

Prioritizing Barriers to Help-Seeking for Intimate Partner Violence

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ABSTRACT

Objective: This study aimed to identify and prioritize the psychological, social, economic, structural, interpersonal, and informational barriers that prevent women from seeking help in cases of intimate partner violence (IPV).

Methods and Materials: The research was conducted in two phases. The first phase adopted a qualitative design, employing a systematic literature review of studies published between 2000 and 2025 to identify recurring themes related to help-seeking barriers for IPV survivors. Data were analyzed using NVivo 14 software until theoretical saturation was achieved, leading to six main categories: psychological, social and cultural, economic, structural and institutional, interpersonal and relational, and informational and awareness barriers. In the second quantitative phase, a structured questionnaire derived from these themes was distributed to 216 women in South Africa who had experienced or witnessed IPV. Responses were analyzed using SPSS version 26, with mean scores and ranking analysis applied to prioritize the identified barriers.

Findings: Results showed that psychological barriers ranked as the most significant deterrent to help-seeking (mean = 4.61, SD = 0.42), followed by social and cultural barriers (mean = 4.47, SD = 0.48) and economic barriers (mean = 4.29, SD = 0.51). Structural and institutional barriers ranked fourth (mean = 4.16, SD = 0.57), while interpersonal and relational barriers (mean = 3.98, SD = 0.62) and informational and awareness barriers (mean = 3.75, SD = 0.65) were of relatively lower but still notable importance. The hierarchical ranking highlights the interplay between internalized emotions, sociocultural pressures, and systemic inadequacies in shaping help-seeking behaviors.

Conclusion: The study underscores the primacy of psychological and cultural factors in deterring help-seeking among IPV survivors. Effective interventions should therefore combine trauma-informed psychological support, cultural awareness training, and systemic reforms to enhance accessibility, trust, and empowerment within survivor-centered service frameworks.

Keywords: Intimate partner violence; help-seeking behavior; psychological barriers; social and cultural factors.

1. Introduction

Intimate partner violence (IPV) remains one of the most pervasive and underreported forms of gender-based violence, affecting millions of women worldwide across diverse social, cultural, and economic contexts (Kunasagran et al., 2024; Waller et al., 2021). Despite growing awareness and policy attention, a significant proportion of victims do not seek formal help from law enforcement, healthcare providers, or support organizations. The decision to disclose abuse and seek help is complex and often shaped by intersecting individual, relational, social, and structural factors (Fekri et al., 2025; Win, 2025). Understanding these multifaceted barriers is essential for designing effective, culturally sensitive interventions that support survivors and promote justice and recovery.

Globally, IPV affects nearly one in three women, a statistic that has persisted over decades despite advancements in women's rights movements and protective legislation (Kunasagran et al., 2024). The COVID-19 pandemic further intensified this crisis, as lockdowns and social isolation increased victims' exposure to violence while simultaneously reducing access to help (Yirgu et al., 2023). Studies conducted in low- and middle-income countries indicate that survivors often remain silent due to fear of retaliation, economic dependency, and social stigma (Fekri et al., 2025; Rohn & Tenkorang, 2022). Similarly, research from high-income settings shows that even when services are available, psychological distress, cultural expectations, and distrust in institutions prevent women from seeking support (Allen-Leap et al., 2022; Waller et al., 2022). These patterns demonstrate that the barriers to help-seeking transcend geography, revealing systemic failures to address survivors' emotional, cultural, and practical realities.

Psychological barriers, including fear, shame, and trauma-related avoidance, represent some of the most powerful deterrents to help-seeking (Fekri et al., 2025; Reed et al., 2024). Many survivors internalize guilt and self-blame, perceiving abuse as a personal failure or a normal aspect of intimate relationships (Brockdorff et al., 2022; Waller et al., 2022). Such self-directed emotions are often reinforced by the abuser's manipulation and control, which erode victims' self-efficacy and reinforce dependency. Studies from Iran and Myanmar show that women experience intense anxiety about disclosing abuse, fearing social ostracization and harm to their children (Fekri et al., 2025; Win, 2025). These internal struggles make it difficult

for survivors to view themselves as legitimate victims in need of assistance, perpetuating silence and emotional isolation (Kim et al., 2023; Sultana et al., 2024).

