



Review

Intimate Partner Violence: The Relationship Between the Stages of Change, Maintenance Factors, and the Decision to Keep or Leave the Violent Partner

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Abstract: Objectives: Violence in intimate relationships (IPV) is understood as one of the most common forms of violence, being maintained by cultural habits and customs, and legitimized from generation to generation. This study aims at a comprehensive review of the literature on IPV, the relationship between the stages of change, maintenance factors, and the decision to keep or leave the violent partner. **Methods:** A comprehensive literature search was conducted to identify journal articles focused on IPV, following online databases as well as a manual review from relevant peer-reviewed journals. **Results:** Seeking help is one of the main steps in the process of change, and the stages of change are directly related to the success of interventions, so identifying stages early provides a more appropriate and effective choice of intervention. **Conclusions:** Thus, evaluating the stage of preparation for the change in which the victims are found is important for the individual understanding of the experience and supporting the intervention. In this sense, the Domestic Violence Survivor Assessment (DVSA) will also be presented, an instrument for evaluating the process of intentional change in victims of IPV, using the TTM.

Keywords: intimate partner violence; victims; maintenance factors; transtheoretical model of change; DVSA



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1. Introduction

Clinical Impact Statement: Intimate Partner Violence is one of the most common forms of violence, affecting individuals regardless of their gender, class, ethnicity, and sexual orientation, and causes several consequences for the victim in the short, medium, and long term. Both victimization and disclosure can be influenced by the quality, type, and source of social support. The request for help implies a step in the process of change, and the level of preparedness for change is directly related to the success of the therapeutic intervention in IPV.

Intimate Partner Violence: The Relationship Between the Stages of Change, Maintenance Factors, and the Decision to Keep or Leave the Violent Partner.

Intimate Partner Violence (IPV) refers to the practice of abusive behaviors between individuals who are in an intimate relationship [1,2], be it periodic or continuous acts [3]. An intimate partner is defined as an individual with whom a close/intimate relationship is maintained, characterized by the emotional connection between them, caressing, frequent contact, and knowledge of each other's personal life, as well as identification as a couple [4]. Thus, intimate relationships are any relationships that are of a physical, emotional, or exclusively sexual nature [3]. As such, spouses, partners in a de facto union, boyfriends/girlfriends, and continuous sexual partners are considered intimate partners [4]. It is important to note that IPV can be perpetrated by current or former partners [5], as well as by partners who may or may not cohabit [4]. So, IPV refers to behaviors by a current or former intimate partner that cause physical, sexual, or psychological consequences, and may include physical aggression, psychological abuse, and sexual coercion [6].

Although the term "domestic violence" (DV) is commonly used, it differs from the concept presented in this study, but there is a connection between the two [7,8]. DV pertains to violent behavior or a pattern of coercive manipulation, exercised directly or indirectly on any individual living within the same household (e.g., spouse, partner, child, father, mother, grandfather, grandmother), or towards a partner, ex-partner, or family member (in the case of non-cohabitation) [9]. Conjugal violence (CV) is a specific aspect of DV [10] and pertains to the aforementioned violent behaviors related to DV, solely committed between spouses/partners or ex-spouses/ex-partners [11].

IPV is a serious worldwide problem, persisting over several generations, and encompasses habits and customs that are legitimized by traditions and cultures, such as patriarchal ideology, as well as by the silence of the victims [12–14]. It has aroused the interest of several researchers, social structures, and the community in general [15,16].

IPV has been framed within policies for prevention, criminalization, and victim support [17], and nowadays it is considered a crime in several countries [18].

IPV is a complex phenomenon because there is an intense emotional component, as well as the sharing of life plans and responsibilities [11]. Therefore, the offender has information and strategies that can be used to control the victim and lead him/her to become dependent on the offender, making the process of leaving the relationship more costly [10].

It is a public health problem, as well as a social and criminal problem [4], and represents a severe violation of human rights [2,5,19]. This is a silent phenomenon, as it is a type of crime with some of the highest rates of dark figures [20].

According to various data, IPV occurs mainly from adolescence onwards [21–23], and is quite frequent in marital or cohabitation relationships [2].

There is a large variation in IPV prevalence, ranging from 6.1% (physical or sexual) to 28.7% (psychological) [24]. The victims are mostly women [25], which can be seen in the data contained in the 2021 Annual Internal Security Report [26], in which 74.9% of victims were women. Despite this finding, IPV also encompasses violence against men [27]. Several studies indicate similar levels of the impact of victimization between men and women [5,28].

IPV leads to several consequences for the victim in the short, medium, and long term [11,16,26,29,30], namely physical, relational [16,20,29,31–34], psychological/emotional [16,31–33,35], economic [20,29,33], behavioral [31], and sexual damage [2,33]. The severity of the consequences derives from the degree of proximity to the offender, the type and duration of the victimization, and the victim's age (both chronological and devel-

opmental) [33,36]. In the most significant cases, there may be more severe consequences, such as temporary or permanent disability, or death of the victim [14,16,36,37].

2. Process of Change

2.1. Seeking Help

Intervention in IPV is extremely difficult because victims tend to only ask for help when the episodes are already at an extreme stage, that is, when they can no longer withstand the violence [38]. Although victims are aware of the problem they are facing, they believe there is no solution and that no one can help them [39]. Moreover, many victims refuse to ask for help due to fear, shame, and social isolation [31,39–41], as well as the fear of humiliation or discrediting by friends, family, police, and legal organizations, among others [41]. Several studies indicate that victims do not ask for help because they do not want to disturb family and friends, or because they fear repercussions and accountability for the violence [31,37,42].

