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Online Dialogue in Response to Disclosures of Intimate Partner Violence

Bria Nicole Davies

A thesis submitted to the faculty of
Brigham Young University
in partial fulfillment of the requirements of the degree of

Master of Science

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ABSTRACT

Online Dialogue in Response to Disclosures of Intimate Partner Violence

Bria Nicole Davies
Marriage and Family Therapy, BYU
Master of Science

Intimate partner violence (IPV) impacts the lives of millions of individuals, devastating survivors, and damaging families. Many survivors are unsure of how to get help, and many have limited access to resources. In recent years, those affected by IPV have turned online for answers and support, including forums such as Reddit, to anonymously disclose their experiences. This study examined the dialogue online between survivors of violence and those who respond to their posts on Reddit. The aim is to better understand the kinds of conversations and responses that are occurring in online communities discussing IPV. Analysis of the domestic violence subreddit highlighted positive conversations focused on helping survivors as commenters offered support, advise, understanding, education, access to resources and additional information to aid survivors in receiving help.

Keywords: intimate partner violence, resources, support, online communities, Reddit, anonymity
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Online Dialogue in Response to Disclosures of Intimate Partner Violence

Intimate partner violence (IPV) affects approximately one in four women and one in ten men in their lifetime leaving survivors with devastating repercussions (Campbell, 2002; Dillon et al., 2013; Smith et al., 2018). Survivors suffer from debilitating physical and mental health complications, experience high rates of anxiety, depression, and a host of chronic health problems which negatively impact their day-to-day lives (Campbell, 2002; Coker et al., 2000; Dillon et al., 2013). Left with these physical, mental, and emotional scars, survivors of intimate partner violence often need both formal and informal sources of support, including medical attention, counseling, financial assistance, and safe living spaces (Campbell, 2002; Coker et al., 2000; Dillon et al., 2013; Iyengar & Sabik, 2009). Although there are many organizations focused on providing help, including women’s shelters, hotlines, or medical and therapeutic professionals, these resources often feel out of reach for survivors because of internal and external barriers, such as shame, fear, limited resources available, and insufficient knowledge regarding where and how to receive help (Iyengar & Sabik, 2009; Montalvo-Liendo, 2009; Peek-Asa et al., 2011; Simmons et al., 2011). These barriers create a significant gap between most survivors who are in need and the resources that are available to them, leaving many survivors of intimate partner violence without the help they need to cope with and heal from the detrimental effects of abuse (Iyengar & Sabik, 2009; Montalvo-Liendo, 2009; Simmons et al., 2011; Whiting, Merchant, Bradford, et al., 2020).

Social support is one resource that has been found to have positive effects for survivors of violence. Friends or family members who listen, offer sympathy, or help the survivor connect to education or resources can provide a buffer for the negative impacts of intimate partner violence and increase resiliency (Andalibi et al., 2016). However, like other resources, social
support can also be difficult to obtain. Outsiders can be judgmental and reactive toward those in violent relationships, and even professionals can be rigid and demanding towards survivors, sometimes insisting that they leave or change their relationships (Merchant & Whiting, 2018; Whiting et al., 2019).

The discussion of violence online is a mixed bag, containing both helpful and detrimental comments. Some online comments and social media discussions about charged issues of violence and gender become negative, sexist, and blaming towards survivors of intimate partner violence (Andalibi et al., 2016; Whiting et al., 2019). However, social networks and online forums provide a setting for a more nuanced and complete discussion of violence, which gives a voice to all, even those who have been marginalized. Social networks can also take the form of online support groups, which have become increasingly popular and often include designated areas on sites such as Reddit (Buntain & Golbeck, 2014; White & Dorman, 2001). Reddit and similar sites allow survivors to share their stories online anonymously, which is difficult on sites such as Facebook or similar social media (Leavitt, 2015). With anonymity, survivors have an increased sense of safety and are more likely to self-disclose their own vulnerable stories of intimate partner violence, ask questions, and seek out support (Andalibi et al., 2016; Johnson & Ambrose, 2006; Joinson & Paine, 2007; Van der Nagel & Frith, 2015).

In the subreddit (an online forum within Reddit dedicated to a specific topic) for domestic violence, survivors of intimate partner violence share their stories, how they came to be with their partner and how things took a turn for the worst. These stories include accounts of being beaten, choked, raped, controlled, verbally abused, emotionally manipulated, and financially harmed. Although it is not always clear what type of violence posters are describing, many of the violent experiences shared by posters are characteristic of intimate terrorism, a form of IPV
which is driven by controlling patterns and often results in more severe violence (Johnson, 1995). Within their posts, survivors often acknowledge awareness of the harm they are in, and the confusion and fear they experience about the decision to leave. In addition, many ask for advice and support. In reply to their stories and requests, people respond with thoughts, support, or advice, and the discussions continue. These ongoing dialogues between both posters and responders seem to include fellow survivors, friends and family members of survivors, and other Reddit community members (inferred by how they refer to themselves in their responses). However, it is not yet known how helpful or potentially harmful these communities, and the dialogue taking place within them, are to survivors and how they influence survivors’ likelihood of reaching out for help in the future (Liang et al., 2005; Simmons et al., 2011).

Intimate partner violence in general has received a lot of attention in the academic community as multiple researchers have studied its effects, why people stay in abusive relationships, and why they eventually leave (Campbell, 2002; Dillon et al., 2013; Cravens et al., 2015). There is also research exploring the resources available to survivors and how to help survivors receive support (Iyengar & Sabik, 2009; Simmons et al., 2011). However, there have not been studies exploring the nature and helpfulness of online communities where survivors are sharing their stories with virtual strangers, and the dialogue that is occurring as they do.

The purpose of this study is to examine the online dialogue between survivors of violence and those who respond to their posts. The aim is to better understand the kinds of conversations, questions, and responses that are occurring in these communities dedicated to survivors of IPV. This study will seek to address one main question followed by two sub-questions. First, what kind of dialogue is happening between those who are experiencing intimate partner violence and those who are responding to them in the comments section of a post? Second, what types of
responses are being offered in the dialogue between posters and responders? And, third, what kinds of support are responders offering in their comments?

**Literature Review**

**Intimate Partner Violence**

Intimate partner violence can take different forms including intimate terrorism and situation couple violence (Johnson, 1995; Johnson, 2010). Intimate terrorism is characterized by an underlying need for control by the perpetrator which often results in more severe forms of violence and is generally male-on-female violence (Johnson, 1995; Johnson, 2006; Johnson, 2010; Hines & Douglas, 2010). Situational couple violence is not characterized by control, is generally associated with less severe violence, and is more likely to be bi-directional with the occurrence both male-to-female and female-to-male violence (Johnson, 1995; Johnson, 2006; Johnson, 2010).

