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ORIGINAL ARTICLE

Social Support Seeking Among Women Victims of Intimate Partner Violence: A Qualitative Analysis of Lived Experiences

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Abstract

Purpose Intimate partner violence against women is a major source of morbidity and mortality among women worldwide. In this study, 131 testimonies of female victims of intimate partner violence (IPV) are examined to study the factors associated with victims' decision to seek social support (formal and informal).

Method Semi-structured interviews were conducted with female victims of IPV in Spain. The IRaMuTeQ 7 software was used to analyze the discourses. A total of 10,845 words with 1183 different forms were examined.

Results The analysis identified six clusters. Cluster 1 (18% of the total content) reflects the emotional component of aggression (fear of death). Cluster 2 (13.1%) describes psychological aggression (threatening), and Cluster 3 (17.2%) refers to the use of power within relationships (control). Cluster 6 (13.8%) includes different types of physical aggression (hitting); and Clusters 4 (21%) and 5 (16.9%) refer to formal (judging) and informal (friends) social support.

Conclusions Results indicated a strong association between emotions (e.g., fear of dying) and physical and psychological aggression. Non-fatal strangulation represented an extreme form of physical violence that was used to control women increasing the risk of violence becoming lethal. Women tended to seek more support when the violence increased, and they perceived a greater risk to their children. There was an association between suffering violence, power, control, and seeking formal and informal social support. Results have significant implications to interrupt coercive control processes and to motivate help seeking behaviors in victims of IPV.

Keywords Intimate partner violence against women · Support seeking · Coercive control · Non-fatal strangulation · Qualitative study

Introduction

Intimate partner violence against women (IPVAW) is defined as "any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship" (World Health Organization [WHO], 2002). Given the potential for significant health risks and the serious consequences of IPVAW, this qualitative study adds to the limited literature studying the factors associated with victims' decision to seek social support.

Female victims of intimate partner violence (IPV) are often unable or unwilling to seek help at the first sign of abuse (Wood et al., 2021). For instance, victims may avoid seeking social support to reduce harm and prevent arguments and the escalation of violence within intimate relationships (Sylaska & Edwards, 2014). Moreover, some victims are socially isolated by their abusive partners, some repeatedly reject the support offered by family or friends

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and others may have tried to access such support but were unable to or found it unhelpful (Ahrens et al., 2021; Latta & Goodman, 2011).

Seeking help is a significant step in finding a temporary or permanent solution and preventing recurring incidents of IPVAW. Moreover, it may also expose women to a variety of services often considered crucial for improving their coping skills, increasing their self-esteem and confidence and reducing social isolation and self-blame (Tenkorang et al., 2017). Shin and Park (2021) found that positive informal support has a significant impact on the use of formal services and on subsequent capacity of victims to stay safe; this support is often provided by friends and relatives in the form of emotional sustenance (e.g., advice, encouragement, or affirmation) and material assistance (e.g., financial help, babysitting, or a place to stay) (Sylaska & Edwards, 2014). However, there are situations such as in the phase of persistent and escalating violence where support from family and friends may not be enough to prevent the abuse or stop it from continuing. In these cases, the use of formal resources is necessary for victims to punt and end to the violence they suffer (Ansara & Hindin, 2010). Formal support may be provided by the police or law enforcement officers, legal representatives, social service agency staff, healthcare providers, clergy members, domestic violence advocates, and staff at women's shelters (Ansara & Hindin, 2010). Also, formal and informal social support are associated with higher levels of well-being, positive mental health outcomes and lower revictimization (Sanz-Barbero et al., 2020).

Motivating victims' decision to seek help and to reduce the negative effects of IPVAW have also practical implications. For instance, interventions that enhance or create informal social networks allow practitioners to activate and mobilize this social support to promote positive and sustained changes (e.g., policies to improve awareness of, and responses to, domestic abuse) (Sánchez et al., 2020). The provision of effective emotional and tangible support also can empower victims of IPV (e.g., interventions that help victim-survivors to reconnect with social networks) and can lead to improvements in their mental and physical health (e.g., guidance for family and friends) (Schucan Bird et al., 2022). Furthermore, formal systems could benefit from these informal social networks to assess the potential for lethal danger, preventing women victims of intimate violence from suffering irreversible harm (Smith et al., 2014).

Theoretical Framework

There are three major theories that explain why women do or do not seek help when they find themselves in an abusive relationship: feminist-inspired theories or survivor theory, the transtheoretical model, and the socio-ecological perspective. First, feminist inspired theories or survivor theories (Sylaska & Edwards, 2014), argues that although women try to seek help at different moments, they may also be inhibited. Their lack of further help-seeking is not a form of passivity, but is rather shaped by their feelings (e.g., blame), circumstances and relationship dynamics. In this sense, the notion of social entrapment (Ptacek, 1999), which is similar in concept to the survivor hypothesis, holds that women continually resist victimization through help-seeking efforts that are largely unsuccessful due to institutional failures. This theory posits that women could be entrapped not only by an abusive partner's coercive control and the cumulative impact of that behavior over time, but also by the unhelpful responses of other people, organizations, police, and society that ignore or minimize the abuse, blame the victim, increasing the impact of the abuse. In fact, different studies found that victims could experience structural inequality (e.g., sexism, poverty, racism, heteronormativity), find barriers to demonstrate the nature of abuse in juries and limitations in the systemic safety responses that reduce help-seeking behaviors (Sudderth, 2017; Tolmie et al., 2018). One of the most important implications of social entrapment is that formal and informal networks have confused situations of violent entrapment and women's forms of resistance with dysfunctional relationship functioning. Sometimes, justice and people close to them interpret women's proactive tactics as pathological functioning rather than ways of protecting themselves and achieving safety (Tolmie et al., 2018). This situation makes it difficult for women to resort to formal and informal support, fostering entrapment in the relationship. Other theories such as that of Power Resources (Goode, 1971) and Gender and Power (Connell, 2013) - which draw on feminist theory - posit that power imbalances may also operate within violent relationships. For example, victims' emotional and financial dependence have been identified as barriers to seeking formal and informal social support (Kaukinen et al., 2013).

Second, the transtheoretical model of change (SOC) argues that victims seek help and begin to disclose as their awareness of violence increases over time (Prochaska & DiClemente, 1984; Sylaska & Edwards, 2014). The SOC has proven useful for analyzing different levels of women's readiness to deal with IPV. It explores the emotions, cognitions and behaviors that may influence readiness to change in victims of IPVAW. A recent study found that women´s appraisal or definition of her situation shapes her decisions around whether and from whom to seek help (Puente-Martínez et al., 2022). According to the SOC model, it is in the preparation/action stages that women often seek support from their formal and informal social networks since they need external support to carry out their planned change (Reisenhofer & Taft, 2013).