The violence inflicted by partners on victims makes it impossible to preserve and create social relationships, as it isolates and weakens them [43,44]. As such, seeking help is seen as a significant step in ending abusive relationships, and disclosing the violence suffered has a significant impact on victims [39,45]. The vast majority of victims only disclose the abusive situation when they recognize the danger they are in when they recognize their partner's behavior is not normal, or when they realize they are not able to face the situation alone [45,46]. Despite this awareness, the request for help tends to be mostly made by female victims [47,48], with male individuals tending to hide the situation they are experiencing, mainly due to the difficulties they experience in talking about the abusive episodes or not recognizing them as violence [48].

Social support networks are a resource that helps to minimize the repercussions of IPV, in which victims can obtain support to suppress their needs in day-to-day events, as well as in crises [49]. In this context, the concept of social support is defined by the presence or availability of resources the victim can access to seek help [50].

Studies indicate that the presence of an adequate social support network provides a decreased risk of developing psychological disorders such as anxiety, depression, and post-traumatic stress [51–55], and also provides a reduction in consequences in terms of physical health and emotional well-being [32,55,56]. Furthermore, it also reduces the propensity for suicidal ideation [51,57]. The presence of a social support network also helps the victim to acquire coping strategies that contribute to increasing the victim's ability to find a way to solve the crisis [51,54,56,58]. Machisa et al. [44] concluded that the presence of a social support network promotes resilience in victims. Vameghi et al. [59] demonstrated that the phenomenon of IPV tends to be less frequent when there is an active social support network.

The experience of IPV and its disclosure can be influenced by factors such as the quality, type, and source of social support received [50]. The social support network consists of individuals who can help the victim, whom the victim can trust [60], and mobilizes physical, informational, social, psychological, and/or emotional resources [57,61,62]. Several authors divide social support into two dimensions: formal and informal [46,50,63].

The formal support networks include criminal police bodies (CPBs), legal services, health services, psychology services, social workers, victim care services, shelters, and victim support lines, among other services, which have organized responses to assist victims [43,45,46,50,51,63–65]. Victim care services are made up of professionals from different areas, which enriches the understanding of the phenomenon and leads to more appropriate intervention [31,66]. Thus, this type of support can play a fundamental role in the victim's process of change, as long as the network is organized and structured with other

resources [43,56,67,68]. Victims tend to turn to formal support networks based on factors such as the severity and frequency of violent episodes, and perceived support, among others, which helps in the process of preparing for change [56,67,68]. Some authors indicate that victims tend to avoid the formal support network, mainly because they deny the phenomenon and/or because they do not recognize the gravity of the phenomenon they are experiencing [69,70]. Some studies conducted with victims of IPV indicate that sometimes victims may experience re-victimization by specialized support services [43,44,51,56,58]. Studies such as the one by Freeland et al. [71] indicate that, in some situations, CPBs tend to minimize the abusive experience or even dissuade the victim's attempt to file a complaint. This phenomenon was also identified in some counseling services and support organizations [71]. On the other hand, the formal support network was also considered useful and seen as a fundamental resource in the search for help [71].

Regarding the informal support network, it is made up of family members, friends, neighbors, co-workers, and organizational groups to which the victim belongs (e.g., church, sports clubs, or political, recreational, and cultural groups) [43,45,46,56,63,72,73], which may provide material and emotional responses, such as the expression of affection, empathy, concern, availability of goods, and financial support, among others, and become essential for the well-being of the victim [72]. The informal support network is a resource that should be instigated, because, in addition to providing almost immediate answers, it helps the victim feel supported and, consequently, the offender realizes the victim is not isolated [74]. Moreover, the existence of an adequate informal support network facilitates the process of ending the relationship, as it helps the victim to find strategies and consciously make the decision [75]. Studies such as the one by Sylaska and Edwards [56] reveal that most victims disclose the IPV situation to at least one member of the informal support network, as a way of mitigating the stress experienced and because they feel heard [45]. In the study by Mahapatro and Singh [58], victims revealed that the institutions to which they resorted only provided a reduction in anxious and depressive symptoms momentarily and provisionally, while the support provided by the informal support network was seen as lasting. Despite the support provided by the informal support network being the most sought after by victims, it tends to be mentioned as inadequate by several authors [46,72]. In many studies, the participants who requested help mostly did it informally [42,56,67,69,71,76].

It is important to note that, in many cases, victims only disclosed the abusive situation after the end of the relationship [40] or when the violence became recurrent and/or severe [47]. Nonetheless, studies such as the one by Machado et al. [76] showed that most victims do not make any request for help.

2.2. *Transtheoretical Model of Change (TTM)*

The Transtheoretical Model of Change (TTM) is an explanatory model of the change process, based on a feminist perspective, developed by Prochaska and DiClemente in the 1970s [77,78], and it aims to help understand, measure, and intervene in behavior change [79,80].

In the first stage, pre-contemplation, the victim has no intention of changing shortly [81–85] and does not recognize the existence of a problem and the associated risks [80,82,86].

In the contemplation stage, there is an awareness of the problem [80,83–85,87], but the victim is not committed or making an effort to solve it [81,82,88], and not setting deadlines to begin the change process [89].

In the preparation stage, the individual makes some efforts to change the behavior [81], and is committed to fulfilling his or her goal [90] by establishing a plan [80,82].

In the action stage, the victim effectively begins to act, by changing behaviors or the environment, to solve the problem [65,80,81,87,91]. Due to the possibility of relapse, this stage requires strong dedication and commitment, as well as significant commitment [65,90].

Finally, the maintenance stage encompasses the consolidation of the results achieved in the action stage and the victim strives to prevent potential relapses [65,83,89,90].

Years later, the termination stage was added, in which the behavioral changes obtained are solid enough for the victim to feel confident that the previous behaviors will not return, thus presenting a reduced possibility of relapse [91].

Using the TTM, instruments were developed to measure the stages of change, namely the University Rhode Island Change Assessment (URICA) [92]. This instrument is applied in several areas related to health and addictive behaviors, as well as in the area of IPV [93].

