

# *Barriers to Domestic Violence Help Seeking*

## *Implications for Intervention*

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*Data were obtained from the Chicago Women's Health Risk Study, in which 491 abused women were interviewed in public health centers and a hospital. Responses of a subgroup of these women who did not seek help through the identified interventions are examined. Common themes emerge across the help-seeking interventions studied: individual thresholds for the seriousness of the violence, a perceived requirement to end the relationship, and certain specific barriers. The responses provide a glimpse into abused women's reasons for not seeking particular interventions. Implications for public health, mental health, domestic violence counseling agencies, and the police are discussed.*

**Keywords:** *domestic violence; help seeking; service provision*

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*Research on domestic violence interventions often focuses on projects that are aimed at reducing or ending the violence, such as the*

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criminal justice system's responses, including arrest policies and abuser treatment programs (Bennett, Goodman, & Dutton, 1999; Dobash & Dobash, 2000; Edleson & Frick, 1997; Fleury, 2002). The effectiveness of these interventions is evaluated by measuring success as a change in behavior or reduction in physical violence. This research assesses the utility of the service from the professional or provider viewpoint and is often focused on an end to the relationship. For instance, Weisz, Tolman, and Bennett (1998) examined the interaction between battered women and the legal and domestic violence service systems. They found that women who received protective orders were more likely to have a completed court case. Often, this research defines success for the victim rather than the victim defining what is a successful intervention.

Even when the victim's perspective is taken into account, the focus often continues to be placed on ending the violence or the relationship. For instance, Lerner (1999) examined women's readiness to leave a violent relationship and the helping resources those women used. Similarly, Donato and Bowker (1984) examined the help sources used by 146 women to end their abuse. It is important that these studies and others (Bowker, 1993; Tjaden & Thoennes, 2000) recognize that domestic violence victims do seek help from a variety of domestic violence service providers. However, overlooked in this research is the victim's perception of the utility or effectiveness of the intervention.

There are examples of research that examines the victim's satisfaction with a particular intervention. For instance, Fleury (2002) conducted an evaluation of client satisfaction with the criminal legal system, examining the survivor's satisfaction with the police response, the prosecutor's handling of the case, the court system process, and the court outcome. Other research explores the victim's use of, or decision to use, an intervention, particularly the criminal justice system. For instance, some explore the

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victim's decision to call the police (Coulter, Kuehnle, Byers, & Alfonso, 1999; Hutchinson, Hirschel, & Pesackis, 1994; Johnson, 1990), and others examine the victim's perceptions of the police response (Stephens & Sinden, 2000). This research is important in evaluating the effectiveness of particular interventions to decrease violence, to evaluate the victim's satisfaction with existing interventions, and to make improvements in services for women. What is missing from the research is an examination of the reasons why a victim or survivor would choose not to use a particular intervention.

In the present research, we begin with women who had been abused in the year prior to the interview rather than focusing on women who have ended the abuse. In addition, unlike previous research that begins by assessing interventions that have been used by abused women, we examine the reasons abused women gave for not using these interventions. We examined the nonuse of police, medical attention, and counseling assistance, as well as the informal help defined as talking to a family member, neighbor, acquaintance, or friend. This information is vital to begin to understand what keeps victims from using particular help sources as well as how systems and services may be improved to meet the needs of those who are the intended users.

## METHODOLOGY

### SAMPLE

This article examines one section, the help-seeking choices of abused women, of the Chicago Women's Health Risk Study (CWHRS; Block, 2000). The primary goals of the CWHRS were to identify risk factors for death or life-threatening injury for a woman who is being abused by an intimate partner and to provide vital information to those working directly with women in abusive relationships.

The CWHRS screened all women for abuse who entered one Chicago-area hospital and four community-based health centers in 1997. Face-to-face interviews lasting approximately 45 minutes were completed with a sample of 491 women who were screened as abused and a comparison group of 208 women who were

screened as not abused in the previous year. The analysis in this article is based on the interviews with the abused women.