Unfortunately, research on IPV does not always distinguish between the two forms of violence making it difficult to determine how findings in the literature apply or do not apply to the different types of violence (Johnson, 2006). However, it is known that research performed through formal agencies, such as the NCADV cited below, and court systems tend to gather information about intimate terrorism since victims of intimate terrorism are more likely than victims of situational couple violence to seek help from agencies as a result of the severe violence and increased harm experienced in intimate terrorism (Johnson, 1995; Johnson, 2006; Johnson, 2010; Leone et al., 2007). General surveys on the other hand are more likely to recruit survivors of situational couple violence since survivors of intimate terrorism are less likely to agree to a survey about violence for fear of their partner finding out resulting in increased abuse and perpetrators of intimate terrorism do not want to be found out (Johnson, 2006). Therefore, it
is worth noting that the literature cited in this study is likely descriptive of intimate terrorism since many of the posts in the domestic violence subreddit appear to be sharing experiences of severe violence and controlling behaviors. However, it was not always possible to determine the types of violence represented in these posts.

The National Coalition Against Domestic Violence (NCADV) (2019) defines intimate partner violence as “the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systemic pattern of power and control perpetrated by one intimate partner against another” (p. 1). As indicated in the definition, intimate partner violence can include physical abuse, psychological abuse, economic abuse and sexual assault. According to this definition, on average 10 million people suffer from abuse in the form of intimate partner violence in a given year, and intimate partner violence accounted for 21% of all violent victimization between the years 2003 and 2012 (Truman & Morgan, 2014).

Certain populations experience higher rates of intimate partner violence than others. Men and women are similar in their use of emotional abuse and non-controlling violence; however men are more likely to perpetrate intimate terrorism (Hines & Douglas, 2010; Johnson, 1995; Karakurt & Silver, 2013). Therefore, although men can also be survivors of intimate partner violence in the form of battery and intimate terrorism, the rates of male-on-female violence are significantly higher, with females accounting for four out of five survivors of intimate partner violence between the years of 1994 to 2010 (Johnson, 1995; Mills et al, 2003; National Domestic Violence Hotline, 2019; NCADV, 2019). Among women, those belonging to a mid-socioeconomic status or higher and those who are well-educated are less likely to experience intimate partner violence, while women in poorer economic situations are more likely to be survivors of intimate partner violence (Campbell, 2002). Additionally, women between the ages
of 18 and 34 experience the highest rates of intimate partner violence (National Domestic Violence Hotline, 2019).

**Effects of Intimate Partner Violence**

Survivors of IPV experience a wide array of physical and mental health problems. IPV can lead to long-term health consequences and is one of the leading reasons women are injured (Campbell, 2002; Coker et al., 2000; Rand & Strom, 1997). Campbell et al. (2002) and Dillon et al. (2013) report that survivors of intimate partner violence may suffer from negative symptoms including chronic back and neck pain, fatigue, fainting, seizures, hypertension, allergies, chest pain, digestive problems, respiratory conditions, disordered eating, abdominal and stomach pain, diabetes, low iron levels, vaginal and kidney infections, sexual dysfunctions, headaches, and a suppressed immunity system (Coker et al., 2000; Ellsberg et al., 2008; Leserman et al., 1998; McCauley et al., 1995; Plichta, 1996). In addition, intimate partner violence increases the risk of unintended pregnancy and contracting HIV and STI’s due to sexual abuse and increased stress (Campbell, 2002; Coker et al., 2000; Dillon et al., 2013; NCADV, 2019). Among the many health problems that may arise from intimate partner violence, “gynecological problems are the most consistent, longest lasting, and largest physical health difference between battered and non-battered women” with battered women experiencing higher rates of “sexually transmitted diseases, vaginal bleeding or infection, fibroids, decreased sexual pleasure, genital irritation, pain on intercourse, chronic pelvic pain, and urinary tract infections” often as a result of forced sex (Campbell, 2002, p. 1332). The majority of these health issues result from the effects of stress, fear and physical injury. It is common for many of these health problems to remain even after the abuse has ended, impacting the lives of survivors long after the bruises disappear and their perpetrator is no longer in their life (Campbell, 2002; Dillon et al., 2013).
Regrettably, the negative impacts of IPV on physical health often reach into the lives of survivor’s children and future generations. Abuse during pregnancy can have detrimental effects for both the mother and unborn child and is a serious risk factor for low birthweight, fetal distress, preterm birth, antepartum hemorrhage, preeclampsia, and may pregnancies end in the death of the mother, fetus, or both (Campbell, 2002; Gazmararian et al., 2000). Furthermore, Young (2017) found that children who witness intimate partner violence in their childhood suffered from greater health problems as well.

The mental health of survivors is also greatly impacted by IPV. The NCADV (2019) reports that domestic abuse is associated with higher rates of depression and suicidality compared to the average population and that the most common mental health effects of intimate partner violence are depression and PTSD (Campbell, 2002; Dillon et al., 2013; Ellsberg et al., 2008; Golding, 1999). Additional mental health conditions found to follow intimate partner violence include anxiety, self-harm, and sleep disorders (Dillon et al., 2013). These findings highlight the severity of poor mental health among IPV survivors and the importance of assessing for and treating mental and physical health issues within this population.

**Formal Resources Available to Survivors of Intimate Partner Violence**

In response to this global social problem, many programs have been created in order to aid survivors. In the US, a large variety of federally funded programs and organizations provide survivors with access to hotlines, referrals for medical help, “shelters, counseling services, and legal and economic advocacy at a low cost” (Iyengar & Sabik, 2009, p. w1053). However, aside from federally funded organizations little is known about community-based programs including what kinds of programs are available, what resources they offer, and how effective they are. This is because of a lack of large-scale research on IPV programs intended to protect survivors from
further harm. As a result, the only widespread data available comes from the National Census of Domestic Violence Services which tracks only federally funded services, making it difficult for professionals to have sufficient knowledge to make helpful referrals and for survivors to get the help they need (Iyengar & Sabik, 2009).

