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Abused, repressed, and exploited: Exploring typologies of female victims of intimate partner violence, and associations with psychological symptoms, history of violence, and contextual factors

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Abstract

Intimate partner violence (IPV) is a global public health issue with pervasive and long-lasting consequences. The diverse manifestations and complex dynamics of IPV can make it challenging for social workers to tailor their care to the individual needs of victims. This study provides insights into how characteristics of violence and contextual factors interrelate in predicting psychological problems in female victims of IPV. The sample consisted of 278 ethnically diverse female victims in a Dutch shelter facility. Intake reports were systematically coded, and victims had filled out the Brief Symptom Inventory during their intake. Latent class analysis revealed three data-driven groups: universally

exploited (15.5%), emotionally repressed (39.2%), and reactively physically abused (46.5%). Universally exploited women reported more psychological symptoms than the reactive physical abuse group, especially when they did not have an income. The reactively physically abused group more often reported financial debts. Our results expand existing knowledge on differences in dynamics for shelter-seeking victims of IPV. Additionally, our findings may provide some direction to help social workers to identify victims most in need of psychological support and to provide more individually tailored care for them.

Keywords: domestic violence shelter; intimate partner violence; psychological and emotional abuse; psychological problems.

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Intimate partner violence (IPV) is a global public health issue with short- and long-term negative consequences in a variety of domains, including mental and physical health, economic circumstances, and dysfunctional social relationships and revictimization (Coker et al., 2000; Stubbs and Szoeke 2022). The World Health Organization defines IPV as "behavior within an intimate relationship that causes or has the potential to cause physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviors" (World Health Organization/London School of Hygiene and Tropical Medicine 2010). Consequences of IPV may differ depending on characteristics of the violence—including type and severity (Dutton et al., 2005; Dokkedahl et al., 2022)—history of violence—including past violent relationships (Howell et al., 2018) and childhood maltreatment (Gallagher et al., 2023)—and contextual factors—including victims' social, societal, and economic position (Beeble et al., 2010; Carlson et al., 2002; Howell et al., 2018). Globally, roughly one in four women are affected by IPV (World Health Organization 2021). In severe cases, victims can seek refuge in a domestic violence shelter, where help is provided to remain safe and become independent again. Social workers working in these facilities can benefit from typologies to tailor their treatment approach for victims. Even though numerous typology studies have been conducted, these appear to be rather heterogenous and few have been tested in samples of victims residing in shelters (Alexander and Johnson 2023). This study aims to expand the existing literature and to contribute to the clinical need for more guidance within this specific population by exploring differential effects of distinct types of IPV on psychological problems in an ethnically diverse sample of female IPV victims in a Dutch domestic violence shelter.

Typologies of IPV

Over the last decades, dating back to the early 1980s, several serious attempts have been made to determine typologies of IPV that might be of

clinical use in various populations (for an overview (see e.g. Alexander and Johnson 2023). Much attention has been given to group clustering based on type and severity of abuse, focusing on both victims' and perpetrators' risk factors. The most widely clinically and scientifically used typologies of relationship dynamics in IPV come from Johnson (1995, 2006, 2008; cf. Kelly and Johnson 2008), who differentiates between Coercive Controlling Violence (CCV), Violent Resistance (VR), Situational Couple Violence (SCV), Mutual Violent Resistant (MVC), and Separation-Instigated Violence (SIV). In CCV (previously labeled Intimate Terrorism), one partner tries to dominate the other and to exert general control over the relationship by using power and control tactics, including violence; in VR controlling and violent behavior is responded to by violence; SCV is the most common type of physical aggression between spouses or partners, perpetrated by both men and women, in situations where arguments escalate to physical aggression; in MVC both individual and partner are violent and controlling; and SIV is a form of violence that occurs without a prior history of IPV, after traumatic separation of children, allegations of child or sexual abuse, or discovering a partner's romantic affair. Similar to other typologies, Johnson makes a distinction between different types of violence and severity and includes relationship dynamics (i.e. controlling and violent behavior vs. symmetrical violence). Application of the typology of Johnson (1995) in different samples, varying from population samples to court samples and shelter samples, shows that different clusters are predominant in different samples (Kelly and Johnson 2008). For example, SCV was most predominant in a population sample, but CCV was most predominant in a shelter sample.

