Victim Help Seeking: Differences Between Intimate Terrorism and Situational Couple Violence

Janel M. Leone*   **Michael P. Johnson**   **Catherine L. Cohan**

Abstract: Research indicates that two major forms of partner violence exist, intimate terrorism (IT) and situational couple violence (SCV). The current study (*N* = 389) used a subgroup of women who responded to the Chicago Women's Health Risk Study to examine whether type of violence experienced is differentially related to formal (e.g., police, medical agencies, counseling) and informal (e.g., family, friends/neighbors) help seeking. IT victims were more likely to seek each type of formal help but were equally or less likely to seek informal help. Findings can inform both family violence research and the development and implementation of social service programs.

Key Words: coercive control, consequences of violence, domestic violence, help seeking, intimate partner violence.

Current research indicates that partner violence is not a unitary phenomenon and that distinct types or subgroups of violent partners exist (Graham-Kevan & Archer, 2003; Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000; Jacobson & Gottman, 1998; Macmillan & Gartner, 1999; Tweed & Dutton, 1998). Johnson (1995) has argued that two major forms of partner violence exist: one embedded in a general pattern of power and control, which he has called "intimate terrorism" (IT), and the other a response to a situationally specific conflict, which he has called "situational couple violence" (SCV). Violence type is assessed by considering the context of nonviolent, controlling behavior (e.g., isolation, threats, economic abuse) in which the violence exists, particularly differences between motivation to generally control versus violence that is more situationally rooted (Johnson, 1995, 2001, 2005; Johnson & Ferraro, 2000). The physical and sexual violence associated with the pattern of control that defines IT effectively entraps victims in the relationship by creating an overwhelming sense of fear and by diminishing victims' personal resources (e.g., confidence, self-esteem), financial resources (e.g., money to escape, stable employment), and contact with support networks (e.g., family, friends, shelters). SCV does not exist within a context of control but is enacted as a means of controlling a specific situation or context and is often a disagreement that escalates into violence. Although IT is associated with more severe, frequent physical violence compared to SCV (see Johnson & Leone, 2005; Leone, Johnson, Cohan, & Lloyd, 2004), the types are not defined in terms of violence severity or frequency. Therefore IT is not a more severe "stage" of SCV but rather a different phenomenon, which among heterosexual couples may be rooted in patriarchal ideas about gender and the social acceptance of violence against women.

Studies utilizing Johnson's typology show that IT and SCV have significantly different outcomes for victims, with IT victims reporting more symptoms of depression and post-traumatic stress disorder, as well as more injuries (Johnson & Leone, 2005; Leone et al., 2004). Piispa (2002) found that victims of physical violence involving severe psychological abuse (likely IT) reported more fear and sleeping and concentration difficulties and lower self-esteem compared to women who experienced isolated

*Janel M. Leone is Assistant Professor in the Department of Child and Family Studies at Syracuse University, 426 Ostrom, Syracuse, NY 13244 (jleone01@syr.edu). Michael P. Johnson is Professor Emeritus of Sociology, Women's Studies, and African and African American Studies at The Pennsylvania State University, 1155 Oneida Street, State College, PA 16801 (mpj@psu.edu). Catherine L. Cohan is a Research Scientist at The Pennsylvania State University, Population Research Institute, 601 Oswald Tower, University Park, PA 16802 (clc18@psu.edu).

incidents of violence not involving emotional abuse (likely SCV). Thus, the nature of the violence and its context significantly predict consequences for victims. It is likely that violence type is also associated with different patterns of help seeking, given the differences in psychological and physical consequences among these two groups of victims. A next step, therefore, is to study differences in help-seeking patterns among women experiencing either IT or SCV. The current study examines the utility of theoretically and empirically derived variables to predict the likelihood that women engage in formal and informal help seeking.

Research on Victim Help Seeking

The psychosocial needs of women in violent relationships can be immense, with many women requiring legal, economic, and health services, as well as housing, child care, and general social support (Sullivan, Basta, Tan, & Davidson, 1992; Weisz, Tolman, & Bennett, 1998). However, whether violence type predicts these needs or attempts to meet these needs, or both, has not yet been examined. Indeed, most help-seeking theories within the psychological and family studies literatures were developed from agency samples, likely representing victims of IT, and may not be applicable to SCV. The survivor theory by Gondolf and Fisher (1988) and reclaiming-self theory by Merritt-Gray and Wuest (1995) are two common theories that attempt to explain victim help seeking. According to Gondolf and Fisher, victims increase their help seeking as the physical violence against them escalates. Similarly, Merritt-Gray and Wuest argue that women actively counteract partner violence and that escaping or ending violence is a *process*, rather than a unitary event, as supported by the finding that women leave violent relationships multiple times before permanently escaping (see Dobash & Dobash, 1979; Gondolf, Fisher, & McFerron, 1990). Moreover, both Gondolf and Fisher, and Merritt-Gray and Wuest stress women's active refusal as opposed to passive acceptance of violence.

Research investigating help seeking of women in violent relationships is extensive and includes both community samples (e.g., respondents to relatively large population-based surveys) and agency samples (e.g., women receiving services from shelters, hospitals, and courts). This research has not differentiated between violence types, however, making it

ambiguous as to whom findings can be generalized. Nonetheless, these studies have focused primarily on three factors: severity and consequences of the violence, victim characteristics, and sources of help utilized. First, physical violence severity is the most frequently examined and consistent predictor of help seeking, with findings revealing a positive association between violence severity and seeking help, particularly legal and medical help seeking (Gondolf & Fisher, 1988; Hutchinson & Hirschel, 1998; Kantor & Straus, 1990). Psychological consequences of partner violence such as fear, anger, depression, and diminished self-esteem are also positively linked to victim help seeking (Campbell, Miller, Cardwell, & Belknap, 1994; Kirkwood, 1993). The link between help seeking and social isolation and lack of social support that results from partner violence has also been examined among agency samples (see Dutton, Hohnecker, Halle, & Burghardt, 1994; Sullivan et al., 1992). Findings show that victims seek help from people they believe to be receptive (Bowker, 1983) and that perceived support and empathetic responses contribute positively to women's coping (Waldrop & Resick, 2004).

