Information Needs of Domestic Abuse Survivors:

{Online Community} Analysis

Carolyn Cunningham

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Final Course Paper
Survivors of interpersonal violence (IPV) have special information needs. Sometimes their home situations make it impossible to use conventional information channels in the ways that they need, perhaps to find out about women’s shelters, police assistance, or other services. Many IPV services take extra steps to extend information without inviting risk to their patrons. This endeavor got a boost from Internet technology where anonymity can be maintained and IPV survivors are able to access many resources and connect with services and other survivors.

This study explores one such online communication tool. This message board brings together survivors from all over the world to share their stories, ask for help, exchange ideas, and support one another. I performed content analysis of transcripts of some of the message boards looking to understand: what is the purpose of the information delivery? How are the visitors to the message boards using the information in the forums? A look at how domestic violence and online information exchanges interact provides the background for this report.

**Domestic Violence**

The term domestic violence refers to systematic threats, injury, manipulation, and emotional and physical abuse between domestic partners\(^1\). Domestic partnership can be defined as a bond between two people through marriage, cohabitation, a child in common, or emotional or financial ties\(^2\). Intimate partner violence is another term that refers to domestic violence, while being inclusive of violence in unmarried partnerships and same-sex couples\(^3\). In this paper, the term domestic violence includes abuse between any two partners, regardless of marriage status or sexual orientation.

Statistics about domestic violence are not easily gathered. This kind of abuse is underreported due to the survivors feeling shame, fear of another attack, desire to protect the
abuser, and other emotions. Police officers and other officials involved in domestic violence cases must learn to understand abuse between people who are voluntarily involved. Because of the difficulty in drawing a line between one-time incidents or accidents and domestic violence, the police often require abuse to be documented for a period of time before action can be taken. This leads to conservative estimates of abuse, but some data has been collected. One and a half million women are raped or physically assaulted every year in the United States by an intimate partner. Approximately 29% of American women have experienced physical, sexual, or psychological domestic violence in their lifetime. Besides physical violence, abusers can affect their partners in other ways such as isolating them socially, initiating or exacerbating depression and low self-esteem, controlling finances, and limiting access to services and opportunities to leave the relationship.

Due to the efforts of grass-roots organizations and women’s health advocates during the 1970s and continuing today, domestic violence as an issue has risen in the public consciousness. Now it is measured in many countries and by large organizations, such as the World Bank and the World Health Organization. When seen from a health perspective, domestic violence should receive more attention relative to other health issues brought to the public’s attention. According to a World Bank report, gender-based violence accounts for as much death and ill-health in women between the ages of fifteen and forty-four as cancer, and more death and ill-health than malaria and car accidents combined.

Certain social factors put women at risk for domestic violence, such as education level, financial autonomy, available social and family support, history of victimization, domestic partner’s employment, drug and alcohol use (by woman and by partner), partner’s history of family violence, attitudes about gender roles, and low social capital. Attitudes about domestic
violence effect the way abuse is understood and reported. Women are slightly more likely than men to identify controlling or abusive behavior as abuse. Different populations and cultures view domestic violence differently, with some being more tolerant of abuse and some less tolerant. If an individual has experienced abuse in their family as a child, they are more likely to abuse or be abused, as well as have more a more tolerant attitude toward abuse. Ethnicity can also be a factor indicating likelihood of abuse. American Indian/Alaskan Native women and men, African-American women, Hispanic women, and women below the poverty line are the groups that are most at risk for domestic violence.

Organizations that collect data related to domestic violence echo the recommendations of the World Health Organization’s suggestions: action is needed from a range of officials from local health authorities to national and international political leaders to end violence against women and increase the services available to victims of abuse. Costs of domestic violence are high, medically, financially, and socially. Efforts to end domestic violence and provide services to victims need to be approached unanimously by many groups and authorities.

