



Online Conversations About Abuse: Responses to IPV Survivors from Support Communities

Jason B. Whiting¹ · Bria Nicole Davies¹ · Brady C. Eisert¹ · Alyssa Banford Witting¹ · Shayne R. Anderson¹

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Abstract

Purpose Intimate partner violence (IPV) impacts the lives of millions, damaging survivors and families. Many survivors are unsure how to get help, and have limited access to resources. In recent years, those affected by IPV have turned online for answers, support, and to share their experiences. This study examined the online dialogue between survivors of violence and those who respond to their posts.

Method Data consisted of 451 responses to IPV survivors on the website Reddit in a domestic violence subgroup. Responses were analyzed using a combination of grounded theory coding techniques with content analysis tools to generate categories and subcategories.

Results Three main categories emerged from the data, including support, sharing experiences, and sharing information. The subcategories included specific types of help, advice, understanding, and were overwhelmingly positive in their tone and content.

Conclusions Findings suggest that online forums may help bridge the gap between survivors and resources. Professionals who work with IPV or create policies can use these findings to understand how to help survivors find support. This may include encouraging survivors to connect with informal supports such as family and friends, or access formal support such as hotlines, therapy, or legal counsel. The findings also suggest that more research is needed to understand what types of questions survivors of violence have, and what outcomes result from online support.

Keywords Intimate partner violence · Resources · Support · Online communities · Reddit

Intimate partner violence (IPV) affects approximately one in four women and one in ten men in their lifetime (Smith et al., 2018). Survivors often suffer from debilitating health complications, including high rates of anxiety, depression, and a host of chronic physical problems (Campbell, 2002; Dillon et al., 2013). These individuals can benefit from both formal and informal sources of support, including medical attention, counseling, financial assistance, and safe living spaces (Coker et al., 2000; Dillon et al., 2013; Iyengar & Sabik, 2009). Unfortunately, many who are affected by IPV are not able to access resources because of fear, limited finances, and insufficient knowledge about options (Montalvo-Liendo, 2009; Simmons et al., 2011). This gap leaves many without help (Simmons et al., 2011).

Social support can help mitigate the negative impacts of IPV, especially when friends or family members listen, offer sympathy, or help survivors connect to resources (Andalibi et al., 2016). Unfortunately, some outsiders are judgmental or reactive towards those in abusive relationships. Even professionals can be rigid or demanding with survivors, sometimes insisting they change their relationships or follow certain recommendations before they can get help (Merchant & Whiting, 2018). These challenges have led many to turn online for answers and resources (Buntain & Golbeck, 2014). Social networks and online forums can give voice to the marginalized by providing anonymous settings for discussions and advice about difficult situations. Reddit is one popular website that has rooms, or “subreddits,” dedicated to topics of interest used by visitors. Some of these function as a putative support group, where survivors anonymously disclose vulnerable stories of IPV, ask questions, and seek support (Andalibi et al., 2016; Buntain & Golbeck, 2014).

✉ Jason B. Whiting
jason.whiting@byu.edu

¹ School of Family Life, Brigham Young University, 234, TLRB, Provo, UT 84602, USA

On the subreddit “domestic violence,” survivors regularly share accounts of serious and dangerous experiences with control and violence. In response, posters share thoughts, support, or advice. Those participating includes fellow survivors, friends and family members of survivors, and other Reddit community members. While some formal IPV support options have been studied, less is known about the role that these online conversations play in supporting survivors.

The purpose of this study was to examine the online responses to survivors of violence in an informal online group. Specifically, we sought to answer the research questions: (1) what types of responses are given to those who share their experiences of IPV in online forums? (2) how frequent are these different types of responses? Grounded theory methods were used to code the responses, and these codes were then sorted using thematic analysis techniques in order to determine frequency of each.

Intimate Partner Violence

The National Coalition Against Domestic Violence (NCADV) 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” (2019, p. 1). Based on this definition, an average of 10 million people suffer from abuse in a given year, and IPV accounted for 21% of all violent victimization between the years 2003 and 2012 (Truman & Morgan, 2014). This definition roughly corresponds to what Johnson (2010) refers to as intimate terrorism, which is characterized by a coercive and controlling perpetrator, often male-to-female, which results in emotional and physical harm (Hines & Douglas, 2010; Johnson, 2010). Another type of violence is situational couple violence. This pattern of violence is non-controlling, more likely to bi-directional, and more frequent than intimate terrorism. Situational violence is often less severe than intimate terrorism, and those affected are less likely than survivors of intimate terrorism to seek protective shelters, and perhaps less likely to post in online forums (Johnson, 2006, 2010).