Despite the large impact of Johnson's typology and its application in clinical practice, this typology—as well as other typologies that exist in the literature—is not unequivocally supported by empirical literature thus far (Alexander and Johnson 2023). It is likely that differences in context (such as sample type), combined with methodological heterogeneity between studies, explain why there is relatively little consistency in typology studies. Closer investigations of classifications of IPV in specific subsamples could not only contribute to more empirical support but might also better inform clinical practice. For clinicians, being able to tailor their care to their individual clients is of most importance (Jonker et al., 2012). To be able to provide the best care for a specific population of clients, diversity within this population is most informative, and relevant subtypes should be based on an analysis of this specific population.

IPV and psychological problems: Who is most at risk?

Shelters for victims of IPV, at least in the Netherlands, often mainly focus their efforts on increasing their clients' self-sufficiency and stability.

Although the shelters do conduct basic standardized screenings for mental health problems, referrals to specialized mental health institutions are needed for more thorough diagnostic assessments and treatment. Evaluations of client perspectives suggest that they do not always receive the psychological treatment they need. Shelter staff also report that collaboration with mental health services can be challenging, as these institutions may be reluctant to initiate treatment due to concerns about victims' ongoing instability and complex life circumstances (Lünnemann et al., 2014).

Importantly, studies in diverse samples have illustrated that a considerable group of women with recent or lifetime experiences of IPV suffer from psychological problems, such as depression, suicidality, post-traumatic stress disorder, anxiety disorders, and alcohol or drug abuse (Tolman and Rosen 2001; Leone et al., 2004; Trevillion et al., 2012; Lagdon et al., 2014), suggesting that more elaborate diagnostics and/or treatment are called for. Unfortunately, screening for mental health problems or conducting more elaborate diagnostics for all victims is not always viable in this context, given insufficient resources. Also, there is a risk of over-diagnosing and overtreating mental health problems should all victims be screened, with significant financial and societal consequences. Clinical practice could therefore benefit from a clearer perspective on which violence characteristics, violence histories, and contextual factors within IPV victims in domestic violence shelters increase their vulnerability for developing psychological problems. With the identification of different "profiles," we hope to help clinicians to better identify and help those victims that need more than mainly practical support and stability.

Several studies have used different IPV typologies to explain why some women experience more psychological problems after IPV than others. In general, these studies show that women who experience more severe forms of IPV and experience different types of abuse at the same time are most prone to experience stress-related, depressive, and anxiety symptoms (Dutton et al., 2005; Cavanaugh et al., 2012; Hegarty et al., 2013; Davies et al., 2015). However, the typologies in these studies are based on a wide variety of samples, ranging from population-based samples (Cavanaugh et al., 2012) to samples of self-sufficient and economically independent IPV victims in non-residential settings (Hegarty et al., 2013; Davies et al., 2015) to mixed samples in shelters and IPV victims seeking help in court (Dutton et al., 2005), which makes them less relevant for clinicians trying to provide tailored care to IPV victims in shelters. Moreover, the typologies used in these studies do not entail information about the dynamic of the partner relationship (cf. Kelly and Johnson 2008), which seems to be a key determinant of psychological problems after IPV (e.g. Ulloa and Hammett 2016).

In addition to dynamics of the most recent violence, victims' past experiences with violent relationships can also affect their vulnerability to developing psychological problems. Pre-exposure to childhood maltreatment increases the risk of mental health problems in victims of IPV (e.g. for a

review, see Lagdon et al., 2014) and violence in previous intimate partner relationships can similarly make IPV victims less resilient (Howell et al., 2018). The accumulation of stress and trauma throughout a lifetime could explain why IPV victims with previous experiences of violence show more mental health problems (Rutter 2012). Again, the role of these factors has been mainly studied in mixed samples or population samples but has been less often studied in female IPV victims in shelters.

