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Factors Related to Willingness to Help Survivors of Intimate Partner Violence

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Although researchers have found that survivors of intimate partner violence seek support from a multitude of sources, ranging from professionals to informal support networks, little is known about the extent to which community members reach out to help survivors. This study explored the type of support provided to survivors and various factors that relate to individuals' willingness to help. Survivors were more likely to be helped by women, younger individuals, those who strongly endorsed criminal justice interventions for perpetrators, and those who perceived intimate partner violence as a frequently occurring issue in their communities. Two additional factors were found to relate to an individual's likelihood of assisting others, including witnessing intimate partner violence as a child and prior victimization. Further research is needed in this area to explore helper, survivor, and contextual characteristics that may affect one's likelihood to offer assistance to survivors.

Keywords: *intimate partner violence; domestic violence; help-giving behavior; willingness to help*

Intimate partner violence (IPV), characterized by threats of or actual physical, sexual, or psychological harm inflicted by a current or former intimate partner (Saltzman, Fanslow, McMahon, & Shelley, 2002), is a pervasive social issue affecting millions of women each year (Edleson, 1999; Miller & Wellford, 1997; Tjaden & Thoennes, 1998, 2000). Although some men are also victims of IPV, previous research indicates that women are far more likely than men to suffer injuries and other negative consequences that necessitate community intervention (Greenfield et al., 1998; Makepeace, 1986).

IPV has deleterious consequences and costs for individuals, families, and communities. The experience of physical and psychological abuse has been found to relate to higher levels of psychological distress, including increased anxiety and depression, and to manifestations of physical illness and injury (Campbell & Levandowski, 1997; Coker, Smith, Bethea, King, & McKeown, 2000; Sutherland, Bybee, & Sullivan, 1998). Some attention has been given to examining the types of formal assistance available to survivors of IPV (Belknap & McCall, 1994; Foshee & Linder, 1997; Hamilton & Coates, 1993; Johnson, 1985; Kurz, 1987) and to the various help-seeking strategies used by survivors of IPV (e.g., contacting law enforcement officials, going to shelters or hospitals, consulting with counselors or clergy, or talking with friends or family; Davis & Brickman, 1996; Goodkind, Gillum, Bybee, & Sullivan, 2003; Mahlstedt & Keeny, 1993; Morrison, Luchok, Richter, & Parra-Medina, 2006; Rotunda, Williamson, & Penfold, 2004).

Far less is known about how individuals respond when they learn of an acquaintance, friend, or loved one's personal experience of abuse. In the context of dating violence, Mahlstedt and Keeny (1993) note the importance of these responses in contributing to the survivor's perception of the abuse experienced and the subsequent action taken by the survivor to deal with the abusive relationship. In their survey of female survivors, Mahlstedt and Keeny found that social network members (e.g., family members, friends, etc.) responded to survivors' disclosure about their abusive relationships in a variety of ways, some of which were helpful to survivors and others that were not. Women generally felt that the most helpful responses included having someone either convey understanding or assurance that they were not to blame, receiving assistance with decision making, or having someone to listen to them. Responses perceived by women as unhelpful were ones that reinforced feelings of self-blame, such as excessive advice giving, or those that were aimed at retaliating against the assailant.

To date, few studies have examined the contextual factors or individual characteristics that relate to or influence positive help-giving to survivors of IPV (Goodkind et al., 2003; West & Wandrei, 2002). Goodkind and colleagues investigated contextual factors that relate to the likelihood that survivors receive emotional support from family members or friends. They found that women who were married to their assailants received more emotional support than women who were not, and the more women were threatened by their assailants, the more emotional support family members and friends provided. West and Wandrei sought to identify factors that directly predict helpful interventions. Using fictional videotaped scenarios with a college-age sample, they found that women and individuals who attributed

lower levels of blame to the victim were more likely to provide survivors with helpful interventions.

