International Journal of Science and Research (IJSR)
ISSN: 2319-7064
Impact Factor 2025: 7.089

Psychological Barriers to Help-Seeking among Women Experiencing Domestic Violence: The Role of Self-Efficacy and Advocacy Support

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Abstract: ***Background: Domestic violence is a significant social and psychological problem that can adversely affect women's emotional well-being, autonomy, interpersonal relationships, and quality of life. Despite the availability of psychological, social, legal, and community-based support services, many women experiencing domestic violence delay or refrain from seeking assistance. Purpose: This article examines the psychological barriers that influence help-seeking among women experiencing domestic violence, with particular emphasis on self-efficacy and advocacy support. It seeks to understand how psychological factors such as fear, stigma, shame, perceived helplessness, low self-efficacy, and concerns about social consequences may affect women's willingness and ability to seek support. Conceptual Approach: The article adopts a conceptual perspective to examine the interrelationship between psychological barriers, self-efficacy, advocacy support, and help-seeking behaviour. Self-efficacy is considered an important psychological resource that may influence a woman's confidence to disclose experiences of violence, make informed decisions, and access available services. Advocacy support is viewed as a facilitating mechanism that can provide information, emotional support, rights awareness, referrals, safety-oriented guidance, and assistance in navigating formal and informal support systems. Key Insights: Psychological barriers may restrict women's recognition of available options, confidence in taking action, and willingness to approach support systems. Strengthening self-efficacy and providing accessible, responsive, and survivor-centred advocacy support may contribute to improved help-seeking and greater empowerment. Implications: An integrated approach involving psychologists, counsellors, social workers, advocates, community organizations, service providers, and policymakers is essential to reduce barriers to help-seeking. Interventions should emphasize empowerment, safety, confidentiality, informed decision-making, rights awareness, and accessible support pathways.***

Keywords: Domestic violence, intimate partner violence, psychological barriers, help-seeking behaviour, self-efficacy, advocacy support, women's empowerment.

1. Introduction

Domestic violence represents a serious social, psychological, and public health concern that can adversely affect individual well-being, family functioning, interpersonal relationships, and quality of life. It may include physical, psychological, sexual, and economic forms of abuse and can occur within intimate relationships and family settings. The consequences of domestic violence extend beyond immediate physical harm and may affect emotional well-being, self-esteem, social relationships, decision-making, autonomy, and perceptions of personal control. Violence against women is recognized internationally as a significant public health and human-rights concern. Despite the availability of formal and informal support systems, many women experiencing domestic violence encounter barriers to seeking assistance. Help-seeking may involve disclosure to family members or friends, consultation with counsellors or health professionals, approaching women's support organizations, seeking legal assistance, contacting the police, or accessing other institutional and community-based services.

The decision to seek help is rarely determined by a single factor. It may be influenced by the severity and duration of violence, financial circumstances, availability of social support, family relationships, cultural expectations, awareness of available services, previous experiences with institutions, and perceptions of personal and family safety. Psychological processes are particularly relevant because they may influence how individuals interpret their circumstances, evaluate available alternatives, assess risks, and perceive their own capacity to take action. Fear, shame, stigma, self-blame, perceived helplessness, and lack of confidence may discourage women from disclosing experiences of violence or approaching support services. At the same time, psychological resources such as self-efficacy, perceived control, resilience, and supportive interpersonal relationships may facilitate adaptive coping and help-seeking. These factors suggest that understanding help-seeking requires attention not only to the availability of services but also to the psychological processes that influence women's willingness and perceived ability to access them.

Advocacy support provides another potentially important pathway for facilitating help-seeking. Advocacy may assist women in understanding available choices and resources, obtaining appropriate referrals, accessing legal and social services, and navigating complex institutional systems. When advocacy is provided in conjunction with psychologically informed and person-centred support, it may help strengthen confidence, improve awareness of available options, and facilitate informed engagement with support

systems. Against this background, the present article examines the relationship between psychological barriers, self-efficacy, advocacy support, and help-seeking behaviour among women experiencing domestic violence. Particular attention is given to the ways in which psychological barriers may inhibit help-seeking and how self-efficacy and advocacy support may facilitate women's access to appropriate assistance.

