cognitive appraisals to evaluate their response to abuse, spanning the recognition of abuse, deciding whether help is

required and evaluating what sources of help would be appropriate. Cognitively driven decision making is clearly demonstrated in the research base, pertaining particularly to victims of IPV escaping abusive relationships and seeking help (Lelaurain et al., 2017). Indeed, the literature identifies several barriers to safety behaviour use that reflect difficulties in self-esteem, perceived control and self -efficacy (Beaulaurier et al., 2007; Beaulaurier et al., 2008; Hulley et al., 2023; Huntley et al., 2019).

This is consistent with established theory that suggests individual belief has the potential to drive behaviour, across a range of circumstances, including health. For instance, Theory of Planned Behaviour (Azjen, 1980) argues that individuals feel more able to engage in behaviours where they believe the behaviour is within their control, that the behaviour will be effective and others will support their use of the behaviour. If individuals believe these strongly, they develop a strong intention to use behaviours, which increases the likelihood of them using them. Relatedly, It is also suggested that victims can report increased cognitive consequences from IPV victimisation (Matheson et al., 2015). Further, motivation theory, such as Self-Determination Theory (Deci & Ryan, 1985; Ryan & Deci, 2000), argues that individuals need to adopt confidence that they have control, autonomy and self-efficacy to feel able to engage in behaviour change, which can inhibit safety behaviour (Beaulaurier et al., 2007; Beaulaurier et al., 2008; Hulley et al., 2023; Huntley et al., 2019). This is important as a loss of autonomy and control are considered significant aspects of IPV relationships (Stark, 2009).

Whilst victim coping and help-seeking are well researched, safety orientated behaviour has received less empirical attention. Victims use of safety behaviours have been explored, though researchers have focused on identifying what behaviours victims use to increase their safety, primarily focusing on immediate safety actions (Goodman et al., 2003). The subject of victims' environment and relational security has been explored much less. Nonetheless, there

have been limited attempts to explore IPV victims' environmental safety (DeKeseredy et al., 2004; DeKeseredy et al., 2009), however attempts have focused theoretical applications of environmental design to aid the safety of IPV victims. Thus, exploring how victims perceive and interact with their environment while in abusive relationships represents a gap in the literature. A framework to increase defensible spaces, both publicly and privately was proposed by Newman (1972), later updated by Cozens (2013). It suggests that individuals' environment could be made safer through the implementation of its core principles (i.e. territorial reinforcement, access control, natural surveillance, space management or image, legitimate activity support, target hardening, and geographical juxtaposition). Cozens' Crime Prevention Through Environmental Design (CPTED) principles have yet to be applied in exploring how victims of IPV influence their environment to reduce risk of harm. However, the literature suggest that victims do implement changes to their environment (Goodman et al., 2003) to increase safety. While the evidence base regarding CPTED's effectiveness in reducing crime is mixed (Cozens & Love, 2015), it is suggested to be a useful framework to apply to IPV victim safety (DeKeseredy et al., 2004; DeKeseredy et al., 2009).

Thus, the current study has several aims, which build on and add depth to the findings from previous studies. The study aims to explore the presence of environmental security within IPV relationships by considering the influence of environmental security on participants' cognitive and emotional variables. Further, the study aims to explore influence of victimisation on cognition and affect. In addition, this study aims to explore the influence of cognition and emotion on the use of coping or environmental security. Consequently, the study has three hypotheses;

1. Participants identifying as female will be more likely to report higher emotional reactivity, lower self-efficacy and an external locus of control than males (Ansara & Hindin, 2011; Caldwell et al., 2012; Hamberger & Larson, 2015).
2. Participants who report high frequency or severity of abuse will be most likely to report higher emotional reactivity, lower self-efficacy, and an external locus of control (Dutton et al., 2005; Ogińska-Bulik & Michalska, 2020).
3. Participants' reported coping and environmental security behaviour will be predicted by their reported abuse, and cognitive and emotional variables (Ajzen, 2002; Liang et al., 2015; Overstreet & Quinn, 2013; Rizo et al., 2017; Rogers & Prentice-Dunn, 1997; Waldrop & Resick, 2004).

8.3 Method

8.3.1 Participants

Most of the sample (N=280) in the analysis were female (77%) and identified as heterosexual (81%). The age of participants ranged between 18 and 72 (mean age of 40) and were predominately white (90%). Most participants (66%) reported being harmed in multiple intimate relationships, with the length of abusive relationships ranging from one to 42 years (mean length of nine years). All participants reported having been subject to multiple forms of abuse. Emotional (99%), verbal (95%), physical (74%), financial (71%) and sexual abuse (66%) were most prevalent. Most participants reported a male abuser (76%). Further detail regarding the participants' characteristics is presented in Table 16[26].

[26] Participants that did not complete seven of the eight questionnaires did not differ significantly for participants included in the analysis.

Table 16

Sample Demographic Information

	N	%	M	Range
Age (years)	278	-	39.84 years	18 – 72 years
Biological Sex	-	-	-	-
Female	215	77	-	-
Male	59	21	-	-
Other	1	<1	-	-
Prefer not to say	2	<1	-	-
Sexual Orientation	-	-	-	-
Heterosexual	226	81	-	-
Homosexual	48	17	-	-
Prefer not to say	5	2	-	-
Ethnicity	-	-	-	-
White	253	90	-	-
Mixed or Multiple Ethnic Groups	11	4	-	-
Asian or Asian British	9	3	-	-
Other	4	1	-	-
Black, African, Caribbean, or Black British	1	<1	-	-
Country of residence	-	-	-	-
USA	67	49	-	-
UK	62	45	-	-
Canada	8	6	-	-
Duration of most recent abusive relationship (years)	268	-	9.21	1 – 42
Multiple abusive relationships	-	-	-	-
Yes	185	66	-	-
No	91	33	-	-
Prefer not to say	2	<1	-	-
Sex of abuser	-	-	-	-
Female	57	20	-	-
Male	213	76	-	-
Other	10	4	-	-

[a] n = 280

8.3.2 Materials

Data was collected using a set of self-report questionnaires, which can be found in Appendix 12[27]. Additionally, participants were asked various demographic questions, such as their age, biological sex, ethnicity, and sexual orientation. They were also asked questions

[27] The cut off scores for categorisation, for each questionnaire, are presented in Appendix 13.

about their victimisation, including the types of abuse they had been subjected to, the sex of the partner who harmed them, the length of their most recent abusive relationship and if they have been harmed in more than one intimate relationship.

8.3.3 Measures

The self-rated questionnaire that were employed are as follows;

Physical and Sexual Victimisation Scale (*PSVS)*[28]

This 18-item questionnaire was developed to evaluate the number of behaviours constituting physical or sexual abuse, within an intimate relationship, participants had been subjected to. To develop the questionnaire, abusive behaviours identified in the systematic review, and study 2 were reviewed. Abusive behaviours consistent with sexual or physical violence were included. However, included items were renamed to ensure they were accessible for participants and to reduce the likelihood of participants being triggered or retraumatised. For instance, instead naming specific acts of abuse, more global terminology was used (i.e. they kicked me, they spat at me'. It included two items exploring sexually abusive behaviours (e.g. 'they sexually assaulted me', 'they shared explicit images/videos of me') and 16 items exploring physically abusive behaviours (e.g. 'they bit me, they kicked me', 'they destroyed my property'). The PSVS was developed due to a lack of measures that explore IPV victimisation, which were available to use for this study, it had no subscales. Participants were asked to rate each item on a four-point Likert scale, ranging from never (1) to all the time (4), indicating frequency of victimisation. The PSVS has no subscales and demonstrated good total internal consistency ($\alpha = .91$). The questionnaire was scored based on the participant response quartiles.

[28] The questionnaire was developed specifically for use in this study based upon findings from the systematic review study and a general review of relevant research literature.

Environmental Security Scale (*ESS)*

This 14-tem questionnaire was developed to evaluate the degree of environmental security participants felt was present at the time of their abusive relationship. There are no validated measures exploring environmental influences on victim safety appraisals, thus, this questionnaire was developed from the *Crime Prevention Through Environmental Design* (CPTED) literature. The seven CPTED principles (Cozens, 2013; Cozens & Love, 2015) provided the basis for the 14 items (i.e. territorial reinforcement, access control, natural surveillance, space management or image, legitimate activity support, target hardening, and geographical juxtaposition) to IPV. The questionnaire was therefore designed to include all these principles within the context of victim safety behaviours. The questionnaire included items such as 'I was able to, or individuals in my community were able to, monitor the person that abused me, in the local area' and 'My home had easily accessible exits or escape routes'. The questionnaire had no subscales. Participants were asked to rate each item on a four-point Likert scale, ranging from strongly agree (1) to strongly disagree (4), to indicate their degree of environmental security. Due to participants not answering one item ('Having security systems in my home increased my sense of safety during my abusive relationship'), this item was removed from the questionnaire. The ESS has no subscales and demonstrated an acceptable total level of internal consistency ($\alpha = .76$).

Controlling Behaviours Scale (*CBS-R, Graham-Kevan & Archer, 2005)*

The CBS-R is a 36-item measure that evaluates the presence of controlling behaviours in an abusive relationship, it has been shown to have good internal consistency for self-report (α between .81 and .88) (Graham-Kevan & Archer, 2003). Participants in this study were asked to rate the items based on the behaviours of their intimate partner towards them only. The CBS-R comprises six subscales: economic control (six items), threatening control (four items), intimidating control (nine items), emotional control (five items), isolating control (six items)

and using children (six items). Examples of items include ‘They check up on my movements’, ‘they threaten to take the children away from me’, ‘they threaten to self-harm’, ‘they tell me I am going mad’. The measure was amended for this study to include additional behaviours the literature indicates victims of IPV experience (Morgan & Wells, 2016; Stylianou, 2018) but were not captured in the questionnaire. The items that were added included ‘they prevented me from contacting the children after the relationship ended’, ‘they hid letters or bills that were addressed to you’ and ‘they made allegations against you that were false’. Participants were asked to rate each item on a five-point Likert scale, ranging from never (0) to always (4), to evaluate the frequency of controlling behaviours from their abusive partner. The CBS-R demonstrated good internal consistency (α = .94).

Consequences of Control Scale (*CCS; Graham-Kevan & Hamel, 2007)*

The CCS is a 40-item measure that evaluates the impact of controlling behaviours for victims of IPV. Items include ‘I feel sexually inadequate’, ‘I am often exhausted because of my partner keeping me up late’, ‘I have done things sexually with my partner that I wish I hadn’t’ and ‘I do not feel as good about myself since meeting my partner’. Participants were asked to rate each item on a five-point Likert scale, ranging from never (0) to always (4), to indicate the impact of their partner’s behaviour. The CCS demonstrated good internal consistency in this sample (α = .94).

The Emotion Reactivity Scale (*ERS; Nock, Wedig, Holmberg & Hooley, 2008)*

The ERS is a 21-item questionnaire that explores individuals’ experiences of emotions. It has been shown to have good internal consistency (α=.94) (Nock et al., 2008). It comprises three scales: emotional sensitivity (ten items), emotional intensity (seven items) and emotional persistence (four items). Examples of items include ‘I tend to get very emotional very quickly’, ‘I often get so upset that it is hard for me to think straight’ and ‘if I have an argument with someone, it takes me a long time to get over it’. Participants were asked to rate each item on a

five-point Likert scale, ranging from not at all like me (0) to completely like me (4). The ERS demonstrated good internal consistency (α = .95).

The Brief COPE Questionnaire (*BCQ; Carver, 1997)*

The BCQ is a 28-item measure that evaluates how individuals tend to cope with stressful events. It has been shown to have acceptable internal consistency (between α = .50 to α = .80) (Doron et al., 2014). It comprises 14 components, each with two items. The subscales include active coping, planning, positive reframing, acceptance, humour, religion, emotional support, instrumental support, self-distraction, denial, venting, substance use, behavioural disengagement, and self-blame. Participants' coping was evaluated using five scales instead of 14 (Doron et al., 2014), comprising support seeking, problem solving, cognitive restructuring, avoidance, and distraction. For this study, the five scale structure was used in order to simplify the analysis and to bring it more in line with existing theoretical understanding of coping behaviour. Example items include 'I've been making jokes about it', 'I've been praying or meditating', 'I've been experiencing negative feelings' and 'I've been taking action to make the situation better'. Participants were asked to rate each item on a four-point Likert scale, ranging from I haven't been doing this at all (1) to I've been doing this a lot (4). The 28 item, 12 factor, BCQ demonstrated an internal consistency of α = .80. Each subscale consisted of 2 items.

To conduct Structural Equation Modelling (SEM) several scales were combined to create two variables. Avoidance and distraction scores formed 'short term coping' ,consisting 12 items, and the remaining three scales (support seeking, problem solving and cognitive restructuring) formed 'long-term coping', consisting 16 items. Short term coping demonstrated an internal consistency of α = .71, and long term coping demonstrated an internal consistency of α = .81.

The Locus of Control Scale (*LOCS; Levenson, 1973)*

This is a 24-item measure that evaluates the extent to which individuals perceive their ability to control aspects of their life. It comprises three scales: internal control (eight items), powerful others (eight items) and chance (eight items). Examples of items include 'when I get what I want, it is usually because of chance', 'getting what I want requires pleasing those people above me' and 'my life is determined by my own actions'. Participants were asked to rate each item on a six-point Likert scale, ranging from strongly agree (3) to strongly disagree (-3). The LOCS demonstrated good internal consistency (α = .80).

The General Self-Efficacy Scale (*GSES; Schwarzer & Jerusalem, 1995)*

The GSES is a 10-item measure that evaluates the extent to which individuals believe they are able to manage stress and reach their goals. The GSES has been shown to have acceptable internal consistency (α between .75 and .95) (Scholz et al, 2002). Examples of items include 'I can always manage to solve difficult problems if I try hard enough', 'I can usually handle whatever comes my way' and 'it is easy for me to stick to my aims and accomplish my goals'. Participants are asked to rate each item on a four-point Likert scale, ranging from not at all true (1) to exactly true (4). The GSES demonstrated good internal consistency (α = .91).

Additionally, several qualitative questions were included to further understand the influence of affect and cognition on participants' safety strategy use, while in an abusive relationship. These were explicitly stated as optional questions. Examples of qualitative questions were 'How did your emotions affect how you protected yourself, or others, in your most recent abusive relationship' and 'How 'in control' did you feel when making decisions regarding managing your safety, in your most recent abusive relationship'. Tables 17 and 18 describe each questionnaire, alongside presenting Cronbach's α.

Table 17

Descriptive Statistics and Cronbach's α for Independent Variables

Questionnaire	Scale	N	M	SD	Observed Range	Potential Range	α
Physical and Sexual Victimisation Scale	Total	280	35.96	9.48	18 - 64	18 - 72	.91
Controlling Behaviours Scale (Graham-Kevan & Archer, 2005)	Total	280	120.49	28.44	44 - 177	0 – 180	.94
	Economic Control	280	14.76	4.93	4 - 26	0 – 30	.82
	Threatening Control	280	12.45	4.12	4 - 20	0 – 20	.65
	Intimidating Control	280	25.36	7.97	9 - 45	0 – 45	.81
	Emotional Control	280	19.26	4.73	5 - 25	0 – 25	.85
	Isolating Control	280	23.45	5.48	6 - 30	0 – 30	.85
	Using Children	280	14.22	9.03	0 – 30	0 – 30	.88
Consequences of Control Scale (Graham-Kevan & Hamel, 2007)	Total	280	144.98	32.86	43 - 198	0 – 200	.94

Table 18

Descriptive Statistics and Cronbach's α for Dependent Variables

Questionnaire	Scale	N	M	SD	Observed Range	Potential Range	α
The Emotion Reactivity Scale (Nock et al., 2008)	Total	280	62.80	20.11	23 - 105	0 – 105	.95
	Emotional Sensitivity	280	20.00	6.13	3 - 37	0 – 50	.91
	Emotional Intensity/Arousal	280	17.41	6.20	6 – 30	0 – 35	.87
	Emotional Persistence	280	13.41	4.39	4 - 20	0 - 20	.85
The Brief COPE Questionnaire (Carver, 1997)	Avoidance	280	18.52	5.05	8 - 32	8 - 32	.74
	Problem Solving	280	14.10	3.90	6 - 24	6 – 24	.70
	Cognitive Restructuring	280	10.99	2.82	4 - 16	4 – 16	.82
	Support seeking	280	13.38	4.81	6 - 16	6 – 24	.82
	Distraction	280	10.17	2.56	4 - 24	4 - 16	.48
The Locus of Control Scale (Levenson, 1973)	Internal Locus of Control	280	53.68	5.99	24 - 69	24 – 72	.59
	Powerful Others	280	52.86	8.34	24 - 70	24 – 72	.82
	Chance	280	52.50	8.08	24 - 71	24 - 72	.82
The General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995)	Total	280	27.46	6.05	10 - 40	10 - 40	.91
Environmental Security Scale	Total	216	31.71	14.48	13 - 52	13 – 52	.76

8.3.4 Ethical Considerations

Ethical approval for this study was obtained from the University of Central Lancashire Ethics Committee (PSYSOC 451). Before commencing the online questionnaires, participants were given an information sheet (Appendix 11) that outlined the anonymous nature of the study, participants' right to withdraw and support helpline numbers in case participants were adversely affected by the questionnaire content. To proceed to completing the questionnaires, participants were required to select an option on the information sheet to indicate their consent to take part. After completion, participants were directed to a debrief sheet. If participants chose to end the questionnaire early, using the 'end questionnaire' option, they were directed to the debrief sheet automatically.

To be eligible to complete the questionnaires, participants needed to have experienced an abusive intimate relationship and to be aged over 18. Initially, the study was only open to individuals who resided within the UK, though ethical amendments were made to include international participants.

8.3.5 Procedure

Participants were recruited through social media and online advertisements, between February 2021 and May 2021. A total of 581 participants initially provided consent. One hundred and twenty participants did not provide any data, thus were removed from the analysis. A further 180 did not complete the first seven questionnaires; thus, they were also removed from the analysis. One participant was removed during data screening.

Information about the study was posted on social media, such as LinkedIn and Twitter, and in social media groups, with the permission of group administrators[29]. Further, professional organisations who supported victims of IPV were also approached to share information about the study, to further increase the reach of the recruitment. Participants were encouraged to visit the online questionnaire and share this within their own networks. The questionnaire was

[29] These groups comprised support, information, and advice groups for victims of partner abuse.

hosted on the Qualtrics online survey platform. At the end of the recruitment period, the data was downloaded into SPSS (IBM SPSS 25) and AMOS (IBM AMOS 28) for analysis.

8.7 Results

8.7.1 Data screening

A visual inspection of the data revealed that many participants had not completed some questionnaires. Therefore, participants who had not completed the first seven questionnaires were removed. Further review of the remaining data revealed that most participants had not completed the first item on the ESS[30], thus, resulting in a high level of missing data. As such, this item was removed from the questionnaire, reducing missing data to between 1% and 2%.

Missing data was replaced using Expectation Maximisation, replacing missing data in the independent variables with the mean for the variable. Univariate outliers were reviewed from which eight extreme outliers were identified. These were in the age and length of abusive relationship variables and were clearly input errors. These were removed to prevent them impacting on the statistical analysis. Finally, multivariate outliers were identified using Mahloanobis Distance. One case was identified as a multivariate outlier and was removed from the analysis, resulting in a final sample of 280 participants.

All dependent variables, except the types of abuse reported by participants, were normally distributed. Further, all independent variables were appropriately normally distributed. Due to the large sample size, the principles of Central Limit Theorum were applied to evaluate the distribution of the data. Most questions that were used demonstrated acceptable internal consistency, with a Cronbach's Alpha of at least .60. However, the distraction subscale of the BCQ had a Cronbach's Alpha of .48, and the internal scale of the LOCS had a Cronbach's Alpha of .59 (George & Mallery, 2006). However, the distraction subscale of the BCQ includes

[30] 'My home had adequate levels of security to prevent them entering (electronic security systems, door/window locks, gates/walls)'

just four items and the internal subscale of the LOCS comprised eight items, and thus lower alphas were expected.

8.7.2 Gender, cognition and affect

Hypothesis one, ***participants identifying as female will be more likely to report higher emotional reactivity, lower self-efficacy and an external locus of control than males***, was partly supported. The relationship between participants' gender, sexual orientation and abusive relationship duration was explored using MANOVA (see Appendix 14). Gender was made an independent variable and all outcome scales were included as dependant variables. Post hoc analyses were conducted using the Bonferroni criterion.

The results indicated significant multivariate differences regarding gender and cognitive and affective characteristics. Participants gender was significantly associated with emotional sensitivity, $F(3, 255) = 2.82$, $p < .05$, arousal, $F(3, 255) = 1.00$, $p < .05$, and persistence, $F(3, 255) = .95$, $p < .05$. Post hoc analyses suggested that males reported significantly lower emotional arousal = (M = 1.60, SD = .74 compared with M = 2,05, SD = .74), emotional sensitivity (M = 1.76, SD = .65 compared with M = 2.11, SD = .75) and emotional persistence (M = 1.62, SD = .72 compared with M = 2.12, SD = .72) than females. While participants gender was also significantly related with self-efficacy, $F(3, 255) = .011$, $p < .001$, an internal locus of control, $F(3, 255) = 1.64$, $p < .05$, locus of control due to chance, $F(3, 255) = 2.21$, $p < .05$, and a locus of control due to powerful others , $F(3, 255) = 1.82$, $p < .05$, significance diminished when subjected to post hoc analyses. The analyses indicated that females, who have been subjected to abuse, were more likely than males to report higher emotional reactivity, including psychological arousal, the persistence of emotional arousal and sensitivity to emotional reactivity.

8.7.3 Victimisation, cognition and affect

Hypothesis two, ***participants who report high frequency or severity of abuse will be most likely to report higher emotional reactivity, lower self-efficacy and an external locus of control*** was supported. The association between being subjected to abuse, and cognitive/affect variables was explored using a MANOVA statistical test. Post hoc analyses were conducted using the Bonferroni criterion.

Physical and Sexual Abuse

Participants who were subjected to higher levels of physically and sexually abusive behaviours were only significantly likely to report higher emotional sensitivity, $F(2, 277) = 35.42$, $p < 0.001$, than those reporting lower levels. Conversely, participants who reported low levels of physically and sexually abusive behaviours reported significantly lower emotional arousal (M = 1.76, SD = .72 compared to M = 2.16, SD = .74) and persistence (M = 1.86, SD = .70 compared to M = 2.23, SD = .75), than those reporting high levels of physically and sexually abusive behaviours. In addition, participants who reported low levels of physically and sexually abusive behaviours reported significantly lower locus of control due to powerful others (M = 1.83, SD = .75 compared to M = 2.15, SD = .74) and higher self-efficacy (M = 2.01, SD = .54 compared to M = 1.87, SD = .59) than those reporting high levels of physically and sexually abusive behaviours. Thus, the analysis indicated that the presence of physically and sexually abusive behaviours is associated with individuals being more emotionally reactive and feeling lower self-efficacy and personal control.

Controlling Abuse

Being subjected to controlling behaviour, $F(2, 277) = 3.49$, $p < .05$, and more specifically, economic control, $F(2, 277) = 3.03$, $p < .05$, emotional control, $F(2, 277) = 3.71$, $p < .05$, isolating control, $F(2, 277) = 3.27$, $p < .05$, and threatening control, $F(2, 277) = 5.17$, $p < .05$, was significantly associated with lower internal sense of control. In addition, economic,

$F(2,277) = 3.51$, $p < .05$, and isolating control, $F(2,277) = 3.42$, $p < .05$, were significantly associated with participants' increased sense of control due to powerful others, only isolating control was significantly associated with a higher sense of control due to chance, $F(2,277) = 3.42$, $p < .05$. More specifically, low levels of economic control (M = 1.84, SD = .70) had lower sense of control due to powerful others than participants subjected to moderate economic control (M = 2.00, SD = .75).

Participants subjected to high levels of emotional control had a lower sense of internal control (M = 1.87, SD = .74 compared to M = 2.19, SD = .66), and a high sense of control due to powerful others (M = 2.19, SD = .78 compared to M = 1.83, SD = .70), than participants subjected to low levels of emotional control. Further, participants subjected to high levels of isolating control (M = 2.21, SD = .77) had a higher sense of control due to chance, than participants reporting low levels of isolating control (M = 1.93, SD = .73). Participants subjected to high levels of threatening control (M = 2.20, SD = .71) had a higher sense of control due to powerful others than participants reporting low levels of threatening control (M = 1.87, SD = .70). These findings indicated that participants who reported higher levels of controlling abusive behaviours were more likely to report a lower sense of control than those reported low levels of controlling abuse.

8.7.4 Factor Analyses of the ESS and PSVS

The two questionnaires developed for this study, the ESS and PSVS, were subjected to factor analyses. Given the gap in the available measures to evaluate both intimate partner violence behaviours and environmental security, explorative factor analyses were used to determine the factor structure and reliability of the developed questionnaires.

ESS (Environmental Security Scale)

Initially, the factorability of the 13 ESS items was examined. Several well recognised criteria for factorability were used. Firstly, the Kaiser-Meyer-Olkin measure of sampling

adequacy was .75, above the commonly recommended value of .6, and Bartlett's test of sphericity was significant (χ^2 (216) = 852.126, p < .001). Secondly, the diagonals of the anti-image correlation matrix were also all over .5 and the communalities were all above .3 (see Appendix 15), further confirming that each item shared some common variance with other items. Given these overall indicators, factor analysis was deemed to be suitable with all 13 items.

Principal Axis Factoring (PAF) was used because the primary purpose was to identify and compute composite scores for the factors underlying the ESS. Initial eigen values indicated that the first four factors explained 30%, 12%, 12%, and 8% of the variance respectively. The remaining factors (nine) had eigen values just under 1, and each explained between 6% and 1% of the variance. Solutions for three, four and five factors were each examined using varimax rotations of the factor loading matrix. The three factor solution, which explained 55% of the variance, was preferred because of the 'levelling off' of eigen values on the scree plot after three factors. Appendix 16 displays the scree plot for the ESS. Two items were removed ('I had a non-molestation, non-contact or harassment order against my perpetrator preventing them from entering my home' and 'Having security systems in my home increase my sense of safety during my abusive relationship') as they did not contribute to a single factor structure and they did not load above .40 on any factor (see Table 19).

Table 19

Rotated Factor Matrix from a Factor Analysis of the ESS

ESS Item [a b c]	Factor loading		
	1	2	3
Factor 1 – Ability to monitor and effect escape			
1. My home had easily accessible exits or escape routes.	**.810**	-	-
2. Being able to monitor my perpetrator increased my sense of safety in my abusive relationship.	**.711**	-	-
3. I was able to, or individuals in my community were able to, monitor the person that abused me, in the local area.	**.655**	-	-
4. I was able to monitor my perpetrator electronically using cameras installed in home.	**.593**	-	-
5. I owned/rented my home on my own (not shared or owned/rented by my perpetrator).	**.518**	-	-
6. Having a 'legally enforceable' right to my own home increased my sense of safety in my abusive relationship.	**.409**	-	-
Factor 2 – Escape familiarity			
7. Having accessible and familiar escape routes (open floor plans, multiple exits from rooms/the home) increased my sense of safety in my abusive relationship.	-	**.945**	-
8. I was familiar with routes to escape my home quickly.	-	**.742**	-
9. My community was free of general crime.	-	**.483**	-

[a] N = 245, missing values (between 2 and 19 cases) replaced with the mean for the item.
[b] Factors extracted using the Principal Axis Factoring method. Factor rotation completed using the Varimax with Kaiser Normalization method.
[c] One item removed due to not loading over .3 on any factor (I had a non-molestation, non-contact or harassment order against my perpetrator preventing them from entering my home)

As can be seen in Table 17, the first factor (Ability to monitor and effect escape) resulted in six items, the second factor (Escape familiarity) resulted in three items and the third factor (Community Support) resulted in two items[31], and thus was not included in the factor analysis. Internal consistency for each of the scales was examined using Cronbach's alpha. The alphas were moderate: .77 for Individual Security (seven items), .78 for Escape Options (three items), and .56 for Community Support (two items). No substantial increases in alpha for any of the scales could have been achieved by eliminating more items[32].

[31] Having a community that actively deterred criminal behaviour increased my safety in my abusive relationship, There was a strong police presence or anti-crime attitude in my community.
[32] Care must be taken, however, interpreting the items classified under the third factor. Only one item (of two) loaded over .4, thus this should not be considered an independent scale.

PSVS* (*Physical and Sexual Violence Scale)

The PSVS, an 18 item questionnaire developed to evaluate the presence of physically and sexually abusive behaviours towards participants, was also evaluated using a factor analysis. The factorability of the 18 PSVS items was examined. Several well recognised criteria for the factorability of a correlation were used. Firstly, the Kaiser-Meyer-Olkin measure of sampling adequacy was .93, above the commonly recommended value of .6, and Bartlett's test of sphericity was significant (χ^2 (153) = 2,480.762, $p < .001$). Secondly, the diagonals of the anti-image correlation matrix were also all over .5 (see Appendix 17). Finally, the communalities were all above .3 (see Appendix 17), further confirming that each item shared some common variance with other items. Given these overall indicators, factor analysis was deemed to be suitable with all 18 items.

As with the ESS, PAF was used. Initial eigen values indicated that the first three factors explained 43%, 8% and 6% of the variance respectively. The remaining factors (15) had eigen values under 1, and each explained between 5% and 1% of the variance[33]. The three factor solution, which explained 58% of the variance, was preferred because of the 'levelling off' of eigen values on the scree plot after three factors. Appendix 18 displays the scree plot for the PSVS. As can be seen in Table 18, the first factor (Direct physical acts) resulted in eight items, the second factor (Verbal and physically destructive) resulted in five items and the third factor (Extreme aggression and humiliation/degradation) resulted in five items. Internal consistency for each of the scales was examined using Cronbach's alpha. The alphas were acceptable: .89 for Direct Acts (eight items), .82 for Indirect Acts (five items), and .65 for Intimate Acts (five items). No substantial increases in alpha for any of the scales could have been achieved by eliminating more items (see Table 20).

[33] Solutions for three, four and five factors were each examined using varimax rotations of the factor loading matrix

Table 20

Rotated Factor Matrix from a Factor Analysis of the PSVS

PSVS Item [a b]	Factor loading		
	1	2	3
Factor 1 – Direct physical acts			
1. They punched me	**.788**	-	-
2. They slapped me	**.761**	-	-
3. They injured me (broken bones/cuts etc...)	**.682**	-	-
4. They kicked me	**.668**	-	-
5. They pushed me	**.589**	-	-
6. They hit me with a weapon	**.554**	-	-
7. They headbutted me	**.465**	-	-
Factor 2 – Verbal and physically destructive			
9. They shouted at me	-	**.772**	-
10. They called me upsetting names	-	**.723**	-
11. They threatened me	-	**.634**	-
12. They destroyed my property	-	**.595**	-
13. They threw objects at me	-	**.589**	-
Factor 3 – Extreme aggression and humiliation/degradation			
14. They burned me	-	-	**.570**
15. They spat at me	-	-	**.502**
16. They bit me	-	-	**.455**
17. They sexually assaulted me	-	-	**.429**
15. They shared intimate images/videos of me	-	-	**.463**

[a] Factors extracted using the Principal Axis Factoring method. Factor rotation completed using the Varimax with Kaiser Normalization method.

[b] The item ' They stabbed me' was not included as the factor loaded under.40.

8.7.5 Coping and Environmental Security

The association between locus of control, self-efficacy, and participants' use of coping and environmental security, was explored using MANOVA. Post hoc analyses were conducted using the Bonferroni criterion.

8.7.5.1 Environmental Security

Only participants' internal sense of control was significantly associated with levels of reported environmental security, $F(2, 277) = 3.08$, $p < .05$. A lower sense of internal control ($M = 2.25$, $SD = .69$) was significantly associated with higher reported environmental security than participants with a higher sense of internal control ($M = 1.97$, $SD = .69$), when in the abusive relationship. Only the amount of physical and sexual abuse was significantly associated with the level of reported environmental security, $F(2, 274) = 3.16$, $p < .05$, those reporting

low environmental security (M = 1.83, SD = .70) were reported more physical and sexual abuse, than those reporting high environmental security (M = 2.14, SD = .68). Thus, the use of environmental security was associated with lower levels of physical and sexual abuse, and a lower sense of internal control.

8.7.5.2 Coping Behaviour

The use of avoidance behaviours was significantly associated with lower self-efficacy, $F(2,277) = 7.45$, $p < .05$, and higher locus of control due to powerful others, $F(2,277) = 15.11$, $p < .001$, locus of control due to chance, $F(2,277) = 12.34$, $p < .001$, emotional arousal, $F(2,277) = 16.33$, $p < .001$, and emotional persistence, $F(2,277) = 19.20$ $p < .001$. The use of cognitive restructuring was only significantly related to self-efficacy, $F(2,277) = 3.92$, $p < .05$. The use of distraction was only significantly related to higher emotional arousal, $F(2,277) = 4.17$, $p = .001$. Finally, the use of problem focused behaviours, however, was significantly associated with lower locus of control due to chance, $F(2,277) = 3.50$, $p < .05$, and emotional sensitivity, $F(2,277) = 3.18$, $p < .05$.

More specifically, participants with low self-efficacy scores (M = 2.53, SD = .67 compared with M = 1.88, SD = .78) reported significantly more avoidance behaviour and less cognitive restructuring (M = 2.00, SD = .75 compared to M = 2.27, SD = .66) than those with high self-efficacy scores. Additionally, participants with the lowest locus of control due to powerful others (M = 1.74, SD = .75) reported less avoidance behaviour than participants with the highest locus of control due to powerful others (M = 2.40, SD = .73). a similar pattern was observed for locus of control due to chance scores (lowest, M = 1.81, SD = .78 compared to the highest, M = 2.41, SD = .68). Individuals with the lowest locus of control due to chance (M = 1.93, SD = .68) reported less problem-focused coping than those with the highest locus of control due to chance (M = 2.14, SD = .78).

Regarding emotional reactivity, participants with the lowest emotional arousal scores (M = 1.70, SD = .74) reported less avoidance behaviour than those reporting the highest (M =

2.37, SD = .74), with a similar pattern being observed with levels of emotional persistence (lowest, M = 1.70, SD = .70 compared to the highest, M = 2.43, SD = .67). Indeed, participants with the lowest emotional arousal scores (M = 1.93, SD = .72) also reported less distraction behaviour than those with the highest emotional arousal scores (M = 2.20, SD = .80). Similarly, participants with the lowest emotional sensitivity scores (M = 1.85, SD = .69) reported less problem-focused coping than those with the highest emotional sensitivity scores (M = 2.14, SD = .73). In sum, the use of distinct coping approaches was associated with differences in emotional reactivity, self-efficacy and sense of control.

