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IPV Victims in Developing Nations: Factors that Influence the Decision to Seek Help

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Intimate partner violence (IPV) is a pervasive social problem that occurs worldwide (Palermo, Bleck, & Peterman, 2013). Global estimates have demonstrated nearly 30% of women have experienced some form of physical and/or sexual violence perpetrated by an intimate partner during their lifetime (World Health Organization [WHO], 2010). When examining rates of IPV among women in developing nations, prevalence rates have ranged from as low as 16% in Eastern Asia and Central America to 66% in Central Sub-Saharan Africa (Palermo et al., 2013).

Despite high global prevalence rates of IPV, the majority of empirical research has focused on the experiences of victims in Westernized cultures (e.g., United States, Canada; Shannon, Logan, Cole, & Medley, 2006). This is problematic because developing and developed nations may be fundamentally different in terms of culture, social norms, resources, and IPV laws (Freedman, 2002), all of which may present unique challenges for IPV victims who want to seek help. Therefore, this report focuses on the experiences of IPV victims in developing nations. Specifically, results from a recent study (see Goodson & Hayes, 2018) that examined the prevalence rates of IPV among victims in developing nations are reviewed. In addition, we highlight factors associated with help-seeking behaviors. The report concludes with policy implications derived from findings of the study as can be related to IPV immigrant victims in Texas.

Help-Seeking Behaviors in Developing Nations

Help-seeking is often defined as the process of locating and using either formal (e.g., police, courts, community advocacy organizations) or informal (e.g., friends, family) resources for victimization support (Boldero & Fallon, 1995). Victims may seek help to combat acute and long-term negative health consequences associated with IPV. IPV victims who do seek help usually turn to informal networks, such as friends and family (Tenkorang, Sedziafa, & Owusu, 2016; Vyas & Mbwambo, 2017), rather than formal institutions.

Factors that Influence Help-Seeking Behaviors

Prior research has identified a number of factors that influence the help-seeking behaviors of IPV victims in developing nations including attitudes supportive of IPV, female empowerment, and severity and type of abuse (Antai & Antai, 2008; Hayes &

Franklin, 2017; Tenkorang et al., 2016). For example, developing nations may encourage individuals to engage in traditional masculine and feminine gender roles (Antai & Antai, 2008), which often promotes unequal gender and power relations and can emphasize violence as a means of solving conflict. Consequently, female IPV victims in developing nations may endorse attitudes supportive of IPV, perceiving the violence as justified and engaging in self-blaming behavior. These characteristics mean individuals may be less likely to seek help (Naved, Azim, Bhuiva, & Persson, 2006; Tenkorang et al., 2016).

Related, female empowerment has been associated with help-seeking behaviors. Rowan, Mumford, and Clark (2015) have defined empowerment as a woman's capacity to make "strategic life decisions" (p. 3). Higher levels of empowerment among women have been associated with greater access to resources, including education and employment. Overall, higher levels of empowerment should decrease gender inequality, increase female autonomy and decision-making, and improving perceptions of self-worth, all of which may facilitate the likelihood an IPV victim engages in help-seeking behaviors (Dalal, 2011; Hayes & Franklin, 2017; Tenkorang et al., 2016). Additionally, IPV victims in developing nations have been more likely to seek help when severe physical or sexual abuse occurred and controlling behaviors were present in the relationship (Ergöçmen, Yüksel-Kaptanoğlu, & Jansen, 2013; Jayasuriya et al., 2011; Rowan et al., 2015). Other individual characteristics associated with an IPV victim's decision to seek help in developing nations have included literacy, employment, number of children, age at marriage, and living in an urban area (Ergöçmen et al., 2013; Rowan et al., 2015).

Methods

The current report draws from data obtained from the cross-sectional, nationally representative, population-based Demographic and Health Surveys (DHS). The current study relied on data from the most recent survey waves (i.e., fifth and sixth waves) that were administered between 2005 to 2015 and contained key variables pertaining to the help-seeking behaviors of IPV victims. Overall, data from 33 different developing nations were used for analyses. Participants were female IPV victims, between the ages of 15 and 49 years, who were mar-

ried or previously married ($N = 66,291$) and lived within the selected 33 developing nations.

Variables

Sought help. A binary measure was used to capture whether a participant sought help related to her victimization. Overall, 34.96% of IPV victims sought help from either a formal institution or informal network across the 33 nations.

