Intimate Partner Violence and Openness to Online Counseling Among College Students

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Abstract
Intimate partner violence (IPV) is prevalent and has devastating consequences for college students. Online counseling (OC) may be a way to decrease barriers to help. This study seeks to determine openness to OC compared to face-to-face counseling (F2F) by examining: (1) How openness to OC varies depending on college students’ personal and IPV characteristics and (2) How these characteristics vary compared to college non-IPV survivors. Two linear regressions were conducted using a sample from a cross sectional survey. First with the entire sample of college students (N = 1,518) to examine characteristics of those more open to OC and second with only those that identified as experiencing IPV (n = 1,211). The results demonstrated that IPV survivors are less open to OC than to F2F counseling (b = -.23, p < .01). For the model with all college students, those who were significantly more open to OC were female (b = -.39, p < .001), identified as LGBT (b = .23, p < .05), or Asian/Pacific Islander (API) (b = .26, p < .05), and had a physical health issue (b = -.19, p < .05). For the model that only analyzed IPV survivors, the same characteristics were shown to be significantly related to openness to OC. More research is needed to explore why IPV survivors are less open to OC compared to F2F counseling. Exploring why characteristics of female, LGBT, and physical health issues lead to openness to OC could help understand what barriers need to be addressed for wider use.

Keywords Intimate partner violence • Online counseling • College students • Openness to online counseling

Introduction
The growth of technology has led to its use in the realm of counseling to work with clients with a variety of issues. Online counseling (OC) has been defined as delivering a therapeutic intervention in cyberspace where the communication between the professional and the client is mediated through technology such as a computer (Richards & Viganó, 2012). Due to the high risk of intimate partner violence (IPV) among college students (Breiding et al., 2014; Gover et al., 2008; Snyder et al., 2018) and the devastating consequences on physical and mental health as well as academic performance (Brewer et al., 2018; Cisler et al., 2012; Coker et al., 2002), it is imperative that IPV in this age range continues to be addressed and that survivors can seek and receive quality care. Many barriers, such as internalized stigma and culture (Overstreet, & Quinn, 2013), could hinder college students from seeking help for IPV. For example, the cultural beliefs of victim blaming around IPV may lead to internalized stigma and a fear that they will be rejected or blamed if they ask for help (Overstreet, & Quinn, 2013). OC has been shown to reduce some of the
help seeking barriers with other populations (Rochlen et al., 2004), and when used with college students they reported feeling more open to talking about potentially embarrassing topics in text-based spaces (Haberstroh et al., 2007). Therefore, OC may be a supportive environment for survivors to share challenging topics related to violence in a more equitable and open space. OC services also have opened a mode of help that may be received well by this age group who are already familiar with technology. Although there is promising evidence that OC will continue to be helpful to those victimized by IPV, there are still gaps in the services available. A review of literature between 2000–2016 identified 11 different online interventions for survivors; only two of them were for college students (Rempel et al., 2019).

Some studies have looked at characteristics such as gender (Tsan & Day, 2007), ethnicity (Hadler et al., 2021; Toscos et al., 2018), and personality (Kofmehl, 2017; Odaci & Celik, 2013; Tsao, 2013) to determine openness to online counseling, but few studies have identified the characteristics of college survivors of IPV in relation to their openness to OC versus face to face (F2F) counseling. Having a greater understanding of characteristics such as race/ethnicity, lesbian, gay, bisexual or transgender (LGBT) identity, family income, physical health status, and depression and how these relate to openness of OC is important to informing the implementation and dissemination of OC services for this population.