Third, the socio-ecological perspective (Dutton, 1995) posits that victims' help-seeking behaviors are associated with several interrelated contextual/cultural (e.g., resources and social reactions), situational (e.g., violence frequency and severity), interpersonal (e.g., feelings of shame, guilt or the loss of control within a relationship), and individual (e.g., victims' age or sex) factors. This theory is unique in that it includes multiple levels of factors encompassing victims' disclosure experiences and to seek social support. Authors such as Cunradi et al. (2021) have shown that type, frequency and severity of violence are associated with victims' intention to leave (or not) the violent relationship, or to seek social support. Another common reason prompting women to seek help is their children's safety and well-being (Herrero-Arias et al., 2021). However, not having identified the signs of abuse, victims' desire to keep personal matters private, coupled with feelings of guilt and embarrassment, and a negative reaction from family and friends (Ravi et al., 2023; Wood et al., 2021), may make it more difficult for them to leave an abusive relationship. Other relational factors have also been associated with victims' willingness and motivation to seek social support. For example, fear may reduce victims' intentions to leave an abusive relationship (Ravi et al., 2023; Wood et al., 2021), although in contrast, fear of harm or death has also been associated with seek-helping behaviors (Herrero-Arias et al., 2021; Sanz-Barbero et al., 2020). Also, victims have reported that their decision to seek help informal and formal help depended on the social, institutional, and cultural contexts, and its multiple gender dimensions (Bjørnholt, 2019). For example, victims' perceptions of service limitations and availability (Ravi et al., 2023); concerns about stigmatization or victim-blaming attributions that minimizing or deny the IPV (Baldry & Pagliaro, 2014); fear that formal services will be pushed them to leave their partners, worry about absence of sufficient competence among agency staff, concerns about judicial process or about losing custody of their children; the gap between the victim's expectations and needs and what services can offer; and, feeling that accessing formal services could betray the norms of their own community, religion or culture were related to seek less social support (Goodman & Smyth, 2011).

These three theoretical frameworks show considerable overlap in terms of how they explain victims' help-seeking behaviors, focusing on the individual help-seeker's internal cognitive processes and its interaction with social and cultural contexts, and including the recognition and definition of the problem, the decision to seek help and the selection of a help provider (Sylaska & Edwards, 2014). Both the ecological and feminist theoretical frameworks examine individual (i.e. women's age), relational (i.e. women's appraisal and emotions), situational (i.e. severity of IPV) and social (i.e. cultural norms and values) factors related to seeking help; both the feminist and transtheoretical frameworks argue that victims are active agents within the disclosure and help-seeking efforts (i.e. victims always seek strategies such as social support at different times to cope with IPV); and both the ecological and transtheoretical perspectives define seeking social support for victims as a complex and a dynamic process (i.e. women's decision to seek-social support is non-linear and is motivated for multiple factors that operate at different levels) (see Fig. 1).

Finally, certain types of violence linked to power and control have been found to be predominant in IPVAW (Zhao et al., 2022). Strangulation is a relatively common cause of death by homicide, particularly among women. Previous studies have shown that between one third and as many as three fourths of all women in domestic violence emergency shelters reported multiple episodes of non-fatal strangulations (Patch et al., 2021). Non-fatal strangulation forms part of an ongoing coercive control domination and power system (Dutton & Goodman, 2005; Thomas et al., 2014). Indeed, strangulation may symbolize the perpetrator's control over the victim, demonstrating their ability to kill them. However, reports on IPVAW do not usually provide specific information about strangulation behaviors. Non-fatal strangulation makes it difficult for victims to seek help or engage with support systems because it poses a threat of death, produces a sense of intimidation and fear, and a state that impedes the ability to assess the seriousness of the situation, interpret the intentions and motivations of the partner, or decide to leave the abusive relationship (Bendlin & Sheridan, 2019).

The Present Study

Researching the perceived barriers that discourage women from seeking help in response to IPV is essential to preventing IPV and revictimization. We interviewed victims of IPVAW from urban and rural domestic violence agencies in Spain. Based on feminist, transtheoretical and socio-ecological theories, we expected to identify certain factors that influence IPVAW victims' decision to disclose and seek help. The general aim of this study was to analyze the factors (individual, interpersonal and sociocultural) that influence the individual victim's process to seek social support (see Fig. 1, Liang et al., 2005). First, we expected to find an association between different types of violence, the use of power within relationships, negative emotions, victims' awareness of IPV and help-seeking behaviors. Moreover, we expect to find two different, yet closely related, systems of social support: formal and informal that are associated to the different types of violence. Also, we were interested to shed light on the experiences and perceptions of victims

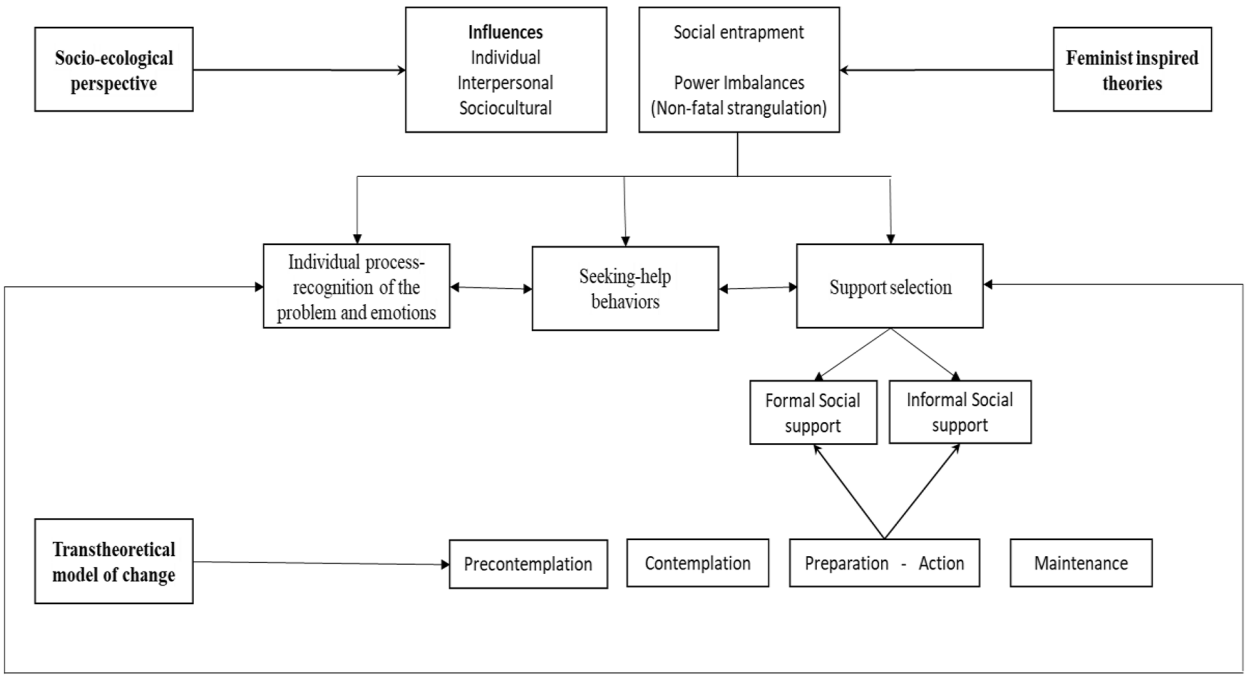


Fig. 1 A theoretical framework for understanding help-seeking processes among survivors of intimate partner violence (Liang et al., 2005, adapted by Ubillos-Landa & Puente-Martínez, 2023)