Second, victim background characteristics are generally not associated with help seeking and findings are often inconsistent. For example, some findings suggest that Hispanic and African American women are more likely than White women to call the police in response to partner violence (Hutchinson & Hirschel, 1998; Krishnan, Hilbert, & Leeuwen, 2001), whereas other studies show that they are less likely (Richie, 1996). Yoshioka, Gilbert, El-Bassel, and Baig-Amin (2003) found no differences among African American, Hispanic, and Asian women's formal help seeking. More specifically, about 30% called the police or a counselor, or both, and less than 4% contacted a doctor. Victim socioeconomic status is also an inconsistent predictor of help seeking, with some studies showing a positive association (e.g., Hutchinson & Hirschel; West, Kantor, & Jasinski, 1998) and others showing a negative association (e.g., Donato & Bowker, 1984).

Finally, where victims go for help has been studied. Yet again the lack of distinctions makes it difficult to discern whether violence type predicts differences in help-seeking patterns. One way to uncover the different violence types is to focus on the populations of victims being sampled. Johnson (1995, 2001) argued that agency samples are likely dominated by IT, whereas community samples are

likely dominated by SCV. That is, it is unlikely that SCV victims would be in shelter or court samples because they are unlikely to experience a level of danger requiring such intervention, and IT victims might not respond to general surveys for fear that the abusive partner would retaliate physically (Johnson, 1995). Data from agency samples (comprised mostly of IT victims) show that a large proportion of victims utilize formal help sources (e.g., police, hospitals, counselors). More specifically, about 45 – 60% call the police, 30 – 40% contact a shelter/counselor, and about 30% contact medical services (Hutchinson & Hirschel, 1998; Krishnan et al., 2001; Pakieser, Lenaghan, & Muelleman, 1998). Studies utilizing community samples (containing mainly SCV victims) suggest less formal help seeking; 7 – 30% of victims call police, 11 – 22% contact a shelter, and about 16% contact a medical agency (Coker, Derrick, Lumpkin, Aldrich, & Oldendick, 2000; Hathaway et al., 2000; Kantor & Straus, 1990).

IT and SCV victims may also differ with regard to informal help seeking (e.g., contacting family or friends) but probably in the opposite direction. About 50% of women in violent relationships characterized by coercive control (most likely IT victims) report seeking help from friends or family (Campbell, Rose, Kub, & Nedd, 1998; Yoshioka et al., 2003), whereas nearly 75% of women from samples most likely representing SCV seek help from family and friends (O'Campo, McDonnell, Gielen, Burke, & Chen, 2002; Pakieser et al., 1998). Mitchell and Hodson (1983) found that among a shelter sample, violence severity was negatively associated with contacting friends and family. Both sampling methods and research findings concerning violence severity and consequences indicate that IT victims, particularly those subjected to more severe physical violence, may be less likely to seek informal help.

In sum, three conclusions can be drawn from the help-seeking literature. First, extrapolating from studies using different sampling strategies, it seems that IT victims are more likely than SCV victims to seek formal help, particularly from the police, are more likely to seek multiple forms of help, and are equally or less likely to seek informal help. Second, factors positively related to IT, such as severe and frequent violence, injury, psychological distress, and perceived social support are consistently associated with help seeking, particularly from formal sources. Finally, background variables are less stable

predictors, suggesting a need for more research among ethnic minority groups.

Rationale and Hypotheses for the Current Study

The goal of the current study was to examine the extent to which violence type (i.e., IT vs. SCV) predicts formal (i.e., police, medical, counseling) and informal (i.e., family, friend/neighbor) help seeking, and whether the predictive value of violence type is reduced once measures of physical violence (e.g., violence severity) and violence consequences (e.g., depressive symptoms, injury) are considered. We hypothesized that IT victims would be more likely than SCV victims to seek formal help, and that this association would be reduced once we considered measures of physical violence and violence consequences. That is, previous studies show that IT is associated with more severe physical violence and violence-related outcomes for victims, both of which have been linked to formal help seeking. We predicted that these factors likely contribute to the relation between violence type and formal help seeking.

Our predictions concerning informal help seeking are less direct. On the one hand, past findings indicate that IT victims may be less likely to contact friends and family about violence compared to SCV victims. Victims may hesitate to involve these people for fear that doing so will cause the partner to harm or even kill them or if they perceive less support among these sources. For example, intimate terrorists may convince victims that no one will believe them or help them escape. On the other hand, the increased need for assistance and desire to escape may mean that IT victims rely upon friends and family for resources more than SCV victims. Thus, we hypothesized that IT victims would be more likely to seek informal help than SCV victims but only if they perceived the source to be supportive. In other words, we held that perceived social support would moderate the link between IT and informal help seeking.

Method

Design and Participants

Data for this study come from the Chicago Women's Health Risk Study (CWHRS) (Block, 2000). CWHRS targeted Chicago neighborhoods

that had relatively high rates of lethal intimate violence according to the Chicago Homicide Dataset. Data were collected from June 1997 to April 1998 at four medical sites including Chicago Women's Health Center, Cook County Hospital, Erie Family Health Center, and Roseland Public Health Center. CWHRS employed a universal screening design to assess partner violence among a random sample of 2,616 female patients who entered one of the four healthcare centers. The screening instrument was based on the Intimate Violence Screening Tool, created by the Chicago Department of Health (Sheridan & Taylor, 1993), and was instituted into the standard intake procedure for all women receiving *any* type of medical treatment (violence-related or not). To maximize screening compliance, CWHRS staff worked closely with site personnel to develop an instrument that was acceptable to the department, did not impede the respondent's medical treatment, and met CWHRS safety standards (Block). Although the format of the screening instrument differed slightly across sites, it always included the following three questions: "Has your intimate partner ever hit, slapped, kicked or otherwise physically hurt or threatened you?," "Has your intimate partner ever forced you to engage in sexual activities that made you feel uncomfortable?," and "Are you afraid of your intimate partner?" Women who affirmed any of these questions, had been in an intimate relationship with, and had experienced the abuse in the past year by, either a current or a former partner and were 18 years or older were coded "Abused" by the screening staff. Women who answered "No" to all questions or who reported abuse more than a year before were coded "Not Abused."

Screening results were available for 2,177 women (524 Abused and 1,653 Not Abused). Approximately 86% ($n = 497$) of the Abused women and 8% ($n = 208$) of the Not Abused women were interviewed. Interviews lasted approximately 45 min, took place in private, secure rooms at the medical sites, and were conducted by trained female public health professionals. Respondents signed informed consent forms and were given information about the study's purpose. After the interview, respondents received information on domestic violence resources and were given an emergency phone number set up by the CWHRS.