**Literature Review**

**IPV and Help Seeking Among College Students**

Many young people experience IPV during their college years. Although rates of IPV vary depending on the different measures, demographics, or types of violence that are evaluated (Amar & Gennaro, 2005; Gover et al., 2008; Snyder et al., 2018), it is clear college students are at higher risk of IPV compared to those in other age ranges. For example, the National Intimate Partner and Sexual Violence Survey reported that 14.8% of women and 9.8% of men from 18 to 24 years old experienced much higher rates of IPV victimization, including physical violence, rape, and stalking, during a 12-month period compared to those in older age groups (Breiding et al., 2014). Exhibited by the above stats, the college years are a time of very high risk. The result of IPV can be devastating for college students’ physical and mental health as well as academic performance (Brewer et al., 2018; Cisler et al., 2012; Coker et al., 2002). Despite these negative consequences, many college students are not getting the support and services they need to recover after abuse. The number of students seeking help ranges in number depending on the study and the type of help they are seeking. For example, in a national study with 508 college students, 42% of students did not ask anyone for help after IPV victimization (Knowledge Networks, 2011). Another survey study of 338 undergraduate students found that 23% of students sought formal help (e.g., medical services, lawyer/counselor, shelter), while 88.9% of them sought informal help (e.g., immediate family, friends, extended family) among IPV survivors who experienced any one type of IPV including psychological, physical, sexual, and technological violence in the past 12 months (Cho & Huang, 2016). There are many barriers that could keep college students from reporting IPV and seeking help. Some of the barriers include cultural and internal stigma about how they and others around them view IPV (Overstreet, & Quinn, 2013). Technological means of help such as OC may be a way to decrease some of the barriers for college IPV survivors in seeking help. For example, Wang et al. (2020) found from an online survey of 440 US college students that although overall students had a preference for F2F counseling, those that had higher self-stigma, stigma by close others, and lower communication competence found OC to be more attractive. It has been found that the accessible nature of OC can help with barriers such as lack of mobility due to physical disability or geographic location, barriers due to language, personal stigma about help seeking, and time availability (Rochlen et al., 2004). Survivors may be more willing to seek help if they have a more accessible mode of communication that they feel they can access easier or in a more comfortable way (Tarzia et al., 2017).

**Students’ Characteristics and OC**

Several studies have found that OC is as effective as F2F counseling at reducing mental health issues among college students, including anxiety and depression (e.g., Andrews et al., 2018; Axelsson et al., 2020; Novella et al., 2020). However, little is known about the characteristics associated with openness to OC versus F2F counseling. The limited research currently available suggests that OC use is associated with several factors, including demographics, health, and mental health status, and IPV experiences.

Sexual and gender identity could play a role with respect to clients’ openness to OC. Research suggests that female college students have more positive attitudes about OC (Tsan & Day, 2007) and are more willing to seek online mental health support compared to male students (Mckinley & Ruppel, 2014; Montagni, Donisi, et al., 2016; Montagni, Parizot, et al., 2016; Toscos et al., 2018), or no differences in the overall attitudes toward online counseling between different genders (Ballesteros & Hilliard, 2016). Sexual/gender minority adolescents and young adults show positive attitudes and experiences regarding web-based resources and support (McInroy et al., 2019);
Ybarra et al., 2015). For example, McInroy et al. (2019) found that LGBTQ + youth aged 14–29 partook in online LGBTQ + communities more than real-world communities, which allowed them to feel supported and safe and be more active. Ybarra et al. (2015), in a cross-sectional study with 5,907 LGBT youth (aged 13–18), found that LGBT youth prefer online friends to in-person friends, suggesting online support provides increased emotional wellbeing. In this context, it is important to note that the COVID-19 pandemic and its following social distancing measures have disproportionately affected the health and wellbeing of LGBTQ + individuals (Banerjee & Nair, 2020; Centre for Addiction and Mental Health, 2020; Chatterjee et al., 2020), leading to higher rates of depression, anxiety, stress, and loneliness (e.g., Drabble & Eliason, 2021; Peterson et al., 2020). Because LGBTQ + young individuals are ubiquitous internet users, technology-enhanced communication aids—such as texts, phone calls, video chats, social media—are a way to maintain the sense of community and emotional support (Drabble & Eliason, 2021; Grant et al., 2021). Moreover, due to various barriers, such as isolation from social support networks or access to F2F services that are heteronormative or do not support LGBT people’s identities (Santoniccolo et al., 2021), samples of LGBT survivors have shown that fewer than half of them sought help from or disclosed their IPV experience to F2F counseling services (Kurdyla et al., 2021; Scheer & Baams, 2021). Those who did utilize such F2F services were likely to rate them as ambivalently helpful or unhelpful (McClennen et al., 2002; Santoniccolo et al., 2021), again demonstrating the potential utility of a new format of service provision for LGBTQ + people.