Information-seeking behavior on World Wide Web by survivors of domestic violence

To study the electronic information-seeking and utilization behavior of domestic abuse survivors, it is necessary for many disciplines to work together. The fields of information studies, psychology, sociology, and health care have data and wisdom to contribute to an understanding of how domestic violence survivors seek and make use of information on the World Wide Web. It is necessary to create a patchwork of resources from different disciplines that weave together to create understanding.
Internet use by domestic abuse survivors has not been widely studied; therefore it is helpful to look at nearby fields of study where the topic has been broached. With its growing connective and informative power, the Internet is an obvious tool for sharing health information and experiences between far-flung patients and practitioners. Information and health professionals have begun to study how patients approach this communicative tool and what they are comfortable conveying about themselves electronically. Teens with cancer have adapted online message boards and chat rooms into tools for sharing information about their conditions and creating an environment where people with the same diagnoses can discuss their experiences. Teens may be more comfortable than adults using online communication tools due to more familiarity with websites and online social networking. The Internet as a self-help tool does offer many benefits. Online tools eliminate time constraints, can be used anonymously, do not have the same pressure as face-to-face interactions, and are cost-effective. There are drawbacks to consider, however. Users may not be able to afford a computer or Internet access, there could be a loss of information due to lack of interpersonal nonverbal communication, personal isolation may be increased, and it is difficult to identify crisis or worsening of a situation when practitioners or support groups only communicate with patients online. When online groups are chosen as a means for self-help, there are gender differences between users. When breast cancer and prostate cancer online support message boards are compared, the breast cancer boards are more likely to include personal experiences, encouragement, and support. Emotions, individuals’ stories, and sentiments of solidarity are common. Men tend to use the groups as a forum for spreading medical information and awareness of their condition. There appears to be a place for the Internet in the world of self-help and coping with medical conditions.
Examining self-helping and information-seeking behavior by survivors of domestic violence in general may lend understanding to how these behaviors play out in a virtual environment. To begin, victims of domestic violence are sometimes forced out of their comfort zones (for instance their physical homes as well as their social support networks) and have to combat alienation and loneliness. Some women are able to create a sense of community in womens’ shelters or through other service providers\textsuperscript{17}. Abusers can cause damage to survivors’ self-image and sense of efficacy, however. Survivors may deny their mental health needs. In many cases, once abused women have received counseling or other health services they are able to utilize support networks to battle loneliness. Domestic violence survivors do not significantly differ from the general public in their use of social support networks or reflection in negotiating loneliness\textsuperscript{18}. Some help and information-seeking behavior exhibited by domestic violence survivors may be influenced by cultural background or ethnicity. African American victims of intimate partner violence have specific concerns about seeking support from friends and family: family may not provide support, family betrayal, family is judgmental, friends offer inappropriate advice, attitudes about abuse in African American community, or victims are stupid or at fault\textsuperscript{19}.

It may be that understanding gained from research on virtual self-help seeking can inform studies of self-help and information-seeking by domestic abuse survivors. Age and gender characteristics influence an individual’s desire and ability to connect with others over the Internet. The “digital divide” also factors into the utilization of online tools. DV survivors’ propensity toward denial or loneliness should impact how online communities are put together and what their communicative functions are. As data continues to be collected, online communities can learn and better serve survivors or domestic abuse.
**METHODODOLOGY**

This study was conducted using a qualitative research approach. Discourse analysis in an online setting was the chosen approach of investigating the information seeking of domestic abuse survivors in this study because the participants can fully express themselves while remaining anonymous. Given the importance of maintaining participants’ safety, anonymity is imperative. By reiteratively engaging with transcripts of online message boards in the HyperResearch software program, I developed a coding scheme particular to the data in the transcripts (see Appendix A for codes). I analyzed twelve month’s worth of message board transcripts in this sample. This study yielded 2,910 total code applications, made up of 32 codes. I began with some basic codes related to domestic violence survivor communication and added to the list as I coded and recoded one month’s worth of data. I added few codes after the first reiteration of applying the scheme, but the names and definitions of the codes continued to evolve through the coding of the sixth month of data.

The majority of the codes were developed during the first analysis of the October 2005 message board transcript. After finishing this chunk of coding, I started a new HyperResearch study and re-analyzed the October transcript. At this point several new codes developed and code definitions had changed. Once I began coding the November 2005 it was clear that the coding scheme was reaching the saturation point because few additions, deletions, or major code redefinitions were made. Despite the evolution of the codes, the coding instances from the first coding of October 2005 significantly matched the second coding of this chunk of data. This alignment of coding instances provides validation to my coding scheme.
RESULTS

Performing discourse analysis of this message board revealed the main categories of information exchange in this digital community. The message board is a forum in which survivors of domestic violence communicate their experiences, share tips and techniques for staying safe, and emotionally support each other. The ways in which the shared information is used by the participants can be understood by analyzing the frequency of codes, which were developed based on the purposes of information delivery in the message board. To see the full breakdown of code frequency, see Appendix B.