2. Literature Review

2.1 Understanding Domestic Violence

Domestic violence is a multidimensional phenomenon that is not restricted to physical aggression. It may involve psychological intimidation, threats, coercive behaviour, sexual violence, economic control, social isolation, and other forms of behaviour that undermine an individual's autonomy, dignity, safety, and well-being. The psychological consequences associated with experiences of domestic violence may include fear, anxiety, emotional distress, reduced self-confidence, perceived helplessness, difficulties in decision-making, and diminished perceptions of personal control. These experiences may subsequently influence whether, when, and from whom a woman seeks assistance.

Women experiencing domestic violence should not be considered a homogeneous group. Their experiences and responses may differ according to age, socioeconomic circumstances, educational background, employment status, family structure, social support, geographical location, access to services, and other contextual conditions. Consequently, interventions designed to facilitate help-seeking should recognize individual circumstances and avoid assuming that a single approach will be appropriate for all women.

2.2 Help-Seeking Behaviour

Help-seeking behaviour can be conceptualized as a process through which an individual attempts to obtain assistance in response to a perceived problem, threat, or unmet need. In the context of domestic violence, help-seeking may occur through both informal and formal sources of support.

2.3 Informal Help-Seeking

Informal sources of support play an important role in the help-seeking process among women experiencing domestic violence. Such sources may include family members, friends, neighbours, trusted community members, and other supportive individuals who provide emotional reassurance, practical assistance, information, or a sense of safety. Informal disclosure may represent an initial step in the help-seeking process, as a woman may first communicate her experiences to someone she trusts before approaching professional or institutional services. The response received from informal support networks can influence subsequent decisions regarding whether, when, and where to seek formal assistance. Supportive and non-judgmental responses may encourage further help-seeking, whereas disbelief, blame, stigma, or pressure to remain silent may discourage disclosure and delay access to professional or institutional support.

2.4 Formal Help-Seeking

Formal help-seeking refers to the process of approaching professional, institutional, or organised support services in response to experiences of domestic violence. Formal sources of support may include psychologists and counsellors, healthcare professionals, social workers, legal-aid services, women's support organisations, police and other appropriate authorities, shelters, and community-based support services. These services may provide professional counselling, medical care, legal information and assistance, protection-related services, temporary accommodation, referrals, safety planning, and access to other institutional resources. Formal help-seeking is not necessarily a single or immediate decision. It may involve different forms of assistance at different stages, depending on the woman's circumstances, perceived safety, awareness of available services, confidence in approaching service providers, and previous experiences with support systems. A woman may seek medical assistance following an incident of violence but postpone legal action, or she may initially approach a counsellor or social worker before accessing other institutional services. Thus, help-seeking may be gradual, selective, repeated, partial, or delayed. The distinction between informal and formal help-seeking is therefore useful for understanding the different pathways through which women seek assistance. A woman may first disclose her experiences to a trusted family member, friend, neighbour, or community member and subsequently consider approaching a professional or institutional service. The transition from informal to formal support may depend on the quality of the initial response, perceived safety, availability and accessibility of services, knowledge of available options, and the woman's confidence in her ability to seek and use assistance. Understanding formal help-seeking as a dynamic and context-dependent process, rather than as a single event, is important for examining the psychological, social, cultural, and institutional factors that influence women's decisions to seek assistance.

3. Psychological Barriers to Help-Seeking

Psychological barriers may influence whether women recognize the need for assistance, disclose their experiences, evaluate available alternatives, and take steps toward accessing support. The major barriers relevant to this discussion include fear, stigma and shame, perceived helplessness, self-blame, and low confidence.