The sample for the current study consists of a subset of the 497 Abused women on the basis of four criteria. Respondents reported (a) experiencing at least one incident of physical violence in the 12 months prior to the survey; (b) that all violence was committed by the same intimate partner; and (c) that the partner was male. Finally, as experiences of nonviolent control were used to categorize violence types (see the Measures), respondents must have answered all questions about nonviolent control. These criteria yielded a sample of 389 women.

The mean age of the current study's sample was 31 years ($SD = 9.06$). With regard to race, 66.3% of the women were African American, 23.9% were Hispanic, and 9.8% were of another racial background. Eighty-one percent of the women had children, and the average number of children was 2.74 ($SD = 1.79$). Most women (72%) completed high school or earned an equivalent degree, 61.6% reported working part time or full time, and 72.8% of women reported an annual household income of less than $20,000.

The study's sample represents a low-income, ethnic minority population of women with demonstrably higher homicide and violence rates. Thus, findings are most generalizable to similar groups of women experiencing male partner violence. Although participants were not necessarily seeking treatment for partner-violence-related problems, the data might be biased toward women who are more comfortable seeking medical treatment and who are willing to discuss partner violence. Nonetheless, screening all women at the point of contact with a service agency allows for the inclusion of women who are often systematically excluded from social science research such as those who are pregnant, who lack regular health care, and who are in violent relationships where the violence is undisclosed (Block, 2000).

Measures

Dependent Variables

We examined three types of formal help seeking and two types of informal help seeking. Formal help seeking was based on the questions: "Did you contact the *police* after any of these incidents [of violence] in the past year?"; "Did you contact a doctor or *medical* center after any of this (these) incident(s) in the past year?"; and "Did you contact an agency or *counselor* in the past year?" Responses were categorized separately as "Police" ($0 = No$, $1 = Yes$),

"Medical Agency" (0 = *No*, 1 = *Yes*), and "Counselor" (0 = *No*, 1 = *Yes*). Informal help seeking was based on the question "[After a violent incident] did you talk things over with someone you know in the past year?" Respondents who answered "Yes" were then asked, "Who did you talk things over with?" Responses were coded "Family" (0 = *No*, 1 = *Yes*) and "Friend/Neighbor" (0 = *No*, 1 = *Yes*).

Independent Variables

Independent variables were chosen on the basis of the existing partner violence research and the current hypotheses. Throughout the article, "Level 1" variables refer to background characteristics and type of violence experienced, "Level 2" variables are measures of physical violence, and "Level 3" variables are consequences of partner violence. These variables were grouped into these categories to examine each unique contribution relative to the other variables.

Level 1 Variables: Background Characteristics and Violence Type

Respondent demographic characteristics. Six respondent demographic characteristics were included. *Respondent age* was measured as a continuous variable (in years); *respondent race* was coded as "African American," "Hispanic," and "Other"; *respondent education* was measured as an ordinal variable with responses ranging from *No schooling* (1) to *Some graduate school* (8); whether the *respondent was employed* was coded *Not employed* (0) and *Employed* (1); whether the *respondent had access to money* was coded as a dichotomous (0 = *No*, 1 = *Yes*) variable on the basis of the question, "Do you have any money or income that you control?"; and whether the *respondent had children with the partner* was coded as a dichotomous (0 = *No*, 1 = *Yes*) variable. Data regarding step children or children from previous relationships were not available and household income was excluded because of missing data.

Partner demographic characteristics. Whether or not the *partner* was employed was measured as a dichotomous *Not employed* (0) and *Employed* (1) variable. Partner education was excluded from the analyses because of missing data. Partner age and race were also excluded because of their high correlation with respondent's age and race (r = .77 and .73, respectively).

Relationship demographic characteristics. Three relationship variables were examined. *Relationship*

status was categorized as *Former Partner* (0), *Current Boyfriend* (1), and *Current Husband* (2); *length of relationship* was measured as an ordinal variable with responses ranging from *One year or less* (1) to *181 months to 32 years* (6); and whether the *respondent/ partner lived together* prior to the study was measured *No* (0) and *Yes* (1).

Violence type. Categorizing IT and SCV was multistep and used responses to five dichotomous (0 = *No*; 1 = *Yes*) questions included in the Power and Control Scale, which highly resembles the Power and Control Wheel developed by Pence and Paymar (1993). These questions were, "In the past year, an intimate partner was jealous and didn't want you to talk to another man," "tried to limit your contact with family or friends," "insisted on knowing who you are with and where you are at all times," "called you names to put you down or made you feel bad," and "prevented you from knowing or having access to family income, even if you asked." Physical violence measures were not used to operationalize violence type as Johnson's (1995) typology focuses on the *context* surrounding the violence rather than on its severity or frequency. Recall, however, that all participants reported physical violence in the year prior to the study.

We used a Ward's Method cluster analysis of the Power and Control Scale items to classify violence as either IT or SCV. This hierarchical agglomerative clustering process selects each new case to add to a cluster on the basis of its effect on the overall homogeneity of the cluster (Aldenderfer & Blashfield, 1984). Results revealed a large increase between the one and two cluster solutions, suggesting that a two cluster solution was optimal for these data. Cluster 1 (n = 248) represented a less controlling group, with respondents reporting fewer than five types of control. Of this group, 6% experienced none of the control tactics, 35% reported one or two, and 59% reported three or four. The most common tactic was jealousy (74%) and the least common was being denied access to money (20%). We labeled this cluster "Situational Couple Violence (SCV)." Cluster 2 (n = 141) represented a highly controlling group, with women experiencing all five tactics. We labeled this cluster "Intimate Terrorism (IT)."

Level 2 Variables: Measures of Physical Violence

Severity of physical violence. The *Physical Violence Scale* was the sum of eight dichotomous

(0 = *No*, 1 = *Yes*) questions taken from the Statistics Canada (1993) version of the Conflict Tactics Scales (Straus, 1979). Examples of these questions are "In the past year has an intimate partner pushed, grabbed or shoved you?," "beat you up?," and "forced you into a sexual activity by threatening you, holding you down, or hurting you?" ($\alpha = .82$).

Increase in physical violence frequency/severity. Whether or not the respondent reported *increased violence frequency/severity* was assessed by two dichotomous (No/Yes) questions: "Has the physical violence increased in frequency over the past year?" and "Has the physical violence increased in severity over the past year?" Responses affirming either of these variables were coded *Yes* (1). Responses not affirming either of these variables were coded *No* (0).

