A scoping review using the COM-B model to explore the literature on barriers and facilitators of help-seeking behavior amongst women affected by domestic and family violence in Australia

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Abstract

Domestic and family violence is an urgent problem in Australia, with high prevalence rates amongst women and wide-reaching consequences for both individuals and society. While several governmental interventions have been set up to support victims, barriers to help-seeking exist. Moreover, different population groups of women are affected by domestic and family violence in different ways, and different service providers have different rates of women accessing support services. At the same time, limited research is available that analyses how barriers and facilitators to help-seeking differ between different population groups of women and service provider groups. This research therefore provides an overview of the literature about what is known about the barriers and facilitators that different population groups of women experience in engaging in help-seeking behavior at different service providers, to provide a solid starting ground for future research. The COM-B model was used to organize the factors found in literature in a systematic way, and to identify research gaps in the existing literature. A scoping review was conducted, for which the databases Scopus and PsycINFO were searched for English peer-reviewed literature published between 2011 and 2024. After having generated a total number of 344 studies, 15 studies were selected and analysed that met the inclusion criteria. Results showed that most studies have focused on certain population groups of women only and on formal services that were not further specified. The different COM-B factors have also not been equally studied across population and service provider groups. In addition, none of the included studies focused on physical capability-related factors, and psychological capability and automatic motivation-related factors were only researched to a limited extent. More research is therefore needed that focuses on diverse population groups of women, specific service providers, and that studies the different COM-B factors equally across groups.

Keywords: scoping review, domestic violence, women, help-seeking, barriers and facilitators, Australia.

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Chapter 1: Introduction

Problem statement

Domestic and family violence (DFV) is most often defined as "a pattern of behavior in any relationship that is used to gain, or maintain, power and control over an intimate partner" (United Nations, n.d.a). According to the United Nations (n.d.b), this pattern of behavior is abusive or violent, and can include physical abuse, sexual abuse, mental abuse, or economic abuse.

Rates from the World Health Organization suggest that in 2018, 736 million women globally had been a victim of some form of violence from their intimate partner (UN Women, n.d.; WHO, 2021). Research suggests however that actual victimization rates are likely to be even higher, given that incidents are often not officially reported (Loney-Howes et al., 2023). Especially women are victimized by this type of violence (Mitcheltree & Sunikka-Blank, 2023). Women's Aid (n.d.) and valentine and Breckenridge (2016) explain this by arguing that the type of violence is rooted in women's unequal status within society and that men's controlling behavior in violent intimate relationships is enabled by sexist social norms.

Not only is DFV a violation of human rights, including the right to live and the right not to be treated in an inhumane way, but it is also a threat to global public health (Corbett et al., 2023; Council of Europe [COE], n.d.). Corbett and colleagues (2023) explain that the consequences of being victimized by DFV can range from mental health problems, such as trauma, to physical health consequences, including hospitalization or even death. UN Women (2016) states that DFV creates other wider societal consequences as well as it negatively impacts participation in school, in work, and in broader society, resulting in loss of productivity and employment, increasing the risk of poverty. DFV is then said to be a significant cause of homelessness and creates economic insecurity and career interruptions (Mitcheltree & Sunikka-Blank, 2023; valentine & Breckenridge, 2016).

In 2021-2022, 1 out of 6 women in Australia "had experienced physical and/or sexual violence by a current or previous cohabiting partner since the age of 15" (Australian Institute of Health and Welfare [AIHW], n.d.). The total financial costs of DFV in Australia have been estimated by the Australian government on 26 billion Australian dollars, every year

(Commonwealth of Australia, 2023). DFV is therefore a serious problem in Australia and has been declared a national emergency (Loney-Howes et al., 2023; Macvean et al., 2018).

The severity of DFV in Australia has resulted in media and public attention, and several policies and interventions aimed to tackle DFV and to support victims, including a 10-year national plan to end DFV against women and children (Australian Government, n.d.; Loney-Howes et al., 2023; valentine & Breckenridge 2016). Victims of DFV can access multiple support services or report their incident in multiple ways in Australia, including at the family law system, the police, the justice system, the welfare sector, the housing sector, the child protection and support sector, and the health sector (AIHW, 2024).

Despite these current attempts, challenges to effective implementation and the ability to reach the national plan's goals remain (Commonwealth of Australia, 2023). According to the Australian government, these challenges include, among other things, a lack of awareness of support available, a lack of knowledge on how to seek help, and mistrust in the systems (Commonwealth of Australia, 2023), implying that barriers to help-seeking exist. Additionally, different service providers have different ratings of women accessing those services in Australia, according to the AIHW (n.d.). Moreover, DFV is an intersectional issue, as different population groups of women are affected by DFV in different ways, according to Klingspohn (2018) and Marrow and colleagues (2024).

This all demonstrates, according to Birdsey and Snowball (2013), that women affected by DFV might not receive the support they might need, increasing the risk of wider societal consequences like UN Women (2016) argued. It is therefore of societal relevance to understand what barriers and facilitators different groups of women affected by DFV in Australia experience in engaging in help-seeking behavior at different service providers. Several reviews on domestic violence research suggest that there have been several studies done on the barriers and facilitators of help-seeking behavior among women affected by DFV (Heron & Eisma, 2021; Rathnayake et al., 2023; Sultana et al., 2023). Gaps in literature however remain, as more research is needed on how barriers and facilitators to help-seeking differ between population groups and how these barriers and facilitators are specific to certain sectors, according to Heron and Eisma (2021). The aim of this thesis is therefore to generate an overview of what is known from the literature of the barriers and facilitators that different population groups of women affected by DFV in Australia face, when engaging in help-seeking behavior at different service

providers. This thesis aims to provide insights into what has been researched in the field and what research is currently missing, to provide a starting ground for future research and to move further towards improving the support policies for women affected by DFV in Australia.

Chapter 2: Theoretical framework

To understand what has been researched on the barriers and facilitators to help-seeking behavior, a theoretical framework that provides an overview of the different factors influencing this type of behavior is needed. The complexity of DFV and the impact it has on victims' lives necessitates an interdisciplinary take, as argued by Feder in 'Women and Domestic Violence: An Interdisciplinary Approach' (1999). This highlights the importance of having overarching theoretical models that incorporate the different behavioral factors as found in all the different theories (Dyson & Cowdell, 2021; Keestra et al., 2022; Willmott et al., 2021).

The COM-B model is an overarching model which explains different factors that influence behavior and how factors can act as barriers or facilitators to behavior (Michie et al., 2011). Its simplified nature allows for adopting a broad approach to reviewing literature and thus, since this thesis aims for a broad approach to gain insights into the scope and current state of knowledge within the research field (Levac et al., 2010), the COM-B model is chosen as the theoretical framework of this thesis.

The COM-B model

Developed by Michie and colleagues (2011), the COM-B model states that behavior depends on three factors: capability, opportunity, and motivation (Figure 1).

Michie and colleagues (2011) explain that one's capability depends on the psychological capability, that is, whether that person is psychologically able to perform that specific behavior. This could for example be knowledge on how to perform that behavior. The second type of capability refers to someone's physical capability, that is, whether a person is physically able to perform that specific behavior (Michie et al., 2011).

Michie and colleagues explain (2011) that opportunities can be both physical, namely factors in the physical environment that make the behavior possible, as well as social, which refers to whether the behavior is socially acceptable.

According to Michie and colleagues (2011), motivation can also be divided into two types. First, there is a conscious motivation to perform a certain behavior, called reflective motivation.

This refers to whether or not someone has a good reason to perform that behavior. Second, unconscious or automatic motivation also plays a role, for example in the form of habits or emotions (Michie et al., 2011).

Figure 1

The COM-B model
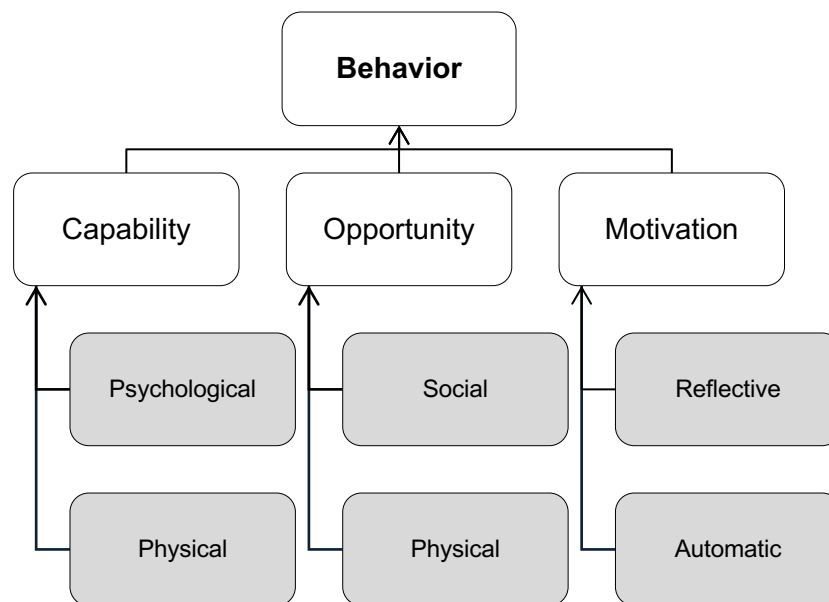
Note. Adapted from "The behaviour change wheel: A new method for characterising and designing behaviour change interventions", by S. Michie, M. M. van Stralen, and R. West, 2011, *Implementation Science, 6*(42), p. 1 (https://doi.org/10.1186/1748-5908-6-42).

The focus of the COM-B model thus becomes interdisciplinary in the sense that a more sociological perspective, such as focusing on the influence of cultural norms on behavior, is combined with a more psychological perspective, such as how automatic brain processes guide behavior, according to Avery and Patterson (2018) and Essack and Sartorius (2018).

This study

The main research question this thesis aims to answer is: *What is known from the existing literature about the barriers and facilitators of help-seeking behavior amongst women in Australia affected by DFV and how does this fit into the COM-B model?*

Additionally, in order to answer the main research question, the following sub questions are also addressed:

1. *What is known from the existing literature about the barriers and facilitators of help-seeking behavior as experienced by different population groups of women in Australia affected by DFV?*
2. *What is known from the existing literature about the barriers and facilitators of help-seeking behavior at different service providers as experienced by women in Australia affected by DFV?*

To review current literature and to answer the research questions, a scoping review is conducted. Using previous literature on the topic (Heron & Eisma, 2021), it is expected that more research is needed on specific population and service provider groups.