**Accessing Resources**

Among survivors who seek access to resources, many reach out to federally funded programs. In a given twenty-four-hour period, Iyengar and Sabik (2009) totaled 48,350 people who were served by federally funded domestic violence resources. Of those, 14,518 individuals requested shelter, which almost 65% of programs provide, and 40% of services provided were individual services such as counseling or advocacy. In addition, the National Domestic Violence Hotline responded to 1,213 calls (p. w1055-w1057). Within this same twenty-four-hour period, roughly 10% of services requested could not be filled by these programs because of a lack of resources; however, researchers believe this percentage is actually higher since unmet requests are not always classified as such (Iyengar & Sabik, 2009, p. w1052). This is often accomplished by substituting unavailable services with another service and is fueled by an aversion to officially classify survivors as unserved. (Iyengar & Sabik, 2009). Unfortunately, organizations servicing populations with higher rates of poverty, minority communities, and rural areas are more likely to turn away individuals seeking domestic violence services as a result of constrained service provisions (Iyengar & Sabik, 2009). This is particularly disturbing considering that rural, minority and impoverished populations already have less access to resources and suffer from a higher prevalence and severity of intimate partner violence (Peek-Asa et al., 2011).

Many survivors do not seek help at all. The World Health Organization (2013) reports that 55-95% of female survivors of physical and or sexual forms of intimate partner violence
never sought help from a formal institution. This pattern occurs in health care settings as well as in public safety settings. Nearly half of women who were injured as a result of battery from an intimate partner did not seek out health care and among those who had experienced any form of intimate partner violence, 62% did not disclose their experience to medical healthcare providers (Bachman & Saltzman, 1995; Vranda et al., 2018). In addition, many survivors do not report their experiences to public safety officers. Between 2006 and 2010, 3.4 million violent crimes were underreported to police and in those same years 46% of intimate partner violence survivors did not file a report with police (Bureau of Justice Statistics, 2012). Therefore, many survivors of violent crimes, including nearly half of IPV survivors, do not seek help from their local authorities.

Myriad reasons explain why survivors of intimate partner violence do not seek formal help and access to resources, including shame, not wanting people to know, not having enough information, feeling skeptical that such services could provide safety, believing no one could protect them, and fearing for the well-being of their children, partner, and intimate relationships (Davies & Lyon, 2013; Simmons, et al., 2011). Montalvo-Liendo (2009), based on a review of 42 cross-cultural studies, cited similar reasons survivors do not seek help from formal services including fear, shame, embarrassment, time constraints by providers, providers not asking about IPV, religious beliefs, language barriers, and silence as a result of cultural pressures (Whiting, Merchant, Bradford, et al., 2020). Seeking to bridge the gap between IPV survivors and formal systems designed to help survivors, Simmons et al. (2011) asked survivors how such programs could make their services more available to those in need. Half of the respondents cited a need for better marketing to survivors and community awareness of available services, so survivors can be informed of resources available to them and how they can access them. A third of
respondents suggested that services be improved to ensure that survivor feels cared for, safe, and empowered to reach out to other survivors (Simmons, et al., 2011).

It is also important to recognize social and cultural factors that create barriers between survivors of intimate partner violence and the help they need. For example, particular populations such as ethnic minorities, religious groups, university members, rural, immigrant, and military communities promote cultures of silence which keep survivors from reporting or seeking out the help that they need for fear of being disloyal and ruining the group’s or an individual’s reputation (Whiting, Cravens-Pickens, Sagers, et al., 2020; Whiting, Merchant, Bradford, et al., 2020). Moreover, factors such as patriarchy, legal systems that do not recognize rape or intimate partner violence as a crime, and economic structures that hinder women from becoming financially independent, make receiving the necessary support difficult (Whiting, Merchant, Bradford, et al., 2020). Put together, many factors related to the individual, community, and formal organizations inhibit survivors from accessing formal resources available to them.

Furthermore, the way in which different factors interact with one another impacts a survivor’s likelihood of seeking help. Liang et al. (2005) outline the help-seeking process of survivors of intimate partner violence. According to their framework, a survivor encounters three different phases in the process of help-seeking: “defining the problem, deciding to seek help, and selecting a source of support” (Liang et al., 2005, p. 71). Throughout this process a mix of individual, interpersonal, and sociocultural factors influence the survivor’s decisions. Therefore, shaming, or other negative experiences with a friend, perpetrator, or institution during any part of the process may diminish the survivor’s likelihood of seeking help (Liang et al., 2005; Simmons, et al., 2011). These findings highlight the importance of understanding the type of dialogue
occurring online on the topic of IPV as it can influence both positively and negatively a survivor’s likelihood of reaching out to formal resources.

**Informal Resources & Community Support**

In addition to formal resources and organizations designed to aid survivors of intimate partner violence, survivors may also turn to informal sources for help such as family, friends, and neighbors (Ansara & Hindin, 2010). Analysis of the patterns between male and female survivors and their probability of turning to formal and informal resources show that women are most likely to turn to informal sources of support where they receive both emotional and physical support in the form of “advice, affirmation, encouragement … financial help, babysitting, transportation, and/or a place to stay” (Goodkind et al., 2003; Pakieser et al., 1998; Simmons, et al., 2011, p. 1229). Informal support seeking is common among female survivors despite the type of intimate partner violence they have experienced. However, formal resources such as shelters, lawyers, police, crisis centers and health professionals become more important as female survivors experience more severe violence and control in the form of intimate terrorism (Ansara & Hindin, 2010; Johnson, 1995; Johnson, 2010). On the other hand, male survivors of moderate violence were more likely to reach out to formal and informal resources compared to men experiencing less severe physical violence. However, male survivors of less severe violence are less likely than women suffering from similar levels of aggression to disclose the violence and seek either formal or informal help (Ansara & Hindin, 2010). Ansara and Hindin (2010) hypothesize that the patterns seen in male survivors occur as a result of men viewing less severe violence as less harmful than women, or as a result of males being on the receiving end of low-level aggression perpetrating larger scale violence towards their female partners (Johnson, 2006).
These findings may help to explain the disparity of survivors reaching out to formal resources seeking aid and support.

An important aspect of informal resources is the social support available to survivors of intimate partner violence through informal resources which has been found to be highly beneficial to survivors. Researchers Andalibi et al. (2016) define social support as “providing information,” offering to help or talk, expressing confidence in the survivor, respecting others, “belonging to a group,” and “communicating love, concern, or empathy” (p. 3907). Receiving needed social support has been shown to “improve psychological adjustment, efficacy, ability to cope with distressing events, resistance to illness, recovery from illness, and life expectancy,” seemingly providing a buffer for the long-lasting and detrimental physical and mental health effects of intimate partner violence (p. 3907).