Men and women equally perpetrate emotional abuse and non-controlling violence. However, men are much more likely to be coercive, with some estimates suggesting over 90% of intimate terrorists are males (Hines & Douglas, 2010; Johnson, 1995). Although men also experience IPV, women represented four out of every five IPV survivors between 1994 and 2010 (National Domestic Violence Hotline, 2019; National Coalition Against Domestic Violence, 2019). Women who are well-educated and in the middle class or higher are less likely to experience IPV, while poorer women are more likely (Campbell, 2002). Additionally, women between the ages of 18 and 34 experience the highest rates of IPV (National Domestic Violence Hotline, 2019). Those in the LGBTQ community

generally have rates of IPV as high, or higher than heterosexual populations (Bermea et al., 2021; Kelley et al., 2012; Messinger, 2011) and face unique barriers to reporting and accessing services (Bermea et al., 2018). Although it is not always possible to determine, it seems that most survivors who post stories online are heterosexual women, although heterosexual men and some LGBTQ individuals share stories as well.

Effects of Intimate Partner Violence

IPV survivors experience many long-term physical and mental health problems and IPV is one of the leading reasons women are injured (Campbell, 2002; Coker et al., 2000; Rand & Strom, 1997). IPV survivors often suffer from chronic pain, cardiovascular conditions, headaches, disordered eating, vaginal and kidney infections, and a suppressed immunity system (Campbell, 2002; Dillon et al., 2013). Gynecological symptoms such as bleeding or infection, sexually transmitted infections, unintended pregnancy, genital irritation, painful intercourse, urinary tract infections, and chronic pelvic pain are “the most consistent, longest lasting, and largest physical health difference between battered and non-battered women” (Campbell, 2002, p. 1332; Dillon et al., 2013; National Coalition Against Domestic Violence, 2019).

IPV also impacts survivors’ mental health. On average, domestic abuse is commonly associated with higher rates of depression, suicidality, and PTSD (Campbell, 2002; Dillon et al., 2013; National Coalition Against Domestic Violence, 2019). Some survivors also experience anxiety, self-harm, and sleep disorders (Dillon et al., 2013). Beyond the survivors themselves, IPV also has pernicious effects on those around them. Abuse during pregnancy raises the risk for low birthweights, fetal distress, preterm birth, antepartum hemorrhage, and preeclampsia that can lead to the death of the mother, fetus, or both (Campbell, 2002; Gazmararian et al., 2000). Young (2017) found that children who witness IPV in their childhood suffered from greater health problems. IPV is a problem affecting not just survivors but all of society.

Formal Resources Available to Survivors of Intimate Partner Violence

Programs have emerged to address IPV, including federally funded organizations in the U.S. that provide access to low-cost hotlines, medical referrals, shelters, counseling services, legal, and economic help (Iyengar & Sabik, 2009). However, little is known about the availability, efficacy, and resources of community-based programs. The National Census of Domestic Violence Services has widespread data, but it tracks only federally funded services, so professionals have trouble making informed, helpful IPV referrals (Iyengar & Sabik, 2009).

Many resource-seeking survivors reach out to these programs. One study found that in a 24-h period, federally

funded IPV resources served 48,350 people. Many of these requested shelter, counseling or advocacy, but about 10% of these survivors could not be helped due to limited resources, and this percentage is likely higher as programs often substitute less-helpful services to avoid classifying survivors as unserved (Iyengar & Sabik, 2009). Unfortunately, organizations in areas with higher rates of poverty, minority communities, and rural areas are more likely to turn people away (Iyengar & Sabik, 2009). This is disturbing considering that these populations already have less access to resources and suffer from a higher prevalence rates and severity of IPV (Peek-Asa et al., 2011).

Although resources exist, many survivors will not seek formal help. The World Health Organization (2013) found that 55–95% of females who endured physical or sexual IPV never sought help from any institution. Nearly half of battered women did not seek out health care, and among those who had experienced any form of IPV, 62% did not disclose this to medical providers (Vranda et al., 2018). This trend extends to public safety officers. Between 2006 and 2010, 3.4 million violent crimes were underreported to police and 46% of IPV survivors did not file a police report (Bureau of Justice Statistics, 2012).