8.7.5.3 Structural Equation Modelling (SEM)

Structural Equation Modelling was conducted using IBM SPSS AMOS 28 to explore whether locus of control, self-efficacy, emotion reactivity and the impact of abuse mediated the relationship between victimisation and coping[34] or environmental security. Two main models were tested. For each, model fit was evaluated through the use of the absolute fit indices, namely the Goodness of Fit (GFI) and Root Mean Square Error of Approximation (RMSEA). Both the GFI and RMSEA are absolute fit indices, they compare the model fit to having no model at all. The GFI was considered to indicate a good model fit if achieving a value between .90 and 1 (Steiger, 2007). Conversely, the RMSEA was considered to indicate a good model fit if achieving a value between 0 and .70 (Steiger, 2007). However, as the Comparative Fit Index (CFI) may be one of the least affected fit statistics by sample size (Fan et al, 1999), it is also included. Incremental fit indices, such as the CFI, assume that the latent factors included in the model are not correlated. The recommended range of .95 to 1 is used to indicate a good model fit (Hu & Bentler, 1999).

[34] To conduct SEM several of the Brief COPE components were combined to create two variables. Avoidance and distraction scores formed ‘short term coping’ and the remaining three scales (support seeking, problem solving and cognitive restructuring) formed ‘long-term coping’,

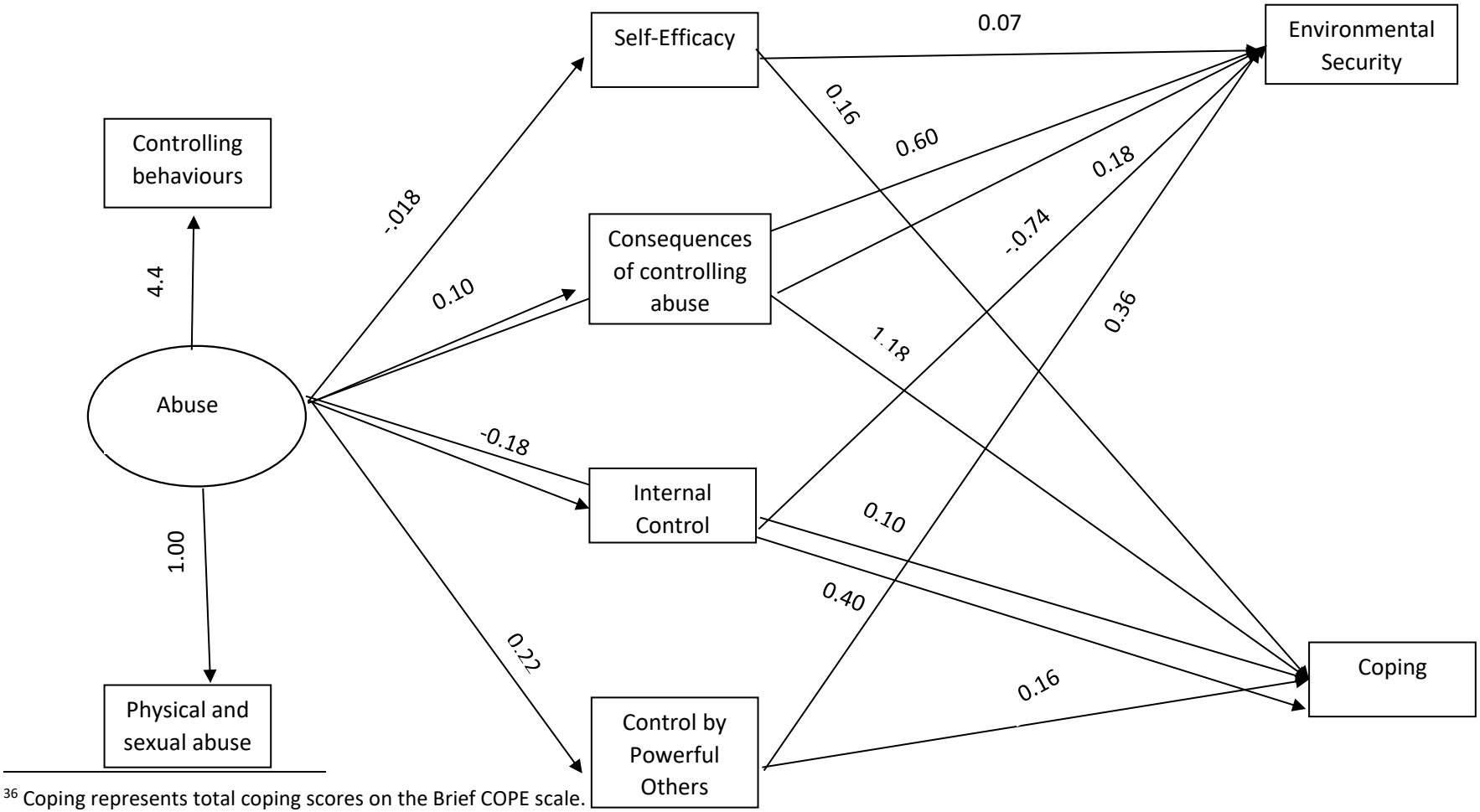
The first model aimed to examine the mediating role of perceived control and self-efficacy on the relationship between abuse variables and responses to abuse. This included environmental security and coping behaviour, represented by total scores on the Brief COPE measure. The model indices indicated that the initial model had an acceptable fit: GFI = .92; CFI = .61; RMSEA = .29; $x^2(9) = 222.84$, $p = .001$. However, an improved model could not be achieved while remaining consistent with the theoretical understanding of planned behaviour (Ajzen, 1985). Figure 4 contains the unstandardised path values and associated levels of significance for the initial structural model.

Several direct effects, regarding emotional reactivity, were observed; higher physical and sexual abuse on emotional sensitivity ($p = .001$). and emotional arousal ($p = .06$)[35], and higher controlling abuse on emotional persistence ($p = .003$). These direct effects were significant when bootstrapping was applied; physical and sexual abuse on emotional sensitivity (unstandardised effect = .885, 95% CI [.817, .940]), and emotional arousal (unstandardised effect = .138, 95% CI [.008, .269]), and higher controlling abuse on emotional persistence (unstandardised effect = .265, 95% CI [.104, .439]). This indicated that high levels of physical and sexual abuse, and high levels of controlling abuse predicted higher levels of emotional arousal and persistence.

[35] A significant effect was observed when a bootstrapping method was applied.

Figure 4

Unstandardised Path Values and Associated Levels of Significance for the Structural Model Examining the Mediating Role of Perceived Control and Self-Efficacy on the Relationship Between Abuse Variables and Responses to Abuse[36]*. *** p = .001*

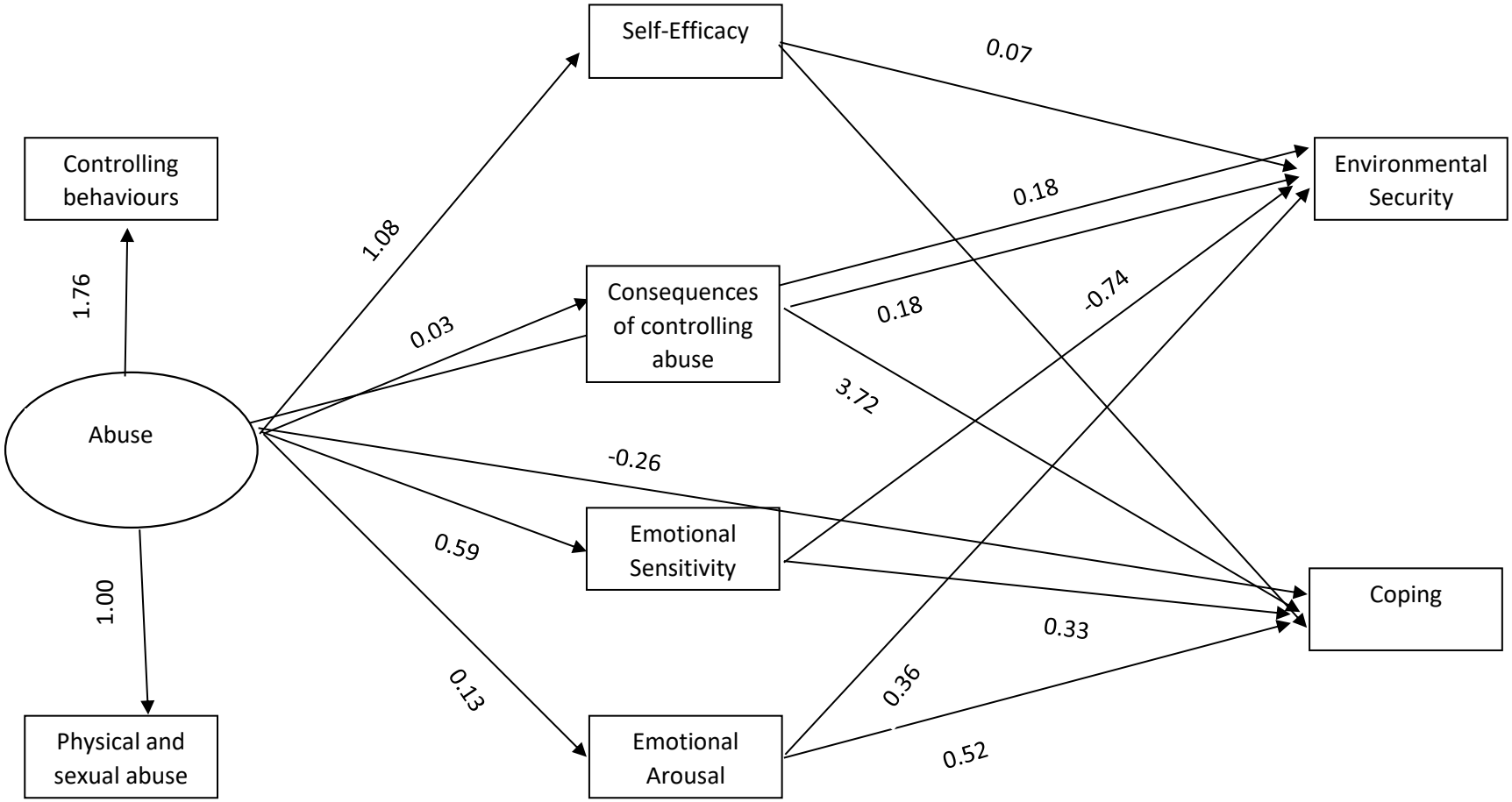


[36] Coping represents total coping scores on the Brief COPE scale.

A second main model was tested to examine the mediating role of emotion reactivity, impact of abuse and self-efficacy on the relationship between abuse victimisation and responses to abuse. This included environmental security and coping behaviour, represented by total scores on the Brief COPE measure. The model indices indicated that the initial model had an acceptable fit: GFI = .89; CFI = .87; RMSEA = .31; $x^2(6) = 173.41$, $p = .001$. Again, an improved model could not be achieved while remaining consistent with the theoretical understanding of emotion and cognition in health behaviour (Rogers, 1875, 1997). No significant direct or indirect relationships were observed. Figure 5 contains the unstandardised path values and associated levels of significance for the structural model.

Figure 5

Unstandardised Path Values and Associated Levels of Significance for the Structural Model Examining the Mediating Role of Emotion Reactivity, Impact of Abuse and Self-Efficacy on the Relationship Between Abuse Victimisation and Responses to Abuse[37]*.*** p = .001*



[37] Coping represents total coping scores on the Brief COPE scale.

In order to model the roles of cognition and affect in the relationships between victimisation and coping or environmental security further, more specific models were examined. Each of the two main models, tested above, were reduced to smaller models involving fewer latent variable, to ensure the analyses were comprehensive. These models aimed to test the relationships, both direct and indirect, of emotion and cognition on the variables associated with safety behaviour (i.e. Brief COPE and ESS).

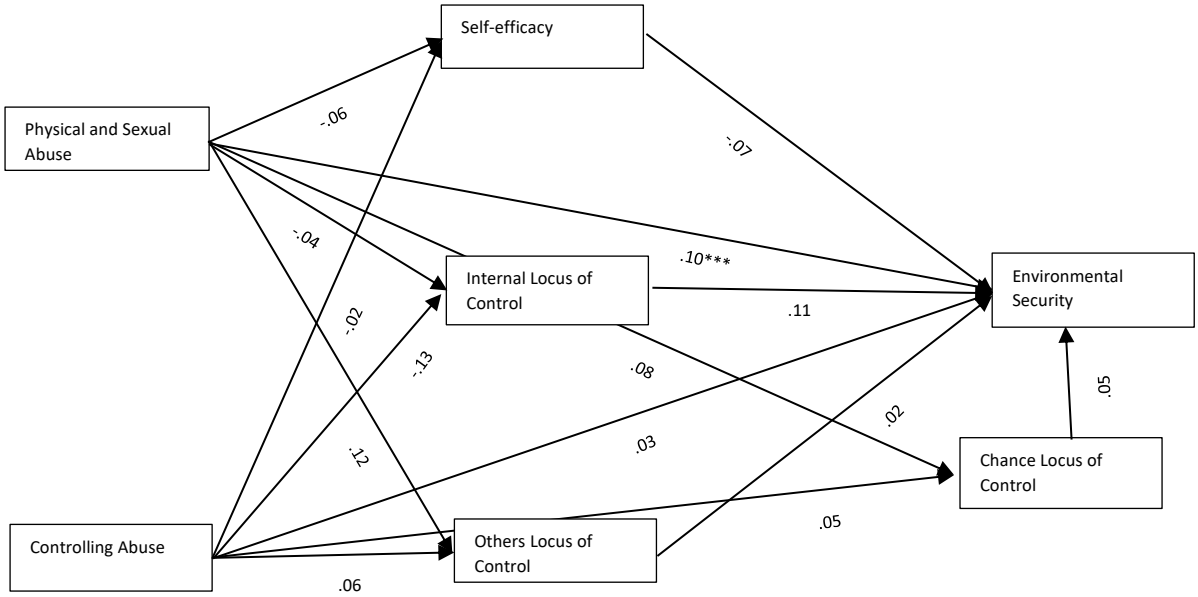
Cognition

Three, more focused, models were analysed, each examining the relationship between participant victimisation and three safety behaviour outcomes (environmental security, short term coping and long term coping). To test direct and indirect relationships, measures of cognition, consistent with theory guiding this study (as described in section 8.2) were included, namely self-efficacy and sense of control.

The first model examined the mediating roles of locus of control and self-efficacy on the relationship between victimisation and environmental security. Model fit indices indicated an acceptable fit to the data: GFI = .86; CFI = .39; RMSEA = .31; $x^2(6) = 170.02$, $p = .001$. Figure 6 contains the unstandardised path values and associated levels of significance for the structural model. Only a direct relationship between an internal locus of control and reduced environmental security was observed ($p = .04$), though this effect diminished when subjected to bootstrapping (unstandardised effect = -.144, 95% CI [-.234, .008]).

Figure 6

*Unstandardised Path Values and Associated Levels of Significance for the Structural Model Examining the Mediating Role of Perceived Control and Self-Efficacy on the Relationship Between Abuse Variables and Environmental Security. *** p = .001.*

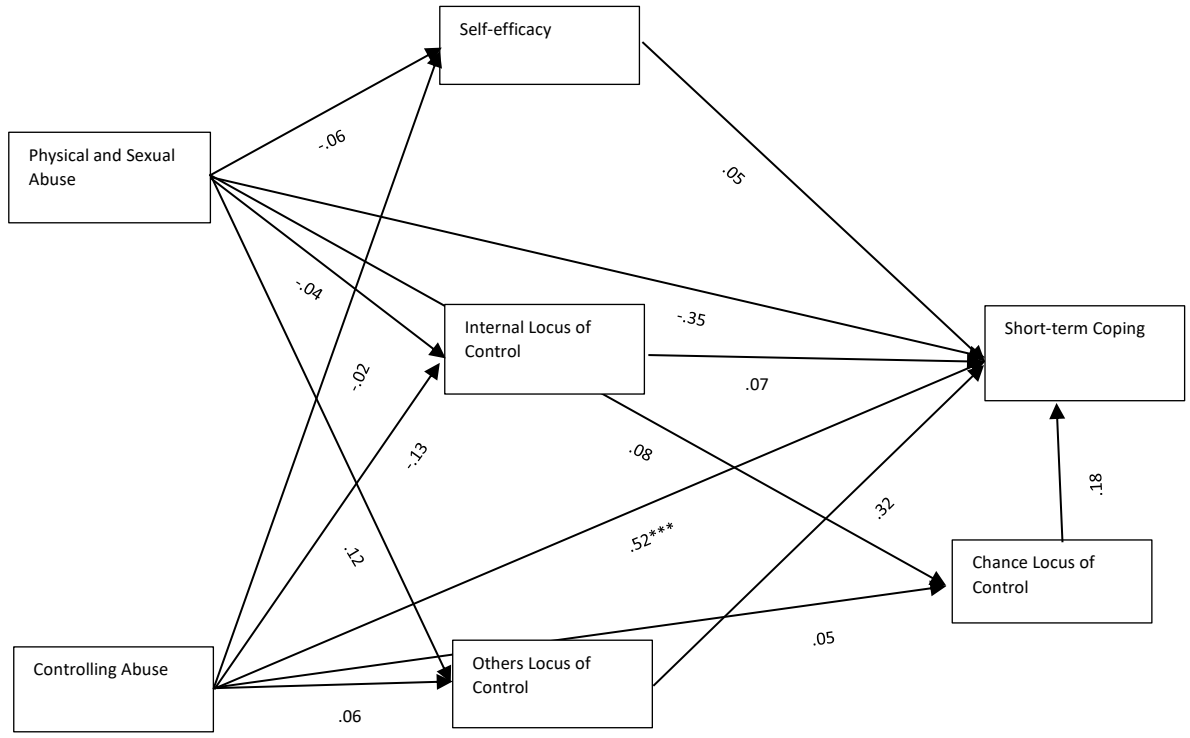


The second model examined the mediating roles of locus of control and self-efficacy on the relationship between victimisation and short term coping. Model fit indices indicated an acceptable fit to the data: GFI = .86; CFI = .42; RMSEA = .31; $x^2(6) = 170.02$, $p = .001$. Figure 7 contains the unstandardised path values and associated levels of significance for the structural model. Significant direct effects were observed; specifically, on the relationship between higher locus of control due to powerful others ($p = .07$), higher levels of controlling abuse ($p = .001$) and lower levels of physical and sexual abuse ($p = .01$) and short term coping. These direct effects remained statistically significant when subjected to bootstrapping; locus of control due to powerful others (unstandardised effect = .319, 95% CI [-.199, .340]), levels of controlling abuse (unstandardised effect = .525, 95% CI [-.234, .816]), and levels of physical and sexual abuse (unstandardised effect = -.348, 95% CI [-.654, -.063]). This may indicate that both higher levels of physical and sexual abuse, and external locus of control had predictive power regarding the use of short term coping approaches. However, as the confidence intervals

contain the value of 0, the likelihood of achieving significant results if the study is repeated may be low, so these findings should be interpreted cautiously. There were no mediating effects.

Figure 7

*Unstandardised Path Values and Associated Levels of Significance for the Structural Model Examining the Mediating Role of Perceived Control and Self-Efficacy on the Relationship Between Abuse Variables and Short-term Coping.*** p = .001.*

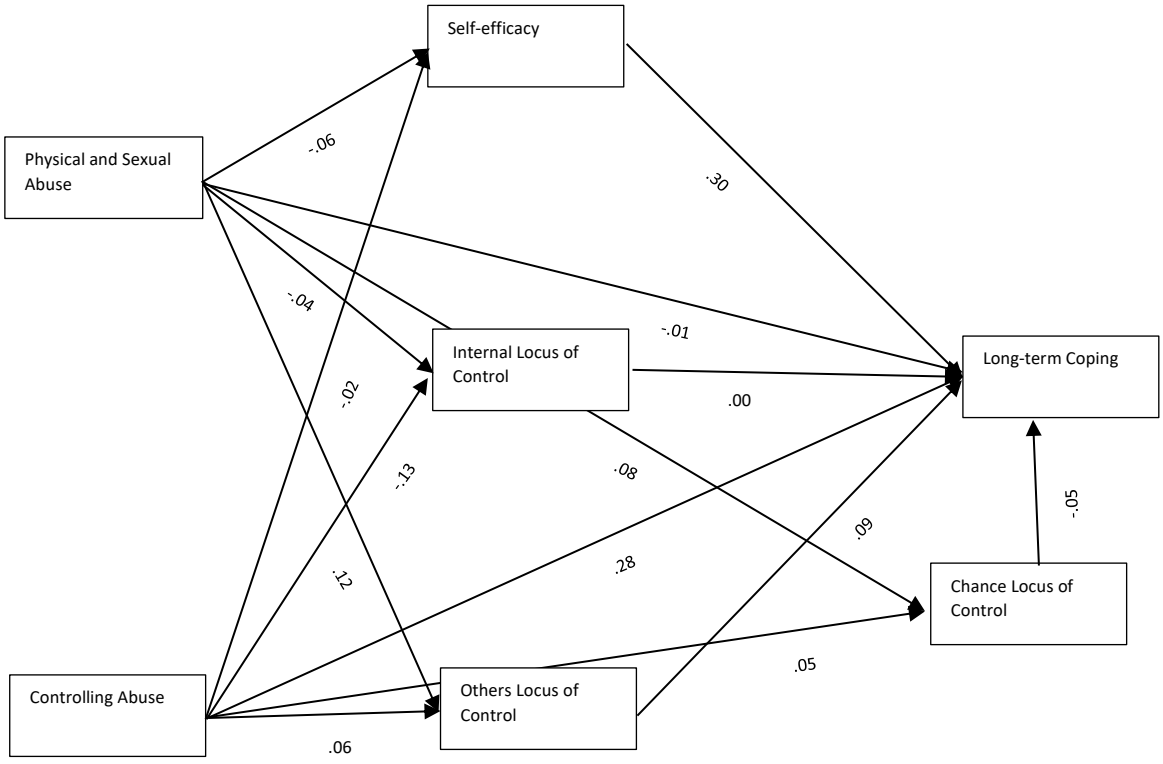


The third model examined the mediating roles of locus of control and self-efficacy on the relationship between victimisation and long term coping. Model fit indices indicated an acceptable fit to the data: GFI = .86; CFI = .39; RMSEA = .31; $x^2(6) = 170.02$, $p = .001$. Figure 8 contains the unstandardised path values and associated levels of significance for the structural model. Significant direct effects on the relationship between higher levels of controlling abuse ($p = .015$) and higher self-efficacy ($p = .017$) and long term coping. While the direct effect of controlling abuse remained significant when subjected to bootstrapping (unstandardised effect

= .279, 95% CI [.045, .502]), the effect of self-efficacy did not (unstandardised effect = .298, 95% CI [-.005, .595]), indicating that only having higher self-efficacy would significantly predict the use of long term coping approaches.

Figure 8

*Unstandardised Path Values and Associated Levels of Significance for the Structural Model Examining the Mediating Role of Perceived Control and Self-Efficacy on the Relationship Between Abuse Variables and Long-term Coping.*** p = .001.*



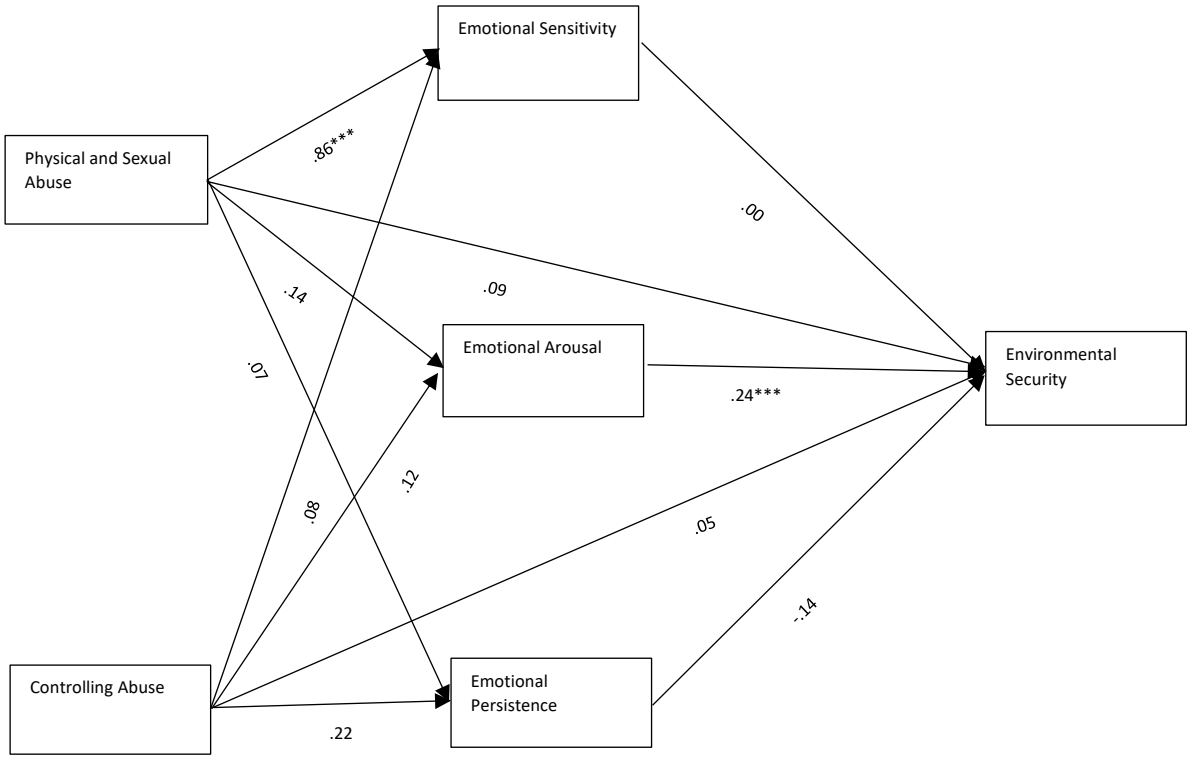
Emotion

Three more focused models were analysed, each examining the relationship between participant victimisation and three safety behaviour outcomes (environmental security, short term coping and long term coping). To test direct and indirect relationships, the measure of emotion, consistent with theory guiding this study (as described in section 8.2) were included, namely emotional reactivity.

The fourth model examined the mediating roles of emotion reactivity on the relationship between victimisation and environmental security. Model fit indices indicated an acceptable fit to the data: GFI = .87; CFI = .80; RMSEA = .42; $x^2(3) = 151.57$, $p = .001$. Figure 9 contains the unstandardised path values and associated levels of significance for the structural model. Significant direct effects on the relationship between higher emotional arousal ($p = .001$) and lower emotional persistence ($p = .009$) and environmental security were observed. The direct effects of emotional arousal (unstandardised effect = .241, 95% CI [.098, .376]) and emotional persistence (unstandardised effect = -.142, 95% CI [-.285, -.001]) remained significant when subjected to bootstrapping. This indicates that experiencing intense emotional reactions may predict the use of environmental security.

Figure 9

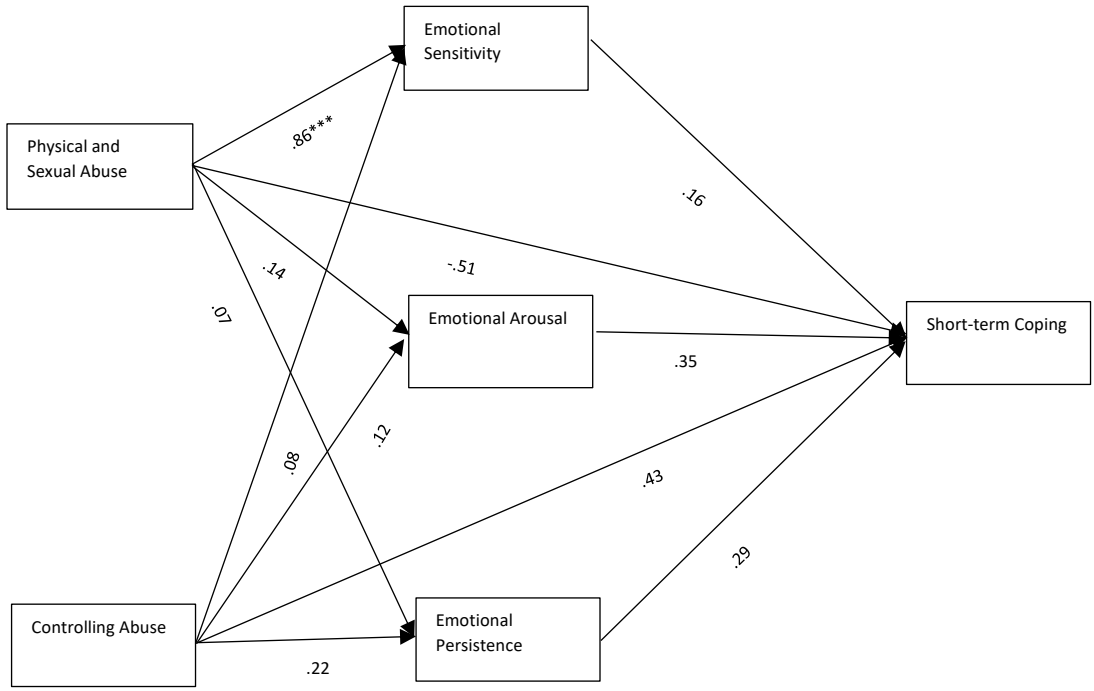
*Unstandardised Path Values and Associated Levels of Significance for the Structural Model Examining the Mediating Role of Emotional Reactivity on the Relationship Between Abuse Variables and Environmental Security.*** p = .001.*



The fifth model examined the mediating roles of emotion reactivity on the relationship between victimisation and short term coping. Model fit indices indicated an acceptable fit to the data: GFI = .87; CFI = .80; RMSEA = .42; $x^2(3) = 151.57$, $p = .001$. Figure 10 contains the unstandardised path values and associated levels of significance for the structural model. Significant direct effects on the relationship between higher controlling abuse ($p = .04$), higher emotional arousal ($p = .02$) and higher emotional persistence ($p = .015$) and short term coping were observed. Additionally, a significant indirect effect was observed, between higher controlling abuse and short term coping ($p = .004$). The direct effect of emotional arousal (unstandardised effect = .354, 95% CI [.050, .658]) and controlling abuse (unstandardised effect = .425, 95% CI [.050, .732]) remained significant when subjected to bootstrapping. However, emotional persistence did not (unstandardised effect = .287, 95% CI [-.007, .596]). Further, the indirect effect of controlling abuse also remained significant (unstandardised effect = .117, 95% CI [.012, .237]). This indicated that higher controlling abuse, emotional arousal and emotional persistence had significant predictive quality on short term coping, though only controlling abuse also had an indirect predictive quality, through emotional sensitivity.

Figure 10

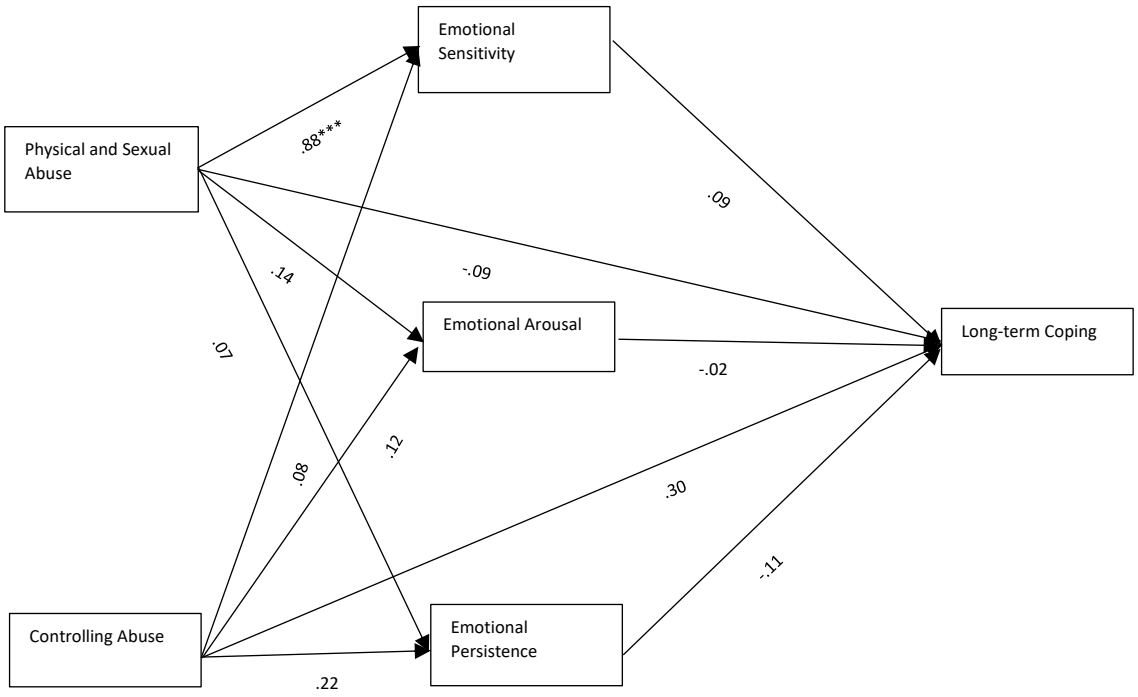
*Unstandardised Path Values and Associated Levels of Significance for the Structural Model Examining the Mediating Role of Emotional Reactivity on the Relationship Between Abuse Variables and Short-term Coping.*** p = .001.*



The sixth model examined the mediating roles of emotion reactivity on the relationship between victimisation and long term coping. Model fit indices indicated an acceptable fit to the data: GFI = .87; CFI = .80; RMSEA = .42; $x^2(3) = 151.57$, $p = .001$. Figure 11 contains the unstandardised path values and associated levels of significance for the structural model.

Figure 11

*Unstandardised Path Values and Associated Levels of Significance for the Structural Model Examining the Mediating Role of Emotional Reactivity on the Relationship Between Abuse Variables and Long-term Coping.*** p = .001.*



A direct effect of higher controlling abuse on long term coping (p = .012), and on emotional persistence (p = .003) and emotional sensitivity (p = .015) were observed. All these direct effects remained significant following bootstrapping (unstandardised effect = .296, 95% CI [.061, .537], unstandardised effect = .215, 95% CI [.075, .366] and unstandardised effect = .076, 95% CI [.016, .423]). Finally, a significant direct relationship between physical and sexual abuse and higher emotional sensitivity (p = .001) was observed and remained significant following bootstrapping (unstandardised effect = .885, 95% CI [.817, .940]). These results indicated that experiencing high levels of controlling abuse had significant predictive ability on the use of long term coping approaches. That higher levels of abuse had a significant ability to predict emotional sensitivity and persistence.

8.8 Discussion

This study resulted in several interesting findings. Firstly, participants identifying as female, reported higher emotional reactivity than those identifying as male. However, there were no significant differences regarding participants' reported self-efficacy and sense of control. Secondly, there were significant associations between participants' reported abuse experiences and their cognition/affect. Both physically/sexually abusive experiences were associated with higher emotional reactivity and a lower sense of internal control for participants. Finally, when considering the link between cognition and affect, and participants' safety behaviour, findings indicated that locus of control and emotional reactivity may influence victim behaviours. Participants who reported higher emotion reactivity and lower internal locus of control also reported *some* differences in their use of coping and environmental security strategies.

