

Intimate partner violence and help-seeking: a systematic review and social psychological tracks for future research

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Abstract

Intimate partner violence (IPV) is a global public health concern: many women are affected by this phenomenon and by the difficulty of putting an end to it. This review of the literature aims to identify help-seeking facilitating and inhibiting factors in response to IPV. It was carried out on the PsycINFO and Medline databases using the following keywords: “*intimate partner violence*”, “*domestic violence*”, “*help-seeking*”, and “*help-seeking barrier*”. Ninety out of 771 eligible publications were included on the basis of inclusion criteria. The results highlight that (1) research on this phenomenon is very recent and under-developed in Europe, (2) theoretical and conceptual frameworks are poorly developed and extended, (3) there is a significant impact of violence characteristics (e.g., severity, type) on help-seeking (4) help-seeking is a complex and multifactorial process influenced by a wide range of factors simultaneously individual and social. To conclude, these findings lead us to propose a psychosocial conceptualization of the help-seeking process by indicating how the levels of explanation approach in social psychology can be applied to this field of research in order to increase our understanding of this phenomenon

Keywords: intimate partner violence; help-seeking; facilitating factors; inhibiting factors; review of the literature; psychosocial approach

Introduction

Developed under the influence of feminist movements in the seventies (see Delage, 2017), the fight against intimate partner violence (IPV) is the subject of a public health policy of growing significance and constitutes an increasingly pressing issue in the media and political sphere. A significant illustration of this evolution is the historical agreement adopted by the United Nations Organisation on March 15th 1993, which challenged all forms of violence against women and defined a code of conduct to fight against it. This has led to the emergence of many assistance strategies to strengthen prevention responses and provide victims with assistance and support (e.g., new laws, protection orders, specialized associations). However, this violence remains common, rarely denounced and little judicially prosecuted (Herman, 2016). Indeed, IPV affects between 10 and 71 % of women in their lifetimes (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). Recently, a cross-national survey was led by the European Union Agency for Fundamental Rights (2014) in order to assess the various types of abuse perpetrated against European women in their everyday lives (i.e., romantic relationships, work, public spaces). Based on interviews with 42,000 women across the European Union, this study shows that 22 % have experienced physical and/or sexual violence by either a current or a previous partner. This is even more significant for psychological violence that is experienced by 43% in some form or another.

Despite this high prevalence of IPV and its adverse physical and mental health outcomes for victims (e.g., Clements, Sabourin, & Spiby, 2004; Jarvis, Gordon, & Novaco, 2005) as well as their children's (Lang & Stover, 2008) rates of disclosure of violence and help-seeking are generally low. Many victims do not disclose the violence or seek help to deal with it until many years after the abusive began (Meyer et al., 2007). In this sense, still according to the European Union Agency for Fundamental Rights, almost 40% of sexual and physical violence victims did not report their experiences to police and 32% have not talked

to anyone about the violence. In the same vein, a recent survey in France indicated that only 28% of victims have reported their abuse to the police and only 16% have filed an official complaint (Morin, Jaluzot, & Picard, 2013). Moreover, two-thirds of victims are still living with the abuser and did not specifically seek help (Bauer & Soullez, 2012).

One of the most important scientific issues in this area concerns the understanding of the psychological and social mechanisms underlying the persistence of this violence as well as the help-seeking barriers in the search for assistance by the victims. Help-seeking can be defined as violence disclosure in order to obtain a form of assistance. It is beneficial in defining the importance of the problem, reducing the number of violent episodes and limiting the victim's distress (Taylor, Hardison, & Chatters, 1996). Help-seeking processes include three stages: (1) problem recognition, (2) decision to seek help, and (3) selection of a help provider. These internal processes are themselves influenced by interpersonal and sociocultural factors (Liang, Goodman, Tummala-Narra, & Weintraub, 2005). Help-seeking can be formal (e.g., social service agency, police, medical services) and informal (e.g., friends and relatives). Investigating the perceived barriers to help-seeking in response to IPV appears essential with regard to the various issues we have mentioned. Thus, the goal of the current review is to identify and discuss factors that facilitate or inhibit help-seeking.

Method

Search strategy

A Boolean research was carried out using the PsycINFO and Medline databases in October 2014 and updated in October 2016. The research strategy was developed in relation to the research goals, the explanatory factors of help-seeking, with the following keywords: “*intimate partner violence*”, “*domestic violence*”, “*partner abuse*”, “*dating violence*”, “*help-seeking*”, “*help-seeking barrier*” and “*service barrier*”. In order to complete this

computerized research, a manual research was carried out using the references cited in the research articles found in the databases that appeared relevant in view of our selection criteria. Each reference was screened for relevance by studying the title and the abstract.

Selection criteria

For the selection of the 90 references, three inclusion criteria were developed: (1) the study had to be published in English or French, (2) the studied population had to include victims of IPV and (3) the study had to refer explicitly to help-seeking facilitating and inhibiting factors.

Data synthesis

As shown in Table 1, data extracted from the included studies were divided into four categories: (1) reference: author(s) name(s) and year of publication, (2) sample(s) description and country (3) type of study, method and frame of reference, and (4) study outcomes.

[Insert Table 1 here]

Results

Search results and study selection

The literature research resulted in the identification of 771 references: 538 in the PsycINFO and 233 in the Medline database. The inclusion criteria were applied and references were selected by the title, then by the abstract and finally by the content. First, by reading the titles, duplicate references ($N = 236$), references that did not directly refer to intimate partner violence ($N = 35$) and those that were not published in English or French ($N = 2$) were excluded. Then, the abstracts revealing non-empirical studies (i.e., literature reviews, meta-analyses, book chapters; $N = 151$) and those that did not refer to the studied population (i.e., victims of IPV; $N = 47$) led to their references being excluded. After this first screening, reading the full articles enabled those that did not specifically refer to help-seeking facilitating and inhibiting factors ($N = 196$) and those that were unobtainable ($N = 8$) to be excluded. The manual search added 4 references to the study. After following these procedures, 90 references were included.

Study characteristics

The main characteristics of the selected references (i.e., cultural context, sample, method and theoretical frameworks) are outlined in Table 1. All the references included in the review ($N = 90$) are recent. They were published between 1983 and 2016 and only 3 of them were published before 2000.

Cultural context and population. These 90 studies were carried out in 20 different countries (see Table 1): 57 in North America (63.33%), including 49 in the United States (54.44%) and 7 in Canada (7.77%); 11 in Asia (12.22%): 2 in Japan, 3 in China, 2 in Bangladesh, 1 in India, 1 in Jordan, 1 in Korea and 1 in Taiwan; 10 in Europe (11.11%): 3 in England, 2 in Norway, 1 in Sweden, 1 in Holland, 1 in Serbia, 1 in Turkey and 1 in Portugal; 6 in Oceania (6.66%): 5 in Australia and 1 in New Zealand; 3 in South America (2.66%): 2 in

Mexico and 1 in Brazil; and 3 in Africa (3.33%): 1 in Nigeria, 1 in South Africa and 1 in Kenya.

Regarding the characteristics of the studied populations, 9 studies (10%) included heterosexual men as victims of IPV and only 1 included homosexual men as sample. Four studies (4.44%) included exclusively women with children and 2 pregnant women (2.22%). Moreover, 4 studies (4.44%) involved middle-aged and older women (over 45 years old) and 2 studies (2.22%) referred to adolescent samples. Lastly, 8 (8.88%) comparative studies involved victims and non-victims and 6 (6.66%) involved professionals.

