UNDERSTANDING THE HELP-SEEKING DECISIONS OF FEMALE VICTIMS OF INTIMATE PARTNER VIOLENCE

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ABSTRACT

One in three women is at risk of experiencing intimate partner violence (IPV) at some point in her life. There are many consequences of IPV which can affect victims’ short- and long-term wellbeing. However, victims often do not receive the support they need to stop the abuse. This shortcoming is partly the result of victims’ decision to remain silent about the abusive experiences, at least temporarily. In addition, it is associated with victims’ choices of support and the responses they receive.

Victims’ help-seeking decisions are influenced by a range of different factors, including victim and partner characteristics and factors relating to the nature and extent of experienced abuse and control. Victims’ responses to IPV, including the decision to remain silent as well as the decisions to disclose the abuse to informal and/or formal sources of support, are commonly well-informed decisions made to the best of the victim’s knowledge and personal risk assessment. While the decision to remain silent may seem unreasonable from an outsider’s point of view, it often fulfils the purpose of minimising experiences of risk and harm for both victims and their children. An understanding of the complexity of factors associated with victims’ responses to IPV is therefore crucial to address victims’ needs and enable them to stop the abuse permanently.

This thesis is a comprehensive examination of victims’ different help-seeking decisions and the diversity of factors associated with such decisions. It is theoretically informed by feminist, coping, social learning, cognitive, and attachment theories and uses a multi-method approach to reveal generalisable results combined with in-depth
knowledge on predictors of victims’ help-seeking decisions. Study 1 examines the help-seeking decisions of IPV victims ($N=2,276$) in a national household sample, initially surveyed for the *International Violence Against Women Survey* (IVAWS) 2002/03. The data, provided by the Australian Institute of Criminology (AIC), were analysed using SPSS to identify predictors of victims’ different responses to an incident of IPV. Findings reveal that victims’ help-seeking decisions are informed by a range of different factors, including victim-, partner-, and violence-related factors.

The cross-sectional findings observed in Study 1 are further examined through victim narratives utilised for the second study. Study 2 uses face-to-face in-depth interview data collected from victims ($N=29$) living in Southeast Queensland. Victims interviewed for Study 2 were approached through a number of different specialised victim services they had recently been in contact with. Findings from Study 2 provide greater insights into the complex nature of some of the help-seeking-related factors identified in Study 1. Due to its focus on victims’ responses to IPV at different points throughout their abusive relationship, Study 2 allows an identification of changes in the dynamics of victims’ help-seeking decisions over time.

An integrated discussion of findings from Studies 1 and 2 reveals the salient role of child exposure to IPV, victims’ realisation of abuse severity and outcomes of past help-seeking experiences in victims’ help-seeking decisions. While findings identify victims as active players with agency, several factors can complicate victims’ help-seeking decisions and prolong their victimisation. Implications for theory, future research, policy and practice are discussed.
STATEMENT OF ORIGINALITY

This work has not previously been submitted for a degree or diploma to any university.

To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made in the thesis itself.

Silke Meyer
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Chapter 1: Intimate Partner Violence and Help-Seeking

Introduction

The phenomenon of male-perpetrated intimate partner violence (hereafter referred to as IPV) has generated interest among practitioners, researchers and policy makers since the early days of the battered women’s movement in the early 1970s (Binder & Meeker, 1992; Dobash & Dobash, 1979; Stark, 2007; Walker, 1979). This thesis examines male-to-female perpetrated forms of IPV due to its gendered focus on power imbalances, abuse and control. Additionally, past research describes male-to-female perpetrated abuse as the predominant form of IPV (Crime and Misconduct Commission [CMC], 2005; Queensland [QLD] Health, 2006) and female victims as the ones suffering the most severe harm when subjected to IPV (Johnson, 2005). While some scholars argue that the growing public concern about the gendered experiences of battered women and their need for support is a social construct created by the battered women’s movement (Loseke, 1992; Loseke & Cahill, 2005; Tierny, 2005), others identify male violence against female intimate partners as a historical social problem entrenched in traditional patriarchal attitudes towards the status and role of women in Western societies (Dobash & Dobash, 1992; Johnson, 1995; Pagelow, 1981, 1997; Stark, 2007).

Since the increasing public discussion of IPV in the 1970s (Binder & Meeker, 1992), the phenomenon has been studied extensively from two different perspectives, namely

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1 For the purpose of this thesis, the terms ‘intimate partner violence’ (IPV) and ‘domestic violence’ (DV) have been used interchangeably as parts of the literature and areas of service provision and policy-making use both terms interchangeably. They do, however, relate to male-perpetrated forms of emotional, physical and sexual abuse directed at a female intimate partner and exclude other types of violence prevalent in domestic settings, such as intergenerational violence and violence perpetrated in an informal care relationship.
the feminist perspective and the family violence perspective (Johnson, 1995). The family violence perspective is generally traced back to early examinations of conflict within American families (Gelles, 1974; Straus, 1979; Straus & Gelles, 1986). The feminist perspective on the other hand focused on IPV as a gendered issue, manifested in wife abuse (Dobash & Dobash, 1979; Walker, 1979). While some have argued that these two approaches in fact examine two different phenomena (Johnson 1995; Johnson & Leone 2005), others describe it as one and the same phenomenon with varying degrees of severity (Fergusson, Horwood & Ridder, 2005b). Regardless of the classification of the phenomenon as one or as two different subtypes of IPV, there is consensus amongst researchers that the effects of IPV are detrimental and that the nature and extent of emotional, physical and sexual IPV are associated with victims’ help-seeking decisions (Fergusson, Horwood & Ridder, 2005a; Gondolf & Fisher, 1988; Leone, Johnson & Cohan, 2007; Walker, 1979).

This chapter offers an introduction to the phenomenon of IPV and victims’ responses to such experiences in form of help-seeking. It provides insights into the nature and extent of IPV as revealed by Australian and international research and the detrimental effects it has on its victims. It is important to understand the help-seeking decisions victims make and the numerous factors associated with such decisions. Past research reveals that victims’ responses to IPV can be very diverse and are often influenced by a complexity of individual and situational factors and circumstances (Goodkind, Dutton, Vankos & Weinfurt, 2005; Leone et al, 2007). For the purpose of this thesis, victims’ responses to IPV are examined as two overarching themes: help-seeking and non-help-seeking decisions. To better understand the diversity of victims’ help-seeking decisions, the first theme is categorised into a number of different types of help-
seeking. These are introduced throughout this chapter. The structure of this thesis is outlined in the last section of this chapter.

1.1 Context of this Research

A number of sources, including official statistics and victim surveys reveal that IPV is a serious and widespread phenomenon affecting many women in Australia and worldwide (Hague & Mullender, 2006; Hutchinson & Weeks, 2004; World Health Organization [WHO], 2005). Australian research has identified IPV as the leading cause of injuries to women of reproductive age and as a factor implicated in approximately 60% of homicide cases involving a female victim (Mouzos & Makkai, 2004; Shackelford & Mouzos, 2005). Recent international victim surveys, conducted in Australia, Great Britain, Canada and the United States show that between 20% and 30% of female respondents report experiences of either physical or sexual IPV at some point after the age of 15 years (Johnson & Bunge, 2001; Mirrlees-Black, 1999; Mouzos & Makkai, 2004; Tjaden & Thoennes, 2000). IPV can have significant effects on victims’ short- and long-term health outcomes, including immediate injuries as well as chronic physical and mental health problems (Campbell & Soeken, 1999; Clark & Foy, 2000; McCloskey & Grigsby, 2005; Robertiello, 2006; Walker, 1991). As a result, victims require a range of different support services, including but not limited to healthcare services, that help them end the abuse and protect them from facing fatal outcomes (Mouzos, 1999; Smith, Moracco & Butts, 1998; Tutty 2006). Despite the importance of external interventions, IPV remains an assault on victims’ safety that is often perceived as a ‘private’ matter by victims as well as some sources of informal and formal support (Bui, 2003; CMC, 2005; Dobash & Dobash 1992). In addition to the ‘private perception’, IPV is predominantly perpetrated in private dwellings with
few if any witnesses who are able to intervene and offer immediate support (CMC, 2005; Mouzos & Makkai, 2004). The nature and setting of violence perpetrated by an intimate partner therefore leaves many victims isolated with no access to tangible support (Stark, 2007).

In order to better understand victims’ help-seeking decisions, it is crucial to understand the types of abuse they experience, and the nature and situational circumstances of the relationship this abuse is embedded in. While many victims suffer abuse and related consequences that require external help, such as medical support or legal protection, their experiences are also associated with feelings of shame, self-blame and fear, which often complicate victims’ decisions to disclose the abuse (Dobash & Dobash, 1979; Stark, 2007). In addition to these individual internal factors, the decision to seek help is furthermore complicated by the complexity of other individual and situational factors, including the relationship between victim and offender, the presence of children, cultural and socioeconomic circumstances and the extent of abuse and control exercised by the intimate partner (Gondolf, Fisher & McFerron, 1990; Stark, 2007).

While some factors may encourage victims to reach out for support, others constrain and often delay victims’ help-seeking decisions (Reidy & von Korff, 1991). Once victims decide to seek help, their active approach can be further constrained by a lack of awareness of available sources of support (Davis & Srinivasan, 1995; Signal & Taylor, 2008).

For some victims, their decision to seek help is furthermore complicated by the gendered nature of their abusive experiences. Experiences of power imbalances, male dominance and female oppression can further complicate the help-seeking decisions of
victims whose lives are embedded in patriarchal family or community structures and who may perceive certain sources of support, such as the criminal justice system as male dominated and biased against female IPV victims (Buzawa & Buzawa, 1990; Cunneen & Stubbs, 1997).

The key objectives of this thesis are therefore to identify the nature and extent of IPV experienced by women residing in Australia, the situational context these experiences are embedded within and the nature and dimensions of help-seeking decisions among this population. Characteristics that may facilitate or constrain help-seeking decisions are examined, along with the role of past help-seeking experiences and their influence on future choices of support.

1.1.1 Definitions of Help-Seeking

There are different ways of conceptualising help-seeking decisions. Past research on victims’ responses to IPV defines help-seeking as measures taken to receive information, support and protection from formal as well as informal resources after having experienced battering at the hands of an intimate partner (Goodkind et al, 2005; Liang, Goodman, Tummala-Narra & Weintraub, 2005). For the purpose of this research, such responses to IPV are considered proactive forms of help-seeking as they are based on victims’ decisions to approach external sources of support and disclose the abuse. However, the underreported nature of IPV, observed in official statistics in comparison to national victim survey data suggests another widely common response, namely victims’ decision to remain silent (CMC, 2005; Felson, Messner, Hoskin & Deane, 2002; Mouzos & Makkai, 2004; Tjaden & Thoennes, 2000). Victims’ non-
help-seeking decisions are examined along with victims’ decisions to seek help from informal and formal sources of support.

Informal help-seeking decisions are defined as victims’ disclosure of their abusive experiences to people within their informal networks, including immediate and extended family, friends, neighbours, colleagues, or fellow students (Davis & Srinivasan, 1995; Liang et al, 2005; Sabina & Tindale, 2008). Past research reveals that family members and friends are the support sources most commonly tapped into (Goodkind et al, 2005; Moe, 2007; Mouzos & Makkai, 2004).

Formal help-seeking decisions cover the disclosure of IPV to a range of sources outside the informal network. These sources can include anyone approached by victims based on their professional role, including but not limited to healthcare professionals, social workers, counsellors, shelter staff and actors in the criminal justice system, including police, judges and magistrates (Felson & Paré, 2005, Kaukinen, 2004b; Leone et al, 2007; Moe, 2007). Past research reveals that formal sources of support are often underutilised due to the perceived ‘private’ nature of IPV and associated feelings of shame and embarrassment (Felson & Paré, 2005; Dobash & Dobash, 1979, 1992; Tower, McMurray, Rowe & Wallis, 2006). Empirical findings on different help-seeking decisions are discussed in greater detail in Chapter 3.

1.1.2 Prevalence of IPV in Australia

Official statistics, including police and court statistics, only display part of the overall prevalence of IPV as the portion reported to the criminal justice system is limited (Felson & Paré 2005; Gillis et al, 2006; Kaukinen, 2004b). Findings from past research
suggest that victim surveys may provide more valid information about the prevalence of IPV across communities (Fugate, Landis, Riordan, Naureckas & Engel, 2005; Mouzos & Makkai, 2004; Wolf, Ly, Hobart & Kernic, 2003). National household surveys, conducted by the Australian Institute of Criminology (AIC) and the Australian Bureau of Statistics (ABS) between 1996 and 2005 have uncovered the prevalence of IPV in Australian communities. Findings published by both agencies indicate that between 20% and 30% of women residing in Australia will experience violence at the hands of an intimate partner at some point during their adult life (ABS, 1996, 1998, 2006; Mouzos & Makkai, 2004). These findings are further supported by the results of an Australian examination of the prevalence of IPV in women accessing emergency departments (Bates, Redman, Brown & Hancock, 1995).

The earlier Australian findings, derived from Personal Safety Surveys conducted in the 1990s, are supported by the results of the Australian component of the International Violence Against Women Survey (hereafter referred to as IVAWS) mentioned above. The IVAWS was conducted in 2002/03 and is based on the responses of over 6,600 women between the ages of 18 and 69 years. One third of survey respondents reported experiences of physical and/or sexual violence at the hands of an intimate partner at some point during a current or past intimate relationship (Mouzos & Makkai, 2004). Findings from the most recent Safety Survey revealed a decreasing prevalence rate of IPV. The 2005 Personal Safety Survey (PSS), a replication of the 1996 Women’s Safety Survey, examined the experiences of physical or sexual threat and assault of 7,478 male and 7,693 female respondents. Although lower than the prevalence rate observed in the IVAWS, 17.1% of female respondents still reported that they had experienced IPV at some point after the age of 15 years (ABS, 2006). What may look
like a downward trend in the prevalence of IPV is more likely the result of methodological issues associated with national Crime and Safety Surveys, Crime Victim Surveys or Social Surveys (Johnson & Bunge, 2001; Johnson & Sacco, 1995; Travis et al, 1995). Components of the IVAWS are more likely to capture a larger number of IPV victims due to the specific focus of this type of victimisation and the more detailed questions used to identify IPV even where victims would not classify their experiences as such. Similar discrepancies have been revealed between the different types of surveys in Canadian and British jurisdiction (Johnson & Bunge, 2001). The observed discrepancies between the prevalence of IPV captured by general crime victim surveys and those targeting female victims of male-perpetrated violence are therefore likely to represent measurement differences rather than inconsistencies in the established prevalence rates (Travis et al, 1995).

Overall, prevalence rates of IPV observed in the Australian component of the IVAWS are consistent with the ones revealed by the British, Canadian and American components of the survey, indicating that approximately one in three women are at risk of being victimised by an intimate partner at some point during their adult life (Johnson & Bunge, 2001; Mirrlees-Black, 1999; Tjaden & Thoennes, 2000).

1.1.3 Effects of IPV on its Victims

IPV has been considered a matter of public concern for almost four decades and has simultaneously become a key focus of academic research and policy development (Binder & Meeker, 1992; Dobash & Dobash, 1979, 1992; Stark 2007). Academic research has examined correlates and consequences of IPV. Findings reveal its negative effects on victims’ social interaction as well as their physical and emotional
wellbeing (Clarke & Foy, 2000; Coker, Smith, Bethea, King & McKeown, 2000; Hutchinson & Weeks, 2004; Stark, 2007; Walker, 1991; WHO, 2005). More recently, research has furthermore focused on the effects of IPV on ‘indirect’ victims, namely children residing in households marked by parental abuse (Edleson, 1999a; Hughes, Graham-Berman & Gruber, 2001; Jaffe, Baker & Cunningham, 2004). While this research has uncovered the effects of witnessing IPV between parents or caregivers, it has also identified the strong association between IPV and child abuse (Edleson, 1999b, 2001; Edleson et al, 2007; Flood & Fergus, 2008). The range of identified effects of IPV on its direct and indirect victims illustrates the need for different forms of help and support. While responses and services have increased in number and variety over time (Kaukinen, 2004b; Mouzos & Makkai, 2004) and are increasingly informed by victims’ needs (Hague & Mullender, 2006; Jaffe, Lemon & Poisson, 2002; Kurz, 2005), they are still underutilised (Carcach, 1997; Felson & Paré 2005; Fugate et al, 2005). Identifying factors that encourage and discourage victims to access available sources of help and support - whether it be informal or formal ones - is crucial in meeting victims’ needs, reducing long-term suffering and informing policy and practice.

1.1.4 Importance of Understanding Help-Seeking

The widespread nature of IPV in Australia indicates that there is a great demand for various kinds of victim services. While quality and quantity of different services have improved since the women’s movement in the late 1960s in most Western nations (Doerner & Lab, 2005; Stark, 2007), past research reveals an underutilisation of service responses available to IPV victims (Fugate et al, 2005; Kaukinen 2004). Similar to other forms of non-stranger violence, IPV is still significantly underreported
and the circumstances constituting a barrier to victims’ reporting vary and are not well understood (Carcach, 1997; Felson & Paré 2005; Fugate et al, 2005; Kaukinen, 2004b; Mouzos & Makkai, 2004; Wolf et al, 2003).

A range of factors, including victim- and offender-characteristics, family make-up and other situational circumstances can influence the nature of victims’ help-seeking decisions (Koepsell, Kernic & Holt, 2006; Morrison, Luchok, Richter & Parra-Medina, 2006; Ruiz-Perez, Mata-Pariente & Plazaola-Castano, 2006). A variety of victim demographics, including age, education, socioeconomic and marital status have been associated with different help-seeking decisions by past research (Akers & Kaukinen, 2009; Kaukinen, 2004b; Koepsell et al, 2006; Ruiz-Perez et al, 2006; Stark, 2007). Other individual factors, such as the interplay of love, shame, self-blame and the hope for change can also influence how victims respond to abuse by an intimate partner (Griffing et al, 2005; Koepsell et al, 2006; Serran & Firestone, 2004; Towns & Adams, 2000; Walker 1979; Yllo & Bograd, 1988). In addition to individual factors, past research has identified the role of situational factors, such as social isolation of the victim (Stark, 2007), the nature and extent of experienced abuse (Gondolf & Fisher, 1988; Walker, 1979) or the fear for the children’s safety and wellbeing (Ellsberg, Winkvist, Peña & Stenlund, 2001; Kaufman Kantor & Little, 2003). Some studies furthermore identified an influence of past help-seeking experiences on future choices of support (Beaulaurier, Seff, Newman & Dunlop, 2007; Lempert, 1997).

While the aforementioned findings illustrate the diversity of factors associated with victims’ help-seeking decisions, they also raise additional questions. Some of these factors contribute to victims’ entrapment in a cycle of violence where external sources
of support are perceived less accessible with prolonged experiences of abuse (Hollenshead, Dui, Ragsdale, Massey & Scott, 2006; Koepsell et al, 2006; Walker, 1979). Others have been associated with an increased likelihood of proactive help-seeking decisions (Ellsberg et al, 2001, Gondolf et al, 1990). Some of these factors, including the presence of children and the nature and extent of experienced abuse, furthermore represent inconsistent findings, as they are described as barriers to help-seeking by some studies (Magen, 1999; Walker 1979) while others regard them as factors that are likely to encourage proactive help-seeking decisions (Ellsberg et al, 2001; Gondolf et al, 1990). Aside from the inconsistencies associated with some of these factors, little is known about their interplay in victims’ help-seeking decisions and whether they influence changes in victims’ help-seeking decisions over time. Such complex dynamics therefore require further examination.

1.2 Focus of this research

The focus of this PhD research is to understand and explain victims’ responses to IPV. The research aims to identify predictors of help-seeking and non-help-seeking decisions and how they may vary at different points in time. Identification of these factors is crucial in understanding the constraints victims face and how help-seeking decisions can be encouraged and facilitated (Akers & Kaukinen, 2009; Davies & Krane, 2006; Mouzos & Makkai, 2004; Wolf et al, 2003). While numerous studies have examined the prevalence and consequences of IPV, research examining the varied nature of help-seeking from different sources and the factors associated with these approaches is still limited. Prior research has predominantly examined victims’ decisions to approach a particular source of support, such as informal or formal sources or a subgroup of the latter two categories (Felson et al, 2002; Goodkind,
Gillum, Bybee & Sullivan, 2003; Hirschel & Hutchinson, 2003; Tower et al, 2006; Tutty, 2006; Vaaler, 2008). Few studies have examined factors associated with a range of different help-seeking decisions (Gondolf et al, 1990; Kaukinen, 2004b) or changes in victims’ help-seeking decisions over time (Campbell & Soeken, 1999). It is therefore important to examine different individual and situational factors and their complex role in victims’ help-seeking decisions at different points in time and victims’ choices of support.

The limited availability of research findings that offer generalisable results and an insight into the complex interplay of some of the factors associated with victims’ help-seeking decisions poses further challenges to understanding and addressing victims’ needs. Representative surveys generally offer a snapshot of factors associated with victims’ help-seeking decisions at a particular point in time or in relation to specific sources of support (see for example Akers & Kaukinen, 2009; Dobash & Dobash, 1979; Johnson & Bunge, 2001; Mouzos & Makkai, 2004). Qualitative studies on the other hand offer rich data that provide an in-depth understanding of the complex nature of victims’ help-seeking decisions but often fail to produce representative findings (see for example Beaulaurier et al, 2007; Lempert, 1997; Moe, 2007). A combination of methodological approaches is therefore desirable to better understand general predictors of help-seeking as well as their complex interplay and their ability to predict changes in victims’ help-seeking decisions over time.

1.3 Outline of Thesis

The following chapter describes the theoretical framework that guides this research. Various criminological and sociological theories, including feminist, coping, social
learning, cognitive and attachment theories are examined in relation to victims’ responses to IPV. Chapter 3 summarises the findings of relevant empirical research on the nature and extent of victims’ responses to IPV and the factors associated with these responses. Empirical findings and associated gaps in the existing literature have informed the research methodology of this thesis.

Chapter 4 outlines the research methodology employed to examine the help-seeking decisions of IPV victims in Australia. The first part of Chapter 4 provides an outline of Study 1, which is based on the existing data from the Australian component of the IVAWS, introduced earlier in this chapter. The second part of Chapter 4 describes the methodology used for Study 2. In an attempt to combine representative findings from a national household survey with findings derived from qualitative in-depth data, Study 2 utilises a small purposive sample to collect in-depth information on factors associated with victims’ help-seeking decisions at different points in time. Data analyses for both studies and data collection for Study 2 are strongly informed by the theoretical and empirical literature reviewed in Chapters 2 and 3.

Quantitative results from Study 1 are presented and discussed in Chapters 5 and 6 and qualitative findings from Study 2 are presented and discussed in Chapters 7 and 8. Chapter 9 offers an integrated discussion of cross-cutting in relation to the relevant research questions. Chapter 9 also addresses implications for theory, future research, policy and practice, and concludes with a brief summary.
Chapter 2: The Theoretical Framework of Help-Seeking

This chapter explores the theoretical explanations of victims’ responses to IPV. As mentioned previously, this thesis draws on a variety of theories including feminist, coping, social learning, cognitive, and attachment theories. These theories aid in the interpretation of relationships between individual and situational factors and victims’ different help-seeking decisions. This combined theoretical approach is crucial for understanding both barriers to help-seeking and factors that can encourage proactive help-seeking decisions.

First, feminist theories are explored given their significant role in understanding male-to-female perpetrated IPV since the early stages of the battered women’s movement (Pagelow, 1981, 1997; Stark, 2007; Tierney, 2005). Next, social learning and coping theories are considered. These two theoretical approaches were selected because they include two of the prominent and competing theoretical explanations of victims’ response to IPV, namely the Theory of Learned Helplessness (Walker, 1979) and the Survivor Theory (Gondolf & Fisher, 1988). Developed in the late 1970s and 1980s, the two theories have informed a number of subsequent studies on the help-seeking decisions of IPV victims (Moe, 2007; Sabina & Tindale, 2008; Stark, 2007).

Rational choice theories are considered as a part of cognitive theoretical explanations (Hechter & Kanazawa, 1997; Kaukinen, 2002). Criminological and sociological research has predominantly applied rational choice theories to examine the behaviour of offenders rather than victims (Blackwell & Eschholz, 2002; Cornish & Clarke, 1986, 1987). For the purposes of this thesis, however, rational choice theories are explored as a possible explanation of victims’ help-seeking decisions and non-help-
seeking decisions. While often not theoretically informed, past research has identified victim agency and their thorough assessment of costs and benefits involved in the help-seeking decisions they contemplate (Douglas & Walsh, forthcoming; Dunn & Powell-Williams, 2007; Hollenshead et al, 2006; Magen, 1999). This indicates that victims’ responses to IPV may reflect key aspects of rational choice, including the assessment of available responses, and their estimated costs and benefits (Hechter & Kanazawa, 1997).

Finally, attachment theories are examined to explore their contribution to the understanding of victims’ help-seeking decisions. Attachment theories are in particular expected to shed light on victims’ decisions to remain silent. Similar to women in other dysfunctional, but non-violent relationships, victims of IPV do not approve of their partner’s behaviour towards them but still experience feelings of love and emotional attachment towards them (Griffing et al, 2005; Kearny, 2001; Magen, 1999). These victims may therefore uphold a hope for change in their partner’s behaviour towards them, which may constrain their help-seeking decisions.

2.1 Feminist theories

Feminist theories relating to the nature of male-perpetrated IPV date back to the late 19th century (Dobash & Dobash, 1979; Ferraro & Johnson, 1983). Yet, their success in drawing increasing public attention to the patriarchal nature of male-perpetrated IPV dates back a little less than four decades (Anderson, 1997; Dobash & Dobash, 1979; Doerner & Lab, 2005; Ferraro & Johnson, 1983; Pagelow, 1997; Stark, 2007; Walker, 1991; Yllo & Bograd, 1988). Most initial feminist approaches were informed by Marxist viewpoints and tried to identify women’s situations by determining their social
identity or location within society (Daly, 1997). While offering an understanding of the inferior status of women in different social contexts, including the family and the workforce, these approaches neglected the diversity of women’s experiences in relation to race or colour and its intersection with class and gender (Daly, 1997; Daly & Chesney-Lind, 1988; Stark, 2007). For the purpose of this research, the focus is on post-modern and post-structural feminist theories, which consider the intersection of culture, race, class and gender (Daly, 1997) in relation to victims’ responses to IPV and their interaction with sources of support.

Feminist standpoints have evolved from a general definition of female sexual exploitation to an understanding of gendered experiences in the context of social interaction (Daly, 1997). In the current context, this observation is relevant in relation to victims’ interaction and experiences within the intimate relationship as well as their experiences when interacting with different sources of support. Most feminist explanations of the persistence of IPV focus on the subjugation of women as the main breeding ground for violence against women, even in modern societies (Dobash & Dobash, 1979, 1992; Doerner & Lab, 2005; Stark, 2007; Walker, 2000; Yllo & Bograd, 1988), which highlights the gendered nature of IPV (Anderson, 1997; Binder & Meeker, 1992; Dobash & Dobash, 1992; Ferraro & Johnson, 1983; Stark, 2007). Still, an understanding of victims’ help-seeking decisions requires an examination of factors beyond gender, including the intersection of gender role expectations in relation to nationality, race and culture (Cunneen & Stubbs, 1997; Dylan, Regehr & Alaggia, 2008).
Help-seeking behaviour – like any other human behaviour – is influenced by social desirability and acceptability. What is considered socially desirable and adequate behaviour depends on the individual’s gender, the related social status and associated social or cultural expectations (Cunneen & Stubbs, 1997; Savaya & Cohen, 2005; Yoshihama, 2002). Depending on how female actions are viewed in different cultures and societies, women are likely to refrain from certain activities (Doerner & Lab, 2005; Savaya & Cohen, 2005; Yoshihama, 2002). As suggested by the overarching framework of feminist theories, female identities and their gendered experiences in different forms of social interactions are strongly influenced by their experiences of patriarchal structures in society and within the family unit (Dobash & Dobash, 1992; Johnson, 1995; Walker, 1979).

Feminist examinations of victims’ help-seeking decisions in the context of culture, race and gender suggest that the more patriarchal the social and family structures are the more complicated victims’ help-seeking decisions are (Abu-Ras, 2007; Cunneen & Stubbs, 1997). A number of factors complicate victims’ help-seeking decisions. One such factor is the victim’s upbringing in a cultural context where violence against women is normalised or accepted and where women are expected to be obedient (Cunneen & Stubbs, 1997; Haj-Yahia, 1998). Another factor is strong family expectations to treat violence against women as a private matter, which suggest victims are not entitled to disclose the abuse to sources outside the family unit (Yoshioka, Gilbert, El-Bassel & Baig-Amin, 2003).
Gendered power imbalances within intimate relationships, fuelled by historical or cultural influences foster feelings of shame and self-blame (Cunneen & Stubbs, 1997). According to some feminist scholars (Buzawa & Buzawa, 1990; Cunneen & Stubbs, 1997; Dobash & Dobash, 1979), the phenomenon of power imbalance-related shame and self-blame can be linked to the general patriarchal conditions that teach women from an early age the concept of male ownership and control. This concept suggests that women bring violence upon themselves when disobeying male expectations (Buzawa & Buzawa, 1990; Cunneen & Stubbs, 1997; Dobash & Dobash, 1979). As a consequence, these women experience emotional and/or physical punishment as a justifiable response for disobeying traditional gender expectations. In return, their likelihood of seeking external support may be decreased (Doerner & Lab, 2005; Serran & Firestone, 2004; Yllo & Bograd, 1988). While power-imbalance-related shame and self-blame is likely to have the same effect on women experiencing IPV embedded in dominant White or Western cultures, they are more likely to influence the help-seeking decisions of ethnic minority and immigrant women due to their often marginalised status in society (Andrews, 2000; Cunneen & Stubbs, 1997).

In addition to their influence on victims’ general decisions of whether or not to disclose the abuse, culture-related power imbalances have, in particular, been found to influence victims’ access to the law (Felson & Paré, 2005; Liang et al, 2005). Immigrant women often lack knowledge of the local legal system, which constrains their access to police and court support (Bui, 2003; Cunneen & Stubbs, 1997). Ethnic minority women on the other hand, such as Aboriginal and Torres Strait Islander women in the Australian context, furthermore lack confidence in the effectiveness of the criminal justice system to properly assist them, due to a history of discrimination.
and marginalisation within the context of Australian culture and colonisation (Andrews, 2000; Cripps & McGlade, 2008; Nancarrow, 2006). A similar lack of trust and confidence among socially marginalised women has been revealed by studies on the help-seeking experiences of Indigenous victims in Canada (Dylan et al, 2008) and African American victims in the United States (Few, 2005; Stark, 2007). An intersection of race, class and gender often leads these victims to perceive the criminal justice system as an institution that serves White mainstream populations while being prejudiced against ethnic minorities (Few, 2005; Gondolf, 2005; Kaukinen, 2004b).

The intersection of culture, race and gender is able to explain some of the influences on victims’ help-seeking decisions. Despite this, some of the barriers to help-seeking experienced by immigrant or ethnic minority women are further applicable to female IPV victims in general. Power imbalances in intimate relationships may translate into power imbalances when interacting with the criminal justice system, regardless of race, culture or colour (Edwards, 1996; Graycar & Morgan, 2002; Hart, 1993).

2.1.2 Structural Feminism and Victims’ Interaction with the Criminal Justice System

Feminist theories have informed a range of government and community responses to IPV, including police and court responses (Binder & Meeker, 1992; Dobash & Dobash, 1992; Kurz, 1992; Loseke, 1992). Yet, many victims of IPV are hesitant to utilise the criminal justice system due to a lack of confidence in its usefulness to their situation (Gillis et al, 2006; Hart, 1993). Women in Australia and overseas have perceived the criminal justice system as male dominated (Buzawa & Buzawa, 1990; Scutt, 1990). Although perceptions have become more positive since the feminist
movement achieved an improvement in the way laws and legal processes respond to women’s needs, legal authorities are often still perceived as being male dominated and as discriminating against the female gender (Buzawa & Buzawa, 1990; Edwards, 1996; Graycar & Morgan, 2002; Scutt, 1990). Victims’ underutilisation of legal responses as a result of intimidation is not surprising (Hart, 1993; Scutt, 1990). The language of law is historically male-oriented and although this has changed into a more inclusive attitude towards the female gender, battered women still perceive the law as male dominated and orientated (Buzawa & Buzawa, 1990; Douglas & Godden, 2002; Graycar & Morgan, 2002; Hunter & Stubbs, 1999). In addition, the historical tradition of regarding the male gender as superior towards women and the previous legal entitlement of men to use violence against their wives in the 18th and 19th century still has a negative impact on victims’ help-seeking decisions (Buzawa & Buzawa, 1990; Gillis et al, 2006). Battered women fear their partner’s immunity from punishment due to the perceived superior status of males before the law (Gillis et al, 2006; Scutt, 1990). The overall structure and culture of the criminal justice system raise women’s fears of discrimination and lack of support based on their gender, which often constrains or delays their help-seeking decisions (Edwards, 1996; Koss, 2000; Scutt, 1990; Yllo & Bograd, 1988).

The aforementioned theories focus on the gendered nature of IPV and the intersection with culture and race in relation to victims’ responses. The following section explores victims’ help-seeking decisions as a result of the experienced nature and extent of abuse and victims’ ability to cope with such experiences.
2.2 Coping Theories

Coping theories have often been used to explain individuals’ responses to threatening, traumatising or stressful situations (Lazarus, 1993). Traditionally, coping was thought of as a hierarchical model, ranging from healthy to harmful forms of responding to stress and trauma, depending on the individual’s personality traits (Lazarus, 1993). More contemporary approaches view coping as a process that evolves over time rather than a set style based on personality traits (Lazarus, 1993). The literature on IPV and coping describes a range of responses to IPV, including emotion-focused and problem-focused forms of coping (Clarke & Foy, 2000; Fergusson et al, 2005b; Seedat, Stein & Forde, 2005; Walker, 1979). While some theoretically informed examinations of coping among IPV victims treat victims’ responses as a set coping style (Taft, Resick, Panyzio, Vogt & Mechanic 2007; Walker, 1979), others apply contemporary approaches of coping as an evolving process (Brown, 1997; Gondolf & Fisher, 1988).

For the purpose of this thesis, coping is treated as a process that evolves over time when victims of IPV have to respond to prolonged experiences of trauma and abuse. The following sections therefore introduce the different coping styles before integrating them to consider coping as a process.

2.2.1 Traditional Coping Theories – Coping as a Style or Personality Trait

Traditional coping theories date back to Freudian work and have evolved with subsequent research (Lazarus, 1993). While there are different approaches within traditional coping theories, they all define coping according to individual styles and personality traits (Lazarus, 1993). According to these theories, individuals respond to experiences which threaten their psychological integrity in different ways, depending on their personality traits. Coping styles were traditionally classified into ‘healthy’ or
‘harmful’ responses, depending on the individual’s psychological ability to manage threats towards one’s psychological integrity (Lazarus, 1993). Healthy responses include problem-focused coping strategies, such as managing the situation by altering the cause of the threat or stress. Less healthy or even harmful responses include emotion-focused strategies, such as repression in the form of avoidance or denial (Lazarus, 1993). The latter is furthermore associated with self-harm (Lazarus, 1993; Taft et al, 2007).

Similar conclusions can be drawn from the theoretical literature on victims’ responses to IPV. While individual coping strategies of IPV victims vary between individuals, similar to coping strategies found in victims and survivors of other violent and traumatising experiences (Logan, Shannon, Cole & Walker, 2006; Loxton, Schofield & Hussain, 2006; Walker, 1991), the two emerging coping styles are emotion-focused and problem-focused styles (Griffing et al, 2005; Koepsell et al, 2006; Shannon, Logan, Cole & Medley, 2006).

2.2.1.1 Emotion-focused coping style

According to the traditional views on coping, victims with emotion-focused coping styles respond to threatening, traumatising or otherwise stressful situations by altering their emotions (Lazarus, 1993). This response is common among IPV victims and includes attempts of denial, wishful thinking, self-blame, withdrawal, avoidance of emotional social support or self-talk and positive appraisal (Kearney, 2001; Shannon et al, 2006; Taft et al, 2007; Walker, 2000). As these different responses show, victims engaging in emotion-focused coping strategies rely on their internal resources to cope with the abuse rather than seeking help from external sources (Griffing et al, 2005;
According to early coping theories, this form of coping style is associated with victims’ personality traits and unlikely to change over time (Lazarus, 1993).

Some of the early work on victims’ responses to IPV suggest that the responses described above are not only a part of a set coping style but furthermore a dead end in which battered women get trapped as a result of increasing threats to their physical and psychological integrity, social isolation and learned helplessness (Walker, 1979, 1991). While the development of learned helplessness is interlinked with employing emotion-focused coping strategies over time, it is predominantly seen as a learned behaviour. It furthermore constitutes one of the two competing theories of help-seeking, mentioned earlier in this chapter (Walker, 1979) and is therefore discussed in greater detail under perspectives of social learning theories.

### 2.2.1.2 Problem-focused coping style

Another coping style described by traditional theoretical perspectives on coping is the problem-focused coping style. Instead of altering their emotions, as observed in victims with an emotion-focused coping style, these victims tend to be task orientated and will focus on changing the source of the stress (Griffing et al, 2005; Koepsell et al, 2006; Lazarus, 1993; Shannon et al, 2006; Taft et al, 2007). They are more likely to manage the stressful situation by changing the abusive environment through seeking help from external resources or terminating the abusive relationship (Lazarus, 1993; Shannon et al, 2006; Taft et al, 2007). Similar to an emotion-focused coping style, the problem-focused coping style is considered to be based on a victim’s personality traits. Traditional views of coping do not consider victims’ attempts to alter the stressor as
part of a coping process, preceded by emotion-focused coping strategies (Lazarus, 1993). Some theoretically informed research on coping strategies observed in IPV victims on the other hand suggest that so-called coping styles can be fluid concepts, influenced by each victim’s resources and experiences (Brown, 1997; Kearney, 2001). These studies suggest that even victims engaging in problem-focused coping strategies may show a delay in taking active measures and may have engaged in emotion-focused coping strategies prior to making proactive help-seeking decisions (Brown, 1997; Kearney, 2001). These observations are in line with more contemporary theoretical perspectives on coping and are discussed in greater detail below.

### 2.2.2 Contemporary Coping Theories – Coping as a Process

Theoretical perspectives on coping experienced some major changes in the late 1970s when Lazarus and other scholars moved away from the hierarchical view of coping as categorised into ‘healthy’ and ‘harmful’ coping styles (Lazarus, 1993). Contemporary approaches began to understand coping as a process that may evolve over time. Victims’ responses to stress or trauma were no longer categorised into set styles but rather regarded as a process of adapting to stress that may change in nature and extent over time (Lazarus, 1993). This approach is similar to some theoretical approaches found in the IPV literature on coping, which suggest that victims’ experiences of and responses to IPV are not stagnant (Brown, 1997; Cluss et al, 2006; Kearney, 2001).

According to these approaches, victims’ help-seeking decisions are part of an overall process of change and the development of psychosocial readiness for external support (Brown, 1997; Cluss et al, 2006; Frijda, Kuipers & ter Schure, 1989). This process can be described as a transition from victims’ reliance on emotion-focused coping
strategies towards their readiness to engage in problem-focused coping strategies, such as the disclosure of the abuse to external support sources once they realise their internal resources no longer enable them to endure the abuse (Cluss et al, 2006; Kearney, 2001). The latter is a crucial component of one of the two prevailing theories in the help-seeking literature, namely the *Survivor Theory* (Gondolf & Fisher, 1988).

**Survivor theory and a change towards problem-focused coping strategies**

Initially developed as a response to Walker’s work on ‘learned helplessness’, Gondolf and Fisher’s (1988) *Survivor Theory* incorporates important perspectives of the theoretical approaches of coping as a process, including the assumption that battered women’s coping strategies change with a shift in experienced severity of violence. This view is similar to Lazarus’ (1993) description of the coping process as evolving when the nature and extent of experienced trauma changes. Focusing on IPV victims, Gondolf and Fisher (1988) suggest that a victim’s likelihood of engaging in problem-focused coping strategies increases with a change in the nature and extent of abuse.

Gondolf and Fisher (1988) studied the responses of over 6,000 IPV shelter residents in Texas and found that victims reported increasingly proactive responses when experiencing more frequent and severe forms of abuse. These findings lead to a theoretical response to earlier work on victims’ help-seeking decisions, which suggested a decreased likelihood of proactive help-seeking decisions with increasing abuse severity and frequency (Walker, 1979). Grounded in their findings from their large-scale shelter study, Gondolf and Fisher (1988) developed the *Survivor Theory*, which suggests that victims’ likelihood of relying on emotion-focused strategies decreases with prolonged exposure to increasing abuse severity. The increased severity
of violence is said to push victims into the ‘visible’ field of help-seeking instead of isolating them in their private and ‘invisible’ violent environment (Gondolf & Fisher, 1988; Gondolf et al, 1990). This theoretical approach views victims’ eventual proactive responses as the outcome of the evolved coping process rather than an outcome of predetermined coping styles based on personality traits. The following section explores the initial and opposing view to this theoretical approach, namely Walker’s (1979) Theory of Learned Helplessness.

2.3 Social Learning Theories

A number of different perspectives of social learning theories contribute to the understanding of victims’ responses to IPV. The two main perspectives explored in this section are ‘learned helplessness’, introduced by Walker (1979) and ‘vicarious learning’, introduced by Bandura (Bandura, 1973, 1977).

2.3.1 Learned Helplessness and Victims’ Responses to IPV

Early work on victims’ responses to IPV suggests that ‘learned helplessness’ is a behavioural pattern developed as a result of prolonged abuse at the hands of an intimate partner (Walker, 1979). Walker developed her theory in response to existing beliefs that a battered woman remains silent about the abuse because of her masochistic nature. Instead, Walker proposed that a victim’s lack of proactive help-seeking decisions is a learned behaviour (Walker, 1979). While victims who endure violence and remain silent about such experiences often seem passive to outside observers (Doerner & Lab, 2005; Roth & Coles, 1995; Walker 1991, 2000), Walker (1979) argues that they are everything but passive. Instead, these victims alter their
behaviour around the abusive partner in a number of different ways to avoid his rage and abuse. Past research has found that these victims may try harder to please the abusive partner by becoming compliant and submissive to avoid situations where they feel the abuse is a response to their lack of ‘perfection’ or obedience (Kearney, 2001; Towns & Adams, 2000; Walker, 1979). Despite adjusting their behaviour repeatedly, these women are continuously victimised by their intimate partner, teaching them that all their past attempts and sacrifices to pacify their partner were ineffective (Kearney, 2001; Walker, 1979). These experiences teach them that attempts to regain control of the abusive situation are futile in stopping an abuser’s unpredictable violent episodes. As a result these victims engage further in highly predictable behaviours that are expected to protect them from further harm, rather than engaging in unpredictable behaviours, such as disclosure of their experiences to external sources (Sharhabani-Arzy, Amir & Swisa, 2005; Walker, 1979, 2000).

Learned helplessness has a ‘dual effect’ on victims’ help-seeking decisions. While it disables them from making proactive help-seeking decisions in the first instance, it also leads to increasing isolation over time. The longer these victims remain in the abusive relationship, the more self-blame and shame they develop for not taking action, which in turn increases their immobilisation and decreases their likelihood of disclosing the abuse to external sources at an even later stage (Kearney, 2001; Walker, 1979, 2000). While this perspective of social learning theories views victims’ non-help-seeking decisions in the context of their abusive experiences, the following section examines victims’ responses to IPV from an intergenerational perspective of social learning theories.
2.3.2 Vicarious Learning and Victims’ responses to IPV

The psychological literature on social learning through observation emphasises the risk of transmission of aggression and victimisation through observation and imitation (Bandura, 1973; Dupont-Morales, 2003; Ehrensaft et al, 2003). IPV therefore not only has an impact on its direct victims. It can furthermore shape the values and behaviour of children growing up in an abusive environment where they frequently witness violence – even if experiencing no physical harm (Griffing et al, 2005; Henderson, Bartholomew, Trinke & Kwong, 2005; Koepsell et al, 2006; Kovacs & Tomison 2003; Straus, Gelles & Steinmetz, 2006).

While male witnesses of parental violence have an increased risk of adopting abusive behaviours during adulthood, women who have observed such behaviours as children are at greater risk of experiencing abuse during adulthood, especially at the hands of an intimate partner (Griffing et al, 2005; Henderson et al, 2005; Straus et al, 1980). The history of male-to-female violence witnessed by these women increases their likelihood of perceiving female victimisation as ‘normal’ or acceptable, especially if the observed victim (i.e. their mother) endured the abuse and no negative consequences for the abuser were observed (Griffing et al, 2005; Kovacs & Tomison 2003). As a result, they may not necessarily perceive their own violent experiences as problematic, dangerous or something that requires any form of external help or support (Fugate et al, 2005; Wolf et al, 2003).

2.4 Cognitive Decisions and Rational Choice

Criminological and sociological applications of rational choice theories have predominantly been used to explain crime and decisions made by offenders rather than
victimisation and decisions made by victims (Brezina, 2002; Clarke & Cornish 1986, 1987; Blackwell & Eschholz, 2002). For the purpose of this thesis, however, rational choice theory is applied to understand the decisions made by victims. Some general theoretical explanations of help-seeking propose that the decision to seek help goes beyond rational choice and is embedded in processes of social interaction (Pescosolido, 1992). In this context, the focus will remain on rational choice, as victims of IPV often experience social isolation to an extent where they lack access to objective sources of information when contemplating help-seeking decisions (Stark, 2007).

Rational choice theories assume that victims are thoughtful and active rather than passive victims. They are seen as rational individuals who make decisions to the best of their knowledge (Akers & Kaukinen, 2009; Hechter & Kanazawa, 1997; Kim & Gray, 2008; Liang et al, 2005). This knowledge involves an actual or perceived awareness of any efforts or risks involved in seeking help and the potential benefit of disclosing the abuse. Victims must have a clear intention associated with their decision to seek help (Hechter & Kanazawa, 1997; Kiser & Hechter, 1998), which is generally the desire to stop the abuse and to eliminate fear (Akers & Kaukinen, 2009; Hart, 1993; Hoyle & Sanders, 2000; Lempert, 1997). Leading a violence-free life is a benefit many outsiders believe outweighs any costs involved in seeking help. Yet, some victims never seek the support they need to terminate the violence (Ellsberg et al, 2001; Sabina & Tindale, 2008). According to rational choice theories this indicates that for some victims, the perceived risk or effort involved in seeking help outweigh the perceived benefits of receiving support.
Many IPV victims experience years of abuse before reaching out for help (Ellsberg et al., 2001; Lempert, 1997; Reidy & von Korff, 1991). As a result, these victims have a very good understanding of what their abusive partners are capable of. In many cases these victims have experienced years of violence, accompanied by manipulation, strategic control and threats of harm by the time they decide to disclose the abuse to a third party (Ellsberg et al., 2001; Fugate et al., 2005; Stark, 2007). Victims who have left temporarily or decided to seek help previously are furthermore aware that their risk of retaliatory victimisation is highest around these points in the relationship (Anderson et al., 2003; Logan & Walker, 2004; Wilson, Johnson & Daly, 1995) and interventions are not always effective in stopping the abuse (Fleury, Sullivan & Bybee, 2000; Klein, 1996; Logan et al., 2006; Schmidt & Sherman, 1996). Other victims have been threatened with the abduction or harm of their children should they disclose the abuse (Ellsberg et al., 2001; Hart, 1993). For many IPV victims their everyday experiences are surrounded by structured survival against all odds (Moe, 2007; Stark, 2007). Unless they are convinced that seeking help will offer some relief from their violent experiences, the risk of retaliatory violence against them or their children often outweighs the benefits of any attempts to seek help (Douglas & Walsh, forthcoming; Felson et al., 2002; Hart, 1993; Hirschel & Hutchinson, 2003).

In addition to the risks involved in seeking help, the perceived usefulness of approaching certain sources for support contributes to a rational help-seeking decision. Victims who expect the benefits of seeking help to be rather low are unlikely to go through the effort of circumventing the abuser’s control tactics and increasing the risk of retaliation (Douglas & Godden, 2002; Fugate et al., 2005; Hart, 1993). This observation has often been made in relation to victims’ use of the criminal justice
system, for example if victims perceive calling the police as ineffective because the offender may not be removed from the premises and the violence is therefore likely to continue once the police have left (Buzawa & Austin, 1993; Hirschel & Hutchinson, 2003; Robinson & Stroshine, 2004). On the other hand, if victims perceive certain sources as effective they are more likely to seek help despite the risks and efforts associated with such action (Dobash & Dobash, 2000; Kaukinen, 2004b; Wolf et al, 2003).

Seeking help or remaining silent, if only temporarily, can therefore be considered an informed decision, made to the best of the victim’s knowledge at a particular point in time. Rather than regarding non-help-seekers as passive victims, they can be viewed as victims who carefully assess their situation and decide whether or not to seek help in what they perceive as being in their best interests.

2.5 Attachment Theories

Some theoretical examinations of victims’ responses to IPV have incorporated attachment theories (Griffing et al, 2005; Towns & Adams, 2000). These have predominantly been applied to understanding victims’ decisions to terminate the abusive relationship (Davis, 2002; Griffing et al, 2005). Victims’ decisions to leave an abusive partner can be regarded as part of the overall coping process (Anderson & Saunders, 2003), described earlier in this chapter. Hence, attachment theories are explored to understand possible delays in victims’ transition from emotion-focused to problem-focused coping styles.
Traditionally, attachment theories focused on the classification of different attachment styles developed during childhood (Bowlby, 1997). Similar to the traditional perspectives of coping, attachment styles were seen as set concepts formed in early childhood and therefore incorporated into the development of each individual’s personality. As part of one’s personality traits, attachment styles then guide later social and intimate relations (Bowlby, 1997). Some empirical studies therefore explored the role of different attachment styles to understand victims’ responses to violence within intimate relationships (Henderson, Bartholomew & Dutton, 1997; Henderson et al, 2005; Kearny, 2001; Town & Adams, 2000).

There are generally two overarching categories of attachment styles, namely secure and insecure attachment styles (Bowlby, 1997; Rogers, Bidwell & Wilson, 2005). Some have subdivided these two styles further, into additional subcategories (Henderson et al, 2005). Regardless of the number of subcategories, it is the insecure attachment style that incorporates a negative self-perception, combined with a positive perception of others that has predominantly been associated with victims’ experiences of and responses to IPV (Henderson et al, 2005). The development of such an insecure attachment style is associated with women’s experiences of childhood trauma, including neglect, rejection and sexual abuse by an attachment figure (Henderson et al, 2005; Bowlby, 1997). These women experience early in their life that affection seems to be inextricably linked with maltreatment. As a result, these women strive to be submissive and obedient in order to maintain the affection. They are prone to seeking proximity to their attachment figure although the latter is often the actual source of threat and danger (Anderson & Saunders, 2003; Bowlby, 1997; Henderson et al, 2005). Victims with insecure attachment styles are therefore often torn between their wish to
stop the violence and their desire to maintain the romantic relationship with their abuser (Anderson & Saunders, 2003; Kearney, 2001). In addition to this emotional conflict, insecure attachment often prevents women from identifying the attachment figure as the original source of threat and danger. Instead, they try to find the sources for his abusive behaviour in their own actions and behaviour (Towns & Adams, 2000), which can lead to prolonged experiences of guilt, shame, self-blame and denial (Kearney, 2001; Taft et al, 2007; Towns & Adams, 2000). The combination of emotional conflict and lack of recognition of threat and danger can prevent these women from making proactive help-seeking decisions (Griffing et al, 2005; Rogers et al, 2005; Walker, 2000).

While traditional attachment theories treat attachment styles as one set trait, such an approach does not seem feasible for the purposes of this thesis. Some contemporary research on victims’ decisions to terminate an abusive relationship approach emotional attachment as part of a transtheoretical readiness model, suggesting that emotional attachment to the abusive partner can change over time (Anderson & Saunders, 2003; Brown, 1997; Davis, 2002). While it may delay victims’ leave-taking decisions it does not preclude them. A similar role is therefore assumed in relation to victims’ help-seeking decisions examined throughout this thesis. Attachment theories are therefore considered from a contemporary standpoint, treating emotional attachment as a fluid concept that may delay help-seeking decisions but one which is likely to change in nature and influence over time.
2.6 Summary

A range of theoretical perspectives have been examined in this chapter to further the understanding of victims’ responses to IPV. Most theoretical explanations traditionally focus on the explanation of barriers to help-seeking, including feminist perspectives, social learning approaches, perspectives on emotional attachment and some perspectives of coping and rational choice theories. Some perspectives of coping and rational choice approaches, however, are furthermore applied to understand factors that can encourage proactive help-seeking decisions. The different perspectives have guided the methodology of this thesis and are revisited in an integrated discussion of overall findings in Chapter 9. The next chapter summarises previous empirical studies of victims’ responses to IPV.
Chapter 3: Factors Associated with Help-Seeking

The help-seeking decisions of IPV victims are diverse and influenced by a range of different factors, as illustrated by the theories discussed in Chapter 2. Empirical findings illuminate the multi-facetted nature of victims’ help-seeking decisions, identified from the theoretical literature (Akers & Kaukinen, 2009; Morrison et al, 2006). The majority of those findings relate to factors associated with particular forms of help-seeking, such as calling the police or seeking refuge (Akers & Kaukinen, 2009; Felson et al, 2002; Fleury, Sullivan, Bybee & Davidson II, 1998; Tutty, 2006). Some studies further examine informal as opposed to formal help-seeking (Goodkind et al, 2003; Yoshioka et al, 2003). However, few studies include a comprehensive examination of factors associated with a range of specific forms of help-seeking, including informal as well as different formal choices of support (Beaulaurier et al, 2007; Kaukinen, 2004b; Moe, 2007; Signal & Taylor, 2008). Studies offering an insight into the dynamics of victims’ help-seeking decisions and how they may change over time are even less common (Campbell & Soeken, 1999).

In addition to the lack of comprehensive findings on the factors associated with victims’ help-seeking decisions over time, some predictors identified by research on help-seeking in general are inconsistent (see for example Gondolf et al, 1990; Ruiz-Perez et al, 2006; Walker, 2000). While some studies have identified factors, including the presence of children in violent home environments or the increasing severity and frequency of abuse as barriers to help-seeking (Ruiz-Perez et al, 2006, Walker, 1979, 2000), others have revealed that these factors encouraged proactive help-seeking decisions in their study sample (Ellsberg et al, 2001; Gondolf et al, 1990). Inconsistent predictors of help-seeking therefore need to be considered along with other factors.
emerging as consistent predictors of victims’ help-seeking decisions. Hence, a review of the existing literature includes studies identifying factors associated with the decision to seek help or to remain silent in general, studies examining particular forms of help-seeking and studies on help-seeking as a process. Findings from these studies enable the identification of currently known barriers to help-seeking as well as factors associated with proactive help-seeking decisions (Bui, 2003; Few, 2005; Fugate et al, 2005; Gondolf et al, 1990; Hoyle & Sanders, 2000; Wolf et al, 2003).

In addition to the nature and predictors of victims’ help-seeking decisions, past studies have also described the extent to which victims utilise different sources of support (Felson et al, 2002; Kaukinen, 2002; Moe, 2007). The findings vary greatly across studies. While some studies identify a clear underutilisation of available formal support (Mouzos & Makkai, 2004), others observe highly proactive and diverse help-seeking approaches in their study sample (Gondolf et al, 1990; Moe, 2007). Before examining victims’ different help-seeking decisions and the factors influencing such decisions, it is therefore important to clarify inconsistencies to avoid a misperception of research findings on victims’ help-seeking decisions. This chapter therefore includes an examination of the role of research methodologies employed by studies that reveal significantly different observations of the extent of utilised support. Additionally, the nature of victims’ help-seeking decisions, including informal and formal choices of support, is explored. Finally, a discussion of factors associated with such decisions is presented. Factors that emerge as consistent as well as inconsistent predictors of help-seeking are included in the discussion. All factors identified by past research are grouped into two overarching categories for the purpose of this thesis, namely individual and situational factors. Individual factors include victim
demographics and characteristics which victims have developed as a result of continuous abuse. These include factors such as shame, self-blame, denial and the hope for change. Situational factors include the nature and extent of experienced abuse and control, the presence of children in the abusive environment and victims’ awareness and perceived helpfulness of available sources of support.

3.1 The Influence of Methodological Approaches on Study Outcomes

The observed extent of formal and informal help-seeking is generally measured by assessing victims’ past contacts with different sources of support. These sources of support are divided into informal and formal sources. Informal sources include people within the victim’s social network, such as family members, friends, colleagues or neighbours while formal sources include professionals engaging with victims of IPV, such as the criminal justice system, shelters, healthcare professionals and other forms of social support services (Bui, 2003; Ellsberg et al, 2006; Fugate et al, 2005; Gondolf, 1998; Logan et al, 2006; Ruiz-Perez et al, 2006). Past research is generally based on cross-sectional data and victims’ retrospective accounts of their overall past contacts with different sources of support. The extent of past proactive help-seeking decisions observed in IPV victims is therefore strongly influenced by the study population providing the cross-sectional data (Johnson, 1995). High risk populations drawn from emergency departments or women shelters are likely to produce higher levels of help-seeking and a greater diversity of prior help-seeking approaches than lower risk populations, drawn from national household surveys (Johnson, 1995). These differing levels of help-seeking appear to indicate inconsistent research findings. An examination of the sample composition employed in different studies on victims’ responses to IPV, however, reveals that differing help-seeking rates are more likely the
result of differing needs among the study populations captured through national household surveys as opposed to victim support organisations and emergency departments (Johnson, 1995). An examination of the association between sample compositions of past research and related findings is therefore important for interpreting findings derived from the multi-method approach employed for this thesis.

3.1.1 The Extent of Help-Seeking Observed in National Household Surveys

National household surveys tend to reveal low to moderate levels of help-seeking. A prominent example of national examinations of the prevalence of IPV and associated levels of help-seeking is the large-scale IVAWS. International components of this study were conducted in a number of sites, including Australia, Canada and the United States (Johnson & Bunge, 2001; Mouzos & Makkai, 2004; Tjaden & Thoennes, 2000). These studies included victims as well as non-victims and help-seekers as well as non-help-seekers. Results from these national surveys reveal proactive informal help-seeking rates similar to those identified by studies using high risk populations (see for example Mouzos & Makkai, 2004). However, national household surveys often indicate an underutilisation of formal sources of support among the identified victim population (Johnson, 1995). The Australian component for example revealed that less than 15% of IPV victims had contact with the police and just over two percent had sought refuge in a shelter or transition house. Yet, about 70% of victims captured by the IVAWS had approached informal sources for support (Mouzos & Makkai, 2004).

Both, the American and Australian component further revealed that about 40% of victims suffered injuries as a result of the abuse while only about one third of injured victims sought medical attention (Mouzos & Makkai, 2004; Tjaden & Thoennes,
That is the equivalent of approximately 15% of the total number of victims identified in these studies, which is significantly lower than medical attention rates observed in clinical samples, discussed below.

Findings from past examinations of the role of sample composition in observed help-seeking rates reveal that the observed differences can be ascribed to the differences in victims’ experiences of abuse (Johnson, 1995). Johnson (1995) argues that victims captured through national household surveys suffer less severe forms of IPV and associated injuries and little, if any, coercive control. Instead, these surveys capture a greater proportion of victims of so-called situational couple violence (Johnson, 1995). This form of violence has been defined as a gender-symmetric response to situational conflict rather than a patriarchal tool to control one’s female partner (Gelles, 1974; Johnson, 1995; Straus & Gelles, 1986). The violence used as a situational tool of conflict resolution covers a range of abusive behaviours, has negative mental health outcomes for all victims and inflicts more severe physical injuries on women than men (Fergusson et al, 2005b; Johnson, 1995; Johnson & Leone, 2005). However, such violence is less likely to escalate over time and leads to fewer injuries that require emergency treatment (Johnson, 1995; Johnson & Leone, 2005). As a result, the needs for medical attention and protection among victims captured through household surveys differ greatly from the needs of high risk populations captured through victims support organisations or emergency departments.

Some researchers reject the classification of high versus low risk victim populations suggested by Johnson (Fergusson et al, 2005b). They argue that the more common but ‘minor’ forms of violence reported by victims in national household surveys are the
same type of IPV found in high risk populations. However, they acknowledge that the abusive experiences may be less severe in nature and extent and may therefore require fewer proactive help-seeking decisions (Fergusson et al, 2005b).

Another reason for the lower help-seeking rates observed in the IVAWS components is the timeframe of help-seeking captured by these surveys. While IPV prevalence is estimated for the previous 12 months, five years and often as lifetime prevalence, victims’ responses to IPV are recorded for the most recent incident. Compared to other studies that examine victims’ overall responses to past abusive incidents (Gondolf et al, 1990; Moe, 2007), national household surveys only capture a snapshot of victims’ responses to IPV (see for example Mouzos & Makkai, 2004). Lower levels of help-seeking observed in national household surveys are therefore likely to be associated with the often less severe experiences of IPV among the captured population.

3.1.2 The Extent of Help-Seeking Observed in Random Community-Based Samples

The aforementioned observation needs to be contrasted against findings based on other sample compositions, including community-based and purposive samples, often drawn from emergency departments and specialised victim services, to achieve a more comprehensive understanding of victims’ responses to IPV. These samples are often referred to as high risk populations and generally consist of victims who required and sought different forms of help based on the nature and extent of their abusive experiences (Johnson, 1995; Leone et al, 2007).
An example of a random community-based sample used to study the experiences and responses of IPV victims is the one captured by the *Chicago Women's Health Risk Study*. Data from this study have been analysed by a number of different researchers (see for example Fugate et al, 2005; Leone et al, 2007; Sabina & Tindale, 2008). Fugate et al (2005) examined the help-seeking decisions of almost 500 women screened as victims of IPV as part of the Chicago study. The study included help-seekers as well as non-help-seekers. While all women had contact with a women’s, family or public health centre or the local hospital, these contacts involved any type of medical treatment and did not necessarily involve emergency treatment. Johnson’s (1995) initial research on the distinction of high risk and low risk samples suggests that samples drawn from emergency departments can be classified as high risk populations with greater need for support, which in return report higher help-seeking rates. Although the above sample was recruited through intake for any medical rather than emergency treatment, it is likely to include a larger proportion of victims with prior help-seeking experiences than national random samples as IPV victims are more likely to utilise the healthcare system than any other group of women (Pagelow, 1997; Sully, 2005).

