



# Women's Perceptions of the Helpfulness of Strategies for Coping with Intimate Partner Violence

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Accepted: 8 June 2021 / Published online: 26 June 2021

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## Abstract

Using the Intimate Partner Violence Strategies Index (IPVSI), we assessed women's strategy use and the helpfulness of these strategies in preventing, stopping, or coping with intimate partner violence (IPV). We further examined which strategies women found most and least helpful and why, associations between strategy use and types of IPV experienced, and differences in strategy use and helpfulness by select demographic variables. We used data from Wave 1 of a two-year panel study of women who experienced IPV victimization and received civil legal services. The IPVSI includes 39 strategies across six categories: formal network, legal, safety planning, informal network, resistance, and placating. We collected data on women's perceptions of the most and least helpful strategies and why, and whether they used other strategies not listed on the IPVSI. We used descriptive, bivariate, and content analyses to answer the research questions. Women used an average of 21 strategies. Placating, resistance, informal network, and legal strategies were the most frequently used; however, women rated resistance and placating strategies as least helpful and informal network strategies as most helpful. IPV types (physical, nonphysical) were differentially associated with the number and types of strategies used. Women expressed why strategies were helpful or unhelpful, along with what other strategies they used. Models of IPV help-seeking have evolved from viewing women as passive to seeing them as actively engaging in many private and public strategies to manage, prevent, and escape violence. Our findings highlight some discrepancies between what is used and what works.

**Keywords** Intimate partner violence · Domestic violence · Help-seeking · Rural intimate partner violence

Intimate partner violence (IPV) is a significant global health problem that represents a considerable threat to women's health and safety. Data from the 2010–2012 National Intimate Partner and Sexual Violence Survey (NISVS) indicates that nearly 4 out of 10 women in the U.S. experienced rape, physical violence and/or stalking by an intimate partner at some point in their lifetime, and 1 in 15 women have experienced IPV in the last 12 months (Black et al., 2011; Smith et al., 2017). Models of coping and help-seeking have evolved from viewing women who experience IPV as passive (i.e., learned helplessness; Walker, 1979) to seeing them as actively engaged in a multitude of public and private strategies to manage, prevent, and escape the violence (e.g.,

survivor theories; Gondolf & Fisher, 1988; Goodkind et al., 2004; Goodman et al., 2003; Liang et al., 2005).

## Public Help-Seeking Strategies

Regarding public help-seeking strategies, most women experiencing IPV reach out to someone for support (Coker et al., 2000). Research on public help-seeking differentiates between seeking help from informal (friends, neighbors, co-workers) and formal (law enforcement, medical professionals, counselors, shelter services, legal assistance) supports. The most commonly reported informal supports women use are friends and family members (Ansara & Hindin, 2010; Barrett & St. Pierre, 2011; Goodkind et al., 2004). Women use formal supports less frequently than informal supports (Ansara & Hindin, 2010; Barrett & St. Pierre, 2011; Goodkind et al., 2004; Goodman et al., 2003), but studies vary on the types of formal supports utilized depending on the samples used. Barrett and St. Pierre's (2011) national survey

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of Canadian households found that women who experienced at least one incident of physical or sexual violence in the past year contacted a counselor (39%) or a health care provider (32%) more frequently than a women's center (11%) or police or court-based services (6%). Cattaneo et al.'s (2007) study of women recruited from court and shelter programs found much higher rates of contact with police (85%) and shelter programs (46%), but similar rates of women reaching out to health care providers (32%) and counselors (30%).