while seeking help from formal and informal resources. Second, we aim to analyze the relationship between the factors that motivate women's decision to seek help. Based on the literature we expect that life-threatening and extreme forms of violence against women (e.g. non-fatal strangulation) and children were linked to coercive control tactics and to negative emotions (i.e. death threats and victims' fear of dying) that motivate women to seek formal and informal social support. In this vein, non-fatal strangulation could be used to ensure threat credibility and thus the maintenance of power and control over women (Hypothesis 2).

Method

Sample

The sample comprised 131 victims of gender violence. Around 88% had experienced physical violence, 80.2% injuries, 40.5% sexual violence and 70.2% a lack of negotiation within the intimate relationship; moreover, almost all women (97.7%) reported having suffered emotional/psychological violence. The mean age was 39.73 ($SD = 10.94$; range: 18 to 66 years). All women were of legal age (> 18) and had been assisted through formal services (mainly provided by law enforcement agencies). The average time for which assistance from women's help centers was 27.24 months ($SD = 28.09$, approximately 2 years). Most women were from Spain, lived in urban areas and mainly had primary and secondary school qualifications. At least 11.45% of the women ($n = 15$) were married. Most were divorced and employed, although a significant percentage were unemployed. Most participants had two children ($M = 1.66$, SD = 1.32; range: 0–7). The average time for which they had stayed with their abusive partner was 10 years (125.56 months, SD = 128.92). Finally, 65.6% reported having suffered abuse since dating (with 40.7% reporting sexual violence and 98.8% psychological violence), and 47.3% reported that the last episode of violence had occurred over 6 months prior to the study (16% sexual violence and 47% psychological violence) (see Table 1).

The percentage of women who had suffered physical violence was higher for those from law enforcement agencies than for those from associations. Those who lived in rural areas reported having suffered more injuries than those living in urban settings. In addition, those who were divorced or separated reported more sexual violence and suffered more injuries than those who were single. Finally, sexual violence was higher in women who reported the first episode of violence during the first year of cohabitation compared to those in relationships for more than 5 years. The lack of negotiation was higher in relationship of 2–5 years compared to dating. *insert Table 1.

Table 1 Descriptive analysis: life-time prevalence of IPVAW

		PV (87.8%)	PSV (97.7%)	SV (40.5)	IV (80.2%)	NV (70.2%)
	N	*N (%)*	*N (%)*	*N (%)*	*N (%)*	*N (%)*
Center						
Associations	32	23 (71.9)[b]	31 (96.9)	14 (43.7)	24 (75)	19 (59.4)
Women's shelters	20	18 (90)	20 (100)	11 (55)	16 (80)	15 (75)
Law enforcement agencies	79	74 (93.7) [a]	77 (97.5)	28 (35.4)	65 (82.3)	58 (73.4)
X^2 (*df*. 2)		**10.19****	0.878	2.724	0.759	2.405
Nationality						
Spanish	117	103 (88)	114 (97.4)	46 (39.3)	94 (80.3)	80 (68.4)
Foreign	14	12 (85.7)	14 (100)	7 (50)	11 (78.6)	12 (85.7)
X^2 (*df*. 3)		0.063	0.245	0.592	0.025	1.798
Residence*						
Rural	52	47 (90.4)	51 (98.1)	22 (42.3)	47 (90.4)[a]	36 (69.2)
Urban	77	66 (85.7)	75 (97.4)	30 (39)	56 (72.7)[b]	55 (71.4)
X^2 (*df*. 1)		0.623	1.346	0.144	**6.01***	0.072
Education level*						
No formal studies	22	19 (86.4)	22 (100)	13 (59.1)	19 (86.4)	16 (72.7)
Primary	41	39 (92.9)	41 (97.6)	15 (35.7)	33 (78.6)	32 (76.2)
Secondary/ vocational training qualifications	40	35 (85.4)	40 (97.6)	13 (31.7)	32 (78)	27 (65.9)
University	24	21 (87.5)	24 (100)	11 (45.8)	21 (87.5)	16 (66.7)
X^2 (*df*. 3)		1.595	1.126	0.500	0.937	1.609
Work status*						
Unemployed	56	49 (87.5)	55 (98.2)	21 (37.5)	47 (83.9)	40 (71.4)
Employed	74	65 (87.8)	72 (97.3)	31 (41.9)	57 (77)	51 (68.9)
X^2 (*df*. 1)		0.003	0.036	0.256	0.949	0.096
Marital status*						
Single	47	39 (83)	47 (100)	10 (21.3)[b]	31 (66) [b]	36 (76.6)
Married/stable relationship	15	13 (86.7)	14 (93.3)	5 (33.3)	14 (93.3)	12 (80)
Divorced or separated	56	52 (92.9)	54 (96.4)	29 (51.8)[a]	50 (89.3)[a]	36 (64.3)
X^2 (*df*. 2)		2.42	3.015	**10.286****	**10.663****	2.539
First episode of violence						
Dating	86	73 (84.9)	85 (98.8)	35 (40.7)	67 (77.9)	51 (59.3) [b]
First year	7	7 (100)	7 (100)	6 (85.7) [a]	5 (71.4)	7 (100)
2–5 years	28	26 (92.9)	27 (96.4)	11 (39.3)	25 (89.3)	25 (89.3) [a]
> 5 years	10	9 (90)	9 (100)	1 (10) [b]	8 (80)	9 (90)
X^2 (*df*. 3)		2.367	1.094	**9.821***	2.076	**14.611****
Last episode of violence*						
0–1 months	9	8 (88.9)	9 (100)	5 (55.6)	8 (88.9)	7 (77.8)
1–3 months	32	29 (90.6)	31 (96.9)	8 (25)	24 (75)	23 (71.9)
3–6 months	21	18 (85.7)	21 (100)	8 (38.1)	17 (81)	13 (61.9)
> 6 months	68	59 (86.8)	66 (97.1)	32 (47.1)	55 (80.9)	48 (70.6)
X^2 (*df*. 3)		0.397	0.994	5.286	0.989	0.979

Note. $N = 131$.