Method and theoretical framework. Concerning the methods, an equal distribution between quantitative and qualitative studies was observed: 44 used questionnaires (48.88%), including 4 longitudinal studies; 16 used focus groups (17.77%) and 22 used interviews (24.44%). Two studies used a combination of focus groups and interviews and 3 used narratives. Only 5 studies (5.55%) used a combination of quantitative and qualitative methods. Moreover, 43 studies were descriptive (47.77%), 17 were exploratory (18.88%) and 12 were comparative (13.33%). We also found 10 grounded theory studies (11.11%), 1 phenomenological study, 1 ethnographic study and 1 study guided by action research principles. Lastly, only 2 studies (2.22%) aimed to create a model of help-seeking barriers.

Concerning the theoretical and conceptual frameworks, 54 studies (60.0%) reported none. In fact, references to theoretical models appeared in only 36 studies (40.0%). Twelve studies (13.33%) referred to Liang's help-seeking model (Liang et al., 2005). Six studies (6.66%) were based on the Survivor Model (Gondolf & Fisher, 1988), 4 (4.44%) on the Barriers Model (Grigsby & Hartman, 1997) and 1 on the behavioral model of health service use developed (Andersen 1995, 2008). Moreover, 14 studies (15.55%) referred to feminist theories (e.g., Dobash & Dobash, 1979, Thompson & Walker, 1995) and 3 (3.66%) on the Investment Model of Involuntary Dependence (Rusbult & Martz, 1995).

[Insert Table 2 here]

Results: help-seeking facilitating and inhibiting factors

Help-seeking factors studied in the different works were identified and grouped into thirty themes. In order to simplify and facilitate the study, these themes were grouped into nine categories that have been ranked in terms of the number of studies in which they appeared (see Table 2). Some of the categories refer to the Barriers Model (Grigsby & Hartman, 1997).

Violence characteristics and violence perception. Help-seeking is strongly influenced by violence characteristics and its perception. Violence severity is the most frequently cited factor: it appears in 48.78% of the studies. Researchers agree that the more severe the violence is, the more formal and informal help-seeking increases. They also highlight that victims who have experienced severe violence disclose and seek services to deal with it more than those who have experienced less serious violence (see Table 1, references¹: 1, 4, 16, 18, 19, 21, 22, 23, 24, 25, 26, 28, 31, 32, 33, 35, 36, 40, 41, 42, 43, 44, 47, 48, 49, 50, 54, 57, 60, 61, 67, 68, 69, 76, 78, 74, 80, 87, 88, 89) and even that the severity of IPV is the strongest predictor of help-seeking (21, 33, 36). On the other hand, many victims do not report violence because they do not evaluate it as “severe enough” (21, 24, 26, 31, 33, 36, 47, 55, 57, 76). In the same way, the non-recognition of violence or the perception of violence as normal or not serious impede help-seeking (2, 5, 9, 15, 19, 21, 24, 25, 26, 30, 31, 32, 33, 34, 36, 41, 54, 55, 59, 60, 61, 63, 64, 65, 69, 71, 73, 74, 76, 83). In this sense, some victims do not report violence because they do not see themselves as “battered women” (34, 45) or as a victim (48).

We identified the way violence severity was assessed in each included study. Twenty-seven studies used “objective measures”: 17 used standardized measures, such as the Conflict Tactics Scale (Straus, 1979) or the Campbell Incident Severity Scale (Campbell, 1986); and in

10 studies the authors created their own measurement (e.g., they defined the severity depending on violence type, frequency or duration). Moreover, 13 studies used “subjective measures”: in 12 qualitative studies, victims reported disclosing violence when it was serious, but these studies do not specify what is considered “severe” for them; only 1 study focused on the perception of violence severity by victims. Lastly, 2 studies did not specify the way severity was measured. This synthesis shows that almost no studies reported the way victims assess violence, while severity is not objective and consensual; several factors, shaped by the social context, influence its perception (Broadhurst, 2003; Lempert, 1997; Liang et al., 2005).

To continue with violence characteristics, the fear that one’s life is in danger is also a major reason to seek services (5, 6, 15, 21, 24, 25, 26, 36, 57, 59, 63, 68, 77, 80, 81, 82, 86, 87, 90). On the contrary, fear of the consequences, such as re-victimization by the perpetrator or fear that actions will make the abuse worse (3, 5, 11, 13, 19, 21, 24, 26, 30, 31, 34, 41, 47, 48, 53, 54, 56, 57, 58, 60, 62, 63, 64, 65, 67, 68, 73, 82, 89, 90), fear that the abuser may harm family members or relatives (8, 24, 25, 72, 76), or even threats and intimidation by the partner (3, 9, 10, 21, 25, 27, 31, 41, 43, 53, 57, 81), all impede help-seeking. However, few studies show that feelings of threat and fear are help-seeking facilitating (53, 69, 88). In addition, an increasing frequency of violence increases help-seeking (6, 11, 15, 23, 28, 42, 49, 54, 61, 68, 86, 87, 88) as does “could not endure more” violence (5, 21, 24, 26, 41, 57, 59, 61, 63, 69, 77) or being physically injured (6, 21, 24, 26, 37, 38, 40, 41, 49, 90).

The type of violence also influences help-seeking. Several studies reveal that victims who have experienced physical violence seek more help than those who have suffered from sexual or psychological violence (23, 31, 32, 37, 44, 50, 88). In fact, some victims do not believe that assistance is available for emotional abuse in the absence of physical abuse (9) and think that without obvious signs of physical abuse, they cannot disclose violence (54, 63, 89). Others report having difficulty recognizing violence when it is not physical (54, 71).

Some studies highlight that victims of sexual violence are particularly reluctant to disclose it (28, 31, 32, 37, 86, 87). However, other studies show that being a victim of sexual violence is not necessarily a help-seeking barrier (38, 78). These discrepancies can be explained by the type of help-seeking (i.e., formal versus informal, type of services). Indeed, several studies show that the type of violence endured influences the type of services contacted (17, 49). Note that each study included in this literature review did not investigate the same type of help-seeking.

Environmental barriers. Victims also face various environmental and external help-seeking barriers, which arise first from institutions and services. These are not perceived as accessible (3, 8, 10, 24, 29, 34, 43, 56, 58, 59, 60, 72, 74, 78, 79, 82, 85, 89) because of their lack of specificity and openness, especially for immigrants (2, 3, 7, 27, 53, 71, 83), older women (9), victims using drugs and alcohol (43, 53), those with children (20, 34, 53), gays and lesbians (79, 89), or men (85). Furthermore, some people refer to their lack of trust in systems and institutions (2, 9, 13, 20, 21, 24, 25, 31, 33, 43, 48, 57, 58, 60, 67, 71, 76, 77, 85) and deny the effectiveness of any assistance (5, 9, 19, 24, 31, 41, 43, 53, 65). This is emphasized by negative experiences with some services (10, 20, 21, 27, 34, 45, 47, 54, 59, 65, 67, 71, 79, 89) like, for example, feelings of not being taken seriously and not being supported, especially by health professionals who are not always concerned by these issues (7, 19, 25, 47, 53, 56, 58, 59, 60, 66, 73, 78). The police is the help-seeking service that is linked to the most negative representations and experiences. It is sometimes perceived as not helping (2, 25, 53, 54, 58, 60, 64, 65, 71, 76, 82, 85, 89), because victims do not feel listened to (3, 19, 27, 43, 47, 64, 66, 67, 76), feel worthless or discriminated (9, 27, 43, 85, 89) and fear getting involved with the police (2, 7, 9, 11, 27, 82, 89).