Findings on the relationship between women's public help-seeking and demographic characteristics are contradictory. Some studies do not find differences in women's formal help-seeking by race (Duterte et al., 2008), education (Cho et al., 2021; Duterte et al., 2008), or employment status (Duterte et al., 2008; Macy et al., 2005), while other studies found racial differences. Lipsky et al. (2006) found that compared to Hispanic women, non-Hispanic black women and white women are more likely to utilize formal supports (healthcare, housing assistance), and non-Hispanic black women are 2.6 times more likely to contact police. Studies examining the relationship between race and informal help-seeking are also contradictory. Some studies found that African American and non-visible minority women are less likely to use informal supports than white women (Barrett & St. Pierre, 2011; Goodkind et al., 2004). While other studies find African American women were more likely to use informal help (Cho et al., 2020) and any help overall compared to other racial or ethnic groups (Cho et al., 2021). Women with less education are more likely to use informal supports (Barrett & St. Pierre, 2011), while women with higher education seek more professional/formal support services (Coker et al., 2000).

### Private Help-Seeking Strategies

Private help-seeking strategies include safety or escape planning and behaviors women use to placate or resist their partner's violent behavior. Safety planning strategies are steps women take to prepare to exit the relationship, such as hiding money, valuables, or important papers, or keeping important phone numbers to seek help (Goodkind et al., 2004; Goodman et al., 2003). Placating strategies are efforts women make to try to change their abusive partner's behavior without challenging their partner's sense of control. They include avoiding their partner, doing whatever their partner wants, or trying to keep things quiet (Goodkind et al., 2014; Goodman et al., 2003). Resistance strategies, on the other hand, are behaviors women use that challenge the abuser's control. These strategies include leaving the relationship, fighting back, refusing to do what their partner says, and even using or threatening to use a weapon (Goodkind et al., 2014; Goodman et al., 2003). Goodman et al. (2003) found

that women were more likely to use private strategies, particularly resistance and placating, than seeking help from formal supports. Few researchers examined demographic differences in women's use of private help-seeking strategies. However, Goodkind et al. (2004) found that African American women reported using more active resistance than White women.

### Women's Help-Seeking and the Type of Violence

Women's public and private help-seeking strategies vary by the type of violence experienced. Women experiencing more severe violence use more formal and informal supports overall than women who experience less severe violence (Ansara & Hindin, 2010; Barrett & St. Pierre, 2011; Goodkind et al., 2004). Women experiencing more severe violence were also more likely to reach out to formal supports (Anderson et al., 2014; Ansara & Hindin, 2010; Coker et al., 2000; Duterte et al., 2008; Leone et al., 2007). For example, women who experienced physical IPV were 3.2 times more likely to seek legal services compared to women who experienced psychological abuse only, as were women who experienced a longer duration of IPV (Duterte et al., 2008). Women experiencing intimate terrorism were two times more likely to contact the police and four times more likely to seek medical help after a violent incident than women who experienced situational couple's violence (Leone et al., 2007). Women experiencing more severe or lethal violence used more strategies overall, and more private strategies (placating, resisting, and safety planning) compared to women who experienced less severe violence (Goodkind et al., 2004; Goodman et al., 2003).

### Helpfulness of Strategies

Individuals who experience abuse are more likely to seek help when they view the resources as accessible and providers as helpful (Zweig & Burt, 2007), although not all studies to date focus on the helpfulness of these strategies. Coker et al. (2000) found that most women who accessed formal supports found the contact helpful.

Goodman et al. (2003) developed the Intimate Partner Violence Strategies Index (IPVSI) to assess the helpfulness of strategies women use "to stop, prevent, or escape the violence" in their lives (p. 168). Goodman et al. (2003) recognize that while direct measures to stop abusive partners from using violence are essential, it is still important to learn what individuals experiencing IPV do to maximize their safety. Thus, the IPVSI is a robust measure that includes a range of strategies (i.e., 39 strategies within six categories) that women use to halt, escape, or resist violence in their lives.

They categorized these strategies as placating the abuser, resisting the abuser, seeking legal action, creating safety plans, and accessing formal or informal networks. Additionally, the IPVSI allows respondents to score the perceived helpfulness for each strategy used.

Several studies using the IPVSI have found that women find domestic violence programs (formal), reaching out to or sending their children to stay with friends or family (informal), and hiding important papers or phone numbers (safety planning) to be the most helpful strategies (Anderson et al., 2014; Goodman et al., 2003). Although frequently used, women report placating and resistance strategies to be the least helpful (Anderson et al., 2014; Goodman et al., 2003).