Social and cultural factors further compound the challenge by embedding gender inequality and stigma into the social fabric (Leat et al., 2023; Sultana et al., 2022). In patriarchal societies, women are often socialized to preserve family unity at all costs, internalizing messages that endurance and forgiveness signify moral strength (Alsinai et al., 2023; Sultana et al., 2024). Family and community members may discourage help-seeking, emphasizing the preservation of marital relationships over individual well-being (Reeves et al., 2023; Sheeran et al., 2022). Furthermore, religious interpretations are sometimes used to rationalize male dominance and female submission, reducing the perceived legitimacy of formal interventions (Rohn & Tenkorang, 2022; Zark et al., 2022). This cultural conditioning has been documented across diverse regions—from South Asia and the Middle East to sub-Saharan Africa—where social conformity and fear of gossip sustain women's silence (Sultana et al., 2022; Yirgu et al., 2023).

Economic dependency constitutes another significant barrier, as financial insecurity limits women's options for leaving abusive relationships or pursuing legal remedies (Harris & Woodlock, 2022; Rohn & Tenkorang, 2022). Many survivors rely on their partners for housing, childcare, and basic financial support, leaving them with few viable alternatives when abuse occurs (Fekri et al., 2025). The costs associated with legal action, relocation, and medical care further discourage help-seeking, particularly among low-income and rural women (Alves-Costa et al., 2022; Yirgu et al., 2023). Research from Ghana and Bangladesh reveals that even when support centers are available, the absence of sustainable income and the high cost of transportation or legal assistance often deter victims from accessing them (Newaz et al., 2023; Rohn & Tenkorang, 2022). These findings highlight how economic structures sustain dependency and make safety contingent on resources that women frequently lack.

Institutional and structural barriers reveal the inadequacies within systems designed to protect survivors (Allen-Leap et al., 2022; Reed et al., 2024). Across global contexts, survivors report negative experiences with police, healthcare professionals, and legal representatives, who often display victim-blaming attitudes or fail to recognize the complexity of IPV (Reeves et al., 2023; Waller et al., 2022). Bureaucratic inefficiency, delays in the judicial process, and limited interagency coordination undermine

trust in formal systems (Harris & Woodlock, 2022; Martin et al., 2022). Moreover, rural-urban disparities persist, with women in remote areas facing logistical challenges, such as lack of transportation and inadequate service coverage (Yirgu et al., 2023). Research from high-income countries also indicates that migrant and refugee women face additional institutional barriers, including language difficulties, fear of deportation, and limited awareness of rights and procedures (Allen-Leap et al., 2022; Sheeran et al., 2022).

Interpersonal dynamics within abusive relationships add another layer of complexity. Emotional manipulation, social isolation, and coercive control tactics are central to maintaining the abuser's power and obstructing help-seeking (Alsinai et al., 2023; Bardwell et al., 2024). Abusers often employ threats involving children, such as custody manipulation or harm, to ensure victims' compliance (Rohn & Tenkorang, 2022; Sultana et al., 2024). In some contexts, the partner's family or community networks reinforce these control mechanisms, pressuring victims to remain silent (Leat et al., 2023). For LGBTQIA+ survivors, relational barriers are further complicated by fears of discrimination, outing, and lack of safe spaces in service systems (Bardwell et al., 2024; Martin et al., 2022). These interpersonal and social control mechanisms highlight how help-seeking is not merely a matter of individual choice but a contested process constrained by relational power dynamics.

Emerging evidence also underscores the role of informational and technological factors in shaping help-seeking pathways. Limited awareness of available resources, misconceptions about the utility of services, and low digital literacy contribute to underutilization of support (Waller et al., 2021; Zark et al., 2022). For many survivors, particularly those in rural or marginalized communities, the internet and social media can serve as double-edged tools—offering both anonymity and risk (Harris & Woodlock, 2022). Online platforms have facilitated access to confidential counseling and peer support networks, yet technology-enabled abuse—such as surveillance or digital harassment—has simultaneously expanded the reach of perpetrators (Brockdorf et al., 2022). Despite these risks, digital innovation holds promise for improving survivors' access to help when appropriately safeguarded and culturally adapted (Bardwell et al., 2024; Kim et al., 2023).

Cross-national studies reveal striking similarities in the nature of these barriers, despite contextual differences (Waller et al., 2022; Win, 2025). Whether in high-income countries with established legal frameworks or in developing

nations with limited social services, survivors confront overlapping layers of psychological distress, cultural stigma, and institutional neglect (Fekri et al., 2025; Reeves et al., 2023). Migrant and minority women often experience compounded vulnerability due to intersecting identities involving race, class, and immigration status (Allen-Leap et al., 2022; Alsinai et al., 2023). Moreover, studies suggest that help-seeking behaviors differ across cultural groups—not because of a lack of need, but due to varying definitions of abuse, perceptions of formal authority, and trust in community-based solutions (Martin et al., 2022; Zark et al., 2022). These insights point to the necessity of contextualizing IPV interventions to align with local realities while respecting survivors' autonomy and agency.

