

MODELING HELP SEEKING INTENTIONS IN VICTIMS OF INTIMATE PARTNER
VIOLENCE: A CONCEPTUAL REPLICATION OF FLEMING AND RESICK (2017)

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by
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Abstract

MODELING HELP SEEKING INTENTIONS IN VICTIMS OF INTIMATE PARTNER VIOLENCE: A CONCEPTUAL REPLICATION OF FLEMING AND RESICK (2017)

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Victims of intimate partner violence come forward and seek services and help for the crimes committed upon them at much lower rates than victims of other interpersonal crimes. In this study, the Theory of Planned Behavior was used to assess individual behavioral predictors of formal help-seeking in victims of intimate partner violence in order to better understand factors that promote or inhibit help-seeking in this vulnerable population, including victims' attitudes about help seeking, the subjective norms they feel about help seeking, their perceived ability to get help, and the relationship these factors have with prior experiences. Partial support was found for the full Theory of Planned Behavior model predicting intentions for all resource types, with attitudes and perceived behavioral control predicting intentions for most resources, while norms rarely contributed to the variance. Prior experience was related to attitudes about several of the resources.

Keywords: intimate partner violence, victimization, crime reporting, help-seeking,
Theory of Planned Behavior

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Modeling Help Seeking Intentions in Victims of Intimate Partner Violence: A Conceptual Replication of Fleming And Resick (2017)

The American law enforcement process requires a number of different roles to function as designed, such as officer, attorney, and judge. But at its central nexus is the role that victims of crimes play, setting an investigation and case into motion by bringing a crime to the attention of the justice system, providing statements and evidence, and giving testimony if a case reaches the trial stage. Without reports from the victims of crime, cases cannot be opened against the perpetrators of those crimes in order to prevent similar crimes from occurring in the future (Goodman et al., 1999). The importance of the role that crime victims play is highlighted by crime victims' rights statutes that exist within all 50 states to protect victims' rights to remain informed as to the status of their case and their right to be heard before the court. The general purpose of these victims' rights guidelines is to preserve the voice of victims, and ultimately to encourage victims to report crimes and stay involved in their cases (Boateng & Abess, 2017). The outcome of these efforts can be observed in reports from the Bureau of Justice Statistics (2012), with data showing that crime reporting has increased from 1994 to 2010. However, despite this increase in reporting, between 2006 and 2010, an estimated 3.4 million violent crimes went unreported each year (Bureau of Justice Statistics, 2012).

Of all the different varieties of violent crime, intimate partner violence (IPV) accounts for approximately 15%. Rates or exact numbers of unreported crimes are difficult to obtain, but only an estimated 55.7% of all IPV victimization is reported to law enforcement, with just under half of all instances remaining unreported (Truman & Morgan, 2014). When victims choose not to report their experience, for whatever reason, they cannot receive the support they are entitled to from the criminal justice system, such as a platform to pursue justice, compensatory resources,

and referral to outside services. These individuals are at further risk of negative outcomes including a heightened risk of developing mental illnesses (Pinna, 2016) and continued victimization (Bliton et al., 2016; Goodman et al., 1999). At its core, when any crime goes unreported, the likelihood of it continuing to occur is high (Kwak et al., 2019), but continuation is especially likely to occur in IPV situations and can increase in severity over time (Both et al., 2019; Walker, 2009).

Understanding what promotes and inhibits reporting and help-seeking behavior will enable developers of IPV intervention, prevention, and outreach programs to tailor their services in order to lessen the significant underreporting of IPV, and aid the victims and survivors of IPV that need it. Unfortunately, theoretical models that predict help-seeking behaviors remain underexamined in the context of IPV scenarios. Additionally, research in the context of IPV scenarios is primarily conducted via convenience sampling using qualitative research methods, like interviews, that are subject to coding bias and error (Fleming & Resick, 2017; Sears, 2021; Stork, 2008). Focusing on one model, the Theory of Planned Behavior, and utilizing a quantitative method of collecting and analyzing data, which can recruit participants online nationwide will further the literature on theoretical approaches to predicting help-seeking in IPV relationships while preventing the bias and error of traditional approaches to measuring help-seeking in these IPV scenarios.

Intimate Partner Violence

Often confused with domestic violence, IPV occurs specifically between individuals in an intimate relationship. While domestic violence can occur between partners in an intimate relationship as well, the defining characteristic of domestic violence is a shared living space, and can thus encompass violence between siblings, child abuse, and elder abuse, as well as violence

between partners. Thus, when referring to partners or spouses specifically, the appropriate term is intimate partner violence (IPV), rather than domestic violence (Patra et al., 2018).

The violence experienced in IPV can be diverse, taking on forms and combinations of physical, sexual, and emotional abuse, and varying in degrees of severity, from name calling to attempted or completed homicide (Patra et al., 2018). In addition to the variability of kinds of violence experienced, the types of people who experience IPV are also varied. IPV occurs in different-sex and same-sex couples, with perpetrators and victims across the gender spectrum. However, the highest rate of reported victimization occurs in populations of heterosexual, cisgender women between the ages of 18 and 34 (Fleming & Resick, 2017).

IPV as a construct is typified by a cyclical pattern of occurrence, generally following along a three-phase recurring sequence. The first stage is a growing tensions stage, wherein arguments occur and hostility increases. This is followed by the second stage, the acute event, where the hostility and abuse heighten to a sharp degree. Finally, the third stage is a loving remorse phase, where the violent partner may apologize and promise to change, and the abused partner may feel as though this period of time in the relationship mimics earlier positive patterns of the relationship, or positive relationship ideals. Eventually this loving remorse phase will transition back into growing tension, and the cycle will begin again, and has the potential to increase in lethality with every new cycle (Both et al., 2019; Walker, 2009).

The decision to leave an abusive relationship, particularly an abusive relationship steeped in cyclical patterns as exhibited with IPV, is not as easy as “just leave.” The consistent exposure to violent trauma can wreak havoc on victims’ cognitive and interpersonal functioning (Both et al., 2019; Marin et al., 2011), and aspects of the abuse itself, such as financial abuse or dependency on the partner, may prevent victims from having the physical or financial resources

to leave (Bell, 2003). Behaviors exhibited by perpetrators unto victims in an IPV relationship can include high control and isolation, leaving victims to falsely believe that the abuse is deserved or normal, and that there are no resources that exist for the victim to turn to lest they risk harm or losing their children or place to stay (Solinas-Saunders, 2022).

Even the act of “just leaving” is not as simple as walking out the door or breaking up and being done. Accounts from survivors of IPV and police reports alike suggest that one of the most dangerous periods in an IPV relationship occurs when the victim attempts to leave, with incidents of stalking, harassment, and homicide raising in response to the victim leaving or trying to flee (Cooper & Smith, 2011). In a statistical profile of family violence in Canada during 2011, police report narratives following spousal and intimate partner homicides were compiled to obtain more information about the victim, the accused, and the incident. Half of the narratives regarding a spousal relationship involved a recent separation (26%), individuals who were in the process of separation (9%), or the couple had been discussing separation (15%), with the victim being the partner to express the desire to separate in 80% of these narratives (Sinha, 2013).

Though leaving the relationship is a positive behavior, it is not the same as seeking help from the relationship. People who seek help may or may not be interested in leaving the relationship, or leaving the relationship entirely may be a secondary priority to obtaining medical treatment or finding a safe place to sleep for the evening. Victims of IPV who are considering seeking help do so by utilizing either informal or formal resources, or both. Informal resources are typified as social and emotional support, typically taking the form of seeking guidance, advice, or an outlet to vent to with friends and family members, or other members of the individual’s social circle. Formal resources are a category of resources that include the utilization of systemic assets such as going to a hospital or doctor for wounds, calling the police, disclosing

to a therapist, or going to a domestic or intimate partner violence shelter. These resources, while also potentially offering social or emotional support, can provide the individual with legal, medical, and psychological services, and with the assistance that may be necessary in order to safely leave the relationship, heal, and obtain justice where appropriate (Choi et al., 2021; Felix et al., 2021).

In research regarding help-seeking behaviors in victims and survivors of abuse, including IPV, informal sources are consistently found to be the most commonly utilized sources of help (Choi et al., 2021; Felix et al., 2021; Goodman et al., 1999; Palmer et al., 2021). In a sample of Canadian women who had experienced IPV, 69% reported reaching out to friends and family for support, while only 22-38% reported utilizing a formal resource, such as law enforcement, social services, or a healthcare professional (Moe, 2007). Informal resources like friends and family may be more accessible than formal resources such as shelters and advocacy centers, particularly in rural or impoverished areas.

Additionally, friends and family may be considered more trustworthy and reliable than the police, as reaching out to law enforcement may carry negative outcomes such as racial profiling, removal of children, or worsening abuse following police interaction or inaction (Goodman et al., 1999; Kwak et al., 2019). Among studies performed in queer populations (Felix et al., 2021; Hodge & Sexton, 2020), women staying in battered women's shelters (Rancher et al., 2021), and minority and immigrant populations (Mullinix et al., 2020; Pass et al., 2020), interactions with police have been linked to heightened levels of trauma, discrimination, and lingering feelings of mistrust in law enforcement.

Any combination of these factors can inhibit a victim of IPV from utilizing a formal source, which in turn keeps them from receiving professional services. However, in instances

where victims experience higher levels of social support, rates of reporting abuse do increase, as victimized individuals may feel more empowered to come forward about their experiences with the knowledge that others will continue to support them, mitigating some of the stress of reporting (Goodman et al., 1999).

Theory of Planned Behavior

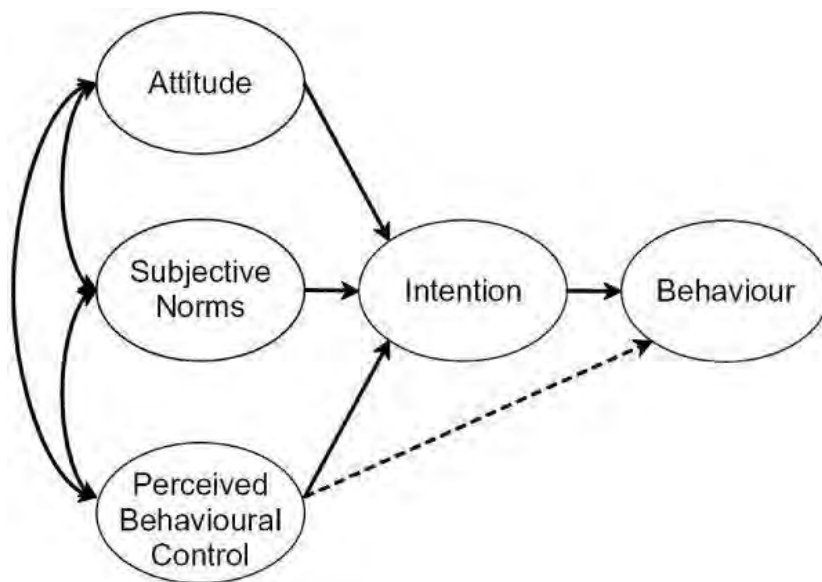
Understanding why an individual behaves the way that they do is a crucial component of predicting how they will behave in the future. One predictive model of behavior, particularly attitude-based and goal-driven behavior, is the Theory of Planned Behavior (TPB) (Figure 1) (Ajzen, 1991). Originally termed the Theory of Reasoned Action, Ajzen and Fishbein (1969) proposed that the attitudes an individual holds and the subjective norms surrounding the behavior factor into and influence the individual's intention to execute the behavior. Later on, Ajzen (1991) added perceived behavioral control as an additional factor that contributes to the intention to behave. The TPB is a practical model for understanding the spread of factors that are connected to the way an individual behaves in a specific circumstance, combining context and situation specific factors with personal attitudes.

The three primary factors that act as the inputs in the function of the intention to behave are attitudes, subjective norms, and perceived behavioral control. The attitudes are the internal attitudes the individual holds in regards to the probable outcomes that the behavior will produce, and how the individual feels about those potential consequences. The subjective norms include the expectation of approval or disapproval from people who the individual considers important to them, as well as general beliefs that people important to the individual can and do perform the behavior. Both the belief of approval or disapproval and the belief that other people execute the behavior contribute to the social pressure promoting or inhibiting the performance of a behavior.

Finally, the individual's perceptions of the context and their own abilities are computed to assess the individual's probability of successfully executing the behavior. The individual's feelings towards potential outcomes, the influence of others, and the individual's belief that they can perform the behavior influence one another, as well as the intention to behave (Ajzen, 1991; 2020). When the three factors result in a low intention to perform a specific behavior in the specific context, the likelihood of the individual performing the behavior is low. When the intention is high, the likelihood of the individual performing the behavior is high (Arafat & Ibrahim, 2018).

