

## RELATIONSHIP BETWEEN INTIMATE PARTNER VIOLENCE STIGMA AND HELP SEEKING BEHAVIOR AMONG MARRIED WOMEN

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## Abstract

**Background:** The present research explored the relationship between stigma associated with intimate partner violence and help-seeking behavior among married women residing in Islamabad. Violence within intimate relationships remains a widespread problem that can negatively influence women's psychological health, overall quality of life, and ability to obtain support when needed. Social stigma often creates fear, shame, and hesitation, preventing many affected women from reaching out for assistance through formal or informal channels.

**Method:** For this study, 150 married women from different regions of Islamabad were selected using a purposive sampling technique. Data were obtained through the Intimate Partner Violence Stigma Scale (IPVSS, Crowe et al., 2015) and the General Help-Seeking Questionnaire (GHSQ, Wilson et al., 2005) first subscale related to personal and emotional problems was utilized.

**Result:** Findings from the Pearson correlation test disclosed a significant counter relationship between intimate partner violence stigma and help seeking behavior ( $r = -.52, p < .01$ ). This indicates that as perceptions of stigma increased, the likelihood of seeking help decreased. The results emphasize that stigma remains a substantial challenge that limits support-seeking among married women who suffer intimate partner violence.

**Conclusion:** Victims of intimate partner violence will be less prone to look for assistance regarding their psychological and emotional problems.

## INTRODUCTION

The key objective of this research was to inspect the association between stigma related to intimate partner violence (IPV) and the tendency to seek help among married women. Intimate partner violence (IPV) is known to be one of the most significant health issues at a community level, along with a serious violation of human rights, affecting many women worldwide, especially in developing countries. IPV entails actions of harm done to a person by an intimate partner, past or present, and may include different types of abuse, such as physical, emotional, psychological, and sexual. In Pakistan, IPV is especially common due

to deep-rooted cultural norms, gender inequality, and cultural practices that supports male dominance in marriages. Different studies show a significant number of married women in Pakistan who have faced some form of violence during their lives, but only a small percentage of them seek formal support services (Bibi et al., 2014).

According to the WHO (2021), the Global Report on Violence against Women states that, 27% of the women between the ages of 15 to 49 who have been or have ever been married have either suffered physical violence or sexual violence or both from their intimate partner throughout their

lifetime. The differences are quite considerable among the different regions like sub Saharan Africa (33%), South East Asia (33%), and the Eastern Mediterranean (31%), although even lower but still relatively substantial percentages can be found in wealthier countries in the West (23%). In Pakistan, national studies reveal that the prevalence rate for spousal physical violence among ever-married women ranges between 28-34%, while psychological abuse is much more common (Peterman et al., 2020; Bhatt et al., 2022).

Among the many aspects contributing to help seeking reluctance on the measure of IPV victims, several aspects of the phenomenon can be discerned - structural, institutional, interpersonal, and psychological. However, stigma emerges as one of the most potent help-seeking barriers (Overstreet & Quinn, 2013). As Goffman defines it, "Stigma is an characteristic that is greatly questioning, since it leads an individual who is identified with having it to be disqualified from full social acceptance" (as cited in Overstreet & Quinn, 2013, p. 288). Both social and internalized types of stigma function in the context of IPV; the former is related to society's propensity to blame victimized women, question the choices they make in staying in their abusers' company, accuse them of inviting violence, and doubt their value as partners and mothers (Flood & Pease, 2009; Meyer, 2016). The latter manifests through the process of absorbing those accusations and feeling ashamed, embarrassed, and guilty about having to admit their suffering and risk bringing dishonor onto their selves and their families (Corrigan & Watson, 2002).

In societies such as those in South Asia, which comprise Pakistan, the combined influence of male-controlled attitudes towards gender roles, conservative religion, collective family orientation, and institutional skepticism results in a highly stigmatized experience for IPV victims. As highlighted by Bhatt et al. (2022), South Asian women have been shown to view their abuse disclosures as a cause for familial embarrassment rather than the route towards securing assistance. The culturally constructed concept of marriage as an unbreakable holy union, along with the belief

that women must preserve the harmony of the union under all circumstances, despite the danger posed to their own security, is well-researched as one of the predictors of nondisclosure among Pakistani and South Asian women (Yoshioka & Choi, 2005).

