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Research Article

Perception of Service Providers on Help-Seeking Among Women Exposed to Intimate Partner Violence

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Intimate Partner Violence (IPV) is significant social issue that determines the psychological and physical well-being of women globally. About 30% of women globally are estimated by the World Health Organization in 2013 to have experienced physical or sexual violence at some point in their lives at the hands of an intimate partner. National Family Health Survey from 2019 to 2021 states that regardless of whether they live in an urban or rural area, relatively few of these women ask for assistance. Goodman et al. (2003) opines that women must seek help to leave abusive situations, but this process is hampered by several obstacles, involving social stigma, ignorance, and insufficient support networks. In this context, service providers play an integral role in addressing these challenges. The current study was primarily a descriptive research design that was concerned with service providers after one year of service provision in the area of concern. The knowledge of their perceptions can be used to illuminate the weaknesses and successes of the current support structures, making them more survivor-oriented in their intervention. This study contributes to bridging the gap between survivors' needs and the effectiveness of services offered, which remains an under-researched area, particularly in the Indian context.

Keywords
Intimate partner violence, women, perception, service providers, help seeking, support systems

INTRODUCTION

According to the WHO (2013), IPV affects one in three women globally, making it a serious public health concern. IPV crosses cultural, social, and economic barriers and is defined as any activity in an intimate relationship that results in psychological, physical, or sexual harm (World Health Organization and Pan American Health Organization, 2012). Even with the increased awareness, a large number of the survivors do not speak out. this is usually because of fear, stigma or inability to access the right support mechanisms. The effective policy response to IPV necessitates more than policy changes or law enforcement; it necessitates a coherent,

survivor-centred approach by health care providers, law enforcement, as well as social service agencies. In this regard, perception of service providers is a central element in determining the help-seeking pathways of women who experience IPV. The way service providers such as Social workers, Counsellors, Legal aid professionals, Community Counsellors and Community Women Facilitators from government and non-governmental agencies, and understand, respond to, and support survivors can either facilitate or hinder women's decision to seek help. Whether or whether survivors feel protected, heard, and empowered to get the care they require is frequently determined by their attitudes, training, and awareness of intersectional issues. Examining the perspectives of these frontline workers provides important information about the obstacles and facilitators in the support network and emphasizes the necessity of trauma-informed, culturally sensitive, and compassionate strategies to lessen the effects and incidence of IPV.

METHODS

The present study adopted a descriptive quantitative research design to understand the perception of service providers. Thrissur district is purposively selected among 14 districts of Kerala and called as cultural capital with high literacy rate. The universe of the study was service providers such as Social workers, Counsellors, Legal aid professionals, Community Counsellors and Community Women Facilitators from government and non-governmental agencies having more than 1-year experience assisting IPV survivors in Thrissur district. 60 service providers were randomly selected from the total 60 service providers in Thrissur district and excluded professionals with less than one year of experience in IPV-related cases, service providers not directly dealing with IPV survivors and private agencies. A self-prepared questionnaire was prepared with the objectives of attitude and beliefs among women exposed to IPV as perceived by Service providers, availability as well as accessibility of support services, effectiveness of current support systems and challenges faced by service providers. The data were collected through Google Forms. The researcher received 29 responses for analysis. The collected data were systematically analysed, and findings have been presented by study objectives.

RESULTS

According to WHO, the forms of IPV include physical IPV, which involves physical aggression such as hitting, slapping, or other forms of physical assault; sexual IPV, which refers to any form of sexual violence including rape, coerced sex, or any non-consensual sexual act; emotional IPV, which encompasses psychological abuse through verbal assault, threats, intimidation, or controlling behaviours; and controlling behaviours, which involve restricting the partner's freedom, isolating them from support networks, exerting financial control, and monitoring their activities. Figure 1 shows the form of violence occurring most. The overwhelming majority (75.90%) see emotional abuse as the most frequent, highlighting the need for awareness and interventions focused on mental

or emotional well-being. The study reveals that service providers regard IPV as deeply significant and pressing concern.

Kirkwood (1993) delves into the psychological effects of IPV on women, emphasising the role of mental health professionals in their recovery. It highlights importance of trust-building in therapeutic relationships and calls for proactive approaches to address the emotional and psychological scars left by IPV. The research underlines that mental health interventions are a critical component of comprehensive support for survivors (Figure 1).