The importance of a first positive contact with services is highlighted by several studies showing that victims who have disclosed violence and received more social measures,

tend to have been successful in their access to services (39, 41) and to have had empathic and unconditional support (1, 53, 89). On the contrary, those who stayed with their partners, tend to have filed attempts to access services and to have not received appropriate support (62), felt discriminated or that the violence made to them was minimized (53). In this sense, victims report that an approach that is non-judgemental, open and supportive is crucial in order to provide the most efficient service (30).

The lack of knowledge and information about rights and services is also an important barrier to accessing services. Some victims report that they do not know which services are available or how to receive assistance (1, 7, 9, 15, 19, 31, 33, 34, 36, 45, 47, 61, 54, 56, 58, 59, 60, 59, 66, 67, 68, 71, 76, 77, 78, 81, 82, 85). Therefore, increased knowledge about the range of services and rights improves help-seeking (25, 50, 63, 69, 82). Many victims also refer to factors such as their lack of material and financial resources to reach services (3, 5, 10, 15, 19, 40, 45, 47, 53, 54, 56, 58, 60, 66, 67, 71, 78, 81, 82, 89, 90), and/or their economic dependence on their partner (2, 13, 15, 19, 67, 78, 82, 89), and/or fear of losing financial support and that they would be unable to make it on their own if they left (63, 72, 78). Lastly, geographical isolation deters help-seeking (27); participants from urban settlements are more likely to seek help than their counterparts in rural areas (24, 31, 32, 41, 67, 75).

Patriarchal norms and values. A range of help-seeking and violence disclosure barriers arise from patriarchal socially shaped norms and values, as gender-roles expectations and social norms around men's and women's behaviour (1, 3, 7, 15, 32, 53, 70, 71,81), beliefs that violence is a normal type of behaviour within couples (2, 19, 25, 30, 31, 53, 55, 57, 63, 71), and even that violence is an expression of love (32, 59, 63, 64, 66). It appears that violence is the husband's right (57, 81) and that women are dependent on men (1, 15, 32, 70, 71, 78, 81, 82). Thus, some victims report tolerating violence when women do not obey their husband (32, 78). Patriarchal ideologies are also linked to the idealization of family and its strong

symbolic and moral values. In this sense, the importance attached to marriage and its sanctity delay help-seeking (1, 3, 7, 15, 26, 32, 71, 80, 82, 83, 84, 89) while separation and divorce are negatively perceived and single women are stigmatized (1, 2, 7, 8, 15, 32, 47, 57, 82, 83, 84). Thus, many women report family pressure to reconcile with her partner or to “accept” violence (3, 9, 10, 11, 15, 25, 30, 31, 32, 53, 55, 59, 68, 76, 80, 82, 84). Then, remaining silent is a way of protecting the family by keeping it united (1, 8, 9, 10, 25, 26, 32, 47, 59, 70, 72, 82, 83, 84), by preserving its honor (1, 8, 15, 21, 24, 32, 57, 61, 68, 76, 83, 84, 89) and also of protecting the dignity of the community (15, 59, 82, 84).

It should be noted that among these researches, which highlight the influence of these socially shaped norms and values, only 15 out of 38 (39.47%) directly refer to patriarchy or male domination as a social structure underlying IPV and its acceptance (1, 15, 31, 32, 50, 53, 64, 70, 71, 76, 78, 81, 82, 83, 84). And among the others articles included in this literature review, a minority refer to it.

Social stigma. This socially shaped norms and values could explain that many victims report negative feelings that impede help-seeking. They report feeling ashamed and embarrassed about disclosing violence (1, 5, 7, 8, 15, 19, 24, 26, 27, 30, 31, 33, 34, 41, 47, 48, 53, 54, 56, 57, 58, 61, 64, 67, 71, 73, 74, 76, 77, 81, 82, 83). They also feel responsible or think they deserve violence (8, 10, 21, 24, 30, 32, 43, 47, 66, 73, 76, 78, 80, 82) and try to change their behaviour toward the perpetrator (47, 80, 82). They also fear that they would not be believed (8, 30, 41, 48, 57, 68, 73, 82), or would be stigmatized or blamed (1, 15, 21, 24, 27, 30, 33, 41, 55, 57, 59, 60, 61, 67, 68, 73, 76, 78, 81, 82, 83). Moreover, the taboo and silence around violence is another factor that prevents help-seeking (7, 8, 10, 15, 33, 47, 55, 63, 65, 66, 71, 73, 74, 76, 77, 78, 81, 83). In this sense, some participants reported disclosing violence when they couldn't hide it anymore (i.e., physical marks, witnesses; 11, 12, 19).

Religion. Some of help-seeking and violence disclosure barriers arise from religion that spread moral values about family and women behaviour. Although for some women attending religious or spiritual services can be an important source of coping with violence (9, 59, 60, 64), it is associated with a smaller number of support services used (6, 27). Indeed, religious leaders do not always take violence seriously and may encourage victims to maintain the *status quo* (2, 3, 9, 10, 15, 25, 63, 64, 82).

Sociodemographic factors. Concerning the influence of sociodemographic factors on help-seeking, there is a wide discrepancy between studies. As regards age, some authors agree that younger victims seek more help than older ones (6, 8, 24, 31, 32, 42) and that older age is associated with a longer delay of disclosure (38). In a qualitative study on women aged 45-85, Beaulaurier, Seff, Newman and Dunlop (2005) show that these women are more reluctant to talk about violence than younger women because they think that they will not be trusted and will feel uncomfortable and ridiculous. On the contrary, other studies highlight that older people seek more help (36, 37, 83).

With respect to education level, victims with a high education level seek more help than those with a low one (14, 15, 18, 23, 24, 29, 32, 49, 57, 61, 78). However, some studies show the opposite (6, 11, 22, 52). In order to explain those discrepancies, several authors demonstrate that the influence of education level depends on the type of help-seeking. It seems that a higher education level is associated with formal help-seeking (18, 24) and a lower education level with informal help-seeking (6, 26). Moreover, participants with a high education level seek more help from legal services (14, 23, 49) because they have a better knowledge of their rights (78). In contrast, victims with a low education level turn more frequently to the police and shelters (11, 52, 86).

Overall, the results are similar for economic status. Participants with a higher income seek help more often than those with a lower income (6, 15, 19, 22, 23, 24, 28, 29, 39, 49, 86,

90). On the contrary, other studies show that a low income is a help-seeking predictor (16, 22, 36, 52). Like for education level, people who contact the police and shelters are likely to have a lower income than those who do not contact them (16, 52, 86) while those with a higher income tend to turn to legal services (23, 49, 86, 90).

