

# Informal Help-Seeking in Moments of Acute Danger: Intimate Partner Violence Survivors' Emergency Outreach Efforts and the Forces That Shape Them

Journal of Interpersonal Violence

1–26

© The Author(s) 2022

Article reuse guidelines:

sagepub.com/journals-permissions

DOI: 10.1177/08862605221119517

journals.sagepub.com/home/jiv



Lisa A. Goodman<sup>1</sup>, Deborah Epstein<sup>2</sup>,  
Nkiru Nwawulezi<sup>3</sup>, Emily Zhang<sup>1</sup>,  
Helen Hailes<sup>1</sup>, and Allison Slocum<sup>1</sup>

## Abstract

Heightened attention to police brutality has created momentum for alternative, community-based responses to violence, including that inflicted by an intimate partner. But to build effective alternatives, we must know what survivors already do in moments of acute danger when they do not call the police. This study sought to explore these moments from an ecological perspective. Using a qualitative descriptive methodology, we conducted 25 interviews with a diverse sample of intimate partner violence (IPV) survivors. Each described the first, the worst, and the most recent IPV incident, whom they reached out to and why, the outcomes of their help-seeking, and the individual, interpersonal, and psychosocial influences on the process. Even in the face of severe violence, what participants most wanted was someone

<sup>1</sup>Boston College, Chestnut Hill, MA, USA

<sup>2</sup>Georgetown University Law Center, Washington, DC, USA

<sup>3</sup>University of Maryland, Baltimore, USA

## Corresponding Author:

Lisa A. Goodman, School of Education and Human Development, Boston College, Campion 310, Chestnut Hill, MA 02467, USA.

Email: goodmalc@bc.edu

who would listen without judgment. Direct interpersonal factors that influenced their help-seeking included their partner's controlling behavior, as well as their network members' capacities, perspectives on IPV, and feelings about the survivor. Broader influential factors included the radiating effects of IPV and other forms of trauma in survivors' networks. Participants offered recommendations on how domestic violence (DV) programs could both strengthen survivors' networks and provide them with targeted community support in moments of grave danger. As we continue to develop community-based alternatives to police intervention, DV programs have a critical opportunity to build on survivors' own recommendations. This process must address the ongoing effects of trauma that hamper the ability of so many network members to support survivors in crisis.

**Keywords**

domestic violence, disclosure of domestic violence, cultural contexts, legal intervention, intervention/treatment

Intensive nationwide protests, sparked by the videotaped police murders of Black, indigenous, and other people of color, have magnified support for long-standing local efforts to redirect resources away from police and toward community-based alternatives to address violence (Vermeer et al., 2020). Because incidents of intimate partner violence (IPV), such as physical abuse, sexual assault, and stalking, account for a substantial proportion of emergency calls to police (Klein, 2009), IPV lies at the heart of this conversation (Belknap & Grant, 2021). Although many victims—including those from marginalized communities—rely heavily on the police for intervention, many are deeply reluctant to do so (e.g., Ritchie, 2017). This tension comes into sharpest focus in moments of acute danger—when survivors face a risk of serious physical harm or even death at the hands of their partners. How can we build community capacity to respond in these moments? What, exactly, do survivors facing serious risk currently seek from their communities, or informal networks, and to what extent do these communities meet their needs? What individual, interpersonal, and broader contextual factors shape both survivors' emergency needs and the responses of their network members? Analysis of the choices survivors make when they need immediate protection and support, but wish to avoid police intervention, could provide a critical foundation to further develop community-based alternatives.

This study begins to address these questions through a qualitative interview study of survivors who had received services from a domestic violence (DV) program. We sought to understand participants' help-seeking needs,

decisions, and contexts in moments of acute danger, both to highlight ways they already find the support they need without police involvement, and to explore new possibilities for community-based support. We framed the investigation using an ecological heuristic that acknowledges the influence of contextual, interpersonal, and individual factors on survivors' choices, actions, and experiences. To the best of our knowledge, this study is the first to explore survivors' help-seeking in the particular context of imminent or ongoing danger from their partner.

## Literature Review

Although few studies have explored IPV survivors' informal help-seeking efforts in emergency moments, we know a great deal about such efforts in general, both before and after a victim experiences an acute crisis. The relevant research is reviewed below. Our study participants included White and Native American women, but a majority were Black; accordingly, we pay particular attention to the experiences of Black women here.

### *Survivor Network Help-Seeking Beyond Acute Moments of Danger*

Although existing research has not focused on moments of acute danger, when survivors face a risk of serious physical harm, extensive data show that—in general—survivors tend to rely on their informal networks for help coping with, preventing, and escaping abuse, and that they do so long before turning to formal systems such as the police (see, e.g., Sylaska & Edwards, 2014 for a systematic review of this literature). For example, one study of 114 White, Latinx, and Black survivors receiving DV services across four metropolitan areas found that 93.9% had sought informal support before turning to formal services (Shin & Park, 2020).

This preference for informal support is complex, however, and varies across social groups. Generally, Black and Latinx survivors are less likely to disclose their abuse—a precursor to help-seeking—than are White survivors (Kaukinen, 2004). Further, when Black women and women living in poverty do disclose, they tend to do so with fewer supporters than do White women and women with greater financial resources (Barrett & St. Pierre, 2011; Kaukinen, 2004; Sylaska & Edwards, 2014).

When survivors do reach out for help from their networks, many do so with reluctance or trepidation (Trotter & Allen, 2009). A wide range of socio-cultural, interpersonal, and individual factors may inform this process. At the sociocultural level, for example, some survivors have expressed reluctance to

seek help given their inability to conform to the stereotype of the “appropriate” victim, who is helpless and passive (Sweet, 2019). Some Black women survivors have described the influence of the stereotype of the strong Black woman, who withstands hardship, suppresses emotion, prioritizes others’ needs over her own, and refuses help (Waller et al., 2021; Washington & Hoxmeier, 2021).

At the interpersonal level, the actions of abusive partners often affect survivors’ help-seeking. Some partners threaten to retaliate against survivors, or their family members should they disclose the abuse; others engage in intensive isolation tactics that limit survivors’ access to friends and family in times of great need (Evans & Feder, 2016; Voth Schrag et al., 2020). Network members’ responses may also inform subsequent outreach efforts (Liang et al., 2005). Most survivors who disclose abuse to their networks receive mixed reactions; although positive responses prevail, negative ones nonetheless abound (Sylaska & Edwards, 2014; Trotter & Allen, 2009). Network members may minimize or normalize the violence, give advice without being asked and express frustration when the survivor does not comply, blame the survivor, or doubt her credibility (Edwards et al., 2012; Voth Schrag et al., 2020;). Both actual and anticipated negative social reactions lead some IPV survivors to limit subsequent disclosure (Dunham & Senn, 2000; Williams & Mickelson, 2008).