Attitudes toward IPV. Five items were used to measure attitudes toward IPV. Participants were asked whether IPV is justified if the respondent: (a) goes out without telling her husband, (b) neglects the children, (c) argues with her husband, (d) refuses to have sex with her husband, and (e) burns the food. The responses were combined to create a scale where higher scores were indicative of more supportive attitudes of IPV (see Table 1).

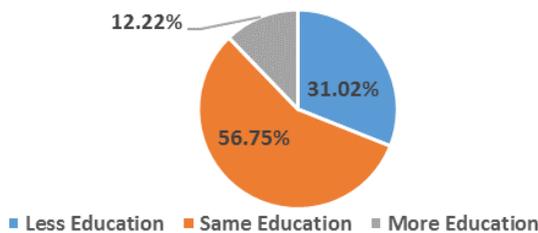
Table 1. Descriptive Statistics for Continuous Variables

Variables	Mean	SD	Range
Attitudes Toward IPV	1.43	1.75	0-5
Autonomy in Decision-Making	2.47	1.46	0-4
Controlling Behaviors	2.12	1.86	0-7
Age of Participant	31.24	8.05	15-49
Age at Marriage	18.13	3.99	4-49
Total Number of Children	3.41	2.30	0-16
Wealth Index	2.91	1.39	1-5

Empowerment. Two measures captured the woman’s status compared with her partner’s status. First, four items were used to capture *participant’s autonomy in decision-making* and assessed whether the participant had a final say in: (a) spending money, (b) healthcare, (c) large household purchases, and (d) visiting family/friends. The responses were combined to create a scale where higher values indicated the participant had a greater say in decision-making (see Table 1).

Equality of education between the respondent and her partner was measured by subtracting the participant’s level of education from her partner’s level of education. Dummy variables were coded to represent whether the participant had more education, less education, or the same level of education as her partner (reference category; see Figure 1).

Figure 1. Participant’s Education Compared to Partner



Severity and type of abuse. *Controlling behaviors* and *severe physical and sexual abuse* captured prior IPV experiences. Seven items captured *controlling behaviors* and included whether the participant’s partner was jealous, accused the participant

of being unfaithful, or isolated the participant from family and friends. Responses were combined into a scale where higher values indicated the participant’s partner engaged in more controlling behavior (see Table 1).

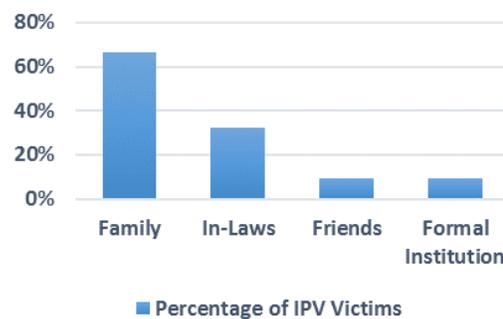
Severe physical and sexual abuse was a binary variable that measured prior IPV experiences. Sexual abuse included whether a participant had ever been: (a) physically forced into unwanted sexual acts by her partner, or (b) forced into other unwanted sexual acts by her partner. Severe physical abuse included whether the participant had ever been: (a) punched with a fist or object, (b) kicked, dragged, or beat, or (c) choked or burned. If the participant experienced any forms of abuse, she was coded as having experienced severe physical or sexual abuse. Overall, 36.82% of participants reported severe abuse.

Control Variables. Seven control variables were included in the analyses: age of the participant, age at marriage, and total number of children. The Wealth Index captured a participant’s standard of living and ranged from “1” (the poorest standard of living) to “5” (the richest standard of living). Partner drinks alcohol, participant’s father abused mother, working status, and urban location were all measured as binary variables.

Results

Descriptive statistics examined the extent to which IPV victims sought help and identified from whom they sought help in each of the 33 developing nations. In total, 34.96% of IPV victims in sought help from either a formal institution or informal network (see Figure 1). The majority of IPV victims who did seek help turned to informal networks, such as family (66.70%), in-laws (32.40%), or friends (9.30%; see Figure 2). Only 9.30% of IPV victims sought help from a formal institution such as police, religious leaders, lawyers, and doctors.

Figure 2. Types of Help-Seeking Behavior



Predictors of Help-Seeking Behaviors

A binary logistic regression model was estimated to determine factors associated with help-seeking behaviors. Nine variables were significant predictors of help-seeking behaviors of IPV victims (see Table 2).