3.1 Fear

Fear may constitute an important barrier to help-seeking among women experiencing domestic violence. Women may fear retaliation, escalation of violence, family disruption, financial insecurity, social consequences, or uncertainty about what may happen after disclosure. Such concerns may influence decision-making and contribute to postponement or avoidance of help-seeking even when support services are available. Accordingly, support systems need to address not only the availability of services but also

women's concerns regarding safety, confidentiality, and the possible consequences of disclosure.

3.2 Stigma and Shame

Social stigma may affect women's willingness to disclose experiences of domestic violence. Concerns about being judged, blamed, misunderstood, or socially rejected may discourage women from discussing their experiences with others. Shame may also affect self-perception and communication and may contribute to withdrawal from potential sources of support. Creating confidential, respectful, and non-judgemental support environments is therefore important for encouraging women to communicate their experiences and explore available assistance.

3.3 Perceived Helplessness

Repeated experiences of control, intimidation, or abuse may contribute to a perception that the individual has limited ability to influence or change the situation. Perceived helplessness may reduce motivation to explore alternatives or approach support systems. Interventions that strengthen perceived control, coping resources, problem-solving abilities, and self-efficacy may help women recognize available choices and consider appropriate courses of action.

3.4 Self-Blame

Some women may internalize responsibility for the violence or believe that they are responsible for maintaining family relationships despite experiencing abuse. Such beliefs may be influenced by interpersonal, cultural, or social expectations. Self-blame may discourage disclosure and reduce willingness to seek assistance. Psychological counselling and supportive interventions can help individuals examine feelings of responsibility, strengthen self-understanding, and identify appropriate sources of support without placing responsibility for the violence on the survivor.

3.5 Lack of Confidence

Limited confidence in one's ability to communicate needs, make decisions, approach institutions, or navigate support systems may create another barrier to help-seeking. This factor is closely associated with the concept of self-efficacy. A woman may recognize that assistance is needed but may nevertheless feel uncertain about whether she can take the necessary steps to obtain it. Strengthening confidence and providing practical assistance may therefore be important components of effective support.

4. Self-Efficacy and Help-Seeking

Self-efficacy is a central concept in Bandura's Social Cognitive Theory and refers to an individual's belief in their capability to organize and perform the actions required to manage particular situations. It does not necessarily reflect actual ability or the availability of external resources but rather an individual's perceived capability to take action. In the context of domestic violence, self-efficacy may influence different stages of the help-seeking process. Women with stronger perceived self-efficacy may feel more capable of recognizing the need for assistance, communicating their experiences, identifying appropriate sources of support, making informed decisions, seeking counselling or professional services, asking trusted individuals for assistance, navigating available support systems, and taking appropriate steps towards personal safety. Conversely, lower perceived self-efficacy may be associated with uncertainty, avoidance, hesitation, or delayed help-seeking. However, self-efficacy should not be considered in isolation, as a woman may possess considerable personal confidence and still encounter structural barriers, including financial dependence, limited availability of services, geographical constraints, social isolation, or inadequate institutional responses. Therefore, psychological empowerment should be accompanied by accessible, responsive, confidential, and survivor-centred support services that facilitate meaningful help-seeking and promote personal safety.