By ranking the codes that appeared most frequently in the data, the major purposes of communication and information exchange in Online Community is disclosed. The top ranking code is “abuser protect self against.” Out of 2,910 code applications in a twelve month sample, this code was applied 348 times. This accounts for 12% of the code applications. This code refers to any information shared that is meant to help the survivors protect themselves from their abusers. Three subsets of this code were also used: physical, verbal attacks, and fiscal. While these codes were used for specific information, “abuser protect self against” was used far more often, perhaps indicating that the participants value this type of information sharing above other types. One way to interpret this finding is that the survivors’ main message to each other was for everyone to keep themselves safe.

The second ranking code used in this study is “self vent emotional.” This code was used 246 times, accounting for 8.5% of all code instances. This code refers to therapeutic sharing of personal experiences and sharing emotional responses to their experiences. Given the work done in reminiscence therapy studies, the prominence of this code may indicate that many of the
survivors are in the process of rediscovering their voice. Being able to discuss their own stories indicates that they are in an environment where they feel safe and may be beginning to regain self esteem or self efficacy lost in the abusive relationship.

Ranking third in code frequency is “abuser how to avoid contact.” This code was applied 215 times, making up 7.4% of code applications. This code was applied whenever survivors shared information about making changes that would keep individuals from running into or communicating with their abuser once the relationship was over. This includes changing their phone number, moving, changing jobs, and other major decisions that were deemed necessary. This indicates that the survivors recognize and encourage each other to completely cut the abusers out of their lives, even if it means inconveniencing themselves by moving or changing their contact information. They value the chance to start a fresh life without remnants of their old relationships lurking or threatening to return.

**DISCUSSION**

The message board succeeds in several ways. Physical safety is encouraged universally when survivors are still involved with their partners in any way. Many of the first responses to new visitors urge the survivor to seek shelter, stay with a friend, etc. Once physical safety is achieved or a level of stability can be perceived, the next priority on this board is emotional support. The writers encourage multiple posts, updates, venting, and lengthy posts. They understand the need to be heard and can provide that for each other. Even though they post anonymously, relationships between the survivors was apparent in the sheer amount of support offered on the site. Other aspects of domestic violence were represented, including techniques for life after an abusive relationship, how to negotiate child custody, and how to mentally
process the survivors’ experiences. Each survivor was in a different stage of life, some only recently being abuse, while others had escaped and been on their own for years. While individuals brought their own perspectives, a sense of understanding and community was created.
APPENDIX A

MASTER CODE LIST FULL TEXT

Abuser how to avoid contact – techniques for avoiding any contact with abuser when couple has separated; if discussing techniques for avoidance when still together should use “abuser how to avoid interaction”

Abuser how to avoid interaction – techniques for avoiding unnecessary interaction with abuser while couple is together or living together, techniques for avoiding conversation, fights, non-violent physical contact (if technique is for protecting self from physical abuse, use “abuser protect self against physical”)

Abuser how to recognize warning signs – tips and affirmation for foreseeing abuse or other recurring behavior, education and understanding about cycle of abuse and triggers; refers to emotional/verbal abuse that could escalate

Abuser how to resist overtures from – techniques for recognizing honeymoon phase behavior, manipulations and other pitfalls that could persuade woman to return to abuser

Abuser protect children or others against – tips for protecting children or other people from the abuse, includes knowing when this should be done and how to do it

Abuser protect self against – includes going to women’s shelter and taking other precautions to physically protect oneself; if refers to specific protection (fiscal, verbal, physical) use those codes

Abuser protect self against fiscal – how to protect oneself fiscally against the abuser

Abuser protect self against negative verbal attacks – how to protect self against abuser’s negative verbal attacks

Abuser protect self against physical – how to physically protect self from abuser

Authorities counselor – this person steps in to give woman something she doesn’t have, takes control of something, techniques for interacting with this person, subjects to discuss with this person, when to find a counselor, what a counselor can do for you, use “self mental health” if statement is regarding their mental health state, or techniques for feeling in control

Authorities documenting abuse – how, when, and why to document abuse; creating a police file; includes all formats (such as photographs, tapes, etc.)