Gender

Participants identifying as female reported higher levels of emotion reactivity may compliment theorising that female victims of IPV suffer more extensive outcomes than male victims of IPV (Bograd, 1999; Krug et al., 2002). However, while it is an under-explored area, male victims of IPV do report significant emotional difficulties following abuse from a partner. Nevertheless, it could be suggested that increased emotional arousal may result from perceived threat, rather than the physical threat (Engelmann et al., 2015; Yang et al., 2012), present in IPV, consistent with findings that victims report intense fear (Cheng & Lo, 2019; Scheffer Lindgren & Renck, 2008). Though, if females do experience a higher degree of fear than males (Ross, 2012) in abusive relationships, it would be expected that they also experience higher emotional reactivity. However, as IPV victimisation and emotional difficulties are highly associated (Babcock et al., 2008; Dickerson-Amaya & Coston, 2019; Douglas & Hines, 2011),

it is likely that, at least in part, higher emotional reactivity may be a result of more frequent, or severe, victimisation.

Female victims of abuse are indicated to be harmed in more severe and impactful ways, as is indicated by research outlining that females experience unique abuse, that males (Bograd, 1999; Stark, 2009). Even though more females are reportedly killed in the context of IPV (Kim & Merlo, 2021; Stöckl et al., 2013), it is suggested that male victims can experience similar outcomes (Lagdon et al., 2014). Nevertheless, IPV abuse inherently eradicates a sense of safety for victims, and survivors, both physically and emotionally. Thus, the current findings, that experiences of abuse are associated with higher emotional reactivity, when considering the biological sympathetic nervous system, which actively attempts to arouse individuals' survival response in dangerous situations, is not unexpected.

Unfortunately, the findings from this study do not illuminate whether participants reported higher emotional reactivity due to their abuse experiences, or if this existed previously. Nevertheless, while biological markers of emotion were not explored, it is recognised that biological changes in response to intense stress are consistent with increased emotional reactivity (Feder et al., 2010). This pattern is also observed in individuals displaying symptoms of Post-Traumatic Stress (PTS), who display hyper-arousal, the preoccupation with perceived threatening stimuli in the environment, consistent with emotional reactivity (World Health Organisation, 2016; 2019). Thus, it should be expected that victims, of both current and previous IPV, may display higher emotional reactivity.

Cognition and Affect, and Abuse

The hypothesis that victimisation would be associated with differences in affect and cognition was supported. Controlling abuse is recognised as unique and more pervasive to other forms of IPV (Stark, 2009) and these results indicated an association between experiencing controlling behaviours and individuals' sense of control (Crossman & Hardesty, 2018). A trend

was observed, whereby controlling abuse was associated with a lower sense of perceived internal control and a perceived higher external control, that is, control attributed to chance or other people. Indeed, controlling abuse, especially within abusive relationships can be prolonged, reducing victims' sense of hopefulness. This process may lead to them feeling disenfranchised with the amount of control they possess. Further, a positive sense of control may be associated with a positive sense of hope (Munoz et al., 2017), optimism that circumstances will get better, which may be conceptually related to behavioural action (Oettingen & Chromik, 2018; Reading, 2004). A lack of hope is related to suicidal behaviour (Clement al., 2020; May & Klonsky, 2016), which can be a significant outcome of IPV victimisation (Devries et al., 2011; MacIsaac et al,. 2017). Thus, it could be concluded that a similar relationship may occur between a lack of hope and poorer emotional outcomes for victims of IPV.

Individuals that experience prolonged abuse do report feeling a reduced sense of hope for the future (Bostocjk et al., 2009; Kısa et al., 2019). A lack of perceived internal control could indicate that an individual believes they are unable to improve their circumstances, due to others having control over their actions and environment. This is certainly consistent with the concept of coercive control (Stark, 2009). A lack of perceived control may be related to reduced motivation to engage in safety behaviours (Ajzen, 1985; Ryan & Deci, 2010). Having an internal sense of control has been associated with reduced psychological distress, and more positive outcomes, following traumatic or stressful experiences, when compared to more external locus of control (Asberg & Renk, 2014; Onyedire et al., 2017; Papanikolaou et al., 2013). Indeed, victims who are unable to have control over daily activities are likely to struggle when planning future challenging situations, especially if such actions hinge upon the behaviour of the perpetrator. This would create feelings of uncertainty and doubt. Furthermore,

existing theory places having a sense of control and agency as a facilitator of change (Ajzen, 1985; Ryan & Deci, 2010).

It is well documented that IPV involves both perceived and actual threat to life (Garcia et al., 2007; Scheffer Lindgren & Renck, 2008). Thus, in such situations, biological processes serve to increase physiological and emotional arousal to effectively manage the threat (Milosevic, 2015). Persistent activation of the threat response system is attributed to PTSD, characterised by persistent emotional arousal and deficits in individuals' natural ability to cope (World Health Organization. 1992). Consequently, increased emotional arousal likely reflects an adaptive response to danger and threat, which endures alongside the continued presence of the threat. As controlling or psychological abuse may not provide a comparable level of immediate threat, or perceived danger, it may not activate such a response, or this may be to a reduced degree. Considering how stressful events can create substantial neurological differences that increase emotional arousal (Musazzi et al., 2017), and how sexual and physical abuse can be fatal for victims (Garcia et al., 2007), increased emotional reactivity would be expected.

Environmental security

Coping has been explored in relation to a range of circumstances such as IPV victimisation (Shannon et al., 2006; Bauman et al., 2008), however, environmental security has received substantially less attention (DeKeseredy et al., 2005; DeKeseredy et al., 2009). Nevertheless, it is expected that individuals subjected to abuse engage strategies to manage both the risk of further abuse and the emotional impact. Certainly, both emotional arousal and cognitive processes have been implicated in behaviour change theory (Ajzen, 2002; Prochaska & Norcross, 2001; Rogers & Prentice-Dunn, 1997) and this is supported with these findings.

Many aspects of environmental security (community crime levels, police presence, community monitoring) (Cozens et al., 2005) are not likely to be controlled by the victim, they

can require the support or resources of others. As such, the influence of victims' emotional experiences may be limited, and may be more impacted by cognitive effort. For example, a growing concern involves perpetrators' use of smart technology (Mayhew & Jahankhani, 2020), for which victims may have little control over, due to reliance on, or limited knowledge of, technology (Leitão, 2019). Nevertheless, environmental security was associated with having a lower internal locus of control, and higher emotional arousal and persistence. This compliments existing research findings that victims choose to increase security within their immediate environment to increase their sense of safety (Goodman et al., 2003). Furthermore, it indicates that victims who feel a lack of control may strive to increase external strategies to manage risk, rather than rely on their internal resources, such as coping and reactive actions. Of course, if individuals believe that their strategies are controlled and disrupted by the perpetrator, it would be realistic to employ alternative strategies that are less likely to be interrupted or overcome by the perpetrator, such as those considered to be security based.

The Theory of Planned Behaviour (Ajzen, 1985) emphasises the role of perceived control, alongside self-efficacy and social norms, as a driver of the intention to act. This can be a particular challenge, in comparison to other forms of violence, due to IPV being characterised by the diminished autonomy and control (Stark, 2009). Diminished control is likely to inhibit individuals' motivation to attempt a strategy themselves, perceiving others as having the control to overcome or prevent their strategy. Environmental security, however, may provide reassurance, as a strategy that puts their safety out of their direct responsibility but also out of the control of their perpetrator. These strategies also connect them with others could provide practical support, through observing the perpetrator or intervening, given help-seeking is included in this form of strategy (such as enlisting the help of the community or police authorities). Such an approach may also serve to increase the degree a victim feels in control, by incorporating external resources, which may have credentials and reputations for

being effective (such as locks being strong enough to withstand force), whereas individual strategies that victim may have used may not be universally or objectively effective. This could reduce the extent they are required to rely on their own previous learning.

The use of environmental security was also associated with higher emotional arousal and persistence, which may be bridged by fear, a proposed influencer on behaviour (Rogers & Prentice-Dunn, 1997). Feeling unsafe in the environment, such as at home, may increase victims use of extra forms of protection to increase their sense of safety. Indeed, fear is an emotion that provides information about the environment, whereby individuals are motivated to work against threats to their physical or emotional safety. In addition, IPV can often persist after separation, and when abusers are no longer living with victims (Bates, 2019; Rezey, 2020), thus, this may create further confusion and imbalance for victims. As such, strategies used to manage abuse previously may require amendment in response to threats outside the home. As the threat persists, it is likely to cause significant distress and discomfort to victims, which is consistent with the levels of fear reported by victims of IPV (Bates, 2019; Humphreys & Thiara, 2003). Such level of emotional arousal could be considered to be a influencing factor for victims regarding keeping themselves safe (Rogers & Prentice-Dunn, 1997), which may affect how victims then respond to similar situations in the future.

The suggestion that victims' risk of victimisation increases, following separation from abusive partners (Brownridge et al., 2008; Rezey, 2020), certainly legitimises persistent emotional arousal, and thus, continued use of safety strategies, such as environmental manipulation and safety planning (Goodman et al., 2003; Leitão, 2019; Renner & Hartley, 2021). Further, the primary aim of CPTED is to reduce crime/threat and increase a sense of safety (Cozens & Love, 2015). These aims are clearly consistent with an individual in an abusive relationship who experiences fear and distress. The Protection Motivation Theory (Floyd et al., 2000; Rogers & Prentice-Dunn, 1997) proposes that individuals make threat and

fear appraisals, high fear and high perceived threats lead to action to preserve safety. Consistent with research finding victims to increase safety behaviour alongside abuse severity and risk of death, it is likely that individuals feeling high levels of distress, and where threats are likely and severe, are more motivated to employ additional environmental security. Thus, as IPV is largely centred around a victim's living environment, though not always, CPTED could offer utility in affecting victims' safety (DeKeseredy et al., 2005; DeKeseredy et al., 2009).

Coping

The use of some coping, such as coping captured in long term coping in this study, can be associated with psychological wellbeing (Dijkstra & Homan, 2016). The results indicated that there were direct pathways connecting cognition and affect, though this reflected to different coping strategies, either those consistent with short term coping or long term coping. IPV does elicit intense uncomfortable emotions that necessitates coping. Hence, it would not be unexpected that emotional arousal and persistence may have a role in the coping process, especially as emotional arousal is theorised to be a driver of behaviour (Floyd et al., 2000; Rogers & Prentice-Dunn, 1997). Certainly, the use of specific strategies is likely to be functional for the individual (Folkman, 2011; Lazarus & Folkman, 1984), though it is established that not all strategies are effective for the individual (Bauman et al., 2008; Goldberg-Looney et al., 2016).

Greater emotional distress, such as fear, may be associated with more proactive behaviour by victims in response abusive behaviour (Messing et al., 2021; Riddell et al., 2009). Indeed, affect produced during an abusive relationship is likely to be predominately abrasive and uncomfortable, and threatening. Fight or flight (the activation of the sympathetic nervous system (SNS)), and a desire to address the cause of such sensations, is likely to increase an individual's motivation to employ immediately available strategies to cope with their emotional state. Notably, higher emotional arousal and persistence were associated with the

use of short term coping strategies, such as avoidance and distraction. It could be suggested that individuals who experience intense distress may seek to immediately alleviate this discomfort and choose coping strategies that can be employed quickly or easily. For instance, experiencing abuse that is acute and severe is likely to increase victims' urgency in manging their emotional reaction, thus opting for easily accessible coping approaches.

In addition, distress that is persists over a long period of time is likely to increase victims' perceived need to cope, and the urgency of employing strategies, within abusive relationships. Relatedly, some coping approaches, such as avoidance and distraction, may form less exposing strategies that the abuser may not have control over. The use of more immediate strategies to manage distress was associated with a higher external locus of control. As such, it could be suggested that victims who have limited agency in coping with abuse are required to use strategies that are least controlled by their perpetrators. Long term coping approaches, such as seeking help and emotion regulation, could be prevented by the actions of the abuser, and take more time or resources to implement. Thus, short term coping may be more accessible, especially within active or intense episodes of abuse. Further, IPV occurs within intimate relationships, as such, it can also occur in the context of parenting. Coping strategies may be employed to support victims' decision-making and increase their ability to manage the risks of the situation, either towards them or their children. Emotional arousal may represent a quicker route to engaging strategies, consistent with findings that high emotional arousal has an adverse impact on cognitive performance, where individuals' decision making is impacted (Guez et al., 2015; Mujica-Parodi et al., 2004; Radenbach et al., 2015).

In contrast, the use of long term coping, those likely to effect lasting change, was only associated with higher self-efficacy. Self-efficacy, being a belief in one's own ability to successful complete a task, is a key concept within behaviour change/motivation (Ajzen, 1985, Deci & Ryan, 2010). Of course, cognition, such as perceived control and self-efficacy, has been

implicated within motivation theory (Ajzen, 1985; 1991, Deci & Ryan, 2010), as proponents of individuals' ability to plan and engage in change (Maselesele, 2011; Prochaska & Norcross, 2001). Motivation is conceptualised as the driving force behind behavioural action, which is implicated in emotional disorders, such as depression and PTSD (Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association). Self-Determination Theory (Deci & Ryan, 2008), for instance, places explicit importance on individuals having a sense of autonomy, as do other motivation theoretical frameworks, such as the *Good Lives Model* (Ward, 2002; Ward & Stewart, 2003) and the *Hierarchy of Needs* (Maslow, 1954), in order to achieve goals and maintain emotional wellbeing. As longer term coping likely requires more sophisticated effort and time to implement, and could involve reaching out to external sources of support, victims would be required to feel empowered to complete these actions. IPV can persist for long periods of times, diminishing victims' sense of control and efficacy. This is likely to increase their difficulty in employing coping within the abusive relationship. Consequently, self-efficacy is likely to require substantial time to build, in order to enable them to feel able to successfully implement coping that will be effective for them (Ajzen, 1985; 1991).

Long term coping strategies are likely to require substantially more planning and resources, such as seeking help or saving money/items to leave the relationship. As such, higher self-efficacy would be advantageous for victims, through having a belief that they are capable, and that their efforts will be successful. Conversely, long term coping strategies were not associated with affect, which may be due to long term strategies requiring a cognitive input, involving planning and consideration. This is consistent with the notion that some coping, such as support seeking and problem focused approaches, are less immediately available to individuals, and potentially being less within their control. Nevertheless, the findings indicate that victims' choice of coping is affected by external variables, in addition to the abuse they

are subjected to (Rizo et al., 2017). This likely include both cognitive and affective components.

8.9 Limitations

This study is not without its limitations, which need to be taken into consideration. Firstly, the study employed a cross-sectional design. Several analytical procedures were applied to the data, however, no causational assumptions can be made regarding the findings. Secondly, the participants in this study did not indicate if they were currently in an abusive relationship or not, though either were eligible to complete the questionnaire. As such, it was not possible to identify the findings related to being in a current abusive relationship or following leaving an abusive relationship. Though, it is noted that the nature of IPV indicates that abuse can continue following separation from an abusive partner. Consequently, even if participants had left their abusive relationship, it is possible that the abuse they were subjected to continued. Finally, two questionnaires included in the study were developed for this research, as such they have not been validated previously. While this study reports factor analyses on each questionnaire, the findings using these need to be interpreted with caution. Furthermore, some findings from the SEM analyses, demonstrated confidence intervals containing 0, which may indicate a low chance of replicability, should be interpreted cautiously. Finally, unfortunately, the PSVS did not include an item that encompassed being forced to sexually penetrate, which may have been endorsed more by male victims of IPV.

8.10 Summary

In summary, this chapter has outlined findings from the final study in this thesis. The results support previous analyses in this research; victims of IPV engage a range of strategies in response to IPV abuse, and IPV abuse is associated with differences in cognition and affect. However, it also extends what is described in previous chapters. While IPV victimisation

appears to influence affect and cognition, differences in affect and cognition may impact victims' use of safety behaviours during abusive relationships.

It is also summarised that, when victims are more emotionally aroused, where distress is a common response to abuse, they may be more likely to employ additional security precautions and employ short term, accessible coping strategies. This is consistent with victims' experiences where they are more likely to employ safety behaviours when abuse becomes more 'severe' or life threatening. However, it is important to recognise that perceived control and self-efficacy appear to have important, functional roles in victims' decision-making. Higher self-efficacy and lower external locus of control were associated with more long-term coping and environmental security use would suggest that individuals who feel in control may be less likely to utilise environmental security and instead use long term coping approaches. Hence, this chapter indicates that it is crucial to consider the role of affect and cognition in victim decision making process. The final chapter in this thesis, will describe a victim-informed model of safety strategy use, which benefits from the findings and literature outlined throughout the thesis.

CHAPTER NINE

GENERAL DISCUSSION

9.1 Overall Findings

The aim of this thesis was to develop the existing research base as it pertains to the strategies and responses adopted by individuals subjected to IPV. More specifically, it aimed to identify the underlying process that guides decision making, in order to increase individuals' sense of safety, in abusive relationships. As IPV creates an unsafe and threatening environment, there is ample reason to understand how victims respond to this threat effectively. The findings of this research demonstrate that, in response to abuse, victims employ a multitude of strategies, employing both internal and external resources, to meet the threat of IPV. This is, of course, not an unexpected finding given the existing research base (Goodman et al., 2003; Riddell et al., 2009). Consequently, it supports the notion that victims of violence and abuse are not passive (Walker, 1979), but are intuitive and active in their safety seeking.

However, as the systematic review[38], and study two[39], indicate, victims' attempts to increase safety, either for themselves or others, is impacted by a plethora of restrictive barriers. These have the capability to prevent strategies from being successful. An abundance of evidence supports these findings, suggesting that threats to individuals' success when attempting to increase their safety can come from an abundant number of approaches; cultural, social, internal, systemic (Overstreet & Quinn, 2013; Robinson et al., 2021). Importantly, the nature and context appeared to be a crucial component in victims' ability to engage in safety strategies, with abuse conditions (such physical or psychological abuse) appearing to present diverse challenges for victims to manage their safety.

[38] The systematic review analysed 61 journal articles, exploring use of safety behaviours in the context of IPV and violent crime victimisation.
[39] Study two involved interviews with survivors of IPV and professionals that work with victims, exploring the use of safety behaviours by victims and processes informing this.

The existing literature points to the importance of affect and cognition in IPV victimisation (Dutton et al., 2006; Lagdon et al., 2014). However, there is a limited evidence base dedicated to the impact or influence of cognition and affect on victim behaviour, particularly in response to IPV, and this is predominately qualitative (Bauman et al., 2008; Petersen et al., 2005). The findings of this research add credibility to the notion that victim responses can vary across victimisation experiences (Anderson et al., 2014). For instance, study three[40] demonstrated that victims' responses to IPV victimisation may be influenced by their perceived control and behavioural ability. It also indicated that the heightened emotional arousal and persistence of emotional distress may be implicated in victims' decision-making. Of course, this is congruent with established research, demonstrating emotional barriers, such as anxiety and fear, can inhibit or promote safety behaviours (Fanslow & Robinson, 2010; Othman et al., 2014).

A particularly interesting finding was that the approach victims' use, during abusive relationships, appears to be influenced by both the external environment and their own cognitive and emotional states. Indeed, the results from several studies in this research, namely the systematic review and studies two and three, pointed to decision making being both thoughtful and emotionally driven. This research supported the notion that victims consider how to increase safety, by preparing for potential harm and in responding to abuse. Several theories and models address cognitive or emotional aspects of victim behaviour, though few explain both. Further, existing theorising focuses primarily on coping and help-seeking behaviour and not the behavioural strategies used in response to abuse.

As a precursor to victims' action, a sense of control appears to be particularly orientated to being able to respond effectively to abuse situations. The Theory of Planned Behaviour

[40] Study three involved both current and past victims of IPV completing questionnaire measures exploring self-efficacy, locus of control, emotion reactivity, and safety behaviour such as coping and environmental security.

(Ajzen, 1985) places explicit importance on a sense of control being integral to behavioural motivation, as does the Self-Determination Theory (Ryan & Deci, 2010). It is suggested that behavioural motivation is primarily cognitively driven. A plethora of evidence supports this perspective, with results indicating that victims are thoughtful and can plan their response to abuse. For instance, literature outlines the role of self-efficacy, risk assessing and building resources, in the process of leaving an abusive relationship, rather than this being an instantaneous act (Bermea et al., 2020; Costanza Baldry & Cinquegrana, 2021; Storer et al., 2021). The data from this research reaffirm a cognitive basis for victims' safety behaviours.

Importantly, this research reflects the notable contribution of affect in safety decision-making. This is unsurprising when the function of negative affect, such as fear, is considered to be a marker of threat and danger (Steimer, 2002). While victims of abusive relationships report both anxiety and fear, they are considered to be different emotions. However, substantial similarities occur regarding their cause and effects (Steimer, 2002), serving to increase awareness of threats and increase adaptive responses to reduce them (Misslin, 2003). Further, fear is also thought to be a driver of defensive behaviour, as highlighted by Rogers (1975) in their Protection Motivation Theory. Decision-making, in response to imminent danger, is considered to be driven through two appraisals, one of fear and one of threat, indicating that high levels of fear, and high perceived threat, would sufficiently motivate indicate individuals to engage in safety enhancing strategies. Of course, fear is an inherently distressing and uncomfortable emotion, which individuals are likely to be motivated to avoid or reduce (Delgado et al., 2009). However, it is also an important component in the activation of the sympathetic nervous system, a natural biological process that prepares the body to effectively respond to external threats. Indeed, an associative relationship has been demonstrated between experiencing fear, or anticipated danger, and the activation of a biological response pattern (Yoshihara et al., 2016). While this research did not measure biological responses, the

association between heightened emotional arousal and use of safety enhancing behaviour would be consistent with existing research suggesting fear and perceived danger may be an effective behavioural motivator.

Finally, the results of this research reflected the process that victims may use to manage abusive relationships. It could be suggested that, due to findings that high and sustained physical violence can increase victims' propensity to leave an abusive relationship (Panchanadeswaran & McCloskey, 2007), motivation, and actions, to leave abusive relationships are fear based. Further, the notion of victims employing strategies to manage safety has been questioned in response to dissemination of some findings from this research. Whilst victims may engage in safety behaviours in response to abuse, they also engage in behaviour in anticipation of abuse (that indicate prior thought and planning). The findings from this research, more specifically the systematic review and study two, provide additional insight into victims' behavioural process and suggest both anticipatory and reactive safety behaviour use.

The data provides confirmation, along with a host of existing research, that victims do engage in both precautionary and reactive strategies, indicating both planning and reactive components (Bermea et al., 2020; Goodman et al., 2003). It is clear that victims should not have to utilise such strategies. However, it is not useful, and invalidating, to ignore such behaviours when considering how to increase victims' safety in situations. Considering the safety behaviours of victims indicates a complex process of escaping and maintaining safety (Storer et al., 2021).

The findings further reinforce a rejection of earlier theorising, that victims of relationship abuse become helpless and stuck (Walker, 1980), but suggests they are active and innovative in the face of impending harm. Instead, these results are consistent with models that indicate victims undergo a process of change, beginning before their choice to leave an abusive

relationship (Liang et al., 2005; Maselesele, 2011). For instance, study two suggested that safety behaviours are employed prior to an abusive incident occurring, during abuse periods and after harm has been done. A plethora of available evidence, and findings from this thesis, suggest barriers can prevent victims leaving an abusive relationship at various periods of the relationship. It is likely that safety is a continuous concern, not just beginning in response to imminent harm. Indeed, the concept of post-separation abuse is congruent with this notion, where victims may continue to experience threats to their emotional or physical safety following escaping an abusive partner. However, this research also indicates that barriers can impact a victim's use of coping, safety strategy use and help-seeking at different stages of the relarionship. Indeed, as Liang and colleagues (2005) describes, a misunderstanding of what abuse encapsulates can serve as a barrier to safety behaviour being implemented, but this may also occur when individuals believe they have sufficient knowledge and skills to manage their abusive partner's behaviour. As misunderstanding what is abusive, not recognising the need for support and difficulties accessing resources may happen both before and post abuse, change, or use of safety behaviours, is likely to be a dynamic and contextual phenomenon, rather than an instantaneous or episodic.

Finally, the findings provide additional support for a suggestion that victim responses, are influenced by a myriad of factors, including emotional feedback, perpetrator behaviour cognition and the environment, which may have more, or less, influences at specific stages of abusive relationships. For instance, societal influences, such as stigma and social norms, are likely to impact a victim at the point of recognising abuse and wishing to seek help (McCleary-Sills et al., 2016; Overstreet & Quinn, 2013). Further, not recognising abusive situations as abuse, or feeling it is not severe, may prevent victims from initiating strategies to avoid or reduce the likelihood of future harm (Hine et al., 2020; Liang et al., 2005). Thus, an understanding of the process governing how victims respond to IPV requires a recognition that

decision-making a) benefits from both cognitive and affective inputs, b) is impacted by social, environmental and perpetrator presented barriers, and c) does not occur instantaneous but is a process spanning several stages of an abusive relationship (including pre and post abusive incidents). A proposed model of victim safety behaviour is presented in the following section, that aims to incorporate the findings from this research and existing theoretical frameworks, to describe the process employed by victims to increase their safety in abusive relationships.

9.2 The Current Proposed Model

9.2.1 Model Development

The current proposed model, the *Integrative Model of Victim Safety Seeking* (*IMVSS)* is formed based on the findings of this research and in conjunction with existing theoretical frameworks that aim to explain human motivation and behaviour change. Employing a theory knitting approach (Kalmar & Sternberg, 1988), the model takes advantage of influential literature as it pertains to the individuals' decision-making in the context of extreme stress or abuse. As such, it takes influence from models and theory applied to behaviour motivation and modification, such as the Theory of Planned Behaviour (Ajzen, 1985), Protection Motivation Theory (Rogers, 1975), Hope Theory (Snyder, 2002) and Self—Determination Theory (Ryan & Deci, 2008), and also general psychological theory such as Social Learning Theory (Bandura & Walters, 1977), the *Transactional Theory of Stress and Coping* (Lazarus & Folkman, 1987) and *The General Adaptive Syndrome* [GAS] (Selye, 1950). Further the model also takes from existing theoretical frameworks applied to IPV victimology, including the IPV stigmatization model (Overstreet & Quinn, 2014) coping models (Carlson, 1997; Maselesele, 2011) and The Cognitive Theory of Help-Seeking (Liang et al., 2005). The findings of this research support a notion that victim behaviour is predicated on a range of factors, including the perpetrator's behaviour, and victims' cognition and emotion, and that victim strategy use appears to be both reactive and planned. Thus, the proposed model should attempt to incorporate established theory that aims to explain individuals' response to violence and abuse.

The proposed model aims to explain victims' response to abusive behaviour within an abusive relationship. It aims to explain how, and why, victims come to engage in defensive or proactive strategies, and why strategies may be prevented. It also outlines how victim coping changes as they move through the decision-making process. Thus, the proposed model attempts to explain how victims' cognition and emotion influence their response to the risk of harm, and the process that victims navigate, from perceiving a risk of harm to completing a safety behaviour. The illustrated model is represented as a process model, which presents related concepts within a procedural diagram to describe an iterative relationship between processes. This approach bares similarity to recognised process-based models (i.e. DiClemente & Prochaska, 1998; Gibbs, 1988), though is presented in a cyclic fashion, indicating the potential for victims to repeat the process numerous times while in an abusive relationship. A process model is applied as this is consistent with the cyclic nature of IPV relationships and the evidence suggesting that safety behaviour use often does not end abusive relationships but is often part of a prolonged period of revictimization. Thus, victim action can be interrupted at several points in their decision-making, both before and after they have formed an intention to act.

Whilst the model benefitted from the wealth of accumulated knowledge that existing theory provides, it also evolved from the findings from the series of research studies described in the thesis. The systematic review examined the existing research, noting themes regarding what is currently understood, with three empirical studies yielding new data that helped to provide new insights for the model. For instance, the model structure, being a cyclic process, was informed by study 2, where survivors and professionals described use of safety behaviours. Participants' responses suggested that an appraisal process spans across various stages of an abusive relationship, both before abuse occurs and afterwards. This indicated that a model of victim safety behaviour needs to account for decision making throughout the

abusive relationship, not just at the point at which victims become at risk of harm. Study 2 (Chapter 6) also provided data that influenced how the model is described. The findings from Study 2 outlined how victims of IPV have both expectations and appraisals that affect their decisions, whether they should engage a safety behaviour or not. These expectations and appraisals are reflected in the model[41]. As the findings from study 2 suggested that these expectations and cognitions have a strong influence on how victims respond to abuse, the model ensured it illustrated this.

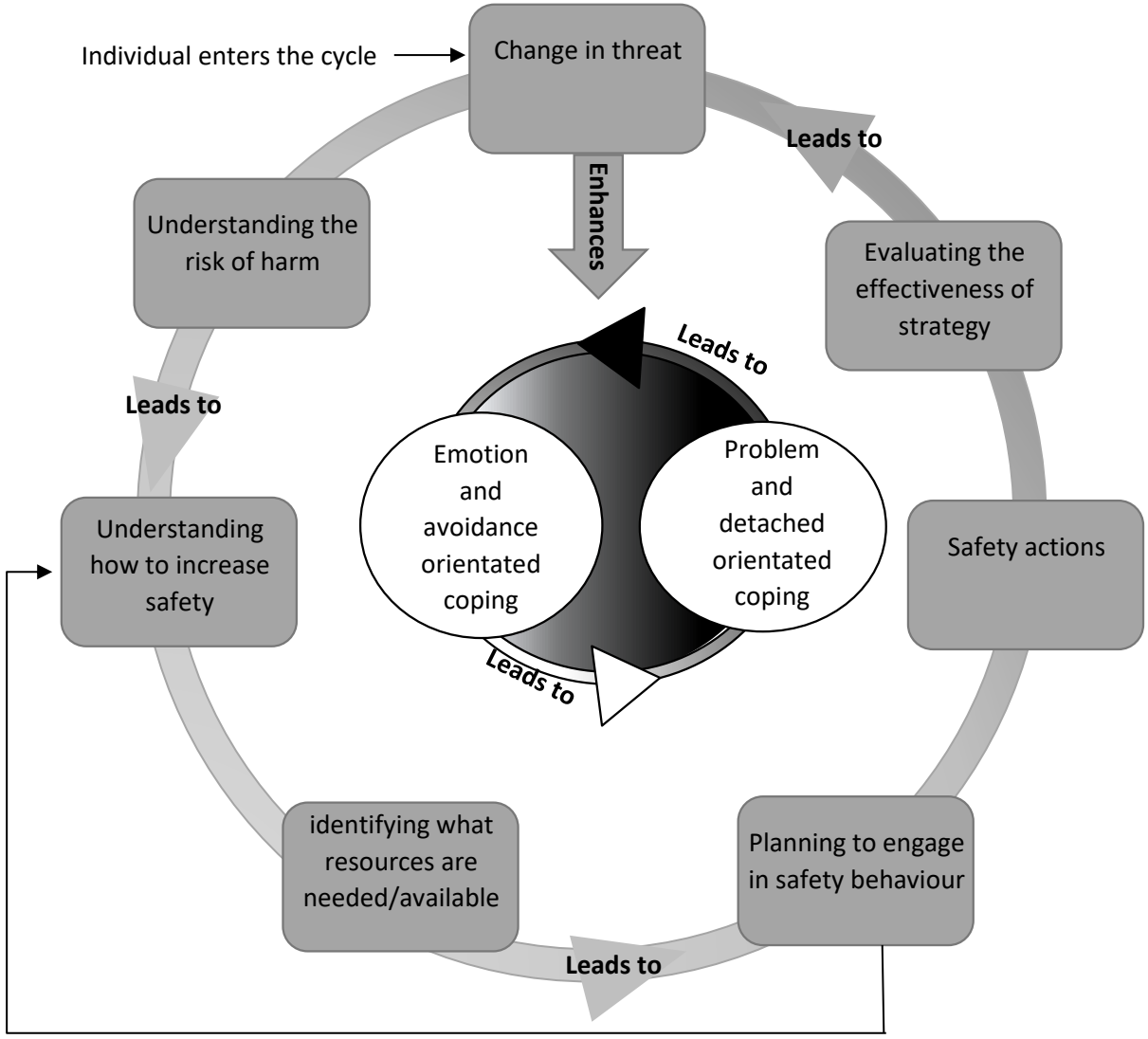
Studies 1 and 3 (Chapters 5 and 8) also provided data that supported the development of the model. For instance, Study 1 explored perceptions of safety strategy use amongst professionals. The findings indicated that whilst victims clearly use strategies that are effective at increasing their sense of safety, and avoid those that do not, the opposite can also occur. The data suggests that victims also engage behaviours that may not help increase their sense of safety, or may not use behaviours that could be more effective. Both studies 2 and 3 (Chapters 7 and 8) found that strategy use may be hindered by factors internal and external to the individual. This links cohesively to the proposed model, and Study 1. The model therefore recognises that individuals make appraisals throughout the abusive relationship, but appraisals may be negative (i.e. the strategy was ineffective or harmful for them) or negative expectations may be confirmed (i.e. they expected the strategy to be ineffective and it was). The findings of Study 2 outlined several reasons for victims not engaging in safety strategies that may increase their safety, and engaging strategies that may increase the risk of harm. Study 3 explored the relationship between emotion and cognition in the use of safety behaviours, which further indicated that cognition, such as a sense of control or self-efficacy may be related to safety behaviour use. Additionally, Study 2 found that there are a range of external barriers that affect

[41] Expectations and appraisals refer to how victims think an abusive or safety orientated behaviour will affect their sense of safety, whilst also reflecting how effective a safety behaviour has been.

use of safety strategy use, thus preventing a victim from progressing along the process of leaving an abusive relationship. This included societal pressures, perpetrator action and lack of resources. Furthermore, studies 2 and 3 also suggested that coping behaviour is dynamic and likely changes throughout an abusive relationship. Whilst Study 2 suggested that victims use more avoidant and emotionally-directed coping behaviour in the early stages of the abusive relationship, coping represents more problem focused and detached in the later stages. Finally, Study 3 indicated that coping behaviour was related to victims' cognition in particular, which changes during the course of the abusive relationship. Thus, the proposed model is informed both by the victim and professional insights gained through this research, and existing theory relevant to behaviour motivation and change. The proposed model, named the Integrative Model of Victims Safety Strategies (IMVSS) is presented in Figure 12.