The Chicago data revealed that 18% of the victim sub-sample had contacted a specialised victim support service or counsellor, 26% had sought prior medical attention and just over one third (38%) had called the police as a response to their experienced abuse. These formal help-seeking rates are higher than the ones discussed for national random samples. However, informal help-seeking rates were similar to those observed in the IVAWS sample. About 70% of the Chicago sample reported having talked to family or friends as a response to experienced IPV.
Similar findings to the ones revealed by the Chicago data above have been observed in a Spanish sample of healthcare users, not including emergency departments (Ruiz-Perez et al, 2006). Based on a smaller community-based sample of screened IPV victims \((n=91)\) than the one used by Fugate et al (2005), findings reveal even lower formal help-seeking rates. Only 15% had reported the abuse to authorities, another 15% had reported the abuse to healthcare professionals and just over 6% sought help from a battered women’s association. However, the majority of victims (58%) had terminated the abusive relationship.

3.1.3 The Extent of Help-Seeking Observed in ‘High Risk’ Populations

Different levels of help-seeking are observed in studies using high risk populations, classified as such based on their experiences of more severe forms of IPV and coercive control (Johnson, 1995; Leone et al, 2007). While some of these studies use qualitative methods to study small purposive samples (see for example Moe, 2007), others employ quantitative methods to examine the help-seeking decisions among large numbers of IPV victims (see for example Gondolf et al, 1990). Both examined approaches study populations that are typically accessed through specialised victim services, including shelters and court support services. Victims frequenting such places are likely to have experienced more severe, sometimes life-threatening forms of abuse and are likely to have suffered injuries during one or more of their abusive experiences (Gondolf et al, 1990; Mechanic, Weaver & Resick, 2008). While these victims often show a similar frequency of informal help-seeking decisions to lower risk populations, they are more likely to report past formal help-seeking decisions (Leone et al, 2007). The following examples illustrate the large extent of proactive help-seeking decisions observed in qualitative and quantitative studies using high risk populations.
Qualitative studies of the help-seeking decisions of IPV victims often recruit participants from women’s shelters or other specialised victim support services (see for example Lempert, 1997; Moe, 2007). Moe (2007) studied the help-seeking decisions of 19 shelter residents through their narratives. Prior to their shelter stay, 68% had called the police and cooperated in criminal proceedings against the abuser. The same number of victims also disclosed the abuse to informal sources. Similar rates of help-seeking were observed by Bui (2003) when studying a snowball sample of 34 Vietnamese victims of IPV, residing in the United States. Out of these 34 participants, two thirds had contacted the criminal justice system during past help-seeking approaches with a majority of these victims having talked to informal sources before approaching the formal ones. Findings from a larger qualitative study conducted by Logan et al (2006) show even higher help-seeking rates in a convenience sample of almost 400 victims who had recently received a protective order against their abuser. Results showed that 91% of participants had used the criminal justice system in the past year, while 53% had used other formal sources in addition to the criminal justice system. Close to 90% of victims had furthermore disclosed the abuse to an informal source of support.

Quantitative studies of high risk population also reveal highly proactive help-seeking decisions in their study population. A study by Gondolf (1998) examined the help-seeking decisions of almost 500 female partners of male court-ordered batterers and revealed extensive proactive help-seeking decisions by participants prior to the one that led to their partners being court-ordered into batterer intervention programs. Over half of these victims (58%) had previously utilised the criminal justice system, a source that is often described as underutilised (Felson et al, 2002; Gillis et al, 2006).
Even earlier work by Gondolf et al (1990) identified a high proportion of formal help-seeking decisions in a sample of over 6,600 shelter residents in the United States. Over 50% of victims in this sample had called the police, 42% had sought medical attention and over 70% of these victims had left at least once prior to the current shelter stay. In addition, over 60% of the victims had either initiated the shelter contact themselves or sought legal advice which led to the current referral. The nature and extent of help-seeking observed in this sample is significantly different from help-seeking decisions observed in random national samples. This observation further supports the initial assumption that observed differences in levels of help-seeking are the result of differing violent experiences and associated needs among the relevant study populations rather than an inconsistency in past research findings (Fugate et al, 2005; Kaukinen 2004b; Mouzos & Makkai, 2004).

The influence of different sample compositions on study outcomes must therefore be kept in mind when examining and interpreting findings on victims’ responses to IPV. The knowledge derived from the review of studies using different methodological approaches has informed the methodology of this thesis, which incorporates data based on a national household survey and data derived from a qualitative sample of victims accessed through specialised victim support services.

3.2 Victims’ Choices of Support

Past research reveals that few victims never disclose the experienced abuse to others. Non-help-seeking rates revealed by the studies reviewed earlier in this chapter range from 9% (Logan et al, 2006) to about 25% (Mouzos & Makkai, 2004). Non-help-seeking decisions are defined as neither having disclosed the abuse to informal or
formal sources of support. The higher non-help-seeking rates observed by Mouzos and Makkai (2004) are based on the Australian component of the IVAWS, which utilised a national random sample and only captured victims’ responses to the most recent incident while excluding all prior help-seeking decisions. Despite slight variations in observed non-help-seeking rates, all studies reveal that the majority of victims disclose the abuse to one source or another (Gondolf et al., 1990; Logan et al., 2006; Moe, 2007; Mouzos & Makkai, 2004). The following sections therefore examine the support choices of victims who decided to seek help. Help-seeking decisions are grouped into two overarching categories, namely informal and formal choices of support. The different types of sources grouped under each category are discussed in more detail below to identify whether victims have support preferences when reaching out for help.

### 3.2.1 Choices of Informal Support

Past research has revealed consistent findings on the importance of informal support for IPV victims (Coker, Smith, McKeown & King, 2000; Fraser, McNutt, Clark, Williams-Muhammed & Lee, 2002; Liang et al., 2005; Moe, 2007; Sabina & Tindale, 2008). These studies propose that victims commonly approach informal sources first, such as family and friends, before – if at all – reporting the abuse to formal sources, including the criminal justice system, healthcare professionals or specialised victim support services. Most examinations of informal help-seeking decisions consider support from family and friends rather than neighbours or colleagues, while some studies also include neighbours in the same category as friends (Kaukinen, 2004b; Leone et al., 2007; Mouzos & Makkai, 2004).
In addition to being the most common choice of support, informal sources are also the first point of contact for many victims who decide to seek help (Bui, 2003; Sabina & Tindale, 2008). In her qualitative examination of the help-seeking decisions in a small snowball sample ($N=34$) of Vietnamese IPV victims residing in the United States, Bui (2003) found that although two thirds of the victims eventually utilised the criminal justice system, the majority of participants talked to family or friends first for initial support and validation of their situation. A study by Goodkind et al (2003) examined the role of family and friends’ reactions towards victims’ informal help-seeking approaches in a sample of predominantly non-Hispanic White and African American shelter residents ($N=137$). While not focusing on the timely order of informal and formal help-seeking decisions, the study revealed that victims predominantly approach family and friends for emotional support, advice and validation of their situation. Victims who did not receive the support and advice they sought experienced increasing feelings of isolation and were less likely to reach out for formal support.

The role of informal sources in the overall help-seeking process has been examined by a number of studies. Overall findings reveal that informal sources can provide emotional support and short-term crisis relief by accommodating the victim but they often lack an understanding of the dynamics of the abusive relationship and victims’ responses over time. Victims who continuously disclose the abuse to informal sources without permanently leaving the abuser therefore often experience a loss of informal support over time (Brown, 1997; Lempert, 1997). While informal help is crucial during the initial stages of help-seeking where victims require emotional support and a validation of their experiences as wrong and worth seeking help for (Davis &
Srinivasan, 1995; Goodkind et al, 2003; Krishnan, Hilbert & Van Leuven, 2001), their ability to offer long-term solutions is limited (Goodkind et al, 2003; Lempert, 1997).

3.2.2 Choices of Formal Support

Research findings on choices of informal support show that formal help-seeking decisions are less common than informal ones and are generally made in addition to informal help-seeking decisions (Bui, 2003; Leone et al, 2007; Liang et al, 2005). Some studies reveal that positive reactions from informal sources are crucial to encourage victims to decide to disclose the abuse to formal sources of support (Goodkind et al, 2003; Krishnan et al, 2001; Morrison et al, 2006). Others suggest that informal sources must be depleted before victims are ready to move on to formal help-seeking decisions (Liang et al, 2005). While negative informal reactions in the early stages of the help-seeking process may be considered as an early depletion of informal sources, such ineffective help-seeking approaches early in the help-seeking process often leave victims stranded and isolated (Goodkind et al, 2003; Lempert, 1997). This thesis explores the dynamics of and changes in victims’ help-seeking decisions over time. There are only few studies which have considered such matters in prior research (see for example Campbell & Soeken, 1999).

While formal sources are generally less utilised than informal ones, their utilisation differs by the type of sources. Past research suggests an underutilisation of the criminal justice system, including calls to the police and applications for protection orders (Felson et al, 2002; Mouzos & Makkai, 2004), and an underutilisation of specialised victim support services, including accommodation services (Fugate et al, 2005; Mouzos & Makkai, 2004). Seeking medical attention is somewhat more common
although victims’ disclosure of the causes for their injuries is still limited (Pagelow, 1997; Sully, 2005). Factors associated with the reported underutilisation of different sources include victims’ fear of retribution, their desire to protect the partner from legal consequences, their fear of losing custody of mutual children and a lack of awareness of where to find specialised support (Akers & Kaukinen, 2009; Douglas & Walsh, forthcoming; Fleury et al, 1998; Hart, 1993; Signal & Taylor, 2008). The diversity of factors associated with victims’ help-seeking decisions is addressed in the following section.

3.3 Factors Associated with Victims’ Help-Seeking Decisions

Past research has examined a range of factors associated with victims’ help-seeking decisions. In particular factors associated with victims’ decision to call the police have been of great academic interest for the past three decades (Akers & Kaukinen, 2009; Dobash & Dobash, 1979; Felson et al, 2002; Fleury et al, 1998; Hoyle & Sanders, 2000). Criminal justice interventions seem the most logical response to violent incidents. Yet, both victims and agencies still partly regard IPV as a private matter, which is one of the key factors associated with their underutilisation (Buzawa & Buzawa, 1992; CMC, 2005; Dobash & Dobash, 1992; Hart, 1993). Viewing IPV as a private matter is also likely to influence other choices of support. Past research reveals that, depending on the victim’s upbringing or family background, ‘privacy issues’ can constitute a significant barrier to disclosing IPV to formal sources in general (Abu-Ras, 2007; Krishnan et al, 2001). Due to stereotypical public perceptions of IPV victims as ‘masochistic’, or ‘provoking’, victims are often ashamed to disclose abuse by an intimate partner that should be – and is often perceived by third parties as being – loving and caring (Klein, Campbell, Soler & Ghez, 1997; Pagelow, 1997; Stark,
2007). Instead, they may at least initially remain silent (Reidy & von Korff, 1991). This silence may inhibit formal help-seeking if victims seek informal support and receive reactions that emphasise IPV as a private matter that should be dealt with within the family (Krishnan et al, 2001; Lempert, 1997). Expectations to work things out between themselves can be even higher for married and cohabiting couples as opposed to less committed dating relationships. The following sections summarise findings from prior research which has considered how individual and situational factors the help-seeking decisions of IPV victims.

3.3.1 Individual Factors Associated with Victims’ Help-Seeking Decisions

For the purposes of this thesis, individual factors are divided into two subgroups. The first group of individual factors covers victim demographics. The second group includes characteristics that emerged in response to the experienced abuse and is labelled ‘other individual factors’.

3.3.1.1 Demographics

Five demographic categories are considered: marital status, socioeconomic status, age, education, and cultural groupings/ethnicity. While these five factors should not be regarded as an exhaustive list of relevant factors, they were identified as salient from the reviewed literature (Akers & Kaukinen, 2009; Beaulaurier et al, 2007; Bui, 2003; Yoshihama, 2002; Yoshioka et al, 2003).
MARITAL STATUS

Marital or relationship status has predominantly been examined when trying to understand victims’ decisions for or against reporting IPV to the criminal justice system (Akers & Kaukinen, 2009; Felson et al, 2002, Kaukinen, 2004b). Early studies of victims’ utilisation of the criminal justice system typically referred to the phenomenon of IPV as wife abuse (Dobash & Dobash, 1979; Gelles, 1974; Pagelow, 1997; Straus & Gelles, 1986; Yllo & Bograd, 1988). Along with contemporary changes in intimate relationships from the traditional model of marriage towards more modern relationship constellations, including pre-marital dating and cohabiting or de facto partnerships, research on IPV started to acknowledge its prevalence in dating and de facto relationships as well as marital relationships (Dobash & Dobash, 1992; Johnson, 1995).

Recent research on the role of relationship status in victims’ decisions to contact formal sources of support was conducted by Ruiz-Perez et al (2006). Their study examined the general help-seeking decisions of IPV victims in a random sample of healthcare users in Spain (n=91). Help-seeking decisions included victims’ contact with the criminal justice system and findings indicate fewer proactive help-seeking decisions among married IPV victims compared to single or separated victims. Similar findings have been revealed by Akers and Kaukinen (2009) who utilised data from female IPV victims captured by the Canadian General Social Survey (N=894) to examine the role of marital status in relation to police reporting of IPV. Results show that female victims of IPV are less likely to contact the police for support than their non-married counterparts. Akers and Kaukinen (2009) assign these observations to greater social and financial entrapment of victims who are married to the abusive
partner. In addition, they suggest that married victims may have stronger emotional ties than unmarried victims, which may influence them to protect their partner from the legal repercussions of police interventions.

Prior research by Kaukinen (2004b) on the victim-offender relationship and its role in police reporting of abuse focuses on general differences between victims of IPV and other family or stranger violence. Similar to past research conducted by Felson et al (2002), these studies examine the reporting behaviour of IPV victims compared to other victims of assault but do not distinguish between married and unmarried victims of IPV. While most other studies on victims’ responses to IPV collect information on victims’ marital status, it is predominantly used for descriptive rather than predictive purposes (Ellsberg et al, 2006; Few, 2005; Reidy & von Korff 1991).

AGE

Another factor predominantly used for descriptive purposes in prior research is age. Few studies have examined its association with victims’ help-seeking decisions (Akers & Kaukinen, 2009; Beaulaurier et al, 2007; Ellsberg et al, 2001; Yoshioka et al, 2003). Beaulaurier et al (2007) conducted focus groups with 134 IPV victims between 45 and 85 years of age to identify barriers to help-seeking. These victims reported similar barriers to help-seeking as those revealed in other studies using younger samples, including family reactions, criminal justice responses and the role of abuse. However, older women were more fearful of being placed in a nursing home if disclosing their violent living circumstances.

The previously mentioned study by Akers and Kaukinen (2009) on police reporting also examined the role of age. Their sample included women between 16 and 80 years of age and their findings were similar to the ones discussed above. Although non-linear, age had a positive effect on victims’ likelihood of contacting the police.

**SOCIOECONOMIC STATUS**

Victims’ socioeconomic status (hereafter referred to as SES) has been examined by a number of the help-seeking studies (Akers & Kaukinen, 2009; Bui, 2003; Coker, Derrick, Lumpkin, Aldrich & Oldendick, 2000; Wolf et al, 2003). However, most studies examined the role of SES in relation to help-seeking from the criminal justice system (Akers & Kaukinen, 2009; Bui, 2003; Wolf et al, 2003). While Akers and Kaukinen (2009) found no significant association between reported SES and victims’ likelihood of contacting the police, other studies identified lower SES and associated or perceived financial dependence as a barrier to victims’ likelihood of reporting IPV to the criminal justice system (Bui, 2003; Wolf et al, 2003). A study by Coker et al
(2000b) examined the help-seeking decisions of American victims who experienced sexual non-stranger violence (N=556) and revealed a different effect for victims’ SES. Victims’ likelihood of general formal help-seeking increased with decreasing SES.

**EDUCATION**

Similar to SES, victims’ education has been examined in relationship to their utilisation of legal support services (Akers & Kaukinen, 2009; Bui, 2003; Kaukinen, 2004b). Past findings reveal that higher educational status is associated with a greater likelihood of victims approaching the criminal justice system for support. This observation is attributed to a better knowledge of their rights and available legal avenues of support. The previously mentioned study by Coker et al (2000b) observed a similar association between higher reported education and victims’ likelihood of seeking professional help in general, including community-based victim services and mental or physical healthcare providers.

**RACE, CULTURE AND ETHNIC MINORITY STATUS**

A number of studies have examined the role of race, culture and/or ethnicity in victims’ help-seeking decisions. Some examined the help-seeking decisions of specific groups of minority or immigrant women, such as Arab immigrant women residing in the United States (Abu-Ras, 2007) and Filipino immigrant women residing in Australia (Cunneen & Stubbs, 1997). Others have examined differences in the service utilisation of local and overseas born women of foreign decent, residing in the United States (Yoshihama, 2002). Fewer studies have examined the help-seeking decisions of minority women in comparison to White or Caucasian women in random national
samples (Akers & Kaukinen, 2009). With the exception of the study conducted by Akers and Kaukinen (2009) all studies found that immigration and ethnic minority status often constituted a significant barrier to victims’ proactive help-seeking decisions.

Most prior research has identified that there are additional barriers experienced by ethnic minority and immigrant women, including language barriers, cultural beliefs, fear of racial discrimination, a lack of familiarity with local legislations, or social isolation among immigrant women who left friends and family behind in their country of origin (Abu-Ras, 2007; Wolf et al, 2003; Yoshihama, 2002). Few studies, however, have examined these factors and their interplay with other predictors of help-seeking, including the presence of mutual children (see for example Cunneen & Stubbs, 1997).

3.3.1.2 Other Individual Factors

Three other situational factors are considered, which repeatedly emerged from the help-seeking literature, namely victims’ feelings of shame/self-blame, victims’ lack of awareness of available support and victims’ perceived effectiveness of known/available support.

FEELINGS OF SHAME/ SELF-BLAME

Past research has associated factors, such as shame, self-blame, denial or the hope for change with victims’ responses to IPV (Bui, 2003; Hart, 1993; Hoyle & Sanders, 2001; Krishnan et al, 2003; Liang et al, 2005; Walker, 1991). These factors are partly interlinked with emotion-focused coping strategies, discussed in Chapter 2, and can
influence formal as well as informal help-seeking decisions (Hart, 1993; Hoyle & Sanders, 2000; Krishnan et al, 2001). While feelings of shame and self-blame and the victim’s hope that her partner’s abusive behaviour will change if she loved him enough can hinder victims from disclosing the abuse to informal as well as formal sources, there is little empirical examination of the dynamics of these factors and how they may influence changes in help-seeking decisions over time (Kearney, 2001; Town & Adams, 2000).

AWARENESS OF AVAILABLE SUPPORT SOURCES

In addition to the aforementioned factors, victims’ help-seeking decisions are furthermore influenced by their awareness of available sources that can offer support (Fugate et al, 2005; Davis & Srinivasan, 1995; Signal & Taylor, 2008). This situational factor is partly informed by rational choice theories discussed in the previous chapter, which suggest that an individual needs to be aware of the available choices and will have to decide whether or not she believes them to be effective (Hechter & Kanazawa, 1997).

Victims’ awareness of available sources of support can be limited, especially with regards to specialised support sources. Victims know how to access family or friends and their general availability to most victims may be one of the reasons why they are utilised more frequently (Morrison et al, 2006). Victims also have a general awareness of how to reach the police although defining IPV as a private matter rather than a criminal or police matter can constrain this choice of support (Beaulaurier et al, 2007; Hart, 1993; Signal & Taylor, 2008). Signal and Taylor (2008) examined the propensity to report known incidents of IPV among the general public. Their study employed a
A community-based telephone survey to assess if respondents (N=1,208) would report incidents of family violence, including IPV, if the victim was an adult. Findings reveal a great propensity to report the abuse. However, the majority of respondents were unsure whom to contact. While they were aware they could call the police, they reported a lack of knowledge of available support that is similar to the lack of knowledge observed in victim populations (Davis & Srinivasan, 1995; Fugate et al, 2005). Ellsberg et al (2001) who examined victims’ responses to IPV in Nicaragua for example, found that victims who did not engage in any proactive help-seeking decisions said it was because they were unaware of available support. These observations highlight that a lack of knowledge of available formal support among victims and their informal network constitute a barrier to accessing specialised formal support.

PERCEIVED EFFECTIVENESS AND HELPFULNESS OF AVAILABLE SUPPORT

While some victims are unaware of available support sources, others perceive some of the available sources of support as ineffective or unhelpful. This perception has been identified in relation to criminal justice system responses more than any other types of available support (Eisenstat & Bancroft, 1999; Few, 2005; Gillis et al, 2006; Hart, 1993; Logan et al, 2006; Wolf et al, 2003). Findings from past studies reveal that a perceived lack of effectiveness of criminal justice system responses significantly reduces victims’ likelihood of contacting the police or applying for a protection order (Few, 2005; Gillis et al, 2006; Hart, 1993). Gillis et al (2006) further suggest that victims’ perceptions are shaped by negative outcomes of past help-seeking approaches. Similar findings were reported by Wolf et al (2003) and the Crime and Misconduct
Commission, who examined the policing of IPV in Queensland, Australia (CMC, 2005). Victims who were unsatisfied with past police responses often described them as ineffective and were likely to refrain from utilising the police again in the future.

Further observations on the role of victims’ perceptions of helpfulness of available support have been made by Fugate et al (2005) who conducted face-to-face interviews with IPV victims identified from the Chicago Women’s Health Risk Study. The researchers identified a number of barriers that constrained victims from disclosing the abuse, including a belief that formal sources of support would expect them to terminate the relationship when seeking help. Victims who wanted the violence but not necessarily the relationship to end therefore perceived formal sources of support as unsuitable and refrained from approaching them. While most prior research has examined the perceived effectiveness of criminal justice responses, less is known about the perceived effectiveness of other specific sources of support and whether expectations and perceptions may differ for informal and formal sources of support. Outcomes of different prior help-seeking decisions regarding perceived helpful- or effectiveness and their influence on future choices of support are therefore examined and discussed in Chapter 8.

### 3.3.2 Situational Factors

In addition to victim demographics and other individual factors, situational circumstances surrounding the abusive incident also influence victims’ help-seeking decisions. Situational factors or circumstances include the nature and extent of violence experienced over time and during particular incidents. This can include particular forms of abuse, the strategic control and manipulation implemented by the
abusive partner, and the escalation of abuse severity and frequency over time (Felson & Paré, 2005; Gondolf et al, 1990; Johnson, 1995; Stark, 2007; Walker, 1979). Another salient situational factor is the presence of children and their exposure to IPV (Ellsberg et al, 2001; Gondolf et al, 1990; Wolf et al, 2003). Empirical examinations of the role of abuse severity and the presence of children have produced inconsistent findings (see for example Douglas & Walsh, forthcoming; Ellsberg et al, 2001; Gondolf et al, 1990; Ruiz-Perez et al, 2006). While some studies suggest that the exposure of children to IPV encourages victims to reach out for support (Ellsberg et al, 2001; Gondolf et al, 1990) others reveal that victims’ decisions to disclose the abuse can be hindered by the presence of children (Douglas & Walsh, forthcoming).

3.3.2.1 Severity of abuse

One highly controversial issue observed in past research on battered women’s responses to abuse is the severity of experienced violence and how this may influence victims’ help-seeking decisions (Gondolf et al, 1990; Walker, 1991). Walker’s theoretical approach of ‘learned helplessness’, discussed in Chapter 2, linked unpredictable and escalating severity and frequency of abuse to decreased proactive help-seeking decisions. Gondolf and Fisher (1988) responded to this early explanation of victims’ help-seeking decisions with an opposing theory, based on their findings from a large-scale shelter study. Those findings suggest that victims’ proactive help-seeking decisions increased along with increasing severity and frequency of abuse. Both explanations have informed future research and findings have been replicated by more recent studies on help-seeking (Hoyle & Sanders, 2000; Sabina & Tindale, 2008).
Results from a British study on victims’ help-seeking decisions ($N=65$) in three Thames police districts reveal that part of the sample refrained from seeking formal and informal help because of their growing isolation caused by increasing and prolonged physical abuse and coercive control (Hoyle & Sanders, 2000). As a result, these victims experienced increasing feelings of shame, guilt, and denial because they felt unable to take charge over their own situation. The previously introduced study by Yoshioka et al (2003) examined the help-seeking decisions of ethnic minority women ($N=62$) in a Northern American city who had been in contact with a specialised victim service provider. Findings reveal that the number of disclosure approaches made by victims decreased with increasing frequency of abusive episodes. Findings from both studies lend support to Walker’s (1979) Theory of Learned Helplessness.

The concept of ‘passive’ victims, trapped in the isolating environment of severe IPV has been challenged repeatedly by other researchers who describe battered women as active survivors rather than passive victims (Coker et al, 2000b; Ellsberg et al, 2006; Ruiz-Perez et al, 2006; Sabina & Tindale, 2008). These quantitative studies examined the role of abuse severity, frequency and duration in different international settings, including the United States (Coker et al, 2000b; Sabina & Tindale, 2008), Nicaragua (Ellsberg et al, 2006) and Spain (Ruiz-Perez et al, 2006). Findings from all four studies lend support to Gondolf and Fisher’s (1988) Survivor Theory.

In addition to the opposing findings discussed above, some researchers claim there is no association between abuse severity, duration or frequency and victims’ help-seeking decisions (Logan et al, 2006; Reidy & von Korff, 1991). Their findings suggest that abuse severity and frequency can neither predict victims’ initial decisions
to seek help (Logan et al, 2006) nor the often observed delay of such a decision (Reidy & von Korff, 1991).

3.3.2.2 The presence of children

Past research has treated the presence of children as a demographic variable, predominantly used for descriptive purposes (Few, 2005; Fraser et al, 2002; Krishnan et al, 2001; Logan et al, 2006; Reidy & von Korff, 1991; Shannon et al, 2006). Fewer studies have examined the presence of children as a situational factor associated with victims’ help-seeking decisions (Bui, 2003; Ellsberg et al, 2006, Gondolf et al, 1990, Ruiz-Perez et al, 2006; Wolf et al, 2003). Studies examining the presence of children as a potential predictor of help-seeking reveal inconsistent findings. Some associate the presence of children with increased proactive help-seeking decisions, mainly as a result of the victims’ desire to protect her children from potential emotional or physical harm (Ellsberg et al, 2006; Gondolf et al, 1990). Other findings suggest that the presence of children may constitute a barrier to proactive help-seeking decisions (Bui, 2003; Ruiz-Perez et al, 2006; Wolf et al, 2003). Ruiz-Perez et al’s (2006) examination of victims’ help-seeking decisions in a Spanish community-based sample revealed a negative association between proactive help-seeking decisions and an increasing number of children present in the abusive household. Wolf et al (2003) examined the help-seeking decisions of a small purposive sample ($N=41$) of culturally diverse victims residing in the United States. Their findings suggest the presence of children in the abusive household hinders victims’ decision to contact the police due to a fear of child safety interventions. Bui (2003), who studied the help-seeking decisions of Vietnamese immigrant women in the United States, described victims’ uncertainties
about custody decisions in cases of separation as a barrier to proactive help-seeking decisions.

More recent research has focused on the exposure of children to IPV and associated child safety interventions (Douglas & Walsh, forthcoming; Ewen, 2007; Weithorn, 2001). While some reveal that increasing numbers of child safety interventions in families marked by IPV may have an influence on victims’ help-seeking decisions, the influence has mainly been identified for victims’ likelihood of disclosing IPV to child safety workers rather than other sources of support (Douglas & Walsh, forthcoming; Ewen, 2007).

While past research findings provide some knowledge on the role of children in victims’ help-seeking decisions, findings are inconsistent and require further examination. The presence of children as a situational factor associated with different help-seeking decisions is therefore one of the factors explored throughout this thesis.

3.3.2.3 Control and isolation

Control is an inseparable aspect of the male-to-female perpetrated forms of IPV examined in this thesis. Past research reveals that male batterers strategically employ different control tactics, including emotional, social and financial control, to maintain power and prevent the victim from seeking help or terminating the relationship (Johnson; 1995; Leone et al, 2007; Stark, 2007). Stark (2007) describes the combination of different control tactics by male batterers as coercive control, which can diminish a victim’s ability to seek help. Leone et al (2007) studied the help-seeking decisions of victims ($N=389$) identified through the *Chicago Women’s Health*
Risk Study, introduced earlier in this chapter. The researchers examined the help-seeking decisions of victims of two different forms of abuse, according to Johnson’s (1995) earlier classification of situational couple violence as opposed to intimate terrorism. Findings reveal that victims of intimate terrorism reported higher levels of coercive control but also more proactive formal help-seeking decisions. This observation appears to be inconsistent with Stark’s (2007) findings on the role of coercive control, which he believed to be a significant barrier to help-seeking. He furthermore associates increased control with increasing isolation, which complicates victims’ help-seeking decisions as it limits their logistic access to any support sources.

While the role of visible abuse has been examined by a number of studies discussed earlier, few studies have examined the role of control (Leone, 2007; Stark, 2007). The strategically implemented control and isolation of victims is therefore explored in this thesis.

3.4 Summary

This chapter summarised the relevant empirical knowledge about victims’ responses to IPV. While past research findings offer some valuable knowledge about victims’ help-seeking decisions, further examination of victims’ responses to IPV and factors associated with different help-seeking decisions is required. In the first part of this chapter, the association between different methodological approaches and findings on help-seeking was discussed. A review of previous studies shows that the observed nature and extent of victims’ help-seeking decisions is likely to differ between so-called high risk and low risk populations (Johnson, 1995; Leone et al, 2007).
Next, victims’ choices of support are examined. Existing findings reveal that victims are generally more likely to disclose their abusive experiences to informal sources rather than formal ones. These findings furthermore indicate that formal support is often utilised in addition to rather than isolated from informal support. Due to the lack of research on victims’ help-seeking processes over time, past findings have been used to inform the methodology employed for this thesis and one of the two developed studies includes a retrospective examination of victims’ help-seeking decisions at different stages throughout their abusive relationship. Most prior studies furthermore offer knowledge about informal as opposed to formal choices of support in general without subdividing those two categories into particular sources of support. A range of specific formal and informal sources of support are therefore considered in this thesis.

Finally, individual and situational factors identified as predictors of help-seeking by past research are discussed. Existing knowledge, gaps and inconsistencies related to known predictors of help-seeking have been identified and considered for a more comprehensive examination of factors associated with general and specific types of help-seeking. Most past research findings reveal predictors of help-seeking decisions at particular points in time without identifying any changes in their predictive ability over time. The multi-method approach employed for this thesis expands the existing findings by examining a range of predictors of victims’ most recent help-seeking decisions and by studying changes in victims’ help-seeking decisions at different points throughout the abusive relationship. The methodology developed for this research is described in greater detail in Chapter 4.
4 Chapter 4: Research Methodology

Introduction

Two discrete studies were employed for the purpose of this PhD research. Study 1 includes a quantitative analysis of existing data, collected by the Australian Institute of Criminology (AIC), which is based on a random national sample of almost 6,700 women living in Australia in 2002/03. The representative nature of the sample allows an identification of generalisable factors associated with different forms of help-seeking. Study 2 comprises narrative data from in-depth face-to-face interviews with 29 victims of IPV residing in Southeast Queensland at the time of data collection. The latter study is based on a purposive sample of victims identified through different service providers to further the understanding of findings derived from Study 1. The combination of these studies has produced representative and informative findings regarding the help-seeking decisions of IPV victims living in Australia.

Research Questions

This thesis examines the following primary research questions:

I. What are the main factors influencing whether or not a victim of IPV will seek help?

II. Do outcomes of initial help-seeking decisions influence future choices of support, and if so, how?

The overarching primary research questions generate the following more detailed subsidiary questions:
Subsidiary Questions

1. Do individual factors, such as the nature of the intimate relationship, socioeconomic status, level of education or cultural aspects influence help-seeking, and if so, how?

2. Do situational factors, such as the presence of children, experiences of control and isolation and the severity of abuse influence help-seeking, and if so, how?

3. Do partner-related factors, such as substance abuse and history of prior interventions for IPV influence help-seeking decisions, and if so, how?

4. Do outcomes of initial informal help-seeking approaches (e.g. from family and friends) influence future choices of support, and if so, how?

5. Do outcomes of initial formal help-seeking approaches (e.g. from the criminal justice system, healthcare professionals or specialised victim services) influence future choices of support, and if so, how?

These questions explore individual and situational factors associated with victims’ help-seeking decisions. Study 1 includes an examination of partner-related variables while the data used for Study 2 allow an examination of prior help-seeking outcomes and their influence on future choices of support. The final two subsidiary questions are therefore explored in Study 2. A detailed overview of the measures used to address the
different research questions is presented in the subsequent sections where each study is described in more detail.

4.1 Study 1 – Exploring Help-Seeking Decisions in a National Sample

Study 1 explores psycho-social predictors of help-seeking within a representative national sample. The objective is to identify factors associated with victims’ decisions to remain silent (i.e. to not seek any help) or to disclose the abuse (i.e. to seek help). In addition, the objective is to identify factors associated with particular forms of help-seeking, including seeking help from informal and formal sources of support. The study utilises existing cross-sectional data from the Australian component of the IVAWS, collected by the AIC in 2002/2003. Access to this data was granted by the AIC. The following sections provide an overview of the research sites and subjects, the design, the sampling process and the data collection procedure used by the AIC to construct the data set. Furthermore, the data analysis used for this study is introduced before describing the utilised sample in greater detail.

4.1.1 Research Design

The research design for Study 1 employs an analysis of the existing IVAWS data, based on its stratified random sample (Mouzos & Makkai, 2004). The data were collected from respondents using telephone interviews that lasted approximately 25 minutes. Questions used in the interviews were closed-ended (Mouzos & Makkai, 2004). The data set contains information on women’s experiences of male violence, including stranger as well as non-stranger violence. Due to the focus of this thesis, only the information pertaining to experiences of IPV is examined.
In addition to utilising the existing data to identify respondents’ experiences of IPV, the analysis also considers factors that are theorised to influence victims’ responses to those experiences. Using this design, it was possible to address the research questions and to confirm or reject the hypothesised impacts of different variables on victims’ help-seeking decisions. The nature of the sample allows the generalisation of findings to the broader population of IPV victims residing in Australia (Mouzos & Makkai, 2004).

4.1.2 Research Sites and Subjects

The Australian IVAWS is part of an international comparative survey that was conducted in collaboration with the United Nations criminal justice agencies, the European Institute of Crime Prevention and Control, and Statistics Canada to examine the level of physical and sexual victimisation experienced by women in different international sites (Mouzos and Makkai, 2004; Tjaden & Thoennes, 2000). Due to the focus on women’s experiences of male violence, information was only sought from female respondents. While subjects targeted for data collection in the Australian component of the survey had to reside in Australia, they were not required to hold Australian citizenship. As a result, information was collected from Australian nationals as well as foreigners currently residing in Australia.

4.1.3 Sampling Process

The national sample drawn for the IVAWS consists of 6,677 women between the ages of 18 and 69 years, currently living in an Australian household. Originally, 17,247 households were contacted Australia-wide and two main sampling methods were
employed to recruit the final sample of over 6,000 women. The two methods used were the *household selection method* and the *respondent selection method*, generating a two-stage random sample with a final response rate of 39%.

The *household selection method* employed random digit dialling to select residential telephone numbers at random. In order to increase the likelihood of including not only listed telephone numbers but also unlisted and new numbers, the ‘White Pages plus one’ method was included. This method uses a procedure where numbers are chosen at random from the White Pages directory and where the last digit is then incremented by one. Both sets of numbers, the white pages numbers and the incremented numbers, were then used for sampling private households (Mouzos & Makkai, 2004).

The next step of the sampling process utilised the *respondent selection method*. It employed a ‘birthday method’ to identify an eligible respondent within the sampled households. As mentioned earlier, eligible respondents of a selected household had to be women within the age range of 18 years to 69 years. The ‘birthday method’ was used to determine in advance, which member of a household will be interviewed in case there was more than one woman in one household that matched the age criteria. According to this method, the eligible participant was the one whose birthday was closest to the date of the phone call. In cases where this woman was currently absent or incapable of responding, the female household member with the second nearest birthday became eligible. If that female was also absent or incapable of responding, the youngest female member of the household became eligible. The birthday method was used in combination with sufficient call backs at different times of the day in order to prevent the under-sampling of younger women who tend to be less available due to
their involvement in more duties and activities outside the home (Mouzos & Makkai, 2004).

4.1.4 Measures

There are a number of variables included in the IVAWS data set that are highly relevant for Study 1, including variables relating to the individual victim of IPV, her abusive partner, and her experiences and related perceptions of IPV. Furthermore, the IVAWS includes measures of victims’ responses to the most recent incident of IPV. Individual and situational factors relating to the victim, her abusive partner and her experiences of IPV are treated as independent measures while victims’ responses to IPV are treated as outcome or dependent measures for analytical purposes.

4.1.4.1 Independent measures related to help-seeking

Independent measures, included in the analysis conducted for this thesis were grouped into victim-, partner- and violence-related measures. Their original operationalisation and any recoded forms used in the current analysis are described below.

VICTIM-RELATED MEASURES

Victim-related measures include victims’ age, the nature and duration of the intimate relationship, education, socioeconomic and employment status, Indigenous status, non-English-Speaking background, the presence of children, pregnancy during the most recent incident, and victims’ use of drugs or alcohol to cope with the most recent incident.
**Age:** The original survey recorded the year each victim was born. Age was then calculated by subtracting the year of birth from the year of data collection.

**Relationship duration:** The duration of the relationship between the victim and her abusive partner was recorded in years.

**Marital status:** In relation to victims’ experiences of IPV, marital status was measured in four categories, namely IPV perpetrated by a ‘former husband/partner’, ‘former boyfriend’, ‘current husband/partner’ and ‘current boyfriend’. The original survey treated ‘partners’ and ‘husbands’ as the same category while a distinction was made between ‘husband/partner’ and ‘boyfriend’. It has therefore been assumed that the initial intention behind this operationalisation was to distinguish between the levels of commitment in marital/de facto relationships as opposed to dating relationships. ‘Partners’ recorded in the same category as ‘husbands’ are therefore treated as marital partners while ‘boyfriends’ are treated as dating partners during statistical analysis. The four initial categories have been transformed into two categories. ‘Former’ and ‘current’ ‘husband/partner’ were merged into one category and the same was done for ‘former’ and ‘current’ ‘boyfriend’. This transformation is based on the rationale that help-seeking decisions were recorded in relation to the most recent incident of IPV. Where the most recent incident occurred in a previous relationship, the abuser was still a ‘current’ intimate partner at the time of the relevant incident, regardless of whether the victim had separated during the subsequent years or remained in the relationship.

**Education:** Victims’ education was originally operationalised as a nominal level variable with more than two possible categories to choose from. For analytical
purposes, this measure was transformed into a dichotomous variable. Education was reduced from 10 different categories to two and operationalised as ‘year 12 or less’ and ‘tertiary education’. The latter category included victims who reported being enrolled or having completed some form of tertiary education at the time of data collection.

**Socioeconomic status (SES):** Victims’ SES was established through their reported combined weekly net household income, originally measured as ‘< $500’, ‘exactly $500’ and ‘> $500’. To generate a dichotomous variable for victims’ SES, the three existing categories were transformed into ‘< $500’ and ‘≥ $500’ reported for combined weekly net household income.\(^2\) Since just over 93% of victims reported a contribution to the combined household income and almost all of these victims (99.0%) reported being involved in the decision of how this combined income was spent, this variable was used as victims’ SES in the context of this study.\(^3\)

**Employment status:** Victims’ employment status at the time of data collection was measured as ‘victim works for pay’, ‘victim is unemployed but receives other types of incomes (e.g. government benefits)’ and ‘victim has no income of her own’. Employment status was not used for bivariate and multivariate analysis and therefore remained in its original three categories for descriptive purposes.\(^4\)

**Indigenous status:** Victims were asked whether they considered themselves to be ‘Aboriginal or Torres Strait Islander’. Collected information was recorded as ‘yes’,

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\(^2\) Four percent of victims reported a combined weekly net household income of exactly $500. Combining these victims with one of the other groups did not skew any SES-related statistical results.

\(^3\) Contribution to the combined weekly net household income could be in form of paid work or ‘other income’, such as government benefits. Only victims who reported some contribution to the combined household income were asked whether they are involved in the decision on how this income is spent.

\(^4\) Preliminary analysis, using employment status as a dichotomous ‘own income’ as opposed to ‘no own income’ measure produced no significant differences in victims’ help-seeking decisions. The reported net household income was therefore used as SES during statistical analysis.
‘no’, ‘can’t remember’ and ‘refused to answer’. The latter two categories were treated as missing cases during statistical analysis.

**Non-English speaking background (NESB):** Victims were asked whether they considered themselves to be from a NESB. Responses were recorded as ‘yes’, ‘no’, ‘can’t remember’ and ‘refused to answer’. Similar to Indigenous status, the latter two categories were excluded from statistical analysis.

**Presence of children:** The presence of children was measured by recording whether victims had children living with them at the time of the abusive relationship. This item was measured as ‘yes’, ‘no’, ‘can’t remember’ and ‘refused to answer’ and the latter two categories were treated as missing cases during statistical analysis.

**Children witnessing the abuse:** This item assessed whether victims who reported they had children living with them also reported that any of these children ever witnessed any of the abusive incidents, including physical or sexual violence or any threats thereof. Similar to the presence of children, responses were recorded as ‘yes’, ‘no’, ‘can’t remember’ and ‘refused to answer’ and the latter two categories were excluded from statistical analysis.

**Pregnancy:** In addition to the presence of children, pregnancy during the most recent abusive incident was examined as a factor potentially associated with victims’ help-seeking decisions. Pregnancy at the time of the most recent abusive incident was categorised into ‘yes’ and ‘no’ while responses including ‘can’t remember’ and ‘refused to answer’ were treated as missing cases.
Use of drugs/alcohol to cope: Victims’ use of drugs or alcohol was measured as a coping strategy. Victims were asked whether they had ‘used drugs or alcohol to cope with the most recent abusive incident’. Responses were initially categorised into ‘yes, alcohol’, ‘yes, drugs/medication’, ‘yes, both’, ‘no’, ‘can’t remember’ and ‘refused to answer’. While the latter two categories were treated as missing cases, the first three were transformed into ‘yes’ as this variable was used to explore the role of coping through substance use, regardless of the substance used by victims.

PARTNER-RELATED MEASURES

In addition to victim-related measures, some partner-related factors have been considered for analysis. Some of the partner-related factors described hereafter proved to be unfeasible for inclusion due to a large proportion of missing values. Partner-related variables were overall prone to a greater percentage of missing values as this information was based on victim reports. This also proved to be problematic in past research relying on victim reports (Leone et al, 2007).

Age: The original survey recorded the year the abusive partner was born. Age was then calculated by subtracting the year of birth from the year of data collection.

Marital status: This variable is identical to victims’ marital status and only measured once throughout the IVAWS. However, it is examined along victim as well as other partner-related measures during later multivariate analysis.

Education: The abusive partner’s education was originally operationalised as a nominal level variable with more than two possible categories to choose from. For
analytical purposes, this variable was recoded identically to victims’ education, reducing it from 10 different categories to two, namely ‘year 12 or less’ and ‘tertiary education’. The latter category included partners who were reportedly enrolled or had completed some form of tertiary education at the time of data collection.

**Employment status:** The abusive partners’ employment status at the time of data collection was measured as ‘partner works for pay’, ‘partner is unemployed but receives other types of incomes (e.g. government benefits)’ and ‘partner has no income of his own’. Similar to victims’ employment status, this variable was not used for bivariate and multivariate analysis and therefore remained in its original three categories for descriptive purposes.

**Under the influence of drugs/alcohol:** This variable was used to assess whether the abusive partner was intoxicated during the most recent incident. Responses were originally recorded as ‘yes, alcohol’, ‘yes, drugs’, ‘yes, both’, ‘neither’, ‘don’t know’ and ‘refused to answer’. The latter two categories were treated as missing cases while ‘yes, alcohol’, ‘yes, drugs’, and ‘yes, both’, were recoded into ‘yes’ and ‘neither’ was relabelled as ‘no’ to assess whether the abusive partner was intoxicated.

**Received past counselling:** This item measured whether the abusive partner had received counselling for his violent behaviour in the past. Responses were recorded as ‘yes’, ‘no’, ‘don’t know’ and ‘refused to answer’, with the latter two being excluded from statistical analysis.
ABUSE-RELATED MEASURES

Different items measuring forms and severity of abuse are utilised from the IVAWS data to explore the role of abuse in victims’ help-seeking decisions. The main aim of including violence-related variables was to test two opposing theories introduced in Chapter 2, namely Gondolf and Fisher’s (1988) *Survivor Theory* and Walker’s (1979) *Theory of Learned Helplessness*. Gondolf and Fisher’s approach hypothesises that severity of abuse is positively associated with proactive help-seeking decisions while Walker’s approach suggests a negative association between abuse severity and proactive help-seeking decisions. The measures used to test these theoretical approaches include forms, consequences and perceptions of abuse.

**Control:** Partner’s controlling behaviour throughout the abusive relationship was initially measured using four Likert-type scales, measuring the presence of controlling behaviour as ‘never’ (1), ‘sometimes’ (2), ‘frequently’ (3) and ‘all the time’ (4). The first scale assessed whether a victim’s partner got angry if she spoke to another man. The second scale assessed whether he was supportive of her working outside the home. In contrast to the other three items, this scale had the highest value assigned to highly supportive rather than highly controlling behaviour. The second scale was therefore reversed before including it in an overall measure of control. The third item assessed whether the abusive partner tried to limit the victim’s contact with family or friends while the fourth item assessed whether he followed her or kept track of her whereabouts. All four items were combined into an overall measure of control by adding them up and dividing them by the number of items. Decimal values were rounded up or down to full values and therefore represented overall control scores.
ranging from 1 to 4. The average scale score was 1.55. The Cronbach alpha coefficient of .78 indicated good internal consistency for the combined scale.

**Life-threatening forms of abuse:** The IVAWS used individual items of the revised Conflict Tactic Scale (CTS2), initially developed by Straus, Hamby, Boney-McCoy and Sugarman (1996) to measure couple conflict and family violence. For the purpose of this study, a dichotomous variable was created to measure whether victims reported ‘life-threatening’ forms of abuse. Items including the use of weapons or the use of life-threatening forms of abuse, such as the attempt to strangle or suffocate the victim, were combined into ‘life-threatening forms’ of abuse. Items from the lower end of Straus’ initial scale were combined into ‘non-life-threatening forms’ of abuse. These forms of abuse include ‘throwing something’, ‘hitting’, ‘pushing’, ‘grabbing’, ‘slapping’, ‘kicking’, ‘biting’, ‘punching’, and ‘threats thereof’. While these items indicate the abuser’s intention to harm and frighten the victim, they do not imply the intention to kill her. ‘Strangling’, ‘attempts to suffocate the victim’, and ‘the use of a knife or gun or the threat thereof’ on the other hand include a life-threatening component. Sexual victimisation was excluded from this measure and is examined separately. This decision is based on past research findings, which suggest that sexual victimisation in itself is often negatively associated with help-seeking due to aspects of shame and embarrassment while the severity of physical abuse may be positively associated with proactive help-seeking decisions (Felson & Paré 2005; Gondolf & Fisher 1988).

**Sexual victimisation:** This form of abuse was initially measured through five individual items, including ‘forced sexual intercourse’, ‘attempted forced sexual
intercourse’, ‘sexual touching without consent’, ‘sexual acts while under the influence of drugs and unable to give consent’, and ‘forced sexual activity with someone else’. All five items were computed into a dichotomous variable, measuring experienced sexual victimisation as ‘yes’ if victims answered ‘yes’ to one or more of the original items and ‘no’ if victims answered ‘no’ to all of the five original items.

**Injuries:** Victims were asked whether they had been physically injured during the most recent incident. Responses were recorded as ‘yes’, ‘no’, ‘don’t know’ and ‘refused to answer’ with the latter two categories being treated as missing cases during statistical analysis.

**Injuries requiring medical attention:** Victims who reported physical injuries were asked whether the injuries required medical attention; even if they did not seek or receive it. Responses were recorded as ‘yes’, ‘no’, ‘don’t know’ and ‘refused to answer’ and the latter two categories were excluded from statistical analysis.

**Types of injuries:** Information was collected about the types of injuries suffered during the most recent incident. These included dichotomous measures, identifying whether victims had suffered ‘bruises/swelling’, ‘cuts/scratches/burns’, ‘fractures’, ‘broken bones’, ‘head or brain injuries’, ‘internal injuries’, ‘genital injuries’, and ‘emotional scarring/Post Traumatic Stress Disorder (PTSD)’. Responses were recorded as ‘yes’ and ‘no’ while ‘don’t know’ and ‘refused to answer’ were treated as missing cases.

**Perception of most recent incident:** The IVAWS used three measures to identify victims’ perception of the most recent incident, namely whether victims considered
this incident a crime, whether they felt their life was in danger and how serious the incident was for them. The first two items were dichotomous and measured as ‘yes’ or ‘no’. How serious the incident was for victims when taking everything into account was initially measured as ‘not very serious’, ‘somewhat serious’ and ‘very serious’. A dichotomous measure was created, combining the first two categories into ‘not very/somewhat serious’ and leaving the third category as ‘very serious’. Responses including ‘don’t know’ and ‘refused to answer’ were excluded from statistical analysis.

4.1.4.2 Dependent measures of help-seeking

The independent measures described above are used to explore a number of different responses to the most recent abusive incident, including ‘any help-seeking’, ‘formal in addition to informal help-seeking’, ‘police contact’, and ‘refuge-seeking’. The different help-seeking categories were created from the original data collected in relation to victims’ responses to the most recent incident. Victims were initially asked whether they contacted one or more of the following support sources in relation to the most recent incident:

- Immediate family members;
- Other relatives;
- Friend/neighbour;
- Co-worker/boss/co-student;
- Religious leader/worker;
- Doctor/nurse;
- Psychologist/psychiatrist;
- Counsellor/social worker;
- Crisis centre/crisis helpline;
• Women’s (health) centre;
• Community/family centre;
• Shelter/transition house; and
• Police/criminal justice system.\(^5\)

Victims were able to answer each question with ‘yes’, ‘no’, ‘don’t know’, and ‘refused to answer’. The last two categories were treated as missing cases while the reported presence or absence of the different responses was used to create the types of help-seeking outlined below.

**Any help-seeking (HS):** This variable assessed whether victims have contacted one or more of the support sources presented above as ‘any HS’, regardless of the source/s approached. Its two categories were ‘no HS’ and ‘any HS’.

**Formal help-seeking (HS):** This variable distinguished between victims who contacted informal sources only as opposed to victims who contacted formal sources in addition to informal ones. It is referred to as ‘formal HS’ as this is the key aspect that distinguishes the two groups of help-seeking victims included in the measure. ‘Informal HS’ includes having reported contact with ‘immediate family members’, ‘other relatives’, ‘neighbours/friends’ and/or ‘co-worker/boss/co-student’ in relation to the most recent incident. ‘Formal HS’ includes having contacted one or more of the remaining sources, including the police/criminal justice system, since past research suggests a general pattern of formal help-seeking in addition to, rather than isolated from informal help-seeking, regardless of the informal and formal sources approached.

\(^5\) This measure is referred to as police/CJS hereafter.
In addition to general formal help-seeking, two specific measures of formal help-seeking, namely talking to the police and seeking refuge were used from the IVAWS data set. While these are included in the general formal help-seeking category above, they are also examined individually since they are often described as two unique types of help-seeking in the help-seeking literature (Felson & Paré, 2005; Kaukinen, 2004b; Tutty, 2006).

**Police contact (HS):** This measure assessed victims’ contact with the police. It includes direct police reporting as well as third-party reporting as the original IVAWS item allowed no distinction between victims who contacted the police themselves or those whose contact was initiated by a third party. Findings from past research reveal that the majority of IPV cases dealt with by the police are reported by victims themselves rather than by a third party with an approximate ratio of 2:1 (CMC, 2005; Felson & Paré, 2005; Felson, Messner & Hoskin, 1999; Fleury et al, 1998). Despite its limitation, this item provides some insight into victims’ contacts with the police/criminal justice system in relation to the most recent incident and was therefore included during statistical analysis. This item furthermore includes victims’ contact with other judicial authorities (i.e. judges/magistrates) since responses to the question whether the victim or someone else had contacted the police or other judicial authorities were recorded as ‘no’, ‘yes, police’, ‘yes, judicial authorities’, ‘yes, both’, ‘don’t know’ and ‘refused to answer’. The last two categories were treated as missing cases. For the purpose of the current study, this item was then transformed into a dichotomous variable, combining ‘yes, police’, ‘yes, judicial authorities’ and ‘yes, both’ into ‘yes, police/CJS’, since victims who had contact with other judicial
Refuge-seeking: Refuge-seeking was examined separately due to its uniqueness in the current sample where refuge-seeking victims made up just over two percent of the help-seeking population. The measure was kept in its original format of whether victims had contacted a shelter/transition house in relation to the most recent incident. Answer categories of ‘yes’ and ‘no’ were used for statistical analysis while ‘no answer’ and ‘refused to answer’ were excluded.

Multiple types of help-seeking (HS): In addition to the individual types of help-seeking described above, a dummy variable of multiple types of help-seeking was created to conduct multiple-group comparisons during bivariate analysis. This variable of ‘multiple HS’ assessed mutually exclusive categories of the key help-seeking decisions examined throughout statistical analysis, namely ‘sought no help in relation to the most recent incident’, ‘sought informal help only’, ‘sought formal in addition to informal help (excluding police or shelter contact)’, ‘talked to the police’ and ‘sought refuge’. For the purpose of this examination, police contact and refuge-seeking were excluded from general formal help-seeking to create three individual categories of formal help-seeking.

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6 Preliminary bivariate and multivariate analysis was conducted once with the measure described above and once with an alternative measure of ‘police HS’, excluding victims who had contacted judicial authorities only or a combination of judicial authorities and the police to see whether including victims who contacted judicial authorities influenced statistical results. Using the alternative measure of ‘police HS’ did not alter the statistical significance of individual independent variables. ‘Police HS’ was therefore utilised in the format described above to include the 30 victims who contacted judicial authorities instead of or in addition to the police to examine the likelihood of ‘police HS’ for a larger number of cases.
4.1.5 Analytical Strategy

The IVAWS data were analysed using SPSS for Windows Version 15 and 16. All measures utilised from the IVAWS for the purpose of Study 1 were checked for missing values and normal distribution before being transformed into the formats described above. Missing values varied across variables. However, patterns of missing values were similar to the ones observed in the original IVAWS report, completed by the AIC (see Mouzos & Makkai, 2004). Prior to statistical analysis of the different measures, two sub-samples were created to distinguish between participants who reported experiences of IPV and those who did not. The two sub-samples were labelled ‘non-IPV sub-sample’ and ‘IPV sub-sample’. Both were used during univariate analysis to explore sub-sample differences while the IPV sub-sample was furthermore used during bivariate and multivariate analysis to examine victims’ experiences of and responses to IPV.

First, univariate analysis was conducted for variables of interest, including the prevalence of IPV, its associated consequences and victims’ perception of and responses to the most recent incident. Second, a series of bivariate relationships were explored. This included an examination of differences between the non-IPV- and the IPV-sub-sample regarding victim demographics. A detailed description of both sub-samples is provided in the next section of this chapter. Bivariate analysis was also used to examine relationships between the relevant independent and dependent measures in the IPV sub-sample. T-tests and ANOVAs were chosen to examine individual and multiple between-group differences for continuous independent variables, such as victims’ age and their reported relationship duration with the abusive partner. Individual and multiple between-group differences for the remaining independent
variables were explored using chi-square analysis due to the categorical operationalisation of these variables that did not allow the use of t-tests or ANOVAs. Results from bivariate analysis are presented in Chapter 5.

The third step of statistical analysis explored multivariate relationships between different groups of help-seekers and victim-, partner- and violence-related predictors of IPV identified from bivariate analysis. Due to the dichotomous operationalisation of all dependent variables, logistic regression analysis was employed to explore multivariate relationships between relevant predictor and outcome variables. Logistic regression analysis is a useful way to predict changes in the probability of binary outcome variables (Agresti & Finlay, 1997; Field, 2005), such as two different help-seeking decisions (e.g. no help-seeking versus any help-seeking). It uses maximum likelihood estimation to determine the probability of different outcome behaviours in the relevant study population (Agresti & Finlay, 1997). This modelling approach is suitable for an examination of victims’ probability to seek different types of help when a number of individual and situational predictors were considered. The models used for logistic regression analysis comprised different sets of independent variables that emerged as statistically significant from prior bivariate analysis. Victims’ probability of seeking different types of help was estimated based on sets of victim-, partner-, and violence-related variables before statistically significant predictors were entered into full models for further logistic regression analysis. Multivariate findings are presented in Chapter 6.
4.1.6 Characteristics of Women in the Two Different IVAWS Sub-Samples

Demographic information is presented for the sub-sample of women who experienced IPV at some stage throughout their lives ($n=2,276$) as well as the sub-sample of women who did not report experiences of IPV ($n=4,401$). The data used for this study were collected from women aged 18 to 69 years. The mean age of the IPV sub-sample ($n=2,276$) was 44.36 years of age at the time of data collection, which is identical to the mean age of women who did not report any IPV ($n=4,401$). Table 4.1 provides detailed information on observed similarities and differences between the demographics of women who reported experiences of IPV and women who did not.
Table 4.1  Characteristics of non-victimised and victimised sub-sample

<table>
<thead>
<tr>
<th></th>
<th>Non-IPV sub-sample</th>
<th>IPV sub-sample</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>4,401</td>
</tr>
<tr>
<td>Non-English-speaking background</td>
<td>17.5</td>
<td>769</td>
</tr>
<tr>
<td>Aboriginal/Torres Strait Islander</td>
<td>.9</td>
<td>39</td>
</tr>
<tr>
<td>Married to partner(^1)</td>
<td>72.1</td>
<td>3,172</td>
</tr>
<tr>
<td>Children living with victim during violent incident(s)</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 12 or less</td>
<td>51.7</td>
<td>2,238</td>
</tr>
<tr>
<td>Secondary or tertiary education</td>
<td>48.3</td>
<td>2,094</td>
</tr>
<tr>
<td>Combined net household income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; $500 weekly</td>
<td>17.4</td>
<td>766</td>
</tr>
<tr>
<td>≥ $500 weekly</td>
<td>78.6</td>
<td>3,459</td>
</tr>
<tr>
<td>Employment status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work for pay</td>
<td>66.0</td>
<td>2,906</td>
</tr>
<tr>
<td>Unemployed but receiving other types of income (e.g. government benefits)</td>
<td>24.4</td>
<td>1,072</td>
</tr>
<tr>
<td>No income of their own</td>
<td>9.5</td>
<td>416</td>
</tr>
<tr>
<td>Involved in decision on how income/government benefits are spent(^2)</td>
<td>98.9</td>
<td>3,615</td>
</tr>
</tbody>
</table>

\(^1\) This item refers to marital status at time of data collection for the non-IPV sub-sample and to marital status at the time of the abusive relationship for the IPV sub-sample as the majority of victims reported IPV in past rather than current relationships

\(^2\) Percentage of women who have some type of income

Of the IPV sub-sample, 12.6% of women reported coming from a non-English-speaking background, compared to 17.5% of the non-victimised sub-sample. One point four percent of the IPV sub-sample and 0.9% of the non-victimised sub-sample identified themselves as Indigenous. Fewer women reported being married in the IPV sub-sample (66.0% as opposed to 72.1% of women who reported no experiences of IPV). Parental status was only recorded in relation to experienced abuse while no information about the presence of children is available for the non-victimised sub-sample. As shown in Table 4.1, 80.6% of victims reported having children living with
them when they last experienced abuse. Both sub-samples had similar educational characteristics. Just over 55% of IPV victims and nearly 52% of the non-victimised sub-sample reported an education level of grade 12 or less, while 44.9% of victims and 48.3% of non-victimised women were either involved in or had already completed tertiary education at the time of data collection. In relation to income, 23.3% of victims and 17.4% of non-victimised women reported having a weekly combined household income of less than $500, while 74.3% of victimised and 78.6% of non-victimised women reported a weekly combined household income of $500 or more. Just over 65% of victims were employed at the time of the survey, compared to 66% of non-victims. Within the victim sub-sample, 27.5% reported not working for pay but receiving other types of income, such as government benefits, compared to 24.4% of the non-victimised women. In addition, 6.9% of victims and 9.5% of non-victims reported having no income at all. About 99% of women with some type of income in both sub-samples reported that they are involved in the decision of how the combined household income was spent.

The examination of the victim sub-sample in comparison to the non-victim sub-sample showed few significant discrepancies. While the data shown in Table 4.1 provide some general information about the victim sub-sample, it offers very little insight in relation to victims’ help-seeking decisions. Several studies have examined the relevance of demographic characteristics of victims and offenders to better understand the prevalence of male-to-female perpetrated victimisation within intimate partner relationships (Coker et al, 2000c; LaViolette & Barnett, 2000; Tjaden & Thoennes, 2000). The focus of this study is to examine factors associated with victims’ help-seeking decisions rather than their initial risk of violent victimisation. Victim
characteristics therefore need to be examined in relation to different responses to IPV observed in the victim sub-sample. Thus, the analyses and discussion presented in Chapters 5 and 6 are based on the victim sub-sample, including help-seekers as well as non-help-seekers.

4.2 Study 2 – Exploring Help-Seeking Decisions through Victim Narratives

As mentioned earlier in this chapter, this thesis is based on a multi-method approach, combining quantitative and qualitative data. During the initial stages of this PhD research, Study 2 had been designed as a second quantitative component. It originally comprised a survey with a particular focus on factors associated with the help-seeking decisions of IPV victims throughout Queensland (see Appendix A for the utilised questionnaire). This approach proved to be unfeasible as the pilot study did not generate sufficient information about the interplay of factors associated with victims’ help-seeking decisions and the decision-making process over time. As a result, the method for Study 2 was revised and changed into an approach that allowed victims to make sense of their own realities rather than having to quantify them based on structured survey items.

The revised method for Study 2 utilised qualitative in-depth data from a small purposive sample (N=29) of help-seeking victims of IPV residing in Southeast Queensland. This approach was more suitable to supplement the generalisable findings from Study 1 with in-depth information on victims’ help-seeking decisions over time. As discussed throughout the empirical literature review in Chapter 3, most prior research has either utilised random national or community-based samples (see for example Felson & Paré, 2005; Leone et al, 2007) or small purposive samples (see for
example Few, 2005; Moe, 2007). While large random samples offer generalisable findings, they are often limited to a snapshot of victims’ help-seeking decisions at one particular point in time (see for example Felson & Paré, 2005). Past qualitative research on the other hand examines victims’ responses to IPV throughout the abusive relationship (see for example Lempert, 1997; Moe, 2007). However, the employed methods do not allow the generalisation of findings to the broader population.