The present study sought to extend this work by exploring additional correlates of help-giving that go beyond considering only the survivor's experiences and characteristics to considering relevant helper experiences and characteristics. Furthermore, we believe that using a community-based sample of individuals who have been acquainted with a survivor of IPV and who are able to report about their own experiences rather than what they may choose to do in a hypothetical scenario will lend more insight into the process of help-giving. The purpose of this study was threefold: (a) to identify the extent to which various helping strategies are used by community members to assist survivors of IPV, (b) to determine whether helper characteristics relate to the type of helping strategies (emotional support, formal support, and instrumental support) used, and (c) to identify factors that relate to individuals' willingness to help survivors of IPV.

Although this study was exploratory, we proposed several hypotheses concerning helper characteristics and the type of helping strategy used. First, we hypothesized that women would be more likely than men to provide survivors with emotional, formal, and instrumental support. In general, the help-giving literature purports that women are more likely to engage in caring or nurturant types of helping by providing emotional support or empathy, as we would expect would be needed by survivors of IPV (Adams & Betz, 1993; Belansky & Boggiano, 1994; Eagly & Crowley, 1986; Foshee & Linder, 1997).

Furthermore, we expected that individuals who had experienced IPV themselves would be more likely to provide all three forms of support. This hypothesis stems from our understanding that individuals with experiential expertise, defined as "competence of skill in handling or resolving a problem through the use of one's own experience," are better equipped to support others with similar experiences (Borkman, 1976, p. 447). We therefore hypothesized that experience of IPV would lend one to be better equipped and therefore more likely to help others deal with the experience of abuse. We also examined the extent of IPV experienced as it related to the aforementioned helping strategies, although no directional hypothesis was formulated.

Several other factors were hypothesized to correlate with whether individuals would help survivors, including age; attitudes and beliefs about helping victims; childhood exposure to IPV; and perceived prevalence rates of IPV in individuals' respective communities. Given the changing community attitudes toward IPV, we hypothesized that younger community members would be more likely than older community members to help survivors. We also

hypothesized that the more participants endorsed a criminal justice system response to helping victims of IPV, the more likely they would be to provide assistance themselves to survivors. Individuals who had witnessed IPV during childhood were expected to help survivors more than those who had not. Finally, we expected that respondents would be more likely to help survivors as they increasingly identified IPV as a serious, widespread problem in their communities.

Method

A random digit-dial telephone survey of 600 adults in each of 20 communities nationwide ($N = 12,039$) was employed to examine the impact of coordinated community responses on communities' rates of, and attitudes toward, IPV. Half of these communities were chosen because they had worked to enhance a coordinated community response to the problem of IPV, whereas the remaining comparison communities were selected based on their similar geographic and demographic characteristics.

Participants

In this article, we examined a subsample of the participants ($n = 6,010$) from the larger sample of 12,039 individuals. We selected these individuals if they had personally known someone who had been a victim of IPV in the prior 12-month period. Most of these respondents ($n = 3,404$; 57%) reported only knowing women (at least one) who were victims of IPV in the past 12 months. Thirty-four percent ($n = 2,037$) of participants indicated that they had known both men and women survivors of IPV, and the remaining 569 (10%) had known only men.

Demographics. Participants ranged in age from 18 to 91 ($M = 42.33$, $SD = 14.93$). A majority of the participants were White (71%), Black/African American (11%), or Hispanic (10%). The remaining participants identified as multiracial (4%), American Indian/Alaskan (2%), Asian/Pacific Islander (1%), or other (less than 1%). Eighty-eight participants (2%) chose not to disclose their racial identity.

Slightly more than half of the participants (55%) were women. Education levels varied; however, a large proportion of participants indicated that they had attended college for some time (21%) or had attained either a 2-year (13%), 4-year (16%), or graduate degree (10%). An additional 4% attended

trade school or a vocational program after graduating from high school, and 26% had completed their high school diploma or GED. The remaining participants had either not completed high school (9%), or did not disclose their educational status (less than 1%).