**Online Support**

In an age of increased electronic use and worldwide connection, online support groups and other platforms used to seek out support are becoming increasingly popular (Buntain & Golbeck, 2014; White & Dorman, 2001). The majority of research suggests that online support groups have mainly been used to address health-related issues including mental illness (Fox, 2011). One of many suggestions to explain the popularized use of online support groups is that they are perceived to be less stigmatized (Wright, 2000). This is particularly beneficial for highly stigmatized issues such as intimate partner violence since such topics commonly receive heated responses and become victim blaming. This is especially true when the survivor is not well known and does not fit the assumed profile of a survivor who is expected to appear weak and blameless (Christie, 1986; Whiting et al., 2019). Sadly, such interactions may lessen a survivor’s likelihood of reaching out for help and limit their access to the benefits of social support.
(Andalibi et al., 2016; Liang et al., 2005). These types of interactions may account for the tendency of individuals to seek indirect support as opposed to direct support when they are dealing with stigmatized problems (Barker, 2007).

**Anonymity.** Anonymity has become a key player in online support-seeking behaviors. It is especially useful for highly stigmatized issues such as sexual abuse and intimate partner violence which commonly elicit unsupportive responses (Andalibi et al, 2016; Whiting et al., 2019). Research shows that people are more likely to discuss problems online, which they would not otherwise discuss during in-person support groups because they can remain anonymous. This is in part because that anonymity increases disinhibition and provides a higher likelihood of sharing personal information (Gagnon, 2013; Johnson & Ambrose, 2006; Joinson & Paine, 2007; Van der Nagel & Frith, 2015).

Throwaway accounts are often utilized by individuals who wish to maintain anonymity online (Gagnon, 2013; Marx, 1999). Throwaway accounts are temporary accounts that don’t have any indication of a person’s identity and cannot be linked back to an individual profile, thus limiting the amount of information available to other community members and therefore decreasing ammunition for victim blaming (Christie, 1986; Leavitt, 2015; Whiting et al., 2019). These types of accounts are generally used only once so that one’s activity online cannot be tracked (Gagnon, 2013; Marx, 1999). Andalibi et al. (2016) posits that those who use these accounts are more likely to ask for support and disclose their experiences dealing with stigmatized issues, often “referring to their unmet needs (e.g. social support)” (p. 9). Throwaway accounts are also more likely to be used by men whom experience sexual assault, further supporting the importance of anonymity for populations seeking support who find it difficult to share their stories and ask for help (Andalibi et al., 2016; Whiting, Cravens-Pickens, Sagers, et
al., 2020; Whiting, Merchant, Bradford, et al., 2020). These kinds of accounts are a particularly popular choice among Reddit users hoping to remain anonymous as they seek support surrounding highly stigmatized topics.

**Reddit.** Reddit, self-labeled “the front page of the internet”, defines itself as “a network of communities based on people’s interests” that allows users to communicate with others who share their interests and “become a part of an online community” (Reddit, 2019). Since 2008 Reddit has become increasingly discussion-based with more people creating their own content to post, promoting a social community. A study of the developing trends on Reddit show that members of the Reddit community are often visiting the site daily, Reddit links are becoming increasingly self-referential, and it has become a main website for certain topics (Singer et al., 2014). Interestingly, in an analysis performed from Buntain and Golbeck (2014) analyzing the social roles and network structure of Reddit, they found that Reddit users most often stick to one subreddit where they post and answer questions. Furthermore, throughout the different subreddit communities, users take on clear answer-person roles, which allow users to post questions and stories and others are likely to answer and comment back (Buntain & Golbeck, 2014). These findings were further supported in a study looking at communication on Reddit as opposed to other forms of social media around the topic of mental illness. De Choudhury and De (2016) found that Reddit’s lack of personal information leads to less inhibition which in turn invites greater social support, especially emotional support. Importantly, anonymity and the use of throwaway accounts does not diminish the quality of support provided. In fact, Reddit users “garner more comments on such postings, and [as observed], tend to provide greater emotional sustenance, and are generally more involved and helpful in their suggestions and feedback” (De Choudhury & De, 2014, p. 79). Therefore, Reddit is a good fit for anonymously sharing sensitive
information regarding stigmatized topics since survivors still receive quality emotional support from commenters.

The present study aims to better understand the dialogue between survivors of intimate partner violence and those who respond to their posts online. Particularly, in light of the gap between survivors of violence and the resources needed, as well as the important role interpersonal interactions play in survivor’s help-seeking behavior, this study seeks to discover the types of support and responses being offered in reply to survivor’s self-disclosures and questions regarding their experiences with intimate partner violence.

Methods

Procedure

To answer the proposed research questions, the primary researcher gathered and analyzed data from online interactions and discussions on Reddit between survivors of intimate partner violence and those who responded to their posts within the domestic violence subreddit. Reddit was chosen as the single platform from which to gather data because of its high amount of traffic, its sense of community within subreddits and the site’s capabilities which allow users to increase their anonymity with the use of throwaway accounts (Buntain & Golbeck, 2014; De Choudhury & De, 2014; Singer et al., 2014). As a result of this type of environment, there have been hundreds of posts over the last few years resulting in dialogue between survivors of intimate partner violence and other community members who frequent the domestic violence subreddit. This allows for a large amount of data to be pulled and analyzed with a wide array of responses (Charmaz, 2014; Cho & Lee, 2014). Dialogue from Reddit was a convenient source of data since it is public in nature, meaning it was not necessary to receive informed consent and IRB review (Creswell & Poth, 2016). Furthermore, without the interference of researchers in the
dialogue and participants self-awareness of being studied, the responses were not hindered by respondents’ desire to appear socially correct, nor were there shaped by poorly formed research questions, allowing for genuine conversation (Altheide & Schneider, 2013; Koban et al., 2018).

The primary investigator gathered individual’s posts regarding intimate partner violence within the domestic violence subreddit at random. The posts and responses were both originally posted and gathered during February and March of 2019. There were large amounts of posts that shared personal experiences with intimate partner violence. Initially, both original posts and responses were copied from Reddit into a word document where the researcher read through the original posts and deleted posts addressing forms of violence other than intimate partner violence. From there, the primary researcher began the initial stages of coding. The final sample included only responses. Saturation was reached at 451 responses and no more additional posts or responses were acquired.

Sample

The sample consisted of self-proclaimed male and female survivors of intimate partner violence, friends and family members of survivors of intimate partner violence, or other members of the online Reddit community who responded to a survivor’s post regarding intimate partner violence. This information was inferred from those who stated their relationship to intimate partner violence in their comments. Due to the use of throwaway accounts and ambiguous screen names little is known about the demographics of the sample, however, the overall demographics of Reddit users may speak to the demographics of this sample. In an analysis performed in 2016, Reddit users were 69% percent male, with 64% of users between the ages of 18 and 29 and 29% falling between 30 and 49 years of age. Additionally, most users are from the United States (58%), non-Hispanic white (70%), and have some college education or a
degree (Sattleberg, 2019). However, this may not apply to this specific subreddit, as the data suggests that most commenters were women. Despite the lack of demographic information in this study, the use of any potentially identifying information such as screen names, were removed to protect the privacy of the respondents.