Finally, contextual factors can enhance or buffer the negative impact of IPV on women's mental health. For instance, in a sample of IPV victims in non-residential care, women who experienced more social support were less likely to report mental health problems after IPV (Coker et al., 2000). In another study, it was found that an accumulation of protective factors (including social support, absence of economic hardship and education) decreased the experience of depressive and anxiety symptoms, but that "absence of economic hardship" was the most prominent protective factor against these psychological problems (Carlson et al., 2002). Importantly, evidence shows that the buffering effects of these protective factors for psychological problems in IPV victims can depend on the type or level of IPV. The buffering effects appear to be stronger when the level and nature of the violence is lower or less severe (Carlson et al., 2002; Beeble et al., 2010). These further stress the relevance of assessing the effects of violence history and contextual factors on psychological problems in the context of the type and severity of IPV.

Current study

In this study, we focus on a group of female victims of IPV who all chose to seek help in a Dutch domestic violence shelter facility. This sample is ethnically highly diverse, which is representative of the population of women that seek shelter for IPV (Grossman and Lundy 2007). Our aim is to explore how characteristics of the most recent violence, history of violence, and contextual factors relate to the level of psychological symptoms in female victims of IPV. We aim to add to the existing literature by identifying subgroups on the basis of standardized violence and context indicators, which can ultimately contribute to supporting social workers in recognizing and adequately tailoring support to those victims who are most in need for psychological treatment.

Method

Study population

The sample of the current study was drawn from the client population of a shelter for victims of family violence in a large city in the Netherlands.

Data were retrieved from client files and based on a written report of the intake with a psychologist or social worker and a self-report questionnaire on current psychopathology symptoms. For this study, all unique client files concerning female victims of IPV admitted between 2011 and 2016 were included. Approval for this study was obtained through the shelter's client council. The design of the study and consent procedure were approved by the Ethics Committee of the Department of Psychology, Education, and Child Studies of the Erasmus University Rotterdam (application number: 18–018).

Of the 430 client files that were screened, 100 files were excluded because the clients had experienced abuse by another perpetrator than their intimate partner, such as violence due to sexual orientation, honor-related violence, or violence related to human trafficking. For 27 clients, the intake report was not filled out by the psychologist or was otherwise missing. For 25 clients, information in the file was missing for one of the main variables (i.e. incomplete intake form). The sample therefore consisted of 278 unique clients. These women were on average 34 years old (SD = 9.1 years, range 19–66 years) and had been in a violent partner relationship that had lasted on average 8 years and 7 months (SD = 8.0 years, range 2 months to 47 years). Of the sample, 34.9% had attended or finished primary school or special education, 23.5% had finished lower to medium vocational training, and 41.6% had finished higher vocational training or had obtained a university degree. Most victims did not have an income (61.5%), 19.4% were on welfare, and 19.1% had an income from employment. Only a quarter of the women were of Dutch origin (24.8%), 11.9% had a Western migration background (e.g. Poland, Portugal, Bulgaria), and 63.3% had a non-Western migration background (e.g. Morocco, Nigeria, Surinam). In the city where this shelter was situated, 52.3% of the city's population are of Dutch origin, 13.4% have a Western migration background, and 38.9% have a non-Western migration background (Statistics Netherlands 2024).

Procedure

For all clients, an intake was scheduled within the first two weeks after registration. This intake consisted of a semi-structured interview with a specialized psychologist or social worker and a self-report questionnaire on current psychological symptoms. The semi-structured interview included open-ended questions about clients' previous relationships, the violence they had experienced, and the circumstances surrounding it. For clients who did not sufficiently speak Dutch or English, a professional interpreter provided oral translation (usually by phone) during the intake interview. The psychologist or social worker wrote a report on the intake interview. The intake reports of eligible clients were later systematically coded by two researchers (one of whom is a clinician, specialized and working in the

forensic field) using a codebook, specifically designed for this study (codebook [in Dutch] is available from the first author). Codes in the code book describe victim characteristics (income, debts, social network, history of child abuse, abuse in previous partner relationships) and abuse characteristics (frequency, type of aggression, and type of abuse). As a pilot, the two researchers double-coded the first 19 files and discussed discrepancies to fine-tune the codebook. Afterwards, 20 client files were independently coded with the revised codebook as a reliability check. Inter-rater reliability was established for all individual codes, and all kappa's ranged from substantial to excellent (κ=0.72–1.00; average κ=0.94).