Figure 1

Icek Ajzen's Theory of Planned Behavior Model



Note: The three key factors, attitudes, subjective norms, and perceived behavioral control influence each other and the intention to behave, which then factors into the actual execution of the behavior. Actual, rather than perceived, behavioral control also impacts the ability to execute the behavior, signified by the dotted, rather than solid.

While perceived behavioral control plays a contributing role in the intention to behave, the execution of the behavior itself is impacted by actual behavioral control as exemplified by the dotted, rather than solid, line, which ties actual control to the actual behavior performance (Ajzen, 1991). Though an individual's intention to behave may be high, their real ability to perform may be low, or vice versa. In an instance where actual behavioral control is low, the individual may be less successful or not successful at all at executing the behavior they intended to perform and believed they would be successful at. This relationship between perceived behavioral control, actual behavioral control, and execution of the behavior is difficult to study, particularly in samples of battered women who experience complex challenges as a result of the cyclical pattern of IPV. For researchers, measuring behavioral outcomes with stated intentions is easier than following participants indefinitely to observe the behavioral outcomes of help-seeking or leaving intentions.

This limitation of the TPB is exhibited by Byrne and Arias (2004), who recruited 48 women who were residing in a shelter for battered women as a result of an abusive relationship with a male partner to assess decisions to stay or leave an abusive relationship. The components of the model were measured utilizing a series of Likert-type scales. For behavioral intention, participants were asked to rate the likelihood of ending the relationship with their partner. The participants' attitudes about ending the relationship were measured on evaluative scales, with endpoints of positive and negative attitudes, as well as belief-based attitudes and outcome evaluations regarding what the participant believed would happen as a result of leaving. Subjective norms were assessed by having participants rate the degree to which important others in their lives would expect them to leave their relationship. Lastly, perceived behavioral control

was measured by having participants rate how easy or difficult it would be for them to leave their relationship.

The TPB model was found to be predictive of staying or leaving intentions, being significantly correlated with the stated decision to leave the abusive relationship. Byrne and Arias (2004) concluded that obstacles in the way of the victim may impede actual ability to leave, and that their non-longitudinal study design could not account for the constant ongoing process of making relationship decisions and enacting them in an abusive relationship.

Conclusions about the success of the intended behavior and the actual control the individual has must be extrapolated from stated intentions and measures of perceived behavioral control. In the case of IPV survivors, Byrne and Arias (2004) recommended that interventions that offer social support, economic support, and assistance during the individual's leaving process may reduce or eliminate some of the obstacles victims face to performing successful and safe breaks from the abusive partner. In circumstances where support is lacking, or resources do not exist, the ability to seek help may be impeded and limited to what is accessible, despite what the individual may perceive or intend to do.

Implied in the model but not explicitly stated is the effect of prior experience. After a behavior is executed, the individual collects information about the behavior, including the resultant outcomes, the way others reacted and responded to the behavior, and how well the individual performed the behavior (Ajzen, 2006). When the behavior itself, an associated, or adjacent behavior or situation arises, prior experiences and the information collected from them are recalled to build upon the prior attitudes, norms, and perceived behavioral control, impacting how the intention is thusly calculated over time (Ajzen, 2020). These prior experience calculations are exemplified in studies of police interactions affecting civilian attitudes towards

law enforcement. One such study concluded, based on a 111-item survey of 531 undergraduate students, that prior police-initiated contact had a statistically significant negative effect on the actual reporting of serious crimes, such as kidnapping, rape, and homicide, consistent with their hypothesis that police-initiated contact with citizens negatively affects attitudes about police (Avdija & Giever, 2010). In the research literature, interactions with police following an IPV scenario have been reported as negative and were linked to undesirable outcomes (Rancher et al., 2021). These prior negative experiences may leave individuals with negative attitudes, and could limit the intentions to seek help from a formal resource in the future so as to avoid the unwanted resultant experiences, such as worsening abuse, discrimination from law enforcement or other professionals, or disagreeable social reactions by important others.

The TPB is not a new theoretical model of behavior and has been used in the past to predict a variety of intentional behaviors. Some of these empirically analyzed behaviors include climate-oriented actions such as environmentally-conscious consumer behavior (Chaturvedi et al., 2020; Soyez, 2012), health behaviors (Ghaffari et al., 2020; Norman & Conner, 2006), and economic behaviors (Alam et al., 2019; Chang, 1998). Within the realm of legal psychology, the TPB has been utilized to predict engagement in criminal activity (Skrzypiec, 2017), willingness to participate in restorative justice procedures and solutions (Maeder & Weiner, 2008; Paul & Schenck-Hamlin, 2018), and bystander intervention behaviors (Hoxmeier et al., 2018; LaBelle, 2018). The literature surrounding a TPB approach to predicting behaviors in an IPV context centers around these similar ideas, with the primary research focus having traditionally been on perpetrators (Betts et al., 2011; Forsdike et al., 2021; Kernsmith, 2005), first responders and professionals (Natan et al., 2016; Peirone et al., 2021) and bystanders (Casey et al., 2019). The research on victims of IPV, particularly regarding specific help-seeking behaviors, utilizing a

TPB theoretical framework, however, is limited. Samples of the population are difficult to obtain and rates of attrition are high, rendering research in the area as wrought with limitations such as extrapolating actual behavior from stated intentions to behave (Jewell & Wormith, 2010).

Of the research that does exist utilizing the TPB in the context of victims and survivors of IPV, one study specifically addresses help-seeking behavior. In contrast to other research that has focused on staying and leaving intentions (Byrne & Arias, 2004), researchers Fleming and Resick (2017) analyzed individual behavioral predictors of help-seeking, particularly as it related to formal resources. The authors utilized an integrated model to assess these individual factors of behavior using a combination of theoretical models, including the TPB, to specifically identify the factors involved when victims of IPV engage with services. Fleming and Resick (2017) recruited 372 female victims of IPV from agencies that provide services for help-seeking battered women, including residential programs such as shelters and nonresidential programs such as outreach groups. The victims were screened by telephone for eligibility, confirming an intimate partnership lasting at least 3 months wherein a violent episode had occurred between 2 weeks and 6 months prior. These acts of violence included minor events such as hair pulling and shoving, and major events such as sexual assault and strangulation. Participants were invited to the Center for Trauma Recovery at the University of Missouri-St. Louis for two days of interviews based on their prior experiences and factors relating to both theoretical models, and were financially compensated for their time.

The data derived from these interviews were analyzed using a hierarchical multiple regression, where the TPB was found to be independently significant for predicting help-seeking behaviors, such as reaching out for service from institutions or agencies such as the police or healthcare providers. This approach to measuring behaviors was able to capture more actual

behaviors, rather than being limited to stated intentions to behave. The authors' findings suggest that attitudes, particularly those regarding how helpful the resource or service may be, and perceived behavioral control were associated with actual help-seeking behavior, though the social norms presented to the participants were not related. The lack of influence of normative beliefs may be attributed to measurement error, as the social norms that the authors were measuring reflected beliefs and social pressures about being a "good wife," rather than more general social norms, such as the pressure to stay with a partner. In addition to potential measurement error, the study was limited to a population of women who were actively seeking help, leaving out a key population of IPV victims who have not sought help for any number of reasons, and to women who could be present for in-person interviews with researchers. With these limiting factors acknowledged, the study design and methodology presented by Fleming and Resick (2017) is an ideal foundation upon which to base help-seeking research.

The utility of the TPB as a model of behavioral intention prediction has been well established across a variety of fields and disciplines and continues to be applied to novel areas and populations, like help-seeking behaviors in victims of IPV. However, a variety of experiences can shape an individual's response to a scenario like IPV, including culture, race, religiosity, general upbringing, and past trauma, to list several. Widening the search area and compiling more data from individuals with diverse backgrounds and experiences allowed for a more comprehensive view of the reliability of the TPB as a predictive model for help-seeking behaviors in victims and survivors of IPV.

The Current Study

As previously explored, the research surrounding victims and survivors of IPV is limited, and literature on help-seeking behaviors in this population is especially sparse, particularly when

connected to a theoretical approach. Research conducted within this population has traditionally been performed utilizing interviews (Fleming & Resick, 2017; Stork, 2008, Sears, 2021), which can result in smaller sample sizes, a lengthier data collection process, and subjective interpretation of responses between each research team. These interviews recruit from sources local to the research teams, utilizing convenience samples that have their own geographic and cultural uniqueness, shaping unique individual perspectives. Because the model is specific to the influence of the factors and the prior experiences of the individual, the model requires extensive testing to generalize predictions of behavior across a sample alone, and further validation to approach generalizations across a population (Ajzen, 2002). Researchers are not immune to these influences, and inter-rater reliability can be similarly impacted by the individual experiences or implicit biases of the researchers, necessitating standardization.

To minimize the potential errors and biases exhibited in past studies, the current study utilized a self-report survey-based approach to data collection, posted onto Prolific, a data collection hosting website that is open to participants across the United States. The purpose of the current study was to establish the predictive value of the TPB as it extends to victims and survivors of IPV seeking help from these specific formal resources: law enforcement, healthcare providers, lawyers, shelters, therapists, and victims' rights advocates. Participants were asked about all components of the TPB in the context of each of these resources. Consistent with the hypotheses proposed by Fleming and Resick (2017), I hypothesized (RH₁) that attitudes, subjective norms, and perceived behavioral control would each predict the intention to seek help from formal resources.

An additional purpose of this study was to test whether prior experiences with formal help-seeking resources were related to participants' current attitudes, norms, and perceived

behavioral control. I hypothesized (RH₂) that having more positive prior experiences with formal resources would correlate with more positive attitudes, norms, and perceived behavioral control about seeking help from formal resources. Identifying if and how these factors contribute to the intentions and behaviors to seek help from formal resources in the event of IPV victimization not only contributes to the validity of the TPB as a useful predictive model of help-seeking in this population and adds to the limited breadth of research in this area, but also better informs outreach, advocacy, and intervention programs on how to more effectively provide services to victims and survivors that target the factors that are significant in help-seeking decisions.

Method

Participants

For the purpose of this study, a statistical power analysis using linear multiple regression with a fixed model and an R² deviation from zero test (Faul et al., 2007) indicated that a sample of 137 heterosexual female victims and survivors of IPV would be necessary to adequately test a multiple regression model with the three predictors ($f^2 = 0.13$, $\alpha = 0.05$, $\beta = 0.05$). Though IPV occurs across the gender and sexuality spectrum, additional confounding obstacles, such as stigma and discrimination, may also influence reporting behaviors among non-cisgender women who are victims of IPV (Messinger et al., 2021). For this reason, heterosexual, cisgender women were the focus of this study.

Participants were recruited through the online survey hosting website Prolific. An initial screener survey was posted to Prolific and 375 individuals self-selected to participate based on the eligibility criteria listed in the recruitment advertisement (heterosexual female from the US who has experienced abuse from a partner within the last year). Participants were screened for eligibility using this tool based on gender, sexuality, US residence, and the type, severity, and

recency of their IPV experience. The questions utilized in this screening tool can be located in Appendix A for reference. All participants for this eligibility screening were compensated 50 cents for the average one minute of time spent on this survey, and were all presented with a variety of national resources for IPV victim support. Of the 375 individuals who completed this survey, only 98 were eligible based on the initial screening criterion that included the requirement that the participant not currently be in the abusive relationship. However, after considerable discussion and safety measures highlighted, this exclusion criteria was removed and an additional 42 participants were invited to participate in the larger overall study, resulting in 140 total participants. None of the participants had to be removed from the study for failing attention checks. All participants were compensated for taking the survey at a rate of \$14 per hour, resulting in a \$7 compensation for an approximate 30 minutes of time.

Measures

Attitudes

Based on survey items published by Găianu et al. (2020), the role of each of the predictors of the TPB, attitudes, norms, and perceived behavioral control, were assessed in the context of help-seeking behaviors in IPV victims and survivors, as well as checks for attention and instructions to remind them of the resource they were answering questions about. These items can be found in Appendix B. The attitudes scales consisted of a list of contrasting adjectives regarding participants' opinions about each of the six resources: law enforcement, healthcare providers, therapists, lawyers, shelters, and victims' rights advocates. The list of 11 adjective pairs included opinions such as "helpful/unhelpful," "cautious/reckless," "necessary/unnecessary," with participants using a sliding scale from 1 to 100 to indicate which adjective of the pair that their attitudes most align with. On the scale 0 represented the highest

alignment with the negative adjective and 100 represented the highest alignment with the positive attitude adjective. Scores for each of these pairs were averaged, with larger mean scores indicating more positive attitudes, and lower scores representing more positive attitudes. The descriptive statistics for the attitude component for each of the six resources can be found in Table 1. The attitude scale for all six of the formal resources, law enforcement, doctors, lawyers, therapists, shelters, and VRAs, had Cronbach's alphas between 0.94 and 0.96, indicating sufficient internal reliability.

