

## Access to Help in Intimate Partner Violence: Systematic Narrative Review

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### Abstract

Intimate partner violence (IPV) is a global problem experienced by all population groups irrespective of socio-economic, religious and cultural background, and including both women and men. This systematic narrative review synthesised empirical research to draw conclusions on facilitators and barriers to accessing help for victims of intimate partner violence. A search in Scopus, CINAHL, Medline and PsycInfo conducted in October 2021 identified 864 articles that were independently reviewed to yield 47 relevant studies published 2011-2021 in peer-reviewed journals. Included studies were synthesised using the following headings: (1) personal barriers and facilitators; (2) family and friends; (3) community factors; (4) referral channels; (4) financial aspects; and (6) service issues.

Severity of injury seemed to be a key factor in deciding to seek help. Family was helpful to victims who were looking for support with their relationship and as a support on their journey towards services. A third key finding was that health and care systems are important referral channels for IPV services. As supports in intimate partner violence develop, consideration is required not only of the trauma of the victim, but also how to communicate and facilitate access to help.

**Key Words:** domestic violence; help-seeking; intimate partner violence; service access; spouse abuse.

### **Key Points**

Intimate partner violence is a pressing social challenge, affecting millions of women and men globally.

- The range and quality of help in IPV is growing, although there are barriers to access.
- This literature review synthesizes studies of barriers to help in intimate partner violence.
- Main themes: (1) personal; (2) family and friends; (3) community; (4) referral channels; (5) financial; and (6) service issues.

### **Introduction**

Intimate partner violence is an increasingly-reported social problem worldwide (Devries et al., 2013; Garcia-Moreno et al., 2006; Hines & Douglas, 2009; Tjaden & Thoennes, 2000; World Health Organisation, 2013). The *Centres for Disease Control and Prevention* (2015, p.18) define intimate partner violence as “physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner) (Breiding et al., 2015). Factors that perpetuate IPV include cultural, economic, legal and political factors (Patra et al., 2018). People experiencing IPV may face health and well-being issues due to increased risk behaviours, depressive symptoms, suicidal thoughts and attempts, alcohol and drug use, unwanted pregnancies, abortions and sexual transmitted infections. Due to multiple challenges not readily amenable to intervention, intimate partner violence may seriously impact the achievement of Sustainable Development Goals (SDGs), such as those relating to good health and well-being, sustainable communities and gender relationships.

Understanding victim-survivors’ help-seeking behaviour is important to understand the barriers experienced by IPV survivors. ‘Help-seeking’ refers to the process of seeking external support (Best et al., 2016). Globally those experiencing IPV face several barriers to obtaining help, including risk of injury, trauma, stigma and breakdown of family relationships. Unemployment, lack of education or awareness, dependency on the abuser for economic needs and a desire to keep the relationship alive may result in continuing abuse (Barnett, 2000). Fear of losing custody of children may be associated with not seeking help (Plichta & Falik, 2001). Support for those suffering abuse may be provided by both formal and informal support systems (McCart et al., 2010) and the scope of this review includes both. A ‘formal support system’ includes public and charitable (NGO)

health and social care agencies. 'Informal support' includes family members, friends and colleagues who may also play a valuable helping role (Guruge & Humphreys, 2009). We define 'social services' as '*... services intended to provide support and assistance towards particular groups, which commonly include the disadvantaged. They may be provided by individuals, private and independent organisations, or administered by a government agency. ... The provision of social services by governments is linked to belief in universal human rights, democratic principles, as well as religious and cultural values.*' (Wikipedia, accessed 04 August 2023.) In this review we seek to understand the barriers that are experienced by IPV victims in accessing all types of help as well as facilitators to engaging with helping opportunities (Ravi et al., 2021; Robinson et al., 2020).

## **Method**

This systematic narrative literature review was carried out with attention to rigour at each stage of the process, as outlined below. The causes of abuse and effectiveness of services are topics beyond the scope of this review, which focuses exclusively on access to services.

