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Help-seeking behaviors of an abortion clinic population

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University of Iowa

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HELP-SEEKING BEHAVIORS OF AN ABORTION CLINIC POPULATION

by

Megan R. Williams

A thesis submitted in partial fulfillment
of the requirements for the Master of
Science degree in Epidemiology
in the Graduate College of
The University of Iowa

July 2010

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CERTIFICATE OF APPROVAL

MASTER'S THESIS

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ACKNOWLEDGMENTS

I would like to thank Dr. Saftlas, without whom this research project would not have been possible, for her invaluable assistance in the analysis and editing of this paper. A special thanks also goes out to Dr. Peek-Asa and Dr. Wallis for their insightful and constructive feedback and Kari Harland for her SAS guidance and support.

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INTRODUCTION

Intimate Partner Violence: A Major Public Health Concern

The Centers for Disease Control and Prevention defines intimate partner violence (IPV) as physical violence, sexual violence, the threat of physical and/or sexual violence, and psychological/emotional abuse by a current or former intimate partner or spouse (Saltzman et al., 2002). Approximately 1 in 4 American women will be physically and/or sexually assaulted by an intimate partner during their lifetime (Breiding et al., 2008). Large-scale population-based data on rates of psychological/emotional abuse are not available, reflecting a need for more uniform surveillance that recognizes and captures all forms of IPV.

The deleterious effects of IPV are well established. Abused women report increased emotional distress, memory loss, difficulty with daily activities, and drug and alcohol use (Ellsberg et al., 2008). There are increased economic hardships as well: a recent analysis of 3,333 women enrolled in a large health plan found that victims of non-physical IPV had healthcare costs that were 33% greater than women who were not abused (Bonomi et al., 2009).

When discussing the public health impact of IPV it is important to note that these consequences often extend beyond the women directly affected. Ending the cycle of abuse also has great quality of life implications for the women's children, families, and communities.

Violence Around the Time of Pregnancy

A recent analysis of data from 27 states and New York City revealed that 5.3% of women reported physical abuse by a current or former intimate partner

before pregnancy; 3.6% reported violence during pregnancy (Chu et al., 2010). Violence during pregnancy has been associated with a number of poor pregnancy outcomes, including spontaneous abortion, low birth weight, and preterm delivery (Fanslow, 2008).

Women with unintended pregnancies resulting in a live birth are an established high-risk group for IPV. These women report significantly higher rates of physical violence in the 12 months prior to conception and during pregnancy than women whose pregnancies are intentional (Goodwin et al., 2000). A small but growing body of literature has examined the IPV experiences of women who choose to discontinue their pregnancy through elective abortion. These women report higher 12-month prevalence rates of IPV than women who continue their pregnancies (Bourassa and Berube, 2007). A limited number of studies have measured the combined rates of physical, sexual, and battering IPV among this group of women, with rates ranging from 3% to 25.7% (Bourassa and Berbue, 2007; Saftlas et al., 2010; Wu et al., 2005). This wide range of prevalence rates may reflect differences in study design, abuse definitions, and geographic regions studied.

Help-Seeking in Abortion Populations

Victims of IPV often seek support in order to end, reduce, or cope with their abuse. The resources that women seek are often stratified into informal and formal supports. Informal supports include advice, care, or other types of assistance (i.e. financial) from family, friends, and co-workers. Formal supports include the pursuit of legal avenues (i.e. no contact order, calling 911) or

assistance from organizations specialized to assist victims of IPV (i.e. shelters, abuse hotlines).

Liang et al. (2005) provide a conceptual framework for understanding abused women's help seeking. They describe the decision to seek help as a fluid, non-linear process tied to individual, interpersonal, and sociocultural contexts, definition of the abuse, recognition of the abuse as a problem, and support selection. When framing help seeking in this way, it is easy to envision, for example, how a woman's definition of abuse might influence her ability to recognize the abuse as a problem, or how the type of supports she initially seeks might alter her definition of the abuse.

While there is a breadth of literature on the help seeking behaviors of abused women in domestic violence shelters (Wright and Johnson, 2009; Moe, 2007), minority populations (Ahmad et al., 2009; Brabeck and Guzman, 2008; Hyman et al., 2009), health care clinics (Burke et al., 2009), correctional facilities (Postmus et al., 2009), domestic violence and assault programs (Postmus et al., 2009), and the general population (Ansara and Hindin, 2010; Fanslow, 2009; Postmus et al., 2009), there are no published studies to date on the help-seeking behaviors of women who seek elective abortion. The high rates of IPV among this group of women indicate that areas where these services are rendered may be important points of contact during which IPV screening, resource referral, and intervention can occur. However, additional investigation on the IPV experiences among this high-risk group is warranted before appropriate intervention strategies can be developed and implemented. Examples of factors in need of

further study include predictors of help seeking, type of supports utilized, self-perceived helpfulness of supports, and barriers to obtaining supports. Analysis of these activities and their associated outcomes can assist in the development of targeted interventions that fill gaps in services and direct resources to where they are most needed.

Study Aims

With this in mind, the aims of the present study are:

- 1) *To characterize how abused women who seek help in order to end, reduce, or cope with their abuse differ from those who do not and from those who refuse to disclose their help seeking status.*
- 2) *To measure the use and planned use of help-seeking resources in a population of abused women obtaining elective abortion services.*
- 3) *To evaluate the self-perceived helpfulness of these resources before and after use.*

This research expands previous studies by examining the correlates and help-seeking behaviors of a largely unstudied, yet high-risk group. Moreover, previous analyses have not compared the planned coping strategies or perceptions of resource helpfulness among women engaged in these strategies versus those who are not. Hopefully, these data will enhance the current understanding of help seeking among IPV positive women who seek elective abortion.