Recent frameworks emphasize intersectionality and empowerment as guiding principles for improving help-seeking outcomes (Sheeran et al., 2022; Waller et al., 2021). Empowerment-based models advocate for survivor-centered approaches that address emotional recovery, rebuild social networks, and remove systemic barriers (Allen-Leap et al., 2022; Reed et al., 2024). Intersectional analyses reveal that overlapping identities—such as gender, ethnicity, and immigration status—shape both the experience of violence and the accessibility of support services (Alves-Costa et al., 2022; Leat et al., 2023). Accordingly, policy responses must move beyond one-size-fits-all interventions and instead foster inclusive, trauma-informed systems capable of recognizing the diversity of survivors' needs (Reeves et al., 2023; Win, 2025).

While the literature provides valuable insight into the individual and structural dimensions of help-seeking barriers, there remains a need for integrative frameworks that rank and prioritize these obstacles within specific sociocultural contexts. Most existing studies have explored barriers descriptively rather than hierarchically, leaving gaps in understanding their relative impact on survivors' decision-making processes (Reed et al., 2024; Sultana et al., 2022). Addressing this gap is vital for guiding policymakers, practitioners, and advocacy organizations in allocating resources and designing targeted interventions.

Therefore, the present study aims to identify and prioritize the barriers to help-seeking among women experiencing intimate partner violence through a sequential mixed-methods approach integrating qualitative thematic analysis and quantitative ranking.

2. Methods and Materials

2.1. Study design and Participant

This study employed a sequential exploratory mixed-methods design consisting of two distinct phases. The first phase was qualitative, aimed at identifying and conceptualizing the major barriers to help-seeking among women experiencing intimate partner violence (IPV). The second phase was quantitative, focusing on ranking and prioritizing these identified barriers based on their perceived significance among participants.

The quantitative phase included 216 participants from South Africa, selected through purposive sampling. The inclusion criteria required participants to be adult women (aged 18 years and older) with direct or indirect experience of IPV or those working in community or healthcare settings related to women's protection and social support. Participants were drawn from various provinces to ensure representation across diverse socioeconomic and cultural backgrounds. All participants voluntarily provided informed consent, and ethical approval was obtained from the relevant institutional review board prior to data collection.

2.2. Measures

In the first (qualitative) phase, data collection was conducted exclusively through an extensive systematic literature review of peer-reviewed empirical and theoretical studies published in major academic databases such as Scopus, Web of Science, PubMed, and PsycINFO. The search strategy included keywords such as "intimate partner violence," "help-seeking behavior," "barriers," "domestic violence," and "women." Articles published between 2000 and 2025 were reviewed to capture both classical and contemporary perspectives.

The review process continued until theoretical saturation was achieved—that is, when no new conceptual categories emerged from the literature. From this process, a comprehensive list of barriers to help-seeking was extracted and coded. Each barrier was categorized into themes such as psychological, social, cultural, structural, and legal barriers. This phase laid the foundation for developing the quantitative instrument used in the next stage.

In the second (quantitative) phase, a structured questionnaire was designed based on the identified themes and indicators from the qualitative phase. Participants rated the importance and frequency of each barrier using a five-

point Likert scale (from 1 = "Not important" to 5 = "Extremely important"). The questionnaire was administered both online and in person to maximize participation while ensuring confidentiality and safety, particularly for survivors of IPV.

2.3. Data Analysis

Data analysis was performed in two phases corresponding to the study design.

For the qualitative phase, thematic analysis was conducted using NVivo 14 software to code, organize, and interpret the data derived from the literature review. The coding process involved open, axial, and selective coding to identify and refine categories of barriers to help-seeking. Patterns and relationships among themes were explored to develop a conceptual framework for the quantitative phase.

For the quantitative phase, descriptive and inferential statistical analyses were performed using SPSS version 26. Descriptive statistics (mean, standard deviation, and frequency) were used to summarize the demographic characteristics of participants and the distribution of responses. To prioritize the barriers, ranking analysis and mean score comparisons were applied. Additionally, reliability of the scale was assessed through Cronbach's alpha coefficient, ensuring internal consistency of the questionnaire.

Findings from both phases were integrated during interpretation to provide a comprehensive understanding of the most critical barriers influencing help-seeking among South African women exposed to intimate partner violence.