Chapter 3: Methods

Study design

A scoping review was chosen as the research design, as the aims of this thesis translate into generating an idea about the scope and current state of knowledge within the research field, summarizing results relevant to for example policymakers, and identifying research gaps relevant to future studies (Arksey & O'Malley, 2005; Levac et al., 2010; Prisma, n.d.a). This makes it less relevant to utilize other review types that for example focus more on summarizing the state of evidence regarding a certain topic, like a systematic review of effectiveness, or review types that focus more on how a certain topic is being studied, like a narrative review, as outlined by Sutton and colleagues (2019). Arksey and O'Malley's (2005) six-step framework for scoping reviews was largely followed: after having identified the research questions (step 1), relevant studies were identified (step 2) and selected (step 3), after which the data was charted (step 4), summarized, and reported (step 5) (Arksey & O'Malley, 2005, p. 22). Step 6 of Arksey and O'Malley's (2005) framework, consultating stakeholders, was not conducted.

Study sample

Databases

Two databases were searched for relevant studies. The database Scopus was selected as this is a multidisciplinary database, allowing for adopting a wider approach to searching literature than a mono-disciplinary database (University of South Australia, n.d.). The database PsycINFO was also used, as it is arguably "the most comprehensive database" (University of South Australia, n.d.) for literature on psychological issues. This fits well with the topic of barriers and facilitators to help-seeking, as research suggests that help-seeking and DFV are, besides other disciplines, largely psychological issues (Baird & Sapkota, 2023).

Search limits

Search limits were used to keep the coverage of the scoping review doable. The limits used in this thesis include searching for articles published within the timespan of 2011-2024, only including peer-reviewed articles, and only including articles written in English.

Only studies after 2011 were included, since the first national plan of Australia had been implemented then (Australian Government, n.d.; Loney-Howes et al., 2023). Heron and Eisma (2021) also suggest that adopting recent timespan is useful "to capture most recent developments on barriers and facilitators of disclosure" (p. 614), while at the same time managing the risk of having too many studies to include, as explained by Arksey and O'Malley (2005).

Only including peer-reviewed articles was chosen as a search limit, due to the potential additional challenges associated with grey literature. As scoping reviews generally already have a lack of quality assessment, since Arksey and O'Malley (2005) argue that it is not the aim of scoping reviews to assess the quality of studies, including non-reviewed grey literature comes with even additional challenges regarding assessing the quality of grey literature studies.

Likewise, the choice to only search for articles written in English was also done to manage the risk of cost and time involved in translating studies, as explained by Arksey and O'Malley (2005).

Keywords

Trial searches were conducted to test different keyword combinations. Clusters of keywords were created based on the key components of the research questions, namely (1) domestic violence, (2) women, (3) population group, (4) Australia, (5) help-seeking, and (6) barriers and facilitators.

Many studies retrieved by the first trial searches were not relevant to the research questions, which is why keyword combinations were altered. This was done by using several articles on barriers and facilitators to help-seeking behavior and analyzing what keywords were stated in these articles (Afrouz et al., 2021; Kuyini et al., 2022; Rathnayake et al., 2023; Sultana et al., 2023). Especially Heron and Eisma's (2021) article was used as an inspiration in this scoping review, since their article also consists of a literature review on barriers to help-seeking behavior. In addition, the search engine EBSCOhost was also used to find more relevant keywords, as EBSCOhost provides recommendations for similar keywords. Each of the clusters were then first tested separately on their relevance, which led to the removal of the cluster 'population group'.

The final searches in Scopus and PsycINFO were conducted on 8 April 2024. The keyword clusters included (1) domestic violence, (2) women, (3) Australia, (4) help-seeking, and (5) barriers and facilitators. Table 1 displays the search string used, which was based on these keyword clusters.

Table 1

Search string

	((domestic OR family OR partner OR spouse) AND (violence OR abuse) AND ("battered women" OR "female victims" OR "female survivors" OR women OR woman OR females OR mothers) AND (Australia OR Australian) AND (reporting OR disclosing OR accessing OR disclosure OR using OR usage OR utilization OR "service use" OR "help seeking" OR "assistance seeking" OR "support seeking" OR "treatment seeking") AND (barriers OR facilitators OR enablers OR factors OR obstacles OR challenges OR issues OR problems OR difficulties OR experiences OR perceptions OR attitudes)).

Inclusion and exclusion criteria

The inclusion and exclusion criteria used for selecting relevant studies were both developed a priori as well as after having gained an increased familiarity with the literature.

A preliminary inclusion criterion referred to the country of focus, as only those studies with a sample of women in Australia were included.

Another preliminary inclusion criterion referred to the population groups researched. If this was not clear or multiple groups had been merged for the same results, the study was excluded since then it would not be possible to place the study within one population group and draw conclusions about that group's specific studied barriers and facilitators.

Similarly, it should have been clear what service provider had been researched. However, during the data analysis it became evident that most of the included studies focused on formal services or help-seeking behavior more generally, thereby not specifying what service provider group was researched. Since this accounted for a significant number of the included studies, a decision was made to nevertheless include the service provider group 'formal services not further specified'.

Only studies that focused on formal service providers were included, since this aligned well with the problem statement and societal relevance in which it is explained that the national plan of Australia faces challenges to effective implementation, including the challenge of victims not using the formal services provided, according to the Australian government (Commonwealth of Australia, 2023).

After having conducted several trial searches, an additional inclusion and exclusion criterion was added, namely excluding studies that focused on practitioners' views. This was decided because only including studies that focus on the experiences of women affected by DFV fitted better with the overall aims and research questions of this thesis.

Data and measurement

Partially following Arksey and O'Malley's (2005, p. 27) procedure, and inspired by Fiolet and colleagues' (2021) scoping review, the following information from the included studies was collected:

- Article title.
- Author(s).
- Year of publication.
- Country from which a sample was used.
- Which population group of women had been studied.
- Which service provider group had been studied.
- The factors reported in the study that influence women's decision to engage in help-seeking behavior and how these fit into the COM-B model.

This information was then sorted into data extraction tables, which can be found in Appendix A.

Data analysis

The articles included for the final review were imported into the qualitative software programme NVivo 14 for the full text review and data analysis. The population group and service provider group researched were first reported. Next, a qualitative approach was used to identify, code, and chart relevant data on barriers and facilitators to help-seeking behavior, as suggested by Tricco and colleagues (2016, p. 4). For this, a thematic analysis was conducted,

which included moving from "initial codes" towards larger themes in the data (Braun & Clarke, 2006, p. 87).

First, "open coding" (Bryman, 2016, p. 574) was done to summarize which barriers and facilitators were reported. A second round of coding was done to create groups of codes, to make the list of codes shorter. A third round of coding was done to check for errors or make some adjustments. The different groups of codes were then classified according to the factors from the COM-B model and sorted into the data extraction tables (Arksey & O'Malley, 2005, p. 26). During this process, a code tree was also created (Appendix B), following Houghton and colleagues' (2015) suggestion.

A "comparative analysis" (Bryman, 2016, p. 64) was done to analyze which COM-B factors appear most and in what manner, in each population and service provider group. Gaps in research were considered for the COM-B factors within and across service provider and population groups, while also paying attention to what population and service provider groups needed more research.

Reflexivity

During the study selection and data analysis, "memos" (Bryman, 2016, p. 580) were used to make notes on thought processes and striking issues. Especially since this scoping review involves a single researcher, it is important to reflect on how the researcher herself could have influenced the research outcomes by for example underlying research norms, according to Jamieson and colleagues (2023). The memos made during the research process reveal a significant focus on cultural or societal influences on help-seeking behavior. This could have possibly been influenced by the sociological background of the researcher. Additionally, the positionality of the researcher as a white female student should be taken into account. Women from various different population groups that are affected by DFV might not agree with the interpretations made in this thesis, which is why it is important to acknowledge that knowledge is situated, according to Meyer and Stambe (2022).

Ethics

No data of individual participants were used, as the data used in this thesis were derived from peer-reviewed published studies. There were therefore no issues related to potential harm to

participants, invasion of privacy, or other confidentiality issues as outlined by Bos (2020). Ethical approval was granted on 30 March 2024 by the Ethical Review Board of the Faculty of Social and Behavioural Sciences of Utrecht University.

Chapter 4: Results
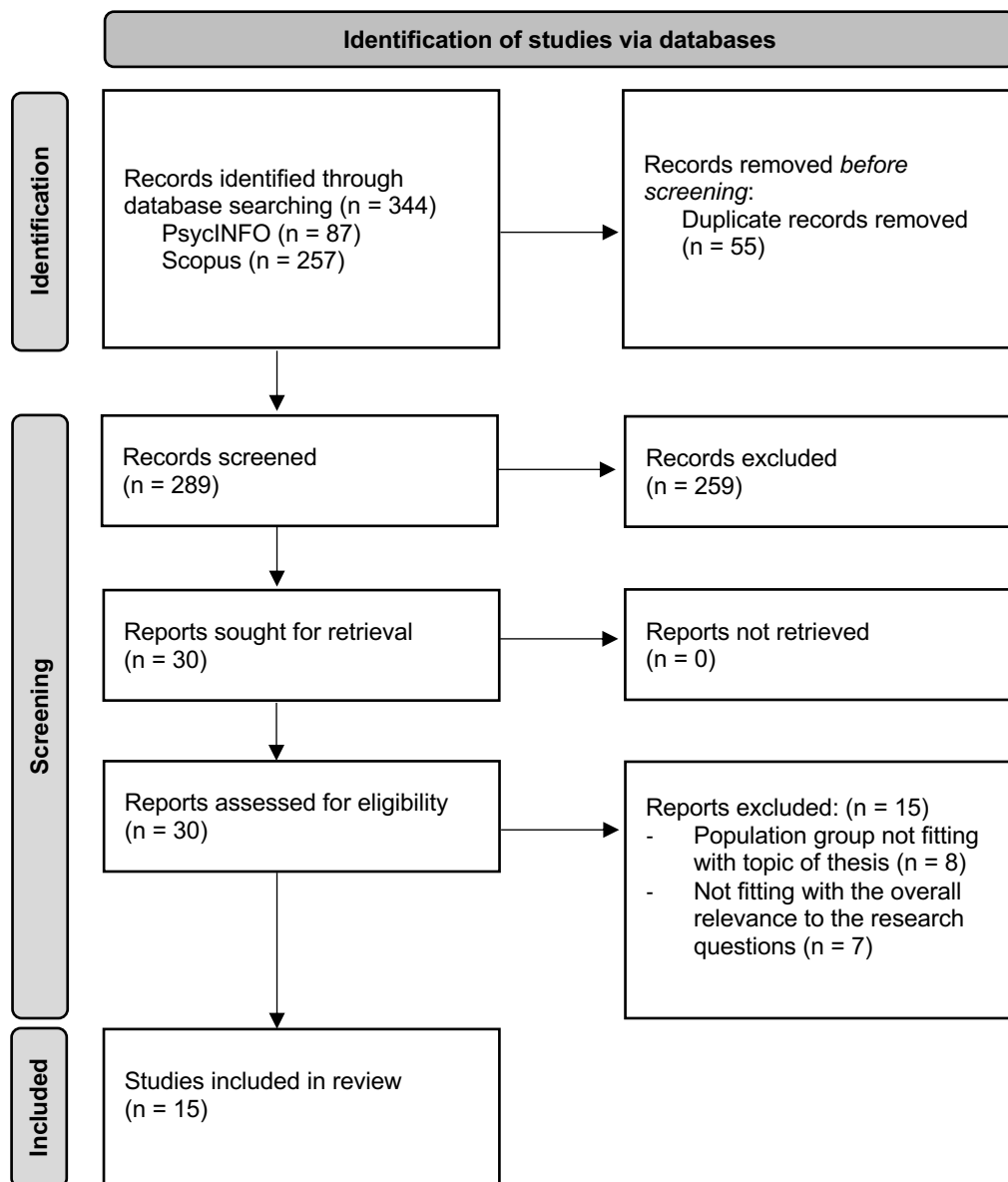
Characteristics of included studies