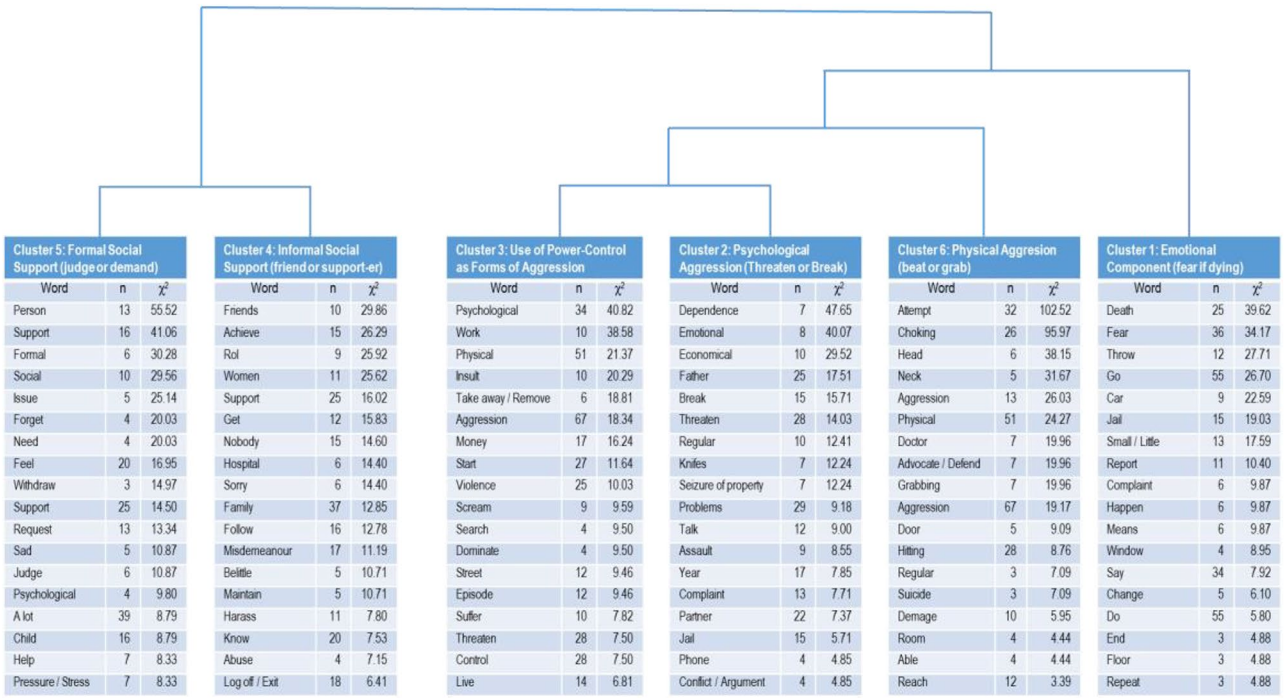
Violence: CTS-2 measure (Straus et al., 1996). PV: Physical Violence (e.g., kicked, bit or punched, slapped or chocked); PSV: Psychological Violence (e.g., stomped out of the room, shouted or insulted); SV: Sexual Violence (e.g., threats of force or insistence); IV: Injuries Violence (e.g., It hurt the next day, I went to the doctor about my injury); and NV: Negotiation Violence (e.g., failure to respect partner's feelings).

Variables were dichotomized as follows: 0: no violence 1: violence.

a = Less than expected; b More than expected,

* Residence: 2 missing; Education level: 4 missing; Work status = 1 missing; Marital status = 13 missing; Last episode of violence = 1 missing.

*$p \leq .05$, **$p \leq .01$, ***$p \leq .001$.



Cluster 5: Formal Social Support (judge or demand)		
Word	n	χ^2
Person	13	55.52
Support	16	41.06
Formal	6	30.28
Social	10	29.56
Issue	5	25.14
Forget	4	20.03
Need	4	20.03
Feel	20	16.95
Withdraw	3	14.97
Support	25	14.50
Request	13	13.34
Sad	5	10.87
Judge	6	10.87
Psychological	4	9.80
A lot	39	8.79
Child	16	8.79
Help	7	8.33
Pressure / Stress	7	8.33

Cluster 4: Informal Social Support (friend or support-er)		
Word	n	χ^2
Friends	10	29.86
Achieve	15	26.29
Rol	9	25.92
Women	11	25.62
Support	25	16.02
Get	12	15.83
Nobody	15	14.60
Hospital	6	14.40
Sorry	6	14.40
Family	37	12.85
Follow	16	12.78
Misdemeanour	17	11.19
Belittle	5	10.71
Maintain	5	10.71
Harass	11	7.80
Know	20	7.53
Abuse	4	7.15
Log off / Exit	18	6.41

Cluster 3: Use of Power-Control as Forms of Aggression		
Word	n	χ^2
Psychological	34	40.82
Work	10	38.58
Physical	51	21.37
Insult	10	20.29
Take away / Remove	6	18.81
Aggression	67	18.34
Money	17	16.24
Start	27	11.64
Violence	25	10.03
Scream	9	9.59
Search	4	9.50
Dominate	4	9.50
Street	12	9.46
Episode	12	9.46
Suffer	10	7.82
Threaten	28	7.50
Control	28	7.50
Live	14	6.81

Cluster 2: Psychological Aggression (Threaten or Break)		
Word	n	χ^2
Dependence	7	47.65
Emotional	8	40.07
Economical	10	29.52
Father	25	17.51
Break	15	15.71
Threaten	28	14.03
Regular	10	12.41
Knifes	7	12.24
Seizure of property	7	12.24
Problems	29	9.18
Talk	12	9.00
Assault	9	8.55
Year	17	7.85
Complaint	13	7.71
Partner	22	7.37
Jail	15	5.71
Phone	4	4.85
Conflict / Argument	4	4.85

Cluster 6: Physical Aggresion (beat or grab)		
Word	n	χ^2
Attempt	32	102.52
Choking	26	95.97
Head	6	38.15
Neck	5	31.67
Aggression	13	26.03
Physical	51	24.27
Doctor	7	19.96
Advocate / Defend	7	19.96
Grabbing	7	19.96
Aggression	67	19.17
Door	5	9.09
Hitting	28	8.76
Regular	3	7.09
Suicide	3	7.09
Demage	10	5.95
Room	4	4.44
Able	4	4.44
Reach	12	3.39

Cluster 1: Emotional Component (fear if dying)		
Word	n	χ^2
Death	25	39.62
Fear	36	34.17
Throw	12	27.71
Go	55	26.70
Car	9	22.59
Jail	15	19.03
Small / Little	13	17.59
Report	11	10.40
Complaint	6	9.87
Happen	6	9.87
Means	6	9.87
Window	4	8.95
Say	34	7.92
Change	5	6.10
Do	55	5.80
End	3	4.88
Floor	3	4.88
Repeat	3	4.88

Fig. 2 A hierarchical clustering dendrogram of violence disclosures, with the most frequent words and the words with the strongest association $X2(1)$. $p < 0.001$

Procedure

This study was carried out in collaboration with several different organizations, law enforcement agencies and associations from the Aid Network for Victims of Gender-Based Violence in two [Spanish] regions. The data was collected over the course of approximately two years, progressively and in parallel with collaboration agreements signed with IPVAW agencies and organizations.