Level 3 Variables: Consequences of Partner Violence

Post-traumatic stress. Symptoms of post-traumatic stress disorder (PTSD) were measured by summing 17 dichotomous (0 = *No*, 1 = *Yes*) responses to the PTSD Symptom Scale (PSS-1; Foa, Riggs, Dancu, & Rothbaum, 1993; $\alpha = .90$).

Symptoms of depression. Respondent *depression* was assessed by the mean score of four items taken from the Medical Outcomes Study (Hays, Sherbourne, & Mazel, 1995): "During the past month, how much of the time have you felt downhearted and blue?," "how much of the time have you felt so down in the dumps that nothing could cheer you up?," "how much of the time have you been a happy person?," and "how much of the time have you felt calm and peaceful?" Response options ranged from *None of the time* (0) to *All of the time* (4). The last two items were reverse coded so that higher scores indicate more symptoms ($\alpha = .81$).

Injuries. Whether the respondent was *injured in the past year* because of partner violence was based on the question, "Were you or anyone else ever injured in [a violent] incident?" Response options were "Yes, someone else," "No, no one was injured," or "I was the only one injured." Responses were coded *Yes* (1) if the woman answered, "I was the only one injured" and *No* (0) if either of the other two responses was affirmed. All participants were asked this question.

Perceived social support. Respondents' *perceived social support* was measured by summing 12 dichotomous (0 = *No*; 1 = *Yes*) responses to the Social Support Network Scale (Block, 2000). Examples of these questions are "Someone I'm close to makes me feel confident in myself," "I have someone to stay with in an emergency," and "I have someone to borrow money from in an emergency." Higher scores indicate higher perceived social support ($\alpha = .81$).

Plan of Analysis

The current study examined the extent to which the type of violence that women experience predicts their help seeking. We utilized a hierarchical logistic regression strategy because it shows how the variance in the dependent variables can be explained by one or a set of new independent variables (e.g., the Physical Violence Scale) over and above that variance explained by an earlier variable (i.e., Violence Type). Prior research shows that physical violence and violence-related consequences are associated with help seeking, making it important to assess whether the predictive value of Violence Type changed as these additional variables were considered. Three analyses, or models, were run for each of the five dependent variables. In Model 1, Level 1 variables were entered; in Model 2, Level 2 variables were entered; and in Model 3, Level 3 variables were entered. We also examined two-way interactions between Violence Type and nonbackground variables to determine if the link between Violence Type and help seeking is stronger when other variables are present.

As stated previously, these models reflect our interest in examining the unique predictive value of all three levels of variables (i.e., interpreting Level 2 effects while controlling for Level 1 effects and interpreting Level 3 effects while controlling for Level 1 and Level 2 effects). Tables 1 and 2, respectively, present the odds ratios (e^B) for formal and informal help seeking for respondents with the predictor variable value (e.g., IT victims) compared to those without it (e.g., SCV victims). For example, with regard to contacting the police, an odds ratio of 2.0 for Violence Type means that IT victims had 2.0 times the odds of contacting the police compared to SCV victims. For continuous variables, the odds ratios represent the relative odds of the outcome variable for a one-unit increase in the predictor. For example, an odds ratio of 0.50 for age means that the odds of contacting the police decreased by 50% for 1 year of increased age.

Results

Preliminary Analyses

Univariate tests examined the association between violence type (IT vs. SCV) and physical violence and violence consequences. Findings revealed that victims differed on 4 of the 10 background characteristics included in the study – IT victims were older ($M =$ 33.63, $SD = 8.63$ vs. $M = 29.02$, $SD = 8.89$), $F(2, 287) = 24.68$, $p < .05$; had been in the relationship for more years ($M = 3.48$, $SD = 1.66$ vs. $M = 3.02$, $SD = 1.66$), $F(2, 287) = 7.10$, $p < .05$; were less likely to be employed (21.3 vs. 31.6%), $\chi^2(2, N = 388) = 4.74$, $p < .05$; and more often referred to the violent partner as a Former Partner (37.4 vs. 22.2%), $\chi^2(6, N = 378) = 10.38$, $p < .01$. Analysis of Violence Type and Levels 2 and 3 variables revealed that the two groups differed on all six of these

Table 1. *Odds Ratio Summaries for Hierarchical Logistic Regression Analysis of Variables Predicting Formal Help Seeking (N = 333)*

Predictor Variables	Police			Medical Agency			Counselor		
	Model 1	Model 2	Model 3	Model 1	Model 2	Model 3	Model 1	Model 2	Model 3
Level 1: Background and violence type									
Respondent Age	1.00	1.01	1.01	1.00	1.01	1.00	1.04	1.05*	1.04*
Respondent Race									
Hispanic	0.62	0.98	1.20	0.28**	0.56	0.35	1.39	1.92	2.08
Other	0.92	0.90	1.01	0.72	0.70	0.52	2.34	2.03	2.48
Respondent Education	0.93	0.99	0.99	1.00	1.07	1.08	1.06	1.10	1.12
Respondent Employed	1.49	1.81	1.91	1.34	1.74	1.94	0.63	0.65	0.64
Respondent Had Access to Money	0.98	1.17	1.10	0.84	1.22	1.66	2.29	2.73*	2.56*
Respondent Had Children with the Partner	1.45	1.53	1.51	0.74	0.74	0.78	2.87**	3.02**	3.13**
Partner Employed	0.61	0.64	0.65	0.56*	0.53*	0.59	0.72	0.75	0.75
Relationship Status									
Current Boyfriend	1.28	1.51	1.48	0.59	0.59	0.53	1.03	1.08	1.09
Current Husband	1.19	1.96	1.85	1.13	2.29	1.79	1.13	1.59	1.57
Length of Relationship	0.98	0.94	0.95	0.84	0.76*	0.73*	0.79*	0.77*	0.77*
Respondent/Partner Lived Together	0.54	0.44*	0.45*	0.92	0.80	1.01	1.36	1.24	1.24
Violence Type (IT)	2.18**	1.06	1.15	3.67**	1.40	1.23	2.10*	1.32	1.36
Level 2: Physical violence									
Physical Violence Scale		1.42**	1.39**		1.61**	1.34**		1.23*	1.20
Increased Frequency/Severity		0.94	0.94		1.29	1.25		1.19	1.19
Level 3: Consequences of violence									
PTSD			1.01			1.10*			1.01
Depression			0.88			1.15			1.08
Injured in Past Year			1.33			5.92**			1.28
Perceived Social Support			1.06			1.00			1.09
Constant	0.71	0.10**	0.06**	1.11	0.06**	0.02**	0.03**	0.01**	0.00**
Model χ^2	29.48**	59.13**	63.44**	58.86**	105.97**	138.60**	27.99**	35.82**	38.52**
df	13	15	19	13	15	19	13	15	19
$\Delta\chi^2$	—	29.65**	4.31	—	47.11**	32.62**	—	7.84*	2.70

Note. For Respondent Race, reference group is African American. For Relationship Status, reference group is former partner. For Violence Type, reference group is situational couple violence.
*$p < .05$. **$p < .01$.