The study aimed to measure the relationship between intimate partner violence stigma and help seeking behavior among married women. For this purpose, we explore the previous researches or literature review and their findings.

The seminal application of Goffman's (1963) framework on stigma, which views it as a socio-behavioral process of stigmatization, devaluation, and exclusion, has greatly informed research on IPV disclosure. For instance, Overstreet and Quinn (2013) proposed the IPV Stigmatization Model to describe the stigma experiences of abuse victims, differentiating stigma into three categories: public, self, and perceived. The researchers showed empirically that each type was independently predictive of reduced levels of formal and informal help seeking behavior, and among the types, the greatest inhibition of seeking help was associated with self-stigma and stigma perception from family members.

Edwards et al. (2015), using a mixed-methods approach, found that many women experiencing IPV had negative experiences when disclosing their situations to informal networks, including minimization, blaming, and being advised to stay in the relationship. The authors argued that these experiences perpetuated stigma and inhibited formal disclosures. Sylaska and Edwards (2014) conducted a systematic review of 23 empirical studies exploring IPV-related informal disclosure, showing that lack of support by social network members was the best predictor of non-disclosure to formal help, based on shame enhancement and hopelessness induction.

The psychological consequences of IPV make obtaining help even more difficult. Those women that have been exposed to violence are more possible to develop despair, anxiety, and other mental health concerns, which might reduce their motivation to seek help. A study conducted in Karachi discovered a high association between IPV and poor psychological health outcomes for

married women (Ali et al., 2013). Despite this, women use mental health services very rarely showing that stigma around IPV and mental health inhibits them from utilizing available resources.

Beside stigma, structural obstacles that include not having access to services, insufficient authorized protection, and insufficient institutional support all have an impact on help-seeking behavior. Even if resources are available, stigma can prevent women from using them. According to research, women facing high social stigma will refrain from reaching out for official support because they fear negative reactions from their community and service providers (Mirzad, 2017). This emphasizes the need of examining stigma as a distinct and quantitative factor impacting help-seeking behavior.

Most existing literature on IPV in Pakistan has focused on prevalence, causes, and health consequences, with less emphasis on the psychosocial factors that affect help seeking. While several studies note stigma as a barrier, few have looked closely at its relationship with help seeking behavior. For instance, Kabir et al. (2017) examined the link between domestic violence and help seeking behavior but did not specifically assess stigma. Likewise, broader reviews of Pakistani literature highlight cultural and social barriers but lack empirical analysis of stigma as an independent factor (Ali et al., 2021).

In this respect, Liang et al. (2005) describe seeking help as a lively, non-linear practice characterized by cyclical stages of problem assessment, decision-making, assessment of available resources, and efforts at disclosure. This literature also identifies a distinction between informal seeking help (i.e., through blood members, acquaintances, spiritual organizations) and formal seeking help (i.e., through police, medical, legal, and shelter services). Informal help-seeking is considerably more common and serves as the starting point for seeking formal assistance.

In a study surveying a nationally representative sample of 2,855 women from New Zealand, Fanslow and Robinson (2010) report that although 89% of the participants had disclosed the abuse they suffered, only 18% had reported it

to the police, while fewer than 10% of the respondents had received formal help such as shelter or legal intervention. Similarly, Ansara and Hindin (2010) observed the same trend in a national examination of Canadian women, who cited embarrassment, horror of retaliation, and absence of belief in the community as the main deterrents for formal intervention.