**Trustworthiness**

To maintain trustworthiness, procedures recommended by Creswell and Poth (2016) were used throughout the analysis. These include the use of memos, established methodologies, and internal audits. The researcher met with fellow masters and doctorate graduates as well as their chair to discuss findings arising from the data and the process of analysis to ensure rigor and reflexivity. Memos were used to note questions, findings, and interesting patterns and themes to ensure reliability, reflexivity, and accurate representation of the dialogue occurring between respondents (Creswell & Poth, 2016; Lincoln & Guba, 1985).

**Data Analysis**

The process of data analysis occurred in different phases and used both grounded theory and qualitative content analysis methods (Charmaz, 2014; Cho & Lee, 2014). The coding process followed the method of grounded theory enabling the researcher to establish a conceptual model (Charmaz, 2014). Content analysis was used to sort through the data and display a final count of common responses (Schreier, 2012). Word and Excel were chosen as the best tool for analysis because of the unique nature of the data which consisted of many short responses compared to long interview transcripts.

During the first phase, the primary author began reading posts within the domestic violence subreddit and copying both posts and responses to each post into a Word document. During this process the authors read each post and its responses to get a better understanding of
the type of information being shared within the subreddit and how people were responding in general. The second phase began when another Word document was created to separate the responses from the original posts. The second Word document contained only the responses to posts to begin analyzing dialogue specific to the comments section of posts occurring between survivors and those who responded to their posts. Within the second Word document the primary author began the initial coding process, referred to as open coding, using the comments feature of word to identify the different types of responses offered (Charmaz, 2014). This process was inductive, beginning with the data itself and from the data creating codes, themes, and subthemes to best describe the dialogue taking place. Once the process of open coding was completed, the researcher consulted with fellow graduate students at the master’s and doctoral level, experienced in qualitative and social media research, as well as their chair professor to discuss the initial themes emerging from the data to begin axial coding. The main types of responses were displayed and discussed to determine the most prominent themes. During this process a conceptualization of the interplay between the dominant themes was hypothesized and codes were created from the most prevalent themes. An initial codebook was formed with definitions for each of the different codes.

After this initial meeting, the main author returned to the data, moving the responses from the second Word document into an Excel sheet. The third phase consisted of focused coding. During this phase, the main author coded each response according to the dominant themes represented as codes defined in the codebook. During this process, the researcher kept memos and notes to describe the decisions made and to posit questions to ensure trustworthiness, coder reliability and validity (Creswell & Poth, 2016). As the primary author proceeded in focused coding, codes were altered, combined, and redefined. Multiple meetings were held to discuss
coding questions and refine the definitions in the codebook and theory surrounding the interacting themes and the dialogue taking place between responses. Finally, during the last stage, a conceptual model outlining the types of comments offered by responders and their relationship to each other was finalized, adjusting and adding to the model to account for changes to the themes that occurred during the coding process. A final count of the types of responses was also recorded (Figure 1).

Results

As themes emerged throughout the coding process three main types of responses came to light: responders offering support, sharing their own experiences with intimate partner violence, or providing knowledge. Within these three main themes, many subthemes emerged. Figure 2 represents how each of the subthemes relate to the main themes: offering support, sharing experience, and providing knowledge. Many subthemes overlap between the main themes and for this purpose were represented in a Venn diagram to show the relationships between each of the themes and subthemes (Figure 2). For example, some of the subthemes represented both supportive responses as well as responses wherein responders shared their own experiences. It also is worth noting that out of the 451 responses, nearly one fourth of these responses in the comments section were from original posters, suggesting that original posters play a significant role in the dialogue occurring in the comments section of their posts.

Each of the different subthemes will be defined and accompanied with examples from the data of the types of responses that fit under the subtheme as well as a frequency count for every subtheme. Each subtheme is addressed in this document according to whether it falls under the main themes of support, support and sharing experience, sharing experience, sharing experience and knowledge, or knowledge. Almost all responses included multiple subthemes.
Support

Many of the responders seemed to be offering support to those who were posting their stories. These types of responses included offering help (20) removing blame (30) and expressing sympathy (25).

Help

Some responders offered personal help to the poster, including inviting the poster to direct message (DM) them if they wanted to continue their discussion outside of the comments section of the post, offering to answer additional questions, connect them to resources, share their experiences, and/or listen. “Feel free to message me if you just want to talk, vent, hear similar experiences, etc.,” “you are welcome to private message me and I can help connect you to resources in your region,” “if you have further questions, please feel free to reach out,” “DM if you want.”

Remove Blame

Some responders tried to help posters remove blame from themselves for their partner’s violent behavior. They would do this by encouraging survivors to stop blaming themselves for their partner’s actions, stop seeing themselves as broken or deserving of violence and/or abuse, or stop excusing violence because of something they had done. “You are, fundamentally, blaming yourself for a fear to which you are completely entitled and justified. So, please stop that right now,” “no one deserves to be treated that way,” “you aren’t broken,” “certainly don’t blame yourself, don’t be ashamed, it’s not your fault,” “your actions do not excuse him for hurting you physically,” “no one deserves this. NO ONE,” “STOP. BLAMING. YOURSELF. STOP. ABSOLVING. HIM. OF. GUILT.,” “remember that you didn’t cause your BF to act his way, so you can’t fix it,” “it has NOTHING to do with you.”
Sympathy

Responders would also express sympathy for the survivor, that they were sad to read about what the posters were experiencing. “I’m very sorry you’re going through this,” “I feel the anger for you and so sad and hurt for you,” “it breaks my heart to read what he has done to you,” “I’m really sorry.”

Support and Sharing Experience

In addition to supportive subthemes, some subthemes were supportive in nature and were also expressed as responders shared their experiences. These subthemes were found under both the support and sharing experience themes. At times it seemed the purpose for a responder sharing their experience was to provide support. These subthemes include empathy and understanding (65), encouragement (109), and solidarity (51).