Measures

Systematic coding of the intake reports

Current IPV was characterized in the codebook based on three elements: the type of abuse in the intimate partner relationship, the type of aggression between partners, and the frequency of abuse between partners. Three types of abuse were distinguished: physical, emotional, and sexual abuse. For each victim, intake reports were used to score every type of abuse (0 = no; 1 = yes). Types of aggression were distinguished in three categories: instrumental/proactive aggression (*Type of aggression* = 1), impulsive/reactive aggression (*Type of aggression* = 2), or both (*Type of aggression* = 3)—a common distinction in aggression in general and in IPV (see e.g. Dodge and Coie 1987; Ross and Babcock 2009). Instrumental aggression was coded when the intake report included only examples of occasions where the perpetrator used aggression to obtain a goal or to get his way, e.g. using aggression to force sexual intercourse. Impulsive/reactive aggression was coded when the intake report included only examples of aggression as a result of loss of control in the perpetrator or as a response to behavior of the victim. Both were coded when both types of aggression were apparent from the intake report. Finally, the frequency of abuse was coded in three categories: once/one incident (*Frequency of abuse* = 1), multiple incidents (*Frequency of abuse* = 2), or structural abuse/on a daily basis (*Frequency of abuse* = 3).

Two variables were coded for history of violence. History of childhood maltreatment was assessed based on the information about family history in the intake reports. Definitions of child abuse and abuse in previous partner relationships were directly copied from the Dutch National Prevalence Study of Child and Youth Maltreatment (Van IJzendoorn et al., 2005), which was a translation of the definitions used in the National Incidence Studies (Sedlak 2001). One overall dichotomous score (0 = no; 1 = yes) was created based on the experience of any type of childhood abuse or neglect. Secondly, information on previous intimate partner

relationships was used to assess whether the women had experienced abuse in a partner relationship before. The same categories as for the types of current IPV were used: physical, emotional, and sexual abuse. A dichotomous score (0 = no; 1 = yes) was created based on the experience of any type of abuse in a previous partner relationship.

For the contextual factors, income was described with two categories: no income (0) or any income (from welfare or from employment) (1). More detailed information about the exact income was not recorded in the intake forms. Financial debts were coded as "no" (1) or "yes" (0), because more detailed information about the amount of debts was not recorded. The social network of victims was coded as no or weak social network (0), or strong social network (1). A weak social network was defined as having friends or family with limited availability due to physical or emotional distance, while a strong social network referred to friends or family available when the victim needed help. More detailed information was not available in the intake forms.

Psychological symptoms

All victims filled in the Dutch version (De Beurs 2004) of the Brief Symptom Inventory (BSI, Derogatis and Melisaratos 1983; Derogatis and Spencer 1993). The BSI is a validated questionnaire of 53 items rated on 5-point Likert scales ranging from "*not at all*" to "*extremely*," resulting in scores on nine subscales and a global index for total psychological symptoms (De Beurs and Zitman 2006). Women reported on the experience of psychological symptoms in the last week, e.g. "feeling down," "feeling afraid to travel," and "having uncontrollable bursts of anger." The internal consistency of the global index in this study was excellent ($\alpha = 0.97$).

