HELP-SEEKING AND PERCEIVED HELPFULNESS OF FORMAL HELP SOURCES FOR VICTIMS OF DOMESTIC VIOLENCE: AN EXPLORATORY STUDY

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Abstract
        The aim of this study is to gain an understanding of domestic violence victims' help-seeking behavior and what they consider to be most helpful, taking into account legal changes such as criminalization of domestic violence (DV) and additional formal help sources available to the victims. Data was collected through semi-structured interview of five women that sought help from Vilnius City Specialized Help Centre (SHC) for DV victims. PTSD Symptom Scale—Self Report version five (PSS-SR5) was applied to determine the impact of domestic violence on a persons' wellbeing. Results were driven from thematic data analysis of in-depth semi-structured interviews and were presented as themes.
Results suggest that all women sought help from formal help sources such as police, intervention centers (Specialized Help Centers), and from medical and social services. The most helpful formal help source they found was from SHCs. In carrying out the State delegated function, they provided the best assistance and therefore rekindle the trust in the legal system as well as the State itself. All women experienced institutional violence and/or institutional betrayal. According to the results of PSS-SR5, high scores of post-traumatic stress disorder were the characteristics of the participants. Results can be used to enhance the knowledge of the women's experience and their perception on what services are the most helpful. In addition, the result of this study is relevant to professionals working with domestic violence victims, policy makers, as well as scholars.

Introduction

        Domestic violence (DV) is considered to be the most common cause of intentionally inflicted injuries in women (Roberts & Roberts, 2005). Studies show that this experience is closely related to the increased amount of medical problems such as physical injuries, mental illness, miscarriage and other (Roberts, 2006). One of the most common consequences of domestic violence for individual's bio-psycho-social health is Posttraumatic Stress Disorder (PTSD). Prevalence of PTSD among domestic violence (DV) / intimate partner violence (IPV) victims' is almost 13 times higher, than that of the general population (Golding, 1999; Yeager & Roberts, 2005). Ahmed (2007) discusses that lack of support and unfavorable social environment after the traumatic event is one of the determinants of the development of complex health problems, such as PTSD. However, isolation contributes not only to PTSD, but also to the phenomenon known as learned helplessness.

        Merritt- Gray and Wuest (1995) through the theoretical framework of reclaiming self, argues that the termination of abusive relationship is rather a process than a unitary event. Thus, it is well known to domestic violence victims' advocates. Also, it has been supported by other research which shows that women leave abusive relationships more than one time before finally escaping and terminating it (Dobash & Dobash, 1979; George, Grossman, Lundy, Rumpf, Crabtree-Nelson, 2010). However, studies show that most women try to escape abusive relationship early in their relationship. Thus, the longer they stay in it, the more difficult for them to leave the relationship. At the early stages of the abusive relationship, women still have some social support from their colleagues at work or their family relations. Also, they are more willing to seek help available to them which might be from formal or informal help sources.

        Research data reveals that victims alone cannot break the vicious cycle of violence; hence if no one intervenes or does not provide competent help, violence will increase and may result in serious mutilation or even homicide (Walker, 2009). Historically, law enforcement agencies had no legal ground to prosecute DV perpetrators. Subsequently, the criminal justice system was reluctant to respond to DV cases, failing to arrest abusers and/or protect victims from retaliation (Dobash & Dobash, 1992). Consequently, this must have led to a lesser reporting of domestic violence and the reluctance of the victims to seek help from the formal help source. This contributes to the development of learned helplessness and hopelessness in domestic violence victims. Therefore, this further affected help seeking behavior negatively.

        The best world practice reveals that laws are the best way of increasing consciousness. Therefore, the criminalization of DV/IPV serves as

the best means of educating the public, reveal the prevalence, as well as, provide help and assistance for DV/IPV victims (Erez, 2002). Additionally, specialized client friendly help provided by women crisis intervention centers, grown from grassroots women's movement, and operating on the grounds of feminist theory and practice, is essential for the victims of gender-based violence (Gondolf & Fisher, 1988; Herman, 1997; Waldrop & Resick, 2004).

Help Seeking Behavior

Most of the domestic violence victims live in isolation, and this is deliberately constructed and reinforced by the abuser (Baty, Alhusen, Campbell, & Sharps, 2008; Herman, 1996; Walker, 2009). However, at a certain stage of the violent relationship, women tend to seek help as they begin to realize that the accumulating problems cannot be solved. Gondolf and Fisher's (1988) survivor theory postulates that the more physical violence escalates, the more victims' help seeking increases. Most commonly, help seeking process unfolds in a wider circle of people by seeking informal (family, friends, relatives, neighbors) or formal help (police, medical settings, domestic violence agencies, etc.) (Dufort, Gumpert, Stenbacka, 2013).