The chosen multi-method approach allows an examination of help-seeking decisions in high and low risk populations, as discussed in Chapter 3. Past research suggests that national random samples only capture a small proportion of IPV victims that are subject to ongoing control and escalating forms of violence (Johnson, 1995). As a result, their help-seeking decisions differ from those observed among high risk populations as examined by past qualitative research (Johnson, 1995; Leone et al, 2007).

Complementing the IVAWS sample with a small purposive sample identified through specialised victims services allowed a further examination of the claims made by prior research and contributes to the generalisable findings from Study 1 by adding in-depth knowledge on situational factors that influence victims’ help-seeking decisions at different points in time. It furthermore empowered victims as their own agents. The approach, informed by feminist social research methods, allowed participants to provide in-depth information on how they made sense of their experiences of, and responses to IPV (Devault 1990; Kohler Riessman, 2000; Reinharz, 1992).
4.2.1 Research Design

The purposive sample utilised for Study 2 comprised women who had experienced one or more forms of IPV in at least one prior relationship and who had recently been in contact with a service provider offering support for IPV victims and/or their dependants. A person-centred rather than a variable-centred approach was chosen since this allowed victims to make sense of their own experiences by integrating them into an individually meaningful context (Nurius & Macy, 2008). Victims were selected based on their expected ability to contribute to the current study by sharing their story (Adler & Clark, 2008). Study 2 provided an opportunity to access participants that are otherwise ‘invisible’ in everyday life and hard to access due to the shame, embarrassment, fear and trauma experienced by many IPV victims (WHO, 2001). The data were collected through face-to-face interviews, commencing with an open probe that encouraged each victim to tell the story of her abusive experiences and related help-seeking decisions. This approach has been employed by past research, which has examined help-seeking as a process (see for example Lempert, 1997). It enabled victims to construct their own story, by making sense of their experiences and different decisions at different points in time (Adler & Clark, 2008; Minichiello, Aroni, Timewell & Alexander, 2000). All interviews were audio-recorded for later transcription and analysis.

4.2.2 Ethics Approval

Ethical clearance was obtained from the Griffith University Human Research Ethics Committee (HREC) prior to the commencement of the data collection for Study 2. All data collection was in compliance with the ethical principles recommended by the HREC, which are based on the National Statement on Ethical Conduct in Human
Research. Informed consent was acquired in writing prior to each interview. Risk of emotional distress of participants was reduced by the prior assessment of eligibility conducted by a service provider staff member (who was generally a counsellor). In addition, victims were able to see a staff member of the relevant service provider upon completion of the interview for debriefing. Three participants made use of this offer by the service providers. It was important to ensure the physical safety of participants by conducting the interviews on the premises of the relevant service provider. While all participants had separated from their abusive partner at the time of data collection, some had reported experiences of stalking post separation. Conducting the interviews on the premises of the service providers therefore seemed to be the safest option.

4.2.3 Research Site and Subjects

All 29 victims interviewed for Study 2 resided in Southeast Queensland at the time of data collection. The majority of victims had been living in Southeast Queensland prior to seeking help while two victims had moved from interstate in an attempt to escape the abuse. Contact with potential participants was initiated through a service provider they were or had recently been in contact with. While all victims had disclosed IPV to the service provider, some had initiated the contact about other matters, including more recent stranger victimisation experienced by the victim or the need for counselling of children or grandchildren who had recently been exposed to IPV. The majority of victims were accessed through four regional Domestic Violence (hereafter referred to as DV) walk-in services ($n=13; 44.8\%$). Others were accessed through three (family) counselling services ($n=9; 31.0\%$), and three women’s refuges ($n=6$;

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7 See Appendix C for a copy of the utilised informed consent form.
8 Southeast Queensland covers 22,890 square metres with an estimated population of 2.8 million people. Study participants were currently residing in one of the following regions: Gold Coast, Sunshine Coast, Caboolture, and the greater Brisbane metropolitan region.
20.7%). One participant contacted the University and arranged an appointment for the interview herself after having heard about the study in her women’s support group. Service providers were located within the greater Brisbane area, and the Sunshine and Gold Coast regions.

4.2.4 Sampling Process

Specialised victim services were informed about the intended study by phone. Information about the study focus and procedures was sent to 26 different services that showed an initial interest in the current study. Service providers that remained interested after having received a copy of the project description, the informed consent form and a preliminary overview of themes to be addressed by potential participants received follow-up emails on a monthly basis for a period of six months. By the end of the six months, 10 service providers had agreed to facilitate the data collection process and had selected a total of 34 victims who agreed to participate in the current study.

Victims were selected according to the following criteria:

- They had to be female;
- They had to be at least 18 years of age;
- They had to be able to meet with the interviewer on the service provider’s premises at a mutually suitable time and date;
- They had reported IPV (emotional, physical, and/or sexual) in at least one prior relationship;
- They were no longer living with the abusive partner;
• The service provider believed the victim was emotionally stable enough to talk about her experiences of and responses to IPV; and

• The service provider considered the victim to be a ‘knowledgeable’ participant that could contribute relevant information for Study 2.

There was no maximum age limit and it was irrelevant for participation whether victims’ violent experiences had occurred recently or in the more distant past. Service providers were encouraged to include immigrant and ethnic minority women in their group of selected participants as long as the participants had sufficient English language skills to tell their story. While some services were able to identify eligible participants from immigrant backgrounds, no Indigenous women were selected for participation.9

Victims who were identified as eligible by service providers received a copy of the written consent form and the participant information sheet (see Appendices B & C). If victims agreed to participate, the service provider scheduled a suitable time and date for the interview. In some cases victims requested to be contacted directly by the interviewer by phone to schedule a mutually suitable date for the interview. All interviews were completed on the premises of the relevant service provider to ensure a maximum level of safety and familiarity for participating victims. It also allowed for a debriefing by professional counsellors where necessary. Interviews had originally been scheduled with 34 service users. Five victims cancelled one or more of the scheduled interviews and were unable to participate within the period of data

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9 The absence of Indigenous participants is attributed to the following factors: Indigenous shelters, which were contacted for the purpose of this study, decided against participation; other shelters and some walk-in services were currently in contact with Indigenous service users who either did not fulfil the selection criteria or decided against participation themselves; and other service providers had no Indigenous women amongst their service users during the data collection period.
collection. The average interview lasted 53 minutes, ranging between 30 and 88 minutes.

4.2.5 Measures

Information was collected about victims’ family backgrounds, their experiences of IPV in the most recent abusive relationship and their responses to these experiences. While these factors are partly explored in Study 1, the narrative data collected for Study 2 provide more detailed insights into the complexity of these factors and whether their influence on victims’ help-seeking decisions changed over time. Victims’ narratives further allow the identification of different responses at different points throughout the abusive relationship and whether more recent choices of support were influenced by outcomes of past help-seeking decisions. Additionally, the data allow an examination of how victims managed to eventually escape.

At the beginning of each interview, an anonymous demographic questionnaire was completed with each victim (see Appendix D). Upon completion, victims were invited to provide an overview of their family background, the beginning of the most recent abusive relationship, how it developed over time, how victims responded at different points in time and what their experiences were with those responses. An interview guide was prepared to ensure all relevant themes were covered during the interview (see Appendix E). Most victims provided information on all areas of interest to the current study throughout their narratives. Where victims left out relevant information or made a brief statement that required further information, additional probing questions were asked at different points throughout the interview or towards the end, whichever seemed most appropriate within the context of each individual interview.
All de-identified interview recordings were transcribed by a professional agency specialised in academic transcripts. More defined measures or themes and categories (Minichiello et al., 2000; Strauss & Corbin, 1990) were then developed throughout the analytical process.

4.2.6 Analytical Strategy and Identified Themes and Categories

After the audio-recordings were transcribed, the transcripts were read and checked for errors. Audio-recordings were revisited where professional transcribers could not identify certain words or partial sentences or where the transcript seemed to differ from significant words or descriptions used by the participant during the original interview. After checking the transcripts for transcription errors, meaning was constructed into the data through open coding and axial coding. Open coding was used to identify themes and categories relating to individual and situational factors associated with victims’ experiences of and responses to abuse. Axial coding was used at a later stage to identify the complexity of independent variables and their association with different outcome variables (Gibbs, 2000; Strauss & Corbin, 1990).

The information collected throughout the interviews was very detailed and intimate, despite the sensitive nature of the topic and its association with feelings of shame, embarrassment and vulnerability (Nurius & Macy, 2008; WHO 2001). Some experiences stood out because of a victim’s behaviour and gestures, which spoke louder than words. In addition, some words were ‘rephrased’ by descriptions the victim adopted to make sense of the abuse. This is a common observation in qualitative research and requires the interviewer’s ability to ‘recover’ words, phrases or meanings that may have been ‘lost in translation’ throughout the interview (Devault,
The ‘recovery process’ of those words, phrases or meanings was facilitated in the current study as data collection and analysis was both conducted by the principle researcher. Due to the relatively small number of participants in the current study, it was easy to recall the behaviour, emotions and attitudes of each of the participants while revisiting the transcripts.

The coding process was informed by the theoretical and empirical framework of this thesis and by the quantitative findings derived from Study 1. The inductive nature of the process, however, allowed for new themes to emerge and existing ones to be amended to fit the context of each interview. The process of open coding involved multiple steps. First, all transcripts were read to apply ‘setting/content codes’ (Minichiello et al, 2000: 259), which helped to identify general information about a victim’s individual situation and her experiences of IPV. Second, a number of codes relating to a victim’s definition and perception of her individual situation, and her experiences of violence and available sources of support were assigned to each transcript. Third, ‘process codes’ (Minichiello et al, 2000: 259) were assigned to identify shifts and changes in victims’ abusive relationships and their responses to IPV. In the last step of open coding, properties and dimensions of different themes and categories were identified where appropriate. The following section provides an overview of developed themes and categories.

4.2.6.1 Themes and categories treated as independent variables

The first set of themes and categories describes those treated as independent variables during axiomatic coding.
INDIVIDUAL FACTORS

Demographics: whether the victim was married to the abusive partner; whether she had access to financial means; whether she considered herself as being from a non-Anglo-Saxon cultural background.

Other individual factors: whether victims reported a ‘loss of self’; whether the victim felt a strong emotional attachment to the abusive partner despite his destructive behaviour; whether the victim had a hope for change; whether the victim knew what forms of formal support was available for women in her situation; whether the victim knew how to access available forms of formal support.

FACTORS RELATING TO VICTIMS UPBRINGING/FAMILY OF ORIGIN

Family violence in family of origin: whether the victim witnessed IPV between parents/caretakers; whether the observed violence was male- or female-perpetrated or used by both parents/caretakers; whether the victim had been subjected to child abuse (physical and/or sexual).

Ties to family of origin: whether the victim had strong family ties; whether the victim was still in contact with immediate family members; whether immediate family members were/are supportive of the victim’s choice of partner.

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10 These demographics refer to factors identified from the audio-recorded part of the interview and do not include the demographic factors recorded on the structured demographic sheet completed by victims prior to the interview.

11 Access to finances was used instead of victims’ socioeconomic status because the actual access to money emerged as a critical factor from most interviews, regardless of the victim’s overall socioeconomic status and whether she contributed to this status through paid work.

12 See Chapter 7 for the development and conceptualisation of this term.
EARLY STAGES OF THE ABUSIVE RELATIONSHIP

Onset of relationship: how the relationship started; whether there was a quick transition from dating to more serious forms of commitment including moving in with the abusive partner, getting married and/or having a mutual child.

The abusive partner’s behaviour early in the relationship: whether the abusive partner was charming, loving or caring at the beginning of the relationship; whether the abusive partner showed early signs of abusive behaviour.

CHANGES IN THE ABUSIVE RELATIONSHIP

Two faces: whether the abusive partner started to behave differently towards the victim; whether the abusive partner maintained a ‘charming image’ outside the home while starting to show signs of abuse or control towards the victim in private settings.

Onset of IPV: what were the first signs of abusive behaviour (i.e. what forms of abuse); how far into the relationship did this behaviour surface; what were the situational circumstances surrounding the onset (e.g. life events such as pregnancy, child birth, loss of a loved one, loss of employment, etc.); did the abusive partner change back and forth between abusive and non-abusive (caring, loving) behavioural patterns.

SITUATIONAL CIRCUMSTANCES

Presence of children: whether the victim had children living with her for at least part of the abusive relationship; whether any of these children ever witnessed the abuse;
whether the victim lost custody of one or more children as a result of IPV; whether the abusive partner used the children as a tool of manipulation by threatening to harm them; whether children had been subjected to physical abuse as a result of ‘being in the line of fire’; whether children were direct targets of physical or sexual abuse by the abusive partner.

**Pregnancy:** whether the victim was pregnant at any stage in the abusive relationship; whether abuse decreased or increased during pregnancy; whether the victim had a miscarriage while experiencing episodes of IPV.

**EXPERIENCED FORMS OF IPV**

**Emotional abuse:** whether the victim experienced forms of emotional abuse, including being yelled at, being called names, being put down, being intimidated, or being manipulated.

**Coercive control:** whether the abusive partner started to isolate the victim from friends or family; whether the abusive partner controlled the victim’s or mutual finances; whether the abusive partner controlled the victim’s whereabouts; whether the abusive partner controlled the victim’s activities outside the home.

**Physical abuse:** whether the victim experienced any forms of physical abuse; types of experienced physical abuse (e.g. pushing, hitting, throwing things, choking her, etc.).

**Sexual abuse:** whether the victim experienced forms of sexual abuse, including forced sexual intercourse, sexual touching against her will, being drugged and forced into
sexual acts with the abusive partner or others and being exposed to degrading or dehumanising sexual acts.

**Use of weapons:** whether the abusive partner ever used any weapons against the victim, including firearms, knives or other objects utilised as a weapon in the situational context, such as kitchen utensils, sharp objects, rods, sticks, belts or ropes.

**Threats to kill the victim:** whether the abusive partner ever threatened to kill the victim throughout the intimate relationship; whether the abusive partner threatened to kill the victim post separation.

**Attempts to kill the victim:** whether the abusive partner had tried to kill the victim throughout the intimate relationship; whether the abusive partner tried to kill the victim post separation.\(^\text{13}\)

**Private vs. public abuse:** whether the victim was abused in private settings only; whether any third parties had witnessed the abuse; whether the abusive partner would try to maintain the image of a non-violent partner in public, at family gatherings, in front of his friends and in front of her friends or co-workers.

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\(^{13}\) ‘Attempts to kill’ are distinguished from ‘threats to kill’ by identifying situations where the abusive partner put his threats into practice and where victims reported they survived because someone intervened in the particular situation.
PERCEPTION OF EXPERIENCED IPV

Severity: whether the victim perceived the abuse as serious/severe; whether she had felt her life was in danger; whether her perception of the severity of abuse changed over time.

Justification of abuse: whether the victim perceived the abuse as something she brought on to herself; whether this perception was enforced by the abusive partner’s attitudes towards the victim; whether the victim appeared to excuse the behaviour based on ‘other reasons’ (e.g. strain, intoxication).

4.2.6.2 Themes and categories treated as dependent variables
The second set of themes and categories describes those treated as dependent variables during axiomatic coding.

RESPONSE TO IPV

Informal responses: whether the victim disclosed the abuse to family or friends.

Formal responses: whether the victim disclosed the abuse to the police, judges or magistrates, healthcare professionals, a regional DV service, the state-wide telephone helpline or any other formal sources; whether the victim sought refuge in a women’s shelter or transition house.
SEPARATION

Temporary separation: whether the victim had temporarily separated from her abusive partner in the past.

Permanent/most recent separation: whether the victim had permanently separated from her abusive partner at the time of data collection; how long ago the victim had separated from the abusive partner; whether the victim felt the separation was permanent in cases where the separation had been recent or where the victim was still residing in a women’s shelter as a result of having left the abusive partner.

Post-separation risk: whether the victim felt safe since terminating the relationship; whether the victim had been followed or contacted by the abusive partner against her will since terminating the abusive relationship; whether the victim had been threatened with (lethal) violence since terminating the abusive relationship; whether the victim had experienced a life-threatening encounter with the abusive partner since terminating the relationship.

Retrospective: whether the victim was satisfied with her decision to leave the abusive partner; whether the victim’s perception of the abusive partner had changed since terminating the relationship; whether the victim’s perception of the abusive relationship had changed since terminating the relationship; how the victim, in hindsight, viewed her responses to the abuse at different stages of the relationship.
4.2.6.3 Themes and categories explored as independent and dependent variables

The third set of themes and categories comprises those that are examined as an outcome of different help-seeking decisions and as a predictor of future help-seeking decisions during axial coding.

**Outcomes of informal help-seeking:** whether the victim received the support she had asked or hoped for when disclosing the abuse to family or friends; whether the victim experienced victim-blaming attitudes by family or friends when disclosing the abuse; whether the victim lost the support of family or friends over time as a result of disclosing the abuse without terminating the relationship (permanently); whether outcomes of initial informal help-seeking decisions altered the future likelihood of disclosing IPV to family or friends; whether outcomes of informal help-seeking decisions influenced the victim’s decision to seek formal support.

**Outcomes of formal help-seeking:** whether the victim received the support she asked or hoped for when disclosing the abuse to the police, a judge or magistrate, a healthcare professional, a regional DV service provider, the state-wide telephone helpline, a women’s shelter/transition house or any other formal source approached for support.; whether the victim experienced victim-blaming attitudes by formal sources approached for support; whether the victim felt she had been taken seriously by formal sources approached for support; whether outcomes of initial formal help-seeking decisions altered future choices of formal support.
Once the themes and categories described above had been developed and identified from the relevant interview sections, they were entered into an excel spreadsheet and direct quotes from each interview were used to identify the relevant codes. After entering the data into the excel spreadsheet, axial coding was used to identify relationships between independent variables or categories, such as ‘experienced forms of abuse’, ‘realisation of severity’, ‘social isolation’ and their association with dependent variables or categories, including ‘responses to IPV’, ‘outcomes of past help-seeking decisions’ and ‘subsequent choices of support’. Experiences of different participants were compared to identify emerging factors that provided information on the situational context of victims’ help-seeking decisions. Common themes, unique differences and associated factors were reported in summarised form, unless attributed to particular participants through the use of direct quotes. Direct quotes were used to support most of the summarised findings to maintain the original voice that was given to victims of IPV throughout Study 2. This provides the reader with a direct insight into the way these victims constructed their abusive realities and the context surrounding these experiences. Relevant findings on victims’ experiences of and responses to IPV are presented in Chapters 7 and 8 while the following section provides an overview of the characteristics of the 29 victims who were interviewed.

4.2.7 Sample Characteristics

Participants were diverse in age, marital status, relationship duration, educational attainment and employment status as shown in Table 4.2. The mean age of participants was 38 years at the time of data collection, with the youngest participant being 21 years and the oldest being 62 years of age.
Table 4.2 Characteristics of Study 2 participants

<table>
<thead>
<tr>
<th></th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-29 years</td>
<td>20.7</td>
<td>6</td>
</tr>
<tr>
<td>30-39 years</td>
<td>41.4</td>
<td>12</td>
</tr>
<tr>
<td>40-49 years</td>
<td>24.1</td>
<td>7</td>
</tr>
<tr>
<td>50-59 years</td>
<td>6.9</td>
<td>2</td>
</tr>
<tr>
<td>69-69 years</td>
<td>6.9</td>
<td>2</td>
</tr>
<tr>
<td><strong>Nationality</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australian-born</td>
<td>72.4</td>
<td>21</td>
</tr>
<tr>
<td>NZ-born</td>
<td>6.9</td>
<td>2</td>
</tr>
<tr>
<td>UK-born</td>
<td>10.3</td>
<td>3</td>
</tr>
<tr>
<td>South African</td>
<td>3.4</td>
<td>1</td>
</tr>
<tr>
<td>Malaysian</td>
<td>3.4</td>
<td>1</td>
</tr>
<tr>
<td>Filipino</td>
<td>3.4</td>
<td>1</td>
</tr>
<tr>
<td><strong>Marital status at time of interview</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never married to abuser</td>
<td>41.4</td>
<td>12</td>
</tr>
<tr>
<td>Separated</td>
<td>31.0</td>
<td>9</td>
</tr>
<tr>
<td>Divorced</td>
<td>24.1</td>
<td>7</td>
</tr>
<tr>
<td>Remarried</td>
<td>3.4</td>
<td>1</td>
</tr>
<tr>
<td><strong>Children living with victim and abusive partner</strong></td>
<td>89.7</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Education at time of interview</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary education</td>
<td>55.2</td>
<td>16</td>
</tr>
<tr>
<td>Currently enrolled in tertiary education</td>
<td>10.3</td>
<td>3</td>
</tr>
<tr>
<td>Completed tertiary education</td>
<td>34.5</td>
<td>10</td>
</tr>
<tr>
<td><strong>Employment status at time of interview</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time employed</td>
<td>13.8</td>
<td>4</td>
</tr>
<tr>
<td>Part-time employed</td>
<td>10.3</td>
<td>3</td>
</tr>
<tr>
<td>Unemployed</td>
<td>6.9</td>
<td>2</td>
</tr>
<tr>
<td>Volunteer work</td>
<td>6.9</td>
<td>2</td>
</tr>
<tr>
<td>Home duties</td>
<td>48.3</td>
<td>14</td>
</tr>
<tr>
<td>Student</td>
<td>10.3</td>
<td>3</td>
</tr>
<tr>
<td>Retired</td>
<td>3.4</td>
<td>1</td>
</tr>
<tr>
<td><strong>Received some form of government benefits</strong></td>
<td>89.7</td>
<td>26</td>
</tr>
</tbody>
</table>

*Government benefits include unemployment and retirement benefits as well as child payments where the abusive ex-partner refused to pay child support for mutual children.*
The majority of participants were Australian-born. Two victims were born in New Zealand and had moved to Australia to be with their abusive partners. Three victims were born in Great Britain and while one had moved to Australia with her abusive partner, the remaining two had met their intimate partners after migrating to Australia. The remaining three participants were from South Africa, Malaysia and the Philippines. While most of the overseas-born victims had been living in Australia for four years or more, one had moved as recently as 12 months ago to be with her partner.

The time spent in the abusive relationship ranged between six months and 36 years, with a mean relationship duration of 10 years. As shown in Table 4.2, the majority of victims had never been married to their abusive partner (41.1%), while 31% of victims were separated at the time of the interview. Twenty-four percent of victims had been divorced from their abusive partner at the time of the interview and one woman had remarried. While the majority of victims reported only one violent relationship, six victims had experienced IPV in past intimate relationships. None of the participants still shared an intimate relationship with their abusive partner at the time of the interviews. While some victims had been separated for as long as 22 and 25 years, four and a half years was the average length of time since the victims had left their abusive partner. The majority (51.7%) had left within 12 months prior to the interview with one woman having left as recently as two weeks prior.

The participants were homogenous regarding motherhood. Twenty-seven victims reported having children. While five victims lost custody of their children at some point during the abusive relationship, all but one mother reported children living with
her and her abusive partner for at least part of the abusive relationship duration. One mother reported that her son from a previous marriage was living with his biological father while she resided with the new abusive de facto partner and his children. None of the victims were pregnant at the time of the interview. All but two victims who had children living with them at some stage throughout the abusive relationship reported that their children had witnessed the abuse at least some of the time.

As detailed in Table 4.2 over half of the victims had completed their secondary education. Three were currently enrolled in tertiary education and 10 victims had obtained at least one degree in tertiary education. All three victims currently enrolled in tertiary education were working towards a degree in social sciences or psychology. Six of the 10 who had completed some tertiary education were working in counselling, nursing or aged-care. At the time of the interviews, the majority of victims were not working due to child-related home duties. Others were unemployed, working as volunteers or enrolled as students. One woman was retired at the time of the interview. Overall, seven victims reported full- or part-time employment. However, the majority of victims (89.7%) were at least partly depending on government benefits, including unemployment benefits, retirement benefits and child support.

4.3 Summary

As outlined above Study 1 is based on the existing IVAWS data set. Findings that are presented in Chapters 5 and 6 are generalisable to the broader non-Indigenous\textsuperscript{14} Findings cannot be generalised to the Indigenous population of IPV victims due to the underrepresentation of Indigenous women in the IVAWS.

\textsuperscript{14} Findings cannot be generalised to the Indigenous population of IPV victims due to the underrepresentation of Indigenous women in the IVAWS.
population of IPV victims residing in Australia. While help-seeking decisions examined in Study 1 were limited to one particular point in time, Study 2 offers insights into victims’ help-seeking decisions at different points throughout the abusive relationship. Although Study 2 is limited in its generalisability due to the nature and size of the utilised sample, findings presented in Chapter 7 and 8 illustrate the complexity and dynamic nature of victims’ help-seeking decisions at different points in time.

This chapter furthermore addressed relevant ethical issues relating to Study 2. No problems or violations of ethical guidelines were incurred during the data collection phase and victims’ safety, wellbeing, agency and the confidentiality of their information was ensured throughout each face-to-face interview. Despite initial concerns that victims may experience some form of emotional distress due to having to ‘re-live’ their experiences of abuse during the course of the interview, victims were supportive of the way the data were collected. Victims described their participation as an opportunity to be heard. They appreciated the opportunity to contribute to research on the delivery of services for women in similar situations by sharing their story.
Chapter 5: Observed Help-Seeking Decisions in a National Sample of Women

Introduction

The measures of help-seeking discussed in the previous chapter illustrate the diversity of victims’ responses to IPV. While some victims remain silent and rely on internal coping mechanisms, others enact a range of proactive help-seeking decisions (Ellsberg et al., 2006; Liang et al., 2005; Reidy & von Korff, 1991). The theoretical framework of this thesis furthermore suggests that many victims remain silent initially and progress to more proactive help-seeking decisions throughout the process of coping with the violent experiences (Lazarus, 1993). Victims’ decisions regarding whether to seek help and regarding which sources to approach when seeking help are influenced by a range of individual factors and situational circumstances, including, but not limited to, victims’ perceived seriousness of the abuse and their pursuit of safety (Fugate et al., 2004).

This chapter presents findings from Study 1, based on the national random sample used for the Australian component of the IVAWS. Findings relate to the most recent abusive incident experienced by survey participants. The chapter is structured in the following manner. First, victims’ experiences of IPV are discussed. Second, the nature and extent of victims’ help-seeking decisions are examined. After a description of victims’ experiences of, and responses to IPV, different forms of help-seeking are examined in relation to victim and partner characteristics, and victims’ situational circumstances and their violent experiences. Types of help-seeking are divided into two overarching categories, namely non-help-seeking and any proactive help-seeking decisions. Non-help-seeking is defined as not having talked to any source of support in relation to the most recent incident, while proactive help-seeking decisions include the
disclosure of the most recent abusive incident to one or more support sources described in Chapter 4. Proactive help-seeking decisions are further divided into two subcategories, namely informal and formal help-seeking decisions. Along with the broader categories of no help-seeking, informal and formal help-seeking, a number of specific types of informal and formal help-seeking decisions are examined. These include help-seeking from family members, friends and different forms of formal support.

The analysis discussed in this chapter is based on individual and multiple between-group comparisons to identify factors associated with different help-seeking decisions. This analytical strategy was selected based on the first primary research question, and its three subsidiary research questions, examining the influence of individual factors and situational circumstances of the victim and factors relating to the abusive partner. Results from the between-group comparisons allow for an examination of victims’ responses to IPV and the factors associated with these responses. The findings inform further statistical analyses, presented in Chapter 6.

5.1 Women’s Experiences of IPV

The IVAWS examined women’s exposure to male-perpetrated violence in Australia. As shown in the sample description in Chapter 4, one in three women living in Australia had been victimised by an intimate partner at some point during their life (Mouzos & Makkai, 2004). Results reported in this chapter are based on the sub-sample of women (n=2,276) who reported violent victimisation by an intimate partner at some point during an intimate relationship. Women’s experiences of IPV examined by the IVAWS included physical as well as sexual violence. One in 10 victims
(n=228) reported experiences of sexual victimisation by a current or former intimate partner at some point in time; with 9% (n=210) reporting sexual victimisation during the most recent incident of IPV, as shown in Table 5.1. It was possible to examine whether sexual victimisation was associated with victims’ help-seeking decisions in relation to the most recent incident for this group of victims. Prior research reveals that victims’ of non-stranger violence, including IPV, are less likely to disclose the abuse where it involves sexual violence (Chan, Brownridge, Tiwari, Fong & Leung, 2008; Felson & Paré, 2005; Koss et al, 1988).

Another focus of the analysis includes the extent of IPV, including the differing degrees of violence experienced by victims, the perceived severity and duration, and various associated short-and long-term consequences. An examination of the varying degrees of reported violence is associated with the second subsidiary research question, which enquires about the role of situational factors in victims’ help-seeking decisions. This was partly informed by the two predominant theories on help-seeking, discussed in Chapter 2, namely Walker’s (1979) *Theory of Learned Helplessness* and Gondolf and Fisher’s (1988) *Survivor Theory*. While Walker’s theory builds on the assumption that increasing levels of abuse lead to physical and emotional isolation of the victim, which decreases her likelihood of seeking help (Walker, 1979; Walker, 1991), Gondolf and Fisher’s theory proposes that increasing levels of abuse eventually lead to increasing levels of help-seeking as victims are driven by a survival instinct (Gondolf & Fisher, 1988; Gondolf et al, 1990).

Information on victims’ experiences of IPV and some associated consequences are presented in Table 5.1. Beginning with the examination of immediate consequences
reported by victims of IPV, Table 5.1 shows that a total of 40.1% of victims (n=908) reported having suffered injuries during the most recent incident. Out of the 908 victims who had been injured during this incident, 28.7% reported having suffered injuries that required medical attention. These injury-related observations are similar to observed injury rates in the American component of the IVAWS (Tjaden & Thoennes, 2000). Overall injury rates, reported by Tjaden and Thoennes (2000), range between 36.2% for sexual victimisation and 41.5% for physical victimisation. The authors furthermore reported that about one third of injured victims received medical treatment for their suffered injuries. Another study, conducted by Coker et al (2000b) in North Carolina found similar medical attention rates to the ones observed in the current sample and the American component. Just over one third (36%) of female victims in the population-based sample approached a doctor or nurse as a result of physical injuries (Coker et al, 2000b).

Table 5.1 Factors and consequences associated with the most recent incident

<table>
<thead>
<tr>
<th></th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having experienced any IPV</td>
<td>100.0</td>
<td>2,276</td>
</tr>
<tr>
<td>Having suffered sexual victimisation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>9.2</td>
<td>210</td>
</tr>
<tr>
<td>No</td>
<td>91.8</td>
<td>2,066</td>
</tr>
<tr>
<td>Injuries suffered during the most recent incident</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any</td>
<td>40.1</td>
<td>908</td>
</tr>
<tr>
<td>None</td>
<td>59.9</td>
<td>1,357</td>
</tr>
<tr>
<td>Number of injuries suffered by injured victims</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>908</td>
</tr>
<tr>
<td>One type of injury</td>
<td>69.5</td>
<td>628</td>
</tr>
<tr>
<td>Two types of injuries</td>
<td>24.5</td>
<td>221</td>
</tr>
<tr>
<td>Three or more types of injuries</td>
<td>6.0</td>
<td>59</td>
</tr>
<tr>
<td>Having suffered injuries that required medical attention *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>28.5</td>
<td>259</td>
</tr>
<tr>
<td>No</td>
<td>71.5</td>
<td>649</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>908</td>
</tr>
</tbody>
</table>

*Injuries classified as “requiring medical attention” by injured victims even if the victim did not receive the required medical attention in relation to that incident
While the majority of injured victims (69.5%) reported having suffered one type of injury during the most recent abusive incident, 24.5% reported having suffered two types of injuries and 6% reported having suffered three or more types of injuries during that particular incident.

The distribution of reported injuries shown in Table 5.1 is disaggregated into individual injury categories to illustrate the range of consequences suffered by victims of IPV. Figure 5.1 illustrates that out of the 908 injured victims, 83.8% suffered bruises and swellings, 21.3% suffered cuts, scratches, or burns, 9.6% reported broken bones (including broken noses), 6.4% suffered head or brain injuries, 6.1% suffered internal injuries, 2% reported genital injuries and 1.2% of injured victims reported having suffered emotional scarring or Post Traumatic Stress Disorder (PTSD). The number of victims identifying themselves as PTSD sufferers appears low compared to rates observed in other studies (Golding, 1999; Houskamp & Foy, 1991; Seedat et al, 2005). Studies examining the relationship between IPV and PTSD by screening respondents for symptoms of PTSD reveal prevalence rates ranging from 6% (Seedat et al, 2005) to over 60% (Golding, 1999). The low number of victims who reported PTSD in the IVAWS may be a result of unintended underreporting. Victims’ ability to identify emotional scarring or PTSD can vary and PTSD often remains unidentified unless diagnosed through the use of an adequate screening instrument (Houskamp & Foy, 1991; Jones, Hughes & Unterstaller, 2001; Robertiello, 2006).

15 The percentages of injuries presented in Figure 5.1 accumulate to over 100% due to the proportion of victims who suffered two or more injuries during the most recent incident.
Figure 5.1 Types of injuries reported by IPV victims (n=908) for most recent incident (multiple responses possible)

5.2 Victims’ Responses to IPV

Past research reveals that victims’ perceptions of their individual situation within the abusive relationship can differ from the actual risk involved and are likely to change throughout the course of the relationship (Ferraro & Johnson, 1983; Liang et al, 2005; Lindhorst & Tajima, 2008). Victims’ perception of their victimisation has furthermore been associated with their reactions to particular occurrences of violence (Ferraro & Johnson, 1983; Lindhorst & Tajima, 2008). Due to this association, perceptions of the most recent incident revealed by the IVAWS are examined before describing victims’ responses to that incident.

The first part of Table 5.2 reveals victims’ perceptions in relation to the most recent incident of IPV. Participants were asked how serious they perceived the most recent incident, whether they perceived their life was in danger during the most recent incident and whether they considered the most recent incident a crime. One quarter of
victims perceived the most recent incident as not very serious, compared to 32.2% who classified the incident as somewhat serious and a further 42.2% who perceived it as very serious. Thirty point eight percent of victims felt their life was in danger during the most recent incident of IPV and 26.1% considered the most recent incident a crime. These descriptive statistics show that almost 75% of victims classified their experiences as rather serious with almost one third of victims perceiving it as life-threatening. Still, when examining victims’ responses to the most recent incident, also presented in Table 5.2, it becomes obvious that despite the consequences suffered and the perception of IPV as serious, dangerous and even criminal, not all victims reached out for support.

The second part of Table 5.2 provides an overview of the different responses to violent experiences. While 24.5% of victims did not talk to anyone about their most recent experiences, 75.5% (n=1,716) indicated they sought some type of help. Of these respondents, the majority (57.9%) limited their help-seeking decisions to informal sources, such as immediate family, friends or neighbours, other relatives, and co-workers. Immediate family and friends/neighbours were the most popular informal sources of support, with over half of the informal help-seekers having talked to immediate family (54.5%) and over two thirds having talked to friends and/or neighbours (69.6%). Other relatives and co-workers or co-students were less likely to be approached for support (17.6% and 10.1% respectively).

Less than half of the help-seeking victims (42.1%) talked to a formal source. Table 5.2 reveals that formal help-seeking decisions occur most commonly in addition to informal ones. Less than 8% of help-seekers had talked to formal sources without
having talked to informal ones about the most recent incident. Formal sources included in this category are physical and mental health professionals, social workers and counsellors, crisis lines, women or community centres, women’s refuges and transition houses, clergy and the criminal justice system. The number of formal help-seekers decreases in the last category, which includes help-seeking from the police or courts. A mere 19.2% of help-seekers ($n=329$) had contact with the police and/or a court for support and information in relation to the most recent incident. The vast majority of these victims (17.4%) had contact with the police while less than one percent (0.8%) had court and police contact and a further 1% had contact with a court without any prior police contact in relation to the most recent incident.

While a total of 312 victims (18.2%) had contact with the police, this contact was not necessarily self-initiated. As discussed in Chapter 4, this item allows no distinction between self- and third-party-initiated police contact as participants had been asked whether they or someone else had reported the most recent incident to the police. Regardless of the way the contact had been initiated, all 312 victims had talked to the police about their most recent experiences. Past research findings suggest that the majority of IPV-related police contacts are initiated by the victim (CMC, 2005; Felson & Paré, 2005; Felson et al, 1999; Fleury et al, 1998).

Overall, the observations made about police contact in the current sample are similar to the ones made in the Canadian and the American components of the National Violence Against Women Survey (Gartner & Macmillan, 1995; Felson & Paré, 2005). Both national surveys report that just over 15% of victims had talked to the police in relation to their experiences of IPV. Past research suggests that the observed underutilisation of
the criminal justice system is often a result of the victim-offender relationship (Gartner & Macmillan, 1995; Akers & Kaukinen, 2009; Felson & Paré, 2005). The intimate nature of the abusive relationship leads to a lack of relational distance between victim and offender and can create the perception of the abusive incident as a private matter. As a result, these victims often perceive the law as inactive and therefore as unsuitable to handle their problems (Black, 1976). In addition to this perception, other factors, such as family make-up and severity of abuse contribute to decisions on police reporting (Akers & Kaukinen, 2009; Kaukinen, 2004b). The role of these factors is further explored below through individual and multiple between-group comparisons.

The final two responses displayed in Table 5.2 relate to victims’ utilisation of residential services, such as shelters and transition houses. Slightly more than 2% of help-seeking victims had accessed such services in relation to the most recent incident. What appears to be a significant underutilisation of residential services may partly be associated with Johnson’s (1995) findings, which suggest that national random samples only capture a small proportion of victims who require and utilise crisis accommodation.
Table 5.2. Perceptions of and responses to the most recent incident

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td><strong>Victims (Total)</strong></td>
<td>100</td>
<td>2,276</td>
</tr>
<tr>
<td>Perception of seriousness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not very serious</td>
<td>25.3</td>
<td>576</td>
</tr>
<tr>
<td>Somewhat serious</td>
<td>32.2</td>
<td>733</td>
</tr>
<tr>
<td>Very serious</td>
<td>42.2</td>
<td>960</td>
</tr>
<tr>
<td>Perceived life in danger</td>
<td>30.8</td>
<td>700</td>
</tr>
<tr>
<td>Regarded incident as a crime</td>
<td>26.1</td>
<td>593</td>
</tr>
<tr>
<td>No help-seeking</td>
<td>24.4</td>
<td>556</td>
</tr>
<tr>
<td>Any help-seeking</td>
<td>75.4</td>
<td>1,716</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Help-Seekers (Total)</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Informal only</td>
<td>57.9</td>
<td>993</td>
</tr>
<tr>
<td>Immediate family¹</td>
<td>54.5</td>
<td>935</td>
</tr>
<tr>
<td>Friends/neighbours¹</td>
<td>69.6</td>
<td>1,194</td>
</tr>
<tr>
<td>Other relatives¹</td>
<td>17.6</td>
<td>302</td>
</tr>
<tr>
<td>Co-workers/co-students¹</td>
<td>10.1</td>
<td>173</td>
</tr>
<tr>
<td>Any formal in combination with informal HS</td>
<td>34.4</td>
<td>591</td>
</tr>
<tr>
<td>Any formal only</td>
<td>7.7</td>
<td>132</td>
</tr>
<tr>
<td>Particular groups of formal HS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Police/CJS in combination with informal HS</td>
<td>17.9</td>
<td>308</td>
</tr>
<tr>
<td>Police/CJS only</td>
<td>1.2</td>
<td>21</td>
</tr>
<tr>
<td>Shelter or transition house in combination with informal HS</td>
<td>2.2</td>
<td>37</td>
</tr>
<tr>
<td>Shelter or transition house only</td>
<td>.2</td>
<td>4</td>
</tr>
</tbody>
</table>

¹ Item allowed selection of multiple types of informal HS

Table 5.2 illustrates that victims’ responses to IPV can be diverse. While some victims reported never having talked to anyone about their experiences, a relatively large number of victims reported having talked to persons within their closer social environment, such as friends or family members. Talking to formal sources was less common than seeking informal support. In addition, both general formal help-seeking decisions and specific choices of support, such as the police/criminal justice system (hereafter referred to as police/CJS) and crisis accommodation, have commonly been reported in addition to informal help-seeking decisions. The differences in victims’ responses to IPV raise a number of questions. For example, do these victims differ in their demographic make-up, or can differences in their situational circumstances offer an explanation of why some victims did not talk about their experiences while others chose a range of different support options? Between-group differences are examined to
explore those questions further. Relationships between independent and dependent variables were examined individually, using t-tests, chi-squares and ANOVAs, depending on the operationalisation of the examined variables. Emerging themes were then used to inform multivariate analysis, discussed in the following chapter. Findings from individual group comparisons are presented in the first part of this chapter, followed by multiple group comparisons in the second part.

5.2.1 Individual Group Comparisons

The choice of variables included in the individual group comparisons was informed by the review of past empirical and theoretical evidence, discussed in Chapters 2 and 3. Factors included in the bivariate analysis can be categorised into victim-, partner-, and violence-related variables.

Four different dichotomous categories of help-seekers were examined during individual group comparisons. Between-group differences are examined for:

- Any help-seekers and non-help-seekers;
- Informal and formal help-seekers;
- Victims who talked to the police/CJS and those who did not; and
- Victims who accessed a shelter or transition house and those who did not.

The nature of the different independent variables required a combination of t-test and chi-square analysis for all five between-group comparison because only a limited number of independent variables used ratio-level measurements while the majority had been operationalised using nominal level measurements. T-test and chi-square results are therefore reported in two separate tables for each between-group
comparison. General between-group differences are discussed throughout the text while particular values are presented in the relevant tables following each comparison.

Between group differences were analysed for the different sets of independent variables mentioned earlier, including victim-, partner- and violence-related variables. Twenty independent variables were chosen based on the potential predictors of help-seeking identified from the reviewed empirical and theoretical literature. The analysed victim-related variables include age, duration of relationship with abusive partner, marital status, combined household income, whether the victim considered herself as coming from a non-English-speaking background,\textsuperscript{16} whether children ever witnessed any violent incidents (including previous ones),\textsuperscript{17} whether the victim was pregnant during the most recent incident, and whether she had used drugs or alcohol to cope with the most recent incident.

Partner-related variables used in the analysis include the abusive partner’s education, whether he was under the influence of drugs or alcohol during the most recent incident, and whether he had received any counselling for past violent behaviour. Initially, age differences between the abusive partner and the victim had been included

\textsuperscript{16} Initially, Indigenous status was included as one of the independent variables as it was expected to emerge as one of the barriers to help-seeking, despite the small number of Indigenous IPV victims captured by the IVAWS (n= 31). Past research often identifies ethnic minority background as one of the barriers to help-seeking in general and more formal help-seeking in particular (Bui, 2003; Few, 2005; Wolf et al, 2003). In the current sample, Indigenous status generated no statistically significant bivariate results. This null-finding may have been strongly influenced by the small sub-sample size for Indigenous respondents. Indigenous status is therefore not included in the analysis presented in this chapter.

\textsuperscript{17} Preliminary bivariate analysis examined both child-related measures introduced in Chapter 4. While children witnessing the abuse were strongly associated with victims’ responses to IPV, this was not the case for the mere presence of children in the abusive household, regardless of their exposure to IPV. Past research also reveals the exposure of children rather than their general presence in a violent household as a predictor of help-seeking (Ellsberg et al, 2001; Gondolf et al, 1990). Only the measure assessing children’s exposure was therefore included in the analysis presented in this chapter.
but produced no significant results and were therefore not included in the analysis presented in this chapter.

Violence-related variables considered in the analysis include whether the victim experienced intimate partner control (measured through the combined control scale item, discussed in Chapter 4), whether the victim experienced life-threatening types of abuse (as defined by the CTS items), whether the victim experienced sexual abuse during the most recent incident, whether the victim suffered any injuries and whether such injuries required medical attention. Another three items were included to assess victims’ perceived seriousness of the most recent incident. While all independent variables are examined throughout all four individual between-group comparisons, only statistically significant findings are discussed below.

5.2.1.1 Comparing non-help-seekers to help-seekers

Comparison of the first two groups, non-help-seekers and any type of help-seekers in general, produced a broad range of significant between-group differences. Starting with victim-related variables, bivariate analysis shows that victims who sought help in relation to the most recent incident were on average younger than victims who did not seek help in relation to this incident, with a mean age of 43.70 (SD= 12.03) and 46.42 years (SD= 12.51) respectively as shown in Table 5.3. Help-seeking victims furthermore reported a significantly shorter duration of the abusive relationship than their non-help-seeking counterparts, with 13.64 (SD=10.90) and 19.04 (SD=12.74) years respectively. Table 5.3 shows further significant differences, including victims’ level of education and their SES. Additional results presented in Table 5.4 reveal that victims who seek help reported a lower combined net household income, with more
victims reporting less than $500 per week, when compared to the non-help-seeking group. In addition, victims who sought help more commonly reported that their children had witnessed one or more abusive incidents and that they had used drugs or alcohol to cope with the most recent incident of IPV.

In relation to partner-related characteristics, all three comparisons reveal statistically significant relationships. While victims’ educational status was not significantly associated with their decision to seek help in general, education of the abusive partner was statistically significant. Help-seekers more commonly reported their partners’ highest level of education as year 12 or below. Help-seeking victims also more commonly reported that their partners had received counselling for their violent behaviour in the past, compared to partners of non-help-seeking victims. In addition, a larger percentage of help-seekers (50.8%) identified their partners as drunk or under the influence of drugs during the most recent incident, compared to non-help-seeking victims (37.3%).

When examining between-group differences based on violence-related variables, all but one variable was significantly associated with victims’ decision to seek help. While sexual victimisation produced no significant between-group differences help-seeking victims overall reported more severe experiences of IPV. Help-seekers more commonly experienced accumulated forms of control, and more life-threatening forms of abuse, and injuries that required medical attention, compared to their non-help-seeking counterparts. These victims also shared more serious perceptions about the most recent incident as opposed to non-help-seeking victims, including the perception of the most recent incident as a crime and life-threatening.
**Table 5.3 T-test results from the comparison of non-help-seekers and help-seekers**

<table>
<thead>
<tr>
<th></th>
<th>Non-help-seekers</th>
<th>Help-seekers</th>
<th>t (df)</th>
<th>p (2-tailed)</th>
<th>Mean Difference</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim’s age (yrs)</td>
<td>46.42 12.51</td>
<td>43.70 12.03</td>
<td>4.58 (2260)</td>
<td>.000</td>
<td>2.72</td>
<td>1.55 to 3.89</td>
</tr>
<tr>
<td>Relationship duration (yrs)</td>
<td>19.04 12.74</td>
<td>13.64 10.90</td>
<td>7.90 (682.14)</td>
<td>.000</td>
<td>5.41</td>
<td>4.06 to 6.75</td>
</tr>
</tbody>
</table>

* Groups are significantly different at p <.05
** Groups are significantly different at p <.01
Table 5.4 Chi-square results from the comparison of non-help-seekers and help-seekers

<table>
<thead>
<tr>
<th>Type of Help-Seeking</th>
<th>Non-help-seekers</th>
<th>Help-seekers</th>
<th>χ² (df)</th>
<th>p</th>
<th>Phi/ Cramer's V</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married to abusive partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>190 (34.7)</td>
<td>578 (33.5)</td>
<td>.212</td>
<td>.645</td>
<td>.011</td>
</tr>
<tr>
<td>Yes</td>
<td>357 (65.3)</td>
<td>1,145 (66.5)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Combined net household income per week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; $500</td>
<td>104 (19.5)</td>
<td>426 (25.2)</td>
<td>6.995</td>
<td>.008</td>
<td>-.057</td>
</tr>
<tr>
<td>≥ $500</td>
<td>429 (80.5)</td>
<td>1,262 (74.8)</td>
<td></td>
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<tr>
<td>Non-English-speaking background</td>
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<td></td>
<td>.225</td>
<td>.635</td>
<td>-.012</td>
</tr>
<tr>
<td>No</td>
<td>475 (86.7)</td>
<td>1,501 (87.6)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Yes</td>
<td>73 (13.3)</td>
<td>213 (12.4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highest level of education</td>
<td></td>
<td></td>
<td>3.419</td>
<td>.064</td>
<td>-.040</td>
</tr>
<tr>
<td>≤ year 12</td>
<td>326 (59.8)</td>
<td>1091 (64.3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tertiary</td>
<td>219 (40.2)</td>
<td>605 (35.7)</td>
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<tr>
<td>Children witnessed any IPV</td>
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<td>78.252</td>
<td>.000</td>
<td>.187</td>
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<tr>
<td>No</td>
<td>468 (85.4)</td>
<td>1,123 (65.4)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Yes</td>
<td>80 (14.6)</td>
<td>593 (34.6)</td>
<td></td>
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<td></td>
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<tr>
<td>Pregnant at the time of the most recent incident</td>
<td></td>
<td></td>
<td>.003</td>
<td>.955</td>
<td>.004</td>
</tr>
<tr>
<td>No</td>
<td>521 (95.2)</td>
<td>1,638 (95.1)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>26 (4.8)</td>
<td>85 (4.9)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victim used drugs/alcohol to cope with most recent incident</td>
<td></td>
<td></td>
<td>69.849</td>
<td>.000</td>
<td>.177</td>
</tr>
<tr>
<td>No</td>
<td>506 (91.5)</td>
<td>1,276 (74.7)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>47 (8.5)</td>
<td>433 (25.3)</td>
<td></td>
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<td></td>
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<tr>
<td>Partner’s highest level of education</td>
<td></td>
<td></td>
<td>20.607</td>
<td>.000</td>
<td>-.117</td>
</tr>
<tr>
<td>≤ year 12</td>
<td>215 (69.1)</td>
<td>1021 (81.1)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Tertiary</td>
<td>96 (30.9)</td>
<td>238 (18.9)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner under influence of drugs/alcohol during most recent incident</td>
<td></td>
<td></td>
<td>29.057</td>
<td>.000</td>
<td>.117</td>
</tr>
<tr>
<td>Yes</td>
<td>201 (37.3)</td>
<td>820 (50.8)</td>
<td></td>
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<tr>
<td>No</td>
<td>338 (62.7)</td>
<td>794 (49.2)</td>
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<tr>
<td>Partner received counselling for past violent behaviour</td>
<td></td>
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<td>35.797</td>
<td>.000</td>
<td>.135</td>
</tr>
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<td>Yes</td>
<td>35 (6.8)</td>
<td>269 (17.8)</td>
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<td>No</td>
<td>480 (93.2)</td>
<td>1,239 (82.2)</td>
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<tr>
<td>Experienced intimate partner control</td>
<td></td>
<td></td>
<td>24.276</td>
<td>.000</td>
<td>.105</td>
</tr>
<tr>
<td>Never</td>
<td>349 (65.1)</td>
<td>967 (58.1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes</td>
<td>152 (28.4)</td>
<td>460 (27.7)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequently</td>
<td>30 (5.6)</td>
<td>172 (10.3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All the time</td>
<td>5 (9)</td>
<td>64 (3.8)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experienced life-threatening types of abuse (strangling, use of weapon)</td>
<td></td>
<td></td>
<td>35.557</td>
<td>.000</td>
<td>.132</td>
</tr>
<tr>
<td>No</td>
<td>484 (96.0)</td>
<td>1,368 (86.2)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Yes</td>
<td>20 (4.0)</td>
<td>219 (13.8)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Most recent incident included sexual victimisation</td>
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<td></td>
<td>.278</td>
<td>.598</td>
<td>.013</td>
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<tr>
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<td>508 (91.4)</td>
<td>1,553 (90.5)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>48 (8.6)</td>
<td>163 (9.5)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physically injured during most recent incident</td>
<td></td>
<td></td>
<td>74.519</td>
<td>.000</td>
<td>.182</td>
</tr>
<tr>
<td>No</td>
<td>417 (75.7)</td>
<td>940 (54.8)</td>
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<td></td>
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<tr>
<td>Yes</td>
<td>134 (24.3)</td>
<td>774 (45.2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suffered injuries that required medical attention</td>
<td></td>
<td></td>
<td>5.808</td>
<td>.016</td>
<td>.084</td>
</tr>
<tr>
<td>No</td>
<td>107 (80.5)</td>
<td>538 (69.8)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Yes</td>
<td>26 (19.5)</td>
<td>233 (30.2)</td>
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<td></td>
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</table>
### Type of Help-Seeking

<table>
<thead>
<tr>
<th></th>
<th>Non-help-seekers</th>
<th>Help-seekers</th>
<th>$\chi^2$ (df)</th>
<th>p</th>
<th>Cramer's V</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived seriousness of most recent incident</td>
<td></td>
<td></td>
<td>209.208 (1)</td>
<td>.000</td>
<td>.305</td>
</tr>
<tr>
<td>Not very/somewhat serious</td>
<td>463 (86.3)</td>
<td>846 (49.2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very serious</td>
<td>86 (15.7)</td>
<td>874 (50.8)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perception of life in danger during most recent incident</td>
<td></td>
<td></td>
<td>109.267 (1)</td>
<td>.000</td>
<td>.221</td>
</tr>
<tr>
<td>No</td>
<td>476 (87.0)</td>
<td>1077 (63.1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>71 (13.0)</td>
<td>629 (36.9)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regarded most recent incident as crime</td>
<td></td>
<td></td>
<td>93.310 (1)</td>
<td>.000</td>
<td>.205</td>
</tr>
<tr>
<td>No</td>
<td>488 (89.5)</td>
<td>1163 (68.5)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>57 (10.5)</td>
<td>536 (31.5)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Groups are significantly different at p <.05  
** Groups are significantly different at p <.01

### 5.2.1.2 Comparing Informal to Formal Help-Seekers

The second group comparison examined differences between victims who limited their help-seeking to talking to informal sources only and those who extended it to formal help-seeking in addition to talking to informal sources. While these two groups both accessed informal sources, the second group was expected to differ due to the additional utilisation of formal sources. The second group is referred to as ‘formal help-seekers’ hereafter since this is a key issue that distinguishes them from the purely informal help-seekers.

Past research shows that informal help-seeking often occurs isolated from any other types of help-seeking while this commonly does not apply for formal help-seeking (Coker et al., 2000b; Leone et al., 2007). Victims of IPV often talk to informal sources about their experiences without ever talking to formal sources, such as the criminal justice system or professional counselling services. The majority of formal help-seekers on the other hand tend to report to formal sources in addition to, rather than instead of informal ones (Bui, 2003; Leone et al., 2007; Liang et al., 2005).
Some studies furthermore reveal that the decision of seeking formal help is greatly influenced by the reactions received from informal sources of support (Goodkind et al, 2003; Krishnan et al, 2001). Encouraging and supportive reactions are more likely to lead to formal help-seeking while hostile or victim-blaming attitudes towards the help-seeker are more likely to lead to even greater social isolation and a decision against formal help-seeking (Goodkind et al, 2003; Krishnan et al, 2001; Moe 2007; Morrison et al, 2006). Other factors associated with formal help-seeking are the perceived accessibility and suitability of formal sources, increasing levels of threats and abuse, and children’s exposure to IPV (Akers & Kaukinen, 2009; Ellsberg et al, 2006; Few et al, 2005; Gondolf et al, 1990; Ruiz-Perez et al, 2006).

Results from t-test analyses showed a significant difference between formal and informal help-seekers for age and relationship duration. Table 5.5 illustrates that formal help-seekers were slightly older than victims who limited their help-seeking decisions to informal sources of support with a mean age of 44.15 (SD=11.62) and 42.84 (SD=12.30) years respectively. Formal help-seekers furthermore reported a shorter relationship duration than informal help-seekers with a mean relationship duration of 11.68 (SD=9.44) and 14.45 years (SD=11.43).

Table 5.6 presents results for the remaining independent variables. More formal than informal help-seekers reported a weekly shared household income of less than $500. These victims also more commonly reported being married to their abusive partner, having children living with them who had witnessed IPV in the past and having used drugs or alcohol to cope with the most recent incident. Analysis of partner-related variables, included in Table 5.6 showed that only a partner’s prior counselling
experiences were significantly associated with the decision to seek formal help. Partners of formal help-seekers more commonly had prior counselling experiences than partners of informal help-seekers.

A range of significant differences between the two groups of help-seekers appeared when examining the violence-related variables, also shown in Table 5.6. Significant between-group differences were not observed for sexual victimisation whilst other differences illustrate that formal help-seekers reported more severe forms of abuse, including intimate partner control, life-threatening forms of abuse, injuries in general and those requiring medical attention, compared to their informal counterparts. Along with the more commonly reported abuse severity, formal help-seekers also perceived the most recent incident as more serious, criminal and life threatening than informal help-seekers.

### Table 5.5 T-test results from the comparison of informal and formal help-seekers

<table>
<thead>
<tr>
<th></th>
<th>Informal help-seekers</th>
<th>Mean</th>
<th>SD</th>
<th>Formal help-seekers</th>
<th>Mean</th>
<th>SD</th>
<th>t (df)</th>
<th>p (2-tailed)</th>
<th>Mean Difference</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim’s age (yrs)*</td>
<td></td>
<td>42.84</td>
<td>12.30</td>
<td>44.15</td>
<td>11.62</td>
<td>11.62</td>
<td>-2.11</td>
<td>.035</td>
<td>-1.31</td>
<td>-2.53 to -.09</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(1573)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship duration (yrs)**</td>
<td></td>
<td>14.45</td>
<td>11.43</td>
<td>11.68</td>
<td>9.44</td>
<td>9.44</td>
<td>4.35</td>
<td>.000</td>
<td>2.77</td>
<td>1.52 to 4.02</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(936.86)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Groups are significantly different at p <.05
** Groups are significantly different at p <.01
Table 5.6 Chi-square results from the comparison of informal and formal help-seekers

<table>
<thead>
<tr>
<th>Type of Help-Seeking</th>
<th>Informal help-seekers</th>
<th>Formal help-seekers</th>
<th>$\chi^2$ (df)</th>
<th>p</th>
<th>Phi/ Cramer’s V</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married to abusive partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>410 (42.3%)</td>
<td>141 (22.9%)</td>
<td>61.083</td>
<td>.000</td>
<td>.198</td>
</tr>
<tr>
<td>Yes</td>
<td>560 (57.7%)</td>
<td>474 (77.1%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Combined net household income per week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; $500</td>
<td>203 (21.3%)</td>
<td>179 (29.9%)</td>
<td>13.967</td>
<td>.000</td>
<td>-.096</td>
</tr>
<tr>
<td>$\geq $500</td>
<td>748 (78.7%)</td>
<td>420 (70.1%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-English-speaking background</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>843 (87.7%)</td>
<td>541 (88.1%)</td>
<td>.023</td>
<td>.879</td>
<td>-.006</td>
</tr>
<tr>
<td>Yes</td>
<td>118 (12.3%)</td>
<td>73 (11.9%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highest level of education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤ year 12</td>
<td>614 (64.7%)</td>
<td>398 (65.4%)</td>
<td>.044</td>
<td>.834</td>
<td>-.007</td>
</tr>
<tr>
<td>Tertiary education</td>
<td>335 (35.3%)</td>
<td>211 (34.6%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children witnessed any IPV</td>
<td></td>
<td></td>
<td>137.503</td>
<td>.000</td>
<td>.296</td>
</tr>
<tr>
<td>No</td>
<td>748 (77.2%)</td>
<td>295 (48.4%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>221 (22.8%)</td>
<td>315 (51.6%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnant at the time of the most recent incident</td>
<td></td>
<td></td>
<td>.961</td>
<td>.327</td>
<td>.028</td>
</tr>
<tr>
<td>No</td>
<td>930 (96.0%)</td>
<td>583 (94.8%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>39 (4.0%)</td>
<td>32 (5.2%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victim used drugs/alcohol to cope with most recent incident</td>
<td></td>
<td></td>
<td>128.837</td>
<td>.000</td>
<td>.287</td>
</tr>
<tr>
<td>No</td>
<td>826 (85.7%)</td>
<td>372 (60.5%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>138 (14.3%)</td>
<td>243 (39.5%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner’s highest level of education</td>
<td></td>
<td></td>
<td>1.618</td>
<td>.203</td>
<td>-.039</td>
</tr>
<tr>
<td>≤ year 12</td>
<td>566 (80.5%)</td>
<td>393 (83.6%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tertiary education</td>
<td>137 (19.5%)</td>
<td>77 (16.4%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner under influence of drugs/alcohol during most recent incident</td>
<td></td>
<td></td>
<td>.000</td>
<td>.983</td>
<td>-.002</td>
</tr>
<tr>
<td>Yes</td>
<td>448 (49.0%)</td>
<td>282 (49.2%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>466 (51.0%)</td>
<td>291 (50.8%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner received counselling for past violent behaviour</td>
<td></td>
<td></td>
<td>91.965</td>
<td>.000</td>
<td>.259</td>
</tr>
<tr>
<td>Yes</td>
<td>774 (90.5%)</td>
<td>379 (70.4%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>81 (9.5%)</td>
<td>159 (29.6%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experienced intimate partner control</td>
<td></td>
<td></td>
<td>65.153</td>
<td>.000</td>
<td>.208</td>
</tr>
<tr>
<td>Never</td>
<td>602 (63.3%)</td>
<td>299 (50.6%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes</td>
<td>266 (28.0%)</td>
<td>153 (25.9%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequently</td>
<td>64 (6.7%)</td>
<td>99 (16.8%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All the time</td>
<td>19 (2.0%)</td>
<td>40 (6.8%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experienced life-threatening types of abuse (strangling, use of weapon)</td>
<td></td>
<td></td>
<td>66.127</td>
<td>.000</td>
<td>.214</td>
</tr>
<tr>
<td>No</td>
<td>816 (92.1%)</td>
<td>447 (76.9%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>70 (7.9%)</td>
<td>134 (23.1%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most recent incident included sexual victimisation</td>
<td></td>
<td></td>
<td>.948</td>
<td>.330</td>
<td>-.027</td>
</tr>
<tr>
<td>No</td>
<td>876 (90.3%)</td>
<td>566 (91.9%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>94 (9.7%)</td>
<td>50 (8.1%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physically injured during most recent incident</td>
<td></td>
<td></td>
<td>54.441</td>
<td>.000</td>
<td>.187</td>
</tr>
<tr>
<td>No</td>
<td>597 (61.7%)</td>
<td>259 (42.5%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>371 (38.3%)</td>
<td>350 (57.5%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suffered injuries that required medical attention</td>
<td></td>
<td></td>
<td>68.053</td>
<td>.000</td>
<td>.311</td>
</tr>
<tr>
<td>No</td>
<td>311 (83.8%)</td>
<td>192 (55.3%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>60 (16.2%)</td>
<td>155 (44.7%)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Type of Help-Seeking

<table>
<thead>
<tr>
<th></th>
<th>Informal help-seekers</th>
<th>Formal help-seekers</th>
<th>( \chi^2 ) (df)</th>
<th>( p )</th>
<th>Phi/ Cramer’s V</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived seriousness of most recent incident*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not very/somewhat serious</td>
<td>617 (35.0)</td>
<td>610 (35.0)</td>
<td>213.288 (1)</td>
<td>.000</td>
<td>.368</td>
</tr>
<tr>
<td>Very serious</td>
<td>350 (25.0)</td>
<td>455 (26.0)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perception of life in danger during most recent incident**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>735 (76.3)</td>
<td>228 (23.7)</td>
<td>185.858 (1)</td>
<td>.000</td>
<td>.346</td>
</tr>
<tr>
<td>Yes</td>
<td>255 (42.1)</td>
<td>351 (57.9)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regarded most recent incident as crime**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>776 (81.0)</td>
<td>291 (48.1)</td>
<td>183.796 (1)</td>
<td>.000</td>
<td>.344</td>
</tr>
<tr>
<td>Yes</td>
<td>182 (19.0)</td>
<td>314 (51.9)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Groups are significantly different at \( p < .05 \)

** Groups are significantly different at \( p < .01 \)

#### 5.2.1.3 Comparing victims who did and did not talk to the police/CJS

The next comparison examines differences between victims who talked to the police/CJS in relation to the most recent incident and those who did not. Previous studies have identified the under-reporting of IPV to the criminal justice system (Felson & Paré, 2005; Fleury et al, 1998). IPV that comes to the attention of the police and the courts only reflects the tip of the iceberg due to the ‘private’ nature of this type of violence (Straus et al, 2006). This between-group comparison attempts to identify victim-, partner- and violence-related differences between victims who talked to the police/CJS and those who did not to shed light on possible factors associated with help-seeking from the police/CJS.