*Abuse* was defined as being physically hurt or threatened or being forced to engage in sexual activity in the previous year. A 1-year calendar history of abuse was developed by each of the women. Recorded incidents were coded on an injury severity scale that was based on a modified version of the Conflict Tactics Scale (Straus, 1979) and the Campbell Incident Severity Scale (Campbell, 1986). Together, these measures gauge both the incident and the injury; the highest of the two scores (the injury and the incident) is coded as follows:

- 1 = forced sex only—no other injury, weapon, or threat;
- 0 = threat to hit with a fist or anything else that would hurt her;
- 1 = slapping, pushing—no injury, no lasting pain;
- 2 = punching, kicking—bruises, cuts, and/or continuing pain;
- 3 = beating up, choking—severe contusions, burns, broken bones;
- 4 = threat weapon use—head injury, lost consciousness, internal or permanent injury; and
- 5 = weapon use—wounds from a weapon.

For further elaboration of the retrospective 1-year calendar history and incident coding, see Block (2000).

The women in this study reported between 1 and 172 incidents of abuse in the year prior to the date of the initial interview. Just less than half (44%) experienced 4 or more incidents in the previous year, whereas 29% experienced a single incident. Based on our coding scheme, almost equal numbers of women reported their most severe incident in the previous year as slapping or pushing (23%), punching or kicking (23%), or being beaten up or choked (23%). For 25% of the women, the most severe incident experienced was in the most significant category of being threatened with a weapon or of having head or internal injury or the use of a weapon against her. Of the women who experienced one single incident in the previous year (141 women, 29%), the greatest percentage experienced slapping (31%) or punching (28%).

The women in this study ranged in age from 18 to 62; the median age was 30. The majority of the respondents described themselves as African American, African, or Black (69%) or Latina or Hispanic (22%). Eighty-one women were interviewed in Spanish. More than half of the women (57%) were single, and 23%

were married or in a common-law marriage. Three women were homeless, and 55 lived in a group home or institution at the time of the interview. The majority (71%) of the women had a high school education or less. Most of the women were unemployed; 29% were employed full-time or part-time. Reported household income was less than \$10,000 for 45% of the women. Despite the low income, 75% of the women stated that they had some money or income that they controlled.

### DATA ANALYSIS

This article examines the study participants' nonuse of formal and informal interventions or help seeking. The terms *intervention* and *help seeking* are used interchangeably and refer to interview questions in the CWHRS that cover four types of help seeking: talking to someone, using an agency or counselor, seeking medical care, and calling the police. Participants were asked whether they used each type of help and whether the intervention was helpful. The focus of this article is on women's stated reasons for choosing not to use a particular intervention. The four help-seeking questions were introduced as follows:

When incidents like these happen, sometimes women get help or advice from a friend, sometimes they call an agency or counselor, and sometimes they contact a medical center or the police. On the other hand, sometimes they decide it is best not to contact anyone. I am going to describe some of these possibilities, and I would like you to tell me if you ever did any of these things in the past year.

This section of the CWHRS interview allowed women the opportunity to explain in their own words their reasons for not using an avenue of help seeking. Interviewers recorded a phrase that captured the women's response or marked a general reason checklist.

Coding schemes were developed based on similarity in women's responses rather than coding the responses into predetermined categories. In other words, inductive coding was used, allowing the women's responses to form into groupings, identified as coding schemes. For each question, all responses or reasons for not using the intervention were printed onto strips of paper. Several collaborators then physically grouped similar

responses together and made an initial attempt to identify themes in question responses. Following the initial grouping and labeling, two researchers reviewed the themes and discussed any disagreement. General themes were composed of many subthemes that were then collapsed by the researchers. The final themes and subthemes were brought to the article authors for agreement. Each of the four help-seeking types was coded independently of the others, allowing themes to emerge for each question separately. Themes and subthemes are presented in Table 1.