Finally, individual-level factors also affect survivor help-seeking. For example, some survivors cite a range of feelings that constrain them from reaching out, including shame, fear, denial, embarrassment, and hopelessness (Evans & Feder, 2016; Sylaska & Edwards, 2014). These feelings may stem from a survivor’s internalization of negative stereotypes, such as those described above, or from an assumption that others hold these views (Collins, 2000). Because negative stereotypes often focus on non-dominant groups, such risks are likely to be greatest for those who live at the intersection of multiple forms of oppression, such as racism, misogyny, and homophobia (Crenshaw, 1989, 1991).

### *Survivors’ Help-Seeking in the Moment of Danger: The Current Study*

Despite all we have learned about IPV survivors’ general reliance on informal networks for safety and healing, researchers have not yet focused on the full complexity of survivor decisions *in the moment of acute danger*, when they may be most likely to call the police. Although anecdotal experience suggests that survivors often lean on their own informal networks in these crisis moments, just as they do more generally, we have few details about how or why they

choose to do so, whom they are likely to contact, or what factors facilitate or inhibit these choices. We also know little about how survivors evaluate the outcomes of these crisis-moment decisions, or what their desired alternatives might be. As we consider redirecting funds away from police departments and toward community-based sources of support, a deeper understanding of these issues, with a clear focus on moments of acute danger, is crucial.

“Sensitizing concepts” are theories or orientations that provide preliminary guidance or starting points for a study, suggesting directions in which to look. (Bowen, 2006). For this study, we began with Liang et al. (2005) help-seeking model. Liang et al. (2005) developed a research-based framework for understanding survivor help-seeking that includes three fluid, non-linear components: problem recognition and definition, the decision to reach out for help, and the selection of a source of assistance. We asked questions that targeted each of these areas. Further, to capture the fact that many survivors experience multiple instances of violence and, therefore, engage in multiple help-seeking efforts in dangerous moments, we asked about several different violent incidents, and explored how each outreach experience shaped the next. Liang et al. (2005) further describe three sets of interdependent factors that influence the help-seeking process: sociocultural, interpersonal, and individual. We explored each of these by encouraging participants to describe the immediate and broader contexts that informed their help-seeking.

## Methods

This study used a qualitative descriptive methodology, which draws on naturalistic traditions to provide insights into poorly understood phenomena (Kim et al., 2017). This dynamic approach aims to summarize and describe the data in a relatively straightforward way, although some degree of interpretation is inevitable, given the goal of deeper understanding of complex ideas (Sandelowski, 2010). An Advisory Board, comprised of scholars and practitioners who are experts in their respective fields, guided us at several stages of the process, including reviewing study questions and early sets of codes, and participating in the interpretation of the findings.

## Recruitment

Participants were selected into this study if they: (1) had sought services from a DV program in the United States, (2) were at least 18 years old, and (3) spoke English. Although DV program affiliation was not an eligibility criterion, our recruitment strategy resulted in all participants having such an affiliation.

We recruited participants by contacting DV programs with whom the first author has strong relationships through prior research collaborations. Of the nine programs contacted, five agreed to participate; all of these provide both shelter and non-shelter services to a diverse population of survivors in terms of race, ethnicity, age, and immigration status. They represent urban and rural areas, and each is in a different state—two in the Northeast, two in the South, and one in the Midwest. At all but one of the programs, the first author attended a staff meeting to introduce the study and request feedback on its design.

### *Participants*

Participants in this study were 25 adult women. Eighteen identified as Black, six as White, and one as Native American. All spoke English and all but one was born in the United States. Ages ranged from 20 to 61, with a mean of 36.5. Half were employed, and 23 of the 25 had at least one child. Approximately one-third (8) reported having a physical disability and 20 reported struggling with a mental health issue. All but two identified as straight/heterosexual, and all but one reported that the partner who had harmed them was male. Twenty of the 25 were currently receiving DV services of some kind, and 20 had spent time in a DV shelter at some point in time.

### *Procedures*

DV program staff disseminated recruitment flyers to clients in-person or via email, and a few participants heard about the study from other participants in their programs. Interested participants contacted the first author via phone message or email. The first author then screened participants for eligibility and scheduled an interview.

Interviews lasted between 1 and 2 hours and were conducted using a semi-structured interview guide via Zoom. All interviews were recorded. In appreciation for their time, participants received \$50 via check or Venmo electronic money transfer service.

The semi-structured interview guide was designed to provide a consistent focus across interviews, while allowing for some degree of flexibility. At the start of each interview, we reviewed the consent form to answer any questions, and then asked for verbal consent to proceed with the interview. Immediately after starting to record, we asked again for verbal consent to participate, to create a record of consent. Next, we asked the following broad question: “I’m going to ask you to think about times when you (or your children) were deeply scared and unsafe because of your partner—a time when

the situation went beyond your own capacity to deal with on your own and it felt like a real emergency.” We then asked participants to describe the first, the worst, and the most recent such experiences.

In each interview, we encouraged participants to develop their own narratives, and followed-up to ensure as complete a picture as possible, including a description of the events themselves; the immediate and broader context; the outcomes; and the individual, interpersonal, and socio-cultural influences on the evolving sequence of events. For each story of acute danger, we asked what the participant was hoping for from network members, what she received, and how community programs could have better helped her realize her goals. When participants mentioned that they had called the police, we followed up on that experience as well.

### *Data Analysis*

We used qualitative content analysis with constant comparison (Kim et al., 2017) to analyze the data. The coding process involved three levels of analysis: First, we conducted open coding, keeping as close to the data as possible to generate short codes that captured participants’ language. Next, we combined open codes into higher order categories with shared content. Finally, we created clusters based on the relationships among categories (Graneheim & Lundman, 2004). Codes, categories, and clusters evolved through constant comparison—a process of comparing new with previous data to generate new codes, refine earlier ones, explore their relationships to one another, and integrate them into a coherent framework (Kim et al., 2017). Interviewing and analysis occurred simultaneously, with each process shaping the other, until theoretical saturation was reached, and new data no longer added substantive categories to the findings (Morrow, 2007).

All authors and four additional master’s degree students (see Acknowledgments) were involved in the coding process. The first two authors together coded five interviews to develop an initial set of open codes, which the group reviewed. We then coded all interviews in pairs, bringing our work back to the group for review, refinement, and new code generation.