Statistical analyses

All analyses were conducted in IBM SPSS Statistics version 26 unless otherwise indicated. First, descriptive analyses were performed to describe the study population, and *t*-tests and ANOVA analyses investigated which victim characteristics were related to psychological symptoms. Second, a latent class analysis was performed to explore whether subgroups could be identified within the study population based on violence characteristics. Specifically, we fitted a mixture model using Mplus version 7.4 (Muthén and Muthén 1998–2015) and Full Information Maximum Likelihood to deal with missing data on the cluster indicators that were used. Differences in characteristics of the subgroups were tested with logistic regressions. Finally, differences in psychological symptoms between subgroups were examined with a between-subjects ANOVA. The potential

moderating role of victim characteristics in this association was explored in a between-subjects ANCOVA.

Results

As Table 1 shows, most women had experienced some form of abuse or neglect in childhood. A smaller proportion had experienced abuse in previous intimate partner relationships. In the most recent intimate partner relationship, physical and emotional abuse were more common than sexual abuse. Most women had experienced multiple types of abuse at the same time. The average level of psychological symptoms was approximately one standard deviation above the mean of the healthy norm group.

Correlates of psychopathology symptoms

T-tests were conducted to determine which victim characteristics were related to the level of experienced psychological symptoms. Results were corrected for multiple testing (Bonferonni correction; *P*-value .05/5 = .01). Income ($t(276) = 2.16$, $P = .02$), financial debts ($t(276) = -0.42$, $P = .34$), and social network ($t(276) = 1.75$, $P = .04$) were not related to the level of psychological symptoms. The experience of childhood maltreatment

Table 1. Sample characteristics ($n = 278$).

Victim characteristics	
Income (% no income)	61.5
Debts (%yes)	56.8
Social network (% no)	42.1
(% weak)	41.7
(% strong)	16.2
History of child abuse (%yes)	68.3
Violence in previous partner relationship (%yes)	21.2
Psychological symptoms (*M/SD*; *T-score/SD*[a])	0.81(0.7); 58.4(14.4)
Violence characteristics	
Physical abuse (%yes)	84.9
Emotional abuse (%yes)	82.4
Sexual abuse (%yes)	15.5
Type of violence[b]	34.2% instrumental 55.1% impulsive/reactive 10.7% mixed
Frequency of violence[c]	5.1% once 8.0% several incidents 86.9% structural

[a]T-score based on a healthy population norm group.
[b]$n = 243$.
[c]$n = 275$.

($t(276) = -2.10$, $P = .02$) and abuse in previous intimate relationships ($t(276) = 0.59$, $P = .28$) were also unrelated to the level of psychological symptoms.

Subgroups of victims of IPV

A mixture model was fitted to the data to investigate whether subgroups could be identified based on the following characteristics of the IPV: type of abuse, type of aggression, and frequency of abuse. The number of clusters was determined using the method described in Asparouhov and Muthén (2012). We ran a model in which the number of latent clusters varied from two to five, and a three-clusters solution was found to fit the data best. We decided on the number of latent classes to use based on entropy, the Vuong-Lo-Mendell-Rubin Likelihood Ratio Test (that compared a model with k classes to a model with k-1 classes) and the parametric bootstrapped likelihood ratio test (see Table 2). Based on this, we found that adding more latent classes improved model fit up to three latent classes. Adding a fourth or fifth class did not lead to better model fit. Fit for the three-cluster model was good with (a) the smallest cluster containing 16.17% of the observations, (b) average latent class probabilities of 89.90%, 90.60%, and 100% (from lowest to highest), and (c) an entropy of 0.791.

Regarding frequency of abuse, women in all subgroups had experienced structural abuse in their partner relationship. Women in the *universally exploited group* ($n = 43$, 15.5%) had often experienced all three types of abuse by their partner (physical, emotional and sexual, 72%) and instrumental aggression was more common (63%). The *emotionally repressed group* ($n = 109$, 39.2%) had all experienced emotional abuse by their partner, but none had experienced sexual abuse. In this group too, instrumental aggression was more common (69%). Women in the *reactive physical abuse group* ($n = 126$, 45.3%) had all experienced physical abuse but no sexual abuse. Aggression was mostly of an impulsive and reactive nature within this subgroup (96%).