These groupings allow for discussion and analysis of the general themes and subthemes found in the responses. In this article, we discuss the main themes and subthemes, but for the purpose of clarity, only main themes are presented in Table 2. We discuss the theme similarities found in reasons for not using each of the four help-seeking types and follow that with an examination of the differences between interventions. Finally, we discuss the implications of these findings for policy and practice.

## RESULTS

Contacting an agency or counselor was the least often used intervention; 82% of the abused women did not contact an agency or counselor. The next least used intervention was medical care; 74% (364) of the women did not seek medical care following an incident in the year prior to the day of the initial interview. Sixty-two percent (302 and 5 for whom someone else called the police when she did not) did not call the police. Finally, only 29% (140) of the women did not talk to someone else, such as family and friends about the incident.

Table 1 presents the main themes and all subthemes found in responses. Each woman could offer up to three reasons for not using each of the help-seeking avenues. Table 2 presents the main themes found, the total number of responses, and the percentage of responses represented by each theme. Presented are the general themes found in the responses to each intervention (subthemes are not presented here). Some response themes did not appear in all four help-seeking types; however, that does not mean that the response was never given. Subjectively, some particular responses did not appear often enough to warrant the

TABLE 1  
Themes and Subthemes Found in Responses

Themes	Subthemes			
	Agency or Counselor	Medical	Police	Talk to Someone
Not needed or not useful	Not serious enough, not useful, did something else, self-sufficiency	Not serious enough, not useful, did something else, self-sufficiency	Not serious enough, not useful, did something else, self-sufficiency, someone else called the police	Not serious enough, not useful, did something else, self-sufficiency, talking will no longer help
Barriers	External barriers, partner prevented, lack of knowledge of resources, shame and criticism	Logistical and other barriers, partner prevented	Logistical and other barriers, partner prevented	No one to talk to, privacy
Protect partner and preserve relationship	Protect partner, preserve relationship	Protect partner	Excusing partner, preserve relationship	
Privacy and confidentiality	Privacy, fear, lack confidentiality and trust, concern over others' reactions	Privacy, fear, embarrassment	Privacy, fear	
Consequences			Consequences for her, consequences for him	
Fear				Fear
Other and don't know	Don't know	Don't know	Didn't want to because . . . , don't know, other	Don't know, other

**TABLE 2**  
**Major Themes in Reasons for Not Using a Help-Seeking Intervention**

<i>Theme</i>	<i>Agency or Counselor</i>		<i>Medical</i>		<i>Police</i>		<i>Talking to Someone</i>	
	%	n	%	n	%	n	%	n
Not needed or not useful	37.9	202	74.3	310	38.7	151	38.8	71
Barriers	20.1	107	6.0	25	7.9	31	47.5	87
Protect partner and preserve relationship	6.8	36	2.2	9	10.0	39		
Privacy and confidentiality	18.0	96	9.1	38	13.1	51		
Consequences					12.8	50		
Fear							9.8	18
Other	17.3	92	8.4	35	17.4	68	3.8	7
Total reasons	100	533	100	417	100	390	100	183



designation of a theme for that question. Although the themes are similar, the subthemes that compose the theme differ by question.

### SIMILARITIES IN RESPONSES

*Not needed or not useful.* The response theme *not needed or not useful* appeared across all four help-seeking types. It was the most common reason given for not using the formal help-seeking interventions of contacting an agency or counselor, not seeking medical care, and not calling the police.

The victim's belief that the service of an agency or counselor was not needed or not useful represented 38% of the reasons for not contacting an agency or counselor. Many indicated that the violence or situation "wasn't that serious." Some women did not believe that counseling or an agency could help them. Some of these women reported not needing an agency or counselor because they did something else, such as "counseled myself" or talked to someone else.

Fully, 74% of the women who did not seek medical care gave not needed or not useful reasons for not seeking medical care. The majority (227) of the reasons suggested that the violence or situation was not considered serious enough to seek medical care or that the medical care was not considered useful.