Results from this analysis are presented in Tables 5.7 and 5.8 and reveal a range of significant differences. Out of the 20 examined independent variables, four did not produce statistically significant results for the compared groups, namely the victim’s age, whether the victim considered herself as coming from a non-English-speaking background, whether the victim was pregnant during the most recent incident and whether that incident involved sexual victimisation. While victims in each group were
of similar age, they differed regarding the time spent in the abusive relationship. As shown in Table 5.7, victims who talked to the police/CJS in relation to the most recent incident had spent fewer years with the abusive partner than those who had no police/CJS contact, with 11.26 (SD=9.11) compared to 15.59 (SD= 11.90) years. Table 5.8 illustrates significant differences regarding victims’ SES and level of education. Victims who talked to the police/CJS about the abuse more commonly reported a combined net household income of less than $500 per week and an educational level of year 12 or below than victims who had no police/CJS contact. A greater proportion of victims who did not talk to the police/CJS reported being enrolled or having completed tertiary education. This observation differs from observations made by other studies as most prior research suggests that higher educational levels are associated with a better knowledge or understanding of the law, which in turn is said to increase victims’ likelihood of seeking help, especially from formal sources of support (Bui 2003; Coker et al, 2000b; Kaukinen, 2004b).

Table 5.8 furthermore reveals the relevance of family make-up in relation to help-seeking from the police/CJS. While victims who talked to the police/CJS shared shorter relationships with their abusive partners, they more commonly reported being married to that partner than victims who did not talk to the police/CJS. In addition, victims who talked to the police/CJS reported that children had witnessed an abusive incident in the past more than twice as often as their counterparts. These findings differ somewhat from past research results, which indicate that the presence of children is associated with a greater utilisation of the criminal justice system while marital status may constitute a barrier due to the often present emotional and financial ties between victims and their abusive partners (Akers & Kaukinen, 2009). In addition to family
make-up, coping mechanisms were also associated with victims’ decisions to utilise the police/CJS. Victims who had contact with the police/CJS in relation to the most recent incident also more commonly reported having used drugs or alcohol to cope with that incident.

When examining partner-related variables for between-group differences, all three variables were significantly associated with help-seeking from the police/CJS. Partners of victims who talked to the police/CJS had reportedly lower educational levels, had more commonly been under the influence of drugs or alcohol during the most recent incident, and had previously received counselling for past violent behaviour, compared to partners of victims who did not talk to the police/CJS.

Analysis of violence-related variables produced similar results to those observed for formal help-seeking in general. Victims who had contact with the police/CJS help-seeking were more commonly situated at the more severe end of experienced IPV, including its consequences and related perceptions. However, no significant differences were observed between victims who did and did not talk to the police/CJS and their experiences of sexual victimisation.

| Table 5.7 T-test results from the comparison of victims who did and did not talk to the police/CJS |
|---------------------------------|---------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Did not talk to police/CJS      | Talked to police/CJS            |                  |                  |                  |                  |                  |
| Mean   | SD   | Mean   | SD   | t (df) | p (2-tld) | Mean     | 95% CI          |
| Victim’s age (yrs)              | 44.30  | 12.31  | 44.65  | 11.63  | -.48    | .631     | -.35  | -1.78 to 1.08   |
| Relationship duration (yrs)**   | 15.59  | 11.90  | 11.26  | 9.11   | -6.09   | .000     | 4.32  | 2.93 to 5.72    |

* Groups are significantly different at p <.05
** Groups are significantly different at p <.01
Table 5.8 Chi-square results from the comparison of victims who did and did not talk to the police/CJS

<table>
<thead>
<tr>
<th>Type of Help-Seeking (HS)</th>
<th>No police/CJS</th>
<th>Police/CJS</th>
<th>$\chi^2$ (df)</th>
<th>p</th>
<th>Phi/ Cramer’s V</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married to abusive partner**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>696 (35.9%)</td>
<td>71 (21.6%)</td>
<td>25.173</td>
<td>.000</td>
<td>.107</td>
</tr>
<tr>
<td>Yes</td>
<td>1,242 (64.1%)</td>
<td>258 (78.4%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Combined net household income per week **</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; $500</td>
<td>428 (22.6%)</td>
<td>101 (31.3%)</td>
<td>10.949</td>
<td>.001</td>
<td>-.072</td>
</tr>
<tr>
<td>$\geq $500</td>
<td>1,466 (77.4%)</td>
<td>222 (68.7%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-English-speaking background</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>1,687 (87.5%)</td>
<td>285 (86.6%)</td>
<td>.108</td>
<td>.743</td>
<td>.009</td>
</tr>
<tr>
<td>Yes</td>
<td>242 (12.5%)</td>
<td>44 (13.4%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highest level of education**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤ year 12</td>
<td>1,187 (62.1%)</td>
<td>229 (70.0%)</td>
<td>7.135</td>
<td>.008</td>
<td>-.058</td>
</tr>
<tr>
<td>Tertiary education</td>
<td>723 (37.9%)</td>
<td>98 (30.0%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children witnessed any IPV**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>1,446 (74.7%)</td>
<td>143 (43.9%)</td>
<td>125.760</td>
<td>.000</td>
<td>.237</td>
</tr>
<tr>
<td>Yes</td>
<td>489 (25.3%)</td>
<td>183 (56.1%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnant at the time of the most recent incident</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>1,845 (95.2%)</td>
<td>310 (94.5%)</td>
<td>.157</td>
<td>.692</td>
<td>.011</td>
</tr>
<tr>
<td>Yes</td>
<td>93 (4.8%)</td>
<td>18 (5.5%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victim used drugs/alcohol to cope with most recent incident**</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>No</td>
<td>1,578 (81.6%)</td>
<td>204 (62.2%)</td>
<td>61.964</td>
<td>.000</td>
<td>.167</td>
</tr>
<tr>
<td>Yes</td>
<td>356 (18.4%)</td>
<td>124 (37.8%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner’s highest level of education**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤ year 12</td>
<td>1,026 (77.3%)</td>
<td>210 (86.8%)</td>
<td>10.511</td>
<td>.001</td>
<td>-.084</td>
</tr>
<tr>
<td>Tertiary education</td>
<td>302 (22.7%)</td>
<td>32 (13.2%)</td>
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<tr>
<td>Partner under influence of drugs/alcohol during most recent incident</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>1,000 (54.0%)</td>
<td>132 (43.7%)</td>
<td>10.672</td>
<td>.001</td>
<td>.072</td>
</tr>
<tr>
<td>No</td>
<td>851 (46.0%)</td>
<td>170 (56.3%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner received counselling for past violent behaviour**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>1,510 (86.8%)</td>
<td>209 (73.6%)</td>
<td>32.486</td>
<td>.000</td>
<td>.129</td>
</tr>
<tr>
<td>No</td>
<td>229 (13.2%)</td>
<td>75 (26.4%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experienced intimate partner control**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>1,166 (61.9%)</td>
<td>150 (47.8%)</td>
<td>57.745</td>
<td>.000</td>
<td>.181</td>
</tr>
<tr>
<td>Sometimes</td>
<td>528 (28.0%)</td>
<td>84 (26.8%)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Frequently</td>
<td>151 (8.0%)</td>
<td>51 (16.2%)</td>
<td></td>
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</tr>
<tr>
<td>All the time</td>
<td>40 (2.1%)</td>
<td>29 (9.2%)</td>
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<tr>
<td>Experienced life-threatening types of abuse (strangling, use of weapon)**</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>No</td>
<td>1,634 (92.2%)</td>
<td>214 (67.9%)</td>
<td>153.047</td>
<td>.000</td>
<td>.273</td>
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<tr>
<td>Yes</td>
<td>138 (7.8%)</td>
<td>101 (32.1%)</td>
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<td></td>
</tr>
<tr>
<td>Most recent incident included sexual victimisation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>1,757 (90.4%)</td>
<td>304 (92.4%)</td>
<td>1.078</td>
<td>.299</td>
<td>-.024</td>
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<tr>
<td>Yes</td>
<td>186 (9.6%)</td>
<td>25 (7.6%)</td>
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<td></td>
</tr>
<tr>
<td>Physically injured during most recent incident**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>No</td>
<td>1,235 (63.8%)</td>
<td>120 (36.9%)</td>
<td>82.542</td>
<td>.000</td>
<td>.192</td>
</tr>
<tr>
<td>Yes</td>
<td>701 (36.2%)</td>
<td>205 (63.1%)</td>
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</tr>
<tr>
<td>Type of Help-Seeking (HS)</td>
<td>( \chi^2 ) (df)</td>
<td>p</td>
<td>Phi/ Cramer’s V</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>----------------</td>
<td>---</td>
<td>----------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No police/CJS</td>
<td>Police/CJS</td>
<td>( \chi^2 ) (df)</td>
<td>p</td>
<td>Phi/ Cramer’s V</td>
</tr>
<tr>
<td>Suffered injuries that required medical attention**</td>
<td>45.145 (1)</td>
<td>.000</td>
<td>.227</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>537 (76.9)</td>
<td>107 (52.5)</td>
<td>213.273 (1)</td>
<td>.000</td>
<td>.308</td>
</tr>
<tr>
<td>Yes</td>
<td>161 (23.1)</td>
<td>97 (47.5)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Perceived seriousness of most recent incident**</td>
<td>311.745 (1)</td>
<td>.000</td>
<td>.374</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not very/somewhat serious</td>
<td>1,240 (64.0)</td>
<td>68 (20.7)</td>
<td>337.833 (1)</td>
<td>.000</td>
<td>.390</td>
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<tr>
<td>Very serious</td>
<td>698 (36.0)</td>
<td>260 (79.3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perception of life in danger during most recent incident**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>1,464 (76.1)</td>
<td>88 (27.0)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>460 (23.9)</td>
<td>238 (73.0)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regarded most recent incident as crime**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>No</td>
<td>1,546 (80.6)</td>
<td>103 (31.8)</td>
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<td></td>
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<tr>
<td>Yes</td>
<td>371 (19.4)</td>
<td>221 (68.2)</td>
<td></td>
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</tr>
</tbody>
</table>

* Groups are significantly different at p < .05
** Groups are significantly different at p < .01

5.2.1.4 Comparing non-refuge- and refuge-seekers

Past research suggests that refuge-seeking in a shelter or transition house can be an important step in the process of stopping the violence and leaving abusive relationships (Few, 2005; Gondolf et al, 1990; Tutty, 2006). Although seeking refuge is not necessarily the last step in the help-seeking process due to the complex process of change that victims go through when trying to leave an abusive relationship, shelters play an important role with regards to provision of housing, safety, emotional support and advice on available avenues on shelter exit (Anderson & Saunders, 2003; Brown, 1997; Tutty, 2006). Considering the important role of shelters in the transition to a violence-free life, it is crucial to examine factors associated with victims’ utilisation of this source.

The fourth between-group comparison therefore examines differences between victims who sought refuge in a shelter or transition house and those who did not. This comparison has been chosen to illuminate the significant underutilisation of shelters
and transition houses. As indicated earlier, only 2.4% of help-seeking victims had sought refuge in relation to the most recent incident. This makes them a very distinct group of help-seeking victims.

While there were no significant differences between the two groups based on the partner-related variables, Tables 5.9 and 5.10 show a range of significant differences, identified for victim- and violence-related variables. Table 5.9 reveals that refuge-seeking victims report significantly shorter relationship durations than their non-refuge-seeking counterparts, with a mean duration of 7.32 (SD=6.36) and 15.17 (SD=11.70) respectively. This observation supports findings from past research, which reveal that shelters often enable victims’ transition to a violence-free life (Few, 2005; Tutty, 2006). Victims who choose a spatial separation from their abusive partner may therefore be able to terminate the abusive relationship at an earlier stage than victims who do not leave the violent home to seek refuge.

Results presented in Table 5.10 also reveal a range of factors associated with victims’ decision to seek refuge. Refuge-seeking victims reported a significantly lower combined net household income than their non-refuge-seeking counterparts. Similar to police help-seekers, refuge-seekers also more commonly reported being married to their abusive partners and having had children witnessing any abusive incidents compared to the group of non-refuge-seekers. While unable to predict any significant differences in relation to the other dependent variables, coming from a non-English-speaking background was significantly associated with seeking refuge. Past research on the help-seeking decisions of immigrant women reveals that these victims often lack the immediate family support in the country they migrated to (Cunneen & Stubbs,
1996; Yoshihama, 2002). As a result, these victims may be in greater need of crisis accommodation than ‘local’ victims who may simply have a greater number of friends and family nearby who can offer a place to stay. Similar to prior results, this comparison furthermore reveals that victims who sought refuge also more commonly used drugs or alcohol to cope with the abusive incident.

In relation to violence-related variables, refuge-seekers experienced more severe forms of IPV. While refuge-seekers did not differ regarding their experiences of sexual victimisation, they more commonly reported more severe forms of control, physical abuse and associated consequences. In addition, they more commonly described the most recent incident as very serious, life-threatening and a crime, when compared to victims who did not seek refuge.

<p>| Table 5.9 T-test results from the comparison of non-refuge- and refuge-seekers |
|----------------------------------------------|-----------------|-----------------|-----------------|------------------|-----------------|------------------|
| Did not seeks refuge              | Sought refuge               |</p>
<table>
<thead>
<tr>
<th>Mean</th>
<th>SD</th>
<th>Mean</th>
<th>SD</th>
<th>t (df)</th>
<th>p (2-tailed)</th>
<th>Mean Difference</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim’s age (yrs)</td>
<td>44.38</td>
<td>12.22</td>
<td>42.90</td>
<td>11.17</td>
<td>.77</td>
<td>.441</td>
<td>1.48</td>
</tr>
<tr>
<td>Relationship duration (yrs)**</td>
<td>15.17</td>
<td>11.70</td>
<td>7.32</td>
<td>6.37</td>
<td>5.66</td>
<td>.000</td>
<td>7.85</td>
</tr>
</tbody>
</table>

*Groups are significantly different at p < .05
**Groups are significantly different at p < .01
Table 5.10 Chi-square results from the comparison of non-refuge- and refuge-seekers

<table>
<thead>
<tr>
<th>Type of Help-Seeking (HS)</th>
<th>Did not seek refuge</th>
<th>Sought refuge</th>
<th>$\chi^2$ (df)</th>
<th>p</th>
<th>Phi/ Cramer’s V</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married to abusive partner**</td>
<td></td>
<td></td>
<td>7.336 (.000)</td>
<td>.060</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>763 (34.2)</td>
<td>5 (12.5)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>1,467 (65.8)</td>
<td>35 (87.5)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Combined net household income per week&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
<td></td>
<td>18.774 (1)</td>
<td>.001</td>
<td>-.096</td>
</tr>
<tr>
<td>&lt; $500</td>
<td>508 (23.3)</td>
<td>22 (53.7)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥ $500</td>
<td>1,672 (76.7)</td>
<td>19 (46.3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-English-speaking background</td>
<td></td>
<td></td>
<td>4.190 (.041)</td>
<td>.048</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>1,945 (78.6)</td>
<td>31 (75.6)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>276 (12.4)</td>
<td>10 (24.4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highest level of education</td>
<td></td>
<td></td>
<td>2.629 (.105)</td>
<td>.038</td>
<td></td>
</tr>
<tr>
<td>≤ year 12</td>
<td>1,387 (63.0)</td>
<td>30 (76.9)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tertiary education</td>
<td>815 (37.0)</td>
<td>9 (23.1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children witnessed any IPV&lt;sup&gt;**&lt;/sup&gt;</td>
<td></td>
<td></td>
<td>39.875 (.000)</td>
<td>.136</td>
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</tr>
<tr>
<td>No</td>
<td>1,581 (71.1)</td>
<td>10 (24.2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>642 (28.9)</td>
<td>31 (75.6)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnant at the time of the most recent incident&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
<td></td>
<td>.000 (1) 1.000</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>2,120 (95.1)</td>
<td>39 (95.1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>109 (4.9)</td>
<td>2 (4.9)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victim used drugs/alcohol to cope with most recent incident&lt;sup&gt;**&lt;/sup&gt;</td>
<td></td>
<td></td>
<td>41.880 (.000)</td>
<td>.140</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>1,769 (79.5)</td>
<td>15 (36.6)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>455 (20.5)</td>
<td>26 (63.4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner’s highest level of education</td>
<td></td>
<td></td>
<td>1.905 (.168)</td>
<td>.040</td>
<td></td>
</tr>
<tr>
<td>≤ year 12</td>
<td>1,210 (78.4)</td>
<td>28 (90.3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tertiary education</td>
<td>333 (21.6)</td>
<td>3 (9.7)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner under influence of drugs/alcohol during most recent incident&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
<td></td>
<td>.000 (1) .986</td>
<td>.004</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>1,112 (52.6)</td>
<td>21 (51.2)</td>
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<td></td>
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<tr>
<td>No</td>
<td>1,002 (47.4)</td>
<td>20 (48.8)</td>
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</tr>
<tr>
<td>Partner received counselling for past violent behaviour&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
<td></td>
<td>2.990 (.084)</td>
<td>.044</td>
<td></td>
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<tr>
<td>Yes</td>
<td>1,692 (85.2)</td>
<td>28 (73.7)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>295 (14.8)</td>
<td>10 (26.3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experienced intimate partner control&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
<td></td>
<td>21.765 (3) .000</td>
<td>.119</td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>1,297 (60.0)</td>
<td>21 (52.5)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sometimes</td>
<td>609 (28.2)</td>
<td>4 (10.0)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequently</td>
<td>194 (9.0)</td>
<td>9 (22.5)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All the time</td>
<td>63 (2.9)</td>
<td>6 (15.0)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Experienced life-threatening types of abuse (strangling, use of weapon)&lt;sup&gt;** 1&lt;/sup&gt;</td>
<td></td>
<td></td>
<td>32.955 (1) .000</td>
<td>.131</td>
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<td>1,830 (89.1)</td>
<td>22 (57.9)</td>
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<tr>
<td>Yes</td>
<td>223 (10.9)</td>
<td>16 (42.1)</td>
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<td></td>
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<tr>
<td>Most recent incident included sexual victimisation&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
<td></td>
<td>.000 (1) 1.000</td>
<td>.002</td>
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<td>2,028 (90.7)</td>
<td>37 (90.2)</td>
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<td>Yes</td>
<td>207 (9.3)</td>
<td>4 (9.8)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Physically injured during most recent incident&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
<td></td>
<td>6.725 (.010)</td>
<td>.058</td>
<td></td>
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<tr>
<td>No</td>
<td>1,341 (60.3)</td>
<td>16 (39.0)</td>
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<td></td>
</tr>
<tr>
<td>Yes</td>
<td>883 (39.7)</td>
<td>25 (61.0)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suffered injuries that required medical attention&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
<td></td>
<td>5.733 (.017)</td>
<td>.087</td>
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<tr>
<td>No</td>
<td>633 (72.0)</td>
<td>12 (48.0)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Yes</td>
<td>246 (28.0)</td>
<td>13 (52.0)</td>
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</tr>
</tbody>
</table>

1) Refugee-seekers are more likely to seek refuge for help than non-refuge- seekers.
Findings discussed throughout the first part of this chapter show a number of between-group differences that are significant for more than one type of help-seeking. A summary of statistically significant findings is presented in Table 5.11. In particular, income, marital status, motherhood, the severity of abuse and control, and prior counselling experiences of the abusive partner were factors associated with victims’ responses to IPV. Help-seeking victims in general and more formal types of help-seekers in particular reported lower financial means, were more commonly married to the abuser, and had children living with them that witnessed one or more of the abusive incidents. In addition, these victims more commonly reported violent incidents that were more severe, e.g. based on types of abuse and injuries suffered and the perceived level of seriousness of the most recent incident. However, help-seekers were generally able to terminate the abusive relationship sooner than non-help-seekers, with mean differences being greatest between formal and non-help-seekers. Overall, findings suggest that factors like the involvement of children, marital attachment to the abuser, financial means and the experienced and perceived severity of abuse and its consequences play a major role in victims’ decisions to seek help.
<table>
<thead>
<tr>
<th></th>
<th>Non-help-seekers vs. help-seekers</th>
<th>Informal vs. formal help-seekers</th>
<th>Did not talk to police/CJS vs. talked to police/CJS</th>
<th>Non-refuge vs. refuge-seekers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim’s age (yrs)</td>
<td>.000**</td>
<td>.035**</td>
<td>.631**</td>
<td>.441**</td>
</tr>
<tr>
<td>Relationship duration (yrs)</td>
<td>.000**</td>
<td>.000**</td>
<td>.000**</td>
<td>.000**</td>
</tr>
<tr>
<td>Married to abusive partner</td>
<td>.645</td>
<td>.000**</td>
<td>.000**</td>
<td>.001**</td>
</tr>
<tr>
<td>Combined net household income per week</td>
<td>.008**</td>
<td>.000**</td>
<td>.001**</td>
<td>.000**</td>
</tr>
<tr>
<td>Non-English-speaking background</td>
<td>.635</td>
<td>.879</td>
<td>.743**</td>
<td>.041**</td>
</tr>
<tr>
<td>Victim’s highest level of education</td>
<td>.064</td>
<td>.834</td>
<td>.008**</td>
<td>.105</td>
</tr>
<tr>
<td>Children witnessed any IPV</td>
<td>.000**</td>
<td>.000**</td>
<td>.000**</td>
<td>.000**</td>
</tr>
<tr>
<td>Pregnant at the time of the most recent incident</td>
<td>.955</td>
<td>.327</td>
<td>.692**</td>
<td>1.000$^{1}$</td>
</tr>
<tr>
<td>Victim used drugs/alcohol to cope with most recent incident</td>
<td>.000**</td>
<td>.000**</td>
<td>.000**</td>
<td>.000**</td>
</tr>
<tr>
<td>Partner’s highest level of education</td>
<td>.000**</td>
<td>.203</td>
<td>.001**</td>
<td>.168</td>
</tr>
<tr>
<td>Partner under influence of drugs/alcohol during most recent incident</td>
<td>.000**</td>
<td>.983</td>
<td>.001**</td>
<td>.986</td>
</tr>
<tr>
<td>Partner received counselling for past violent behaviour</td>
<td>.000**</td>
<td>.000**</td>
<td>.000**</td>
<td>.084</td>
</tr>
<tr>
<td>Experienced intimate partner control</td>
<td>.000**</td>
<td>.000**</td>
<td>.000**</td>
<td>.000**</td>
</tr>
<tr>
<td>Experienced life-threatening types of abuse (strangling, use of weapon)</td>
<td>.000**</td>
<td>.000**</td>
<td>.000**</td>
<td>.000**</td>
</tr>
<tr>
<td>Most recent incident included sexual victimisation</td>
<td>.598</td>
<td>.330</td>
<td>.299**</td>
<td>1.000$^{1}$</td>
</tr>
<tr>
<td>Physically injured during most recent incident</td>
<td>.000**</td>
<td>.000**</td>
<td>.000**</td>
<td>.010**</td>
</tr>
<tr>
<td>Suffered injuries that required medical attention</td>
<td>.016</td>
<td>.000**</td>
<td>.000**</td>
<td>.017**</td>
</tr>
<tr>
<td>Perceived seriousness of most recent incident</td>
<td>.000**</td>
<td>.000**</td>
<td>.000**</td>
<td>.000**</td>
</tr>
<tr>
<td>Perception of life in danger during most recent incident</td>
<td>.000**</td>
<td>.000**</td>
<td>.000**</td>
<td>.000**</td>
</tr>
<tr>
<td>Regarded most recent incident as crime</td>
<td>.000**</td>
<td>.000**</td>
<td>.000**</td>
<td>.000**</td>
</tr>
</tbody>
</table>

* Groups are significantly different at p <.05
** Groups are significantly different at p <.01
1 25% of cells have expected counts less than 5.

5.2.2 Multiple Group Comparisons

Individual group comparisons illustrated a range of significant differences between the groups examined during each individual comparison. In addition to the assessment of differences between the individual groups of help-seekers, multiple group differences

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between five different help-seeking decisions are examined for the same victim-, partner-, and violence-related variables. Chi-square analysis and ANOVAS were employed to explore differences between the following mutually exclusive groups: non-help-seekers, victims who sought informal help only, victims who sought formal in addition to informal help (excluding shelter or police/CJS), victims who sought help from the police/CJS and victims who sought refuge in relation to the most recent incident.

The five discrete types of help-seekers introduced above were included in the analysis as they represent the key help-seeking decisions discussed throughout the first part of this chapter. Findings derived from individual group comparisons reveal that certain factors, such as family-makeup, SES and severity of abuse, including its consequences, were associated with more formal and specialised types of help-seeking. A comparison of these five types as mutually exclusive groups allowed the assessment of group distinctiveness, not only regarding help-seeking decisions but also regarding the experiences and situational circumstances of the victims across the different types of help-seeking. Statistically significant findings are discussed throughout the following sections while particular statistical values are presented in Table 5.12 and Table 5.13.

Beginning with the assessment of victim-related variables, significant between-group differences were identified for a range of independent variables. Previously discussed between-group comparisons of non-help-seekers and help-seekers in general highlighted that help-seeking victims tended to be younger overall when compared to their non-help-seeking counterparts. The comparison of multiple groups of help-seekers reveals that significant age differences can be observed between non-help-
seekers and victims who limited their help-seeking decisions to informal sources of support. Non-help-seekers reported the oldest mean age with 46.50 ($SD=12.49$) while informal help-seekers were the youngest group of help-seekers with a mean age of 42.49 ($SD=12.29$). The mean age of formal and more specialised help-seekers did not differ significantly from each other or the groups of informal and non-help-seekers.

The second variable examined using ANOVAs was victims’ reported duration of the abusive relationships. Table 5.12 illustrates the significant differences in the relationship duration of different help-seekers that emerged from some of the individual comparison in the first part of this chapter. A comparison of the five relevant groups supports the previous findings of reportedly shorter abusive relationship among the formal and more specialised help-seekers. As shown in Table 5.12, victims who sought no help in relation to the most recent incident reported significantly longer abusive relationships than any of the help-seeking groups with a mean duration of 19.04 ($SD=12.74$) years. Victims who sought informal help only reported spending fewer years in the abusive relationship than the non-help-seeking group. However, their reported relationship duration ($M=14.45; SD=11.43$) was still significantly longer than that of victims who had sought help from the police/CJS ($M=11.59; SD=9.13$) or a women’s shelter ($M=7.32; SD=6.37$). Overall, these findings support the previous observation that victims who receive more specialised interventions were able to terminate the abusive relationship at an earlier stage than victims who sought no help or approached informal sources only.

Table 5.13 provides an overview of multiple group differences identified from chi-square analysis. Victims in the general and specific formal help-seeking groups more
commonly reported being married to their abusive partners with the largest proportion of married victims emerging from the refuge-seeking group. Refuge-seeking victims also reported a significantly lower weekly household income than any other group. An examination of victims’ educational status within the different groups of help-seekers indicated that victims who were currently either undertaking tertiary education or had done so in the past less commonly utilised the police/CJS or a women’s shelter. As discussed previously, this observation is inconsistent with past research findings that generally describe a higher educational status as a factor that facilitates rather than constrains formal help-seeking decisions (Bui, 2003; Coker et al, 2000b; Kaukinen, 2004b).

An examination of the presence of children showed that fewer victims in the non-help-seeking group reported having children who witnessed any violent incidents, compared to all other help-seeking groups. The proportion of victims who reported that children had witnessed any abusive incidents increases in the general and specific formal help-seeking groups, indicating that children’s exposure to IPV is strongly associated with victims’ decision to seek help in general and to approach formal and specialised sources of support. The last victim-related variable examined the role of drug or alcohol use as a coping mechanism. Results from individual group comparisons indicated that help-seeking victims more commonly reported substance use/abuse as a means of coping with the most recent incident. This observation is further illustrated in Table 5.13, with larger proportions of drug or alcohol users towards the more formal end of help-seeking. While few non-help-seeking victims (8.4%) reported the use of drugs or alcohol to cope, almost two thirds of refuge-seeking victims had engaged in this coping mechanism in relation to the most recent incident.
An examination of particular partner-related variables, including education, past counselling experiences and the partner’s intoxication during the most recent incident revealed a range of significant differences. Similar to the role of victims’ education, higher reported education for partners also constituted a barrier to informal and formal help-seeking decisions. Victims whose partners had undertaken or completed tertiary education were more commonly found amongst the non-help-seekers. Past counselling of the abusive partner and his intoxication during the most recent incident, however, was associated with more proactive help-seeking decisions. While past counselling of the abusive partner did not influence victims’ decisions to seek informal help, it was strongly associated with larger proportions of reported formal help-seeking decisions. Intoxication of the abusive partner during the most recent incident was associated with all four help-seeking decisions. Significantly more victims in the help-seeking groups reported their partners’ intoxication during that particular incident when compared to non-help-seekers.
Table 5.13 furthermore provides an overview of between-group differences for violence-related variables. Similar to findings derived from the individual group comparisons, the comparison of all five groups reveals that victims who made more formal and specific help-seeking decisions experienced more severe forms of control, physical abuse and related injuries. Victims who sought help in general and utilised specialised sources, including the police/CJS and refuges, more commonly described the most recent incident as very serious, life-threatening or a crime. Non-help-seeking victims on the other hand suffered fewer injuries and generally described the abuse as less serious. These findings are in line with past research that suggests a greater utilisation of formal sources by victims who experience IPV marked by high levels of control, severe physical abuse and associated injuries (Leone et al, 2007).

### Table 5.12 Oneway ANOVA results from the multiple-group comparison by type of help-seeking

<table>
<thead>
<tr>
<th></th>
<th>Non-help-seekers (Group a)</th>
<th>Informal help-seekers (Group b)</th>
<th>Formal help-seekers (Group c)</th>
<th>Talked to police/CJS (Group d)</th>
<th>Sought refuge (Group e)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Mean</strong></td>
<td><strong>SD</strong></td>
<td><strong>Mean</strong></td>
<td><strong>SD</strong></td>
<td><strong>Mean</strong></td>
</tr>
<tr>
<td>Victims’ age (yrs)**</td>
<td>46.50</td>
<td>12.49</td>
<td>42.91</td>
<td>12.29</td>
<td>44.18</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b, c, d,e</td>
<td>a, d,e</td>
<td>a, b</td>
<td>d, e</td>
<td>a, b</td>
</tr>
</tbody>
</table>

- Groups are significantly different at p < .05
- Groups are significantly different at p < .01
- Significantly different from non-help-seekers
- Significantly different from informal help-seekers
- Significantly different from formal help-seekers, excluding victims who talked to the police/CJS and victims who sought refuge
- Significantly different from victims who talked to the police/CJS
- Significantly different from victims who sought refuge
Table 5.13 Chi-square results from the multiple-group comparison by types of help-seeking

<table>
<thead>
<tr>
<th>Type of Help-Seeking (HS)</th>
<th>χ² (df)</th>
<th>P</th>
<th>Cramer’s V</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non help-seekers</td>
<td>N</td>
<td>%</td>
<td>Informal help-seekers N %</td>
</tr>
<tr>
<td>Married to abusive partner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>190</td>
<td>34.7</td>
<td>410</td>
</tr>
<tr>
<td>Yes</td>
<td>357</td>
<td>65.3</td>
<td>560</td>
</tr>
<tr>
<td>Combined net household income per week **</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; $500</td>
<td>104</td>
<td>19.5</td>
<td>203</td>
</tr>
<tr>
<td>≥ $500</td>
<td>429</td>
<td>80.5</td>
<td>748</td>
</tr>
<tr>
<td>Non-English-speaking background</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>475</td>
<td>86.7</td>
<td>843</td>
</tr>
<tr>
<td>Yes</td>
<td>73</td>
<td>13.3</td>
<td>118</td>
</tr>
<tr>
<td>Victir's highest level of education **</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤ year 12</td>
<td>326</td>
<td>59.8</td>
<td>614</td>
</tr>
<tr>
<td>Tertiary education</td>
<td>219</td>
<td>40.2</td>
<td>335</td>
</tr>
<tr>
<td>Children witnessed any IPV **</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>468</td>
<td>85.4</td>
<td>748</td>
</tr>
<tr>
<td>Yes</td>
<td>80</td>
<td>14.6</td>
<td>221</td>
</tr>
<tr>
<td>Pregnant at the time of the most recent incident</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>521</td>
<td>95.2</td>
<td>930</td>
</tr>
<tr>
<td>Yes</td>
<td>26</td>
<td>4.8</td>
<td>39</td>
</tr>
<tr>
<td>Victim used drugs/alcohol to cope with most recent incident **</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>501</td>
<td>91.6</td>
<td>826</td>
</tr>
<tr>
<td>Yes</td>
<td>46</td>
<td>8.4</td>
<td>138</td>
</tr>
<tr>
<td>Partner's highest level of education **</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤ year 12</td>
<td>241</td>
<td>68.8</td>
<td>566</td>
</tr>
<tr>
<td>Tertiary education</td>
<td>97</td>
<td>31.2</td>
<td>137</td>
</tr>
<tr>
<td>Partner: drugs/ alcohol during MRI **</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>334</td>
<td>62.5</td>
<td>448</td>
</tr>
<tr>
<td>Yes</td>
<td>200</td>
<td>37.5</td>
<td>466</td>
</tr>
<tr>
<td>Partner received counselling for past violent behaviour **</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>475</td>
<td>93.3</td>
<td>774</td>
</tr>
<tr>
<td>Yes</td>
<td>34</td>
<td>6.7</td>
<td>81</td>
</tr>
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</table>

143
<table>
<thead>
<tr>
<th>Type of Help-Seeking (HS)</th>
<th>( \chi^2 ) (df)</th>
<th>p</th>
<th>Cramer’s V</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non help-seekers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>475</td>
<td>96.0</td>
<td>801</td>
<td>92.0</td>
</tr>
<tr>
<td>20</td>
<td>4.0</td>
<td>70</td>
<td>8.0</td>
</tr>
<tr>
<td>173.018</td>
<td>(4)</td>
<td>.000</td>
<td>.297</td>
</tr>
</tbody>
</table>

** Experienced life-threatening types of abuse (strangling, use of weapon)**

<table>
<thead>
<tr>
<th></th>
<th>( \chi^2 ) (df)</th>
<th>p</th>
<th>Cramer’s V</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRI included</td>
<td>2.586</td>
<td>.629</td>
<td>.035</td>
</tr>
<tr>
<td></td>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical injury</td>
<td>139.141</td>
<td>.000</td>
<td>.256</td>
</tr>
<tr>
<td>during most recent</td>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>incident**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>495</td>
<td>91.5</td>
<td>861</td>
</tr>
<tr>
<td>Yes</td>
<td>46</td>
<td>8.5</td>
<td>91</td>
</tr>
</tbody>
</table>

** Suffered injuries required medical attention**

<table>
<thead>
<tr>
<th></th>
<th>( \chi^2 ) (df)</th>
<th>p</th>
<th>Cramer’s V</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived seriousness of</td>
<td>428.981</td>
<td>.000</td>
<td>.450</td>
</tr>
<tr>
<td>MRI**</td>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not very/somewhat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>serious</td>
<td>455</td>
<td>84.4</td>
<td>605</td>
</tr>
<tr>
<td>Very serious</td>
<td>84</td>
<td>15.6</td>
<td>344</td>
</tr>
</tbody>
</table>

** Perceived life in danger during MRI**

<table>
<thead>
<tr>
<th></th>
<th>( \chi^2 ) (df)</th>
<th>p</th>
<th>Cramer’s V</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regarded most</td>
<td>392.354</td>
<td>.000</td>
<td>.431</td>
</tr>
<tr>
<td>recent incident as</td>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>crime**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>468</td>
<td>87.2</td>
<td>720</td>
</tr>
<tr>
<td>Yes</td>
<td>69</td>
<td>12.8</td>
<td>225</td>
</tr>
</tbody>
</table>

** Group are significantly different at p <.05**

** Groups are significantly different at p <.01**

1 At least 25% of cells have expected counts less than 5.

5.3 Emerging Themes from Individual and Multiple Group Comparisons

Findings from the multiple group comparison have offered further insights into observations discussed in the first part of this chapter. Significant differences were predominantly observable between the ‘lower end’ of help-seeking, namely approaching informal sources for support or seeking no help at all, and the ‘more formal’ end of help-seeking, namely having sought general formal support, having
talked to the police/CJS or having sought refuge in relation to the most recent incident. In particular family make-up and abuse severity and duration were associated with more formal types of help-seeking, including the general formal category as well as the two specific sources of formal support (i.e. police/CJS and refuges) examined throughout this chapter.

As mentioned previously, findings from past research on the association between family makeup and victims’ help-seeking decisions are often inconsistent (Bui, 2003; Gondolf et al, 1990; Goodkind et al, 2003; Reidy & von Korff, 1991; Yoshioka et al, 2003). Findings derived from the IVAWS partly support the role of victims’ marital status and children. When experiencing abuse by a husband or a de facto rather than a dating partner, victims more commonly show formal patterns of help-seeking and tend to utilise sources that are commonly underutilised, including the police/CJS and crisis accommodation. Similar findings can be observed for motherhood. Once children have to witness the abuse, victims more commonly choose formal avenues in dealing with their partner’s abusive behaviour.

In addition to family makeup, victims’ educational and socioeconomic status produced significant between-group differences. Victims who sought more formal types of support less commonly reported undertaking or having completed tertiary studies. This observation differs from past research findings, which suggest a facilitated access to formal sources such as the criminal justice system among more educated victims of IPV (Bui, 2003; Kaukinen, 2004b). While more educated victims in the current sample may have had the relevant knowledge about their right to safety and how to enforce it, their limited proactive help-seeking decisions may have been a result of increased
shame or embarrassment. While the IVAWS data did not allow an in-depth examination of the interplay of such factors, the qualitative results presented in Chapters 7 and 8 illustrate the complex interplay of factors that affect the decision-making process of victims.

Findings regarding victims’ SES are also partly inconsistent with past research findings. Victims in this sample more commonly reported a lower combined net household income in the more formal help-seeking groups, suggesting that formal help-seeking decreases as income increases. Some prior research revealed that lower SES constitutes a barrier to formal help-seeking due to victims’ fear of class discrimination (Bui, 2003; Wolf et al, 2003). Past research furthermore associated lower SES and financial dependence with an observed delay in victims’ decision to disclose the abuse to formal sources of support (Reidy & von Korff, 1991). However, a study by Coker et al (2000b) also revealed an association between lower SES and more proactive help-seeking decisions. The current findings on SES are furthermore consistent with findings on educational status. Higher educational status is often associated with higher SES (Anderson, 1997; Kaukinen, 2004a). As a result, it is not surprising that both influence victims’ proactive help-seeking decisions in this sample in the same direction.

The examination of partner-related variables generated significant between-group differences for all three variables, including education of the abusive partner, his prior counselling experiences and his intoxication during the most recent incident. While some prior studies have examined the role of victims’ education in their help-seeking decisions (Bui, 2003; Coker et al, 2000b; Kaukinen, 2004b), there is a lack of research
on the role of the abusive partner’s education. In addition, little is known about the role of previous counselling of abusive partners. While a number of studies have examined the different forms and outcomes of batterer intervention or counselling programs (Gondolf, 1999, 2005; Hendricks, Werner & Turinetti, 2006; Trute, 1998), these studies provide little insight into how such factors affect victims’ help-seeking decisions. Similar to batterer counselling, an abusive partner’s substance use has also predominantly been examined in relation to IPV perpetration rather than victims’ help-seeking decisions (Clark & Foy, 2000; Martino, Collins & Ellickson, 2005). Akers and Kaukinen’s (2009) study on the police reporting of IPV however identified the abuser’s intoxication as a factor that increased victims’ likelihood of contacting the police. This observation is consistent with the current findings from individual and multiple group comparisons. Partners’ intoxication was generally associated with more proactive help-seeking decisions and victims who had talked to the police/CJS reported the largest proportion of partners who had been under the influence of drugs or alcohol during the most recent incident.

In addition to victim- and partner-related variables, violence-related variables were examined using individual and multiple group comparisons. Findings derived from comparing different groups in relation to their violent experiences and related perceptions lend significant support to Gondolf and Fisher’s (1988) Survivor Theory, which predicts increasing levels of help-seeking with increasing magnitude, frequency and duration of abuse. Victims who sought help in general and those who approached formal sources for support more commonly reported more severe and life-threatening forms of IPV, multiple injuries and injuries requiring medical attention as a result of the most recent incident. Victims who did not seek any help on the other hand reported
significantly lower levels of experienced and perceived seriousness of abuse during the most recent incident. These findings are furthermore consistent with past research findings on the help-seeking decisions of victims who experienced more severe and patriarchal forms of IPV (Leone et al, 2007). While these victims utilised formal sources to a similar extent as victims who reported less severe abusive experiences, they made more proactive formal help-seeking decisions in relation to their violent experiences (Leone et al, 2007).

Aside from the severity and consequences associated with the most recent abusive incident, the overall relationship duration between the victim and her abusive partner was also significantly associated with proactive help-seeking decisions. Victims who utilised specific formal sources of support, including the police/CJS and women’s refuges, shared significantly shorter relationships with their abusive partners than victims who showed less proactive or specialised help-seeking decisions. Victims who sought no help from any of the examined sources reported the longest duration for their abusive relationships. This observation supports past research findings, revealing the importance of formal and specialised forms of support in ending IPV permanently (Davis, 2002; Koepsell et al, 2006; Liang et al, 2005).

5.4 Summary

This chapter has outlined the nature and extent of IPV experienced by the women surveyed for the Australian component of the IVAWS and the way victims responded to the most recent abusive incident. Different types of bivariate analytical strategies have been used to address the different research questions guiding this study. Results
from individual and multiple group comparisons reveal a number of individual and situational factors associated with victims’ help-seeking decisions.

As mentioned earlier, the help-seeking decisions examined throughout this chapter provide a partial snapshot of victims overall responses to IPV as the collected data refer to one particular point in time, namely the most recent abusive incident. However, bivariate results offer a starting point to further examine factors associated with help-seeking decisions of this particular sample. In the next chapter, results from between-group comparisons are used to inform the models examined through logistic regression analysis.
Chapter 6: Predicting Victims’ Help-Seeking Decisions

Introduction

What are the factors that influence victims’ likelihood of seeking help for IPV? The previous chapter identified a range of personal and situational circumstances associated with victims’ help-seeking decisions. These factors included victim characteristics, such as age and marital status, partner characteristics, such as educational status and prior counselling experiences, and factors relating to the nature and extent of the abusive experiences. Some past research suggests that certain factors, such as the nature and extent of the abuse, are more relevant for predicting victims’ responses to IPV than others (Coker et al, 2000b; Gondolf et al, 1990; Ellsberg et al, 2006). As discussed in Chapter 5, findings from the IVAWS reveal that the nature and extent of abuse is significantly associated with a range of different proactive help-seeking decisions. Abuse severity was, however, not the only factor consistently associated with the examined help-seeking decisions. The presence of children who witnessed the abuse was also significantly associated with victims’ decisions to approach different sources for support. Past research by Akers and Kaukinen (2009) also examined victim-related factors alongside abuse severity. Findings reveal that while severity of abuse remained significant when controlling for abuse- as well as victim-related factors, the presence of children also remained a significant predictor of victims’ responses to IPV. In this chapter, factors representing the severity of abuse are therefore examined along with other independent variables that were significantly associated with different help-seeking decision discussed in Chapter 5.
6.1  Predictors of Different Help-Seeking Decisions

Logistic regression analysis has been used to examine a combination of factors associated with different types of help-seeking in two steps. First, individual, thematic models comprising victim-, partner-, and violence-related factors are examined separately for the different help-seeking decisions examined through bivariate analysis in Chapter 5. The models were informed by significant findings identified in the previous chapter and knowledge derived from past research. Second, statistically significant predictors of help-seeking from each model are included in a full model for each type of help-seeking. Variables included in the full models therefore differ by types of help-seeking. Victim-, partner-, and violence-related factors that proved to be statistically significant in the individual models for the different help-seeking decision are included in the full model for each relevant help-seeking decision. The same selection criteria was applied when composing the full models for all four help-seeking decisions, namely any help-seeking, formal in addition to informal help-seeking, police-help-seeking and refuge-seeking.

The purpose of examining the individual models is to identify predictors of help-seeking when controlling for a range of factors. Chapter 5 highlighted statistically significant victim-, partner-, and violence-related factors individually associated with different types of help-seeking. This chapter identifies predictors of help-seeking that remain statistically significant when controlling for a combination of victim-, partner-, or violence-related factors. While these results provide some insight into the predictive ability of particular themed variables, they also allow the creation of full models for each type of help-seeking to examine their relevance whilst controlling for a greater range of factors.
Findings from logistic regression analysis of the full models are discussed below. Of particular interest to this thesis are the findings relating to the role of abuse severity in victims’ help-seeking decisions to test Walker’s *Theory of Learned Helplessness* (Walker, 1979) and Gondolf and Fishers’ (1988) *Survivor Theory*. Logistic regression analysis of the full models was therefore utilised to test whether the severity of abuse is able to predict different types of help-seeking, even when controlling for previously identified victim- and partner-related predictors. In addition, it allowed the identification of other factors that were able to predict any changes in victims’ likelihood of seeking different types of support.

Changes in victims’ likelihood of seeking the examined types of support can be identified from the exponentiated coefficients for each variable expressed as odds ratios and indicated in the Exp (B) column of each of the following tables. Values of one indicate no change in their likelihood of seeking help while values less than one indicate a decreased likelihood of seeking help and values greater than one predict an increased likelihood of doing so. Findings from logistic regression analysis are presented below for the thematically informed models, examining victim-, partner, and violence-related factors separately. Also presented are findings from the analysis of the full models designed for each type of help-seeking.

6.1.1 Examining Victim Characteristics in Relation to Different Types of Help-Seeking

The first model combines a range of predictors related to victim characteristics, including age, family make-up, educational and socioeconomic status and whether victims had used drugs or alcohol to cope with the most recent incident. Victims’
reported relationship duration is excluded despite its statistical significance during bivariate analysis due to the large proportion of missing values.\textsuperscript{18} The remaining variables are included to further examine two of the thesis’ key research questions, namely which individual and situational factors\textsuperscript{19} influence victims’ choices of support when experiencing IPV.

### 6.1.1.1 Examining victims’ likelihood of seeking any help

Table 6.1 presents the results from logistic regression analysis of victim-related variables. This model distinguishes between the two relevant groups, namely victims who sought no help in relation to the most recent incident and victims who sought any help, regardless of the type or number of sources approached. Findings presented in Table 6.1 reveal that victims who sought help can be distinguished from those who did not on a number of independent factors.

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\textsuperscript{18} The original variable was included during preliminary analysis to compose the different models. Including this variable decreased the number of valid cases by almost 30\%. As a result it has been excluded from the analysis presented in this chapter.

\textsuperscript{19} While the presence of children is treated as a situational factor in the overall context of this thesis (see Chapter 4), it has been examined along with individual victim-related factors since the different models examined in this chapter are organised as victim-, partner- and violence-related models.
As shown in Table 6.1, victims' age and income, the presence of children and the use of drugs or alcohol to cope with the violent experiences significantly contributed to victims' help-seeking decision. Older respondents and respondents with higher incomes showed a decreased likelihood of seeking help in general. The age-related observation is consistent with findings from previous research on the help-seeking experiences of older women. Beaulaurier et al (2007) found that women between the ages of 45 and 85 years experience similar barriers to help-seeking reported by younger victims but to a greater extent. Lower SES on the other hand has been identified as a predictor of help-seeking (Coker et al, 2000b) as well as a barrier to help-seeking (Bui, 2003; Wolf et al, 2003).

The results reported in Table 6.1 also reveal that victims who reported that children witnessed any of the abusive incidents and who reported having used drugs or alcohol to cope with the most recent incident were both three times more likely to seek help.
While the use of drugs or alcohol has predominantly been examined as a correlate of IPV in itself rather than a predictor of help-seeking by past research (Clark & Foy 2000; Coker et al, 2000a; Kilpatrick et al, 1997), some studies have examined the role of children in relation to help-seeking (Ellsberg et al, 2006; Fugate et al, 2005; Gondolf et al, 1990; Ruiz-Perez et al, 2006). Findings from these previous studies are inconsistent, with some identifying children as a factor that is positively associated with help-seeking (Ellsberg et al, 2006; Gondolf et al, 1990) and others identifying the presence of children as a barrier to help-seeking (Fugate et al, 2005; Ruiz-Perez et al, 2006).

Statistically significant differences were not observed for the remaining predictor variables, indicating that victims’ marital and educational status were unable to predict any changes in victims’ likelihood of seeking help in general during the most recent incident. The statistically significant constant indicates that there are additional factors accounting for changes in victims’ likelihood of seeking help that are not being measured by the set of included variables. This was expected since each of the thematic models only examines a sub-set of thematically relevant variables.

6.1.1.2 Examining victims’ likelihood of seeking formal help

Results in Table 6.2 reveal findings assessing victims’ likelihood of seeking formal in addition to informal help. As discussed in the previous chapter, some victims seek informal help without ever talking to any formal sources about their abusive experiences (Coker et al, 2000b; Leone et al, 2007) while formal help-seeking predominantly occurs in combination with or as a follow-up to informal help-seeking decisions (Bui, 2003; Leone et al, 2007; Liang et al, 2005; Kaukinen, 2004b). Still,
the utilisation of formal sources is often crucial to permanently end the violence (Brown, 1997; Bui, 2003; Davis & Srinivasan, 1995; Leone et al, 2007). The sub-set of victim characteristics and their situational circumstances was therefore examined to identify factors able to predict changes in victims’ likelihood of talking to formal in addition to informal sources.\(^\text{20}\) Table 6.2 presents the results of a logistic regression model that distinguishes between the two relevant groups of help-seekers, namely those who talked to informal sources only and those who talked to formal sources in addition to informal ones.

Table 6.2 Victim-related predictors of formal help-seeking: thematic logistic regression model (n=1,473)

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>B</th>
<th>S.E.</th>
<th>Wald</th>
<th>df</th>
<th>Sig.</th>
<th>Exp (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim’s age in years</td>
<td>-.030</td>
<td>.027</td>
<td>1.229</td>
<td>1</td>
<td>.268</td>
<td>.970</td>
</tr>
<tr>
<td>Married to abusive partner</td>
<td>.546</td>
<td>.144</td>
<td>14.445</td>
<td>1</td>
<td>.000</td>
<td>1.726</td>
</tr>
<tr>
<td>Victim’s highest level of education at MRI (undertaking/completed tertiary education)</td>
<td>.154</td>
<td>.125</td>
<td>1.530</td>
<td>1</td>
<td>.216</td>
<td>1.167</td>
</tr>
<tr>
<td>Combined net household income (≥$500 weekly)</td>
<td>-.211</td>
<td>.141</td>
<td>2.248</td>
<td>1</td>
<td>.134</td>
<td>.810</td>
</tr>
<tr>
<td>Children witnessed any IPV</td>
<td>1.020</td>
<td>.132</td>
<td>60.123</td>
<td>1</td>
<td>.000</td>
<td>2.774</td>
</tr>
<tr>
<td>Victim used drugs/alcohol to cope with MRI</td>
<td>1.260</td>
<td>.135</td>
<td>87.573</td>
<td>1</td>
<td>.000</td>
<td>3.524</td>
</tr>
<tr>
<td>Constant</td>
<td>-1.265</td>
<td>.213</td>
<td>35.342</td>
<td>1</td>
<td>.000</td>
<td>.282</td>
</tr>
</tbody>
</table>

\(-2\) log likelihood 1723.240
Nagelkerke R\(^2\) .204
\(\chi^2\) 240.050
\(p\) .000
Model prediction rate 68.4

\(^{20}\) Formal sources include the two sources examined individually afterwards, namely police contact and refuge-seeking. During preliminary analysis, victim-, partner- and violence-related were examined for formal in addition to informal help-seeking, including police and shelter contact as well as formal in addition to informal help-seeking, excluding police and shelter contact. While the latter category did not alter the statistical significance of the overall model and individual predictors identified from the first analysis, it reduced the number of valid cases by over 300 due to the exclusion of victims who had talked to the police and/or sought refuge. In order to include as many valid cases during logistic regression analysis as possible, results from the first analysis, including police and/or shelter contact are presented.
Findings reported in Table 6.2 differ somewhat from findings reported in Table 6.1. While the involvement of children and having used drugs or alcohol to cope with the most recent incident still predicted an increased likelihood of seeking formal in addition to informal help, victims’ age and income were no longer statistically significant. However, victims’ marital status predicted a change in their likelihood of seeking formal support. Victims who were married to their abusive partner at the time of the most recent incident showed a greater likelihood of approaching formal sources than victims who shared a dating relationship with their abusive partner. This observation expands the existing literature on help-seeking since most previous studies have examined marital status as descriptive information about the study sample rather than a correlate of general formal help-seeking (Ellsberg et al, 2006; Few, 2005; Reidy & von Korff, 1991).

6.1.1.3 Examining victims’ likelihood of talking to the police/CJS

Table 6.3 reveals the results from a model for help-seeking in the form of contacting the police/CJS. Two out of the six included variables predicted a statistically significant change in victims’ likelihood of talking to the police/CJS, namely the involvement of children and the use of drugs or alcohol to cope with the most recent incident. Similar to findings on general formal help-seeking decisions, having children that witnessed any of the violent incidents predicted the greatest change in victims’ likelihood of talking to the police/CJS ($OR=3.00$). This observation supports those past research findings, which also reveal a greater rather than a decreased likelihood of help-seeking when children are involved (Akers & Kaukinen, 2009; Gondolf et al, 1990).
The other factor positively associated with victims’ likelihood of talking to the police/CJS was their use of drugs or alcohol to cope with the most recent incident. Victims who engaged in this coping behaviour were than twice as likely to talk to the police as victims who reported no substance use. Due to the lack of research on substance use as a correlate of help-seeking, these findings cannot be compared to previous research findings but are able to add to the literature on IPV and substance abuse. However, research examining substance use in relation to the prevalence of IPV has identified the level of severity of abuse as a strong correlate of substance use (Clark & Foy, 2000; Coker et al, 2000a; Seedat et al, 2005). As mentioned previously, severity of abuse has been associated with more proactive help-seeking decisions (Ellsberg et al, 2006; Gondolf et al, 1990). The observed increased likelihood of help-seeking from the police/CJS and other examined sources of support amongst victims who had used drugs or alcohol as a coping mechanism may therefore be the result of more severe experiences of IPV rather than being directly associated with other coping responses, such as substance abuse. This aspect is further explored in the analysis of the full models.
Table 6.3 Victim-related predictors of police contact: thematic logistic regression model (n=2,112)

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>B</th>
<th>S.E.</th>
<th>Wald</th>
<th>df</th>
<th>Sig.</th>
<th>Exp (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim’s age in years</td>
<td>-.050</td>
<td>.029</td>
<td>2.884</td>
<td>1</td>
<td>.089</td>
<td>.951</td>
</tr>
<tr>
<td>Married to abusive partner</td>
<td>.293</td>
<td>.167</td>
<td>3.074</td>
<td>1</td>
<td>.080</td>
<td>1.340</td>
</tr>
<tr>
<td>Victim’s highest level of education at MRI (undertaking/completed tertiary education)</td>
<td>-.195</td>
<td>.141</td>
<td>1.926</td>
<td>1</td>
<td>.165</td>
<td>.823</td>
</tr>
<tr>
<td>Combined net household income (≥$500 weekly)</td>
<td>-.246</td>
<td>.148</td>
<td>2.767</td>
<td>1</td>
<td>.096</td>
<td>.782</td>
</tr>
<tr>
<td>Children witnessed any IPV</td>
<td>1.099</td>
<td>.141</td>
<td>61.113</td>
<td>1</td>
<td>.000</td>
<td>3.000</td>
</tr>
<tr>
<td>Victim used drugs/alcohol to cope with MRI</td>
<td>.786</td>
<td>.138</td>
<td>32.365</td>
<td>1</td>
<td>.000</td>
<td>2.195</td>
</tr>
<tr>
<td>Constant</td>
<td>-2.085</td>
<td>.236</td>
<td>78.276</td>
<td>1</td>
<td>.000</td>
<td>.124</td>
</tr>
</tbody>
</table>

-2 log likelihood                                           | 1619.882|
Nagelkerke $R$                                             | .123   |
$\chi^2$                                                   | 152.404|
$p$                                                        | .000   |
Model prediction rate                                       | 85.2   |

6.1.1.4 Examining victims’ likelihood of seeking refuge

In the final model, victim-related factors are examined to predict changes in victims’ likelihood of seeking refuge in a shelter or transition house. Univariate results discussed in Chapter 5 reveal that refuge-seeking victims are a very unique group of help-seekers due to the significant underutilisation of crisis accommodation. Examining factors associated with victims’ likelihood of utilising this source of support through logistic regression analysis is therefore important to better understand factors associated with victims’ decisions to seek refuge.

Table 6.4 reveals that factors predicting significant changes in victims’ likelihood of seeking refuge are similar to the ones predicting police contact. The involvement of children and having used of drugs or alcohol to cope with the violent experience significantly increased victims’ likelihood of seeking refuge. Of particular note is the salient influence of the presence of children on victims’ decision to seek refuge. While
children’s exposure to IPV also increased the likelihood of other proactive help-seeking decisions, it had the greatest influence on victims’ decisions to seek refuge ($OR=7.59$). A higher reported weekly income, on the other hand, was significantly associated with a decreased likelihood of utilising crisis accommodation. As mentioned previously, most prior research has associated being of lower SES with a decreased likelihood of seeking help (Bui, 2003; Wolf et al, 2003). However, Coker et al’s (2000b) findings on victims’ general formal help-seeking decisions support the observed association between lower SES and more proactive help-seeking decisions in the current sample.

### Table 6.4 Victim-related predictors of refuge-seeking: thematic logistic regression model (n=2,115)

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>B</th>
<th>S.E.</th>
<th>Wald</th>
<th>df</th>
<th>Sig.</th>
<th>Exp (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim’s age in years</td>
<td>-.154</td>
<td>.082</td>
<td>3.565</td>
<td>1</td>
<td>.059</td>
<td>.857</td>
</tr>
<tr>
<td>Married to abusive partner</td>
<td>.606</td>
<td>.586</td>
<td>1.069</td>
<td>1</td>
<td>.301</td>
<td>1.833</td>
</tr>
<tr>
<td>Victim’s highest level of education at MRI (undertaking/completed tertiary education)</td>
<td>-.186</td>
<td>.429</td>
<td>.189</td>
<td>1</td>
<td>.664</td>
<td>.830</td>
</tr>
<tr>
<td>Combined net household income ($\geq$500 weekly)</td>
<td>-.961</td>
<td>.373</td>
<td>6.645</td>
<td>1</td>
<td>.010</td>
<td>.382</td>
</tr>
<tr>
<td>Children witnessed any IPV</td>
<td>2.026</td>
<td>.489</td>
<td>17.151</td>
<td>1</td>
<td>.000</td>
<td>7.586</td>
</tr>
<tr>
<td>Victim used drugs/alcohol to cope with MRI</td>
<td>1.373</td>
<td>.367</td>
<td>14.013</td>
<td>1</td>
<td>.000</td>
<td>3.946</td>
</tr>
<tr>
<td>Constant</td>
<td>-4.772</td>
<td>.737</td>
<td>41.887</td>
<td>1</td>
<td>.000</td>
<td>.008</td>
</tr>
</tbody>
</table>

-2 log likelihood 285.335
Nagelkerke $R^2$ .213
$\chi^2$ 71.185
$p$ .000
Model prediction rate 98.3

### 6.1.1.5 Summary of findings from the victim-related model

The analysis of victim characteristics reveals a range of significant predictors across the different types of help-seeking. One of the examined variables was unable to predict changes in the likelihood of any of the four examined types of help-seeking;
this was victims’ educational status. While higher education was more commonly associated with non-help-seeking decisions during bivariate analysis, it no longer contributed to a change in victims’ likelihood of making different help-seeking decisions when controlling for other victim-related influences.

Two variables that stand out after examining the influence of victim characteristics are the involvement of children and the use of drugs or alcohol to cope with the most recent incident. Both variables were the most powerful predictors of an increased likelihood of all types of help-seeking, including overall underutilised sources of support, such as the criminal justice system and crisis accommodation. As mentioned previously, past research findings on the association between the involvement of children and victims’ help-seeking decisions are inconsistent. Some studies reveal a negative association while others reveal a positive relationship (Ellsberg et al, 2006; Fugate et al, 2005; Logan & Walker, 2004; Ruiz-Perez et al, 2006). Findings from this analysis, however, lend strong support to the hypothesis that victims’ likelihood of seeking help increases when children are exposed to IPV.