### *Search strategy*

A systematic search was carried out in October 2021 on Scopus, CINAHL, Medline and PsycInfo bibliographic databases using well-established approaches to search construction (Bates et al., 2017; Campbell et al., 2018; McGinn et al., 2016). The search structure was <IPV services> AND <access>. Search terms (embodied in the appropriate concept group) included: "domestic violence", "partner violence", "abuse", "homicide", "maltreatment", "aggress\*", "conflict", "assault", "relationship\*", "relational", "couple support", "service" and "program\*". The database searches were designed to retrieve empirical research articles published from 2011 to the search date in October 2021 in peer-reviewed journals with full-text available in English. Reference lists of included studies and citing articles of included studies (where the database facilities provided for this) were examined for possible inclusion. Articles identified through contact with subject experts during the project were also considered for inclusion.

### *Screening*

The inclusion criteria were that: (1) the paper must be a primary report of empirical research; (2) with full text available in English; and (3) published during the ten years between 01 January 2011 and the search date in October 2021 inclusive. To make this review manageable, the exclusion criteria were specialist population groups such as studies focusing on: (1) refugee camps; (2) couples in same-sex relationships; and (3) students and dating violence (i.e., in the absence of a long-term co-habiting relationship). Further reviews using additional search terms would be appropriate to ensure effective retrieval regarding these groups. Rayyan software was used to manage retrieved items and to ensure rigour in the study process. From 864 hits retrieved through the database searches, there were 784 articles for screening after removal of duplicates. Thirty-nine articles from the database searches met the inclusion criteria, to which were added five articles from citation searching and three articles suggested by colleagues, giving 47

included studies (see Appendix 1 for details of included studies; see Stevenson et al., 2018, for more detail of methodology).

### *Quality appraisal*

The quality threshold for inclusion was that studies must be published in a peer-reviewed journal, thereby utilising the knowledge and skills of those with expertise in the field (Taylor et al., 2007). Inclusion of grey literature was beyond the scope of our search and quality appraisal process. It was judged that there was no substantial risk of bias due to commercial interests or possible pressure not to publish 'negative results' on this social science topic (Killick et al., 2015).

### *Method of synthesis*

Appendix 1 illustrates the data extraction process (Stevenson et al., 2016). Six themes were developed from the findings of the included studies (McGinn et al., 2020): (1) personal aspects; (2) family and friends; (3) community factors; (4) referral channels; (5) financial aspects; and (6) service issues.

## **Synthesis**

### *Synthesis: introductory overview*

Data extracted included country and year of publication, source of data, method of data collection, study domain and main findings relevant to the present literature review (Appendix 1). Of the 47 included articles, the countries where the studies were conducted were: Australia (4), Bangladesh (1), Belgium (1), Brazil (3), Canada (4), China (1), Hong Kong (2), India (4), Japan (1), Sweden (1), Switzerland (1), Tanzania (1), Unites States of America (21), and Zimbabwe (2). Some studies used more than one form of data gathering and analysis. Including all methods in studies (i.e., counting a study in relation to each method used so that the following figures tally to more than the 47 studies) the general profile of retrieved studies was:

- Qualitative studies (31) of which 24 focused on female victims, one on male victims, one on male and female victims, one on male perpetrators, and four on IPV workers (professionals or others who provide or manage an IPV service);
- Surveys (13) of which seven focused on female victims, two on male and female victims, one on couples, and three on IPV workers;
- Secondary data analysis (4) of which three focused on male and female victims, one focused on female victims, and one on male victims;
- Case studies (2), gathering qualitative and quantitative data from IPV workers or managers; and
- Qualitative data gathered during intervention studies (2).

The synthesis used six themes derived from the literature: (1) personal aspects; (2) family and friends; (3) community supports and barriers; (4) referral channels; (5) financial aspects; and (6) service availability and organisational issues.

### *Theme 1: Personal aspects*

Many of the included studies discussed personal barriers although only a few discussed personal facilitators. These factors were diverse. Frey et al. (2017) highlight the need for a multi-dimensional construct of IPV so as to understand better help-seeking behaviour. Chadambuka and Warri (2021), in a qualitative study of 25 women who experienced IPV, found that major barriers to IPV victims in using formal support system were a desire to preserve the marriage; attitude of service providers; issues related to confidentiality; and lack of resources.

Choi et al. (2015), in a study examining a hospital computer database and medical charts of 372 IPV male victims, reported low help-seeking behaviour. Lysova et al. (2020) in a study of 41 self-reported victimized men found a wide variety of barriers. Common internal barriers were their own ignorance; their lack of understanding of the severity of abuse; the desire to keep the family together; and stereotypes related to masculine coping. Personal safety, fear of legal victimization and lack of services for male victims of IPV were also reported as impacting the help-seeking process of male victims in this study.