### *Trustworthiness, Credibility, and Reflexivity*

To promote confidence in the study findings, researchers engaged in dialog about all coding decisions (Graneheim & Lundman, 2004). Disagreements were explored and resolved through weekly meetings to clarify interview content, generate new codes, reflect on evolving themes, and develop an ongoing record of how codes evolved (e.g., Charmaz, 2006).

We also drew on contemporary approaches to member-checking (e.g., Birt et al., 2016) by asking participants about specific themes and ideas that had emerged in other interviews (e.g., “Some participants have said this; what do you think?”) rather than conducting separate member-checking interviews. This method investigated the credibility of emerging ideas by explicitly inviting multiple opportunities for participant disagreement as the interviewing process unfolded.

Finally, authors remained attentive to our own biases throughout the process in order to stay as close as possible to participant meanings. We met regularly in various configurations (interviewers, whole team) to consider how our own social identities as White, Black, Asian-American, and Latina women, one of whom identifies as a survivor of IPV, as well as our prior research experience (much of which has involved the role of networks in survivors’ wellbeing) may have shaped the questions we asked and our understandings of the data. For example, recognizing our own belief in the power of social networks, we were careful to probe for the limits of networks’ capacity. Most importantly, we adopted Gordon’s (1997) “complex personhood” framework, which suggests that researchers must resist the tendency of those who have distance from participants’ experiences to invite stories of suffering (e.g., only asking questions about pain) or of survival (e.g., avoiding narratives of vulnerability), thereby flattening the data. This framework pushed us to ask, listen, and analyze with the aim of bringing to life a picture of each participant that was as complex and authentic as possible.

## **Results**

Data yielded six distinct clusters (see Table 1). Each is presented under a separate heading. We state whether “few” (less than four), “some” (4–10), “about half” (11–14), “most” (15–23), or “almost all” (23–24) participants reported a particular theme. This practice generates useful information about patterns and emphases, while avoiding potentially misleading inferences about prevalence beyond the sample (Sandelowski, 2001). The first four clusters describe the process of survivor help-seeking in moments of acute danger; the fifth describes factors that influence that help-seeking process. The sixth includes recommendations for DV programs and is presented in the discussion section to avoid redundancy.

Two important notes to frame the results: First, a majority of the participants were Black, six were White, and one was Native American. Where the results applied only to one form of participant identity, we noted this. Second, we asked participants about more than one incident of violence, and we found that as their situations evolved over time, so did their perceptions of their

**Table 1.** Clusters and Categories.

---

Cluster 1—Problem recognition
An escalation that they could no longer manage on their own
Identified the particular type of support they most needed at that moment
Cluster 2—Decision to seek help
Partner’s level of control
Capacity of their network members
Network members’ orientation to IPV
Network members’ orientation to the survivor herself
Cluster 3—Support selection
Did not reach out to anyone
A family member
Friend
Someone else
Cluster 4—Help-seeking outcomes
Helpful responses
Unhelpful responses
Cluster 5—Broad influences on the process
The impact of family and community trauma
Perspectives on the self-in-relation-to-others
Cluster 6—Recommendations for DV programs
Strengthen the capacity of existing network members
Build new programs for where networks are too frayed to be effective

---

Note. IPV = intimate partner violence; DV = domestic violence.

networks. In almost all cases, participants described a pattern of decreasingly helpful network responses as time went on.

### *Cluster 1: Problem Recognition*

All but one participant described a shift in their partner’s abuse, in the form of an escalation that they could no longer manage on their own as the precipitating factor that led them to consider seeking help. Most described the shift as representing a sudden or impending escalation to severe or life-threatening violence. Some described a dramatic increase in the partner’s loss of control, and some named an escalation in their children’s fear.

As participants recognized the need for outside help, they also identified the support they wanted. Most commonly, this was for someone to listen and express empathy; that experience enabled participants to formulate a plan of their own. About half cited this as their most significant need—even in the

acute moment of immediate or impending physical violence. One participant described how such listening would be helpful:

We don't understand. We don't know how to process. We're in love. We're scared. We're sympathetic. We're empathetic. We're all of those things in one. Having someone on the side to help us to sort through all those, to put them together and make them make sense in our head would probably help us.

Another elaborated on the kinds of questions that would be helpful:

Questions, like "Hey what's going on? What are you thinking? Why is this happening?" . . . [D]o you think that you're safe being here? Do you think that it's okay for you to be here? What do you want? What would it look like?"

Other identified immediate needs were more practical in nature. About half of the participants needed a temporary place to stay; some needed transportation out of the dangerous situation; and a few needed someone to take the children away so they could be safe. Finally, some knew they needed immediate help but were unable to name what it would be. For example:

I didn't even know what I was looking for. . . . If . . . I busted my head open, and . . . I'm just walking around with a busted head, and I don't realize what's going on 'cause I can't see it, I don't know. I know that it hurts, but I don't even know how to go to somebody and say, "Hey, my head is busted."

### *Cluster 2: Decision to Seek Help*

Four sets of factors informed participants' decisions about whether to reach out, after they recognized that they needed help: First, the partner's level of control had a concrete impact. Some participants were unable to reach out because their partner took or broke their phone; physically isolated them (e.g., in their apartment); controlled their transportation and other resources needed to seek help; or threatened to harm them if they did so. In addition, a few partners manipulated participants' perceptions of the abuse so profoundly that they did not feel justified in reaching out for help.

Second, participants' assessments of the capacity of their network members informed their decision-making in the emergency moment. Most participants described network members' ability to provide emotional support without judgment as the single most important consideration here. As one person put it: "I'm feeling scared, I'm feeling vulnerable. The fact that I know she [a network member] could empathize with me without judging me was key."

Some participants described network members' familiarity with the harming partner as a key consideration, because that connection might allow the network member to de-escalate the situation. As one interviewee put it, "he [the harming partner] was going crazy . . . and I just couldn't break through. . . . For some reason, he listened to [his friend] a lot more than he would listen to me." At a more practical level, a few noted the importance of a network member having a place for the participant and her children to stay, or simply being physically the closest person around in a moment of extreme danger.

Participants also described aspects of network capacity that made it harder to seek help. Most prominently, about half felt that their network members were burdened with their own difficulties, and some noted that family members were struggling with their own trauma. As one participant described it:

It's like a generational curse, because I found out earlier in the year that my mom was raped by her brother. . . . And I was walking home from school and got raped. And when I got to the house all bloody and everything, I got my butt kicked, instead of you know, "What happened? What's wrong?". . . . So, now you guys can see why I didn't run to her off the gate when I started going through this.

Some reported that network members were geographically too far away, and some reported that network members simply had no capacity to help.