3. Findings and Results

In the first phase of this study, a qualitative content analysis was conducted to identify and conceptualize the multifaceted barriers that prevent women from seeking help in cases of intimate partner violence (IPV). Using a systematic literature review as the data source, studies published between 2000 and 2025 were examined until theoretical saturation was achieved. The extracted data were analyzed through open, axial, and selective coding using NVivo 14 software. This process led to the emergence of six overarching themes that encapsulate the range of obstacles women face in seeking formal or informal support. Each theme comprises several subthemes and related open codes representing the nuanced factors influencing help-seeking behavior.

Table 1*Main Themes, Subthemes, and Concepts Identified in the Qualitative Phase*

Main Category (Theme)	Subcategory	Concepts (Open Codes)
1. Psychological Barriers	Fear of retaliation	Threats from partner, fear of harm, anxiety about consequences, emotional intimidation, children's safety concerns
	Shame and self-blame	Internalized guilt, stigma of victimhood, cultural shame, low self-esteem, learned helplessness
	Trauma-related avoidance	Emotional numbness, denial, withdrawal, post-traumatic stress, fear of reliving experiences
	Dependency and attachment	Emotional dependence, fear of loneliness, hope for partner's change, normalization of abuse
2. Social and Cultural Barriers	Social stigma	Fear of gossip, loss of social status, community blame, victim shaming
	Family pressure	Emphasis on family unity, parental advice to tolerate abuse, intergenerational silence
	Gender norms	Patriarchal expectations, women's obedience, control over female behavior
	Religious interpretations	Misuse of religious texts, pressure to preserve marriage, faith-based endurance
	Lack of social awareness	Ignorance of IPV laws, misinformation about women's rights, normalization of violence
3. Economic Barriers	Financial dependency	No personal income, partner controlling finances, lack of employment opportunities
	Cost of legal action	Court expenses, legal fees, transportation costs, financial strain
	Housing insecurity	Fear of homelessness, dependency on partner's property, lack of shelters
4. Structural and Institutional Barriers	Inadequate services	Limited IPV centers, insufficient staff training, poor coordination among agencies
	Police insensitivity	Dismissal of complaints, secondary victimization, bias toward reconciliation
	Legal system inefficiency	Bureaucratic delays, weak enforcement, lack of legal literacy
	Healthcare barriers	Lack of screening for IPV, insensitive responses from professionals, lack of referral systems
5. Interpersonal and Relational Barriers	Rural-urban disparities	Limited access in rural areas, geographic isolation, lack of transportation
	Emotional manipulation	Partner's apologies, cycles of affection and abuse, gaslighting
	Social isolation	Restriction from friends/family, control over communication, mistrust of others
6. Informational and Awareness Barriers	Fear for children	Threats to custody, concern for children's stability, manipulation using children
	Dependence on partner's family	Pressure from in-laws, fear of family rejection, loss of support network
	Lack of knowledge of resources	Unawareness of shelters, lack of information on hotlines, limited outreach
	Misconceptions about help-seeking	Belief that help is useless, distrust in authorities, perception that abuse is private
	Language and communication barriers	Lack of translation services, inability to express abuse, illiteracy
	Digital illiteracy	Inability to use online support systems, lack of access to safe communication platforms

The qualitative analysis revealed six overarching themes representing the complex web of barriers that inhibit women's help-seeking behaviors in cases of intimate partner violence (IPV). The first major theme, **psychological barriers**, underscores the internal struggles that victims face when contemplating disclosure or seeking assistance. Fear of retaliation from an abusive partner often acts as a powerful deterrent, compounded by anxiety over potential harm to themselves or their children. Feelings of shame and self-blame further erode self-worth, leading many women to internalize guilt and normalize abuse as a personal failure. The trauma of ongoing violence cultivates emotional numbness and avoidance tendencies, while emotional dependency and attachment foster hope for the abuser's

change. These intertwined psychological mechanisms entrap victims in cycles of silence and endurance rather than empowerment and action.

The second theme, **social and cultural barriers**, captures the influence of deeply ingrained gender norms, community expectations, and collective attitudes toward IPV. In many cultural contexts, social stigma and fear of gossip deter women from seeking help, as public acknowledgment of domestic issues is perceived as dishonorable. Family pressure to maintain unity and protect the family's reputation reinforces a culture of silence, often passing from one generation to another. Gender norms rooted in patriarchy dictate female obedience and submission, while misinterpretations of religious teachings further justify

endurance over confrontation. Additionally, the general lack of social awareness regarding women's legal rights and the normalization of domestic violence perpetuate the invisibility of the problem, leaving victims unsupported within their own communities.