The inclusion criteria were as follows: women had to be at least 18 years old and have had at least one relationship in which there had been some type of abuse (emotional, physical, or sexual); they had to be able to communicate in Spanish; they had to have sought help and have established user-professional relationships with the staff from whom they received professional aid (i.e. relationship between victims and different professionals, such as health or social workers or police who had responded to their immediate and long-term needs and well-being). On average, each woman was called three times after giving her consent to arrange a personal interview. An expert (first author) in victim management arranged and conducted the interviews.

We developed a semi-structured interview guide based on up-to-date literature described above. The interview questions were designed to determine the factors that influenced victims' decision to seek social support (Band-Winterstein & Eisikovits, 2014). This interview included standardized questionnaires to guide the open-ended questions. The interviews were audiotaped, and interviewers also took field notes.

The interviews were motivational (Puente, 2016) and lasted between 90 and 120 minutes. Following the procedure defined in previous research (Ager, 2020), participants were asked to sociodemographic characteristics (e.g. age, center, nationality, residence, educational level, work status, marital status) and to summarize their abuse history (e.g., first and last episode of violence). Then women were asked to describe the worst abusive incident suffered (e.g. *Can you describe the most severe episode of IPV? What kind of violence did you experience?*) and the IPVAW risk factor(s) that had the strongest influence on their decision to seek social support (i.e., feelings, cognitions, behaviors, and conditions). For instance: "*What did you feel when you were assaulted? describe your emotions and thoughts; if the violence stopped, can you tell me how it stopped?"*. Finally, participants were asked about the help-seeking behaviors in which they engaged when trying to escape from violent relationships (i.e., whether they sought formal and/or informal social support). For instance, *"Who have you told about the violence you have experienced? What was that like?"; Can you tell me about your help-seeking experience?", "Have you ever sought help from professionals, an agency or organization (i.e. police) for a relationship problem like domestic violence? Why not?/How did that go?", and*

"Have you tried to find help from family and friends? Why not?/How did that go?". "Have you ever tried to use services at any other IPV agencies and been unable to? What was that like?".

The study was approved by the ethics committee of the University of the Basque Country, UPV/EHU. Access to the data was restricted by the Ethics Committee of the UPV/EHU- CEISCH (reference: CEISH/328/2015) in order to guarantee participants' anonymity and confidentiality and ensure respect for their privacy and the voluntary nature of their participation. The hypotheses were pre-registered under the banner Gender Violence in Adult Women GV Victims: Restoring Health, at osf.io/yv3r4. In addition, this study follows the JARS-Qual guidelines (Levitt et al., 2018).

Data Analyses

We carried out a thematic content analysis (Flick, 2014) of the results of the interviews to identify participants' experiences of violence and explore their association with help-seeking behaviors. Next, a lexicometric analysis was conducted with the IRaMuTeQ 7 (2017) software. First, the corpus was lemmatized in accordance with a Spanish language dictionary to group singular and plural forms into a single category and to revert conjugated verbs to infinitives. Second, a top-down Hierarchical Descending Classification (HDC) was performed based on the entire lexical table (context units), with the aim of highlighting the formal structure of the discourse. The core meanings identified in each cluster originated in the dendrogram, as well as in the relationships between the clusters and the word frequency within each cluster. Specifically, HDC extracts significant similarities and oppositions between words via a Chi square test of association and the emergence of lexical classes that represent different discursive contexts, within which words make sense. The higher a Chi square index is, the more it reflects an association between a word or a variable category and the discourse class/cluster. The percentage refers to the occurrence of a word in the text segments in that cluster in relation to its occurrence in the corpus. In the final phase, three researchers independently named each class based on the words it contained. A fourth researcher then created a final label that was approved by all researchers.

Lexical Similarity Analysis

This type of analysis looks at the corpus as a whole, without taking into account which participant (subject) provided the answer. The program identifies co-occurrences between words in accordance with their connections in the text, helping to identify the structure of the content of the textual corpus using a graphic visualization technique (see Fig. 1) that illustrates the content of the social representation of the object studied and its internal organization, common parts, and specificities (Ormeño, 2016). Finally, the words, text and quotations extracted were translated by a professional translator.

Results

Descending Hierarchical Clusterification

The full corpus contained 10,845 words, of which 1183 were unique words. The HDC divided the corpus into 318 segments and six clusters. The corpus was divided into two large, related groups, each comprising six clusters. Clusters 5 and 4 formed the first large grouping labeled formal and informal social support, and Clusters 1, 2, 3 and 6 formed the second group of clusters referring to different types of violence.

Cluster 5, labeled "Formal Social Support" (C5), encompassed 16.9% of the content. The discourses focused on formal support (i.e., the social support provided by the police or law enforcement officers, legal representatives or social service agency staff). One of the most characteristic segments from this cluster is:

> *The last episode was prompted by jealousy. He tried to suffocate my daughter. Now I have flashbacks about it. The fact that there is a formal assistance and support unit helps me to feel safe, since the whole issue of protection has evolved. I'm happy with the formal support I received, although I think a psychologist should have been present at the hearing. Also, the mildest aggressions are not taken into account, only the most serious ones.*

Cluster 4 encompassed 21% of total the content and was labeled "Informal Social Support" (C4). For instance:

> *I have the unconditional support of my friends and family. I was fired from a job for requesting a transfer due to my problems. I suffered abuse in the form of psychological aggression. My partner manipulated me and convinced me to lie to my friends and family so I would lose their support.*

Cluster 3 was labeled "Use of Power-Control as Forms of Aggression" (C3) and encompassed 17.2% of the content. This cluster defines power imbalances in relationships and the use of power as a type of psychological aggression. For instance:

I fell into a deep depression. He would insult me for three days in a row without stopping. This happened when my daughters were present. The violence started when the relationship ended. He monitored and watched me all the time. He even waited for me at my job and turned up at my house. In the end I had to report him.
We have a son and the violence started little by little. First it was psychological aggression and then physical aggression. He would isolate me and control my money and the way I dressed. One of the most violent episodes was when I started working outside the home.

Cluster 2 was labeled "Psychological Aggression" (C2) and encompassed 13.1% of the content. This cluster focused on different forms of psychological aggression. Both C2 and C3 referred to psychological forms of aggression, but while C2 was focused on purely psychological aggression, C3 referred to the use of power within relationships.

I suffered psychological aggression all the time and I did not say anything because I felt threatened. For this reason, and despite having filed a complaint, I refused the restraining order.

Cluster 6 encompassed 13.8% of the total content and was labeled: "Physical Aggression (beating)" (C6). The discourses in this cluster focused on defining different types of physical aggression.