Findings on the significant role of substance use in relation to all types of help-seeking also expand the existing literature, especially since most prior research has examined the relationship between victims’ use of drugs or alcohol and victims’ experiences of IPV rather than their initial responses to such experiences (Clark & Foy, 2000; Coker et al, 2000a; Golding, 1999; Kilpatrick et al, 1997). While the observed influence of substance abuse on help-seeking may partly be explained by its association with severity of abuse\(^{21}\) it is worth noting that the use of drugs and alcohol as a way of

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\(^{21}\) Bivariate correlation between factors measuring severity of abuse and the use of drugs or alcohol as a coping mechanism indicate a weak relationship (r≤.29).
coping is significantly associated with victims’ increased likelihood of seeking all examined forms of support to end the abuse.

Other demographic factors identified as significant across some of the different types of help-seeking include victims’ age, income and marital status. As indicated earlier, past research on help-seeking has predominantly used information about victims’ age and marital status in descriptive rather than multivariate analysis (Coker et al, 2000b; Goodkind et al, 2003). Beaulaurier et al (2007) examined the help-seeking experiences of older women and revealed similar barriers to help-seeking as the ones identified by other studies for victims across all ages, including the awareness and availability of and access to different services. Still, older women reportedly perceived these factors as barriers to a greater extent than younger women (Beaulaurier et al, 2007). These findings may partly explain why victims’ likelihood of seeking support in general decreased with increasing age in the current analysis.

Findings on victims’ marital status show that victims who are married to their abusive partners have an increased likelihood of seeking formal support in addition to informal support. While this does not necessarily indicate that unmarried victims of IPV respond by passively enduring the violence, it nevertheless reveals that experiencing violence within a marital relationship increases victims’ likelihood of actively seeking formal support to stop the violence. Unmarried victims on the other hand may be more likely to terminate the relationship instead of seeking support to deal with the violent experiences due to the lack of legal commitment in dating relationships. While this hypothesis cannot be tested with the data available due to a lack of measures of emotional attachment or marital commitment, the observed findings expand the
existing literature since past research predominantly examined victims’ marital status in relation to the prevalence of IPV rather than in relation to victims’ responses to experiences of IPV (Coker et al, 2000b; LaViolette & Barnett, 2000; Tjaden & Thoennes, 2000).

The final demographic factor that was able to predict a change in victims’ likelihood of seeking help in general and talking to the police/CJS in particular is victims’ SES. The findings reveal a negative association between increasing SES and victims’ help-seeking decisions. While inconsistent with most past research findings, a negative association between increasing SES and proactive formal help-seeking decisions was also observed by Coker et al (2000b).

6.1.2 Examining Partner Characteristics in Relation to Different Types of Help-Seeking

The next thematically informed sub-set of variables examined through logistic regression analysis comprises partner-related factors. Similar to victim characteristics, the set of partner-related factors is examined for all four types of help-seeking, namely any help-seeking, formal in addition to informal help-seeking, police/CJS contact and refuge-seeking. The variables included in the examined set are partners’ educational and marital status, whether the partner had been under the influence of drugs or alcohol during the most recent incident and whether the partner had received counselling for his violent behaviour in the past.22 While marital status was included in

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22 Partner-related information is based on victims’ perceptions and reports of characteristics relating to their most recent abusive partner.
the set of victim characteristics, it is also included in the following models because it relates to both, the victim and the abusive partner.

The variables were included based on their frequently examined role in relation to the prevalence of IPV and their statistical significance when examined during bivariate analysis. Batterer counselling has mainly been examined in relation to victim satisfaction and batterer recidivism (Gondolf, 2005; Heckert & Gondolf, 2000a, 2000b; Hendricks et al, 2006; Labriola, Rempel & Davis, 2008), while batterers’ substance use has often been identified as a risk factor for IPV perpetration (Coker et al, 2000c; Moore & Stuart, 2004). Educational status was included since it emerged as significant during some of the individual between-group comparisons reported in Chapter 5. Victims’ educational status was diminished in its influence when examined along other predictor variables, although it was significant for some between-group comparisons. The following sections examine whether similar observations can be made for the educational status of the abusive partner.23

6.1.2.1 Examining victims’ likelihood of seeking any help

In Table 6.5, partner-related predictors are presented to gauge their influence on any type of help-seeking. All four variables included in the model were able to predict a change in victims’ likelihood of seeking any help in general. The partner’s past counselling experiences was the most powerful predictor of victims’ decision to seek help. Victims whose partners had received prior counselling for their violent behaviour

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23 A potential educational gap between victim and offender had been considered for analysis but has not been included in the final logistic regression analysis presented here. Preliminary analysis showed no significant changes in victims’ likelihood of seeking different types of help based on an educational gap between victim and offender.
were two and a half times more likely to seek help in relation to the most recent incident. Victims’ likelihood of seeking help furthermore increased if the abusive partner had been under the influence of drugs or alcohol and if the victim and her abusive partner shared a marital relationship. A higher educational status reported for the abusive partner, on the other hand, predicted a reduced likelihood of seeking help. Unlike victims’ educational status, the partner’s level of education still remains a significant predictor of help-seeking when examined alongside other independent variables. The model furthermore shows a statistically significant value for the constant, indicating that there are additional predictors of help-seeking that are not examined in the current model.

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>B</th>
<th>S.E.</th>
<th>Wald</th>
<th>df</th>
<th>Sig.</th>
<th>Exp (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner previously received counselling for past violent</td>
<td>.917</td>
<td>.246</td>
<td>13.934</td>
<td>1</td>
<td>.000</td>
<td>2.501</td>
</tr>
<tr>
<td>behaviour</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner under the influence of drugs/alcohol during MRI</td>
<td>.393</td>
<td>.142</td>
<td>7.675</td>
<td>1</td>
<td>.006</td>
<td>1.481</td>
</tr>
<tr>
<td>Partner’s highest level of education at MRI (undertaking/completed tertiary education)</td>
<td>-.605</td>
<td>.158</td>
<td>14.646</td>
<td>1</td>
<td>.000</td>
<td>.546</td>
</tr>
<tr>
<td>Married to abusive partner</td>
<td>.343</td>
<td>.142</td>
<td>5.809</td>
<td>1</td>
<td>.016</td>
<td>1.410</td>
</tr>
<tr>
<td>Constant</td>
<td>.975</td>
<td>.137</td>
<td>50.952</td>
<td>1</td>
<td>.000</td>
<td>2.651</td>
</tr>
</tbody>
</table>

-2 log likelihood: 1269.778
Nagelkerke $R^2$: .058
$\chi^2$: 48.365
$P$: .000
Model prediction rate: 79.0

6.1.2.2 Examining victims’ likelihood of seeking formal help

The model presented in Table 6.6 reveals partner-related predictors of formal and informal help-seeking. While the abusive partner’s level of education and his intoxication during the most recent incident were unable to predict changes in victims’
likelihood to seek formal support, the partner’s prior counselling experiences and being married to the victim were statistically significant. Victims who shared a marital rather than a dating relationship with their abusive partners and victims whose partners had received prior counselling were significantly more likely to seek formal in addition to informal help. Of particular note are the large Wald values, indicating the powerful influence of these two factors on formal help-seeking decisions.

Table 6.6 Partner-related predictors of formal help-seeking: thematic logistic regression model (n=941)

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>B</th>
<th>S.E.</th>
<th>Wald</th>
<th>df</th>
<th>Sig.</th>
<th>Exp (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner previously received counselling for past violent behaviour</td>
<td>1.392</td>
<td>.192</td>
<td>52.273</td>
<td>1</td>
<td>.000</td>
<td>4.021</td>
</tr>
<tr>
<td>Partner under the influence of drugs/alcohol during MRI</td>
<td>.060</td>
<td>.145</td>
<td>.169</td>
<td>1</td>
<td>.681</td>
<td>.942</td>
</tr>
<tr>
<td>Partner’s highest level of education at MRI (undertaking/completed tertiary education)</td>
<td>-.247</td>
<td>.194</td>
<td>1.624</td>
<td>1</td>
<td>.203</td>
<td>.781</td>
</tr>
<tr>
<td>Married to abusive partner</td>
<td>1.148</td>
<td>.158</td>
<td>52.964</td>
<td>1</td>
<td>.000</td>
<td>3.152</td>
</tr>
<tr>
<td>Constant</td>
<td>-1.358</td>
<td>.164</td>
<td>68.920</td>
<td>1</td>
<td>.000</td>
<td>.257</td>
</tr>
</tbody>
</table>

-2 log likelihood: 1135.185
Nagelkerke $R^2$: .174
$\chi^2$: 129.451
$p$: .000
Model prediction rate: 66.2

6.1.2.3 Examining victims’ likelihood of talking to the police/CJS

Results presented in this section assess the partner-related characteristics which influence victims’ likelihood of approaching a particular type of formal support, namely the police/CJS. Table 6.7 reveals that factors predicting a change in victims’ likelihood to talk to the police/CJS are similar to the factors predicting a change in their likelihood to seek formal help in general and include marital status and the partner’s prior counselling experiences. Married victims were almost three times more likely to talk to the police/CJS than victims experiencing IPV in a dating relationship.
Victims’ likelihood of utilising the police/CJS also increased significantly if their partners had received counselling for past violent behaviour. In addition to the variables identified for general formal help-seeking, victims’ likelihood of talking to the police/CJS was furthermore influenced by the abusive partner’s level of education. If the abusive partner had undertaken or completed tertiary education, victims’ likelihood of talking to the police/CJS decreased by over 40%.

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>B</th>
<th>S.E.</th>
<th>Wald</th>
<th>df</th>
<th>Sig.</th>
<th>Exp  (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner previously received counselling for past violent behaviour</td>
<td>.707</td>
<td>.190</td>
<td>13.822</td>
<td>1</td>
<td>.000</td>
<td>2.031</td>
</tr>
<tr>
<td>Partner under the influence of drugs/alcohol during MRI</td>
<td>.285</td>
<td>.162</td>
<td>3.100</td>
<td>1</td>
<td>.078</td>
<td>1.326</td>
</tr>
<tr>
<td>Partner’s highest level of education at MRI (undertaking/completed tertiary education)</td>
<td>-.549</td>
<td>.225</td>
<td>5.927</td>
<td>1</td>
<td>.015</td>
<td>.571</td>
</tr>
<tr>
<td>Married to abusive partner</td>
<td>1.036</td>
<td>.197</td>
<td>27.576</td>
<td>1</td>
<td>.000</td>
<td>2.815</td>
</tr>
<tr>
<td>Constant</td>
<td>-2.655</td>
<td>.205</td>
<td>167.240</td>
<td>1</td>
<td>.000</td>
<td>.070</td>
</tr>
</tbody>
</table>

-2 log likelihood    1025.836
Nagelkerke R         .081
χ²                    60.416
p                     .000
Model prediction rate 84.9

6.1.2.4 Examining victims’ likelihood of seeking refuge

When examining the partner-related model in relation to victims’ likelihood of seeking refuge, only marital status remained significant, as shown in Table 6.8. Victims who were married to their partner at the time of the abusive incident were significantly more likely to seek refuge than those experiencing IPV in a dating relationship. The partners’ educational status, past counselling experiences and alcohol or drug intake during the most recent incident on the other hand failed to predict any changes in victims’ likelihood of seeking refuge. This last observation indicates a greater
influence of victim-over partner-related factors on victims’ decision to seek utilise crisis accommodation.

Table 6.8 Partner-related predictors of refuge-seeking: thematic logistic regression model (n=1,284)

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>B</th>
<th>S.E.</th>
<th>Wald</th>
<th>df</th>
<th>Sig.</th>
<th>Exp (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner previously received counselling for past violent behaviour</td>
<td>.635</td>
<td>.427</td>
<td>2.207</td>
<td>1</td>
<td>.137</td>
<td>1.887</td>
</tr>
<tr>
<td>Partner under the influence of drugs/alcohol during MRI</td>
<td>.060</td>
<td>.379</td>
<td>.025</td>
<td>1</td>
<td>.875</td>
<td>1.062</td>
</tr>
<tr>
<td>Partner’s highest level of education at MRI (undertaking/completed tertiary education)</td>
<td>-.858</td>
<td>.619</td>
<td>1.926</td>
<td>1</td>
<td>.165</td>
<td>.424</td>
</tr>
<tr>
<td>Married to abusive partner</td>
<td>.988</td>
<td>.499</td>
<td>3.921</td>
<td>1</td>
<td>.048</td>
<td>2.686</td>
</tr>
<tr>
<td>Constant</td>
<td>-4.525</td>
<td>.508</td>
<td>79.252</td>
<td>1</td>
<td>.000</td>
<td>.011</td>
</tr>
</tbody>
</table>

-2 log likelihood 267.109
Nagelkerke $R^2$ 0.040
$\chi^2$ 10.077
$p$ 0.039
Model prediction rate 97.7

6.1.2.5 Summary of findings from the partner-related model

When examining the set of partner-related variables across all different types of help-seeking, being married to the victim was the only variable that emerged as statistically significant in predicting an increased likelihood of seeking all examined types of support. This consistent relationship was not observed in the models assessing the influence of victim-related variables. Due to its significance across all examined partner-related models it is included in the four full models examined later in this chapter to assess its relevance when controlling for a combination of victim- and partner-related variables.

A partner-related variable that was able to predict a change in victims’ likelihood of any help-seeking as well as general formal help-seeking and talking to the police/CJS
was the abusive partner’s past counselling experiences. This observation offers new insights into the relevance of batterer intervention or counselling programs. While the past intervention was unable to stop the batterer’s abusive behaviour, it had a positive influence on victims’ responses to future violent incidents. Victims whose partners had prior counselling experiences showed an increased likelihood of approaching all examined types of support, except for crisis accommodation. The increased proactive help-seeking decisions may be a result of having sought and received help in the past. While the past support may not have achieved the desired result of ending the abusive incidents, it nevertheless left victims with the awareness of available support and the knowledge of where to find it. Past research on victims’ leave-taking experiences has revealed a similar association between past and future help-seeking approaches (Davis, 2002). This study revealed that prior contact with formal support sources facilitated victims’ future help-seeking and leave-taking experiences due to past established contacts with formal support.

The other two examined partner-related variables were able to predict fewer changes in the examined types of help-seeking. While victims’ educational status failed to predict changes in any of the help-seeking categories when examined alongside other victim characteristics, the abuser’s educational status remained significant for two of the four examined types of help-seeking. A partner’s higher educational status reduced victims’ likelihood of any help-seeking in general and their likelihood of talking to the police/CJS. While there is an absence of studies that have considered the association between the abuser’s levels of education and victims’ responses to violence, the observed negative relationship is similar to the one observed for victims’ educational status during bivariate analysis. Although past research identified lower educational
status as a barrier to help-seeking due to a lack of victims’ understanding of the law and their associated rights (Bui 2003; Kaukinen, 2004b), findings discussed in the current and the previous chapter reveal higher levels of education in both victims and perpetrators as a barrier to help-seeking.

Another factor examined in the partner-related set of variables is the partner’s use of drugs or alcohol during the most recent incident. Similar to results observed in the bivariate analysis, this variable was associated with victims’ decision to seek help in general. A victims’ likelihood of making a general proactive help-seeking decision increased significantly if the abusive partner was intoxicated during the abusive incident.

6.1.3 Examining Severity of Abuse in Relation to Different Types of Help-Seeking

Group comparisons presented in Chapter 5 highlighted the significant role of violence-related factors, including types of abuse and the related consequences suffered during the most recent incident. While a greater number of violence-related variables were examined through individual between-group comparisons, a smaller selection of variables were selected for multivariate analysis based on the statistically significant correlation of some of the predictor variables. Bivariate correlation analysis of the different predictor variables showed a moderate correlation ($r \leq .49$) between the variables relating to the perceived seriousness of the most recent incident, namely whether the victim felt that her life was in danger, whether she identified the incident as a crime and whether she described the incident as somewhat or very serious. This was expected as these variables gauge perceptions of seriousness relating to the same
incident. Those measures therefore operate in a similar fashion, which leads to the observed correlation. As a consequence, only one of the variables representing victims’ perceived abuse severity was retained for logistic regression analysis, namely victims’ perception of the most recent incident as life-threatening.

Other variables examined in the violence-related models include having suffered physical injuries, having experienced intimate partner control, and having suffered life-threatening types of abuse based on the CTS2 categorisations which were used in the IVAWS. Life-threatening types of abuse include whether the victim had been strangled and/or whether the abusive partner had used a knife or gun during the most recent incident. While other types of IPV, used to harm and frighten the victim can have detrimental effects on the victim’s wellbeing (Fergusson et al, 2005a), this item was used to gauge forms of abuse that imply the intention to kill the victim. This variable was included in the multivariate analysis for all types of help-seeking as it offers a measure of experienced life-threatening abuse in addition to the included measure of perceived severity of abuse as life-threatening. The violence-related models are used to examine the applicability of Gondolf and Fisher’s (1988) Survivor Theory and Walker’s (1979) Theory of Learned Helplessness to the current sample.

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24 Having suffered injuries that required medical attention is not included in the current analysis despite its statistical significance during bivariate analysis. It is excluded because it only assesses the experiences of a sub-set of victims who reported physical injuries.

25 For the purpose of logistic regression analysis, intimate partner control was recoded into a dichotomous variable measuring whether the victim experienced levels of control ranging in the top half (values of 3 or 4 as opposed to 1 or 2) of the combined control scale used during bivariate analysis.

26 All variables measuring experienced severity of abuse have been examined for their correlation with perceived severity of the most recent incident to avoid inclusion of strongly correlated variables in the thematically informed model of violence-related predictors of help-seeking. Bivariate correlation analysis showed that all three variables were weakly correlated with factors measuring the perception of severity ($r \leq .29$) and were therefore included in the model.
The set of violence-related variables were analysed for the same types of outcome variables as the previous two sets of predictor variables, namely the likelihood of any help-seeking, formal in addition to informal help-seeking, talking to the police/CJS and seeking refuge.

6.1.3.1 Examining victims’ likelihood of seeking any help

Beginning with the examination of the set of violence-related variables for any type of help-seeking as opposed to no help-seeking, Table 6.9 shows the model’s overall statistical significance. In addition, values for all independent variables are provided. The results from the logistic regression analysis reveal that victims who experienced intimate partner control were significantly more likely to seek some form of help. Experiences of physical abuse and related injuries had a similar influence on victims’ decision to seek help. Victims who reported life-threatening types of abuse and having suffered injuries during the most recent incident were almost twice as likely to seek help. The most powerful predictor of victims’ likelihood of seeking help, however, was the perceived severity of the abusive incident. Victims who perceived the most recent incident as life-threatening were almost three times more likely to reach out for support. These findings lend support to the Survivor Theory, predicting an increased likelihood of overall help-seeking with increasing levels of severity of abuse (Gondolf & Fisher, 1988; Gondolf et al, 1990). The significant constant furthermore indicates that additional factors influence changes in help-seeking, which are not included in this model. This was expected due to the thematic composition of the model.
Table 6.9 Abuse-related predictors of any help-seeking: thematic logistic regression model (n=2,157)

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>B</th>
<th>S.E.</th>
<th>Wald</th>
<th>df</th>
<th>Sig.</th>
<th>Exp (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intimate partner control in top half of combined control scale</td>
<td>.560</td>
<td>.217</td>
<td>6.659</td>
<td>1</td>
<td>.010</td>
<td>1.751</td>
</tr>
<tr>
<td>Experienced life-threatening types of abuse (strangling, use of weapon)</td>
<td>.599</td>
<td>.269</td>
<td>4.957</td>
<td>1</td>
<td>.026</td>
<td>1.821</td>
</tr>
<tr>
<td>Victim physically injured during MRI</td>
<td>.677</td>
<td>.123</td>
<td>30.348</td>
<td>1</td>
<td>.000</td>
<td>1.969</td>
</tr>
<tr>
<td>Perception of life in danger during MRI</td>
<td>1.041</td>
<td>.164</td>
<td>40.258</td>
<td>1</td>
<td>.000</td>
<td>2.831</td>
</tr>
<tr>
<td>Constant</td>
<td>.560</td>
<td>.069</td>
<td>66.162</td>
<td>1</td>
<td>.000</td>
<td>1.750</td>
</tr>
</tbody>
</table>

-2 log likelihood                                           1999.379
Nagelkerke $R$                                              .120
$\chi^2$                                                    162.955
$p$                                                         .000
Model prediction rate                                       75.8

6.1.3.2 Examining victims’ likelihood of seeking formal help

When examining the set of variables for formal in addition to informal help-seeking, all four variables were again able to predict a significant change in victims’ likelihood of help-seeking. Table 6.10 reveals that victims who were injured during the most recent incident and who generally experienced higher levels of intimate partner control were significantly more likely to seek formal help. Victims’ likelihood of seeking formal help furthermore increased with increasing experienced and perceived severity of abuse. Similar to the previous examination of the model, perceived severity emerged as the most powerful predictor of help-seeking. Victims who reported life-threatening forms of abuse on the CTS2 items were just over one and a half times more likely to seek formal in addition to informal support. Victims who perceived the incident as life-threatening on the other hand, were over three times more likely to reach out for formal support. The different violence-related observations are consistent with findings revealed by Leone et al (2007) who examined the help-seeking decisions of victims who experienced intimate or so-called patriarchal terrorism in their Chicago
sample. Those classified as victims of intimate terrorism reported more severe forms of abuse, related injuries and coercive control. As a result, those victims were more likely to approach a range of examined formal sources for support.

Table 6.10 Abuse-related predictors of formal help-seeking: thematic logistic regression model (n=1,373)

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>B</th>
<th>S.E.</th>
<th>Wald</th>
<th>df</th>
<th>Sig.</th>
<th>Exp (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intimate partner control in top half of combined control scale</td>
<td>.844</td>
<td>.171</td>
<td>24.226</td>
<td>1</td>
<td>.000</td>
<td>2.326</td>
</tr>
<tr>
<td>Experienced life-threatening types of abuse (strangling, use of weapon)</td>
<td>.485</td>
<td>.185</td>
<td>6.879</td>
<td>1</td>
<td>.009</td>
<td>1.624</td>
</tr>
<tr>
<td>Victim physically injured during MRI</td>
<td>.497</td>
<td>.123</td>
<td>16.297</td>
<td>1</td>
<td>.000</td>
<td>1.644</td>
</tr>
<tr>
<td>Perception of life in danger during MRI</td>
<td>1.206</td>
<td>.135</td>
<td>80.104</td>
<td>1</td>
<td>.000</td>
<td>3.339</td>
</tr>
<tr>
<td>Constant</td>
<td>-1.422</td>
<td>.099</td>
<td>205.714</td>
<td>1</td>
<td>.000</td>
<td>.241</td>
</tr>
</tbody>
</table>

-2 log likelihood                                           | 1603.298|
Nagelkerke $R$                                              | .203 |
$\chi^2$                                                    | 221.450|
$p$                                                         | .000 |
Model prediction rate                                        | 69.6 |

6.1.3.3 Examining victims’ likelihood of talking to the police/CJS

Violence-related variables were also examined for two specific types of formal help-seeking. Table 6.11 presents logistic regression results for police/CJS contact. All four variables were once more statistically significant and therefore able to predict a change in victims’ likelihood of talking to the police/CJS. Increasing severity of experienced control and physical abuse, and the related consequences and perceptions all predicted a significant increase in victims’ likelihood of disclosing the abusive incident to the police/CJS. The greatest change in victims’ likelihood of talking to the police/CJS was again associated with victims’ perception of the most recent incident. Those who perceived the incident as life-threatening were over five times more likely to approach the police/CJS for support when compared to victims who did not perceive the incident.
as life-threatening. Similar findings have been revealed by past research on victims’ likelihood of police reporting of IPV (Akers & Kaukinen, 2009). Along with other factors, abuse severity and related injuries have been identified as strong predictors of victims’ decisions to contact the police/CJS.

Table 6.11 Abuse-related predictors of police contact: thematic logistic regression model (n=1,950)

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>B</th>
<th>S.E.</th>
<th>Wald</th>
<th>df</th>
<th>Sig.</th>
<th>Exp (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intimate partner control in top half of combined control scale</td>
<td>.627</td>
<td>.176</td>
<td>12.738</td>
<td>1</td>
<td>.000</td>
<td>1.872</td>
</tr>
<tr>
<td>Experienced life-threatening types of abuse (strangling, use of weapon)</td>
<td>.771</td>
<td>.176</td>
<td>19.196</td>
<td>1</td>
<td>.000</td>
<td>2.161</td>
</tr>
<tr>
<td>Victim physically injured during MRI</td>
<td>.623</td>
<td>.145</td>
<td>18.434</td>
<td>1</td>
<td>.000</td>
<td>1.865</td>
</tr>
<tr>
<td>Perception of life in danger during MRI</td>
<td>1.639</td>
<td>.161</td>
<td>101.653</td>
<td>1</td>
<td>.000</td>
<td>5.149</td>
</tr>
<tr>
<td>Constant</td>
<td>-3.091</td>
<td>.136</td>
<td>517.842</td>
<td>1</td>
<td>.000</td>
<td>.045</td>
</tr>
</tbody>
</table>

-2 log likelihood: 1341.474
Nagelkerke $R^2$: .249
$\chi^2$: 298.393
$p$: .000
Model prediction rate: 86.0

6.1.3.4 Examining victims’ likelihood of seeking refuge

Results from the model examining victims’ likelihood of seeking refuge are presented in Table 6.12. Unlike previous models assessing violence-related variables, this examination reveals no statistically significant influence for physical injuries in relation to victims’ likelihood of seeking refuge. The other three variables representing abuse severity were, however, still able to predict an increased likelihood of victims’ decision to utilise crisis accommodation. Victims who reported higher levels of intimate partner control were almost three times more likely to respond to the most recent incident by seeking refuge. Having experienced life-threatening forms of abuse had a slightly weaker but still significant influence on victims’ decision to seek refuge.
Similar to the previous examinations of abuse severity, perceived severity predicted a greater change than actual reported severity according to the CTS2 items. Victims who perceived the incident as life-threatening were over five and a half times more likely to utilise crisis accommodation. This observation reveals that victims are significantly more likely to employ safety strategies that involve leaving their violent home environment if they perceive that their life is in danger.

Table 6.12 Abuse-related predictors of refuge-seeking: thematic logistic regression model (n=1,953)

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>B</th>
<th>S.E.</th>
<th>Wald</th>
<th>df</th>
<th>Sig.</th>
<th>Exp (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intimate partner control in top half of combined control scale</td>
<td>1.001</td>
<td>.377</td>
<td>7.189</td>
<td>1</td>
<td>.007</td>
<td>2.749</td>
</tr>
<tr>
<td>Experienced life-threatening types of abuse (strangling, use of weapon)</td>
<td>.818</td>
<td>.391</td>
<td>4.373</td>
<td>1</td>
<td>.037</td>
<td>2.266</td>
</tr>
<tr>
<td>Victim physically injured during MRI</td>
<td>.380</td>
<td>.380</td>
<td>1.000</td>
<td>1</td>
<td>.317</td>
<td>1.463</td>
</tr>
<tr>
<td>Perception of life in danger during MRI</td>
<td>1.710</td>
<td>.505</td>
<td>11.491</td>
<td>1</td>
<td>.001</td>
<td>5.531</td>
</tr>
<tr>
<td>Constant</td>
<td>-5.694</td>
<td>.445</td>
<td>163.797</td>
<td>1</td>
<td>.000</td>
<td>.003</td>
</tr>
</tbody>
</table>

-2 log likelihood 286.157
Nagelkerke $R^2$ .156
$\chi^2$ 48.603
$p$ .000
Model prediction rate 98.3

6.1.3.5 Summary of findings from the violence-related model

Findings from the examination of the violence-related model lend strong support to Gondolf and Fisher’s (1988) Survivor Theory across all types of help-seeking. Results from the IVAWS data not only reveal an increased likelihood of help-seeking in general when experiencing more severe forms of abuse but more importantly an increased likelihood of approaching more formal and often underutilised types of support in particular. As highlighted by past research, seeking and receiving formal in addition to informal support is often crucial to stop the violence permanently and to
ensure safety for the victim (Brown, 1997; Cluss et al, 2006; Davis, 2002; Lempert, 1997). It is therefore an important observation that a victim's likelihood of seeking (formal) help increases significantly if she perceives her situation as life-threatening. It furthermore highlights the importance of being able to access crisis accommodation. While all types of help-seeking were influenced by a perception that the abuse was life-threatening, such a perception had the greatest influence on victims’ likelihood of seeking refuge.

This is not to say, however, that all victims will automatically seek the help they need once the situation reaches a ‘sufficient’ level of seriousness. Descriptive results presented in Chapter 5 revealed that over 700 victims perceived the most recent incident as life-threatening. Yet, 10% of these victims sought no help in relation to this incident. Past research emphasises a common mismatch between victims’ experiences and perceptions of abuse severity and their perceived need for support. Some research suggests that perceptions of individual incidents differ from victim to victim and are likely to change over time (Ferraro & Johnson, 1983; Liang et al, 2005). This issue is explored in more depth in Chapter 7. After having examined the individual victim-, partner- and violence related models in relation to different types of help-seeking, the next stage of the analysis is an examination of full models, composed of statistically significant findings from the thematic models discussed previously.

6.1.4 Examining Full Models of Victim-, Partner-, and Violence-Related Predictors

Full models were constructed for each type of help-seeking decision. The first part of multivariate analysis presented in this chapter focuses on the identification of
significant predictors of help-seeking in thematically informed sub-sets of victim-, partner-, and violence-related variables. The current analysis employed logistic regression to identify predictors of help-seeking that remain statistically significant when controlling for other predictors from the different themes. This analytical strategy allows the identification of significant victim characteristics when also controlling for the influence of partner characteristics and abuse-related factors. Analysis of the full models furthermore allows an examination of whether severity of abuse remains significant when controlling for other identified predictors of help-seeking, as suggested by Gondolf and Fisher’s (1988) *Survivor Theory*. In sum, the value of this analysis is in considering whether the influence of salient characteristics are still related to various forms of help-seeking when key influences related to victims, partners, and abuse severity are controlled for.

Previously, the same sets of victim-, partner-, and violence-related variables were examined for all four help-seeking decisions. However, the composition of predictors in the full models differs for each type of help-seeking. Variables included in each model are based on findings derived from the thematically informed models discussed earlier. The full model for ‘any help-seeking’ therefore only includes variables that were statistically significant when examining victim-, partner-, and violence-related variables for that particular type of help-seeking. The composition of the full models for formal in addition to informal help-seeking, police contact and refuge-seeking is based on the same selection criteria. Thus, the composition of included variables is introduced for each type of help-seeking individually.
6.1.4.1 Examining victims’ likelihood of seeking any help

Beginning with the full model for any help-seeking in general, the examined variables are the victim’s age, marital and socioeconomic status, the involvement of children, substance use as a coping mechanism, the partner’s educational status, the partner’s counselling experiences, the partner’s intoxication during the most recent incident, experiences of control, life-threatening forms of abuse, suffered injuries and the perceived seriousness of the most recent incident. Table 6.13 presents the model’s overall ability to distinguish between victims who sought any form of help, regardless of the source, and those who did not.

Results from Table 6.13 reveal that seven of the 12 included predictors remained statistically significant in the full model. While predicting a relatively small change in victims’ likelihood of seeking help, increasing age of victims was still associated with a decreased likelihood of disclosing the abuse. The other six statistically significant predictors were positively associated with victims’ likelihood of seeking help. Children witnessing any abusive incidents, victims using drugs or alcohol to cope with the violent incident, partners having prior counselling experiences for their violent behaviour, partners having been under the influence of drugs or alcohol at the time of the abuse, victims having been injured and having perceived the most recent incident as life-threatening are factors that predicted an increased likelihood of seeking help in general. Although five of the previously statistically significant predictors shown in Table 6.13 are no longer statistically significant when examined in the full model, the remaining significant variables still represent an even distribution of victim-, partner-, and violence-related variables. This observation supports the hypothesis that factors influencing victims’ choices of help and support are complex.
Table 6.13 Predictors of any help-seeking: full logistic regression model (n=1,110)

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>B</th>
<th>S.E.</th>
<th>Wald</th>
<th>df</th>
<th>Sig.</th>
<th>Exp (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim’s age in yrs.</td>
<td>-.023</td>
<td>.007</td>
<td>10.801</td>
<td>1</td>
<td>.001</td>
<td>.977</td>
</tr>
<tr>
<td>Married to abusive partner</td>
<td>.224</td>
<td>.182</td>
<td>1.513</td>
<td>1</td>
<td>.219</td>
<td>1.252</td>
</tr>
<tr>
<td>Combined net household income ($\geq$500 weekly)</td>
<td>-.116</td>
<td>.196</td>
<td>.348</td>
<td>1</td>
<td>.555</td>
<td>.891</td>
</tr>
<tr>
<td>Children witnessed any IPV</td>
<td>.667</td>
<td>.216</td>
<td>9.505</td>
<td>1</td>
<td>.002</td>
<td>1.949</td>
</tr>
<tr>
<td>Victim used drugs/alcohol to cope with MRI</td>
<td>.558</td>
<td>.242</td>
<td>5.314</td>
<td>1</td>
<td>.021</td>
<td>1.747</td>
</tr>
<tr>
<td>Partner previously received counselling for past violent behaviour</td>
<td>.641</td>
<td>.281</td>
<td>5.197</td>
<td>1</td>
<td>.023</td>
<td>1.899</td>
</tr>
<tr>
<td>Partner’s highest level of education at MRI (undertaking/completed tertiary education)</td>
<td>.329</td>
<td>.161</td>
<td>4.207</td>
<td>1</td>
<td>.040</td>
<td>1.390</td>
</tr>
<tr>
<td>Intimate partner control in top half of combined control scale</td>
<td>-.306</td>
<td>.181</td>
<td>2.863</td>
<td>1</td>
<td>.091</td>
<td>.736</td>
</tr>
<tr>
<td>Experienced life-threatening types of abuse (strangling, use of weapon)</td>
<td>.343</td>
<td>.288</td>
<td>1.421</td>
<td>1</td>
<td>.233</td>
<td>1.409</td>
</tr>
<tr>
<td>Physically injured during MRI</td>
<td>.317</td>
<td>.354</td>
<td>.800</td>
<td>1</td>
<td>.371</td>
<td>1.372</td>
</tr>
<tr>
<td>Perception of life in danger during MRI</td>
<td>.574</td>
<td>.176</td>
<td>10.682</td>
<td>1</td>
<td>.001</td>
<td>1.776</td>
</tr>
<tr>
<td>Constant</td>
<td>1.476</td>
<td>.375</td>
<td>15.467</td>
<td>1</td>
<td>.000</td>
<td>4.375</td>
</tr>
</tbody>
</table>

| -2 log likelihood                                          | 1014.387|
| Nagelkerke $R$                                             | .161    |
| $\chi^2$                                                   | 121.008 |
| $p$                                                        | .000    |
| Model prediction rate                                       | 79.6    |

6.1.4.2 Examining victims’ likelihood of seeking formal help

In the next analysis, a full set of variables was examined for victims’ likelihood of seeking formal in addition to informal help. Table 6.14 provides an overview of the variables included in this full set, based on their statistical significance during the earlier analyses. Included victim characteristics and situational circumstances are victims’ marital status, the involvement of children, and victims’ use of drugs or alcohol to cope with the most recent abusive incident. Only one partner-related factor
was included based on its prior statistical significance.\textsuperscript{27} The remaining four variables relate to the violent incident itself, including control, life-threatening types of abuse, suffered injuries and the perception of that incident as life-threatening.

All but two of the included variables remained statistically significant when examined in the full model for formal help-seeking. Victim characteristics, such as being married to the abusive partner, having children that witnessed the abuse, and having used drugs or alcohol to cope with the most recent incident all predicted an increased likelihood of seeking formal support when examined alongside partner- and violence-related characteristics. The partner-related variable also remained significant whereby prior counselling experiences of the abusive partner had the most powerful influence on victims’ likelihood of seeking formal support, predicting a three-fold increase. As discussed previously, this observation may be a result of past interventions received by victims and their partners and the derived knowledge of available formal support.

Out of the abuse-related factors included in Table 6.14, two no longer predicted any changes in victims’ likelihood of formal help-seeking when examined along with victim- and partner-related variables. These two variables were experiences of life-threatening forms of abuse and suffered physical injuries. Perceived severity and experienced intimate partner control, however, were still positively associated with victims’ decision to seek formal in addition to informal support.

\textsuperscript{27} When examining the partner-related model in relation to informal help-seeking, partners’ prior counselling experiences and their marital status emerged as significant predictors of formal help-seeking decisions. Since marital status is already included as part of the victim-related variables, only one partner-related variable is included in the current full model.
Table 6.14 Predictors of formal in addition to informal help-seeking: full logistic regression model (n=1,201)

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>B</th>
<th>S.E.</th>
<th>Wald</th>
<th>df</th>
<th>Sig.</th>
<th>Exp (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married to abusive partner</td>
<td>.517</td>
<td>.689</td>
<td>9.425</td>
<td>1</td>
<td>.002</td>
<td>1.676</td>
</tr>
<tr>
<td>Children witnessed any IPV</td>
<td>.882</td>
<td>.151</td>
<td>34.041</td>
<td>1</td>
<td>.000</td>
<td>2.415</td>
</tr>
<tr>
<td>Victim used drugs/alcohol to cope with MRI</td>
<td>1.021</td>
<td>.166</td>
<td>37.994</td>
<td>1</td>
<td>.000</td>
<td>2.776</td>
</tr>
<tr>
<td>Partner previously received counselling for past violent behaviour</td>
<td>1.153</td>
<td>.180</td>
<td>40.870</td>
<td>1</td>
<td>.000</td>
<td>3.167</td>
</tr>
<tr>
<td>Intimate partner control in top half of combined control scale</td>
<td>.726</td>
<td>.196</td>
<td>13.727</td>
<td>1</td>
<td>.000</td>
<td>2.067</td>
</tr>
<tr>
<td>Experienced life-threatening types of abuse (strangling, use of weapon)</td>
<td>.290</td>
<td>.217</td>
<td>1.786</td>
<td>1</td>
<td>.181</td>
<td>1.337</td>
</tr>
<tr>
<td>Victim physically injured during MRI</td>
<td>.272</td>
<td>.143</td>
<td>3.583</td>
<td>1</td>
<td>.058</td>
<td>1.312</td>
</tr>
<tr>
<td>Perception of life in danger during MRI</td>
<td>.975</td>
<td>.160</td>
<td>37.343</td>
<td>1</td>
<td>.000</td>
<td>2.652</td>
</tr>
<tr>
<td>Constant</td>
<td>-.2342</td>
<td>.171</td>
<td>187.554</td>
<td>1</td>
<td>.000</td>
<td>.096</td>
</tr>
</tbody>
</table>

-2 log likelihood 1239.292
Nagelkerke $R^2$ .348
$\chi^2$ 354.432
p .000
Model prediction rate 75.6

The observed findings indicate that victims’ personal characteristics, their violent experiences and a potential awareness of available formal support may be more relevant than partner characteristics themselves when trying to predict victims’ formal help-seeking decisions.

6.1.4.3 Examining victims’ likelihood of talking to the police/CJS

The full models have furthermore been analysed in relation to specific types of formal help-seeking. Beginning with the analysis of police contact, the model includes three victim-related, two partner-related and four violence-related variables. The results are presented in Table 6.15.
<table>
<thead>
<tr>
<th>Independent variables</th>
<th>B</th>
<th>S.E.</th>
<th>Wald</th>
<th>df</th>
<th>Sig.</th>
<th>Exp (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married to abusive partner</td>
<td>.485</td>
<td>.224</td>
<td>4.675</td>
<td>1</td>
<td>.031</td>
<td>1.624</td>
</tr>
<tr>
<td>Children witnessed any IPV</td>
<td>.831</td>
<td>.192</td>
<td>18.722</td>
<td>1</td>
<td>.000</td>
<td>2.295</td>
</tr>
<tr>
<td>Victim used drugs/alcohol to cope with MRI</td>
<td>.212</td>
<td>.194</td>
<td>1.186</td>
<td>1</td>
<td>.276</td>
<td>1.236</td>
</tr>
<tr>
<td>Partner previously received counselling for past violent behaviour</td>
<td>.316</td>
<td>.217</td>
<td>2.127</td>
<td>1</td>
<td>.145</td>
<td>1.372</td>
</tr>
<tr>
<td>Partner’s highest level of education at MRI (undertaking/completed tertiary education)</td>
<td>-.137</td>
<td>.249</td>
<td>.304</td>
<td>1</td>
<td>.581</td>
<td>.872</td>
</tr>
<tr>
<td>Intimate partner control in top half of combined control scale</td>
<td>.677</td>
<td>.212</td>
<td>10.173</td>
<td>1</td>
<td>.001</td>
<td>1.969</td>
</tr>
<tr>
<td>Experienced life-threatening types of abuse (strangling, use of weapon)</td>
<td>.632</td>
<td>.220</td>
<td>8.250</td>
<td>1</td>
<td>.004</td>
<td>1.881</td>
</tr>
<tr>
<td>Victim physically injured during MRI</td>
<td>.545</td>
<td>.187</td>
<td>8.4908</td>
<td>1</td>
<td>.004</td>
<td>1.725</td>
</tr>
<tr>
<td>Perception of life in danger during MRI</td>
<td>1.248</td>
<td>.208</td>
<td>35.954</td>
<td>1</td>
<td>.000</td>
<td>3.484</td>
</tr>
<tr>
<td>Constant</td>
<td>-3.642</td>
<td>.246</td>
<td>218.636</td>
<td>1</td>
<td>.026</td>
<td>.026</td>
</tr>
</tbody>
</table>

-2 log likelihood 832.288
Nagelkerke $R^2$ .289
$\chi^2$ 221.872
$P$.000
Model prediction rate 85.9

Out of the victim-related variables, being married to the abusive partner and having children that witnessed any of the abusive incidents both remained statistically significant predictors of an increased likelihood of talking to the police/CJS. Having used drugs or alcohol to cope was no longer able to predict any changes when controlling for the other variables included in the full model. The two partner-related factors included in the full model are prior counselling experiences and educational status. Neither one was able to predict changes in victims’ likelihood of talking to the police/CJS when being examined in conjunction with the victim- and violence-related variables.

All four included violence-related variables on the other hand predicted an increased likelihood of talking to the police/CJS. Having experienced higher levels of control...
and life-threatening types of abuse, having suffered injuries and having perceived the most recent incident as life-threatening all predicted a significant increase in victims’ likelihood of talking to the police/CJS. Similar to prior examination of abuse severity, the perceived severity of the abusive incident predicted the greatest change in victims’ likelihood of talking to the police/CJS, even when examined along other victim- and partner-related variables. Table 6.15 shows that victims who felt that their life was in danger were almost three and a half times more likely to report the abuse to the police/CJS than victims who did not share that perception.

The findings discussed above indicate that when examined in a full set, victim-related factors and their violent experiences are the predominant factors influencing their decision to disclose the abuse to particular formal sources, such as the police/CJS. Partner-related factors were no longer able to predict any changes once victim- and abuse-related predictors were controlled for. The role of sharing a marital relationship with the abusive partner and having children that witnessed any of the abusive incidents on the other hand illustrate the important role of family make-up in formal help-seeking decisions. The significance of all violence-related variables furthermore lends strong support to the Survivor Theory (Gondolf & Fisher, 1988).

6.1.4.4 Examining victims’ likelihood of seeking refuge

In the final analysis of a full model, victims’ likelihood of seeking refuge is examined. As shown in Table 6.16, findings differ somewhat from other examinations of the full models. Previous examinations of the individual models reveal that fewer of the violence- and partner-related factors were able to predict a victims’ likelihood of seeking refuge. The full model therefore contains four victim-related variables,
namely, marital and socioeconomic status, the involvement of children, and substance use as a coping mechanism. While the full model contains no partner-related variables, it includes three violence-related variables, including intimate partner control, having experienced life-threatening forms of abuse as measured on the CTS2 items and having perceived the most recent incident as life-threatening. The composition of this model, based on prior findings from the individual examinations of victim-, partner- and violence-related variables, suggests that the decision to seek refuge may be predominantly influenced by victim characteristics and severity of abuse. This preliminary assumption is supported by the results presented in Table 6.16.

Table 6.16 Predictors of refuge-seeking: full logistic regression model (n=1,898)

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>B</th>
<th>S.E.</th>
<th>Wald</th>
<th>df</th>
<th>Sig.</th>
<th>Exp (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married to abusive partner</td>
<td>.269</td>
<td>.589</td>
<td>.208</td>
<td>1</td>
<td>.648</td>
<td>1.308</td>
</tr>
<tr>
<td>Combined net household income (≥$500 weekly)</td>
<td>-.482</td>
<td>.387</td>
<td>1.547</td>
<td>1</td>
<td>.214</td>
<td>.618</td>
</tr>
<tr>
<td>Children witnessed any IPV</td>
<td>1.906</td>
<td>.530</td>
<td>12.928</td>
<td>1</td>
<td>.000</td>
<td>6.729</td>
</tr>
<tr>
<td>Victim used drugs/alcohol to cope with MRI</td>
<td>1.053</td>
<td>.383</td>
<td>7.547</td>
<td>1</td>
<td>.006</td>
<td>2.865</td>
</tr>
<tr>
<td>Intimate partner control in top half of combined control scale</td>
<td>.535</td>
<td>.402</td>
<td>1.769</td>
<td>1</td>
<td>.184</td>
<td>1.707</td>
</tr>
<tr>
<td>Experienced life-threatening types of abuse (strangling, use of weapon)</td>
<td>.601</td>
<td>.401</td>
<td>2.246</td>
<td>1</td>
<td>.134</td>
<td>1.824</td>
</tr>
<tr>
<td>Perception of life in danger during MRI</td>
<td>1.241</td>
<td>.504</td>
<td>6.053</td>
<td>1</td>
<td>.014</td>
<td>3.460</td>
</tr>
<tr>
<td>Constant</td>
<td>-6.467</td>
<td>.742</td>
<td>75.958</td>
<td>1</td>
<td>.000</td>
<td>.002</td>
</tr>
</tbody>
</table>

-2 log likelihood | 250.702
Nagelkerke R | .263
χ² | 82.156
p | .000
Model prediction rate | 98.3

Table 6.16 provides an overview of the statistical significance of the full model for victims’ likelihood of seeking refuge and reveals that victim characteristics still play a significant role in predicting this type of help-seeking. Although victims’ marital and
socioeconomic status no longer predicted any significant changes in their likelihood of seeking refuge, the other two variables were still significant. Having used drugs or alcohol to cope with the most recent incident and having had children witnessing any of the violent incidents, however, still predicted an increased likelihood of seeking refuge. The presence of children had the most powerful effect on victims’ decision to seek refuge. Victims whose children reportedly witnessed one or more abusive incidents were almost seven times more likely to utilise crisis accommodation. Out of the included violence-related variables only perceived severity of the most recent incident remained statistically significant. Victims who perceived that incident as life-threatening were almost three and a half times more likely to seek refuge.

These findings support the initial assumption derived from prior analysis of the individual models that victim characteristics and their need for safety may be more important when trying to understand victims’ decisions to utilise crisis accommodation than any of the other examined factors. As revealed in Table 6.16, victims’ likelihood of seeking refuge, if only temporarily, is strongly associated with the presence of children and the perceived severity of the most recent incident. These observations once again highlight the importance of crisis accommodation for victims and their children whose safety and wellbeing is jeopardised by the behaviour of their abusive partners.

6.1.4.5 Summary of findings from the different full models

Logistic regression analysis of the thematically informed sub-sets and the comprehensive models of predictor variables have identified their importance in predicting different types of help-seeking. While some variables proved to be
particularly important for understanding differences between specific groups of help-seekers, others were statistically significant across a range of different types of help-seeking. Table 6.17 provides a summary of all variables considered within the themed sub-sets and within the full models examining each type of help-seeking. Odds ratios are presented for the variables included in the full models. Their statistical significance is indicated for the examined types of help-seeking within the victim-, partner-, and violence-related sub-sets and for the full model.
Results from Table 6.17 reveal that victims’ choices of support are influenced by a range of individual and situational factors relating to the victim, to the abusive partner, and to the violent experiences. Seeking any help in general for example was predicted by an even distribution of victim characteristics and their situational circumstances,
partner-related factors and violence-related factors. Similar observations were made for factors that predicted formal in addition to informal help-seeking. Predictors of help-seeking proved to be less diverse when examining the likelihood of more specific types of formal help-seeking. Talking to the police/CJS in relation to the most recent incident, for example, was predicted by a greater range of violence-related factors than partner- or victim-related factors. Overall, victims who reported more severe types and consequences of abuse showed a greater likelihood of talking to the police/CJS than victims whose perceptions as well as actual experiences were categorised as less serious. This observation supports past research findings on victims’ expectations when contacting the police. Different studies reveal that victims’ often contact the police when they feel unable to restore safety themselves (Buzawa & Austin, 1993; Hirschel & Hutchison, 2003; Hoyle & Sanders, 2000).

When examining victims’ likelihood of seeking refuge, the severity of abuse only partially predicted changes in victims’ likelihood of leaving the abusive home environment. Victims’ perception of the most recent incident as life-threatening significantly increased the likelihood of refuge-seeking while their actual experiences of abuse and related injuries were unable to predict this form of help-seeking. This observation indicates that it is the perception and realisation of severity and risk rather than the actual forms of abuse and related injuries that encourage victims to utilise crisis accommodation. The presence of children was furthermore identified as a salient predictor of refuge-seeking. This is an important observation, showing the protective attitude of victims towards their exposed children. Refuges are therefore crucial in offering safety and protection to victims and their dependent children (Gondolf et al, 1990; Tutty, 2006).
Table 6.17 illustrates that the presence of children was not only strongly associated with victims’ decision to seek refuge. Having children that observed any of the abusive incidents significantly increased victims’ likelihood of seeking all examined types of help, including those that are often underutilised.

It remains unclear whether the observed influence of children witnessing IPV occurs because mothers’ are aware of the negative intergenerational impact of IPV or because they fear that the abusive behaviour will be extended to their children. This key question is explored further in the in-depth interviews with IPV victims conducted for Study 2. Regardless of the underlying reasons for the influence of children on victims’ help-seeking decisions, findings from the IVAWS highlight victims’ protective attitudes towards their offspring. It supports past research findings, suggesting that although victims may not always seek the help they require to protect themselves, their likelihood of doing so increases significantly when children are exposed to the abusive incidents (Davis & Srinivasan, 1995; Kaufman Kantor & Little, 2003).

Another factor that proved to be a significant predictor of all types of help-seeking was victims’ perception of the most recent incident as life-threatening. Victims who felt their life was at risk during the most recent abusive incident showed a greater likelihood of seeking help than victims who did not share this perception. As discussed earlier, this is an important observation since it lends strong support to the Survivor Theory, which asserts that victims become more likely to reach out for support with increasing levels of severity based on their survival instinct (Gondolf & Fisher, 1988). Findings on severity of abuse derived from this sample clearly indicate that the perceived severity often predicts greater changes in victims’ likelihood of seeking help.
than the measured severity of abuse itself. Past research suggests that these two measures often differ as victims’ perceptions of their abusive relationships and the risks involved are very diverse and may change over time. Some victims may identify the risk and severity involved only after an extended period of time spent in the abusive relationship (Brown 1997; Ferraro & Johnson 1983; Liang et al, 2005). Findings from the current sample therefore reveal that victims’ realisation of the life-threatening component of certain abusive incidents is often crucial to becoming a (formal) help-seeker. This issue is further examined in Study 2.

While this chapter provided insights into a range of different predictors of help-seeking, the role of one variable remains unclear, namely the consistent statistical significance of substance abuse as a coping mechanism when predicting different types of help-seeking. While this variable was able to predict an increase in all four examined types of help-seeking, its influence was strongest in relation to refuge-seeking. This influence remained when examining this form of coping along with violence-related variables. While initially assumed to be a by-product of severity of abuse, it remained an individual predictor of refuge-seeking. This is particularly surprising since many shelters refuse to accommodate victims with substance abuse problems (Baker, Niolon & Oliphant, 2009; Department of Family, Housing, Community Services and Indigenous Affairs [FaHCSIA], 2009).

Overall, findings discussed in this chapter provide further knowledge about victims’ choices of support and the factors associated with these choices. Although findings from the IVAWS data are limited to choices of support in relation to the most recent incident of IPV, they reveal the importance of a range of different individual and
situational factors associated with victims’ responses to IPV. Illustrated relationships between different predictor and outcome variables further the understanding of factors that may encourage but also constrain victims from seeking help. In addition, the findings highlight a number of themes that required further in-depth examination through the data collected for Study 2.
7 Chapter 7: Exploring Help-Seeking Decisions through Victim Narratives

Introduction

This chapter builds on findings presented in Chapter 5 and 6 as well as past research results. The previous two chapters identified different help-seeking choices made by victims in relation to their most recent violent experiences. Findings highlighted the diversity of victim responses, which ranged from no help-seeking or informal help-seeking to more formal choices of support.

In addition to the diversity in responses to one particular incident observed in the previous two chapters, past research has identified victims’ changing help-seeking strategies over time. Victims’ help-seeking decisions are part of the process of change in definitions of and reactions to the abusive relationship, discussed in Chapter 2 (Anderson & Saunders 2003; Brown 1997; Davis 2002; Liang et al, 2005). Due to such findings it is important to delve further into the observations made in Study 1 by examining victims’ help-seeking decisions over time in a small sample of help-seeking victims. This chapter provides insights into victims’ help-seeking decisions throughout an abusive relationship and the factors associated with those decisions. Victims’ narratives of their abusive relationships and their responses to IPV at different points in time allow an examination that illuminates the complexity of victims’ help-seeking decisions. Assessing victim narratives considers changes in victims’ conceptualisation of the abusive relationship and definitions of risk as well as parallel situational circumstances and the conflicting demands of some of these circumstances.

This chapter provides a description of victims’ backgrounds, their experiences of IPV and an overview of their help-seeking decisions. A range of factors associated with
victims’ help-seeking decisions are considered. Two overarching themes that emerged from the data are the range of individual and situational factors associated with victims’ help-seeking decisions. How some of these factors change in nature and relevance over time and how this influences victims’ general readiness to seek help and their choices of support are discussed. In the last section of the chapter, the question of ‘why victims don’t just leave’ is explored as part of the help-seeking process before concluding with a summary of results.

7.1 Women’s Experiences of and Responses to IPV

The following statement was made by a past victim of IPV who currently works as a counsellor for IPV victims:

When I hear people’s stories sometimes I think to myself ‘these women are all married to the same man. They [the men] all seem to say the same terrible things and do the same horrible things’. (I20; 28/11/2)28

While victims’ experiences of abuse can be quite similar, they influence each victim’s responses differently. The information in this section provides an overview of participants’ family of origin, the types of abuse they experienced during their relationships and their help-seeking decisions. The complexity and co-occurrence of different factors is examined in relation to victims’ help-seeking decisions.

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28 The information provided in brackets refers to the interview number, the victim’s age in years at the beginning of the relationship/ the time spent in the abusive relationship in years/ and the number of children who lived with the victim and the abusive partner at least part of the time.
7.1.1 Exposure to Parental IPV

Aspects of social learning theory suggest that the observation of parental IPV during childhood can transcend into adulthood. Victims who observed emotional, physical or sexual abuse of their biological mother or mother figure show an increased risk of experiencing IPV in their own intimate relationships later in life (Bandura 1973; Dupont-Morales, 2003; Ehrensaft et al, 2003). While this explains the prevalence of IPV, it does not explain whether the association of parental IPV goes beyond women’s risk of victimisation and can be extended to their help-seeking decisions. As one victim stated:

There was violence in my family. I witnessed it as a 3-year-old. My father towards my mother, and that’s a crystal clear memory for me. That was really upsetting at the time. But maybe that taught me that it was okay. (I14; 30/1/0)

The majority of participants (58.5%) reported no knowledge of IPV in their family of origin. Still, four of these victims described their parents’ relationship as dysfunctional due to observed verbal fights between parents and patterns of control identified in hindsight. Two victims (6.9%) reported no violence between parents but had been victims of physical abuse at the hands of their mothers. Ten victims (34.5%) reported clear memories of parental IPV when growing up. In nine of these 10 cases the violence was male-to-female perpetrated. Only one victim reported her mother being the perpetrator of IPV against her father.

7.1.2 Experiences and Conceptualisation of IPV

The majority of victims (89.7%) had experienced a combination of emotional and physical abuse. Physical abuse included pushing, shoving, throwing something,
punching, kicking, belting, burning, cutting or choking the victim, and the use of weapons or weapon-like objects. In over one third of the cases (37.9%) these forms of abuse were accompanied by sexual abuse at a later stage throughout the abusive relationship. Few victims (10.3%) reported no physical or sexual violence at any stage throughout the relationship. These victims still experienced forms of emotional abuse, including put-downs, threats of physical harm and the control of finances, social interaction with family and friends, and decisions to engage in the workforce. A great proportion of participants (70%) had suffered physical injuries as a result of some of the abusive incidents, including cuts and bruises, bone fractures (such as broken ribs, wrists and noses), ruptured eardrums and dental injuries. Some victims suffered injuries that were visible and long-lasting and at times prevented them from leaving the house for a certain period of time as described by this victim:

I was bleeding and I was bruised for days and days and days and I was so sore … I couldn’t leave the house for a couple of weeks … (I10; 20/36/2)

A more common scenario that emerged was that the perpetrator would strategically hit the victim in places that would be difficult to detect by others:

… what he’d do, body shots mainly because you can’t see them. A few black eyes but they last for a couple of weeks and that’s no good for him. (I25; 39/8/0)

… he mainly bruised me where no-one, like on the top of my arm, where no-one could see. (I26; 19/9/2)

He was very planned with his abuse. He always hit me around the back of the head and all across the back and never marked me [visibly]. (I9; 23/15/4)
The forms of abuse experienced by victims in the current sample followed different developmental patterns over time. Most victims (96.6%) described their partners as charming and attentive when the intimate relationship first developed. Victims’ experiences of the onset of abuse were very diverse; while some partners started to show different abusive behaviours as early as a few weeks into the relationships, other victims reported years of abuse-free interaction prior to the commencement of IPV. Only one victim described her partner as pushy and threatening from the beginning. Overall, a common theme identified by victims was the change in nature of their partners’ behaviour towards them:

Strangely enough, they know what nasty evil things to say, but they also know how to build you up for the fall. They know how to [take you in] and play with [you] and they stroke the ego and they make your heart flutter and of course you’re the most beautiful precious thing in the world - until you’re a piece of shit under their shoe. (I16; 33/6/3)

The above quote summarises the experiences of most participants and highlights the strategic nature of male-perpetrated abuse. As one victim described, it is this manipulative nature that allows the initiation and continuation of physically and emotionally abusive relationships over time:

He’s a very clever man ... If they were horrible all the time it would be so much easier to get out of it much sooner … or you wouldn’t even get into it, would you? (I16; 33/6/3)

Throughout the duration of their relationships, the majority of victims had experienced an increase in severity and frequency of emotional, physical and sometimes sexual abuse. More than half of the participants (55.2%) furthermore experienced attempts and/or threats of being killed by their abusive partner. Some
victims experienced these threats as a result of indicating their intention to leave, as described by this victim:

Yeah, he threatened to kill me and he tried to choke me ... he threw all my clothes in the kitchen and he said ‘you know you cannot leave’ … (I23; 23/7/3)

Others faced these threats or attempts as part of a physical attack or general intimidation techniques employed by the abusive partner throughout the relationship:

He nearly killed me; he suffocated me, broke my arm on the same night … If it wasn’t for the fact that his sister’s boyfriend also came up the stairs and kicked the door in I wouldn't be here, I would not be here. (I19; 27/12/6)

…one of his favourite things [to say] was, you know, I can’t even think at the moment … ‘stupid fat slut, I’ll slit your throat’ [or] ‘I’ll stick a knife into you’. His thing was usually knives. He had guns in the house and occasionally he’d go ‘I’ll fucking shoot you’, you know? (I28; 41/3/1)

Despite the severity of abuse and related consequences experienced by participants, almost half of the participants (41.4%) experienced a delay in the realisation of the danger their intimate relationships had put them in while a further 24.1% of victims reported no realisation of having experienced IPV and the risks associated with it until post separation. One victim realised the danger she had been exposed to in the past only after being separated and after finding out that her ex-partner had been arrested for killing a new intimate partner:

I didn't realise how serious it was until afterwards … when I heard about what he had done [killed his recent partner]. (I13; 16/8/2)
Another victim described her realisation of severity as something that ‘just hit her’:

You got the glasses on and then you’re in love with this person and you know, you’ve got the rose coloured glasses on and you doubt yourself and you go, ‘no it's not really that bad’ until it gets to the point where it just totally hits you in the face and you can’t deny it anymore. (I16; 33/6/3)

One victim reported that it required the comment of an outsider for her to realise the seriousness of the situation:

...you don’t realise how severe it is when you’re all wrapped up in it... You kind of rely on somebody from the outside... an external opinion, because it’s so emotional. (I14; 30/1/0)

Overall, none of the participants fit the category often described as ‘situational’ or ‘common couple violence’ by some researchers (Johnson, 1995; Leone et al, 2007). All 29 participants shared intimate relationships with partners who strategically manipulated, controlled and isolated these victims to facilitate their abuse. In addition, most reported an escalation in severity over time, which is atypical for situational couple violence (Johnson, 1995). None of the victims described their partners’ abusive behaviour as something that only surfaced on occasion or as a ‘loss of control or temper’ during an argument. While a small number of abusive partners also showed violent behaviour towards others outside the home (6.9%), the majority of partners described by participants were non-violent outside the intimate relationship, and presented themselves as friendly and polite in the presence of others. Most victims described their partner’s abusive behaviour as being something he chose rather than something he was unable to control as illustrated by the following two quotes:
most men manage their anger very well. Like, if they’re at the pub having a drink on a Friday night with their mates, they don’t fight their mates. They don’t put their mates down or call them nasty names or abuse them or anything. Yet they come home and fight their wives and children... Now, where’s the management? They managed it at the pub. Why can’t they manage it at home? It’s not an anger management thing at all. It’s a bully thing. (I6; 23/10/2)

They pretend to be nice in the outside world. You get them behind closed doors and they’re very horrible, ugly people... (I22; 23/7/3)

Both examples highlight the manipulation and power imbalances experienced by victims in this sample. In addition, most victims reported an escalation of emotional and physical abuse over times. Most of the violent experiences of participants can therefore best be described as the patriarchal forms of IPV, discussed in Chapter 3, since they are marked by coercive control and an escalating pattern of abuse severity (Johnson, 1995; Leone et al, 2007).