Research suggests that among other barriers, survivors' motivations to stay silent involve shame, not wanting people to know, limited understanding of what abuse is, skepticism regarding their safety in the programs, 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). These findings were similar cross culturally (see Montalvo-Liendo, 2009 for a review of 42 studies). When asked what could be done, survivors cited a need for better advertising of resources as well as improved services to help survivors feel cared for, safe, and empowered to reach out to other survivors (Simmons et al., 2011).

Powerful social and cultural factors also create barriers. For example, cultures of silence are pervasive among some ethnic minorities, religious groups, rural, immigrant, and military communities (Whiting et al., 2020). Survivors sometimes fear being disloyal and ruining groups' or individuals' reputation (Whiting et al., 2021). Other factors such as patriarchy, international legal systems that do not recognize IPV as a crime, and economic structures hindering women's financial independence also make seeking support difficult, or even retraumatizing (Aujla, 2020).

Liang et al. (2005) suggested that the process of help-seeking has three phases: "defining the problem, deciding to seek help, and selecting a source of support" (2005, p. 71). Negative experiences or shaming from a friend, perpetrator, or institution during any part of this process may diminish the survivor's likelihood of receiving support (Simmons et al., 2011). Clearly, barriers have a pervasive effect that warrant more attention. As such, studying the workings of alternative resources, such

as online forums, may provide for the advancement of new avenues to allow survivors access to services.

Informal Resources & Community Support

Many survivors do seek help from informal sources such as family, friends, and neighbors (Ansara & Hindin, 2010). For females, informal support seeking is common in the form of "advice, affirmation, encouragement ... financial help, babysitting, transportation, and/or a place to stay" (Simmons et al., 2011, p. 1229). Male survivors are less likely than females to reach out to any type of resource, unless the violence is severe (Ansara & Hindin, 2010). Ansara and Hindin (2010) hypothesized that this occurs because men might view less-severe violence as less harmful than women do, or because males tend to receive low-level aggression but often perpetrate more severe violence towards female partners (Johnson, 2006). These findings may help to explain the gender disparity of survivors reaching out to resources.

Social support may be the most important informal resource for IPV survivors. 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 [which may] improve psychological adjustment, efficacy, [and] ability to cope with distressing events" (p. 3907).

Online Cultures and Support Forums The rise of online discussions and social media has been influential in social movements related to power, gender and violence. For example, "hashtag activism" is a phenomenon where people connect via a specific social media topic, such as #metoo, or #whyididntreport, to bring awareness to issues of abuse and marginalization, and these movements have been found to change perceptions and culture (e.g., Whiting et al., 2020).

These movements are fueled not only by logic and persuasion, but by emotion about the problem being addressed (e.g., Couldry, 2012). In the case of IPV, the concerns and empathy expressed by those who respond on Reddit, create what Papacharissi (2015) calls an "affective public," which is an invested community who care deeply enough about an issue that their interactions change a culture. The rise in this new type of online media creates space for change in how people feel and act. In the case of these online discussions, those who have not experienced violence can become invested in IPV in a way not previously possible, as "newer media follow, amplify, and ... permit meaning-making of situations unknown to us by evoking affective reactions" (Papacharissi, 2015, p. 4).

These digital domains have become places of collaboration, discussion and empowerment, particularly for women who have historically been marginalized in some public

forums and left without a voice in regard to choices about their own bodies. Feminist scholars have been interested in how these spaces have helped women speak out about rape culture, international violations of women's rights, intimate partner violence, and barriers to survivors (Aujla, 2020). Although these digital forums are being used in a variety of ways, and provide advocacy, voice, and representation for those who survive violence, they are not without challenges. Mendes et al. (2019) found that some women who create social media spaces and advocate for survivors experience trolling, online hostility, and threats. Despite these challenges, it is clear these discussions will persist, and those with questions and issues to raise will continue to find each other online. This is partially because those discussing stigmatized issues, like mental illness, addiction, or violence can remain anonymous (Buntain & Golbeck, 2014; Carmona & Whiting, 2021; Van der Nagel & Frith, 2015). Some individuals use throwaway accounts, which are generally used only once to prevent the user's online activity from being tracked (Gagnon, 2013; Marx, 1999).