He hit me and choked me with his belt. Also, he controlled all our money and refused to let me leave. The most extreme episode was when he tried to choke me with a seatbelt. I decided to go with him (in the car), but after that episode I felt so pressured I tried to commit suicide.

Specifically, this cluster defined non-fatal strangulation as a form of control. Physical and psychological abuse were found to be closely related to each other (C6, C2 and C3).

There was an episode of physical aggression during which he tried to suffocate me. I thought it was a game at first, but I ended up fearing for my life. He tried to suffocate me several times with his hands and with cushions or pillows. The abuse was both physical and psychological. On one occasion my husband threatened me with a hammer and tried to suffocate me, only letting me go when he thought I was about to die.

Finally, Cluster 1, labeled "Emotional Component" (C1), encompassed 18% of the total content and described the emotional component of aggression. In this cluster, IPVAW involved threats of death or injury, or actual injury, targeted at either victims themselves or someone else.

I fear for my life. He told me that if he ended up in jail, he would have a lot of time to think about how to harm or kill me. The last episode of physical aggression was in October. He tried to choke me and now I'm afraid he'll hurt me.
Making the decision to leave the relationship was very hard; it's difficult. Fear, our fear of them, paralyzes everything, and there comes a moment when you stop doing so many things out of fear. I felt death close by, I was scared of dying, I struggled between life and death, and at that moment I don't remember what he did to me, but I do remember that, at that moment, I had an experience that had to do with death. Now I'm sad but I'm in treatment. He told me that I had only days to live, to count the hours. 'Tick-tock, tick-tock, fucking bitch.' I was afraid I was going to die.

Lexical Similarity Analysis

The results revealed that the corpus was divided across six clusters. The nucleus linked to informal social support is represented in pink and shows that the words family, house, support, violence, and job were associated with each other. Informal social support is represented as the support that women seek in their personal relationships. Formal social support is shown in green and was linked to the words feel, process, trial and judicial, indicating that this category focused on the support provided by formal institutions. Use of power-control as forms of violence is shown in red and was linked to the words children, beat, problem, guilt, and life, indicating that the main idea here was the different forms of aggression used by men to control their partner. The nucleus linked to physical aggression is shown in turquoise and is linked to the words aggression, physical, threat, fear and try. Psychological aggression is shown in blue and is linked to the words relationship, control, and manipulation. Finally, the emotional component of aggression is shown in yellow and is linked to the words fear, death, jail, emotional and dependence. These three dimensions represent different types of violence, all aimed at controlling victims (Fig. 3).

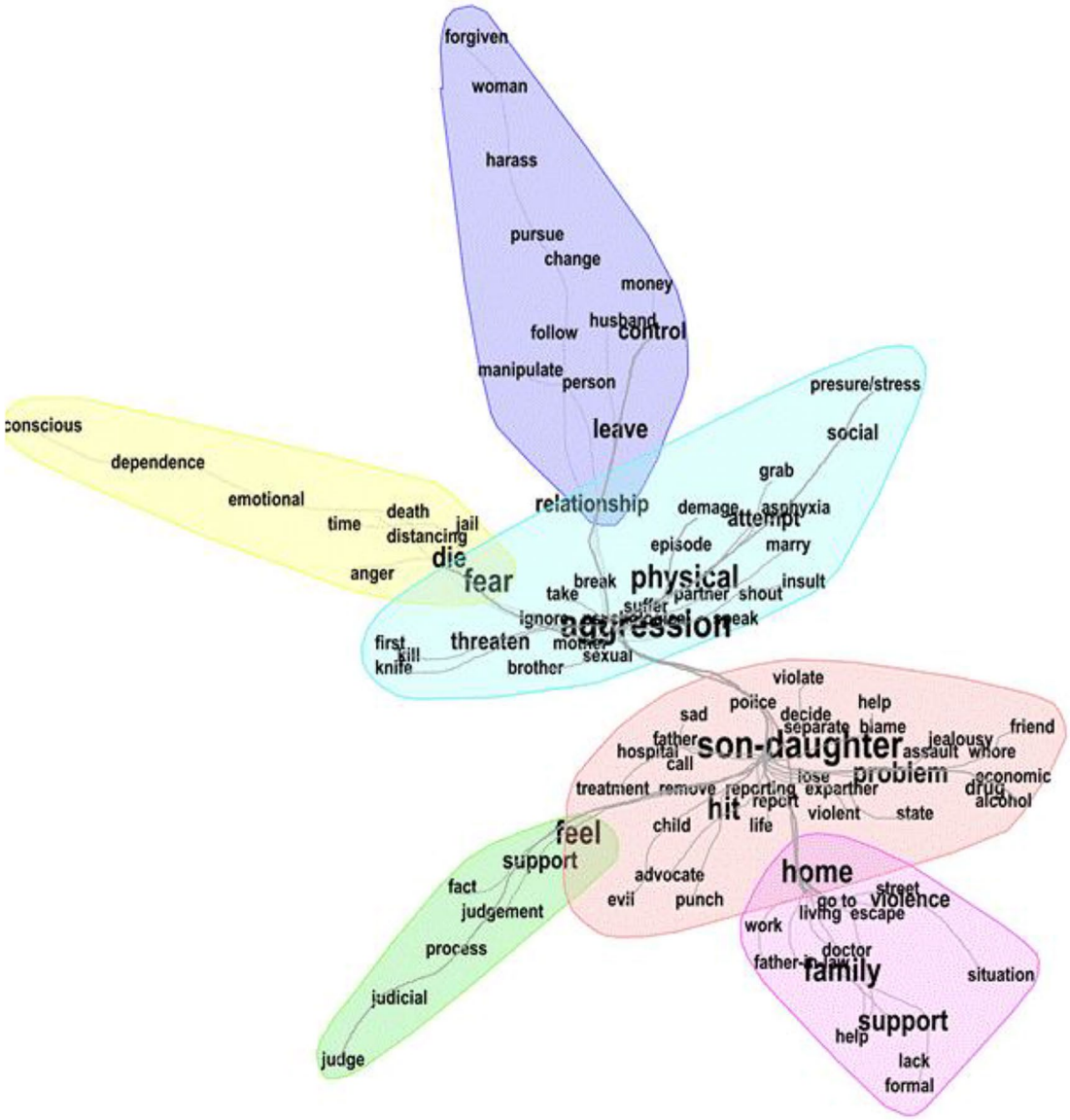


Fig. 3 Results of the lexical similarity analysis. *Note*: Pink = Informal Social Support; Green: Formal Social Support; Red = Use of Power-Control; Turquoise = Physical Aggression; Blue = Psychological Aggression; Yellow = Emotional Component of Aggression

Discussion

The present study aimed to identify the factors that influence help-seeking behaviors in response to IPVAW by analyzing over 130 testimonies of female victims of IPV in Spain. The study contributes to the current literature by exploring victims' motives for disclosure and describing what the act of seeking social support looks like for female victims of IPV. Consistently with the socioecological and feminist perspectives, situational factors such the frequency and severity of IPVAW (physical, psychological, power and control) and intrapersonal factors such as male use of power and control within relationships, and some emotions (e.g., fear) influence the victim's decisions to seek formal/informal social support (contextual factors). Likewise, results are in line with SOC model since it identifies emotions that were associated with the victim's awareness of violence (cognition) and seeking help behaviors.