Subjective Norms

For each of the formal resources, participants were asked about the social pressures they encounter in regards to utilizing and seeking help from the resources. Participants were asked five questions about the subjective norms they perceive from important people in their lives, including whether these important others believe the participant should utilize the resource, expect them to use the resource, and would approve of them using the resource. The specific items used to measure norms can be found in Appendix B. These questions were scored on a sliding scale from 0 to 100, with 0 representing negative, rejecting, or disapproving normative beliefs, and 100 representing positive, supportive, approving beliefs. One descriptive norm question was asked to understand the generative social norm upheld by the participant. This question asked participants to judge whether most people who experience an IPV situation utilize each of the six formal resources. This last question was also measured using a sliding scale, with 0 representing Very Unlikely and 100 representing Very Likely. The Cronbach's alpha scores for each scale for each resource ranged from 0.84 to 0.91, indicating that each of the six norm scales for each of the resources were sufficiently reliable. The scores for all six questions were averaged together, with low scores indicating disapproval or pressure to avoid seeking help, and

higher scores indicating approval or social support for help seeking. The descriptive statistics for each resource's norm component can be found in Table 1.

Perceived Behavioral Control

Participants were asked to judge their ability to control their response and the success of their actions based on four questions using a sliding scale from 0, representing low endorsement of their ability to control the behavior, to 100, representing high endorsement of their ability to control the behavior. These questions included judgments about the possibility of accessing the resource, the ability to seek help while actively in an IPV situation, the likelihood of the resource being successfully utilized, and the participant's autonomy in utilizing the resource. The specific items used can be found in Appendix B. Cronbach's alphas for the six different resources ranged from 0.77 to 0.84, indicating sufficient reliability for this scale for all six resources. The scores of each question were averaged together to represent the participants total perceived behavioral control. The relevant descriptive statistics for perceived behavioral control for each of the resources can be found in Table 1.

Prior Experience

Participants were asked if they have or have not utilized the formal resources of law enforcement, going to the hospital or doctor, hiring a lawyer, going to a shelter, seeing a therapist, or speaking with a Victims' Rights Advocate, in response to their IPV experiences in the last year. The responses provided for these questions were binary yes or no answers. Participants who answered no were not shown any follow up questions and were instead ushered to the next prior experience question, or onto the next section of the survey.

If participants responded that they had utilized any of the aforementioned formal resources, a pair of follow up questions regarding the participant's experience were presented

about each resource. The full prior experience questionnaire can be found in Appendix C. These sliding scale questions included rating the valence of their experience with the resource from Very Negative (0) to Very Positive (100) and Very Unhelpful (0) to Very Helpful (100). Cronbach's alpha analyses were conducted for each of the six scales for all the resources, ranging from 0.78 to 0.99, indicating sufficient reliability. The sliding scale scores were averaged together to create a global experience valence score, with higher totals indicating more positive experiences and lower scores indicating more negative experiences. The descriptive statistics for the prior experience variable can be found in Table 2.

Behavioral Intention

Using the same formal resources as listed in the Prior Experience section (law enforcement, healthcare professionals, lawyer, shelter, therapist, and victims' rights advocate), participants were asked about their behavioral intentions to seek help from each of these resources if they were in another IPV scenario using a sliding scale, with 0 representing Very Unlikely and 100 representing Very Likely. Participants were asked if they would exclude seeking help from the resource in question in an IPV situation, if they would try seeking help from the resource in an IPV situation, and if they would plan to seek help from the resource in an IPV situation. These questions establish the strength of participants' intentions to utilize each resource, with the first question representing basic consideration, the next question representing more thorough consideration, and the third question representing prioritization. The behavioral intention measures can be found in Appendix D. The Cronbach's alphas for each of the six resources ranged from 0.92 to 0.97, indicating sufficient reliability. Participants' total scores were calculated as an average, labeled as the participants' overall behavioral intention. The

average scores and their standard deviations for each of the six resources on behavioral intention can be found in Table 1.

Demographics

Because additional factors are correlated with the urgency to seek help or avoid a resource, collecting information about these factors is important, but not to the level of disqualifying an individual from participating in the study. The demographic factors selected for measurement were marital status, number of children, income, regional location, rural/suburban/urban locale, highest level of education obtained, religiosity as measured by both importance and frequency of participation, and race. These factors were identified in prior literature as impacting attitudes, norms, and perceptions of behavioral control in regards to seeking help in an IPV situation. The demographics section of the survey and the specific items used can be found in Appendix E.

Results

Following the removal of participants who completed less than 10% of the survey, subscale scores were created for each of the primary variables. Composite averages were created for each of the scales (behavioral intention, prior experience, and the three TPB predictors: attitudes, norms, perceived behavioral control) for each of the resources (police, doctors, lawyers, therapists, shelters, and victims' rights advocates). As a result of opening the sample pool to individuals who currently or previously experienced abuse, there were two groups within the sample to compare: participants who were in ongoing abusive relationships ($n = 42$) and participants who were not ($n = 98$). An ANOVA was conducted to compare the differences in average behavioral intentions, the primary dependent variable, to use each of the six resources between participants who were in current abusive relationships and participants who were not.

Behavioral intentions were not significantly different between the two groups for any of the resources. For this reason, the two groups were analyzed together.

Descriptives

Theory of Planned Behavior

Each of the components of the TPB—attitudes, norms, perceived behavioral control, and behavioral intentions—were each scored on 100-point scales. The average scores and their standard deviations for each of the six resources can be found in Table 1.

Table 1

Average Scores for Each of The Predictors and Outcome of The Theory of Planned Behavior

	Law Enforcement	Doctors	Lawyers	Therapists	Shelters	Victims' Rights Advocates
Attitudes	59.23 (25.26)	68.56 (21.26)	60.03 (21.04)	74.97 (21.40)	57.20 (23.89)	70.14 (21.03)
Social Norms	65.78 (23.14)	64.58 (21.00)	48.75 (25.55)	64.10 (22.45)	43.35 (26.32)	56.40 (22.64)
Perceived Behavioral Control	61.08 (25.22)	64.21 (24.20)	51.25 (25.82)	67.25 (24.11)	48.61 (24.67)	59.61 (24.55)
Behavioral Intentions	58.28 (29.53)	58.09 (29.39)	42.22 (29.43)	65.79 (29.13)	32.80 (29.75)	46.71 (31.23)

Prior Experience

The resource with the highest rate of prior use was therapy, with 43% of the sample indicating that they had utilized the service in the past. Following therapy, contact with law enforcement in response to an abusive event had the next highest usage rate at 38% of the sample

reporting having used law enforcement as a resource. Only 21% of participants indicated having gone to see a doctor in the past following an abusive event. Similarly, only 17% of participants had spoken to a victims’ rights advocate before, and 15% had spoken to a lawyer about their abusive relationship. A very small portion of the sample, 5 participants, for a total of 4% reported having gone to stay at a shelter after an abusive event.

The participants who indicated they had used a resource were also given an opportunity to rate the positivity and helpfulness of their experience, averaged into a composite experience valence rating. On a 100-point scale, this valence score ranged widely across the different resources with doctors and therapists being afforded the most positive experience ratings, and shelters scoring by far and away the most negative. The full array of experience ratings can be found in Table 2.

Table 2

Prior Experience Sample Percentages and Experience Valence Scores

	Law Enforcement	Doctors	Lawyers	Therapists	Shelters	Victims’ Rights Advocates
% of Sample with Prior Experience	38% (n = 53)	21% (n = 29)	15% (n = 21)	43% (n = 60)	4% (n = 5)	17% (n = 24)
Valence of Experience	52.03 (32.47)	72.79 (26.21)	58.83 (34.32)	71.06 (22.13)	35.40 (35.97)	61.60 (29.59)

Primary Analyses

Correlations were run in order to assess the relationship between predictors attitudes, norms, and behavioral control and outcome behavioral intention. Each of the 18 individual

relationships between each predictor variable and behavioral intention for each resource was statistically significant at the $p < .001$ level, supporting the addition of all the predictors into their respective regression models for RH1. In order to answer RH2, correlations were run between each of the predictors and prior experience. Prior experience had a far more varied relationship with each of the primary variables.

Following the running of correlational tests, simultaneous regression analyses were conducted for each of the six resources to answer RH1, assessing the predictive value of the TPB model to understand predictors of service utilization. Simultaneous regression models were selected because the predictor variables of the TPB do not follow an iterative process, nor do the predictors follow any stepwise patterns in real life. For each regression model, attitudes, social norms, and perceived behavioral control were entered as predictors for behavioral intention to utilize the given resource. Because so many correlations and regression models were run, the p-value cutoff level was lowered from the traditional .05 to .01 in an effort to reduce error.

Law Enforcement

For law enforcement, attitudes about law enforcement and intention to call the police if necessary in the future were significantly positively correlated, $r(136) = 0.62, p < .001$. Social pressure to contact the police and intent to call the police in the future were significantly positively correlated, $r(137) = 0.57, p < .001$, and perceived ability to contact the police and intent to call the police were significantly positively correlated, $r(138) = 0.51, p < .001$.

Because all three predictors were correlated with intentions, all three predictors were entered into the regression model to test RH1. Attitudes about the police, social norms surrounding calling on the police in an IPV abuse situation, and perceived ability to contact and utilize law enforcement altogether predicted intent to reach out to law enforcement in the future if necessary,

$F(3, 133) = 36.44, p < .001, R^2 = 0.45$. Though the overall model was significantly predictive of intentions to utilize law enforcement services, individually only attitudes and perceived behavioral control were significantly influential at the .01 level: attitudes, $t(3, 133) = 4.36, \beta = 0.44, p < .001$, and perceived behavioral control, $t(3, 133) = 2.63, \beta = 0.24, p = .01$. Social norms however, did not fall below the cutoff for significance, $t(3, 133) = 2.55, \beta = 0.28, p = .012$.

In order to test RH2, another series of correlations were run, this time between each of the components of the TPB for law enforcement and the law enforcement experience valence variable. Prior experience with law enforcement was moderately positively associated with attitudes about the police, $r(51) = 0.44, p < .001$, and intentions to contact law enforcement in the future if necessary, $r(51) = 0.41, p = 0.002$. Prior experience was not correlated with social pressure to contact the police, $r(51) = 0.23, p = 0.091$, nor perceived ability to contact and utilize the services of law enforcement at the .01 level, $r(51) = 0.34, p = 0.013$.

Doctors

The relationship between attitudes towards going to the doctor and intention to go to the doctor in the future following an abusive situation were similarly positively correlated, $r(137) = 0.54, p < .001$. Much the same, the relationship between social pressure to go to a doctor and intention was significantly positively correlated, $r(135) = 0.52, p < .001$, as was perceived ability to go to a doctor and intention, $r(137) = 0.52, p < .001$. Because the relationship between each of the predictors and the outcome variables was significant, all three predictors were entered into the regression model. The regression model to test RH1 was statistically significant for intentions to go to a doctor, $F(3, 133) = 24.20, p < .001, R^2 = 0.35$. The three predictor variables together accounted for 35% of the variance in participants' intentions to reach

out to a doctor following an abusive event in the future. However, none of the predictors were individually significantly influential at the .01 level:

attitudes, $t(3, 133) = 2.02, \beta = 0.29, p = .045$, norms, $t(3, 133) = 2.57, \beta = 0.34, p = .011$, and perceived behavioral norms, $t(3, 133) = 2.47, \beta = 0.28, p = .015$.

To test RH2, the components of the TPB model for doctors were entered into a correlation matrix with the respective prior experience valence variable. Prior experience with doctors was not statistically significantly correlated with any of the primary variables: attitudes, $r(27) = 0.28, p = 0.15$, norms, $r(27) = 0.34, p = 0.073$, perceived behavioral control, $r(27) = 0.22, p = 0.24$, and behavioral intentions, $r(27) = 0.30, p = 0.12$.