A third theme, **economic barriers**, reflects the material constraints that restrict women's autonomy and decision-making capacity. Financial dependency on the abusive partner is one of the most persistent deterrents to help-seeking, as many women lack personal income or employment opportunities. The cost of legal procedures, transportation, and relocation presents further obstacles, particularly for low-income women. Moreover, housing insecurity — including the fear of homelessness and lack of access to safe shelters — often forces victims to remain in abusive environments despite the risks. These economic vulnerabilities make the choice between safety and survival a painful dilemma for many women.

The fourth theme, **structural and institutional barriers**, reveals the systemic shortcomings within the very institutions intended to protect survivors. Inadequate services, such as underfunded IPV centers and poorly trained staff, limit the accessibility and quality of support. Police insensitivity and dismissive attitudes lead to secondary victimization, reinforcing the perception that authorities are unreliable. Legal systems characterized by bureaucracy, delays, and weak enforcement further discourage reporting, while healthcare providers often fail to identify or appropriately respond to signs of abuse. In rural or remote areas, the lack of transportation and geographical isolation exacerbate these issues, creating pronounced inequalities between urban and rural access to protection and justice.

The fifth theme, **interpersonal and relational barriers**, focuses on the dynamics within intimate and social relationships that entangle victims in cycles of dependence. Emotional manipulation, including gaslighting and cycles of affection and abuse, distorts women's perceptions of reality

and diminishes their confidence to seek help. Social isolation imposed by controlling partners restricts access to family and friends, while threats concerning children — such as loss of custody or harm — are used as powerful tools of coercion. Dependence on the partner's family and the fear of being rejected or ostracized by in-laws further inhibit action. Together, these relational dynamics construct a climate of emotional captivity that obstructs pathways to external support.

Finally, the sixth theme, **informational and awareness barriers**, highlights the lack of knowledge and access to accurate information regarding available support systems. Many women remain unaware of shelters, hotlines, and legal protections, while misconceptions about the futility of help-seeking or distrust in authorities reduce the likelihood of outreach. Language difficulties, illiteracy, and the absence of translation services create additional layers of exclusion for non-native speakers or marginalized groups. Furthermore, digital illiteracy and lack of access to safe communication technologies hinder the use of online support resources. Collectively, these informational deficiencies perpetuate a state of confusion and inaction, leaving victims without the guidance or means to navigate pathways toward safety and justice.

In the second phase of the study, the barriers identified during the qualitative analysis were quantitatively evaluated to determine their relative significance among South African participants. Using data collected from 216 respondents, each barrier category was rated on a five-point Likert scale ranging from "Not important" (1) to "Extremely important" (5). The quantitative data were analyzed using SPSS version 26, and mean scores were computed to establish the hierarchy of importance. The ranking aimed to clarify which categories exert the strongest influence in preventing help-seeking behaviors among women facing intimate partner violence.

Table 2

Ranking of Barriers to Help-Seeking for Intimate Partner Violence (N = 216)

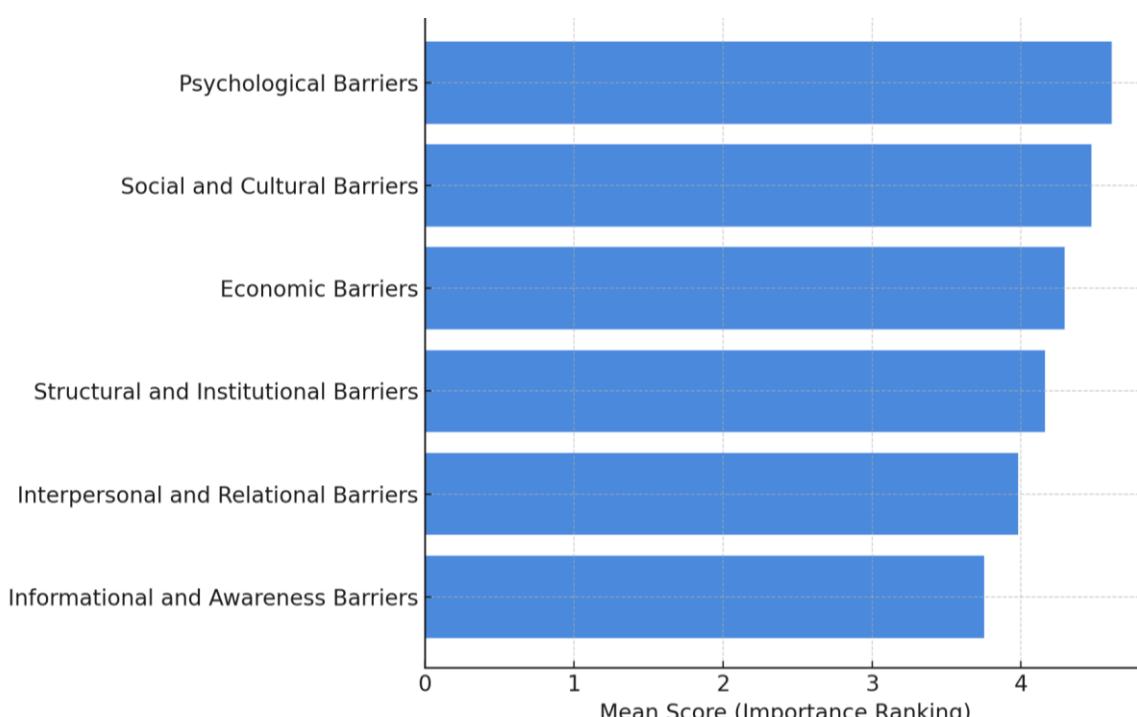
Rank	Barrier Category	Mean Score	Standard Deviation	Interpretation
1	Psychological Barriers	4.61	0.42	Very High Importance
2	Social and Cultural Barriers	4.47	0.48	Very High Importance
3	Economic Barriers	4.29	0.51	High Importance
4	Structural and Institutional Barriers	4.16	0.57	High Importance
5	Interpersonal and Relational Barriers	3.98	0.62	Moderate Importance
6	Informational and Awareness Barriers	3.75	0.65	Moderate Importance