The sample which was recruited through formal services had the experience of having sought social support and could identify the factors that motivated them to seek help. Our results on the profile of women who have experienced more violence is consistent with that reported by Dichter and Gelles (2012), who claim that women who seek help from formal services, such as the police, often endure

severe and ongoing violence. Furthermore, the greater likelihood of rural women to suffer injuries is coherent with a previous study, in which IPVAW victims in rural areas had poorer psychosocial and physical health outcomes than their counterparts in urban areas, perhaps due to the lack of availability, poorer accessibility, and lower quality of IPVAW services (Mantler et al., 2021). Also, the findings on divorced and separated women may reflect a stronger tendency to acknowledge experiences of sexual violence among women who have successfully ended an abusive relationship (Mantler et al., 2021). Our data also confirm that the first episodes of IPVAW or the first signs of abuse appear during dating (Gracia-Leiva et al., 2019).

Regarding the HDC analysis, our findings revealed two large groups and six clusters, representing a variety of associated factors (individual, interpersonal and socio-cultural) that motivated participants' decision to seek social support to try to end their abusive relationship. Clusters 4 and 5 – which together make up the first major grouping- encompass 21% and 16.9%, respectively, of the total units of the corpus (together 37.9%), forming a second higher factor called "formal and informal social support". Clusters 1 (18%), 3 (17.2%), 6 (13.8%) and 2 (13.1%) constituted a second major grouping that accounted for 62.1% of the variance. This grouping was labeled "type and severity of violence and the use of power within intimate relationships".

As we stated in hypothesis 1, a first large grouping confirms the existence of two independent yet closely related types of social support. Informal social support (C4) describes emotional sustenance from friends and family (e.g., friends, family, support) and is related to taking actions to leave a violent relationship (e.g., to get, to achieve or to know). Formal support (C5) may be provided by the police, the criminal justice system, social service agency staff, medical services personnel, crisis hotline workers, mental health professionals or women's shelters staff. In this study, victims mainly mentioned the support received during their disclosure from social services (e.g., social workers, psychologists, social security) and, to a lesser extent and with more negative connotations, from the court (e.g., "*I could have done with a psychologist being present during the trial; hearings are insensitive; they are harsh and impersonal"*). Furthermore, victims also reported using more informal support than formal networks when trying to put an end to a violent relationship (21% vs. 16.9% of the content). Consistently with this, global data indicate that women often choose to first disclose to informal networks; however, the usefulness of these networks for decreasing violence may vary drastically in accordance with the situation (e.g., severity of violence experienced, access to resources or risk of injury to children). In this regard, Wood et al. (2021) argue that informal networks could serve as a gateway to seeking help from formal health and justice services. In this vein, results reveal that, in general, victims reported feeling satisfied with the support received from friends and family (e.g.,*"Family support has been fundamental to take the decision to make a complaint"*). Friends and family members may know an individual better than does a program staff person and, therefore, are often in a better position to respond to them in a way that matches their needs, strengths, and contexts (Budde & Schene, 2004). Nevertheless, informal social support also could have negative connotations and result unhelpfully (e.g., *"my family has judged me, they have separated from me"*). These findings are consistent with a study that found that family and friends of IPV survivors were unclear on how to respond to IPV. Many relied on the victims' coping efforts, and when survivors could not do so, some persons blamed the victim or offered solutions that did not acknowledge the complexity of the victims' situation; others simply withdrew (Latta & Goodman, 2011).

Also, results identify socio-cultural barriers. Victims reported feeling sad about social judgments or judicial processes (e.g., *"I feel judged by others; I feel sad and very unhappy about the judicial processes I experienced"*). These results suggest that help-seeking efforts may be unsuccessful due to institutional failures (de Piñar-Prats et al., 2022; Ptacek, 1999). Indeed, findings reveal victim-blaming attitudes in the context of IPV that suggest that it is the victim who engages in questionable behavior or who displays blemished character traits (i.e., "*I feel judged, nobody believes me. Today I would not file a complaint, my lawyer has not done anything, I am unprotected, I am afraid, any day he will wait for me in the doorway and kill me, and then justice will be done"*). These negative attitudes also included perceptions that remaining with and returning to an abusive partner is a choice driven by powerlessness or helplessness brought on by subsequent revictimization. Along with social barriers, also have identified challenges that include a lack of professional training during the process (e.g., *"they do not take in account the slightest aggressions, only the most serious ones"*).

Our findings also linked psychological, physical, and sexual experiences of abuse, the use of control and dominance and the emotional component of aggression, within the category "types and severity of violence and power imbalance in relationships", as stated in hypothesis 1. Both C2 and C3 referred to different psychological forms of aggression. C3 reflected the use of male power (e.g., control and dominance) within relationships. Victims described male power in terms of the difficulties they encountered when trying to find a job (e.g., work), financial control (e.g., money), verbal aggression (e.g., insults, shouting or threats), the use of dominance and different episodes of violence in public

spaces (e.g., psychological, physical, violence and street). C2 described the principal types of verbal abuse. Emotional violence was described as intimidation through threats, whereas economic abuse occurs when the abuser maintains control over money, forcing the victim to rely on him for all her financial needs (e.g., *"He never had a job, yet he wanted to have and control all our money"*). Women also reported feeling emotionally dependent on their aggressors (e.g.,"*Despite all the formal complaints I filed, I was still hooked on him, I needed him"*). The use of threats and knives and the act of breaking things were associated with control over victims (e.g., *"He put a knife to my belly and threatened me"*).

For its part, C6 described victims' experiences of physical aggression. Non-fatal strangulation appears to be a common and recurring experience among victims. Other types of violence, such as grabbing and beating, are also included in this cluster (e.g., *"He grabbed me and yelled at me: I'm going to kill you!"*). C6 also associated physical violence with the use of medical services (e.g.,"*I went to the doctor once, even though I told them I had hurt myself during a fall"*), and violence perpetrated in self-defense (e.g.," *I defended myself by kicking him, then he beat me very hard"*). In some cases, women commonly use violence reactively in response to their partner's violence, acting in self-defense or to protect their children (Bair-Merritt et al., 2010). Our results also reveal that physical violence often occurs behind closed doors (e.g., "*He arrived home, came into the room, grabbed me by the hair, threw me on the floor and began to hit me"*) and is considered a private matter. Finally, partners threatening to commit suicide when victims try to break up with them is defined as emotional abuse and coercive control (e.g., "*First he'd start telling me I was worthless, then he'd threaten to commit suicide. He totally undermined my self-esteem; I felt sad, listless"*). In this sense, a study conducted by Frye's and colleagues (2006) found that batterers were nearly 5 times more likely ($OR = 4.73$) to have threatened or attempted suicide than non-batterers. These types of threats may also indicate that the victim's life is in danger. A qualitative study concluded that around 1% of male perpetrators who had made their suicidal ideation known had also made previous homicidal threats aimed at women or children. A partner's suicidal threats or attempts has been defined such as a risk factor for homicide, and are included in risk assessment (Messing et al., 2020).