The final searches generated a total number of 344 studies. After selecting studies on relevance and inclusion criteria, 15 studies were selected for the scoping review (see Figure 2).

Figure 2

The PRISMA flow diagram

Note. Adapted from "PRISMA flow diagram", by Prisma, n.d.b, (https://www.prisma-statement.org/prisma-2020-flow-diagram).

All studies focused on women in Australia and were published between the years 2012 – 2023. Table 2 provides an overview of the different population groups[1] researched in the included studies, with the different service provider groups accordingly.

Table 2

Population groups and service provider groups researched in included studies

	Frequency	Authors
Pregnant women / women with children	**2**	Branjerdporn et al. (2023), Fogarty et al. (2022)
Healthcare services	2	Branjerdporn et al. (2023), Fogarty et al. (2022)
Women in prison	**1**	Day et al. (2018)
Criminal justice system	1	Day et al. (2018)
Formal services not further specified	1	Day et al. (2018)
Muslim women	**3**	Elhelw Wright (2022), Ghafournia & Easteal (2021), Ibrahim (2022)
Healthcare services	1	Elhelw Wright (2022)
Criminal justice system	2	Ghafournia & Easteal (2021), Ibrahim (2022)
Formal services not further specified	2	Elhelw Wright (2022), Ghafournia & Easteal (2021)
Migrant women / refugee women	**3**	Kuyini et al. (2022), Satyen et al. (2018), Vasil (2023)
Crisis housing	1	Satyen et al. (2018)
Formal services not further specified	2	Kuyini et al. (2022), Satyen et al. (2018), Vasil (2023)
First Nation women	**1**	Spangaro et al. (2016)
Healthcare services	1	Spangaro et al. (2016)
LGBTQA+ women	**1**	Reeves et al. (2023)
Criminal justice system	1	Reeves et al. (2023)
Rural women	**2**	Ragusa (2012), Ragusa (2017)
Criminal justice system	2	Ragusa (2012), Ragusa (2017)
Crisis housing	1	Ragusa (2017)
Crisis counselling	1	Ragusa (2017)
Tertiary student women	**1**	Zark et al. (2023)
Formal services not further specified	1	Zark et al. (2023)
Young women	**1**	Tarzia et al. (2017)
Online support services	1	Tarzia et al. (2017)

As can be seen in Table 2, nine different population groups of women were studied in the included literature. These include: (1) pregnant women or women with children, (2) women in prison, (3) Muslim women, (4) migrant women or refugee women, (5) First Nation women, (6)

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[1]Some studies focused on women that could be placed into multiple population groups. For example, Ghafournia and Easteal (2021) focused on Muslim women, some of which had children, thereby also fitting in the population group 'women with children'. However, studies were divided into different population groups based on their main focus, as, like in the case of Ghafournia and Easteal (2021), their main focus was not analyzing how having children affects help-seeking, but instead how being Muslim affects help-seeking.

LGBTQA+ women, (7) rural women, (8) tertiary student women, and (9) young women. Most of the studies included in the review focus on Muslim women and migrant or refugee women, whereas women in prison, First Nation women, LGBTQA+ women, tertiary student women, and young women, are only researched by one of the included studies each.

Table 2 also shows six different formal service provider groups studied by the included literature, namely (1) healthcare services, (2) the criminal justice system, (3) crisis housing, (4) crisis counselling, and (5) online support services, in addition to the later added 'formal services not further specified' (6) service provider category. Most included studies focus on the criminal justice system and formal services not further specified, whereas factors related to crisis counselling and online support are only studied by one of the included studies each. Studies also differ in the degree to which different service providers within specific population groups have been researched, as for example for Muslim women and rural women, multiple specific service providers have been researched, while for tertiary student women, only formal services not further specified are examined.

COM-B factors

Table 3 and 4 show what themes of barriers and facilitators influencing help-seeking behavior are identified within the different COM-B factors. Of all the codes identified ($n = 311$), most studies focused on reflective motivation ($n = 110$) and opportunity-related factors (physical: $n = 81$, social: $n = 88$), whereas automatic motivation ($n = 11$) and psychological capability-related factors ($n = 21$) were significantly less studied. Physical capability-related factors are not identified in any of the included studies.

Tables 3 and 4 also display how the COM-B factors are researched within the different population and service provider groups. Some barriers and facilitators to help-seeking have been studied across the majority of population and service provider groups, while there are also barriers and facilitators that are studied specifically in certain groups. The grey areas in Table 3 and 4 show what has not been studied.

Table 3

Frequency of codes within COM-B themes identified across population groups

	Pregnant women / women with children	Women in prison	Muslim women	Migrant women / refugee women	First Nation women	LGBTQA+ women	Rural women	Tertiary student women	Young women
Psychological capability									
Awareness on DFV	1		1			1	1		
Knowledge on support services		2	7	2			5	1	
Physical capability									
Physical opportunity									
Service meeting needs	12	1	2	2	1		13	1	10
Accessibility		5	3	3			13		1
Referral pathways	1	3	1	5			3		1
Social opportunity									
Safe environment	5				1		5		10
Communication with service provider	15				3		6		6
Social support	1		3	1	2				4
Discrimination		1	4		1	2	1		
Prevented by abuser		1		1			1		
Cultural influences			8	4			1	1	
Reflective motivation									
Reasons to use support services	6	1	17	5		3	7	2	2
Fears about negative consequences	5	3	13	8	1	1	2	10	2
Self-confidence		1	1				4		
Distrust/prior negative experiences	2	2	4	2		4	1		1
Automatic motivation									
Emotions/feelings	2		2	2	1		2	2	

Table 4

Frequency of codes within COM-B themes identified across service provider groups

	Healthcare services	Criminal justice system	Crisis housing	Crisis counselling	Online support services	Formal services not further specified
Psychological capability						
Awareness on DFV	1	2		1		
Knowledge on support services		4	4	1		8
Physical capability						
Physical opportunity						
Service meeting needs	13	8	6	1	10	4
Accessibility		9	5	2	1	8
Referral pathways	1	2	1	1	1	8
Social opportunity						
Safe environment	6	3	1	1	10	
Communication with service provider	18	4	1	1	6	
Social support	3	3			4	1
Discrimination	1	5	1			2
Prevented by abuser			1			2
Cultural influences		6		1		7
Reflective motivation						
Reasons to use support services	7	25		1	2	8
Fears about negative consequences	6	13		2	2	22
Self-confidence		5				1
Distrust/prior negative experiences	2	6	1		1	6
Automatic motivation						
Emotions/feelings	3	3		1		4

Psychological capability

Awareness on DFV

Factors around this theme were studied both as barriers and facilitators. Most often, these factors were studied as barriers, and more specifically around being unsure if the behavior experienced constitutes as DFV (Ibrahim, 2022; Ragusa, 2017), or a lack of awareness about the seriousness of the abuse (Reeves et al., 2023). As facilitators, the way these factors were studied was that awareness about what DFV precisely is functioned as an "eye opener" for women (Branjerdporn et al., 2023, p. 7).

As can be seen in Table 3, these factors were only studied in certain population groups of women.

Table 4 also indicates that factors relating to awareness on DFV have not been equally studied across different service provider groups.

Knowledge on support services

Factors relating to this theme were studied both as barriers and facilitators. In most groups, these factors were studied as barriers, namely that lacking the knowledge about the services available or how to reach them, or unfamiliarity with governmental systems, prevented women from engaging in help-seeking behavior (Day et al., 2018; Elhelw Wright, 2022; Ghafournia & Easteal, 2021; Ibrahim, 2022; Ragusa, 2017; Satyen et al., 2018; Vasil, 2023; Zark et al., 2023). As facilitators, these factors included having knowledge about services, which enabled women to reach those services (Day et al., 2018).

These factors had been studied in the majority of population groups, as shown in Table 3. But especially amongst Muslim and rural women, these factors were frequently researched.

Likewise, these factors were studied somewhat equally across different service providers (Table 4).

Physical opportunity

Service meeting needs

Factors around this theme were studied both as barriers and facilitators, although barriers were most frequently identified. These mainly related to the support service not being financially affordable (Day et al., 2018; Kuyini et al., 2022; Ragusa, 2012; Ragusa, 2017; Satyen et al., 2018), the support service not being culturally fitting (Ibrahim 2022; Ragusa, 2017; Tarzia et al., 2017; Zark et al., 2023), or the support service not fitting in the private lives of women due to time constraints or other life responsibilities (Fogarty et al., 2022; Ragusa, 2012; Ragusa, 2017). However, in some groups, these factors were also studied as facilitators, and revolved around the flexibility of the service such as flexible appointment times, and an informative, professional and knowledgeable service provider (Fogarty et al., 2022; Spangaro et al., 2016; Tarzia et al., 2017).