Lawyers

Intention to contact a lawyer following an abusive episode was significantly positively correlated with attitudes about lawyers, $r(137) = 0.51, p < .001$, social norms regarding contacting a lawyer following an abusive episode, $r(138) = 0.42, p < .001$, and the perceived ability to get in touch with a lawyer, $r(137) = 0.50, p < .001$. Because the predictors had a significant relationship with intent to contact a lawyer, they were all entered into the regression model to test RH1. The overall regression model was statistically significant again for intentions to contact a lawyer, $F(3, 134) = 20.20, p < .001$. The overall model explained 31% of the variance in intention to contact a lawyer in the future if necessary. However, only attitudes and perceived behavioral control were predictive of intentions to go to a lawyer: attitudes, $t(3, 134) = 3.29, \beta = 0.46, p = .001$, and perceived behavioral control, $t(3, 134) = 3.02, \beta = 0.35, p = .003$. Norms were not predictive of intention to go to a lawyer, $t(3, 134) = -0.17, \beta = -0.02, p = .866$.

The TPB factors were entered into a correlation matrix with the experience valence variable for lawyers in order to test RH2. The relationship between prior experience with lawyers and most of the primary variables regarding lawyers were moderately positively correlated: attitudes about lawyers, $r(19) = 0.59, p = .005$, perceived ability to contact a lawyer, $r(19) = 0.58, p = .006$, and intention to contact a lawyer in the future if necessary, $r(19) = 0.58, p = .005$. The relationship between prior experience with lawyers and social norms surrounding utilizing lawyers following an abusive event did not meet the threshold for statistical significance, $r(19) = 0.42, p = .06$.

Shelters

The intention to stay at a shelter following an abusive situation was significantly positively correlated with attitudes about shelters, $r(137) = 0.65, p < .001$, pressure to go to a shelter after an abusive event, $r(137) = 0.66, p < .001$, and perceived control over being able to get to a shelter, $r(137) = 0.57, p < .001$. Each of the predictors were entered into the model to predict intention to go to a shelter to test RH1. The regression analysis for intention to go to a shelter was highly predictive of intentions, $F(3, 133) = 44.79, p < .001$. Overall, the three predictors together accounted for 50% of the variance in participants' intentions to go to a shelter in the future if necessary. Individually however, only attitudes, $t(3, 133) = 3.57, \beta = 0.41, p < .001$, and norms, $t(3, 133) = 2.82, \beta = 0.35, p = .006$, were significantly predictive of intentions to go to a shelter. However, perceived behavioral control was not individually predictive of the intention to go to a shelter, $t(3, 133) = 1.62, \beta = 0.18, p = .109$.

The correlation matrix to evaluate RH2 could not be run. Shelters were the most underutilized resource of the sample, with 5 participants out of the total 140 indicating that they

had prior experience going to shelters as a resource for IPV. For this reason, the sample was too small to test the relationship between prior experience and the primary variables of the study.

Therapy

Participants' reported intentions to go to therapy in the future following an abusive event were significantly positively correlated with their attitudes about therapy, $r(137) = 0.62, p < .001$, social pressure to attend therapy after an abusive event, $r(136) = 0.57, p < .001$, and their perceived ability to go to therapy, $r(136) = 0.53, p < .001$. The same regression model to test RH1 was used for therapists. Attitudes, norms, and perceived behavioral control regarding therapists and accessing them were entered into the model as predictors of intention to contact a therapist in the future if necessary. The model was highly predictive of behavioral intentions, $F(3, 133) = 38.95, p < .001, R^2 = 0.47$, accounting for 47% of the variance in behavioral intentions to utilize therapy as an IPV resource in the future. Of the individual predictors that were significant in their own right, only attitudes and norms fell below the cutoff for significance: attitudes, $t(3, 133) = 4.64, \beta = 0.52, p < .001$, norms, $t(3, 133) = 3.04, \beta = 0.34, p = .003$. However, perceived behavioral control fell above the cutoff for significance, $t(3, 133) = 2.13, \beta = 0.21, p = .035$.

RH2 was analyzed using the same correlation matrix format as with previous resources. The resource that had the highest number of participants utilize previously was therapy, and was moderately positively correlated with attitudes about therapy, $r(59) = 0.53, p < .001$, perceived ability to get to therapy, $r(59) = 0.37, p = .003$, and intention to go to therapy in the future if necessary, $r(59) = 0.48, p < .001$. Prior experience with therapy was not correlated with social pressure to seek therapy as it did not fall below the threshold for statistical significance, $r(59) = 0.25, p = .054$.

Victims' Rights Advocate

Finally, intentions to contact a victims' rights advocate in the future if necessary were significantly positively correlated with attitudes about victims' rights advocates, $r(136) = 0.55, p < .001$, pressure to speak with victims' rights advocates, $r(137) = 0.53, p < .001$, and perceived ability to access victims' rights advocates, $r(137) = 0.46, p < .001$. As the relationships were all significant, all predictors were entered into the model to evaluate RH1. The predictors altogether in the model for intention to speak with a victims' rights activist accounted for 36% of the variance in participants' intentions to utilize victims' rights advocate in the future if necessary, $F(3, 132) = 24.79, p < .001, R^2 = 0.36$. Individually, attitudes, $t(3, 132) = 3.26, \beta = 0.45, p = .001$, and norms, $t(3, 132) = 2.75, \beta = 0.36, p = .007$, were significantly predictive of intentions to utilize the services of a victims' rights advocate, though perceived behavioral control was not, $t(3, 132) = 1.35, \beta = 0.16, p = .178$.

Lastly, the correlation matrix to assess RH2 was completed using the respective primary TPB variables and the experience valence variable for VRAs. Participants' prior experience with victims' rights advocates was moderately positively correlated with behavioral intentions, $r(23) = 0.51, p = .009$. The relationship between attitudes about VRA's, $r(23) = 0.47, p = .018$, and social norms and prior experiences with victims' rights advocates were not significantly correlated, $r(23) = 0.37, p = .066$, nor the relationship between perceived ability to utilize victims' rights advocates as a resource and prior experiences, $r(23) = 0.08, p = .71$.

Exploratory Analyses

Qualitative Data

Participants were given the opportunity to comment on and share further details about their prior experiences. This was an optional opportunity, and as such, only a fraction of the

individuals who indicated they had prior experience with a resource left a comment. Participants left the most comments for law enforcement and therapists, but the highest proportion of participants with that experience left comments about shelters, with all but one individual opting not to comment. Further details as to the rate of response and number of respondents can be found in Table 3.

Table 3

Prior Experience Sample Percentages and Comment Valence

	Law Enforcement	Doctors	Lawyers	Therapists	Shelters	Victims' Rights Advocates
% with Prior Experience	38% (n = 53)	21% (n = 29)	15% (n = 21)	43% (n = 60)	4% (n = 5)	17% (n = 24)
% who left a comment	73.5% (n = 39)	58.6% (n = 17)	57.1% (n = 12)	53.3% (n = 31)	100% (n = 5)	54.2% (n = 13)
Positive %	41% (n = 16)	47.1% (n = 8)	41.7% (n = 5)	45.2% (n = 14)	40% (n = 2)	53.8% (n = 7)
Negative %	59% (n = 23)	17.6% (n = 3)	33.3% (n = 4)	32.2% (n = 10)	60% (n = 3)	30.8% (n = 4)
Neutral %	0% (n = 0)	35.3% (n = 6)	25% (n = 3)	22.6% (n = 7)	0% (n = 0)	15.4% (n = 2)

Generally, the comments were a combination of both positive and negative details, highlighting the variation in experience. The major themes that arose from the positive comments detailed individuals working for each resource treating the survivor with respect, empathy, and warmth, helping them with actionable solutions (ie., assisting with court orders,

directing them to what resources to utilize next, giving advice and techniques about how to handle the issue in the future), and spending a noticeable amount of time with the individual or on their case. These aspects are best highlighted in a comment left under the experience with law enforcement, “They were very warm and told me what I needed to do. I am currently in the process of going to court for a restraining order.” Comments such as these underline the value survivors place upon response warmth and the effort expended to direct or assist them with the next steps in the process of becoming safe.

Of the negative experiences, the standout themes were that individuals with the resources were dismissive of the survivor’s experience and/or took the side of their abuser, responding with cynicism, stigma, disregard, or a lack of effort to understand what really occurred. Additionally, the survivors felt like their attempts to communicate with or receive additional support from the resource were going unheard or downright ignored. This experience is showcased best in the following comment, left in regards to experience with VRAs, “After my son's father was jailed for assaulting me, he immediately made false allegations against me to CPS, and also filed for full custody of our son, requesting I pay child support. None of the allegations he made were true and I called [local VRA agency], completely distraught and the most alone I've ever felt in my life. Multiple times, from the start, they ignored me, didn't return my calls and claimed they had called me, wouldn't return my emails, etc. I gave them my schedule and availability in hopes of meeting with an advocate and was ignored, I'm assuming because they believed the allegations made against me were true without even meeting me? I have NO criminal record or history of drug use WHATSOEVER and my child is disabled, and this is how I was treated in my most URGENT time of need.” The details provided in this

comment further exemplify the value that survivor's place upon the effort of the responders within the resource, as well as the timeliness and lack of judgment of the response.

Several comments were more neutral, with survivors writing about the resource worker being professional and clinical, but offering no warmth, nor degradation, or that the meeting with the professional was brief. The tone for these comments varied between positive, with the survivor noting that the professional did their job efficiently, as displayed in the following comment left about doctors, "Emergency room doctor referred me to the women's domestic violence shelter. The nurse made note of my injury in my medical records." The tone for several were truly neutral, with no detail offered, as observed in the following comment for therapists, "Not sure what I think. Its early in the process." Some neutral comments had a negative tone, with the survivor wishing the responder had been more empathetic or that their meeting had been longer, as demonstrated by the following comment that was left about experience with doctors, "The hospital staff were professional but not very compassionate." Of these somewhat neutral to true neutral comments, the themes that remain prevalent are the value given to the quality of the response in terms of both effort that responders put into doing their job, doing it correctly, and doing it well, as well as the warmth and lack of stigma that colors their responses.

Demographics

In order to compare the differences within demographic categories on behavioral intention outcomes for each of the resources, a combination of One Way ANOVAs and correlations were conducted. Before conducting these tests, descriptive statistics were run for each of the nine demographic variables: frequency tables that include coding schemes are presented for marital status (Table 4), income (Table 5), region (Table 6), urbanicity (Table 7), education (Table 8), and ethnicity (Table 9); histograms are presented for number of children

(Figure 2), importance of religion (Figure 3), and frequency of participation in religious events (Figure 4). For the categorical variables, a One Way ANOVA was conducted to compare behavioral intentions for the six resources across levels of marital status, income, region, urbanicity, education, and ethnicity. Of these variables, differences were only found between levels of income, region, education, and ethnicity. For the continuous variables, correlations were conducted between number of children, religious importance, religious participation frequency, and intentions to use each of the six resources. Of these variables, there was only a relationship found within the amount of children variable. For marital status, urbanity, and both religiosity variables, there were no significant differences between groups or relationships found between intention to use any of the six resources.