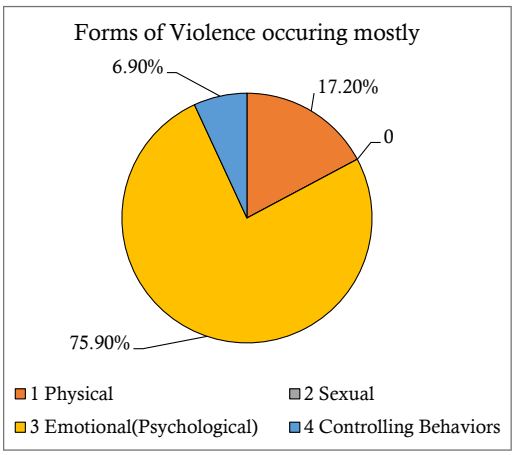


Figure 1: Forms of Violence
Source: Field Survey, 2025

Majority service providers opined that support services adequately address the psychological needs of IPV victims to some extent.

Societal Influence

According to the study, most of the service providers (96.6%) admitted that victims of IPV often face societal stigma when seeking help. 93.1% service providers opined that cultural or religious beliefs in the society will influence the help-seeking behaviour of IPV victims. Abramsky et al. (2011) explore the association between IPV and societal factors. It highlights the need for structural changes to address these root causes. The authors argue that reducing IPV requires addressing broader inequalities and implementing community-based strategies to challenge as well as transform harmful societal norms. Goodman et al. (2003) examine the psychological or systemic barriers that prevent IPV survivors from seeking help. It determines the key barriers to deterrence involve fear of retaliation, stigma in the society, and distrust in the service providers.

In the Indian context, Raj and Silverman (2002) provide insight into how social and cultural norms normalize IPV, making it challenging for women to obtain official support. Varghese and Thomas (2019) explored the perceptions of social workers in Kerala regarding barriers to help-seeking among IPV survivors. It discovered that the survivors tend to experience a lot of social stigma and fear to retaliation, thus they do not seek help. Social workers are unable to overcome these problems because there are no strong community support systems. The research highlights the importance of community-based programs to establish safer and more accepting places for survivors.

Support Systems

Responding to a question on the ease of access to IPV support services, only 27.6% of the respondents responded positively. A large

majority (62.1%) felt that such services are accessible only to some extent, and 10.3% believed they are not accessible at all. This means that there could be some mechanisms in place, but the lack of awareness, good information dissemination, geographical distance, or social stigma might be limiting their effectiveness. It points to a need for strengthening outreach efforts and ensuring victim-friendly access to available services. Sullivan and Bybee (1999) focus on the long-term effectiveness of community-based interventions for IPV survivors. It highlights significance of empowerment of survivors and community in enhancing the outcomes of women with IPV. The authors stress that to support survivors' resilience and long-term recovery, interventions must be ongoing and customized to each person's needs.

In terms of resources whether financial, human, or infrastructural 41.4% of respondents felt that they are insufficient, and an equal percentage believed that resources are available only to some extent. Only 17.2% viewed the current provisions as adequate. This reflects significant concern over the systemic support offered to IPV victims. The perceived shortfall in resources may directly affect the quality and timeliness of assistance provided, further discouraging victims from seeking help. When evaluating the effectiveness of existing formal and informal support systems, only 31% of respondents considered them effective. A greater portion (44.8%) believed these systems function only to some extent, while 24.1% felt they are not effective at all. These responses suggest that while support frameworks may exist, their implementation and real-world impact remain questionable. Inefficiencies, lack of coordination, or failure to address the individual needs of victims may be limiting their effectiveness.

Formal and Informal Help Seeking

The study indicates that the formal support systems are usually through Counselling Centres (50%), Legal Services (7%) and Jagrutha Samities (33%) where Community Women Facilitators as service providers. Despite the availability of formal services, help-seeking rates remain alarmingly low, often due to societal norms and victim-blaming attitudes (Raj and Silverman, 2002). Postmus et al. (2009) evaluate the effectiveness of IPV services, including shelters, counselling, and legal aid. It identifies gaps in coordination and accessibility that often hinder the impact of these services. The authors emphasise the importance of holistic, well-coordinated service models that address survivors' needs comprehensively, ensuring their safety and empowerment.

According to the study, a majority of service providers (79.1%) observed that victims are more likely to seek help through informal channels rather than formal support systems. Informal support systems include friends (44.8%), family (27.6%), Community Workers such as ASHA, local leaders, etc. (17.2%), people's representatives (6.9%) and co-workers (3.5%). Sylaska and Edwards (2014), in their article offers a thorough analysis of studies on the prevalence, experiences, and correlates of victims telling friends, family, classmates, and co-workers

about intimate partner violence. According to the review, the majority of victims report IPV to at least one member of their informal support network. Situational factors, such as the frequency, severity, or witnessing of violence, as well as demographic factors like sex, age, and race, as well as intrapersonal factors like feelings of shame and perceived control over abuse, all have an impact on the disclosure of IPV. Victims report a mix of positive (e.g., validation, belief in their reports) or negative (e.g., disbelief, victim-blaming) social reactions, with positive reactions being most frequent and beneficial for victims' psychological well-being. Conversely, negative reactions correlate with increased psychological distress and health symptoms. The authors state that better research methods are necessary and address implications of their findings on IPV prevention, intervention, and policy development and the importance of informal social networks in assisting IPV victims (Figure 2).