Table 3 shows that, across different population groups, these factors had been quite equally studied, but not for LGBTQA+ women. Additionally, especially for pregnant women or women with children, young women, and rural women, these factors were frequently studied.

Across different service providers, these factors were studied in all groups. What further stands out when looking at Table 4 is that especially in relation to healthcare services, these factors had been frequently researched.

Accessibility

While mainly being studied as barriers, factors related to accessibility have also to some extent been studied as facilitators. As barriers, the included literature mainly focused on factors such as the support services being too far away, women being geographically isolated, lacking the finances needed to access support services, complex procedures, and limited availability of services (Day et al., 2018; Kuyini et al., 2022; Ragusa, 2012; Satyen et al., 2018). As facilitators, these factors related to having access to support services anywhere at any time (Tarzia et al., 2017).

Across different population groups, factors related to accessibility had been studied in most groups. What stands out in Table 3 however is that these factors have especially been studied amongst rural women.

Across different service providers, factors related to accessibility had been studied in almost all groups, except for healthcare services (Table 4). The criminal justice system and formal services not further specified were the groups in which these factors were most frequently researched.

Referral pathways

Referral pathways had been mostly studied as facilitators, although also as barriers to some extent. As facilitators, the studies mostly described these factors as women requiring formal or informal support to gain access to support services or being referred to them (Day et al., 2018; Fogarty et al., 2022; Ghafournia & Easteal, 2021; Ragusa, 2017; Tarzia et al., 2017; Vasil, 2023), while insufficient referral pathways were described as barriers (Vasil, 2023).

In most population groups, factors related to referral pathways had been studied (Table 3).

Across all service provider groups, factors related to referral pathways had been studied (Table 4), but most often for formal services not further specified.

Social opportunity

Safe environment

Factors relating to this theme were studied both as barriers and facilitators in the included studies. Most often, these factors were researched as facilitators and were described as a setting with privacy where women feel safe and supported (Branjerdporn et al., 2023; Fogarty et al., 2022; Spangaro et al., 2016; Tarzia et al., 2017). As barriers, these factors were described as a lack of privacy and a lack of physical safety (Ragusa 2012; Ragusa, 2017).

Table 3 shows that these factors have solely been studied in certain population groups. What further stands out is that these factors have especially been researched amongst young women.

Across different service provider groups, these factors have been more equally studied, except for formal services not further specified. These factors have also been especially studied in relation to online support services and healthcare services (Table 4).

Communication with service provider

Factors around this theme were studied both as barriers and facilitators in the included studies. Most often, these factors had been studied as facilitators, and involved a calm, trusting, non-judgmental, friendly and gentle service provider (Branjerdporn et al., 2023; Fogarty et al., 2022; Ragusa, 2017; Spangaro et al., 2016; Tarzia et al., 2017). As barriers, these factors were described as a judgmental, clinical, rushed, and unsympathetic service provider (Branjerdporn et al., 2023; Ragusa, 2012; Ragusa, 2017).

Across different population groups, these factors had only been studied amongst certain groups (Table 3). What further stands out is that the proportion of these factors studied is especially large amongst pregnant women or women with children.

Across different service provider groups however, these factors had been quite equally studied (Table 4), except for formal services not further specified. Furthermore, especially in relation to healthcare services, these factors were large in proportion.

Social support

Factors relating to social support were studied both as barriers and facilitators. Most frequently, these factors were studied as facilitators and were described as encouragement from women's own social network, normalization, and having people from their culture present (Fogarty et al., 2022; Ibrahim, 2022; Spangaro et al., 2016; Tarzia et al., 2017). Barriers involved having no social support from family members, receiving negative responses from others, or being prevented by family or community members to engage in help-seeking behavior (Ibrahim, 2022; Tarzia et al., 2017; Vasil, 2023).

These factors had been studied across the majority of population groups, although not amongst women in prison, LGBTQA+ women, tertiary student women, and rural women (Table 3).

These factors were studied in almost all service provider groups, except for crisis housing and crisis counselling (Table 4).

Discrimination

Factors around discrimination were solely studied as barriers. Studies focusing on this theme researched factors such as Islamophobia, racism, historical bias, or the fragile relationship between the police and LGBTQA+ people (Day et al., 2018; Elhelw Wright, 2022; Ghafournia & Easteal, 2021; Ibrahim, 2022; Ragusa, 2017; Reeves et al., 2023; Spangaro et al., 2016).

These factors were studied in the majority of all population groups (Table 3).

Across different service providers, these factors were also quite equally studied, except in relation to online support services and crisis counselling services (Table 4).

Prevented by abuser

Factors around this theme were solely researched as barriers. Studies focusing on this theme focused on factors including the controlling behavior of the perpetrator (Day et al., 2018; Ragusa, 2017; Vasil, 2023).

Across different population groups, these factors were only studied amongst women in prison, migrant or refugee women, and rural women (Table 3).

Across different service providers as well, these factors were not equally studied, but only in relation to crisis housing service providers and formal services not further specified (Table 4).

Cultural influences

Factors around cultural influences were solely studied as barriers to help-seeking. Studies researching this theme focused on factors such as cultural norms and values that view formal help-seeking as inappropriate, stigma on DFV, cultural norms viewing DFV as a private issue, and norms around a pressure to stay married (Elhelw Wright, 2022; Ibrahim, 2022; Kuyini et al., 2022; Ragusa, 2017; Zark et al., 2023).

Across different population groups, these factors were only studied in certain groups. Furthermore, especially amongst migrant and Muslim women, the extent to which these factors were researched was high (Table 3).

Across different service providers, these factors had only been studied in certain groups (Table 4).

Reflective motivation

Reasons to use support services

Factors around this theme were studied both as barriers and facilitators. Most frequently, the included literature studied them as facilitators, by focusing on factors such as women having a concern about their children, a perceived threat, seriousness and severity of abuse, wanting to seek help, and seeking treatment (Elhelw Wright, 2022; Fogarty et al., 2022; Ibrahim, 2022; Kuyini et al., 2022; Ragusa, 2012; Ragusa, 2017; Tarzia et al., 2017). As barriers, these factors were studied as not engaging in help-seeking due to the emotional damage for their children, not wanting the partner to get arrested, considering the situation not serious enough, or wanting to keep the situation private (Day et al., 2018; Fogarty et al., 2022; Ibrahim, 2022; Ragusa, 2012; Reeves et al., 2023; Satyen et al., 2018; Tarzia et al., 2017; Vasil, 2023; Zark et al., 2023).

In almost all population groups, factors relating to this theme were studied, except amongst First Nation women (Table 3). Especially amongst Muslim women, the extent to which these factors were researched was high.

Across different service providers as well, these factors were studied in almost all groups, except for crisis housing service providers. Furthermore, these factors were mainly researched in relation to the criminal justice system (Table 4).

Fears about negative consequences

Factors around this theme were studied both as barriers and facilitators. Most often, these factors were studied as barriers, and included fearing an escalation of violence, fearing judgment, fearing child safety services or police, or financial fears (Branjerdporn et al., 2023; Day et al., 2018; Elhelw Wright, 2022; Fogarty et al., 2022; Ghafournia & Easteal, 2021; Ibrahim, 2022; Kuyini et al., 2022; Ragusa, 2017; Reeves et al., 2023; Satyen et al., 2018; Zark et al., 2023). As facilitators, studies focused on factors such as having no fear for other institutions or negative responses from others (Spangaro et al., 2016; Tarzia et al., 2017).

Factors around this theme had been researched in all population groups, and especially amongst migrant or refugee, Muslim, and tertiary student women (Table 3).

Across different service providers, these factors had also been quite equally researched, except in relation to crisis housing, where no factors relating to this theme had been identified (Table 4). In addition, these factors had especially been researched in relation to the criminal justice system and formal services not further specified.

Self-confidence

Factors around this theme were studied both as barriers and facilitators. Most of the studies from the included literature researched them as barriers, by focusing on factors such as lacking self-belief, perceived helplessness, or feeling powerless (Day et al., 2018; Ibrahim, 2022; Ragusa, 2012). Only one study focused on a facilitator relating to this theme, namely feeling empowered (Ragusa, 2012).

Across different population groups, these factors were not frequently studied (Table 3).

For different service providers as well, these factors had solely been studied in a small proportion of groups (Table 4).

Distrust / prior negative experiences

Being only studied as barriers, factors around this theme involved a distrust towards service providers or having had prior negative experiences and associations with service providers (Day et al., 2018; Elhelw Wright, 2022; Fogarty et al., 2022; Ibrahim, 2022; Ragusa, 2017; Reeves et al., 2023; Tarzia et al., 2017; Vasil, 2023).

These factors had been studied in almost all population groups, except for tertiary student women and First Nation women (Table 3).

Across almost all service providers, these factors were studied, except for crisis counselling service providers (Table 4).

Automatic motivation

Emotions / feelings

Factors relating to emotions or feelings were studied both as barriers and facilitators in the included literature. Most often, these factors were studied as barriers, and included feelings of embarrassment, guilt, and love for the abuser (Fogarty et al., 2022; Ibrahim, 2022; Ragusa, 2012; Ragusa, 2017; Satyen et al., 2018; Zark et al., 2023). As facilitators, such factors included feeling engaged and not feeling embarrassed (Fogarty et al., 2022; Spangaro et al., 2016).

These factors were studied in almost all population groups, except for women in prison, LGBTQA+ women, and young women (Table 3).

Across different service providers, these factors were studied in most groups, except for crisis housing service providers and online support services (Table 4).

Chapter 5: Discussion and conclusion

The aim of this thesis was to generate an overview of what is known from the literature about the barriers and facilitators that different population groups of women in Australia affected by DFV face when engaging in help-seeking behavior at different service providers. The COM-B model (Michie et al., 2011) was used to organize and classify the factors influencing help-seeking behavior as found in the literature in a systematic way.

Main findings

The analysis of what population groups of women affected by DFV in Australia had been studied in the included literature, identified nine different population groups of women. The results of this scoping review have demonstrated that especially Muslim and migrant or refugee women have been studied in the included literature, while women in prison, First Nation women, LGBTQA+ women, tertiary student women, and young women, were only researched by one of the included studies each. This finding is in alignment with the expectation that more research is needed on how barriers and facilitators to help-seeking differ between population groups.