Table 4

Marital Status Sample Percentages

Status	Percent of Sample
Never Married	45% (n = 63)
Married	34% (n = 48)
Separated	5% (n = 7)
Divorced	16% (n = 22)

Table 5*Income Level Sample Percentages and Trichotomization Coding Scheme*

Level	Coded As	Percent of Sample
Less than \$10,000	1	8% (n = 11)
\$10,000 - \$19,999	1	10% (n = 14)
\$20,000 - \$29,999	1	12% (n = 17)
\$30,000 - \$39,999	1	14% (n = 20)
\$40,000 - \$49,999	2	14% (n = 19)
\$50,000 - \$59,999	2	12% (n = 17)
\$60,000 - \$69,999	2	11% (n = 15)
\$70,000 - \$79,999	2	9% (n = 12)
\$80,000 - \$89,999	3	3% (n = 4)
\$90,000 - \$99,999	3	1% (n = 2)
\$100,000 - \$149,999	3	5% (n = 7)
More than \$150,000	3	1% (n = 2)

Table 6*Region Sample Percentages and Recoded Labels*

Region	Coded As	Percent of Sample
New England	North	7% (n = 10)
Great Plains	Midwest	3% (n = 4)
Rocky Mountain	West	1% (n = 1)
Mid-Atlantic	North	15% (n = 21)
South	South	28% (n = 39)
West Coast	West	9% (n = 13%)
Midwest	Midwest	27% (n = 38)
Southwest	West	10% (n = 14)

Table 7*Locale Sample Percentages*

Locale	Percent of Sample
Rural	27% (n = 38)
Suburban	49% (n = 68)
Urban	24% (n = 34)

Table 8*Education Sample Percentages and Recoded Labels*

Education	Coded As	Percent of Sample
Some High School	High School	2% (n = 3)
High School Diploma or GED	High School	14% (n = 19)
Some College	Some College	35% (n = 49)
Bachelor's Degree	Bachelor's Degree	39% (n = 44)
Master's Degree	Post-Bacc. Degree	9% (n = 13)
Doctoral Degree	Post-Bacc. Degree	1% (n = 1)

Table 9*Sample Race Percentages and Recoded Labels*

Race	Coded As	Percent of Sample
White	White	71% (n = 100)
Black	POC	14% (n = 20)
Asian	POC	8% (n = 11)
Native Hawaiian or Pacific Islander	POC	1% (n = 1)
Biracial/Multiracial	POC	4% (n = 5)
Other	POC	2% (n = 3)

Figure 2

Number of Children Distribution

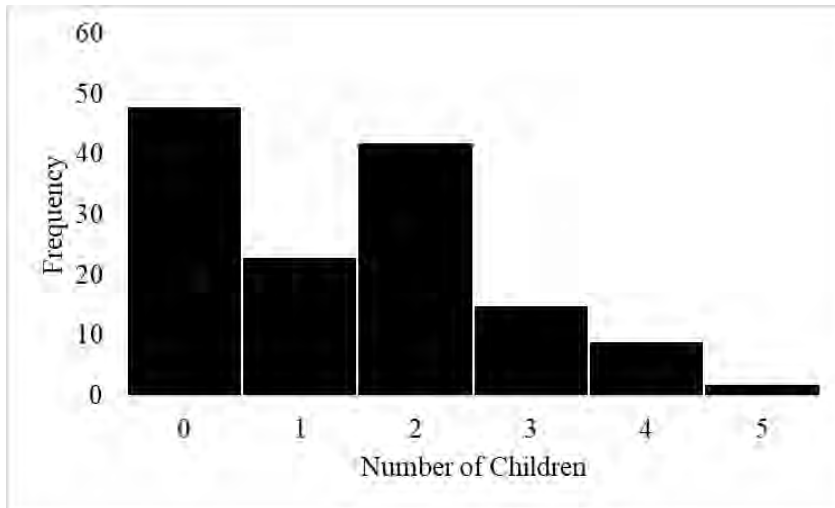


Figure 3

Importance of Religion Distribution

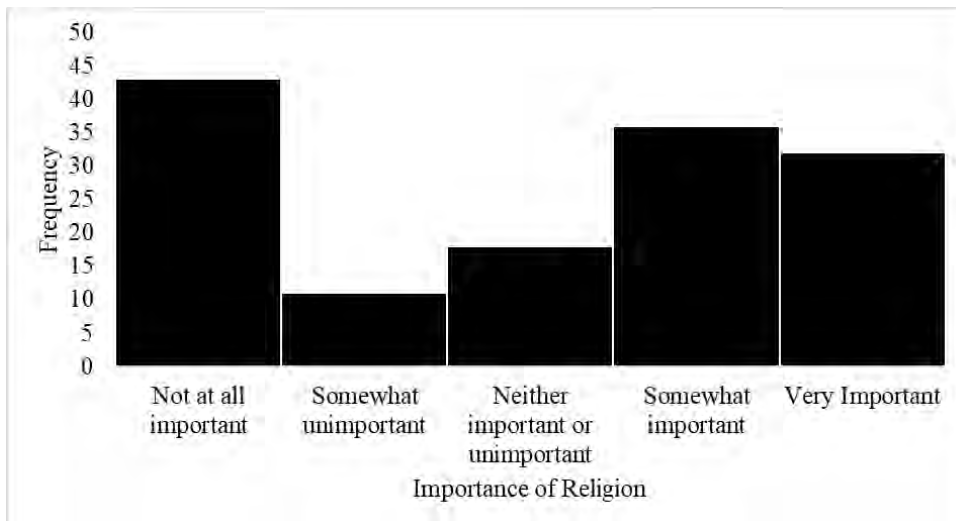
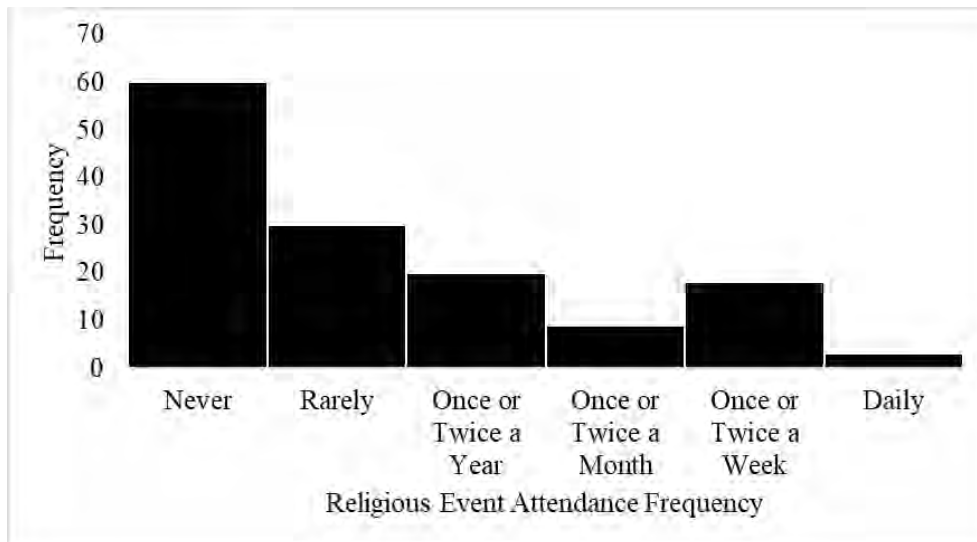


Figure 4

Religious Event Attendance Distribution



Number of Children. For five of the resources (law enforcement, doctors, lawyers, shelters, and VRAs), usage intention was not significantly correlated with the number of children an individual had. The number of children a participant had was negatively correlated with therapists however, $r(136) = -0.17, p = .047$, indicating that as the number of children increased, the intention to go to a therapist decreased. However, despite being statistically significant at the 0.05 level, this was a weak correlation.

Individual Income. The range of individual income was originally offered to participants as 12 options, going from “Less than \$10,000 annually” to “More than \$150,000 annually.” These options were combined into three groups- annual income of less than \$10,000 up to \$39,999, annual income from \$40,000 up to \$79,999, and annual income from \$80,000 to more than \$150,000. These groups contained 62, 63, and 15 participants respectively. Following this trichotomization, a series of One-Way ANOVAs were conducted, comparing behavioral intentions to use the six resources across the three income groups. The groups were not significantly different from one another for law enforcement, $F(2, 41.78) = 1.49, p = .24$,

doctors, $F(2, 40.10) = 1.66, p = .20$, shelters, $F(2, 38.75) = 0.12, p = .89$, therapists, $F(2, 35.24) = 0.04, p = .96$, or victims' rights advocates, $F(2, 40.42) = 2.54, p = .09$. However, there was a significant difference between the groups for intentions to go to a lawyer, $F(2, 41.30) = 3.52, p = .039$. A Games-Howell post hoc test was conducted to examine the group differences further. Individuals in the first group on the lower end of the income spectrum ($M = 41.31, SD = 29.15$) were not significantly different from individuals in the second- or middle-income group ($M = 39.02, SD = 29.42$), nor were they significantly different from individuals in the third or high-income group ($M = 59.42, SD = 26.38$). The difference existed between individuals in the middle-income group and the high-income group, with individuals in the high-income group scoring on average 20.41 points higher than those in the middle-income group on intentions to go to a lawyer, $t(23.07) = -2.63, p = .038$.

Region of Residency. Because there were regions where only one to four participants indicated they lived, the eight regions that participants indicated living in were condensed down into four. South ($n = 39$) was left as it was, while the Mid-Atlantic and New England regions were combined to create North ($n = 31$), the Great Plains and Midwest were combined to create Midwest ($n = 42$), and the Rocky Mountains, West Coast, and Southwest were combined to create West ($n = 28$). After condensing these levels, the four combined regions had roughly similar numbers of participants in each group, though they were not equal. After this combination, there were no significant differences between the regions on intentions to use doctors, $F(3, 71.13) = 0.57, p = .64$, lawyers, $F(3, 71.30) = 1.40, p = .25$, shelters, $F(3, 71.10) = 0.31, p = .82$, therapists, $F(3, 70.45) = 1.12, p = .35$, or VRAs, $F(3, 70.88) = 0.46, p = .71$. The only resource for which there were significant differences in usage intentions was law enforcement, $F(3, 71.64) = 2.86, p = .043$. A descriptives table was

created to understand the values of intent to contact law enforcement between the regions: South, $M = 60.94$, $SD = 28.06$, Midwest, $M = 54.84$, $SD = 30.22$, North, $M = 68.58$, $SD = 23.66$, and West, $M = 48.35$, $SD = 33.45$. When a Games-Howell post hoc test was conducted, the Northern and Western regions were found to be significantly different from each other, with t -statistics between each of the other group comparisons ranging from -2.18 to 1.62. To better understand the differences between these two groups, a Welch's t -test was conducted. For the intention to contact the police, individuals in the Northern region scored 20.24 points higher than individuals in the Western region on average, $t(48.09) = 2.66$, $p = .011$.

Education. Similar to region, several of the education level groups had one to three individuals reported belonging to those groups. For this reason, the education groups were condensed. Some high school and high school diploma/GED were combined as High School. Some college and Bachelor's degree were left alone. Master's degree and Doctoral degree were combined as Post Bacc Degree. The High School ($n = 22$) and Post Bacc Degree ($n = 14$) groups were still much smaller than Some College ($n = 49$) and Bachelor's Degree ($n = 55$) groups, but there were no remaining single digit samples. Following the combination of these groups, group differences in resource usage intention were examined via an ANOVA. The results of this ANOVA test revealed that there were no significant differences between the education groups on any of the six resource usage intentions: law enforcement, $F(3, 43.41) = 1.20$, $p = .32$, doctors, $F(3, 43.49) = 0.68$, $p = .57$, lawyers, $F(3, 43.71) = 0.36$, $p = 0.79$, shelters, $F(3, 44.51) = 1.04$, $p = .38$, therapist, $F(3, 41.71) = 0.67$, $p = .57$, and VRAs, $F(3, 44.69) = 0.96$, $p = .42$.

Race. Finally, race was split between six different options- white, black/African American, Asian, Native Hawaiian or Pacific Islander, Biracial/Multiracial, and Other. There

were 100 participants who selected into the White group, compared to 20, 11, 1, 5, and 3 individuals in each of the other groups, respectively. Because of this large difference in group size, Black/African American, Asian, Native Hawaiian or Pacific Islander, Biracial/Multiracial, and Other were combined into one POC (Person of Color) group ($n = 40$). Because there were two groups, independent samples Welch's t-tests were conducted to assess group differences in resource utilization intentions. The results of these t-tests revealed that there were no significant differences between this sample of white and non-white individuals on intention to utilize any of the six resources: law enforcement, $t(73.41) = 0.83, p = .41$, doctors, $t(79.61) = -1.67, p = .10$, lawyers, $t(75.29) = 1.13, p = .26$, shelters, $t(70.78) = -0.71, p = .48$, therapists, $t(77.95) = -1.71, p = .09$, and VRAs, $t(75.29) = -0.70, p = .50$.

Discussion

The aim of this study was to analyze the influence of the components of the Theory of Planned Behavior on IPV victims' and survivors' intentions to seek help from a variety of formal resources. Neither Research Hypothesis 1 nor Research Hypothesis 2 were fully supported, but partial support was found for both of these hypotheses, as individual constructs were predictive of behavioral intentions or were correlated with prior experience. Pragmatically, each of the overall models predicting intentions to use the formal resources were significant, which has major implications for practical policy and program evaluation and adaptation.

Testing the Theory of Planned Behavior (Research Hypothesis 1)

The six overall regression models predicting intentions to use each of the six resources were all significantly predictive, with the models explaining between 31% to 50% of the variance in behavioral intentions for their respective resources. However, the predictors did not all contribute to the variance in the model at the .01 significance level, primarily perceived

behavioral control. Attitudes were a consistent predictor for all models except for doctors. Norms were a somewhat consistent predictor for the models, except for law enforcement and doctors. Perceived behavioral control was almost never predictive, except in the law enforcement model.