When asked about their relationship status, about half of the men and women in this sample (48%) reported being married. Another 28% of the participants were single, and the remaining participants indicated having been separated or divorced (19%) or widowed (5%), or they did not disclose their relationship status (less than 1%).

Measures

The survey instrument was developed by a consortium of researchers and intentional injury research scientists from the Centers for Disease Control and Prevention, based on theories of IPV prevention and theories of change. The specific items and scales used in the present study are described below.

Approaches to helping. Helping strategies were assessed by asking all participants who reported having helped a survivor of IPV in the prior 12 months about whether they engaged in five predetermined helping strategies (e.g. “provided a referral to an organization/agency,” “provided a referral to a church,” “listened to them or talked with them about it,” “contacted the police/sheriff’s office,” and/or “informed his/her relatives”). Respondents were also asked to specify other ways in which they helped survivors that fell outside of the predetermined strategies of helping. Additional helping strategies mentioned by more than 1% of respondents included “providing the survivor with shelter,” “helping to remove the individual from the abusive situation,” “providing a referral to a domestic violence shelter,” and “providing money/financial assistance.” Various “other” responses were minimally endorsed and therefore not categorized as distinct helping strategies.

Attitudes and beliefs about helping victims of IPV. A five-item scale was developed to assess respondents’ attitudes toward the importance and endorsement of criminal justice system responses to IPV. Participants were asked to indicate their level of agreement with the following assertions: (a) friends and neighbors should report IPV to the police, (b) the police should be called to respond to IPV incidents, (c) the police should make an arrest when responding to an incident involving IPV, (d) jail should be mandatory for individuals who assault their intimate partners, and (e) treatment

programs should be mandatory for individuals who assault their intimate partners. Responses were based on a 5-point Likert-type scale (1 = *strongly disagree* to 5 = *strongly agree*). Cronbach's alpha for this scale was .67 ($M = 4.26$, $SD = 0.69$).

Exposure to IPV as a child. Exposure to IPV as a child was assessed using a single item. Participants were asked, "Thinking back to when you were a child, do you recall ever witnessing (seeing or hearing) intimate partner violence within your household?" More than one third of the respondents (37%) had witnessed IPV in their households during childhood.

Experience of IPV. Personal experience of IPV was assessed using a modified version of the Conflict Tactics Scale (CTS; Straus, 1979). The Extent of Abuse scale comprised 15 yes–no items that assessed lifetime occurrence of various types of abusive behavior (e.g., "Please tell me if an intimate partner ever has pushed, shoved, or pinned you down or against a wall" and "Please tell me if an intimate partner ever injured you with a weapon"). These items were summed, which resulted in an alpha coefficient of .92 ($M = 3.73$, $SD = 4.32$).

General experience of abuse was determined by participants' endorsements of any of the items on the modified CTS scale. More than half of the respondents (58%) indicated having experienced abuse perpetrated by an intimate partner at some point during their lifetimes.

Perception of the prevalence of IPV. To assess participants' perceptions of the pervasiveness of IPV in their own communities, a single item was used. Participants were asked, "In your opinion, how widespread is intimate partner violence in [name of his or her community]?" Responses were based on a 5-point Likert-type scale (1 = *IPV happens in almost none of the homes*, 3 = *IPV happens in about half of the homes*, and 5 = *IPV happens in most homes*). The mean response for this item was 2.93 ($SD = 1.07$).

Results

Prevalence and Type of Helping Behavior

Interestingly, exactly half of the participants reported that they had helped someone to deal with the experience of abuse ($n = 2,975$). Whereas helping strategies varied, most participants indicated that they helped by

listening and talking to the survivor about his or her experience of abuse (88%). Other helping strategies were carried out far less frequently. For instance, in some cases, participants reported having provided survivors with a referral to an organization or agency (27%), to a church (17%), and/or to a battered women's shelter or group (3%).