The analysis of what service provider groups had been researched in the included studies, identified six different formal service provider groups. Mainly factors related to the criminal justice system and formal services not further specified were studied in the included literature, whereas factors related to crisis counselling and online support were only analyzed by one of the included studies each. This finding too is in alignment with the expectation that more research is needed on how barriers and facilitators to help-seeking are specific to certain service providers.

The analysis of barriers and facilitators researched in the included literature identified several themes across the different COM-B factors. Especially reflective motivation-related and opportunity-related factors were studied, whereas psychological capability-related and automatic motivation-related factors were less frequently studied. Additionally, none of the included studies focused on physical capability-related factors. The different factors as classified according to the COM-B model have also not been equally studied across different population and service provider groups.

Other studies too have suggested that less is known about barriers and facilitators to help-seeking behavior amongst specific population groups of women. Previous research has, like this scoping review, shown for example that First Nation women (Meyer & Stambe, 2021; Meyer & Stambe, 2022), and LGBTQA+ communities (Etaugh, 2020) are under researched in relation to the broader topic of DFV. Additionally, the Australian national counselling service (1800Respect, n.d.) states that older women for example are also at a higher risk for DFV, a population group that had not been identified in the included literature of this scoping review. This suggests that less is known about barriers and facilitators to help-seeking behavior amongst these specific groups of women.

Previous research has also suggested that less is known about how barriers or facilitators are specific to certain service provider groups (Heron & Eisma, 2021), but that some service provider-specific factors exist that influence help-seeking (Heron & Eisma, 2021; Reeves et al., 2023). In accordance with the findings of this scoping review, it suggests that current research still lacks understanding on how barriers or facilitators are specific to certain service provider groups.

From the perspective of the COM-B model, six factors are important in influencing behavior (Michie et al., 2011). However, this scoping review has demonstrated that the different COM-B factors have not been equally studied, such as the finding that physical capability-related factors have not been studied in any of the included studies. Previous research suggests however that disabilities could form specific barriers to accessing support services (Amos et al., 2023). The Australian national counselling service (1800Respect, n.d.) even states that women with a disability are at a higher risk for DFV. Additionally, according to the COM-B model (Michie et al., 2011), automatic motivation and psychological capability are influential behavioral determinants, but these have only been researched to a limited extent in the included literature. Lastly, several COM-B factors were not equally studied across different population and service provider groups. This thus illustrates that there is still a limited understanding of all the potential important factors influencing help-seeking behavior at different service providers for different groups of women affected by DFV.

Limitations and strengths

This scoping review has some limitations that should be considered. To begin with, only peer reviewed articles were included in the review, indicating that grey literature was not considered. However, several studies suggest that grey literature should be included in scoping reviews, as the aim of scoping reviews is to give an overview of the state of knowledge of a specific research field (O'Brien et al., 2016; Pham et al., 2014). This then indicates that potentially relevant information could have been missed.

Likewise, only two databases, Scopus and PsycINFO, were searched for relevant studies. This indicates a possible bias towards social and behavioral sciences, as argued by Pham and colleagues (2014). Moreover, additional search methods could have been used, such as reference lists or hand searching relevant journals, as recommended by Arksey and O'Malley (2005). This again indicates that potentially relevant information could have been missed and the study's internal validity was somewhat affected, according to Bryman (2016). This limitation could have been mitigated by also including grey literature, other databases, or other search methods, to expand the breadth of the scoping review, reduce inclusion bias, and increase the study's internal validity (Bryman, 2016), which might be relevant for future research. However, given the time constraints of the current study, practical decisions regarding the search method had to be taken.

Another limitation of this scoping review is that the entire scoping review process was conducted by a single researcher (Levac et al., 2010). Levac and colleagues (2010) argue that having a single researcher completing the scoping review creates some challenges regarding decision-making during the research process. This indicates that it could be that this study's researcher missed some information another researcher could have recognized, thereby possibly creating a risk of research bias, according to Pham and colleagues (2014). To ensure scientific rigor and increase validity, following Levac and colleagues (2010) recommendation, future research is advised to have a minimum of two researchers completing the scoping review. However, this limitation has been mitigated to some extent by having used a transparent method in conducting the scoping review, which has increased the study's quality and replicability for a potential second researcher (Khalil et al., 2021; Pham et al., 2014). The PRISMA-ScR statement (Prisma, n.d.a) is then recommended by Pham and colleagues (2014) and Khalil and colleagues (2021) as a guide for reporting, which was also used in this scoping review.

Not having done a consultation exercise with relevant stakeholders, step 6 of Arksey and O'Malley's (2005) framework, is another limitation of this scoping review (Levac et al., 2010; O'Brien et al., 2016; Tricco et al., 2016). This because some ethical considerations are involved relating to interpretation in this thesis, following Bos (2020), as it could be that formal help is not at all what some women require. This thesis therefore acknowledges this ethical consideration, but also recognizes that, in addition to time constraints, the current methodology fitted better with the overall aims of this study to generate an overview from the literature. Future research is however recommended to expand on this thesis' findings and to include a consultation exercise. This can then for example increase the ecological validity of the research findings, by increasing the level of relevance and accuracy for the population group and adding scientific rigor to the study's findings (Levac et al., 2010; O'Brien et al., 2016; Tricco et al., 2016).

While this scoping review thus has some limitations that should be considered when interpreting the research findings, it should not lead attention away from the strengths and contributions of this study. This scoping review has included a broad range of study designs, which, according to O'Brien and colleagues (2016), allows for providing a comprehensive overview of the state of knowledge within a research field. This scoping review then has succeeded in applying a broad scope to map what is known about the barriers and facilitators to help-seeking behavior at different service providers for different population groups of women affected by DFV in Australia, and provides a solid starting ground for future research.

Conclusion

The impact DFV has on individuals and society more generally necessitates well-suited support policies for victims (Australian Government, n.d.; Loney-Howes et al., 2023; valentine & Breckenridge, 2016). At the same time, to improve support policies for all women affected by DFV, it is crucial to understand the experiences that specific population groups of women face when accessing specific support services, as DFV is said to be an intersectional issue and different support services have different usage rates (AIHW, n.d.; Commonwealth of Australia, 2023; Klingspohn, 2018; Marrow et al., 2024).

The findings of this study show that several population groups of women and their experiences of help-seeking are currently under researched, including women in prison, First Nation

women, LGBTQA+ women, tertiary student women, and young women. At the same time, many of those under researched groups have been said to be at higher risk for DFV (Klingspohn, 2018; Marrow et al., 2024). For future research it is therefore relevant to focus more on diverse population groups of women affected by DFV in Australia, and these population groups of women may provide a solid starting point for future research.

This scoping review has also demonstrated how most studies focus on formal services not further specified. Previous research has shown however that some service provider-specific factors exist that influence help-seeking (Heron & Eisma, 2021; Reeves et al., 2023), which is why it is relevant for future research to study barriers and facilitators to help-seeking behavior at specific formal service providers.

In classifying factors according to the COM-B model, results showed that no barriers or facilitators related to physical capability were studied in the included literature. Moreover, psychological capability-related and automatic motivation-related factors had only been studied to a limited extent. From the perspective of the COM-B model (Michie et al., 2011), in addition to the fact that disability is said to form specific barriers to accessing services (Amos et al., 2023), future research is recommended to focus more on the influence of capability-related factors, both psychological and physical, and automatic motivation-related factors on help-seeking behavior.

Lastly, many barriers and facilitators have been solely studied in a small proportion of population and service provider groups. To generate more insights into how factors influencing help-seeking behavior are general or group specific (Heron & Eisma, 2021), more research is needed that studies the influence of different COM-B factors equally across population and service provider groups. By addressing these gaps in literature, a better understanding of the factors influencing help-seeking behavior is gained for different population and service provider groups, and women affected by domestic and family violence throughout Australia can be better supported.

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Appendix A: Data extraction tables

Pregnant women or women with children

Title	Author(s)	Year	Country	Population group of women	Service provider group	Barriers/facilitators from COM-B model
Australian women's perspectives of routine enquiry into domestic violence before and after birth	Branjerdporn, G., Clonan, T., Boddy, J., Gillespie, K., O'Malley, R., & Baird, K.	2023	Australia	Women pregnant or with children	Maternity service – Healthcare services	Psychological capability Social opportunity Reflective motivation

Title	Author(s)	Year	Country	Population group of women	Service provider group	Barriers/facilitators from COM-B model
Facilitators to Engagement in a Mother–Child Therapeutic Intervention Following Intimate Partner Violence	Fogarty, A., Treyvaud, K., Savopoulos, P., Jones, A., Cox, A., Toone, E., & Giallo, R.	2022	Australia	Women with children	The Brief Relational Intervention and Screening (BRISC) – Healthcare services	Physical opportunity Social opportunity Reflective motivation Automatic motivation

Women in prison

Title	Author(s)	Year	Country	Population group of women	Service provider group	Barriers/facilitators from COM-B model
The Views of Women in Prison about Help-Seeking for Intimate Partner Violence: At the Intersection of Survivor and Offender	Day, A., Gerace, A., Oster, C., O'Kane, D., & Casey, S.	2018	Australia	Women in prison	Criminal justice system + formal service provider not further specified	Psychological capability Physical opportunity Social opportunity Reflective motivation

Muslim women

Title	Author(s)	Year	Country	Population group of women	Service provider group	Barriers/facilitators from COM-B model
Navigating the Disjuncture Between Domestic and Family Violence Systems: Australian Muslim Women's Challenges when Disclosing Violence	Elhelw Wright, S.	2022	Australia	Muslim women	Healthcare services + formal services not further specified	Psychological capability Social opportunity Reflective motivation

Title	Author(s)	Year	Country	Population group of women	Service provider group	Barriers/facilitators from COM-B model
Help-Seeking Experiences of Immigrant Domestic Violence Survivors in Australia: A Snapshot of Muslim Survivors	Ghafournia, N., & Easteal, P.	2021	Australia	Muslim immigrant women	Healthcare services + criminal justice system + crisis housing + formal services not further specified	Psychological capability Physical opportunity Social opportunity Reflective motivation

Title	Author(s)	Year	Country	Population group of women	Service provider group	Barriers/facilitators from COM-B model
Experiences of Abused Muslim Women With the Australian Criminal Justice System	Ibrahim, N.	2022	Australia	Muslim women	Criminal justice system	Psychological capability Physical opportunity Social opportunity Reflective motivation Automatic motivation