The ranking analysis revealed that psychological barriers are the most influential factors limiting women's willingness to seek help, reflecting the profound emotional and cognitive challenges faced by IPV survivors. Social and cultural barriers were the second most significant, emphasizing the power of stigma, family norms, and gendered expectations in discouraging disclosure. Economic barriers ranked third, underscoring the material constraints that trap women in abusive environments. Structural and institutional barriers followed, highlighting the deficiencies within formal support systems such as police, legal, and healthcare

institutions. Interpersonal and relational barriers also played a moderate role, primarily through emotional manipulation and isolation by partners. Lastly, informational and awareness barriers received the lowest ranking, though still moderately important, indicating that while awareness is growing, many women remain uninformed about available services. Together, these findings illustrate a layered structure of hindrances that intertwine personal, cultural, and systemic dimensions in shaping women's help-seeking behaviors.

Figure 1

Ranking of Barriers to Help-Seeking for Intimate Partner Violence



4. Discussion and Conclusion

The findings of this study provide a comprehensive understanding of the barriers that hinder women from seeking help in cases of intimate partner violence (IPV), particularly within the sociocultural context of South Africa. Through a sequential mixed-methods approach, six main categories of barriers were identified and subsequently ranked in order of importance: psychological, social and cultural, economic, structural and institutional, interpersonal and relational, and informational and awareness barriers. The quantitative ranking revealed that psychological barriers emerged as the most significant deterrent, followed closely by social and cultural barriers, while informational and

awareness barriers ranked lowest, though still meaningful. These results collectively indicate that women's reluctance or inability to seek help stems primarily from emotional and cognitive obstacles reinforced by sociocultural norms and systemic deficiencies.

The prominence of psychological barriers in this study aligns with extensive evidence highlighting the role of internalized fear, shame, and self-blame in silencing survivors of IPV (Fekri et al., 2025; Win, 2025). Fear of retaliation, concern for children's safety, and anticipatory anxiety regarding the repercussions of disclosure were recurrent themes in participants' accounts and in the literature. These emotional and cognitive impediments echo findings from Myanmar and Iran, where survivors often

remain silent despite severe abuse due to the internalization of guilt and feelings of powerlessness (Fekri et al., 2025; Win, 2025). The trauma of sustained violence can also lead to emotional numbness and avoidance behavior, which prevent survivors from perceiving help-seeking as a viable coping strategy (Reed et al., 2024). Waller and colleagues describe this as a cycle of “psychological captivity,” where the abuser’s control infiltrates the victim’s self-concept, creating a perception that leaving is impossible (Waller et al., 2022). Similarly, Brockdorff et al. reported that trauma-related cognitive distortions—such as denial and self-blame—further diminish help-seeking motivation (Brockdorff et al., 2022). Thus, consistent with prior studies, the current findings affirm that psychological recovery and empowerment are foundational to initiating external help-seeking behaviors among IPV survivors.