We further explored these clusters based on the victim characteristics using logistic regression analyses, adjusted for multiple testing (Bonferonni correction; *P*-value .05/5 = .01). Income (χ^2 (2) = 1.04, $P = .59$), social

Table 2. Overview of model fit indices for latent class analysis.

No. of latent classes	Vuong-Lo-Mendell-Rubin LRT (*P*-value)	Parametric bootstrapped LRT (*P*-value)	Entropy
2	45.202 (<.001)	45.202 (<.001)	0.700
3	20.360 (.013)	20.360 (.030)	0.791
4	12.692 (.295)	12.692 (.128)	0.695
5	6.764 (.002)	did not converge	0.802

network (χ^2 (2) = 3.46, P = .18), childhood maltreatment (χ^2 (2) = 0.16, P = .92), and abuse in previous intimate relationships (χ^2 (2) = 2.13, P = .35) were not related to subgroup membership. However, debts were unequally distributed across the subgroups (χ^2 (2) = 12.46, P = .002), with women in the reactive physical abuse group more often in debt than the universally exploited group (B = −1.15, P = .002; 67% and 40%, respectively).

Psychological symptoms in subgroups, and the moderating role of victim characteristics

Psychological symptoms were unequally distributed across the subgroups $F(2, 275) = 3.28$, P = .04. Post-hoc tests illustrated that women in the universally exploited group reported more psychological symptoms ($M = 0.98$) than women in the reactive physical abuse group ($M = 0.70$) (P = .02, effect size $d = 0.41$).

To explore whether the magnitude of the association between subgroup status and psychological symptoms was dependent on victim vulnerabilities (i.e. income, debts, social network, experience of childhood maltreatment, history of violence), interaction effects were tested via ANCOVA. Only income significantly moderated the association between abuse subgroups and psychological symptoms, $F(2, 272) = 8.43$, $P < .001$. The interaction is depicted in Fig. 1 and illustrates that within the universally exploited subgroup, women without an income experienced more psychological symptoms than women with an income.

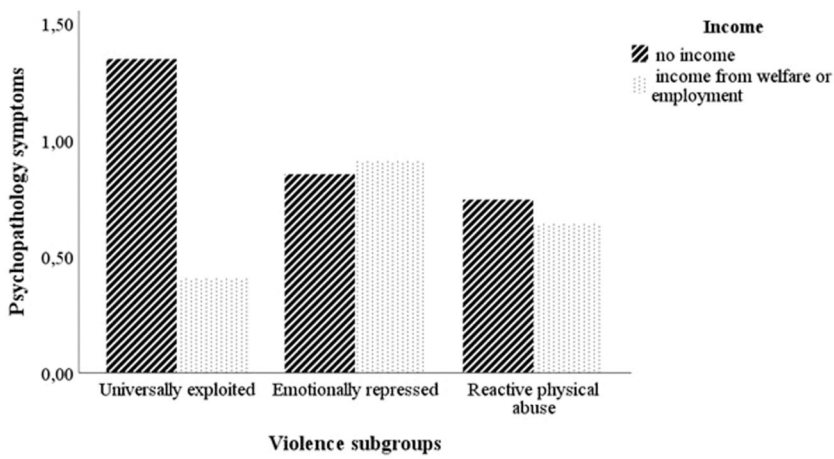

Figure 1. Moderation of association between violence subgroup status and psychopathology symptoms by income.

Discussion

In this paper, we set out to identify distinct subgroups of IPV victims and to explore how history of violence and contextual factors were associated with psychological problems within these groups. The sample consisted of an ethnically diverse group of women who had sought refuge in a shelter in a large city in the Netherlands. Although these women had already taken steps to leave their abusive relationship and seek help—limiting the generalizability to the broader population of IPV victims (cf. Follingstad et al., 1991; Frías 2022)—our results offer relevant insights for social workers working with IPV victims in shelters. To facilitate the translation of our findings into clinical practice, we used standardized, well-defined indicators of violence and context to cluster victims into subgroups and to explore associations with psychological problems.