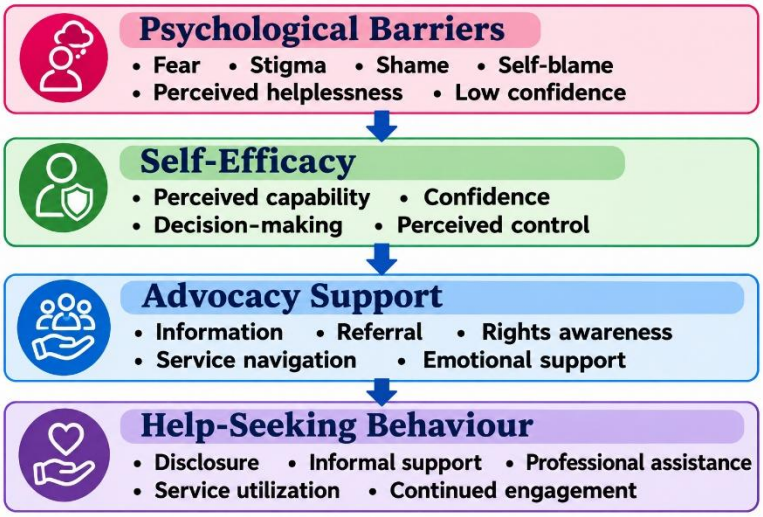
5. Advocacy Support

Advocacy support refers broadly to assistance that enables individuals to understand their rights and available options, communicate their needs, access appropriate services, and make informed decisions. In the context of domestic violence, advocacy serves as an important link between women experiencing violence and the formal and informal resources available to them. It may involve providing information about available services and resources, connecting women with appropriate professionals, facilitating referrals to psychological, social, healthcare, or legal services, helping them understand available options, supporting communication with relevant institutions, facilitating access to community-based resources, and providing information about rights and available protections. Advocacy may also include safety-oriented planning, service navigation, and support for informed decision-making while respecting individual autonomy. Effective advocacy should be person-centred, trauma-informed, confidential, and choice-oriented. The role of an advocate is not to make decisions on behalf of a woman but to facilitate access to information, resources, services, and appropriate support while respecting her autonomy, preferences, and choices. Advocacy may be particularly relevant when women experience uncertainty about where to seek help or how to navigate multiple support systems. By reducing informational and institutional barriers, advocacy can complement psychological interventions aimed at strengthening self-efficacy and perceived control, thereby facilitating women's access to appropriate support and services.

6. Relationship between Self-Efficacy, Advocacy Support, and Help-Seeking

The relationship among psychological barriers, self-efficacy, advocacy support, and help-seeking can be understood as an interconnected process. Psychological barriers such as fear, shame, stigma, self-blame, perceived helplessness, and low confidence may inhibit help-seeking. Self-efficacy may function as an important psychological resource by influencing a woman's confidence in recognizing available options and taking appropriate action. Advocacy support

may complement self-efficacy by providing practical information, emotional support, referrals, rights awareness, and assistance in navigating services. Thus, psychological empowerment and external support may operate together rather than independently. The conceptual relationship may be represented as:



This conceptualization recognizes that help-seeking is influenced by both internal psychological resources and external support mechanisms. It also emphasizes that strengthening women's confidence alone may not be sufficient when structural or institutional barriers remain. Effective responses therefore require coordinated psychological, social, legal, healthcare, and community-based support.

7. Critical Review

The existing literature indicates that help-seeking among women experiencing domestic violence is influenced by multiple psychological, interpersonal, social, cultural, economic, and institutional factors. However, psychological barriers and access-related barriers are often discussed separately. A more integrated understanding requires consideration of how internal psychological resources, particularly self-efficacy, interact with external forms of support, particularly advocacy. Self-efficacy and advocacy support may operate through complementary pathways. A woman may recognize that she requires assistance but may not know which service to approach, what options are available, or how to navigate institutional systems. In such circumstances, advocacy support may reduce informational and practical barriers by providing relevant information, referrals, service navigation, and rights awareness. Conversely, a woman may be aware of available services but lack the confidence to disclose her experiences, communicate her needs, or approach a service provider. In such circumstances, interventions aimed at strengthening self-efficacy may contribute to greater readiness to seek assistance.