Relationship characteristics also reveal divergent points of view in the studies. Some authors show that victims seek less help if they are married to the abuser (11, 25, 30, 31, 85, 86) or if they live with him (30, 37, 40, 50) and that being separated from the partner is a help-seeking predictor (23), as is having a new partner (22, 23). Others show that married participants seek more assistance (31, 52) because victims do not feel it is legitimate to ask for help if they are not married (83).

Concerning victim gender, 8 studies include men in heterosexual relationship. Most of them attest that men seek less help than women (4, 12, 18, 74, 85), because they report not knowing which services to contact and that many services are not available to them (85) or that they are not believed (48). Two studies (44, 73) did not report the specificity of male compared to female victims in the help-seeking process.

Lastly, there is an effect of ethnicity. The majority of the studies show that ethnicity is a help-seeking inhibiting factor (1, 2, 6, 7, 8, 14, 15, 21, 41, 46, 53, 56, 60, 68, 69, 71, 73, 81, 82, 84, 89). This can be explained by social isolation due to immigration (1, 2, 6, 82, 84), language barriers (2, 7, 14, 15, 35, 54, 56, 64, 68, 71, 81, 82, 84, 89), perceived inaccessibility of institutions (7, 8, 60, 81) or even fear of the negative consequences of help-seeking, especially immigration status repercussions (2, 5, 8, 14, 15, 56, 69, 71, 73, 81, 82, 84). These factors arise from a lack of knowledge in these populations concerning legislation (2, 7, 16, 68, 71, 81) and from a perceived discrimination by services (16, 26, 53, 60, 81), especially police services (15, 71, 82, 89). However few studies agree that ethnic minority victims are more likely to seek help (28, 36, 67). This discrepancy between studies might be explained by

the type of services used depending on ethnic groups. Indeed, some studies show that ethnicity is related to specific help-seeking behaviours (28, 36, 46). For example, African American and Latina women are more likely to seek help from the police than White women (28, 46) and White women's greater propensity for mental health help-seeking behaviour (28) and social services (36) compared to racial minorities.

Partner. Several factors associated with their partner are discussed by victims as reasons for returning to the violent relationship or not seeking help. One major explanation is love for the partner (3, 5, 7, 13, 26, 33, 41, 53, 80, 90) and the desire to preserve the relationship (21, 33, 41, 63, 68, 77, 78, 80, 82). In contrast, help-seeking factors involve developing a dislike of the perpetrator and becoming dissatisfied with the marriage (13, 57, 69, 90).

Some participants express the desire to protect their partner (5, 8, 15, 25, 33, 63, 68, 76, 77) and to give him another chance (13, 26, 33). A range of myths about the causes of violence (see, Ahmad et al., 2009; Peters, 2008) are invoked to exonerate the perpetrator (33, 82.). He is perceived as sick (1, 8, 25) and violence as a loss of control (47), or due to traumas (82.) or psychoactive substances (1, 21, 82.) or even as normal in relationships (31, 57), and a way that men express their love (32, 63, 64, 66). Other participants report hoping that things will change (1, 3, 13, 15, 21, 26, 57, 66, 68, 81, 90). In this sense, becoming aware that there is no hope of change is a help-seeking facilitating (69, 80).

Psychological consequences of violence. Help-seeking is sometimes delayed by the victim's psychological and emotional state (25, 43, 47, 63, 65, 67, 73, 89). Indeed, repeated violence and perpetrator control leave them feeling powerless (8, 10, 47, 54, 57) and hopeless (8, 10, 47, 54, 81), which makes help-seeking difficult. This is increased by social isolation (1, 2, 5, 7, 9, 15, 25, 43, 60, 68, 69, 73, 78, 81, 82), fear of being alone (5, 8, 82) and exclusion from the community (26). Moreover, violence leads to suicidal ideas (47, 81),

depression (25, 43, 47, 69) and lower self-esteem (25, 30, 47, 63, 69). The latter prevents help-seeking (25, 39, 47, 63). However, a high level of psychological distress fosters help-seeking (22, 29, 42, 69). One way of coping with anxiety and depression is substance and alcohol consumption. Victims report a higher consumption than non-victims (17, 46). Yet, substance and alcohol consumption is associated with less help-seeking (22, 42, 53).

Children issues. Research findings about the role of children in victims' help-seeking decisions are inconsistent. They appear as both help-seeking facilitating and inhibiting factors (21, 25, 26, 41, 51, 57, 63, 70, 72, 77). Several contributions reveal that having children is a major facilitating factor for help-seeking (5, 11, 13, 21, 22, 23, 25, 26, 29, 32, 40, 41, 50, 51, 52, 57, 61, 63, 66, 69, 70, 72, 77, 80, 82, 86, 90), especially when they are witnessing violence (11, 21, 23, 41, 52, 72, 90) and being threatened or hurt (5, 21, 40, 57, 69, 70, 72, 77). However, many studies show that children have a negative impact on help-seeking (1, 2, 3, 5, 7, 8, 15, 20, 21, 24, 25, 26, 31, 34, 41, 45, 47, 51, 54, 56, 57, 62, 63, 67, 68, 66, 70, 77, 81, 82, 83, 84, 85, 89). The major barrier is the fear of being separated from their children and not seeing them anymore (3, 20, 21, 26, 54, 56, 82, 85, 89) or losing custody from service providers (e.g., placement) (2, 20, 25, 21, 51, 53, 56, 62, 63, 72, 81). In this sense, a lack of trust in social services is a major help-seeking inhibiting factor (20, 78, 89). Other reasons for not disclosing or reporting IPV are: the focus on preserving family unity for the children's wellbeing (1, 2, 7, 8, 15, 41, 47, 50, 70, 72, 84), the fear that children will suffer from the separation (1, 3, 7, 24, 51, 70, 72), the desire to protect their future (57, 70, 84) and the importance of the father in the children's education and life (15, 63, 68, 70, 83, 84). Victims also talk about economic and material barriers, such as worries about whether the income of a single mother could cover the children's needs (1, 5, 15, 70, 72), the difficulty of finding specific services for them (20, 34, 45, 53), or the lack of knowledge and awareness about the consequences of violence on children (65).

To conclude, the presence of children complicates the help-seeking process and testifies to its complex dynamics. Fear of violent repercussions or losing custody of children delays help-seeking and violence disclosure. Thus, keeping silent is sometimes perceived as a way of protecting children (70). In other words, “some of the non-help-seeking decisions of victims are therefore well-informed decisions, often based on victims’ individual risk assessment and their perception of how they can best ensure their children’s safety at that particular point in time” (Meyer, 2010a, p. 241).

Discussion

The present literature review aimed at identifying and discussing the different factors that influence help-seeking in response to IPV. A computerized search performed using the PsycINFO and Medline databases and a manual search led to the selection of 90 studies. This enabled a review of the state of the literature concerning IPV help-seeking facilitating and inhibiting factors. Before discussing the contributions of this review, it seems necessary to highlight some limits. First, our review was conducted using only two databases, which limits access to other works. Next, we only searched for articles in French and English. We did not find any study published in French, illustrating that this language was not suitable; and, in spite of the fact that the main language of the scientific community is mainly English, we could have possibly excluded other relevant works.