Reddit is one of the most popular online forums, which defines itself as "a network of communities based on people's interests" (Reddit, 2019). A study examining Reddit found that users often visit the site daily, post links that are self-referential, and that it is the primary website for certain topics (Singer et al., 2014). Buntain and Golbeck (2014) analyzed Reddit's social roles and network structure and found that users often stick to one subreddit where they post and answer questions. De Choudhury and De (2014) examined communication about mental illness on various social media platforms and found that Reddit users' lack of personal information led to less inhibition, inviting greater social and emotional support. Importantly, anonymity and the use of throwaway accounts did not diminish the quality of support; Reddit users "garner[ed] more comments on such postings, ...provide[d] greater emotional sustenance, and [were] generally more involved and helpful in their suggestions and feedback" (De Choudhury & De, 2014, p. 79).

It would be useful to better understand the dialogue between IPV survivors and those who responded to their posts. Are these conversations helpful? Do they provide survivors with resources, support, or other types of feedback? Given that some online conversations are caustic, reactive or negative, especially when discussing issues of gender and power, can these forums be sought as a place for help? In this analysis we sought to discover the types of responses being offered in reply to survivors' self-disclosures and questions regarding their experiences with IPV. Understanding the types and frequency of these responses can help survivors know whether to pursue these sites and what to expect if they do. This can help professionals and researchers know more about the nature of these sites.

Methods

Procedure

To answer the proposed research questions, data was gathered and analyzed from online interactions on Reddit between IPV survivors and those who responded to their posts within the domestic violence subreddit. Reddit was chosen because of its high amount of traffic, sense of community, and the site's anonymity capabilities with throwaway accounts. The domestic violence subreddit is very active, allowing for a large variety and amount of data to be pulled and analyzed. This data did not require informed consent or an IRB review because it was publicly available (Creswell & Poth, 2016). Further, it is likely that responses did not reflect social desirability bias, or researcher interference but instead consisted of authentic conversations on the topics of interest (Koban et al., 2018).

In the early stages of the research project, the authors discussed adequacy of data and reviewed the subreddit over some months. It was determined that two months of conversations should be adequate to cover a range of posts and types of responses. Thus, all posts and responses from the domestic violence subreddit were gathered during February and March of 2019 and pasted into a master document. The initial data consisted of around 600 responses, which contained a wide variety of stories and questions about violence, including many accounts of severe and dangerous abuse, which generally seemed to be of the intimate terrorist type. Since the research questions were about the responses to these posts, rather than the posts themselves, the responses were separated into a spread sheet for data analysis. The data was then reviewed to ensure it was relevant for the research, and the random and undirected responses were removed, leaving 451 total responses. These varied widely in length and type, and were enough for adequate development of the categories.

Sample

The sample consisted of self-identified IPV survivors, friends, and family members of survivors, and other members of the Reddit community who responded to a post. Little is known about the demographics of the sample due to the use of throwaway accounts and ambiguous screen names, however, the overall demographics of Reddit users may speak to the demographics of this sample. In a 2016 analysis, Reddit users were 69% male, with 64% of users between the ages of 18 and 29 and 29% between 30 and 49 years of age. Additionally, most users were from the

United States (58%), non-Hispanic white (70%), and had 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, all potentially identifying information (such as screen names) were removed in this study.

Trustworthiness

To maintain trustworthiness, procedures recommended by Creswell and Poth (2016) were used throughout the analysis. These include the use of reflexivity, using established methodologies, and internal audits. For example, the process included consultations with small groups of graduate students and faculty, as well as keeping memos to note analytic decisions, emerging themes, and self-reflection (Creswell & Poth, 2016). This was relevant, as all authors are clinical researchers who have an interest in power, gender and abuse, and reside in an academic setting. These contexts were important to account for as decisions were made about the coding and findings.