Many studies have shown that women first tends to seek help from informal source before seeking formal support (Ansara & Hindin, 2010; Fanslow & Robinson, 2010; Garcia-Moreno, Jansen, Ellsberg, Heise, Watts, 2005; Mouzon & Makkai, 2004). Mouzon and Makkai found that 79% of battered women first sought help from loved ones (informal help). Other research done by Bibi, Ashfaq, Shaikh, Qureshi (2014) revealed that 50% of DV/IPV victims just complained to their relatives, while 48% remained silent after sustaining physical violence. Therefore, only few people from informal help sources are willing to listen to these women's problems and to help them in any specific way. As Judith Herman (1997) notes, many expects the victim to leave the abuser or to solve the existing issue on their own. The high percentage of the women who have not sought any help might be conditioned by previous negative experiences related to help-seeking. Harsh criticism towards the victim could lead to a victim's self-blame or further isolation.

Mouzon and Makkai (2004) study revealed that only a small percent of DV/IPV victims sought formal support. 12% of DV/IPV victims sought medical assistance, 29% sought police assistance because of the severity of injuries, and only 10% of those victims suffered mild injuries. The Lithuanian representative research done in 2008, three years before Protection from Violence in Immediate Surroundings Law (The Law) came into force, shows that more than one-third of battered women have never

sought help; however, according to them, they try to deal with the problem by themselves (Tureikyte, Zilinskiene, Davidavicius, Bartkeviciute, Dackute, 2008). Looking deeper into the findings, it appears that help-seeking behavior is conditioned by the sort of violence that was inflicted on them. Furthermore, three quarters of women experiencing psychological violence never sought help or did that rarely. Women who are experiencing physical violence soughed help more often. However, even two-thirds did that rarely or never sought for help. These findings can be interpreted in the context of legal system deficiencies like underpreparedness of law enforcement to deal with DV/IPV cases, stereotypical attitudes and beliefs, lack of specific training, and sometimes, even dehumanizing law enforcement system operations.

Herman (1997) has argued that legal system was designed to protect men against more powerful state than they, but women and children are left unprotected from more power and control possessing men. Erez and Belknap (1998) research has found that the criminal law officials' attitudes and behavior towards the victims of DV/IPV are often destructive and demoralizing. Therefore, they can lead to a deeper despair for a DV/IPV victim, than the violent act itself (Felson & Pare, 2007). Moreover, Herman (1997) reflects similar aspect when the indifference of "a rescuer" of the victims' life and health causes is more damaging than the traumatic event itself. Felson and Pare (2007) notes that their study participants who experience DV were less inclined to believe that law enforcement officers were interested in their feelings or have collected enough data about the crime committed against them. They also questioned whether the investigators took into account their opinions and encouraged them to continue the process and seek the reparation of their violated rights.

Alarming results were found by Tureikyte et al. (2008) who revealed that 30 percent of the women that sought help from both formal and informal sources indicated that they are not planning to do that again. These findings shows that negative experience with help-seeking is mostly related to perceived poor services and attitudes towards DV/IPV victims. Thus, this result in the reluctance to report further violence, and it greatly contributes to the latency of this issue. Negative experience with help providing institutions, hostile environment at home, and lack of support for the victims, solely contributes to learned helplessness in domestic violence victims.

In the eighth decade of the last century, Seligman suggested the theory of learned helplessness that describes a certain type of depression that is characterized by negative pessimistic belief that individual's action cannot be effective and will not be rewarded in the future (Flannery & Harvey, 1991). However, learned helplessness should not be confused with simply being powerless as this concept reflects the loss of ability to determine

causality between the action and the consequences (Walker, 2009). According to this theory, Walker (2006, 2009) explained why women who are creatively developing various survival strategies in the abusive relationship find it so difficult to escape from it. Domestic violence against women gradually forms the belief that the fight does not make sense and it will not bring the expected results (Hyde-Nolan & Juliao, 2012). Instead of trying to stop violence, they adopted a hostile environment with repeated violent incidents. In other words, they put all their energy into avoiding the violence, rather than escaping from it. This was because previous efforts of escaping the violence were fruitless and even caused more suffering. Therefore, this is essential in trying to understand the help-seeking behavior of domestic violence victims.

Domestic Violence Criminalization in Lithuania
        In 2011, Lithuania adopted Protection from Violence in Immediate Surroundings Law that announced that violence is a crime and human rights violation, being a public, but not a private or family matter. The definition of the victim of domestic violence was expanded to embrace the children who have witnessed violence or live in such environment (Lithuanian Republic Protection from Violence in Immediate Surroundings Law, 2011). According to the Law, the Police has to react to any and every call regarding DV. Also, they have the right to detain the perpetrator for up to 48 hours, in special cases longer. Thus, prevail investigations must be carried out every time the police is called upon. Moreover, the Law stipulates the State's obligation to guarantee free of charge specialized help for domestic violence victims. Therefore, nationwide Specialized Help Centers (SHC) network was created on the basis of non-profit community based civic women organizations. These 16 SHCs carry out the State delegated function of providing complex and specialized assistance for DV victims by proactively contacting them (Specialized Help Centers' Program, 2011).
        After the 15th of December 2011 when the Law came into force, the issue of gender-based violence gained loud public, as well as media's attention. However, it was spoken of more frequently. Gradually, the prevalence of DV in Lithuania emerged revealing the scale of the issue, as well as the existing tolerance for domestic violence. Consequently, it shows an institutional incapacity and unpreparedness to deal with this issue effectively. During the first three months of the enforcement of the Law, more than seven thousand cases of DV were reported to the Police. From September 2012, SHC started the state delegated work. At the first month, most victims were referred by police, at the time referrals were made only with the victim's written agreement. Here, she states that she agrees that her information will be sent to SHC. Later on, she will be proactively contacted