Finally, C1 represented the emotional component of IPVAW. Victims reported a fear of death that was related to taking actions such as filing a complaint, disclosing their abuse or changing their situation (e.g., *"I was very scared; whenever he got violent, I was terrified, until finally, fear made me react").* However, fear was also associated with possible threats to victims' lives following the breakup, the end of the restraining order or the aggressor's release from prison (e.g., *"I am afraid that he'll come after me once they will take my protection away. He tells me, time and time again, that if they put him in jail, he will have a lot of time to think about how to hurt me or kill me when he gets out"*). Moreover, findings suggest that increased severity of violence may prompt IPV victims to take actions to escape from violence since they perceive violence could be lethal (Puente et al., 2021).

The similarity analysis examined the relationship between clusters and words (Hypothesis 2). Physical aggression and the use of power-control were the central clusters connecting the different types of violence and forms of social support. Firstly, physical aggression (which includes non-fatal strangulation) linked the use of power and control to the psychological and emotional components of aggression. Non-fatal strangulation was associated with death threats and victims' fear of dying. In this vein, Pritchard et al. (2017) define overt death threats and non-fatal strangulation as a live demonstration of power and control over women's life or death. Indeed, according to these authors, the act of strangulation may be designed to demonstrate to a victim that the perpetrator can end their life whenever he chooses. The experience of non-fatal strangulation is physically excruciating and emotionally terrifying; not only do victims feel like they are going to die, but their abusive partners also tell them they are going to kill them while strangling them (Messing et al., 2021). Consequently, victims learn to comply with their partner's demands as a survival strategy (Thomas et al., 2014).

Secondly, the use of power and control linked physical aggression to different types of social support. Our results revealed that a common factor prompting women to seek help was their children's safety or well-being, with the word "children" linking different types of violence to seeking formal and informal social support. Children were associated with terms such as make a complaint, hitting, feel and judicial process (formal social support), as well as with home, family, and support (informal social support). Women tend to seek more social support when the violence increases, and they perceive a greater risk to their children (Ergöçmen et al., 2013; Ravi et al., 2023). For example, our results revealed a relationship between having children and filing a complaint with the police. Moreover, the participants stated that the more severe the violence, and the greater their fear of death or severe injury, or even lethal injury, the more likely they were to seek formal and informal help (Dichter & Gelles, 2012). Findings are consistent with the SOC model and survivor theories, which argue that, when faced with increasing levels of violence, victims develop strategies and engage in actions to enhance their own safety (Hamby & Gray-Little, 2007).

Limitations

Despite the interesting findings reported here, our study has some limitations that should be taken into consideration. First, IPVAW may manifest differently in different cultures and the generalizability of the results is limited. Hispanic women were overrepresented in our sample and other cultures were not represented at all. Moreover, the sample was largely drawn from an urban setting in which most people have a mid-level income and may represent IPVAW differently from women living in rural villages or other areas with higher or lower income levels (Ager, 2020). Our results may also have been different if access to formal and informal support had been more difficult. In our sample, all victims had sought social support or professional assistance. The lack of police assistance or inaccessible mental health services may increase unreported violence. Thus, some women may be cohabiting with her aggressor at the moment of the interview and others may continuing suffering abuses even though the relationship was broken. In these situations, awareness and severity of violence or the use of controlling tactics toward women (i.e., threats) may interfere with disclosure of violence and help-seeking behaviors. Finally, even though the interviews were carried out by a psychologist, IPVAW is a sensitive topic that may pose difficulties for data collection. For instance, some women avoided or had a negative reaction to questions about abuse.

Future Research Directions

Future research may wish to evaluate the concept of "negative support" or "misguided efforts" among female survivors of IPV (Latta & Goodman, 2011). For example, it may be interesting to explore how family and friends may hinder victims' attempts to access formal support (e.g., supportiveness and availability of friends, family, and formal systems). Findings also underscore the need for greater training of professionals from different services (e.g., judicial system), and specifically in detecting and recording of nonfatal strangulation incidents. Non-fatal strangulation represents an extreme controlling form of violent behavior, increasing the risk that intimate partner violence (IPV) becomes lethal. The next step may be to include non-fatal strangulation in the analysis and in the risk assessments, as a form of violence that can be used to measure IPVAW, as in the work by Messing et al. (2020). Also, more research is needed on IPVAW and suicide outcomes. Results suggest that threats of suicide by an abusive partner in IPVAW may be an indicator that they could seriously harm or murder their partner or children. Finally, it would be interesting to analyze how different factors are associated with different forms of social support (formal and informal).

Practical Implications

One of the study's strengths is that it provides rich information about the life experiences of IPVAW victims, and the factors associated with their decision to seek social support. The results reported here serve to improve our understanding of IPVAW, which is crucial to improving public health services. This study shows that strangulation among IPVAW victims is a relatively prevalent form of violence and a significant predictor for future lethal violence. Our findings may be particularly useful to expert witnesses in conveying the risk of lethality in cases of attempted homicide.

Moreover, such findings call for structural education and training of judicial and health professionals to generate specific knowledge, attitudes, and skills regarding IPVAW and to avoid re-victimization. Proper education and protocols seem to be priorities in strengthening professionals' response to IPVAW. Our findings also emphasize the importance of improving healthcare services. Victims who have children in their care may perceive a greater need to address IPVAW through a combination of formal and informal networks, perhaps due to concerns about the consequences of violence for their children's well-being. This finding points to the need for more comprehensive services that can simultaneously address the needs of both victims themselves and their children.

Finally, results suggest that domestic violence services can help survivors engage with existing supporters. When possible, formal support providers should include actions aimed at training informal networks in the IPV victims' treatment with suggestions on how to be effective in their support. For instance, these practices could improve the instrumental (e.g. place to stay, transportation to needed help sources, childcare, financial assistance) and emotional assistance (e.g. a shoulder to cry) that informal supporters can provide when they are made aware of these situations, improving their safety and well-being.

Authors' Note A.P. was the principal investigator and collected the data. A.P. and S.U. contributed to the conception and design. A.P. and H.R. analyzed the data and wrote the manuscript, while I.I and S.U. reviewed the analyses and the interpretation of the results. All authors read and approved the final manuscript.

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Declarations

Conflict of Interest the authors declare that they have no conflict of interest.

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