METHODS

Sample

All analyses were conducted using data from the Rosenfield Study, a cross-sectional survey to collect data on IPV experiences, related demographic and health correlates, and help-seeking behaviors among community-dwelling women seeking induced abortion. Data were collected in two waves from 11/2006 through 06/2007 and 11/2007 through 07/2008 within a large family-planning clinic that provides aspiration and medication abortion. Women who were ≥ 18 years of age, residents of Iowa, proficient in reading English or Spanish, and seeking elective abortion services were eligible for participation. Following clinic intake, the educators introduced the study to eligible patients. This was done in a private room and in the absence of the woman's partner, family, friends, and others. Participants who provided informed and voluntary consent completed a 10-minute, anonymous, self-administered, computer-based questionnaire in English or Spanish. This questionnaire captured subject demographic characteristics, health behaviors, 12-month prevalence of IPV, and help-seeking behaviors.

The current analyses were restricted to respondents who reported any level of physical, sexual, or battering IPV by a current partner.

Study Variables

Assessment of IPV

The primary exposure variable in these analyses was physical, sexual, and battering IPV over the last 12 months. Episodic physical and sexual IPV was

assessed using a modified Abuse Assessment Screen (AAS). Exposure to physical or sexual abuse, identity of the perpetrator(s), frequency of physical abuse, self-appraisal of physical injury severity, and childhood experiences with physical and/or sexual abuse were ascertained with the following questions:

- 1) *Within the last year, were you forced to have sex or engage in a sex act when you didn't want to?*
 - a. *Who did this to you?*
- 2) *Within the last year, have you been hit, slapped, kicked, or otherwise physically hurt by anyone?*
 - a. *How many times (within the last year) have you been hit, slapped, kicked, or otherwise physically hurt?*
 - b. *Who did this to you?*
 - c. *Overall, how would you describe the severity of your injury or injuries?*
- 3) *During your childhood, were you ever physically harmed on purpose by an adult, resulting in bruises, marks, or serious injuries?*
- 4) *During your childhood, did an adult or person at least five years older than you ever touch or fondle you in a sexual way or have you touch their body in a sexual way?*

Battering was measured using the Women's Experience of Battering (WEB) scale. The WEB consists of 10 statements that women rate on a 6-likert scale. Statements such as *"My partner makes me feel unsafe even in my own home"* and *"I try not to rock the boat because I am afraid of what my partner might do"* were used to assess the extent to which women felt controlled by their current partners. WEB scores ≥ 20 signified battering.

Help-Seeking

The primary outcome variable in these analyses was help-seeking status. Women who reported any level of physical, sexual, or battering IPV by a current partner and received version 1 of the questionnaire (11/06-12/07) were asked *"In*

regard to violence you may be experiencing, are you trying to do anything that you believe will help reduce it, end it, or even try to cope with it better?" To ensure that women who screened positive for battering IPV only did not think this question made sole reference to physical or sexual violence, this question was modified in version 2 of the questionnaire (01/08-07/08). Therefore, women who completed version 2 were asked: *"Are you currently taking any steps that will help you to end, reduce, or cope with your partner's controlling, abusive, or violent behavior?"* Although some misclassification of help-seeking status might have occurred in version 1, women appeared to have interpreted the question as intended following close examination of the data.

Help-seeking status was defined as follows: help-seeking (*"Yes, I have been doing something for more than 6 months," "Yes, I have been doing something for less than 6 months"*), non help-seeking (*"No, but I intend to in the next 30 days," "No, but I intend to in the next 6 months," No, and I do not intend to in the next 6 months,"* and *"No, my partner's behavior is not violent, abusive, or controlling"*), and non-responders (*"No response"*).

Help-Seeking Behaviors and Barriers

Help-seeking women were asked to specify what resources they used and/or were planning to use in order to end, reduce, or cope with their abuse. Women who indicated that they had no intention to engage in help-seeking behaviors were asked to specify the reason(s) for this decision. This series of questions and their skip patterns can be found in Figure 1.

Resources encompassed 6 broad categories: 1) personal networks (advice from a family member, friend, co-worker, or religious worker), 2) informational materials (pamphlets, internet), 3) health professionals (care from a counselor, doctor, nurse, psychiatrist, psychologist, social worker, or other health professional), 4) criminal justice system (no contact order, 911), 5) victim advocacy (domestic violence hotline, shelter), 6) tried to leave the relationship, and other. Women who selected “*other*” were asked to write in their response.

Self-Perceived Helpfulness of Resources

All women, regardless of abuse status, were asked the following question: “*Of the following categories of people, who do you think are best able to help women who experience emotional, physical, or sexual violence in their intimate relationships?*” Women were asked to indicate helpfulness by selecting “Yes,” “No,” or “*Not sure.*” Categories included family, friends, co-workers, healthcare providers, social workers, religious leaders, police, and other. Again, women who selected “*other*” were asked to write in their response.

Covariates

A variety of demographic and behavioral factors were examined to identify how women who engaged in help-seeking behaviors differed from those who did not and from those who withheld their help-seeking status. These factors and their coding categories are shown in Table 1.

In analysis of alcohol consumption, a drink was defined as a 12-ounce can or glass of beer, a 5-ounce glass of wine, or a drink containing 1 shot of liquor.

Consumption of ≥ 4 or more alcoholic drinks within a 2-hour period was considered binge drinking (NIAAA, 2004).

Data Analysis

Aim 1: The exposure variable was any physical, sexual, or emotional abuse. The outcome variables were help seeking, not help seeking, and no response. We conducted Pearson's chi-square and Fisher's exact tests for categorical variables and two-sample t-tests for continuous variables to test for differences between help-seeking groups in regards to demographic, health, and IPV characteristics.