The social and cultural barriers, ranked second in importance, reflect the deeply embedded patriarchal and collectivist values that shape women’s lived experiences and choices (Sultana et al., 2024; Sultana et al., 2022). In many cultural contexts, particularly in South Asia and sub-Saharan Africa, societal stigma and familial expectations of endurance perpetuate silence (Rohn & Tenkorang, 2022; Yirgu et al., 2023). The findings are consistent with Sultana et al., who demonstrated that women internalize cultural scripts valorizing patience and self-sacrifice, discouraging the pursuit of external intervention (Sultana et al., 2022). Similarly, Reeves et al. found that survivors are often discredited in legal or social systems that prioritize family preservation over women’s safety (Reeves et al., 2023). In South Africa, this manifests as community-level pressures to maintain social harmony, even at the expense of personal well-being. Religious and cultural justifications for male dominance exacerbate the situation by framing female obedience as a moral duty (Alsinai et al., 2023; Sheeran et al., 2022). These findings affirm that social and cultural norms not only discourage disclosure but also shape the moral frameworks through which women interpret their victimization.

The third-ranked category, economic barriers, underscores the structural dependency that traps survivors in cycles of abuse. Many participants indicated that lack of personal income, financial control by partners, and absence of state-funded shelters deterred them from leaving abusive relationships. This is consistent with research showing that economic vulnerability is among the strongest predictors of continued victimization (Harris & Woodlock, 2022; Rohn & Tenkorang, 2022). Fekri et al. similarly found that in Iran,

economic constraints coupled with patriarchal control systems render help-seeking an unaffordable option for many women (Fekri et al., 2025). In Ghana, Rohn and Tenkorang reported that women often view financial stability as a prerequisite for leaving abusive partners, as economic dependency intertwines with social legitimacy (Rohn & Tenkorang, 2022). Studies in Bangladesh also highlight the role of financial precarity in shaping survivors’ decision-making, showing that even when help centers exist, costs related to transportation, childcare, and legal fees remain prohibitive (Newaz et al., 2023). Collectively, these findings suggest that effective intervention strategies must integrate financial empowerment programs and economic support mechanisms alongside psychosocial interventions to break the material dependency cycle.

Structural and institutional barriers, ranked fourth, highlight systemic inadequacies in law enforcement, judicial, and healthcare systems that are supposed to serve survivors. Respondents reported distrust toward police authorities, bureaucratic delays in legal proceedings, and dismissive attitudes from service providers—patterns corroborated by previous research (Allen-Leap et al., 2022; Reed et al., 2024). Reed et al. found that domestic violence advocates themselves perceive service delivery as fragmented and inconsistent, particularly across diverse survivor subpopulations (Reed et al., 2024). Similarly, Allen-Leap et al. identified that migrant and refugee survivors often encounter institutional discrimination, language barriers, and fear of deportation when approaching formal systems (Allen-Leap et al., 2022). In rural or low-resource settings, inadequate service coverage and lack of coordination between agencies further reduce the likelihood of effective intervention (Harris & Woodlock, 2022; Yirgu et al., 2023). These institutional shortcomings perpetuate a cycle where survivors’ distrust in authorities reinforces underreporting, thereby concealing the magnitude of the problem and limiting opportunities for systemic reform.

The fifth-ranked category, interpersonal and relational barriers, captures the relational dynamics that sustain abuse and obstruct help-seeking. Participants described how emotional manipulation, gaslighting, and coercive control by their partners inhibited their capacity to act independently. These relational mechanisms are central to the maintenance of IPV and are well-documented across different populations (Alsinai et al., 2023; Bardwell et al., 2024). The use of children as tools of coercion—through threats of custody loss or harm—further entrenches dependency (Rohn & Tenkorang, 2022; Sultana et al., 2024).

Leat et al. found that survivors in domestic violence shelters often face isolation not only from partners but also from extended family members, illustrating how relational networks themselves can serve as enforcers of silence (Leat et al., 2023). Among LGBTQIA+ individuals, relational barriers are compounded by fears of discrimination, outing, and exclusion from mainstream services (Bardwell et al., 2024; Martin et al., 2022). The convergence of these relational dynamics with broader sociocultural constraints reinforces the notion that help-seeking cannot be understood as a purely individual act but rather as one embedded within systems of interpersonal power and control.