Individuals also helped others by informing a third party about the survivor's experience, specifically a relative (22%) and/or law enforcement official (18%). More tangible approaches to helping survivors included providing a place to stay while transitioning out of their abusive living situation (10%), helping remove them from the abusive relationship altogether (3%), and/or providing financial assistance (2%). Fifteen percent of the participants indicated helping survivors in other ways as well (e.g., confronting the assailant, assisting with child care, providing transportation, etc.).

Characteristics and Approaches of Individuals Who Help Survivors of IPV

To assess whether individuals differed in their approaches to assisting and supporting IPV survivors, similar helping strategies were collapsed into one of three categories: (a) emotional support, (b) formal support, and (c) instrumental support. Chi-square analyses were conducted to explore whether helping approaches differed by the sex of the participant or if individuals who had experienced IPV at some point during their lifetimes were more likely than those who had not to endorse certain helping strategies. Furthermore, independent samples *t* tests were used to assess whether the endorsement of specific helping strategies was related to differences in the extent of abuse individuals had previously experienced. The item assessing whether individuals had informed the victims' relatives about the abuse was omitted from the aforementioned categories, as the implications of this type of support are not well understood.

Emotional support. Emotional support, which was characterized by listening to or talking to the survivor about his or her experiences, was the most frequent type of support provided (88%). Women were significantly more likely than men to provide emotional support to survivors (90% and 86%, respectively), $\chi^2(1, N = 2,975) = 10.40, p < .01$. Personal exposure to IPV did not significantly relate to whether or not participants provided emotional support to survivors, $\chi^2(1, N = 2,973) = 0.35, ns$, and the extent of violence experienced was found to be static across all participants, $t(2,971) = -0.64, ns$.

Formal support. Formal support was provided by 49% of participants; these participants linked survivors to professionally based avenues of assistance, such as law enforcement officials, organizations or agencies, domestic violence shelters, or churches. A significantly larger proportion of women (52%) than men (46%) provided formal support to survivors, $\chi^2(1, N = 2,975) = 17.73, p < .01$. Participants were equally likely to provide survivors with formal support regardless of whether or not they had previously experienced IPV themselves, $\chi^2(1, N = 2,973) = 0.89, ns$, and the extent of prior abuse experienced by participants did not significantly differ among those who provided formal support to survivors and those who did not, $t(2,916) = -1.95, ns$.

Instrumental support. Approximately 15% of the participants reported providing instrumental support to survivors. Instrumental support was characterized either by providing the survivor with a place to stay, by providing financial assistance, or by removing the survivor from the abusive relationship. Use of instrumental support strategies did differ by sex; women were significantly more likely than men (16% vs. 13%) to provide instrumental support, $\chi^2(1, N = 2,975) = 5.43, p < .05$. The proportion of participants who provided survivors with instrumental support was found to differ by whether or not they had personally experienced IPV in the past, $\chi^2(1, N = 2,973) = 13.64, p < .01$. Specifically, of those who had provided survivors with instrumental support, 71% had experienced IPV themselves prior to participation, whereas 29% had not; 62% of participants who had not provided survivors with any type of instrumental support had previously experienced IPV, and 38% had not. Extent of prior abuse experienced by participants did significantly differ among those who provided instrumental support to survivors and those who did not, $t(574) = -5.23, p < .01$. Participants who had experienced more forms of abuse ($M = 4.81, SD = 4.84$) were more likely than those who had experienced fewer forms of abuse ($M = 3.53, SD = 4.19$) to provide instrumental support to other survivors.

Factors Related to Helping

Logistic regression analysis using the full maximum likelihood estimation method was performed using hierarchical linear modeling software (Raudenbush, Bryk, & Congdon, 2005) to account for variability in individuals' likelihood of helping victims of IPV. Given that participants were sampled from 20 different communities, multilevel logistic regression (Raudenbush & Bryk, 2002; Snijders & Bosker, 1999) was used to account for the cluster

sampling and to detect and account for community-level variability in helping response. Initial analysis of a random intercepts model found that the likelihood of helping differed significantly by community; therefore, it was important to account for this variability by using multilevel analysis.