The third category of factors informing the decision to seek help was network members' orientation to IPV. Participants identified orientations that made it easier, such as when network members believed that IPV situations have no right answer and the survivor's decision-making should be respected, or felt that abuse should never be accepted. More commonly, however, participants reported network orientations to IPV that made it harder for them to seek help. Some described network members as minimizing the abuse or its attendant harms, fed up with the situation or even blaming; or interested only in retaliation against the abusive partner.

Finally, the fourth category of factors informing decision-making involved network members' orientation to the survivor herself. Some participants noted that when network members demonstrated a pattern of valuing and loving the survivor, it was easy to reach out. One survivor sought help from her parents because:

[M]y mom and my dad have been there for me my whole life, and . . . I couldn't even remember a time that they wasn't there. And I know that if I couldn't count on anybody, if I couldn't call anybody, I can call my mom.

Some noted that a pattern of mutuality contributed to the decision to reach out. When the survivor and a network member had a relationship involving ongoing, reciprocal caregiving, the participant did not see herself as a burden, and felt justified in seeking help in an emergency. As one participant put it: “Sometimes people don’t wanna be burdens if they’re *only* burdens.”

In contrast, some reported that it was almost impossible to reach out when network members demonstrated a pattern of generally disbelieving the survivor or a pattern of general judgment and blame, both of which made it humiliating to reach out.

### *Cluster 3: Support Selection*

Notably, even in the face of escalating violence, a full half of the sample did not reach out to anyone in their network, either most or all of the time. Among those who did reach out at least once, about half sought help from a family member, most often a sibling or parent, about half to a friend; and some to someone else—either a landlord, a neighbor, or the partner’s family.

It is worth noting that there appeared to be no substantial connection between the network help-seeking process and a decision to call the police. Most participants had called the police at least once in an emergency moment; some called them as a first resort, some as a last. Those who reached out to their informal networks sometimes also called the police, and sometimes did not; the same was true for those who did not reach out to network members.

### *Cluster 4: Help-Seeking Outcomes*

Participants experienced both helpful and unhelpful outcomes of network outreach. The most cited helpful response was when network members listened empathically and without judgment. This finding was striking, given that one might expect a preference for a more action-oriented response in an acute dangerous moment. One participant, echoing many others, explained how the act of empathic listening could support a survivor even in a moment of extreme danger by analogizing to Popeye’s ability to take strength from a can of spinach:

He gave me the type of help that I needed. . . . Just to hear his voice. Just to know that somebody still loved me out there. [Partners who harm] find whatever weakness and whatever insecurities that you have, and they tear each one of those things apart. . . . Sometimes just to hear that not everybody thinks that about you. . . . It’s everything in the world. It’s an empowerment. [Interviewer: You felt like he was gonna hurt you imminently. How did those

words help in that situation?] I guess it helps you to stop for a minute, rethink, and regroup. . . . You know how when Popeye the sailor man is getting weak and he's in a fight and he gets that spinach? Then he gets this internal strength. It gives you that mental and emotional strength to re-evaluate the situation and sometimes figure out, is this a fight or flight situation? Can I de-escalate. . . ? I don't know how to explain it. It can help you get the strength to even call the police or just get out of that situation. . . . It gave me strength. It gave me a serenity, a calmness to at least stop my part in the situation. . . . I was able to calm down and quiet myself to self-reflect. . . . I think that was the starting point of me forming an escape plan.

About half of the participants were relieved when a network member offered a temporary place for them (and their children) to stay. Some found it helpful when a network member came over to be present during a dangerous moment, which prevented an escalation of violence. Some found it helpful to be given transportation away from the partner during a dangerous moment. A few also named as helpful actions such as taking children out of the house, calling the police, or bringing in another network member who could help.

Participants also described an array of unhelpful responses. The two most common were when network members either refused to help altogether or told the participant what to do (e.g., to leave the abusive relationship), without listening to what she wanted or needed. In addition, some participants described as unhelpful one or more responses that either usurped their control or discounted their credibility, such as when members: threatened the harming partner in a way that made things worse; offered a place to stay in spite of survivor's wishes to stay put; involved the police without the participant's consent or, conversely, refused to call the police when it was what the participant wanted; offered help only if participant left, or rescinded an offer of help altogether; and disbelieved the participant or believed the harming partner more.

### *Cluster 5: Broad Influences on the Process*

The fifth cluster describes the key influences that substantially curtailed survivors' ability to engage in the multi-stage help-seeking process described above. Two intertwined influences emerged: first, the impact of family and community trauma, in the form of system-based harm or interpersonal violence; and second, survivors' perspectives on the self-in-relation-to-others.

Family and community trauma played a significant, harmful role when survivors needed help in moments of danger. Some participants described how ongoing system involvement in their family's life, particularly through

child protective services, fragmented their family and permanently destroyed close relationships with parents and siblings, reducing the size and strength of their central networks. As one participant described it:

Eventually, my mom did lose custody of us [as a result of child protective service involvement].. . . And so, I just went through a lot of turmoil and back and forth, and supervised visits and counseling and all kinds of stuff when I was a kid. And it was just very traumatic.. . . Me and my mother really don't speak at all because of that situation. I've really kind of been just out here by myself with my friends and my kids.

Similarly, about half of the participants described how family histories of interpersonal violence, often spanning generations, constrained their willingness to reach out in acute moments of danger. Participants often noted that people in their lives—mothers, grandmothers, siblings, and friends—had themselves suffered violent victimization, leaving them with the desensitized perspective that “these things just happen,” or rendering them too emotionally overwhelmed to listen in a meaningful way. As one participant described it:

[M]y grandma, she stayed with a man that was abusing her, my dad he stayed with a woman that was abusing him, my sister is still married to a guy that is abusing her, and it's like it's a family pattern. . . . It was always “you gotta work it out, you gotta stick with it.” They never tell you how to leave. So, I kept quiet for a long time.

Family trauma also directly affected participants' engagement in the help-seeking process and their experiences of receiving support. Although all study participants suffered severe and ongoing abuse, family trauma was far more common among survivors who reported that they had no one to reach out to most or all the time, or whose network members discredited, judged, or blamed them when they did reach out for help. While traumatized networks generally seemed to have less capacity to offer emotional support, it is worth noting that these families did succeed in providing practical, material support to survivors approximately as often as families without substantial trauma histories.

A second set of factors that influenced the help-seeking process flowed from how survivors saw themselves in relation to others. These limiting self-images often, though not always, arose from intergenerational family trauma, and contributed to a tendency to withdraw, rather than reach out. Three specific narratives emerged: First, about half of participants described a sense of profound loneliness in the world, captured in the stark phrase: *I am alone*. As one participant described, “I felt alone, I guess, because I felt like nobody truly knows my story. . . .”