by the Center's consultants. However, a few months later, Vilnius Women's House which is the base organization of Vilnius SHC, started receiving almost the same amount of self-report clients than the reports SHC were receiving from the police. Thus, this could have been related to the possible decrease of the trustworthiness of law enforcement agencies and the increase in victims' knowledge of a complex specialized help and assistance providing institution in Vilnius city.

Furthermore, this decrease in the cases reported to law enforcement agencies could be related to the phenomenon known as institutional violence. Institutional violence is understood as an institutional practices or procedures that adversely affect disadvantaged individuals or groups (Epp and Watkinson, 1997; cites Samantroy, 2010). Thus, it manifests through the discrimination of those groups by impeding an easy access to resources (Mukherjee, Barry, Satti, Raymonville, Marsh, & Smith-Fawzi, 2011), such as healthcare and protection by law agencies. In addition, similar effect on the individuals who are harmed by the institutions they trust and/or depend upon was described as institutional betrayal (Smith & Freyd, 2014). This harm may be inflicted by disbelief, blame, and refusal to help, as well as failure to protect or timely providing professional services. It was found that this kind of trauma is closely related to higher rates of dissociation, anxiety, problems in interpersonal relationship, and other trauma-related outcomes (Smith & Freyd, 2013). However, this outcome will only complicate help-seeking and break the cycle of violence.

Help Providing Organizations

Several studies' results have shown that even though battered women's shelters and crisis intervention centers are the most specialized services offered to DV victims, they are often the least contacted (Gordon, 1996). Due to the stigma in the society, victims of domestic violence avoid reporting abuse (Sulak, Saxon, Fearon, 2014).   In a society where demoralizing fault is being shifted from perpetrator to the victim, the fear to be blamed, misunderstood, and further hurt by the perpetrator prevents victim from reporting and help-seeking (Dobash & Dobash, 1992; Ituarte, 2007).   In spite of the fact that battered women's shelters and crisis intervention centers are often the least contacted of the services available for DV victims (Tureikyte et al., 2008), it was found that they are often being ranked among DV/IPV victims. However, they are regarded as the most helpful and effective means of dealing with abuse and escaping abusive relationship (Gondolf & Fisher, 1988).

In Lithuania, SHC consultants must be trained in trauma psychology as connected to DV/IPV. They should provide legal information relating to Protection from Violence in Immediate Surroundings Law, and certain

aspects of Criminal and Family Law. Also, they should explain institutional practices and procedures, provide psychological support, and mediate the processes by which help is being sought in other institutions. In addition, SHC actively cooperate with law enforcement agencies and Child Right Protection agency by representing the interests of the women (Specialized Help Centers Activity Description, 2012).

Therefore, the purpose of this exploratory study is to gather more information and gain an understanding of the help-seeking behavior and perceived helpfulness of the formal help sources that domestic violence victims turn to, taking into account the changes in legal system, such as criminalization of DV. The findings may reveal what encourage other women to seek help from formal sources, in this case from police and intervention centers such as SHCs. Also, the changes which are needed to be done in agencies to provide help and assistance for DV victims is put into consideration. Due to limited amount of information available to the scientific society relating to this topic, a qualitative research design was chosen to record the women's experiences with help-seeking after criminalization of DV.

Methods
Research Design
Regarding the nature and the purpose of the research, the qualitative research method was chosen. Qualitative research method is exploratory and descriptive in nature. Therefore, it is no less important than the research results itself (Willig, 2013). Moreover, it helps in establishing a deeper and a more flexible relationship with the respondents allowing to reveal and understand the phenomenon in-depth. However, the aim is to get more detailed and richer information about human experiences, attitudes, and opinions. It also aims to understand human individuality, as well as helps to capture not only verbal information, but also emotional reactions and body language.

Participants
Five women who have experienced domestic violence participated in the study. The explorative study explored their experiences of domestic violence, its impact on their wellbeing, their help-seeking behavior, and the perceptions on the helpfulness of the formal sources. A domestic violence victim can be defined as a woman who has been in an abusive relationship with an intimate partner. Minimum eligibility criteria were that participants had to be at least 18 years old, and should have experienced physical violence from an intimate partner. Therefore, the abusive relationship lasted for at least 2 years, and the participant should have had contact with SHC no

less than five times in the past year and are still collaborating with SHC. A SHC database was used to screen the eligibility of the participants for this study.

Recruitment

Recruitment was conducted between December 2013 and March 2014 in Vilnius, Lithuania, using a non-probability sampling. Participants were recruited using SHC database. Approximately 20 women were contacted and were asked to participate in the study. Participants were recruited until reasonable saturation was reached at the fifth participant. Reasonable saturation was reached when newly collected data became redundant with previously collected data and there were no longer any new themes and subthemes emerging (Maykut & Morehouse, 1994).