Synthesis of studies characteristics

The majority of the studies included are recent: only 3 were published before 2000 and more than half were published between 2010 and 2016, indicating that this field of research is quite new and taking on more and more importance. This finding is not surprising in light of the recent awareness of the scope of IPV and the growing significance of public health

policies to tackle this issue. Moreover, most of the studies were conducted in North America (63.33%), especially in the United States. Few were carried out in other parts of the world and only 10 in Europe. This is in line with Montalvo-Liendo (2009), who also reported a majority of American studies in his literature review of cross-cultural factors involved in IPV disclosure. Hence, it seems necessary to develop research and theoretical models in a European context.

This led us to our second finding concerning the poorly developed theoretical and conceptual frameworks in this field of research. Indeed, half of the studies included are descriptive. Only 4 developed an explanatory model of help-seeking. Moreover, almost half of the authors did not report the theoretical and conceptual frameworks of their research. Montalvo-Liendo (2009) also revealed an overrepresentation of descriptive studies in this field of research. This finding is further supported by several articles showing that the majority of studies in this domain describe the nature and scope of help-seeking without building specific theoretical frameworks (Kearney, 2001; Liang et al., 2005). They stress the importance of conceptualizing help-seeking. Other authors reported that the few existing models are cognitive, so tend to focus on individual and internal cognitive processes to explain help-seeking without taking into account interpersonal and sociocultural factors (Connell, 1987; Liang et al., 2005). IPV takes place in a social context with meanings, norms and values, which need to be considered in order to approach help-seeking processes holistically.

Toward a conceptualisation of the help-seeking process: a psychosocial approach

Today, help-seeking is viewed as a complex process (Liang et al., 2005). In this sense, this literature review shows that it is influenced by a wide range of factors that vary in nature (e.g., violence characteristics, socio-demographic factors, patriarchal norms and values). These factors should be considered as integral parts of a whole and not separately. Thus, any

attempt to understand help-seeking factors and their imbrication should be adapted to the social context and should rely on integrative approaches.

Social psychology offers, for example, interesting possibilities for conceptualizing and operationalizing help-seeking process in this perspective. This discipline allows us to study the relationship that victims have with IPV, help-seeking and support services taking determinants arising from the social context. Its specificity lies in the way it analyses reality (Doise, 1982). For Moscovici (1984), socio-psychological look is characterized by the ternary reading of phenomenon and relationships through the articulation of three dimensions: Ego (individual subject), Alter (social subject) and Objet. Thus, individuals, interpret, represent and understand objects (either physical or social) of their social world through their interactions with others. This model highlights a wide range of players, characteristics and relationships within a social context that carries ideologies, values and norms. Applied to help-seeking process, this look would allow to understand the articulation that is established between the victim (Ego), help-seeking behavior (Object), and others (Alter), the latter may be health professionals, relatives, or groups membership (see Figure 1). These three relationships are interdependent, dynamic, and their inter-connexion allows questioning the underlying logics of complex and multi-determined phenomenon such as help-seeking for IPV.

[Insert Figure 1 here]

Adopting this psychosocial approach led us to systematically consider the different factors identified in this literature review. In line with Doise (1980, 1982/1986, 2011), articulating perceptions and cognitions to socially shared norms and ideologies, allows to adopt a multifactorial and multilevel approach to help-seeking processes. According to this

author, four levels must be considered in the analysis and the explanation of a social fact. A first level of explanation focuses on the study of intra-individual processes. It is based on cognitive processing of social information reporting the way individuals structure their perception, experience, emotions within the environment. A second level describes inter-personal or intra-group interaction processes taking place in a given situation. A third level of explanation examines the role of different positions or status that social actors occupy in the structure of social interactions. A fourth level analyses society's ideologies, that is, culturally shared systems of beliefs, norms, values and representations that exist in order to validate and perpetuate an established social order. According to Doise (1982/1986; see also Doise & Mugny, 1995), it is not only a question of distinguishing and classifying the different types of analysis, but above all of articulating them. Indeed, the multi-level analyses "are more comprehensive because they provide a better description of a conceptualized process at one of the four levels, while at the same time specifying more precisely the conditions of its functioning that fall under other levels of analysis" (Doise & Mugny, 1995, p. 159).

The mobilization of these levels of analysis in the study of help-seeking process seems particularly propitious. Indeed, as this literature review shows, it already rests in itself on an articulation of processes. In fact, these processes can be captured at the level of the victim (e.g., perceptions, opinions, judgments, reasonings about violence, experiences with the different services, psychological factors); during inter-individual or symbolic social interactions that characterize the situations of help-seeking (e.g., interactions with the perpetrator, the relatives, the different professionals); in which individuals occupy a social status in the larger social structure (e.g., ethnic origin, gender, socio-professional category); rooting in a socio-cultural context that allows norms and values to be expressed (e.g., patriarchy, social dominance, beliefs in just world). However, it appears that few studies include in this literature review articulate the four levels of explanation. Otherwise, a

minority of studies mobilize explanations of levels 3 and 4. For example, the perception of violence is mainly apprehended at an intra-individual level. Barriers linked to the ethnic origin or the socio-economic status of the victims are rarely analysed as a social position. Moreover, as we have shown, only few studies refer directly to patriarchy or male domination as a social structure underlying IPV and its acceptance. **In the same way, it appears that few studies articulate the four levels of explanation.**

[Insert Table 3 here]

Applying this multi-level perspective to help-seeking process would first consists in articulating the different factors found in this literature review according to the level of explanation that they mobilize. For example, we can see in Table 3 that the factors *Violence characteristics* and *Children issues* can be articulated to the *Socio-demographic* (i.e., social status) and to the *Patriarchal norms and values* (i.e., ideologies) factors. Second, this model would consist in analysing the same help-seeking factor considering the articulation of the four levels. As an illustration, Table 3 indicates analyses examples for each of the four levels and the way they can be articulated with salient help-seeking factors found in this literature review. Consequently, Doise's propositions represent a useful way of organizing inhibiting and facilitating help-seeking factors and showing how help-seeking process is multi-factorial and how it depends on the interaction of the four levels. For example ideology (e.g., patriarchy) can affect position (e.g., gender roles) that can influence inter-individual interaction (e.g., obedience to man power) that can finally affect the individual level (e.g., feelings of shame and guilt, preventing the disclosure of violence). This multi-level reading grid leads us "to study the links between social regulations and cognitive functioning by answering the question *what social regulations update what cognitive functions in what*

specific contexts” (Doise, 1990, p. 115). The study of help-seeking process through this psychosocial approach could be an important issue to consider in order to move beyond the dominant level of analysis in this field of research that tend to psychologize victims and perpetrator and legitimate IPV (Romito, 2006).