As the participant’s support of IPV increased, the likelihood she sought help decreased. As the participant’s autonomy in decision-making increased, the likelihood she sought help increased. Participants with more education than their partner were significantly more likely to seek help compared to participants who had the same amount of education as their partners. Experiencing severe abuse, compared to counterparts; and experiencing

more controlling behaviors increased the likelihood a participant sought help. The older a participant was also increased the likelihood she sought help. Further, help-seeking increased if her partner drank alcohol or if she witnessed her father abuse her mother compared to counterparts. Finally, participants who worked, compared to participants who did not work, were significantly more likely to seek help.

Table 2. Predictors of Help-Seeking Behaviors

Variables	Effect on Seeking Help
Attitudes Supportive of IPV	-
Autonomy in Decision-Making	+
Partner has More Education	No effect
Participant has More Education	+
Controlling Behaviors	+
Experienced Severe Physical/Sexual Abuse	+
Age of Participant	+
Age at Marriage	No effect
Total Number of Children	No effect
Wealth	No effect
Partner Drinks Alcohol	+
Father Abused Mother	+
Working	+
Urban	No effect

Discussion

Overall, roughly one-third of IPV victims in 33 developing nations indicated they sought help for victimization. IPV victims were more likely to seek help from informal social networks; a finding that reiterates existing research conducted within developing nations (Ergöçmen et al., 2013; Tenkorang et al., 2016).

Aligning with previous research, participants who had supportive attitudes of IPV were less likely to seek help. These participants may be more inclined to justify the abuse because of gender norms and gendered expectations entrenched in developing nations, such as a woman’s obligations and submission to her partner (Antai & Antai, 2008). Related, participants with higher levels of empowerment were more likely to seek help. It could be that abused women who work, have more education than their partners, and have more autonomy in decision-making are more likely to recognize that IPV is unacceptable or know of available resources (Mahmud, Shah, & Becker, 2012). As expected, participants who experienced severe physical or sexual abuse and a higher number of controlling behaviors were more likely to seek help. This suggests IPV victims who experience severe abuse or controlling behaviors understand or perceive that violence has reached a critical level and is intervention-worthy.

Implications and Recommendations

The focus of this study was on the help-seeking behaviors of IPV victims in developing nations. Several of the findings are comparable to studies that have used samples from westernized cultures or developed nations. For example, IPV victims in

developing nations used informal networks of support more often than formal intuitions. This aligns with research on help-seeking behaviors of IPV victims in western cultures (Sylaska & Edwards, 2014). Research with IPV victims in western cultures also indicates attitudes supportive of IPV, empowerment indicators, and severity of abuse have predicted help-seeking behaviors (Cho & Huang, 2017; Kaukinen, Meyer, & Akers, 2013). Given that IPV victims in both developing and developed nations have sought help when similar factors are present, it may be gender and power differences affect help-seeking, regardless of national contextual factors. This suggests there is a continued need to address systematic inequality and violence against women across *all* nations (Freedman, 2002) including the United States.

Implications for Texas

In terms of recommendations, it is vital that formal policies and programs designed to target violence against women recognize and address the barriers that inhibit IPV victims from seeking help. While not directly examined in the current study, this recommendation may guide responses to IPV victims in Texas. For example, Texas is diverse as five-year estimates from the 2016 American Community Survey demonstrated that nearly 18% of Texas’s population included individuals who identified as an immigrant (United States Census, 2016). While immigration status was not directly examined in the current study, it likely has an effect on the help-seeking behaviors of IPV victims. That is, individuals who identify as an immigrant may be less likely to seek help from formal sources potentially stemming from adherence to strict gender and cultural expectations. Additionally, immigrant IPV victims may encounter unique challenges when seeking services, such as language barriers and fear of deportation (e.g., Raj & Silverman, 2002). Therefore, it is critical that formal institutions in Texas recognize and address cultural barriers that may hinder IPV victims from seeking help.

Offering support from formal intuitions is not enough given the majority of victims in developing nations did not seek help from these sources. Messages regarding gendered violence and equality must reach informal networks. This recommendation may provide insight into how gender violence is addressed in Texas. Messages regarding gender violence should reach all members of the community so individuals are equipped to intervene and help family and friends. To that end, it is important to recognize and address contextual factors that inhibit the ability of help seeking among IPV victims.

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