Researchers have used the IPVSI with women residing in urban (Cattaneo et al., 2007; El-Khoury et al., 2004; Goodman et al., 2003, 2005; Krause et al., 2008; Parker et al., 2016) and rural (Anderson et al., 2014, 2017; Riddell et al., 2009) areas of the United States and Canada. Few studies have included women from both urban and rural areas—despite Goodman et al. (2003) urging further research on how community (rural vs. urban) factors influence women's choice of strategies. This research is necessary because women residing in rural areas experience higher IPV rates and live farther away from available resources (Peek-Asa et al., 2011). Thus, the strategies they use—and the helpfulness of each strategy—may differ from women residing in urban areas. It is essential to capture help-seeking efforts from women in urban and rural areas within the same sample to assess similarities and differences to enhance services.

Unfortunately, women report that many strategies had little effect on their partner's abusive behavior, and some strategies increased the violence (Goodkind et al., 2004). Goodman et al. (2005) found resistance strategies increased women's risk of being re-abused. Women in their study who used or threatened to use a weapon were 1.8 times more likely to be re-abused. Refusing to do what their abuser said increased the risk of re-abuse to 2.5 times. And women who fought back physically were 3.2 times more likely to be revictimized. Finally, the same strategies that work for some women are not perceived as helpful by others, suggesting there is no “best” strategy for women responding to IPV (Goodkind et al., 2004).

## The Help-Seeking Process

Help-seeking for IPV is typically seen as a stage model. Women begin with private attempts to resolve violence (e.g., resistance and placating strategies) before reaching out to informal supports, such as family and friends; and as the violence worsens, they use more formal options (see Brown, 1997; Goodman et al., 2003). Liang et al. (2005) identify three processes or stages of women's decisions to seek help

for IPV. The first stage is recognizing and defining the IPV behavior experienced as a problem. The second stage considers the decision to seek help. This fluid decision-making process stems from the problem definition. Perceptions of the problem as undesirable or unlikely to go away can influence decisions, as can prior positive or negative disclosures or help-seeking experiences. Finally, the selection of formal or informal supports follows from defining the problem and deciding to seek help (Liang et al., 2005). Women who define the violence as a psychological problem may be more likely to seek counseling. In contrast, those who define it as a crime might seek legal intervention. Perceptions of the cost and benefits of help-seeking also influence the choice of supports. Individuals balance the costs (i.e., loss of privacy, embarrassment, stigma) with the benefits (i.e., reduction in violence, safety for their children) when deciding what strategies to choose (Goodkind et al., 2004; Liang et al., 2005).

What is less explored and not incorporated into the IPVSI are women's perspectives on *why* strategies are helpful or unhelpful. Our study makes a unique contribution in this respect because we asked for women's opinions on why strategies were helpful or unhelpful. How helpful or unhelpful women find their actual help-seeking experiences influences their cost–benefit analysis of help-seeking and may make them more or less likely to utilize specific strategies in the future (Kennedy et al., 2012; Liang et al., 2005). Where women turn for support can influence many outcomes—including improving their safety, health, and well-being. Better understanding how women perceive the helpfulness of different strategies can help service providers modify existing programs and develop new interventions to better support women and children experiencing IPV victimization.

The purpose of our study was to assess women's IPV strategy use and the helpfulness of each strategy in preventing, stopping, or coping with IPV. The research questions for this study were: 1) What strategies have women used to stop, prevent or cope with IPV?; 2) How helpful/unhelpful do women perceive the strategies they have used?; 3) What are the associations between the types of IPV experienced and strategies used?; 4) Why do women perceive strategies as most/least helpful?; and 5) What other strategies (not included in the IPVSI) do women find helpful? We also examined how the number of strategies used and the level of helpfulness differ by demographic characteristics (e.g., race/ethnicity, education, employment, and geographic location).