3. Contribution of the TTM in the Process of Change in Victims of IPV

Although there are few studies specifically addressing IPV, there is research that applies contributions of the Transtheoretical Model of Change (TTM) to victims of this phenomenon [94,95]. Reisenhofer and Taft [96] conducted a study analyzing the applicability of TTM in the context of IPV to provide instructions and guidance to professionals working with victims. The study concluded that professionals should indeed use the stages of change provided by the TTM as a way of evaluating the change process [96]. Similarly, Zamora et al. [95] analyzed the reports of 35 women who experienced IPV using the TTM and concluded that the stages described in the model are applicable to IPV. Catallo et al. [97] also analyzed the sequence of events that led to the disclosure of IPV episodes among 19 victims, using TTM. This study found that disclosure typically occurs after a significant event, which becomes a turning point following a series of less severe events. The decision to disclose is often influenced by a balance between the perceived risks and the potential benefits of disclosure [97]. Furthermore, the study by Catallo et al. [97] recommended that healthcare professionals should use an assessment based on the stages of change to better understand both the change process and the phenomenon of IPV disclosure.

In terms of the characteristics of each stage of change, studies have highlighted the following patterns among victims: (a) Pre-contemplation: This stage is marked by suffering and ambivalent feelings toward the violence, often characterized by minimization, normalization, or denial of the violence and excusing the offender's behavior. Victims in this stage show low levels of anger towards the abuser and may not yet recognize the severity of the situation [26,65,98,99]. They may also rationalize the abuse or feel it is not severe enough to warrant action. (b) Contemplation: In this stage, victims begin to recognize the abusive behavior and experience higher levels of anger. They attribute their suffering to the violence and may start to consider ending the relationship. However, they often still experience conflicting emotions toward the abuser, expressing feelings of loyalty or attachment. For instance, victims might hesitate to leave due to marital commitments or fear of the consequences [98]. There is a growing awareness of the problem, but they may still be uncertain about taking steps to address it [99]. (c) Preparation: Victims in this stage typically begin developing a strategy to end the relationship, often seeking support or gathering resources [98]. However, they often face significant difficulties in determining how to proceed and experience high levels of stress. These difficulties can include uncertainty about how to leave safely, fears of retaliation, or financial instability [82]. (d) Action: This stage is marked by concrete efforts to change the situation. Victims may end the relationship, seek legal protection, or find safety in shelters. Significant behavioral and environmental changes take place, including contacting support services or confiding in trusted individuals [99]. It is a critical stage, but it can also involve the risk of relapse or re-engagement with the abuser. (e) Maintenance: After ending the abusive relationship,

victims work to maintain the changes achieved and prevent relapse. This phase may involve managing ongoing emotional and psychological difficulties, such as depression, anxiety, and discouragement about the future. However, victims may also experience an expansion of social networks and increased support [99]. In this stage, long-term coping mechanisms and ongoing psychological support are crucial for maintaining a safe and healthy life post-violence.

The research highlights that these stages are not always linear; victims may move between stages or experience multiple stages simultaneously, depending on the circumstances and the support available to them.

4. Domestic Violence Survivor Assessment (DVSA)

The Domestic Violence Survivor Assessment (DVSA) [100], which is being validated for Portugal by the authors of the present work, is an instrument that, through the TTM, aims to assess the process of intentional change among IPV victims [101]. This instrument was developed by researchers, with the collaboration of psychologists and victim support professionals, to obtain a better understanding of the victims' cognitive status to support them during the follow-up process, helping them to solve their dilemmas [100]. The questions developed in this instrument are based on the subjective change process of each victim, examining their perceptions about the violent relationship with their partners and how they interrupt or stop the perpetuation of violence [101].

The assessment process for the effectiveness of the DVSA indicated its usefulness for the systematic review of the difficulties that most victims of IPV face, aiding in the beginning of the follow-up [100]. The DVSA was also applied in the Montgomery County Maryland Abused Persons Program, to evaluate the results of the individual psychotherapeutic follow-up of 355 women victims of IPV [102]. This program maintains the use of DVSA and indicates it is a very useful resource in measuring the impact of follow-up [102].

In the process of validating the original scale, the professionals who applied this instrument reported it was relevant both for victims who are in abusive relationships and for victims who have already abandoned the relationship, but who continue to be monitored [101]. They reported that the scale is useful for identifying areas that need more attention in the intervention, as well as for victims to obtain the validation that their experiences in the change process are common and that change is a prolonged and lasting process [101].

DVSA contains questions designed to assess aspects of the change process as women victims shift their perspective on their abusive relationships and take steps to end the abuse. The final version consists of twelve questions, six of which are related to changes in the abusive relationship and are referred to as "relationship questions". The remaining six questions focus on changes within the women themselves and are referred to as "individual questions" [101].

The relationship questions address the following aspects: triggers that initiate abusive episodes; behaviors adopted to manage these episodes (both direct and indirect); awareness of the need for legal support; attachment to the relationship (attachment to the partner, social value); perspectives on the relationship and available options; management of loyalty and personal beliefs (social stigma and values related to staying or leaving the relationship).

The main individual questions include access to help (the belief that family, friends, and organizations can provide assistance); self-identity (separation of the couple's identity); self-confidence; emotional responses to abuse (level of awareness and control over emotions); mental health, stress, depression, and PTSD (Post-Traumatic Stress Disorder); and control over finances.

5. Discussion and Conclusions

The objective of this work was to present a comprehensive review of IPV and the change process.

As seen, IPV constitutes one of the most common forms of violence, preserved throughout generations, being grounded in habits and practices that are legitimized by traditions and cultures, and maintained by the silence of the victims [12–14,103], IPV generates extreme consequences in the short, medium, and long term [16,29,104].