Mixed results have been found on racial and ethnic differences. Leibert et al. (2006) found that the majority of OC users were White females that already felt comfortable with the internet. Researchers were not clear about the relationship between ethnicity and the use of OC (e.g., Berkout & Gross, 2018; Hadler et al., 2021; Kofmehl, 2017). A study with a sample of 250 undergraders (47.5% of Latino/a and 32.8% non-Hispanic White) found no ethnic differences regarding willingness to use online mental health support or traditional services (Berkout & Gross, 2018). Such findings, though, were contradicted by a literature review that showed meaningful associations between ethnicity and preferences for in-person or online care (Hadler et al., 2021). For example, Asian college students preferred online mental health support (Lungu & Sun, 2016), while Caucasian college students preferred to use in-person mental healthcare (Toscos et al., 2018).

Although no studies were found discussing financial status and OC, two studies do discuss the affordability of OC (Cook & Doyle, 2002) and that professional fees have been found to be cheaper than F2F counseling (Griffiths, & Cooper, 2003). This may indicate that those with less financial resources may be drawn to this medium of help.

Health and mental health issues also seem to predict openness to use online support (e.g., Berger et al., 2005; Dunbar et al., 2018; Owen et al., 2010). Students with higher levels of emotional difficulties, including depression and anxiety were more willing to use online support than those with less severe symptoms (Toscos et al., 2018). Online support is also a promising means for the management of physical illness and can increase well-being among people with health issues (Nabi et al., 2013). As people with physical/mental health issues often experience privacy, stigma, and accessibility issues, they may find OC a useful addition/alternative to in-person counseling (Pelling, 2009; Perle et al., 2013).

Additionally, students’ experiences with IPV may be associated with openness to OC. Survivors of IPV seem to prefer F2F interactions with counselors or health care professionals to secure active, caring, non-judgmental, and compassionate client-counselor relationships (Feder et al., 2006). However, some studies show that OC has the potential to offer effective support to some survivors of IPV, including young women (Hegarty et al., 2019; Lindsay et al., 2013), likely because OC overcomes many accessibility barriers, such as time, space, and environments in which survivors are unable or unwilling to seek help in a traditional in-person setting (Tarzia et al., 2017).

Along with IPV, previous experiences of violence, such as adverse childhood experiences (ACEs), may be associated with openness to OC. The Centers for Disease Control and Prevention (2020) define ACEs as “potentially traumatic events that occur in childhood.” Examples would be experiencing or witnessing violence, abuse, or neglect, or living in an environment that is not safe or stable. Research has shown a strong association between ACEs and IPV. A study of college students showed that childhood exposure to domestic violence was significantly positively associated with adulthood physical assault victimization, but that cumulative ACEs did not predict any type of IPV victimization in adulthood (Nikulina et al., 2017). Using a sample of college students, Seon et al. (2021) found that ACEs and IPV are positively associated with poorer perceived physical and mental health and higher levels of depression and that the ACEs’ influence on physical and mental health was explained partially through IPV victimization. With the relationship between poor health outcomes ACEs and IPV, it is imperative that those that experience both receive support, so these effects do not exacerbate over time. An online survey with young adults (N=321) exploring ACEs and help seeking found an association between those with higher ACEs more likely to seek help via online sources and the media than those with lower ACEs (Karatekin, 2019). Since
those with ACEs experience similar barriers to help seeking as IPV survivors, those that experience both may also find that OC provides a way to break barriers such as internalized stigma of victimization, physical and mental health issues, and accessibility. The current study will be one of the first to examine how ACEs and IPV are associated with college students’ openness to OC.