Table 2. *Odds Ratio Summaries for Hierarchical Logistic Regression Analysis of Variables Predicting Informal Help Seeking (N = 333)*

Predictor Variables	Family			Friend/Neighbor		
	Model 1	Model 2	Model 3	Model 1	Model 2	Model 3
Level 1: Background and violence type						
Respondent Age	0.96**	0.96**	0.96**	1.00	1.00	0.99
Respondent Race						
Hispanic	0.68	0.77	1.35	1.26	1.20	1.10
Other	0.88	0.88	1.13	0.95	0.93	0.89
Respondent Education	1.05	1.07	1.08	1.11	1.10	1.10
Respondent Employed	1.60	1.66	1.68	0.80	0.77	0.78
Respondent Had Access to Money	2.13*	2.26*	1.83*	1.23	1.28	1.32
Respondent Had Children with Partner	0.95	0.95	0.91	0.91	0.93	0.95
Partner Employed	0.96	0.98	1.00	0.95	0.96	0.97
Relationship Status						
Current Boyfriend	0.78	0.81	0.78	0.91	0.91	0.91
Current Husband	1.04	1.19	1.14	0.86	0.86	0.85
Length of Relationship	1.17	1.16	1.23*	1.02	1.02	1.02
Respondent/Partner Lived Together	1.37	1.31	1.36	0.60	0.59	0.60
Violence Type (IT)	1.22	0.98	1.34	0.56*	0.55*	0.51*
Level 2: Physical violence						
Physical Violence Scale		1.09	1.09		0.97	0.93
Increased Frequency/Severity		1.07	1.15		1.29	1.24
Level 3: Consequences of violence						
PTSD			0.99			1.04
Depression			0.89			0.96
Injured in Past Year			1.51			1.20
Perceived Social Support			1.22**			1.01
Constant	0.65	0.38	0.07**	0.46	0.47	0.39
Model χ^2	21.07	23.53**	54.53**	12.03	12.79**	14.31**
df	13	15	19	13	15	19
$\Delta\chi^2$	—	2.46	31.00**	—	.76	1.53

Note. For respondent race, reference group is African American. For relationship status, reference group is former partner. For violence type, reference group is situational couple violence.
*$p < .05$. **$p < .01$.

variables – IT victims reported more severe physical violence ($M = 5.89$, $SD = 1.98$ vs. $M = 3.30$, $SD = 2.22$), $F(2, 287) = 131.69$, $p < .01$, that was more likely to increase in frequency/severity (72.9 vs. 32.4%), $\chi^2(2, N = 388) = 58.74$, $p < .01$, and result in injury (57.9 vs. 38.7%), $\chi^2(2, N = 388) = 12.52$, $p < .01$, more symptoms of PTSD ($M = 13.22$, $SD = 3.95$ vs. $M = 8.64$, $SD = 4.81$), $F(2, 287) = 92.32$, $p < .01$, and depression ($M = 2.37$, $SD = .96$ vs. $M = 1.82$,

$SD = .88$), $F(2, 287) = 33.45$, $p < .01$, and less perceived social support ($M = 7.62$, $SD = 3.30$ vs. $M = 8.78$, $SD = 3.19$), $F(2, 287) = 11.68$, $p < .05$. These differences are consistent with prior research showing that IT is linked to more severe physical and psychological consequences for victims (Johnson & Leone, 2005; Leone et al., 2004). We used multivariate analyses to examine these preliminary findings within the context of victim help seeking.

Multivariate Analyses

Predicting Formal Help Seeking

Contacting the police. Table 1 shows that, consistent with study predictions, IT victims had double the odds of contacting the police following a violent incident compared to SCV victims (Model 1). Including the Level 2 variables (Model 2) increased the model's explained variance and reduced the association between violence type and contacting the police. As shown, the Physical Violence Scale was positively associated with contacting the police. Model 3 shows that, contrary to the study predictions, none of the Level 3 variables (i.e., Injury, Symptoms of PTSD and Depression, and Perceived Social Support) were related to contacting the police and that including these indicators did not increase the model's strength.

Contacting a medical agency. Model 1 (see Table 1) shows that IT victims had nearly four times the odds of seeking medical help compared to SCV victims. The Physical Violence Scale was also positively related to seeking medical help and its inclusion increased the model's strength (Model 2). Indeed, Violence Type was no longer significant once this variable was entered. Finally, Model 3 indicates that two of the Level 3 variables, Symptoms of PTSD and Injury, were significant predictors of seeking medical help and that including these factors increased the model's strength. These findings support study hypotheses. Follow-up analyses (not shown) revealed that Violence Type remained a significant predictor even after controlling for PTSD symptoms ($e^B = 2.38$, $p < .01$) and injury ($e^B = 3.06$, $p < .01$). When both symptoms of PTSD and injury were simultaneously entered into the model, however, Violence Type was no longer statistically significant ($e^B = 1.87$, *ns*). Thus, the predictive value of Violence Type in contacting a medical agency was weaker when the abuser used more severe physical violence and when the victim experienced *both* injury and more PTSD symptoms.

Contacting a counselor. Results concerning contacting a counselor (see Table 1) indicate that IT victims had twice the odds of contacting a counselor compared to SCV victims (Model 1). Including the Physical Violence Scale (Model 2) significantly increased the model's strength and, as predicted, was significantly associated with seeking counseling and reduced the association between Violence Type and

this outcome. Finally, none of the Level 3 variables changed the strength of the model (Model 3) nor were they related to seeking counseling.