Protection of Human Rights

The study strictly followed the American Psychological Association's Ethical Principles and Codes of Conduct for Psychologists (2002). Ethical procedures for human subjects were followed even if Lithuania does not have such institution as the Institutional Review Board (IRB). Before the interview, participants were informed about voluntary participation, their rights to confidentiality, and to withdraw at any point of the study if they wished with no penalties following. Subsequently, they were also informed about the data collection process and the application of the findings. The purpose of the study was addressed and all the questions of the participants were answered. The names of the participants and other identifying information used were encoded. The audio tape and transcripts which contains the participants' identifying information were kept safe and coded.

Measurements

Socio-demographic information about the participants was obtained from SHC database and was double-checked with the participants during the interview. Moreover, in order to gather additional information about domestic violence consequences on women's bio-psycho-social health and to assess the intensity of Posttraumatic Stress symptoms, a Posttraumatic Stress Disorder Symptom Scale-Self Report version five (PSS-SR 5) was used. However, permission to use this methodology was obtained from the authors. The questionnaire was translated by two independent translators who have training in Psychology. The first professional translator translated the measurement from English into Lithuanian language, while the second translator translated the measurement from Lithuanian to English Language.

Thus, the final version of the translation was done after both translations were reviewed and the adjustments were made accordingly.

PSS-SR5

PSS-SR5 scale consists of 24 statements used to determine Post-Traumatic Stress Disorder and its symptoms intensity according to the criteria of DSM-V. Each statement was assessed in 4-point Likert scale. In order to diagnose with Posttraumatic Stress Disorder, the minimal requirement was to positively respond to one of the statements relating to intrusion. Thus, one relates to avoidance; two relates to negative alterations in cognitions and mood; and another two relates to alterations in arousal and reactivity. Intensity can vary from 6 to 88 points. Furthermore, with regards to the research objective, *domestic violence* as an additional sort of traumatic experience was added.

PSS-SR5 scale was created by adopting previous PSS-SR scale according to DSM-V criteria for PTSD. PSS-SR validity, reliability, and the importance of detecting PTSD was confirmed by the research (Foa, Riggs, D.' Dancu, Rothbaum, 1993; Mirzamani, Mohammadi, Mahmoudi-Gharaei, 2007). However, it should be noted that the PSS-SR5 scale validation studies are still undergoing the differences of PTSD definitions in Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) and DSM-V are minor. DSM-V distinguishes four clusters of symptoms, while DSM-IV had only three. Hence, avoidance/numbing cluster has been divided into two distinct clusters: *avoidance* and *persistent negative alterations in cognitions and mood* (APA, 2013). Thus, it was likely that the adaptation of a scale according to DSM-V did not affect the validity of the questionnaire.

Semi-structured Interview

The researcher conducted a semi-structured interview, which consisted of open-ended questions aimed to capture and understand participants' personal experiences, thoughts, beliefs, and feelings regarding domestic violence and help-seeking behavior. In addition, this interview also aims to control the course of the interview and collect more comprehensive data. The questionnaire was created relating to conceptual literature and previous empirical research coupled with feminist theory.

Semi-structured interview questions were arranged in accordance with the principles of crisis intervention in a way that does not cause additional anxiety or unpleasant re-experiences, but rather helps the participants to vent. Debriefing, normalizing feelings, discussing coping strategies, and providing empowerment and referrals for psychological consultations was part of the process as well (Yeager & Roberts, 2005).

Interviews which inquire about the wellbeing of the participants were completed, and participants were thanked for their participation.

Moreover, in order to establish the inner validity of the questionnaire prior to the interview process, an expert panel was assembled to discuss it and to make some suggestions for possible changes. The panel consisted of one clinical psychologist, forensic psychologist, and two victims advocated. Changes were made according to the panel recommendations. In order to determine the clarity of the questioner and the time needed for the interview, a pilot interview was done. A 19 years old SHC client experiencing domestic violence was interviewed. Consequently, additional changes to the questionnaire were done according to a feedback of the pilot study participant. Data regarding the pilot study was not included at the final data analysis.

All interviews were conducted by the author, who had been trained in in-depth interviewing. All interviews took place at Vilnius SHC, a place that the participants are already familiar with. Interviews lasted from one and the half hour to four hours. Furthermore, the time needed for the interview depends upon the extensiveness of the experienced violence and the years spent in the abusive relationship.

Data Analysis

Qualitative data were processed using thematic analysis method by following the steps presented in Braun and Clarke's (2006) article. In *Phase I*, all data collected during semi-structured interviews were transcribed verbatim; and non-verbal remarks such as pointing to the injury, laughter, or long breaks of silence were put into the parenthesis. During *Phase II,* the researcher familiarized with the data and generated initial codes that identified a feature of the data. *Phase III* was for reviewing codes and combining them into the subthemes and later to themes. At *Phase IV*, the researcher reviewed themes and its segments. Thus, some themes are combined, some are fragmented into smaller pieces, while others were renamed or erased. At *Phase V*, final two key themes that emerged from codes and nine subthemes were identified.