Openness to OC vs. F2F Counseling

With the recent interest in OC, qualitative studies have explored what the experience is like for clients, their perceptions of the strengths and limitations, and openness to OC versus F2F counseling (Haberstroh et al., 2007; Navarro et al., 2019; Zeren, 2015). Strengths of text-based OC included supporting anonymity and providing a more comfortable environment for those that felt less confident with F2F skills (Navarro et al., 2019). The advantage of anonymity when sharing difficult topics was shared with clients in another study that did not ask participants to specify which type of OC (Leibert et al., 2006). In this study participants also reported OC to be convenient and more affordable. Young adult OC users from Turkey showed similar satisfaction with using OC versus F2F counseling (Zeren, 2015).

Another phenomenological study asked five US college students what the experience of receiving OC was like for them (Haberstroh et al., 2007). There were positive and negative results. For example, some felt it was similar to F2F and others felt barriers due to the format, such as lack of interpersonal cues or technological issues. Positive aspects mentioned were the convenience and feeling less threatened to share serious issues.

Although the above studies did explore aspects that might make young people and college students more open to OC compared to F2F, it did not include a sample of college IPV survivors. In the context of this study, understanding the openness that IPV and non-IPV survivors have towards OC and if and how this may relate to certain characteristics, has the potential to guide future OC use for supporting survivors. The literature has focused mainly on individual characteristics that would make someone more open to OC such as gender or sex but did not examine several characteristics all together in one study with college students. With the exception of ethnicity, little comparison was done between openness to OC and F2F counseling. In addition, although there is an association in the literature between ACEs and IPV (Nikulina et al., 2017), and some evidence to support those with ACEs may seek help via online sources (Karatekin, 2019), more research is needed to determine if there is an association between ACEs, IPV, and openness to OC or F2F counseling. Thus, this research will help to understand college non IPV and IPV survivor’s openness to OC when compared to F2F counseling. In addition, it will highlight what characteristics may be associated with greater openness to OC and may lead to a broader understanding of how to use OC as a tool for providing help.

Current Study

This study will explore the characteristics of college students, such as IPV victimization, type of ACEs, age, gender, race/ethnicity, lesbian, gay, bisexual or transgender (LGBT) identity, family income, physical and mental health status, and depression, and their relationship with openness to OC compared to F2F counseling. The current study answers two questions: (RQ1) How openness to OC compared to F2F counseling varies depending on college students’ personal characteristics and IPV victimization experiences, and (RQ2) How these characteristics vary compared to college non-IPV survivors.

Methods

Study Sample

The data comes from cross-sectional online surveys conducted from 2016 through 2017. Undergraduate and graduate students at seven universities across the U.S. were recruited to participate, including East coast, West coast, Southern, and Midwest universities. Convenient sampling methods were used to recruit students independently at each university, utilizing means such as student mailing lists and student organizations. All survey participants, except those at two universities where incentives were not allowed, were given the option of opting into a raffle for gift cards. The current study sample consisted of 1,518 undergraduate students after listwise deletion for the chosen variables. This study was approved by all Institutional Review Boards in participating universities.

Measures

Openness to online counseling The dependent variable, openness to OC, was measured with the sum scores of three questions: “Online counseling would be a good alternative for meeting my counseling needs,” “I would feel more comfortable and be able to express myself more openly in online counseling than face-to-face counseling,” and “It would be more convenient if I can get online counseling instead of face-to-face counseling.” Respondents picked between two options, 0 = no, 1 = yes. Cronbach’s alpha for reliability for this subscale was 0.785 which is considered acceptable to good using the rule of George and Mallery (2003). This measure was not standardized or taken from another scale.
but developed from original data collection questions for this study by the researchers. The higher the sum score the more likelihood of the participants’ positive openness to OC.