Severity of injury seemed to be a critical factor in seeking help. Kamimura et al. (2014) using a life history calendar method of 101 women, examined the initial health care seeking behaviour of respondents. The study found that IPV-related injuries experienced by the respondents were the most significant factor that led to help-seeking. Katerndahl et al. (2019) in a study of 143 women who had experienced IPV found that their decision to seek help during violence depended on the severity of violence experienced in the last day. Barrett and Pierre (2011), in a secondary statistical analysis of IPV support for women, found that threat to one's own life was the largest predictor of seeking support.

Alexander (2014), in a survey of 473 heterosexual couples found that where both husband and wife are victims (and perpetrators), they seemed to engage in fewer help-seeking behaviours specific to IPV. Parnell et al. (2018) interview seven heterosexual couples to understand the intra- and inter-personal factors affecting how they sought help. The study revealed that female partners were more willing to seek professional help than male respondents. The factor inhibiting male respondents from seeking professional help was typically fear of being judged a failure in the relationship.

Fowler et al. (2011), in a qualitative study involving IPV survivors, examined the difference in IPV help-seeking between shelter-home and faith-based resources. The study found that IPV survivors with high spirituality are more likely to utilize spiritual resources than shelter homes. The findings suggested incorporating a religious dimension with shelter homes to better serve IPV victims.

### *Theme 2: Family and friends*

Understanding accessible points of support such as family and friends is an important step in reducing violence and for integration within society (Cerulli et al., 2015). Baragatti et al. (2018) and Mahapatro and Singh (2020) (both qualitative studies) found that family support played an important role in the absence of formal IPV support and in decisions to seek help from professionals. Sharma and Vatsa (2014), in a study using a self-

administered questionnaire to 30 ever-married female nurses, found that majority of the respondents depended on their family and friends in terms of support during IPV.

Some studies addressed the contrasting nature of support and help available from families in case of IPV. Sigalla et al. (2018), in a study exploring 18 pregnant women's perspectives on support from birth relatives in preventing IPV, found that relatives played a major role in the help-seeking journey of victims. Relatives may have a broader perspective across family aspects. The most common form of support available for the respondent in that study by their family members was showing empathy, prayers and love. Many respondents used relatives as the first point of contact for help-seeking, especially in case of pregnant women, although in some cases protective support from family was limited (Hooker et al., 2020).

Larance et al. (2018) conducted in-depth interviews with 12 women who did not seek formal IPV services, and found that women who experienced IPV seek human connection and support before leaving an abusive relationship.

### *Theme 3: Community factors*

Community factors affect how people who experience intimate partner violence seek help. Sayem et al. (2015), in a study exploring 308 married women's attitudes found that most of the respondents used examples of all three types of support: (1) informal; (2) formal social; and (3) formal legal support-seeking strategies. A study by Pajak et al. (2014), using semi-structured interviews with six women IPV survivors, showed that lack of access to alternative housing, legal services, crisis lines and medical care were key issues experienced by IPV victims participating in the study.

Nair et al. (2020), in an intervention study involving 2050 women's group members to understand community mobilization through participatory learning and action groups in IPV prevention, found that participants were more likely to discuss and seek help from within their village after the intervention. Some participants in a qualitative study of 31 IPV survivors (Poleshuck et al., 2018) suggested developing a physical health-care focused approach as it may be more accessible and less stigmatizing approach for victims.

Sabri et al. (2015) suggested that increased outreach education may help victims to avail of informal help and services in times of need. However, not all studies reported positive findings regarding community supports. Snell-Rood (2015) in a qualitative study of 10 families living in a slum community noted that some victims who sought help from the community and neighbourhood faced additional challenges in terms of rejection and feelings of stigma related to IPV.

### *Theme 4: Referral channels*

Referral channels to IPV services studied included particularly health and social care systems, but also justice sector services and cancer screening. Kamimura et al. (2014) found that those who seek any kind of formal help in relation to IPV often use health care as a starting point.

Evans et al. (2019), in a survey of 114 health care providers, noted the difficult position of staff in public health clinics in working with a preventive framework. Two issues highlighted were lack of privacy and lack of one-to-one interaction opportunities with the patient. Iverson et al. (2019), in a qualitative study with 32 clinicians and administrators, identified lack of resources, inadequate training, time and competing priorities as major reasons limiting the effectiveness of IPV screening.