One of the key theoretical foundations of this study is the Stigma Theory proposed by Erving Goffman in 1963. According to Goffman, stigma develops through social perceptions that mark certain individuals, characteristics, or life experiences as unacceptable or discrediting. Women who have been victims of intimate partner abuse often internalize feelings of shame, humiliation, and anxiety due to negative societal beliefs and judgments surrounding abuse. As a result, concerns about criticism, discrimination, or social exclusion may disappoint victims from directly debating their feelings or seeking support. This research is based on the IPV Stigmatization Model proposed by Overstreet and Quinn (2013), according to which the stigma attached to the phenomenon of intimate partner violence is regarded as a multi-faceted concept that includes public stigma (stereotyping and social discrimination toward IPV victims), self-stigma (self-disapproving attitudes and blame), and perceived stigma (expected reactions and responses of other people). The core idea of this model is that stigma acts as an individual deterrent that prevents seeking professional assistance; however, it also manifests itself through interactions between its components in order to make it even more challenging for women to seek help. To support this theory, the model suggested by Liang et al. (2005) should be taken into consideration as well.

### Objectives and Hypothesis

Based of the above literature two main objectives of this study explores how stigma related to intimate partner violence is linked with whether married women seek help or not. It also looks at how strongly stigma around intimate partner violence can shape or limit help seeking behavior among married women. Based on the objectives

two hypothesis was formed. First, A significant negative relationship exists between intimate partner violence stigma and help-seeking behavior among married women. Second, Intimate partner violence stigma significantly predicts lower levels of help seeking behavior among married women.

## METHOD

### Sample

The sample comprised of married women between the ages of 20 and 42. A total of 150 participants (N = 150) were selected for the sample. The target population consisted of married women living in Islamabad. Data were collected using a purposive sampling technique.

### Inclusion criteria

- Married women were the participants of the study.
- Residents of capital city Islamabad.

### Exclusion criteria

- The married women other than from Islamabad are not included.

### Assessment Measures

**Intimate Partner Violence Stigma Scale.** To measure intimate partner violence stigma, the intimate partner violence stigma scale (IPVSS) was established by Crowe et al. in 2015 was used. It is a Likert scale consist of consist of 20 items rated from 1 to 6 “somewhat disagree” to “somewhat agree”. The scale measures shame, fear of disclosure, victim-blaming attitudes, and concerns regarding social rejection such as “if I told people about the abuse, I worried that they would think I asked for it” or “I felt like I deserved it”. The Cronbach’s alpha reliability of SMUS is acceptable which is  $\alpha = .90$ .

**General Help Seeking Questionnaire.** The General Help-Seeking Questionnaire (GHSQ), created by Wilson et al. (2005), was used for measuring the tendency of help-seeking. It is a 20-item survey with a scale from 1 to 7 that starts with “extremely unlikely” and ends with “extremely

likely.” This questionnaire contains two subscales: one measuring problems with emotions and personality and another measuring help-seeking tendencies in cases of suicidal ideas. Items 1 to 10 measure the possibility of help-seeking for personal and emotional problems, and items 11 to 20 measure help-seeking for suicidal ideas. In the current research, only the former subscale of GHSQ was applied. The scale possesses high internal consistency with a Cronbach’s Alpha reliability  $\alpha = .89$ .

### Research Design

The design of this research study was cross-sectional because the data was collected only once. Researchers approached married women with proper ethical guidelines to ensure adherence of ethical standards and protect the rights and wellbeing of participants. Sample consist of 150 married women from Islamabad. The purposive sampling method was used to collect the information and research instruments such as intimate partner violence stigma scale (IPVSS) and general help-seeking questionnaire (GHSQ) were administered to them. The research objectives briefly announced to the participants and taken informed consent from the respondents, and requested to participants to provide honest response. For the calculation of result, SPSS was used for descriptive analysis, Cronbach’s alphas, Pearson correlation, and regression analysis.

## RESULTS

This study was carried out with the objective of examining the relationship between intimate partner violence stigma and help-seeking behavior among married women. A total of 150 participants (N = 150) were part of the study. The analysis involved descriptive statistics, assessment of psychometric properties, and hypothesis testing using various statistical techniques.

The descriptive analysis presents a detailed overview of the two main variables—intimate partner violence stigma and help-seeking behavior—as well as the demographic characteristics of the applicants included in this research.