Empathy and Understanding

Many responders expressed empathy and understanding for posters and their experiences. Responses in this subtheme ranged from understanding the poster’s feelings, validating the poster’s reactions and feelings, and normalizing what the poster is experiencing. Many of these responders expressed understanding because they have been in similar situations. “I know it’s devastating to wake up to the fact that you have been mesmerized by him for so long,” “I can understand your concern about reporting him while he was right there,” “I know how you are feeling,” “your love is real. Just like mine was,” “I understand. It is very difficult,” “I completely understand about your powerful need to protect the ones you love,” “I saw your post and I have felt the same,” “I understand how hard it feels to get out and how much you’ve suffered,” “anyone who has been in an abusive relationship will understand what you are going through,” “it’s extremely difficult to leave a situation like that. It took me nearly 10yrs to finally cut my
abuser out of my life for good,” “I know it hurts,” “it’s normal to grieve the loss of what you thought you had,” “fear is okay,” “your reaction to him being released from jail is completely reasonable and sane.”

**Encouragement**

Responders encouraged posters by expressing belief and confidence in them and their ability to do hard things. They also provided statements of hope, compliments, and praise. “You can get happier, you can be a great mum and your child can be around love, you can find love again and you can become the strong woman you deep down know you are, you can breathe without him,” “good luck to you,” “I applaud you for breaking free however hard it has been it has to get better,” “you have a good heart. You’re going to get through this. It won’t last forever,” “I promise things will get better,” “stay strong, you’re doing the right thing,” “you are worth a lot more than this,” “keep safe,” “I am so happy for you. A new life awaits,” “you can get out and one of these days you’ll be able to wake up in the morning and breathe deeply, without having to worry about how and when he’ll hurt you next,” “it definitely gets easier with time,” “don’t give up,” “you’ve done the two hardest things – getting out and getting help … you deserve to be proud of yourself,” “you are so brave and strong,” “I believe in you,” “you are so much stronger than you know.”

**Solidarity**

Responders expressed solidarity by helping posters recognize that they are not alone and that there are others like them and people there to support them. Solidarity statements emphasize group support including standing with the survivor, explaining how they have been through a similar experience, stating they are on the survivor’s side, speaking as a collective group of survivors, or asking the survivor to keep the Reddit group posted. Some responders share their
own experiences with violence to help the poster see they are not alone. “We are here to support you,” “you are not alone,” “I could have written a lot of this,” “we all want to help you,” “we will not be victims, but survivors,” “may we stay alive and grow strong for those who couldn’t,” “keep us posted,” “I’ve been there,” “I’m in the same place,” “I feel the same way,” “I think about this a lot,” “I need to hear this too,” “when my x and I first got together, he would do this too.”

Sharing Experience

Many of the comments contained personal stories of intimate partner violence. These stories often included descriptive accounts of the violence survivors experienced often reporting severe forms of violence such as choking and patterns of control characteristic of intimate terrorism (Johnson, 1995; Johnson 2010). When these experiences were not being used to convey support or knowledge to responders, they often provided either context (104) or simply gave a voice to their experience as a survivor (45).

Context

To give readers and other commenters additional information about their situation, back up or provide an example of what they were trying to convey in their comment, responders shared some of their own experiences with IPV. This type of response was particularly common among original posters responding to questions or responses in the comments section to clarify their situation, give an update on their situation, and/or answer responder’s questions about their situation. “My BPD exW, for example, went into a rage at the end of our 15 year marriage. She called the police and had me arrested … I was in jail for nearly 3 full days,” “there is so much more to everything … for legal reasons, mainly an Affidavit of Support that I signed, I have to try and find a way for us to be together,” “I went yesterday [to a support group] and it was a
great decision,” “also he was 21 and I was 14,” “I’ve been feeling better. Actually, more determined. I have places I can go with my dog,” “no matter how many times I show them [the police] my marks they never do anything,” “I’ve attempted to leave a few times. And he reeled me back in. I’m pretty confident I can stay away this time. Crossing my fingers,” “I don’t have any family. I grew up in the foster system. I moved in with his family when I was 17 so they’re pretty much all I have,” “I have the hospital records and he confessed,” “I’m still sadly and dangerously hoping that he can cure his sickness and fall in love with me in more ways than I expected.”

Voice

Many responders simply responded to a poster by sharing their own story without any explanation, as if to give voice to their own experience and add their voice to the others who are posting. “I put myself in therapy toward the end to work on myself so that I wouldn’t make him so angry,” “it’s almost been two years for me and I’m in so much fear. He still tries contacting me from new numbers and always requires me on social media,” “I am making plans to leave and hopefully it will be soon, I am leaving him [for the] 4th time and this time not going back,” “I myself never pressed charges against my abuser because I was afraid to go to court. Afraid to face it and deal with it. I ended up back with him and have been hurt by him several times since. I’m on my way out now. It’s hard,” “they came and took me to the ER then the psych ward after I called the police for being strangled. My husband got custody of the kids and I’m still at his mercy,” “one night I had to sleep in the bushes in the neighbor’s yard. He broke down and locked doors to get to me. Strangling was his thing. And the anger had no basis,” “had I stayed … he would have killed me. Accident or not. My sanity was disappearing, I was contemplating
suicide more often than not I wasn’t happy, I was scared all the time … I needed to leave and never look back.”

**Sharing Experience and Knowledge**

Many of the commenters sought to provide posters or other responders with knowledge. This was done through sharing experiences as well as independent of sharing experiences. Responders shared knowledge in the form of *insight* (213), *advice* (178), giving information about *resources* (82), and *warning* survivors (48).

**Insight**

Many responders commented with insight, how they see the poster’s situation from an outside perspective. As a part of insight, responders shared their thoughts, opinions, and personal understanding specific to the poster’s experiences. “You are being completely controlled by him. He knows you are far better than him, thus needs to put you down so you don’t realize it,” “even though you love him right now and it’s painful, the pain of staying in this relationship will always outweigh the short term pain of the lost love,” “he makes his own choices,” “you cannot stop him, if he won’t stop himself,” “it doesn’t sound like your husband is completely disoriented. From what I can see, your husband is manipulative,” “you’re still alive deep down or you wouldn’t have written this,” “I loved someone who didn’t exist,” “you will be afraid in time. It took me 4 years before I became afraid of him,” “love should never hurt,” “abusive partners are masters at coming up with excuses for their actions and often try to make up for the bad things by doing good things,” “even if he could return to the way he was, you wouldn’t be able to ever feel the same way again.”
Advice

Responders often left advice for posters including legal advice, suggestions, advice for leaving or staying safe, and potential plans. Advice often encouraged posters to take some sort of action and it was not uncommon for advice to overlap with mentioned resources since a recurring piece of advice was to reach out to a resource. In order to avoid repetition these quotes will not be mentioned in this section. “You need to stay away from him. You need to leave him,” “you should … revisit the nature of your relationship more honestly,” “you should not contact her as long as the [no contact] order gets released,” “you need to start documenting EVERYTHING. Take pictures, write down all of the incidents, call the police,” “I would not leave a note, file first,” “be a voice for change by opening people’s eyes,” “immediately report everything you have!,” “please stay safe first and foremost,” “please start making plans in case you need to escape,” “don’t give up on therapy,” “try to focus on yourself, improving your life, doing things you enjoy doing,” “make a list of all the bad times. That’s been helping me keep my head on straight,” “I have an email ready in the drafts for when my ex’s GF reaches out to me,” “let your manager know asap,” “you need to trust and love yourself,” “I urge you to reach out to get more information,” “record him when he does these things,” “only answer yes or no or I don’t know [in court],” “run.”