## Method

### Data Source

We used data from Wave 1 of a two-year panel study of women who experienced IPV victimization and received

civil legal services. Potential participants contacted Iowa Legal Aid (ILA) for a civil legal matter and self-identified as having experienced IPV victimization. ILA is a non-profit organization that provides civil legal services to low-income Iowans in all 99 counties from offices located in 10 Iowa cities. One-third of ILA's 20,000 cases per year involve family law matters (e.g., divorce, custody, child support), with most of these involving IPV. For this study, we recruited women who had a history of IPV and contacted ILA for services related to a family law matter or a civil protection order (CPO). After CPOs, family law services represent the largest category of legal services provided to women by legal aid offices (Institute for Law & Justice, 2005).

## Data Collection

The ILA intake staff assessed IPV victimization using a set of screening items focused on physical abuse (“Has your spouse or partner ever physically abused or threatened to harm you or your children?” and “Has your spouse or partner ever done any of the following to you or your children: pushed, hit, slapped, kicked, choked, threatened to hit you, threatened you with a weapon of any kind, thrown something at you, or grabbed you and stopped you from doing something?”), sexual abuse (“Has your spouse or partner ever forced you to have sex or unwanted sexual touching?”), stalking (“Has your spouse or partner ever done anything to make you feel that you were being stalked, such as: following or spying on you; waiting for you outside of home/school/work; or making unwanted contact such as phone calls, mail, e-mails, or leaving gifts?”), and psychological abuse (“Has your spouse or partner ever done any of the following: threatened or attempted to kill himself/herself; destroyed your personal belongings; kept you from friends and family; told you where you are allowed to go; made you afraid of him or her; stopped you from leaving your house; or hurt your pets?”). Once a woman met ILA's initial screening criteria for receiving services (a “yes” response to any of the screening items), the inclusion criteria for the study were applied. Potential study participants: 1) were female and 18 years of age or older; 2) currently experiencing IPV or had a recent history of being a victim of IPV; 3) had minor children in the home; and 4) ILA accepted their legal case for representation of a family law-related issue or a CPO.

Potential participants were recruited for the study after ILA decided to take their case. ILA staff tracked cases through an intake system. Once ILA accepted the woman's case, staff contacted her to inquire if she would be willing to share her contact information with the researchers. Study recruitment and data collection took place between June 2012 and November 2015. Three-hundred eighty-three women agreed to learn more about the study during this period. ILA staff transferred contact information for these

women to the researchers using a password-protected web file transfer service. A research assistant contacted women to explain the study and ask if they were interested in participating. Women who verbally agreed to participate were assigned to an interviewer in their geographic area of the state, who contacted them to schedule the first interview. Interviewers in seven locations across the state conducted in-person interviews with participants using a structured interview guide. Interviewers conducted an initial interview (Wave 1), and up to four follow-up interviews at 6, 12, 18, and 24 months (Waves 2 through 5). Participants received a \$75 gift card for the first interview and a \$65 gift card for each follow-up interview. Women provided informed consent through a signed consent form at the first in-person interview. The University of Iowa Institutional Review Board approved this study. A total of 150 women (38% of women who initially agreed to learn more about the study) completed a Wave 1 interview.

## Sample

Table 1 presents descriptive statistics for the Wave 1 sample. The mean age of the respondents was 32.07 years ( $SD = 7.55$ ). All the women had children, with an average of 2.59 children ( $SD = 1.47$ ; range = 1–9). The majority of women identified as non-Hispanic White ( $n = 120$ ; 80.0%), with 8.0% ( $n = 12$ ) who identified as non-Hispanic Black and 8.67% ( $n = 13$ ) who identified as Hispanic. Over 70% of the women had some post-secondary education ( $n = 106$ ; 70.67%) and 57.33% ( $n = 86$ ) of the women were working at least part-time.