Migrant women

Title	Author(s)	Year	Country	Population group of women	Service provider group	Barriers/facilitators from COM-B model
Intimate Partner Violence and Help-Seeking Behavior among Migrant Women in Australia	Satyen, L., Piedra, S., Ranganathan, A., & Golluccio, N.	2018	Australia	Migrant women	Crisis housing + formal services not further specified	Psychological capability Physical opportunity Reflective motivation Automatic motivation

Title	Author(s)	Year	Country	Population group of women	Service provider group	Barriers/facilitators from COM-B model
African women's experience of domestic violence and help-seeking behaviour in Melbourne, Australia.	Kuyini, A. B., Kor, D., Diu, J., David, R., & Yoa, T.	2022	Australia	Migrant women	Formal services not further specified	Physical opportunity Social opportunity Reflective motivation

Title	Author(s)	Year	Country	Population group of women	Service provider group	Barriers/facilitators from COM-B model
'I felt I had no-one to depend on but myself': Examining how women with insecure migration status respond to domestic and family violence in Australia.	Vasil, S.	2023.	Australia	Migrant women	Formal services not further specified	Psychological capability Physical opportunity Social opportunity Reflective motivation

First Nation women

Title	Author(s)	Year	Country	Population group of women	Service provider group	Barriers/facilitators from COM-B model
'They aren't really black fellas but they are easy to talk to': Factors which influence Australian Aboriginal women's decision to disclose intimate partner violence during pregnancy	Spangaro, J., Herring, S., Koziol-Mclain, J., Rutherford, A., Frail, M. A., & Zwi, A. B.	2016	Australia	Pregnant First Nation women	Maternal health service – Healthcare services	Physical opportunity Social opportunity Reflective motivation Automatic motivation

LGBTQA+ women

Title	Author(s)	Year	Country	Population group of women	Service provider group	Barriers/facilitators from COM-B model
'It was Dangerous, Corrosive and Cruel but not Illegal': Legal helpseeking Behaviours Amongst LGBTQA+ Domestic and Family Violence Victim-survivors Experiencing Coercive Control in Australia	Reeves, E., McGowan, J., & Scott, B.	2023	Australia	LGBTQA+ women	Criminal justice system	Psychological capability Social opportunity Reflective motivation

Rural women

Title	Author(s)	Year	Country	Population group of women	Service provider group	Barriers/facilitators from COM-B model
Rural Australian Women's Legal Help Seeking for Intimate Partner Violence: Women Intimate Partner Violence Victim Survivors' Perceptions of Criminal Justice Support Services	Ragusa, A. T.	2012	Australia	Rural women	Criminal justice system	Psychological capability Physical opportunity Social opportunity Reflective motivation Automatic motivation

Title	Author(s)	Year	Country	Population group of women	Service provider group	Barriers/facilitators from COM-B model
Rurality's Influence on Women's Intimate Partner Violence Experiences and Support Needed for Escape and Healing in Australia	Ragusa, A. T.	2017	Australia	Rural women	Crisis housing + Crisis counselling + Criminal justice system	Psychological capability Physical opportunity Social opportunity Reflective motivation Automatic motivation.

Young women

Title	Author(s)	Year	Country	Population group of women	Service provider group	Barriers/facilitators from COM-B model
"Technology Doesn't Judge You": Young Australian Women's Views on Using the Internet and Smartphones to Address Intimate Partner Violence	Tarzia, L., Iyer, D., Thrower, E., & Hegarty, K.	2017	Australia	Young women	Online support services	Physical opportunity Social opportunity Reflective motivation

Tertiary student women

Title	Author(s)	Year	Country	Population group of women	Service provider group	Barriers/facilitators from COM-B model
Help-seeking for intimate partner and family violence among tertiary students in Australia: nature, extent, and cross-cultural differences.	Zark, L., Toumbourou, J. W., & Satyen, L.	2023	Australia	Tertiary student women	Formal services not further specified	Psychological capability Physical opportunity Social opportunity Reflective motivation Automatic motivation

Appendix B: Code tree

Facilitators

Barriers

Study overview:

a. Branjerdporn, G., Clonan, T., Boddy, J., Gillespie, K., O'Malley, R., & Baird, K. (2023). Australian women's perspectives of routine enquiry into domestic violence before and after birth. *BMC Pregnancy and Childbirth*, *23*(44), 1-9. https://doi.org/10.1186/s12884-023-05345-7

b. Fogarty, A., Treyvaud, K., Savopoulos, P., Jones, A., Cox, A., Toone, E., & Giallo, R. (2022). Facilitators to engagement in a mother-child therapeutic intervention following intimate partner violence. *Journal of Interpersonal Violence*, *37*(3-4), 1796-1824. https://doi.org/10.1177/0886260520926316

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g. Satyen, L., Piedra, S., Ranganathan, A., & Golluccio, N. (2018). Intimate partner violence and help-seeking behavior among migrant women in Australia. *Journal of Family Violence*, *33*(7), 447-456. https://doi.org/10.1007/s10896-018-9980-5

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i. Vasil, S. (2023). 'I felt I had no-one to depend on but myself': Examining how women with insecure migration status respond to domestic and family violence in Australia. *Women's Studies International Forum*, *101,* article 102823. https://doi.org/10.1016/j.wsif.2023.102823

j. Spangaro, J., Herring, S., Koziol-Mclain, J., Rutherford, A., Frail, M. A., & Zwi, A. B. (2016). 'They aren't really black fellas but they are easy to talk to': Factors which influence Australian Aboriginal women's decision to disclose intimate partner violence during pregnancy. *Midwifery*, *41*, 79-88. https://doi.org/10.1016/j.midw.2016.08.004

k. Reeves, E., McGowan, J., & Scott, B. (2023). 'It was dangerous, corrosive and cruel but not illegal': Legal help-seeking behaviours amongst LGBTQA+ domestic and family violence victim-survivors experiencing coercive control in Australia. *Journal of Family Violence*, 32(1), 1-12. https://doi.org/10.1007/s10896-023-00569-9

l. Ragusa, A. T. (2012). Rural Australian women's legal help seeking for intimate partner violence: Women intimate partner violence victim survivors' perceptions of criminal justice support services. *Journal of Interpersonal Violence*, *28*(4), 685-717. https://doi.org/10.1177/088626051245586

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n. Tarzia, L., Iyer, D., Thrower, E., & Hegarty, K. (2017). "Technology doesn't judge you": Young Australian women's views on using the internet and smartphones to address intimate partner violence. *Journal of Technology in Human Services*, *35*(3), 199-218. https://doi.org/10.1080/15228835.2017.1350616

o. Zark, L., Toumbourou, J. W., & Satyen, L. (2023). Help-seeking for intimate partner and family violence among tertiary students in Australia: Nature, extent, and cross-cultural differences. *Journal of family violence*, *38*(3), 491-508. https://doi.org/10.1007/s10896-022-00406-5

Code group	Codes	Study	Population	Service	COM-B factor
Knowledge on support service	1. Not knowing which supports were available	c	Women in prison	Formal services not further specified	Psychological capability
	2. Lack of familiarity of supports available	d	Muslim women	Formal services not further specified	
	3. Lack of knowledge formal services	d	Muslim women	Formal services not further specified	
	4. Lack of knowledge of access formal services	d	Muslim women	Formal services not further specified	
	5. Lacking knowledge legal rights	e	Muslim women	Formal services not further specified	
	6. Lacking knowledge reporting procedures	f	Muslim women	Criminal justice system	
	7. Lacking knowledge system	f	Muslim women	Criminal justice system	
	8. Lack of knowledge about rights	f	Muslim women	Criminal justice system	
	9. Not knowing how to contact shelter	g	Migrant women	Crisis housing	
	10. Unfamiliarity with institutional systems	i	Migrant women	Formal services not further specified	
	11. Lack of knowledge	l	Rural women	Criminal justice system	
	12. Lack of awareness service	m	Rural women	Crisis housing	
	13. Locating the housing	m	Rural women	Crisis housing	
	14. Unable to find independently	m	Rural women	Crisis housing	

	15. Lack of awareness of service	m	Rural women	Crisis counselling	
	16. Not knowing how to contact service	o	Tertiary student women	Formal services not further specified	
Awareness on DFV	1. Unsure if behavior constituted as IPV	f	Muslim women	Criminal justice system	Psychological capability
	2. Lack of awareness seriousness abuse	k	LGBTQA + women	Criminal justice system	
	3. Lack of knowledge IPV	m	Rural women	Crisis counselling	
Accessibility	1. Complex procedures	c	Women in prison	Formal services not further specified	Physical opportunity
	2. Geographically isolated	c	Women in prison	Formal services not further specified	
	3. Supports far away	c	Women in prison	Formal services not further specified	
	4. Cost and difficult accessing far away	c	Women in prison	Formal services not further specified	
	5. Lacking finances to get there	c	Women in prison	Formal services not further specified	
	6. Complexities of system	f	Muslim women	Criminal justice system	
	7. Financial dependence	f	Muslim women	Criminal justice system	
	8. Difficult to navigate complexities system	f	Muslim women	Criminal justice system	