Not needed or not useful was given by 39% of the women who did not call the police after an incident. The majority of those who indicated that the police were not needed or useful felt that it "was not that serious." Women provided a number of other reasons why the police were not considered useful: The woman was not married to her partner, it was the partner's home, calling won't change the situation, or the police wouldn't do anything. Some women stated that they "did something else," such as leaving the abuser, and therefore, the police were not needed.

Finally, 39% (71) felt that talking to someone was not needed or useful. However, this theme was not the most common response as in the other three help-seeking types. The majority of these reasons focus on the seriousness of the violence. Women did not view the incident or incidents as serious enough to talk to someone. Some women indicated that talking was not useful, and others believed that talking would no longer be useful, implying that some women did talk to someone in the past. Finally, talking to

someone was not needed or not useful because some women “did something else” or handled the situation themselves.

*Barriers.* Another theme that emerged across all four types of help seeking was various barriers to using the intervention. Barriers constituted 20% (107) of the women’s reasons for not contacting an agency or counselor. The majority of these were external barriers, such as no money, insurance, or time. Eight women’s partners prevented them from contacting an agency or counselor. Despite efforts by domestic violence service agencies to raise awareness, a large number of women lacked knowledge of resources. These included women who did not know of any agencies, did not know who to contact, did not know where to go, or did not know how to contact an agency or counselor.

Few women cited barriers as a reason for not seeking medical care (25, 6%). Logistical barriers, such as lack of child care or transportation, were less common reasons than their partner prevented them from seeking medical care.

Barriers were identified as 8% of the reasons for not calling the police. For instance, some women did not have a telephone or did not know how to call the police. A few women did not call the police because they, their abusers, or other relatives were police officers. Presumably, these women did not believe that they would receive help if they called the police. Also, 17 women said that their partners prevented them or that their partners threatened them with further abuse or death.

The most common reason for not talking to someone was related to barriers and isolation (87, 48%). These women may have wanted to talk to someone but did not have someone available with whom to discuss the violence. Some women gave privacy reasons; the incidents or the relationship are too personal and are “nobody else’s business.” Finally, some expressed shame, embarrassment, or fear of being judged or criticized if they talked to someone. These reasons may reflect the abuser’s tactic of isolating and shaming the woman, which are common dynamics in domestic violence.

*Protect partner and preserve relationship.* The theme *protect partner and preserve relationship* was found in all three of the formal help-seeking types but was not found in the informal type of talking to

someone. This theme represents 7% (36) of the reasons for not contacting an agency or counselor. Women expressed concern that going to an agency or counselor would somehow get their partner into trouble. Some women said that they did not go to an agency because they weren't going to leave the relationship with their partner. It appears that these women may believe that to seek help from an agency or counselor they must end the relationship.

An important theme in the reasons for not contacting the police is to protect the partner or preserve the relationship. These reasons include excusing the partner's behavior or the desire to preserve the relationship. These reasons also suggest the perception that if women called the police, they would need to end the relationship.

Unlike the other forms of intervention, medical care was rarely perceived to be a threat to the relationship. Few women cited embarrassment or fear as reasons for not seeking medical care. Only 2% (9) of the reasons for not seeking medical care was a concern about getting the partner into trouble.

*Privacy and confidentiality.* Privacy and confidentiality responses formed themes for the formal but not the informal help seeking. These reasons represent 18% of the reasons for not contacting an agency or counselor. These reasons relate to concerns about the agency or what might happen if they sought an agency or counselor. For instance, some women expressed a lack of trust or a concern about another's, presumably the counselor's, reaction to their experience. Other reasons included feeling embarrassed or uncomfortable. Several were concerned that other authorities, such as the police or child protective services, would be notified. Some were just scared or afraid the abuser would find out.

*Other.* Finally, women gave other reasons that were not captured by the other themes. These reasons are found across interventions and represent a fairly large percentage of the reasons for not contacting an agency or calling the police. For agency or counselor, 17% of the reasons (92) were "don't know," "didn't think of it," "just didn't," and "no reason." These reasons may be similar to those given by women who did not know where to find an

agency or counselor or who may not have been aware of resources or how an agency or counselor might address their needs.