The existence of an intense emotional component [11] allows the aggressor to arrange information and strategies that are used as a form of control and dependence on the victim, strategies that are demonstrated in PCW [105,106]. These strategies make the process of breaking up the relationship more difficult [10]. Therefore, understanding these strategies and the dynamics associated with the IPV that support the maintenance of the abusive relationship become important for intervention with victims [11]. However, it must be borne in mind that intervention with victims becomes difficult due to the time gap between the occurrence of the first abusive episodes and the search for help [38], this being a step with a significant impact that also leaves a mark on the change process [39,45].

Furthermore, involvement in the change process is an indicator of a successful intervention with victims [35], and some investigations apply TTM contributions to victims of IPV, e.g. [26,95–97]. Thus, it is important to identify the stage in which the victim is, to adapt the intervention to their needs [93,107].

For this, the instruments for evaluating the stages of change become useful for the effectiveness of the intervention. Given the need for instruments for this phenomenon, Dienemann et al. [100] developed the DVSA, an instrument that provides this assessment, having recognized its usefulness for the systematic review of the difficulties and dilemmas by which most victims pass [101], and, for this reason, it provides great support in the intervention process.

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References

1. Fisher, D.; Lang, K.; Wheaton, J. *Training Professionals in the Primary Prevention of Sexual and Intimate Partner Violence*; NCIPC: Atlanta, GA, USA, 2010.
2. World Health Organization. *Prevention of Sexual Violence and Violence by Intimate Partner Against the Woman: Action and Production of Evidence*; WHO: Geneva, Switzerland, 2012. Available online: https://iris.who.int/bitstream/handle/10665/44350/9789241564007_eng.pdf (accessed on 3 July 2024).

3. Carlos, D.; Campeiz, A.; Silva, J.; Fernandes, M.; Leitão, M.; Silva, M.; Ferriani, M. Intervenções na escola para prevenção da violência nas relações de intimidade entre adolescentes: Revisão integrativa da literatura [Interventions at school to prevent violence in intimate relationships among adolescents: An integrative literature review]. *Rev. De Enferm. Ref.* **2018**, *4*, 133–146. [[CrossRef](#)]
4. Breiding, M.; Basile, K.; Smith, S.; Black, M.; Mahendra, R. *Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements—Version 2.0*; Centers for Disease Control and Prevention: Atlanta, GA, USA, 2015.
5. Costa, D.; Soares, J.; Lindert, J.; Hatzidimitriadou, E.; Sundin, O.; Toth, O.; Kapolo, E.; Barros, H. Intimate partner violence: A study in men and women from six European countries. *Int. J. Public Health* **2015**, *60*, 467–478. [[CrossRef](#)] [[PubMed](#)]
6. World Health Organization. *Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence*; World Health Organization: Geneva, Switzerland, 2013.
7. Nicolson, P. *Domestic Violence and Psychology: A Critical Perspective*; Taylor & Francis: Abingdon, UK, 2010.
8. Nicolson, P. *Domestic Violence and Psychology: Critical Perspectives on Intimate Partner Violence and Abuse*, 2nd ed.; Routledge: London, UK, 2019.
9. European Council. *Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence*; CIG: Lisbon, Portugal, 2013.
10. Moleiro, C.; Pinto, N.; Oliveira, J.; Santos, M. *Boas Práticas No Apoio a Vítimas LGBT [Best Practices in Supporting LGBT Victims]*; CIG: Lisbon, Portugal, 2016.
11. Manita, C.; Ribeiro, C.; Peixoto, C. *Violência Doméstica: Compreender Para Intervir, Guia de Boas Práticas Para Profissionais de Saúde [Domestic Violence: Understand to Intervene, a Good Practice Guide for Health Professionals]*, 1st ed.; Comissão para a Cidadania e a Igualdade de Género: Lisbon, Portugal, 2009.