Hoskins and Kunkel (2020), in a qualitative study with 2621 men who had perpetrated IPV, found that men who had perpetrated IPV reported obstacles to social support and feeling insecure in relation to their partners, often feeling 'unwanted' or 'worthless'. Some participants in the study also experienced psychological and physical abuse by their caregivers or by their partners.

#### *Theme 5: Financial aspects*

In the process of help seeking, IPV victims may face obstacles such as lack of financial support or financial means to support the help-seeking process. In societies where women are more dependent financially, those who seek help may face financial issues when they initiate the process of leaving their husband. DeRiviere et al. (2015), in a qualitative study with 414 women leaving an abusive relationship, found a need to mobilise resources in order to manage the children as a sole economic supporter.

Lee and DePrince (2017), in a survey of 199 women victims of IPV, found executive function as one of the potential links in the relationship between IPV and obtaining resource among IPV victims of lower income background. Following the violence, victims tend to lose resources needed to meet their basic needs; this may create dependency. Meeting basic health care needs and finding food and shelter may become difficult for women who leave an abusive relationship. Wilson and Laughon (2015) studied victims of IPV who were forced to live in an IPV shelter by their financial inability to secure better housing. Looking at financial issues more broadly, Sayem et al. (2015) suggested that providing microcredit and increased employment opportunities to IPV victims may help in encouraging victims in an abusive relationship to seek help in coping with IPV.

#### *Theme 6: Service issues*

This final theme focuses on service availability and organisational issues which were key issues. Chandambuka and Warri (2021) examined the barriers to use of formal support systems in rural areas, finding that the conjunction of social variables such as gender, religion, age and socioeconomic status of the respondents affected the help-seeking process. Concerns about confidentiality and the preservation of marriage were identified as central in the IPV help-seeking process in rural areas.

A survey by Delgado et al. (2011), involving 350 directors of national emergency departments (EDs), found great variation in service availability across the USA. Alvarez et al. (2018), in a qualitative study with 17 healthcare workers, found that clinical and community resources in one region of the USA were limited to providing information about safe houses and the crisis hotline along with a visit to a social worker.

Garcia-Moreno et al. (2015), in a cross-country case study involving expert consensus meetings, found a multisectoral connectedness of health and social care systems in response to IPV but noted that this role of the health and social care system is probably not well developed in many locations. The study noted the need for higher priority in terms of policies, budget allocation, training and capacity-building of health and social care providers. Further, the study suggested developing training programmes that are helpful in identifying victims, and in providing first-line response such as emotional support and referral to other services.

In terms of specific service limitations, both Edmond et al. (2013) and Pajak et al. (2014) found weaknesses in services where there were mental health problems. Interestingly, the study by Sigalla et al. (2018) found that, despite the support available to pregnant women, they generally did not use formal supports but turned to their relatives for support.

Choi et al. (2018) examined the hospital medical records of 823 male and female IPV victims and recommended web-based services to promote help-seeking behaviour for male and female IPV victims. Roddy et al. (2018), in their survey of 2797 individuals and 300 couples, suggested web-based interventions are likely to be more accessible to IPV victims than in-person interventions, and that web-based interventions are more effective in low-intensity IPV situations. Tarzia et al. (2018), in a qualitative study with 16 women who had experienced IPV, found that both web-based and face-to-face methods of intervention were effective and useful. However, the effectiveness may be more if the help-seeker or the client trust the General (Medical) Practitioner from whom they avail of the IPV service.

## **Discussion**

This systematic narrative literature review sought to understand the barriers that are faced by IPV victims in their help-seeking process. We also sought to identify facilitators of help-seeking processes, although this aspect was studied less frequently. The systematic search was conducted using four bibliographic databases; more studies might have been retrieved with more databases. However, the databases used span a wide range of disciplines relevant to the topic: social sciences, health, medicine and psychology, which ensured that a broad range of studies was retrieved.

The quality appraisal process was straightforward and robust, restricting inclusion to publications in peer-reviewed journals. Appraisal of the quality of grey literature would have been more open to potential bias. Although we sought studies from a wide range of countries, almost half of the studies were from the United States of America. Restricting the scope to English-language publications might have affected this. It was beyond the scope of this review to consider the prevalence of IPV; risk factors for IPV; or the prevalence or effectiveness of IPV services. Our focus in this review was specifically on the findings of diverse research on access to help, both formal and informal, in IPV situations. The few larger-scale surveys helped to put into perspective the much larger number of small-scale, qualitative studies with selected respondent groups. Overall, there seemed to be limited reference to social services by comparison to health services. This



may be because funding for research in social care is limited by comparison with that for research in health care.