**IPV victimization** Five different types of IPV victimization were measured: threats, physical, sexual, technological, and psychological victimization. The Partner Victimization Scale (Hamby, 2013) guided the adoption of physical and sexual violence, and questions related to threats. Southworth et al. (2007) provided technological violence questions and psychological violence questions were from Ansara and Hindin (2010). Participants were asked whether they had ever experienced such violence against them by their current and/or previous romantic partners, including boyfriends, girlfriends, husbands, or wives. There were a total of 12 items used: one for threats (i.e., “Not including horseplay or joking around, my partner threatened to hurt me and I thought I might really get hurt”), three for physical victimization (e.g., “My partner made me do sexual things when I did not want to”). There were two questions for technological victimization (e.g., “My partner sent emails or text messages to threaten, insult, or harass me”), and five for psychological victimization (e.g. “My partner tried to limit my contact with family or friends”). Each item was rated based on a 4-point Likert scale ranging from 0 = Never to 3 = Four times or more. For comparing IPV survivors with students without IPV victimization, a dichotomous variable was created by adding the sum scores of each item, ranging 0 to 36 (M=0.80), to represent those that had experienced IPV and those that had not: 0 = No IPV victimization (sum score =0) and 1 = at least one IPV victimization (sum score is 1 or higher; Cronbach’s alpha =0.78).

**Overall physical health** The original question for overall physical health consisted of one question, asking “How would you rate your overall physical health?” with a 5-point ordinal scale—Poor = 0, Fair = 1, Good = 2, Very good = 3, and Excellent = 4—which was reduced to two categories: Good (Excellent, Very good, Good) and Not Good (Fair and Poor, reference category), because responses to some categories were relatively small.

**Depression** Twenty items from the Center for Epidemiologic Studies Depression Scale (Radloff, 1977) were used to measure depression. These questions assessed how often during the previous week the participants experienced symptoms regarding restless sleep, poor appetite, and feeling lonely. A 4-point Likert scale response option was used ranging from 0 (rarely or none of the time [less than 1 day]) to 3 (most or all of the time [5–7 days]). The sum was obtained by adding each item and treated as a continuous variable, ranging from 0 (no depressive symptoms) to 60 (the highest depression). The Cronbach’s alpha for reliability of this scale was 0.923.

**Type of Adverse Childhood Experiences (ACEs)** Several types of ACEs were measured in this study which included exposure to community violence (ECV), exposure to domestic violence (EDV), childhood abuse and neglect (CAN), peer victimization, and community violence (CV). These ACEs were originally measured by five subscales from the Juvenile Victimization Questionnaire (JVQ) (Finkelhor et al., 2005). Each had the following response options: 0 = never, 1 = just once, 2 = 2–3-times, 3 = 4 times and more. Each type of ACE was measured dichotomously (0 = no experience and 1 = at least one time experience) because responses to high frequency categories were relatively small. The Cronbach’s alpha for the scale was $\alpha = 0.87$.

**Demographic characteristics** A variety of demographic questions were used for analysis. Age was asked in years and treated as a continuous variable. Gender was assessed as “Female” or “Male” (female = 0, male = 1). The Sexual orientation question had six response options (Heterosexual, Straight, Gay or Lesbian, Bisexual, Transgender, Don’t Know, Other) and dichotomized for this study as LGBT = 1 and non-LGBT = 0. Dichotomous dummy variables were created out of the race categories “Asian, Pacific Islander,” “Black, African American (non-Hispanic),” “Spanish, Hispanic, Latino,” “White, Caucasian, European (non-Hispanic),” and “Multi-ethnic.” Each race category was coded 0 = not that category and 1 = yes that race category. Since the survey was with college students, they were asked about their family income in US dollars for 2015 and given options of 7 categories ranging from 0 = less than $10,000 to 7 = $75,001 or more. Each category raised $5,000. Since the poverty line for a family of four in 2015 was set at $24,250 (ASPE, 2015), a dichotomous variable was created where 0 = below the poverty line and 1 = above the poverty line with $25,000 set for the line.