Data Analysis

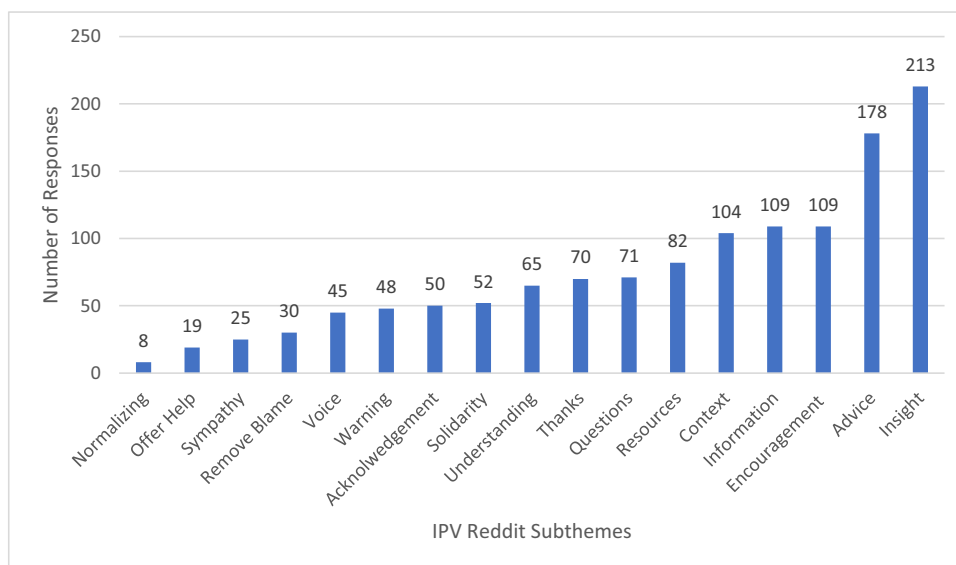
The process of data analysis occurred in different phases and used both grounded theory and qualitative content analysis methods (Charmaz, 2014; Cho & Lee, 2014). The coding process followed grounded theory procedures which focuses on analyzing for action and process, and generating categories of meaning (Charmaz, 2014). However, because this data was not as deep as traditional grounded theory data, a typical conceptual model was not generated. Rather, this data consisted of frequent, but not extensive textual data (as would

be found in interviews), the researchers chose to use content analysis methods to look for general quantitative percentages of categories and subcategories (Cho & Lee, 2014).

During the first phase, several authors read a random selection of posts and responses within the domestic violence subreddit to get a sense of the main types of information being shared. In the second phase, a document was created with only the responses in it. Coding began as the documents were read carefully, and open coding proceeded, with content being read carefully and labeled with descriptions of the types of responses (Charmaz, 2014). This process was inductive, as the lead researcher (second author) would lead a discussion with a small research team of master's and doctoral students and faculty to discuss what the data were suggesting and how these formed emerging categories. These main categories were fleshed out and defined, followed by an axial coding analysis of how they related to each other. This was an iterative process of coding, developing categories, refining the definitions of categories, and creating an initial codebook.

At this point each response was coded according to the category definitions in the codebook. During this process, memos were kept describing the decisions made, questions about the data, and future directions. Categories were altered, combined, and redefined. Multiple meetings were held to discuss coding questions, refine the definitions, and examine the connections between the categories. These meetings served as internal audits which, along with the memos, helped ensure trustworthiness, coder reliability, and validity (Creswell & Poth, 2016). During the last stage, a general model showing the main categories and how they overlap was created, along with the subcategories found in each. A final count of the types of responses, per content analysis guidelines, was also recorded (see Fig. 1).

Fig. 1 IPV reddit responses



Results

The initial and open coding resulted in three main categories of responder content: 1) support; 2) sharing of personal experiences with IPV; and 3) knowledge. As the subcategories were created, it was evident that these three categories had substantial overlap in two places. For example, many responders shared their own personal experience but the purpose was to offer either support, or knowledge. The clearest way to show this in the model was for the categories to overlap in a type of Venn diagram, where some subcategories exist in one category, some exist in two (see Fig. 2). Each subcategory was derived from the coding, and the number of each subcategory was then generated, per content analysis guidelines, and most responses were coded with multiple subcategories. It is worth noting that of the 451 responses, nearly a quarter were from the original posters, suggesting that those who choose to share their stories, and ask questions online, also often participated in these conversations sharing support and knowledge. Each subcategory will be listed under its category, with its number of occurrences. It will be defined with examples provided from the data.

Support

Many responders offered support to those who posted their stories. Supportive 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 them if they wanted to continue their discussion outside of the comments section. Responders offered to answer questions, connect survivors to resources, share their experiences, and/or listen. Examples included “feel free to message me if you just want to talk, vent, hear similar experiences,” and, “you are

welcome to private message me and I can help connect you to resources in your region.”