In sum, four themes regarding formal help seeking emerged. First, IT victims had significantly higher odds than SCV victims of seeking formal help in general including each specific type of formal help. Second, injury was the consequence most predictive of formal help seeking. Third, seeking medical and police help was primarily a function of type, severity, and consequences of violence while contacting a counselor was most strongly predicted by individual and relationship factors (e.g., respondent age, having children with the partner). Finally, for all three outcomes, the effect of Violence Type was reduced once the Physical Violence Scale was included, suggesting that the severe physical violence associated with IT is a major factor in victim help seeking. This does not necessarily imply that the Physical Violence Scale is more important than Violence Type in predicting help seeking or that the two are the same construct. Rather, it emphasizes the dangerousness and fear *associated* with IT and how the motive to be violent affects violence severity. An intimate terrorist will use more severe physical violence because it creates greater fear for the victim and allows him to maintain control over her.

Informal Help Seeking

Contacting a family member. Table 2 reveals that Violence Type does not predict seeking help from family (Model 1). The Physical Violence Scale did not increase the model's strength, and neither it nor the increased violence frequency/severity was associated with this outcome (Model 2). Finally, more perceived social support increased the odds of seeking family help and was the only consequence associated with this outcome (Model 3). Contrary to our hypotheses, the Violence Type × Perceived Social Support interaction was not significant ($e^B = 1.04$, *ns*), indicating that the link between Violence Type and contacting family did not vary by level of social support. Thus, perceived social support does not moderate the link between violence type and contacting family. Of particular interest was the finding that controlling for all other factors, access to money nearly doubled the odds of seeking family help.

Contacting a friend/neighbor. Odds ratios indicate that Violence Type significantly predicted

contacting a friend/neighbor (see Table 2). Compared to SCV victims, IT victims had significantly *lower* odds of seeking this form of help (Model 1). Neither the Level 2 nor the Level 3 variables increased explained variance, and these variables did not predict this outcome (Models 2 and 3). Finally, the Violence Type × Perceived Social Support interaction was not significant ($e^B = 1.13$, *ns*), indicating that the link between Violence Type and contacting a friend/neighbor did not vary by level of perceived support.

In sum, informal help-seeking results were inconsistent and only partly support study predictions. Seeking family help was largely a function of background factors, such as access to money and age, whereas seeking friend/neighbor help was mainly a function of Violence Type, with SCV victims having higher odds. Perceived support significantly predicted seeking family help but not friend/neighbor help regardless of Violence Type. The fit of each of the five full help-seeking models was evaluated using the Hosmer and Lemeshow's goodness of fit test. Although each of the full models represented a reasonably strong fit to the data, the formal help-seeking models better fit these data ($\chi^2 = 6.87 - 8.63$, with corresponding p values of .37 – .55) compared to the informal help-seeking models ($\chi^2 = 3.74 - 12.39$, with corresponding p values of .12 – .19).

Discussion

We examined victims' formal and informal help seeking as a function of the type of partner violence experienced. Women who experience partner violence of any kind are not passive victims but rather actively cope with the violence. In fact, 81% of *all* women in this study sought some form of help. The more potent finding, however, is that violence type predicted different help-seeking patterns. Women subjected to IT rely more heavily on social institutions, whereas SCV victims rely more on friends or neighbors.

Existing theoretical models do not adequately explain diverse patterns in help seeking among victims of intimate partner violence. Survivor theory (Gondolf & Fisher, 1988) and reclaiming-self theory (Merritt-Gray & Wuest, 1995) seem more relevant to IT victims who, because of the escalating physical violence, injury, and psychological distress, go to sources that provide more instrumental

assistance. Our findings support these theories by showing that IT victims rely more on sources that provide defenses necessary to escape. Clearly, however, more theory development is needed to explain differences in victim help seeking. We might start by elaborating on these theories to explicate the major goals of women's help seeking. That is, we can build upon Merritt-Gray and Wuest's model by assuming that IT victims seek help to survive and ultimately escape, although recognizing that SCV victims also actively seek help but do so more informally, perhaps as a means of ending the violence rather than ending the relationship.

Violence Type and Victim Help Needs

Differences in help seeking are likely rooted in the diverse needs of victims, meaning that a "needs-based model" can more successfully explain help seeking than can existing theories. Women seek help as a function of their immediate or long-term needs, or both, the perceived value of the source regarding the needs, and perceived danger to the help source. Help-seeking strategies are likely implemented according to questions like: What do I need now? What will I need later? Where can I get it? How will the source respond to me? And, is the source at risk? Help sources that can meet these needs with minimal risk are probably those most utilized.

Compared to situationally violent men, intimate terrorists are more dangerous. They rely upon frequent and severe physical and sexual violence to emotionally and economically terrorize their victims. Intimate terrorists more often injure their victims, forcing them into crisis situations where urgent medical or legal intervention is necessary, even life saving. Thus, it is not startling that IT victims seek sources like the police and shelters that can meet these needs with minimal risk. IT victims are also likely to seek help as a means of escaping the relationship. We found that IT victims were more likely to use multiple formal institutions and other studies show that they are more likely to escape the relationship and to do so multiple times (Johnson, Conklin, & Menon, 2002; Johnson & Leone, 2005). Escaping likely involves compiling resources from many institutions that together allow women to safely achieve self-sufficiency.

Given their need for more help, why are IT victims more likely to seek formal versus informal help (e.g., 44% contacted the police, whereas 23% talked

to a friend/neighbor)? First, the general threat that intimate terrorists pose may convince victims that it is unsafe to involve loved ones. Second, forced social isolation from friends/family is central to IT; these violent partners segregate victims from support networks in order to maintain control over whom they talk to and what they talk about. Last, help seeking among IT victims might follow more of a stage model (Haggerty & Goodman, 2003; Liang, Goodman, Tummala-Narra, & Weintraub, 2005), with women initially seeking help from family or friends but ultimately turning to public institutions as the violence increases or as resources become exhausted.

Why are IT victims *less* likely to contact friends/neighbors than SCV victims (34.7 vs. 22.7%, respectively) but almost *equally* likely to contact family (39.1 vs. 43.3%, respectively)? Intimate terrorists may more effectively isolate victims from friends/neighbors than from family. It might also be that friends/neighbors are "mutual" to both the intimate terrorist and the victim. As such, a victim may believe that alliances to the violent partner will interfere with the friend's willingness to help. Finally, IT victims may believe that family is more capable than friends/neighbors of providing needed resources.