This theme also represented 17% of the reasons (68) for not contacting the police. These reasons included “just did not want to” call the police or get involved with the police, whereas others “didn’t think of it” or “don’t know” why they did not call the police. Similarly, some women stated “don’t know” when asked their reasons (8%, 35) for not seeking medical care. The other responses represent 4% of the reasons for not talking to someone.

### DIFFERENCES IN RESPONSES

Themes emerged that are unique to the particular help-seeking types (Table 1). The reasons given for not calling the police are very similar to the reasons given for not going to an agency or counselor or for not seeking medical care. One important difference was the concern about the consequences of calling the police, both for her and her partner. These consequences represent 13% (50) of the reasons. Some of the consequences about which women were concerned were immigration status, child protective services, and loss of housing. However, the majority focused on consequences for their abuser, including not wanting to get him arrested or sent to jail. The reason given by some was that the abuser had just gotten out of jail or was on parole.

Fear represents 10% of the reasons (18) for not talking to someone. Although fear represents a much smaller percentage of the reasons than do the themes *not needed or not useful* and *barriers*, it is important to recognize that many women did not talk to someone because of fear. The women expressed fear that the abuser would find out or that they would “put others in the middle.” Some just said that they were scared. Also, three women indicated that they were afraid family members would seek revenge if told about the incident. Fear may have been a reason for not using other interventions; however, that fear was more often specific (confidentiality, fear of others finding out).

### DISCUSSION

Women offered many reasons for not seeking help from these four interventions. Several overarching patterns of responses

emerged that cut across the four types of help seeking discussed here.

### **THRESHOLDS**

The seriousness of the violence or situation was a major reason offered by women for not seeking formal help from an agency or counselor, medical provider, or the police. This suggests a threshold for abuse, implying that after a certain point, either the injuries are serious enough or the situation becomes frightening enough (such as threatening to harm her children) to seek formal intervention. Hutchinson et al. (1994) found that domestic violence-related calls to the police often involve less serious incidents. Similarly, we found that calling the police is partially related to the severity and frequency of the violence but that these thresholds are personally determined and vary among women and across interventions.

There are many possible explanations why women who are experiencing violence may consider it to be not serious enough for intervention. In a study of police and social workers' responses to domestic violence, Home (1991-1992) found that both groups were more likely to act when there was physical violence rather than threats. Women may perceive the reluctance of others to intervene unless there are visible signs of physical violence and, therefore, may not seek help from these formal sources, believing it not to be appropriate for their situation. We cannot know whether the women said the situation was not serious because they truly believed that it was not serious enough for formal intervention or because they were influenced by their own or others' perceptions that assistance would not be forthcoming.

### **REQUIREMENT TO END THE RELATIONSHIP**

Women gave the reasons that they were not going to end the relationship and that they "love him" as reasons for not calling the police as well as for not going to an agency or counselor. Many women perceive that to get help from an agency or the police, they must be prepared to end the relationship. This focus on ending the violence and relationship was apparent in the domestic violence research discussed earlier. Additionally, Home (1991-1992)

found that women were more readily referred for legal help by police and social workers if they (victims) appeared determined to change their situation as opposed to being ambivalent in it.

The majority of the women in our study sought informal help by talking to someone about the abuse, and some women were advised to leave the relationship. These women may then choose not to seek formal intervention because they expect a similar response to their situation. On the other hand, some women may have been encouraged to remain in the relationship (for religious, financial, family, or other reasons). These women may also be reluctant to seek formal intervention because they perceive the intervention will cause the relationship to end.

## **BARRIERS**

Four kinds of barriers cut across all types of the help seeking examined in this article: hassle, fear, confidentiality, or tangible loss. Some women “did not want the hassle” associated with going to an agency or calling the police. With all that is going on in these women’s lives, calling the police may not be perceived as worth the effort. Bennett et al. (1999) surveyed and interviewed battered women who were pressing charges against an intimate partner. Obstacles, such as the general confusion presented by the system, frustration, fear, and feelings of guilt about sending their partner to jail, were identified. The obstacles presented by prosecution may also influence women’s decisions to call the police. The women may believe they know what will follow after telephoning the police and “don’t want the hassle.”