Second, some participants reported that they did not see relationships as sources of support. They described other people as not dependable, or out to take advantage of others' vulnerabilities. As one participant described it, "People don't always wanna be a good person. [They] don't always have your best interests in mind."

Finally, over half of participants described the need to maintain a strong image, particularly to avoid appearing weak or feeling shame. Indeed, avoiding shame was a powerful factor in avoiding help-seeking. As one participant put it:

I didn't wanna involve my family in it because I wanted to. . . portray myself to them as being an independent person. . . I was embarrassed. I didn't want people to think that I was—I would tolerate that. It's embarrassing because people knew me to be a strong person, a smart person. Someone that didn't take crap. I didn't want people to look down on me. [Interviewer: And that weighed stronger than the desire to get help?] At that time, yes.

Several participants explicitly referred to the cultural stereotype of the strong Black woman as affecting their personal need to appear resilient and independent.

## Discussion

As calls for a redirection of resources from the police to communities increase, advocates, scholars, and survivors have begun to think about how DV programs can reduce their long-standing reliance on the police, and instead bolster community efforts to support survivors in moments of danger (Belknap & Grant, 2021). A survivor-centered approach to this critical issue must begin with an exploration of what already occurs when survivors face crisis moments. Although activists and survivors have supplied valuable narratives that begin to address this question (see, e.g., Kim, 2020), we lack systematic research in this area. This qualitative descriptive study set out to fill this gap, exploring survivors' process of seeking help from network members, the outcomes of their efforts, and the contextual, interpersonal, and individual influences on that process. These findings provide a vivid picture of help-seeking in acute moments of danger: what survivors currently do, what they need, and how the broader context of their lives shapes their decision-making.

### *Summary of Findings in Context of Prior Research*

Participants in this study articulated a process of help-seeking in moments of danger consistent with Liang et al.'s (2005) three-stage help-seeking model.

As their partner's violence began to escalate beyond their capacity to manage it, they felt a powerful need for outside help—in the form of someone to simply listen and help them sort out their options, or to provide various types of short-term practical assistance (cluster 1). Their decision about whether to translate the need for help into a concrete request was informed by four sets of factors: the level of their partner's control over their movements; their network members' capacity and resources, given their own hardships and trauma; network members' perspectives on IPV; and members' perceptions of the survivor herself (cluster 2).

Together, these factors led half the sample not to reach out to anyone in their network, either most or all the time. Those who did reach out tended to choose family and friends, and occasionally neighbors, landlords, and members of their partner's family (cluster 3). The choice to reach out to network members was not correlated with a participant's decision to also reach out to the police, in the same incident or at other times.

These findings resonate with several other studies demonstrating that women—especially those from marginalized groups (based, e.g., on race, ethnicity, socioeconomic status, or immigration status)—are often reluctant to reach out because: they expect negative responses (Goodman et al., 2009; Lee & Hadeed, 2009; Morrison et al., 2006; Reina et al., 2014); they do not want to burden already-stressed network members (e.g., Hattery & Smith, 2017; Monterrosa, 2019); or they lack a sense of belonging (Barrett et al., 2020). It is striking that these findings hold true even at times of greatest danger.

This study extends the Liang model by delineating a fourth stage: outcomes of the help-seeking process (cluster 4). Consistent with broader research on survivor help-seeking (e.g., Sylaska & Edwards, 2014; Trotter & Allen, 2009), responses were decidedly mixed. Many participants described painful network responses, including discrediting the survivor, refusing to provide help, telling her what to do, or conditioning assistance on leaving the relationship. But other participants reported that their networks provided useful practical help, including providing a place to stay, transportation out of the violent situation, coming to the scene to serve as a supportive presence, or—very occasionally—calling the police. Poignantly, survivors described in glowing terms how transformative it was when a friend or family member listened carefully, stayed with their perspective, and expressed love and a sense of the survivor's value. As captured in a quote above, these family and friends served as spinach to survivors' Popeye, empowering them to move from paralysis to action.

Beyond these four stages, a set of social and structural influences affected survivors' help-seeking in emergency moments (cluster 5). First, consistent

with their reluctance to burden struggling family members, many survivors spontaneously identified how trauma in their family's (or occasionally their friends') lives severely truncated their informal support networks, leaving them with few people—or none at all—to turn to for help in moments of great danger. Sometimes this trauma stemmed from child protective service interventions into their own family of origin, leaving them estranged from each other. Sometimes the trauma was the result of IPV suffered by participants' mothers, grandmothers, siblings, and friends. For some participants, these experiences contributed to a pattern of network members becoming either desensitized to such violence or emotionally disengaged. Participants who identified one or both forms of trauma in their networks were far less likely to seek help in dangerous moments.

The second broad influence, often flowing from the first, involved participants' beliefs about themselves in relation to others, including: a powerful sense of being entirely alone; that others would likely try to manipulate them; or that they needed to be and appear strong, often to avoid shame. These themes were commonly reported among participants who either chose not to seek help from their informal networks or who reported negative outcomes. They echo prior research demonstrating, for example, that abusive partners' gaslighting may result in survivors' fear that they will not be credited and, therefore, their decision to avoid help-seeking (Epstein & Goodman, 2019). Similarly, as noted earlier, the cultural stereotype of the strong Black woman (Waller et al., 2021), can result in Black women's reluctance to seek help even from people in their own communities (Morrison et al., 2006).

Finally, it is important to address the lack of any correlation between the strength of a survivor's informal network and her decision to call the police in some moments of acute danger. Given that survivors are often reluctant to rely on police, it is possible that, in certain circumstances, these participants felt they had no other choice. This, in turn, may indicate that informal networks, regardless of their scope, may not be sufficient to address every instance of acute violence; on the other hand, it may indicate that we have not yet sufficiently explored alternatives that would allow survivors to envision other choices.

### *Key Themes Across Clusters*

This rich data set can be roughly distilled into three distinct themes. First, although previous research has demonstrated that IPV survivors generally want non-judgmental empathic listening (Voth Schrag et al., 2020), it was particularly striking that this study arrived at the same finding because in this case, the desire for a listening ear arose amid serious violent assaults and

when participants feared impending death. Even in these acute emergencies, survivors felt a deep longing for someone who would listen carefully; avoid blaming them for the harm inflicted by their intimate partners; and remain survivor-centered; that is, tailoring their response to what the survivor needed and wanted in the moment, rather than imposing what the network member personally thought best. For many participants, such support was either in short supply or completely unavailable. Indeed, many participants noted, "I am alone," and rarely (if ever) reached out to anyone in their networks during emergency moments. The reality that these women consistently had no friends or family to turn to, even when their lives were at stake, is a matter of profound concern.