Our latent class analysis revealed three distinct groups of victims, which we labelled universally exploited, emotionally repressed, and reactively physically abused. In the universally exploited group, women were victim of three co-occurring types of abuse (physical, emotional, and sexual) with aggression that was instrumental in nature, i.e. with the intention to suppress and exploit the victim. In the group of emotionally repressed victims, the aggression was also instrumental, but the victims had suffered mainly from emotional abuse. In the reactive physical abuse group, victims had mainly experienced physical abuse that was generally impulsive and reactive in nature. It is important to stress that these three clusters of victims were derived from an exploratory analysis and warrant further study and replication.

If we compare these three clustered groups with those of Johnson (1995, 2006, 2008; cf. Kelly and Johnson 2008), our physical abuse group resembles Johnson's SCV, with structural reactive physical violence in symmetrical relationships between spouses, and the emotionally repressed group compares to Johnson's CCV, with instrumental emotional violence used to exert control over the victim in a complementary relationship. Similar but otherwise labeled versions of these two types have been identified by other typologies as well, see Ali et al. (2016). Our group of universally exploited women seems to have endured an extreme form of CCV, with sexual abuse added to the other forms of abuse. Our results are in line with Kelly and Johnson's (2008) finding that CCV occurs mostly in shelter samples. Possibly, the difference between CCV and the universally exploited women is best understood as depending on specific characteristics of the perpetrators: perpetrators of universal exploitation likely display more severe psychopathology, including antisocial or narcissistic personality disorder traits (cf. Holtzworth-Munroe and Stuart 1994). Finally, in our sample, we did not find groups of female victims that compare to Johnson's subtypes of VR, MVC, or SIV. A possible explanation, at least for VR and MVC, is the nature of our sample: the primary reason for female victims of (severe)

violence to seek help in a shelter facility is that they are unable to defend themselves against their partner without external support, whereas in VR and MVC the violence is more reciprocal in nature. Johnson notes that SIV is the least common form of IPV.

In our study, the universally exploited group seems most affected by their abusive relationship, with significantly higher levels of psychological symptoms scores than women in the reactive physical abuse group. This is in line with previous findings (Dutton et al., 2005). Our results additionally indicate that if instrumental exploitation, emotional suppression, and lack of freedom co-occur with financial dependency, this seems to lead to even more psychological problems. That is, whereas the reactive physical abuse group more often had debts, within the universally exploited group, women who lacked an independent income (from work or social benefits) reported more psychological symptoms than women in the same group with an income. Of course, women's lack of income may also have been the result of the suppressive and exploitative relationship they had been in.

Interestingly, reactive physical abuse in complementary or equal relationships is the type of violence that was related to fewer negative consequences, including psychological symptoms, in the victims. That is not to say that attempts to stop this form of abuse should end. For clinicians working with female IPV victims in shelters, though, this could mean that with minimal (psychosocial) support, for example, by resolving debts, victims may be able to pick up their lives. In contrast, victims who have left a partner relationship that was more repressive or exploitative in nature may need more specialized help to reduce their psychological symptoms (e.g. through cognitive behavioral therapy adapted for IPV victims; see Arroyo et al., 2017) or to improve or rebuild their social support networks (see e.g. Ogbe et al., 2020). This corresponds with the findings of Jonker et al. (2012), who illustrated different needs profiles of shelter-based abused women, including a *high needs class* with low levels of self-efficacy and self-esteem in need of both practical and psychological help, and a *practical needs class* of women with higher levels of self-efficacy and self-esteem and a main need for help with practical issues in daily life.

Even though typologies such as Johnson's can be useful for conceptualizing the complex dynamics underlying IPV, it is important not to rely on them too rigidly. Measurement issues remain to exist (Alexander and Johnson 2023), and research on power dynamics and gendered patterns of violence is still limited. For instance, CCV might be better understood as a continuum rather than a discrete category, with the degree of control exerted by the perpetrator particularly relevant (Alexander and Johnson 2023). In addition, given the highly culturally diverse composition of our sample—women residing in shelters with varied migration and sociocultural backgrounds—it is essential to consider the potential influence of broader contextual factors including sociodemographic differences and

structural inequalities. Closer examination of such aspects was beyond the scope of the present study but warrants more attention in future studies.