When asked why they chose not to seek help, many women said that they were afraid. Fear was also found to be a “major deterrent to telling anyone about the violence” (Young, 1998). Fear was given as a reason for not calling the police more often than it was given for not seeking medical care or contacting an agency or counselor. Women may see calling the police as very different from other interventions. Medical care and counseling are more often interventions directed at the victim, whereas much police intervention is focused on the abuser. Furthermore, abused women do not control the process or outcome of police intervention, and their perspectives are not taken into account (Stephens & Sinden, 2000). Women experienced fear about the possible

consequences of police intervention, such as abuser retribution or the abuser being arrested or sent to jail. Conversely, if a victim calls the police and they do not intercede, she may also experience retribution. Mistrust of the police among some communities may also contribute to some women's fears (Sorenson, 1996; Stephens & Sinden, 2000; Weis, 2001).

Another barrier for some women is fear of specific losses. Fear of losing her home, of immigration authorities, or of losing her children to child protective services are realities. An article in the Tacoma, Washington, *News Tribune* on August 25, 2000 (Robinson, 2000), discussed this reality. The article featured an abused woman who was evicted from her apartment after the police responded to a domestic call. The landlord was quoted as saying the following: "We don't want your type of people here." Yet other barriers for some women were concerns about privacy or breaches of confidentiality. These barriers were universal across interventions and ranged from women feeling too embarrassed to talk about it to feeling it was a private matter to concerns about their confidentiality being violated.

### IMPLICATIONS

This article illustrates the many complex barriers identified by women who did not use a help-seeking intervention that may be overlooked by formal systems and service agencies. It is important that those who work directly with women in abusive relationships consider what some survivors of domestic violence presented as the barriers or reasons for not seeking help from them.

We believe the data on women's help seeking in the CWHRS offer three important implications for service providers and communities: a need for increased awareness among victims of domestic violence and communities about available services, a need for ongoing evaluation of whether existing services and systems approaches meet the needs of all victims of domestic violence, and last, reinforcement of the notions that victims' safety should inform all of these efforts and that victims have the right to self-determination.



### NEED FOR INCREASED AWARENESS

This study found that many women reported not being aware of domestic violence programs or how to access them. Because the study found that most victims at least talked to someone, the fact that women's help seeking did not include contacting a domestic violence program may indicate that the people to whom victims talked were also not aware of such resources. This is a disturbing finding and suggests that domestic violence services may not be well integrated into many communities. This problem may also point to the simple fact that there is a lack of domestic violence resources in Chicago (Landis, 1997), as is true in cities across the United States.

In addition to a lack of awareness about the availability of resources, our findings indicate that women held misconceptions about who should appropriately seek domestic violence services. For example, many victims indicated that they believed they needed to end their relationship with their abuser to access domestic violence services. Others said that they believed their situations were not serious enough for a domestic violence intervention. Neither ending a relationship nor the seriousness of the abuse are requirements to receive domestic violence services. These findings indicate that more education needs to be done to raise awareness and to dispel certain myths among victims and the general public. Broad public awareness campaigns should stress the impact of domestic violence on women and their children and the toll abuse has on our communities and quality of life. These campaigns should encourage victims to conclude that what they are experiencing is, in fact, serious enough to reach out for assistance and should help others in whom victims confide to recognize that any domestic violence warrants support.

Shame and embarrassment were key reasons many victims gave for not reaching out for help from all the systems we examined. Building public awareness about the commonality of the experience and the impact of domestic violence on the victim, children, and the community may reduce the shame and embarrassment victims feel. At the same time, we must send a clear message to perpetrators that their behavior is unacceptable.