Figure 12

The Integrative Model of Victim Safety Seeking (*IMVSS)*



9.2.2 Describing the model

The IMVSS reflects the multitude of ways that individuals attempt to increase safety in abusive relationships, including behavioural actions, help seeking and coping with distress. It reflects the important reflections at several periods during and after being subjected to abuse. An individuals' choice, or plan, to employ safety behaviour is instigated by an increase in perceived or physical threat towards them, children or pets in the household. However, understanding the nature of the threat is complex and requires appraisals of the type of behaviour that their partner will use, who is at risk of being hurt and the severity or urgency of the risk occurring. In order to reach a point where the individual is able to implement safety behaviours, multiple of appraisals are required; what is needed to feel safe and what is required to complete actions to increase safety. Firstly, it is imperative that individuals understand what they need to feel safe (physical safety, emotional stability, personal autonomy, for instance), which includes appraising long and short term needs. This would benefit from recognising the nature of threats that are reducing their sense of safety. Secondly, it is essential that the resources that are available, or that are required, to meet the individual's needs are identified. Resources to complete safety behaviours can be internal (knowledge of strategies, sense of confidence) or external (individuals to approach, social/cultural acceptance) to the individual, and these need to be accessible to the individual.

These appraisals lead to individuals developing plans to use safety behaviours, or to not use safety behaviours. Of course, the transition from planning, to implementation, can be impeded through environmental barriers (such being isolated, social stigma, lack of social relationships) and perpetrator control. Thus, this would necessitate the individual to review what they need to do, or have done, to increase their safety again. Once a plan to use safety behaviours has been developed, and the individual acts to increase their safety, evaluations of the effectiveness of strategies are made. Safety behaviour may result in escaping the

relationship, but often it results in surviving a single period of abuse, whereby individuals apply their learning from their experiences to inform future risk situations.

A simultaneous process, manging the emotional impact of abuse, occurs alongside physical acts to increase safety. Increased threats by an intimate partner necessitates coping actions, though a preference for avoidance or emotion-focused approaches occurs, particularly within early periods of intimate relationships where abuse begins. Cognitive and behavioural avoidance approaches are used to distract from recognising abusive behaviour. However, individuals begin employing emotion focused coping to manage emotional distress caused by increasing abuse severity or frequency, before they form a plan or intention to escape an abusive relationship, or employ safety behaviours. As an individual forms and implements plans to increase their physical safety, they are more likely to use detached coping (through seeking help form individuals external to the relationship) and problem focused coping. Hence, detached and problem focused coping is likely towards the end of an abusive relationship. Consequently, this model reflects the key findings of the research contained within this thesis; victims of IPV engage many different approaches to increase safety, acts to increase safety can be impeded and prevented, and the process guiding victim decision making spans the length of the abusive relationship, based on emotional and cognitive appraisal.

9.3 Limitations

The current research represents an integrative approach to exploring victim responses to IPV, which is unique in the current psychological literature. However, the model, and current research is not without its limitations.

Each empirical study utilised a cross-sectional design. Data was collected at one period of time, and were not indicative of longitudinal designs. While longitudinal data would be valuable, ethical and logistical limitations prevented such approaches. Cross-sectional research designs are limited in their capacity to provide causal explanations between variables and

outcomes. Thus, findings cannot be interpreted to represent causal relationships. However, sophisticated analyses, such as SEM, have been applied to maximise the usefulness of the data.

The current research has captured different populations that are impacted by abusive relationships. Heterosexual males or members of the LGBTQ+ community receive less attention in research literature, than heterosexual, who were overrepresented in the empirical studies. A diverse population was sought in both studies one and two, however, this reflected a significant lack of participation of non-heterosexual and male individuals in the research. While IPV is reported to primarily impact heterosexual females, a significant portion of males and individuals identifying as gay, lesbian, bi-sexual or transexual report being victims of abusive relationships. Indeed, this may also apply to the systematic literature review, which also observed an over-representation of heterosexual female participants. Thus, it would be beneficial to further understand if similar processes apply to non-heterosexual female victims also. Nonetheless, much of the existing literature analyses discrete populations individually, while this research has been inclusive of males, females and non-heterosexual participants together. It could be criticised, however, for a lack of inclusion of individuals from a range of ethnic backgrounds. While efforts were made to ensure individuals from different ethnic groups could participate in the research, such as by approaching organisations that support victims from a range of ethnic groups, the collected data is limited by its over-representation of White participants. This may be further restricted through the use of literature, and classifications in study three, that group ethnic groups together, restricting individual ethnic identity from being explored, in the same way that being White is.

In addition, the literature reviewed in the systematic review, when concerning LGBTQ+ individuals, grouped different members of this population together, Thus, exploration of populations contained within the LGBTQ+ grouping were not explored in

isolation. This is a clear limitation as individuals grouped as LGBTQ+ are likely to have some differences in how they experience IPV or how their experiences impact them.

The research could be criticised for a reliance on self-report data for the empirical studies, both in employing questionnaire material and in completing interviews. Due to the nature of this research, and the topics that were explored, it was not possible to gather objective or observation data. Thus, while participants indicated ways that they were harmed by their abusive partner and strategies they employed, these are based on perception only. Further, for some participants, their abusive relationship took place in the past, thus their report of this may be impacted by their ability to remember their experiences. Indeed, studies two and three explored affect, but did not employ physiological methods (such as to measure stressful physiology like pulse and skin hypertension) to objectively measure affect.

During the recruitment for the empirical studies, there was a heavy reliance on online and remote methods for data collection. While, unfortunately, this could not be avoided, due to the ongoing COVID-19 pandemic and the vulnerable populations being recruited, it is likely to have been a barrier for potential participants to take part. For instance, in study one. some professional groups may be less confident, or able, in using I.T and may not use social media. Further, consistent with the isolating and controlling nature of IPV, potential participants who were currently in an abusive relationship may have been unable to access the questionnaire/interview to take part in the research. This may be salient for participants that were currently in an abusive relationship, particularly in study three. While study procedures aimed to maximise the participants' ability to engage, and reduce obstacles to participation, it is likely that this may have remined difficult for some participants.

Finally, only individuals who were not in a *current* abusive relationship were invited to take part in study two, however, study three was open to individuals *either* in a current or past abusive relationship. Participants were not asked if they were in a current abusive relationship,

but they were asked if they had been in multiple abusive relationships. Thus, it was not possible to identify, and split the data by, participants who were in a current abusive relationship or not. This is important as it limits the generalisability of the research findings because the proportion of the sample completing measures based on current abusive circumstances or on previous abusive relationships is not known. It is acknowledged that there would be utility, and benefit, in identifying the number of participants in the analyses that were currently in an abusive relationship and those that were not.

9.4 Directions for Future Research

The current research has drawn upon existing models and theoretical frameworks that pertain to victims' use of coping, help-seeking and safety enhancing strategies. However, the exploration of the literature revealed a lack of knowledge as it relates to some victim populations. The predominate focus of developed models and theories is placed on heterosexual female victims of IPV. As such, a significant portion of victims are not represented, including males, individuals that do not identify as heterosexual, individuals that identify as transgender and young people. There is, therefore, a need for the further development of models or theory that aims to focus on the needs and responses of these populations.

It is notable that previous research has focused predominately on victims' use of help-seeking and coping strategies. The use of behavioural strategies to increase safety has been substantially less investigated. As the quantitative exploration of safety strategies reveals a breadth of strategies used by victims, it would be advantageous for further research to explore the influences on victims' safety strategy use. Further, it would also benefit the field to understand the use of behavioural strategies by different populations of victims (i.e. males, young people, LGBTQ+), especially when considering the particular obstacles that are

documented in responding to abuse. For instance, it would be advantageous to further explore how similar, or dissimilar, victim groups' strategy use is, through comparison.

Much of the existing literature places emphasis on defining what strategies are used by victims, and studying victims' coping, help-seeking and behavioural strategies in isolation. Thus, future research would benefit by investigating victims' full range of responses to abuse, especially in light of findings from this research that the strategies that victims use, and their effectiveness, may influence other strategies that are used (or not used). Alternate research designs that are more suited to establishing causational relationships, and change over time, such as longitudinal designs, would be useful to consider both the change in victim behaviour and effectiveness of safety responses in increasing safety.

Furthermore, additional exploration of the role that individuals' environmental circumstances, such as security provisions and neighbourhood safety, in the process victims use to choose ways to increase safety would be useful. The findings point to the relevance of individuals' personal environment and security in influencing how they choose to respond to abuse, and how effective they are perceived to be. Thus, a more in-depth understanding of the influence and added benefit of accounting for environmental security, such as though CPTED principles, in identifying how victims may increase safety most effectively, is warranted.

Empirical testing of the IMVSS is needed to further clarify and confirm the process guiding victim safety behaviour. In particular, future research should aim to investigate how victim behaviour evolves throughout the abusive relationship and/or in response to the evolving nature of the perpetrators' abusive strategies. It may be helpful to explore, in the context of intervention, the extent to which targeting the areas described in the IMVSS increases victims' perceived safety while in abusive relationships.

9.5 Implications for Practice with Individuals in Abusive Relationships

The findings from this research can have several implications for clinical practice. Firstly, the findings could be used to directly inform victim support. Many victims of IPV approach professionals, such as IDVAs, to better understand how they can escape abusive relationships, or actions they can take to increase their safety. The proposed model could provide evidence-based structure to support provision. For instance, professionals can evaluate the function/aims that victims' strategies currently aim to achieve, where advice can be tailored to help them either feel safer or move closer to escaping the abusive relationship. Further, the model could be used to appraise obstacles and barriers that may be inhibiting victims' engagement in strategies that could be effective in increasing their sense of safety. Thus, the IMVSS could be utilised as a framework to guide discussions with victims at the point of seeking support.

Secondly, the IMVSS may be used as a training tool, for professionals, to develop their knowledge of victims' responses and behaviour in response to IPV. The IMVSS as a training tool may be helpful to support professionals understanding of the process victims follow to escape abusive relationships, or increase their safety. This may serve to increase professionals' knowledge of the behavioural strategies, as well as the coping and help-seeking strategies employed by victims. Communicating the decision making of victims as a thoughtful process, rather than an impulse or solely emotional-based, may allow the development of a greater appreciation of the reasons why victims may struggle employing strategies and how professionals can support victims throughout their process of escaping an abusive relationship.

The findings of this research, and the IMVSS, could be helpful in contributing to materials provided to the general public. As materials and resources, particularly currently, are being developed to educate the public on aspects of IPV, including regarding how IPV presents and help-seeking sources for victims. The inclusion of the IMVSS could support public

understanding of the complexity of victim responses to abuse. Further, it could lend support to efforts to de-stigmatise IPV and combat against false myths that suggest victims are incapable, or unwilling, to escape abusive relationships, by presenting a process whereby victims' efforts to escape can be prevented at various stages.

Finally, the findings of this thesis and the IMVSS could be used in the development of an intervention strategy for victims, and/or survivors, of IPV. The existing literature, and the findings from this research, indicate that a hindered understanding of abusive behaviours, strategies to manage abuse and sources to acquire help from, can hinder efforts to escape abusive relationships. Increased awareness of the victim/survivors' experience of responding to an abusive relationship may serve to support victims' confidence and skill in recognising abuse and identifying appropriate strategies to reduce the risk of harm while in the process of escaping. This could include the development of materials that target individuals that are or have suffered from IPV, to increase their understanding of IPV and strategies/the process that may influence victims' safety.

9.6 Summary

This thesis has described findings from a research program, consisting of a systematic literature review and three research studies, resulting in the proposal of the IMVSS. It has engaged both victims and survivors of IPV, and professionals that work with them, to understand not only *what* behaviours individuals use to increase their safety, but also *how* they come make decisions about their safety. The thesis has outlined how victim behaviour is guided by a process, based on cognitive and emotional appraisals, rather than instantaneous reactions to present threats. The thesis has also shown that the behaviours that victims in abusive relationships can vary significantly in their effectiveness at increasing safety. However, victims of abuse appear to employ many different strategies in the course of abusive relationship, though this includes strategies that are also ineffective in increase their safety. The IMVSS

accounts for both the emotional and cognitive contributions to victims' decision making, and accounts for the findings that victims may employ ineffective, and even detrimental, strategies when experiencing abuse. The thesis highlights a lack of attention, in the literature, on the processes that influence victim decision making in the context of IPV, and the combination of safety increasing behaviours such as emotional coping, help-seeking and safety behaviours. Thus, the thesis has resulted in the proposal of the IMVSS, a victim informed model, on the basis of findings from research in the thesis and existing knowledge outlined in the academic literature. The thesis, alongside the IMVSS, have the potential to provide support to professionals working directly with victims in abusive relationships, to recognise the efforts of victims to keep safe, identify barriers preventing them escaping relationships and to advise on strategies that may be useful in response to imminent threats.

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APPENDIX 1: Published Systematic Review Paper (Pre-Proof)

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, and verbal violence, and stalking. 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, bisexual (Houston & McKirnan, 2007) and heterosexual (Exner-Cortens et al., 2013; Próspero, 2007) victims. Other forms of interpersonal violence have also been shown to negatively affect mental health (Basile et al., 2004; Choudhary et al., 2008). IPV, however, 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), but researchers have questioned why victims in abusive intimate relationships do not leave their partners (Cruz, 2003; Henning & Connor-Smith, 2011; Fisher & Stylianou, 2019). Walker (1980) suggested that women in abusive relationships did not seek help or strive to prevent their abuse, but rather accepted their situations and responsibility for their abuse while also experiencing a severe stress response that they did not then seek help for (Walker, 1980). Evidence indicates that victims of IPV experience several negative reactions (Centres for Disease Control and Prevention, 2008). While the assumption is that victims who are passive

in their experiences have not been supported, victims of IPV do, in fact, 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 IPV victims from seeking help (Petersen et al., 2005; Rizo & Macy, 2011). While LGBTQ (Lesbian, Gay, Bisexual, Transgender, 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 stigmatisation (Finneran & Stephenson, 2013), disbelief (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 the perception that the abuse is less 'severe' reducing the perceived need for police involvement (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 given to cognitive and emotional influences. The *Theory of Planned Behaviour* (TPB) has been applied in order 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 which 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 regard how helpful or effective an individual perceives the behaviour will be for them. Similarly, normative beliefs refer to an individual's beliefs about how others will perceive the behaviour. Finally, control beliefs regard how able an individual perceives themselves to be 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, namely, 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 it is 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[42]. 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 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%).

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

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., 2015; 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), as well as 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. This is found 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), and extends 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 took a gendered approach, as well as being treated differently by the police than female victims, for example, they may be

treated as the aggressor rather than the victim, or have services fail to respond to their reports of victimisation altogether (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 perceptions 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) which prevented help-seeking in 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, leading to 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., 2015).

Formal sources of support perceived as unhelpful (*n=8)*: Victims of homophobic hate crimes 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 described 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 the 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, with victims attempting to avoid coming into contact with their stalker (Amar, 2006; Brewster, 2001) or avoiding leaving their homes (Kamphuis & Emmelkamp, 2001). Similarly, victims of homophobic hate crimes reported that they employed 'boundary setting', which refers to avoiding places or individuals where, or by whom, 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 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 be 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 victim's 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 experienced. 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 aforementioned help-seeking behaviours 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 affect 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 diverse ways 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 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, or due to services being under-funded and thus being less available (Burman & Chantler, 2005), with evidence of victims feeling judged by such services, including

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 appear to be clear difficulties 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. (2010), male victims of IPV may be restrained by social and cultural constraints which limit help-seeking. 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 male and homosexual victims perceived there to be stigma surrounding support and a difference of support levels, compared with female victims. Indeed, in the process of a victim's decision about seeking 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 available that may be used to increase 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 useful framework to explain how barriers may prevent help-seeking by highlighting how it is the beliefs held by victims which can 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) wherein 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 any 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 or 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 hetero-centric 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, indicates 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 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, serves 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 another factor to consider since, without this, their seeking of help may be impeded. This is speculative and points to the need for further research, but particularly research which 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's 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. With this noted, 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 as 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:

1. 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.
2. All those 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.
3. 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 creating a space that recognises that 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.
4. Safety planning should be individualised and completed in collaboration with victims. This should also consider including their existing support systems.
5. 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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APPENDIX 2: Characteristics of Included Papers.

	Author/s	Country	Sample Demographics	Study Design	Type of Interpersonal Violence	Prevalence of IPV	Quality Assessment Rating
1.	Al-Modallal (2012)	Jordan	300 female refugees, sampled through adverts at healthcare centres	Cross-Sectional Surveys	Intimate Partner Violence	43% previous year IPV	Good
2.	Amstadter, McCauley, Ruggiero, Resnick & Kilpatrick (2008)	USA	556 adult females endorsing being subjected to rape, sampled from the National Woman's Study – Replication	Cross-Sectional Telephone Interviews	Rape	--	Fair
3.	Amstadter, Zinzow, McCauley, Strachan, Ruggiero, Resnick & Kilpatrick (2010)	USA	228 female college students endorsing ever being subjected to rape, sampled from a pre-collected national survey	Cross-Sectional Telephone Interviews	Rape	--	Poor
4.	Ansara & Hindin (2010)	Canada	1,167 adults sampled from Canada's 2004 General Social Survey (Males 40%, females 60 %)	Cross-Sectional Telephone Interviews	IPV	5% of national survey (n=23,766) lifetime IPV	Fair

	Author/s	Country	Sample Demographics	Study Design	Type of Interpersonal Violence	Prevalence of IPV	Quality Assessment Rating
5.	Ansara & Hindin (2010)	Canada	1,167 adults sampled from Canada's 2004 General Social Survey (Males 40%, females 60 %)	Cross-Sectional Telephone Interviews	IPV	5% of national survey (n=23,766) lifetime IPV	Fair
6.	Bart & O'Brien (1984)	USA	94 adult females either subjected to or who 'avoided' rape, sampled through newspaper adverts	Cross-Sectional Interviews	Rape	--	Poor
7.	Björklund, Häkkänen-Nyholm, Sheridan & Roberts (2015)	Finland	615 undergraduate students, sampled through university adverts (13% male, 87% female)	Cross-sectional Surveys	Stalking	25% of those reporting lifetime stalking were stalked by previous intimate partners (n=74).	Good
8.	Brewster (2001)	USA	187 adult females, sampled through community adverts	Cross-Sectional Face-to-Face Interviews	IPV/Stalking	--	Poor

	Author/s	Country	Sample Demographics	Study Design	Type of Interpersonal Violence	Prevalence of IPV	Quality Assessment Rating
9.	Bruschi, Paula & Bordin (2006)	Brazil	86 adult females, randomly sampled through community adverts	Cross-Sectional Face-to-Face Interviews	Physical IPV	--	Fair
10.	Cerulli, Kothari, Dichter, Marcus, Kim, Wiley & Rhodes (2015)	USA	414 adult females, sampled from police reports	Cross-Sectional Focus Groups	IPV	---	Fair
11.	Chen & Ullman (2014)	USA	1,985 adult females, sampled from the National Violence Against Women Survey (NVAWS)	Cross-Sectional Telephone Interviews	Physical Assault	---	Fair
12.	Cho & Huang (2017)	USA	338 undergraduate students, randomly sampled from a mailing register. (36% male, 64% female) (88% heterosexual 12% Non-heterosexual)	Cross-Sectional Surveys	IPV	Any type of IPV in the last 12 months 37% (n=126) 36% males and 38% females	Fair

	Author/s	Country	Sample Demographics	Study Design	Type of Interpersonal Violence	Prevalence of IPV	Quality Assessment Rating
13.	Coker, Derrick, Lumpkin, Aldrich & Oldendick (2000)	USA	556 adults, sampled from a general population survey. 44% male, 56% female)	Cross-Sectional Surveys	IPV	Males 13%, females 25% Lifetime IPV	Fair
14.	Coulter & Chez (1997)	USA	45 adult females, sampled through approaching victim support groups	Cross-Sectional Surveys	IPV	--	Poor
15.	Denkers (1999)	Netherlands	300 adults, sampled from a national survey (58% male, 42% female)	Longitudinal Surveys	General crime	--	Fair
16.	Deutsch, Resch, Barber, Zuckerman, Stone & Cerulli (2017)	USA	8 adult females 23 service providers, sampled through adverts in support groups	Cross-Sectional Focus Groups	Physical IPV	--	Good

	Author/s	Country	Sample Demographics	Study Design	Type of Interpersonal Violence	Prevalence of IPV	Quality Assessment Rating
17.	D'haese, Dewaele & Van Houtte (2015)	Belgium	19 LGB Flemish adults, sampled through adverts in a magazine and through a charity (68% male, 32% female)	Cross-Sectional Face-To-Face Interviews	LGB Hate-Crime Violence	--	Fair
18.	Djikanović, Lo Fo Wong, Jansen, Koso, Simić, Otašević & Lagro-Janssen (2011)	Serbia	1,456 adult females, sampled from clustered voter registration lists	Cross-Sectional Face-To-Face Interviews	IPV	24% lifetime IPV	Fair
19.	Douglas & Hines (2011)	USA	302 adult males, sampled through adverts and victim services	Cross-Sectional Surveys	IPV	---	Good
20.	Douglas, Hines & McCarthy (2012)	USA	302 adult males, sampled from the Domestic Abuse Helpline for Men and Women (DAHMW)	Cross-Sectional Face-To-Face and Telephone Interviews	IPV	---	Good

	Author/s	Country	Sample Demographics	Study Design	Type of Interpersonal Violence	Prevalence of IPV	Quality Assessment Rating
21.	Fanslow & Robinson (2010)	New Zealand	956 adult females, sampled from a clustered national survey	Cross-Sectional Face-To-Face Interviews	IPV	33%-39% lifetime IPV 5% 12 month IPV	Fair
22.	Fry & Barker (2002)	Canada	145 adult females, sampled through community adverts	Cross-Sectional Surveys	IPV and General violence	50% 12-18 months IPV	Good
23.	Galeazzi, Bučar-Ručman, DeFazio & Groenen (2009)	Belgium, Italy, Slovenia	314 adults, sampled through community adverts (24% males, 76% females)	Cross-Sectional Surveys	Stalking	47% stalked in lifetime by previous intimate partner	Fair
24.	Geistman, Smith, Lambert, & Cluse-Tolar (2013)	USA	2,174 college students, sampled from academic courses (53% female, 47% male)	Cross-Sectional Surveys	Stalking	--	Poor
25.	Ghanbarpour (2011) Dissertation	USA	20 adult females, sampled from participants in a previous DA study	Cross-Sectional Telephone Interviews	IPV	--	Good

	Author/s	Country	Sample Demographics	Study Design	Type of Interpersonal Violence	Prevalence of IPV	Quality Assessment Rating
26.	Goodman, Dutton, Weinfurt & Cook (2003)	USA	406 adult females, sampled from DV shelters and the district court	Longitudinal Interviews	IPV	88% lifetime IPV	Fair
27.	Guadalupe-Diaz (2013)	USA	993 identified LGBQ adults, sampled through community adverts (278 Lesbian, 302 Gay, 130 Bisexual, 132 Queer, 20 Questioning, 60 No Label)	Cross-Sectional Surveys	Physical IPV LGBQ Hate crime	45% lifetime prevalence (n=425) Male 38.7% Female 49.4%	Good
28.	Haarr (2008)	Tajikistan	400 adult females, sampled through community adverts	Cross-Sectional Interviews and Focus Groups	IPV	11% current physical IPV	Fair
29.	Kamphuis & Emmelkamp (2001)	Netherlands	201 adult females, sampled from an anti-stalking charity	Cross-Sectional Surveys	Stalking	73% of sample stalked by ex-partner	Good
30.	Kaukinen (2002)	Canada	681 adult females, sampled from the 1993 Canadian Violence Against Women Survey	Cross-Sectional Surveys	Physical/Sexual violence	38% any violence in previous 12 months by current or previous partner	Fair

	Author/s	Country	Sample Demographics	Study Design	Type of Interpersonal Violence	Prevalence of IPV	Quality Assessment Rating
31.	Kaukinen (2004)	USA	334 adult females, sampled from the Violence and Threats of Violence against Women and Men in the United States Survey, 1994-1996 (NVAWS)	Cross-Sectional Surveys	Violent Crime	---	Fair
32.	Kraaij, Arensman, Garnefski & Kremers (2007)	Netherlands	47 adult females, sampled through adverts in magazines and online	Cross-Sectional Surveys	Stalking	66% of sample stalked by ex-partner	Good
33.	Kuehnle & Sullivan (2003)	USA	262 reports of IPV/'bias' incidents, sampled from victim assistance referral data. (IPV reports - 37% lesbian, 62% gay)	Cross-Sectional Telephone and Face-To-Face Interviews	IPV/Bias incidents	45% described as 'same-sex battering' incidents	Fair

	Author/s	Country	Sample Demographics	Study Design	Type of Interpersonal Violence	Prevalence of IPV	Quality Assessment Rating
34.	Leone, Johnson & Cohan (2007)	USA	497 adult females, sampled from the Chicago Women's Health Risk Study (CWHRS)	Cross-Sectional Face-To-Face Interviews	IPV	24% of screened sample victimised by IPV in previous year	Good
35.	Lipsky, Caetano, Field & Larkin (2006)	USA	329 adult females, sampled from referrals to a Violence Intervention and Prevention (VIP) Centre	Case-Controlled Interviews	IPV	--	Good
36.	Lowe, Willan, Khan, Brooks, Robinson, Graham-Kevan, Stokes, Irving, Karwacka & Bryce (2016)	UK	869 adults, sampled from police and victim support databases (52% male, 48% female)	Longitudinal File Information	General crime	--	Fair
37.	Machado, Hines & Matos (2016)	Portugal	89 adult males, sampled from community mailing lists	Cross-Sectional Surveys	IPV	--	Good

	Author/s	Country	Sample Demographics	Study Design	Type of Interpersonal Violence	Prevalence of IPV	Quality Assessment Rating
38.	Machado, Santos, Graham-Kevan & Matos (2017)	Portugal	10 adult males, sampled from victim services	Cross-Sectional Face-To-Face Interviews	IPV	--	Good
39.	McClennen, Summers & Vaughan (2002)	USA	63 gay adult males, sampled from social work case loads	Cross-Sectional Surveys	IPV	--	Fair
40.	Meyer (2010)	Australia	3,968 adult women, sampled from the International Violence Against Women Survey (IVAWS)	Cross-Sectional Telephone Interviews	IPV	--	Fair
41.	Mezey, Evans & Hobdell (2002)	UK	35 adults, sampled through a victim support newsletter (11% male, 89% female)	Cross-Sectional Surveys	Affected by Homicide	--	Fair

	Author/s	Country	Sample Demographics	Study Design	Type of Interpersonal Violence	Prevalence of IPV	Quality Assessment Rating
42.	Moon & Evans-Campbell (2000)	USA	185 Korean-American and non-Hispanic elders, sampled through community adverts (36% male, 64% female)	Cross-Sectional Face-To-Face Interviews	Elder abuse/mistreatment by a family member	--	Good
43.	Moon & Williams (1993)	USA	90 adult females, sampled through adverts at churches and social services	Cross-Sectional Surveys	Elder Abuse	--	Fair
44.	Morrison, Luchok, Richter & Parra-Medina (2006)	USA	15 adult females, sampled through adverts in victim shelters	Cross-Sectional Face-To-Face Interviews	IPV	--	Good
45.	Mysyuk, Westendorp & Lindenberg (2016)	Netherlands	17 elderly adults, through community adverts or through referrals by professionals (35% male, 65% female)	Cross-Sectional Face-To-Face Interviews	Elder abuse	17% reported abuse by intimate partner	Fair

	Author/s	Country	Sample Demographics	Study Design	Type of Interpersonal Violence	Prevalence of IPV	Quality Assessment Rating
46.	Odero, Hatcher, Bryant, Onono, Romito, Bukusi & Turan (2014)	Kenya	90 adults, sampled through adverts at health clinics	Cross-Sectional Face-To-Face Interviews and Focus Groups	IPV	--	Fair
47.	Pakieser, Lenaghan & Muelleman (1998)	USA	4,448 adult females, sampled through referrals from hospital emergency departments	Cross-sectional Surveys	Physical IPV	37% physical IPV lifetime prevalence (n=1662)	Fair
48.	Resendez & Hughes (2016)	USA	260 female college students, through adverts	Cross-Sectional Surveys	Rape/IPV	--	Good
49.	Richards & Lyneham (2014)	Australia	17 professionals 8 adult females	Cross-Sectional Interviews and File Information	Human trafficking	--	Good
50.	Sabina & Tindale (2008)	USA	478 adult females, sampled from the Chicago Women's Health Risk Study (CWHRS)	Cross-Sectional Telephone Interviews	General violence	--	Good

	Author/s	Country	Sample Demographics	Study Design	Type of Interpersonal Violence	Prevalence of IPV	Quality Assessment Rating
51.	Stavrou, Poynton & Don Weatherburn (2016)	Australia	8,485 adult females, sampled from the Personal Protection Survey (PSS; 2012)	Cross-Sectional Surveys	IPV	6% IPV in previous two years	Good
52.	Sudderth (2017)	New Zealand	Professional 'representatives', sampled through contacting 24 woman's refuges.	Cross-Sectional Telephone and Face-To-Face Interviews	IPV	---	Good
53.	Tenkorang, Sedziafa & Owusu (2017)	Nigeria	6,013 adult females, sampled from the 2013 Nigeria Demographic and Health Survey (NDHS)	Cross-Sectional Surveys	IPV	--	Fair
54.	Tsui, Cheung & Leung (2010)	USA	68 adult professionals, sampled through approaching victim services (28% male, 72% female)	Cross-Sectional Surveys	IPV	--	Good

	Author/s	Country	Sample Demographics	Study Design	Type of Interpersonal Violence	Prevalence of IPV	Quality Assessment Rating
55.	Turell & Herrmann (2008)	USA	11 lesbian/bisexual adults, sampled through community adverts	Cross-Sectional Focus Groups and Face-To-Face Interviews	IPV	--	Poor
56.	Ullman & Filipas (2001)	USA	323 adult females, sampled through community adverts	Cross-Sectional Surveys	Sexual assault	76% reported sexual assault by an acquaintance or romantic partner	Fair
57.	Vaaler (2008)		2,712 adult females, sampled from a previous study (Physical Violence in American Families (Gelles & Straus, 1985))	Cross-Sectional Surveys	IPV	--	Fair
58.	VanVoorhis (1995) Dissertation	USA	963 adult females, sampled through adverts	Cross-Sectional Surveys	IPV	26.4% (of screening sample) lifetime IPV	Good

	Author/s	Country	Sample Demographics	Study Design	Type of Interpersonal Violence	Prevalence of IPV	Quality Assessment Rating
59.	Waterman & Moore (1999)	USA	152 adult, sampled through adverts at a university (41% males and 59% female)	Cross-Sectional Surveys	IPV	---	Fair
60.	Wydall & Zerk (2017)	UK	50 IPV practitioners, sampled through approaching victim services	Cross-Sectional Interviews	IPV	--	Fair
61.	Zapf & Gross (2001)	Germany	216 adults, sampled through community adverts (45% male, 55% female)	Cross-sectional Surveys and Face-To-Face Interviews	Bullying	--	Good
62.	Zink, Jacobson Jr, Pabst, Regan & Fisher (2006)	USA	38 adult females, sampled through community adverts	Cross-Sectional Telephone and Face-To-Face Interviews	IPV	--	Fair