**Analysis**

The sample characteristics of race, age, gender, IPV victimization, physical health, and depression were analyzed by running descriptive tables. Two linear regressions were conducted using SPSS. The first multiple linear regression to test RQ1 was run with the entire sample of college students; students’ characteristics, such as IPV victimization, type of ACEs, age, gender, race/ethnicity, LGBT identity, family income, physical health status, and depression, were entered as IVs and openness to OC compared to F2F counseling as DV. Various interactions were explored with IPV victimization, gender, physical health status, and LGBT identity.
after they showed significant results from the first model. A second regression was run with the same characteristics to test RQ2 but only with those that had identified as having experienced IPV \( n = 1,211 \) to see if openness to OC varied compared to all college students. Again, interactions were explored with variables that had significant results.

**Results**

The study sample was composed of 78% female and 22% male. About 80% of the sample had experienced some type of IPV and 20% identified as not having experienced IPV. Over half of the sample identified as white/Caucasian (69%), followed in frequency by Asian-Pacific Islander (API) (9.9%), and then Black (5%), and Hispanic/Latino (7%). About 9.6% identified as multiethnic. For overall physical health about 81% felt it was good to excellent. The sample was on the low end of depression with a mean score of 18.74 on a 0–60 scale and the average age was around 22 years old. Those that came from a family income above the poverty line was at 86%. See Table 1 for more information.

The first regression (Table 2) was run with all college students in the sample. The results demonstrated that survivors of IPV are less open to OC compared to F2F than non-IPV survivors \( (b = -0.23, p < 0.01) \). Also, those with significantly more open to OC were students who were female \( (b = -0.39, p < 0.001) \). Those with greater openness identified as LGBT \( (b = 0.23, p < 0.05) \), or Asian/Pacific Islander (API) \( (b = 0.26, p < 0.05) \) and identified their physical health as poor/fair \( (b = -0.19, p < 0.05) \). Next, interactions were run between IPV, and gender, physical health, and sexual orientation and no significant interaction effects were found.

The second model (Table 2) only included the study participants who experienced IPV. From this sample, females again were more open to OC than males \( (b = -0.42, p < 0.001) \). Those that showed greater openness to OC identified as LGBT \( (b = 0.23, p < 0.05) \), or API \( (b = 0.28, p < 0.05) \) and identified their physical health as poor/fair \( (b = -0.22, p < 0.05) \). The same interactions were run with significant outcomes between IPV and gender, physical health, and LGBT and no significant interaction effects were found.

**Discussion**

An overwhelming majority of the sample (80%) indicated they had experienced IPV. This is a higher rate than other studies with college students that displayed rates closer to fifty percent (Amar, & Gennaro, 2005; Sabina & Straus, 2008). Findings indicate that college students who have experienced IPV are less open to OC than F2F counseling compared to those who have not experienced IPV. This may indicate that OC might not fully remove barriers for college IPV survivors to seek formal help or that it needs to be restructured to fit the specific needs of IPV survivors. Although this study did not directly identify reasons to prefer OC or F2F counseling, potentially OC could be perceived as less favorable than traditional F2F counseling for some reasons, such as a difficulty to keep their online activities private if survivors still lived with their abusers. Past research has shown that college IPV survivors have low rates of help seeking in general and tend to seek more informal than formal sources of help due to barriers such as not thinking the abuse is serious enough or fearing victim blaming (Sabina, & Ho, 2014). Thus, the less openness to OC among IPV survivors in the current study aligns with previously documented lack of formal help seeking behaviors in this population in any form and may indicate that barriers to help seeking still exist in online settings. In addition, survivors have often reported they want interactions with helpers who are non-judgmental and caring (Feder et al., 2006), and perhaps the OC environment does not feel that way to some.