Aim 2: The frequency of resource utilization was tabulated among help-seeking women. Intention to use resources was tabulated among help-seeking and not help-seeking women. Women who did not disclose help-seeking status received neither of these questions. The number of women who used/intended to use resources was divided by the total number of women in each group and the resulting proportions were compared to assess differences.

Aim 3: The proportion of participants who considered resources helpful to abused women was calculated. These proportions were compared across each help-seeking group and resource.

All analyses were performed using SAS version 9.2.

RESULTS

Participation

Of 2,610 abortion patients seen in the clinic, 2,230 were eligible, 2,029 were invited to participate, and 1,498 consented and completed the questionnaire. Overall participation and cooperation rates were: 67.2% (1,498/2,230) and 73.8% (1,498/2,029), respectively. Participation and cooperation rates for the first round of data collection were: 49.0% (508/1,037) and 55.2% (508/921). These rates were significantly higher in the second round of data collection at 83.0% (990/1,193) and 89.4% (990/1,108). The final study sample for the current analysis included 116 women who reported physical, sexual abuse or battering by a current partner. This included 42 women who sought help, 47 women who did not seek help, and 27 women who did not reveal help-seeking status.

Demographics

Table 2 presents data on demographic characteristics. The average age of women in this sample was 25.5 years. Most were white (10% black; 11% Latina), well educated (62% had at least some college), employed (72%), and had public or private health insurance (54%). Women were more likely to have undergone a medication abortion than a surgical abortion (54% medical, 45% surgical, 1% no response). Most reported moderate or high levels of depression (29% and 47%, respectively).

Weekly alcohol consumption in the three months prior to finding out about pregnancy was as follows: 19% none; 40% 0.1-4 drinks; 17% 4.1-14 drinks; 17%

>14 drinks. 52% reported at least one episode of binge drinking in the three months prior to finding out about their pregnancy.

Women had been in their current relationship for an average of 42.8 months; satisfaction with this partner was as follows: 4% excellent, 12% very good, 22% good, 32% fair, and 25% poor. The majority of the sample was unmarried (81%). Over half were cohabitating with their partner (59%). 66% of women had at least one child in the home.

Demographic variables were examined by help-seeking status. Women who reported they had engaged in help-seeking behaviors were significantly more likely to be employed than women not seeking help and the non-responders (83% versus 68% and 59%, respectively). Compared to help-seekers, non-responders were significantly more likely to have private health insurance (48% versus 38%). Non-responders were also more likely to have at least one child in the home. This difference was of borderline significance with a p-value of 0.08 (82% non-responders, 62% help-seekers, 62% non help-seekers). The mean relationship length was significantly longer in women engaged in help-seeking behaviors compared to women not engaged in such behaviors and those who did not reveal help-seeking status (56 months versus 32 months and 41 months, respectively).

There were no significant differences between the remaining demographic variables and help-seeking status: age, race/ethnicity, education, abortion type, depressive symptoms, alcohol consumption, satisfaction with partner, cohabitation, sexual abuse, severity of physical abuse, and WEB positivity.

However, while alcohol consumption did not significantly differ between help-seeking groups, a general pattern emerged in which women who did not seek help consumed a great number of drinks per week than the other two groups; a difference that might have been significant with a larger sample.

IPV Experiences

IPV frequency and characteristics are summarized in Table 3. One-year prevalence rates of physical and sexual IPV were analyzed by help-seeking status. Among all women, 43% reported being physically abused by their current intimate partner in the past year. Women currently seeking help reported significantly higher levels of physical abuse than non help-seekers and non-responders (60% versus 38% and 26%, respectively). The one-year prevalence of sexual IPV was 13%, with no significant difference between help-seeking categories. Overall, the combined prevalence of physical and/or sexual IPV was 47%.

The questionnaire measured cumulative frequency of physical abuse over the past 12 months by multiple abusers. Therefore, analysis of this question was limited to women who were physically abused exclusively by a current partner (n=43). Among these women, 23% reported 6 or more current-partner assaults over the past year or were unsure of the number of assaults. Help-seekers and non-responders were assaulted a significantly greater number of times than women who did not seek help.

Physical assault severity was also solely limited to current-partner abuse (n=43). 91% of these women reported mild to moderate injury severity; 9%

reported injuries that were severe to very severe. There were no significant differences in injury severity by help-seeking status.

Only 41% of the sample (n=47) was asked about childhood physical and/or sexual abuse because this question was added during the second data collection period. Of these women, 36% reported physical and/or sexual abuse during childhood. Women currently seeking help were significantly more likely to have been physically and/or sexually assaulted during childhood than women not seeking help (60% versus 17%). There was no significant difference in prevalence of childhood abuse between help-seekers and non-responders.

Battering was assessed among women with a current partner (with sole reference to that partner) and analyzed by help-seeking status. Among these women, 82% screened WEB-positive. Women currently seeking help were more likely to screen WEB-positive compared to women not seeking help (86% versus 77%), although this difference was not significant. The prevalence of WEB-positivity was nearly identical among help-seekers and non-responders (86% versus 85%). Help seekers were significantly more likely to have higher WEB scores than the other categories of women.

Help-Seeking Behaviors

A summary of the resources women used to help end, reduce, or cope with their abuse can be found in Table 4. 93% (39/42) of help-seeking women specified using at least 1 resource. Three women answered “no” or skipped through this series of questions despite previously indicating that they had sought help to end their abuse.

The specific resources utilized, in descending order of use, were: personal networks (85%), left relationship (56%), health professionals (46%), informational materials (48%), criminal justice system (23%), victim advocacy services (15%), and “other” (35%) (Table 4).

Women most often sought advice from friends (80%), followed by family members (69%). The least used resources were domestic violence shelters (5%) and nurses (5%).