APPENDIX 3: Main Findings of Included Papers from the Systematic Review

Paper	Main Findings
Al-Modallal (2012)	Participants used positive coping strategies to deal partner violence more frequently compared to using negative coping strategies. For instance, participants tended to seek help from family and friends. On the other hand, experiencing sleep problems, which symbolises a negative coping strategy, constituted the highest reported negative strategy. Women subjected to IPV also reported the most negative coping behaviour. However, accounting for sample characteristics, participants subjected to IPV were less likely to use negative coping behaviours than controls.
Amstadter, McCauley, Ruggiero, Resnick & Kilpatrick (2008)	Help-seeking for the sample was 60%, over half sought support from mental health services (54%) and 38% sought support from medical services. Being white and unmarried increased the likelihood of help-seeking, with experiencing PTSD being the only psychopathology factor associated with help-seeking. Seeking help from a medical professional was associated with forcible rape, and depressive episodes. Seeking help from a mental health service was associated with being white, married, previous victimisation and PTSD symptoms. PTSD and depressive symptoms increased the number of help services accessed by participants.
Amstadter, Zinzow, McCauley, Strachan, Ruggiero, Resnick & Kilpatrick (2010)	More than half the sample (52%) endorsed lifetime help-seeking. The most common help sought was from mental health specialists (93%) and a medical doctor (48%). PTSD was the only psychopathology factor that was associated with help-seeking.
Ansara & Hindin (2010)	While the majority of women spoke to an informal source of support, those in the 'intermediate' and 'severe' class were more likely to seek help (87% and 87% compared to 73%). Women in the 'severe violence' class were also more likely to seek formal help than those in the 'physical aggression' class. For men, informal help seeking was more likely for those in the 'moderate violence and control' class than the 'physical aggression' class (79% compared to 47%). For men, those in the 'moderate violence' class were more likely to seek formal help than those in the 'physical aggression' class. Women that were subjected to IPV were more likely than men to seek formal and informal support, and help-seeking increased with the severity of abuse.
Bart & O'Brien (1984)	Participants described a range of strategies used to 'avoid' being subjected to rape. Participants that were classed as 'Avoiders' used more strategies than participants who were raped. 'Avoiders' were more likely to scream. attempt to flee, use physical force and to be 'aided by environmental intervention', whereas participants that reported being

	raped were more likely to plead with the perpetrator. Further, participants who were raped were also more likely to use 'no strategy' (27% compared to 0%). Several qualitative variables appeared to increase participants' use of defensive strategies, including wishing to 'avoid rape' instead of wishing to 'avoid death' and there not being a weapon used by the perpetrator.
Björklund, Häkkänen-Nyholm, Sheridan & Roberts (2015)	Half of the sample reported being stalked in the past (48%). 25% of participants were stalked by ex-partners. Legal action was rarely used by participants, through the most common legal action was reporting to the police (6%), though twice as many participants threatened to call the police, this was more frequent when the stalking was violent. However, participants that experienced violent stalking were more likely to seek support from informal sources. Participants that experienced violent stalking were as or more likely to use all coping strategies with the exception of avoiding running into the perpetrator.
Brewster (2001)	Most participants (69%) reported attempting to reason with their perpetrator, while others attempted to ignore their perpetrator (42%), avoid contact (33%), plead with the perpetrator (19%). Further, only 13% of the sample threatened to call the police. Most participants used legal strategies (80%). This included calling the police (72%) and filling protection orders (51%). Older participants were more likely to use legal strategies to discourage their stalkers. Further, threats, or actual violence, was associated with more police help-seeking. Finally, the police were considered less helpful than prosecutors and judges.
Bruschi, Paula & Bordin (2006)	Participants who were subjected to 'severe' violence sought formal help, whereas participants who were subject to less 'severe' violence did not. For 'severe' violence, participants sought help from family members (47%), their partner's family (36%) and friends (31%). Police were contacted by 36% of the 'severe' violence sample, with shelters (10%), medical healthcare (5%) and mental health services (5%) being contacted also. When violence was less 'severe' 55% contacted their family members, or their partner's family/religious leaders (11% respectively). More participants in the less 'severe 'sample did not seek help at all (44% compared with 15%).
Cerulli, Kothari, Dichter, Marcus, Kim, Wiley & Rhodes (2015)	When utilising legal services, more than half of participants indicated that their wishes matched the prosecutors'. Participants whose perpetrator had a previous conviction were twice as likely to pursue prosecution. Only 15% of participants agreed with prosecutors that the perpetrator should not be prosecuted. Participants subjected to repeated IPV were more likely to support prosecution than those subjected to isolated incidents. Participants who used alcohol and/or drugs at the scene were almost three times more likely to disagree with the prosecutor and want the charges pursued, as were participants whose abusers had prior convictions. Participants involving lower levels of violence had higher levels of disagreement (than women with more severe violence) when prosecutors wanted to drop charges.
Chen & Ullman (2014)	Most participants did not report their victimisation to the police (71%), 20% were first party disclosures and 8% were third party disclosures. Not reporting an assault was associated with being younger, and white. Police reporting was less likely when the perpetrator was female, the

	perpetrator was an intimate partner or relative. Assaults were more likely to be reported if it involved a weapon or resulted in injury. Participants were more likely to directly report assaults if they felt their life was threatened. Participants were more likely to report assaults from intimate partners, whereas third parties were more likely to report assaults by strangers or acquaintances.
Cho & Huang (2017)	Participants who were subjected to IPV were more likely to seek informal support (85%) than formal support (23%). Medical services were the most utilised formal support (13%), whereas immediate family (77%) and friends (85%) were the most utilised informal supports. Physical violence was associated with formal help-seeking, whereas psychological abuse was associated with informal help-seeking.
Coker, Derrick, Lumpkin, Aldrich & Oldendick (2000)	Participants having a lower income was associated with increased help-seeking, as was lower education and urban residence, for women only. More females (87%) than males (57%) reported seeking help. Men were less likely to seek both formal and informal help. Women most often sought medical or mental health support (36% and 45% respectively). Women experiencing more 'severe' violence were more likely to seek formal help (similar analysis was not completed for men).
Coulter & Chez (1997)	The majority of the sample (78%) informed an informal source of support initially about being subjected to IPV (family or friends). Most participants stated that the individual they disclosed the abuse to was helpful (75%) and supportive (51%), though some stated the source of support had a negative reaction to the disclosure (33%).
Denkers (1999)	Participants appeared to need the most support from intimate partners and the least support from distant professionals. In the longitudinal design participants needed and received more support from intimate partners than social networks from Time 1 to Time 3. A similar pattern was found regarding needing and receiving support from social networks, as opposed to distant professional supports from Time 1 to Time 3. Participants who received less support from intimate partners, social networks and distant professional supports reported lower satisfaction with life.
Deutsch, Resch, Barber, Zuckerman, Stone & Cerulli (2017)	Participants reported race as a barrier to documenting bruises resulting from IPV victimisation, due to obscurity of bruise colour against dark skin tones. Participants also described taking photographic evidence of bruise injuries as these provide evidence to support legal action against the perpetrator. However, participants described bruises often healing quickly, which limits the period of time available for victims to document their injuries. Further, participants noted a distrust of legal and police services, describing them as not talking bruising seriously or not believing these services would help them.
D'haese, Dewaele & Van Houtte (2015)	Interviews with participants found that they used four categories of behaviours in response to victimisation. Participants described using avoidance strategies, such as avoiding people or places, and amending parts of their routine to prevent victimisation. Some participants also described changing their behaviour, as to behave in a heteronormative manner. Participants also described using assertiveness and confrontation strategies to 'call out' the perpetrator. However, only a minority reacted to verbal insults as they felt that this escalated the

	situation. Some also described contacting the media or the police to challenge the behaviour. Thirdly, participants engaged in cognitive restructuring, seeking to reappraise their victimisation, choosing not to be anxious or worried and placing the responsibility and blame for the victimisation on the perpetrator, rather than themselves. Finally, participants reported using social support, such as from friends and family, the police, or the media. However, some described not reporting their victimisation to anyone or receiving unhelpful responses, such as victim blaming or homophobia.
Douglas & Hines (2011)	Most participants who were subjected to IPV reported not seeking help (78%). More participants who experienced 'severe' violence reported seeking help than those who reported 'moderate' violence (43% and 10% respectively). Further, participants most frequently sought help from the police and medical services (12% and 10%). Participants who reported 'severe' abuse more frequently sought help from the police and medical services (22% and 24%) than those reporting 'moderate' violence (3% and 5%). Participants were most satisfied with health care and legal advice centres and least satisfied with the police. Conversely, most participants subjected to IPV reported seeking informal support. Participants reporting 'moderate' violence sought more informal support (66%) than those reporting 'severe' violence (26%). Family and friends were the most frequently used informal sources of support.
Douglas, Hines & McCarthy (2012)	Participants utilised informal sources of support most frequently (85%). Approximately 66% also sought help through online informal sources of support, including seeking information online (53%) and using an online support group (23%). Nearly half of participants used a resource for men experiencing partner aggression (45%). Approximately 66% of participants sought formal support from a mental health professional, police and DV agencies being used by almost half of the participants. DV shelters and medical services were only utilised by less than a quarter of participants (23% and 18%). Most participants found friends and family helpful (90%), with DV agencies and helplines being perceived as less helpful (44% and 31%).
Fanslow & Robinson (2010)	Participants most frequently utilised support from the internet (63%) and mental health professionals (66%), with DV helplines (23%) and medical professionals (18%) being least utilised. Participants seeking help over the internet were 80% less likely to have experienced 'severe' violence. Participants who were older and whose children had witnessed their abuse were more likely to seek help from a DV agency. Participants with children at home, higher educational attainment and with mental health difficulties were more likely to seek help from mental health professionals. Finally, seeking help from the police was associated with being an ethnic minority, being in a rural location, having a false allegation made and to have experienced 'severe' violence.
Djikanović, Lo Fo Wong, Jansen, Koso, Simić, Otašević &	Most participants reported their victimisation to someone (76%). Of the participants that reported their victimisation, 58% told informal sources only (family and friends), 5% only told formal services and 36% told both informal and formal sources. The most frequent sources of support included parents (37%) and siblings (29%). The most frequently

Lagro-Janssen (2011)	accessed formal supports included mental health professionals (16%) and the police or medical services (12%). Approximately 25% did not report their victimisation. Participants who were subjected to 'severe' violence were more likely to seek help (s5%) compared to those who exclusively experienced sexual violence (61%).
Fry & Barker (2002)	Participants reported having an average of 5 members in their support network, with close friends (85%) and co-workers (60%) being most frequently reported. Support networks more commonly involved informal support with only 38% including hired professionals in their support network. Participants appeared to be most satisfied with support from close friends (male slightly more than female), and co-workers. Further, professional support networks, such as counsellors and lawyers were rated highly by participants. The lowest rated support networks included participants' parents, social workers, case workers and spiritual leaders. Participants who were more satisfied with their support networks indicated less depression and loneliness, were more positive about their emotional health and had higher self-esteem. Interestingly, having more men in the support network was associated with greater satisfaction of support.
Galeazzi, Bučar-Ručman, DeFazio & Groenen (2009)	In response to being subjected to stalking, participants most frequently sought help from friends and family (86%), followed by colleagues (42%) and the police (42%). Mental health professionals (19%), victim support groups (14%) and social services (10%) were least frequently utilised. More than half of participants that contacted friends or family did so within one month of the stalking initiating. Participants felt most supported by mental health professionals, family and friends, lawyers, and victim support groups, while they reported feeling least supported by the police. Regarding helpfulness, mental health professionals, lawyers, family, and friends were reported to take disclosures seriously, but police were not. Further, family and friends, lawyers, colleagues, and the police were reported to facilitate effective intervention but GP's intervention was not considered effective. Restraining orders and arrests were reported to be the most helpful police interventions, whereas formal and informal warnings were considered least helpful.
Geistman, Smith, Lambert, & Cluse-Tolar (2013)	Female participants were more likely to have been subjected to stalking. Further, female participants were more likely to have reported their stalking victimisation, than male participants.
Ghanbarpour (2011)	Participants described using social support, such as friends and family, colleagues, and neighbours, to acquire emotional or practical support. Another set of safety strategies included 'managing, coping with and ending' the relationship. This included strategies that focused on attempting to control or cope in the relationship through controlling risky situations and placating the abuser, or using legal or extra-legal agreements to control the abuser's behaviour. This also included coping, such as self-medicating, journaling praying, or deciding to end the relationship. Thirdly, participants described installing personal security, such as security systems and locks, changing contact numbers, using avoidance, or using self-defence strategies. Participants also described using safety planning methods to anticipate and manage

	potential abusive behaviours from their partners. Finally, participants used formal help-seeking, such as the police, requesting protective orders, pressing charges, and using victim services and shelters.
Goodman, Dutton, Weinfurt & Cook (2003)	Overall, more than 20 different strategies (as outlined in the Intimate Partner Violence Strategy Index; IPVSI) were used by 52% of participants. Further, 54% of participants reported using at least one strategy from each category of the IPVSI (Resistance, Safety Planning, Legal, Formal Help-seeking, Informal Help-seeking, and Placating). Participants rated safety planning, informal, and legal strategies as most helpful, though placating and resistance strategies were most commonly used. There was no difference in strategies used depending on the severity of violence participants were subjected to.
Guadalupe-Diaz (2013)	Of the participants that had been subjected to IPV, 57% had not sought help of any kind. Further, in the IPV sample, 65% did not seek formal help, while 65% did not speak to friends or family either. Males were slightly more likely to seek help of any kind, than females. Further, help-seeking of any kind was associated with a high socioeconomic status, for both male and female participants.
Haarr (2008)	Of the participants that reported current physical IPV, only half (51%) had told someone about the violence. Family (73%) and friends (39%) were the most commonly used sources of support, with no participant using sources such as lawyers, courts, and women's shelters. Regarding violence from a mother-in-law, 75% of participants told someone, and all these told their family and husband. Reported barriers to help-seeking included negative responses from friends and family (minimising, victim blaming, reinforcing gender stereotype roles), the violence being perceived as less serious or not resulting in serious injury, professional victim blaming, doctors referring victims to psychiatrists, victims not knowing legal rights/not having legal protection, poorly trained police services and negative attitudes towards victims from professionals.
Kamphuis & Emmelkamp (2001)	Most participants reported experiencing fear as a result of being stalked (97%), with 88% reporting feeling unsafe as a result. Regarding help-seeking, the majority of participants sought legal help (69%), changed their phone numbers (62%) and daily travel routes (62%), avoided going out of their houses (55%), and increased their home security (51%). Further, 30% of participants changed addresses within cities or moved to another city, and 17% tried both. Finally, 23% of participants stopped work or school out of fear of being harassed by their stalker.
Kaukinen (2002)	Of participants reporting being subjected to physical or sexual violence, 76% reported talking to someone about the violence. Most (76%) sought help from a family member or a friend, though seeking help from a family member only (59%) or a friend only (40%) was less frequent. Professional help-seeking was much less frequent, with participants seeking help from the police (14%), social services (13%) and a doctor (10%) infrequently. The analysis placed participants in three latent classes, a) minimal help-seeking, b) friend and family help-seeking and c) substantial help-seeking. Most participants fell into class b, friends and family help-seeking (50%), followed by class a, minimal help-seeking (35%, then class c, substantial help-seeking (15%). Participants

	who were victimised by an intimate partner were more likely to engage in 'substantial' help-seeking, compared to just speaking to family or friends. Thus, being victimised by an intimate partner was associated with seeking both informal and formal help.
Kaukinen (2004)	Participants were categorised in three latent classes: a) minimal help-seeking (39%), b) friends and family help-seeking (41%) and c) substantial help-seeking (20%). Most participants in the minimal help-seeking class did not seek help (81%). In the substantial help-seeking class, most participants sought help from professionals such as psychiatrists (77%) and friends and family (55%), however, they also sought help from the police (42%) and social services (10%). Participants who were victimised by an intimate partner were three times more likely to seek help than those victimised by a stranger. Help-seeking was also more likely when the violence resulted in fear of serious harm or being killed.
Kraaij, Arensman, Garnefski & Kremers (2007)	The use of strategies such as self-blame, rumination, catastrophising and refocusing on planning were associated with an increase in symptoms of anxiety, depression, and symptoms of intrusion and avoidance (symptoms of PTSD). However, the use of catastrophising was not associated with avoidance symptoms. After controlling for the severity of the stalking incidents, only refocusing on planning (associated with anxiety symptoms) and self-blame (associated with intrusion and avoidance symptoms) and rumination (associated with avoidance symptoms) lost significance.
Kuehnle & Sullivan (2003)	Of participants who reported being victimised by an intimate partner, only 48% contacted the police to report their partner. For both gay and lesbian participants, who were victimised by an intimate partner, they were more likely to be subjected to physical assault or assault with a weapon, than incidents not committed by an intimate partner. Lesbian participants were more likely than gay participants to report their abuse from an intimate partner, to the police (60% compared with <50%).
Leone, Johnson & Cohan (2007)	Of the participants reporting abuse from an intimate partner, those in the Intimate Terrorism (IT) category were twice as likely to contact the police following a violent incident compared to participants in the Situational Couple Violence (SCV) category. Further, more 'severe' violence was associated with increased police reporting. Also, IT participants were nearly four times more likely to seek medical help compared to SCV participants, and symptoms of PTSD and injury, were significant predictors of seeking medical help. Similarly, participants in the IT category were twice as likely than those in the SCV category to seek mental health support, with more 'severe' violence increasing help-seeking. Conversely, informal help-seeking was not increased when more 'severe' violence was reported, however, access to money did increase family help-seeking. While experiencing IT or SCV did not affect family help-seeking, those in the IT category were two times less likely to contact a friend or neighbour than those in the SCV category.
Lipsky, Caetano, Field & Larkin (2006)	Participants who had been subjected to IPV in the previous 12 months were more likely to use alcohol and illicit substances, and to be alcohol dependent. Further, participants who were subjected to IPV were more likely to seek help from health services, and social services, than non-

	victims. Specifically, participants subjected to IPV were 12 times more likely to use social services overall, six times more likely to use a social/case worker, and nearly four times more likely to seek housing assistance than non-victims. Participants who were subjected to IPV were ten times more likely to use an alcohol or substance program.
Lowe et al. (2016)	Participants' engagement with victim support was analysed based on participants' needs. Psychological needs and practical needs predicted an increased number of sessions attended at victim support. Conversely, if participants were intoxicated on drugs or alcohol at the time of their victimisation, they were subsequently less likely to engage with victim support than those not intoxicated. The 'severity' of participants' victimisation also appeared to impact their engagement with victim support, participants who sustained an injury were more likely to engage than participants who did not.
Machado, Hines & Matos (2016)	The majority of participants did not seek help from any source (76%), however, informal support was the most frequently used source of support for those that did. Friends (71%) and family (66%) were the most common informal supports used. Further, only 57% of the sample sought formal support, with health professionals (57%) and social or victim services (23%) being the most frequently use. Further, of participants that sought help, over 70% felt that friend and family were helpful, 50% felt health professionals were helpful but no participants found the police, social or victim services, and justice services helpful. Of the participants that did not seek help, the most frequent barriers to help seeking included not understanding they were a victim (64%), feeling shame (30%) and a distrust of the system (19%). When participants were asked what they needed from support, most stated they wanted someone close to talk to (77%) and other frequent needs were needing a place to stay (55%), specialised support (51%) or social support (51%).
Machado, Santos, Graham-Kevan & Matos (2017)	Participants described a range of coping strategies in response to IPV victimisation. For instance, they described spending time on their own, attempting to calm their partner, and seeking help from others. They also described seeking help from formal sources (the police, healthcare services, judicial services), and informal sources (colleagues). Informal help was considered useful, whereas formal sources were described to be generally unhelpful due to gender stereotyping, being ridiculed and not being believed.
McClennen, Summers & Vaughan (2002)	Participants reported a variety of help-seeking behaviours. Most participants sought help from informal sources of support, such as family (56%) neighbours (46%) and friends (65%). The participants found support from family to be unhelpful (80%) and friends to be somewhat unhelpful (48%). Participants also sought help from religious advisors, medical services, psychological professionals, police, lawyers, and victim services (between 44% and 52%). Most formal services were considered unhelpful, with victim shelters (100%-86%), medical doctors (93%), lawyers (89%) and the police (83%) being perceived as most unhelpful.
Meyer (2010)	The analyses were based on help-seeking participants only, however, within this sample, most sought informal help (62%). Conversely, 38%

	sought formal help, and they were more likely, than those seeking informal help, to be married, have a lower net income, to have used substances or alcohol to cope and to have had children witnessing their victimisation. Participants seeking formal and informal help were equally likely to suffer sexual abuse, however, those seeking formal help considered their most recent victimisation to be more serious, than those seeking informal help. Further, participants seeking formal help reported more injurie from their victimisation, than participants seeking informal help.
Mezey, Evans & Hobdell (2002)	Most participants (77%) sought help from family and friends, however, all were seeking help from victim support. Participants also sought other formal support, including the GP (66%), counsellors (20%), support groups (28%) and the Samaritans (6%).
Moon & Evans-Campbell (2000)	Participants in the sample that identified as Korea-American were less aware of formal and informal help for elder abuse (agencies, organisations, family or friends, and professionals). Only a minority of participants were aware of a helpline for elder abuse, less knew the telephone number for this hotline. The majority of participants reported having an informal source of help, such as a relative, friend, neighbour, or church minister, though Caucasian participants were more likely to have knowledge of informal support (88%) than Korean-Americans (62%). For instance, 28% of Korean-American participants reported not knowing a single source of informal support, compared to 3% of Caucasians.
Moon & Williams (1993)	Participants' judgement of abusive scenarios differed significantly across scenario conditions. In many scenarios, while a high proportion of participants identified the scenario as abusive, their intention to seek help differed significantly. For example, in one scenario, 71% perceived the scenario to be abusive, but only 34% would seek help, whereas in other scenarios, a similar number of participants viewed them as abusive and would seek help. Participants identified 18 sources of help they could use, including their husband, child, sibling, neighbour, social worker, church minister, police, doctor, nursing home, bank or accountant, and telephone company.
Morrison, Luchok, Richter & Parra-Medina (2006)	Participants' discussion of help-seeking resulted in four themes. Family support was positively appraised due to them providing instrumental support and providing helpful advice to participants. However, perceived disadvantages of family support included a lack of emotional support, family not wanting involvement, family being judgmental, feeling betrayed and family members retaliating. Participants also described friends offering instrumental support. Similarly, friends were also perceived negatively, due to their advice being inappropriate, friends being judgmental and friends feeling victims are stupid. Indeed, the wider African-American community were described as thinking victims are stupid, being amused by abuse, normalising and victim blaming and not wanting to get involved.
Mysyuk, Westendorp & Lindenberg (2016)	Participants described coping strategies used in response to IPV. These included making a 'survival plan', seeking help from a victim helpline, relying on themselves, seeking help from friends and family, seeking

	help from professionals. Participants often reported using several coping strategies simultaneously.
Odero, Hatcher, Bryant, Onono, Romito, Bukusi & Turan (2014)	Participants described their responses to IPV and nine actions were identified by the researchers. These included doing nothing (staying silent), seeking help from family, speaking to their partner's family, reporting to community structures, speak to a health clinic, reporting to the police, seeking charges against their partner, seeking help from an NGO, and attempting suicide. Several help-seeking barriers were also identified. This included not being able to access support, lack of expert knowledge or skills to manage IPV, the normalisation and minimization of violence and lack of legal consequences for IPV.
Pakieser, Lenaghan & Muelleman (1998)	Most participants in the sample had used informal support, such as family and friends (71%). The police and the hospital were the next most utilised support (45% and 22%). Participants also sought help from social workers, psychologists, lawyers, doctors, and clergy, though to a lesser degree. Further, participants also described seeking help from women's centres, IPV helplines, court systems, neighbours, employers, and partner's family.
Resendez & Hughes (2016)	The study examines the validity of the newly developed Date and Acquaintance Rape Avoidance Scale (DARAS). The scale outlines various behaviours used by victims of rape in repose to the threat of rape by known and unknown perpetrators.
Richards & Lyneham (2014)	Several barriers to help seeking were identified, for human trafficking victims. These included lack of support from authorities, distrust of services, cultural shame and pressure, fear of partner retaliation lack of knowledge regarding available support and fearing the legal consequences of seeking help. Informal help-seeking was most common amongst participants, which included neighbour's family members and friends. Formal help, that participants sought, included the police, the migrant community, social workers, and domestic violence workers.
Sabina & Tindale (2008)	In response to victimisation, most participants used a problem focused strategy (90%). Further, 81% sought a form of help, with 19% not seeking any help at all. Help seeking was most frequently involving informal support (71%), less than half contacted the police (40%), medical professionals (24%) or a counsellor (18%). In addition, only 13% of the sample pursued an order of protection against their perpetrator. Help seeking was associated with more violence incidents, more 'severe' violence, perpetrator harassment and more social support. Similarly, 'severe' violence, the presence of power and control, being employed and being a 'homemaker' increased the likelihood of participants seeking a protection order.
Stavrou, Poynton & Don Weatherburn (2016)	Of the sample that reported IPV victimisation, only 26% reported this to the police. For the majority that did not report (74%), barriers included feeling they could deal with it independently (33%), not believing the IPV was serious (17%), fearing their partner (12%), not wanting their partner to be arrested (9%) and feeling ashamed (6%). Police reporting was more likely when the perpetrator was an ex-partner, the IPV was physical and not sexual, the participant was injured, drugs or alcohol were involved, the participant was emotionally

	abused, the participant perceived the IPV as a crime and the participant being unable to raise $2,000. Most participants sought informal help (69%), primarily from friends or family (76%), but also from a counsellor or support worker (27%), the police (23%), a GP (21%) or another health professional (7%). Friends and family were most commonly contacted first (66%).
Sudderth (2017)	Over half of the refuges in the sample used a standardised risk assessment tool to evaluate risk to victims, though all the refuges had some risk assessment protocol in place. The use of the ODARA risk assessment was used by many, in conjunction with their own risk assessment protocols. All refuges completed safety planning with victims. Most refuges allowed or encourages victims to use social support in a safety planning meeting, which was considered beneficial for several reasons. For instance, having informal support involved in safety planning meetings was considered beneficial as it provides emotional support, it makes more people aware of the safety plan, informal support can provide practical support, allows informal support to contribute to the plan and it de-stigmatises domestic abuse.
Tenkorang, Sedziafa & Owusu (2017)	Most of the sample did not seek help following being subjected to IPV (64%), further, 31% only sought help from an informal source and 1% only sought help from a formal source. Help seeking was associated with more 'severe' forms of abuse, for both formal and informal sources. Further, being subjected to sexual abuse was associated with informal help-seeking only.
Tsui, Cheung & Leung (2010)	Participants described having limited contact with male victims in IPV services, with only 50% referencing their clients when discussing male victims. Further, 23% reported that male victims do not utilise social services at all, describing support for males being insufficient, with shelters, counselling and couples counselling as most insufficient. Male victims reportedly were most likely to use support such as counselling and legal advice. Indeed, participants considered individual counselling, legal advice, and telephone helplines to be most helpful for male victims. Regarding barriers for help seeking, participants referred to numerous factors. This included services not being targeted to males and not being suitable for their needs, feeling shame and embarrassment, denial about their victimisation, stigma regarding male victims of IPV and fearing their partner or being labelled.
Turell & Herrmann (2008)	Participants described talking to a variety of sources about their victimisation, including, friends, the LGBT community, an army chaplain, and a radio host. Individuals whose abuse occurred while they were in the army described a 'don't ask, don't tell' policy on homosexuality, making help-seeking difficult. Friends provided a range of responses, with wanting them to leave the relationship but not providing guidance being considered unhelpful. Seeking help from the LGBT community also had mixed responses, with some being worried about feeling embarrassed or feeling disloyal to their partner for seeking help. Further participants described concern of experiencing homophobia from outside the LGBT community, however, some were also reluctant to speak to members of the LGBT community they

	already knew. Participants also described a lack of available, or suitable, services for LGBT women.
Ullman & Filipas (2001)	In the sample, 87% had reported their victimisation to others. 30% told someone immediately after the abuse, 30% told someone 'days or weeks' after the abuse and 30% told someone over a year after the abuse. Negative social reactions, when disclosing abuse, was associated with increased post-traumatic stress (PTSD) symptoms. More specifically, being treated differently, receiving stigmatising responses and responses involving distraction were most associated with the onset of PTSD symptoms.
Vaaler (2008)	Only 6% of the sample disclosed their victimisation to a member of the clergy. Most of these participants were white and protestant. While most participants reported a religious affiliation, a small number sought help from the clergy but had no religious affiliation. Hispanic participants were two times more likely to seek help from the clergy than white participants. Further, as participants' education levels increased, their seeking of help from clergy also increased. Participants who were subjected to verbal abuse, as opposed to no verbal abuse, and who were subjected to more 'severe' abuse, were more likely to seek help from the clergy.
VanVoorhis (1995)	Participants described disclosing their victimisation to informal sources, which was most commonly their female friend (65%) followed by their mother (14%) and a male friend/sister (8%). Further, most participants told their female friend first. 60% of participants disclosed their victimisation after the first incident, 24% talked about it after the second or third, the rest of the sample disclosed after the fourth incident. Participants, when seeking formal help, most frequently sought help from a psychologist (15%), followed by the police (8%) and a counsellor (7%). Only 20% of participants contacted a formal source of support.
Waterman & Moore (1999)	The study describes the development of the Dating Self Protection Against Rape Scale (DSPARS), in an adult sample. This scale outlines a variety of self-protection strategies used by victims of sexual assault.
Wydall & Zerk (2017)	Participants described various factors that influence older individuals help-seeking behaviour. This included professionals adopting ageist and paternalistic responses towards older people. Second, participants described socio-cultural factors that impact on older people's decisions to seek help. Third, participants stated their client's decisions to engage were dependent on being able to stay socially embedded within their family, their home and their community. Finally, some participants felt statutory responses often ran counter to the wishes of the older person. The findings suggest that to promote engagement, a more age-sensitive approach that recognises the wishes of individuals and facilitates informed decision-making is necessary.
Zapf & Gross (2001)	Qualitative findings indicated that bullying incidents took different routes. This included continuous escalation of bullying, continuous escalation with some de-escalation, rapid escalation of bullying and continuous escalation with several periods of de-escalation. Qualitative interviews also indicated that bully escalation was influenced by both the bully and the victim. But participants were not aware at the time that

	their own behaviour was 'threatening or provocative'. Strategies used by participants, in response to bullying were categorised as integrating, obliging, dominating, and avoiding strategies. While most participants initially employed integrating strategies, most moved to avoiding strategies. The most common strategies used by participants included leaving the organisation (22%) and seeking support (20%). The most infrequently used strategies included protect their own health (6%), create balance (6%) and protocol events (2%).
Zink, Jacobson Jr, Pabst, Regan & Fisher (2006)	Participants described using both problem-focused and emotion-focused coping strategies in response to being subjected to IPV. This included help seeking (formal and informal), working or volunteering, spending time with children, cognitive reappraisal, setting boundaries with their partner. Reappraisal included employ spiritual beliefs, minimizing or denying abuse and viewing their lives more positively, or in a different way. All participants sought help from at least one source of support. Participants also described reorientation, which included immersing themselves in their role of a mother or a wife, and reaching out, which involved obtaining formal and social support.

APPENDIX 4: Papers Included in the Systematic Review Based on the Sample Origin and Characteristics.

Sample Origin[43]		Sample Characteristics[44] [45]	
United States of America	34	Male	25
The Netherlands	4	Female	53
Australia	3	LGBTQ+	8
Portugal	2		
Canada	3		
United Kingdom	3		
Belgium	2		
New Zealand	2		
Finland	1		
Nigeria	1		
Italy	1		
Slovenia	1		
Germany	1		
Brazil	1		
Kenya	1		
Tajikistan	1		
Jordan	1		
Serbia	1		

[43] Note: The variance of sample locations adds up to 63 papers, this is due to one paper reporting data from 3 European countries.
[44] Note: Papers accounting for gender demographics describe all papers that included explicit description of the gender of the sample.
[45] Some papers did not explicitly outline the reported sexualities of their sample.

APPENDIX 5: Study One Questionnaire, Consent Form and Debrief Form

Victim safety strategies in abusive intimate partner relationships

You are invited to participate in a study conducted by a researcher from the University of Central Lancashire (UCLan). The study is being conducted as part of a PhD candidature and as part of professional psychology training. The study aims to explore your knowledge and experiences of how victims protect themselves, or others e.g. their children and pets, while in violent or abusive relationships. We encourage you to read the following information, after which, you can contact the lead researcher, Thomas Nally (tnally1@uclan.ac.uk) if you require additional information.

What is the purpose of the study?

As there is limited research into how victims of IPV prevent or reduce potential harm towards themselves (or others) while in abusive relationships, this study aims to develop our understanding of the strategies used by victims. Professionals who work closely with these victims can offer a unique insight into these safety strategies.

What does taking part in the study involve?

You will first be asked to provide some general demographic information such as age, gender and occupation.

You will then be asked to complete a questionnaire that aims to capture your views on victim safety strategies and coping strategies (pre-identified from a literature search). This questionnaire will be presented in two sections.

1. Section A of the questionnaire explores the of IPV victims employing potential safety strategies, coping strategies and help-seeking strategies.

2. You will also be asked to identify any additional strategies used by victims in abusive relationships, not already captured in this questionnaire. You will also be asked how likely it is that victims will employ the strategy and how effective it would be at reducing/preventing harm to the victim.

3. Section B of the questionnaire explores how effective potential safety strategies, coping strategies and help-seeking strategies (identical to those presented in section A) are thought to be in reducing/preventing harm to IPV victims in abusive relationships. There will be the opportunity to provide additional information, if you like, which you feel is important to the study.

Why am I being asked to take part?

Professionals who work with victims can provide valuable insight into the area of IPV victimisation. They possess a wealth of knowledge on both the strategies victims may use to enhance their safety as well as to provide an assessment on how useful these may be in protecting victims from such harm.

Do I have to take part and can I have my data removed?

Your participation in this study is entirely voluntary. To participate you must have current or past experience of working with victims of IPV. If you decide to take part, your consent will be sought. If at any time while completing the questionnaire you decide to withdraw, you can do so by simply placing the questionnaire back in the envelope. As the questionnaire is

anonymous, it is impossible to identify your data and therefore your data cannot be removed after you have completed the data collection process. Please note that as you progress through the sections it will not be possible to discard questions that you have already answered up to the point of stopping.

What are the possible benefits of taking part?

Your participation will help develop IPV victim safety measures. The results from this study may be used to inform and guide support for victims of abusive relationships and others affected by such abuse. Additionally, the results may also guide education and training packages for professionals.

Returned responses will be included in a PhD thesis to be submitted for examination as well as for peer review publications and conference presentations. As noted above, your anonymity is ensured in any the write ups of the findings. Additionally, the data from this study will also be included as part of the required coursework for the British Psychological Society (BPS) Stage 2 qualification in Forensic Psychology, however, the data will remain anonymous.

What if I am affected by taking part in the research?

If you are affected by any of the issues raised through taking part in the study, free, confidential advice and/or somebody to talk to, can be obtained by any of the following organisations:

UK based

The Samaritans

Website - www.samaritans .org.

Telephone – 116 123

Victim Support

Website - www.victimsupport.org.uk

Telephone - 08 08 16 89 111.

Australia based

Lifeline

Website - www.lifeline.org.au

Telephone- 13 11 14

Victim Support Service

Website - www.victimsa.org

Telephone - 1800 842 846

Who do I contact if I have any questions?

This study has been approved by the University of Central Lancashire (UCLan) Ethics Committee. If you have any questions please email me: TNally1@uclan.ac.uk or my primary supervisor JLIreland1@uclan.ac.uk.

Additionally, you can contact the UCLan officer for ethics on OfficerForEthics@uclan.ac.uk if you wish to know more about the ethical approval process for this study if you have any concerns that you do not feel can be raised with myself or my primary supervisor. Any correspondence of this nature should include the name of the study and the researchers' names.

Thank you for taking the time to read this information sheet.

Research Team

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If you consent to participate in the study, please tick the ☐

Thank you for agreeing to take part in this study. The questionnaire should take around 30 minutes to complete. You will be presented with different ways that victims of abusive relationships may protect themselves and others from harm.

First please tick your primary occupation:

Social Worker	Nurse (Please state specialist field in 'Other')
Psychologist (Please state specialist field in 'Other')	Lawyer/Solicitor
Healthcare Therapist (Please state specialist field in 'Other')	Police Officer or Detective
Doctor (Please state specialist field in 'Other')	Other (please state)
Support Worker or Shelter Worker	…….

How long have you worked with victims of Intimate Partner Violence (IPV) in your primary occupation?

……..

Please state your gender:

……..

Please state your age:

……..

The following sections will ask you about your knowledge and experience of working with victims of IPV.

Please be aware, the following sections (Section A and Section B) contain identical potential safety strategies, coping strategies and help-seeking strategies. This is intentional. Please take care to read the instructions for each section as you will be asked to consider these in different contexts.

You will be asked to rate these safety strategies, firstly based on their likelihood of being used by victims and secondly, on their effectiveness in protecting the victim against harm. This is based on your opinion.

Section A

In this section, please consider each strategy and consider how likely the strategies may be employed by victims of IPV, who are in an abusive relationship, to reduce/prevent harm to themselves or others.

Section A - The Likelihood that victims may use potential safety strategies.

For each item please select an option from Agree (1), Somewhat Agree (2), Somewhat Disagree (3) and Disagree (4).

	Extent to which a victim will use this strategy to reduce or prevent harm to themselves or others.			
Have a conversation with perpetrator	1	2	3	4
Reconcile with perpetrator	1	2	3	4
Avoid meeting the perpetrator	1	2	3	4
Do not answer the phone/hang up on the perpetrator	1	2	3	4
Change or block phone number	1	2	3	4
Change daily routine	1	2	3	4
File a restraining order	1	2	3	4
Record phone calls or keep email correspondence with perpetrator	1	2	3	4
Use a hostile voice towards perpetrator	1	2	3	4
Threaten to hurt perpetrator	1	2	3	4
Physically hurt the perpetrator	1	2	3	4
Destroy perpetrator's property	1	2	3	4
Carry pepper spray or equivalent	1	2	3	4
Document injuries for the police	1	2	3	4
Informal monitoring of the perpetrator, such as through Facebook	1	2	3	4
Keep money and documents in a safe and secure location	1	2	3	4
Make a 'survival plan'	1	2	3	4
Leave home	1	2	3	4
Attempt to hide from perpetrator	1	2	3	4
Sleep in separate room from perpetrator	1	2	3	4
Isolate self	1	2	3	4
Attempt to calm perpetrator	1	2	3	4
Monitor the environment	1	2	3	4
Avoid places	1	2	3	4
Avoid people	1	2	3	4
Change behaviour to avoid threat	1	2	3	4
Ask others to confront perpetrator	1	2	3	4
Change thoughts about the cause of abuse	1	2	3	4
Set clear limits	1	2	3	4
Evaluate situation realistically	1	2	3	4
Protect own physical health	1	2	3	4
Check in with others	1	2	3	4
Live with people that the perpetrator fears	1	2	3	4
Reveal the abuse to social circle	1	2	3	4
Try and manage where, in the house, a fight is likely to take place	1	2	3	4

Leave the situation before a fight starts	1	2	3	4
Learn more about the previous violence from the perpetrator	1	2	3	4
Make a list of important phone numbers	1	2	3	4
Threaten to call the police	1	2	3	4
Refocus on planning for the future	1	2	3	4
Change travel route	1	2	3	4
Change address	1	2	3	4
Leave school or college (if apply)	1	2	3	4

Is there anything you want to comment on in relation to these potential coping strategies?