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Table 1: *Characteristics of the included references*

Reference	Context and population	Method and type	Help-seeking facilitating and inhibiting factors
1. Ahmad et al. (2009)	Canada (<i>ethnic minority</i>) 22 women	Creation of a model Focus groups	Violence - Patriarchal norms and values - Social stigma - Environmental barriers - Partner - Psychological consequences of violence - Sociodemographic factors – Children issues
2. Alaggia et al. (2009)	Canada (<i>ethnic minority</i>) 406 women	Action research Focus groups	Violence - Patriarchal norms and values - Religion - Environmental barriers - Psychological consequences of violence - Sociodemographic factors - Children issues
3. Anderson et al. (2003)	United States 485 women	Descriptive study Questionnaire	Violence - Patriarchal norms and values - Religion - Environmental barriers - Partner - Children issues
4. Ansara and Hindin (2010)	Canada 696 women et 471 men	Comparative study Questionnaire	Violence - Sociodemographic factors
5. Anyikwa (2015)	United States (<i>ethnic minority</i>) 110 women	Descriptive study Questionnaire	Violence - Social stigma - Environmental barriers - Sociodemographic factors - Partner – Children issues
6. Barrett and St. Pierre (2011)	Canada 922 women	Descriptive study Questionnaire	Violence - Religion - Environmental barriers - Sociodemographic factors
7. Bauer et al. (2000)	United States (<i>ethnic minority</i>) 28 women	Exploratory study Focus groups	Patriarchal norms and values - Social stigma - Environmental barriers - Partner - Psychological consequences of violence - Sociodemographic factors - Children issues
8. Beaulaurier et al. (2005)	United States (<i>ethnic minority</i>) 134 women victims and non-victims	Descriptive study Focus groups	Patriarchal norms and values - Social stigma - Environmental barriers - Partner - Psychological consequences of violence - Sociodemographic factors - Children issues
9. Beaulaurier et al. (2007)	United States (<i>ethnic minority</i>) 134 women victims and non-victims	Descriptive study Focus groups	Violence - Patriarchal norms and values - Religion - Environmental barriers - Partner - Sociodemographic factors
10. Beaulaurier et al. (2008)	United States (<i>ethnic minority</i>) 134 women victims and non-victims	Creation of a model Focus groups	Patriarchal norms and values - Religion - Social stigma - Environmental barriers - Partner - Psychological consequences of violence
11. Berk et al. (1984)	United States 201 women	Creation of a model Questionnaire	Violence - Patriarchal norms and values - Environmental barriers - Partner - Sociodemographic factors - Children issues
12. Black et al. (2008)	United States 57 adolescents men et women	Comparative study Questionnaire	Violence - Sociodemographic factors
13. Bowker (1983)	United States 106 women	Descriptive study Interview	Violence - Environmental barriers - Partner - Children issues
14. Brabeck and Guzmán (2009)	United States (<i>ethnic minority</i>) 75 women	Descriptive study Questionnaire	Sociodemographic factors
15. Bui (2003)	United States (<i>ethnic minority</i>) 34 women and 11 professionals	Exploratory study Interview	Violence - Patriarchal norms and values - Religion - Social stigma – Env. barriers - Partner - Psychological consequences of violence - Sociodemographic factors - Children issues
16. Cattaneo and DeLoveh (2008)	United States 1077 women	Descriptive study Questionnaire	Violence - Environmental barriers - Sociodemographic factors
17. Cho et al., (2016)	United States 338 students victims and non-victims	Descriptive study Questionnaire	Violence - Psychological consequences of violence
18. Coker et al. (2000)	United States 313 women et 243 men	Comparative study Questionnaire	Violence - Sociodemographic factors
19. Decker et al. (2013)	India 32 women	Descriptive study Questionnaire & Interview	Violence - Patriarchal norms and values - Social stigma - Environmental barriers
20. DeVoe and Smith (2003)	United States 43 women,	Descriptive study Focus groups	Children - Environmental barriers
21. Djikanovic et al. (2011)	Serbia 282 women	Descriptive study Questionnaire	Violence - Social stigma - Environmental barriers - Partner - Sociodemographic factors - Children issues
22. Dufort et al. (2013)	Sweden 475 women	Comparative study Questionnaire	Violence - Partner - Psychological consequences of violence - Sociodemographic factors - Children issues
23. Duterte et al. (2008)	United States 1509 women	Descriptive study Questionnaire	Violence - Sociodemographic factors - Children issues

Table1: (Continued)

Reference	Context and population	Method and type	Help-seeking facilitating and inhibiting factors
24. Ergöçmen et al. (2013)	Turkey 4552 women	Descriptive study Questionnaire	Violence - Patriarchal norms and values - Social stigma - Environmental barriers - Partner - Sociodemographic factors - Children issues
25. Evans and Feder (2015)	England 31 women	Exploratory study Interview	Violence - Patriarchal norms and values - Religion - Environmental barriers - Partner - Psychological consequences of violence - Sociodemographic factors - Children issues
26. Fanslow and Robinson (2010)	New Zealand 956 women	Descriptive study Questionnaire	Violence - Patriarchal norms and values - Social stigma - Environmental barriers - Partner - Children issues
27. Few (2005)	United States (ethnic minority) 30 women	Comparative study Interview & Focus groups	Religion - Social stigma - Environmental barriers - Sociodemographic factors
28. Flicker et al. (2011)	United States 1756 women	Descriptive study Questionnaire	Violence - Sociodemographic factors
29. Ford-Gilboe et al. (2015)	Canada 309 women	Longitudinal Descriptive study Questionnaire	Environmental barriers - Psychological consequences of violence - Sociodemographic factors - Children issues
30. Francis et al. (2016)	Australia 12 women and 25 professional	Exploratory study Narratives Interview & focus group	Violence - Patriarchal norms and values - Social stigma - Psychological consequences of violence
31. Frías (2013)	Mexico 5904 women	Exploratory study Questionnaire & Interview	Violence - Patriarchal norms and values - Social stigma - Environmental barriers - Partner - Sociodemographic factors - Children issues
32. Frías and Agoff (2015)	Mexico 64 women	Descriptive study Questionnaire & Focus groups	Violence - Patriarchal norms and values - Social stigma - Environmental barriers - Partner - Sociodemographic factors - Children issues
33. Fugate et al. (2005)	United States (ethnic minority) 491 women	Descriptive study Interview	Violence - Social stigma - Environmental barriers - Partner
34. Gondolf (2002)	United States 278 women	Longitudinal Descriptive study Interview	Violence - Social stigma - Environmental barriers - Children issues
35. Hegarty et al. (2013)	Australia 272 women	Descriptive study Questionnaire	Violence - Psychological consequences of violence
36. Hyman et al. (2009)	Canada (ethnic minority) 836 women	Comparative study Questionnaire	Violence - Sociodemographic factors
37. Kamimura et al. (2013)	Japan 101 women	Descriptive study Questionnaire	Violence - Sociodemographic factors
38. Kamimura et al. (2014)	Japan 101 women	Descriptive study Questionnaire	Violence - Sociodemographic factors
39. Kim and Gray (2008)	United States 577 women	Longitudinal Descriptive study Questionnaire	Environmental barriers - Psychological consequences of violence - Sociodemographic factors
40. Kim and Lee (2011)	Korea 123 women	Descriptive study Questionnaire	Violence - Sociodemographic factors - Children issues
41. Kiss et al. (2012)	Brazil 657 women	Descriptive study Questionnaire	Violence - Social stigma - Environmental barriers - Partner - Children issues
42. Koepsell et al. (2006)	United States 448 women	Longitudinal Descriptive study Questionnaire	Violence - Environmental barriers - Psychological consequences of violence - Sociodemographic factors
43. Kulkarni et al. (2010)	United States (ethnic minority) 30 women and 24 professionals	Grounded Theory Focus groups	Violence - Social stigma - Environmental barriers - Psychological consequences of violence
44. Lawson et al. (2012)	United States (ethnic minority) 28 men and 431 women	Descriptive study Questionnaire	Violence - Sociodemographic factors
45. Linos et al. (2014)	Nigeria 5553 women	Descriptive study Questionnaire	Violence - Environmental barriers
46. Lipsky et al. (2006)	United States (ethnic minority) 182 women victims and 147 non-victims	Comparative study Questionnaire	Sociodemographic factors