A review of meta-analytic research on the TPB model makes it apparent that these findings, overall model significance but incomplete component individual significance, is not at all uncommon. Even in 2001, 161 then-current studies regularly found a strong, consistent relationship between attitudes and outcomes, with PBC and norms supporting the models less consistently (Armitage & Conner). In more recent meta-analyses of the TPB model across disciplines, attitudes are commonly the primary predictor of behavioral intentions (Adams et al., 2022; Limbu et al., 2022; Nardi et al., 2019; Riebl et al., 2015). It is not uncommon to see studies where a component of the TPB model is not predictive of behavioral intentions but the overall model is predictive (Lee & Kang, 2020; McEachen et al., 2011; Pan & Liu, 2022; Truelove et al., 2023). As Ajzen himself described in a 2011 review of the model, in spite of varied strengths between predictors and the outcome, behaviors that carry lowered intentions generally tend to correlate with actual lowered likelihood of engaging in the behavior. The findings of this study are comparable to the patterns of TPB model research, both recent and decades old.

The function of this study was both to expand the literature on help seeking behaviors in IPV victims general, and to attempt to replicate the findings of Fleming and Resick's (2017) study. The results of Fleming and Resick (2017) showed that attitudes and perceived behavioral control were significant predictors of help seeking behaviors, while norms were not. In comparison with the findings of Fleming and Resick's (2017) study, the model for law enforcement and lawyers were the only consistent models, with attitudes and perceived behavioral control contributing significantly to the variance of behavioral intentions while norms

did not. Of the six resources presented to participants, lawyers and law enforcement were the two resources specific to the legal system, wherein victims often have the most control of any other resource to impact offender outcomes (Holder & Englezos, 2023). In conjunction with strong attitudes about using the resources, the participants of this study may have also felt that they had the most ability to control the help they received from the resource in terms of how their abuser was punished.

The rest of the findings in this study are partially consistent with Fleming and Resick's (2017) results, with attitudes and norms contributing significantly to the model of behavioral intentions, therapists, shelters, and VRAs instead of attitudes and perceived behavioral control. One of the limiting factors noted previously in Fleming and Resick's (2017) study was the specificity of the subjective norm items. For the purpose of this study, items for the subjective norms section were intentionally made broad to account for individual experience. Additionally, Armitage and Conner (2001) found that, when predicting intentions to perform a behavior that has a straightforward completion process and presents with few barriers to volitional control, PBC contributed little to nothing to the TPB model. Both the broad items operationalizing subjective norms and the potential straightforwardness of the process for getting help from therapists, shelters, and VRAs could explain the differences in the findings of this study and the findings of Fleming and Resick (2017).

The results of the model to predict intentions to utilize the services of doctors are fully inconsistent with the findings of Fleming and Resick (2017) and the prediction of RH1, with none of the predictors contributing individually to the variance in the model. Previous research regarding victims' barriers and facilitators to disclosing their abuse to healthcare providers has found that victims are less likely to disclose incidents of abuse to healthcare providers when they

are uncertain about the safety of the environment, and the consequences or the confidentiality of their disclosure, but are more likely to disclose when they feel safe and are certain of the confidentiality of their disclosure (Heron & Eisma, 2021). The lack of significant findings in this study specifically in regards to seeking help from doctors may be the result of participant uncertainty. Heron and Eisma (2021) found that there was a positive relationship between the attitudes of the healthcare providers themselves and victims' decisions to disclose- when the healthcare provider had a more positive response, or the victim did not fear being blamed, disregarded, or condescended, the rate of disclosure was much higher. This finding suggests that the decision to seek help from doctors may be less related to how the victim feels about the resource, and more about how the resource is likely to respond to the victim. This difference in the calculation of response could explain why the model for doctors in this study was so different from the other models.

Consistent with research across history and disciplines, as well as the findings of Fleming and Resick (2017), attitudes were the strongest predictor of behavioral intentions in every resource model, except for doctors. These findings suggest that attitudes are the most influential factor when calculating intention to use a resource. Attitudes have been theorized to be consistent across situations, while constructs like social norms or the perceived ability to successfully complete an action depend on the outcome being measured (Ponizovskiy et al., 2019). A participant may have been recalling some of the individual situations they were in, wherein their attitudes about a resource remained unchanged, as these values are consistent, but the social pressures they felt about using a resource or their perceived ability to successfully get help from that resource were more varied. Perceived ability to get help is situation-dependent, as some situations are barriers to getting help in and of themselves, such as financial abuse and the

inability to pay for a service. The pressure to behave in a certain way may also be dependent on the situation and its severity or circumstances, for example: going to the hospital after a particularly harsh name-calling would be deemed excessive as opposed to being gravely injured. An individual can have attitudes about a resource before, during, and after an abusive incident, without personal opinions about getting help from a particular resource changing, as the resource itself is not implicated in the abusive incident.

Alternatively, this finding could be the result of a difference in measurement. The survey was designed such that there were more items measuring attitudes as a predictor than there were for norms or perceived behavioral control, and the items were more intuitive—attitudes were measured using a semantic differential scale between two opposing attitudinal words, while norms and perceived behavioral control were measured by assessing the degree to which the participant agreed or disagreed with a given statement. The attitude measure was more robust and may have more accurately captured attitudes as a construct compared to the measures for the other components. Conversely, the results of this study may indicate that a victim of IPV gives limited consideration to their perceived ability to get to, find, or make use of a resource, particularly compared to attitudes about the resource or the external pressures to utilize them. After all, the decision to reach out to resources like law enforcement, doctors, or shelters may be split second decisions made in the heat of conflict, and in that moment, the ability to use that resource may not be as important as whether or not the resource will be helpful or if it's normal to obtain help from them in that instance.

The Role of Prior Experience (Research Hypothesis 2)

Even less support was found for the second hypothesis, with a significantly positive correlation only being found between prior experience and 5 of the 18 total predictors: Law

enforcement attitudes, lawyer attitudes and perceived behavioral control, and therapist attitudes and perceived behavioral control. Interestingly, these three resources may naturally be the resources that individuals ruminate the most over, either as a result of the experience preceding contact or contacting the resource itself being highly salient and emotional. Lawyers are notoriously costly, highlighted by numerous comments collected through the qualitative section of this study; the police have been controversial entities for decades, but even more so over the last five years; and the stigma against mental health treatment is decreasing, but is still present in the population. The decision to utilize these resources may come with additional consideration, both prior to using the resource and after using the resource, that prompts stronger feelings as a result. Strong emotions have been established in previous research as promoting the recall of details for an extended period of time (Tyng et al., 2017), contributing to survivors' responses for these resources correlating strongly with their currently held attitudes and feelings of personal ability to use the resource.

Additionally, the majority of the sample indicated having not utilized the resources—the prior usage proportion for the sample topped out at 43% of the sample having experience with therapists and only 4% of the sample had stayed at a shelter before. Usage proportions ranged between 4% and 43%. While prior experiences that evoke strong emotion or occur while emotions are strong may be related to the factors involved in deciding whether to use the resource in the future as per Tyng et al. (2017), further research must be completed to establish the accuracy of these findings in the specific context of prior experience in the TPB. The samples of people with experience with these six resources within this sample were too small to make sweeping generalizations about the role of prior experience as it relates to the whole sample, let alone the population of victims of IPV.

This hypothesis delved into the understudied prior experience variable and as a result, no previously validated scales existed as a foundational basis for this study. The scale created for this study tapped into the feelings participants had about their prior experiences with each resource, and only had two items measuring valence. Scales with limited items are potentially reliable and valid, but this is typically reserved for constructs that are well defined and one dimensional (Allen et al., 2022), which is not the case for prior experience as little research has been done to define the construct or understand its dimensionality. The findings, or lack thereof, for this research hypothesis may be the result of flaws with the tool used to measure prior experience.

Loose speculations may be made based on the five relationships present. Within the qualitative data collected for prior experience in addition to the quantitative data, survivors' primarily demonstrated their value of empathy and helpfulness of resources. The usefulness of a resource was a determining factor in the outcomes found by Fleming and Resick (2017), and warmth and empathy of a response have been noted as facilitating other facets of help-seeking, such as disclosing victimization of abuse (Heron & Eisma, 2021). These values, helpfulness of the resource and positivity the interaction, were the subject of the two-item prior experience measure, lending some credence to the validity of the scale.

Strengths

Prior to this study, previous literature regarding victim help seeking behavior has focused little upon the victims of IPV. Conversely, research regarding victims of IPV rarely examines the behaviors of real victims or survivors, but rather focuses on the responses of bystanders, offenders, or professional responders. Along with Fleming and Resick's (2017) study, this research joins a very limited number of findings on real IPV victim help seeking behaviors. The

sample stands out, as it was composed both of survivors of IPV, and of individuals currently within an abusive relationship, regardless of whether they've actually sought help in the past. The courage of the participants who were currently involved in an abusive partnership should not go unrecognized and their choice to contribute to this research is a strength in and of itself. Their perspective, as with the perspective of all the participating individuals, is worth highlighting.

Moreover, this study is the first of its kind to utilize a quantitative methodology for collecting and analyzing data. Additionally, this study is the first of its kind to study the help seeking behaviors split by a variety of different resources, rather than focusing on one. This expansion upon the prior research establishes an avenue for further study of help seeking across a host of different kinds of resources. Based on the variation in response between resources, resource type may play a greater role in the decision for victims to seek help than what has been studied.

Limitations

Though this study had a great deal of strengths, primarily in that it fills a gap in the literature, no study is without its limitations. First of which matches one of its strengths- the ample number of resources examined. Six resources total created an inability to narrow the scope of the research and establish additional depth and detail. This limitation may have been mitigated by decreasing the number of resources examined from six down to two or three. This would have allowed for a better balance between both the expansion of the literature while also providing opportunity to obtain more detailed information.

By studying so many resources, the survey given to participants was well over 100 questions long. Due to the survey already being quite long, it was decided that adding additional questions would have resulted in undue fatigue for participants who were already being asked to

recall potentially traumatic events and experiences. As such, questions for rich, qualitative detail were limited to just the prior experience section. These qualitative details, particularly for each of the TPB predictors, would have afforded an extra degree of understanding of the quantitative data. Participants may have also benefited from a chance to express their thoughts and feelings as they went further through the survey.

The design of the survey itself has room for improvement. The original survey designed by Găianu et al. (2020) was researching drivers' intentions to engage in acts of road rage. This survey was selected as it was one of the only publicly available full surveys that utilized a quantitative design for all three predictors and the outcome of the TPB, and had high internal validity for each of the TPB components. However, the survey items and their scales were designed around their dedicated construct—road rage—and had to be adapted to fit the construct of this study. As a result, the adapted survey only resembled the original in format and in phrasing, and was subject to potential measurement issues, as aforementioned. Additionally, as previously discussed, prior experience is an understudied component of the TPB model, and a reliable measure for it does not exist yet. The scale created to measure prior experience in this study could be expanded to capture more valid responses for the construct. For these reasons, the design of the survey was mostly self-created for the purpose of this study and thus lacks a rigorous psychometric evaluation of reliability and validity.

Future Directions

For Researchers

There was only limited support for the hypotheses in this study, but this study, with its strengths and limitations alike, succeeded at contributing to the body of literature. However, further work is necessary to establish a strong empirical foundation for the research on IPV

victims and survivors. Future research would benefit from continued development of a scale that reliably measures each of the components of the TPB model within the area of formal resource help seeking behavior in victims and survivors of IPV. Researchers should continue to assess the quality of the full TPB model in predicting help seeking behaviors to better understand whether every component is utilized, or if there is a hierarchy present within the model for this niche that favors attitudes over norms and perceived behavioral control.

Generally, researchers interested in the TPB should consider the relationship between prior experience and the predictors, irrespective of niche or population. The definition of prior experience is nebulous at best, and there are no readily available resources that reliably operationalize prior experience as a factor within the TPB model. Building upon Azjen's work developing the TPB to establish the role that prior experience truly plays benefits not only the population of interest in this study, but in any study that uses the model.

Conversely, researchers interested in alternative theoretical models that predict help seeking behaviors in victims and survivors of IPV may consider models that prioritize values and beliefs, such as Behavioral Decision Theory, which calculates the individual's attitudes about a behavior compared to internal calculations about alternative behaviors (Takemura, 2014). Considerations about the efficacy of going to a resource or utilizing an available service compared to considerations about not using that resource or service could combine the distinct influence of attitudes, as found within this study, with the internal mathematical evaluation of other possible behaviors. Researchers should directly examine the role of demographic factors in decisions to or not to use a resource. Though this study analyzed demographic factors as they related to intentions to use the six resources, there was no direct examination of how those demographic factors influenced individual predictors of behavior. Assessment of the qualitative

data collected within this study revealed some insight about the role of being a mother to children or the ability to afford a resource played in survivors' review of their prior experiences, but no analyses examined the relationship between factors such as income or number of children and prior experiences, attitudes, norms, and perceived behavioral control.