The final category, informational and awareness barriers, though ranked lowest, remains an essential component of the broader help-seeking ecology. Many participants expressed limited awareness of available services, confusion about reporting procedures, and misconceptions about the effectiveness of formal interventions. These findings align with those of Zark et al., who reported that tertiary students in Australia—despite high educational attainment—often lacked knowledge about IPV support systems and legal frameworks (Zark et al., 2022). Similar patterns were noted by Waller et al., who emphasized that informational deficits are particularly pronounced among African American women navigating intersectional systems of discrimination (Waller et al., 2021). In addition, digital literacy gaps and fear of online surveillance inhibit survivors from using web-based resources safely (Harris & Woodlock, 2022). However, studies also show that technology-based platforms, when adequately safeguarded, can enhance accessibility and privacy for survivors (Bardwell et al., 2024; Brockdorff et al., 2022). These insights suggest that while informational barriers may not hold the same psychological weight as fear or shame, they remain critical for ensuring equitable access to available support systems.

Overall, the ranking of barriers in this study reinforces the multidimensional nature of help-seeking behavior among IPV survivors. The convergence of psychological distress, cultural expectations, and systemic inadequacies suggests that interventions must operate across multiple ecological levels—individual, relational, community, and institutional (Reed et al., 2024; Waller et al., 2022). Consistent with intersectional perspectives, these findings affirm that survivors' experiences are shaped not only by gender but also by class, ethnicity, immigration status, and access to information (Allen-Leap et al., 2022; Leat et al., 2023). Importantly, the relatively lower ranking of informational barriers suggests a potential shift in public awareness, yet the

enduring dominance of psychological and cultural constraints highlights the continued need for trauma-informed, culturally grounded, and empowerment-based approaches (Sultana et al., 2024; Win, 2025).

The results also contribute to theoretical understandings of help-seeking behavior. Waller's theory of help-seeking among IPV survivors conceptualizes the process as a progression from self-recognition to disclosure, negotiation, and action (Waller et al., 2022). The current findings affirm this model by illustrating how psychological and social barriers obstruct the earliest stages of recognition and disclosure. Furthermore, Allen-Leap et al.'s scoping review demonstrated that survivors' trust in service providers significantly predicts whether they move from awareness to engagement (Allen-Leap et al., 2022). The hierarchical nature of barriers observed in this study—beginning with internal and extending outward to systemic obstacles—suggests that interventions should be sequenced similarly: beginning with emotional healing, followed by empowerment, and finally systemic reform.

In conclusion, the present study adds to a growing body of literature emphasizing the complexity of help-seeking among IPV survivors. The findings highlight the need for multi-layered strategies that simultaneously address emotional resilience, cultural transformation, economic empowerment, and institutional accountability. While awareness campaigns and technological tools are beneficial, they cannot replace the foundational work of dismantling fear, stigma, and patriarchal control that continue to silence victims worldwide.

5. Limitations and Suggestions

This study, while comprehensive, has several limitations. First, the qualitative phase relied solely on literature-based data rather than interviews or focus groups, which may have restricted the depth of context-specific experiences. Although theoretical saturation was achieved, lived narratives could have added greater emotional and cultural nuance. Second, the quantitative phase was limited to 216 participants from South Africa, which, while diverse, may not fully represent all cultural, linguistic, and socioeconomic groups within the region. Third, the ranking method, while effective for prioritization, may oversimplify the complex interplay among barriers. Finally, self-report measures in the quantitative phase may have been influenced by social desirability bias, as participants might have underreported sensitive experiences related to violence or stigma.

Future studies should integrate qualitative interviews and participatory methods to capture survivors' voices directly and illuminate the emotional and contextual subtleties behind help-seeking behaviors. Comparative cross-cultural research could further reveal how different legal systems, religious frameworks, and gender norms shape help-seeking dynamics across societies. Longitudinal designs would also be beneficial to explore how survivors' attitudes toward help-seeking evolve over time and how intervention exposure impacts long-term recovery. Additionally, future research should investigate the potential of digital interventions—such as online counseling, confidential mobile applications, and AI-driven support tools—to reduce informational and accessibility barriers, especially in low-resource settings.

Practitioners and policymakers should prioritize psychological empowerment and trauma-informed care as the foundation for all IPV interventions. Strengthening community-based support systems that are culturally sensitive can help reduce stigma and increase survivors' trust in formal mechanisms. Economic empowerment initiatives—such as microcredit programs, vocational training, and financial literacy education—should be integrated into IPV prevention strategies to reduce dependency. Law enforcement, judicial, and healthcare institutions must undergo continuous gender-sensitivity and ethics training to ensure compassionate, nonjudgmental responses. Lastly, leveraging technology and social media responsibly can enhance awareness and expand access to confidential support channels, ensuring that help-seeking becomes a safe, accessible, and normalized act for all survivors of intimate partner violence.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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