Table1: (Continued)

Reference	Context and population	Method and type	Help-seeking facilitating and inhibiting factors
47. Loke et al. (2012)	Hong-Kong 9 women	Exploratory study Interview	Violence - Social stigma - Environmental barriers - Psychological consequences of violence - Children issues
48. Machado et al. (2016)	Portugal 89 men	Descriptive study Questionnaire	Violence - Social stigma
49. Macy et al. (2005)	United States 448 women	Comparative study Questionnaire	Violence - Psychological consequences of violence - Sociodemographic factors
50. Mahapatra and Dinitto (2013)	United States (ethnic minority) 57 women	Descriptive study Questionnaire	Violence - Patriarchal norms and values - Environmental barriers - Sociodemographic factors - Children issues
51. Meyer (2010 a)	Australia 29 women	Exploratory study Interview	Environmental barriers - Children issues
52. Meyer (2010 b)	Australia 2276 women victims and 4401 non-victims	Comparative study Questionnaire	Sociodemographic factors - Children issues
53. Moe (2007)	United States (ethnic minority) 19 women	Grounded theory Interview	Violence - Patriarchal norms and values - Social stigma - Environmental barriers - Partner - Sociodemographic factors
54. Mookerjee et al. (2015)	United States (ethnic minority) 22 women	Comparative study Focus groups	Violence - Social stigma - Environmental barriers - Psychological consequences of violence - Sociodemographic factors - Children issues
55. Morrison et al. (2006)	United States (ethnic minority) 15 women	Exploratory study Interview	Violence - Patriarchal norms and values - Social stigma
56. Murdaugh et al. (2004)	United States (ethnic minority) 216 women victims and 90 non-victims	Descriptive study Questionnaire	Violence - Social stigma - Environmental barriers - Sociodemographic factors - Children issues
57. Naved et al. (2005)	Bangladesh 28 women victims and 2 702 non-victims	Descriptive study Questionnaire & Interview	Violence - Patriarchal norms and values - Social stigma - Partner - Psychological consequences of violence - Sociodemographic factors - Children issues
58. O'Campo et al. (2002)	United States 390 women	Descriptive study Questionnaire & Interview	Violence - Social stigma - Environmental barriers
59. Odero et al. (2014)	Kenya 29 women, 31 men non-victims, 30 professionals	Exploratory study Focus groups	Violence - Patriarchal norms and values - Social stigma - Environmental barriers - Partner
60. Paranjape et al. (2007)	United States (ethnic minority) 30 women	Grounded theory Focus groups	Violence - Religion - Social stigma - Environmental barriers - Psychological consequences of violence
61. Parvin et al. (2016)	Bangladesh 1566 women	Descriptive study Questionnaire	Violence - Patriarchal norms and values - Social stigma - Sociodemographic factors - Children issues
62. Peckover (2003)	England 16 women	Exploratory study Interview	Violence - Children issues
63. Petersen et al. (2004)	United States (ethnic minority) 67 women victims and non-victims	Exploratory study Focus groups	Violence - Patriarchal norms and values - Religion - Social stigma - Environmental barriers - Partner - Psychological consequences of violence - Children issues
64. Postmus et al. (2014)	United States (ethnic minority) 25 women	Descriptive Interview	Violence - Patriarchal norms and values - Religion - Social stigma - Environmental barriers - Sociodemographic factors
65. Prosman et al. (2014)	Holland (ethnic minority) 14 women	Descriptive study Interview	Violence - Social stigma - Environmental barriers - Psychological consequences of violence
66. Pyles et al. (2012)	United States 3 women	Exploratory study Narratives	Violence - Patriarchal norms and values - Social stigma - Environmental barriers - Partner - Children issues
67. Ragusa (2013)	Australia 36 women	Grounded theory Interview & Questionnaire	Violence - Social stigma - Environmental barriers - Partner - Psychological consequences of violence - Sociodemographic factors - Children issues
68. Raj and Silverman (2007)	United States (ethnic minority) 44 women	Grounded theory Questionnaire & Interview	Violence - Patriarchal norms and values - Social stigma - Environmental barriers - Partner - Psychological consequences of violence - Sociodemographic factors - Children issues

Table1: (Continued)

Reference	Context and population	Method and type	Help-seeking facilitating and inhibiting factors
69. Randell et al. (2011)	United States (<i>ethnic minority</i>) 62 women	Grounded theory Focus group	Violence - Environmental barriers - Psychological consequences of violence - Sociodemographic factors - Children issues
70. Rasool (2015)	South Africa 17 women	Grounded Theory Interview	Children - Patriarchal norms and values
71. Reina et al. (2014)	United States (<i>ethnic minority</i>) 10 women	Exploratory study Focus-group & Interview	Violence - Patriarchal norms and values - Social stigma - Environmental barriers - Psychological consequences of violence - Sociodemographic factors
72. Rhodes et al. (2010)	United States (<i>ethnic minority</i>) 39 women	Grounded Theory Focus groups	Violence - Patriarchal norms and values - Environmental barriers - Children issues
73. Rose et al. (2011)	England 16 women, 2 men and 20 professionals	Exploratory study Interview	Violence - Social stigma - Psychological consequences of violence - Sociodemographic factors
74. Sabina et al. (2014)	United States (<i>ethnic minority</i>) 95 adolescents (boys and girls)	Descriptive study Questionnaire	Violence - Social stigma - Sociodemographic factors
75. Shannon et al. (2006)	United States 757 women	Comparative study Questionnaire	Sociodemographic factors
76. Shen (2011)	Taiwan 10 women	Exploratory study Interview	Violence - Patriarchal norms and values - Social stigma - Environmental barriers
77. Simmons et al. (2011)	United States (<i>ethnic minority</i>) 121 women	Descriptive study Questionnaire	Violence - Social stigma - Environmental barriers - Partner - Children issues
78. Spencer et al. (2014)	Jordanian 153 women victims and 17 non-victims	Exploratory study Focus groups & Questionnaire	Violence - Patriarchal norms and values - Social stigma - Environmental barriers - Partner - Psychological consequences of violence - Sociodemographic factors - Children issues
79. St. Pierre and Senn (2010)	Canada 280 lesbian and gay victims and non-victims	Descriptive study Questionnaire	Environmental barriers
80. Stork (2008)	United States 25 women	Creation of a model Interview	Violence - Patriarchal norms and values - Social stigma - Environmental barriers - Partner - Children issues
81. Silva-Martínez	United States (<i>ethnic minority</i>) 9 women	Ethnographic approach Observation & interview	Violence - Patriarchal norms and values - Social stigma - Psychological consequences of violence - Environmental barriers - Sociodemographic factors - Children issues
82. Ting et al (2009)	United States (<i>ethnic minority</i>) 15 women	Phenomenological approach Interview	Violence - Patriarchal norms and values - Religion - Social stigma - Environmental barriers - Partner - Sociodemographic factors - Children issues
83. Tonsing (2014)	Hong-Kong (<i>ethnic minority</i>) 14 women	Grounded theory Interview	Patriarchal norms and values - Social stigma - Children issues
84. Tonsing (2016)	Hong-Kong (<i>ethnic minority</i>) 14 women and 6 professionals	Grounded theory Interview	Patriarchal norms and values - Sociodemographic factors - Children issues
85. Tsui (2014)	United States 80 men	Descriptive study Questionnaire	Environmental barriers - Sociodemographic factors - Children issues
86. Vatnar and Bjørkly (2009)	Norway 157 women	Descriptive study Questionnaire	Violence - Sociodemographic factors - Children issues
87. Vatnar and Bjørkly (2013)	Norway 157 women	Descriptive study Questionnaire	Violence
88. Wiist and McFarlane (1998)	United States (<i>ethnic minority</i>) 329 women	Descriptive study Questionnaire	Violence - Sociodemographic factors
89. Wolf et al. (2003)	United States (<i>ethnic minority</i>) 41 women	Exploratory study Focus groups	Violence - Patriarchal norms and values - Environmental barriers - Psychological consequences of violence - Sociodemographic factors - Children issues
90. Zoellner et al. (2000)	United States (<i>ethnic minority</i>) 65 women	Descriptive study Questionnaire	Violence - Partner - Sociodemographic factors - Children issues