_____
_____
_____

Based on your professional knowledge/experience are there any potential safety strategies missing from the list and, if so, what are they? (Please note use and effectiveness)

SAFETY STRATEGY?	**EXTENT USE IT? ***	**EFFECTIVE? ***
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*****Using scale of 1 – 4: Agree (1) Somewhat Agree (2), Somewhat Disagree (3) and Disagree (4)

<u>Section A - The likelihood that victims may employ potential help-seeking.</u>

For each item please select an option from Agree (1), Somewhat Agree (2), Somewhat Disagree (3) and Disagree (4).

	Extent to which a victim will use this strategy to reduce or prevent harm to themselves or others.			
Seek support from friends	1	2	3	4
Seek support from colleagues	1	2	3	4
Seek support from immediate family	1	2	3	4
Seek support from the extended family	1	2	3	4
Seek support through social media	1	2	3	4
Seek emotional support	1	2	3	4
Seek support from partner's family	1	2	3	4
Seek support from a nurse or doctor	1	2	3	4

Seek support from victim support services	1	2	3	4
Seek support from the police	1	2	3	4
Seek support from other criminal justice services	1	2	3	4
Take a course in self-defence	1	2	3	4
Directly request protection or help	1	2	3	4
Obtain medication to help cope	1	2	3	4
Seeking support from a counsellor	1	2	3	4
Seek support from a shelter organisation	1	2	3	4
Seek support from social workers	1	2	3	4
Seek support from religious organisation	1	2	3	4
Seek support from accountants	1	2	3	4
Seek support from solicitors/lawyers	1	2	3	4
Access abuse hotline/support line	1	2	3	4
Attend civil court	1	2	3	4
Attend emergency department at the hospital	1	2	3	4
Seek help from other mental health professionals	1	2	3	4
Seek support from alcohol/drugs program	1	2	3	4
Seek support from housing assistance	1	2	3	4

Is there anything you want to comment on in relation to these potential help seeking strategies?

_____

_____

_____

Are there any potential help seeking strategies missing and, if so, what are they and to what extent would a victim use them?

HELP SEEKING STRATEGY?	**EXTENT USE IT? ***	**EFFECTIVE? ***
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*****Using scale of 1 – 4: Agree (1) Somewhat Agree (2), Somewhat Disagree (3) and Disagree (4)

Section A - The likelihood that victims may employ potential coping strategies.

For each item please select an option from Agree (1), Somewhat Agree (2), Somewhat Disagree (3) and Disagree (4).

	Extent to which a victim will use this strategy to reduce or prevent harm to themselves or others.			
Trying to harm self	1	2	3	4
Trying to kill self	1	2	3	4
Using self-help such as keeping busy and using distraction	1	2	3	4
Crying	1	2	3	4
Consuming alcohol	1	2	3	4
Self-control	1	2	3	4
Accept the abuse	1	2	3	4
Problem-focused coping	1	2	3	4
Focusing on own needs	1	2	3	4
Focusing on needs of perpetrator	1	2	3	4
Deciding to move on psychologically from abuse	1	2	3	4
Keeping a written journal or diary	1	2	3	4
Using substances such as illicit substances or medication	1	2	3	4
Praying	1	2	3	4
Self-blame	1	2	3	4
Keep thinking about it	1	2	3	4
Try to refocus on the positive	1	2	3	4
Try to put the abuse into perspective	1	2	3	4
Thinking the situation could not possibly get any worse	1	2	3	4
Blame others for the abuse	1	2	3	4

Is there anything you want to comment on in relation to these potential coping strategies?

_____

_____

_____

Are there any potential coping strategies missing and, if so, what are they and to what extent would a victim use them?

COPING STRATEGY?	**EXTENT USE IT? ***	**EFFECTIVE? ***
_____	_____	_____
_____	_____	_____
_____	_____	_____

*****Using scale of 1 – 4: Agree (1) Somewhat Agree (2), Somewhat Disagree (3) and Disagree (4)

Is there any other information that you believe would be helpful to include in this study?

Section B

In this section, please consider each strategy and consider how effective the strategies may be for victims of IPV, who are in an abusive relationship, in reducing/preventing harm to themselves or others.

Section B - The effectiveness of potential safety strategies for victims of IPV.

For each item please select an option from Agree (1), Somewhat Agree (2), Somewhat Disagree (3) and Disagree (4).

	This strategy would be effective in reducing or preventing harm to the victim or others.			
Have a conversation with perpetrator	1	2	3	4
Reconcile with perpetrator	1	2	3	4
Avoid meeting the perpetrator	1	2	3	4
Do not answer the phone/hang up on the perpetrator	1	2	3	4
Change or block phone number	1	2	3	4
Change daily routine	1	2	3	4
File a restraining order	1	2	3	4
Record phone calls or keep email correspondence with perpetrator	1	2	3	4
Use a hostile voice towards perpetrator	1	2	3	4
Threaten to hurt perpetrator	1	2	3	4
Physically hurt the perpetrator	1	2	3	4
Destroy perpetrator's property	1	2	3	4
Carry pepper spray or equivalent	1	2	3	4
Document injuries for the police	1	2	3	4

Informal monitoring of the perpetrator, such as through Facebook	1	2	3	4
Keep money and documents in a safe and secure location	1	2	3	4
Make a 'survival plan'	1	2	3	4
Leave home	1	2	3	4
Attempt to hide from perpetrator	1	2	3	4
Sleep in separate room from perpetrator	1	2	3	4
Isolate self	1	2	3	4
Attempt to calm perpetrator	1	2	3	4
Monitor the environment	1	2	3	4
Avoid places	1	2	3	4
Avoid people	1	2	3	4
Change behaviour to avoid threat	1	2	3	4
Ask others to confront perpetrator	1	2	3	4
Change thoughts about the cause of abuse	1	2	3	4
Set clear limits	1	2	3	4
Evaluate situation realistically	1	2	3	4
Protect own physical health	1	2	3	4
Check in with others	1	2	3	4
Live with people that the perpetrator fears	1	2	3	4
Reveal the abuse to social circle	1	2	3	4
Try and manage where, in the house, a fight is likely to take place	1	2	3	4
Leave the situation before a fight starts	1	2	3	4
Learn more about the previous violence from the perpetrator	1	2	3	4
Make a list of important phone numbers	1	2	3	4
Threaten to call the police	1	2	3	4
Refocus on planning for the future	1	2	3	4
Change travel route	1	2	3	4
Change address	1	2	3	4
Leave school or college (if apply)	1	2	3	4

Is there anything you want to comment on in relation to the effectiveness of these potential safety strategies?

Section B - The effectiveness of potential help-seeking for victims of IPV.

For each item please select an option from Agree (1), Somewhat Agree (2), Somewhat Disagree (3) and Disagree (4).

	This strategy would be effective in reducing or preventing harm to the victim or others.			
Seek support from friends	1	2	3	4
Seek support from colleagues	1	2	3	4
Seek support from immediate family	1	2	3	4
Seek support from the extended family	1	2	3	4
Seek support through social media	1	2	3	4
Seek emotional support	1	2	3	4
Seek support from partner's family	1	2	3	4
Seek support from a nurse or doctor	1	2	3	4
Seek support from victim support services	1	2	3	4
Seek support from the police	1	2	3	4
Seek support from other criminal justice services	1	2	3	4
Take a course in self-defence	1	2	3	4
Directly request protection or help	1	2	3	4
Obtain medication to help cope	1	2	3	4
Seeking support from a counsellor	1	2	3	4
Seek support from a shelter organisation	1	2	3	4
Seek support from social workers	1	2	3	4
Seek support from religious organisation	1	2	3	4
Seek support from accountants	1	2	3	4
Seek support from solicitors/lawyers	1	2	3	4
Access abuse hotline/support line	1	2	3	4
Attend civil court	1	2	3	4
Attend emergency department at the hospital	1	2	3	4
Seek help from other mental health professionals	1	2	3	4
Seek support from alcohol/drugs program	1	2	3	4
Seek support from housing assistance	1	2	3	4

Is there anything you want to comment on in relation to the effectiveness of these potential help seeking strategies?

Section B - The effectiveness of potential coping strategies for victims of IPV.

For each item please select an option from Agree (1), Somewhat Agree (2), Somewhat Disagree (3) and Disagree (4).

	This strategy would be effective in reducing or preventing harm to the victim or others.			
Trying to harm themselves	1	2	3	4
Trying to kill themselves	1	2	3	4

Using self-help such as keeping busy and using distraction	1	2	3	4
Crying	1	2	3	4
Consuming alcohol	1	2	3	4
Self-control	1	2	3	4
Accept the abuse	1	2	3	4
Problem-focused coping	1	2	3	4
Focusing on own needs	1	2	3	4
Focusing on needs of perpetrator	1	2	3	4
Deciding to move on psychologically from abuse	1	2	3	4
Keeping a written journal and diary	1	2	3	4
Using substances such as illicit substances or medication	1	2	3	4
Praying	1	2	3	4
Self-blame	1	2	3	4
Keep thinking about it	1	2	3	4
Try to refocus on the positive	1	2	3	4
Try to put the abuse into perspective	1	2	3	4
Thinking the situation could not possibly get any worse	1	2	3	4
Blame others for the abuse	1	2	3	4

Is there anything you want to comment on in relation to the effectiveness of these potential coping strategies?

In your professional experience, have you encountered a victim who reported online abuse from a current or past intimate partner (i.e. harassment on social media)? (please tick)

Yes **No**

Were there any strategies employed by victims to cope or manage these behaviours, not already identified in the questionnaire (i.e. closing down a social media account etc...)? If so, please state them.

Debrief form

Thank you for taking part in this study. Your time is much appreciated.
This study aims to develop a more detailed understanding of the strategies that victims of Intimate Partner Violence (IPV) use to protect themselves and others, as there is limited research in this area. The knowledge and insights of professionals who work with such victims are valuable in understanding how these individuals enhance their safety and wellbeing. Your knowledge will help validate and expand on the safety strategies observed in the literature. Victims of IPV, in a later study, will be asked to evaluate the likelihood and usefulness of these safety strategies with an overall aim of developing a theoretical model of victim safety being developed from both studies.
Please be assured that all the information you have provided is anonymous and you cannot be personally identified in any documents that are published relating to this research, including any quotes used from the data. A summary of the analysis of the results, where you can see the end results, will be available upon the completion of this study. If you wish to obtain a copy please contact the researcher (Thomas Nally, TNally1@uclan.ac.uk) after March 2019.
If you have been affected by any of the issues raised throughout this questionnaire and would like some free, confidential advice and/or somebody to talk to, please contact any of the following organisations:

UK based

The Samaritans
Website - www.samaritans .org.
Telephone – 116 123

Victim Support
Website - www.victimsupport.org.uk
Telephone - 08 08 16 89 111.

Australia based

Lifeline
Website - www.lifeline.org.au
Telephone- 13 11 14

Victim Support Service
Website - www.victimsa.org
Telephone - 1800 842 846

This study has been approved by the University of Central Lancashire (UCLan) Ethics Committee. If you have any questions please email me: TNally1@uclan.ac.uk or my primary supervisor JLIreland1@uclan.ac.uk.
Additionally, you can contact the UCLan officer for ethics on OfficerForEthics@uclan.ac.uk if you wish to know more about the ethical approval process for this study if you have any concerns that you do not feel can be raised with myself or my primary supervisor. Any correspondence of this nature should include the name of the study and the researchers' names.
Thank You

APPENDIX 6: Study One Questionnaire Item Descriptive Information

	Perceived Likelihood of Victim Use				Perceived Effectiveness in Reducing Harm			
			Mean CI (95%)				Mean CI (95%)	
	N	Mean (S.D)	Lower	Upper	n	Mean (S.D)	Lower	Upper
Safety Strategies								
Have a conversation with perpetrator	69	2.23 (1.17)	1.94	2.52	68	3.10 (.92)	2.87	3.34
Reconcile with perpetrator	69	1.57 (.88)	1.35	1.79	68	3.15 (1.01)	2.90	3.40
Avoid meeting the perpetrator	69	2.12 (.93)	1.89	2.35	68	2.00 (.89)	1.77	2.22
Do not answer the phone/hang up on the perpetrator	69	2.29 (1.06)	2.03	2.56	68	2.37 (1.00)	2.12	2.62
Change or block phone number	69	2.23 (.90)	2.00	2.46	68	1.98 (.86)	1.76	2.20
Change daily routine	69	2.20 (.92)	1.97	2.43	68	1.81 (.85)	1.59	2.02
File a restraining order	69	2.35 (.93)	2.12	2.59	68	1.65 (.78)	1.46	1.85
Record phone calls or keep email correspondence with perpetrator	69	2.28 (.99)	2.03	2.53	68	1.50 (.71)	1.32	1.67
Use a hostile voice towards perpetrator	69	3.21 (.88)	2.99	3.43	68	3.56 (.70)	3.38	3.73
. Threaten to hurt perpetrator	69	3.46 (.68)	3.29	3.64	68	3.71 (.51)	3.58	3.84
. Physically hurt the perpetrator	69	3.40 (.77)	3.21	3.59	68	3.67 (.64)	3.51	3.83
. Destroy perpetrator’s property	69	3.23 (.81)	3.03	3.43	68	3.68 (.59)	3.54	3.83
. Carry pepper spray or equivalent	69	3.28 (.89)	3.05	3.50	68	2.87 (1.06)	2.60	3.14

. Document injuries for the police	69	2.46 (.97)	2.22	2.71	68	1.56 (.88)	1.34	1.78
. Informal monitoring of the perpetrator, such as through Facebook	69	2.14 (1.00)	1.88	2.39	68	2.82 (.96)	2.58	3.07
. Keep money and documents in a safe and secure location	69	2.18 (.90)	1.96	2.41	68	1.46 (.64)	1.30	1.62
. Make a ‘survival plan’	69	2.28 (.95)	2.04	2.51	68	1.39 (.63)	1.23	1.54
. Leave home	69	2.17 (.80)	1.97	2.37	68	1.81 (.79)	1.61	2.01
. Attempt to hide from perpetrator	69	2.09 (.81)	1.89	2.29	68	2.21 (.82)	2.01	2.42
. Sleep in separate room from perpetrator	69	2.60 (.96)	2.36	2.85	68	2.57 (.92)	2.34	2.80
. Isolate self	69	1.70 (.81)	1.50	1.90	68	3.04 (1.06)	2.78	3.31
. Attempt to calm perpetrator	69	1.53 (.75)	1.34	1.71	68	2.48 (.97)	2.24	2.72
. Monitor the environment	69	1.62 (.78)	1.42	1.82	67	1.79 (.69)	1.62	1.97
. Avoid places	69	1.51 (.59)	1.36	1.66	68	2.23 (.93)	2.00	2.46
. Avoid people	69	1.59 (.72)	1.41	1.77	68	2.70 (.98)	2.45	2.94
. Change behaviour to avoid threat	69	1.26 (.59)	1.11	1.41	68	2.17 (.88)	1.95	2.39
. Ask others to confront perpetrator	69	3.10 (.81)	2.90	3.31	67	3.21 (.88)	2.99	3.43
. Change thoughts about the cause of abuse	69	1.68 (.85)	1.47	1.90	68	2.31 (1.03)	2.05	2.57
. Set clear limits	69	3.15 (.91)	2.92	3.38	68	2.26 (1.02)	2.00	2.52
. Evaluate situation realistically	68	3.09 (.93)	2.85	3.32	68	1.93 (.95)	1.69	2.17
. Protect own physical health	69	2.95 (.95)	2.71	3.19	68	1.62 (.88)	1.40	1.84
. Check in with others	69	2.71 (.95)	2.48	2.95	68	1.48 (.68)	1.31	1.65

. Live with people that the perpetrator fears	69	3.18 (.88)	2.96	3.40	68	2.92 (.93)	2.68	3.15
. Reveal the abuse to social circle	69	2.96 (.90)	2.74	3.19	68	2.00 (.77)	1.80	2.19
. Try and manage where, in the house, a fight is likely to take place	69	2.14 (.83)	1.93	2.34	68	2.17 (.91)	1.94	2.40
. Leave the situation before a fight starts	69	2.29 (.77)	2.10	2.48	68	1.71 (.70)	1.54	1.89
. Learn more about the previous violence from the perpetrator	69	2.76 (.95)	2.52	3.00	68	2.14 (1.09)	1.86	2.41
. Make a list of important phone numbers	69	2.43 (.88)	2.21	2.65	68	1.43 (.61)	1.28	1.59
. Threaten to call the police	69	2.28 (.95)	2.04	2.51	68	2.35 (.89)	2.13	2.58
. Refocus on planning for the future	69	2.62 (.89)	2.40	2.84	68	1.75 (.83)	1.54	1.95
. Change travel route	69	2.42 (.88)	2.20	2.64	68	1.89 (.81)	1.68	2.09
. Change address	69	2.35 (.96)	2.11	2.60	68	1.87 (.72)	1.69	2.05
. Leave school or college (if apply)	69	2.26 (.89)	2.04	2.48	68	2.64 (.98)	2.39	2.88
Help-Seeking								
Seek support from friends	68	2.03 (.81)	1.82	2.23	69	1.46 (.59)	1.32	1.61
Seek support from colleagues	68	2.65 (.83)	2.44	2.86	69	1.78 (.86)	1.56	1.99
Seek support from immediate family	68	2.26 (.92)	2.03	2.49	69	1.46 (.66)	1.30	1.63
Seek support from the extended family	68	2.73 (.87)	2.51	2.95	69	1.93 (.85)	1.72	2.15
Seek support through social media	68	2.60 (.88)	2.38	2.83	69	2.62 (.91)	2.39	2.85
Seek emotional support	68	2.18 (.83)	1.97	2.39	69	1.26 (.47)	1.14	1.38
Seek support from partner’s family	68	3.20 (.78)	3.00	3.39	69	3.14 (.81)	2.93	3.34

Seek support from a nurse or doctor	68	2.40 (.86)	2.18	2.62	69	1.46 (.61)	1.31	1.62
Seek support from victim support services	68	2.25 (.85)	2.03	2.46	69	1.32 (.61)	1.17	1.48
. Seek support from the police	68	2.45 (.92)	2.22	2.68	69	1.57 (.77)	1.38	1.77
. Seek support from other criminal justice services	68	2.78 (.82)	2.57	2.98	69	1.73 (.76)	1.54	1.92
. Take a course in self-defence	68	3.28 (.80)	3.07	3.48	69	2.54 (.97)	2.30	2.79
. Directly request protection or help	68	2.68 (.85)	2.47	2.90	69	1.53 (.83)	1.32	1.73
. Obtain medication to help cope	68	1.62 (.60)	1.47	1.77	69	2.29 (.86)	2.08	2.51
. Seeking support from a counsellor	68	2.15 (.91)	1.92	2.38	69	1.59 (.75)	1.40	1.78
. Seek support from a shelter organisation	68	2.17 (.84)	1.96	2.38	69	1.48 (.66)	1.31	1.65
. Seek support from social workers	68	2.85 (.92)	2.62	3.09	69	1.90 (.83)	1.69	2.11
. Seek support from religious organisation	68	2.73 (.82)	2.52	2.93	69	2.46 (.95)	2.22	2.70
. Seek support from accountants	68	3.50 (.59)	3.35	3.64	69	2.79 (1.08)	2.52	3.06
. Seek support from solicitors/lawyers	68	2.76 (.90)	2.53	2.99	69	1.92 (.71)	1.74	2.10
. Access abuse hotline/support line	68	1.95 (.80)	1.75	2.15	69	1.34 (.51)	1.21	1.47
. Attend civil court	68	2.67 (.85)	2.45	2.88	69	2.12 (.84)	1.91	2.33
. Attend emergency department at the hospital	68	2.14 (.79)	1.94	2.33	69	1.68 (.81)	1.48	1.89
. Seek help from other mental health professionals	68	2.28 (.74)	2.09	2.46	69	1.60 (.72)	1.42	1.79
. Seek support from alcohol/drugs program	68	2.42 (.83)	2.21	2.62	69	1.72 (.80)	1.53	1.93

. Seek support from housing assistance	68	2.40 (.86)	2.18	2.62	69	1.67 (.73)	1.48	1.85
Coping								
Trying to harm self	68	1.92 (.84)	1.71	2.13	69	3.75 (.61)	3.59	3.90
Trying to kill self	68	2.15 (.87)	1.93	2.37	69	3.79 (.50)	3.66	3.92
Using self-help such as keeping busy and using distraction	68	1.65 (.59)	1.50	1.80	69	2.23 (.90)	2.00	2.20
Crying	67	1.45 (.61)	1.29	1.60	69	2.34 (.92)	2.11	2.57
Consuming alcohol	68	1.45 (.58)	1.30	1.60	69	3.54 (.77)	3.35	3.74
Self-control	68	2.12 (.84)	1.91	2.33	69	2.28 (.91)	2.05	2.51
Accept the abuse	68	1.46 (.64)	1.30	1.62	69	3.53 (.90)	3.30	3.75
Problem-focused coping	68	2.29 (.95)	2.05	2.53	69	2.17 (.93)	1.93	2.40
Focusing on own needs	68	3.03 (.71)	2.85	3.20	69	1.68 (.75)	1.49	1.87
. Focusing on needs of perpetrator	68	1.46 (.59)	1.32	1.61	69	3.51 (.89)	3.29	3.73
. Deciding to move on psychologically from abuse	68	2.56 (.81)	2.35	2.76	69	1.89 (.92)	1.65	2.12
. Keeping a written journal or diary	68	2.89 (.89)	2.66	3.11	69	1.73 (.82)	1.52	1.93
. Using substances such as illicit substances or medication	68	1.68 (.70)	1.51	1.86	69	3.48 (.79)	3.28	3.68
. Praying	68	2.45 (.92)	2.22	2.68	68	2.78 (.89)	2.55	3.00
. Self-blame	68	1.34 (.56)	1.20	1.48	69	3.59 (.88)	3.37	3.81
. Keep thinking about it	68	1.42 (.68)	1.25	1.59	69	3.17 (.91)	2.94	3.40
. Try to refocus on the positive	68	2.31 (.88)	2.09	2.53	69	2.12 (.88)	1.90	2.34
. Try to put the abuse into perspective	68	2.26 (.89)	2.04	2.48	69	2.46 (.95)	2.22	2.70

. Thinking the situation could not possibly get any worse	68	1.89 (.73)	1.70	2.07	69	3.21 (.95)	2.98	3.45
. Blame others for the abuse	68	2.45 (.90)	2.22	2.67	69	3.32 (.89)	3.10	3.55

APPENDIX 7: Study One Gender Differences Between Male and Female Participants in the Likelihood of Victims Employing Strategies

	Male (n=12)		Female (n=57)		
	N	Mean (S.D)	N	Mean (S.D)	P
Safety Strategies					
Have a conversation with perpetrator	12	2.42 (1.31)	57	2.19 (1.13)	.304
Reconcile with perpetrator	12	2.00 (.85)	57	1.53 (.91)	.227
Avoid meeting the perpetrator	12	1.92 (.79)	57	2.16 (.94)	.356
Do not answer the phone/hang up on the perpetrator	12	2.33 (1.07)	57	2.28 (1.06)	.845
Change or block phone number	12	2.33 (.78)	57	2.23 (.93)	.596
Change daily routine	12	2.25 (1.06)	57	2.25 (.95)	.399
File a restraining order	12	2.42 (.67)	57	2.37 (.98)	.083
Record phone calls or keep email correspondence with perpetrator	12	2.67 (.78)	57	2.25 (1.04)	.132
Use a hostile voice towards perpetrator	12	2.92 (.90)	57	3.21 (.94)	.942
. Threaten to hurt perpetrator	12	3.50 (.67)	57	3.40 (.78)	.607
. Physically hurt the perpetrator	12	3.50 (.80)	57	3.37 (.79)	.869
. Destroy perpetrator’s property	12	2.92 (.79)	57	3.30 (.80)	.550
. Carry pepper spray or equivalent	12	3.42 (.79)	57	3.30 (.91)	.711
. Document injuries for the police	12	2.92 (1.00)	57	2.42 (.98)	.680

.	N	Mean (S.D)	N	Mean (S.D)	P
. Informal monitoring of the perpetrator, such as through Facebook	12	2.25 (.75)	57	2.19 (1.09)	.203
. Keep money and documents in a safe and secure location	12	2.83 (.94)	57	2.12 (.93)	.816
. Make a ‘survival plan’	12	2.92 (1.00)	57	2.23 (.96)	.957
. Leave home	12	2.50 (.67)	57	2.16 (.84)	.834
. Attempt to hide from perpetrator	12	2.00 (.60)	57	2.14 (.85)	.036*
. Sleep in separate room from perpetrator	12	2.50 (1.00)	57	2.60 (1.03)	.661
. Isolate self	12	1.83 (.83)	57	1.75 (.85)	.417
. Attempt to calm perpetrator	12	1.42 (.67)	57	1.56 (.78)	.469
. Monitor the environment	12	1.75 (.75)	57	1.63 (.79)	.614
. Avoid places	12	1.75 (.75)	57	1.51 (.57)	.220
. Avoid people	12	2.00 (.95)	57	1.54 (.68)	.030*
. Change behaviour to avoid threat	12	1.50 (.90)	57	1.28 (.62)	.128
. Ask others to confront perpetrator	12	3.00 (.85)	57	3.11 (.86)	.380
. Change thoughts about the cause of abuse	12	2.17 (1.27)	57	1.70 (.87)	.035*
. Set clear limits	12	3.25 (1.06)	57	3.12 (.93)	.436
. Evaluate situation realistically	12	3.36 (1.03)	57	3.00 (.98)	.987
. Protect own physical health	12	3.08 (1.08)	57	2.84 (.98)	.447
. Check in with others	12	2.83 (1.11)	57	2.65 (.92)	.492

.	N	Mean (S.D)	N	Mean (S.D)	P
. Live with people that the perpetrator fears	12	3.42 (.79)	57	3.12 (.91)	.872
. Reveal the abuse to social circle	12	3.08 (.79)	57	2.91 (.93)	.420
. Try and manage where, in the house, a fight is likely to take place	12	2.50 (.67)	57	2.07 (.82)	.946
. Leave the situation before a fight starts	12	2.75 (.75)	57	2.28 (.80)	.888
. Learn more about the previous violence from the perpetrator	12	2.83 (1.03)	57	2.74 (.99)	.602
. Make a list of important phone numbers	12	2.58 (.79)	57	2.40 (.96)	.281
. Threaten to call the police	12	2.33 (.89)	57	2.26 (.97)	.574
. Refocus on planning for the future	12	2.58 (1.00)	57	2.60 (.90)	.708
. Change travel route	12	2.42 (1.00)	57	2.46 (.89)	.675
. Change address	12	2.75 (1.06)	57	2.30 (.94)	.387
. Leave school or college (if apply)	12	2.67 (.78)	57	2.23 (.91)	.719
Help-Seeking					
Seek support from friends	12	2.25 (.97)	56	2.00 (.81)	.709
Seek support from colleagues	12	2.67 (.98)	56	2.66 (.86)	.595
Seek support from immediate family	12	2.17 (.94)	56	2.27 (.92)	.621
Seek support from the extended family	12	3.00 (.95)	56	2.66 (.88)	.486
Seek support through social media	12	3.00 (.85)	56	2.52 (.89)	.143
Seek emotional support	12	2.17 (1.03)	56	2.20 (.82)	.778
Seek support from partner’s family	12	3.25 (.75)	56	3.20 (.77)	.371

	N	Mean (S.D)	N	Mean (S.D)	P
Seek support from a nurse or doctor	12	2.33 (.78)	56	2.46 (.93)	.581
. Seek support from victim support services	12	2.33 (.78)	56	2.25 (.90)	.552
. Seek support from the police	12	2.25 (.87)	56	2.48 (.97)	.760
. Seek support from other criminal justice services	12	2.75 (.87)	56	2.71 (.87)	.215
. Take a course in self-defence	12	3.33 (.65)	56	3.23 (.89)	.394
. Directly request protection or help	12	2.75 (.87)	56	2.68 (.90)	.343
. Obtain medication to help cope	12	2.08 (.79)	56	1.64 (.70)	.330
. Seeking support from a counsellor	12	2.17 (.94)	56	2.20 (.96)	.988
. Seek support from a shelter organisation	12	2.50 (.80)	56	2.16 (.89)	.898
. Seek support from social workers	12	2.67 (.89)	56	2.88 (.95)	.576
. Seek support from religious organisation	12	2.67 (.89)	56	2.77 (.83)	.197
. Seek support from accountants	12	3.42 (.90)	56	3.50 (.60)	.819
. Seek support from solicitors/lawyers	12	2.75 (.97)	56	2.80 (.94)	.125
. Access abuse hotline/support line	12	2.08 (.67)	56	1.98 (.90)	.620
. Attend civil court	12	2.58 (.79)	56	2.68 (.88)	.030*
. Attend emergency department at the hospital	12	2.08 (.51)	56	2.18 (.88)	.019*
. Seek help from other mental health professionals	12	2.00 (.60)	56	2.38 (.80)	.357
. Seek support from alcohol/drugs program	12	2.67 (.78)	56	2.41 (.89)	.354
. Seek support from housing assistance	12	2.41 (.79)	56	2.44 (.93)	.709

Coping					
	N	Mean (S.D)	N	Mean (S.D)	P
Trying to harm self	12	2.33 (.78)	56	1.84 (.87)	.303
Trying to kill self	12	2.75 (.87)	56	2.05 (.86)	.920
Using self-help such as keeping busy and using distraction	12	1.75 (.87)	56	1.68 (.61)	.786
Crying	12	1.25 (.4)	56	1.48 (.63)	.406
Consuming alcohol	12	1.67 (.89)	56	1.46 (.60)	.023*
Self-control	12	2.08 (1.00)	56	2.15 (.83)	.209
Accept the abuse	12	1.50 (.90)	56	1.50 (.66)	.475
Problem-focused coping	12	2.50 (1.17)	56	2.29 (.93)	.430
. Focusing on own needs	12	3.17 (.72)	56	3.02 (.70)	.154
. Focusing on needs of perpetrator	12	1.42 (.51)	56	1.52 (.63)	.543
. Deciding to move on psychologically from abuse	12	2.75 (.87)	56	2.50 (.81)	.248
. Keeping a written journal or diary	12	3.17 (.83)	56	2.80 (.96)	.825
. Using substances such as illicit substances or medication	12	1.75 (.62)	56	1.70 (.78)	.189
. Praying	12	2.83 (1.03)	56	2.39 (.91)	.399
. Self-blame	12	1.42 (.90)	56	1.38 (.59)	.576
. Keep thinking about it	12	1.42 (.67)	56	1.50 (.79)	.290
. Try to refocus on the positive	12	2.25 (1.06)	56	2.30 (.87)	.629
. Try to put the abuse into perspective	12	2.33 (.98)	56	2.20 (.88)	.205

.	N	Mean (S.D)	N	Mean (S.D)	P
. Thinking the situation could not possibly get any worse	12	1.92 (.90)	56	1.96 (.79)	.632
. Blame others for the abuse	12	2.66 (.98)	56	2.46 (.91)	.882

* p<.05

APPENDIX 8: Study One Gender Differences Between Male and Female Participants in the Perceived Effectiveness of Strategies

	Male (n=12)		Female (n=57)		
	N	Mean (S.D)	N	Mean (S.D)	P
Safety Strategies					
Have a conversation with perpetrator	12	3.08 (1.08)	56	3.07 (.93)	.298
Reconcile with perpetrator	12	2.92 (1.16)	56	3.21 (.97)	.380
Avoid meeting the perpetrator	12	1.83 (1.19)	56	2.07 (.85)	.058
Do not answer the phone/hang up on the perpetrator	12	2.42 (1.08)	56	2.36 (1.00)	.813
Change or block phone number	12	2.25 (1.06)	56	1.95 (.86)	.298
Change daily routine	12	2.00 (.85)	56	1.77 (.85)	.960
File a restraining order	12	1.42 (.51)	56	1.71 (.82)	.212
Record phone calls or keep email correspondence with perpetrator	12	1.50 (.67)	56	1.48 (.71)	.986
Use a hostile voice towards perpetrator	12	3.42 (.79)	56	3.55 (.76)	.593
. Threaten to hurt perpetrator	12	3.75 (.45)	56	3.66 (.64)	.311
. Physically hurt the perpetrator	12	3.92 (.29)	56	3.57 (.74)	.001
. Destroy perpetrator’s property	12	3.75 (.62)	56	3.70 (.57)	.734
. Carry pepper spray or equivalent	12	3.42 (.90)	56	2.80 (1.07)	.397
. Document injuries for the police	12	1.42 (1.00)	56	1.57 (.85)	.904
. Informal monitoring of the perpetrator, such as through Facebook	12	2.75 (1.06)	56	2.86 (.98)	.945

.	N	Mean (S.D)	N	Mean (S.D)	P
. Keep money and documents in a safe and secure location	12	1.58 (.90)	56	1.45 (.60)	.178
. Make a ‘survival plan’	12	1.50 (.80)	56	1.41 (.68)	.376
. Leave home	12	1.58 (.51)	56	1.88 (.88)	.199
. Attempt to hide from perpetrator	12	2.25 (.75)	56	2.21 (.85)	.402
. Sleep in separate room from perpetrator	12	2.50 (1.00)	56	2.68 (.94)	.808
. Isolate self	12	3.17 (.94)	56	3.02 (1.10)	.668
. Attempt to calm perpetrator	12	2.50 (.90)	56	2.50 (1.01)	.418
. Monitor the environment	12	2.00 (.74)	56	1.73 (.68)	.062
. Avoid places	12	2.50 (1.00)	56	2.18 (.94)	.536
. Avoid people	12	2.83 (.94)	56	2.68 (1.03)	.354
. Change behaviour to avoid threat	12	2.58 (1.08)	56	2.11 (.85)	.101
. Ask others to confront perpetrator	12	3.27 (.90)	56	3.20 (.92)	.497
. Change thoughts about the cause of abuse	12	2.42 (1.31)	56	2.21 (.99)	.053
. Set clear limits	12	2.17 (1.03)	56	2.25 (1.07)	.373
. Evaluate situation realistically	12	1.67 (.78)	56	1.93 (.99)	.606
. Protect own physical health	12	1.17 (.39)	56	1.68 (.92)	.003*
. Check in with others	12	1.08 (.29)	56	1.55 (.71)	.000*
. Live with people that the perpetrator fears	12	3.17 (1.11)	56	2.86 (.92)	.186
. Reveal the abuse to social circle	12	1.58 (.51)	56	2.04 (.81)	.367