This distinction is important because the availability of services does not necessarily ensure their utilization. Help-seeking depends not only on whether support exists but also on whether women perceive the available support as accessible, safe, acceptable, and manageable. Psychological barriers such as fear, shame, stigma, self-blame, perceived helplessness, and low confidence may interfere with the transition from recognizing a problem to taking action. The literature also suggests that self-efficacy should not be viewed as an individual characteristic operating independently of the social environment. A woman may have confidence in her ability to act while simultaneously facing financial dependence, social isolation, limited-service availability, fear of retaliation, or unsupportive institutional responses. Therefore, an exclusive focus on individual psychological empowerment may overlook structural and contextual barriers. Similarly, advocacy should not be conceptualized merely as the provision of information. Effective advocacy may involve sustained assistance with service navigation, communication, referrals, rights awareness, and access to appropriate social, psychological, healthcare, and legal resources. Advocacy is most effective when it respects autonomy and supports informed decision-making rather than directing women toward predetermined choices. A critical synthesis therefore suggests that psychological support and advocacy support may be mutually reinforcing. Psychological interventions may strengthen confidence, perceived control, coping, and decision-making, while advocacy may reduce informational, practical, and institutional barriers. Their interaction may create more favourable conditions for meaningful and sustained help-seeking. The conceptual pathways may be represented as follows:

together, these pathways suggest that help-seeking behaviour may be facilitated when psychological resources and accessible external support operate simultaneously. The proposed conceptual framework consists of four major constructs: psychological barriers, self-efficacy, advocacy support, and help-seeking behaviour. These constructs provide a basis for understanding how individual psychological factors and external support mechanisms may interact to influence women's help-seeking experiences in the context of domestic violence.

7.1 Psychological Barriers

Psychological barriers refer to the emotional and cognitive factors that may inhibit or delay women's help-seeking behaviour in the context of domestic violence. These barriers may include fear, stigma, shame, perceived helplessness, self-blame, low confidence, and concerns regarding social consequences. Such factors may influence a woman's willingness to disclose experiences of violence, approach support services, or take steps towards personal safety. The presence of psychological barriers may also affect her perception of available options and her readiness to seek assistance.

7.2 Self-Efficacy

Self-efficacy refers to a woman's perceived capability to take appropriate action when experiencing domestic violence or seeking assistance. It may involve recognizing the need for assistance, making informed decisions, communicating needs, taking appropriate action, approaching support services, and navigating available resources. In the proposed framework, self-efficacy may serve as an important psychological construct connecting women's perceived capabilities with their help-seeking behaviour. Greater self-efficacy may be associated with increased confidence and readiness to seek assistance, although its influence may depend on the availability and accessibility of appropriate support systems.

7.3 Advocacy Support

Advocacy support refers to assistance that enables women experiencing domestic violence to understand their rights, identify available options, and access appropriate formal and informal support systems. It may include information provision, rights awareness, referral services, service navigation, emotional and practical support, and assistance in accessing appropriate resources. Advocacy support may help reduce informational and institutional barriers by connecting women with relevant services and facilitating informed decision-making. Within the conceptual framework, advocacy support may contribute to help-seeking by improving women's knowledge of available resources and strengthening their ability to access appropriate assistance.

7.4 Help-Seeking Behaviour

Help-seeking behaviour refers to the actions undertaken by women experiencing domestic violence to obtain assistance, protection, information, or support. It may include disclosure to trusted individuals, seeking psychological or counselling support, approaching healthcare professionals, contacting social workers or support organizations, seeking legal assistance, and accessing shelters or community-based services. Help-seeking may also involve continued engagement with appropriate support systems, depending on women's needs, preferences, and circumstances. Within the proposed framework, help-seeking behaviour represents the outcome that may be influenced by psychological barriers, self-efficacy, and advocacy support, while recognizing that individual decisions and external conditions may shape the process.

8. Objectives

Based on the proposed conceptual framework, the following objectives may be considered for future empirical research:

1) To assess the psychological barriers and level of self-efficacy among women experiencing domestic violence.
2) To examine the relationship between self-efficacy and help-seeking behaviour among women experiencing domestic violence.
3) To examine the role of advocacy support in facilitating help-seeking behaviour and access to appropriate support services.
4) To develop recommendations for psychologically informed and autonomy-respecting advocacy interventions to strengthen women's readiness and capacity to seek assistance.

9. Implications for Psychological Practice

The proposed framework has several implications for psychological practice. First, assessment of women experiencing domestic violence should consider psychological barriers to help-seeking rather than focusing exclusively on the experience and consequences of violence. Understanding fear, shame, stigma, self-blame, perceived helplessness, and low confidence may help professionals identify factors that interfere with accessing support.