Remove Blame Many responses encouraged 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. Responses included “no one deserves to be treated that way,” “certainly don’t blame yourself, don’t be ashamed, it’s not your fault,” and, “your actions do not excuse him for hurting you physically.”

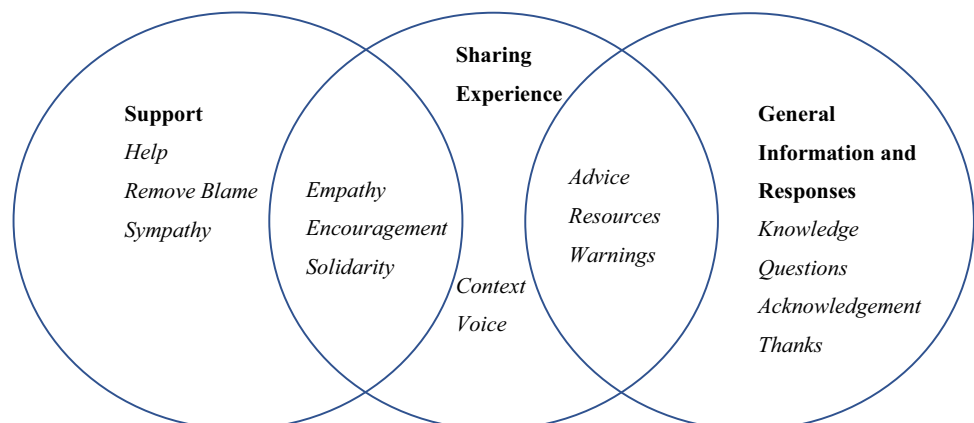
Sympathy Responders also expressed sympathy for the survivor and sadness upon reading about what the posters were experiencing. Responses included “I’m very sorry you’re going through this,” “I feel the anger for you and so sad and hurt for you,” and, “It breaks my heart to read what he has done to you.”

Support and Sharing Experience

Subcategories that were both supportive and personal include *empathy and understanding* (65), *encouragement* (109), and *solidarity* (51).

Empathy and Understanding Many responders expressed empathy and understanding for the experiences shared. Responses in this subtheme ranged from expressed understanding of the poster’s feelings, validating their reactions and emotions, and normalizing what was shared, and this was in the context of having been in similar situations. Responses included: “I understand. It is very difficult,” “I saw your post and I have felt the same,” “it’s extremely difficult to leave a situation like that. It took me nearly 10 yrs to finally cut my abuser out of my life for good,” and, “it’s normal to grieve the loss of what you thought you had.”

Fig. 2 Types of responses to intimate partner violence posts



Encouragement Responders encouraged survivors by expressing belief and empathy with them and their ability to do hard things. They also provided statements of hope, compliments, and praise. Responses included: “You have a good heart. You’re going to get through this. It won’t last forever,” “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,” and, “I believe in you.”

Solidarity Responders expressed solidarity by emphasizing to survivors that they are not alone and others have had similar experiences and want to support them. Solidarity statements emphasized group support including standing with the survivor, 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 shared their own similar experiences as a response, with statements including: “We are here to support you,” “you are not alone,” “we will not be victims, but survivors,” “keep us posted,” and, “I need to hear this too.”

Sharing Experience

Many of the comments contained personal stories of IPV, and sometimes these were independent of a supportive goal as described in the last category. Experience stories often included descriptive accounts of violence, including severe forms such as choking and coercive control characteristic of intimate terrorism. 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 Responders sometimes shared their experiences to give readers and commenters additional information or provide an example of what they were trying to convey in their comment. This type of response was particularly common among original posters responding to questions or responses to clarify their situation, give an update, and/or answer responder’s questions. Responses included: “My BPD exW, for example, went into a rage...She called the police and had me arrested...I was in jail for nearly 3 full days,” “also he was 21 and I was 14,” and, “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.”

Voice Many responders simply responded to a poster by sharing their own story without any explanation, as if to add their voice to the others who are posting. Examples include: “it’s almost been two years for me and I’m in so much fear. He still tries contacting me from new numbers and...on social media,” “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,” and, “had I stayed ... he would have killed me...My sanity was disappearing, I was contemplating suicide...I was scared all the time...I needed to leave and never look back.”