A second theme is that even in the most terrifying moments of their lives, some survivors' help-seeking efforts were undermined by the long-term effects of systemic intrusion and interpersonal trauma endured by their family or close friends. These findings are consistent with the tenets of relational cultural theory: a person's prior interpersonal experiences shape her expectations of how people will respond to her in the present; this, in turn, shapes her willingness to reach out (Miller and Stiver, 1995). Prior experiences of connection, routine disconnection, and then reconnection with another person contribute to both a sense of self as inherently valuable and deserving of support, and an expectation of others as able and willing to provide help (Jordan, 2001; Miller & Stiver, 1997). On the other hand, relational disruption and traumatic interpersonal disconnections may translate into precisely the opposite: a sense that one is unworthy of help, and an expectation of others as unable or unwilling to respond to requests for support (Jordan, 2002). The participants who vividly described such relational disruptions and traumatic disconnections were often those who also described a belief that other people are not trustworthy, that they are alone, and that they had to present as strong and independent to avoid shame. These deep-seated beliefs made it far less likely that they would decide to reach out at all in acute emergencies. In other words, intergenerational, family, and community trauma can metabolize into distrust and disconnection, all of which serve to limit a survivor's available lifelines in times of greatest need.

Not only did family and community trauma shape survivors' likelihood of reaching out to their networks, but they also affected the support survivors were able to receive when they *did* reach out. Although what survivors most wanted in the moment of crisis was non-judgmental listening, those informal network members who were profoundly stressed and traumatized were the least likely to be able to show up for survivors in ways that felt empathic and survivor centered. At the same time, it is critical to note that many of these same network members still managed to provide practical support. Indeed,

they were as likely to do so as network members without extensive trauma. This speaks both to the ways trauma across communities and generations can fracture and fray emotional connection and support and to the ways these traumatized networks can still persevere to help one another in critical ways.

Although participants described these traumas in interpersonal terms, they may be better understood as the consequence of historical conditions and systems that create and reinforce oppression among marginalized survivors. Dynamics that dispossess, objectify, and dehumanize can cut through families and across generations, inflicting “cumulative emotional and psychological wounding” (Petroni & Stanton, 2021, p. 4) that can shape an individual’s capacity to be present and available for others. Far too often, society fails to understand the profound impact of such system-based experiences, particularly on those who are Black, of color, or members of other marginalized groups, and instead assumes that any resulting limitations in capacity are individual in nature (Crenshaw, 1989).

A third theme throughout the data is the strength so many participants showed in the face of extreme hardship and trauma. First, even after their network members failed them in myriad ways, participants—even those who decided their community members could or would not offer them the help they needed in a time of acute danger—communicated respect for the efforts these others were making to manage their own burdens, as well as empathy for the hardships that ultimately limited them as supporters of others. The strength inherent in this generous perspective on those who failed as supporters in a serious emergency is hard to overestimate.

Second, despite the trauma and isolation that pervaded their lives, all participants were open and willing to talk about their experiences, often driven in part by an expressed desire to contribute to improving conditions for other survivors. Finally, approximately half of the participants found the strength to try repeatedly to get help, despite monumental external obstacles as well as their own intense internal trepidation.

### *Limitations and Future Research Directions*

The findings of this study should be understood in the context of several limitations. We chose a qualitative approach in order to generate a rich and nuanced set of observations, but this approach is limited in the degree to which it allows for comparisons across subgroups. Further, because all participants eventually sought help from a DV program, we began with a sample of survivors who needed to go beyond their communities for assistance. It is possible that a different help-seeking process is used by those survivors whose informal networks can provide the necessary support in emergency

moments. In addition, most participants were Black women, born in the United States, and all but two were heterosexual. Different patterns might exist for members of other survivor subgroups when they reach out in moments of extreme danger. It is therefore critical to explore the questions of this study with survivors representing different communities, and those whose efforts to become safe do not engage the DV system at all.

### *Implications for Practice*

Study findings highlight survivors' strong prioritization of a listening ear and other forms of community support even during moments of serious danger. This was the case for participants who did and did not engage with the police. Community-based organizations and grassroots organizing initiatives are promising sites for the further development of such responses. Especially promising are recent efforts to build restorative and transformative justice programs that shift the site of intervention from the criminal legal system (including the police) to local communities and change the goals of intervention from punishment and removal to accountability and healing (Kim, 2018). Although many of these efforts do not focus on moments of acute danger, some do. Mings (2016), and others at the Bay Area Transformative Justice Collective, for example, have developed a "pod mapping" approach, working to help survivors identify in advance the members of their personal networks on whom they can rely in moments of serious risk. Pod mapping has the potential to provide survivors in times of crisis with access to empathic listening and practical assistance to de-escalate or leave the situation. In so doing, they both reduce the need for survivors to rely on the police when they are reluctant to do so *and* provide critical informal support for those survivors who might choose police involvement.

DV programs should also play a role: When study participants were asked how to bolster support for survivors in moments of danger, many highlighted ideas for such programs. These recommendations formed the final data cluster (cluster 6).

First, participants offered several recommendations for how DV programs could strengthen the capacity of existing network members. Some suggested educating network members about IPV relationship dynamics and survivor-centered listening. A few also recommended developing interventions to help network members heal from their own traumatic experiences so they would be less reactive and more attuned to survivors. Efforts to educate and heal network members could also strengthen their capacity to meaningfully participate in the restorative and transformative justice efforts described above.

Participants also made suggestions for how to convey this content. Some recommended groups comprised of survivors and their mothers or best friends, or other close network members, and some suggested groups for network members without survivors present. Either way, these groups would be opportunities for network members to learn from others the lessons they could not absorb from the survivors in their own lives.

Second, participants offered several innovative ideas for how DV programs could fill in for network members in acute emergencies where networks were too frayed to be effective. Some participants proposed the creation of a buddy approach, where DV programs would bring together pairs of survivors who could work together to develop sufficient mutual trust so that they could rely on each other in moments of crisis. A few also urged the creation of a new DV program intervention: an emergency place to stay for a day or two without the administrative burdens and myriad restrictions of traditional DV shelters. Here, there would be no rules or extensive intake procedures, and a survivor (and her children) could use the time to “decompress,” regain their bearings, and figure out next steps.

A few of these recommendations are consistent with emerging practices with which a small but growing number of DV programs are experimenting (see, e.g., Goodman et al., 2015). But the last one—the emergency respite site—has, to our knowledge, not yet been tried. We believe that this idea has enormous potential, because it gives survivors an opportunity to think through next steps free of fear of another assault, and without the need to either make an untenable or too-early commitment to a shelter, or to impose on already-overburdened networks. This recommendation is survivor-defined and truly innovative.