Women who had already sought help planned to use resources as follows: personal networks (83%), leave relationship (58%), health professionals (33%), informational materials (50%), criminal justice system (17%), victim advocacy services (17%), and “other” (33%) (Table 4).

Women who did not seek help planned to use resources as follows: personal networks (83%), leave relationship (67%), health professionals (75%), informational materials (9%), criminal justice system (27%), victim advocacy services (18%), and “other” (27%).

Compared to women who sought help, a greater proportion of women who did not seek help intended to contact health professionals (18% versus 8%) or the criminal justice system (27% versus 17%) about their abuse or leave the relationship (67% versus 58%). Interest in contacting a member of a personal network or victim advocacy service was similar among the two groups, while women who sought help indicated greater interest in informational materials. It should be noted that sample sizes are small (n=12 in both groups.)

Helpfulness of Resources

Overall, women ranked the helpfulness of resources as follows: friends (85%), family (66%), healthcare providers (47%), social workers (44%), religious leaders (37%), police (33%), co-workers (25%), and “other” (15%).

In general, women who sought help found this group of resources less helpful than those who did not seek help. This was true for all resource categories but three: healthcare providers (52% versus 47%), religious leaders (48% versus 32%), and police (38% versus 32%).

Women who did not reveal their help-seeking status perceived resources less helpful than both help-seeking and not help-seeking women. This was true for all resource categories except co-workers: 30% of non-responders perceived co-workers to be helpful resources, compared to 26% of non help-seekers and 21% of help-seekers. These data are summarized in Figure 2.

DISCUSSION

In this cross-sectional analysis of abused women seeking elective abortion, 36% of respondents reported having engaged in material and social coping strategies, while 41% did not. A significant proportion (23%) of the sample did not reveal help-seeking status; these women did not clearly resemble either of the other two help-seeking groups in terms of their demographic, health, and IPV characteristics, indicating that they were rightfully regarded as a stand-alone group.

Correlates of Help Seeking

Severe battering, physical and/or sexual abuse, frequent sexual abuse, and increasing relationship length were associated with increased likelihood of help seeking in this population. These findings have been reported in other studies utilizing data from a telephone survey of women enrolled in a large health plan and a population-based survey in Canada (Ansara and Hindin, 2010; Duterte et al., 2008; Hyman et al., 2009). Collectively, these findings support the survivor hypothesis by challenging the myth that more severely abused women are less likely to exit the cycle of abuse. The fact that these women were *more* likely to seek help indicates that they might be ready for intervention.

Employment and Help Seeking

We found a significant association of help seeking with current employment. Approximately 1/4 of the women in present study were unemployed and a significant proportion of these women were not seeking help in order to cope with or end their abuse. In contrast, employed women were significantly

more likely to have sought help, with no differences observed between full-time or part-time employment. As this was a cross-sectional survey with no follow-up on women's employment experiences and patterns, we cannot make assumptions regarding directions of causality.

There are a limited number of studies on women's IPV experiences and employment. The sparse literature on this topic might be due to difficulties associated with measurement of employer-provided services and their associated outcomes, especially given the differences in attitudes towards IPV between companies and within them. Of the studies that have been done, nearly all assess abused women's employment patterns and the techniques abusers employ in order to sabotage their partners' work (Swanberg et al., 2005). Only one study addressed the types of workplace coping strategies women use and how these strategies benefit them: In a cross-sectional analysis of 485 women with orders of protection against their current or former abusive intimate partner, Swanberg et al. found that disclosure of victimization to a co-worker was positively associated with current employment (2007). Thus, while there is evidence to suggest that support from co-workers might assist abused women in sustaining their employment, little is known about its effect on their ability to cope with or end their violent relationship. Further investigation of this and other workplace supports is needed, such as services received from company mental health providers and leaves of absence for stay in domestic shelters, as they may prove viable areas for delivery of intervention.

Lastly, the association between likelihood of help seeking and employment observed in the present study might reflect promoters of help seeking other than assistance received from employer-based resources. This is reiterated by the fact that while 39% of help-seeking women sought advice from a co-worker, only 21% found them helpful. The observed association might then be explained by factors such as financial independence, flexibility, and access to transportation, all of which contribute to a woman's sense of empowerment and her ability to seek help.

Help-Seeking Strategies

Participants in the present study most often pursued informal help seeking strategies, with disclosure to a friend or family member most frequently used. This finding is consistent with prior studies whose populations consisted of women recruited from shelters, counseling centers, social service organizations, victims' services programs, daycare centers, and other locales women frequent (Postmus et al., 2009; Brabeck and Guzman, 2008).

We found abused women's use of formal help-seeking strategies to be quite low compared to their use of informal ones. For example, while 85% of women sought advice from at least 1 member of their personal network, only 15% of women utilized a victim advocacy service. Formal strategies have been associated with increased abuse frequency, duration, and severity, higher socioeconomic status, and older age in studies of non-abortion populations (Henning and Klesges, 2002; Duterte et al., 2008; Sabina and Tindale, 2008). One study reported that physical assault victims whose children had witnessed

the abuse were twice as likely to seek counseling services compared to victims without children (Henning and Klesges, 2002). Unfortunately, sample size limitations prevented examination of these and similar associations in the current analyses.

Our data show that resource use and appraisal of its helpfulness do not always correlate with one another. Another cross-sectional study of 423 women reporting histories of childhood and/or adulthood abuse found that although emotional, psychological, and legal supports were used frequently, material supports such as subsidized day care, subsidized housing, welfare, and educational support were most helpful (Postmus et al., 2009). This population also ranked religious/spiritual counseling as the second most helpful resource, a finding replicated in the present study. Nearly half of help-seeking women in the present study indicated that religious leaders were helpful (regardless of use), compared to 30% of those not seeking help or with unknown help-seeking status.