All of the women experienced abuse by a male partner, although perpetration by a male was not a study criterion. The average length of the relationship between a woman and her partner was 7.36 years ( $SD = 5.58$ ). Most of the women reported having lived with the perpetrator of IPV at some point ( $n = 144$ ; 96.0%), and 54.67% were ever married to him ( $n = 82$ ). Nearly two-thirds of women ( $n = 97$ ; 64.67%) received assistance from ILA for a CPO, while approximately one-third ( $n = 53$ ; 35.33%) sought services for a family law problem. We used women's zip codes to discern their county of residence. We then classified these counties as metro, urban, and rural, based on 2013 Rural Urban Continuum codes. Over 20% of the women resided in urban ( $n = 34$ ; 22.67%) and rural communities ( $n = 20$ ; 13.33%), with 64% residing in metro areas ( $n = 96$ ).

## Measures

**IPV Strategies** The Intimate Partner Violence Strategies Index (IPVSI; Goodman et al., 2003) assesses the strategies women use to cope with violence. The IPVSI includes 39 strategies across six categories: formal network (9



**Table 1** Wave 1 descriptive statistics and measures of IPV ( $N=150$ )

	Wave 1 <i>n</i> (%)
<b>Race and Ethnicity</b>	
Non-Hispanic White	120 (80.0)
Non-Hispanic Black	12 (8.0)
Hispanic	13 (8.67)
Asian	1 (0.67)
Native American	1 (0.67)
Other	3 (2.0)
<b>Highest education level</b>	
Less than high school	17 (11.33)
High school diploma	26 (17.33)
Some college/trade school	88 (58.67)
Bachelor's degree or higher	18 (12.0)
Currently working either part-time or full-time	86 (57.33)
<b>Location of residence</b>	
Metro	96 (64.0)
Urban	34 (22.7)
Rural	20 (13.3)
Was ever married to perpetrator of IPV	82 (54.6)
Had ever lived with perpetrator of IPV	144 (96.0)
<b>Type of civil legal case</b>	
Civil protection order	97 (64.67)
Family law	53 (35.33)
	<i>M</i> ( <i>S.D.</i> )
Age in years (range = 19.21–56.24)	32.07 (7.55)
Number of children (range = 1–9)	2.59 (1.47)
<b>Index of Spouse Abuse</b>	
Total ISA (range = 0 to 100)	53.88 (19.73)
Physical Abuse (cutoff = 10)	47.54 (20.61)
Non-Physical Abuse (cutoff = 25)	65.08 (22.57)
Women's Experience of Battering (range = 10–60)	52.15 (9.56)
<b>Psychological Maltreatment of Women Inventory</b>	
Dominance-Isolation (range = 7–35)	27.09 (6.47)
Emotional-Verbal (range = 7–35)	30.30 (5.12)
Length of relationship with perpetrator of IPV (in years) (range = .08–34)	7.36 (5.58)

strategies), legal (4 strategies), safety planning (10 strategies), informal network (4 strategies), resistance (7 strategies), and placating (5 strategies). Participants were asked if they had ever used each of the 39 strategies to cope with their (partner's) behavior during their relationship (yes/no). If they indicated they had used a particular strategy, they were then asked to score how helpful the strategy was on a 5-point scale ranging from 1 (not at all helpful) to 5 (very helpful). We calculated the total number of IPV strategies used by summing the "yes" responses (range: 0–39). A score of 3, 4, or 5 on any item indicates that the strategy was helpful. Preliminary findings of the IPVSI demonstrated

evidence of content and convergent validity and inter-rater reliability (Cattaneo et al., 2007; Goodman et al., 2003, 2005).

**Qualitative Questions About Why Strategies Were Helpful** After responding to the 39 IPVSI strategies, we asked women, "Overall, which of these strategies were most helpful to you?" and "Why?" and "Overall, which of these strategies were least helpful to you?" and "Why?" We also asked women what other strategies (not included in the IPVSI) they used and found helpful. Interviewers recorded the women's responses verbatim.