.	N	Mean (S.D)	N	Mean (S.D)	P
. Try and manage where, in the house, a fight is likely to take place	12	2.50 .90)	56	2.09 (.90)	.756
. Leave the situation before a fight starts	12	1.75 (.97)	56	1.68 (.64)	.081
. Learn more about the previous violence from the perpetrator	12	1.83 (1.27)	56	2.13 (1.06)	.208
. Make a list of important phone numbers	12	1.33 (.65)	56	1.45 (.60)	.634
. Threaten to call the police	12	2.08 .90)	56	2.36 (.90)	.425
. Refocus on planning for the future	12	1.92 (1.08)	56	1.70 (.78)	.068
. Change travel route	12	2.17 (.94)	56	1.82 .79)	.606
. Change address	12	1.67 (.78)	56	1.89 (.73)	.402
. Leave school or college (if apply)	12	3.00 (.85)	56	2.55 (1.04)	.017*
Help-Seeking					
Seek support from friends	12	1.50 (.52)	57	1.42 (.60)	.674
Seek support from colleagues	12	1.58 (.67)	57	1.79 (.90)	.268
Seek support from immediate family	12	1.42 (.51)	57	1.44 (.68)	.440
Seek support from the extended family	12	2.08 (.90)	57	1.88 (.85)	.754
Seek support through social media	12	2.42 (.79)	57	2.63 (.94)	.282
Seek emotional support	12	1.25 (.45)	57	1.26 (.48)	.793
Seek support from partner’s family	12	2.92 (1.00)	57	3.11 (.86)	.597
Seek support from a nurse or doctor	12	1.42 (.67)	57	1.51 (.66)	.718
Seek support from victim support services	12	1.42 (.67)	57	1.28 (.59)	.323
	N	Mean (S.D)	N	Mean (S.D)	P

Seek support from the police	12	1.42 (.67)	57	1.60 (.80)	.269
Seek support from other criminal justice services	12	1.50 (.67)	57	1.79 (.80)	.532
Take a course in self-defence	12	2.42 (.90)	57	2.51 (1.02)	.380
Directly request protection or help	12	1.75 (1.22	57	1.46 (.71)	.004*
Obtain medication to help cope	12	2.83 (.83)	57	2.26 (.92)	.797
Seeking support from a counsellor	12	1.67 (.78)	57	1.61 (.75)	.741
Seek support from a shelter organisation	12	1.50 (.52)	57	1.44 (.68)	.517
Seek support from social workers	12	1.67 (.78)	57	1.93 (.84)	.929
Seek support from religious organisation	12	2.58 (.90)	57	2.46 (.98)	.526
Seek support from accountants	12	2.75 (1.22)	57	2.81 (1.11)	.479
Seek support from solicitors/lawyers	12	1.92 (1.08)	57	1.96 (.68)	.072
Access abuse hotline/support line	12	1.25 (.45)	57	1.40 (.56)	.067
Attend civil court	12	1.75 (.62)	57	2.16 (.88)	.293
Attend emergency department at the hospital	12	1.67 (.65)	57	1.74 (.90)	.284
Seek help from other mental health professionals	12	1.50 (.67)	57	1.61 (.73)	.869
Seek support from alcohol/drugs program	12	1.83(.94)	57	1.74 (.81)	.765
Seek support from housing assistance	12	1.58 (.67)	57	1.74 (.81)	.666
Coping					
Trying to harm self	12	3.67 (.78)	57	3.68 (.71)	.772
	N	Mean (S.D)	N	Mean (S.D)	P

Trying to kill self	12	3.92 (.29)	57	3.74 (.64)	.048*
Using self-help such as keeping busy and using distraction	12	2.25 (.97)	57	2.23 (.93)	.891
Crying	12	2.42 (1.08)	57	2.30 (.91)	.278
Consuming alcohol	12	3.42 (1.00)	57	3.58 (.73)	.197
Self-control	12	1.67 (.49)	57	2.35 (.94)	.035*
Accept the abuse	12	3.50 (1.00)	57	3.54 (.89)	.732
Problem-focused coping	12	2.17 (1.11)	57	2.12 (.89)	.238
. Focusing on own needs	12	1.67 (.49)	57	1.70 (.80)	.092
. Focusing on needs of perpetrator	12	3.33 (.89)	57	3.53 (.89)	.856
. Deciding to move on psychologically from abuse	12	2.00 (.85)	57	1.84 (.94)	.209
. Keeping a written journal or diary	12	1.58 (.67)	57	1.75 (.85)	.479
. Using substances such as illicit substances or medication	12	3.50 (.80)	57	3.51 (.78)	.929
. Praying	12	3.00 (.89	57	2.72 (.88)	.228
. Self-blame	12	3.58 (1.00)	57	3.63 (.84)	.603
. Keep thinking about it	12	3.17 (1.03)	57	3.18 (.89)	.503
. Try to refocus on the positive	12	2.08 (1.08)	57	2.11 (.88)	.456
. Try to put the abuse into perspective	12	2.92 (.90)	57	2.40 (.98)	.241
. Thinking the situation could not possibly get any worse	12	3.33 (.98)	57	3.26 (.94)	.879
. Blame others for the abuse	12	3.58 (.67)	57	3.32 (.91)	.146

* $p<.05$

APPENDIX 9: Study Two Interview Questions for Survivor and Professional Samples

Survivor Sample

Participant number _____

Demographic information:

What is your sex? _____

What is your gender? _____

How many abusive relationships have you suffered? _____

How long did your previous/most recent abusive relationship last (years)?

_____

Was this a same-sex relationship? _____

What types of abuse/violence did you suffer (e.g. physical, sexual, financial, emotional etc...)?

_____

1. **What were the most frequent types of abuse you have been subjected to (e.g. physical, sexual, emotional etc...)?**
2. **Which types of abuse, in your experience, was most difficult to cope with or manage? And why?**
3. **(If multiple types experienced…) Did the type of abuse affect how you tried to manage your safety? How?**
4. **Can you tell me about the behaviours you used to feel safe, while in the abusive relationship?**
   Prompts: Did you use behaviours to avoid potentially abusive situations? Did you use behaviours to minimise the impact of potentially abusive situations?
5. **Can you tell me about why you chose to use these?**
   Prompts: How did you expect these behaviours to improve your safety/situation? How did they affect your emotions or thoughts?
6. **Did feeling in control, or capable, affect the behaviours you used to feel safe? How so?**
7. **How did the way you felt affect how you behaved to increase your sense of safety?**
8. **Individuals may use different types of strategies, have you used the following and how effective were they in reducing or avoiding harm?**

1. retaliating with aggression
2. involving others to increase safety
3. making safety plans
4. avoidance
5. monitoring the environment/partner

9. **Can you tell me about how you felt in the abusive relationship? What was most difficult to cope with?**
10. **Can you tell me about how you managed your feelings, while in the abusive relationship? What did you do?**
    Prompts: Did you use a lot of coping strategies? What was most effective in reducing negative feelings?
11. **How did they way you coped with your feelings affect how you thought about…**

1. **Yourself**
2. **the abusive relationship**
   Prompts: Do you think that these changed how you felt? Did using these increase positive feelings/reduce negative feelings?

12. **What things affected how you chose to cope with your feelings?**

Prompts: Did you have information on how to do this? Have you used similar strategies before? Did you have the opportunity to cope with your feelings?

13. **What aspects/parts of the abuse did you find <u>most</u> difficult/easiest to cope with? Why?**
    Prompts: Did you find the abusive behaviours/how you felt/how you thought <u>most</u> difficult? What made this more difficult for you?
14. **Individuals use different types of coping did you use of the following to manage your feelings, and how effective were they for you?**

6. Avoidance
7. Emotion focused
8. Problem focused

15. **Did you talk to other people about your abusive relationship?**
16. **Can you tell me about who you spoke to about your abusive relationship, without stating names (e.g. family, friends, professionals)? (if none move to Q 19).**
17. **Who did you find most helpful for you in increasing your sense of safety? Why?**
    Prompts: How did they affect how you felt? How did they affect how you thought? Did you feel that these increase your confidence? Did they increase your ability to leave the relationship or use safety strategies?
18. **Were any of the sources of help unhelpful for you, to increase your sense of safety? Why?**
    Prompts: How did they affect how you felt? How did they affect how you thought?
19. **Why did you choose to talk to these?**
    Prompts: Did you trust these sources? How did you hear/know about them? How did you think they could help you?
20. **What was the purpose of talking to these people (e.g. to leave/escape, to ask for help, for emotional support etc…)?**
21. **Did you feel that asking other people for help was something you could do, why/why not?**
    Prompts: What were your thoughts on how other people could support you? How capable did you think they would be? What did you think they could/would do to support you? Did you feel you had the opportunities to seek support from others?
22. **How did your feelings affect your decision to talk to other people about the abusive relationship?**
    Prompts: Did feeling hopeless or helpless affect your decision? Did feeling sad or upset affect your decision? Did the strength/intensity affect your decision?
23. **Was there anything that made you feel more able to seek help from other people?**
    Prompts: How did your home environment affect your decision to seek help? How did your contact/thoughts about other people affect your decision?
24. **Individuals seek help in many different ways, have you used the following to seek help, and how effective were these?**

9. Directly seeking support
10. Seeking help for health/social Work
11. Seeking tertiary support (i.e. religious, solicitors)
12. Seeking direct-abuse related support (police, medical etc..)
13. Seeking informal support

25. **In the abusive relationship, was the internet or technology used to cause harm to you? How was this used?**
26. **(If yes…) Can you tell me about any behaviours you used to manage this? How did you cope with your feelings about this?**
27. **Is there anything else that you think would be helpful to discuss, regarding how you managed the potential harm towards you in the abusive relationship?**

Professional Sample

Participant number _____

Demographic information:

What is your sex? _____

What is your gender? _____

What is your occupation/job role? _____

How long have you worked directly with victims of IPV (years)?

_____

1. **Approximately, how many victims of IPV have you worked with in your professional career?**
2. **Have you worked with males/females?**
3. **Have you worked with those in same sex relationships?**
4. **What is the most common type of abuse victims you have worked with been subjected to (e.g. physical, sexual, emotional, online etc...)?**
5. **What is your understanding of what 'Victim Safety Strategies' are?**
6. **From your professional experience, what safety strategies have victims reported using, to enhance their personal safety?**
7. **Regarding types of strategies, how effective do you think victims use of the following are in reducing/avoiding harm?**

1. retaliating with aggression
2. involving others to increase safety
3. making safety plans
4. avoidance
5. monitoring the environment/perpetrator

8. **What factors or situations do you think may increase a victim's likelihood of employing these strategies?**
9. **What factors or situations do you think may decrease a victim's likelihood of employing these strategies?**
10. **How does the degree in which victims feel in control, or feel capable, affect their use of safety strategies?**
11. **How does the use of safety strategies differ across victim sex or relationship dynamics (i.e. male/female, same sex relationships/opposite sex relationships)?**
12. **How important is the role of emotion in how victims choose and/or use safety strategies and why?**
13. **What is your understanding of what ways to cope with upsetting and/or uncomfortable emotions are?**
14. **From your professional experiences, what coping strategies have victims primarily reported using, to effectively manage their victimisation?**
15. **Regarding types of coping, how effective do you think victims use of the following are in effectively managing their victimisation?**

6. Avoidance
7. Emotion focused
8. Problem focused

16. **What factors or situations do you think may increase victim's use of coping?**
17. **What factors or situations do you think may decrease victim's use of coping?**
18. **How does the degree in which victims feel in control, or feel capable, affect how victims cope with abuse?**
19. **How important is the role of emotion in how victims cope with abuse and why?**

20. **Do males/females or those in same sex/opposite sex relationships cope differently with abuse, if so why?**
21. **From your professional experiences, what sources of support do victims seek help from, while in abusive relationships?**
22. **Regarding types of help-seeking, how effective do you think victims use of the following are in reducing/avoiding harm?**

9. Directly seeking support
10. Seeking help for health/social support
11. Seeking tertiary support (i.e. religious, solicitors)
12. Seeking direct-abuse related support (police, medical etc..)
13. Seeking informal support

23. **What factors or situations do you think may increase victim's likelihood of help-seeking?**
24. **What factors or situations do you think may decrease a victim's likelihood of help-seeking?**
25. **How does the degree in which victims feel in control, or feel capable, affect their help-seeking?**
26. **How important is the role of emotion in how or when victims seek help and why?**
27. **Do males/females or those in same sex/opposite sex seek support in the same way, or from the same sources, if so why?**
28. **How do victims utilise the internet/technology to maintain/increase their safety, while in abusive relationships?**
29. **Is there any other information that you think would be helpful in understanding how victims increase their sense of safety?**

APPENDIX 10: Study Two Information, Consent and Debrief Forms

Victim safety strategies in abusive intimate partner relationships

University of Central Lancashire

You are invited to participate in a study conducted by a researcher from the University of Central Lancashire (UCLan). The study is being conducted as part of a PhD candidature. The study aims to explore how victims protect themselves, or others e.g. their children and pets, while in violent or abusive relationships. It also aims to explore why victims employ these strategies and behaviours. We encourage you to read the following information.

What does taking part in the study involve?

After providing your consent, you will be asked to provide some general demographic information such as age, sexual identification, sexual orientation, type of victimisation suffered (e.g. physical, emotional, financial etc..) and duration of abusive relationship.

You will then be asked to complete an interview that aims to capture your lived experience of abusive relationships. This may be completed using skype/zoom or a telephone. You may also complete the interview with a male or a female. If you prefer a face to face interview you will be invited to the university to complete this or at the professional service you are in (e.g. charity organisation). In the interview you will be asked about safety strategies and coping strategies. The interview will include questions on factors that may affect why these safety strategies and coping, and motivations for employing them. The interview is expected to take no longer than 45 minutes to complete and will be recorded with recording software or hardware. **You will not be asked specific questions about previous abuse, except the length of the previous abusive relationship and the type of abuse suffered.** However, the interviewer has a responsibility to report information to the police or medical services if the information you provide indicates a risk of harm to yourself or others.

Why am I being asked to take part?

Survivors of IPV have a wealth of knowledge that would be helpful in understanding how advice and support offered to future victims of IPV can be helpful and increase personal safety for victims.

Do I have to take part and can I have my data removed?

Your participation in this study is entirely voluntary. The study involves survivors of IPV, so to participate you must have been a victim of IPV. The study is unable to accept participants who are currently in an abusive relationship. If at any time while completing the interview you decide to withdraw, you can do so by notifying the lead researcher (interviewer). If you have completed the interview, you will be given a unique number to identify your data. You may quote this number when informing the lead researcher that you wish to withdraw your data after you have completed the interview, up until the point that this is analysed. If you choose to withdraw during the interview, you will be asked if you consent to the data you have already provided being used in the study. Further information can be found by visiting https://www.uclan.ac.uk/data_protection/privacy-notice-research-participants.php

What are the possible benefits of taking part?

Your participation will help develop IPV victim safety measures and also guide education and training packages for professionals. Your anonymity is ensured in any the write-ups of the findings. If you wish to receive information about the results of this research, you may do by providing your email address, which will be stored separately from any data collected as part of the study.

What if I am affected by taking part in the research?

If you are adversely affected during the interview you are able to request a break, postpone the interview or withdraw from the study. If you are affected by any of the issues raised through taking part in the study, free, confidential advice and/or somebody to talk to, can be obtained by any of the following organisations:

Samaritans (Mental Health Support)
Phone: 116 123 (free 24-hour helpline)
Website: www.samaritans.org.uk

Refuge (IPV Helpline for Women)
Phone: 0808 2000 247
Website: www.refuge.org.uk

Supportline (Mental Health Support)
Phone: 01708 765200
Website: www.supportline.org.uk

Mankind Initiative (IPV Helpline for Males)
Phone: 01823 334244
Website:www.mankind.org.uk

Who do I contact if I have any questions?

This study has been approved by the University of Central Lancashire (UCLan) Ethics Committee. If you have any questions please email me: TNally1@uclan.ac.uk or my primary supervisor JLIreland1@uclan.ac.uk.

Additionally, you can contact the UCLan officer for ethics on OfficerForEthics@uclan.ac.uk if you wish to know more about the ethical approval process for this study, if you have any concerns that you do not feel can be raised with myself or my primary supervisor. Any correspondence of this nature should include the name of the study and the researchers' names.

Thank you for taking the time to read this information sheet.

Research Team

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Intimate Partner Violence Research Study

To be communicated to the participant and completed by the researcher

Date _____

Participant No. _____

Sex _____

Sample (victim or professional) _____

Mode of interview (telephone/skype/Zoom) _____

Name of interviewer _____

☐ I agree that I have been adequately informed of the aims and procedure of the study, as outlined in the information sheet (v Jan 2020).

☐ I understand that my participation in the above study is voluntary.

☐ I understand that I can withdraw from the study at any point, up until the data has been combined with the group data.

☐ I understand that my identity will be confidential and remain anonymous, no identifiable information be requested or recorded.

Interviewer Signature _____

Lead researcher Signature _____

Victim safety strategies in abusive intimate partner relationships

Thank you for taking part in this study. Your time is much appreciated.

This study aims to develop a more detailed understanding of the strategies that victims of Intimate Partner Violence (IPV) use to protect themselves and others, as there is limited research in this area. The knowledge and insights of those with lived experiences are valuable in understanding how individuals enhance their safety and wellbeing. Your knowledge will be helpful in developing our understanding of how victims protect themselves and others, which may support victim organisations to provide more information on how victims can increase their safety while in abusive relationships. It can also increase the understanding of professionals who provide advice and support to victims.

Please be assured that all the information you have provided is anonymous and you cannot be personally identified in any documents that are published relating to this research, including any quotes used from the data. A summary of the analysis of the results, where you can see the end results, will be available upon the completion of this study. If you wish to obtain a copy please contact the researcher (Thomas Nally, TNally1@uclan.ac.uk). If you do wish to withdraw your data from the study, up until the point that it is combined with the group data, you can contact the researcher, quoting the unique number provided at the end of the interview. As your data will be analysed as part of group data, any requests for data to be destroyed should be provided to the lead researcher, or the primary supervisor, within 14 working days of completing the interview. After which the data will be unable to be destroyed.

If you have been affected by any of the issues raised throughout this questionnaire and would like some free, confidential advice and/or somebody to talk to, please contact any of the following organisations:

Samaritans (Mental Health Support)
Phone: 116 123 (free 24-hour helpline)
Website: www.samaritans.org.uk

Supportline (Mental Health Support)
Phone: 01708 765200
Website: www.supportline.org.uk

Refuge (IPV Helpline for Women)
Phone: 0808 2000 247
Website: www.refuge.org.uk

Mankind Initiative (IPV Helpline for Males)
Phone: 01823 334244
Website: www.mankind.org.uk

Victim Support
Website - www.victimsupport.org.uk
Telephone - 08 08 16 89 111

This study has been approved by the University of Central Lancashire (UCLan) Ethics Committee. If you have any questions please email me: TNally1@uclan.ac.uk or my primary supervisor JLIreland1@uclan.ac.uk.
Additionally, you can contact the UCLan officer for ethics on OfficerForEthics@uclan.ac.uk if you wish to know more about the ethical approval process for this study if you have any concerns that you do not feel can be raised with myself or my primary supervisor. Any correspondence of this nature should include the name of the study and the researchers' names. Thank You

Victim safety strategies in abusive intimate partner relationships

You are invited to participate in a study conducted by a researcher from the University of Central Lancashire (UCLan). The study is being conducted as part of a PhD candidature. The study aims to explore factors that may affect how victim's protect themselves, or others (e.g. their children and pets), while in violent or abusive relationships with an intimate partner. I encourage you to read the following information.

What does taking part in the study involve?

After providing your consent, you will be asked to provide some general demographic information such as age, sex, gender, ethnicity, sex of your perpetrator and they type of victimisation you suffered (e.g. physical, emotional, financial, honour-based etc..). You will then be asked to complete a questionnaire that aims to explore factors that may affect how victims in abusive relationships protect themselves, or others, from risk of harm. This will include questions about the behaviours used by the partner who harmed you, your thoughts and beliefs, emotional experiences, and living environments. You will not be asked about identifiable information, such as your name, the name of the individual that harmed you or your location. This will take up to one hour to complete.

Please note that the nature of this research is extremely sensitive and personal which could be distressing for some people. For example, the questionnaire asks personal questions about your attitudes and experiences both self- and interpersonal harm, and against you and others close to you. If you feel questions like this are too distressing or personal, please feel free to leave them blank. It is also advised to complete this study in your own space, and away from other people, due to the sensitive and personal questions that will be asked.

Why am I being asked to take part?

People with lived experience of abuse caused by their partner have a wealth of knowledge that would be helpful in understanding how advice and support offered to support victims and survivors, and this can be helpful and increase personal safety for victims. To participate you must reside in the UK. (remove)

Do I have to take part and can I have my data removed?

Your participation in this study is entirely voluntary. The study involves survivors of IPV (violence or abuse from a romantic partner), so to participate you must have been a victim of IPV but you may participate if you are currently in an abusive relationship. For instance, this may include if you have been in a relationship where your partner has been violent or abusive towards you. If at any time while completing the questionnaire you wish to withdraw, you can do so by closing the web browser or exiting the questionnaire. If you do choose to withdraw, there will be an option to access the research debrief sheet, which contains contact details of support agencies you may find helpful. As such, I would be grateful if you (where possible) click on 'end questionnaire' rather than closing the web browser. However, if you feel that closing the browser is the most appropriate option for you, please feel free to do so. If you choose to withdraw from the study, while completing the questionnaire, your data will not be included in the final analysis. As your data will be analysed as part of group data, it is not

possible to remove or destroy your data after the questionnaire has been completed. Further information can be found by visiting https://www.uclan.ac.uk/data_protection/privacy-notice-research-participants.php

What are the possible benefits of taking part?

sharing your knowledge and experience will help us to develop victim safety measures and also guide education and training packages for professionals working with victims, to better support and advise individuals who suffer abuse by an intimate partner. Your anonymity is ensured in any the write-ups of the findings. If you wish to receive information about the results of this research, you may do by providing your email address, which will be stored separately from any data collected as part of the study.

What if I am affected by taking part in the research?

If you are affected by any of the issues raised through taking part in the study, free, confidential advice and/or somebody to talk to, can be obtained by any of the following organisations:

Source of Support	Telephone	Website
UK Based		
Samaritans (Mental Health Support)	116 123 (free 24-hour helpline)	www.samaritans.org.uk
Refuge (IPV Helpline for Women)	0808 2000 247	www.refuge.org.uk
Mankind Initiative (IPV Helpline for Males)	01823 334244	www.mankind.org.uk
Galop (IPV Helpline for individuals identifying as LGBT+)	0800 999 5428	help@galop.org.uk
The Halo Project (Helpline for individuals suffering honour-based violence or IPV)	01642 683 045	info@haloproject.org.uk
Outside the UK		
USA – National Domestic Violence Helpline	1.800.799.SAFE (7233)	https://www.thehotline.org/get-help/
Australia – 1800RESPECT	1800 737 732	https://www.1800respect.org.au/

Further contact details can be found at https://www.endvawnow.org/en/need-help

Emergency contact

If you feel in danger or at risk at all, please do not hesitate to call 999 (UK), 911 (USA), 112 (Europe) or the national emergency number for your area immediately.

Who do I contact if I have any questions?

This study has been approved by the University of Central Lancashire (UCLan) Science Ethics Review Panel. If you have any questions please email me: TNally1@uclan.ac.uk or my primary supervisor JLIreland1@uclan.ac.uk.

Additionally, you can contact the UCLan officer for ethics on OfficerForEthics@uclan.ac.uk if you wish to know more about the ethical approval process for this study, if you have any concerns that you do not feel can be raised with myself or my primary supervisor. Any correspondence of this nature should include the name of the study and the researchers' names.

Thank you for taking the time to read this information sheet.

Research Team

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University of Central Lancashire, UK
Email: RKhan2@uclan.ac.uk

Dr. Philip Birch (Co-supervisor)
Charles Sturt University, Australia
Email: PBirch@csu.ac.au

I have understood the information provided and consent to participate in this research ☐

Victim safety strategies in abusive intimate partner relationships

Thank you for taking part in this study. Your time is much appreciated. This study aims to develop a better understanding of how people in relationships with abusive Partners protect themselves, and others, from harm. This knowledge is invaluable in understanding how people with lived experiences of abuse have protected themselves. We wish to analyse this information to inform victim organisations on how to better support victims can increase their safety while in abusive relationships. It can also increase the understanding of professionals who provide advice and support.

Please be assured that all the information you have provided is anonymous and no-one can be personally identified in any documents that are published relating to this research, including

any quotes used from the data. A summary of the analysis of the results, where you can see the end results, will be available upon the completion of this study. If you wish to obtain a copy please contact the researcher (Thomas Nally, TNally1@uclan.ac.uk). Your email address will be stored separately from the data you have provided. Unfortunately, due to the anonymity of the data, it is not possible to withdraw your data after you have completed the questionnaire.
If you have chosen to withdraw from the study, I would like to thank you for your time. If you have been affected by any of the issues raised throughout this questionnaire and would like some free, confidential advice and/or somebody to talk to, please contact any of the following organisations:

Source of Support	Telephone	Website
UK Based		
Samaritans (Mental Health Support)	116 123 (free 24-hour helpline)	www.samaritans.org.uk
Refuge (IPV Helpline for Women)	0808 2000 247	www.refuge.org.uk
Mankind Initiative (IPV Helpline for Males)	01823 334244	www.mankind.org.uk
Galop (IPV Helpline for individuals identifying as LGBT+)	0800 999 5428	help@galop.org.uk
The Halo Project (Helpline for individuals suffering honour-based violence or IPV)	01642 683 045	info@haloproject.org.uk
Outside the UK		
USA – National Domestic Violence Helpline	1.800.799.SAFE (7233)	https://www.thehotline.org/get-help/
Australia – 1800RESPECT	1800 737 732	https://www.1800respect.org.au/

Further contact details can be found at https://www.endvawnow.org/en/need-help

Emergency contact

If you feel in danger or at risk at all, please do not hesitate to call 999 (UK), 911 (USA), 112 (Europe) or the national emergency number for your area immediately.

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Additionally, you can contact the UCLan officer for ethics on OfficerForEthics@uclan.ac.uk if you wish to know more about the ethical approval process for this study if you have any concerns that you do not feel can be raised with myself or my primary supervisor. Any correspondence of this nature should include the name of the study and the researchers' names.

Thank You

APPENDIX 12: Study Three Questionnaire

Section 1: Demographic Information

This section aims to gather basic information about respondents that participate in this study. Please rest assured that your information is confidential and you will remain anonymous. This information will not be used to make distinctions between participants.

Please complete the following information about yourself:

1. Please state your age. _____ Years.
2. What is your gender?

a. Male
b. Female
c. Prefer not to say
d. Other (Please state): _____

3. What is your sex?

a. Male
b. Female
c. Prefer not to say
d. Other (Please state): _____

4. What is your sexual orientation?

a. Heterosexual
b. Homosexual
c. Bisexual
d. Prefer not to say
e. Other (Please state): _____

5. What is your ethnicity?

1. White (English, Welsh, Scottish, Northern Irish or British, Irish, Gypsy or Irish Traveller, Any other White background)
2. Mixed or Multiple ethnic groups (White and Black Caribbean, White and Black African, White and Asian, Any other Mixed or Multiple ethnic background)
3. Asian or Asian British (Indian, Pakistani, Bangladeshi, Chinese, Any other Asian background)
4. Black, African, Caribbean or Black British (African, Caribbean, Any other Black, African or Caribbean background)
5. Other ethnic group (Arab, Any other ethnic group)

6. Please indicate if you have been harmed by a partner in multiple intimate relationships.

1. Yes
2. No
3. Prefer not to say

7. Please indicate the duration of the most recent intimate relationship where your partner harmed you. _____ Years.
8. Please indicate which of the following behaviours you have experienced or have been subjected to in the most recent abusive relationship?: (choose all that apply)

a. Verbal (such as being shouted at or threatened),

b. Physical (such as being hit or having objects thrown at you),
c. Sexual (such as being forced to engage in sexual activity),
d. Emotional (such as being made to feel upset or negative about yourself),
e. Financial (such as not having access to your money or being forced to use this on things you do not want to),
f. Spiritual (such as being forced to engage in spiritual activities or traditions that you do not want to),
g. Technological (such as using social media or mobile phones to cause harm to you)
h. Honour-based Violence (such as being harmed for being perceived to 'dishonour' family members, including being forced to marry someone against your own wishes).

9. Please state the sex of the person who harmed you in <u>your most recent abusive relationship</u>.

a. Male
b. Female
c. Prefer not to say
d. Other (Please state): _____

10. Please state the country where you reside _____

Section 2: The behaviours that have been used to hurt you in an intimate relationship

Here is a list of behaviours that the person who harmed you may have used towards you. Using the options below, please choose the option that <u>best represents</u> your experiences**.** Please consider if these were used in <u>the previous year, or last year of the relationship:</u>

<u>Never</u>	**<u>Rarely</u>**	**<u>Frequently</u>**	**<u>All the time</u>**
1	2	3	4

They slapped me	**1**	**2**	**3**	**4**
They punched me	1	2	3	4
They pushed me	1	2	3	4
They kicked me	1	2	3	4
They threw objects at me	1	2	3	4
They stabbed me	1	2	3	4
They hit me with a weapon	1	2	3	4
They burned me	1	2	3	4
They spat at me	1	2	3	4
They bit me	1	2	3	4
They destroyed my property	1	2	3	4
They headbutted me	1	2	3	4
They sexually assaulted me	1	2	3	4
They threatened me	1	2	3	4
They shared intimate images/videos of me	1	2	3	4

They shouted at me	1	2	3	4
They called me nasty upsetting names	1	2	3	4
They injured me (broken bones/cuts etc…)	1	2	3	4

Here is a list of things the person who harmed you may have done towards you. Taking the previous year, or last year of the relationship, indicate how frequently they did the following. Using the following code, circle the number which best describes your partner's actions towards you. If you do not have children or pets, you may leave out questions relating to this.

Never	***Rarely***	***Sometimes***	***Often***	***Always***
0	1	2	3	4

1. Made it difficult to work or study	0	1	2	3	4
2. Control your money	0	1	2	3	4
3. Kept their own money matters secret	0	1	2	3	4
4. Refused to share money / pay fair share	0	1	2	3	4
5. Threatened to harm you	0	1	2	3	4
6. Threatened to leave the relationship	0	1	2	3	4
7. Threatened to harm themselves	0	1	2	3	4
Threatened to disclose damaging or embarrassing information	0	1	2	3	4
9. Tried to make you do things you didn't want to	0	1	2	3	4
Used nasty looks and gestures to make you feel bad or silly	0	1	2	3	4
11. Smashed your property when annoyed/angry	0	1	2	3	4
12. Was nasty or rude to your friends or family	0	1	2	3	4
13. Vented anger on pets	0	1	2	3	4
Tried to put you down when getting 'too big for your boots'	0	1	2	3	4
15. Showed you up in public	0	1	2	3	4
16. Told you that you were going mad	0	1	2	3	4
17. Told you that you were lying or confused	0	1	2	3	4

18. Called you unpleasant names?	0	1	2	3	4
19. Tried to restrict time you spent with family or friends	0	1	2	3	4
Wanted to know where you went and who you spoke to when not together	0	1	2	3	4
Tried to limit the amount of activities outside the relationship you engaged in	0	1	2	3	4
22 Acted suspicious and jealous of you	0	1	2	3	4
23. Checked up on your movements	0	1	2	3	4
24. Tried to make you feel jealous	0	1	2	3	4
25. Made allegations about you that were false	0	1	2	3	4
26. Told friends and family that you had abused them	0	1	2	3	4
27. Hid letters or bills that were addressed to you	0	1	2	3	4
28. Made you feel guilty about financial problems	0	1	2	3	4
Told you that you would not be believed if you reported their behaviour	0	1	2	3	4
If you have children…					
30. Made you feel bad about the children	0	1	2	3	4
Used the children to pass messages to you when you did not want to speak to them	0	1	2	3	4
32. Threatened to take the children away from you	0	1	2	3	4
33. Argued in front of the children	0	1	2	3	4
34. Strike, push or kick you in front of the children	0	1	2	3	4
35. Threatened to tell the children that you had hurt them	0	1	2	3	4
36. Prevented you from contacting your children after the relationship had ended	0	1	2	3	4

Please think about the impact that your partner's behaviours have had for you. Below presents a range of experiences that individuals may have. Considering the most recent abusive relationship, please use the responses below to choose what best describes your experience.

	Never **0**	***Rarely*** 1	***Sometimes*** 2	***Often*** 3	***Always*** 4
There threats have made me afraid to step out of line	0	1	2	3	4
I am worried my partner will harm someone I care about	0	1	2	3	4
I do not see family and/or friends as much as I want to do because of my partner	0	1	2	3	4
I have stopped doing things I used to enjoy (e.g. hobbies, studying) because of my partner	0	1	2	3	4
I have to plan ahead if I want to go out without my partner as I know they will make it difficult	0	1	2	3	4
I avoid talking to members of the opposite sex when out with my partner	0	1	2	3	4
I don't go out as often as I would like to without my partner	0	1	2	3	4
I wear clothes that my partner thinks I should rather than what I would prefer to wear	0	1	2	3	4
I can't be bothered to go out as I do not want to be interrogated upon my return	0	1	2	3	4
I am frequently short of money because my partner controls it	0	1	2	3	4
I am in debt because of my partner's extravagant spending	0	1	2	3	4
I have to work longer hours to support us as my partner	0	1	2	3	4

refuses to contribute financially					
I have had to reduce my spending and/or been unable to do things I wanted to because my partner refuses to contribute financially	0	1	2	3	4
I am less confident in my looks and sex appeal since meeting my partner	0	1	2	3	4
I feel very insecure in my relationship with my partner and worry a lot that my partner may have an affair	0	1	2	3	4
I do not feel as good about myself since meeting my partner	0	1	2	3	4
I feel embarrassed or ashamed of how my partner has treated me in front of others	0	1	2	3	4
I feel bad about things I have done with my partner that I didn’t want to do	0	1	2	3	4
My partner makes me feel that I am stupid and pointless	0	1	2	3	4
My partner makes me feel that I am useless and unemployable	0	1	2	3	4
I do not feel I could manage on my own without my partner	0	1	2	3	4
My needs are not important	0	1	2	3	4
I feel sexually inadequate	0	1	2	3	4
My reputation and/or relationships with others have suffered since meeting my partner	0	1	2	3	4
Other people believe that I am mentally unwell	0	1	2	3	4
The problems in my relationship are due to me	0	1	2	3	4

I do what my partner tells me to	0	1	2	3	4
I give in to my partner's requests just for the sake of an easy life	0	1	2	3	4
I expect criticism when doing things in front of my partner	0	1	2	3	4
I am often exhausted because of my partner keeping me up late at night	0	1	2	3	4
I find it hard to switch off from my relationship and get on with work/college	0	1	2	3	4
I never know when my partner may be watching me so I am always careful what I do	0	1	2	3	4
I dread my answering my phone/text/messenger when it goes off in case it is my partner	0	1	2	3	4
I try not to upset my partner as I am worried what they may do to themselves	0	1	2	3	4
My partner makes me feel unloved when I do not do what they want	0	1	2	3	4
I try not to anger my partner in case they lock me out of our bedroom/house	0	1	2	3	4
I cannot rely on my partner to help me achieve goals	0	1	2	3	4
I find my life is compromised because my partner withholds information (such as phone messages) that I need	0	1	2	3	4
I have done things sexually with my partner that I wish I hadn't	0	1	2	3	4
I have sex with my partner when I don't want to just for an	0	1	2	3	4

easy life

Section 3: How you experience emotions or how you may think about things

This section asks different questions about how you experience emotions on a regular basis (for example, each day). When you are asked about being "emotional," this may refer to being angry, sad, excited, or some other emotion. Please rate the following statements based on how you typically present.