12. Akter, S. The link between a husband's trust in informal institutions and domestic violence against his wife: Evidence from Pakistan. *J. Interpers. Violence* **2020**, *37*, 654–678. [[CrossRef](#)] [[PubMed](#)]
13. Algovia, E.; Rivero, E. Intimate partner violence against women: A study on the beliefs of trainee teachers in Spain and Latin America. *Int. J. Psychol. Res.* **2021**, *14*, 18–29. [[CrossRef](#)]
14. DiCola, D.; Spaar, E. Intimate partner violence. *Am. Fam. Physician* **2016**, *94*, 646–651. [[PubMed](#)]
15. Capaldi, D.; Knoble, N.; Shortt, J.; Kim, H. A systematic review of risk factors for intimate partner violence. *Partn. Abus.* **2012**, *3*, 231–280. [[CrossRef](#)] [[PubMed](#)]
16. Miller, E.; McCaw, B. Intimate partner violence. *N. Engl. J. Med.* **2019**, *380*, 850–857. [[CrossRef](#)] [[PubMed](#)]
17. Duarte, M. Violência doméstica e sua criminalização em Portugal: Obstáculos à aplicação da lei [Domestic violence and its criminalization in Portugal: Obstacles to law enforcement]. *Sist. Penal Violência* **2011**, *3*, 1–12.
18. Paneque, F.; Guimarães, R. Violência doméstica: Uma reflexão sócio-jurídico-filosófica pós COVID-19 [Domestic violence: A social, legal, and philosophical reflection in the aftermath of COVID-19]. *Direito Negócios Soc.* **2022**, *2*, 49–68. [[CrossRef](#)]
19. Wilcox, T.; Greenwood, M.; Pullen, A.; Kelly, A.; Jones, D. Interfaces of domestic violence and organization: Gendered violence and inequality. *Gen. Work Organ.* **2020**, *28*, 701–721. [[CrossRef](#)]
20. Esteves, A.; Cunha, M.; Sá, V.; Panyik, E.; Ponte, F.; Monteiro, D.; Silva, C.; Fernandes, S. *Dos Riscos à Criminalidade*; UCP: Porto, Portugal, 2015.
21. Bonomi, A.; Anderson, M.; Nemeth, J.; Bartle-Haring, S.; Buettner, C.; Schipper, D. Dating violence victimization across the teen years: Abuse frequency, number of abusive partners, and age at first occurrence. *BMC Public Health* **2012**, *12*, 637. [[CrossRef](#)]
22. Caridade, S.; Saavedra, R.; Machado, C. Práticas de prevenção da violência nas relações de intimidade juvenil: Orientações gerais [Violence prevention practices in juvenile intimate relationships: General guidelines]. *Análise Psicológica* **2012**, *3*, 131–142. [[CrossRef](#)]
23. Fernández-Fuertes, A.; Fuertes, A. Physical and psychological aggression in dating relationships of Spanish adolescents: Motives and consequences. *Child Abuse Negl.* **2010**, *34*, 183–191. [[CrossRef](#)] [[PubMed](#)]
24. Sanz-Barbero, B.; Pereira, P.; Barri, G.; Vives-Cases, C. Intimate partner violence against young women: Prevalence and associated factors in Europe. *J. Epidemiol. Community Health* **2018**, *72*, 611–616. [[CrossRef](#)] [[PubMed](#)]
25. Laskey, P.; Bates, E.; Taylor, J. A systematic literature review of intimate partner violence victimisation: An inclusive review across gender and sexuality. *Aggress. Violent Behav.* **2019**, *47*, 1–11. [[CrossRef](#)]
26. Fávero, M.; Cruz, N.; Moreira, D.; Del Campo, A.; Sousa-Gomes, V. Violence in intimate relationships: Symptomatology and motivation for change. *Psychol. Trauma Theory Res. Pract. Policy* **2024**, *16*, 462–469. [[CrossRef](#)]
27. Ali, P.A.; Dhingra, K.; McGarry, J. A literature review of intimate partner violence and its classifications. *Aggress. Violent Behav.* **2016**, *31*, 16–25. [[CrossRef](#)]
28. Ferrareso, R. Risk and protective factors associated with intimate partner violence in a nationally representative sample of Korean men. *J. Prev. Med. Public Health* **2020**, *53*, 135–142. [[CrossRef](#)]
29. Backes, B.L.; Fedina, L.; Holmes, J.L. The criminal justice system response to intimate partner stalking: A systematic review of quantitative and qualitative research. *J. Fam. Viol.* **2020**, *35*, 665–678. [[CrossRef](#)]