Hypothesized explanatory variables included sex, age, attitudes and beliefs about helping victims, childhood exposure to IPV, personal experience of violence perpetrated by an intimate partner, and perceived prevalence rates of IPV. To examine the possibility that the effect of personal experience of IPV might differ for men versus women or for people who were exposed to IPV during childhood, we tested a hierarchical logistic regression model with the interactions of sex and personal experience of IPV and, in a second block, personal experience of IPV and childhood exposure to IPV. All interactions were nonsignificant and were therefore omitted from the model to simplify presentation of the results.

A likelihood ratio test of the full model against a constant-only model yielded a highly significant probability value, likelihood ratio $\chi^2(6, N = 5,853) = 656.42, p < .001$, thereby indicating that the independent variables taken together significantly improved prediction of the likelihood of helping survivors of IPV. Table 1 reflects the regression coefficients, odds ratios, and lower and upper bound confidence intervals for the odds ratios for each of the explanatory variables. All of the hypothesized correlates were found to have significant relationships with an individual's likelihood of engaging in helping behavior.

As expected, sex was found to significantly relate to whether respondents helped survivors of IPV, with an odds ratio (OR) of 1.18, after controlling for the impact of the remaining variables. Women were 18% more likely than men to help. Respondent's age had a significantly negative relationship with helping while holding the other variables constant (OR = 0.99), with younger respondents being more likely to help. Every year older was associated with a 1% lower likelihood that they would help a survivor of IPV.

Attitudes and beliefs toward the importance and endorsement of a criminal justice system response to IPV was positively associated with helping (OR = 1.13), after controlling for the effect of the other variables. Each 1 point higher on the 5-point attitude and belief scale (indicating more support for criminal justice system response) was associated with 13% higher odds of helping individuals who had experienced IPV.

After controlling for the remaining variables, witnessing IPV as a child was associated with a 35% higher odds of helping survivors later in life (OR = 1.35). Similarly, lifetime occurrence of IPV had a significantly positive relationship with helping after controlling for the other independent

Table 1
Logistic Regression Examining Correlates of Help-Giving Among Acquaintances of Survivors of Intimate Partner Violence (IPV)

Independent Variables	<i>B</i>	Odds Ratio	95% Confidence Interval for Odds Ratio	
			Upper	Lower
Sex	0.17*	1.18	1.06	1.32
Age	-0.01**	0.99	0.99	0.99
Attitudes and beliefs about helping victims of IPV	0.12*	1.13	1.04	1.22
Childhood exposure to IPV	0.30**	1.35	1.21	1.51
Personal exposure to IPV	0.35**	1.42	1.27	1.58
Perceived prevalence rates of IPV	0.12**	1.13	1.07	1.19
Constant	-0.41**			

Note: Likelihood ratio $\chi^2 = 656.42$ ($df = 6$), $p < .001$.

* $p < .01$. ** $p < .001$.

variables (OR = 1.42), as it was associated with a 42% higher odds of helping other survivors.

While controlling for the remaining variables, perceived prevalence of IPV in participants' respective communities was positively associated with helping survivors (OR = 1.13). Every 1 point higher on the 5-point item assessing perceived prevalence (indicating that IPV occurs more frequently) was associated with 13% higher odds of helping survivors.

Discussion

This study lends some insight into how individuals support survivors of IPV. Among those participants who did offer help to survivors, most (88%) did so by providing survivors the opportunity to share their stories about the abuse they had experienced. This is consistent with previous research that suggests that social network members respond to survivors of dating violence most frequently by listening to their experiences (Mahlstedt & Keeny, 1993).