	9. Finances	g	Migrant women	Formal services not further specified	
	10. Financial dependence on perpetrator	h	Migrant women	Formal services not further specified	
	11. Financial difficulties	h	Migrant women	Formal services not further specified	
	12. Limited availability	l	Rural women	Criminal justice system	
	13. Financial dependence	l	Rural women	Criminal justice system	
	14. Lack of access to support	l	Rural women	Criminal justice system	
	15. Technicalities AVO complex	l	Rural women	Criminal justice system	
	16. Interstate law complicates enforcement	l	Rural women	Criminal justice system	
	17. Financial costs legal support	l	Rural women	Criminal justice system	
	18. Remoteness	m	Rural women	Crisis housing	
	19. Services not accessible	m	Rural women	Crisis housing	
	20. Unavailable when needed	m	Rural women	Crisis housing	
	21. Lack of services	m	Rural women	Crisis housing	
	22. Isolation	m	Rural women	Crisis housing	
	23. Lack of availability	m	Rural women	Crisis counselling	
	24. Perceived not to be accessible	m	Rural women	Crisis counselling	
Service meeting needs	1. Competing appointments	b	Pregnant women / women	Healthcare services	Physical opportunity

			with children	
	2. Arranging childcare	b	Pregnant women / women with children	Healthcare services
	3. Timing	b	Pregnant women / women with children	Healthcare services
	4. Waitlist	b	Pregnant women / women with children	Healthcare services
	5. Changes in provision	b	Pregnant women / women with children	Healthcare services
	6. Not meeting needs child	b	Pregnant women / women with children	Healthcare services
	7. Not meeting needs mother	b	Pregnant women / women with children	Healthcare services
	8. Not meeting needs family	b	Pregnant women / women with children	Healthcare services
	9. Isolation imposed by services	c	Women in prison	Formal services not further specified
	10. Language barriers	f	Muslim women	Criminal justice system
	11. Lack of cultural and religious sensitivity	f	Muslim women	Criminal justice system
	12. Lack of support	h	Migrant women	Formal services

	government services			not further specified
	13. System gaps	i	Migrant women	Formal services not further specified
	14. Childcare responsibilities	l	Rural women	Criminal justice system
	15. Impact on employment	l	Rural women	Criminal justice system
	16. Ineffectiveness AVO	l	Rural women	Criminal justice system
	17. Breaching AVO failed to result in changed behavior	l	Rural women	Criminal justice system
	18. AVO hard to obtain and ineffective	l	Rural women	Criminal justice system
	19. Lack of prevention by AVO	l	Rural women	Criminal justice system
	20. Unsympathetic to individual needs	m	Rural women	Crisis housing
	21. Not meeting economic, social, and physical criteria	m	Rural women	Crisis housing
	22. Knowledge and experience of providers	m	Rural women	Crisis housing
	23. Inadequate and unsafe housing	m	Rural women	Crisis housing
	24. Housing located in neighborhood where violence is normative	m	Rural women	Crisis housing
	25. Housing located in unsafe neighborhood	m	Rural women	Crisis housing

	26. Timing perceived inadequate	m	Rural women	Crisis counselling	
	27. Language being too prescriptive	n	Young women	Online support	
	28. Lack of access to culturally appropriate services	o	Tertiary student women	Formal services not further specified	
Referral pathways	1. Informal referral pathways insufficient	i	Migrant women	Formal services not further specified	Physical opportunity
Communication with service provider	1. Being judged	a	Pregnant women / women with children	Healthcare services	Social opportunity
	2. Highly clinical	a	Pregnant women / women with children	Healthcare services	
	3. Rushed	a	Pregnant women / women with children	Healthcare services	
	4. Lack of knowledge service provider	l	Rural women	Criminal justice system	
	5. Not being listened to	l	Rural women	Criminal justice system	
	6. Power inequality civilians-police	l	Rural women	Criminal justice system	
	7. Police not taking it seriously	l	Rural women	Criminal justice system	
	8. Service provider unavailable, unsympathetic, and unconscious	m	Rural women	Crisis housing	
Prevented by abuser	1. Abuser prevented	c	Women in prison	Formal services	Social opportunity

				not further specified	
	2. Controlling behavior perpetrator	i	Migrant women	Formal services not further specified	
	3. Controlling behavior abusive partner	m	Rural women	Crisis housing	
Safe environment	1. Threat of further abuse	l	Rural women	Criminal justice system	Social opportunity
	2. Lack of physical safety	l	Rural women	Criminal justice system	
	3. Inadequate privacy	l	Rural women	Criminal justice system	
	4. Risk of further violence	m	Rural women	Crisis housing	
Discrimination	1. Racism and prejudice	c	Women in prison	Formal services not further specified	Social opportunity
	2. Islamophobia	d	Muslim women	Formal services not further specified	
	3. Racism and experienced discrimination	e	Muslim women	Crisis housing	
	4. Negative media attention Islam	f	Muslim women	Criminal justice system	
	5. Islamophobia	f	Muslim women	Criminal justice system	
	6. Institutional racism	j	First Nation women	Healthcare services	
	7. Discriminatory attitudes	k	LGBTQA+ women	Criminal justice system	
	8. Fraught relationship police and LGBTQA+ communities	k	LGBTQA+ women	Criminal justice system	

	9. Historical bias, prejudiced response	m	Rural women	Criminal justice system	
Cultural influences	1. Cultural tradition reliance on families	d	Muslim women	Formal services not further specified	Social opportunity
	2. Culturally inappropriate	d	Muslim women	Formal services not further specified	
	3. IPV as private issue	f	Muslim women	Criminal justice system	
	4. Goes against faith requirements	f	Muslim women	Criminal justice system	
	5. Social stigma IPV	f	Muslim women	Criminal justice system	
	6. Culturally prescribed roles	f	Muslim women	Criminal justice system	
	7. Faith-based expectations	f	Muslim women	Criminal justice system	
	8. Community pressure	f	Muslim women	Criminal justice system	
	9. Family pressures and cultural beliefs	h	Migrant women	Formal services not further specified	
	10. Pressure to stay married	h	Migrant women	Formal services not further specified	
	11. Respecting the sanctity of marriage	h	Migrant women	Formal services not further specified	
	12. Stigma of being associated with DFV	h	Migrant women	Formal services not further specified	
	13. Social stigma	m	Rural women	Crisis counselling	

	14. Religious or moral beliefs	o	Tertiary student women	Formal services not further specified	
Social support	1. No family and social support	f	Muslim women	Criminal justice system	Social opportunity
	2. Hindered by family or community	f	Muslim women	Criminal justice system	
	3. Hold back by other family members	i	Migrant women	Formal services not further specified	
	4. Negative responses from others	n	Young women	Online support	
Reasons to use support services	1. Emotional toll for children	b	Pregnant women / women with children	Healthcare services	Reflective motivation
	2. Negative beliefs of services	c	Women in prison	Formal services not further specified	
	3. Didn't want to leave relationship	f	Muslim women	Criminal justice system	
	4. Didn't want others to know about incident	f	Muslim women	Criminal justice system	
	5. Considered as minor crime	f	Muslim women	Criminal justice system	
	6. Did not want partner in trouble	f	Muslim women	Criminal justice system	
	7. Abuser not held accountable for harm	f	Muslim women	Criminal justice system	
	8. No physical harm or financial loss	f	Muslim women	Criminal justice system	
	9. Already reported to another provider	f	Muslim women	Criminal justice system	

	10. Belief abuser would mend if connected to faith	f	Muslim women	Criminal justice system	
	11. Did not want partner arrested	f	Muslim women	Criminal justice system	
	12. Believing partner would change behavior	g	Migrant women	Formal services not further specified	
	13. Partner apologized	g	Migrant women	Formal services not further specified	
	14. Belief unable to exercise rights in the same way as others	i	Migrant women	Formal services not further specified	
	15. Abuse not serious enough to warrant police	k	LGBTQA + women	Criminal justice system	
	16. Police failing to take action	k	LGBTQA + women	Criminal justice system	
	17. Concern of lack of evidence	k	LGBTQA + women	Criminal justice system	
	18. Emotionally demanding	l	Rural women	Criminal justice system	
	19. Service lacking human touch	n	Young women	Online support	
	20. Not perceiving violence as serious enough	o	Tertiary student women	Formal services not further specified	
	21. Desire to keep the matter private	o	Tertiary student women	Formal services not further specified	
Fears about negative consequences	1. Threat of child safety services	a	Pregnant women / women with children	Healthcare services	Reflective motivation
	2. Fear of escalation	a	Pregnant women /	Healthcare services	

			women with children	
	3. Fear of being judged	b	Pregnant women / women with children	Healthcare services
	4. Fearing father	b	Pregnant women / women with children	Healthcare services
	5. Fearing child protection services	b	Pregnant women / women with children	Healthcare services
	6. Fear of police	c	Women in prison	Criminal justice system
	7. Fear of losing children	c	Women in prison	Criminal justice system
	8. Fear of intervention	c	Women in prison	Criminal justice system
	9. Fear of shame or judgment	d	Muslim women	Formal services not further specified
	10. Fear of reinforcing negative stereotypes	d	Muslim women	Formal services not further specified
	11. Fear of blame	d	Muslim women	Formal services not further specified
	12. Fear for gossip social network	e	Muslim women	Formal services not further specified
	13. Fear revenge partner	f	Muslim women	Criminal justice system
	14. Financial fear	f	Muslim women	Criminal justice system

	15. Fear of losing children	f	Muslim women	Criminal justice system	
	16. Fear of being alone	f	Muslim women	Criminal justice system	
	17. Fear of being judged	f	Muslim women	Criminal justice system	
	18. Fear of losing house	f	Muslim women	Criminal justice system	
	19. Fear of being deported	f	Muslim women	Criminal justice system	
	20. Fear of reinforcing negative stereotypes	f	Muslim women	Criminal justice system	
	21. Feared negative financial consequences	f	Muslim women	Criminal justice system	
	22. Belief family wouldn't understand	g	Migrant women	Formal services not further specified	
	23. Fear losing custody children	g	Migrant women	Formal services not further specified	
	24. Concerns about children in the marriage	h	Migrant women	Formal services not further specified	
	25. Anticipated negative effects on children of separation	h	Migrant women	Formal services not further specified	
	26. Fear of repercussions	h	Migrant women	Formal services not further specified	
	27. Fearing repercussions from larger family	h	Migrant women	Formal services not further specified	