According to data from the National Family Health Survey (NFHS-5, 2019–21), 30% of Indian women who have ever been married report having been the victim of spousal violence, yet very few of them seek official assistance. The survey shows the difference between the prevalence of IPV and help-seeking behaviour and underlines necessity of convenient and survivor-friendly help services. The results require awareness

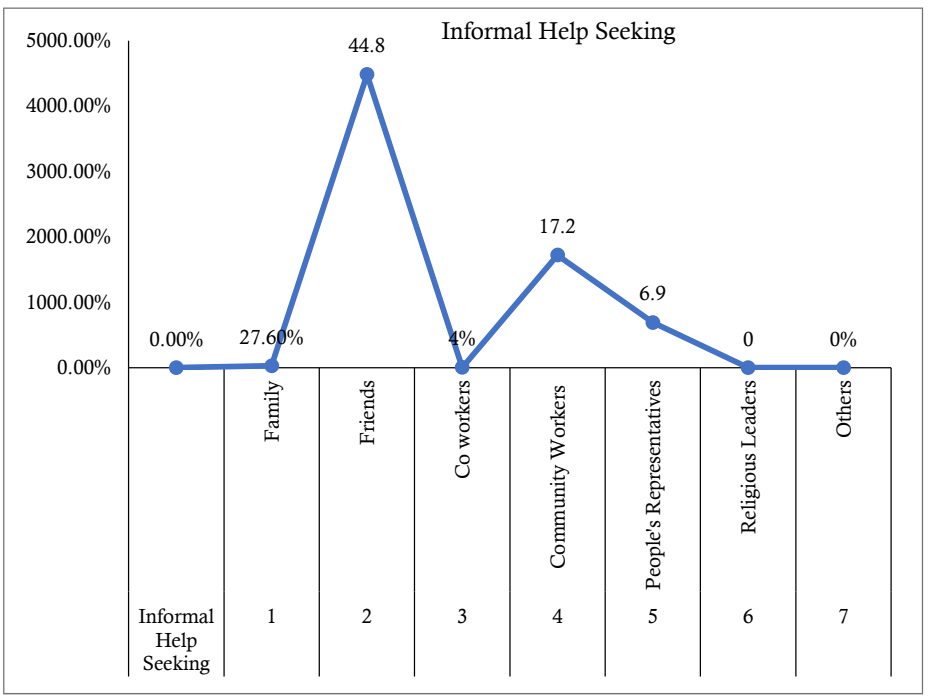


Figure 2: Informal Help Seeking
Source: Field Survey, 2025

and structural reforms to stigmatize and motivate survivors to seek help. Among the support providers who typically make initial contact with survivors are social workers, medical experts, and law enforcement personnel. The quality of provided support is significantly affected by their perceptions of help-seeking behaviours, as well as the relevant systemic issues they have to deal with. Examination of these views can help improve accessibility and efficacy of IPV interventions, and thus lead to the overall objective of serving justice and safety to the survivors.

Challenges

An astounding 86.2% of the respondents admitted that they experience difficulties in providing services to IPV victims. This points out that challenges are common among service providers, support workers or any other person who is directly or indirectly involved in the IPV support system. Victims' reluctance to seek help (44.8%) emerged as the most significant challenge. This may stem from fear of retaliation, emotional dependence, lack of awareness, or deep-rooted patriarchal norms. It underscores the need for trauma-informed approaches and safe, confidential reporting mechanisms. Lack of resources (20.7%) continues to be a major roadblock, aligning with earlier findings where respondents highlighted financial and infrastructural deficiencies. Societal stigma (17.2%) is also a critical barrier. The shame and judgment associated with IPV often silences victims and discourage them from accessing available services. Lack of training and knowledge (13.8%) suggests that those responsible for supporting IPV victims may not always have the expertise to handle such sensitive cases, which can lead to ineffective or even harmful responses. Other (3.5%) a small percentage may have indicated issues that are context-specific or administrative in nature. The presence of systemic, social, or structural challenges in IPV service provision is nearly universal. This warrants immediate attention to understand and mitigate these barriers.

Need for Training

When asked whether they had received training on supporting IPV victims, 58.6% of respondents confirmed they had, while 41.4% reported they had not. This indicates that although a majority have some foundation in IPV support, a substantial proportion remain untrained. This disparity poses very serious problem, considering that IPV cases are sensitive or complicated. Hague and Mullender (2006) examine the role of service providers in supporting IPV survivors and emphasises the necessity of training and sensitising professionals.