Research and Program Implications

The above discussions are theory-based, post hoc interpretations that suggest next steps in research. Studies that encourage victims to describe their needs, the social context that could meet these needs, and their decisions to seek (or not seek) help would advance our theoretical knowledge of help seeking and ultimately influence the development and implementation of social service programs and public policy. These issues are particularly salient among low-income minority women residing in mostly urban areas such as those studied here. Race does not appear to differ by violence type in these data, but other research has emphasized barriers to formal help seeking that minority women face including knowledge of services, a lack of cultural sensitivity, and a scarcity of shelters (Few, 2005; Pinn & Chunko, 1997).

Contextualizing the study's results through the components of a needs-based model of victim needs, perceived effectiveness of the source, and concern about the danger to the source has implications for service providers and potential help sources. In the short and long term, SCV victims might rely upon

familiar people to validate their experiences, make recommendations about counseling or anger management, or provide a place to "cool off," or both. These needs do not call for the resources of formal agencies that are organized to deal with ongoing danger or immediate medical problems, or both. Similarly, SCV victims may not seek formal help for fear of being pressured to leave the relationship, which may not be what they want or need in order to attain nonviolence. Further, situationally violent men are unlikely to pose a threat to the help source, making friends and family a reasonable option. In contrast, IT victims likely require aid from professionals with the resources and physical capacity to assist without being vulnerable to the intimate terrorist. Short-term needs may include medical treatment for injuries, an arrest of the violent partner, and temporary refuge. Long-term needs might include employment training, a restraining order, legal advocacy, and bridge housing.

We must recognize that although SCV victims were significantly less likely to contact service agencies than IT victims, many still did – 31% called the police, 19% contacted a medical agency, and 14% contacted a counselor. This finding directly affects service providers who are likely to work with both types of victims. Police, medical/shelter personnel, and counselors should be better equipped to provide appropriate resources with the understanding that SCV victims might not want or need to leave the relationship, although IT victims likely need immediate protection and treatment. A short screening instrument with questions about a victim's experiences of nonviolent control and perceived threat could allow service providers to quickly and effectively distinguish between IT and SCV and subsequently initiate a more suitable service plan. Indeed, more victim-focused social and legal interventions can also inform judges and prosecutors who are responsible for protecting victims and holding violent partners accountable for their crimes. The recent decrease in intimate partner homicides in the United States, particularly the killing of African American men by their female partners, is a notable example of how improved social programs can drastically influence partner violence outcomes for both victims and offenders (Dobash & Dobash, 2004). Increased attention to victims' diverse needs can contribute to further decreases in rates of lethal partner violence and other physical, psychological, and economic consequences for victims.

Some questions remain unanswered. This study used cross-sectional data, which cannot determine the temporal progression of events. It may be, as hypothesized, that a violent partner's increased control and violence cause more fear and injury for victims who then seek help. Or it may be that the violent partner increases his control and violence after learning that the victim has sought help. Increased violence and even homicide are common reactions by violent partners when women try to leave. Both processes are possible but require longitudinal data.

Three measurement issues should also be addressed. First, these data lack information about how *frequently* women sought each type of help. Thus, a woman who called the police weekly over 12 months received the same score as a woman who called the police once. Second, the Power and Control Scale does not assess how often each tactic was used or the threat posed by the act making it difficult to assess patterns of control used by different intimate terrorists and the consequences of different control tactics. Third, women were asked if they had "talked" to family and friends/neighbors about the violence. Little is known about the nature of the discussions such as whether the women simply described the violence or explicitly asked for resources.

Despite limitations, the help-seeking differences between IT and SCV victims are apparent and likely reflect differences in victims' needs. The fundamental implication of these findings is that the dominating context that defines IT combined with the more severe physical violence and consequences forces its victims to seek help from multiple social institutions at a higher rate than victims of SCV. Research concerning victim help seeking must carefully distinguish among types of partner violence and clearly address the generalizabilty of findings. Social programs and policies must also acknowledge and reflect these differences.

References

Aldenderfer, M. S., & Blashfield, R. K. (1984). *Cluster analysis.* Newbury Park, CA: Sage.

Block, C. (2000). *The Chicago women's health risk study: Risk of serious injury or death in intimate violence* (Report). National Institute of Justice.

Bowker, L. (1983). *Beating wife-beating.* Lexington, MA: Lexington Press.

Campbell, J. C., Miller, P., Cardwell, M., & Belknap, R. (1994). Relationship status of battered women over time. *Journal of Family Violence, 9,* 99–111.

Campbell, J. C., Rose, L., Kub, J., & Nedd, D. (1998). Voices of strength and resistance: A contextual and longitudinal analysis of women's responses to battering. *Journal of Interpersonal Violence, 13,* 743–762.

Coker, A., Derrick, C., Lumpkin, J., Aldrich, T., & Oldendick, R. (2000). Help-seeking for intimate partner violence and forced sex in South Carolina. *American Journal of Preventive Medicine, 19,* 316–320.

Dobash, R. E., & Dobash, R. P. (1979). *Violence against wives: A case against the patriarchy.* New York: Free Press.

Dobash, R. P., & Dobash, R. E. (2004). Women's violence to men in intimate relationships: Working on a puzzle. *British Journal of Criminology, 44,* 324–349.

Donato, K. M., & Bowker, L. H. (1984). Understanding the help-seeking behavior of battered women: A comparison of traditional service agencies and women's groups. *International Journal of Women's Studies, 7,* 99–109.

Dutton, M., Hohnecker, L., Halle, P., & Burghardt, K. (1994). Traumatic responses among battered women who kill. *Journal of Trauma and Stress, 7,* 549–564.

Few, A. L. (2005). The voices of Black and White rural battered women in domestic violence shelters. *Family Relations, 54,* 488–500.

Foa, E., Riggs, D., Dancu, C., & Rothbaum, B. (1993). Reliability and validity of a brief instrument for assessing post-traumatic stress disorder. *Journal of Traumatic Stress, 6,* 459–473.

Gondolf, E. W., & Fisher, E. R. (1988). *Battered women as survivors: An alternative to treating learned helplessness.* Lexington, MA: D.C. Health.

Gondolf, E. W., Fisher, E., & McFerron, J. (1990). The help-seeking behavior of battered women: An analysis of 6,000 shelter interviews. In E. C Viano. (Ed.), *The victimology handbook* (pp. 113–127). New York: Garland.

Graham-Kevan, N., & Archer, J. (2003). Intimate terrorism and common couple violence: A test of Johnson's predictions in four British samples. *Journal of Interpersonal Violence, 18,* 1247–1270.

Haggerty, L., & Goodman, L. A. (2003). Using stage based interventions for victims of intimate partner violence in medical settings. *Journal of Obstetric, Gynecologic, and Neonatal Nursing, 32,* 68–75.