30. Moreira, D.; Moreira, D.S.; Barbosa, F.; Sousa-Gomes, V.; Fávero, M. Childhood traumatic experiences and psychopathy: A comprehensive review. *Psychol. Trauma Theory Res. Pract. Policy* **2021**, *14*, 1281–1287. [[CrossRef](#)] [[PubMed](#)]
31. Both, L.; Favaretto, T.; Freitas, L. Cycle of violence in women victims of domestic violence. *Brain Behav.* **2019**, *9*, 18–29. [[CrossRef](#)]
32. Gregory, A.; Feder, G.; Taket, A.; Williamson, E. Qualitative study to explore the health and well-being impacts on adults providing informal support to female domestic violence survivors. *BMJ Open* **2017**, *7*, e014511. [[CrossRef](#)]
33. Magalhães, T. *Violência e Abuso: Respostas Simples Para Questões Complexas [Violence and Abuse: Simple Answers to Complex Questions]*, 1st ed.; Imprensa da Universidade de Coimbra: Coimbra, Portugal, 2010. [[CrossRef](#)]
34. Silva, S.A.; Lucena, K.D.T.; Deininger, L.S.C.; Coelho, H.F.C.; Vianna, R.P.T.; Anjos, U.U. Análise da violência doméstica na saúde das mulheres. *J. Hum. Growth Dev.* **2015**, *25*, 182–186. [[CrossRef](#)]
35. Soleymani, S.; Britt, E.; Wallace-Bell, M. Motivational interviewing for enhancing engagement in intimate partner violence (IPV) treatment: A review of the literature. *Aggress. Violent Behav.* **2018**, *40*, 119–127. [[CrossRef](#)]
36. Barroso, Z. *Violência nas Relações Amorosas [Violence in Love Relationships]*, 1st ed.; Edições Colibri: Famões, Portugal, 2007.
37. Pagliaro, S.; Cavazza, N.; Paolini, D.; Teresi, M.; Johnson, J.; Pacilli, M. Adding insult to injury: The effects of intimate partner violence spillover on the victim's reputation. *Violence Against Women* **2021**, *28*, 1523–1541. [[CrossRef](#)]
38. Park, S.; Bang, S.; Jeon, J. "This society ignores our victimization": Understanding the experiences of Korean male victims of intimate partner violence. *J. Interpers. Violence* **2020**, *36*, 11658–11680. [[CrossRef](#)] [[PubMed](#)]
39. Alves, M.J.V.; Manita, C.; Caldas, I.M.; Fernández-Martínez, E.; Silva, A.G.; Magalhães, T. Evolution and analysis of cultural and cognitive factors related with domestic violence against women. *J. Interpers. Violence* **2016**, *34*, 621–641. [[CrossRef](#)] [[PubMed](#)]
40. Evans, M.; Feder, G. Help-seeking amongst women survivors of domestic violence: A qualitative study of pathways towards formal and informal support. *Health Expect.* **2014**, *19*, 62–73. [[CrossRef](#)] [[PubMed](#)]
41. Rai, A.; Choi, Y.J. Socio-cultural risk factors impacting domestic violence among South Asian immigrant women: A scoping review. *Aggress. Violent Behav.* **2018**, *38*, 76–85. [[CrossRef](#)]
42. Shin, N.; Park, E. The influence of informal support on battered women's use of formal services. *J. Aggress. Maltreatment Trauma* **2020**, *30*, 1203–1219. [[CrossRef](#)]
43. Dutra, M.; Prates, P.; Nakamura, E.; Villela, W. A configuração da rede social de mulheres em situação de violência doméstica [The configuration of the social network of women living in domestic violence situations]. *Ciênc. Saúde Coletiva* **2013**, *18*, 1293–1304. [[CrossRef](#)]
44. Machisa, M.T.; Christofides, N.; Jewkes, R. Social support factors associated with psychological resilience among women survivors of intimate partner violence in Gauteng, South Africa. *Glob. Health Action* **2018**, *11*, 1491114. [[CrossRef](#)] [[PubMed](#)]
45. Park, S.; Ko, Y. Victims of intimate partner violence in South Korea: Experiences in seeking help based on support selection. *Violence Against Women* **2020**, *27*, 320–338. [[CrossRef](#)] [[PubMed](#)]
46. Santoniccolo, F.; Trombetta, T.; Rollè, L. The help-seeking process in same-sex intimate partner violence: A systematic review. *Sex. Res. Soc. Policy* **2023**, *20*, 391–411. [[CrossRef](#)]
47. Barrett, B.J.; Peirone, A.; Cheung, C.H. Help seeking experiences of survivors of intimate partner violence in Canada: The role of gender, violence severity, and social belonging. *J. Fam. Viol.* **2020**, *35*, 15–28. [[CrossRef](#)]
48. Cezario, A.; Carvalho, L.; Lopes, N.; Lourenço, L. A violência entre parceiros íntimos sob a perspectiva de homens vítimas de suas parceiras no Brasil [Violence between intimate partners from the perspective of male victims of their partners in Brazil]. *Perspect. En Psicol.* **2015**, *12*, 41–49.
49. Pedro, I.; Rocha, S.; Nascimento, L. Social support and social network in family nursing: Reviewing concepts. *Rev. LA Enferm.* **2008**, *16*, 324–327. [[CrossRef](#)]
50. Dunst, C.; Trivette, C. Assessment of social support in early intervention programs. In *Handbook of Early Childhood Intervention*; Meisels, S., Shonkoff, J., Eds.; Cambridge University Press: Cambridge, UK, 1990; pp. 326–349.
51. Coker, A.; Smith, P.; Thompson, M.; McKeown, R.; Bethea, L.; Davis, K. Social support protects against the negative effects of partner violence on mental health. *Women's Health Gen.-Based Med.* **2002**, *11*, 465–476. [[CrossRef](#)]
52. Ferrari, G.; Davies, R.; Bailey, J.; Howard, L.; Howarth, E.; Peters, T.; Sardinha, L.; Feder, G. Domestic violence and mental health: A cross-sectional survey of women seeking help from domestic violence support services. *Global Health Action* **2016**, *9*, 29890. [[CrossRef](#)]
53. Harandi, T.; Taghinasab, M.; Nayeri, T. The correlation of social support with mental health. *Electron. Physician* **2017**, *9*, 5212–5222. [[CrossRef](#)] [[PubMed](#)]
54. Mahapatro, M.; Prasad, M.; Singh, S. Role of social support in women facing domestic violence during lockdown of COVID-19 while cohabiting with the abusers: Analysis of cases registered with the family counselling centre, Alwar, India. *J. Fam. Issues* **2021**, *42*, 2609–2624. [[CrossRef](#)] [[PubMed](#)]
55. Panaghi, L.; Ahmadabi, Z.; Ghahari, S.; Mohammadi, S. Social support, coping mechanisms, and mental health of women suffering from spouse abuse. *Pract. Clin. Psychol.* **2013**, *1*, 9–15.