Provisions of Trustworthiness

In a qualitative design research, there are several ways to increase reliability and validity, or as Guba and Lincoln conceptualized it, the "trustworthiness" of the research findings (Guba, 1981). This is achieved by employing a few specific methodological strategies such as: (1) employing multiple data collection methods, (2) establishing the audit trail, (3) peer debriefing, and (4) categorizing or confirming results with participants and

member checks when coding (Guba, 1981; Tajuddin, 2015). Therefore, all of the above strategies were introduced into the research.

To collect comprehensive information that would increase the credibility of the findings as well as would help to understand the phenomenon better, the semi-structured interview method and the SHC database along with PSS-SR5 scale were used. Additionally, all procedures were recorded or otherwise captured. Also, the insights and suggestions obtained through peer group debriefings were addressed in the research. Moreover, to increase research trustworthiness, two experts with experience in qualitative research were invited to review the data and provide their codings. Later, when different codes emerged, they are reviewed and discussed until a consensus decision was made. Finally, member checks were conducted in order to determine whether the coding, emerging subthemes, and themes are consistent with what the participants were reporting. In other words, member check is a process of testing the overall report or case study with the participants before casting it into final form (Guba, 1981). Therefore, this helps to increase the accuracy of perceived participant's experience by increasing their trustworthiness.

Results
Participants' Demographics

The average age of the participants was 34.4, with a range of 23 to 45. Two participants had higher education diplomas, another two were high school graduates, and one had vocational education. All participants were employed except one who was still undergoing her bachelor degree. Therefore, all women had one or more than one underage children. 90% of the women were suffering domestic violence from their spouses and one was divorced, though she still experienced violence from her ex husband. On an average, relationships lasted 9.4 years with a range of 5 to 15 years. Three women were clients of SHC for longer than 6 months, one for two months, and another one just for a week. On an average, they were all contacted by SHC or they called themselves more than 15 times each.

The Range of Experienced Violence

All women have suffered both physical and psychological violence. At least, half of the subjects had experienced sexual and economic violence. Several women have mentioned that at least once in their marriage, they had been forced against their will to engage in sexual relations.

PSS-SR5 and Posttraumatic Stress Syndrome

Based on PSS-SR5 results, four women were suffering from Posttraumatic Stress Disorder and one from Acute Stress Disorder (ASD).

ASD is diagnosed when symptoms similar to PTSD occurs at the initial month after exposure to a traumatic event, though it has not been present for longer than four weeks at that time (APA, 2013). Even though the reported traumatic experience relating DV was not the first, it was the most recent. Hence, it is difficult to establish whether most of the symptoms are new or recurring. A severity of symptoms is reflected by the PSS-SR5 score, and it can vary from 6 to 88 points. Scores unfolded from 28 to 50 points. In addition, a tendency regarding the severity of PTSD symptoms and the length of abusive relationship was noticed. However, the longer the abusive relationship lasted, the lower the PTSD severity score was obtained (see *Table 1*).

Table 1. PTSD scores on PSS-SR5 scale

Respondents	JI02132	TJ02141	MR02131	RJ03041	MI02071
PTSD	50 (ASD)	32	28	42	49
Duration of abusive relationship	10 years	15 years	10 years	7 years	5 years

Emergent Themes

Participants of this study expressed a wide range of thoughts, opinions, described their experience of domestic violence, discussed the strategies they used, and the help sources they sought in order to terminate intimate partner violence they were experiencing, taking into consideration the services available before and after the Protection from Violence in Immediate Surroundings Law came into force. With the help of the Thematic Analysis method, results were reported as themes and sub-themes, and were presented in Table 2. Furthermore, two major themes and nine sub-themes emerged from the analyzed semi-structured interview transcripts.

Table 2: Emergent themes and sub-themes

Themes	Sub-themes	Number of respondents
1. Perceived advantages of formal help-seeking	1.1. SHC is the most helpful and instrumental in escaping DV	5
	1.2. SHC rekindles trust in police and the State itself.	5
	1.3. Police provides adequate assistance	3
	1.4.Medical professionals are willing to refer to mental health professionals	3
	1.5. Positive impact on self image: Discovery of inner strength	5
	1.6. Optimistic attitude towards the future	5
2. Perceived disadvantages of formal help-seeking	2.1. Interaction with police stopped further help-seeking	5
	2.2. Institutional betrayal by law enforcement agencies, social, and medical services	5
	2.3. Negative impact on the person's wellbeing	5

Theme 1: Perceived Advantages of Formal Help-seeking

1.1. SHC is the Most Helpful and Instrumental in Escaping DV

According to all participants, SHC was the most helpful formal help source that they have tuned to. Many women expressed that they have received psychological support in SHC like in no other places.

"I have never thought that I can be so open. I did not expect that I have so much to tell and that I could be as open. I did not expect to get psychological support. You helped me a lot, I got my self-confidence back. You helped me to find a job, nobody else. You said I need to and I have to try. And I did it." (TJ02141)

Several women talked about how helpful the proactive consultations have been to them.