Authorities how to find out about disposition of case – techniques for gaining knowledge about the state of one’s court cases
Authorities how to make a 911 call effectively – tips for making the most of emergency calls

Authorities how to prepare for court appearance – information about court appearances, advice about what works and what doesn’t work in the court, experience with judges, advice for court appearances

Authorities interaction with police – if police were helpful, what DV services police can provide, ways to get them to take you seriously; if referring to if police were helpful or not, consider “self vent legal”

Self affirmation of no control over abuser’s abuse history – woman has no control over the abuser having been abused or the choices he makes to be abusive (if woman is feeling responsible for abuse, use “self affirmation that abuse is not deserved”)

Self affirmation of no control over abuser’s drinking or drug problems – woman has no control over abuser’s substance abuse problems, she may feel like her substance use or other behavior enables abuser

Self affirmation of no control over abuser’s mental health problems – woman has no control over abuser’s mental disorders or problems

Self affirmation of perception of abuse – affirmation that certain behaviors are abusive; illustrating that a certain behavior is abusive through rhetorical questions, anecdotes; how to recognize abuse

Self affirmation of positive effect re leaving abuser – abuse isn’t normal, healthy relationships don’t include abuse; includes affirmation that current relationship is not healthy; one step beyond recognizing abuse, leading toward making the decision to leave

Self affirmation of self efficacy – refers to believing in one’s own abilities to resist overtures from abuser, to leave abuser, to start new life, etc.; affirmation that process is long and hard but that the survivor can do it

Self affirmation that abuse is not deserved – “you don’t deserve this” “it is not your fault”, also includes reassurance that woman should be able to do what she wants and should not have to ask permission, if woman puts blame on herself, use “Self affirmation of no control over…”

Self education abuse – education and understanding of abuse; how people in BS understand abuse and the attendant psychological problems, behaviors, consequences, what they have learned in counseling or from information sources about abuse that has helped them to see what abuse does to people; reinforces the idea (which seems to be held by most participants) that the more you know and understand about abuse, the better prepared you are to protect yourself

Self emotional support empathy – I’m sorry for what you are going through, provides support for woman and lets her know that someone is listening and hearing her; passive support
Self emotional support sympathy – offering advice as someone who has “been there”, “you are not alone”; reassurance that not only is someone listening, but they understand what she is saying; helps to rebuild self image that may have been damaged, abuser may have tried to isolate woman, this helps to create bonds; active support

Self emotional support thoughts and prayers – way to promise woman that she is not alone in her time away from the message board, means to give strength when they can’t be there for each other in daily lives; subset of “self emotional support sympathy”

Self how to avoid loneliness or urge to return – how to feel complete as an individual without abuser; specific techniques for keeping self busy and eschewing urges to return; use “self how to establish post-abuser life” if regarding techniques about daily routine or job or housing, etc; distinct from “abuser how to resist overtures from” in that this refers to internal impetus to return

Self how to establish post-abuser life – re new social contacts, work, daily routine, etc. specific details about establishing new life. If the data is more related to the idea of starting a new life or how the survivor’s general quality of life will improve, use “self affirmation of self efficacy”

Self mental health – statements about mental health state, things that effect mental health; use for statements about postings to message board, how it helps to post, makes woman feel better; if venting, use “self vent…”

Self vent emotional – sharing personal experience, including story, emotional state, feelings as result of attack, venting about emotional abuse, how to vent (posting as much as they need to); not explicitly asking for help; this serves to allow woman to be heard which can be an indicator of rediscovered voice; being able to tell their own stories is therapeutic (reminiscence work); if still in situation with abuser, it can begin a discourse about techniques that can help protect her

Self vent legal – includes police; venting about legal situation, can prompt discourse about techniques for court appearances, cases, lawyers, judges, etc.

Self vent medical – venting about medical problems, can prompt discussion of hospitals, doctors, physical indicators of abuse
## APPENDIX B

### Code Frequency

<table>
<thead>
<tr>
<th>Code Name</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>abuser protect self against</td>
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<tr>
<td>self vent emotional</td>
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<tr>
<td>abuser how to avoid contact</td>
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<tr>
<td>self education abuse</td>
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<td>self emotional support sympathy</td>
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<td>self emotional support empathy</td>
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<td>self mental health</td>
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<tr>
<td>self affirmation of self efficacy</td>
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<td>abuser protect children or others against</td>
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<td>self how to avoid loneliness or urge to return</td>
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<tr>
<td>self affirmation of positive effect re leaving abuser</td>
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<tr>
<td>self emotional support thoughts and prayers</td>
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<td>abuser how to resist overtures from</td>
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<td>authorities how to make a 911 call effectively</td>
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</table>

Total: 2910

2 Ibid.

5 Ibid.

7 Ibid.

10 IPV Issues and Attitudes (2005)
11 IPV: Overview (2006)
12 WHO Study (2005)
15 Ibid.
18 Ibid.