93.1% of respondents are of opinion that further training would improve their capacity to handle IPV victims. Such high rate of agreement denotes shared desire by professionals to improve their expertise as well as develop more supportive as well as understanding services for survivors. Nair and John (2020) assessed effectiveness of training programmes for social work professionals in Kerala who deal with IPV cases. Results showed that professionals are sympathetic or dedicated, but they tend to lack special skills to solve complex cases of IPV, especially in legal accompaniment and psychological counselling. Research has shown need to have

specific training to help social workers in their efforts to deal with IPV.

Therefore, paper highlighted significance of improving more training aspects to empower professionals who serve vulnerable populations better. Key areas involve Legal Advocacy and Ethical Practice, Trauma-Informed Care (Advanced), Cultural Competency and Intersectionality, Risk Assessment and Safety Planning, Advanced Psychological and Emotional Support. The competencies are significant in delivering holistic, ethical and effective interventions in complicated social work settings; hence, it is very important to enhance them. Significance of ongoing professional development for social workers in Kerala who handle IPV cases has been emphasized by Varma and Menon (2021). It recommended the inclusion of IPV modules in the curricula of social work education, and periodic workshops to ensure the professionals are current on the best practices. The researchers emphasize that lifelong learning is critical in enhancing the quality of support given to the survivors (Figure 3).

CONCLUSION

The analysis confirms that, as the WHO (2013) highlights, IPV is still a major public health and human rights issue, affecting one in three women worldwide. Its results emphasize the complex nature of IPV, and emotional maltreatment is the most frequent type, which proves the necessity of psychological and emotional support measures. Although formal support systems exist in terms of counselling centres and legal aid services, the help-seeking behaviour is minimal because of the stigmatization of society, cultural patterns, and ignorance. Service providers face significant

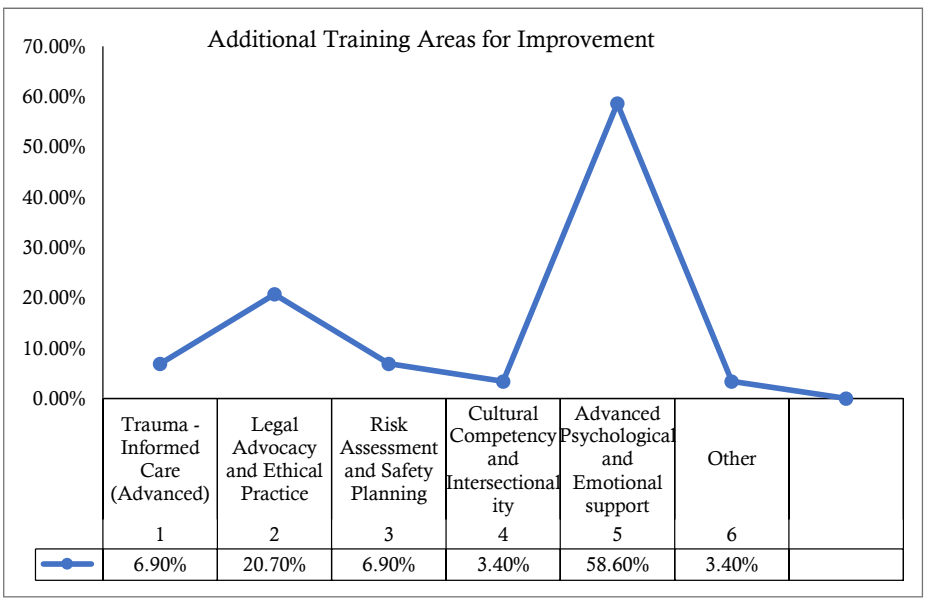


Figure 3: Additional Training Areas for Improvement
Source: Field Survey, 2025

barriers in delivering effective IPV support, involving victims' reluctance to seek help, societal stigma, inadequate resources, or insufficient training. Informal support networks remain the most common channel through which the survivors can use, which further reveals the shortcomings of the formal mechanisms in place. The answers of service providers demonstrate the wish to get further, specific training in such fields as psychological support, legal advocacy, and trauma-informed care. The lessons learned in the study are demanding a multi-sectoral survivor-centred strategy that will include law enforcement agencies, healthcare, social work, and community organisations. To decrease the incidence and consequences of IPV successfully, there is an urgent necessity to improve accessibility, inter-agency collaboration, and capacity-building of frontline professionals. The community-based interventions, raising awareness, and culturally competent strategies are crucial in changing the negative societal norms and establishing a more supportive environment for the survivor.

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