This is the only study in which resource use and self-perceived helpfulness was compared among women seeking help versus women not seeking help or non-disclosers of help-seeking status. In general, help-seeking women rated informal resources as less helpful and formal resources as more helpful than did the other two groups of women. This implies that the feedback women received re-shaped their perception of those resources, although helpfulness was not directly compared before and following use in these analyses.

Children in the Home

As previously mentioned, a significant proportion (23%) of the sample did not reveal help-seeking status. Interestingly, these women were more likely to have at least one child in the home compared to the other two help-seeking groups. This finding underscores the complications that motherhood imposes on help seeking. Feelings of guilt, shame, and fear of losing or endangering one's child or children might accompany decisions of if, when, and where to turn for help. Abused mothers might also face logistical barriers when they turn to programs designed to assist them. For example, although abused mothers may be exempt from the standard time limit imposed on receipt of welfare benefits, case workers are not required to offer exemption and its enactment often requires documentation through police or medical records (Moe, 2007). Abused mothers may be dissuaded from utilizing this system if when doing so they are forced to legitimize their claims of abuse and open their personal lives to scrutiny. Furthermore, women who are denied exemption (or not aware of it altogether) may face poverty or homelessness when attempting to flee their violent relationships. This is but one example of the difficulties abused mothers face while seeking help; clearly, their situation necessitates additional research of their experiences with help seeking so that intervention strategies can be tailored to their specific needs.

Strengths and Limitations

This research expands previous studies by examining the correlates of help seeking and help-seeking behaviors of a largely unstudied, yet high-risk group. Moreover, this is the first study to: (1) measure planned coping strategies, (2)

measure resource helpfulness among women engaged in coping strategies versus those who are not, and (3) examine the characteristics of women who choose to withhold their help-seeking status.

As this was a cross-sectional survey with multiple aims and time constraints, the scope of questions on help seeking was limited. Therefore, we were unable to identify, measure, and evaluate all aspects of this complex process. Items that were not captured in the present study include: certain sources of support (i.e. personal), resource limitations, the helpfulness of all resources that women used or planned to use, and how experiences with negative support influenced the help-seeking process. Moreover, as noted by Postmus et al. (2009), the word *used* implies access to these services. Women might not have sought resources included in this study simply because they weren't available to them at the time of the survey.

Lastly, small sample size limited the types of analyses that could be performed. The group of women who did not seek help included those who recognized their abuse as a problem and those who did not in order to increase statistical power. Ideally, these women would be placed into separate groups as they likely differ in terms of IPV experiences and planned help seeking behaviors.

Conclusions and Future Directions

Severe battering, physical and/or sexual abuse, frequent sexual abuse, increasing relationship length, and employment were associated with increased likelihood of help seeking in this population of women seeking elective abortion; the presence of children in the home was correlated with non-disclosure of help-

seeking behaviors. Analyses of resource use revealed that women's use of informal resources was greater than use of formal ones. Furthermore, resource use and helpfulness did not correlate with one another: in general, help-seeking women found informal resources *less* helpful and formal resources *more* helpful than the other two groups of women, implying that perhaps formal resources were most helpful to them (although resource use and helpfulness could not be directly compared).

These findings suggest that future research must progress beyond measurement of resource use alone. Though not an exhaustive list, prospective questions generated by this research include: (1) employment; namely, how the characteristics of and strategies used by employed women contribute to their help-seeking, (2) motherhood; specifically, the help-seeking experiences of abused women with children and resources that are best suited to address their unique set of needs, and (3) religion; particularly, if increased awareness and knowledge of IPV within the religious community improve outcomes for abused women.

The findings presented here, along with the dearth of literature on the IPV experiences of women who seek elective abortion, accentuates the need for research and intervention that is tailored to the needs of this high-risk population. Given that nearly half of the women in the present study engaged or planned to engage in help seeking behaviors, it appears that this population will be receptive to intervention.