In terms of gender, we aimed to include studies of both female and male victims. Meta-analytic reviews find limited gender differences in frequency of IPV perpetration and victimisation (Archer, 2000; Björkqvist, 2018). Desmarais et al. (2012a) estimate that about 23% of women and 19% of men experience physical violence in an intimate relationship, and that perpetration rates are also not dissimilar for men and women (Desmarais et al., 2012b). Three-quarters of the qualitative studies and just over half of the surveys were of female victims only. Three of the five studies using secondary data analysis used larger data sets and encompassed both male and female victims; these gave a more balanced overall picture on this aspect.

A first key finding was that severity of violence seemed to be a critical factor in seeking help. Fear for life, severity of aggression, and the impact of the violence on children played strong roles in seeking help.

A second key finding was that the first support available from family and friends helps in reducing the severity and adverse effect of IPV on victims. Family and friends were often key supports on a journey towards accessing services. The culture of the victim and her or his family played an important role in both abuse and the readiness to seek support in case of abuse. Attachment to the family and children, the desire to keep the family together and the child's safety were also part of the dynamic in considering help from families. Educational programmes might usefully address both availability of local services, and also make the topic more acceptable for discussion in families when necessary. Family support was often encouraging to victims who were looking for support with their relationship, even if not always sufficient in itself to address all the issues.

There is a growing literature on the dyadic nature of much intimate partner violence (Moffitt et al., 2001; Straus, 2009). Relationship-based help might be appropriate for lower levels of IPV, before relationships deteriorate beyond the point of 'no return'. It is estimated that about a third to a half of IPV perpetrators are also IPV victims (Anderson, 2002; McHugh & Frieze, 2006), and attributions of blame for violent episodes within relationships vary (Cantos et al., 1993). Whilst there is literature giving rationales for interventions based on a fuller understanding of the aetiology of violence within relationships (Capaldi & Langhinrichsen-Rohling, 2012), limited literature was identified on access to relationship-based help in IPV (Langhinrichsen-Rohling & Capaldi, 2012). This is an area for further research.

A third key finding was that health and social care systems are important referral channels for IPV services, regardless of whether the victim has other health issues. This could be considered as part of the role of the organisation and the professionals in managing risks (Taylor, 2020). The need for training for health and social care providers to undertake effective assessment was highlighted (Fengler & Taylor, 2019; Nicholls et al., 2013). Access to IPV victim services (including the possibility of more specialist therapeutic services) through survivor aspects of perpetrator programmes may develop in future

(McGinn et al., 2016; McGinn, McColgan et al., 2019; McGinn, Taylor et al., 2019), although no included studies explicitly addressed this issue.

Financial stability plays an important role in the life of IPV victims in severe situations where separation is being considered. Victims may be reluctant to end the abusive relationship if they would then face financial issues in taking care of their children. Participatory learning, community mobilization and action groups helped victims to understand the importance of appropriate help-seeking.

Access to IPV support services in many countries seems to be affected by lack of overarching organizational systems (Rohn & Tenkora, 2022). Studies highlighted the need for multidisciplinary collaboration in ensuring access to appropriate intervention programmes. Social work professionals, with their training in understanding systems and complex human factors, could have a key role in facilitating more integrated services.

## **Conclusions**

Intimate partner violence is reported increasingly across the globe. Irrespective of advancement, both developed and developing economies witness problems related to IPV. This systematic narrative literature review sought to understand the barriers faced by IPV victims in their help-seeking process, as well as facilitators of help-seeking, although this aspect was studied less frequently.

Findings revealed that there are multiple barriers experienced by IPV victims. At the personal level are the complexities of emotions and family relationships, the uncertainties and hopes for the future. Family and close friends can be key channels to access 'stronger' support services. These may be valuable supports in themselves, although they may also exert negative pressure by dismissing the problem or through feelings of not knowing how to help. Health and social care systems have a key role, although a greater range of service provision requires clear pathways for access. Legal and financial challenges become more important when problems get more serious, and separation is being considered. Services face challenges in coordinating their activities, and social work professionals could have a key role in facilitating service development and collaborative working.