## Conclusion

Faced with frightening escalations in their partners' violence, survivors desperately want support that is grounded in both empathy and a willingness to follow their lead. Many find the support they need from family, friends, and community, whether or not they also call the police. But many others describe network members so weighed down by generations of oppression and trauma that they are unable to provide the support survivors want, or survivors themselves are unwilling to reach out and further burden them. These findings highlight the inadequacy of approaches that understand a survivor solely as an individual, distinct from her family history, her current social network, and oppressive systems. Instead, they demand adoption of a broader perspective: one that understands an individual survivor in her interpersonal context and acknowledges that her efforts to survive a dangerous assault may be constrained in

myriad ways by broader cycles of trauma and disconnection. New community-focused and survivor-defined responses to IPV are desperately needed to help survivors manage in moments of acute danger; but such responses—whether implemented by DV programs or grassroots organizations—will succeed only if they effectively address these broader historical harms.

### Acknowledgments

We are grateful to Meredith Diamond, Sarah Essner, Marissa Ferreyros, and Shujianing Li for their thoughtful contribution to this study in the form of hours of coding and discussion. We also appreciate the brilliance of our Advisory Board members, including Kelly Coyne, Jill Davies, Peg Hacsckaylo, Diana Mancera, Amy McCraney, Erin C. Miller, Heidi Notario, Cris M. Sullivan, Gwen Wright, and Latoya Young, whose individual and collective feedback guided us at several critical stages of the research. And of course, we are indebted to the 25 women at the heart of this study who decided to share their stories with us. Their wisdom will be obvious to anyone who reads this paper.

### Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interests with respect to the authorship and/or publication of this article.

### Funding

The author(s) disclosed receipt of the following financial support for the research and/or authorship of this article: This work was supported from Boston College and Georgetown School of Law for this research.

### ORCID iDs

Lisa A. Goodman  <https://orcid.org/0000-0002-1195-952X>

Deborah Epstein  <https://orcid.org/0000-0002-7505-0884>

Nkiru Nnawulezi  <https://orcid.org/0000-0001-7316-6480>

### References

- Barrett, B. J., Peirone, A., & Cheung, C. H. (2020). Help seeking experiences of survivors of intimate partner violence in Canada: The role of gender, violence severity, and social belonging. *Journal of Family Violence, 35*, 15–28. <https://doi.org/10.1007/s10896-019-00086-8>
- Barrett, B. J., & St. Pierre, M. (2011). Variations in women's help seeking in response to intimate partner violence: Findings from a Canadian population-based study. *Violence Against Women, 17*, 47–70. <https://doi.org/10.1177/1077801210394273>
- Belknap, J., & Grant, D. (2021). Domestic violence policy: A world of change. *Feminist Criminology, 16*(3), 382–395. <https://doi.org/10.1177/1557085120987610>

- Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research*, 26(13), 1802–1811. <https://doi.org/10.1177/1049732316654870>
- Bowen GA. (2006). Grounded theory and sensitizing concepts. *International Journal of Qualitative Methods*, 12–23. doi:10.1177/16094069060050030
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Sage Publications.
- Collins, P. H. (2000). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment* (2nd ed.). Routledge.
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics. *The University of Chicago Legal Forum*, 140, 139–167.
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241–1299. <https://doi.org/10.2307/1229039>
- Dunham, K., & Senn, C. Y. (2000). Minimizing negative experiences: Women's disclosure of partner abuse. *Journal of Interpersonal Violence*, 15(3), 251–261. <https://doi.org/10.1177/088626000015003002>
- Edwards, K. M., Dardis, C. M., & Gidycz, C. A. (2012). Women's disclosure of dating violence: A mixed methodological study. *Feminism & Psychology*, 22, 507–517. <https://doi.org/10.1177/0959353511422280>
- Epstein, D., & Goodman, L.A. (2019). Discounting women: Doubting domestic violence survivors' credibility and dismissing their experiences. *U. Penn Law Review*, 399–461.
- Evans, M. A., & Feder, G. S. (2016). Help-seeking amongst women survivors of domestic violence: A qualitative study of pathways towards formal and informal support. *Health Expectations*, 19, 62–73. <https://doi.org/10.1111/hex.12330>
- Goodman, L. A., Banyard, V., Woulfe, J., Ash, S., & Mattern, G. (2015). Bringing a network-oriented approach to domestic violence services: A focus group exploration of promising practices. *Violence Against Women*, 22(1), 64–89. <https://doi.org/10.1177/1077801215599080>
- Goodman, L. A., Smyth, K. F., Borges, A. M., & Singer, R. (2009). When crises collide: How intimate partner violence and poverty intersect to shape women's mental health and coping? *Trauma, Violence, & Abuse*, 10(4), 306–329.
- Gordon, A. (1997). *Ghostly matters*. University of Minnesota Press.
- Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*, 24(2), 105–112. <https://doi.org/10.1016/j.nedt.2003.10.001>
- Hattery, A., & Smith, E. (2017). *The social dynamics of family violence* (2nd ed.). Westview Press.
- Jordan, J. V. (2001). A relational-cultural model: Healing through mutual empathy. *Bulletin of the Menninger Clinic*, 65, 92–103. <https://doi.org/10.1521/bumc.65.1.92.18707>