"I am in the crisis and you are calling me… I was thinking about calling here… but I got confused because I had no job… had no rights [to my children]. While without a job… I got scared…Then I thought, I will wait till I get a job. My first step was to get a job, but you called me first." (TJ02141)

Moreover, all women shared that they have received a tremendous assistance that helped them to protect themselves from future violence and make steps needed in order to be protected by the law enforcement from their abusive partners.

"Everything moved forward because of this center. As I have said before, I had no place to go, didn't know where to turn, nor what to do. Then, you helped me to write a statement to the police asking them to start the investigation. Then, <…> an acquaintance offered to be my layer. He reviewed my statement along with SHC report and told me that it was perfect. He added it to the case. Everything started and got in motion because of this center." (MI02071)

1.2. SHC Rekindles the Trust in the Police and the State Itself

Only one participant of the study contacted SHC before the violence was reported to the police. Before then, she was not even considering reporting it to the authorities. As she expressed, she was not sure whether she was experiencing intimate partner violence. However, she turned to SHC for consultation after one brutal incident, where she was almost pushed on a hot stove.

"I called just to hear what should I do? How should I behave? I never thought that I will get so much help and assistance, psychological support, legal advice and be educated on what was really happening." As well, "a consultant [SHC] advised me to report it [the violence] to the police.

I would have never ever have turned to the police if not this center's help. I would never have done it on my own (TJ02141)."

MI02071 was sharing her story when the case against her perpetrator was on the brick of termination due to lack of evidence and she was about to lose protection from him. As she was losing hope, she turned to SHC for consultation.

"As it appears, I really needed this document [report to the police by asking them to start up the investigation based on the written statements]. I did not know what to do; I could not understand anything in this area. I called SHC and it was explained clearly to me. Moreover, the document text was dictated to me by the consultant and this helped me a lot. Before now, I was lost and did not know what to do anymore. I was ready to give up" (MI02071).

1.3. Police Provides Adequate Assistance

The subtheme *Police provides adequate assistance* presents at least one relatively positive or rather no negative participants' experience with the law enforcement agencies. For example, MI02071 talked about the time she called the Police and their patrol arrived very quickly. Hence, this was what protected her from further abuse that could have ended in possibly kidnapping and torture. RJ03041 remembered the time she needed and received police assistance that she was content with:

"I asked for help from the police officer and she escorted me to our flat where I collected some of my belongings. She also reassured me of her further steps in reaching out to the abuser and reminding him of the consequences if his behavior persists."

1.4. Medical Professionals are willing to refer to Mental Health Professionals

All women at some point were seeking medical attention. However, they have reported three different responses by physicians. Some women reported that medical staff ignored their reports of domestic violence. As it happened to RJ03041: "First, I haven't told anyone what happened, but when I felt that something might be wrong with the baby in my womb, I told the nurse and the doctor what had happened. However, they didn't comment on it nor did they record it into the file". Others reported sympathetic approach by doctors: "When I was with my primary healthcare doctor, she said: 'If you want to cry, you can cry. You can cry and tell me what has happened'." (JI02132). However, only few reported that they were referred to another specialist regarding the abuse they have suffered: "When ambulance came, they suggested visiting my primary healthcare doctor and psychiatrist" (JI02132).

1.5. Positive Impact on Self Image: Discovery of Inner Strength

The fifth of the subthemes *Positive impact on self image: Discovery of inner strength* reflects a positive attitude towards self. Therefore, this includes the discovery of inner courage and resilience. One of the participants described that her experience of abuse and successful help seeking made her stronger and have helped her mature, undergoing transition from youth to adulthood. Also, another one nurtured self-confidence: "I became more self-confident, bolder, and braver. Before, I was a coward and always get frightened" (RJ03041).

1.6. Optimistic Attitude Towards the Future

The analysis isolated several positive statements with respect to the future. However, it ranged from "this passed, and nothing can be worse than this" (MR02131) to "now, I have so many plans and I feel the future is going to be bright" (TJ02141).

Theme 2: Perceived Disadvantages of Formal Help-seeking
2.1. Interaction with Police Stopped further Help-seeking

All women in some way were discouraged from further help seeking when turning to the police for help. One woman was warned about being sanctioned if she calls the police again: "You know what? we know that you are divorcing your man, and you are arguing in front of the kids. So, if you call the police again, you both will be fined" (MR02131). Another women was not physically stopped from leaving, but was told that: "You have nowhere to go and you will not be going anywhere because your spouse is acting normal" (RJ03041).

2.2. Institutional Betrayal by Law Enforcement, Social and Medical Services

It should be noted that institutional violence, or in other words, institutional betrayal was reported by all women that participated in the study. It is manifested through the minimization of the violent incident by the police officer: "You did not experience violence" (RJ03041) by posing on the perpetrator's side. As one woman described it: "a police officer came into the house, shooked the abuser's hand, talked with him a bit, laughed with him, and then left without even interviewing me or expressing any concerns on my behalf" (MR02131). One women shared her experience of the services she received at the women's shelter that was providing services for battered women, but did not had a feministic trauma informed approach. The consultants along with the director of the shelter were trying to convince the victim to reconcile with her abuser as she was occupying a bed in the shelter. As she reported: "They are advising women to make up with their

abusers while arguing that this way, they would not need to stay in the shelter as they would have where to live" (RJ03041). Some women reported turning for psychological counseling as well as couples' therapy. However, they never asked or reported themselves, or the abuse and violence they were experiencing from their intimate partners.