56. Sylaska, K.; Edwards, K. Disclosure of intimate partner violence to informal social support network members: A review of the literature. *Trauma Violence Abus.* **2014**, *15*, 3–21. [[CrossRef](#)]
57. Siqueira, M. Construção e validação da escala de percepção de suporte social. *Psicol. Estud.* **2008**, *13*, 381–388. [[CrossRef](#)]
58. Mahapatro, M.; Singh, S. Coping strategies of women survivors of domestic violence residing with an abusive partner after registered complaint with the family counseling center at Alwar, India. *J. Community Psychol.* **2020**, *48*, 818–833. [[CrossRef](#)] [[PubMed](#)]
59. Vameghi, R.; Akbari, S.; Majd, H.; Sajedi, F.; Sajjadi, H. The comparison of socioeconomic status, perceived social support, and mental status in women of reproductive age experiencing and not experiencing domestic violence in Iran. *Inj. Violence* **2018**, *10*, 137–145.
60. Sarason, I.; Levine, H.; Basham, R.; Sarason, B. Assessing social support: The social support questionnaire. *J. Pers. Soc. Psychol.* **1983**, *44*, 127–139. [[CrossRef](#)]
61. Macedo, J.; Dimenstein, M.; Sousa, H.R.; Costa, A.; Silva, B. A produção científica brasileira sobre apoio social: Tendências e invisibilidades [Brazilian scientific production about social support: Trends and invisibilities]. *Rev. Interinst. Psicol.* **2018**, *11*, 258–278. [[CrossRef](#)]
62. Rausa, B. Social support. In *Encyclopedia of Aging and Public Health*; Loue, S., Sajatovic, M., Eds.; Springer Science & Business Media: New York, NY, USA, 2008; pp. 751–754. [[CrossRef](#)]
63. Quaresma, C. *Violência Doméstica: Da Participação da Ocorrência à Investigação Criminal [Domestic Violence: From Reporting the Occurrence to Criminal Investigation]*, 1st ed.; Cadernos da Administração Interna, Coleção Direitos Humanos e Cidadania: Lisbon, Portugal, 2012.
64. Liang, B.; Goodman, L.; Tummala-Narra, P.; Weintraub, S. A theoretical framework for understanding help-seeking processes among survivors of intimate partner violence. *Am. J. Community Psychol.* **2005**, *36*, 71–84. [[CrossRef](#)] [[PubMed](#)]
65. Mach, J.; Cantos, A.; Weber, E.; Kosson, D. The impact of perpetrator characteristics on the completion of a partner abuse intervention program. *J. Interpers. Violence* **2017**, *35*, 5228–5254. [[CrossRef](#)] [[PubMed](#)]
66. Gomes, N.; Erdmann, A.; Gomes, N.; Monteiro, D.; Santos, R.M.; Couto, T. Apoio social à mulher em situação de violência conjugal [Social support for women in situations of domestic violence]. *Rev. Salud Pública* **2015**, *17*, 823–835. [[CrossRef](#)] [[PubMed](#)]
67. Battista, S.D.; Paolini, D.; Pivetti, M.; Biondi, P.; Balsamo, M.; Carlucci, L.; Cigliano, I.A.; Mazzoni, S. Emotional abuse among lesbian Italian women: Relationship consequences, help-seeking and disclosure behaviors. *J. Gay Lesbian Ment. Health* **2021**, *25*, 175–207. [[CrossRef](#)]
68. Johnson, N.L.; Johnson, D.M. Correlates of readiness to change in victims of intimate partner violence. *J. Aggress. Maltreatment Trauma* **2014**, *22*, 127–144. [[CrossRef](#)]
69. Sylaska, K.; Edwards, K. Disclosure experiences of sexual minority college student victims of intimate partner violence. *Am. J. Community Psychol.* **2015**, *55*, 326–335. [[CrossRef](#)] [[PubMed](#)]
70. Zapor, H.; Wolford-Clevenger, C.; Johnson, D. The association between social support and stages of change in survivors of intimate partner violence. *J. Interpers. Violence* **2018**, *33*, 1051–1070. [[CrossRef](#)] [[PubMed](#)]
71. Freeland, R.; Goldenberg, T.; Stephenson, R. Perceptions of informal and formal coping strategies for intimate partner violence among gay and bisexual men. *Am. J. Men's Health* **2018**, *12*, 302–312. [[CrossRef](#)] [[PubMed](#)]
72. Goodman, L.; Smyth, K. A call for a social network-oriented approach to services for survivors of intimate partner violence. *Psychol. Violence* **2011**, *1*, 79–92. [[CrossRef](#)]
73. Pinho, L.; Pereira, A.; Chaves, C.; Rocha, M. Satisfação com o suporte social e qualidade de vida dos doentes com esquizofrenia [Satisfaction with social support and quality of life of patients with schizophrenia]. *Rev. Port. Enferm. Saúde Ment.* **2017**, *5*, 33–38. [[CrossRef](#)]
74. Vieira, P.; Garcia, L.; Maciel, E. Isolamento social e o aumento da violência doméstica: O que isso nos revela? *Rev. Bras. Epidemiol.* **2020**, *23*, 1–5. [[CrossRef](#)]
75. Baragatti, D.; Rolim, A.; Castro, C.; Melo, M.; Silva, E. Rota crítica de mulheres em situação de violência: Revisão integrativa. *Pan Am. J. Public Health* **2019**, *43*, e34. [[CrossRef](#)]
76. Machado, A.; Hines, D.; Matos, M. Help-seeking and needs of male victims of intimate partner violence in Portugal. *Psychol. Men Masculinity* **2016**, *17*, 255–264. [[CrossRef](#)]
77. Prochaska, J.O.; DiClemente, C. Transtheoretical therapy: Toward a more integrative model of change. *Psychother. Theory Res. Train.* **1982**, *19*, 276–288. [[CrossRef](#)]
78. Prochaska, J.O.; Velicer, W.F.; Rossi, J.S.; Goldstein, M.G.; Marcus, B.H.; Rakowski, W.; Fiore, C.; Harlow, L.L.; Redding, C.A.; Rosenbloom, D.; et al. Stages of change and decisional balance for 12 problem behaviors. *Health Psychol.* **1994**, *13*, 39–46. [[CrossRef](#)]
79. Imeri, H.; Toth, J.; Arnold, A.; Barnard, M. Use of the transtheoretical model in medication adherence: A systematic review. *Res. Soc. Adm. Pharm.* **2022**, *18*, 2778–2785. [[CrossRef](#)] [[PubMed](#)]