Resource

Many responders provided information about resources that survivors could contact to get further help and support. These included legal resources, counseling services, domestic violence shelters, advocates, and programs, websites, articles, books, safety plans, online forums, or local law enforcement. “Try to get in touch with a domestic violence agency or advocate,” “lawyer up if possible,” “call a hotline,” “I have gone to therapy and I have found some helpful
stuff,” “I think you should see about getting an RO,” “I highly suggest reading “Why Does He Do That?” by Lundy Bancroft,” “have a safety plan, you can find templates online,” “Men’s Advice Line (UK) Help For Abused Men Male Survivor Male Abuse Awareness Website (USA) … www.help4guys.org Stop Abuse For Everyone (USA) … www.safe4all.org,” “contact a survivor support service like RAINN,” “maybe take her to a group domestic survivor meeting,” “domestic violence advocates … know exactly what to document. They will be extremely helpful in the court house as well,” “I would encourage you to do some reading from … this sub Reddit r/NarcissisticAbuse,” “a domestic violence shelter is a great place to start,” “go [to] a women’s self-defense class,” “install a security suite on your device. The one I trust most is Lookout.”

Warn

Responders, considering the severity of the situation described by the poster, also warned posters of potential danger and unwanted predicaments. “My ex-husband excused his various forms of abuse by saying I was emotionally abusive. And then he almost killed me,” “your friend’s life is in danger,” “he is a real risk to your life,” “be very very very careful about who you talk to about any of this … Telling the wrong person who reports to her could end up with you getting false reports of abuse, being arrested, losing jobs, etc. So keep your head down,” “he’s dangerous,” “just be careful before going into any situation where someone could possibly do this to you again,” “some don’t take it [leaving] too well. Be careful,” “don’t wait until it is too late, next time he is blackout drunk he may take it too far,” “from experience if he got physical he will do it again and it only gets worse,” “please wake up escape before it’s too late.”
Knowledge

They only subtheme for knowledge that did not also correspond at times with responder’s sharing their experience was information (109).

Information

Responders often provided information or facts to help educate and inform posters and other responders. This subtheme included broad, general types of information that did not qualify as advice, was not personally related to the poster’s situation like insight, was not a direct warning, and was not discussing resources or giving context about IPV experiences. “Abusers almost always continue to escalate”, “abuse is never just physical, but verbal, emotional and psychological,” “alcoholics are not abusers,” “the behaviors you describe – i.e., verbal abuse, controlling demands, temper tantrums, great fear of abandonment (irrational jealousy), black-white thinking, always being “The Survivor,” and rapid flips being Jekyll (loving you) and Hyde (devaluing you) – are classic warning signs for BPD,” “facts say 1 in 4 women experience DV,” “the toughest part for a survivor is the act of leaving,” “choking is a predictor that someone will be killed in a relationship where domestic violence is occurring,” “that’s illegal in most places,” “law enforcement does not have the discretion to file charges,” “c-ptsd is common in abuse survivors,” “leaving is the most dangerous time in domestic violence and when most murders happen.”

Other

These subthemes did not directly fall under any of the main themes of support, sharing experience, or knowledge. However, they still showed up quite often in many of the responses and added to the dialogue taking place. These subthemes include acknowledgement (50), questions (71), and thanks (70).
Acknowledgement

Responders would commonly say something to acknowledge what the poster or previous responder wrote. This might look like agreeing with, referencing, or emphasizing what had been said in another comment or the original post. “This is a good point,” “I second this” “I understand what you’re saying,” “this is good advice,” “what reddita_5 said above. Every word of it,” “great information,” “this really resonates with me,” “this is exactly the kind of advice and guidance I was looking for,” “it’s great to hear you are safe and you are with someone worthy of your affection.”

Questions

Responders sometimes asked the poster questions to better understand their situation, and occasionally responders or the original poster asked a question in the comments section for advice on their own situation. Responders would also offer up questions for posters to ask themselves. “Are you safely away from him now?,” “do you know if PD is treatable with therapy and/or medication?,” “can you live with this going on for the rest of your days?,” “the question you should be asking yourself here is, how do I stop caring about a guy who doesn’t care about me?,” “how are you doing? How is your daughter?,” “do you have a secret emergency exit strategy, just in case?,” “how can I get my abuser arrested for domestic battery?,” “if she left where would she go? Can she return to her parent’s home? Can she stay with you?,” “is he in therapy to change? is he avoiding substances so he stays sober and therefore more careful?,” “are we supposed to as women be responsible for ourselves and them also?,” “can you explain this a bit?,” “are u actually wanting to leave ur gf? If so what exactly is preventing you from leaving?,” “was this the first time it got physical?”
Thanks

Often the original poster commented to express appreciation and gratitude to responders for their time, thoughts, encouragement, advice, and support. Sometimes responders also thanked the original poster and other responders for their comments and for acting responsibly. “Thanks for sharing,” “thank you for much for the insightful reply,” “thank you so much I needed this,” “thanks for doing the right thing,” “thank you for all your support!,” “thank you so taking the time to read this and also commenting, your words are encouraging and I needed it,” “I appreciate your response, thank u!,” “thank you. Just knowing I’m not alone helps,” “thanks for pressing charges and doing everything in your power to help other’s be safe,” “thank you for taking the time to explain this,” “thanks for your advice 😊,” “I am extremely grateful for anyone taking the time to respond.”

Miscellaneous

There were a few types of responses that did not fit with any of the subthemes listed and did not show up in the comments more than two to three times. These responses included victim blaming, minimizing the poster’s violent experience, attacking other commenters, apologies, defending one’s self, and calling responders and/or posters out.

Some responders also directly commented on the supportive nature and helpfulness of the domestic violence subreddit. “Every comment helps me to feel more understood, more supported, and less alone,” “If you ever need encouragement keep posting here! It has helped me tremendously. The people here know what you are going through and are so supportive. There is so much inspiration here, and knowledge, on what we are going through,” “This page has definitely helped me. Hopefully it helps you and you are able to find peace,” “Thank you so much. Knowing that my feelings and emotions are a sane [and] normal reaction is hard to
swallow sometimes. Hearing it come from an outsider and a stranger at that is oddly more comforting than hearing it from my support system at times.”