2.3. Negative Impact on a Person's Wellbeing

The analysis distinguished only a few remarks reflecting a sense of helplessness. This was most vividly described by MR02131 - "I knew that this is it, that my complaints will not change anything", and RJ03041 - "I felt like I was depending upon him. I wanted help; however, I felt powerless". Also, some codes were identified describing certain characteristic symptoms of PTSD, such as a sharp emotional pain, mood swings etc. Most of the participants stated that long after the violent incident, they have felt long lasting, strong, and negative emotions. For example, as described by TJ02141 - "I didn't want to do anything, I was so depressed. I then dropped all my hobbies, everything. I didn't want to sew or do anything else". MR02131 described that she could not control her negative emotions and any kind of stimuli would make her angry or upset. Similarly, MI02071 stated - "I became very angry. I was so angry, angry at the whole world, apparently."

Discussion

Through thematic data analysis, two main themes were identified, namely: *Perceived advantages of formal help-seeking* and *Perceived disadvantages of formal help-seeking.* Therefore, they consisted of six and three subthemes, respectively.

Relatively, no academic literatures on the positive outcomes of domestic violence were discussed. During the analysis, the codes describing the aspects of positive attitudes towards self emerged. However, this positive impact on self image is rather related to specialized help and the assistance victims received than the experience of domestic violence *per se*. All participants noted that after they decided to report the abuse and protect their rights to terminate the abusive relationship, they began to consider themselves as strong women. Thus, this experience "tempered" them and gave them strength to move forward. It is equally important to note that these women were receiving a specialized complex help by SHC, whose distinctive feature is the client empowerment. Hence, these statements could reflect the experience of overcoming the difficult situation they were in, as they were making a successful transit from victim to survivor. Moreover, all women expressed positive attitudes towards the future, what again might

have been a result of the services they have received. Also, most women were on the path of legally or otherwise terminating the abusive relationship.

In considering the positive attitudes, only a few remarks reflecting a sense of helplessness were isolated, and these characteristic were not to all participants. These findings differ from Walker's (2006). Again, it could be related to the same fact of received assistance and positive experience of causality.   In other words, by receiving help from SHC, the women experienced situations where their help-seeking behavior was effective and beneficent.   Therefore, their actions brought about the outcome they were expecting.

Positive experience with one formal help source can increase the trust in other formal help sources. Many clients have talked about the previous negative experience with the law enforcement. Consequently, some of the statements were retrospective to the time before the Law, while other statements were evidently related to the lack of police training at that time. However, after they were contacted by SHC, they were more willing to call the police and were more assertive in the communications while participating in pretrial investigation. Some have reported the abuse to the police for the first time over the years. Hence, perceived support and tangible assistance increases the likelihood of help seeking.

SHC help was rated as the most instrumental for escaping the violence and terminating abusive relationship, for educating on legal procedures, providing psychological support and empowerment to break the silence, protect themselves and their children and most of all to thrive. These findings support Herman's (2006), Walker's (2009), Baty's (2008), and other findings that adequate environmental response is necessary for healing. Moreover, feminist women organizations are instrumental for women's empowerment to break the silence and seek help to restore their violated rights.

Data analysis shows that the extent of domestic violence reports varies depending upon the institution the victim was reaching out to. For example, when seeking medical attention, the real cause of injury was reported to healthcare professionals. Thus, help professionals assists in addressing family violence issues, by uncovering the true cause of injuries. Comparatively, the participants were reporting the abuse to the law enforcement agencies more openly. Characteristically, these reports were done after violent episodes become frequent, brutal, and sometimes even life threatening. These results coincide with Mouzon's and Makkai's (2004). Moreover, results suggest that victims are more willing and more successful in collaboration with non-profit women's organizations, than with the State agencies and/or municipal budgetary social institutions. This may be related to the fact that women's organizations employ client's centered approach and

civic empowerment, stressing women human rights protection. Thus, the relationship between the client and the consultant is being constructed on a horizontal axis rather than on a vertical axis. However, a woman is being perceived as just another woman, and not as a client of an institution. This study supports the effectiveness of this approach as all women were eagerly sharing their stories with consultants, learning how to protect themselves from violence, and overcoming their learned helplessness. Therefore, this results to a successful transit from being a victim to a survivor.

On the other hand, some alerting information was shared by participants. For example, the study results show that all respondents under one or another occasion, by more than one institution and by more than one employee of the institution, have experienced the institutional betrayal. As Herman (1997) and Smith & Freyd (2013) argued, institutional betrayal trauma cause even deeper trauma and exacerbates trauma related symptoms than the violent act itself. Formal help sources, such as police or social as well as medical services failure to protect or provide timely professional services to the victim, contribute to normalization, justification of the violence, and increase social isolation of the women. In addition, it not only prevents future help-seeking, but even worsens the victims' state.