Our findings should be considered in the light of some limitations. First, we relied on self-reports of psychological problems instead of formal psychiatric diagnostic criteria. Although there is ample evidence for discordance between self-reports and clinician assessments (e.g. Achenbach et al., 2005), also in an IPV sample (Cody et al., 2017), we were not able to validate the self-reports with psychiatric diagnoses because we relied on client files and psychiatric assessment was rarely conducted. Second, all information about IPV, history of violence, and contextual factors was derived from the social worker or psychologists' report as described in the intake forms—which are based on the victims' perspectives. Although our inter-rater reliability estimates show that interviews were coded reliably, this information is inherently subjective. The factors that were explored in this study were limited to those that could be most reliably and validly captured from client files and are most simple to assess by clinicians, which resulted in a limited number of factors and quite crude measures of history of violence and context. Of course, other and more detailed measures could deepen our understanding of the development of psychological problems in female sheltered IPV victims, such as the potential protective role of coping skills and self-esteem (e.g. Lam and Grossman, 1997; Jonker et al., 2012) or more detailed information about the social support network (Coker et al., 2000; Carlson et al., 2002). Exploration of these potential moderating factors could enhance scientific understanding of resilience and vulnerability for psychological problems in IPV victims. In addition, the discrete yes-no items we used in our study simplify reality where violence dynamics are much more complex (Ali et al., 2016). Finally, it should be mentioned that our sample was a convenience sample, as only one shelter was included. Even though within this shelter, all eligible victims who had resided there during the study period were included, our sample is not necessarily representative of the broader population of IPV victims in shelters in the Netherlands—particularly those in more rural locations or less ethnically diverse cities.

In light of our findings about the different types of female victims in shelters, future research is helped by a more systematic and thorough screening of victims with regard to relational and dyadic data on history of violence (both childhood abuse and abuse in previous relationships)—which would ideally include a multi-informant approach. For clinical purposes, future research could explore whether our list of factors could be supplemented with other standardized indicators that are easy to assess and improve the sensitivity and specificity of predictions of psychological problems in this population. Also, more robust research on effective psychological interventions specifically for sheltered IPV victims would be relevant (Ogbe et al., 2020). Moreover, future research should explore whether our findings can be generalized to other or more diverse

populations of IPV victims, including e.g. male victims or victims who do not seek help. Finally, for future studies it would be interesting to further investigate the potential impact of differences in migration background in relation to the outcomes that were central in this study.

To conclude, our findings could help social workers to better distribute resources among sheltered female victims of IPV, based on a newly described typology that distinguishes between universally exploited, emotionally repressed, and reactive physical abuse victims. While limited resources are a practical reality in many shelter settings, the provision of individually tailored care should be primarily grounded in the diverse needs of IPV victims, consistent with core social work values. The differences in the extent to which female victims of violence are able to rebuild their lives with (or without) assistance when they leave the shelter should be decisive for the allocation of scarce (therapeutic) resources. Psychiatric assessment and potential psychiatric support seem to be mostly warranted for sheltered female IPV victims who experience universal exploitation and are not self-sufficient in income, whereas practical support might be sufficient for most victims who have experienced reactive physical abuse only.

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Authors contributions

Rianne Kok and Frank C. P. van der Horst obtained funding and contributed to the study conception, design, and data collection. Analyses were performed by Joran Jongerling and Rianne Kok. The first draft of the manuscript was written by Rianne Kok, Frank C.P. van der Horst, and Sabine van der Asdonk. All authors commented on previous versions of the manuscript, and all authors have read and approved the final manuscript.

Conflicts of interest. None declared.

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Ethical approval

The design of the study and consent procedure were approved by the Ethics Committee of the Department of Psychology, Education, and Child Studies of the Erasmus University Rotterdam (application number: 18–018).

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