Finally, despite the need for more quantitative research to be conducted with victims and survivors of IPV who are seeking help, researchers should not dismiss the merit of qualitative research in this area. Previous literature has primarily utilized qualitative approaches, but there is value in a balance of quantitative and qualitative data in this niche. Opportunities for participants to give rich, detailed descriptions of their thoughts were limited in this study in favor of a quantitative approach, but the qualitative data added an invaluable dimension to the understanding of the quantitative results. Victims' experiences with IPV, seeking help for their experiences with abuse, and the quality of responders are all so nuanced and varied that qualitative data may be necessary to make sense of quantitative data until a robust tool to measure experiences and TPB components is created.

For Policymakers

The hypotheses presented in this study lacked support, but succeeded not only at adding to the limited library of literature, but also at giving the participating survivors an opportunity to tell a part of their stories and make their opinions, values, and beliefs heard. Despite the lack of total support for the hypotheses, there were significant overarching patterns evident in the data that could prove useful for law and policy makers, as well as researchers.

The regression models used to test RH1 showed almost consistent evidence for the influence of attitudes about a resource in the variance in intention to use that resource. Despite not being consistently correlated with prior experience, the qualitative data collected from the

prior experience section of the study may be a useful way of interpreting the attitudes associated with change in behavioral intentions. The major themes that were evident from the qualitative data were that survivors valued the warmth and respectfulness of the response from every resource, and the quality of assistance provided by the resource in obtaining protective court orders, physical healthcare, alternative housing, or referrals to other resources, as are consistent with findings of other help-seeking literature (Fleming & Resick, 2017; Heron & Eisma, 2021). When addressing the policies and procedures of programs dedicated to assisting victims of IPV, these values should be taken into account, as they may relate to the formation of positive attitudes about the resource in the future, leading to more consistent usage of the resource in times of need.

Ultimately, making a dedicated push towards victim oriented and community policing would promote more positive first impressions. Training responders within each program about common stigmas associated with IPV victimization, and how to avoid victim blaming and re-traumatization would additionally promote faithfulness in the resource to achieve an actionable step forward without taking any steps backward, either in the process of leaving the relationship or healing from it. Warmth may not be a trainable attribute, but limiting outward expressions of judgment and dismissiveness can be. Additionally, developing a multidisciplinary response team for each county or area of service would be beneficial. A multidisciplinary response team comprised of the available resources in an area of service would allow the existing programs and agencies to communicate with one another regarding the status and needs of a victim, including the efficient transmission of evidence for prosecution or lawsuits, the tailoring of one program's response based on the individual's needs discovered within another resource, and the ability to refer the victim to resources that would be appropriate for their needs. The victim would receive

timely and intuitive assistance from the sphere of resources locally available to them, including from resources they may not have even known about previously.

Conclusion

IPV is a challenging crime to investigate, prosecute, obtain justice for, heal from, and ultimately, research. It is imperative that the study of victims and survivors of this crime continue, including the development of reliable measures to better understand their decision-making processes. Additionally, research should focus on empirically-based interventions to instruct policymakers and program developers to implement the best practices for addressing IPV victimization. Resources, programs, laws, and policies based on a strong foundation of empirical research will ultimately benefit future victims, survivors, and the people who work with, care about, and care for these individuals. With additional research comes better understanding, and better understanding leads to a more empathetic response to victims that so desperately need it. Research can be both an ear for these individuals to speak to, as well as a voice given to their stories, all for their betterment. Victims of intimate partner violence deserve to be researched and have their voices elevated, with the hope that someday, intimate partner violence will be a scourge of the past.

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Appendix A

Screening Tool

If participants are not US residents and/or have not experienced IPV in the last year and/or have not experienced IPV at a severity that rises to statutory involvement they will be screened out. For everyone who is screened out here, provide an exhaustive list of resources and thank them for their time.

Do you identify as a heterosexual, cisgender (assigned female at birth, identify as female) woman? [Binary yes/no]

Are you a resident of the United States? [Binary yes/no]

Have you been the victim of violence (physical, sexual, emotional, etc.) in a relationship within the last year? [Binary yes/no]

In the last year did a relationship partner intentionally cause or attempt to cause serious injury to you? [Binary yes/no]

In the last year did a relationship partner commit a sexual act upon you without your consent? [Binary yes/no]

In the last year did a relationship partner make you or your family fear injury or continued harassment that resulted in significant emotional distress? [Binary yes/no]

Is this abuse ongoing? [Binary yes/no]

[In the event that participants fail the screening tool/choose to end the survey at any time/finish the survey, the following resources will be presented to all participants, along with a message thanking them for their time and participation:

National Coalition Against Domestic Violence resources page: <https://ncadv.org/RESOURCES>

The National Domestic Violence Hotline website: <https://www.thehotline.org/>

National Domestic Violence Hotline: 800-799-7233

Text START to 88788 to connect with the National Domestic Violence Hotline via text

National Dating Abuse Helpline website: www.loveisrespect.org

National Dating Abuse Helpline: 1-866-331-9474

National Center for Victims of Crime website: <https://victimsofcrime.org/>

National Suicide Prevention Lifeline: 988 (or 1-800-273-8255)]

Appendix B

TPB Questionnaire Based on Gaiyanu et al., 2020

Analyzing aspects of the TPB. Includes six attention checks with answers 37, 42, 89, 73, 3, and 62, in that order.

Law Enforcement

Attitudes

In my opinion, calling the police to respond to a situation where I am being abused by a partner would be: [Sliding 100 point scale]

Bad - Good
Unhelpful - Helpful
Thoughtless - Thoughtful
Cowardly - Brave
Inefficient - Efficient
Ineffective - Effective
Unpleasant - Pleasant
Reckless - Cautious
Irrational - Rational
Irresponsible - Responsible
Unnecessary - Necessary

Norms

If I was being abused by a partner, the people important to me believe I [Sliding Scale: Should not (1) – Should (100)] call the police.

If I was being abused by a partner, the people important to me [Sliding Scale: Don't Expect (1) – Expect (100)] me to call the police.

If I was being abused by a partner, the people whose opinions I value would [Sliding Scale: Disapprove (1) – Approve (100)] of me calling the police.

The people important to me have called the police as victims of a crime. [Sliding Scale: Never (1) – Frequently (100)]

The people whose opinions I value [Sliding Scale: Would Not (1) – Would (100)] call the police in an emergency situation.

Most people who experience abuse from their partner call the police. [Sliding Scale: Very Unlikely (1) – Very Likely (100)]

Answer number 37 on the sliding scale. [Sliding Scale: 1 – 100]

Perceived Behavioral Control

Having the ability to call the police and have them respond in an IPV situation is [Sliding Scale: Unlikely (1) – Likely (100)]

If I want to call the police during an IPV situation where I am being abused by my partner, I can do so. [Sliding Scale: Certainly False (1) – Certainly True (100)]

The likelihood of me being able to call the police and have them respond in an IPV situation where I am being abused by my partner is: [Sliding Scale: Very Unlikely (1) – Very Likely (100)]

In an IPV situation where I am being abused by my partner, I am the only one who could call the police for a response. [Sliding Scale: Strongly Disagree (1) to Strongly Agree (100)]

Healthcare Professional

Attitudes

In my opinion, going to a doctor following a situation where I am being abused by a partner would be: [Sliding scale]

Good – Bad

Helpful – Unhelpful

Thoughtful – Thoughtless

Brave – Cowardly

Efficient – Inefficient

Effective – Ineffective

Pleasant – Unpleasant

Cautious – Reckless

Rational – Irrational

Responsible – Irresponsible

Necessary – Unnecessary

Norms

If I was being abused by a partner, the people important to me believe I [Sliding Scale: Should not (1) – Should (100)] go to a doctor.

Answer number 42 on the sliding scale. [Sliding Scale: 1 – 100]

If I was being abused by a partner, the people important to me [Sliding Scale: Don't Expect (1) – Expect (100)] me to go to a doctor.

If I was being abused by a partner, the people whose opinions I value would [Sliding Scale: Disapprove (1) – Approve (100)] of me going to a doctor.

The people important to me have gone to a doctor after being victims of a crime. [Sliding Scale: Never (1) – Frequently (100)]

The people whose opinions I value [Sliding Scale: Would Not (1) – Would (100)] go to a doctor.

Most people who experience abuse from their partner go to a doctor. [Sliding Scale: Very Unlikely (1) – Very Likely (100)]

Perceived Behavioral Control

Having the ability to go see a doctor following an IPV situation is [Sliding Scale: Unlikely (1) – Likely (100)]

If I want to go to a doctor following an IPV situation where I am being abused by my partner, I can do so. [Sliding Scale: Certainly False (1) – Certainly True (100)]

The likelihood of me being able to go to a doctor following an IPV situation where I am being abused by my partner is: [Sliding Scale: Very Unlikely (1) – Very Likely (100)]

In an IPV situation where I am being abused by my partner, I am the only one who could get me to a doctor. [Sliding Scale: Strongly Disagree (1) to Strongly Agree (100)]

Lawyer

Attitudes

In my opinion, going to a lawyer for a situation where I am being abused by a partner would be: [Sliding scale]

Good – Bad

Helpful – Unhelpful

Thoughtful – Thoughtless

Brave – Cowardly

Efficient – Inefficient

Effective – Ineffective

Pleasant – Unpleasant

Cautious – Reckless

Rational – Irrational

Responsible – Irresponsible

Necessary – Unnecessary

Norms

If I was being abused by a partner, the people important to me believe I [Sliding Scale: Should not (1) – Should (100)] go to a lawyer.

If I was being abused by a partner, the people important to me [Sliding Scale: Don't Expect (1) – Expect (100)] me to go to a lawyer.

If I was being abused by a partner, the people whose opinions I value would [Sliding Scale: Disapprove (1) – Approve (100)] of me going to a lawyer.

The people important to me have gone to a lawyer as victims of a crime. [Sliding Scale: Never (1) – Frequently (100)]

The people whose opinions I value [Sliding Scale: Would Not (1) – Would (100)] go to a lawyer.

Most people who experience abuse from their partner go to a lawyer. [Sliding Scale: Very Unlikely (1) – Very Likely (100)]

Perceived Behavioral Control

Having the ability to go to a lawyer in an IPV situation is [Sliding Scale: Unlikely (1) – Likely (100)]

If I want to go to a lawyer in IPV situation where I am being abused by my partner, I can do so. [Sliding Scale: Certainly False (1) – Certainly True (100)]

Answer number 89 on the sliding scale. [Sliding Scale: 1 – 100]

The likelihood of me being able to go to a lawyer in an IPV situation where I am being abused by my partner is: [Sliding Scale: Very Unlikely (1) – Very Likely (100)]

In an IPV situation where I am being abused by my partner, I am the only one who could go to a lawyer about my situation. [Sliding Scale: Strongly Disagree (1) to Strongly Agree (100)]

Shelter

Attitudes

In my opinion, going to a shelter in response to a situation where I am being abused by a partner would be: [Sliding scale]

Good – Bad

Helpful – Unhelpful

Thoughtful – Thoughtless

Brave – Cowardly

Efficient – Inefficient

Effective – Ineffective

Pleasant – Unpleasant

Cautious – Reckless

Rational – Irrational

Responsible – Irresponsible

Necessary – Unnecessary

Norms

If I was being abused by a partner, the people important to me believe I [Sliding Scale: Should not (1) – Should (100)] go to a shelter.

If I was being abused by a partner, the people important to me [Sliding Scale: Don't Expect (1) – Expect (100)] me to go to a shelter.

If I was being abused by a partner, the people whose opinions I value would [Sliding Scale: Disapprove (1) – Approve (100)] of me going to a shelter.

The people important to me have stayed at a shelter. [Sliding Scale: Never (1) – Frequently (100)]

The people whose opinions I value [Sliding Scale: Would Not (1) – Would (100)] go to a shelter if they need to.