Some women shared their positive experience with police after the Law came into force. However, negative reports of police actions were more common, and might be related to previous negative experience that possibly overwhelmed current positive police actions. Hence, positive experience does not counterbalance previous negative experience and the positive one is being disregarded to be less important for reporting. However, this still supports the evidence that stereotypes and negative attitudes towards the victims still persist. Thus, more special training for police officers is needed.

Application of PSS-SR5 scale showed that all the participants suffered from moderate to severe Posttraumatic Stress Disorder or Acute Stress Disorder, caused by intimate partner violence. This data coincides with Golding's (1999) meta-analysis data revealing high PTSD prevalence among DV/IPV victims and has severe impact on victim's bio-psycho-social wellbeing. Additionally, according to the findings before the participation in the study, the women have not been diagnosed with PTSD neither by primary healthcare workers nor by mental health specialists. Moreover, healthcare professionals were reluctant to refer domestic violence victims to other specialist or to organizations providing specialized services. In addition, no mental health specialist inquired about intimate partner violence. Therefore, these findings lead to the question of primary healthcare workers and mental health professionals in Lithuania preparedness to identify and manage DV/IPV cases.

Conclusion

This study supports other researchers' findings (Gondolf and Fisher, 1988) that the more physical violence escalates, the more victims' help seeking increases. Consequently, women are choosing different formal help sources such as police, medical settings and intervention centers (SHC), and are confining in them differently. However, negative environmental reaction contributes to the formation of learned helplessness. The more cycle of violence turns, the more difficult is it to escape violent relationship. Institutional opposition, victims blaming, fear of not receiving help and even suffer more, complicates and in some cases prevents help and protection seeking from domestic violence in victims. This not only stops women from help seeking, but greatly contributes to the reluctance to report the abuse, reinforces women's social withdrawal, and even causes serious psychological damage. As results of this study suggest, more attention should be paid towards feminist theory based client empowering services, providing specialized complex help. Thus, this is because it is evidently positively affecting the odds for its clients to break the cycle of violence as well as protect themselves from future violence, heal, and thrive. Most importantly, it rekindles the trust in the State itself. Specialized Help Centers (SHC) was reported to be the most instrumental formal help source for terminating intimate partner violence. The evidence support that the State guaranteed free of charge specialized assistance for DV victims is essential in client empowerment and in breaking the cycle of violence, and transitioning from victim to survivor.

SHC characteristic services such as the ability of one consultant to provide psychological support, legal advice relating the Law and institutional procedures as well as empowerment, assistance with writing legal documents and collaboration with other institutions on behalf of the women, was seen to be very welcomingly by all the participants. Thus, they have highly contributed to further help-seeking. Hence, these results present the importance not only to psychological support for the victim, but rather the complex services provided by one consultant that later can refer to further services when the issue precedes her knowledge. Therefore, this has expanded the understanding of the State's responsibility and due diligence, as not only the criminalization of DV is essential for eradicating DV, but also professional and timely services provided by a Specialized Help Centers. These help centers are ran by non-profit organization and are funded by the Government.

Limitations

Some limitations of this study could be related to the relatively small sample size, given the pandemic nature of this phenomenon. The research

was carried out on the premises of Vilnius Women's House Crisis Intervention Centre and its Specialized Help Center's clients were chosen to be the participants of this study. Therefore, as much as this exploratory study revealed, a more standardized methodology with a bigger number of participants should be interviewed. This is aimed at making a more general conclusions on help-seeking behavior and the helpfulness of the formal help sources.

In addition, it should be noted that the vast majority of participants received specialized complex help that possibly had an impact on the results. Thus, only few codes of learned helplessness emerged during the data analysis and were not the characteristic of all the participants. Moreover, more positive attitude towards self and the future were reported.

Implications for Practices and Research

This exploratory study is unique in its descriptive nature of help-seeking experience of domestic violence victims, provides more information on what services the women perceive as the most helpful, and shows how help-seeking behavior changes after more professional and client oriented services are made available to them. This exploratory study contributes to a broader understanding of the struggles women go through while seeking help from formal help sources. Thus, this can be seen as what is considered to be the most helpful by them, and what kind of help is needed to effectively overcome those obstacles that were met in the process of breaking the cycle of violence.

Therefore, this research is relevant to policy makers, as it discusses the advantages of making the State responsible for protecting women's human rights by criminalizing DV and providing free and accessible help and assistance for DV victims. Consequently, this is done on the basis of women grassroots organizations that provide client friendly specialized help and civic empowerment for the women.

Additionally, the research findings may help improve women shelters' and the intervention centers' procedures. This is because the results of this study presents the importance of client friendly, trauma informed, and feminist theory based approach towards this issue. Furthermore, these findings revealed further research evaluating healthcare workers' knowledge, beliefs, attitudes towards the domestic violence, as well as preparedness to manage those cases which are highly needed in Lithuania and in other countries of the world.

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