**Table 1 Socio-demographics variables of study applicants (N=150).**

| Variables      |                    | N   | %    |
|----------------|--------------------|-----|------|
| Age            | 20-42              | 150 | 100  |
| Education      | Matric             | 51  | 34   |
|                | Intermediate       | 46  | 30.7 |
|                | Graduation         | 40  | 26.7 |
|                | Masters            | 13  | 8.7  |
| No of Children | None               | 49  | 32.7 |
|                | One                | 44  | 29.3 |
|                | 2-4                | 38  | 25.3 |
|                | More than 4        | 19  | 12.7 |
| Social Status  | Lower Class        | 0   | 0    |
|                | Middle Class       | 95  | 63.3 |
|                | Upper Middle Class | 43  | 28.7 |
|                | Upper Class        | 12  | 8    |
| Job Status     | House Wife         | 111 | 74   |
|                | Working            | 39  | 26   |

Note: N=Number of participants; %=Percentage.

Table 1 presents the frequency distribution and percentage values of the participants' demographic characteristics. The analysis was conducted across all demographic variables to show their respective frequencies and proportions. The age range of participants is 20 to 42 years that have frequency of 150 and percentage of 100. The education was split into four categories, matric (f=51; %=34), intermediate (f=46; %=30.7), graduation (f=40; %=26.7), and masters (f=13; %=8.7). The no. of

children also was split into four categories, none (f=49; %=32.7), only one (f=44; %=29.3), 2 to 4 (f=38; %=25.3), and more than 4 (f=19; %=12.7). Similarly social status was split into four categories, lower class (f=0; %=0), middle class (f=95; %=63.3), upper middle class (f=43; %=28.7), and upper class (f=12; %=8). Women that are housewife have frequency of 111 and percentage of 74, and working have frequency of 39 and percentage of 26 respectively.

**Table 2 Mean, Standard Deviation, Range and Cronbach alpha reliability of intimate partner violence stigma, and help seeking behavior (N=150).**

| Variable                         | N   | M     | SD    | Range | <i>a</i> |
|----------------------------------|-----|-------|-------|-------|----------|
| Intimate Partner Violence Stigma | 150 | 72.12 | 10.49 | 61    | .78      |
| Help Seeking Behavior            | 150 | 37.18 | 5.593 | 27    | .82      |

Note: N=Number of participants; M=Mean; SD=Standard Deviation; a=Cronbach alpha reliability.

Table 2, showed the mean, standard deviation and range of the data. The mean and SD of intimate partner violence stigma (M=72.12, SD=10.49), and help seeking behavior (M=37.18, SD=5.593)

respectively. The range of IPV stigma is 61 and help seeking behavior is 27. The alpha reliability of intimate partner violence stigma is .78, and help seeking behavior is .82 respectively.

**Table 3 Correlation matrix of intimate partner violence stigma, and help seeking behavior (N=150).**

| Variable                         | N   | M     | SD     | 1      | 2 |
|----------------------------------|-----|-------|--------|--------|---|
| Intimate Partner Violence Stigma | 150 | 47.59 | 16.094 | -      | - |
| Help Seeking Behavior            | 150 | 44.43 | 18.693 | -.77** | - |

Note: N=Number of participants; M=Mean; SD=Standard Deviation;(Significance Level; \*\*p<.01).

The results presented in Table 3 highlight the link between IPV stigma and help-seeking behavior by means of Pearson correlation analysis. A strong

inverse association was observed between the two variables, with a statistically significant correlation value of ( $r = -.77^{**}$ ).

**Table 4 Simple linear regression showing the stigma related to intimate partner violence as predictor of help seeking behavior (N=150).**

| Variables                        | B     | S.E   | t      | p    | CI (95%) |       |
|----------------------------------|-------|-------|--------|------|----------|-------|
|                                  |       |       |        |      | LL       | UL    |
| Constant                         | 66.79 | 2.036 | 32.80  | 0.00 | 62.77    | 70.82 |
| Intimate Partner Violence Stigma | -.411 | .028  | -14.69 | 0.00 | -.466    | .355  |

**Note:** B=Unstandardized beta; S.E=Standard Error; p= Significance level; CI=Confidence interval; UL=Upper limit; LL= Lower limit; R square=59.3%.