Sharing Experience and General Information

Many commenters sought to provide knowledge through experiences, resources, or other helpful things they had learned. These were among the most frequent subcategories in the data, and included the offering of *insight* (213), *advice*, (178), *resources* (82), and *warnings* (48).

Insight Many responders shared insights related to what they had learned, and how it might be helpful to change the perspective of the person sharing. Examples included: “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,” “you cannot stop him, if he won’t stop himself,” and, “you’re still alive deep down or you wouldn’t have written this.”

Advice One of the most frequent types of response was an offering of specific advice about legal issues, safety, or making plans. This often encouraged posters to take some sort of action and it was common for advice to overlap with resources since a recurring piece of advice was to reach out to an institution, hotline, or legal help (see next subcategory for examples). Responses included: “you should ... revisit the nature of your relationship more honestly,” “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,” and, “run.”

Resources Specific resources were frequently shared for survivors, in connection with the advice to use them. These included legal resources, counseling services, domestic violence shelters, advocates, and programs, websites, articles, books, safety plans, online forums, or local law enforcement. Examples of this were “lawyer up if possible,” “call a hotline,” “contact a survivor support service like RAINN,” and “domestic violence advocates ... know exactly what to document. They will be extremely helpful in the court house as well.”

Warn Responders who were concerned about the severity of the situation described by the poster, offered warnings of potential danger or unseen problems. These included: “your friend’s life is in danger,” “some don’t take it [leaving] too well. Be careful,” and “don’t wait until it is too late, next time he is blackout drunk he may take it too far.”

General Information and Responses

The general information category describes responses which did not include direct suggestions or come from personal experiences. This category included the subcategories of *knowledge* (109), *questions* (71), *acknowledgement* (50), and *thanks* (70).

Knowledge Responders often provided information or facts to help educate and inform posters and other responders. This subcategory included broad types of information that did not qualify as advice, was not personally related to the poster's situation (e.g., insight), was not a direct warning, and was not discussing resources or giving context about IPV experiences. Examples of sharing knowledge included: "abuse is never just physical, but verbal, emotional and psychological," "facts say 1 in 4 women experience DV," and "choking is a predictor that someone will be killed in a relationship where domestic violence is occurring."

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. Responses included: "Are you safely away from him now?" "do you have a secret emergency exit strategy, just in case?," and "can you explain this a bit?"

Acknowledgements Responders would commonly acknowledge what the poster or previous responder wrote. This included such responses as agreeing, referencing, or emphasizing what had been said in another comment or the original post. These tended to be polite and positive, with responses like: "this is good advice," "great information," "this really resonates with me," and "this is exactly the kind of advice and guidance I was looking for."

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. Examples of this were "thank you so much I needed this," "thank you. Just knowing I'm not alone helps," and "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 or three times. Some of these responses were negative or aggressive, included victim blaming, minimizing the violent experience, attacking other

commenters, defending oneself, and calling responders and/or posters out.

Other miscellaneous responses included appreciation about the domestic violence subreddit. Responses included: "Every comment helps me to feel more understood, more supported, and less alone," "This page has definitely helped me. Hopefully it helps you and you are able to find peace," and, "Thank you so much...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 explored the online dialogue between those experiencing IPV and those who respond. Analysis of the types and frequency of responses revealed that the dialogue was overwhelmingly supportive, as commenters provided information, advice, a sense of belonging through statements of solidarity, and help. Responders expressed strong respect, belief in survivors, and emotional support through encouragement, removing blame, expressing understanding, offering sympathy, and providing warnings. Andalibi et al. (2016) define these types of support as social support, which has been shown to reduce the negative effects of IPV. In some online settings discussions of violence can be victim blaming and negative (Whiting et al., 2019), but in these Reddit forums, which tend to be private and anonymous, the conversations are positive, and for some survivors may be a key resource in their recovery or exit from abuse.

These findings align with research suggesting that anonymous posts about stigmatized issues may increase the poster's likelihood of disclosure and seeking support (Andalibi et al., 2016). Also, the anonymity may help survivors bypass roadblocks, such as shame or fear, that keep them from reaching out (e.g., Davies & Lyon, 2013). It appeared that these users were very invested in their subreddit community and found it to be a safe, supportive, and useful place to be (Buntain & Golbeck, 2014; Singer et al., 2014).