Although other responses were used less often, it was encouraging to discover that a substantial proportion of the community members who knew survivors of IPV provided survivors with referrals (49%) to formal

avenues of support, including law enforcement officials, agencies or organizations, battered women's shelters, and/or churches. It is not surprising that this type of assistance was provided less frequently, as individuals had to actively seek out this information for the purpose of helping, or they must have already been aware of the available resources in their communities for survivors of IPV (e.g., participants may have used some of the services that they have recommended to others, they may serve in professional roles that have increased their awareness of available community resources, or their communities may work toward informing community members of the resources available).

The least common strategy used by participants to help survivors was providing tangible help. Still, a third of the community provided survivors with instrumental types of support, including a place to stay, financial assistance, and/or assistance in removing them from their abusive relationships. Assisting someone in this way can be seen as a more involved approach to helping; therefore, it is expected that this would be carried out less often than the emotional or formal approaches to help-giving. In a study investigating the factors that influence African American victims of IPV to seek help from family and friends, it was found that family members and friends are forthcoming in providing victims with forms of instrumental support but not emotional support (Morrison et al., 2006). Although the present study did not examine relationship status as it relates to help-giving, future research should examine whether differential relationship status (communal vs. exchange; see Clark & Mills, 1993) relates to the type of assistance that is provided to survivors.

Of the factors we examined, sex was found to relate to one's willingness to help survivors, with women more likely than men to help others. This also held true when examining sex differences in the specific type of help provided (emotional, formal, and instrumental). Previous research examining sex/gender differences and willingness to assist others in hypothetical scenarios has found that generally women hold stronger attitudes toward condemning acts of IPV and attribute less blame to the victim of domestic violence than do men (Harris & Cook, 1994; West & Wandrei, 2002). Although this may partly explain our findings, we believe additional research is needed to examine whether these attitudes and attributions of blame are held in nonfictitious scenarios as well. Another possible explanation for this finding is that because IPV is more likely to be committed by men against women (Tjaden & Thoennes, 2000; Bachman & Saltzman, 1995), women may be more aware and more sensitive to the needs of others in these situations. It is also probable that women are more likely than men to provide help, regardless of their attitudes toward IPV. In fact, women are often more likely

than men to exhibit helping behavior (George, Carol, Kersnick, & Calderon, 1998) and are expected to be more altruistic than men, which may affect their willingness to help others (Heilman & Chen, 2005).

Age was also found to relate to one's willingness to help survivors, with younger individuals being more likely to help. One possible explanation for this finding is that younger adults may be moving away from ideologies inherent in a patriarchal culture or that younger adults tend to hold fewer victim-blaming values. Alternatively, younger adults may be more likely to be in physically violent relationships themselves (Mezey, Post, & Maxwell, 2002) and therefore may be more empathic or aware of available community resources. Furthermore, social networks are based on similar interests and life stages (Kossinets & Watts, 2006); thus, the opportunity for a younger person to help a (on average younger) victim of IPV may be greater. There is a dearth of literature that addresses the relationship between helping behavior and age, which should be a focus for future research.

As expected, participants who supported having law enforcement officials respond to incidents of IPV were more likely themselves to assist survivors in other ways. A belief in the ability of the criminal justice system to improve the lives of survivors by attempting to protect them from further victimization and to respond with punitive and/or rehabilitative mandates for perpetrators reflects on the extent to which these participants view IPV as a serious social issue requiring intervention. Perception of the seriousness of a situation involving IPV has been noted to relate to one's motivation and likelihood to help a survivor (Foshee & Linder, 1997).

Both witnessing violence as a child and personally experiencing an abusive relationship as an adult significantly increased the odds that a community member would help other survivors of IPV. Empathy may be one contributing factor to this finding, as we would expect that those who have personally experienced violence themselves or those who have witnessed family members experiencing violence may be more likely to relate to the feelings of other survivors. Feelings of empathy toward those in need of assistance have been found to relate to one's willingness to help (Batson et al., 1991). Another possible explanation for this finding is that survivors of IPV may take a more active role in the helping process because they have shared experiences with other survivors and are knowledgeable about what would be helpful. As suggested by Borkman (1976), personal experience provides individuals with a level of competence, or expertise, which in turn enhances one's ability to assist others.