In line with the theoretical framework of this thesis and the research questions that guide it, the nature and extent of abuse experienced by Study 2 participants is examined in greater detail throughout this chapter to further identify its association with help-seeking decisions. Building on the IVAWS results presented in Chapter 6, which highlighted the role of perceived severity of abuse for different types of help-seeking, this chapter further explores the association between the victim’s experienced severity of abuse over time and her individual risk assessment.
7.1.3 Women’s Responses to IPV

Before examining the factors that were associated with victims’ help-seeking decisions, different responses observed in this sample are outlined. Victims in this sample had engaged in different coping and help-seeking strategies throughout their abusive relationships. The different help-seeking decisions made by participants are categorised into seven subcategories of help-seeking, namely:

- talking to informal sources (including family members, friends and neighbours where that neighbour was a befriended person);
- talking to the police;
- contacting a court for an IPV-related matter;
- seeking medical attention for IPV-related injuries or long-term consequences (with or without IPV disclosure);
- seeking refuge in a shelter or transition house; and
- talking to the state-wide telephone helpline or a regional DV service.

A seventh category is labelled as ‘other’ to include the disclosure of IPV to agencies that victims had been in contact with over ongoing matters relating to financial support and child support.

7.1.3.1 Informal help-seeking decisions

All victims had sought advice or tangible support from at least one of the sources at some stage during their abusive relationships. Just over half of the victims (55.2%) talked to an immediate family member about their abusive relationship while a further 13.8% talked to other relatives, including aunts, grandmothers or female cousins of the victim. The remaining nine victims (31.0%) did not talk to any of their family
members about the experienced abuse. While seven (24.1%) of these nine victims chose not to talk to their family about the abuse, two (6.9%) reported having no family ties. A smaller proportion of victims (48.3%) spoke to friends about their abusive behaviour. About two thirds of these victims had also talked to a family member about the abuse. The reasons for talking or not talking to certain informal sources are complex as choice and availability often simultaneously influenced these help-seeking decisions. The different influences on help-seeking decisions are further explored throughout the course of this chapter. Overall, informal help-seeking was the most common response as 25 victims (86.2%) in total had talked to either friends or family or both. This observation is similar to informal help-seeking rates and patterns observed by past qualitative research using a small sample (N= 19) of female help-seekers for IPV (Moe, 2007) as well as findings revealed by the Chicago Women’s Health Risk Study, which surveyed close to 500 victims of IPV (Fugate et al, 2005).

7.1.3.2 Formal help-seeking decisions

Formal responses were divided into six different categories. The most common form of formal help-seeking was talking to the police. Thirteen victims (44.8%) had called the police or presented themselves to a police station in person on one or more occasion throughout the abusive relationship. Three victims (10.3%) had contact with the police after the latter had been called by a third party, usually a neighbour. The remaining 13 victims (44.8%) had no contact with the police in relation to IPV. The majority of participants (51.7%) had no IPV-related court contact during or after the abusive relationship. Ten victims (34.5%) had contact with a court as part of a Domestic Violence Order (DVO) applications or criminal proceedings against the abusive partner that were initiated during the abusive relationship, while four victims
(13.8%) did not apply for a DVO until they separated permanently. While the observed help-seeking rates from the criminal justice system as a response to IPV is significantly higher than the 15% to 25% generally observed in random national samples (Felson et al, 2002; Mouzos & Makkai, 2004; Tjaden & Thoennes, 2000), they are comparable to rates observed in smaller samples of help-seeking victims (Moe, 2007).

Another formal source approached for IPV-related matters were medical professionals. Twenty victims reported injuries as a result of IPV and 80% of these victims received medical attention throughout their abusive relationships. Five of the injured victims (25.0%) disclosed the causes of their injuries to the healthcare professionals they approached for medical treatment. The remaining 55% were treated for their injuries but lied about the cause:

I remember going to the doctor and lying to the doctor and saying that I hit my face when I slipped in the bathroom on the wet floor. (I9; 23/15/4)

I never told the nurses or doctors what happened. I’d lie you know ... (I13; 16/8/2)

Four victims who suffered injuries at some point (20.0%) reported no contact with medical professionals as a result of their injuries although two of them reported physical injuries that would have required medical attention, including cuts, bruises and broken ribs. The observed injury and help-seeking rates are higher than those revealed by Study 1 and findings from prior research based on random national or community-based samples (Fugate et al, 2005; Mouzos & Makkai, 2004; Tjaden & Thoennes, 2000). These studies reveal that approximately one third of injured victims seek medical attention (Fugate et al, 2005; Mirrlees-Black, 1999; Mouzos & Makkai,
204; Tjaden & Thoennes, 2000). The observed difference in victims’ utilisation of healthcare services is likely to be the result of the nature of IPV experienced by victims in the current sample. As suggested by Johnson (1995) and Leone et al (2007), samples identified through specialised victim services are likely to reveal more severe forms of physical and emotional abuse and strategically implemented techniques of coercive control. As a result, Leone et al (2007) suggest that such study populations are over four times more likely to require and seek medical attention than victims of situational couple violence, captured to a larger extent in random national or community-based samples.

In addition to the sources of support described above, victims also approached specialised sources for IPV related matters, including refuges, the state-wide telephone help-line (‘DV Connect’)

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and regional DV

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services. Almost half of the participants (44.8%) had sought refuge in a women’s shelter at least once throughout the violent relationship. Some victims sought refuge during temporary or preliminary attempts of leaving the abusive partner; others when separating permanently. A more detailed exploration of factors associated with temporary and permanent attempts to leave the abusive partner will follow later in this chapter. As described earlier, some of the victims (20.7%) were accessed through shelters as they were current or previous shelter residents. For five of the six victims who were accessed through shelters, the current shelter stay was the first contact with accommodation services for IPV victims. Out of the remaining 23 victims (79.3%), seven (24.1%) had sought

29 The state-wide telephone help-line in Queensland is called ‘DV Connect’ as it provides support for victims who experience domestic violence, including intimate partner as well as other forms of violence in a domestic situation (i.e. intergenerational family violence, elderly abuse, etc.). As mentioned at the beginning of this thesis, ‘DV’ and ‘IPV’ have therefore been used interchangeable in this context.

30 Regional Domestic Violence Services target the same victim population as the state-wide telephone help-line, including victims of IPV but also intergenerational family violence and elderly abuse and are therefore referred to as DV services.
refuge in a shelter on one or more occasion throughout their violent relationships while 16 victims (55.2%) had never sought refuge in relation to their abusive experiences. While the majority of victims had been referred to a shelter by the state-wide telephone helpline and partly the police, two of the victims with shelter experiences (6.9%) were self-referred.

The initiation of shelter contact mentioned above highlights the important role of intermediating agencies. Although the majority of victims (70.0%) had no contact with the state-wide telephone helpline or one of the regional DV services, nine victims (31%) explored this avenue of support. Out of these victims, six (20.7%) initiated the contact themselves while the remaining three victims (10.3%) were referred by the police for further support.

In addition to the described formal help-seeking decisions, some victims contacted other sources of support not included in the categories described above. Ten participants (34.5%) sought help from other agencies or organisations. Four victims (13.8%) had sought help to maintain the relationship in the form of mediation or couples counselling. Two victims (6.9%) approached clergy at their local church for support. Another victim (3.4%) sought help from a church-based charity organisation. The remaining three victims (10.3%) sought help from agencies they had already been in contact with about other ongoing matters, including financial and child support matters.

The provided overview of victims’ responses to IPV highlights the proactive help-seeking strategies employed by some of the participants as well as the diversity in
their choices of support. While some earlier research suggests that victims of IPV tend to develop so-called ‘learned helplessness’ if experiencing ongoing abuse that often increases in severity and frequency over time (Walker, 1979), this was not observed for the current sample. Despite increasing levels of abuse over time experienced by most participants, these victims explored different avenues of help-seeking. This is not to say that the victims in this sample did not experience a range of barriers that complicated rather than facilitated their help-seeking decisions. The second part of this chapter will explore these barriers as well as the factors that encouraged victims to seek help. It will furthermore highlight factors associated with shifts and changes in victims’ perceptions of their abusive relationship, their perceived individual risk and their related help-seeking decisions over time.

7.2 Factors Associated with Seeking Help

Past studies have identified a number of factors that influence victims’ help-seeking decisions. While some are considered push-factors, encouraging victims to seek help, others are more likely to constitute barriers to pro-active help-seeking decisions (Beaulaurier et al, 2007; Cooker et al, 200b; Lempert, 1997; Sabina & Tindale, 2008). Similar observations have been made in Chapters 5 and 6. The following sections examine the influence of individual and situational factors on victims’ general readiness to seek help and some specific choices of support.
7.2.1 Individual Factors

As shown in the sample description in Chapter 4, victims in the current sample differed on a number of individual factors, including demographics as well as individual factors that victims developed as a result of the abuse.

7.2.1.1 Victims’ demographics

The following sections examine the demographic factors that influenced victims’ help-seeking decisions. Although coming from different backgrounds with different educational levels and different relationship ties, few demographic factors emerged as explanations of different responses to IPV, including marital status, financial means and cultural background of the victim.

MARITAL STATUS

Being married has been identified as a relevant factor associated with different help-seeking decisions by Study 1 and past research (Akers & Kaukinen, 2009; Kaukinen, 2004b). Findings from the current sample are somewhat consistent with the role of marital status identified by past research. However, victims in the current sample predominantly talked about emotional attachment and the hope for change in relation to their readiness to seek help rather than marital status itself. Being married to an abusive partner often influenced the choice of support sources rather than victims’ general decision to seek help.

Married victims more commonly sought help from the police than unmarried victims. While this observation is consistent with findings from Study 1, it opposes past
research findings, which suggest that married victims are less likely to utilise the police (Akers & Kaukinen, 2009; Kaukinen, 2004b). However, married victims in the current sample were less likely to apply for a DVO against their partners. This is consistent with past research, which suggests that while victims may use the police to protect themselves and ‘scare’ the abusive partner by taking action, they are often not willing to expose the perpetrator to further legal action (Akers & Kaukinen 2009; Hoyle & Sanders 2000; Felson & Paré 2005). Instead, married victims more commonly sought couples counselling. This finding is however limited to married victims who searched for explanations for their ‘marital conflict’ within their own, rather than their partners’ attitudes and behaviours and who experienced less life-threatening forms of abuse.

In addition, the current data showed differences regarding other relationship-related factors for married victims. These victims shared longer relationships with their abusive partners ($M=11.4$ years) than those who were never married ($M=6.6$ years). While the two groups did not differ regarding their number of children (married victims had 2.1 children on average, compared to 2.4 children reported by unmarried victims), their experiences of social isolation or their help-seeking and non-help-seeking decisions, the married group reported hope for change throughout the abusive relationship to a greater extent (52.9%) than the unmarried group (41.7%).

Two other demographic factors influenced the help-seeking decisions of a number of participants. These two factors were victims’ financial situation and their cultural background.
FINANCIAL MEANS

With regards to participants’ financial situation, the emerging problems related to the victim’s access to finances. A lack of financial means, whether due to a lack of income or due to a lack of access to that income, affected simple short-term decisions, such as catching the bus to access a support agency and more complex long-term decisions, such as separation. A common theme reported by participants was that they generally had a lack of access to any finances as described by this victim:

... if I needed money he would ask me why and I didn’t really have access to the account or anything and he would have control over the finances. (I2; 17/6/2)

Other victims who found themselves in a similar situation reported that making sure they had enough money to seek help or leave the abusive partner required patience and planning:

I had to make sure I got away properly … and this time I knew I had enough money for the bus fare … (I25; 39/8/0)

One victim who left her abusive partner 22 years ago and currently worked as a counsellor for IPV victims described how a lack of finances delayed her proactive help-seeking decisions. She furthermore reported that she has observed very similar experiences in her work as a counsellor:

[In general] you know there are financial issues. Their children are probably at private schools, their husbands have great jobs and you know they stay until their kids leave school and home because they know that they’re going to live in poverty when they leave, let’s face it … I think when we went over to the caravan park I probably should have gotten out then … but I didn’t have any money … So what I used to do was I
used to start to sneak some money away. So I did that for five years. I was slowly sneaking money away… (I20; 28/11/2)

It was evident from the interview data that the financial issues associated with seeking help or leaving an abusive partner go beyond having to give up a certain lifestyle and having to start over again. The accounts of victims who sought refuge at some stage throughout the abusive relationship reveal that choosing this form of support was strongly influenced by their lack of finances and their inability to secure alternative safe accommodation.

**CULTURAL BACKGROUND**

Another demographic factor identified as a barrier to help-seeking was the cultural background of some of the participants. Although based on a small proportion of this sample (10.3%), findings reveal that immigrant women experience additional barriers to seeking help from informal as well as formal sources as suggested by past research (Bui, 2003; Cunneen & Stubbs, 1997; Young, 1998). One victim who was raised according to traditional cultural beliefs, which she described as values of the Chinese Communist Party (CCP), reported the cultural taboo associated with talking about the abuse experienced at the hands of her husband:

... no one knows what’s going on with me. I didn’t tell people. I keep it as an embarrassing secret - very embarrassing to tell. In Asia that’s how the women get so silent because of the culture … It would be so embarrassing for the woman to tell someone raped her … That time the incident happened I was in Malaysia and if people know that you have been raped, you have no place to live … I have no support whatsoever from family … Everyone will help my husband. (I7; 17/19/2)
Another cultural barrier was associated with one victim’s upbringing in South Africa, a country which has historically been marred by political violence. This victim described her upbringing in such an environment as desensitising and altering towards perceptions of severity of violence:

   South Africa’s a very violent place. The men there are very – you know – very proactive. I grew up with that - I guess I was used to it … (I12; 20/14/1)

A cultural barrier of a different nature was experienced by another victim, whose immigration status hampered her ability to seek help:

   … when I arrive, I don’t know anything. How to contact [someone] in case of emergency … he didn’t want me to contact my family and he hid my cell phone and my passport … every day has been scary for me, like oh my God he can do anything to me because [he has] my passport, and he’s not declaring that I’m here in Australia … he doesn’t even declare it so if something happens to me, I will be gone. (I23; 23/7/3)

The observed barriers based on cultural beliefs and other related circumstances are similar to those revealed by past research exploring the help-seeking decisions of ethnic minority and immigrant women in the United States of America (Bui, 2003; Cunneen & Stubbs, 1997; Yoshioka et al, 2003, Young, 1998). The findings reveal difficulties with the general decisions to reach out for support rather than expected difficulties with particular sources of support. While they are limited due to the small number of participants from culturally diverse backgrounds, they highlight the living realities and associated difficulties experienced by immigrant women.
7.2.1.2 Other individual factors that emerged in relation to IPV

Other individual factors associated with victims’ help-seeking decisions are those that emerged in relation to the abusive experiences, such as a ‘loss of self’, including victims’ loss of self-esteem, self-worth and self-determination, victims’ emotional attachment and hope for change in their partner’s abusive behaviour, and a lack of knowledge of available support.

‘LOSS OF SELF’

Past research findings often describe a loss of self-esteem and self-worth in victims of IPV (Walker, 1991; Wolf et al, 2003). Some research also reported victims’ loss of self-sufficiency as a result of their partner’s strategic control tactics (Moe, 2007; Stark, 2007). Interviews conducted for this study reveal a combination of the characteristics mentioned above but victims repeatedly emphasised that their experiences go beyond loss of self-esteem or self-sufficiency. These victims described experiences of ‘losing their self’ and having their identity stripped down as a result of their partner’s use of physical and/or sexual violence and strategically implemented control tactics. After leaving the abusive partner, these victims reported having to reconstruct their ‘self’ as they no longer knew who they were. For the purpose of this study, these experiences are therefore summarised under the term ‘loss of self’ to account for the complexity of experiences associated with this feeling.

More than half of the participants (58.6%) reported a loss of self, which developed throughout the abusive relationship and often continued into the early stages of post-separation. While all victims sought help eventually, the experienced loss of self hindered their general decision to reach out for support at different points in time:
[He] ground me down that much that I couldn't even think for myself … In the end you just don’t have an opinion, you just don’t want to speak because you're scared of upsetting the applecart and you just put up, deal with it, you have to. (I19; 27/12/6)

To a certain degree my self esteem was really, really low. And so I did just accept [the abuse]. (I8;18/3.5/1)

Victims who reported a loss of self shared slightly shorter relationships with their abusive partners than victims who did not experience a loss of self (an average of 8.6 years as opposed to 9.3 years). In addition, victims who reported a loss of self also reported violent experiences that are located on the more severe end of standardised instruments such as the revised version of the CTS2 used for Study 1 (Mouzos & Makkai, 2004; Straus et al, 1996). The vast majority of these victims (88.2%) reported that the abusive partner had threatened or attempted to kill them on at least one occasion, compared to less than half of the victims (44.1%) who did not report a loss of self. Almost half of the victims who reported a loss of self also reported having experienced sexual abuse by their intimate partner, compared to 25% of victims who did not experience a loss of self. These are common observations as victims’ loss of self-esteem and self worth is often associated with experiences of life-threatening and dehumanising forms of abuse (Kearny, 2001; Walker 1991). Overall, these victims more commonly applied for a DVO, which is likely to be the result of the associated severity of their abusive experiences and their need for protection.
EMOTIONAL ATTACHMENT

How is it possible that women love men who continuously hurt them physically as well as emotionally? This question is often raised by third parties, including informal and formal sources of support for victims of IPV (Towns & Adams, 2000). Victims themselves also ask this question when trying to make sense of the abusive experiences. The following quote by a victim who had experienced physical and emotional abuse for over 10 years illustrates this point:

You can’t comprehend that part, where you love this person unconditionally even though they hurt you more than anyone in this world does. I still can’t comprehend why I still love the person. I’m not in love with him, but I still love this person regardless. (I18; 18/12/4)

While the curiosity to understand the emotional attachment to an abusive partner seems normal, it implies victim-blaming attitudes when asked by third parties. It suggests that battered women are masochists who choose to suffer (Anderson & Saunders, 2003; Kim & Gray 2008) and ignores the perpetrators strategic attempt to control and subjugate his female partner (Brown & Ballou, 1992; Stark, 2007). A different angle of questioning the situation may therefore be necessary to better understand why experiences of IPV do not lead to the immediate loss of affection for the abusive partner and how this influences victims’ help-seeking decisions.

The experiences of victims in the current sample reveal a great level of emotional entrapment. Being abused by their partner caused these victims to question themselves, as well as the role of their partners in the relationship. Until victims were able to see their intimate partner as an abusive person without separating the two personalities and hoping for the succession of the loving, caring personality traits, proactive help-
seeking decisions were often delayed. Victims’ struggle with conceptualising their partner’s behaviour and their own emotional attachment is described below. One victim who questioned her own ongoing affection for her abusive partner also questioned his behaviour:

He hurt me more so than … Someone that I thought loved me shouldn’t be able to do something like that. It just continued on. You feel trapped. (I18;18/12/4)

This victim raised a matter that was difficult to conceptualise for many of the participants: how could the person who should be the loving and caring support person in someone’s life hurt her in such devastating ways? The combination of being emotionally attached to the abuser and having an expectation that that person feels the same way made it difficult for many of the victims to understand the dynamics of their relationships. It distorted victims’ conceptualisation of the abusive partner’s behaviour as intolerable, which often led to a delay in proactive help-seeking decisions.

Victims’ emotional attachment to the abusive partner was furthermore fuelled by the ‘positive’ phases in the present cycle of violence, which are marked by apologetic, caring and calming behaviour on the behalf of the perpetrator (Walker, 1979). If victims were emotionally attached to the abuser and were manipulated by his assurance of love, they were inclined to believe his promises to change his behaviour after initial abusive incidents. Over half of the victims reported being in love with their abusive partners and therefore focused on the positive aspects of the relationship and suppressed the negative ones. The majority of participants (72.4%) either developed a delayed realisation of their partner’s behaviour as abusive or were unable to identify it as such until the relationship had ended. The following quotes highlight the common theme found in most victims’ relationship histories:
Now I can look back and I can see it. But you don’t at the time ‘cause you’re just in love. (I26; 19/9/2)

…it’s amazing that love can make you do things. You do things that you look back and go, ‘why?’ I just put it down to the fact that love had totally blinded me to everything else that surrounded my life. (I29; 33/4.5/4)

In addition to ‘simply being in love’ as some victims described it, their readiness to seek help was furthermore influenced by the strong wish to make their relationship work as it represented a childhood dream for some of the participants:

I was deluded, stupid, dreaming of the picket fence and all that stuff and it was never to be. (I15; 23/6.5/3)

I thought oh [he] was still the love of my life. I was living in a fantasy world. He’s your enemy, mate. You know he was out to bloody destroy me. (I25; 39/8/0)

While there is self-blame emerging from some of the retrospective perceptions of participants, others ascribe their behaviour to childhood-related attachment issues:

I’ve never been married, and that was my dream to get married. I think meeting these partners, I lacked father love as a little girl, ‘cause my father was never there. So I then looked for it in partners. But it was the wrong type of love. (I22; 23/7/3)

Emotional attachment to an abusive partner delayed victims’ readiness to seek help from family and friends as well as formal sources of support. Past research suggests that victims’ conceptualisation of their partner’s behaviour as intolerable is an important step in the overall help-seeking process (Cluss et al, 2006; Kearny, 2001; Towns & Adams, 2000). While there were other factors that complicated the help-
seeking decisions of the victim, identifying the perpetrator’s behaviour as abusive and as something that required external support was the initial step in the overall help-seeking process.

HOPE FOR CHANGE

In addition to the observed emotional attachment in the current sample, another theme that emerged was the hope for change reported by almost half the sample (48.3%). While this factor is often associated with victims’ decisions to return to an abusive partner after temporary separation (Griffing et al, 2005), it can also influence victims’ initial help-seeking decisions (Bø Vatnar & Bjørkley, 2008). Past research revealed that this hope for change and the belief of being able to make it work if she really loved him and tried hard enough is common in women who strive for the ‘perfect-love’ (Town & Adams, 2000). This perfect-love discourse described by Towns and Adams (2000) suggests that male dominance is maintained through victims’ beliefs that they need to try harder to please the abuser. As a consequence, it causes victims to remain silent as a result of self-blame and the hope for change. The following quote describes the situation of a victim who did not talk about her victimisation until she left her abusive partner after almost seven years of abuse:

I feared for my safety and I still stayed. And I thought no, I love this guy, I can work it out, [and] he’ll change. He never did. (I22; 23/7/3)

Another victim described how she remained silent during the early stages of his abusive behaviour due to the emotional attachment, the hope for change and the wish to protect the man she loved:
I worshipped the ground that he walked on. I always remembered the good that was in it … [and] I kept living with the hope he would change … I never called the police the whole time I was in that circumstance because I didn’t want to hurt him, I think. (I29; 33/4.5/4)

Only later in this relationship did this victim describe a change in her help-seeking decisions. Once it became obvious that his behaviour had changed for the worse rather than the better and she was unable to cope on her own she decided to reach out for external support:

It got to the point where it was nearly every day he was bashing me. I just couldn’t cope with it. I got involved with a church … the people next door got me involved with that - they said, ‘you need God in your life to cope’. (I29; 33/4.5/4)

Victims’ realisation of their partner’s abusive behaviour as destructive is often associated with their experiences of abuse. While over half of the victims (58.8%) whose partner threatened or attempted to kill them still maintained a hope for change, fewer victims did so if the abusive behaviour included sexual violence. Just over one third (36.6%) of sexually abused victims hoped that he would change for the better. One victim described the onset of sexual abuse as the final turning point:

… then it turned onto the sexuality side. There was a really bad conflict there … this one night when he did bash me, when I did finally come back into bed that night he deliberately wanted to make love. I turned around and said, there’s just no way … He turned around and said, ‘have it your own way’ … I turned and faced the other way. What he did to me next was my final breaking point. He then turned around, masturbated, but then put it all over my hair, all over me. That totally destroyed me. (I29; 33/4.5/4)
Due to this victim’s feelings of love and attachment towards her abusive partner, several prior attempts of her family to encourage her to leave had failed until this incident of sexual abuse. Once this victim had experienced the degrading impact of sexual abuse, she reached her breaking point and the need for change became more prevalent than the emotional attachment and the hope for change. Other participants reported similar experiences. Overall, emotional attachment and the hope for change of the abusive behaviour emerged as common factors associated with a delay in victims’ readiness to make proactive help-seeking decisions. Once victims’ hope for change faded, they were more likely to disclose the abuse to informal and formal sources of support. A fading of victims’ hope for change was often associated with experiencing more degrading types of abuse, fewer positive phases throughout the cycle of violence and the realisation that they were no longer able to cope on their own. These observations are consistent with the view of emotional attachment and coping responses as fluid concepts that are likely to change over time, as discussed in Chapter 2.

LACK OF AWARENESS OF AVAILABLE SUPPORT

For some victims (27.6%), the main barrier to formal help-seeking was a lack of awareness of available support sources. While victims were aware of general sources of support, including the police or hospitals, they lacked information about specialised services for IPV victims. This finding is a common barrier, also identified by past research (Davis & Srinivasan, 1995; Young, 1998). Some of the victims who eventually sought help from a specialised service provider, such as the state-wide telephone help-line, a regional victim support service or a shelter also reported a lack of initial knowledge of where to seek help. One victim reported that it was her father
who made her aware of the telephone help-line. He remembered his cleaner talking about her violent ex-partner and therefore approached her for information about where she received help. Another victim reported confiding in a fellow church visitor who had separated from her violent intimate partner and passed on the information she had about the state-wide telephone help-line. These scenarios illustrate that victims, and partly also their informal support sources, lack the awareness of where to seek specialised formal support.

7.2.2 Situational Factors

Situational factors have been identified as another set of characteristics that can influence victims’ help-seeking decisions (Bui, 2003; Cooker et al, 200b; Ellsberg et al, 2003; Gondolf et al, 1990; Stark, 2007). These factors relate to the individual’s situation when contemplating help-seeking decisions, including the presence of children, experiences of control and isolation, and the (perceived) severity of different abusive incidents.

7.2.2.1 The presence of children

The effects of IPV on children and their future development have been of growing concern to both, researchers and practitioners (Edleson et al, 2007; Ewen, 2007; Flood & Fergus, 2008; Jaffe et al, 2002). Past research reveals negative effects of witnessing IPV (Edleson, 1999a; Edleson et al, 2007; Flood & Fergus, 2008; Straus et al, 2006) and an increased risk of physical abuse for children living in family environments.

31 While the presence of children is often examined as a demographic factor (i.e. motherhood) (Krishnan et al, 2001; Reidy & von Korff, 1991), it has been classified as a situational factor for the purpose of this study to examine victims’ help-seeking decisions when having to consider children’s safety, wellbeing and displacement in the situational context of the abusive relationship.
marked by IPV (Edleson, 2001; Graham-Bermann & Edleson, 2001). Past research has therefore examined whether the presence of children in the abusive household influences victims’ help-seeking decisions (Bui, 2003; Ellsberg et al, 2001; Gondolf et al, 1900; Ruiz-Perez et al, 2006). In contrast to most other factors, the presence of children is quite a complex issue. Findings of past studies are inconsistent since they not only show that the presence of children can encourage help-seeking decisions to protect the children (Ellsberg et al, 2001; Gondolf et al, 1900) but that it also constitutes a barrier if victims fear the harm or loss of children when disclosing the abuse (Bui, 2003; Douglas & Walsh, forthcoming; Ruiz-Perez et al, 2006).

Findings from Study 1 lend strong support to past research findings which revealed more proactive help-seeking decisions if children were present in the abusive home. Study 2 reveals a more complex decision-making process when children are involved. The presence of children was no longer a straightforward predictor of help-seeking. Findings reveal that having children who witnessed the abuse in itself does not necessarily encourage proactive help-seeking decisions. Instead, victims considered a number of factors in their help-seeking decisions. The two overarching considerations were the fear of losing the children to state interventions if disclosing the abuse and the desire to protect the children from physical and emotional harm.

FEAR OF LOSING CUSTODY WHEN SEEKING HELP
Battered women often fear state interventions for IPV if they have dependent children living with them (Bui, 2003; Mills et al, 2000). As a result, they can be reluctant to seek direct support from Child Safety Services (hereafter referred to as CSS) as well as formal support from other sources that may report the case to CSS, including
healthcare professionals or the police (Douglas & Walsh, forthcoming; Mills et al, 2000). The vulnerable status of children growing up in violent home environments has therefore been addressed in child protection legislations in a number of countries, including Australia (Davies & Krane, 2006; Douglas & Walsh, forthcoming; Ewen, 2007; Findlater & Kelly, 1999; Magen, 1999; Mills et al, 2000). In Queensland, the protection of children from the detrimental effects of IPV is partly covered by the Child Protection Act (1999). Section 9(1ff) of the Child Protection Act (1999) defines harm as “any detrimental effect of a significant nature on the child’s physical, psychological or emotional wellbeing” caused by “physical, psychological or emotional abuse or neglect [...].” Sections 10(a) and (b) furthermore define a child in need of protection as one that “has suffered harm, is suffering harm; and” “does not have a parent able and willing to protect the child from harm”. Due to the awareness of the negative emotional effects of IPV on children and their increased risk of direct physical abuse by the abusive parent, these provisions offer grounds for intervention by CSS (Davies & Krane, 2006; Douglas & Walsh, forthcoming; Mills et al, 2000).

The problematic factor arising from this section is that it may result in CSS labelling the behaviour of the parent who decides to stay with an abusive partner, as being ‘unable’ and ‘unwilling’ to protect the child(ren) rather than focusing on the behaviour of the abuser (Ewen, 2007; Mills et al, 2000). This factor plays an important role in victims’ help-seeking decisions as many victims in the current sample were able to seek help but were unable to leave the abusive partner, at least initially. The inability to leave when given an ultimatum by formal authorities, such as CSS, is often seen as a failure to protect the children from emotional and physical harm, which can result in the removal of the child(ren) at risk (Ewen, 2007; Kaufman Kantor & Little, 2003; Magen, 1999; Mills et al, 2000). Findings from the current data are consistent with
past research conducted in the United States of America and Canada (Davies & Krane, 2006; Ewen, 2007; Kaufman Kantor & Little, 2003). Victims who reached out to CSS for initial help in the current sample faced an ultimatum to leave the abusive partner, which they were unable to fulfil in most cases. As a result, three victims lost custody of their children. Although these victims understood the custody decisions made at the time, they did not perceive them as fair:

[I] lost the children – my three youngest girls plus my son. Because the Department saw that I – which, looking back now, I understand what they’re saying – that I put my children in a dangerous situation … they could very well have gotten hurt. But I don’t think I deserved to lose them – I needed help to get out of that situation and I asked for help to get out of that situation. (I19; 27/12/6)

The above statement portrays the disappointment of victims who seek formal support and find themselves stranded. While this victim ended up leaving her next abusive partner soon after he became physically violent in order to prevent the loss of a further child, she was unable to take that step the first time around. Negative experiences with CSS explain the attitudes of participants in a women’s support group described by one of the group members:

And domestic violence - at the moment, because all of those child protection laws … everyone’s very concerned about admitting domestic violence [unless they are ready to leave]. (I8; 18/3.5/1)

While the legal expectation for mothers to protect their children by leaving an abusive partner are understandable, victims experience a range of situations that make it difficult if not impossible to protect the children by leaving. Some participants
reported having the intention to leave the house to seek help or even refuge but were unable to do so with all of their children.

I knew I couldn’t get the kids out of the house without him realising. And then I was kind of like a different person and pretended it didn’t happen … (I21; 27/10/2)

Similar experiences were reported by another victim:

Every time I tried to leave I could never get out of the house with all the children. He would keep one or one time he threatened that he was going to drown [one of our daughters]. I took off just after [the youngest one] was born, she was two weeks old. I managed to get her and the older girl out of the house but he hid [our other daughter] for a week – [these were] things where I had to go back [to him] because he knew that I would not leave my kids [behind] … (I19; 27/12/6)

The risk that victims (and their children) are exposed to when deciding to take the relevant measures to avoid a ‘failure to protect’ the children cannot be underestimated. If victims are expected to leave the abusive relationship to avoid losing their children, risk management strategies need to be employed by formal sources that have been approached for support (Magen, 1999). Without those strategies in place, it is premature to blame and ‘punish’ the victim for increasing the risk to her children’s wellbeing by staying in the abusive relationship. The decision to remain in the abusive relationship is often a well-meaning rather than a selfish decision, based on a personal risk assessment and available resources. In addition, past research found no evidence that charging the non-abusive parent with a ‘failure to protect’ and removing the child(ren) was beneficial for the child(ren) (Ewen, 2007; Weithorn, 2001). Offering tangible support to empower help-seeking mothers may therefore be more beneficial than removing the children.
This section has illustrated the negative influence of victims’ fear of losing custody of their children on their help-seeking decisions. Victims who are aware of the risk of CSS interventions when disclosing the abuse often delay their proactive help-seeking decisions or choose their sources of support more ‘carefully’. As a result, these victims often talk to informal sources rather than formal ones. While informal sources are able to offer initial support, it often requires formal support to stop the violence permanently (Davis, 2002; Koepsell et al, 2006; Liang et al, 2005). Victims’ fears of negative outcomes when disclosing the abuse to formal sources are therefore counterproductive in the overall help-seeking process. The influence of particular negative help-seeking experiences on future help-seeking decisions is examined further in Chapter 8.

TRYING TO ACT IN THE BEST INTEREST OF THE CHILD

The presence of children can influence victims’ help-seeking decisions in different ways. While some victims (28.0%) solely experienced the presence of children as a barrier to help-seeking, others (44.0%) felt this way initially but eventually sought help. Both, help-seeking and non-help-seeking decisions made at different points in time were informed by the victim’s belief that she acted in the best interest of her children. First, the presence of children is examined in relation to victims’ non-help-seeking decisions. Next, their role in proactive help-seeking decision is explored.

Overall, 18 victims who had children living with them at least initially (77.0%) reported that their decision to remain silent about the experienced abuse on one or more occasions was strongly influenced by the presence of their born and/or unborn children. Two emerging factors that informed the decision to remain silent were the
victim’s fear for her children’s safety, should she decide to seek help, and her desire to keep the family together. The fear for her children’s physical wellbeing was generated through her abuser’s threats of harming them if the abuse was disclosed to third parties:

He used to threaten me all the time. He used to say stuff like ‘if you tell anyone or if you leave, I’m going to kill our son’. That’s the stuff he used to say and you know he was quite capable of doing that stuff. (I20; 28/11/2)

I just felt like I couldn’t talk to anyone … [he said] if I was to tell the doctor or anyone about his violence towards me that he would kill our daughter before he killed me and would make me unrecognisable. (I11; 19/5/1)

The experiences described by different participants highlight the dangerous reality of victims’ lives if they decide to seek help. Similar to the victims who decided against leaving after approaching CSS for support, victims who remained silent altogether believed they were acting in the best interest of their children at the time. For some victims, remaining silent was associated with protecting the children from physical harm. Others remained silent about the abuse to keep the family together, as described by this victim:

I couldn’t talk to anyone, I wanted to keep my family together and that was my main goal. (I11; 19/5/1)

All child-related factors examined above had a negative influence on victims’ help-seeking decisions. While all victims sought help eventually, their proactive help-seeking decisions were delayed as victims believed this to be in the best interest of their children. The following section examines how this perception changed for some
victims and how the presence of children may encourage victims to seek help in general.

Overall, 16 participants with children (64.0%) reported that their proactive help-seeking decisions were informed by their desire to protect the children from the effects of growing up in a violent family environment. This observation emerged especially from interviews with victims who called the police. As mentioned previously, 11 victims (44.0%) who described the presence of their children as a push factor for seeking help also experienced them as a barrier at previous points in time. This observation illustrates the dynamics of factors associated with different help-seeking decisions and the related change in help-seeking decisions over time. Victims’ perceptions of how they can best protect their children may change over time and proactive help-seeking decisions can therefore be delayed.

The following statements illustrate the experiences of victims who solely saw the involvement of children as a push factor in their help-seeking decisions. Both victims were married to their abusive partner and had spent eight and nearly 15 years, respectively, with the abusive partner at the time they realised the impact it had on their children.

The turning point I suppose, deciding to address the issues in my life was when I was sailing across the room … I was flying across the room. I looked over to my third child and we had this big window … I didn’t understand what disassociation was then but I know now that’s what he was doing … I think it was the effect on the children that motivated me to make a stand. (I9; 23/15/4)
Me having kids, I realised just ‘cause my parents didn’t take responsibility – I’m going to take responsibility and change it for my kids. My parents could have changed it for me but they didn’t, so I’m going to change it for my kids and [seek help to] break the cycle. (I25; 39/8/0)

These victims saw the indirect effects on their children as a factor that encouraged them to seek help. Others were encouraged to seek help when they realised that the abuse had spilled over to their children, as summarised in this quote:

I had so much abuse from him; he’s been womanising, he’s beaten me up and everything but I still carried this mentality of higher moral [values] that you marry one guy till the end of your life … It’s just because of my children that he abused … Because of my children’s abuse I [sought help and] stood out to fight for my children’s safety. (I7; 17/19/2)

This victim’s initial decisions not to disclose the abuse to anyone was guided by her cultural background and her oppressed role as a woman. Discovering the abuse of her children helped her overcome her fear of stigmatisation and loss of family support to ensure her children’s safety. She sought legal advice and left her abusive partner shortly afterwards. Still, her help-seeking decision was overshadowed by her fear of losing her children as a result of seeking help. This victim, who moved to Australia from Malaysia a year and a half prior to her initial help-seeking approaches, reported how her ex-partner threatened to take the children overseas should she disclose his abusive behaviour towards her or her children to a third party. This situation illustrates how some victims experienced children as a barrier and a push factor to help-seeking, underpinned by a desire to protect the children.
The following quote further highlights that victims often endure different forms of abuse for an extended period of time as long as they perceive themselves as the only ‘person at risk’. A 21-year old victim who shared a de facto relationship with her abusive partner had experienced verbal abuse, control of her social interaction with others and her whereabouts, threats of physical harm and some ‘minor types of abuse’, which is how she described the shoving and pushing she experienced over three and a half years before she gave birth to her daughter. She sought help from a regional DV service and left her abusive partner three weeks after the baby was born.

I think [having the baby] gave me a little bit more courage really, ‘cause I had more than just myself to think of … I knew it wasn’t far until he was going to do something to [the baby]. You know, shake her or something. That’s what my fear was. And that’s what drove me [to disclose the abuse and leave]. (I8; 18/3.5/1)

In addition to the observed effects of IPV and the direct harm to children, victims’ decisions to seek help were influenced by their immediate risk of losing custody of their children. One victim described how a CSS worker became involved and advised her that she was at risk of losing custody of her only child if she stayed with her abusive partner after she had disclosed her victimisation to healthcare professionals who were treating her son for his disability:

Child Safety said to me ‘you’ve got to come to these people and get help, because we don’t think you’re adequately protecting your son’. They said I wasn’t seeing the level of violence that I was exposed to. Which I didn’t … They [Child Safety] said, ‘well if you don’t [take out a protection order], we’ll take your son off you’. Then I was like, oh my god, you know. So I went to court … (I12; 20/14/1)
As a result this victim contacted the integrated response team at the Gold Coast and applied for a DVO with the local court. While the fear of having her son removed encouraged this woman to seek help and terminate the relationship, other stories relayed in this chapter show that not all victims were able to fulfil the ultimatum given by CSS workers. For one victim, the fear of having another child removed by CSS encouraged her to seek refuge in her most recent abusive relationship:

I just thought back with my other children and I thought, no, you've done it twice, that’s it and the next morning I packed up a nappy bag for [my son]. I just took him, his pram, a small nappy bag and I [went to a shelter] because I was not going to risk losing another child, you know. (I19; 27/12/6)

While this victim was unable to leave her first abusive partner when given an ultimatum by CSS, she was able to seek refuge from her most recent abusive partner. It is important to recognise that this woman was willing to do ‘the right thing’ as requested by CSS in both situations. In her first abusive relationship she was prevented from doing so as the perpetrator would always ensure that she did not leave the house with all of the children at the same time. Seeking help and eventually refuge was easier to coordinate for this victim in her most recent relationship because she only had to ensure the safety of one child at that point in time.

Findings on the influence the presence of children has on help-seeking, as discussed above, reveal that victims’ different decisions are influenced by a range of situational circumstances associated with their children. While some of the findings lend further support to the observations made in Study 1, other findings also indicate that victims’ protective attitudes towards their children do not automatically cause them to seek help or leave their abusive partners. The risks towards victims and their children are diverse
and do not stop with the decision to seek help. Some of the non-help-seeking decisions of victims are therefore well-informed and often based on victims’ individual risk assessment and their perception of how they can ensure their children’s safety.

7.2.2.2 Partners’ strategic implementation of ‘coercive control’

While the experiences of violence greatly influence victims’ need for help, one of the key factors influencing victims’ perceived ability to seek help is the control implemented by the abusive partner (Stark, 2007). Stark (2007) defines the social, financial and emotional control of the victim as coercive control that is strategically implemented to isolate the victim and prevent her from seeking help and leaving the abusive relationship. While control and intimidation are factors that are also used to directly stop the victim from seeking help, i.e. by threatening to harm her or the children if she decides to disclose the abuse, they also play an important role at an earlier stage. The following sections reveal how ‘coercive control’ is used to eliminate potential sources of support before the victim has realised the need for support.

SOCIAL ENTRAPMENT

In their attempt to maintain control over the victim and prevent her from seeking help, abusive partners often isolated their victims from friends and family. Two overarching tactics of control emerged from the interviews. Some abusers achieved the social isolation of the victim through the subtle manipulation and destruction of their relationships with family and friends while others used verbal threats and intimidation to prevent the victim from maintaining her social network. Overall, 19 victims (65.5%) reported being strategically isolated from family or friends, with the majority
being isolated from both informal sources of support. Six victims reported how they lost their friends throughout the abusive relationship but were able to maintain their family support despite their partners’ continuous attempts to also cut off those ties.

One of the common themes that emerged from the different interviews was that abusive partners manipulated victims’ relationships with their friends or family until the communication and social interaction between those parties had been reduced to a minimum or come to a stop. One victim described how her partner would strategically start arguments and ‘wind her up’ before any family gatherings to prevent her from going:

I come from a very big family and we have a lot of family gatherings. So, getting prepared for something like that was just – it was like torture, to the point where sometimes I would, at the very last minute, say ‘I’m not going – we’re not going anywhere, we’re staying home’ – because I couldn’t deal with it. But that was what he wanted. So he was winning. (I6; 23/10/2)

Another victim reported how her abusive partner would initiate arguments between the victim and her family or friends to further isolate her from any social support:

In the midst of all of this there's always been constant isolation. He always picked fights between my mum and my sisters and me. (I15; 23/6.5/3)

Both examples describe the strategic but hidden isolation of victims of IPV. While an abusive partner may not tell his victim that she cannot talk to her friends or family, he manages to achieve that through subtle manipulation. Not all strategies of isolating the victim were, however, as subtle as the ones described above.
The other tactic used to control the victim’s social interaction with others was the use of verbal threats and intimidation. While often used to prevent victims from leaving at a later stage of the relationship, these threats were a powerful tactic of coercive control when implemented early in the relationship. Similar to the subtle manipulation discussed earlier, their purpose is to eliminate potential sources of support before the victim conceptualises the abusive behaviour as intolerable and decides to seek help. Over half of the victims had been prevented from maintaining relationships with informal support sources through verbal abuse and intimidation, as illustrated by the following statement:

… the fear he had instilled in me and the words he used to use were enough to stop me from leaving or to stop me from going for help or to stop me from getting away from the house or from just leading the normal life, socialising. (I6; 23/10/2)

One victim summarised the threats and intimidations experienced by a number of participants when talking about how her partner left no doubts about the consequences should she decide to maintain her social relationships with family and friends.

Knives were held up to my throat if I wanted to do something with my friends or family like having coffee or meeting for lunch … It was constant control in the relationship … pretty much on a daily basis. (I11; 19/5/1)

The fear of retaliatory abuse if attempting to maintain social relationships with family and friends was described as a successful control mechanism by a number of victims. They described how their proactive help-seeking decisions were often delayed as a result of having been isolated from family and friends. By the time these victims had conceptualised their partners’ behaviour as abusive and as something they needed to seek help for, the majority had been successfully isolated from their first points of
contacts (i.e. informal sources of support). A lack of social support generated by the abusive partner therefore constitutes a significant barrier to victims’ proactive help-seeking decisions.

GEOGRAPHIC ISOLATION

In addition to the control strategies described above, some abusive partners did not rely on the control through fear or manipulation of the victim. These partners went through the effort of isolating victims from their familiar surroundings and their social networks by convincing them to relocate geographically. Some victims followed their partners interstate or abroad, like in this case where a 25-year old victim had moved to Australia with her abusive partner:

… we went to Australia, because we lived in New Zealand, so we moved overseas. So if anything that was probably the best thing for him because of the control, it was just him and I. (I11; 19/5/1)

This victim reported that her mother, who remained in New Zealand, was her only other family as she was an only child and her father had passed away recently. In Australia she was unable to establish and maintain a strong network of social support due to her partner’s use of threats and intimidation to keep her isolated. Another victim followed her husband to Europe and found herself isolated due to his control tactics and the language barrier.

Then he talked me into - he asked me if I would go over to Holland with him for five years, that it was a different lifestyle that it would be good for our family … my husband’s done all the speaking for me. I mean when we got over there he just told me don’t talk to anyone. The language barrier was a problem [too]. (I19; 27/12/6)
Instead of moving overseas, some victims moved to rural areas, which left them isolated from any potential sources of support:

We moved away where he wanted me to move ... We moved to a little town on the Central Coast of New South Wales and he completely isolated me. It was 25 kilometres by bus to the nearest city. (I15; 23/6.5/3)

[We moved] - it was a brand new estate. There was no transport, there was nothing. I had no family because they were all in Melbourne... when we bought the house. It was the last house on the estate so there was nobody around. (I20; 28/11/2)

Geographic isolation of the victim fulfils a similar purpose to other forms of isolation. By the time the victim requires informal and/or formal support to cope with the abusive experiences, her access to such sources has been limited if not cut off completely. While the social isolation discussed previously was predominantly limited to informal sources of support, geographic isolation is furthermore used to prevent the victim from finding access to formal sources of support.

PHYSICAL ENTRAPMENT

In addition to the isolation and entrapment techniques described above, some victims also experienced physical entrapment. One victim described being locked in her basement at a later stage throughout the abusive relationship. The only times her partner would let her leave the basement was when he needed her to clean the house or mind the children:

He kicked me out of the house and made me go and live downstairs ... He had greyhounds in one room and I had to live in the other room. I could come up to clean
and care for the children but I had to go back downstairs and that was where I lived. (I1; 15/6/3)

Another victim found herself locked in the house every time her partner went to work:

[He] he would go to work, he would take the phones. I had screens like this on windows and bars like that on the door and he would lock me inside the house all day while he was at work. (I19; 27/12/6)

A third victim reported being without transport every time she tried to leave the house:

If I tried to leave the house he didn't let me leave the house so I couldn't even leave and phone [the police] on my mobile or anything. He would take the car keys and would not let me leave the house … (I17; 18/26/2)

The different situations described by victims of IPV highlight the powerful tool of control and isolation to prevent victims from seeking help. While victims’ experiences of control partly differed, they all led to the same outcome of constraints to their help-seeking decisions. Past research reveals that victims who are strategically isolated have to endure prolonged emotional, physical and sexual abuse. This is partly because awareness of their situation as one that requires external support is often delayed (Davis, 2002; Stark, 2007). By the time isolated victims are ready to reach out for external support, their access to any support sources has furthermore been diminished (Davis, 2002; Stark, 2007). While a greater number of isolated victims (75% as opposed to 66.7% of non-isolated victims) reported that their conceptualisation of their relationship as abusive was either delayed or not identified as such until post-separation, their abusive relationships were on average four years shorter than the ones
of victims who did not experience social isolation. The observed delay or lack of conceptualisation can partly be explained through the lack of social interaction. Past research has identified that sources often point out or confirm that the partner’s behaviour is wrong and intolerable and that this is crucial throughout the overall help-seeking process (Brown, 1997; Cluss et al, 2006; Liang et al, 2005). Victims who are denied social interaction and are, as a result, unable to receive the necessary validation experience a delayed identification of the relationship as abusive.

However, victims who had a delayed realisation of their relationship as abusive did not necessarily spend more years in the relationship. This highlights that identifying the relationship as abusive is only the first step in a victim’s help-seeking decision, as suggested by past research (Davis & Srinivasan, 1995; Liang et al, 2005). There are other barriers to overcome, including financial and emotional dependence, social entrapment, the presence of children and the increased risk of harm post-separation (Anderson et al, 2003; Ellsberg et al, 2001; Gondolf et al, 1990; Johnson & Hotton, 2003; Stark, 2007). While less isolated victims may contemplate help-seeking at an earlier stage in the relationship, the aforementioned barriers can still delay their leave-taking and overall help-seeking process. The latter is discussed in greater detail towards the end of this chapter.

7.2.2.3 Experienced abuse and perceived seriousness

Earlier work on the help-seeking decisions of IPV victims suggests that increasing levels of abuse lead to a learned inability to reach out for help and support to stop the violence. This has been labelled as ‘learned helplessness’ (Walker 1979). Later research has often examined the theoretical concept of ‘learned helplessness’ and
found no support for this condition in their samples (Coker et al, 2000b; Ellsberg et al, 2001; Gondolf et al, 1990; Moe, 2007). Instead, these studies found support for Gondolf and Fisher's (1988) *Survivor Theory*, which suggests that the likelihood of seeking help increases rather than decreases with prolonged and more severe experiences of abuse (Coker et al, 2000b; Ellsberg et al, 2001; Gondolf et al, 1990). Study 1 revealed similar findings on the positive association between abuse severity and proactive help-seeking decisions. It is important to note the extension to the *Survivor Theory* highlighted in Chapter 6. While severity of abuse was a strong predictor of help-seeking, multivariate results reveal that the perceived severity of abuse was a more powerful predictor of all examined types of help-seeking than the measured levels of experienced abuse reported by victims. The qualitative data are therefore used to further explore whether help-seeking decisions are influenced by the experienced or perceived severity of abuse or whether it is a combination of these two factors.

Based on the lack of help-seeking in relation to often life-threatening abusive experiences described by victims in this sample it is surmised that experienced severity in itself does not automatically trigger proactive help-seeking decisions. When talking about the severity of some of the abusive incidents, some of the victims (31.0%) thought in hindsight that they should have sought help or left then and there. Still, other factors such as being in shock, not having the courage or not thinking it was serious enough prevented them from making proactive help-seeking decisions at the time. One victim described how the escalating severity of IPV made her want to leave but did not equip her with the necessary courage to do so:
… it sort of escalated. I ended up in hospital … that’s when I really wanted to leave, but I didn’t have the courage to. Yeah. Things sort of got out of hand. (I12; 20/14/1)

Another victim experienced severe types of abuse often leading to internal injuries. This victim reported that when her partner’s threats of killing her became more frequent she had to take action. Instead of reaching out for help she took action by preparing her own suicide should his threats become reality:

He used to toy with me so bad because some of his personalities were so mean that he would pretend that he was going to murder me and he even had his little murder pack that he put in the car … I used to put like a razor blade inside my shirt because I was willing to slit my wrists…because he said he was going to keep me alive for six days and cut my arms and legs off, torture me … you know the fear of going through that - it’s huge. I used to put knives in my pockets, a knife under my bed ready to kill myself. I used to sleep with a knife like that sometimes just because there was no way I was going to get dragged out of the house and taken into the bushes and … bleed to death … (I25; 39/8/0)

While the majority of victims (58.6%) reported that the abusive partner had threatened or attempted to kill them, two thirds of these victims still reported a delayed realisation of the severity of their situation. Even victims who realised the severity of abuse at the time it occurred and realised that seeking help may be the only way to stop it from escalating further were hindered from seeking help by the fear of being fatally injured. While these victims were often too scared to disclose the abuse to the police or a healthcare professional when seeking medical attention, they were eventually more likely to seek refuge or apply for a DVO. In the meantime, however, their proactive help-seeking decisions were often delayed, as described by this victim:
Until right now, today I [would] still be with him, I believe that the marriage is a life-long commitment and sacrifice and compromising and I [would have done] that until the end of my life … even though … he’s beaten me up … he’s tried to kill me … It’s just because of my children that he abused – [that’s why I sought help]. (I7; 17/19/2)

While this victim, whose situation was introduced earlier in this chapter, eventually applied for a DVO to protect her children, she did not seek help for herself, despite the severity of abuse. Another victim whose later help-seeking decisions were driven by her fear of losing her son described the following types of abuse throughout her seven-year relationship:

He kicked me in the stomach, tried to stab me in the stomach with a knife ‘cause he didn’t want to pay child support. He used to spit on me, call me names … (I22; 23/7/3)

If severity of abuse is expected to drive victims towards proactive help-seeking decisions, the experiences described by victims in the current sample raise the question of when ‘serious’ is ‘serious enough’ to lend support to the Survivor Theory. If compared to measures of Straus’ CTS2 (Straus et al, 1996), the majority of victims in this sample share experiences that range at the very severe end of the CTS2, including suffocation, use of weapons, abuse causing injuries and sexual coercion. Still, the help-seeking decisions of victims in the current sample only seem to be partly influenced by this severity. Rather than being driven by the severity of different incidents or their consequences, help-seeking decisions were often influenced by a general moment of realising the overall severity and wrongness of the circumstances these victims endured. One victim had experienced severe forms of emotional, physical and sexual abuse, had been forced to live in the basement of the family home where he held the dogs and had suffered a number of injuries and developed mental
health problems over time. The moment she realised she needed to get out was six years into the abusive relationship when he forced her to run around a football field after dark in the rain because he had decided that she needed to lose weight. While this particular moment did not compare in seriousness to most prior abusive incidents, she described it as the moment where things ‘connected’:

I had to run around this football field … he said ‘I’m watching you’… he was always obsessed with my weight … so I started doing laps and finally – about the eighth lap - it finally connected. This isn’t life. This isn’t anything. I don’t want to be here but I don’t know how to get out. (I1; 15/6/3)

The following day after another abusive incident, sparked by her not having his breakfast cooked in time, she left with the help of her mother and the state-wide telephone helpline. This victim had sought help from family and the telephone helpline before but she reported being unable to leave him permanently until the moment where ‘things connected’. Another victim reported having spent four and a half years in an abusive relationship before she realised that her husband was about to destroy her physically and emotionally:

I caught sight of myself in the mirror. I saw myself. As you can see now, with age I’ve developed a bigger body. But I was just a skeleton. I had no body. I felt, my whole body is destroyed here … I didn’t know that my husband was standing at the door watching me … he said ‘you should be feeling sorry for me to think that I have to make love to that body’ … I walked out a month later. I couldn’t cope any longer. I saw myself getting sicker and sicker. (I29; 33/4.5/4)

While family, friends and the victim’s general practitioner had pointed out for months that her husband’s abusive behaviour was slowly killing her due to the rapid weight
loss associated with the emotional stress she experienced in her relationship, she described how she had to take a close look at herself in the mirror before realising how serious her situation was. Once she had realised the negative impact of her partner’s abusive behaviour on her well-being, this victim was able to make proactive help-seeking decisions that allowed her to leave him. According to Ferraro and Johnson (1983) this process of change is common in battered women once they realise the detrimental impacts of the abuse and feelings of loss and anger begin to surface. These feelings allow women to acknowledge their victimisation and develop the strength to talk about the abuse and terminate the relationship (Anderson & Saunders, 2003; Ferraro & Johnson, 1983).

The moments of realisation described by some of the participants lend support to findings from past research (Davis, 2002; Ferraro & Johnson, 1983; Koepsell et al, 2006) and illustrate that proactive help-seeking decisions often require more than the actually experienced life-threatening abuse. Although most participants were able to grasp the seriousness of their situation in hindsight, many of them reported a delay in their ‘moment of realisation’. As shown by the stories of victims described above, this moment was often far less threatening or serious than many prior abusive incidents but it somehow highlighted the importance of getting out of the abusive relationship to protect themselves and often also their dependent children. Past research identified the time leading up to the moment of realisation as a process of change in which the victim’s perceptions and attitudes change from denial to acknowledgement of her partner’s behaviour as abusive and her role as his victim (Anderson & Saunders, 2003; Brown, 1997). For many victims this acknowledgement of victimisation only sets in
after experiencing prolonged abuse and what has been described earlier as a loss of self (Anderson & Saunders 2003), also illustrated by this victim:

It wasn’t the time to do it. I obviously had to experience a lot more before I could make the definite decision in my own heart [that] this is not right … (I16; 33/6/3)

She spent another four years with her abusive partner before she reported that she was no longer able to deny the wrongness of his behaviour. A number of the factors discussed thus far in relation to victims’ help-seeking decisions are furthermore associated with their decisions to leave the abusive partner (Anderson & Saunders, 2003; Brown, 1997; Davis, 2002; Koepsell et al, 2006). Initial help-seeking approaches often take place when the victim is not ready to terminate the relationship permanently. Past research reveals multiple help-seeking approaches and temporary attempts of separation from the abusive partner as a common observation in victims’ process of leaving the abuser permanently (Anderson & Saunders, 2003; Koepsell et al, 2006). While it is important for formal and informal sources to support the victim regardless of her readiness to leave or the lack thereof, leaving the abusive partner may be the only successful strategy for terminating the abuse in the long run (Davis & Srinivasan, 1995). The following section therefore explores factors associated with victims’ decisions to leave an abusive partner.

7.3 ‘Why Doesn’t She Just Leave’?

‘Why doesn’t she just leave?’ – this is a question often asked by many people, including the general public and some service providers (Anderson et al, 2003; Brown, 1997). While early literature on IPV supported this victim-blaming attitude of ‘self-inflicted pain’, more recent research has moved away from this approach by exploring
different barriers that complicate victims leave-taking experiences (Anderson & Saunders, 2003). Based on the knowledge of barriers identified by past research (Anderson & Saunders, 2003; Kim & Gray, 2008) and the barriers reported by victims in the current sample, the question of ‘why doesn’t she just leave?’ needs to be rephrased into ‘how does she manage to leave despite all the barriers and the strategic control implemented by her abuser?’ The response to this reflects what past research has found: that there is a lack of understanding of why victims return to or stay in the abusive relationship (Anderson & Saunders, 2003; Brown, 1997, Mills et al, 2000). This lack of understanding is often illustrated in stereotypical beliefs about IPV, victim-blaming attitudes and the denial of victims’ ability to make rational choices:

If I would leave him and I’d tell them why I left him, and then if I went back to him it came back on me. ‘Why? Why are you going back to him?’ … I lost a lot of friends and a lot of family over that. (I5; 25/10/3)

7.3.1 Help-Seeking and the Decision to Terminate the Abusive Relationship

It is beyond the scope of this study to examine all relevant factors associated with victims’ decisions to leave temporarily as well as permanently. Still, the aim is to highlight the link between initial and subsequent help-seeking approaches and decisions to terminate the abusive relationship. It is important to understand that help-seeking is part of the process of change that leads to victims’ readiness to terminate the relationship permanently in the long run (Anderson & Saunders, 2003; Brown, 1997; Koepsell et al, 2006). As described earlier in this chapter, all victims showed a diverse range of proactive help-seeking decisions throughout their abusive relationships. Still, the majority (72.4%) showed a delayed realisation of the severity of their situation and
experienced a range of factors that prevented them from leaving the abusive partner at least temporarily.

At the time of the interviews all victims had separated from their abusive partners. As mentioned earlier in this chapter, some victims had left as recently as a few weeks or months ago while two victims had been separated for over 20 years and were currently seeking counselling for their grandchildren who had been exposed to parental IPV. A large proportion of victims (48.3%) had left within 12 months prior to the interview, with an average of seven months having passed since the termination of the abusive relationship. While some victims (20.7%) were still in a shelter at the time of the interview, the majority (79.3%) of the overall sample had moved on and established a new life without the abusive ex-partner. It is difficult to determine whether the current termination of the relationship was permanent for all participants as one had left only two weeks prior to her interview and some had left three to four months prior to the interview. All of the victims, apart from one, emphasised their satisfaction with their decision to leave regardless of the time that had passed since the termination of the relationship. One victim, although being satisfied with her decision to leave five years ago because it had led to a violence-free life, expressed some dissatisfaction because she felt lonely:

I didn’t have a good life before but it’s not much better now … From what I can remember my life has been so miserable and it still is. Except for now I’m miserable alone. I was miserable before but I had someone. Now I’m alone. (I26; 19/9/2)

It is worth noting that this experience is not representative of the general outlook of the overall sample. The attitude that emerged from most interviews is best described by the following two quotes:
So we separated in June [six months prior to interview] this year and I haven’t looked back. I’ve been released. I’m allowed to do what I want. (I18; 18/12/4)

I don’t miss him. I don’t regret leaving him. I’m glad I’m out. It took guts to get out. Four times I tried; the fourth time I thought that this is it. (I24; 33/2/1)

The latter quote is from an interview with a 35-year old mother who left her partner three months prior to the interview when her son was only seven months old. It describes the common theme revealed by past research that many victims make several attempts to leave the abuser before separating permanently (Anderson & Saunders, 2003; Koepsell et al, 2006). Although this victim left as recently as three months prior to the interview, she explained that things were different this time as she planned her ‘escape’ strategically and had taken all of her son’s personal belongings with her. It highlights the fact that a termination of the abusive relationship was more likely to be permanent if the victim described the leave-taking experience as ‘different’. The following quote summarises the experiences of the majority of victims who made multiple attempts to leave their abusive partner:

… a week before I left I did some research. I rang my legal people, I rang DV Connect … The Saturday was when the cricket was on in Brisbane. ..They were catching a train to Brisbane so I had a couple of hours to get our stuff and get out … So I rang my friend and said, right, come and help me move… he had a trailer … I got as much stuff as I could in an hour and a half. (I24; 33/2/1)

Overall, 13 of the victims (44.8%) reported multiple attempts to leave their abusive partner. The factors that prevented victims from leaving initially or encouraged them to return to their abusive partner after temporary separation are similar to factors
identified by past research (Anderson et al, 2003; Griffing et al, 2005; Kim & Gray, 2008; Wilcox, 2000). In addition, these factors are often identical with the ones discussed earlier in this chapter that discourage or encourage victims to seek help before getting ready to leave the abusive relationship. Factors, such as the presence of children, financial dependence, emotional attachment and the risk involved in leaving all contribute to victims’ leave-taking decisions (Anderson et al, 2003; Griffing et al, 2005; Kim & Gray, 2008; Logan & Walker, 2004).

7.3.2 Factors Associated with Leaving and Why ‘It Is Not That Simple’

Victims in the current sample were well aware of the risks associated with leaving their abusive partner, including their children’s safety, financial hardship, a lack of accommodation and risks of fatal outcomes, to only name a few.