Most people who experience abuse from their partner go to a shelter. [Sliding Scale: Very Unlikely (1) – Very Likely (100)]

Perceived Behavioral Control

Having the ability to go to a shelter following an IPV situation is [Sliding Scale: Unlikely (1) – Likely (100)]

If I want to go to a shelter following an IPV situation where I am being abused by my partner, I can do so. [Sliding Scale: Certainly False (1) – Certainly True (100)]

The likelihood of me being able to go to a shelter following an IPV situation where I am being abused by my partner is: [Sliding Scale: Very Unlikely (1) – Very Likely (100)]

Answer number 73 on the sliding scale. [Sliding Scale: 1 – 100]

In an IPV situation where I am being abused by my partner, I am the only one who could take me to a shelter. [Sliding Scale: Strongly Disagree (1) to Strongly Agree (100)]

Therapist

Attitudes

In my opinion, going to a therapist in response to a situation where I am being abused by a partner would be: [Sliding scale]

Good – Bad

Helpful – Unhelpful

Thoughtful – Thoughtless

Brave – Cowardly

Efficient – Inefficient

Effective – Ineffective

Pleasant – Unpleasant

Cautious – Reckless

Rational – Irrational

Responsible – Irresponsible

Necessary – Unnecessary

Norms

If I was being abused by a partner, the people important to me believe I [Sliding Scale: Should not (1) – Should (100)] go to therapy.

If I was being abused by a partner, the people important to me [Sliding Scale: Don't Expect (1) – Expect (100)] me to go to therapy.

Answer number 3 on the sliding scale. [Sliding Scale: 1 – 100]

If I was being abused by a partner, the people whose opinions I value [Sliding Scale: Disapprove (1) – Approve (100)] of me going to therapy.

The people important to me have gone to therapy. [Sliding Scale: Never (1) – Frequently (100)]

The people whose opinions I value [Sliding Scale: Would Not (1) – Would (100)] go to therapy.

Most people who experience abuse from their partner go to a therapist. [Sliding Scale: Very Unlikely (1) – Very Likely (100)]

Perceived Behavioral Control

Having the ability to go to a therapist following an IPV situation is [Sliding Scale: Unlikely (1) – Likely (100)]

If I want to go to a therapist following an IPV situation where I am being abused by my partner, I can do so. [Sliding Scale: Certainly False (1) – Certainly True (100)]

The likelihood of me being able to go to a therapist following an IPV situation where I am being abused by my partner is: [Sliding Scale: Very Unlikely (1) – Very Likely (100)]

In an IPV situation where I am being abused by my partner, I am the only one who could get me in to see a therapist. [Sliding Scale: Strongly Disagree (1) to Strongly Agree (100)]

VRA

Attitudes

In my opinion, talking to a victims' rights advocate in response to a situation where I am being abused by a partner would be: [Sliding scale]

Good – Bad

Helpful – Unhelpful

Thoughtful – Thoughtless

Brave – Cowardly

Efficient – Inefficient

Effective – Ineffective

Pleasant – Unpleasant

Cautious – Reckless

Rational – Irrational

Responsible – Irresponsible

Necessary – Unnecessary

Norms

If I was being abused by a partner, the people important to me believe I [Sliding Scale: Should not (1) – Should (100)] talk to a victims' rights advocate.

If I was being abused by a partner, the people important to me [Sliding Scale: Don't Expect (1) – Expect (100)] me to speak with a victims' rights advocate.

If I was being abused by a partner, the people whose opinions I value would [Sliding Scale: Disapprove (1) – Approve (100)] of me talking to a victims' rights advocate.

The people important to me have talked with victims' rights advocates after being the victim of a crime. [Sliding Scale: Never (1) – Frequently (100)]

The people whose opinions I value [Sliding Scale: Would Not (1) – Would (100)] talk to victims' rights advocates if they need to.

Most people who experience abuse from their partner talk to victims' rights advocates. [Sliding Scale: Very Unlikely (1) – Very Likely (100)]

Perceived Behavioral Control

Having the ability to go to talk to a victims' rights advocate following an IPV situation is [Sliding Scale: Unlikely (1) – Likely (100)]

Answer number 62 on the sliding scale. [Sliding Scale: 1 – 100]

If I want to talk to a victims' rights advocate following an IPV situation where I am being abused by my partner, I can do so. [Sliding Scale: Certainly False (1) – Certainly True (100)]

The likelihood of me being able to talk to a victims' rights advocate following an IPV situation where I am being abused by my partner is: [Sliding Scale: Very Unlikely (1) – Very Likely (100)]

In an IPV situation where I am being abused by my partner, I am the only one who could find myself a victims' rights advocate to speak with. [Sliding Scale: Strongly Disagree (1) to Strongly Agree (100)]

Appendix C

Prior Experiences Questionnaire

Law Enforcement

Have you called the police in response to abuse from an intimate partner in the last year? [Binary yes/no]

(If yes, provide questions)

How would you describe the experience you had with the police? [Sliding Scale: Very Negative (1) to Very Positive (100)]

Do you feel like the police were helpful in your situation? [Sliding Scale: Very Unhelpful (1) to Very Helpful (100)]

Are there any details you'd like to provide about your experience with the police? [Open ended]

Healthcare Professional

Have you ever seen a doctor (at their office or a hospital) following abuse from an intimate partner in the last year? [Binary yes/no]

(If yes, provide questions)

How would you describe the experience you had with the doctor? [Sliding Scale: Very Negative (1) to Very Positive (100)]

Do you feel like the doctor was helpful in your situation? [Sliding Scale: Very Unhelpful (1) to Very Helpful (100)]

Are there any details you'd like to provide about your experiences with the doctor/healthcare professional(s) you saw? [Open ended]

Lawyer

Have you ever talked with a lawyer in response to abuse from an intimate partner in the last year? [Binary yes/no]

(If yes, provide questions)

How would you describe the experience you had with the lawyer? [Sliding Scale: Very Negative (1) to Very Positive (100)]

Do you feel like the lawyer was helpful in your situation? [Sliding Scale: Very Unhelpful (1) to Very Helpful (100)]

Are there any details you'd like to provide about your experience with the lawyer(s) you met with?

Shelter

Have you ever stayed in a shelter in response to abuse from an intimate partner in the last year? [Binary yes/no]

(If yes, provide questions)

How would you describe the experience you had at the shelter? [Sliding Scale: Very Negative (1) to Very Positive (100)]

Do you feel like staying at the shelter was helpful in your situation? [Sliding Scale: Very Unhelpful (1) to Very Helpful (100)]

Are there any details you'd like to provide about your experience at the shelter? [Open ended]

Therapist

Have you ever seen a therapist following abuse from an intimate partner in the last year? [Binary yes/no]

(If yes, provide questions)

How would you describe the experience you had with the therapist? [Sliding Scale: Very Negative (1) to Very Positive (100)]

Do you feel like seeing the therapist was helpful in your situation? [Sliding Scale: Very Unhelpful (1) to Very Helpful (100)]

Are there any details you'd like to provide about your experience with the therapist(s) that you met with? [Open ended]

VRA

Have you ever spoken with a victims' rights advocate in response to abuse from an intimate partner in the last year? [Binary yes/no]

(If yes, provide questions)

How would you describe the experience you had with the victims' rights advocate? [Sliding Scale: Very Negative (1) to Very Positive (100)]

Do you feel like speaking with the victims' rights advocate was helpful in your situation? [Sliding Scale: Very Unhelpful (1) to Very Helpful (100)]

Are there any details you'd like to provide about your experience with the victims' rights advocate(s) you met with? [Open ended]

Appendix D

Behavioral Intentions Questionnaire

Law Enforcement

I would not exclude calling the police as an option if I was being abused by an intimate partner. [Sliding Scale: Very Unlikely (1) – Very Likely (100)]

If I was being abused by a partner, I would try to call the police. [Sliding Scale: Very Unlikely (1) – Very Likely (100)]

If I was being abused by a partner, I plan to call the police. [Sliding Scale: Very Unlikely (1) – Very Likely (100)]

Healthcare Professional

I would not exclude going to a doctor as an option if I was being abused by an intimate partner. [Sliding Scale: Very Unlikely (1) – Very Likely (100)]

If I was being abused by a partner, I would try to go to a doctor. [Sliding Scale: Very Unlikely (1) – Very Likely (100)]

If I was being abused by a partner, I plan to go to a doctor. [Sliding Scale: Very Unlikely (1) – Very Likely (100)]

Lawyer

I would not exclude going to a lawyer as an option if I was being abused by an intimate partner. [Sliding Scale: Very Unlikely (1) – Very Likely (100)]

If I was being abused by a partner, I would try to go to a lawyer. [Sliding Scale: Very Unlikely (1) – Very Likely (100)]

If I was being abused by a partner, I plan to go to a lawyer. [Sliding Scale: Very Unlikely (1) – Very Likely (100)]

Shelter

I would not exclude going to a shelter as an option if I was being abused by an intimate partner. [Sliding Scale: Very Unlikely (1) – Very Likely (100)]

If I was being abused by a partner, I would try to go to a shelter. [Sliding Scale: Very Unlikely (1) – Very Likely (100)]

If I was being abused by a partner, I plan to go to a shelter. [Sliding Scale: Very Unlikely (1) – Very Likely (100)]

Therapist

I would not exclude going to a therapist as an option if I was being abused by an intimate partner. [Sliding Scale: Very Unlikely (1) – Very Likely (100)]

If I was being abused by a partner, I would try to go to a therapist. [Sliding Scale: Very Unlikely (1) – Very Likely (100)]

If I was being abused by a partner, I plan to go to a therapist. [Sliding Scale: Very Unlikely (1) – Very Likely (100)]

VRA

I would not exclude talking to a victims' rights advocate as an option if I was being abused by an intimate partner. [Sliding Scale: Very Unlikely (1) – Very Likely (100)]

If I was being abused by a partner, I would try to speak to a victims' rights advocate. [Sliding Scale: Very Unlikely (1) – Very Likely (100)]

If I was being abused by a partner, I plan to speak to a victims' rights advocate. [Sliding Scale: Very Unlikely (1) – Very Likely (100)]

Appendix E

Demographics Questionnaire

Collecting information about the participant and potential variables that may be an obstacle to seeking help.

What is your current marital status? [Married/Widowed/Divorced/Separated/Never married]

How many children do you have? [Sliding scale from 0 to 10+]

What is your annual personal income? [Less than \$10,000/\$10,000 - \$19,999/\$20,000 - \$29,999/\$30,000 - \$39,999/\$40,000 - \$49,999/\$50,000 - \$59,999/\$60,000 - \$69,999/\$70,000 - \$79,999/\$80,000 - \$89,999/\$90,000 - \$99,999/\$100,000 - \$149,999/\$150,000+]

What region of the United States do you live in? [New England/Great Plains/Rocky Mountain/Mid-Atlantic/South/ West Coast/Midwest/Southwest/Alaska or Hawaii]

Do you live within an area that is well outside of a major city, with fewer people and buildings and more nature and space between everything (rural)? Do you live just outside of a major city, with lots of people and buildings, but still some space and nature between everything (suburban)? Do you live within a major city, with many people and buildings, and few open spaces or natural areas? [Rural/Suburban/Urban]

What is the highest level of education you have completed? [Some high school/High school diploma or GED/Some college/Bachelors degree/Master's degree/Doctoral degree]

How often do you attend religious events, ceremonies, rituals, or sermons? [Never/Rarely/Once or twice a year/Once or twice a month/Once or twice a week/Daily]

How important is religion to you? [Not at all important/Somewhat unimportant/Neither unimportant or important/Somewhat important/Very important]

What is your race? [White/Black or African American/American Indian or Alaska Native/Asian/Native Hawaiian or Pacific Islander/Biracial or Multiracial/Other]

Vita

Elizabeth Susanne Pearce was born in Lumberton, North Carolina to Valerie and Jim Pearce. In the Spring of 2017, Ms. Pearce graduated from Pender Early College in Burgaw, North Carolina, with her high school diploma, and from Cape Fear Community College, with her Associates of Arts degree. That fall, she began attending Appalachian State University to study Psychology, and graduated with her Bachelor of Science degree in December of 2019. When the pandemic forced the world into lockdown, Ms. Pearce began volunteering at the Pitt County District Attorney's office to assist with excess workflow. This position was where she worked countless hours with victims of sexual, domestic, and child abuse, and the families of homicide victims. These experiences are what prompted her to go back to Appalachian State University and obtain her Master of Arts degree in Psychology, conferred in December 2023.

Ms. Pearce aims to put her knowledge and skills towards the betterment of victims of violent crime via policy and program analysis. In the meantime, she continues to work for Appalachian State University as a Research Consultant for the Office of Research, and resides with her cat/best furry friend, Shermie.