- Jordan, J. V., & Hartling, L. M. (2002). New developments in relational-cultural theory. In M. Ballou & L. S. Brown (Eds.), *Rethinking mental health and disorder: Feminist perspectives* (pp. 48–70). Guilford Press.
- Kaukinen, C. (2004). The help-seeking strategies of female violent-crime victims: The direct and conditional effects of race and the victim-offender relationship. *Journal of Interpersonal Violence, 19*(9), 967–990. <https://doi.org/10.1177/0886260504268000>
- Kim, H., Sefcik, J. S., & Bradway, C. (2017). Characteristics of qualitative descriptive studies: A systematic review. *Review in Nursing & Health, 40*(1), 23–42. <https://doi.org/10.1002/nur.21768>
- Kim, M. E. (2018). From carceral feminism to transformative justice: Women-of-color feminism and alternatives to incarceration. *Journal of Ethnic & Cultural Diversity in Social Work, 27*(3), 219–233. <https://doi.org/10.1080/15313204.2018.1474827>
- Kim, M. E. (2020). Shifting the lens: An implementation study of a community-based and social network intervention to gender-based violence. *Violence Against Women, 27*(2), 222–254. <https://doi.org/10.1177/1077801219889176>
- Klein, A. R. (2009). *Practical implications of current domestic violence research: For law enforcement, prosecutors and judges*. National Institute of Justice. <https://nij.ojp.gov/library/publications/practical-implications-current-domestic-violence-research-law-enforcement>
- Lee, Y. S., & Hadeed, L. (2009). Intimate partner violence among Asian immigrant communities: Health/mental health consequences, help-seeking behaviors, and service utilization. *Trauma, Violence, & Abuse, 10*(2), 143–170.
- Liang, B., Goodman, L., 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*(1), 71–84. <https://doi.org/10.1007/s10464-005-6233-6>
- Miller, J. B., & Stiver, I. P. (1995). *Relational images and their meanings in psychotherapy*. Stone Center.
- Miller, J. B., & Stiver, I. P. (1997). *The healing connection: How women form relationships in therapy and in life*. Beacon Press.
- Mingus, M. (2016, June). *Pods and pod mapping worksheet*. Bay Area Transformative Justice Collective. <https://batjc.wordpress.com/pods-and-pod-mapping-worksheet/>
- Monterrosa, A. (2019). How race and gender stereotypes influence help-seeking for intimate partner violence. *Journal of Interpersonal Violence, 36*(17), 9153–9174. <https://doi.org/10.1177/0886260519853403>
- Morrison, K., Luchok, K., Richter, D., & Parra-Medina, D. (2006). Factors influencing help-seeking from informal networks among African American victims of intimate partner violence. *Journal of Interpersonal Violence, 21*(11), 1493–1511. <https://doi.org/10.1177/0886260506293484>
- Morrow, S. L. (2007). Qualitative research in counseling psychology: Conceptual foundations. *The Counseling Psychologist, 35*(2), 209–235. <https://doi.org/10.1177/0011000006286990>

- Petrone, R., & Stanton, C. R. (2021). From producing to reducing trauma: A call for “trauma-informed” research(ers) to interrogate how schools harm students. *Educational Researcher, 50*(8), 537–545. <https://doi.org/10.3102/0013189X211014850>
- Reina, A. S., Lohman, B. J., & Maldonado, M. M. (2014). “He said they’d deport me” factors influencing domestic violence help-seeking practices among Latina immigrants. *Journal of Interpersonal Violence, 29*(4), 593–615.
- Ritchie, A. (2017). *Invisible no more: Police violence against Black women and women of color*. Beacon Press.
- Sandelowski, M. (2001). Real qualitative researchers do not count: The use of numbers in qualitative research. *Research in Nursing & Health, 24*(3), 230–240. <https://doi.org/10.1002/nur.1025>
- Sandelowski, M. (2010). What’s in a name? Qualitative description revisited. *Research in Nursing & Health, 33*, 77–84. <https://doi.org/10.1002/nur.20362>
- Shin, N., & Park, E. (2020). The influence of informal support on battered women’s use of formal services. *Journal of Aggression, Maltreatment, & Trauma, 30*, 1203–1219. <https://doi.org/10.1080/10926771.2020.1867278>
- Sweet, P. L. (2019). The paradox of legibility: Domestic violence and institutional survivorhood. *Social Problems, 66*(3), 411–427.
- Sylaska, K. M., & Edwards, K. M. (2014). Disclosure of intimate partner violence to informal social support network members: A review of the literature. *Trauma, Violence, & Abuse, 15*(1), 3–21. <https://doi.org/10.1177/1524838013496335>
- Trotter, J. L., & Allen, N. E. (2009). The good, the bad, and the ugly: Domestic violence survivors’ experiences with their informal social networks. *American Journal of Community Psychology, 43*, 221–231. <https://doi.org/10.1007/s10464-009-9232-1>
- Vermeer, M. J., Woods, D., & Jackson, B. A. (2020). *Would law enforcement leaders support defunding the police? Probably – If communities ask police to solve fewer problems*. RAND Corporation. <https://www.rand.org/pubs/perspectives/PEA108-1.html>
- Voth Schrag, R. J., Ravi, K., Robinson, S., Schroeder, E., & Padilla-Medina, D. (2020). Experiences with help seeking among non-service-engaged survivors of IPV: Survivors’ recommendations for service providers. *Violence Against Women, 27*, 2313–2334. <https://doi.org/10.1177/1077801220963861>
- Waller, B. Y., Harris, J., & Quinn, C. R. (2021). Caught in the crossroad: An inter-sectional examination of African American women intimate partner violence survivors’ help seeking. *Trauma, Violence, & Abuse*. Advance online publication. <https://doi.org/10.1177/1524838021991303>
- Washington, J., & Hoxmeier, J. C. (2021). Strength under pressure: Superwoman schema (SWS) and intimate partner violence among Black women. *International Journal of Undergraduate Research & Creative Activities, 13*(1), 1–10. <https://doi.org/10.7710/2168-0620.0278>
- Williams, S. L., & Mickelson, K. D. (2008). A paradox of support seeking and rejection among the stigmatized. *Personal Relationships, 15*(4), 493–509. <https://doi.org/10.1111/j.1475-6811.2008.00212.x>

## **Author Biographies**

**Lisa A. Goodman**, PhD, is a Professor in the Department of Counseling and Applied Developmental Psychology at Boston College. She uses a community-based participatory research approach to explore intimate partner violence, aiming to illuminate how survivors use their social networks for healing and safety, and how to improve systemic responses.

**Deborah Epstein**, JD, is a Professor of Law and Co-Director of Georgetown University Law Center's Domestic Violence Clinic. She has spent three decades representing survivors in civil protection order cases; conducting research to uncover obstacles to survivor safety and wellbeing; and implementing reforms to improve systemic responses to intimate partner violence.

**Nkiru Nnawulezi**, PhD, is an Assistant Professor at UMBC. She utilizes participatory research methods to improve material and social conditions for gender-based violence survivors who experience multiple marginalization. Her research examines the ecological factors that enhance equity within housing systems. She also evaluates community-led interventions that serve as alternatives to mainstream social service systems.

**Emily Zhang**, MA, is a Counseling Psychology PhD student at Boston College Lynch School of Education and Human Development. She received her bachelors in Community Health and Child Study and Human Development and her master's in Clinical Developmental Health and Psychology from Tufts University.

**Helen P. Hailes**, MA, received her MSc in Psychiatry from the University of Oxford and is a doctoral candidate in Counseling Psychology at Boston College. She is interested in collaborative, community-based research on violence, trauma, gender, and systemic oppression, and her current work focuses on gaslighting in intimate partner violence.

**Allison M. Slocum**, BA, is a first-year Master's student in mental health counseling at Boston College, where she also received a bachelor's degree in applied psychology and human development. Her research interests include trauma and oppression, intimate partner violence, and community-based participatory research.