When considering types of support separately, it was interesting that individuals who had personally experienced IPV were no more likely than

those who had not experienced IPV to provide emotional or formal sources of support to other survivors. However, survivors of IPV were significantly more likely than nonsurvivors to provide instrumental support to other survivors. A possible explanation for this finding is that survivors are more knowledgeable than the general public about what is most helpful to individuals who are beginning to deal with abuse. For persons with little survivor contact, their limited knowledge may lead them to believe that emotional and formal avenues of support are sufficient or they may not want to become more formally involved. Furthermore, survivors who experienced several forms of abuse were more likely to provide other survivors with instrumental support. If we conceptualize IPV as a means for a perpetrator to dominate and control his or her partner, then we can think of the perpetrator's strategy as one that employs a variety of forms of abuse to establish control. Although this does not directly lend insight into the severity of the abuse, it does suggest that the more forms the abuse takes, the more strategies a survivor requires for safety and survival purposes, which in turn may increase a survivor's likelihood of sharing more substantial forms of support with others in need.

Perceived perception of IPV in one's community also was found to relate to willingness to help survivors. The more community members perceived IPV as occurring in their communities, the more likely they were to provide assistance to survivors. Awareness of the problem of IPV is likely to affect one's feelings and perceptions about how the community should respond to the problem. According to Baynard, Plante, and Moynihan (2004), in the context of sexual violence prevention, being aware of the problem and its implications for the victim tends to increase the chance that bystanders will engage in helping behavior.

Several limitations of this study must be considered when interpreting and generalizing these findings. First, given the sensitive nature of the information solicited from participants about their own experiences of violence and their willingness to help others, it is unclear how self-report techniques may have been influenced by recall bias or by the likelihood of individuals to provide socially desirable responses.

Regarding our approach to assessing help-giving, we do not know how the help was initiated, that is, whether the survivor had requested assistance from the participant or if the participant had made a judgment that the survivor was in need of assistance. For instance, being asked for support by survivors might have unduly influenced participants to provide such support. More attention should be given to this issue in the future to ensure that the nature of participants' motivation to assist others is better understood.

We are unaware of the nature of the relationship between the participants and the survivors they reported on; thus, we are unable to determine whether helping behaviors are dependent on certain relationship characteristics or if different types of relationships facilitate the use of different helping strategies. Furthermore, this extends to our inability to assess helping strategies that may differ by survivor characteristics or by the immediate context. For instance, we cannot determine from these results how participants may have differentially assisted survivors of different racial or ethnic groups or if the type and severity of abuse experienced by the survivor had influenced the helping strategies used. Additional research is needed to examine other helper, survivor, and contextual characteristics that may influence help-giving to survivors of IPV.

Another limitation of this study pertains to our inability to determine specific community-level characteristics that may be related to individuals' willingness to help survivors of IPV (e.g., community prevalence rates, general attitudes and perceptions of IPV, etc.). Future research is needed to examine how community-based differences, considered collectively, may affect community members' willingness to provide survivors with assistance.

Despite these limitations, this study has advanced our knowledge about the various ways in which community members respond to IPV. With additional research in this area that can speak to the effectiveness of these responses, we may be better equipped to educate communities about how they can assist survivors of IPV. Furthermore, this study does offer some insight into the frequent lack of response to survivors (in that only half of the sample offered assistance). Although we did not directly assess the participant's motivation for responding or not responding, previous researchers have investigated the negative implications of victim-blaming attributions on the help-giving process (Finn & Stalans, 1995; Foshee & Linder, 1997; McKeel & Sporkowski, 1993). Further research is needed to explore additional conditions under which community members provide support to survivors of IPV, while giving special attention to community members' reasons for or against engaging in help-giving behavior.

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