Table 2: *Identification of help-seeking facilitating and inhibiting factors depending on the number of references*

Help-seeking facilitating and inhibiting factors	N (% of total articles)
Violence characteristics and violence perception	73 (81.11)
Violence severity	42 (46.66)
Fear of repercussion	34 (37.77)
Non-recognition of violence / violence perceived as “normal”	32 (35.55)
Type of violence	19 (21.11)
Fear that one’s life is in danger	19 (21.1)
Frequency and duration of violence	14 (15.55)
Threats and intimidation by the partner	14 (15.55)
Injuries caused by violence	10 (11.11)
Can no longer endure violence	11 (12.22)
Sociodemographic factors	67 (74.44)
<i>Ethnic origin</i>	<i>33 (36.66)</i>
Language barriers	14 (15.55)
Fear of negative consequences on immigration status	12 (13.33)
Feeling of discrimination	9 (9.99)
Lack of knowledge about rights and laws	6 (6.66)
Social isolation due to immigration	5 (5.55)
<i>Socio-economic status</i>	<i>15 (16.66)</i>
<i>Education level</i>	<i>17 (18.88)</i>
<i>Relationship characteristics</i>	<i>13 (14.44)</i>
<i>Age</i>	<i>10 (11.11)</i>
<i>Gender</i>	<i>8 (8.88)</i>
Environmental barriers	62 (68.88)
<i>Institutions and services</i>	<i>50 (55.55)</i>
Negative representation of police (e.g., negative past experiences, lack of trust and support)	35 (38.88)
Lack of accessibility and availability	28 (31.11)
Lack of trust and support	24 (26.66)
Negative experiences (e.g., discrimination, discrepancy between victim’s request and answers received)	14 (15.55)
Lack of involvement of health professionals	12 (13.33)
Denial of the effectiveness of any assistance	9 (10.0)
<i>Lack of knowledge and information about services and legislation</i>	<i>32 (35.55)</i>
<i>Lack of financial and material resources</i>	<i>25 (27.77)</i>
<i>Geographical isolation</i>	<i>7 (7.77)</i>
Children issues	51 (56.66)
<i>As inhibiting factors</i>	<i>34 (37.77)</i>
Fear of losing custody or not seeing them anymore	17 (18.88)
Preserve the family unit for children’s wellbeing	17 (18.88)
<i>As facilitating factors</i>	<i>27 (30.0)</i>
Children being threatened or hurt	8 (8.88)
Children witnessing violence	7 (7.77)
Social Stigma	45 (50.0)
Feeling of shame	32 (35.55)
Fear of blame and stigmatization	21 (23.33)
Taboo and silence around violence	18 (20.0)
Culpability	15 (15.55)
Fear of not being believed	8 (8.88)
Patriarchal norms and values	38 (42.22)
Preserve family (e.g., honor, keeping it united)	22 (24.44)
Violence as a normal course of conduct within couples / as an expression of love	15 (16.66)
Importance attached to marriage and its sanctity	12 (13.33)
Negative perception of divorce	11 (12.22)
Rigid gender roles	9 (10.0)
Subordination of women by their husbands	8 (8.88)
Psychological consequences of violence	33 (36.66)
Social isolation	15 (16.66)
Psychological and emotional state	8 (8.88)
Depression and lower self-esteem	7 (7.77)
Sense of powerlessness and hopelessness	6 (6.66)
Alcohol and drug consumption	5 (5.55)
Partner	30 (33.33)
Love toward partner and desire to preserve the relationship	17 (18.88)
Exoneration of the abuser	13 (14.44)
Hope for change	11 (12.22)
Desire to protect the partner	9 (10.0)
Religion	13 (14.44)
Beliefs and values held by religion impeding help-seeking	11 (12.22)
Source of coping with violence	4 (4.44)

Table 3: *Examples of salient help-seeking factors at different levels of analysis*

	Violence characteristics	Environmental barriers	Children issues
Level 1	Considering individual perceptions and cognitive processes		
Intra-individual	Analysis of the representations of violence (e.g., attitudes, meanings, perceived seriousness)	Analysis of the representations of services, as well as of the experience of using these services	Analysis of representations of family and of the perceived role toward children
Examples	Victims who have experienced severe violence disclose it more often than those who have experienced less serious violence	Some services aren't perceived as accessible and victims report negative experiences and a lack of trust in institutions	The focus on preserving family unity and the perception of father as essential in the children's education prevents women from leaving
Level 2	Considering the influence of the situation and interpersonal relations		
Inter-individual	Analysis of representations of different actors. Analysis of the influence of the context on these representations	Analysis of the dynamics of relations between professionals and victims within different services	Analysis of perceived roles of women and men in the family and toward children
Examples	The perceived severity depends on the causes associated to violence (e.g., "provocation" of the woman, jealousy of the man)	Victims do not feel supported by professionals who can be judging or may not understand situations (this is more prevalent with the police)	The perception of men as the financial providers and women as the ones taking care of the children's well-being
Level 3	Considering the social status and power relationships		
Positional	Analysis of these representations according to social status (e.g., gender, ethnic origin)	Analysis of these interactions according to social status (e.g., victim vs. practitioner, native vs. immigrant)	Analysis of gender roles according to power relations between men and women
Examples	The violence is more tolerated when women behave in contradiction to their gender role (i.e., do not obey their husband)	Knowledge of the system is a privilege of the dominants: immigrant, low education level victims report less violence from legal or formal services	These differentiated gender roles are based on asymmetrical value that is placed on sexual groups by society
Level 4	Considering ideologies, values and norms characteristic of a society		
Ideological	Analysis of these representations according to patriarchal ideologies, their social function and to the shared values/beliefs that maintain it	Analysis of these interactions according to dominant ideologies that contribute to social hierarchies of power, dominance and status	Analysis of culturally constructed expectations around gender and responsibilities according to patriarchal ideologies
Examples	The more individuals adhere to ideologies legitimizing patriarchy, the more they legitimize the violence and the less they perceived it as severe	The institutionalization of patriarchy or social dominance ideologies is reflected on professionals judgments and practices	This asymmetry constraining people's behaviour serves to maintain patriarchy