Individuals with the necessary awareness, information and basic necessities are more likely to avail of timely support and the interventions required for reducing the harm of IPV. Studies included in this review underlined the need for more coordinated and effective interventional programmes and reforms in health and social care systems; training of service providers; and developing culturally-relevant and spiritually-relevant intervention programmes for IPV victims. The need for relationship-based services for lower levels of IPV was also apparent.

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## Declaration of conflict of interests

The authors declare that there is no conflict of interest. The authors were not constrained by the funders in the conduct or presentation of this review.

## Ethical approval

Not applicable as review of published literature.

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## Appendix 1: Overview of included studies

Study	Country	Sample	Method	Study domain
Alexander (2014).	USA	Heterosexual couples (N=473)	Questionnaire	Group treatment for intimate partner violence
Alvarez et al (2018).	USA	Healthcare workers (N=17)	Semi-structured individual interviews	Healthcare providers responding to intimate partner violence
Baragatti et al (2018).	Brazil	Women in situations of violence (N=10)	Qualitative Interview	Critical path followed by women subjected to intimate partner violence.
Barrett, et al (2011).	Canada	Data on women using IPV supports (N= 25,876)	Secondary statistical analysis	Women's use of informal and formal supports in response to intimate partner violence
Cerulli, et al (2015).	USA	Women with an index IPV assault (N=414)	Longitudinal study	Examines the relationship between IPV victims' future help-seeking based on past experiences
Chadambuka et al (2021).	Zimbabwe	Women who experienced IPV (N=25)	Qualitative study In-depth face-to-face interviews	Barriers to the use of formal support systems in rural areas
Choi et al(2015).	Hong Kong	IPV Male victims (N= 372)	Hospital computer databases & the medical charts	Injury patterns of male IPV victims and their help-seeking characteristics
Choi, et al(2018).	Hong Kong	Male and female IPV victims (N= 157 male N= 823 female)	Retrospective cohort study hospital records of the IPV victims	Strengthen the health-welfare support link to aid IPV prevention
Coker, et al (2012).	USA	IPV+ women (N=327 baseline interview)	Intervention	Clinic-based advocacy to increase help seeking, reduce violence, and improve

		(N= follow-up interview 231)		women's well-being in IPV
Delgado, et al (2011).	USA	Directors of National Emergency Departments (N=350)	Survey	Perceptions of barriers to offering preventive services
DeRiviere (2015).	Canada	Women leaving an abusive relationship (N=414)	Interview	Mobilization of public resources to improve the well-being of women leaving an abusive relationship
Dufort, M et al (2013).	Sweden	Non-help-seekers (n = 128) Help-seekers (n = 347)	Survey	Help-seeking versus non-help-seeking among IPV exposed women
Dutton, et al (2015).	USA	Public health programs focused on IPV (N=2)	Community-based interventions	Community-based, state led and federally funded public health programs focused on IPV
Edmond et al (2013).	USA	Women survivors (N=50)	Individual interviews	Posttraumatic stress disorder (PTSD), depression, and alcohol and substance abuse among a sample of abused women
Evans, et al (2019).	Brazil	Health care providers (N=114)	Self-administered survey	Structural and interpersonal barriers to IPV response among health care professionals
Falconier, et al (2013).	Latino	Latino health promoters & Community members (N=3 FGD)	Community-based participatory research with focus groups	Developing a culturally competent programme to reduce intimate partner violence
Fowler, et al (2011).	USA	IPV survivors (N = 73)	Individual face-to-face interviews	Examine differences between shelter and faith-based service utilization and satisfaction by IPV victims