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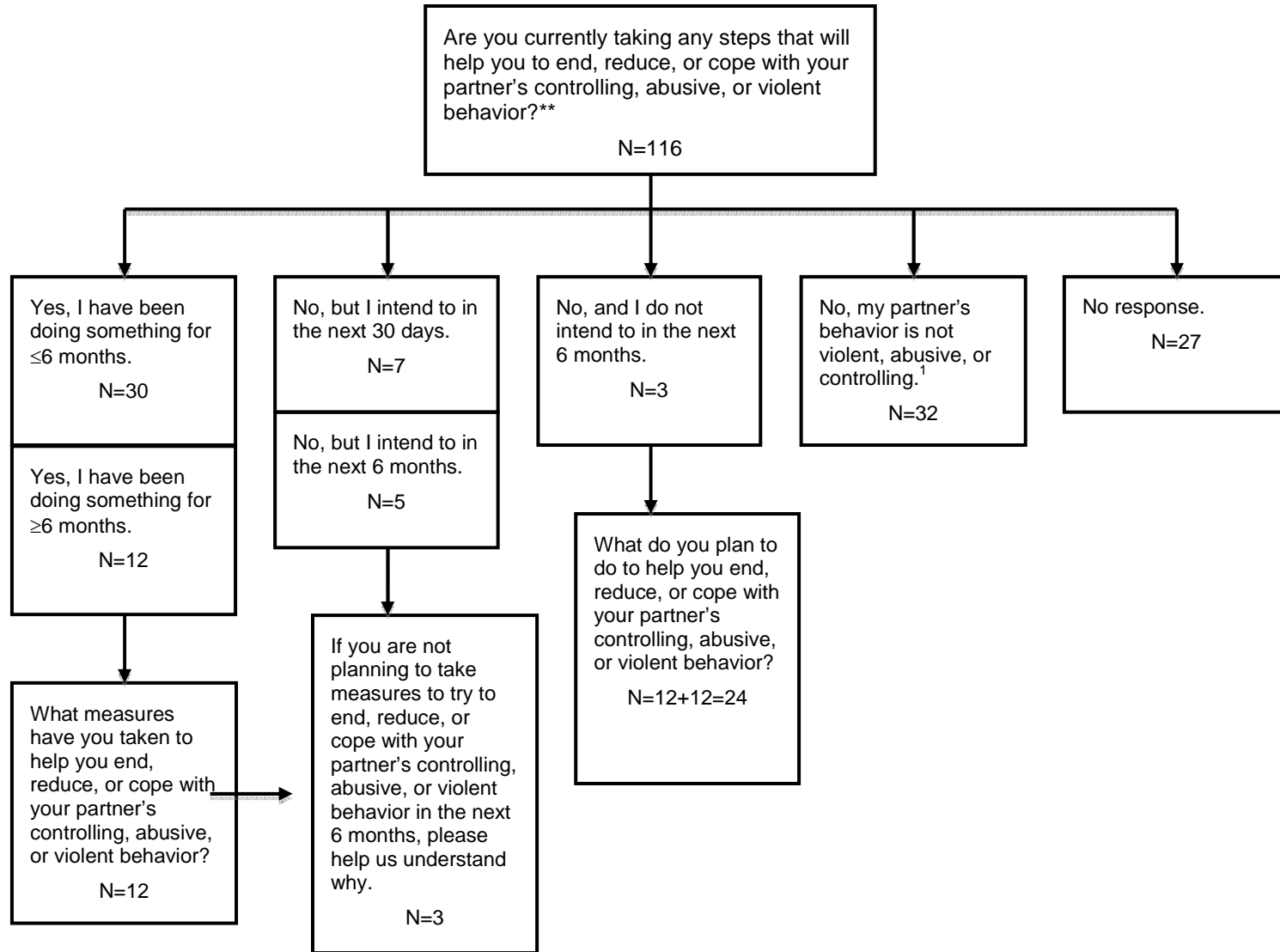
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APPENDIX

Figure A1. Question Algorithm



¹This question was modified in version 2 of the questionnaire

Table A1. Demographic and health variables

Variable	Coding categories
Age	18-20, 21-24, 25+
Race/Ethnicity	White, Black, Other; Hispanic
Education	high school or less; some college or more
Employment status	full-time, part-time, unemployed
Insurance status	private, public, no insurance
Abortion type	medical, surgical
Depression	low, medium, high
Alcohol consumption	drinks/week: None, 0.1-4, 4.1-14, >14
Binge drinking	no alcohol use, alcohol use/no binge, ≤1/month, >1/month
Kids in the home	none, 1+
Length of relationship	months: ≤12, >12 and ≤24, >24 and ≤41, >41
Satisfaction with partner	excellent, very good, good, fair, poor
Marriage status	yes/no
Cohabitation status	yes/no

Table A2. Demographic characteristics of women who reported physical, sexual, or battering abuse by a current partner according to whether they are seeking help to reduce violence in their lives, Iowa, Nov. 2006-July 2008. (N=116)

	Total (N=116) N (col%)	Help-seeking (N=42) N (col%)	Not Help-seeking (N=47) N (col%)	No response (N=27) N (col%)
Age (Mean/Std Dv)	25.5 (6.0)	25.6 (5.8)	24.9 (6.0)	26.4 (6.2)
p-value ¹			0.5841	0.6027
18-20	26 (22.4)	8 (19.1)	12 (25.5)	6 (22.2)
21-24	35 (30.2)	13 (31.0)	18 (38.3)	4 (14.8)
25+	54 (46.6)	20 (47.6)	17 (36.2)	17 (63.0)
No response	1 (0.9)	1 (2.4)	0 (0.0)	0 (0.0)
p-value ¹			0.4850	0.2839
Race/Ethnicity				
White	93 (79.3)	34 (81.0)	41 (87.2)	17 (63.0)
Black	11 (9.5)	3 (7.1)	3 (6.4)	5 (18.5)
Other	11 (9.5)	5 (11.9)	2 (4.3)	4 (14.8)
No response	2 (1.7)	0 (0.0)	1 (2.1)	1 (3.7)
p-value ¹			0.4146	0.2658
Latina				
No	101 (87.1)	37 (88.1)	42 (89.4)	22 (81.5)
Yes	13 (11.2)	5 (11.9)	4 (8.5)	4 (14.8)
No response	2 (1.7)	0 (0.0)	1 (2.1)	1 (3.7)
p-value ¹			0.6197	0.7232
Education				
≤ High school or less	44 (37.9)	17 (40.5)	18 (38.3)	9 (33.3)
> High school	72 (62.1)	25 (59.5)	29 (61.7)	18 (66.7)
p-value ¹			0.8337	0.5501
Employment status				
Employed	83 (71.6)	35 (83.3)	32 (68.1)	16 (59.3)
No employment	31 (26.7)	6 (14.3)	15 (31.9)	10 (37.0)
No response	2 (1.7)	1 (2.4)	0 (0.0)	1 (3.7)
p-value ¹			0.0578	0.0258