Hathaway, J., Mucci, L., Silverman, J., Brooks, D., Mathews, R., & Pavlos, C. (2000). Health status and health care use of Massachusetts women reporting partner abuse. *American Journal of Preventive Medicine, 19,* 302–307.

Hays, R., Sherbourne, C., & Maxel, R. (1995). *Users manual for the Medical Outcomes Study (MOS) core measures of health-related quality of life* (MR-162-RC). Santa Monica, CA: Rand.

Holtzworth-Munroe, A., Meehan, J. C., Herron, K., Rehman, U., & Stuart, G. L. (2000). Testing the Holtzworth-Munroe and Stuart (2004) batterer typology. *Journal of Counseling and Consulting, 68,* 1000–1019.

Hutchinson, I., & Hirschel, D. (1998). Abused women: Help-seeking strategies and police utilization. *Violence Against Women, 4,* 436–456.

Jacobson, N., & Gottman, J. (1998). *When men batter women: New insights into ending abusive relationships.* New York: Simon & Schuster.

Johnson, M. P. (1995). Patriarchal terrorism and common couple violence: Two forms of violence against women. *Journal of Marriage and the Family, 57,* 283–294.

Johnson, M. P. (2001). Conflict and control: Symmetry and asymmetry in domestic violence. In A. Crouter, A. Booth, & M. Clements (Eds.), *Couples in conflict* (pp. 95–104). Mahwah, NJ: Lawrence Erlbaum.

Johnson, M. P. (2005). Domestic violence: It's not about gender—Or is it? *Journal of Marriage and Family, 67,* 1126–1130.

Johnson, M. P., Conklin, V., & Menon, N. (2002, November). *The effects of different types of violence on women: Intimate terrorism versus situational couple violence.* Paper presented at the 64th National Council on Family Relations Conference, Houston, Texas.

Johnson, M. P., & Ferraro, K. (2000). Research on domestic violence in the 1990s: Making distinctions. *Journal of Marriage and the Family, 62,* 948–963.

Johnson, M. P., & Leone, J. M. (2005). The differential effects of intimate terrorism and situational couple violence: Findings from the National Violence Against Women Survey. *Journal of Family Issues, 26,* 322–349.

Kantor, G. K., & Straus, M. (1990). Response of victims and the police to assaults on wives. In M. Straus & R. Gelles (Eds.), *Physical violence in American families: Risk factors and adaptation to violence in 8,145 families* (pp. 473–488). New Brunswick, NJ: Transaction.

Kirkwood, C. (1993). *Leaving abusive partners: From the scars of survival to the wisdom for change.* Newbury Park, CA: Sage.

Krishnan, S., Hilbert, J., & Leeuwen, D. (2001). Domestic violence and help-seeking behaviors among rural women: Results from a shelter-based study. *Family Community Health, 24,* 28–38.

Leone, J. M., Johnson, M. P., Cohan, C. L., & Lloyd, S. (2004). Consequences of domestic violence for low-income, ethnic minority women: A control-based typology of male partner violence. *Journal of Marriage and Family, 66,* 472–491.

Liang, B., Goodman, L. A., Tummala-Narra, P., & Weintraub, S. (2005). A theoretical framework for understanding help-seeking processes among survivors of intimate partner violence. *American Journal of Community Psychology, 36,* 71–84.

Macmillan, R., & Gartner, R. (1999). When she brings home the bacon: Labor-force participation and the risk of spousal violence against women. *Journal of Marriage and the Family, 61,* 947–958.

Merritt-Gray, M., & Wuest, J. (1995). Counteracting and breaking free: The process of leaving revealed through women's voices. *Health Care for Women International, 16,* 399–412.

Mitchell, R. E., & Hodson, C. A. (1983). Coping with domestic violence: Social support and psychological health among battered women. *American Journal of Community Psychology, 11,* 629–654.

O'Campo, P., McDonnell, K., Gielen, A., Burke, J., & Chen, Y. (2002). Surviving physical and sexual abuse: What helps low-income women? *Patient Education & Counseling, 46,* 205–212.

Pakieser, R., Lenaghan, P., & Muelleman, R. (1998). Battered women: Where they go for help. *Journal of Emergency Nursing, 24,* 16–19.

Pence, E., & Paymar, M. (1993). *Education groups for men who batter: The Duluth model.* New York: Springer.

Piispa, M. (2002). Complexity of patterns of violence against women in heterosexual partnerships. *Violence Against Women, 8,* 873–900.

Pinn, V. W., & Chunko, M. T. (1997). The diverse face of violence: Minority women and domestic abuse. *Academic Medical Supply, 72,* 65–71.

Richie, B. (1996). *Compelled to crime: The gender entrapment of battered Black women.* New York: Routledge.

Sheridan, D., & Taylor, W. (1993). Developing hospital-based domestic violence programs, protocol, policies, and procedures. *AWHONN's Clinical Issues, 4,* 471–482.

Statistics Canada. (1993, November 18). The violence against women survey. *The Daily,* Cat. No. 11-001E. Ottawa: Statistics Canada.

Straus, M. A. (1979). Measuring intrafamily conflict and violence: The Conflict Tactics Scale. *Journal of Marriage and the Family, 41,* 75–88.

Sullivan, C., Basta, J., Tan, C., & Davidson, W. (1992). After the crisis: A needs assessment of women leaving a domestic violence shelter. *Violence and Victims, 7,* 267–275.

Tweed, R., & Dutton, D. G. (1998). A comparison of instrumental and compulsive subgroups of batterers. *Violence and Victims, 13,* 217–230.

Waldrop, A., & Resick, P. (2004). Coping among adult female victims of domestic violence. *Journal of Family Violence, 19,* 291–302.

Weisz, A., Tolman, R., & Bennett, L. (1998). An ecological study of non-residential services for battered women within a comprehensive community protocol for domestic violence. *Journal of Family Violence, 13,* 395–415.

West, C., Kantor, G., & Jasinski, J. (1998). Sociodemographic predictors and cultural barriers to help-seeking behavior by Latina and Anglo American battered women. *Violence and Victims, 13,* 361–375.

Yoshioka, K., Gilbert, L., El-Bassel, N., & Baig-Amin, M. (2003). Social support and disclosure of abuse: Comparing South Asian, African American, and Hispanic battered women. *Journal of Family Violence, 18,* 171–180.