**Discussion**

This study highlights some of the positive dialogue about intimate partner violence online. This is particularly impactful since dialogue surrounding stigmatized issues such as IPV can be fraught with victim blaming and can often be overwhelmingly negative (Whiting et al., 2019). In fact, the dialogue examined in this study was found to be mainly supportive as commenters provided information, advice, a sense of belonging through statements of solidarity, and offered help. Responders also expressed respect, belief in posters, and emotional support through encouragement, removing blame, expressing understanding, offering sympathy, and providing warnings. Andalibi and colleagues (2016) define these types of support as social support which has been found to reduce many of the negative effects of violence and abuse. These findings suggest that online forums may be another option for survivors to seek out helpful and positive informal resources.

In addition, these findings align with previous research suggesting that the ability to anonymously post about highly stigmatized issues through sites such as Reddit may increase the poster’s likelihood of disclosure and seeking support in turn potentially increasing the amount of support received (Andalibi et al., 2016). Many posters and responders who shared their experiences with intimate partner violence gave detailed and intimate accounts of their experiences and the responses studied were overwhelmingly supportive. The dialogue analyzed in this study is also similar to the dialogue analyzed in previous Reddit studies in which users tend to frequent a particular subreddit resulting in frequent responders, creating a type of
community in which comments take on answer-person roles and refer other users to additional subreddits to receive further help (Buntain & Golbeck, 2014; Singer et al., 2014).

Furthermore, because of the varied and significant amount of responses discussing resources and encouraging survivors to reach out to for assistance, online forums such as this subreddit could potentially be helping to bridge the gap between survivors of intimate partner violence and resources. Not only are many informal resources provided through the social support available in the subreddit, connections to formal resources were often discussed. As suggested by other researchers in this area, the positive experiences within the forum may also increase the likelihood of survivors continuing to seek help and actually reach out to available resources (Liang et al., 2005; Simmons et al., 2011). Moreover, learning about informal resources through online forums where anonymity is available may allow survivors to bypass many of the roadblocks discussed in the literature that keep them from reaching out including shame, insufficient information, skepticism and fear of not being protected (Davies & Lyon, 2013). Anonymity has been found to reduce shame allowing survivors to receive more information while discussing their worries with other survivors who have had experiences with these resources, supporting what prior research regarding what survivors have found helpful in improving their access to resources (Johnson & Ambrose, 2006; Joinson & Paine, 2007; Simmons et al., 2011; Van der Nagel & Frith, 2015). These types of forums may also help to overcome social and cultural factors that deter survivors from seeking help since online communities can improve access to resources for those in rural populations and provide anonymity for those belonging to cultures of silence.
Clinical Implications

In light of the benefits of social support and the hesitancy of many survivors to reach out for resources, including social support, clinicians may consider referring their clients to online forums such as reddit. These forums provide a space for clients who are survivors of intimate partner violence to receive support, ask questions about formal and informal resources, and receive guidance and understanding from fellow survivors. They may also increase client’s desire and likelihood of accessing resources (Liang et al., 2005). Clinicians can assure clients that their posts can be anonymous to decrease fears related to identification which has been found to increase the likelihood of clients asking for support (Andalibi et al., 2016). It would however be wise for clinicians to read through possible online forums before recommending them to their clients to ensure a healthy and supportive environment is present. Furthermore, clinicians may even consider creating and moderating an online forum which allows for participants to post anonymously. By moderating the forum clinicians may be more able to ensure a positive environment.

Future Research

Future research could build on the clinical recommendations of this study. Researchers could examine the helpfulness of IPV clients engaging in online forums in addition to therapy. Additional questions could address the impact of online forums on survivors of IPV. For example, does involvement in online forums discussing IPV increase or decrease the likelihood of survivors reaching out to resources? What effect does involvement in online forums have on survivors of IPV in general? What effect does it have on their sense of support? What impact do online forums have on IPV survivor’s “psychological adjustment, efficacy, ability to cope with distressing events, resistance to illness, recovery from illness, and life expectancy?” (Andalibi et
In addition, researchers could go back and examine the number of male posters on sites such as reddit. Within data gathered for this study, there were a seemingly significant number of male posters and responders which upholds Andalibi and colleagues (2016) claim that males are more likely to post on website which allow them to post anonymously. Finally, researchers should continue studying dialogue on online forums, Twitter, Facebook, subreddits and other forms of media. The use of social media and online forums is growing and impactful, yet still new and relatively unstudied. This research should include the positive and negative impacts of social media use and online dialogue around stigmatized topics such as IPV, in order to continue informing clinicians and scholars on how they are being used and helpful practices surrounding these types of technology.

Limitations and Conclusion

As previously mentioned, the source from which the data were collected limited the amount of demographic information available for the participants, proscribing any conclusions related to gender, age, race, etc. Another limitation may arise from the fact that many responders frequent the domestic violence subreddit, as has been found to be common among subreddits (Buntain & Golbeck, 2014; Singer et al., 2014). Frequent responders may have influenced the types of responses being offered and potentially swayed responses to a more supportive tone, therefore influencing the results of the study. Finally, because of the use of qualitative methods, the interpretation of the data was shaped by the researcher’s own values, experience, biases and views. The use of additional coders may have aided in diversifying the interpretations being made and increasing the validity of the results produced. Therefore, the results discussed in this study are only one interpretation of these data; had they been coded by a different researcher or multiple researchers, the results may have varied based on the subjective experiences of the
researcher(s). Additional research is needed to further explore dialogue surrounding IPV in online forums and on social media. However, the findings of this study highlight the important role of community in helping survivors of IPV and may still be used by clinicians to assist IPV survivors to gain access to both informal and formal resources through the use of online forums as well as furthering research in the field.
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Figure 1

*IPV Reddit Responses*

![Bar chart showing the number of responses to IPV subthemes on Reddit. The chart includes subthemes such as Advice, Insight, Encouragement, Resources, Questions, Thanks, Understanding, Solidarity, Acknowledgement, Warning, Voice, Remove Blame, Sympathy, Help, Offer, and Normalizing. The number of responses ranges from 8 to 213.]
Figure 2

Venn Diagram of Themes and Subthemes

- **Support**
  - Help
  - Remove blame
  - Sympathy

- **Sharing Experience**
  - Empathy/Understand
  - Encouragement
  - Solidarity
  - Context
  - Voice

- **Knowledge**
  - Insight
  - Advice
  - Resource
  - Warn
  - Information