The finding that males are less open to OC aligns with previous studies that show females in IPV situations are perhaps the OC environment does not feel that way to some. Population in any form and may indicate that barriers to help seeking in general and tend to seek more informal than formal sources of help due to barriers such as not thinking the abuse is serious enough or fearing victim blaming (Sabina, & Ho, 2014). Thus, the less openness to OC among IPV survivors in the current study aligns with previously documented lack of formal help seeking behaviors in this population in any form and may indicate that barriers to help seeking still exist in online settings. In addition, survivors have often reported they want interactions with helpers who are non-judgmental and caring (Feder et al., 2006), and perhaps the OC environment does not feel that way to some.

The finding that males are less open to OC aligns with previous studies that show females in IPV situations are perhaps the OC environment does not feel that way to some.
as this would assume that they also might be more likely to seek help on different platforms such as OC. In some studies, female IPV survivors were more likely than male IPV survivors to seek help in general (Cho & Huang, 2016), but these studies did not specifically look at OC types of help seeking. This also aligns with previous findings of undergraduates that found females to have a more favorable perception than males to OC (Tsan & Day, 2007). The finding that individuals who identify as LGBT in this study showed a greater openness to OC than non-LGBT students could have positive implications for future services for this population. Even though the Centers for Disease Control and Prevention has found that the reported rates of IPV for sexual minority people are equal to or higher than heterosexual people (Walters et al., 2013), LGBT IPV survivors face many barriers to help seeking, such as a lack of understanding of the problem of LGBT IPV, societal stigma, and inequities in the system (Calton et al., 2015). However, research has shown that LGBT adolescents and young adults are particularly active online, finding communities and social support networks that encourage them to be themselves and explore their sexual orientation and gender identities, and they are also more likely than their heterosexual counterparts to use the computer and the internet for their health information and care (Craig et al., 2015; Dahlhamer et al., 2019; GLSEN, CiPHR & CCRC, 2013; McInroy et al., 2019). This may explain why the LGBT young adults in our study were open to OC in comparison to F2F counseling. Thus, OC may be particularly beneficial for LGBT young adults, particularly those who may be less inclined to seek help from F2F sources.

College students who identified their physical health to be poor or fair had significantly more openness to OC in both models. This finding makes sense because depending on what type of physical health issues the individual is coping with, they may find it harder to physically get to services that require a physical presence whereas OC could be accessed without having to physically go anywhere.

The finding that API IPV survivors are more open to OC than their white counterparts may be related to cultural barriers they encounter in seeking mental health services, such as social stigma, shame, and saving face in the culture (Kramer et al., 2002). OC may appeal to this population by addressing some of the barriers. More research would be needed breaking down the differences between the different cultures to understand these dynamics.

### Implications for Practice, Research, and Policy

This study was exploratory around the associations between the openness to OC compared to F2F counseling for college students, and IPV survivors, but has important implications for practice, research, and policy. Given the study results of IPV survivors’ being less open to OC than students who did
not experience IPV, more research is needed to explain why this group does not perceive OC as favorably as F2F counseling and what could be done to increase openness. This study result could provide preliminary support for OC for survivors, such as providing flexible treatment options and creating policies of making OC more accessible to survivors.

When thinking about how to improve male openness to OC, it is important to note that masculine gender-norms that are not congruent with help seeking have been shown to keep men from seeking help and men are even more unlikely to seek help if they think their problem is unusual or if the man feels he will be rejected by his other male peers (Addis & Mahalik, 2003). Due to the above-mentioned cultural norms, to increase the likelihood that male IPV survivors would be more open to OC it would need to be introduced as a common modality both for men and women, which may decrease the barrier of feeling they will be rejected for seeking help. Future study is needed to examine characteristics of OC that make male survivors less likely to access OC, which may reveal the reasons for their seeking less help not only from F2F but also from OC compared to female survivors.