7.3.2.1 Staying or leaving in the best interest of the child?

As mentioned earlier in this chapter, the presence of children plays a major role in victims’ decision to seek help. Similar observations were made for their decision to leave an abusive partner. Some victims delayed their decisions to leave to prevent their partners from following through on their threats to harm the children. One victim described how she returned to her abusive partner after having separated temporarily because the supervised visitations between her ex-partner and her daughter were coming to end. Rather than leaving her children with him unsupervised during scheduled visitations she decided to return to him in order to be around whenever he would interact with the children:

… he had threatened to kill me. So I had left him. He had had supervised visitation with our daughter … [which] was coming to an end … I didn’t go back to him because
I loved him, I went back to him because I didn’t want him to have access to my child without me being there. So I figured if I was in that situation at least I could protect her to some degree. (I5; 25/10/3)

Another child-related barrier to a victim’s leave-taking decision is her desire to keep the family together or ensure that the children remain in a familiar environment, as described by the following victim:

I suppose it’s very hard because when you have a house and furniture and it’s your children’s home, it’s very hard to pack up and leave. The home is a secure place. It might be violent but still, that’s their bedroom. (I27; 28/15/4)

The above quotes reveal that the presence of children is a complex factor that influences victims’ decision to leave in different ways. Regardless of the nature of the decision, the different quotes highlight that victims try to act in the best interest of their children, based on their own assessment of the individual situation.

7.3.2.2 Strategic escape to minimise the loss of financial means

One of the main barriers to leave-taking identified by past research is financial dependence (Anderson et al, 2003; Davis, 2002; Kim & Gray, 2008). The vast majority of participants (89.7%) were at least partly dependent on government benefits since they separated from their abusive partner. One victim described how finances were one of the reasons she stayed in an abusive relationship for 11 years. Eventually she left but thought it may have been easier for her than for many other victims, based on her financial situation:

I don’t know, I just can’t believe I stayed so long. But yes, it does come down to finances … I mean we left with nothing and we started again but that was easier [for
me] I think because I did have a job and my son wasn’t at a private school at the time and I only had one child … But other people - it is a burden for them. They’ve got three, four, five, six, seven or eight children you know. They haven’t got any finances. Their husband does control their finances. (I20; 28/11/2)

The majority of victims who were interviewed were aware that leaving the abuser meant walking out with nothing but the few belongings they were able to pack for themselves and their children. For many victims this was the only way out as they had to escape when the opportunity arose and could not pack their belongings in advance as this would have caused their partner to prevent them from leaving. Still, three of the victims reported they had worked hard for what they had and were therefore unwilling to give up everything. These victims strategically planned their escape, as described by the following participants:

We were living at my mum’s place at that time … All my belongings were in storage and I knew [the children and I] could stay at my mum’s… I knew I could never leave him if he had the kids or all of my possessions. He would either throw me out or he’d say ‘you can't have your children you can't have your possessions, you're not going to be able to start a new life without your children or your possessions’. So now I had his nuts in a vice. I filed for the domestic violence order [and] I threw him out. That’s what I did. It was sneaky and it was nasty and I know that; but I won. (I15; 23/6.5/3)

Well when I left we had a business, truck, house, everything. I knew if I left I wouldn’t get anything. So I waited till he was at work and I packed the whole house up on my own, put it on the back of the truck, put it in a storage shed. I had to make a safety plan, ‘cause he wouldn’t let me have anything … I’d seen a solicitor about it for my rights, and she said ‘oh look, you’re better off taking what you can’. So I did. (I22; 23/7/3)
The situations described by the victims in the above quotes support findings from past research, which reveal that decisions to leave an abusive partner are often associated with a potential loss of finances (Wilcox, 2000).

7.3.2.3 Strategic escape to minimise the risk of physical harm

While some victims managed to minimise their losses by being more strategic with the timing of their departure, others were less fortunate and had to leave everything behind to ensure their safety, as described by this victim:

… it’s quite a big thing to run away, you know, because you started gathering stuff again … you’ve got to leave everything, you can’t take anything … [when I decided to leave] I couldn’t just risk walking off down the street and catching a bus, I couldn’t risk anything. I had to make sure I got away properly … he was going to court … So like when you’re going to court you know how you have to open your bag so I could have hardly anything in it - so just my makeup and my wallet … I got this skirt and I rolled it up and I just stuck it in my bag and a little jumper so I wore this, black pants and white shirt and went up to court … I said, ‘oh, okay I’ll just go to the toilet’. That’s the last he’s ever heard from me. I ran off and I went into the nearest shopping centre and I took the pants off and I put the skirt on and put the jumper on so I’m just a blonde from down the street with a different outfit on. (I25; 39/8/0)

This victim had made three previous attempts to leave her abusive partner. She was the victim referred to above who had prepared herself with knives and razor blades to cut her wrists due to her partner repeatedly threatening to torture her and keep her alive for six days before eventually killing her. While the violence and fear she experienced may have been more severe than that of other participants, her story highlights that
escaping an abusive relationship is not an easy decision and requires strategic planning when living with an abusive partner whose violent behaviour is highly unpredictable.

Similar experiences were reported by a victim who sought help from the police to minimise the risk but eventually relied on her personal risk assessment instead. Her partner had been taken into custody for four hours by the local police after he tried to strangle her. While the police assured her he had been calmed down, this victim reported that she knew there would be a consequence for having called the police. She took her children and went to a local motel since she believed that at this stage leaving was the only way to prevent a fatal outcome for her and her children:

I took the kids and went to a motel … I knew the state of mind he was in. Sure enough he came back. He smashed his way in and killed our guinea pigs … he couldn’t get to us so he killed the pets. (I5; 25/10/3)

The above quote is from an interview with the victim who returned to her abusive partner when the supervised contacts between him and the children were coming to an end. It illustrates that factors influencing victims’ decisions to leave or stay are multilayered and complex. While it may seem like the safest option to stay at one particular point in time, it may be crucial to leave at another. This situation highlights how important it is for victims to rely on their personal risk assessment for survival.

7.3.2.4 Post-separation risk of harm & fatal outcomes

In addition to the lethal threats experienced throughout the relationship, over half of the victims (58.6%) reported situations where they felt their life was endangered post separation. While almost half of these victims (47.1%) also experienced threats of
lethal harm during their relationship, for the remaining 52.9% this risk increased when they left their abusive partner permanently. These findings are consistent with past research findings, which identified that victims’ risk of lethal violence increases significantly around the time of separation (Pollock, 1994; Stanko, 1997). A victim’s decision to leave an abusive partner often challenges feelings of male proprietariness and increase their risk of lethal violence, especially by men who have displayed high levels of coercive control and entitlement throughout the abusive relationship (Johnson & Hotton, 2003; Pollock, 1994). These men may try to regain power and control by ‘punishing’ their victim through lethal forms of abuse, as illustrated by the following quote:

I don’t think I will ever feel safe. I will always be looking over my shoulder … while he is alive I will spend the rest of my life looking over my shoulder. But I recognise that I have to do that to keep myself safe and if that’s what I have to do that is what I have to do. It would be nice if it was different but wishing doesn’t make it so. (I10; 20/36/2)

The above quote is from an interview with a victim who spent 36 years with an abusive partner who never accepted her decision to leave. This victim reported that she has the intention to move countries once her property settlement is finalised. For the time being this victim had filed all evidence of her partner’s post-separation threats and his stalking behaviour with her lawyer as evidence should something happen to her before she is able to start over in a different country. While her fear was predominantly generated through his presence outside her house on different occasions where he would stand across the street and watch her, other victims had experienced actual attempts to harm them and their loved ones:
… he’d left a letterbox bomb … my parents moved within the next month-and-a-half. My sister moved. My brother moved. Everyone moved … he’d written me letters saying ‘I’m going to kill you and kill the children’ … there were probably about 27, like a huge amount of letters, you know, ‘be careful when crossing the road’ … and yeah, ‘I’ve got a gun’ and rah, rah, rah. (I1; 15/6/3)

About six months later he saw my mum down at the shopping centre at Kmart and followed her back and came to the front door with the gun … He said ‘I want to find - you know - where is she?’ She rang the police and the police came but he was already gone by then. (I20; 28/11/2)

One of the participants reported how she survived her ex-partner’s attempt of killing her because he was interrupted by eye-witnesses. The following incident happened on their way to see a solicitor to finalise a property settlement:

The second time he planned my murder we were separated … I tried to wind the window down and I couldn’t. ‘Oh’, he said, ‘it’s broken’. It didn’t have a handle … he turned off the track and the grass is that high up to the car. I started to scream and he punched me in the throat then. He said, ‘I planned this … I’m going to kill you’. He had this big knife like that. I thought I was going to spew up … He said, ‘you can’t get out … I’ve planned this. I took the locks off and everything so you couldn’t get out of the car’. I thought, what’s the point in screaming? I put my head between my legs and said, ‘get on with it. Do it quick so I don’t have to suffer’. He had the knife like that and a car came down the track … [He] panicked and threw the knife under the seat … and he just drove out. (I27; 28/15/4)

The experiences of victims described above reveal that their risk of physical harm does not end when the relationship ends. For over half of the victims it increased post-
separation, which emphasises the importance of safety measures around but also post-separation.

7.3.2.5 Emotional attachment

Victims’ emotional attachment to the abusive partner had a similar influence on victims’ decisions to seek help initially and to terminate the relationship eventually. While emotional attachment generated strong feelings of self-blame post-separation, it acted as a powerful mechanism that prevented victims from leaving in the early stages of the abusive relationship or encouraged them to return after temporary separation:

Stupid me, I would go back [after having been taken to a refuge] because there was that hole. I think every woman that has [experienced] DV does it. They always go back. I don’t know what it is. (I18; 18/12/4)

And people say, ‘why did you stay?’ The same old scenario: out of love. I only ever stayed there out of love. I never liked what happened. (I29; 33/4.5/4)

The role of attachment as a barrier to leaving was further supported by the observation that victims who had fallen out of love found it easier to escape the abusive relationship:

I gave him three [chances] and … I had fallen out of love with him so it made it quite easy … so I’m walking. (I4; 30/1.5/1)

He came back the next day. He waltzed in there in the middle of the afternoon. I had a bag packed for him. I threw it at the door and I said ‘you go and stay with your daughter or whoever, but you’re not staying here … I don’t have the same feelings for you anymore. It’s not going to work and I’m not copping this anymore’. (I6; 23/10/2)
Overall, it can be seen that victims’ decisions to leave or stay are influenced by a range of different factors, including financial and emotional dependence, risk management and minimisation and the logistics of getting oneself and any dependent children away from the abusive partner’s physical and emotional control. Victims’ experiences described above therefore have important implications for services and other support networks that are utilised in response to IPV. It is important to avoid the question of ‘why she does not just leave’ and rather ask how one can support the victim and her decisions to leave. After all, the situations described by victims in this sample show that leaving an abusive partner permanently is often more complicated and in some cases also more dangerous than staying with him.

7.4 Summary

The findings in this chapter have illustrated the different factors associated with victims’ help-seeking and leave-taking decisions. Some factors, including emotional attachment, victims’ loss of self and their conceptualisation of the experienced abuse, were predominantly associated with victims’ overall readiness to reach out for help. Other factors, including marital status, financial dependence and threats of lethal violence were associated with more specific forms of help-seeking. Findings from the interviews also identify the changing dynamics of abusive relationships, a victim’s emotional attachment to an abusive partner, her personal risk assessment and the related help-seeking decisions. These findings indicate that it is a combination of factors that leads to the realisation of the need for external support, the readiness to approach such sources and the choice of particular sources that are expected to meet victims’ individual needs. While all victims eventually left their abusive partners, a
combination of the examined factors often delayed their proactive help-seeking decisions.

The experiences described in this chapter indicate that none of the victims in the current sample had developed what Walker (1979) defined as ‘learned helplessness’. Most decisions against seeking help or leaving the abusive partner were well-informed, indicating that these victims have agency and make decisions to the best of their knowledge at the particular point in time. Outcomes of victims’ help-seeking decisions are examined in the following chapter to understand their influences on future choices of support.
Chapter 8: Outcomes of Initial Help-Seeking Decisions and Their Influence on Future Choices of Support

Introduction

This thesis supports prior research findings, which suggest that women who experience IPV may be victims but they are rarely passive (Brown, 1997; Gondolf & Fisher, 1988; Moe, 2007). Chapter 7 revealed little evidence of ‘learned helplessness’ (Walker, 1979) in the current sample since victims’ responses to IPV were very diverse and proactive on many occasions. In addition to the individual and situational factors explored in Chapter 7, this chapter examines the influence of initial help-seeking decisions and their outcomes on future choices of support. Individual outcomes are defined by the reactions or responses that victims received from different sources approached for support. A separate chapter is dedicated to the outcomes of initial help-seeking decisions and their influence on future choices of support because this issue was addressed repeatedly by victims throughout their interviews.

Findings in the current chapter reveal that many victims started out as proactive help-seekers but developed a level of ‘hopelessness’ in relation to particular sources of support as a result of unsuccessful and unsatisfying prior help-seeking attempts. Past research found that ‘learned hopelessness’ is a common observation in victims who initially approached a range of different support sources or one and the same source on numerous occasions and who did not receive the support they needed or asked for (Moe, 2007). As a result, these victims stopped believing in the usefulness of those sources. In the current study, this was predominantly observed for help-seeking from family and friends, the police, judges and magistrates and CSS workers. While victims
kept reaching out for support, they chose their sources of support more critically due to the developed lack of confidence in some sources. This chapter describes outcomes of different help-seeking decisions and their influence on future choices of support. Implications of these findings are discussed in Chapter 9.

Past research reveals great variation in the outcomes of victims’ different help-seeking decisions (Beaulaurier et al, 2007; Ellsberg et al, 2001; Gillis et al, 2006; Lempert, 1997; Moe, 2007). While victims partly report positive outcomes, these vary greatly depending on the sources approached for support. Informal sources often lack an understanding of the victim’s situation and her decision to remain in the abusive relationship (Lempert, 1997; Moe, 2007). Outcomes of formal help-seeking approaches, for example from the criminal justice system, are often marked by victim-blaming attitudes that further traumatisre the victim (Gillis et al, 2006; Hoyle & Sanders, 2000; Robinson & Stroshine, 2005). Similar observations were made in the interview data. Few victims were as fortunate as the following victim who received unconditional informal support throughout her highly abusive relationship, which lasted six years:

My father was the saving grace because he told everyone ‘until she’s 24 with seven children and barefoot on my door and pregnant again’, he goes, ‘I’ll give her until then before I give up hope’. Luckily I was 21 with three [children]. (I1; 15/6/3).

More commonly, the outcomes of victims’ informal help-seeking decisions were similar to the ones described by the following victim:

It’s more that as soon as I opened up to friends and family over the years about little things that had happened and especially if I would leave him and I’d tell them why I
left him, and then if I went back to him it came back on me. ‘Why? Why are you going back to him?’ I lost a lot of friends and a lot of family over that. (I5; 25/10/3)

These negative outcomes play a significant role in victims’ ability to escape the abusive relationship and establish a violence-free life due to their influence on future help-seeking decisions (Gillis et al, 2006; Goodkind et al, 2003; Koepsell et al, 2006; Lempert, 1997; Wolf et al, 2003). Past research and findings discussed in Chapter 7 identified that victims’ help-seeking decisions are often part of the overall leaving process that enables victims to stop the violence permanently (Davis, 2002; Koepsell et al, 2006; Liang et al, 2005). As part of this process, victims’ often make several attempts to seek help while still residing with the abusive partner (Moe, 2007). Similar observations have been made for victims’ leave-taking decisions as many IPV victims separate temporarily on one or more occasion before leaving the abusive partner permanently (Ellsberg et al, 2001; Gondolf et al, 1990). It is therefore important for victims to receive the support they seek at different stages throughout the help-seeking and leave-taking process.

While watching victims return to their abusive partner can be difficult to understand for those approached for initial support (Anderson et al, 2003; Brown, 1997; Moe, 2007), temporary separations and reunions between a victim and her abusive partner are an important part of the overall process and eventually increase a victim’s likelihood of permanent separation and attaining a violence-free life (Anderson & Saunders, 2003; Koepsell et al, 2006). Hostile or victim-blaming attitudes by sources of support can constitute significant barriers throughout the help-seeking and leave-taking process. Past research reveals that those attitudes are particularly critical when experienced from informal sources during initial help-seeking approaches (Lempert,
1997; Liang et al, 2005). Victims may be deterred from reaching out to family and friends again in the future and discouraged from extending their help-seeking decisions to formal sources. Both reactions can increase the risk of further isolation and prolonged abuse of the victim (Krishnan et al, 2001; Liang et al, 2005; Lempert, 1997; Moe, 2007).

Negative responses from formal sources approached for support can have a similar effect (Gillis et al, 2006; Moe, 2007). While these victims are often at an advanced stage of the help-seeking process, negative outcomes of their help-seeking decisions can deter subsequent formal help-seeking approaches. This can jeopardise their safety long-term as it often requires formal interventions to stop the violence permanently (Davis, 2002; Koepsell et al, 2006; Lempert, 1997; Liang et al, 2005). Some victims in the current sample felt that judicial authorities held an attitude that victims of IPV are not worth being helped because they are unable to help themselves. Such an outcome of formal help-seeking can lead to increased levels of self-doubt and self-blame and prolonged experiences of victimisation (Gillis et al, 2006; Moe, 2007).

8.1 Outcomes and Influences of Different Help-Seeking Decisions

Victims’ narratives of their abusive relationships and related help-seeking decisions over time are examined to identify how different outcomes of informal and formal help-seeking approaches may affect subsequent help-seeking decisions. The outcomes and influences of past help-seeking decisions are examined for informal help-seeking decisions, including talking to immediate or extended family and talking to friends and formal help-seeking decisions, including (1) contact with the police, (2) contact with a judge or magistrate for IPV-related matters, (3) seeking refuge in a women’s
shelter, (4) seeking medical attention for IPV-related injuries or long-term health consequences, and (5) contact with the state-wide telephone helpline (DV Connect) or one of the regional DV services. In addition, outcomes and influences are examined for a category labelled ‘other formal help-seeking’. This category includes formal help-seeking approaches that are not covered by one of the five categories referred to above.

8.1.1 Outcomes and Influences of Informal Help-Seeking Decisions

Findings in Chapter 7 reveal that informal help-seeking was the most common response to IPV. Only four victims (13.8%) had neither talked to family nor friends about their abusive experiences. The remaining victims had disclosed the abuse to family members (37.9%), friends (17.2%) or a combination of both (31.0%). Overall, approaching family members for support was slightly more common (69.0%) than talking to friends (48.3%) about the abuse. Victims’ decisions against informal help-seeking differed depending on the sources of support. Over half of the participants (53.3%) who did not seek help from friends reported being socially isolated from former friends or acquaintances. Only three victims (33.3%) shared this experience in relation to their family members. The majority of victims who did not disclose the abuse to a family member (66.7%) did so out of choice. One victim reported a combination of not wanting their parents to get involved and wanting to protect her abusive partner from informal repercussions:

I never spoke to my parents about it because my dad’s quite – he’s very protective and he loves me … Actually I was afraid of repercussions between the two of them. So I sort of was very protective of what happened between them. So I haven’t really spoken to them about it. (I12; 20/14/1)
A more common theme was the perception that their family would not be supportive, as described by the following victim:

Because I’d not long been out of jail and because we’d met so quickly and fallen in love so quickly, that I didn’t really want to ring Mum and for me to say and go, ‘I’ve really made a ball of this’, you know? Then, because I was pregnant so quickly … it’s just [that] my parents are masters of ‘I told you so’. I just didn’t want to hear ‘I told you so’ - again after I’d been to jail for four years for my first relationship that they had never approved of. (I28; 41/3/1)

The majority of participants, however, perceived their informal network as an approachable source of support and therefore did talk to family and friends about their experiences. While some chose this avenue of support initially before moving on to more formal help-seeking decisions, others kept approaching informal sources repeatedly throughout their abusive relationship. Some victims had initially talked to family and/or friends but refrained from doing so after receiving negative reactions. Some negative outcomes of informal help-seeking were caused by a lack of support and interest from the approached sources, as described by one victim who escaped her violent family of origin by moving in with her intimate partner at the age of 19 years:

Then like my parents seeing bruises and that where he used to grab me … mum would just say ‘you've got to put up with it for your kids’ sake’. That was no support. So I never had any support at all. So I put up with it. (I26; 19/9/2)

This victim spent nine years with her abusive partner and identified the lack of family support as one of the barriers to having left sooner:

Maybe I could have left him a bit sooner if I had support from out of my family. But having no support at all like I do, I just stayed there. (I26; 19/9/2)
Other negative outcomes of informal help-seeking decisions were caused by a lack of understanding on the part of the approached sources:

They knew a little bit about it and they were in despair that I kept going back … at the time I had conflict with them quite a lot. Yelling and that because they were going ‘what are you doing’ and ‘why do you keep going back’? And I would get defensive. (I14; 30/1/0)

The above quotes summarise what many victims in the current sample went through in relation to different help-seeking decisions. While the majority of victims disclosed their violent experiences to family members at different points in time they were often confronted with a lack of support or understanding on behalf of those support sources. Two patterns of negative outcomes of help-seeking from immediate family members emerged from half of the interviews. First, victims who came from a family background marked by parental IPV were more likely to receive negative unsupportive reactions than victims from non-violent backgrounds. There are a number of possible explanations for the lack of support experienced by these victims. Mothers who were unable to stop their own violent experiences may have felt that their daughters needed to suffer the same way. It is furthermore possible that due to being trapped in a violent relationship these mothers may not have the emotional capacity to deal with someone else’s suffering. Another possible explanation is that these mothers do not perceive their own, nor their daughter’s violent relationship as something that requires external interventions. Overall, the generally strained relationship between these victims and their parents may have complicated the help-seeking approach and its outcome.
The second identified pattern of negative outcomes emerged from interviews with victims from non-violent family backgrounds. Rather than ignorance or the lack of interest in the victim’s needs, as described above, these victims often faced a lack of understanding of their situation, including their decisions to remain with or return to an abusive partner after violent incidents and temporary attempts of separation. While these family members often have the best intention of supporting the victim, their lack of understanding for the victim’s choices in relation to her abusive partner often leads to victim-blaming attitudes and frustration on behalf of the support sources (Lempert, 1997). Some victims lost the initial support of their family as the abuse continued. Similar observations have been made in relation to other informal sources, such as friends (Fugate et al, 2005; Lempert, 1997; Moe, 2007).

Overall, victims reported more positive outcomes when seeking help from friends rather than family. While only half of the family help-seekers were satisfied with the outcome at different points in time, over three quarters (78.6%) of victims reported positive outcomes when having sought help from friends. Despite the loss of friends over time, the majority reported having received emotional and tangible support from friends.

Help-seeking from immediate family members led to negative outcomes for half of the victims who chose this avenue of support. Family members who can relate to the victim’s suffering and entrapment due to their own violent experiences offered little or no support and often left the victim stranded in the help-seeking process. Family members who on the other hand could not relate to living in a violent relationship also could not understand the dynamics of the abuse, attachment and social entrapment.
While these family members often intended to support the victim, they usually lost patience and started to resent the victim for her choices to remain in the abusive relationship. Both types of negative outcomes reveal that victims’ informal help-seeking options are often limited and can be exhausted quickly, depending on the understanding and support shown by those approached for support.

8.1.2 Outcomes and Influences of Formal Help-Seeking Decisions

Past research and findings from Study 1 reveal that formal help-seeking is less common than the informal approaches described above (Coker et al., 2000b; Kaukinen, 2004b; Mouzos & Makkai, 2004; Sabina & Tindale, 2008). Those results furthermore indicate that where formal help-seeking occurs, it is more likely to occur in addition to rather than instead of informal help-seeking (Bui, 2003; Liang et al., 2005; Sabina & Tindale, 2008). While the data used in Study 1 was limited to help-seeking decisions in relation to one particular abusive incident (i.e. the most recent one), past research on the processes of help-seeking reveals that formal help-seeking often follows initial informal help-seeking approaches. Depending on the outcome of the informal help-seeking approaches, victims can feel encouraged or discouraged to disclose the violent experiences to further, more formal sources of support (Beaulaurier et al., 2007; Lempert, 1997; Liang et al., 2005). Negative outcomes of informal help-seeking approaches, such as a lack of offered support and understanding or victim-blaming attitudes on behalf of the support sources may, on the other hand, discourage such decisions (Beaulaurier et al., 2007). This can lead to further isolation and prolonged experiences of victimisation (Beaulaurier et al., 2007; Goodkind et al., 2003). Positive responses, including offers of tangible and emotional support and the validation of the
violent experiences as intolerable on the other hand can encourage the victim to extend her help-seeking to formal sources (Lempert, 1997; Liang et al, 2005).

Another factor identified by past research is the exhaustion of informal sources (Lempert, 1997; Liang et al, 2005). While some family members and friends may offer unconditional support throughout the victim’s violent relationship, victims often reach a point where they realise that they need more formal support. Family and friends’ ability to help is often limited. They may be able to offer unconditional support in some cases but it often requires a formal intervention to stop the violence permanently (Liang et al, 2005). This can be in the form of utilising legal advice, alternative accommodation for the victim and any dependent children, or counselling to help the victim rebuild her personality as well as her life (Anderson & Saunders, 2003; Davis & Srinivasan, 1995; Gillis et al, 2006; Koepsell et al, 2006).

Findings on formal help-seeking revealed by Study 2 differ somewhat from observations made by past research. All victims interviewed for Study 2 had sought formal help at some stage throughout the violent relationship. However, their patterns of seeking formal support differed. The majority (58.6%) had approached two or three different formal sources. Fewer victims (20.7%) had approached only one formal source for support while just over 17% of victims had sought help from four different formal sources. Only one victim had approached five different sources for formal support and none of the victims had sought help from all six examined sources of support.
Prior informal help-seeking decisions of victims differed as well. Some of these victims (13.8%) did not seek informal help before reaching out to formal sources of support. These victims generally reported no access to informal sources as a result of strained family relationships or social isolation. Of the victims who sought informal help, 50% reported negative outcomes. Victims who had no informal sources to turn to and victims who received negative reactions from family and friends shared significantly longer relationships with the abusive partner than victims who received informal support (12.7 as opposed to 7.2 years). This finding is consistent with past findings, suggesting that negative informal responses may delay formal help-seeking decisions and as a result prolong the abusive experiences (Beaulaurier et al, 2007; Goodkind et al, 2003). While formal help-seeking may not be conditional on positive informal help-seeking experiences, it certainly seems to be facilitated and accelerated through positive and supportive reactions from family and friends.

8.1.2.1 Seeking help from the police

Almost half of the sample (48.3%) initiated contact with the police on one or more occasions throughout their abusive relationship. Another three victims (10.3%) had contact with the police initiated by a third party. Almost half of the victims (42.9%) who initiated contact with the police did so on more than one occasion. While some victims relied on calling the police, others presented to the nearest police station in person once the abuser left the home for work or other purposes. This observed pattern is slightly more proactive than forms and rates of police-help-seeking observed in national household surveys (Kaukinen, 2004b; Mouzos & Makkai, 2004) but similar to patterns observed in a large-scale study of help-seeking victims (Gondolf et al, 1990).
An examination of outcomes of informal help-seeking approaches in relation to their decisions to seek help from the police offered no support for the assumption that negative informal reactions would discourage proactive formal help-seeking decisions. Over half of the victims who approached the police for support reported a lack of support from family or friends prior to calling or seeing the police. Out of the victims who decided against calling or seeing the police, three quarters experienced prior positive and supportive outcomes of informal help-seeking. Seeking help from the police may therefore be partly a result of having exhausted other sources of support.

The majority (70.6%) of victims who sought help from the police reported negative outcomes. Police reactions towards victims’ help-seeking approaches resembled the ones shown by some informal sources of support to an even greater extent. The two key themes that emerged from the interviews were a lack of interest and a lack of understanding on behalf of the police. Many victims felt that they were not taken seriously because they would not terminate the relationship permanently. The first quote summarises negative outcomes repeatedly experienced by one victim in the 1980s before Queensland’s *Domestic and Family Violence Act (1989)* came into force:

… this was before 1989 because that's when the domestic violence law came out - not that I think that's been any good but anyway … I used to go to the police station. There was no Logan Police Station then; there was only the Beenleigh Police Station. I used to go down there every single week and I used to complain. I used to ring the police and I used to complain and not one police officer ever came to my house … Not one police officer ever came and charged him and the police used to say to me 'look we’re not going to bother because you women, you always take it back and you never follow through and there’s too much paperwork to be done'. I remember one Saturday the Senior Sergeant was there and he knew me quite well and he said 'the problem with
you women is you just don't fuck your husbands enough; that's your problem'. Yeah, that was great. (I20; 28/11/2)

While the lack of support by the police experienced by the abovementioned victim may have partly been shaped by the lack of laws available to protect women from IPV in the 1980s, the following quote highlights that despite the implementation of the protection legislation, victims still report similar responses 20 years later:

The police I found always reluctant to do any assault report every single time because they would say it would take about two hours. I think it was a lot of work for them to do it. So they’d discourage me. Every time I felt discouraged; so I didn’t go through with it. (I14; 30/1/0)

Time and effort were factors that emerged from a number of interviews. Victims who approached the police for support often had the impression that it was too much effort and a waste of time for the police to file a report and complete the relevant paperwork. While some victims reported a perceived reluctance of police officers to deal with their situation in general, a smaller number of participants reported a feeling of not being worth the time and support because they were unable to help themselves, as summarised by this victim:

I still had fingerprints around my throat … it was towards the end. I went to the police station and said, ‘help’. The young copper that was on the desk was one of the cops that had been to the house before and he said, ‘Piss off. You won’t do anything about it anyway. I’m not going to help you today.’ It really fulfilled that prophecy that I was worthless and no good and I was not okay … The message that I got from that copper was that I wasn’t worth helping because I couldn’t help myself. There was that lack of understanding of being stuck. (I9; 23/15/4)
While about half of the victims showed highly proactive patterns of formal help-seeking, the negative outcomes of their decisions to contact the police often discouraged them from choosing the same avenue of support again in the future. Calling the police often became relevant for victims at a later stage in the violent relationship when they had either tried to stop the violence themselves or relied on other sources for help and support prior to the decision of calling the police. Victims therefore had certain expectations for the police to deal with the situation since it often required a lot of courage and strategy to be able to call the police or present to the nearest police station. Being disappointed with the outcome of those particular help-seeking decisions therefore sometimes led to the perception that it is not worth the risk if the outcome is such a negative one:

I found them to be quite rude, to tell you the truth; the cops were like it was my fault, you know. After that they’re the last ones you'd go to, you get so many arrogant males and they honestly make you feel like it is your fault … I don't know whether they’re trying to joke you into [leaving] or what the hell they think they’re doing, but they actually make a bad situation worse and they make you feel so much worse about yourself, you know … one time when the cops were brought out here … he said to me, the best thing you can do is go back upstairs with your partner and discuss it. Maybe I would have gotten out these situations a lot sooner if, you know, if they had handed out information there and then … No, they tell you to go back and deal with it, you know. It’s horrible and why bother calling the police in the end if that’s the response that you get. (I19; 27/12/6)

While some help-seeking victims remained persistent and kept approaching the police repeatedly as indicated by some of the above quotes, others stopped utilising this source and relied on other formal sources instead. However, not all victims who sought
help from the police reported negative outcomes. Three victims (17.6%) neither had positive nor negative things to say about their contact with the police. Two victims (11.8%) on the other hand reported positive outcomes of their help-seeking approaches. These outcomes may be dependent on the police officers involved and the victims’ ability to influence the situation. The following quote describes that the police were supportive but that the victim may have been ‘lucky’ to receive that kind of support:

I can credit the police and they helped quite a bit in some ways. That’s the ones that have got some compassion. Some police won’t give you any. They’ve seen so much of it and the pattern is the same … There was one constable who, every time I rang, he seemed to be on duty … He came in with his partner in the car and said ‘can you get home?’ And they parked outside for a couple of hours. (I27; 28/15/4)

Another victim strategically planned her help-seeking from the police for the moment her life would be in danger. She spent 36 years with her mentally ill and abusive partner who terrorised her to an extent where she would barricade herself into the guest bedroom over night and have ‘000’ readily dialled in her mobile phone every time she went to the bathroom as that room had no windows and only one entrance and would leave her trapped should he ever attack her in there:

I had myself red flagged and this one day … I said to them ‘this is what has happened, I am at a stage where he is escalating. I have not called you because he had a mental illness but the time has come where I am going to have to and when I do call you I’m going to be in real danger, my life is going to be under threat and I’m going to need you to come’. I said to them ‘when I do call you, I will need you. There are many times I could have called you in the past two years but I have not’ … the day came … they came straight away. They were wonderful. (I10; 20/36/2)
While the above victim was satisfied with the immediacy of the police response and the way they handled her case, her decision to red-flag herself also indicates a lack of confidence in police responses to IPV, especially in the priority assigned to these cases and the immediacy with which they are attended. Overall, the experiences of victims who did utilise the police for support indicate that much is left to be desired when police officers respond to victims of IPV. While some victims remained persistent because they believed they had a right of being helped and protected, others eliminated this avenue of help-seeking from their list of available and helpful sources of support. Similar observations have been revealed by Robinson & Stroshine (2005) in their British study on the expectation fulfilment and satisfaction with the police in cases of IPV. Results reveal that negative outcomes of help-seeking from the police discouraged victims from calling the police again in the future. Implications for future policing of IPV in the Australian context are discussed in Chapter 9.

8.1.2.2 Seeking legal protection

Less than half of the victims in the current sample (37.9%) reported the abuse to a judge or magistrate throughout the abusive relationship. In the majority of cases (90.0%), these victims had prior contact with the police and in 36.4% of the cases the police initiated the DVO application. Still, over 90% of victims with prior police contact described that contact as negative. Their decision to seek help from a judge or magistrate despite their negative encounters with the police suggests that the exhaustion of initial formal resources (i.e. police support) encouraged rather than discouraged them to seek further help from other judicial authorities. On the other hand, the two victims who reported helpful and supportive police interventions never had any contact with a judge or magistrate for IPV related matters.
Victims’ decisions to seek help from a judge or magistrate were furthermore examined in relation to outcomes of their prior informal help-seeking decisions. Outcomes of informal help-seeking approaches seemed to have no influence on victims’ decisions to take their matters to court as just over 45% of victims who applied for a DVO and just under 45% who did not apply for one reported negative informal reactions or no informal support. Outcomes of informal help-seeking approaches appear less relevant at this stage as the majority of victims already extended their help-seeking to formal sources of support when calling the police.

Victims who sought help from a judge or magistrate despite their negative encounters with the police experienced further negative reactions when going to court. Nine of the 11 victims (81.8%) who decided to apply for a DVO reported negative outcomes of that decision. The reasons for those negative outcomes were similar to the ones observed for help-seeking from the police. Many victims reported a lack of understanding of the dynamics of IPV in general as well as a lack of understanding for the perceived risk of victims and their dependent children. Five victims shared experiences similar to the ones described below:

The judge didn’t want to put my four children on so they made me stand up in court and he said, ‘I need a reason’. I said ‘He calls them fucking cunts all the time. He calls me a cunt in front of them … If he’s angry at me he’s been known to punch the second eldest. He used to turn around and hit him in the middle of the back’. That was enough; he then put the names of the children on it. (I9; 23/15/4)

They wouldn’t even put [my daughter’s] name on the DV order because he had not ever physically harmed her, let alone the psychological and emotional damage that he’s done to her. (I28; 41/3/1)
Victims who described similar outcomes reported a perceived reluctance by judges and magistrates to include the names of mutual children on the DVO unless there was obvious evidence of child maltreatment by the abusive partner. These victims were unable to understand that judges and magistrates believed their children were not at risk and that the abusive partner was not automatically a bad parent because he used violence against the mother of those children. The experienced reluctance to include mutual children on the DVO has also been revealed by past Australian studies on child contact and custody arrangements between IPV victims and their abusive partners (Kaye, Stubbs & Tolmie, 2003a, 2003b). While CSS, discussed in Chapter 7, expect victimised mothers to protect their children from the negative effects of being exposed to the behaviour of the abusive parent, some judges and magistrates believed that remaining in contact with that same parent was in the best interest of the child’s development (Kaye et al, 2003a, 2003b). Such decisions illustrate the lack of understanding of the risks and effects of IPV on both mothers and children.

In cases where the DVO was not extended to include the dependent children, victims felt that they could neither protect themselves nor their children adequately since the abusive partner had been granted continuing access to the children:

The law makes it really hard for you to protect your children. Like if society expects you to protect your children, but then the lawyers turn around telling you ‘well you have to give the child over whether you like it or not’. You’re thinking ‘well I’m trying to protect my children but you’re kind of making me jeopardise that safety’ … ’cause once it’s in the court it’s in their hands. You don’t have any control. (I8; 18/3.5/1)
Contact between the victim and the abusive partner to allow the stipulated access to mutual children increased victims’ risk of further abuse. In addition to the general increased risk around separation, victims in the current sample often felt that the abusive parent used the stipulated access to facilitate further abuse. Similar observations have been made in a previous Australian study by Kay et al (2003b) which found that the abusive partner often had little interest in spending time with the children but used the granted access to further harass the victim. Such perceptions and experiences further contributed to the dissatisfaction with the outcome of victims’ decision to seek judicial support in the current sample.

Another factor associated with negative outcomes when approaching a court for support is the dismissive attitude by judges and magistrates and their lack of understanding for the importance of immediate action to protect the victim:

It took at least one week to serve the order and I was telephoning every day and saying I have got nowhere to live. It took them a week to serve the order … They sit there and make judgments and they haven't got a clue what you are living with … He [the magistrate] was saying 'she has been with him this long she can hardly complain about that now’. It is like a secondary victimisation … it is totally inappropriate. (I17; 18/26/2)

In addition to the initial negative outcomes experienced when applying for a DVO, victims also reported a disappointment in the outcome of reporting breaches of the DVO by the respondent:

The courts are really bad I could say. The court system is pathetic you know? Like he'd assault all the time, get charged [and] get out of the watch house - I think he got
charged like [with] breaching a domestic violence order nine or 10 times and that still did not put him in jail. You know what I mean? (I13; 16/8/2)

He was served with a no contact order. [There were] phone calls, text messages. He got a $200 fine. He rang me at work one night and told me he was coming to get me. This was within a week of being served … He sat at that petrol station for five hours waiting for me to drive home from work … The coppers showed up six hours later to check the service station. I had witnesses, the gentleman in the service station … He [ex-partner] got one $200 fine. I didn’t even bother breaching him anymore, what’s the point, $200 fine. He goes, ‘sucked in, I can get you again’. He thought it was funny. (I15; 23/6.5/3)

Overall, nearly half the victims who applied for a DVO (45.5%) doubted the usefulness of such an order as summarised by one victim who reported negative outcomes when applying for the order as well as reporting the relevant breaches:

It [the DVO] wasn’t worth the paper it was written on … When you first get a domestic violence order they say you have to report all the breaches to show them that it is serious, but then you just feel it is a waste of time because they don't take any notice of it … (I17; 18/26/2)

Negative outcomes of seeking help from judges and magistrates had similar consequences as the ones described for calling the police. They often discouraged victims from approaching the same source again in the future. While a small number of victims remained persistent and repeatedly applied for a DVO and reported the associated breaches, almost half of the victims who initially took their matters to court stopped using that avenue of support once they felt it was no longer useful to them.
8.1.2.3 Seeking medical attention

Women’s experiences of IPV are associated with physical and psychological short- and long-term consequences (Clark & Foy, 2000; Johnson, 2004; McCloskey & Grigsby 2005; Robertiello, 2006, Walker, 1991). The healthcare system therefore plays a major role in providing support for victims. While service delivery in healthcare settings has partly been shaped by victim’s experiences and needs (Hague & Mullender, 2006; Hutchinson & Weeks, 2004) many victims report negative outcomes of seeking medical attention for IPV-related health outcomes (Gerbert, Abercrombie, Caspers, Love & Bronstone, 1999; Mezey, 2001). While victims of IPV are significantly more likely to use the healthcare system than non-abused women, they rarely disclose the causes for their injuries unless a routine risk assessment tool is used (Sully, 2005).

While a large number of injured victims (80.0%) in the current sample sought medical attention, only 25% disclosed the abuse to the medical staff they came in contact with. The remaining 55% sought medical treatment for cuts, bruises, bone fractures and internal injuries without disclosing the origins of those injuries. In contrast to other types of help-seeking, seeking medical attention is less likely to be influenced by a range of individual or situational circumstances but rather by the need for immediate treatment for injuries that require medical attention. Seeking medical attention therefore seems to be a bare necessity in many cases rather than a carefully considered decision. Instead of examining whether past help-seeking decisions influenced the decision to seek medical attention, this section focuses on the outcomes of victims’ decisions to disclose the causes of their injuries or to remain silent when receiving medical treatment.
DISCLOSING IPV TO HEALTHCARE PROFESSIONALS

Four out of the five victims who openly sought help for their IPV-related injuries reported positive help-seeking experiences and were satisfied with the way healthcare professionals responded to their needs. While none of the approached healthcare professionals initiated any IPV-related intervention or inter-agency collaborations with the police or IPV-specific services, they provided treatment without judging the victim and they showed empathy and a level of understanding for the victim’s situation. In some cases, victims had known the healthcare professionals they approached for support for more than 10 years and felt they could confide in them. The situation of one victim highlights that it may be the nature of the relationship with the healthcare professional and whether s/he respects the victim’s wishes and needs that influences the outcome of victims’ help-seeking approaches:

My weight just plummeted. So I had a doctor that I was going to. He wouldn’t give me any money so the doctor would just see me after hours, so I used to go and see him and he was giving me medication … When I went to hospital with that injury - the hospital wanted to ring the police. I was just saying I’d had a fall but they could see that wasn’t so. I just said, ‘I don’t want to talk about it and I’m certainly not having the police involved about it’. (I29; 33/4.5/4)

This victim reported that her general practitioner would advise her of the risk involved in remaining in the abusive relationship but would not pressure her into leaving or threaten her to inform other formal authorities, such as the police. Situations like this one can be difficult for the victim as well as the healthcare professional. Past research reveals the importance of interagency collaboration and suggests that the disclosure of known or suspected IPV to the police by healthcare professionals can reduce the risk of fatal outcomes for some victims (Richards, 2003; Sully, 2005). Healthcare
professionals on the other hand often feel the need to respect the victim’s wish for privacy (Sully, 2005) or lack the knowledge to identify women at risk (Tower, 2007). The reactions of healthcare professionals are therefore a double-edged sword as informing the police may reduce the victims’ risk of future harm – at least temporarily. Such an action may also discourage the victim from seeking medical attention in the future and may therefore jeopardise the established doctor-patient relationship. Overall, the current findings suggest that victims who disclose the abuse to a healthcare professional may seek non-judgemental medical treatment and an understanding for their individual situation, their fears and their personal risk assessment.

HIDING IPV FROM HEALTHCARE PROFESSIONALS

Few victims reported positive outcomes of seeking medical attention if they did not disclose the abuse. As mentioned in Chapter 7, the decisions to remain silent about the abuse when seeking medical attention is strongly influenced by the victims’ personal risk assessment. Victims were either threatened and intimidated on their way to the hospital or examined in the presence of the abusive partner. While all victims received the necessary medical treatment for their conditions, over 80% were unsatisfied with the non-medical reactions and treatment they received from healthcare professionals. Two major shortcomings in treating victims of IPV in general hospital and emergency room settings emerged from the relevant interviews. The first shortcoming is associated with the way victims are examined when presenting to hospital staff. Almost half of the victims who did not disclose the origins of their injuries were examined in the presence of their abusive partners. While these victims may have generally been too afraid to talk about the abuse due to prior threats and intimidation,
the presence of the abuser made it impossible. One victim who previously reported lying to hospital staff out of fear of retribution summarised the experiences of all five victims who were examined in the presence of their abusive partner:

He was with me anyway so he would come in with me. So I couldn’t very well say it when he was standing there. I didn’t go anywhere by myself. (I26; 19/9/2)

Regardless of whether these victims would have disclosed the violence in a one-on-one setting with a healthcare professional, it would have provided the victim with safety and privacy. Another theme that emerged from the different interviews was the lack of empathy and understanding for the victims’ situation and her impression that the healthcare professionals had a poor view of women who remain in violent relationships:

They knew and they were very – you know - a lot of people really have a poor view of a woman. They think ‘here we go, it’s just another case’. So they didn’t really tell me much. (I5; 25/10/3)

According to past research results, the experiences reported by victims in the current sample are a common observation and often the result of healthcare professionals’ lack of knowledge about IPV and their lack of time to address it (Tower, 2007; Wilson, 1998). While some of the healthcare professionals failed to address the needs of victims in the current study, they often acted in the best interest of the healthcare system with its emphasis on efficient and timely processing of individual cases and a smooth transition between patients (Tower, 2007). It was beyond the scope of the current study to examine victims’ expectations for medical, emotional and psychosocial support when seeking medical attention. Still, the reported outcomes of seeking medical attention reveal that while victims may have chosen to hide the
abusive origins of their injuries, they still sought respect, empathy and sometimes information in addition to the required medical treatment. These observations are consistent with past research findings on victims’ expectations in healthcare settings (Eisenstat & Bancroft, 1999). Having examined the outcomes of help-seeking approaches from general rather than IPV-specific sources of support, the following sections examine the outcomes of help-seeking decisions that involve specialised sources, such as women’s refuges, regional DV services and state-wide telephone help-lines.

8.1.2.4 Seeking refuge

Women’s shelters (i.e. refuges) offer an avenue of escaping intimate partner abuse for affected women (Ellsberg et al, 2001; Tan, Basta, Sullivan & Davidson, 1995; Tutty, 2006). While some victims may use shelters to escape the abuse temporarily, others choose shelters as an avenue to separate permanently and to rebuild a violence-free life (Davis & Srinivasan, 1995; Tan et al, 1995). Some victims in the current sample sought refuge in a shelter because they did not want to burden family and friends when trying to escape the violence. The majority of shelter residents on the other hand chose this avenue due to a lack of alternative safe accommodation (Tutty, 2006). In the current sample, almost half of the victims (44.8%) sought refuge to escape the violence. Seven of these victims used a shelter to escape the violence temporarily at different times throughout the violent relationship. For five victims, the first shelter stay occurred when they decided to leave the abuser permanently. One victim reported multiple short-term shelter stays throughout the violent relationship and a long-term use of a shelter when separating from her abuser permanently. Shelters therefore provided temporary relief from IPV that was often perceived as life-threatening as well
as an avenue of transition between separating from the abusive partner and reconstructing a violence-free life.

An examination of victims’ decision of seeking refuge in relation to their other help-seeking outcomes reveals two relevant results. While four victims who sought refuge reported prior police contact, only one of these victims was satisfied with the outcome of that contact and was referred to a shelter. In the majority of cases, refuge-seeking was not facilitated or supported through prior police interventions. Similar to prior observations discussed in this chapter, seeking refuge may therefore be a result of an exhaustion of other known sources rather than an encouragement by these particular sources.

Overall, victims’ experiences with seeking refuge are significantly more positive than any other outcomes of formal help-seeking approaches. All but two victims who sought refuge were satisfied with the service and support they received throughout their shelter stay. One victim said she would have sought refuge earlier in the relationship, had she known how helpful and comfortable they can be:

If I had known that shelters are like this, I would have left much earlier. I always had this idea that they are dodgy and you're cramped into a small room with a number of women and their children but this is really nice. We have a lot of space and everyone here is really nice. (I5; 25/10/3)

The above scenario reveals that victims often have a distorted perception of the quality of services available to them. Some victims also reported an initial lack of knowledge about the crisis accommodation they were referred to by other support sources, as illustrated by the following statement:
Thank God, you know, thank God for this organisation, you know. I didn’t know they existed. (I24; 33/2/1)

Victims who made use of available crisis accommodation often described how the shelter stay offered safety and initial support but also the opportunity to heal and rebuild their lives before moving into their own accommodation:

As soon as I got here I was like, oh, no more looking out the windows, no more throwing away my watch and shit, yeah just start again … they’re wonderful these ladies [shelter staff] … you’re so broken at first that it’s really nice to have a room and a Bible … So yeah, they let me stay here until my court was over and done with so it ended up being seven months. (I25; 39/8/0)

Past research has identified shelters as a source of crucial and often life-saving support for victims of IPV (Tutty, 2006). Findings from the current sample support these observations and reveal that over 80% of refuge-seeking victims were highly satisfied with their decision to seek refuge. As a result, some victims utilised this avenue of support on more than one occasion when separating temporarily. Overall, findings from the current interviews suggest that victims are more likely to report positive outcomes of help-seeking approaches from specialised rather than general sources of support. Past research reveals similar findings, indicating that specialised sources of support like women’s shelters better understand and address victims’ needs (Hague & Mullender, 2006). The few negative outcomes identified from the current sample relate to a lack of space and to accommodation for victims with particular needs, including those with disabled children and male children over 12 years of age. Negative outcomes are therefore unrelated to the services received at a shelter and instead influenced by a lack of initial space or access.
8.1.2.5 *Seeking help from a regional DV service or the telephone help-line*

Specialised regional services and the state-wide telephone help-line constitute an important point of initial contact for victims of IPV due to their specialised support and their regional coverage. These agencies offer a broad spectrum of support, including initial telephone contact and advice, women support groups, court support services, counselling for victims and their dependent children and referrals to other services.

While the number of victims who approached specialised DV services are limited to less than one third of the current sample, these victims predominantly reported positive outcomes. Almost 90% of victims who accessed any of these agencies and their services were highly satisfied with the support they received. Similar to the findings observed for refuge-seeking, the high level of satisfaction with specialised DV services was a result of specialised knowledge, empathy and understanding for each victim’s situation by professionals with professional training in IPV-related matters. These professionals are more likely to understand victims’ needs and how to address them than professionals trained in dealing with the criminal or medical aspects of assault, such as the police or healthcare professionals. Overall, satisfaction with the telephone help-line and the regional services was mainly associated with supportive, understanding staff, the provision of a range of different services and referrals to other relevant resources where necessary, as described by the two final quotes:

> I was so stressed out so I just rung the domestic violence help service and told them all about it [the abduction and related police response] … and you know what they did, they came and picked me up and had it already organised for me to go in and see a solicitor and everything … So yeah I'm really grateful, so grateful for them. They help you find places. (I4; 30/1.5/1)
I contacted the integrated response team and they have been really good. This centre is excellent … I have had counselling here and I have used the court support service and I don't see that there could be a better service than this in the country because I don't see how they could do anything better, I think they have been great. They go the extra mile and do lots for you. (I17; 18/26/2)

8.1.2.6 Seeking ‘other’ support

In addition to the help-seeking decisions discussed above, some victims approached sources of support that do not fit into the categories of the criminal justice system, healthcare or specialised DV services. Help-seeking approaches classified as ‘other’ often involved sources that victims had prior contact with for other ongoing matters, such as financial and child support. ‘Other’ sources included leaders of the victim’s local church and non-IPV-specific counselling services. The latter differed from counselling received through regional DV services as it describes victims’ initiation of mediation or couple counselling without disclosing the abuse to the counsellors approached.

Overall, 10 victims (34.5%) sought help from sources classified as ‘other’. While one victim reported previous police interventions before she turned to CSS for support, the remaining nine victims reported no other formal help-seeking decisions. The majority of these victims had talked to family or friends initially, with over half of them (60%) reporting negative reactions or no informal support altogether.

‘Other’ types of help-seeking were often facilitated through existing contacts with formal sources of support for other matters. While some victims perceived these
existing contacts as a source that could be approached for IPV-related support, others did not seek the help and advice they were offered. These victims mentioned their partner’s behaviour without identifying it as IPV themselves. As a result, they received information and advice about IPV and in some cases a referral to specialised DV services. Some ‘other’ help-seeking was therefore not the result of an informed decision to access that particular service but rather emerged out of the individual situation. Another common form of ‘other’ help-seeking was couples counselling, which was accessed by four victims.

Overall, few victims (30%) who approached ‘other’ sources for support were satisfied with the outcome. Positive outcomes were reported by two victims who initially had not identified their partner’s behaviour as IPV but received relevant information and advice from their Centrelink case worker and one victim who disclosed the abuse when seeking couples counselling. She reported that the counsellor first requested to see her, before seeing both her and her partner. The counsellor eventually helped her realise that the problem was with him, rather than her:

She said ‘no, you do actually look like a very switched on girl’. She goes ‘you know what you’re doing’. She said ‘you’ve got four choices: you can stay in the relationship and do nothing, you can stay in the relationship and do something, you can move out and try and work it out, or bring him in if you can …You’ve got to make a choice. You need to come in with him’. (I24; 33/2/1)

The three victims who sought couples counselling without disclosing the abuse experienced further re-victimisation due to carrying the power imbalances present in patriarchal intimate relationships into the counselling sessions, as illustrated by this quote:
We split up twice and we went to counselling and the counselling that we went to wasn't really any help at all because it was really relationship counselling and he was actually manipulating the counsellor to get her on side … I didn’t talk to her about domestic violence or anything so she probably wasn’t even coming from that angle. She was coming from the angle that she was trying to repair the relationship. (I17; 18/26/2)

The reported outcomes of couples counselling lend support to the criticism often addressed by past examinations of batterer intervention programs (Ashcroft, Daniles & Hart, 2003; Babcock et al, 2004). Couples counselling has often been described as unsuitable to address IPV due to the power imbalances present in the violent relationship and the connotation that the responsibility for the ongoing violence lies partly with the victim (Ashcroft et al, 2003; Babcock et al, 2004; Eisenstat & Bancroft, 1999).

Further negative outcomes of ‘other’ help-seeking decisions were reported by the three victims who initiated contact with CSS. Both victims reported that they did not know where else to go and that they expected CSS to offer support as both victims had children living with them. Instead, they were advised that they would lose custody of their children should they remain with the abusive partner. None of these victims was able to follow that advice due to their emotional and social entrapment and due to the coercive control employed by the abusive partner. The following quote illustrates the experiences shared by all three victims and their disappointment with the outcome of their help-seeking decision:

So it wasn’t that I had the strength to walk out, it was more they gave me that ultimatum otherwise I would never get my kids back and my kids were more
important than what that was. I didn't have the energy to leave either, you know. I actually went to them for help, you know, but – I was really quite angry about it because I needed help, you know, I needed them to put me onto the right [track] and they took my children … basically I was left with no help, no children … it was very hard for me when I left [eventually], because I’d lost my children, my trust in any system was just shot, you know. (I19; 27/12/6)

The negative outcomes of victims’ decision to seek help from CSS illustrate the lack of understanding and specialised training in IPV-related matters on the part of CSS workers. These findings are consistent with past research findings (Davies & Krane 2006; Douglas & Walsh, forthcoming; Findlater & Kelly 1999; Mills et al, 2000). Those studies identified a lack of knowledge on risk assessment for IPV victims, the cycle of violence and the role of social and emotional entrapment of victims. A number of North American states have implemented specialised training in IPV-related matters for CSS workers to improve services for victims as well as inter-agency collaboration with other services in the women’s sector (Davies & Krane, 2006; Findlater & Kelly, 1999; Mills et al, 2000). Implications for the Australian context are addressed in Chapter 9.

Outcomes of decisions to approach ‘other’ sources of support were strongly influenced by the type of sources approached and the expectations held by victims. Victims with no specific expectations when talking about the abuse were often positively surprised by the help and advice they received. Victims with particular needs and expectations on the other hand were more likely to report negative outcomes. This may partly have to do with approaching sources that were not specialised in responding to IPV or
sources that had conflicting interests such as focusing on the rights of the child instead of the rights of the mother.

8.2 Summary

This chapter examined whether outcomes of informal help-seeking decisions influenced subsequent formal decisions and whether outcomes of different formal help-seeking decisions influenced future choices of formal support. Overall, the findings lend little support to past research findings that identified negative outcomes of informal help-seeking as a deterrent of formal help-seeking decisions (Beaulaurier et al, 2007; Goodkind et al, 2003). Victims who reported no family ties, isolation from family and friends or negative reactions from either of those sources were not discouraged from formal help-seeking as such. However, they reported prolonged abusive relationships, which indicated that while these victims sought formal help eventually, that decision was partly delayed.

Outcomes of formal help-seeking decisions and their influence on future choices of support differed by sources approached for support. The majority of victims reported negative outcomes when approaching non-specialised sources, including the police, judges, magistrates and healthcare professionals. Since medical attention was often a bare necessity rather than a choice, victims were likely to seek medical attention again in the future. Negative outcomes of decisions to approach the criminal justice system for support on the other hand discouraged victims from relying on such sources again in the future. Instead, they were more likely to explore other formal avenues of support. Victims who approached specialised formal sources for support, including
women’s refuges, the state-wide telephone help-line or one of the regional DV services reported predominantly positive experiences.

The examined outcomes of ‘other’ formal help-seeking decisions also varied. Victims who sought non-specialised forms of counselling, such as couples counselling, often found themselves in a setting marked by power imbalances and victim-blaming approaches to resolve the ‘marital conflict’. Victims’ who approached CSS for support often felt stranded and betrayed when their help-seeking approach ended with the removal of dependent children due to the Department’s priority to ensure child safety rather than offering victim support.

Overall, the outcomes of different help-seeking decisions proved to be positive if they involved the utilisation of agencies or individual professionals specialising in IPV-related matters. Approaching non-specialised formal sources of support on the other hand often led to negative outcomes and discouraged victims from approaching the same source again in the future. Still, negative outcomes of informal and formal help-seeking decisions did not bring the help-seeking process to a halt. The majority of victims kept exploring alternative options until they received the support they needed. The discussed findings illustrate the determination and resilience of IPV victims also observed by past research (Gondolf et al, 1990; Moe, 2007). Still, more positive experiences when approaching informal and formal sources for support could have facilitated the help-seeking process and shortened the duration of some of the abusive relationships. Implications for theory, policy and practice are discussed in Chapter 9.
9 Chapter 9: Victims’ Help-Seeking Decisions – Interpretations and Reflections

Introduction

Results from this research provide insights into a range of different findings on victims’ help-seeking decisions. While results from Studies 1 and 2 have been discussed in relation to past research findings, this chapter provides an integrated discussion of cross-cutting key themes that emerge from the two different examinations of victims’ help-seeking decisions. Findings from both studies support the hypothesis that victims’ responses are influenced by a combination of factors, including victim and partner characteristics, the situational context within which the help-seeking decisions are embedded, and the experiences and outcomes of past help-seeking decisions. Throughout the first part of this chapter, the relevance of cross-cutting findings from Studies 1 and 2 is discussed in relation to the key research questions that guided this thesis. In the second part of this chapter, emerging implications for theory and future research are discussed, before concluding with implications for policy and practice.

The aim of this thesis was to answer the following primary research questions:

I. What are the main factors influencing whether or not a victim of IPV will seek help?

II. Do outcomes of initial help-seeking decisions influence future choices of support and if yes, how?

In an attempt to examine a range of different factors associated with these research questions, data collection and analysis employed for this thesis was guided by the following subsidiary questions:
1. **Do individual factors**, such as the nature of the relationship, socioeconomic status, level of education or cultural aspects influence help-seeking, and if so, how?

2. **Do situational factors**, such as the presence of children, experiences of control and isolation and the severity of abuse influence help-seeking, and if so, how?

3. **Do partner-related factors**, such as substance abuse and a history of prior interventions for IPV influence help-seeking, and if so, how?

4. **Do outcomes of initial informal help-seeking approaches** (e.g. from family and friends) influence future choices of support, and if so, how?

5. **Do outcomes of initial formal help-seeking approaches** (e.g. from the criminal justice system, healthcare professionals or specialised victim services) influence future choices of support, and if so, how?

9.1 **Do Individual Factors Influence Victims’ Help-Seeking Decisions?**

An examination of the role of individual factors through Studies 1 and 2 reveals that both, victim- and partner-related factors are associated with victims’ help-seeking decisions. Data obtained from victims who were interviewed for Study 2, however, indicate that partner-related factors are less relevant for the decisions made throughout the abusive relationships.
Victim-related factors that emerged as salient predictors of different help-seeking decisions across both studies include the nature of the intimate relationship between the victim and her abusive partner, and victims’ socioeconomic status and their access to finances. Additional factors that were identified in either Study 1 or 2 include victims’ cultural background, victims’ use of drugs or alcohol to cope with the experienced abuse, a reported ‘loss of self’ and victims’ lack of awareness of available support.

The nature of the relationship shared by the victim and her abusive partner was one of the most salient victim-related factors identified from both studies. Study 1 explored this factor using the measure of victims’ marital status. Married victims were significantly more likely to utilise different sources of support than victims who experienced IPV in a dating relationship. While qualitative findings suggest no difference in the likelihood of seeking help in general between married and unmarried victims, they reveal an influence on victims’ choices of support. Married victims more commonly sought help from the police than unmarried victims. However, they were less likely to take out a DVO against the abusive partner after initial police contact. Married victims were therefore willing to rely on formal interventions to restore their safety. However, they were less likely to take further legal action against the abusive partner. Past research reveals similar observation and suggests that these are not only the result of the marital relationship itself (Felson & Paré, 2005) but the result of the emotional attachment between victim and offender (Davis, 2000; Hoyle & Sanders, 2000). The role of emotional attachment in marital and other cohabitating relationships was further supported by Study 2 findings. As long as victims felt emotionally attached to the partner, they maintained a strong hope that his behaviour would change for the
better and that his caring side would succeed. As a result, these victims often delayed in particular formal help-seeking decisions until they fell out of love and were no longer concerned with the social or legal repercussions for the abusive partner if disclosing his behaviour. The nature of the abusive relationship therefore constitutes a key factor associated with victims’ help-seeking decisions. Its contribution to understanding victims’ help-seeking decisions moves beyond the role of legal attachment between marital partners and extends to the role of emotional attachment and commitment associated with marital relationships.

Another salient victim-related factor that emerged from quantitative and qualitative findings was victims’ socioeconomic status and their access to finances. Findings from Study 1 reveal that being of lower SES significantly increased victim’s likelihood to utilise specific types of formal support, such as crisis accommodation. Victims interviewed for Study 2, on the other hand, reported that having no access to finances constituted a significant barrier to their proactive help-seeking decisions. While these two observations may seem inconsistent at first, their interpretation needs to focus on the role of access to financial means and its association with overall greater levels of coercive control. Close to 100% of victims in the IVAWS sample reported being involved in the decision of how the household income was spent, indicating an access to available finances if necessary. The increased use of crisis accommodation among victims of lower SES is therefore likely to be the result of their decision to separate, at least temporarily, while lacking the financial means to secure alternative safe accommodation due to a lower household income. Victims interviewed for Study 2, on the other hand, experienced greater levels of coercive control, including financial control. As a result, their help-seeking decisions were overall more complicated. In
addition, findings from Study 2 reveal that victims’ concerns about financial access were often future-oriented. While some victims were aware that they could seek refuge for a limited period of time, they often felt they would not be able to establish an independent future lifestyle without the access to available finances. These findings indicate that a lack of financial means is likely to constitute a barrier to victims help-seeking and leave-taking decisions, and that victims who report a higher SES and access to finances may be less reliant on crisis accommodation due to their ability to secure alternative safe accommodation when separating.