Frey, et al (2017).	USA	Domestic violence advocates (N = 222)	Survey	Sexual assault and domestic violence advocates' experiences
García-Moreno, et al (2015).	Switzerland	Data from expert consensus meetings	Five country case studies	Clinical interventions to support women subjected to intimate partner or sexual violence
Hooker, et al (2020).	Australia	Postpartum Australian women (N = 2,621)	Survey	Help-seeking behaviour and perceived helpfulness of services in abused and non-abused postpartum women
Hoskins, et al (2020).	USA	Men who have perpetrated IPV (N=15)	Participant observation and in-depth interviews	Barriers to social support and the experiences of male perpetrators of intimate partner violence
Iverson, et al (2019).	USA	Administrators and clinician (N=32)	Semi-structured phone interviews	Contextual factors impacting IPV screening programme success
Kamimura et al (2014).	Japan	Women IPV victims (N=101)	Life-History Calendar method	Factors affecting a women's initial IPV-specific health care seeking event
Katerndahl et al (2019).	USA	Women experienced violence (N=143)	Interactive Voice Response (IVR) via telephone	Need-for-action and actions taken by women in violent relationships
Larance et al (2018).	USA	Women who did not seek formal IPV services (N=12)	In-depth interviews	The experiences of women who do not seek formal IPV services
Lee et al (2017).	USA	Women victims of IPV (N=199)	Self-reported survey	The role of executive function (EF) in women's efficacy to obtain resources following a police

				reported physical IPV incident
Lemon et al (2002).	USA	Women victims of IPV (N=1643)	Rhode Island Behavioral Risk Factor Surveillance System (BRFSS) survey	The association between physical and psychological IPV among women
Lysova et al (2020).	Canada	Men with self-reported victimization (N=41)	Focus groups	Internal and external barriers to help seeking among men
Mahapatro et al (2020).	India	Married women (N=299)	In-depth interviews	Coping strategy of mediation intervention in domestic violence
Mathias, et al (2013).	Brazil	Women attending primary healthcare units (N=2379)	Interviews	The prevalence and perception of intimate partner violence among women in the primary healthcare network
Murphy et al (2016).	Australia	Intimate partner homicides cases (N=120)	Retrospective review of case records	The frequency, nature and proximity of service contacts among victims and perpetrators of intimate partner homicide
Nair et al (2020).	India	Members of women's groups (679 baseline +1371 endline)	Participatory learning and action meetings	Community mobilisation through participatory learning and action groups in IPV prevention
O'Doherty et al (2016).	Australia	Women from an intervention group (N=20)	Interview	Factors involved in women's uptake of a counselling intervention in IPV
Pajak et al (2014).	Canada	Female IPV survivors (N=6)	One-on-one semi-structured interviews	Survivors' experiences of accessing multiple services after leaving the abusive situations
Parnell et al (2018).	USA	Heterosexual couples (N = 7)	Interview	Intra- and inter-personal factors that influence relational help-seeking

Poleshuck et al (2018).	USA	IPV survivors (N=31)	Focus groups	Interventions to understand the survivors' needs
Roddy et al (2018).	USA	Individuals (N= 2,797) Couples (N=300)	Survey	Couples with IPV seeking help for their relationship distressed
Sabri et al (2015).	USA	Women with multiple types of IPV experiences (N= 163)	Survey & in-depth interviews	Knowledge, access, utilization, and barriers to use of resources among Black women exposed to multiple types of intimate partner violence
Sayem et al (2015).	Bangladesh	Married women (N=308)	Interview	Women's attitudes towards informal, formal social and formal legal support-seeking strategies against intimate partner violence
Sharma et al (2014).	India	Ever-married female nurses (N=30)	Self-administered questionnaire	Coping strategies in physical or sexual violence
Sigalla et al (2018).	Tanzania	Women experienced physical IPV during pregnancy (N=18)	In-depth interviews	Pregnant Women's perspectives on natal relatives support in preventing IPV
Snell-Rood (2015).	India	Families living in slum community (N=10)	In-depth ethnographic observations and interviews	Sources of informal support system for low-income women experiencing domestic violence
Stylianou et al (2019).	USA	IPV survivors (N=34)	Focus Group Discussion	Approaches for implementing financial literacy programming for IPV survivors
Tam et al. (2016).	China	Women who experienced IPV (N= 21)	Interview	Social work interventions on intimate partner violence

		Service providers (N=30)		
Tarzia et al (2018).	Australia	Women who had experienced IPV (N= 16)	Qualitative interviews	Difference in women's experiences of receiving support online and face to face for intimate partner violence
Van Parys et al (2017).	Belgium	Pregnant women (N=249)	Interview	Impact of a referral-based intervention in pregnant women disclosing intimate partner violence
Wilson et al (2015).	USA	Black mothers residing at an emergency IPV shelter (N= 5)	Life-history narratives	Narratives of Black mothers currently residing at an emergency intimate partner violence shelter

NOTE: Please note that the wording in the above table may reflect the actual wording in the original articles in the interests of accuracy.