Due to various barriers, such as access to F2F services that do not support LGBT people’s identities, or that LGBT people find unhelpful (McClenne, 2002; Santoniccolo et al., 2021), OC may be a new platform that may LGBT people may be more open to, because it does not yet have a reputation for being used in a stigmatizing way towards this community. LGBT individuals may be more open to this format as an option outside of the traditional F2F agencies and counseling that have historically not provided culturally competent services (APA & Div 44, 2000). Before using online methods of treatment with LGBT individuals, it is highly important that those that will be providing services to this population receive appropriate training in LGBT + IPV and LGBT-affirmative methods so as not to replicate harm that many LGBT people may have experienced seeking help at F2F agencies that were not trained in these issues (Calton et al., 2015). Harm has come from helping professionals and systems of care who do not understand IPV among the LGBT population and therefore do not provide appropriate services. This has important implications for appropriate training and implementation policies of any type of OC.

As OC grows this has great implications for helping professionals (e.g., doctors, nurses, social workers) who may consider referring patients with physical health issues to OC instead of in person therapy to decrease the barriers of having to arrive at a physical location, which has become even more necessary in the time of Covid-19. Appropriate collaborations between high quality OC providers and doctors would be necessary to provide the best patient care and referrals. In addition, for counselors doing F2F therapy, if they notice that some of their clients with physical health issues are more likely to “no show” or be late, they may consider offering OC methods to these patients to decrease physical barriers. In addition to people with physical disabilities or limited mobility, IPV survivors in general might benefit from OC when it is referred to by their medical professionals. For those whose circumstances do not allow them to access OC services at home or through their own smart devices, hospitals and domestic violence service organizations can explore ways to collaborate to create a space in the hospitals or medical clinics that IPV survivors can safely use OC services while they are visiting their doctors, which might be less stigmatizing. However, this plan could also be restricted for some IPV survivors if they are accompanied by their abusers to the hospitals, but hospitals would be encouraged to think through policies to support survivors in this process.

Study Limitations

Although this study contributes to the knowledge base on the characteristics of college students for openness to OC, the findings must be considered within the context of some limitations. First, since the study is cross-sectional, the findings cannot determine causality. Second, although this study has a large sample size, samples were recruited through convenience sampling; hence, results may not be generalized. For example, the sample is predominantly female (73%) and White/Caucasian (67%). In addition, IPV victimization was measured using five different types of victimization, but other types, such as stalking and coercive controlling, may need to be included to cover all aspects of this complex problem. Moreover, the OC measure does not cover all dimensions of OC that someone may have, and therefore, may not capture the complete picture of their openness to OC. Those taking the survey may have had different ideas about the type of OC when they were asked about their openness to OC (e.g., text message, emails, virtual counseling–facetime/zoom/skype). Depending on the type/mode of OC the study participants had in their minds, their preference over this counseling method might have varied leading to different results. Another limitation is that the OC and physical health measures were not standardized and widely validated. The OC measure was created specifically for this study; physical health was measured by only one question.

Conclusions

Methods of providing help, including online methods of counseling, to individuals in need are continuing to increase as technology expands. This study adds to the knowledge of what characteristics of college students in general and specifically those who are IPV survivors may lead to greater openness to OC as an acceptable form of help seeking. Our
hope is that this information will aid in determining where to invest more resources and time to support college students that may have their needs better met by OC.

Embarrassment and a preference for self-reliance have been the major barriers for young people when seeking mental health treatment (Gulliver et al., 2010). Although IPV itself is not a mental health issue, the consequences of this global health issue, if left untreated can be exacerbated and the use of technology may be a way to help people feel they have more self-reliance. With the growing use of OC, it continues to be important to normalize this form of treatment as a valid form of seeking help to decrease the stigma that can often be attached with counseling services.

Further exploring why characteristics of female gender, LGBT, API ethnicity, and physical health issues lead to openness to OC could help understand what barriers need to be addressed for wider acceptance. Targeted online interventions for male, API, and LGBT students may be the first step since they have already indicated openness to OC.

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