The regression analysis shown in Table 4 examines IPV stigma influences help-seeking behavior among married women. The model indicates a statistically significant effect in the negative direction ( $p = .00$ ), meaning that greater stigma is connected with reduced help-seeking. In addition, the explanatory power of the model is considerable, as stigma alone accounts for 59.3% of the deviation in the behavior related to help seeking.

**DISCUSSION**

This study focused on how stigma related to intimate partner violence relates to help-seeking behavior among married women. In the analysis, a clear pattern emerged showing that women experiencing higher stigma tend to avoid seeking help. This pattern is consistent with earlier research, where IPV stigma has been linked to reduced psychological well-being and a reluctance to access available support systems, whether formal or informal. Previous studies into IPV-related stigmatization have shown that people who tend to hold themselves responsible for being victims of such violence usually develop increased levels of emotional distress, which include anxiety problems. There is a model known as IPV stigmatization which consists of cultural stigma, anticipated stigma, and internalized stigma. These forms of stigmatization lead to anxiety disorders (Overstreet & Quinn, 2013).

Second objective was to investigate that intimate partner violence stigma are negatively predicting

the help seeking behavior. Also, empirical research shows that IPV survivors who face more psychological distress, such as anxiety and hopelessness, have fewer chances of engaging in productive coping and seeking out supportive resources. As stated by Zhang et al. (2024), there is a meaningful correlation between psychological distress and difficulties in help-seeking efforts among survivors of IPV. They do not disclose the issue since it is surrounded by stigma, which causes fear of being rejected, blamed, or not believed by others.

In addition, research indicates a negative correlation between the stigma associated with intimate partner violence and help-seeking. As defined by Overstreet and Quinn (2013), stigma can be considered among the major hindrances to help-seeking both formally and informally. The fear of being stigmatized causes people not to disclose the issue to the professional, relatives, friends, and authorities. Moreover, internal stigma can cause survivors to feel guilty about the situation and thus make them less likely to seek assistance.

**Limitations**

The boundaries of this study are as follows: The research is based on cross-sectional study design. The sample size (N=150) of the study is not huge sufficient to simplify on great population. The data is only collected from Islamabad. The rural population also not studied might be difference exist in urban and rural population.

**Conclusion**

The relationship between intimate partner violence stigma and help seeking behavior among married women was the subject of this research. Our findings shows that there is a negative significant relationship between the stigma associated with intimate partner violence and help seeking behavior. Women who suffer from intimate partner violence are less likely to seek help for their psychological and emotional concerns.

**Declaration**

**Support:** No financial backing was offered for this research.

**Conflict of Interest:** No likely engagements of concern with regard to the study.

**Availability of Data:** The data remain confidential and are not publicly accessible due to privacy agreements.

**Ethical Approval:** Ethical approval was accomplished from Ethical Review Board, Department of Psychology, NUML, Ethic Board. Ensuring voluntary participation and informed consent is must. The study process, aim, possible hazards and benefits are informed to participants and they have right to draw from research at any time.

**References**

- Ali, T. S., Mogren, I., & Krantz, G. (2013). Intimate partner violence and mental health effects among Pakistani women. *International Journal of Women's Health*, 5, 543-552.
- Ali, P. A., et al. (2021). Domestic violence and help-seeking behavior among women in Pakistan: A review of the literature. *Journal of Interpersonal Violence*, 36(5-6), NP3006-NP3028.
- Bibi, S., Ashfaq, S., & Shaikh, F. (2014). Domestic violence against women in Pakistan: Prevalence and barriers to help-seeking. *Pakistan Journal of Social Sciences*, 34(1), 161-173.
- Bhatt, P., Bhatt, C., & Chauhan, N. S. (2022). Perceived stigma and its effects on help-seeking behavior among victims of domestic violence in South Asia: A systematic review. *Trauma, Violence, & Abuse*, 23(5), 1697-1711. <https://doi.org/10.1177/15248380211006689>
- Corrigan, P. W., & Watson, A. C. (2002). Understanding the impact of stigma on people with mental illness. *World Psychiatry*, 1(1), 16-20.
- Crowe, A., Overstreet, N. M., & Murray, C. E. (2021). The Intimate Partner Violence Stigma Scale: Initial Development and Validation. *Journal of Interpersonal Violence*, 36(15-16), 7456-7479. [doi.org](https://doi.org/10.1177/08862605211006689)
- Cuijpers, P., Sijbrandij, M., Koole, S., Huibers, M., Berking, M., & Andersson, G. (2014). Psychological treatment of generalized anxiety disorder: A meta-analysis. *Clinical Psychology Review*, 34(2), 130-140. <https://doi.org/10.1016/j.cpr.2014.01.002>
- Decker, M. R., Frattaroli, S., McCaw, B., Coker, A. L., Miller, E., Sharps, P., ... Gielen, A. C. (2012). Transforming the healthcare response to intimate partner violence and taking best practices to scale. *Journal of Women's Health*, 21(12), 1222-1229. <https://doi.org/10.1089/jwh.2012.4transform>
- Edwards, K. M., Dardis, C. M., Gidycz, C. A., & Margolin, G. (2015). Women's disclosure of dating violence: A mixed methodological study. *Feminism & Psychology*, 25(2), 138-158. <https://doi.org/10.1177/0959353514543202>