### EXAMINING THE SYSTEMS' RESPONSES TO THE NEEDS OF DOMESTIC VIOLENCE VICTIMS

In this study, the women viewed certain formal systems as less threatening than others. Our study replicated previous research findings showing that when asked, women were comfortable discussing domestic violence in the health care settings (Ramsay, Richardson, Carter, Davidson, & Feder, 2002). However, many health care providers do not screen for domestic violence (Warshaw cited in Lamberg, 2000). We strongly agree with the guidelines of the American Medical Association (1992) and many other national medical organizations that screening for domestic violence should be institutionalized in all health care settings.

Domestic violence services have been a vital lifeline for many victims of abuse during the past 25 years. Some women expressed concern that information they shared with domestic violence interventions would not be kept confidential. Such lapses may increase danger, compromise a victim's attempts to enhance her safety, and reinforce her feelings of betrayal and mistrust. Methods for holding systems accountable for failures to uphold victims' safety, confidentiality, and right to self-determination must be established.

Originally, the domestic violence movement focused on safety and practical support for women who sought help by providing shelter for victims (Dobash & Dobash, 1979; Tierney, 1982). Pursuing safety led to the involvement of the criminal and legal systems. These systems became the promoted focus for intervention (Horton & Johnson, 1993). The multiple reasons given by women for not seeking help from the criminal justice system show that such approaches may not have been the preference of many women. The initial focus on criminal justice deemphasized informal and community-based help seeking and led to policies mandating criminal justice interventions for help seekers (mandatory arrest, mandatory reporting in health care settings, victimless prosecution, and requirements by some shelters that victims seek orders of protection or make a police report). These policies need to be critically examined.

A significant proportion of women in the CWHRS had not been served by the counseling systems examined in this study. An original core approach of the domestic violence service movement required that abused women take the initiative to seek help by

making contact with a domestic violence shelter (Murray, 1988). Domestic violence advocates must be in the forefront of examining this premise and explore the risks and benefits of active outreach or follow-up contact with already identified victims.

### VICTIM SAFETY AND SELF-DETERMINATION

Our findings indicate that the study participants made highly individualized assessments of the seriousness of their situations and the usefulness of the help-seeking systems examined. The domestic violence advocacy movement has historically operated from the premise that victims generally know the dangers they may face from their partner better than an outsider might. Interviews with women in the CWHRS revealed what the advocacy community has known for some time: Most survivors of abuse are resilient and strategic, and they actively pursue safety for themselves and their children.

Help seeking is traditionally thought of as a victim's use of external or formal systems. However, women in this study identified a variety of internal ways to cope with their situation through employing many self-care techniques. We must continue to honor women's choices and not mandate certain specific paths of action as the only correct way to cope with violence. Women's assessments that certain formal interventions would not be useful may be accurate and should be respected by those within the various helping systems. For some women, there may be no ideal form of help seeking; women make the most of what is available and may try different strategies over time as their situations change.

### CONCLUSION

Domestic violence continues to take an enormous toll on abused women, our communities, and society as a whole. The CWHRS provided the opportunity to hear from almost 500 abused women about barriers to seeking help. They identified serious flaws in the way our society addresses domestic violence.

Informal helpers were the largest source of support to women in this study. An informed caring community of support would greatly enhance a woman's ability to evaluate her situation and decide what assistance she needs. Efforts to educate communities

about domestic violence and potential resources will make informal helpers a more powerful resource for abused women.

Women's responses identified clear areas for change in the services that abused women are currently encouraged to use. We must continue to critically examine our formal responses to domestic violence. A victim-centered analysis is crucial to research, intervention development, and evaluation that address the evolving needs of victims over time. This analysis will help broaden the formal approach by expanding our definition of domestic violence assistance (e.g., addressing the practical needs of housing and economic self-sufficiency). As always, the goals of victim safety and empowerment should be central to any response.

In summary, we need to acknowledge the significant role that informal helpers have always played in the lives of abused women. We can't presuppose what assistance women want or need at any given time. Combining efforts of the formal systems and informal helpers will serve to remove many of the barriers to keeping women safe in their efforts to end the violence in their lives.

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