	28. Fearing repercussions from husband	h	Migrant women	Formal services not further specified	
	29. Fear of stigma	h	Migrant women	Formal services not further specified	
	30. Fear of retribution from perpetrator	k	LGBTQA + women	Criminal justice system	
	31. Concerns about anonymity	m	Rural women	Crisis counselling	
	32. Concerns about partner retaliation	m	Rural women	Crisis counselling	
	33. Concerns about finances	o	Tertiary student women	Formal services not further specified	
	34. Fear of increased violence	o	Tertiary student women	Formal services not further specified	
	35. Perpetrator would harm you	o	Tertiary student women	Formal services not further specified	
	36. Concerns about not being believed	o	Tertiary student women	Formal services not further specified	
	37. Fearing increased violence	o	Tertiary student women	Formal services not further specified	
	38. Potential harm from the perpetrator	o	Tertiary student women	Formal services not further specified	
	39. Fear of losing children	o	Tertiary student women	Formal services not further specified	
	40. Concerns about losing respect from	o	Tertiary student women	Formal services not further specified	

	other culture members				
	41. Fear of deportation	o	Tertiary student women	Formal services not further specified	
	42. Visa concerns	o	Tertiary student women	Formal services not further specified	
Self-confidence	1. Confidence and self-belief	c	Women in prison	Formal services not further specified	Reflective motivation
	2. Lacking self-confidence	f	Muslim women	Criminal justice system	
	3. Self-confidence	l	Rural women	Criminal justice system	
	4. Perceived helplessness	l	Rural women	Criminal justice system	
	5. Feeling powerless	l	Rural women	Criminal justice system	
Distrust / prior negative experiences	1. No trust in services	b	Pregnant women / women with children	Healthcare services	Reflective motivation
	2. Previous negative experiences	c	Women in prison	Formal services not further specified	
	3. Distrust in services	c	Women in prison	Formal services not further specified	
	4. Previous negative experiences	b	Pregnant women / women with children	Healthcare services	
	5. No faith in supports	d	Muslim women	Formal services not further specified	
	6. Distrust of authorities	d	Muslim women	Formal services	

				not further specified	
	7. Negative past experiences with police	f	Muslim women	Criminal justice system	
	8. Negative association with police from own country	f	Muslim women	Criminal justice system	
	9. Distrust of state services	i	Migrant women	Formal services not further specified	
	10. General mistrust of the state	i	Migrant women	Formal services not further specified	
	11. Prior negative experiences	k	LGBTQA+ women	Criminal justice system	
	12. Belief police intervention would not improve safety	k	LGBTQA+ women	Criminal justice system	
	13. Lack of faith in legal intervention	k	LGBTQA+ women	Criminal justice system	
	14. Concerns that sanctions insufficient	k	LGBTQA+ women	Criminal justice system	
	15. Previous negative experiences	m	Rural women	Crisis housing	
	16. Untrustworthy	n	Young women	Online support	
Emotions / feelings	1. Embarrassment, guilt, blame	b	Pregnant women / women with children	Healthcare services	Automatic motivation
	2. Embarrassment and shame	f	Muslim women	Criminal justice system	
	3. Shame and humiliation	f	Muslim women	Criminal justice system	
	4. Loving partner	g	Migrant women	Formal services	

				not further specified	
	5. Embarrassed	g	Migrant women	Formal services not further specified	
	6. Overall lack of comfort for contacting	l	Rural women	Criminal justice system	
	7. Self-denial	m	Rural women	Crisis counselling	
	8. Embarrassment	o	Tertiary student women	Formal services not further specified	
	9. Love for the perpetrator	o	Tertiary student women	Formal services not further specified	
Knowledge on support services	1. Knowledge of services	c	Women in prison	Formal services not further specified	Psychological capability
Awareness on DFV	1. Educate on IPV	a	Pregnant women / women with children	Healthcare services	Psychological capability
Accessibility	1. Access anywhere, anytime	n	Young women	Online support	Physical opportunity
Referral pathways	1. Being referred to service by someone	b	Pregnant women / women with children	Healthcare services	Physical opportunity
	2. Getting info from other women	c	Women in prison	Formal services not further specified	
	3. Formal referral pathways	c	Women in prison	Formal services not further specified	
	4. Referred to by social network	c	Women in prison	Formal services	

				not further specified	
	5. Referred to by someone else	e	Muslim women	Criminal justice system	
	6. Looking online for information	i	Migrant women	Formal services not further specified	
	7. Make connections and learn from other victim-survivors	i	Migrant women	Formal services not further specified	
	8. Gain access to support through others	i	Migrant women	Formal services not further specified	
	9. Social media	i	Migrant women	Formal services not further specified	
	10. Referred to by someone else	m	Rural women	Criminal justice system	
	11. Referred to by someone else	m	Rural women	Crisis housing	
	12. Requiring formal support to find other services	m	Rural women	Crisis counselling	
	13. Link them to other support services	n	Young women	Online support	
Service meeting needs	1. Informative and knowledgeable service provider	b	Pregnant women / women with children	Healthcare services	Physical opportunity
	2. Flexibility in delivery	b	Pregnant women / women with children	Healthcare services	
	3. Strengths-based approach	b	Pregnant women / women with children	Healthcare services	

	4. Intervention meets needs and is relevant	b	Pregnant women / women with children	Healthcare services	
	5. Direct asking about abuse	j	First Nation women	Healthcare services	
	6. Information and support covering full spectrum of violence	n	Young women	Online support	
	7. Suggest possible steps or actions	n	Young women	Online support	
	8. Must meet needs of users	n	Young women	Online support	
	9. Relevant to young life stage and needs	n	Young women	Online support	
	10. Include strategies for dealing with cybercrime	n	Young women	Online support	
	11. Professional and simply-worded	n	Young women	Online support	
	12. Reliable and evidence-based	n	Young women	Online support	
	13. Providing practical, solid advice	n	Young women	Online support	
	14. Not telling them what they should do	n	Young women	Online support	
Communication with service provider	1. Asking about IPV	a	Pregnant women / women with children	Healthcare services	Social opportunity
	2. Calm	a	Pregnant women / women with children	Healthcare services	
	3. Communication and support	a	Pregnant women / women	Healthcare services	

			with children		
	4. Compassion and respect	a	Pregnant women / women with children	Healthcare services	
	5. Supportive	a	Pregnant women / women with children	Healthcare services	
	6. Trusting relationship	a	Pregnant women / women with children	Healthcare services	
	7. Warm	a	Pregnant women / women with children	Healthcare services	
	8. Trust in clinician	b	Pregnant women / women with children	Healthcare services	
	9. Initial intake phone call	b	Pregnant women / women with children	Healthcare services	
	10. Reassuring service provider	b	Pregnant women / women with children	Healthcare services	
	11. Nonjudgmental service provider	b	Pregnant women / women with children	Healthcare services	
	12. Direct and consistent contact with provider	b	Pregnant women / women with children	Healthcare services	
	13. Trustworthy asker, caring	j	First Nation women	Healthcare services	

	14. Build relationship and establish trust	j	First Nation women	Healthcare services	
	15. Ask slowly and gentle	j	First Nation women	Healthcare services	
	16. Empathic service provider	m	Rural women	Crisis counselling	
	17. Objective and unbiased support	n	Young women	Online support	
	18. Neutral feedback	n	Young women	Online support	
	19. Reassure that there are others in the same situation	n	Young women	Online support	
	20. Use of youth slang	n	Young women	Online support	
	21. Positive and friendly	n	Young women	Online support	
	22. Making them feel calm, comforted, relieved, equipped, powerful, and hopeful	n	Young women	Online support	
Safe environment	1. Feel safe	a	Pregnant women / women with children	Healthcare services	Social opportunity
	2. Privacy	a	Pregnant women / women with children	Healthcare services	
	3. Safe space, socially acceptable	a	Pregnant women / women with children	Healthcare services	
	4. Continuity of care	a	Pregnant women / women with children	Healthcare services	

	5. Feeling safe and supported	b	Pregnant women / women with children	Healthcare services	
	6. Safe from the abuser	j	First Nation women	Healthcare services	
	7. Anonymous help	m	Rural women	Crisis counselling	
	8. Anonymous help-seeking	n	Young women	Online support	
	9. Less experienced stigma	n	Young women	Online support	
	10. Accessed privately	n	Young women	Online support	
	11. Reduces risk of controlling behavior	n	Young women	Online support	
	12. Privacy and browser history	n	Young women	Online support	
	13. Safety and security online environment	n	Young women	Online support	
	14. Password protection	n	Young women	Online support	
	15. Disguising app	n	Young women	Online support	
	16. Automatically log out	n	Young women	Online support	
	17. Providing information on how to clear browser history	n	Young women	Online support	
Social support	1. Encouragement from own social network	b	Pregnant women / women with children	Healthcare services	Social opportunity
	2. Someone else recommended to report	f	Muslim women	Criminal justice system	
	3. Reliance on kinship to determine trust	j	First Nation women	Healthcare services	

	4. Other Aboriginal people present	j	First Nation women	Healthcare services	
	5. Use of technology common and acceptable	n	Young women	Online support	
	6. Normalization through leader	n	Young women	Online support	
	7. Normative beliefs (social influence)	n	Young women	Online support	
Reasons to use support services	1. Concern for children	b	Pregnant women / women with children	Healthcare services	Reflective motivation
	2. Wanting to gain more knowledge and skills	b	Pregnant women / women with children	Healthcare services	
	3. Focus on benefit of intervention	b	Pregnant women / women with children	Healthcare services	
	4. Children's enjoyment of engaging	b	Pregnant women / women with children	Healthcare services	
	5. Readiness and openness to accept help	b	Pregnant women / women with children	Healthcare services	
	6. Seeking treatment for physical injuries	d	Muslim women	Healthcare services	
	7. Stop or receiving protection for themselves and kids	f	Muslim women	Criminal justice system	
	8. Fearing for safety	f	Muslim women	Criminal justice system	

	9. Avoiding children would see crime	f	Muslim women	Criminal justice system	
	10. Belief police would be fair	f	Muslim women	Criminal justice system	
	11. Serious injury or threat	f	Muslim women	Criminal justice system	
	12. Sending message to abuser	f	Muslim women	Criminal justice system	
	13. Avoid repetition of abuse	f	Muslim women	Criminal justice system	
	14. Violence severe	h	Migrant women	Formal services not further specified	
	15. Perpetrator could not change behavior upon consultations	h	Migrant women	Formal services not further specified	
	16. Advice	l	Rural women	Criminal justice system	
	17. Assistance	l	Rural women	Criminal justice system	
	18. Doing it for their children	l	Rural women	Criminal justice system	
	19. Awareness of severity	l	Rural women	Criminal justice system	
	20. Independent advocacy service	m	Rural women	Criminal justice system	
	21. Doing it for their children	m	Rural women	Crisis counselling	
	22. Second opinion	n	Young women	Online support	
Fears about negative consequences	1. No sense of threat from other institutions	j	First Nation women	Healthcare services	Reflective motivation
	2. No worry about potential	n	Young women	Online support	

	negative reactions from others				
	3. Judgmental responses face-to-face disclosure	n	Young women	Online support	
Self-confidence	1. Feeling empowered	l	Rural women	Criminal justice system	Reflective motivation
Emotions / feelings	1. Feeling connected and engaged	b	Pregnant women / women with children	Healthcare services	Automatic motivation
	2. Safe from shame, not feeling embarrassed	j	First Nation women	Healthcare services	