Also, these results support the notion that online forums can help bridge the gap between IPV survivors and resources. Informal resources (e.g., social support) were abundant in the subreddit, and formal resources were often mentioned as well. Positive experiences by survivors may increase the likelihood they will continue seeking help and access available resources (Liang et al., 2005; Simmons et al., 2011). It is likely that survivors who find help online will feel connected to others, which counters the social isolation tactics that abusers may be using. It is also likely that a community will appraise survivors of formal resources they may not have been aware of, and encourage and motivate them to use those formal resources. Survivors who discuss

worries with those with experience are more likely to access their own resources (Simmons et al., 2011; Van der Nagel & Frith, 2015), and these forums may help survivors overcome hesitancy to reach out further.

Professional Implications

The nature of these online conversations about IPV tend to be very positive and helpful, and provide professionals a resource to recommend to their clients. These online communities can help a survivor build a temporary, anonymous community of support as they overcome the secrecy of an abusive relationship. This can help with overcoming shame which may be keeping survivors from building a community among family and friends. The subreddit is filled with information that can generate things to discuss in therapy sessions or medical visits, or with other close friends (Andalibi et al., 2016).

However, it is also helpful for professionals to recognize the unregulated nature of these sites. The types of violence being shared may not match the type experienced by a client, and may not provide advice that is on target. Not everything is helpful on these sites, and for some may be triggering. As mentioned, a very small percentage of responses were problematic, and could be upsetting to some survivors.

It may be helpful for clinicians to become familiar with these forums or read through them with clients. The material on the sites can also help clinicians become more sensitive to the types of challenges survivors regularly face. Additionally, advocates who connect survivors with resources could take greater interest in and promotion of these groups. This could include professionals who work in national or state domestic violence organizations, who might benefit from spending time on these groups to understand current issues and questions that survivors are experiencing. For example, during the worldwide Covid 19 pandemic, new stressors affecting survivors of violence have arisen, including increased stress of close proximity in homes, rise in purchases of alcohol and firearms, and reduced services (Slakoff et al., 2020). When professionals hear stories of current concerns and struggles directly from the source, it is more powerful than hearing them secondhand.

Future Research

Future research could examine the helpfulness of online forum engagement as compared to other therapeutic or protective services resources, or could explore what professionals know about these online discussions. It would be helpful to know how involvement in online forums affect the likelihood of survivors reaching out to additional resources, or what effect involvement has on survivors of IPV in general. What is the impact on survivors' sense of support in terms

of “psychological adjustment, efficacy, ability to cope with distressing events, resistance to illness, recovery from illness, and life expectancy?” (Andalibi et al., 2016, p. 3907). Researchers could also examine whether the gender patterns in these forums reflect what other research has found on gender patterns in survivors. For example, there seemed to be a significant number of male posters and responders in this study, which is congruent with Andalibi et al. (2016) claim that males are more likely to post on websites that allow anonymous posting. Finally, researchers could continue studying dialogue on other online mediums (e.g., Twitter, Facebook, other subreddits, etc.). The use of social media is growing and impactful, yet still relatively unstudied. Scholars can continue to examine the correlates of online dialogue around stigmatized topics to continue informing practices related to these types of technology.

Limitations and Conclusion

As mentioned, the source of the data limited the amount of demographic information available for the participants, preventing any conclusions related to gender, age, race, etc. Also, it is likely that those posting on this subreddit are different demographically than Reddit posters in general, which makes it hard to know who is reaching out here and who is coming to help. Also, in all research, but in qualitative methods particularly, the interpretation of the data was shaped by the researchers' values, experience, and history. In any project the questions asked and interpretations and implications of the data are shaped by those doing the work. Thus, these results represent one representation of these data. Had they been coded by different researchers, the results would have varied. Additionally, the process of studying newer online media forums is itself a newer form of scholarship, and it is worth considering how to balance the ethics of studying these important issues while considering the intentions of those who were posting their stories, or the impact that the research could have on them (e.g., O'Callaghan & Douglas, 2021). Social media has many positive qualities, but may also bring additional scrutiny or conflict to those who chose to engage on these sites (Yardley et al., 2017).

Overall, these results suggest that online forums may be a particularly powerful medium for helping IPV survivors gain social support and connect with formal resources. Hopefully these resources will continue to be an effective means of serving this vulnerable population.

Declarations

Conflict of Interest The authors declare that they have no conflict of interest.

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