Table A2 continued

	Total (N=116) N (col%)	Help-seeking (N=42) N (col%)	Not Help-seeking (N=47) N (col%)	No response (N=27) N (col%)
Insurance status				
Private Insurance	49 (42.2)	16 (38.1)	20 (42.6)	13 (48.2)
Public Insurance	14 (12.1)	5 (11.9)	7 (14.9)	2 (7.4)
No Insurance	47 (40.5)	20 (47.6)	17 (36.2)	10 (37.0)
No response	6 (5.2)	1 (2.4)	3 (6.4)	2 (7.4)
p-value ¹			0.6325	0.0408
Abortion type				
Medical	63 (54.3)	24 (57.1)	22 (46.8)	17 (63.0)
Surgical	52 (44.8)	18 (42.9)	25 (53.2)	9 (33.3)
No response	1 (0.9)	0 (0.0)	0 (0.0)	1 (3.7)
p-value ¹			0.3301	0.4997
Depressive Symptoms²				
Low (<10)	26 (22.4)	11 (26.2)	10 (21.3)	5 (18.5)
Medium (10-14)	33 (28.5)	11 (26.2)	15 (31.9)	7 (25.9)
High (≥15)	55 (47.4)	20 (47.6)	22 (46.8)	13 (48.2)
No response	2 (1.7)	0 (0.0)	0 (0.0)	2 (7.4)
p-value ¹			0.7871	0.8472
CES-D score				
(Mean/Std. Dv.)	14.0 (6.5)	14.2 (6.9)	13.7 (6.2)	14.5 (6.8)
p-value ¹			0.7146	0.8740
Subject alcohol consumption per week				
None	22 (19.0)	10 (23.8)	5 (10.6)	7 (25.9)
0.1-4 drinks	46 (39.7)	15 (35.7)	22 (46.8)	9 (33.3)
4.1-14 drinks	20 (17.2)	7 (16.7)	10 (21.3)	3 (11.1)
>14 drinks	20 (17.2)	6 (14.3)	9 (19.2)	5 (18.5)
No response	8 (6.9)	4 (9.5)	1 (2.1)	3 (11.1)
p-value ¹			0.3354	0.9327
Subject binge drinking				
No alcohol use	22 (19.0)	10 (23.8)	5 (10.6)	7 (25.9)
Alcohol use/no binge	32 (27.6)	11 (26.2)	16 (34.0)	5 (18.5)
≤ 1/month	26 (22.4)	8 (19.1)	13 (27.7)	5 (18.5)
> 1/month	34 (29.3)	13 (31.0)	13 (27.7)	8 (29.6)

Table A2 continued

	Total (N=116) N (col%)	Help-seeking (N=42) N (col%)	Not Help-seeking (N=47) N (col%)	No response (N=27) N (col%)
No response	2 (1.7)	0 (0.0)	0 (0.0)	2 (7.4)
p-value ¹			0.3190	0.9458
Kids in the home				
None	39 (33.6)	16 (38.1)	18 (38.3)	5 (18.5)
1+	77 (66.4)	26 (61.9)	29 (61.7)	22 (81.5)
p-value ¹			0.9843	0.0846
Length of relationship in months				
(Mean/Std Dv)	42.8 (35.9)	55.6 (39.5)	32.3 (26.5)	41.0 (39.1)
p-value ¹			0.0014	0.1424
≤ 12	27 (23.3)	7 (16.7)	13 (27.7)	7 (25.9)
> 12 and ≤ 24	22 (19.0)	3 (7.1)	11 (23.4)	8 (29.6)
> 24 and ≤ 41	20 (17.2)	6 (14.3)	9 (19.2)	5 (18.5)
> 41	47 (40.5)	26 (61.9)	14 (29.8)	7 (25.9)
p-value ¹			0.0160	0.0133
Satisfaction with partner				
Excellent	5 (4.3)	1 (2.4)	3 (6.4)	1 (3.7)
Very good	14 (12.1)	5 (11.9)	4 (8.5)	5 (18.5)
Good	26 (22.4)	9 (21.4)	16 (34.0)	1 (3.7)
Fair	37 (31.9)	12 (28.6)	14 (29.8)	11 (40.7)
Poor	29 (25.0)	12 (28.6)	10 (21.3)	7 (25.9)
No response	5 (4.3)	3 (7.1)	0 (0.0)	2 (7.4)
p-value ¹			0.6117	0.2434
Married				
No	94 (81.0)	30 (71.4)	44 (93.6)	20 (74.1)
Yes	18 (15.5)	9 (21.4)	2 (4.3)	7 (25.9)
No response	4 (3.5)	3 (7.1)	1 (2.1)	0 (0.0)
p-value ¹			0.0104	0.7906
Cohabiting				
No	44 (37.9)	15 (37.5)	19 (40.4)	10 (37.0)
Yes	68 (58.6)	24 (57.1)	27 (57.5)	17 (63.0)
No response	4 (3.5)	3 (7.1)	1 (2.1)	0 (0.0)

Table A2 continued

	Total (N=116) N (col%)	Help-seeking (N=42) N (col%)	Not Help-seeking (N=47) N (col%)	No response (N=27) N (col%)
p-value ¹			0.7898	0.9066

¹ Differences between categorical variables assessed using Pearson's chi-square test.
Column 1: Help-seeking vs. Not help-seeking; Column 2: Help-seeking vs. No response

² Levels based on distribution of CES-D score in "Not help-seeking" subjects

Table A3. Characteristics of women who reported physical, sexual, or battering abuse by a current partner according to whether they are seeking help to reduce violence in their lives, Iowa, Nov. 2006-July 2008. (N=116)