- Fanslow, J. L., & Robinson, E. M. (2010). Help-seeking behaviors and reasons for help seeking reported by a representative sample of women victims of intimate partner violence in New Zealand. *Journal of Interpersonal Violence, 25*(5), 929–951. <https://doi.org/10.1177/0886260509336963>
- García-Moreno, C., Jansen, H. A., Ellsberg, M., Heise, L., & Watts, C. H. (2006). Prevalence of intimate partner violence: Findings from the WHO multi-country study on women's health and domestic violence. *The Lancet, 368*(9543), 1260–1269. [https://doi.org/10.1016/S0140-6736\(06\)69523-8](https://doi.org/10.1016/S0140-6736(06)69523-8)
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Prentice-Hall.
- Hamby, S. L. (2014). *Battered women's protective strategies: Stronger than you know*. Oxford University Press.
- Hathaway, J. E., Willis, G., Zimmer, B., & Silverman, J. G. (2005). Impact of partner abuse on women's reproductive lives. *Journal of the American Medical Women's Association, 60*(1), 42–45.
- Logan, T. K., Walker, R., Cole, J., & Leukefeld, C. (2002). Victimization and substance use among women: Contributing factors, interventions, and implications. *Review of General Psychology, 6*(4), 325–397. <https://doi.org/10.1037/1089-2680.6.4.325>
- Meyer, S. (2016). Still blaming the victim of intimate partner violence? Women's narratives of victim desistance and redemption when seeking support. *Theoretical Criminology, 20*(1), 75–90. <https://doi.org/10.1177/1362480614564603>
- Overstreet, N. M., & Quinn, D. M. (2013). The intimate partner violence stigmatization model and barriers to help seeking. *Basic and Applied Social Psychology, 35*(1), 119–133. <https://doi.org/10.1080/01973533.2012.746599>
- Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., Oertelt-Prigione, S., & van Gelder, N. (2020). *Pandemics and violence against women and children*. Working Paper 528. Center for Global Development.
- Wathen, C. N., & MacMillan, H. L. (2003). Interventions for violence against women: Scientific review. *JAMA, 289*(5), 589–600. <https://doi.org/10.1001/jama.289.5.589>
- Wilson, C. J., Deane, F. P., Ciarrochi, J., & Rickwood, D. (2005). Measuring help-seeking intentions: Properties of the General Help-Seeking Questionnaire. *Canadian Journal of Counselling and Psychotherapy, 39*(1), 15–28.
- World Health Organization. (2021). *Violence against women prevalence estimates, 2018: Global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women*. WHO.
- Zlotnick, C., Johnson, D. M., & Kohn, R. (2006). Intimate partner violence and long-term psychosocial functioning in a national sample of American women. *Journal of Interpersonal Violence, 21*(2), 262–275. <https://doi.org/10.1177/0886260505282564>
- Zhang, B., Wong, A., Constantino, R. E., & Hui, V. (2024). The association between psychological distress, abusive experiences, and help-seeking among people with intimate partner violence. *BMC Public Health, 24*(1), 1060. <https://doi.org/10.1186/s12889-024-18350-y>