Second, counselling interventions may incorporate approaches that strengthen self-efficacy, decision-making, coping skills, communication abilities, perceived control, and awareness of available resources. Such interventions should be individualized and sensitive to the woman's circumstances and safety needs.

Third, psychologists and counsellors can collaborate with appropriate social workers, advocates, healthcare professionals, and other service providers. Interdisciplinary collaboration may reduce fragmentation between psychological, social, healthcare, legal, and community-based support services.

Fourth, professionals should adopt non-judgemental, respectful, confidential, and trauma-informed approaches. Responses that inadvertently communicate blame or disbelief may discourage future disclosure and engagement with support systems.

10. Implications for Advocacy Practice

Advocacy programmes should be accessible, confidential, culturally responsive, and respectful of individual autonomy. Advocates can assist women in understanding available options without pressuring them to make a particular decision.

Clear and understandable information about available services, rights, referrals, and support pathways may reduce uncertainty and improve access. Advocacy may also be particularly important for women who experience difficulties navigating multiple institutional systems.

Advocacy programmes may benefit from incorporating psychologically informed components, particularly approaches that strengthen confidence, perceived control, communication, and empowerment. However, empowerment-oriented advocacy should not place responsibility for overcoming structural barriers solely on the individual. Adequate institutional resources and responsive services remain essential.

11. Implications for Policy and Community Intervention

Addressing domestic violence requires coordinated responses across multiple sectors. Psychological services, healthcare providers, social workers, advocacy organizations, community-based services, and appropriate legal and protective systems should function as complementary components of a broader support network.

Community awareness programmes can contribute to reducing stigma surrounding disclosure and help-seeking. Public education should promote awareness of available services and emphasize the importance of dignity, confidentiality, safety, autonomy, and informed choice.

Service systems should also consider accessibility, affordability, geographical availability, confidentiality, and responsiveness when designing support programmes. Strengthening coordination among service providers may help reduce the practical difficulties women encounter when seeking assistance.

12. Participants and Ethical Considerations

For future empirical research based on this conceptual framework, participants may include adult women who have experienced domestic violence and who voluntarily agree to participate through ethically approved recruitment procedures.

Because domestic violence is a sensitive research area, empirical studies should give particular attention to informed consent, confidentiality, privacy, voluntary participation, potential emotional distress, and participant safety. Recruitment and data-collection procedures should avoid exposing participants to additional risk. Researchers should also establish appropriate referral procedures for participants who request or require psychological, social, healthcare, legal, or other forms of support.

13. Conclusion

Help-seeking among women experiencing domestic violence is a complex and multidimensional process influenced by psychological, interpersonal, social, economic, and institutional factors. Psychological barriers such as fear, stigma, shame, perceived helplessness, self-blame, and low confidence may discourage or delay attempts to seek assistance.

Self-efficacy represents an important psychological resource because women's beliefs about their capacity to communicate needs, make decisions, and take appropriate action may influence their readiness to engage with available support. However, self-efficacy alone cannot overcome structural, economic, social, or institutional barriers.

Advocacy support can complement psychological support by improving access to information, referrals, rights awareness, resources, and service navigation. An integrated approach that combines psychological support with effective, person-centred advocacy may therefore provide a more comprehensive framework for understanding and facilitating help-seeking.

Such an approach should prioritize safety, dignity, autonomy, confidentiality, informed choice, and empowerment. Importantly, the responsibility for addressing domestic violence should not be placed solely on individual

women; responsive services, supportive communities, and coordinated institutional systems are also essential.

Future empirical research is needed to examine the strength and nature of the relationships among psychological barriers, self-efficacy, advocacy support, and help-seeking behaviour. Such research could contribute to the development of evidence-informed psychological interventions, advocacy programmes, and coordinated support systems for women experiencing domestic violence.

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