	Total (N=116) N (col%)	Help-Seeking (N=42) N (col%)	Not Help-Seeking (N=47) N (col%)	No response (N=27) N (col%)
IPV sexual abuse by a current partner within the past year				
No	97 (83.6)	33 (78.6)	40 (85.1)	24 (88.9)
Yes	15 (12.9)	7 (16.7)	6 (12.8)	2 (7.4)
No response	4 (3.5)	2 (4.8)	1 (2.1)	1 (3.7)
p-value ¹			0.5650	0.4646
IPV physical abuse by a current partner within the past year				
No	61 (52.6)	14 (33.3)	29 (61.7)	18 (66.7)
Yes	50 (43.1)	25 (59.5)	18 (38.3)	7 (25.9)
No response	5 (4.3)	3 (7.1)	0 (0.0)	2 (7.4)
p-value ¹			0.0172	0.0048
IPV physical or sexual abuse by a current partner within the past year				
No	53 (45.7)	13 (31.0)	25 (53.2)	15 (55.6)
Yes	54 (46.6)	25 (59.5)	20 (42.6)	9 (33.3)
No response	9 (7.8)	4 (9.5)	2 (4.3)	3 (11.1)
p-value ¹			0.0518	0.0292
Frequency of physical abuse by a current partner within the past year²				
	N=43	N=23	N=13	N=7
Once	7 (16.3)	1 (4.4)	6 (46.2)	0 (0.0)
Twice	9 (20.9)	5 (21.7)	2 (15.4)	2 (28.6)
3-5 times	17 (39.5)	10 (43.5)	.3 (23.1)	4 (57.1)
6 or more times/Not sure	10 (23.3)	7 (30.4)	2 (15.4)	1 (14.3)
p-value ¹			0.0343	0.7985
Severity of physical abuse by a current partner within the past year²				
	N=43	N=23	N=13	N=7
Very Mild	17 (39.5)	7 (30.4)	8 (61.5)	2 (28.6)
Mild/Moderate	22 (51.2)	13 (56.5)	5 (38.5)	4 (57.1)
Severe/Very Severe	4 (9.3)	3 (13.0)	0 (0.0)	1 (14.3)
p-value ¹			0.1098	0.9999

Table A3 continued

	Total (N=116) N (col%)	Help-seeking (N=42) N (col%)	Not Help-seeking (N=47) N (col%)	No response (N=27) N (col%)
Childhood physical/sexual abuse³				
	N=47	N=15	N=18	N=14
Yes	17 (36.2)	9 (60.0)	3 (16.7)	5 (35.7)
No	30 (63.8)	6 (40.0)	15 (83.3)	9 (64.3)
p-value ¹			0.0100	0.1909
WEB positive				
Yes	95 (81.9)	36 (85.7)	36 (76.6)	23 (85.2)
No	21 (18.1)	6 (14.3)	11 (23.4)	4 (14.8)
p-value ¹			0.2746	0.9999
WEB score (Mean/Std Dev)				
	29.9 (12.8)	34.5 (14.0)	27.4 (11.4)	27.2 (11.6)
p-value ¹			0.0096	0.0271

¹ Differences between categorical variables assessed using Pearson's chi-square test.
Column 1: Help-seeking vs. Not help-seeking; Column 2: Help-seeking vs. No response

² Women reporting multiple perpetrators (N=7) have been excluded in order to ascertain frequency and severity of violence only by current partner

³ This question was added in version 2 of the questionnaire; 53 women did not receive it

Table A4. Resources that women used or planned to use in order to end, reduce, or cope with violence in their lives, Iowa, Nov. 2006-July 2008.

Resource Categories	Used 1 or more resources (N=42)	Help-seeking: Planned to use 1 or more resources (N=12)	Not help-seeking: Planned to use 1 or more resources (N=12)
Personal networks	34 / 40 (85.0)	10 / 12 (83.3)	10 / 12 (83.3)
Friend	31 / 39 (79.5)	9 / 12 (75.0)	9 / 12 (75.0)
Family member	27 / 39 (69.2)	7 / 12 (58.3)	7 / 12 (58.3)
Co-worker	15 / 39 (38.5)	6 / 12 (50.0)	2 / 12 (16.7)
Religious leader	5 / 40 (12.5)	4 / 12 (33.3)	2 / 12 (16.7)
Leave relationship	23 / 41 (56.1)	7 / 12 (58.3)	8 / 12 (66.7)
Health Professionals	19 / 41 (46.3)	4 / 12 (33.3)	9 / 12 (75.0)
Counselor	11 / 40 (27.5)	4 / 12 (33.3)	7 / 12 (58.3)
Doctor	7 / 41 (17.1)	1 / 12 (8.3)	2 / 11 (18.2)
Other health professional	7 / 40 (17.5)	1 / 12 (8.3)	2 / 11 (18.2)
Social worker	7 / 39 (17.9)	2 / 12 (16.7)	3 / 11 (27.3)
Psychiatrist	6 / 39 (15.4)	2 / 12 (16.7)	8 / 12 (66.7)
Psychologist	3 / 41 (7.3)	2 / 12 (16.7)	7 / 12 (58.3)
Nurse	2 / 40 (5.0)	1 / 12 (8.3)	0 / 11 (0.0)
Informational Materials	19 / 40 (47.5)	6 / 12 (50.0)	1 / 11 (9.1)
Pamphlets	14 / 39 (35.9)	5 / 12 (45.5)	1 / 11 (9.1)
Internet	12 / 40 (30.0)	5 / 12 (45.5)	1 / 11 (9.1)
Criminal Justice System	9 / 40 (22.5)	2 / 12 (16.7)	3 / 11 (27.3)
911	8 / 40 (20.0)	2 / 12 (16.7)	1 / 11 (9.1)
No contact order	6 / 40 (15.0)	1 / 12 (8.3)	3 / 11 (27.3)
Victim Advocacy Services	6 / 40 (15.0)	2 / 12 (16.7)	2 / 11 (18.2)
Domestic Violence Hotline	6 / 40 (15.0)	2 / 12 (16.7)	1 / 11 (9.1)
Shelter	2 / 39 (5.1)	2 / 12 (16.7)	2 / 11 (18.2)

Figure A2. Proportion of women who rated resources as helpful according to whether or not they are seeking help in order to end, reduce, or cope with violence in their lives, Iowa, Nov. 2006-July 2008.