80. Ludwig, M.; Dutra, N.; Boff, R.; Feoli, A.; Gustavo, A.; Macagnan, F.; Oliveira, M. Intervention protocol based on TTM of behavior change for metabolic syndrome. *Psicol. Teor. E Pesqui.* **2021**, *37*, 1–12. [[CrossRef](#)]
81. Ludwig, M. Modelo Transteórico de Mudança de Comportamento na Síndrome Metabólica: Intervenções e Fatores Preditivos de Mudança [Transtheoretical Model of Behavior Change in the Metabolic Syndrome: Interventions and Predictive Factors for Change]. TEDE—Biblioteca Digital de Teses e Dissertações da PUCRS. Doctoral Dissertation, Universidade Católica do Rio Grande do Sul, Porto Alegre, Brazil, 2012.
82. Prochaska, J.O.; DiClemente, C. Stages of change in the modification of problem behaviors. *Prog. Behav. Modif.* **1992**, *28*, 183–218.
83. Prochaska, J.O.; Norcross, J.C. *Systems of Psychotherapy: A Transtheoretical Analysis*, 8th ed.; Brooks Cole: Belmont, CA, USA, 2013.
84. Reis, G.; Nakata, L. Modelo transteórico de mudança: Contribuições para o coaching de executivos [Transtheoretical model of change: Contributions to executive coaching]. *Rev. Bras. Orientação Prof.* **2010**, *11*, 61–72.
85. Santos, A.; Enéas, M.; Yoshida, E. Estágios de mudança: Correlação entre duas formas de avaliação [Stages of change: Correlation between two forms of assessment]. *Psicol. Teoria Prática* **2012**, *14*, 134–139.
86. Junior, I.; Calheiros, P. Motivação para mudança em usuários de drogas e justiça: Revisão de literatura [Motivation for change in drug users and justice: Literature review]. *Psicol. Teor. E Prática* **2017**, *19*, 60–72. [[CrossRef](#)]
87. Patten, S.; Vollman, A.; Thurston, W. The utility of the transtheoretical model of behavior change for HIV risk reduction in injection drug users. *J. Assoc. Nurses AIDS Care* **2000**, *11*, 57–66. [[CrossRef](#)] [[PubMed](#)]
88. Prochaska, J.O. An eclectic and integrative approach: Transtheoretical therapy. In *Essential Psychotherapies: Theory and Practice*; Gurman, A.S., Messer, S.B., Eds.; The Guilford Press: New York, NY, USA, 1995; pp. 403–440.
89. Prochaska, J.O.; Velicer, W.F. The transtheoretical model of health behavior change. *Am. J. Health Promot.* **1997**, *12*, 38–48. [[CrossRef](#)] [[PubMed](#)]
90. Junior, I.; Calheiros, P.; Crispim, P. Motivação para mudança no uso de substâncias entre usuários de drogas encaminhados pela justiça [Motivation for change in substances use among drug users referred by the justice system]. *Trends Psychol.* **2018**, *26*, 1363–1378. [[CrossRef](#)]
91. Norcross, J.C.; Krebs, P.M.; Prochaska, J.O. Stage of change. *J. Clin. Psychol.* **2011**, *67*, 143–154. [[CrossRef](#)] [[PubMed](#)]
92. Rossi-Barbosa, L.; Gama, A.; Caldeira, A. Associação entre prontidão para mudanças de comportamento e queixa de disfonia em professores [Association between readiness for behavior change and complaints of vocal problems in teachers]. *CoDAS* **2015**, *27*, 170–177. [[CrossRef](#)]
93. Bittencourt, S.A.; Santos, P.L.; Oliveira, M.S. Motivação para a mudança: Análise fatorial da URICA para hábitos alimentares. *Bragança Paul.* **2012**, *17*, 497–505. [[CrossRef](#)]
94. Burke, J.G.; Mahoney, P.; Gielen, A.; McDonnell, K.A.; O’Campo, P. Defining appropriate stages of change for intimate partner violence survivors. *Violence Vict.* **2009**, *24*, 36–51. [[CrossRef](#)] [[PubMed](#)]
95. Zamora, R.; Muñoz-Cobos, F.; Varo, M.L.; Rodríguez, A.C.; Carretero, M.L.; Fraile, I.O.; Ruiz, J.R.; Bravo, M.V. Modelo de estadios de cambio: Compatibilidad com relatos biograficos de mulheres que sofrem violência doméstica. *An. Psicol.* **2012**, *28*, 805–822. [[CrossRef](#)]
96. Reisenhofer, S.; Taft, A. Women’s journey to safety—The transtheoretical model in clinical practice when working with women experiencing intimate partner violence: A scientific review and clinical guidance. *Patient Educ. Couns.* **2013**, *93*, 536–548. [[CrossRef](#)] [[PubMed](#)]
97. Catallo, C.; Jack, S.; Ciliska, D.; MacMillan, H. Identifying the turning point: Using the TTM to map IPV disclosure in emergency department settings. *ISRN Nurs.* **2012**, *2012*, 121–149. [[CrossRef](#)]
98. Eckstein, J. Reasons for staying in intimately violent relationships: Comparisons of men and women and messages communicated to self and others. *J. Fam. Viol.* **2011**, *26*, 21–30. [[CrossRef](#)]
99. Shurman, L.; Rodriguez, C. Cognitive–affective predictors of women’s readiness to end domestic violence relationships. *J. Interpers. Violence* **2006**, *21*, 1417–1439. [[CrossRef](#)]
100. Dienemann, J.; Campbell, J.; Landenburger, K.; Curry, M.A. DVSA: A tool for counseling women in IPV relationships. *Patient Educ. Couns.* **2002**, *46*, 221–228. [[CrossRef](#)] [[PubMed](#)]
101. Dienemann, J.; Neese, J.; Lowry, S. Psychometric properties of the DVSA. *Arch. Psychiatr. Nurs.* **2009**, *23*, 111–118. [[CrossRef](#)] [[PubMed](#)]
102. Dienemann, J.; Glass, N.; Hanson, G.; Lunsford, K. DVSA: A tool for individual counselling with women experiencing IPV. *Issues Ment. Health Nurs.* **2007**, *28*, 913–925. [[CrossRef](#)] [[PubMed](#)]
103. Albanesi, C.; Tomasetto, C.; Guardabassi, V. Evaluating interventions with victims of intimate partner violence: A community psychology approach. *BMC Women’s Health* **2021**, *21*, 138. [[CrossRef](#)] [[PubMed](#)]
104. Massena, A.; Fernandes, C.; Ravara, D.; Ribeiro, F.; Susano, H.; Gago, L.; Perquilhas, M.; Guerra, P.; Pena, S. *Violência Doméstica: Implicações Sociológicas, Psicológicas e Jurídicas do Fenômeno [Domestic Violence: Sociological, Psychological and Legal Implications of the Phenomenon]*; CEJ: Coimbra, Portugal, 2016.

105. Chavis, A.; Hill, M. Integrating multiple intersecting identities: A multicultural conceptualization of the power and control wheel. *Women Ther.* **2009**, *32*, 121–149. [[CrossRef](#)]
106. Dutton, D.; Starzomski, A. Personality predictors of the Minnesota power and control wheel. *J. Interpers. Violence* **1997**, *12*, 70–82. [[CrossRef](#)]
107. González, J. Psicoterapia ambulatoria con mujeres víctimas de violencia de pareja: Una propuesta desde el modelo trasnteorico del cambio. *Rev. Asoc. Esp. Neuropsiquiatr.* **2012**, *32*, 83–101. [[CrossRef](#)]

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