Not at all like me	***A little like me***	***Somewhat like me***	***A lot like me***	***Completely like me***
0	1	2	3	4

When something happens that upsets me, it's all I can think about it for a long time.	1	2	3	4
My feelings get hurt easily.	1	2	3	4
When I experience emotions, I feel them very strongly/intensely.	1	2	3	4
When I'm emotionally upset, my whole body gets physically upset as well.	1	2	3	4
I tend to get very emotional very easily.	1	2	3	4
I experience emotions very strongly.	1	2	3	4
I often feel extremely anxious.	1	2	3	4
When I feel emotional, it's hard for me to imagine feeling any other way.	1	2	3	4
Even the littlest things make me emotional.	1	2	3	4
If I have a disagreement with someone, it takes a long time for me to get over it.	1	2	3	4

When I am angry/upset, it takes me much longer than most people to calm down.	1	2	3	4
I get angry at people very easily.	1	2	3	4
I am often bothered by things that other people don't react to.	1	2	3	4
I am easily agitated.	1	2	3	4
My emotions go from neutral to extreme in an instant.	1	2	3	4
When something bad happens, my mood changes very quickly.	1	2	3	4
People tell me I have a very short fuse.				
People tell me that my emotions are often too intense for the situation.	1	2	3	4
I am a very sensitive person.	1	2	3	4
My moods are very strong and powerful.	1	2	3	4
I often get so upset it's hard for me to think straight.	1	2	3	4
Other people tell me I'm overreacting.	1	2	3	4

How did your emotions affect how you protected yourself, or others, in your most recent abusive relationship? (Optional Question)

These items deal with ways you've been coping with the stress in your life. Different people deal with things in different ways, but these statements aim to explore how you've tried to

deal with it. Each item says something about a particular way of coping. Please rate the following statements to indicate the extent to which you have been doing what the item says.

I haven't been doing this at all	***I've been doing this a little bit***	***I've been doing this a medium amount***	***I've been doing this a lot***
1	2	3	4

I've been turning to work or other activities to take my mind off things.	1	2	3	4
I've been concentrating my efforts on doing something about the situation I'm in.	1	2	3	4
3. I've been saying to myself "this isn't real.".	1	2	3	4
I've been using alcohol or other drugs to make myself feel better.	1	2	3	4
5. I've been getting emotional support from others.	1	2	3	4
6. I've been giving up trying to deal with it.	1	2	3	4
7. I've been taking action to try to make the situation better.	1	2	3	4
8. I've been refusing to believe that it has happened.	1	2	3	4
I've been saying things to let my unpleasant feelings escape.	1	2	3	4
10. I've been getting help and advice from other people.	1	2	3	4
11. I've been using alcohol or other drugs to help me get through it.	1	2	3	4
I've been trying to see it in a different light, to make it seem more positive.	1	2	3	4
13. I've been criticizing myself.	1	2	3	4
I've been trying to come up with a strategy about what to do.	1	2	3	4
I've been getting comfort and understanding from someone.	1	2	3	4
16. I've been giving up the attempt to cope.	1	2	3	4
17. I've been looking for something good in what is happening.	1	2	3	4

18. I've been making jokes about it.	1	2	3	4
I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	1	2	3	4
I've been accepting the reality of the fact that it has happened.	1	2	3	4
21. I've been expressing my negative feelings.	1	2	3	4
I've been trying to find comfort in my religion or spiritual beliefs.	1	2	3	4
I've been trying to get advice or help from other people about what to do.	1	2	3	4
24. I've been learning to live with it.	1	2	3	4
25. I've been thinking hard about what steps to take.	1	2	3	4
26. I've been blaming myself for things that happened.	1	2	3	4
27. I've been praying or meditating.	1	2	3	4
28. I've been making fun of the situation.	1	2	3	4

How effective was the way that you coped with your abusive relationship, in managing your distress? (Optional Question)

strongly disagree	**disagree somewhat**	**slightly disagree**	**slightly agree**	**agree somewhat**	**strongly agree**
-3	-2	-1	1	2	3

For each of the following statements, indicate the extent to which you agree or disagree by writing in the appropriate number.

Whether or not I get to be a leader depends mostly on my ability.	-3	-2	-1	1	2	3
To a great extent my life is controlled by accidental happenings.	-3	-2	-1	1	2	3
I feel like what happens in my life is mostly determined by powerful people.	-3	-2	-1	1	2	3
Whether or not I get into a car accident depends mostly on how good a driver I am.	-3	-2	-1	1	2	3
When I make plans, I am almost certain to make them work.	-3	-2	-1	1	2	3
Often there is no chance of protecting my personal interests from bad luck.	-3	-2	-1	1	2	3
When I get what I want, it’s usually because I’m lucky.	-3	-2	-1	1	2	3
Although I might have good ability, I will not be given leadership responsibility without appealing to those in positions of power.	-3	-2	-1	1	2	3
How many friends I have depends on how nice a person I am.	-3	-2	-1	1	2	3
). I have often found that what is going to happen will happen.	-3	-2	-1	1	2	3
.. My life is chiefly controlled by powerful others.	-3	-2	-1	1	2	3
!. Whether or not I get into a car accident is mostly a matter of luck.	-3	-2	-1	1	2	3

3. People like me have very little chance of protecting our personal interests when they conflict with those of strong pressure groups.	-3	-2	-1	1	2	3
4. It's not always wise for me to plan too far ahead because many things turn out to be a matter of good or bad fortune.	-3	-2	-1	1	2	3
5. Getting what I want requires pleasing those people above me.	-3	-2	-1	1	2	3
6. Whether or not I get to be a leader depends on whether I'm lucky enough to be in the right place at the right time.	-3	-2	-1	1	2	3
7. If important people were to decide they didn't like me, I probably wouldn't make many friends.	-3	-2	-1	1	2	3
8. I can pretty much determine what will happen in my life.	-3	-2	-1	1	2	3
9. I am usually able to protect my personal interests.	-3	-2	-1	1	2	3
0. Whether or not I get into a car accident depends mostly on the other driver.	-3	-2	-1	1	2	3
. When I get what I want, it's usually because I worked hard for it.	-3	-2	-1	1	2	3
2. In order to have my plans work, I make sure that they fit in with the desires of people who have power over me.	-3	-2	-1	1	2	3
3. My life is determined by my own actions.	-3	-2	-1	1	2	3
4. It's chiefly a matter of fate whether or not I have a few friends or many friends.	-3	-2	-1	1	2	3

How well did you feel you could use strategies or resources to increase your, or others', safety during your most recent abusive relationship? (Optional Question)

The following questions explore your typical approach to dealing with problems and obstacles. For each of the following statements, indicate the extent to which you agree or disagree by writing in the appropriate number.

Not at all true	**Hardly true**	**Moderately true**	**Exactly true**
1	2	3	4

I can always manage to solve difficult problems if I try hard enough	1	2	3	4
If someone opposes me, I can find the means and ways to get what I want.	1	2	3	4
It is easy for me to stick to my aims and accomplish my goals.	1	2	3	4
I am confident that I could deal efficiently with unexpected events.	1	2	3	4
Thanks to my resourcefulness, I know how to handle unforeseen situations.	1	2	3	4
I can solve most problems if I invest the necessary effort.	1	2	3	4
I can remain calm when facing difficulties because I can rely on my coping abilities.	1	2	3	4
When I am confronted with a problem, I can usually find several solutions.	1	2	3	4
If I am in trouble, I can usually think of a solution	1	2	3	4
). I can usually handle whatever comes my way.	1	2	3	4

How ‘in control’ did you feel when making decisions regarding managing your safety, in your most recent abusive relationship? (Optional Question)

Section 4: Your environment at the time you were harmed in your abusive intimate relationship

These questions refer to the environment, such as your home and community, during the most recent abusive relationship. Please choose the option that best described how you felt at the time.

Strongly Agree 1	**Agree** 2	**Disagree** 3	**Strongly Disagree** 4

My home had adequate levels of security to prevent them entering (electronic security systems, door/window locks, gates/walls)	1	2	3	4
Having security systems in my home increase my sense of safety during my abusive relationship	1	2	3	4
I was able to, or individuals in my community were able to, monitor the person that abused me, in the local area.	1	2	3	4
I was able to monitor my perpetrator electronically using cameras installed in home.	1	2	3	4

Being able to monitor my perpetrator increased my sense of safety in my abusive relationship.	1	2	3	4
My home had easily accessible exits or escape routes.	1	2	3	4
I was familiar with routes to escape my home quickly.	1	2	3	4
Having accessible and familiar escape routes (open floor plans, multiple exits from rooms/the home) increased my sense of safety in my abusive relationship.	1	2	3	4
My community was free of general crime.	1	2	3	4
There was a strong police presence or anti-crime attitude in my community.	1	2	3	4
Having a community that actively deterred criminal behaviour increased my safety in my abusive relationship.	1	2	3	4
I owned/rented my home on my own (not shared or owned/rented by my perpetrator).	1	2	3	4
I had a non-molestation, non-contact or harassment order against my perpetrator preventing them from entering my home.	1	2	3	4
Having a ‘legally enforceable’ right to my own home increased my sense of safety in my abusive relationship.	1	2	3	4

How did your things in your environment affect how your managed your safety, in your most recent abusive relationship? (Optional Question)

APPENDIX 13: Study Three Scale Cut-off Values and Labels

Scale	Cut off determination	Score cut-off values and labels	Z-score cut-off values and labels
PSVS	Response Quartiles	0 to 27 (Low) 28 to 42 (Moderate) >42 (High)	0 to -.79 (Low) -.80 to .75 (Moderate) >.75 (High)
CBS-R	Response Quartiles	Under 99 (Lowest levels of control) 100-142 (High level of control) Over 143 (Highest levels of control)	Under -0.72 (Lowest levels of control) -.072 to .79 (High level of control) Over .79 (Highest levels of control)
CBS-R - Economic Control Subscale	Response Quartiles	12 and under (Low) 13-18 (Moderate) 19 and over (High)	-.76 and under (Low) -.75 to .85 (Moderate) .85 and over (High)
CBS-R - Threatening Control Subscale	Response Quartiles	10 and under (Low) 10-15 (Moderate) 16 and over (High)	-.83 and under (Low) -.84 to .85 (Moderate) .86 and over (High)
CBS-R - Intimidation Control Subscale	Response Quartiles	19 and under (Low) 20-30 (Moderate) 31 and over (High)	-.79 and under (Low) -.80 to .69 (Moderate) .70 and over (High)
CBS-R - Emotional Control Subscale	Response Quartiles	16 and under (Low) 17-22 (Moderate) 23 and over (High)	-.63 and under (Low) -.64 to .78 (Moderate) .79 and over (High)
CBS-R - Isolating Control Subscale	Response Quartiles	21 and under (Low) 22-27 (Moderate) 28 and over (High)	-.44 and under (Low) -.45 to .81 (Moderate) .82 and over (High)
CBS-R - Using Children Control Subscale	Response Quartiles	6 and under (Low) 7-21 (Moderate) 22 and over (High)	-.91 and under (Low) -.92 to .85 (Moderate) .86 and over (High)
CCS	Response Quartiles	123 and under (Lowest consequences) 124-168 (High consequences) 169 and over (Highest consequences)	-.66 and under (Lowest consequences) -.67 to .74 (High consequences) .75 and over (Highest consequences)

Scale	Cut off determination	Score cut-off values and labels	Z-score cut-off values and labels
ERS	Response Quartiles	47 and under (Lowest) 48-77 (High) 78 and over (Highest)	-.78 and under (Lowest) -.79 to .74 (High) .75 and over (Highest)
ERS - Sensitivity Subscale Score	Response Quartiles	15 and under (Lowest) 16-23 (High) 24 and over (Highest)	-.81 and under (Lowest) -.82 to .64 (High) .65 and over (Highest)
ERS - Arousal/Intensity Subscale Score	Normed sample in Lannoy et al., 2014).	13 and under (Lowest) 14-21 (High) 22 and over (Highest)	-.71 and under (Lowest) -.72 to .73 (High) .74 and over (Highest)
ERS - Persistence Subscale Score	Normed sample in Lannoy et al., 2014).	10 and under (Lowest) 11-16 (High) 17 and over (Highest)	-.77 and under (Lowest) -.78 to .82 (High) .81 and over (Highest)
BCQ - Avoidance Subscale	Response Quartiles	15 and under (Lowest) 16-20 (High) 21 and over (Highest)	-.69 and under (Lowest) -.70 to .48 (High) .49 and over (Highest)
BCQ - Cognitive Restructuring Subscale	Response Quartiles	9 and under (Lowest) 10-12 (High) 13 and over (Highest)	-.70 and under (Lowest) -.71 to .70 (High) .71 and over (Highest)
BCQ - Problem Solving Subscale	Response Quartiles	11 and under (Lowest) 12-16 (High) 17 and over (Highest)	-.79 and under (Lowest) -.80 to .73 (High) .74 and over (Highest)
BCQ - Distraction Subscale	Response Quartiles	8 and under (Lowest) 9-11 (High) 12 and over (Highest)	-.84 and under (Lowest) -.85 to .70 (High) .71 and over (Highest)
BCQ - Support Seeking Subscale	Response Quartiles	10 and under (Lowest) 11-16 (High) 17 and over (Highest)	-.70 and under (Lowest) -.71 to .74 (High) .75 and over (Highest)
LOCS - Internal Subscale	Response Quartiles	50 and under (Lowest) 51-57 (High) 58 and over (Highest)	-.61 and under (Lowest) -.62 to .71 (High) .72 and over (Highest)
LOCS - Others Subscale	Response Quartiles	48 and under (Lowest) 49-58 (High) 59 and over (Highest)	-.58 and under (Lowest) -.59 to .72 (High) .73 and over (Highest)
LOCS - Chance Subscale	Response Quartiles	47 and under (Lowest) 48-57 (High) 58 and over (Highest)	-.68 and under (Lowest) -.69 to .67 (High) .68 and over (Highest)
GSES	Response Quartiles	21 and under (Low) 22-33 (Average) 34 and over (High)	-1.06 and under (Low) -.90 to .91 (Average) 1.07 and over (High)

Scale	Cut off determination	Score cut-off values and labels	Z-score cut-off values and labels
ESS	Response Quartiles	20 and under (Low) 21-40 (Moderate) 41 and over (High)	-.80 and under (Lowest) -.81 to .57 (High) .64 and over (Highest)

APPENDIX 14: Study Three MANOVA Results for Participants' Gender and Length of Abusive Relationship

		Male		Female		
Victimisation	N[1]	M	S.D.	M	S.D.	*F*
Verbal Abuse	263	1.07	.256	1.04	.193	.767
Physical Abuse	263	1.26	.442	1.25	.437	.221
Sexual Abuse	263	1.53	.503	1.29	.456	4.306**
Emotional Abuse	263	1.02	.131	1.00	.000	1.274
Financial Abuse	263	1.48	.413	1.22	.413	8.090**
Spiritual Abuse	263	1.88	.326	1.91	.289	.348
Technological Abuse	263	1.62	.489	1.45	.498	2.662*
Honour-Based Abuse	263	2.00	.000	1.97	.181	.812
Physical and Sexual Abuse Scale	263	1.77	.655	2.09	.737	3.944**
Controlling Behaviours Scale	263	1.58	.706	2.17	.706	15.190**
Economic Control	263	1.65	.694	2.02	.784	5.697**
Threatening Control	263	1.67	.787	1.99	.808	2.786*
Intimidating Control	263	1.61	.701	2.15	.711	10.497**
Emotional Control	263	1.60	.704	2.20	.689	12.623**
Isolating Control	263	1.67	.787	2.09	.727	7.195**
Children Control	263	1.61	.750	2.05	.754	6.331**
Consequences of Control Scale	263	1.63	.616	2.16	.697	10.458**

[1] Only male and female participants are outlined, total sample included those who preferred not to state their gender or who did not identify as male or female (n=12).

**p<.05*

***p<.01*

		0-2 (Years)		3-9 (Years)		10 or more (Years)		
Victimisation	N	M	S.D.	M	S.D.	M	S.D.	*F*
Verbal Abuse	268	1.05	.215	1.06	.240	1.03	.167	.628
Physical Abuse	268	1.24	.429	1.25	.437	1.25	.432	.022
Sexual Abuse	268	1.32	.469	1.38	.489	1.28	.453	1.199
Emotional Abuse	268	1.00	.000	1.01	.101	1.00	.000	.853
Financial Abuse	268	1.54	.502	1.25	.437	1.17	.377	15.045**
Spiritual Abuse	268	1.92	.272	1.91	.289	1.88	.330	.489
Technological Abuse	268	1.41	.496	1.55	.500	1.51	.502	1.387
Honour-Based Abuse	268	1.95	.215	1.97	.172	1.99	.097	1.184
Physical and Sexual Abuse Scale	265	2.06	.698	1.97	.680	2.03	.765	.363
Controlling Behaviours Scale	265	1.87	.713	1.97	.680	2.12	.716	2.755
Economic Control	265	1.81	.786	1.88	.750	2.03	.790	1.846
Threatening Control	265	2.08	.795	1.86	.799	2.85	.818	1.911
Intimidating Control	265	1.84	.729	1.99	.725	2.13	.735	3.245*
Emotional Control	265	1.95	.711	2.01	.739	2.14	.752	1.524
Isolating Control	265	2.08	.775	1.94	.744	1.92	.781	.916
Children Control	265	1.47	.718	1.88	.736	2.27	.669	25.507**
Consequences of Control Scale	265	2.02	.665	1.94	.686	2.10	.771	1.364

**p<.05*
***p<.01*

APPENDIX 15: Anti-Image Covariances and Correlations for the Factor Analyses of the ESS

	Having security systems in my home increase my sense of safety during my abusive relationship	I was able to, or individuals in my community were able to, monitor the person that abused me, in the local area.	I was able to monitor my perpetrator electronically using cameras installed in home.	Being able to monitor my perpetrator increased my sense of safety in my abusive relationship.	My home had easily accessible exits or escape routes.	I was familiar with routes to escape my home quickly.	Having accessible and familiar escape routes (open floor plans, multiple exits from rooms/the home) increased my sense of safety in my abusive relationship.	My community was free of general crime.	There was a strong police presence or anti-crime attitude in my community.	Having a community that actively deterred criminal behaviour increased my safety in my abusive relationship.	I owned/rented my home on my own (not shared or owned/rented by my perpetrator).	I had a non-molestation, non-contact or harassment order against my perpetrator preventing them from entering my home.	Having a 'legally enforceable' right to my own home increased my sense of safety in my abusive relationship.
Having security systems in my home increase my sense of safety during my abusive relationship	.710	-.157	-.056	-.101	.061	-.034	-.083	.087	-.069	-.119	-.023	-.119	-.064
I was able to, or individuals in my community were able to, monitor the person that abused me, in the local area.	-.157	.582	-.076	.018	-.119	.025	.037	-.119	.002	.069	-.101	-.053	-.022
I was able to monitor my perpetrator electronically using cameras installed in home.	-.056	-.076	.643	-.071	-.114	6.545E-5	-.002	-.024	-.043	.006	-.113	.022	.068
Being able to monitor my perpetrator	-.101	.018	-.071	.503	-.225	-.052	.047	-.010	.023	.120	-.027	-.028	-.053

increased my sense of safety in my abusive relationship.													
My home had easily accessible exits or escape routes.	.061	-.119	-.114	-.225	.419	.002	.009	-.068	.025	-.079	.005	-.038	-.074
I was familiar with routes to escape my home quickly.	-.034	.025	6.545E-5	-.052	.002	.436	-.266	-.061	-.089	-.038	-.059	-.043	-.020
Having accessible and familiar escape routes (open floor plans, multiple exits from rooms/the home) increased my sense of safety in my abusive relationship.	-.083	.037	-.002	.047	.009	-.266	.435	-.147	.091	.069	.059	-.020	.053
My community was free of general crime.	.087	-.119	-.024	-.010	-.068	-.061	-.147	.501	.030	-.078	-.094	.109	-.081
There was a strong police presence or anti-crime attitude in my community.	-.069	.002	-.043	.023	.025	-.089	.091	.030	.777	-.248	.073	.088	-8.581E-5
Having a community that actively deterred criminal behaviour increased my safety in my abusive relationship.	-.119	.069	.006	.120	-.079	-.038	.069	-.078	-.248	.611	-.198	-.073	.128
I owned/rented my home on my	-.023	-.101	-.113	-.027	.005	-.059	.059	-.094	.073	-.198	.597	.024	-.064

own (not shared or owned/rented by my perpetrator).													
I had a non-molestation, non-contact or harassment order against my perpetrator preventing them from entering my home.	-.119	-.053	.022	-.028	-.038	-.043	-.020	.109	.088	-.073	.024	.873	-.092
Having a 'legally enforceable' right to my own home increased my sense of safety in my abusive relationship.	-.064	-.022	.068	-.053	-.074	-.020	.053	-.081	-8.581E-5	.128	-.064	-.092	.804

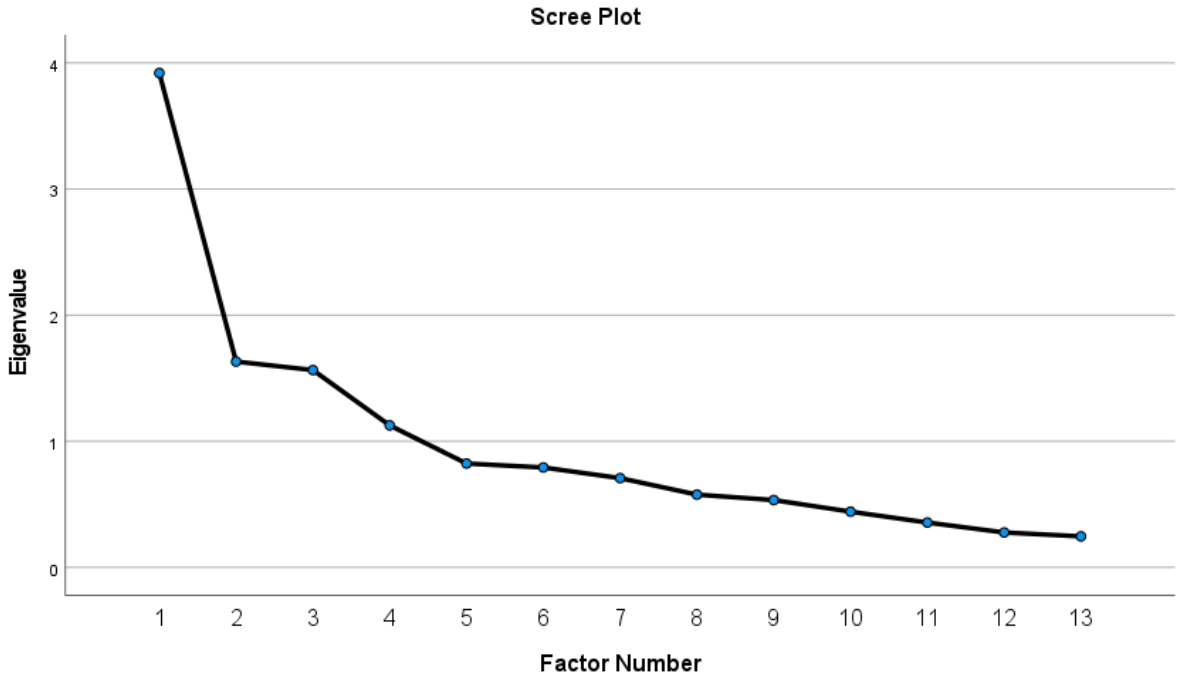
Anti-Image Correlations for the Factor Analyses of the ESS

	Having security systems in my home increase my sense of safety during my abusive relationship	I was able to, or individuals in my community were able to, monitor the person that abused me, in the local area.	I was able to monitor my perpetrator electronically using cameras installed in home.	Being able to monitor my perpetrator increased my sense of safety in my abusive relationship.	My home had easily accessible exits or escape routes.	I was familiar with routes to escape my home quickly.	Having accessible and familiar escape routes (open floor plans, multiple exits from rooms/the home) increased my sense of safety in my abusive relationship.	My community was free of general crime.	There was a strong police presence or anti-crime attitude in my community.	Having a community that actively deterred criminal behaviour increased my safety in my abusive relationship.	I owned/rented my home on my own (not shared or owned/rented by my perpetrator).	I had a non-molestation, non-contact or harassment order against my perpetrator preventing them from entering my home.	Having a 'legally enforceable' right to my own home increased my sense of safety in my abusive relationship.
Having security systems in my home increase my sense of safety during my abusive relationship	.757	-.244	-.083	-.170	.112	-.061	-.149	.145	-.093	-.181	-.035	-.151	-.085
I was able to, or individuals in my community were able to, monitor the person that abused me, in the local area.	-.244	.836	-.124	.033	-.242	.049	.074	-.221	.003	.116	-.172	-.075	-.033
I was able to monitor my perpetrator electronically using cameras installed in home.	-.083	-.124	.890	-.125	-.220	.000	-.004	-.043	-.062	.009	-.182	.029	.094
Being able to monitor my perpetrator increased my sense of safety	-.170	.033	-.125	.767	-.491	-.111	.100	-.021	.036	.216	-.049	-.043	-.083

in my abusive relationship.													
My home had easily accessible exits or escape routes.	.112	-.242	-.220	-.491	.786	.004	.022	-.149	.043	-.155	.009	-.063	-.127
I was familiar with routes to escape my home quickly.	-.061	.049	.000	-.111	.004	.709	-.612	-.130	-.153	-.075	-.115	-.069	-.034
Having accessible and familiar escape routes (open floor plans, multiple exits from rooms/the home) increased my sense of safety in my abusive relationship.	-.149	.074	-.004	.100	.022	-.612	.585	-.314	.156	.134	.116	-.033	.089
My community was free of general crime.	.145	-.221	-.043	-.021	-.149	-.130	-.314	.814	.048	-.140	-.172	.164	-.128
There was a strong police presence or anti-crime attitude in my community.	-.093	.003	-.062	.036	.043	-.153	.156	.048	.504	-.361	.108	.107	.000
Having a community that actively deterred criminal behaviour increased my safety in my abusive relationship.	-.181	.116	.009	.216	-.155	-.075	.134	-.140	-.361	.543	-.327	-.100	.183
I owned/rented my home on my own (not shared or owned/rented	-.035	-.172	-.182	-.049	.009	-.115	.116	-.172	.108	-.327	.816	.034	-.093

by my perpetrator).													
I had a non-molestation, non-contact or harassment order against my perpetrator preventing them from entering my home.	-.151	-.075	.029	-.043	-.063	-.069	-.033	.164	.107	-.100	.034	.686	-.110
Having a 'legally enforceable' right to my own home increased my sense of safety in my abusive relationship.	-.085	-.033	.094	-.083	-.127	-.034	.089	-.128	.000	.183	-.093	-.110	.799

APPENDIX 16: Factor Analysis Scree Plot for the ESS



APPENDIX 17: Anti-Image Covariances and Correlations for the Factor Analyses of the PSVS

	They destroyed my property	They bit me	They spat at me	They burned me	They hit me with a weapon	They stabbed me	They threw objects at me	They kicked me	They pushed me	They punched me	They slapped me
They destroyed my property	.034	-.017	-.023	.023	.011	-.044	-.018	-.070	-.060	-.128	.316
	-.016	.014	-.006	-.028	-.074	.003	.021	-.090	-.033	.317	-.128
	-.013	.010	-.026	-.036	-.017	.005	-.094	-.016	.348	-.033	-.060
	-.005	-.075	.004	.010	-.022	.018	-.040	.380	-.016	-.090	-.070
	-.143	.028	-.026	-.051	-.009	-.067	.389	-.040	-.094	.021	-.018
	.087	.009	-.001	-.022	-.134	.794	-.067	.018	.005	.003	-.044
	-.032	-.037	-.070	.017	.487	-.134	-.009	-.022	-.017	-.074	.011
	.015	-.140	-.108	.705	.017	-.022	-.051	.010	-.036	-.028	.023
	-.052	-.084	.539	-.108	-.070	-.001	-.026	.004	-.026	-.006	-.023
	-.027	.701	-.084	-.140	-.037	.009	.028	-.075	.010	.014	-.017
	.463	-.027	-.052	.015	-.032	.087	-.143	-.005	-.013	-.016	.034
	.026	-.016	-.106	-.057	-.059	.029	.001	-.049	.055	-.014	-.018
	.014	-.034	-.029	-.065	-.099	.012	.026	.001	-.013	.014	-.011
	-.070	.041	-.020	.014	.030	-.008	-.019	-.020	-.031	-.004	-.041
	-.026	.002	-.015	-.142	-.054	.005	.021	-.104	.014	.030	.009
	-.077	-.025	.005	.048	.027	.025	-.025	.035	-.064	.017	-.022
	-5.022E-5	-.029	-.010	.048	-.022	-.003	-.064	.010	-.006	-.007	.015
	-.062	-.033	.008	.000	-.046	-.070	-.004	-.031	-.080	-.039	-.030

Anti-Image correlations for the Factor Analyses of the PSYS

They slapped me		They injured me (broken bones/cuts etc...)	They called me upsetting names	They shouted at me	They shared intimate images/videos of me	They threatened me	They sexually assaulted me	They headbutted me
.935	They slapped me	-.030	.015	-.022	.009	-.041	-.011	-.018
-.405	They punched me	-.039	-.007	.017	.030	-.004	.014	-.014
-.180	They pushed me	-.080	-.006	-.064	.014	-.031	-.013	.055
-.202	They kicked me	-.031	.010	.035	-.104	-.020	.001	-.049
-.052	They threw objects at me	-.004	-.064	-.025	.021	-.019	.026	.001
-.088	They stabbed me	-.070	-.003	.025	.005	-.008	.012	.029
.028	They hit me with a weapon	-.046	-.022	.027	-.054	.030	-.099	-.059
.048	They burned me	.000	.048	.048	-.142	.014	-.065	-.057
-.057	They spat at me	.008	-.010	.005	-.015	-.020	-.029	-.106
-.037	They bit me	-.033	-.029	-.025	.002	.041	-.034	-.016
.089	They destroyed my property	-.062	-5.022E-5	-.077	-.026	-.070	.014	.026
-.041	They headbutted me	-.118	-.014	-.042	.029	-.014	-.008	.590
-.022	They sexually assaulted me	.017	-.041	-.003	-.120	-.078	.772	-.008
-.104	They threatened me	-.020	-.104	-.069	-.046	.487	-.078	-.014
.019	They shared intimate images/videos of me	.034	-.038	-.018	.763	-.046	-.120	.029
-.056	They shouted at me	.011	-.194	.476	-.018	-.069	-.003	-.042
.038	They called me upsetting names	.005	.487	-.194	-.038	-.104	-.041	-.014
-.085	They injured me	.395	.005	.011	.034	-.020	.017	-.118

They headbutted me	They destroyed my property	They bit me	They spat at me	They burned me	They hit me with a weapon	They stabbed me	They threw objects at me	They kicked me	They pushed me	They punched me
-.041	.089	-.037	-.057	.048	.028	-.088	-.052	-.202	-.180	-.405
-.033	-.041	.029	-.014	-.060	-.189	.005	.058	-.260	-.099	.930
.120	-.031	.020	-.060	-.073	-.042	.009	-.256	-.045	.952	-.099
-.104	-.013	-.146	.009	.020	-.051	.033	-.105	.949	-.045	-.260
.003	-.338	.054	-.057	-.097	-.021	-.121	.936	-.105	-.256	.058
.042	.143	.013	-.002	-.030	-.216	.896	-.121	.033	.009	.005
-.111	-.066	-.063	-.136	.029	.948	-.216	-.021	-.051	-.042	-.189
-.089	.027	-.200	-.175	.898	.029	-.030	-.097	.020	-.073	-.060
-.187	-.104	-.136	.960	-.175	-.136	-.002	-.057	.009	-.060	-.014
-.025	-.047	.944	-.136	-.200	-.063	.013	.054	-.146	.020	.029
.050	.930	-.047	-.104	.027	-.066	.143	-.338	-.013	-.031	-.041
.942	.050	-.025	-.187	-.089	-.111	.042	.003	-.104	.120	-.033
-.012	.023	-.046	-.045	-.088	-.161	.015	.047	.002	-.025	.027
-.025	-.148	.071	-.039	.024	.062	-.013	-.044	-.047	-.075	-.010
.043	-.043	.003	-.024	-.193	-.088	.006	.039	-.193	.027	.061
-.079	-.163	-.043	.011	.083	.056	.041	-.058	.081	-.158	.043
-.026	.000	-.049	-.019	.081	-.044	-.004	-.147	.022	-.015	-.017
-.244	-.145	-.063	.018	-.001	-.104	-.125	-.011	-.079	-.215	-.110

They injured me (broken bones/cuts etc...)	They called me upsetting names	They shouted at me	They shared intimate images/videos of me	They threatened me	They sexually assaulted me
-.085	.038	-.056	.019	-.104	-.022
-.110	-.017	.043	.061	-.010	.027
-.215	-.015	-.158	.027	-.075	-.025
-.079	.022	.081	-.193	-.047	.002
-.011	-.147	-.058	.039	-.044	.047
-.125	-.004	.041	.006	-.013	.015
-.104	-.044	.056	-.088	.062	-.161
-.001	.081	.083	-.193	.024	-.088
.018	-.019	.011	-.024	-.039	-.045
-.063	-.049	-.043	.003	.071	-.046
-.145	.000	-.163	-.043	-.148	.023
-.244	-.026	-.079	.043	-.025	-.012
.030	-.066	-.005	-.156	-.126	.935
-.045	-.214	-.143	-.076	.957	-.126
.061	-.063	-.030	.895	-.076	-.156
.025	-.403	.902	-.030	-.143	-.005
.012	.911	-.403	-.063	-.214	-.066
.954	.012	.025	.061	-.045	.030

APPENDIX 18: Factor Analysis Scree Plot for the PSVS