In addition to the victim-related factors that emerged across both studies, Study 1 findings further reveal the role of substance use as a coping mechanism, while Study 2 findings illustrate the importance of victims’ experiences of a loss of self, the role of cultural influences and a general lack of awareness of available support for IPV victims. As discussed in Chapter 6, a reported use of drugs or alcohol to cope with experiences of IPV significantly increased victims’ likelihood of making proactive help-seeking decisions. This observation was further explored in Study 2 but did not emerge as a factor associated with victims’ help-seeking decisions. While speculative, the observed influence of substance use to cope with the abusive experiences among Study 1 respondents may therefore be associated with more severe experiences of IPV, as suggested by past research (Clark & Foy, 2000; Coker et al, 2000a; Kilpatrick et al, 1997). To draw more reliable conclusions about the association between substance use and victims’ help-seeking decisions, future research needs to explore these factors in a way that more fully examines this unique context.
A salient factor that emerged from the Study 2 findings is victims’ reported loss of self. Victims reported an overall experience of a destroyed self due to a loss of identity and self-determination. While the reported loss of self may appear similar to what Walker described as ‘learned helplessness’, these victims showed more proactive help-seeking decisions in some regards. They more commonly utilised legal sources of support, such as a DVO, to protect themselves and overall terminated the abusive relationship earlier than victims who reported no loss of self. This is an important observation because it reveals that victims are able to show proactive help-seeking responses even when having lost the ability to make general everyday decisions.

Study 2 findings include another factor that constituted a significant barrier to the help-seeking decision of the small group of ethnic minority victims. Barriers associated with victims’ cultural heritage and immigration status were influenced by the patriarchal values of a victim’s family of origin and/or their intimate partner. Some victims described IPV as a private matter that most women in their culture had to endure and which women were not allowed to discuss. Others experienced a life of servitude since their immigration status depended on their marital status. All these victims delayed their help-seeking decisions as a result of an intersection of their gendered roles, cultural expectations and a perceived lack of legal rights. While these findings are based on the experiences of a small sub-sample, they highlight the important role of cultural awareness about IPV-related matters, victims’ rights, and avenues of support among victims and relevant support sources.

The importance of awareness of available support is, however, not limited to ethnic minority victims. Findings reveal a significant underutilisation of specialised victim
services by most victims, regardless of their cultural background, race or nationality. Reasons for the observed underutilisation of specialised sources were similar to those identified by prior Australian research on victims’ help-seeking decisions (Signal & Taylor, 2008; Young, 1998), including a lack of awareness of available sources and a lack of knowledge of how to contact or access known sources. These findings illustrate the need for greater public awareness about available support for IPV victims.

The aforementioned findings illustrate the diversity of victim-related factors associated with proactive help-seeking decisions. Other individual factors associated with victims’ help-seeking decisions relate to the abusive partner. While the examination of the complexity of different factors in Study 2 reveals victim characteristics and situational factors as the most salient predictors of victims’ help-seeking decisions, Study 1 reveals the great importance of prior counselling experiences of the abusive partner. If the abusive partner had received counselling for his violent behaviour in the past, the victim was significantly more likely to seek help in relation to the most recent incident. While this indicates that the prior intervention had failed in its attempt to terminate the abuse, it meant that the help-seeking process had commenced and that victims’ future help-seeking decisions had been facilitated. This observation is important because it offers an understanding of the process of help-seeking. Most victims make several help-seeking attempts before separating temporarily or permanently. While authorities and organisations providing initial support may find it frustrating that victims often remain in or return to abusive partners initially, it is important to understand that initial help-seeking decisions are often just the first step in the overall help-seeking process, which have the capacity to strengthen their ability to reach out for further support in the future.
9.2 Do Situational Factors Influence Victims’ Help-Seeking Decisions?

While the previous sections provided answers to the first and third subsidiary research questions, the following discussion addresses the second subsidiary question about the influence of situational factors on victims’ help-seeking decisions. This thesis identified three cross-cutting themes that emerged as key predictors of different help-seeking decisions, namely the presence of children, the role of control and isolation, and the role of abuse severity.

Children’s exposure to witnessing parental IPV was one of the most salient but also most complex factors associated with victims’ help-seeking decisions. Study 1 findings reveal a significant increase in victims’ likelihood of seeking all examined types of help. The presence of children had a particularly powerful influence on victims’ decision to utilise crisis accommodation, indicating the protective attitude of abused mothers towards their children by removing them from the abusive environment. A further examination of the presence of children in Study 2, however, reveals a more complex relationship. While victims in Study 2 also showed a very protective attitude towards their children, this attitude often hindered them from seeking help, at least temporarily. While some victims experienced the presence of children solely as a barrier to proactive help-seeking decisions, others shared these experiences at least initially. Fewer victims experienced the presence of children as a factor that emphasised their need for support without ever constituting a barrier to help-seeking.

While the presence of children influenced victims’ help-seeking decisions in different ways, these decisions were predominantly driven by the victim’s belief of acting in the
best interest of the children. Victims who hesitated to seek help initially because of their children often did so because the abusive partner had threatened to harm or abduct the children should she disclose the abuse to a third party. Another factor associated with delayed help-seeking decisions was a victim’s fear of losing custody over mutual children, should she disclose the abuse to official authorities. Some victims furthermore believed they acted in the best interest of the child by holding the family together. These victims commonly experienced a change in perception once they realised the negative consequences of IPV on witnessing children. These findings support the protective attitude of abused mothers towards their children observed by prior research (Bui, 2003; Cunneen & Stubbs, 1996; Ellsberg et al, 2001; Kaufman & Kantor Little, 2003).

Understanding the complexity of findings associated with the presence of children is crucial for sources approached for support, in particular those predominantly concerned with the protection of children and their rights, such as CSS. Australia has experienced an increasing trend of CSS interventions resulting in out of home placements of children at risk of harm in the past decade (Australian Institute of Health and Welfare [AIHW], 2008; Douglas & Walsh, forthcoming). Where this trend is based on IPV-related interventions, it can be counteracted through a better understanding of victims’ help-seeking decisions among professionals working for CSS.

Another important situational factor that emerged from both studies is the coercive control exercised by abusive partners. Victims in both studies experienced a range of different control tactics, including the control of access to finances, the control of
social interaction with others and victim’s whereabouts and the control of general everyday activities and decisions. Findings from Study 1 reveal that only a small proportion of victims (12%) reported experiences of coercive control. While overall help-seeking rates observed in Study 1 were lower than those observed in high-risk populations, help-seeking decisions increased with experiences of coercive control.

These findings support Johnson’s (1995) distinction between victims of patriarchal and situational couple violence. While he argues that national household surveys only capture a small proportion of victims exposed to patriarchal forms of IPV marked by coercive control, he also argues that these victims have a greater need for support.

Findings on coercive control in relation to victims’ help-seeking decisions revealed by Study 2 offer further insights into the complex nature of this factor. Victims in Study 2 often described experiences of control as a significant barrier to accessing informal and formal support. Similar observations have been described by Stark (2007) in his work on the social entrapment of IPV victims. He argues that victims’ ability to seek help is strongly influenced by their experiences of coercive control. A victim may decide to reach out for support; yet she may be unable to approach anyone due to her partner’s frequent control of her whereabouts and her interaction with others and the associated isolation. Similar observations were made in Study 2 where coercive control was strategically employed to isolate the victim from potential support sources. Coercive control was used to eliminate potential sources of support before they became relevant. Once victims realised they needed external support to end their victimisation, most sources of support were no longer available or accessible to them.
When interpreting the cross-cutting findings, the results relating to coercive control in Study 2 initially contradict the results observed in Study 1. However, these observations must be interpreted within the context of the population captured by the IVAWS. Fewer victims reported violence that fit the criteria of patriarchal oppression, marked by coercive control. However, this type of abuse increases victims’ need for support, as reflected in the increased likelihood of seeking help among this group of victims. The role of coercive control is therefore more complex when examined in a sample of victims who all experienced what Johnson (1995) described as patriarchal or intimate terrorism, such as the one used for Study 2. While victims in Study 2 were all in need of support to escape the abuse, their ability to seek help was initially constrained by their experiences of coercive control. Once victims overcame these constraints they showed highly proactive help-seeking decisions, including accessing a range of formal choices of support. Overall, the cross-cutting findings offer an understanding for differing help-seeking rates observed in different study populations and the increased need for external support for victims who experience patriarchal forms of IPV.

The literature discussed in relation to coercive control further suggests that patriarchal forms of IPV are marked by more severe experiences of abuse and associated injuries (Johnson, 1995; Leone et al, 2007; Stark, 2007). Findings from Studies 1 and 2 confirm this suggestion. While the rates of suffered injuries and more severe or life-threatening forms of abuse observed in the IVAWS were lower than those in Study 2 and other samples using high risk populations, increased severity of abuse was strongly associated with more proactive help-seeking decisions. This finding lends support to Gondolf and Fisher’s (1988) Survivor Theory, which suggests that proactive
help-seeking decisions increase with increasing severity of abuse and associated consequences. Interestingly, findings from Study 1 reveal that victims’ likelihood of seeking help was greatest if they perceived the incident as life-threatening, independent of the experienced forms of abuse or types of suffered injuries. This finding extends the discussed *Survivor Theory* since it emphasises the role of perceived or realised abuse severity. If the perception of significant risk was absent, victims were clearly less likely to seek help.

Findings from Study 2 further support the role of risk perception and realisation and provide insights into this realisation as part of the process of change. While the majority of victims in Study 2 had experienced highly severe and partly life-threatening forms of abuse, it was the realisation of severity that influenced victims’ help-seeking decisions. Although this realisation of risk did not necessarily equip them with the knowledge of how to respond to their situation, it generally constituted the first step in the help-seeking process. Once victims decided they needed help, they began to explore available and accessible options of support. Findings on the role of abuse severity and the associated realisation and perception of risk highlight the importance of understanding victims’ responses to IPV as part of an evolving process. While prior research has repeatedly associated help-seeking with severe experiences of IPV, victims’ help-seeking decisions must be understood in the context of *perceived* severity. This finding highlights the importance of future awareness raising campaigns to reduce the underestimation of risk often observed in IPV victims and a number of general formal support sources.
The previous sections reveal the salient role of situational factors in victims’ help-seeking decisions. The role of these factors, including the presence of children and the nature of abuse, is more complex than the role of the individual factors discussed earlier. These findings are therefore crucial in understanding the complex nature of help-seeking decisions, including shifts and changes in those decisions over time.

9.3 Do Outcomes of Past Informal and Formal Help-Seeking Decisions Influence Future Choices of Support?

The influence of outcomes of past help-seeking decisions on future choices of support was examined through Study 2 since the data for Study 1 were limited to victims’ help-seeking decisions in relation to the most recent incident. Study 2 examined victims’ responses to IPV throughout the abusive relationship to further understand changes in help-seeking decisions over time.

Consistent with most prior research findings, victims in Study 2 reported seeking informal help as the most common response and generally the first step in their help-seeking process (Coker et al, 2000c; Fraser et al, 2002; Moe, 2007; Sabina & Tindale, 2008). Past research has identified unsupportive reactions from informal sources when approached for support as a barrier to further, more formal help-seeking decisions (Beaulaurier et al, 2007; Lempert, 1997; Liang, 2005). This finding has only partly been confirmed by the experiences of victims interviewed for Study 2. While some victims received negative and sometimes victim-blaming attitudes from the informal sources they approached for support, these outcomes did not deter them from extending their help-seeking approaches to formal sources of support. However, it partly delayed their formal help-seeking decisions. Findings on the influence of
outcomes of informal help-seeking decisions emphasise the importance of awareness of IPV-related matters among the general public. Members of the general public are the potential first point of contact for a family member, friend, colleague or neighbour experiencing IPV, and their reactions can influence the victims’ wellbeing and subsequent help-seeking decisions. It is therefore crucial to educate the general public and generate a widespread understanding of the dynamics of IPV and available sources of support for affected women.

As mentioned previously, all victims had accessed formal sources in addition to seeking informal support. Outcomes of formal help-seeking decisions varied greatly due to the number of different sources approached by victims interviewed for Study 2. Overall, outcomes were positive if victims approached specialised victim services while negative when approaching general sources of formal support.

Victims in Study 2 more commonly accessed general sources of formal support when seeking help, including the criminal justice system, the healthcare system and CSS. Victims predominantly reported negative experiences when approaching any of these three sources. One of the main reasons for victims’ negative experiences can be found in a lack of understanding and empathy on behalf of those sources (Hunter & Stubbs, 1999; Mills et al, 2000; Tower, 2007). Disturbingly, this observation has emerged from prior research for the past three decades. While these so-called general sources of support are the ones that frequently encounter IPV victims, they show a persistent lack of understanding for the cycle of violence and the social entrapment of IPV victims. This shortcoming has been criticised by past research ever since the late 1970s (Buzawa & Buzawa, 1990; Dobash & Dobash, 1979; Hart, 1993; Findlater & Kelly,
Past research has called for specialised training in IPV-related matters for judges, police officers and healthcare professionals in a number of Western countries, including Australia (FaHCSIA, 2009; Egger & Stubbs, 1993; Gracia, Gracia & Lila, 2008; Findlater & Kelly, 1999; NSW Ombudsman, 2006; Pagelow, 1981). The focus on CSS workers, however, emerged more recently in the Australian context as a result of the increased utilisation of shared parenting post separation (Kaye et al, 2003a) and the increasing number of children in out of home care (Douglas & Walsh, 2009, forthcoming). While North American and Canadian research examined these matters slightly earlier (Findlater & Kelly, 1999; Mills et al, 2000; Magen, 1999) the intersection of IPV and CSS are a more recent focus of Australian research (see for example Douglas & Walsh, forthcoming).

The lack of specialised knowledge also resulted in victims’ perception that they were not being taken seriously. This perception emerged in particular from victims’ encounters with actors in the criminal justice system and was reinforced by the often experienced reluctance on behalf of these actors to arrest the offender, treat the incident as a criminal matter, issue no contact DVOs, include dependent children on an issued DVO and prosecute breaches of DVOs. These observations further highlight the need for specialised training of general professionals to ensure safety for victims and their children through adequate risk assessment.

The overall negative outcomes of general formal help-seeking decisions illustrate the importance of professionals, who interact with IPV victims to be trained so that they acquire specialised knowledge about the needs of IPV victims. The benefits of such knowledge are further supported by the almost entirely positive outcomes of help-
seeking decisions that involved specialised services. Findings reveal that outcomes of prior help-seeking decisions were highly positive if they involved specialised victim services, including telephone help-lines, walk-in services and crisis accommodation.

In answer to the fourth and fifth subsidiary research questions, the aforementioned findings reveal that outcomes of past help-seeking approaches often influence future choices of support. While negative outcomes may not deter victims’ from future help-seeking approaches altogether, they often prolong the help-seeking process and the associated victimisation. This finding supports the need for knowledgeable and informed support in the process of stopping the abuse permanently.

9.4 Implications for theory and future research

This thesis is informed by a range of theoretical perspectives, including coping theories, rational choice theories, feminist theories, attachment theories, and social learning theories. Findings lend strong support to the role of coping and rational choice theories in understanding victims’ help-seeking decisions. Aspects of feminist theories were in particular supported by victims’ general experiences of a male-dominated criminal justice system and by the particular barriers to help-seeking observed for ethnic minority victims. Little support was observed for help-seeking as a learned behaviour through intergenerational transmission and emotional attachment to an abusive partner as a set style that permanently entraps victims in silent suffering of abuse.

The most salient theoretical finding is the observed evidence for coping (i.e. victims’ internal and external responses to IPV) as a process rather than a predetermined style.
Findings reveal that victims who initially engaged in denial, self-blame and hope for change, later moved on to more proactive help-seeking decisions once they perceived their situation as undesirable, dangerous and unlikely to change. This theoretical implication sheds new light on the examined Survivor Theory. While findings strongly support this theory, they emphasise the role of perceived severity as part of the coping process. Victims’ likelihood of seeking help increases with increasing abuse severity. However, this severity must be acknowledged by the victim. Experiencing life-threatening forms of abuse will not necessarily encourage proactive help-seeking decisions if victims do not realise the risks involved in staying with the abusive partner.

Another salient theoretical implication arises from the observed agency among victims of IPV. Findings from both studies strongly support to rational choice theories. Victims’ decisions of whether or not to seek help were strongly influenced by an estimation of the risks and benefits involved in those decisions. In particular findings on the role of children in victims’ help-seeking decisions highlight that a victim’s decision to remain silent, if only initially, is a well-informed decision based on the perceived risk involved in disclosing the abuse. Further support for rational choice theories emerged from the findings of victims’ choices of support. While a number of initial help-seeking decisions often involved sources that were available or easy to access, subsequent help-seeking decisions were often assessed more carefully and sources of support were chosen based on the support or protection they were expected to offer. The observed support for rational choice theories provides important knowledge to the understanding of help-seeking since it identifies victims of IPV as active key players rather than passive victims.
This thesis further draws on postmodern feminist perspectives and findings support the barriers identified by such theories. Culture, class and gender played an important role in victims’ help-seeking decisions. Many victims were confronted with gendered power imbalances, systemic sexism and stereotypical beliefs about battered women when seeking help from the criminal justice system. Findings on the help-seeking decisions of victims from a cultural background marked by patriarchal power imbalances lend further support to feminist theories since they highlight additional barriers to help-seeking based on the intersection of cultural values and gendered expectations.

As indicated earlier, findings from this thesis do not suggest that the examined help-seeking decisions were a product of intergenerational social learning processes. Study 2 examined whether or not victims who reported a childhood exposure to IPV were less likely to seek help if experiencing IPV throughout their own adult relationships due to a normalised perception of IPV. This initial assumption could not be confirmed. While victims who reported a childhood exposure to parental IPV more commonly received negative or unsupportive responses when approaching their mothers for support, they showed similar proactive help-seeking patterns as victims who reported no childhood exposure to IPV. This examination, however, only provides limited insights into the role of social learning. Other forms of social learning may take place within the social environment of adult victims. Victims who are exposed to friends with similar experiences of IPV may learn through the social interaction whether or not seeking help is promoted and leads to the desired outcome. From a social learning approach victims with an exposure to pro-help-seeking attitudes and observed positive outcomes would be expected to show more proactive help-seeking patterns. Findings
from this thesis are unable to illuminate this aspect of social learning theories due to its sole focus on social learning from an intergenerational point of view. Future research should therefore include a focus on social learning mechanisms within the victim’s informal network to further explore help-seeking as a learned behaviour.

Little support was furthermore found for traditional attachment theories, viewing attachment styles as set concepts that determine victims’ responses to experiences of IPV (Bowlby, 1997). While emotional attachment to the abusive partner complicated victims’ help-seeking decisions initially, it was likely to fade with ongoing and increasing victimisation. Victims’ self-image and their image of the abusive partner generally changed over time, suggesting that changes in a victim’s emotional attachment to the abusive partner are also part of the overall process of change and growth. While these findings, which are based on Study 2, offer little support for traditional attachment theories, they may be limited in scope. Due to the lack of attachment-related measures in the IVAWS, findings cannot be generalised to the broader victim population. It is therefore suggested that future quantitative research include reliable items measuring different forms of attachment in relation to the process of help-seeking.

Further implications for future research arise from the methodology employed for Studies 1 and 2. The chosen multi-method approach helps overcome a number of methodological limitations often observed in prior research due to the support of generalisable findings with in-depth information on the complexity of factors associated with victims’ help-seeking decisions. The discussed findings therefore make a significant contribution to the existing literature on help-seeking and raise important
implications for policy and practice. However, findings are limited to non-Indigenous victims of IPV due to the mainstream orientation of both studies, and are therefore unable to address factors associated with the help-seeking decisions and experiences of Indigenous victims. It is known that Indigenous communities experience higher IPV prevalence rates than non-Indigenous communities with Indigenous IPV victims being even less likely to come forward and seek help (Cripps & McGlade, 2008; Nancarrow, 2006; NSW Ombudsman, 2006; Vincent & Eveline, 2008). Future research therefore needs to employ a culturally sensitive approach to explore factors associated with the help-seeking decisions of Indigenous women living in Australian communities to more fully address implications for policy and practice.

9.5 Implications for Policy and Practice

The cross-cutting findings discussed earlier in this chapter identified two key implications for policy and practice reform, namely the need for specialised training of professionals in the area of general formal support for IPV victims and the need for greater awareness of IPV-related matters among informal sources of support.

The importance of the need for specialised IPV training arises from the identified negative outcomes of victims’ help-seeking approaches that involved general formal sources of support, including the criminal justice system, the healthcare system and CSS. Professionals in these areas of general formal support frequently encounter IPV victims due to victims being more likely to be aware of available general sources of support (such as the police or healthcare professionals) as opposed to specialised ones (such as IPV-related walk-in and accommodation services). Despite their frequent encounters with IPV victims, many professionals working in the general support areas
reportedly lacked the relevant knowledge about IPV-related matters and were therefore unable to understand the dynamics of abusive relationships and the factors associated with victims’ different responses to IPV. Victims often faced stereotypical beliefs, victim-blaming attitudes and an underestimation of risks involved for them and their children in their encounters with the healthcare and criminal justice system, and CSS. As a result, victims often decided against relying on these sources for support during subsequent help-seeking decisions.

These findings highlight the importance for policy changes that address the greater need for specialised training of police officers, magistrates, judges, nurses, doctors and child safety workers. Such training should incorporate:

- A consistent amount of hours allocated to IPV-related matters during training for all professionals across jurisdictions;

- Compulsory annual follow-up training accompanying practice to ensure that all front-line officers fulfil the educational prerequisites and demonstrate sufficient knowledge in handling incidents of IPV appropriately, address victims needs, and provide victims with relevant information about their rights and other available support services; and

- A greater focus on overall risk assessment, the adequate use of standardised risk assessment tools, and ongoing collaboration with the women’s sector to ensure that victims receive specialised follow-up support and adequate protection.

Initial and follow-up training should be provided by in cooperation with external specialised professionals from the women’s sector, such as managers and counsellors.
from women’s refuges, telephone help-lines and victim/ family counselling services who can provide insights into the dynamics of IPV and victims’ related needs from a psychological, sociological, criminological and/or victimology perspective. Such a collaborative approach to specialised training offers an opportunity to share IPV-related expertise and can help break down barriers between the police and community agencies. It may further be beneficial to have such training attended by prior victims of IPV who are in a position to share their experiences, needs and expectations when reaching out for help in the past.

Such training needs to be evidence-based, drawing on knowledge derived from evaluations of best practice models implemented in different national and international sites, such as specialised DV courts in some Australian, American and Canadian jurisdictions and compulsory specialised training for child safety workers in some American jurisdictions (Mills et al, 2000; Rodwell & Smith, 2008; Stewart, 2005). Initial evaluations of the benefits of specialised DV courts in Australia reveal that these courts are able to better address victims’ needs and offender accountability due to the specialised training of all staff involved. As a result, victims’ confidence in such a criminal justice approach is improved and therefore facilitates initial and subsequent help-seeking decisions (Rodwell & Smith, 2008; Smith, 2005). Such a best practice model may therefore hold promise for court models in Queensland and should additionally be seen as an example of the benefits of specialisation of other law enforcement agencies, such as the police. Improved police responses are expected to have a positive impact on victims’ confidence in the effectiveness of the criminal justice system due to their gate-keeper role and frequent initial encounters with IPV victims.
A pilot study to examine the benefits of implementing specialised training for child safety workers in the United States by Mills et al (2000) found preliminary evidence that such training can be beneficial for the relevant professionals as well as their clients. Specialised training can increase child safety workers confidence in addressing children’s needs while simultaneously supporting victims of IPV. In return, victims are more likely to develop a greater confidence in reaching out to CSS for support (Mills et al, 2000). If implemented as a best practice model in Queensland and Australia-wide, this approach could improve victim confidence and satisfaction and furthermore reduce the increasing number of out of home placements of children initially at risk of harm in the long run.

The second implication aims at increasing public awareness about IPV-related matters and available support. Findings from this thesis reveal that supportive informal reactions can facilitate formal help-seeking decisions and that the utilisation of formal support can significantly shorten victims’ suffering. Negative or unsupportive informal responses on the other hand were associated with a delayed transition from informal to formal help-seeking decisions and prolonged experiences of victimisation. These findings emphasise the need for policies that put a greater emphasis on raising public awareness about the role of informal support since people in the general public are likely to be the first point of contact for many victims of IPV. The most recent television campaign on ‘Violence Against Women – Australia Says No’, initiated by the federal government, offers a starting point for victims and women at risk by providing the number for the national telephone help-line.
Future campaigns, however, need to address a broader range of key issues related to public awareness:

- Awareness raising campaigns need to provide information on the cycle of violence, barriers to help-seeking, and the role of informal networks as a first point of contact for many IPV victims;
- Awareness raising campaigns need to provide information on available support for IPV victims and how to contact or access these services;
- Contact details promoted in national television campaigns need to be presented in a format that is easy to remember in situations where victims may be unable to make a note of the relevant details due to the abusive partner’s presence, e.g. 1-800-seek-help instead of a sequence of numerals.
- Awareness raising campaigns need to be implemented at the wider community level (e.g. through the use of mass media) as well as in sector-specific settings (e.g. through printed leaflets, posters and expert presentations);
- Sector-specific campaigns/ information should be offered to high schools and sports clubs to reach potential victims and their informal networks; and
- Educational campaigns should be offered at childcare centres and elementary schools as places predominantly frequented by female caretakers during child drop-off and pick-up and places where staff may be able to address their concerns towards affected women and provide support and viable information.

The above mentioned strategies, if implemented, would be beneficial for victims and their informal network. Findings from this thesis reveal that victims as well as their informal support sources often lacked knowledge about available victim services and how to access them. Increasing the general public’s awareness of available support is
therefore expected to equip potential informal sources of support with a better understanding of the victim’s situation and her individual circumstances and an ability to offer continuous support throughout the help-seeking process. As a result, victims’ are likely to develop a greater confidence in making their situation known to informal sources of support. Greater public awareness about the problem of IPV in our communities and the importance of informal and formal support can empower victims in their help-seeking process and shorten their suffering.

9.6 Conclusion

This thesis has examined the help-seeking decisions of female victims of IPV. Findings reveal that the help-seeking decisions of IPV victims are influenced by a combination of factors, including victim and partner characteristics as well as situational circumstances surrounding the abusive incidents and the outcomes of prior help-seeking approaches. Findings further illustrate the importance of victim agency and the rational choices behind their help-seeking and non-help-seeking decisions. While victims may have a delayed realisation of the seriousness of their situation, they often have a better understanding of the risk involved when seeking help than some of the sources they approach for support. It is therefore important for support sources to have an understanding of the factors associated with victims help-seeking decisions which are often informed decisions made to the best of a victim’s knowledge at the relevant point in time.

The cross-cutting findings from Studies 1 and 2 raise implications for theory, future research, policy and practice. Implications for policy and practice address two key areas, namely the need for consistent training in IPV-related matters for general formal
sources of support and the need for greater awareness of IPV-related matters and available specialised sources of support among victims and their informal networks. Findings which reveal significantly shorter abusive relationships for victims with supportive informal networks and access to specialised formal support illustrate the importance in considering a combination of these policy gaps and needs at a state and national level.

This thesis contributes new insights into the complexity of factors associated with victims’ help-seeking decisions due to its unique approach of combining national representative data with in-depth accounts of victims’ help-seeking processes over time.
Help-Seeking Behaviour of Female Domestic Violence Victims

PhD Research undertaken at:

Griffith University
Sometimes we all need a supporting hand to help us overcome the fear and remind us that we only deserve the best.

Because you and your children have a right to safety, respect and happiness!

I am a PhD student at Griffith University. I have worked with women who experienced intimate partner conflict and abuse before coming to Griffith and I wanted to use my PhD to develop an understanding of the barriers and needs that women experience when seeking or considering seeking help to overcome abusive relationships. Your information can help service providers including the police to tailor their responses according to women’s needs. Please consider completing the following questionnaire. Your participation in this study is greatly appreciated.
The following questionnaire consists of 16 pages. It is structured into different sections of information. The sections are divided as follows:

-ABOUT YOU
-ABOUT PAST EXPERIENCES OF VIOLENCE
-ABOUT YOUR (EX)-PARTNER
-ABOUT CURRENT/ MOST RECENT EXPERIENCES OF ABUSE
-ATTITUDES ON INTIMATE PARTNER VIOLENCE
-ALCOHOL USE/ MISUSE
-ABOUT YOUR MOST RECENT CONTACT WITH A SERVICE PROVIDER
-ABOUT PAST RESPONSES TO ABUSIVE BEHAVIOUR
-ABOUT YOUR PAST EXPERIENCES WITH ASSISTANCE/ SUPPORT

Filling out the questionnaire will take approximately 30-40 minutes.

The information you provide will remain confidential and anonymous at all times. Only the Griffith University research team will have access to the information you provide.

A list of contact details for other service providers that offer domestic violence-related support and information Queensland-wide can be found at the end of the questionnaire.
I. ABOUT YOU

In this first section, I am interested in learning more about you and your background.

1) Age. Please specify in years: ______

2) Ethnicity:
   - [ ] Non-Indigenous Australian
   - [ ] Aboriginal or Torres Strait Islander (incl. South Sea Islander)
   - [ ] Other (Please specify): ______________

3) Were you born in Australia?
   - [ ] No
   - [ ] Yes. Please go to question 6.

4) Please specify which country you were born in: ________________________

5) Please specify how many years/ months you have been living in Australia:
   ______ years ______ months

6) Is English your native language?
   - [ ] Yes. Please go to question 8.
   - [ ] No. Please specify your native language: ________________________

7) If English is not your native language, please rate your English skills by circling a number between 1 & 4:

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Not so good</th>
<th>Good</th>
<th>Very good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written English</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Spoken English</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

8) What is the highest level of education you have COMPLETED to date?
   - [ ] Secondary school or less
   - [ ] Any university, undergraduate degree
   - [ ] Technical/ Apprenticeship (incl. TAFE)
   - [ ] Any university, postgraduate degree

9) What is your current & primary employment status? Please choose only one answer.
   - [ ] Employed, full-time
   - [ ] Housework/home duties
   - [ ] Unemployed
   - [ ] Volunteer
   - [ ] Employed, part-time or casual
   - [ ] Student
   - [ ] Retired
10) Are you receiving any other income?
□ No
□ Yes. Please specify (e.g. pension, child support payments, rent):
__________________________________

11) What is your current marital status?
□ Never married
□ Married
□ Married but separated
□ Divorced
□ Widowed

12) How many times have you been married in total? Please specify number:
__________________________________

13) How old were you when you first got married? Please specify age:
__________________________________

14) How old was your partner when you first got married? Please specify age:
__________________________________

15) Do you currently have an intimate partner?
□ No. Please go to question 17.
□ Yes. Please indicate the type of relationship with this partner by ticking one of the following:
□ Husband
□ Boyfriend
□ Dating partner
□ De Facto
□ Other. Please specify: __________

16) How long you have had this partner for? _____ years _____ months

17) Do you have any children?
□ Yes, with current partner. Please specify number: ___________.
   Please specify age(s): __________________________.
   Please specify gender of each child: __________________________
□ Yes, with former partner. Please specify number: ___________.
   Please specify age(s): __________________________.
   Please specify gender of each child: __________________________
□ I do not have any children. Please go to question 20 (next page).

18) Did any of these children live with you and your intimate partner at the time of the abusive incidents?
□ Yes, children from current partner
□ Yes, children from former partner
□ Yes, children from former and current partner
□ No. Please go to question 20.
19) Did any of these children ever witness your partner using emotional or physical violence against you?

Please circle the appropriate number below the answers.

<table>
<thead>
<tr>
<th>No, never</th>
<th>Hardly ever</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very often</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>99</td>
</tr>
</tbody>
</table>

**II. ABOUT PAST EXPERIENCES OF VIOLENCE**

The questions in the following section refer to physical violence you may have observed between your parents or caregivers during your childhood (before the age of 18 years).

Please circle the number below the answers most appropriate for you.

<table>
<thead>
<tr>
<th>Did you ever observe your father/male caregiver...</th>
<th>Never</th>
<th>Hardly ever</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>20) ... shouting or yelling at your mother/female caregiver?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>21) ... using physical violence against your mother/female caregiver?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>22) ... using sexual violence against your mother/female caregiver?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>23) ... using a weapon against your mother/female caregiver?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did you ever observe your mother/female caregiver...</th>
<th>Never</th>
<th>Hardly ever</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>24) ... shouting or yelling at your father/male caregiver?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>25) ... using physical violence against your father/male caregiver?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>26) ... using sexual violence against your father/male caregiver?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>27) ... using a weapon against your father/male caregiver?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

28) Were the police ever called to the place(s) where you lived while you were growing up because of violent incidents between your parents/ caregivers? Please circle the appropriate number below the answers.

<table>
<thead>
<tr>
<th>No, never</th>
<th>Hardly ever</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very often</th>
<th>Don’t remember</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>99</td>
</tr>
</tbody>
</table>
The following statements refer to violence/abuse you may have experienced yourself during childhood (before the age of 18yrs) from a parent or other caregiver. Please circle the relevant numbers to indicate your experiences.

<table>
<thead>
<tr>
<th>Statements about either partner/caregiver</th>
<th>Never</th>
<th>Hardly</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>29) A parent/caregiver pushed or shoved me</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>30) A parent/caregiver spanked me or hit me across the bottom</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>31) A parent/caregiver slapped me across the face or head</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>32) A parent/caregiver pushed me against the wall</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>33) A parent/caregiver kicked, bit, or hit me with a fist</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>34) A parent/caregiver grabbed me around the neck and choked me</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>35) A parent/caregiver beat me up by hitting me over and over as hard as he could</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>36) A parent/caregiver threatened me with a knife or a gun</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>37) A parent/caregiver used a knife or gun against me</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>38) A parent/caregiver used threats, force or deception to have sex with me</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>39) Someone else used threats, force or deception to have sex with me</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
III. ABOUT YOUR PARTNER YOU MOST RECENTLY EXPERIENCED ABUSIVE BEHAVIOUR FROM

In this section I would like to ask you some questions to learn more about your (ex)partner. Questions refer to the partner you most recently experienced abusive behaviour from. Should you have experienced abuse from more than one (ex)partner, please refer to the most recent one. Please tick the appropriate boxes that best describe your (ex)partner.

40) Sex:
   □ Male  □ Female

41) Age (current). Please specify in years: ______

42) Ethnicity:
   □ Non-Indigenous Australian
   □ Aboriginal or Torres Strait Islander (incl. South Sea Islander)
   □ Other (Please specify): ______________

43) Was your partner born in Australia?
   □ No  □ Yes. Please go to question 46.

44) Please specify the country he was born in: _____________________

45) Please specify how many years/ months he has been living in Australia for:
   ______ years ______ months

46) Is English your partner’s native language?
   □ Yes  □ No. Please specify his native language:__________________

47) If English is not your partner’s native language, please rate his English skills by circling a number between 1 and 4:

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Not so good</th>
<th>Good</th>
<th>Very good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written English</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Spoken English</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

48) What is the highest level of education your partner has COMPLETED to date?
   □ Secondary school or less  □ Technical/ Apprenticeship (incl. TAFE)
   □ Any university, undergraduate degree  □ Any university, postgraduate degree
   □ Don’t know
49) What is your partner’s current & primary employment status? Please choose only one answer.

□ Employed, full-time □ Employed, part-time
□ Housework/home duties □ Student
□ Unemployed □ Retired
□ Volunteer

50) Does he have any other income (for example government benefits, pension, child support payments, income from investment or a rented property)?

□ No □ Yes. Please specify: ________________________________
□ Don’t know

51) Does your partner have any children from a previous relationship?

□ Yes. Please specify number: ______. Please specify age(s):_____________________.
□ No. Please go to question 53.

52) Did any of these children live with you and your intimate partner at the time of the abusive incidents?

□ Yes □ No
IV. ABOUT CURRENT/MOST RECENT EXPERIENCES OF ABUSE

In this section I would like to ask you about emotional abuse you may have experienced by the partner you described in the previous section. Please indicate the frequency for the past 12 months in this relationship by circling the appropriate number for each question.

<table>
<thead>
<tr>
<th>Questions about emotional abuse during the past 12 months of your relationship</th>
<th>never</th>
<th>once</th>
<th>twice</th>
<th>3-5 times</th>
<th>6-10 times</th>
<th>11-20 times</th>
<th>more than 20 times</th>
<th>not in the past year, but it did happen before</th>
</tr>
</thead>
<tbody>
<tr>
<td>53) Did he walk out of the room/house during a disagreement?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>54) Did he call you names?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>55) Did he shout or yell at you?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>56) Did he intentionally say something to spite you or make you angry?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>57) Did he control/limit your access to your own or shared finances?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>58) Did he control/limit your social life or other aspects of your personal life?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>59) Did he threaten to harm the children?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>60) Did he threaten to harm your family (e.g. parents, sibling)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>61) Did he threaten to kill you?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>62) Did he threaten to kill the whole family (you, children and himself)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>63) Did he follow you or wait for you when you did not want him to?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>
This section refers to different forms of **physical abuse** you may have experienced by the same partner you described previously. Please indicate the frequency for the **past 12 months in this relationship** by circling the appropriate numbers.

<table>
<thead>
<tr>
<th>Questions about physical abuse during the past 12 months of your relationship</th>
<th>never</th>
<th>once</th>
<th>twice</th>
<th>3-5 times</th>
<th>6-10 times</th>
<th>11-20 times</th>
<th>more than 20 times</th>
<th>not in the past 12 months, but it did happen before</th>
</tr>
</thead>
<tbody>
<tr>
<td>64) Did he threaten to harm you?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>65) Did he throw anything at you?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>66) Did he push, grab or shove you?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>67) Did he slap you?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>68) Did he kick, bite or hit you with a fist?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>69) Did he hit or try to hit you with something?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>70) Did he beat you up?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>71) Did he choke, strangle, burn or scald you?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>72) Did he threaten to use a knife or gun against you?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>73) Did he use a knife or gun against you?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>74) Did he use threats or force to have sexual intercourse (oral/anal/vaginal) with you?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>
V. ATTITUDES ON INTIMATE PARTNER VIOLENCE

Now I would like you to read the different statements about abusive behaviour women may experience by their partner.

Please indicate how strongly you agree with these statements by circling the appropriate numbers.

<table>
<thead>
<tr>
<th>It is ok for a man to hit or slap his wife or partner if...</th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>75) ...she stays out past midnight without telling him where she is.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>76) ...she does not look after him and give him attention and ignores him and his needs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>77) ...she spends almost his whole paycheck on herself two days after payday.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>78) ...she acts rude and disrespectfully to him.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>79) ...she denies him sex when he wants it.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>80) ...she slaps or punches him.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>81) ...she dances with another man at a party.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>82) ...she has sex with someone else.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

VI. ALCOHOL USE/ MISUSE

In this section I would like to ask you some questions relating to alcohol use by both yourself and your most recent abusive partner within the past 12 months.

Most people drink sometimes – either beer, wine or other alcohol. Please indicate your drinking habits and that of your most recent abusive partner for the past 12 months by circling the appropriate number.

<table>
<thead>
<tr>
<th></th>
<th>never</th>
<th>A couple of times a year</th>
<th>I/he drink(s) but never get(s) drunk</th>
<th>Once or twice a week</th>
<th>Daily or almost daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>83) How often did you drink so much that you got drunk within the past 12 months?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>84) How often did your partner drink so much that he got drunk within the past 12 months?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Now please indicate your drinking habits and that of your partner in relation to verbal arguments or physical fights.

<table>
<thead>
<tr>
<th>Had you or your partner usually been drinking when the two of you...</th>
<th>None of us had usually been drinking</th>
<th>Only my partner had usually been drinking</th>
<th>Only I had usually been drinking</th>
<th>Both of us had usually been drinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>85) ... had an argument?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>86) ... got into a physical fight?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**VII. ABOUT YOUR MOST RECENT CONTACT WITH A SERVICE PROVIDER**

Next, I would like to ask you some questions about the most recent contact you had with a service provider (e.g. counsellor, women shelter, case worker).

**87) Who initiated the contact with this service provider?**

- [ ] I initiated the contact myself
- [ ] I had contact with the police who referred me to the service provider
- [ ] The (initial) contact with the service provider was court-mandated.
- [ ] Other, please specify.

In the following table, please indicate whether you approached the service provider for one or more of the following reasons. Please circle ‘99’ if you never experienced that particular reason.

<table>
<thead>
<tr>
<th>I most recently approached the service provider, because...</th>
<th>No</th>
<th>Yes</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>88) ... the emotional violence kept getting worse</td>
<td>0</td>
<td>1</td>
<td>99</td>
</tr>
<tr>
<td>89) ... the physical violence kept getting worse</td>
<td>0</td>
<td>1</td>
<td>99</td>
</tr>
<tr>
<td>90) ... he threatened to kill me</td>
<td>0</td>
<td>1</td>
<td>99</td>
</tr>
<tr>
<td>91) ... he threatened to hurt/harm the kids</td>
<td>0</td>
<td>1</td>
<td>99</td>
</tr>
<tr>
<td>92) ... he started abusing the kids</td>
<td>0</td>
<td>1</td>
<td>99</td>
</tr>
<tr>
<td>93) ... he had a drug/alcohol problem</td>
<td>0</td>
<td>1</td>
<td>99</td>
</tr>
<tr>
<td>94) ... I had a drug/alcohol problem</td>
<td>0</td>
<td>1</td>
<td>99</td>
</tr>
<tr>
<td>95) ... I intended to terminate the relationship</td>
<td>0</td>
<td>1</td>
<td>99</td>
</tr>
<tr>
<td>96) ... I felt that my life was in danger</td>
<td>0</td>
<td>1</td>
<td>99</td>
</tr>
<tr>
<td>97) ... I felt that the life/lives of my/our child(ren) was/were in danger</td>
<td>0</td>
<td>1</td>
<td>99</td>
</tr>
</tbody>
</table>
98) What best describes your relationship status with your partner at the time you approached the service provider?

☐ We were married at that time and living together
☐ We were married at that time but not living together
☐ We were not married but living together
☐ We were not married and not living together but we were in a serious dating relationship
☐ We were separated at that time
☐ Other, please specify:

________________________________________________________________

99) Were you employed at the time you contacted the service provider?

☐ Yes, full-time
☐ Yes, part-time or casual
☐ No, I did not receive any salary but I received some other form of financial support
☐ No, I did not receive any salary or any other form of financial support (please go to question 100)

100) What was your average monthly net income at that time? (if you were not working at that time this could be financial support from other resources, such as child support, etc.)

☐ 0 - $500
☐ $501 - $1,000
☐ $1,001 - $1,500
☐ $1,501 - $2,000
☐ $2,001 - $2,500
☐ over $2,500
VIII. ABOUT PAST RESPONSES TO ABUSIVE BEHAVIOUR

In this first section I would like to learn more about your responses to past physically abusive incidents (not including your most recent contact with the service provider who distributed this questionnaire).

Prior to your most recent contact with a service provider, have you ever done any of the following after experiencing a physically abusive incident?

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Some times</th>
<th>Often</th>
<th>Very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>101) I threatened my abusive partner to leave him</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>102) I threatened my abusive partner to harm him</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>103) I called/talked to the police</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>104) I called/talked to a family member or a friend</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>105) I called/talked to a crisis hotline</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>106) I left the premises/ location where the abuse occurred</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>107) I sought medical treatment for physical injuries (e.g. bruises, cuts, bone fractures, head injuries)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>108) I sought refuge in a women shelter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>109) I sought financial help from a social service agency (e.g. social welfare, child support, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>110) I sought counselling (e.g. from social worker, church, other social and/or community services)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>111) I sought professional psychological help</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>112) I sought legal advice/ support</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>113) I took legal action against my abusive partner (e.g. pressed charges/applied for a protection order)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>114) I left my abusive partner with the intention to separate permanently</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>115) I separated permanently from my abusive Partner (please circle ‘yes’ or ‘no’)</td>
<td>no</td>
<td>yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>116) I took no action (if you circle 1, 2 or 3 please answer questions 116 to 123)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you took **no action** (identified in question 116), please answer the following questions:

<table>
<thead>
<tr>
<th>I did not take any action after (some) physically abusive incidents, because...</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>117) ... I did not think the situation was serious enough to take action.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>118) ... I was too scared to take further action.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>119) ... I did not think the police would be very helpful.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>120) ... I did not think the court would be very helpful.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>121) ... I did not think a women’s shelter would be able to protect me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>122) ... I had no one else I could go to and stay with (e.g. family, friends, co-workers).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>123) ... I was worried about the children (please answer question 124)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
124) If you were worried about the children, please specify why:

Now please think about how you have responded to emotionally abusive behaviour by your intimate partner in the past and circle the appropriate numbers.

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Some Times</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to your most recent contact with a service provider, have you ever done any of the following after experiencing an emotionally abusive incident?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>125) I threatened my abusive partner to leave him</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>126) I threatened my abusive partner to harm him</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>127) I called/talked to the police</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>128) I called/talked to a family member or a friend</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>129) I called/talked to a crisis hotline</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>130) I left the premises/ location where the abuse occurred</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>131) I sought medical treatment for physical injuries (e.g. bruises, cuts, bone fractures, head injuries)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>132) I sought refuge in a women shelter</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>133) I sought financial help from a social service agency (e.g. social welfare, child support, etc.)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>134) I sought counselling (e.g. from social worker, church, other social and/or community services)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>135) I sought professional psychological help</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>136) I sought legal advice/ support</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>137) I took legal action against my abusive partner (e.g. pressed charges or applied for a protection order)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>138) I left my abusive partner with the intention to separate permanently</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>139) I separated permanently from my abusive partner</td>
<td>no</td>
<td>yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>140) I took no action (if you circle 1, 2 or 3 please answer questions 141 to 148)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
If you took no action (identified in question 140), please answer the following questions:

<table>
<thead>
<tr>
<th>I did not take any action after (some) physically abusive incidents, because...</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>141)</strong> ... I did not think the situation was serious enough to take action.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>142)</strong> ... I was too scared to take further action.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>143)</strong> ... I did not think the police would be very helpful.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>144)</strong> ... I did not think the court would be very helpful.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>145)</strong> ... I did not think a women’s shelter would be able to protect me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>146)</strong> ... I had no one else I could go to and stay with (e.g. family, friends, co-workers, etc).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>147)</strong> ... I was worried about the children (please answer question 148)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**148)** If you were worried about the children, please specify why: __________________________

__________________________________________
IX. ABOUT YOUR PAST EXPERIENCES WITH ASSISTANCE/SUPPORT

In this section I would like you to think about sources you may have approached for assistance/support in the past. What type of assistance did you usually seek?

Please circle all that apply. Please circle ‘99’ if you never approached that particular source for help or support.

<table>
<thead>
<tr>
<th></th>
<th>Financial support</th>
<th>A place to stay</th>
<th>Legal advice</th>
<th>Help with housekeeping/childcare</th>
<th>Emotional support</th>
<th>Other</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>149) Relatives</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>99</td>
</tr>
<tr>
<td>150) Friends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>99</td>
</tr>
<tr>
<td>151) Neighbours</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>99</td>
</tr>
<tr>
<td>152) Co-workers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>99</td>
</tr>
<tr>
<td>153) Counsellor</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>99</td>
</tr>
<tr>
<td>154) Psychologist or psychiatrist</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>99</td>
</tr>
<tr>
<td>155) Doctor/nurse</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>99</td>
</tr>
<tr>
<td>156) Women’s shelter</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>99</td>
</tr>
<tr>
<td>157) Police</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>99</td>
</tr>
<tr>
<td>158) Judge/court</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>99</td>
</tr>
<tr>
<td>159) Lawyer</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>99</td>
</tr>
<tr>
<td>160) Other:</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>99</td>
</tr>
</tbody>
</table>

In this section, please indicate how helpful you found the sources you approached for assistance/support.

Please circle the appropriate number for each source and circle ‘99’ if you never approached a particular source.

<table>
<thead>
<tr>
<th>Approached source</th>
<th>Very unhelpful</th>
<th>Somewhat unhelpful</th>
<th>Somewhat helpful</th>
<th>Very helpful</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>161) Relatives</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>99</td>
</tr>
<tr>
<td>162) Friends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>99</td>
</tr>
<tr>
<td>163) Neighbours</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>99</td>
</tr>
<tr>
<td>164) Co-workers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>99</td>
</tr>
<tr>
<td>165) Counsellor</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>99</td>
</tr>
<tr>
<td>166) Psychologist/psychiatrist</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>99</td>
</tr>
<tr>
<td>167) Doctor/nurse</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>99</td>
</tr>
<tr>
<td>168) Women’s shelter</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>99</td>
</tr>
<tr>
<td>169) Police</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>99</td>
</tr>
<tr>
<td>170) Judge/court</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>99</td>
</tr>
<tr>
<td>171) Other:</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>99</td>
</tr>
</tbody>
</table>
Please answer the following questions to indicate if seeking assistance/support from certain sources had a negative outcome.

Please circle all that apply and circle ‘99’ if you have never approached a particular source for assistance or support.

<table>
<thead>
<tr>
<th>Did your seeking help from one or more of the following sources made your situation worse?</th>
<th>No</th>
<th>Yes, it made me feel</th>
<th>Yes, it made me feel</th>
<th>Yes, it made me feel</th>
<th>Yes, it increased</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>172) Relatives</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>99</td>
</tr>
<tr>
<td>173) Friends</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>99</td>
</tr>
<tr>
<td>174) Neighbours</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>99</td>
</tr>
<tr>
<td>175) Co-workers</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>99</td>
</tr>
<tr>
<td>176) Counsellor</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>99</td>
</tr>
<tr>
<td>177) Psychologist/psychiatrist</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>99</td>
</tr>
<tr>
<td>178) Doctor/nurse</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>99</td>
</tr>
<tr>
<td>179) Women’s shelter</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>99</td>
</tr>
<tr>
<td>180) Police</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>99</td>
</tr>
<tr>
<td>181) Judge/court</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>99</td>
</tr>
<tr>
<td>182) Other:</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>99</td>
</tr>
</tbody>
</table>

Now, please indicate the likelihood of approaching any of the following sources in the future by circling the appropriate number below the answers.

<table>
<thead>
<tr>
<th>How likely is it that you will seek help from any of the following sources (again) if experiencing domestic violence in the future?</th>
<th>Very unlikely</th>
<th>Somewhat unlikely</th>
<th>Somewhat likely</th>
<th>Very likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>183) Relatives</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>184) Friends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>185) Neighbours</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>186) Co-workers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>187) Counsellor</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>188) Psychologist/psychiatrist</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>189) Doctor/nurse</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>190) Women’s shelter</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>191) Police</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>192) Judge/court</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>193) Lawyer</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>194) Other:</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Thank you for taking the time to complete this questionnaire. Please feel free to use this section to add any comments that you were not able to express throughout the questionnaire:


Please put the questionnaire into the provided envelope when you are done and seal it before returning it to any staff or leaving it in the drop-off box.

Thank you for your time.

Silke Meyer (PhD Scholar)
Regional domestic and family violence services

*Brisbane Domestic Violence Advocacy Service*
Telephone: (07) 3217 2544

*Caboolture Regional Domestic Violence Service*
Telephone: (07) 5498 9533

*Domestic Violence Regional Service (South West - Toowoomba)*
Telephone: (07) 4639 3605

*Domestic Violence Resource Service Inc. (Mackay)*
Telephone: (07) 4957 3888

*Domestic Violence Service (Central Queensland - Emerald)*
Telephone: (07) 4982 4288

*Domestic Violence Service (Far South West – Roma)*
Telephone: (07) 4622 5230

*Domestic Violence Service (Gold Coast)*
Telephone: (07) 5532 9000

*Ipswich Women’s Centre Against Domestic Violence*
Telephone: (07) 3816 3000

*North Queensland Domestic Violence Resource Service (Townsville)*
Telephone: (07) 4721 2888

*Cairns Regional Domestic Violence Service*
Telephone: (07) 4033 6100

*SCOPE Cooroy (Outreach Worker)*
Telephone: (07) 5447 7747

*SCOPE Gympie (Outreach Worker)*
Telephone: (07) 5483 6588

*Suncoast Cooloola Outreach Prevention and Education (SCOPE) (Maroochydore)*
Telephone: (07) 5479 5911

*Working Against Violence Support Service (WAVSS) (Logan City)*
Telephone: (07) 3808 5566
Other organisations

**DV Connect**

**Description:** Provides information, counselling, support and service to people experiencing domestic and family violence. Provides referral, including refuge referral to women and their children who are in danger.

**Operating hours:** 24 hours a day, 7 days a week

**Freecall:** 1800 811 811 (toll-free within Australia)†

**Immigrant Women’s Support Service**

**Description:** Provides services to women from non-English speaking backgrounds

**Operating hours:** 24 hours a day, 7 days a week

**Telephone:** (07) 3846 3490

**Lifeline**

**Description:** Provides telephone counselling service

**Operating hours:** 24 hours a day, 7 days a week

**Telephone:** 13 1114 (cost of a local call)†

**Website:** [http://www.lifeline.org.au](http://www.lifeline.org.au)

**Residential Tenancies Authority**

**Freecall:** 1300 366 311(toll-free within Australia)*

**Facsimile:** (07) 3361 3666

**Website:** [http://www.rta.qld.gov.au](http://www.rta.qld.gov.au)

*Calls from mobile phones are charged at applicable rates.
Research about the help-seeking behaviour of female victims of domestic violence

My name is Silke and I’m doing my PhD research on women’s experiences of intimate partner violence and their past and present responses. I would like to talk to women during face-to-face interviews about their experiences of and responses to intimate partner violence. Interviews will take approximately 1 hour and will cover the following topics:

- **Anonymous information about yourself** (including your age, education, marital and employment status, etc.)
- **Some general information about experienced or observed types of violence during childhood/adolescence**
- **Experiences of emotional and physical abuse by a former or current intimate partner**
- **Past responses to abusive incidents** (Have you talked to friends, family, the police, a doctor, nurse, counsellor or psychiatrist, or any other person/professional?)
- **Most recent response to an abusive incident** (including information about who initiated the contact with the current service provider, whether the situation or abuse was different this time, etc.)
- **Overall experiences of seeking help or support** (Who did or didn’t you talk to about your situation? What type of help did you expect? Were you satisfied with friend/family/police/etc. reactions to your situation? Who would you approach for help in the future if necessary?)
- **Advice you may have for other women in similar situations**

Having worked with women who experienced abuse by an intimate partner, I am aware of the sensitive and also complex nature of this topic. Your participation would therefore be greatly appreciated and everything will be done to ensure your wellbeing and safety. Interviews would take place at your current service provider’s location and any information you provide would be completely anonymous. The main purpose of these interviews is to give women who have experienced intimate partner violence an opportunity to voice their experiences, expectations and needs. Your information will contribute to the overall study results which can improve future responses and services for victims of domestic violence.

If you would like to find out more about how to be part of this study, please talk to one of the staff at [name of service provider].
Understanding Help Seeking Behaviour of Female Domestic Violence Victims

Who is conducting the research?

Name: Silke Meyer (PhD student)
School: School of Criminology & Criminal Justice
Griffith University
Mt. Gravatt Campus

Contact phone: (07) 3735-6807
Contact email: s.meyer@griffith.edu.au

Why is this research being conducted?
Domestic violence is a significant problem concerning many women in Queensland and Australia-wide. This project examines challenges women face when they seek assistance due to experiencing conflict and abuse from an intimate partner. The information acquired through this research will be used to identify areas of reform.

We are therefore interested in your experiences with conflict and partner violence as well as your experiences with institutions, such as the police, the courts, victim service providers and other community based services.

What you will be asked to do
If you choose to participate in this research, we will invite you to take part in a face-to-face interview. The interview should take about one hour and is being conducted to provide participants with an opportunity to provide information about their experiences of intimate partner violence, their responses to these experiences and their satisfaction with different types of support they may or may not have received. The interviewer will ask open-ended questions to guide the interview. The information you provide will help us to better understand the nature of conflict and abuse women experience in intimate relationships as well as the challenges they face and the needs they have in seeking assistance.
With the permission of the participants these interviews will be audio-taped for transcription. There will be no identifiable personal information on these tapes to guarantee your anonymity. The audio tapes will be transcribed by a professional transcription agency and will be destroyed afterwards. Final transcripts will only be accessible by the principal researcher.

**The basis by which participants will be selected**

Information on experiences of conflict and partner violence will be collected from about 50 women in the greater Brisbane area, currently in contact with one of the State’s DV services. Thus your individual responses will be included with a much larger group of women.

**How will the data be used?**

The results of this project will inform a doctoral thesis. Findings from the project will also be used to identify areas of service delivery which may need to be improved. Aspects of the research may be published in a scientific manner to enhance existing knowledge on help-seeking behaviour. No report or publication will identify you or link you to any information you provide.

**The expected benefits of this research**

The study seeks to identify factors that encourage or discourage victims’ help-seeking behaviour. This research is expected to be beneficial to victims of domestic violence, police units interacting with this group of victims as well as other support providers because results are expected to provide an understanding of victims’ needs and the challenges they face in seeking assistance. The nature, availability and accessibility of support services for domestic violence are expected to have an important influence on victims’ help-seeking behaviour. It is important to better understand the living realities of women experiencing abuse and their perception of help and support to stop the violence. Information collected through this study is expected to provide valuable knowledge to those delivering the help and support services as well as those designing them.

**Risks to you**

We are aware of the sensitive nature of conflict and abuse in intimate relationships and that your experiences may have caused you emotional distress in the past. It is therefore possible that thinking about or describing your experiences may be uncomfortable. When experiencing emotional strain while participating in the face-to-face interview, you are advised to inform your interviewer of any inconvenience or discomfort you are experiencing while giving the interview. This way she can react to it directly and provide you with information on available services should you require further professional help. Attached to this form you will find a list of local services in the greater Brisbane area as well as crisis hotlines, should you require professional or additional help or informational support at a later stage.

**Confidentiality**

The information you provide will be kept confidential. The researcher will make sure that no one taking part in the study will be identified in any data or report. Any information that is obtained in the project will remain anonymous and confidential. You will not be asked to provide any identified information, such as your name or address as part of the interview. Audio tapes will be destroyed after transcription and
transcripts will be stored in locked file cabinets in the School of Criminology and Criminal Justice at Griffith University. Only anonymous information will be retained.

**Your participation is voluntary**
Please be advised that your participation in this research is voluntary and there will be no loss or penalty should you choose not to take part. In addition, you have the right to withdraw at any time and do not need to give a reason for your withdrawal.

**Feedback to you**
You are welcome to request a copy of a summary of the results of this project (using the provided contact details) once it is completed. Completion of the project is expected in May 2009. The findings will describe the overall patterns for the whole sample of people participating in the study and will not reveal individual information about you.

**Questions/ further information**
If you have any questions, problems or should require additional information you can contact the principal investigator, Silke Meyer, on (07) 3735-6807 or the supervisors, Dr. Elena Marchetti, on (07) 3735-6480 or Prof. Paul Mazerolle, on (07) 3735-6994.

**The ethical conduct of this research**
This study has been cleared by the Ethics Committee of Griffith University in accordance with the *National Statement on the Ethical Conduct of Research Involving Humans*. Should you have any concerns about the ethical conduct of this project, you can contact the Manager, Research Ethics on 3735-5585 or research-ethics@griffith.edu.au.

**Expressing consent**
By ticking the boxes and filling in today’s date on the attached consent form, you agree that your information will be used anonymously for the purposes described above.

Thank you for your time and your assistance with this research project.
Informed Consent Form

☐ I have been informed about my role in this study as outlined in the information sheet. By ticking this box I agree to participate in a face-to-face interview about experiences of and responses to intimate partner violence.

☐ By ticking this box I agree that this interview will be voice-recorded.

Date: _____ / _____ / _____
13 APPENDIX D: Demographic Sheet for Study 2

1) How old are you? Please specify in years: _____

2) Do you consider yourself:
   □ Non-Indigenous Australian
   □ Aboriginal or Torres Strait Islander (incl. South Sea Islander)
   □ Other (Please specify): ________________________________

3) Were you born in Australia?
   □ No   □ Yes

4) Please specify which country you were born in: _________________

5) Please specify how many years/ months you have been living in Australia:
   _____ years _____ months

6) Is English your native language?
   □ Yes.   □ No. Please specify your native language: ____________

7) What is the highest level of education you have COMPLETED to date?
   □ Secondary school or less  □ Technical/ Apprenticeship (incl. TAFE)
   □ Any university (undergraduate)  □ Any university (postgraduate)
   □ Other:________________________

8) What is your current & primary employment status?
   □ Employed, full-time  □ Employed, part-time or casual
   □ Housework/home duties  □ Student
   □ Unemployed  □ Retired

9) Are you receiving any other income?
   □ No
   □ Yes. Please specify (e.g. pension, child support payments, rent):
   _________________________________________________________

10) What is your current marital status?
    □ Never married  □ Married  □ Married but separated
     □ Divorced  □ Widowed

11) Do you have any children?
    □ Yes. Number of children:_____ Ages:____________________________
    □ No
• Demographic sheet to be completed prior to interview

• Relationship status

• Childhood experiences (observation of violence between parents?)

• Past experiences of violence

• Suffered injuries?

• Usual past responses to violence
  o What did you do?
  o Did you ever leave? Permanently/temporarily?
  o Level of awareness of formal support for DV victims?
  o Who did you talk to?
  o Ever sought refuge in women shelter?
  o Ever pressed charges?
  o Ever applied for restraining order?
  o If no action(s) taken, what were the reasons?
  o Situational context?
    ▪ Children living with victims and abuser at that time?
    ▪ Employment status/financial situation?
    ▪ Fear of retribution?

• Drugs/alcohol use?

• Initiation of contact with current service provider
• Situational context?
  ▪ Increasing abuse (emotional or physical)
  ▪ Threats
  ▪ Fear for children’s safety or development
  ▪ Intention to separate permanently
  ▪ Own life perceived to be in danger

• Thinking about overall experiences with seeking/finding help and support…
  o Main barriers when trying to seek help?
  o What/which source of support were you most satisfied with?
  o Which source/response were you most dissatisfied or disappointed with?

• Future responses if finding oneself in abusive situation(s)

• Retrospective?
  o Knowing what you know now, is there anything you would have done differently if you look at your past responses to your partner’s abusive behaviour?

• Advice for other women in similar situations?

• Final thoughts
15 BIBLIOGRAPHY


Cunneen, C. & Stubbs, J. (1997). *Gender, 'race' and international relations: violence against Filipino women in Australia*. Sydney, The Institute of Criminology, University of Sydney Faculty of Law.


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