**Intimate Partner Violence** The Index of Spouse Abuse (ISA; Hudson & McIntosh, 1981) measured women's prior history of physical and nonphysical violence. The ISA is a 30-item self-report scale that measures the severity of 11 types of physical abuse (ISA-P) and 19 types of nonphysical abuse (ISA-NP) in addition to a total score. Women rated how frequently each item occurred during their relationship with their abuser using a five-point scale that ranged from 'never' to 'very frequently.' Physical violence items included: "He punched you with his fists, He threatened you with a weapon, He beat you so badly that you had to seek medical help, and, He made you perform sex acts that you did not enjoy or like." Nonphysical violence items included: "He told you that you were ugly and unattractive, He became very angry if you disagreed with his point of view, He insulted or shamed you in front of others, and He felt that you should not work or go to school." Items have varying weights, depending on the severity of the abuse, which is reflected in the scoring. Final scale scores range from 0 to 100, with higher scores indicating a greater amount of abuse. The reliability coefficient for the total ISA score for the sample was 0.87, 0.79 for the ISA-P, and 0.86 for the ISA-NP subscales.

The Women's Experience with Battering scale (WEB; Smith et al., 1999) was used to measure the experiences or meanings women attached to their partner's violence. Women rated the 10-items on the WEB using a six-point scale from 'agree strongly' to 'disagree strongly' to indicate their general agreement with each statement as a description of their relationship. Items included: "He made you feel unsafe even in your own home, You tried not to rock the boat because you were afraid of what he might do, and He could scare you without laying a hand on you." Scores range from 10 to 60, with higher scores indicating a greater presence of abuse. The WEB has good construct validity and accurately discriminates battered from non-battered women (Smith et al., 1999). Cronbach's alpha for the sample was 0.90.

The Psychological Maltreatment of Women Inventory, Short Form (PMWI-F; Tolman, 1999) assessed women's history of psychological abuse. The inventory includes two constructs, dominance/isolation, and emotional/verbal abuse.

The dominance-isolation subscale (PMWI D/I) measures behaviors related to isolation from resources, demands for subservience, and rigid observances of traditional sex roles (e.g., monitored your time and made you account for your whereabouts; was jealous or suspicious of your friends; and tried to keep you from doing things to help yourself). The emotional-verbal subscale (PMWI E/V) measures behaviors related to verbal attacks, attempts to demean the partner, and withholding emotional resources (e.g., called you names; screamed and yelled at you; and treated you like an inferior). Women indicated how frequently they experienced each item during their relationship using a five-point scale that ranged from ‘never’ to ‘very frequently.’ Scores for each subscale range from 7 to 35, with higher scores indicating more psychological abuse. Cronbach’s alpha for the sample was 0.86 for the dominance/isolation subscale and 0.87 for the emotional/verbal abuse subscale.

## Data Analysis

**Quantitative Analyses** We performed univariate and bivariate statistics to address Research Questions 1, 2, and 3. First, we report the means for the IPV measures. Next, we identify the number of IPV strategies women used, and, among women who used an individual strategy, the percentage of women who indicated the strategy was ‘helpful.’ Finally, we used Spearman’s rank-order correlations to explore the strength of bivariate associations between the strategies used and types of IPV, and independent samples t-tests and one-way analysis of variance (ANOVA) tests to explore mean group differences in experiences of IPV and the number of strategies used and perceived helpfulness based on select demographic variables (race/ethnicity, education level, employment status, and geographic location).

**Qualitative Analyses** We used a conventional content analysis approach (Hsieh & Shannon, 2005) to examine the open-ended questions about which strategies women found most and least helpful and why and other strategies used (Research Questions 4 and 5). We began by grouping the most and least helpful strategies women identified by the IPVSI categories—formal supports, informal supports, legal, placating, resistance, and safety planning. Then, we coded women’s responses about why these strategies were most or least helpful within each category. The analysis of their perceptions of helpfulness followed an inductive process and allowed commonalities and dissimilarities to emerge. We read each response and grouped women’s words and phrases by similarities to develop initial groups of recurring content; however, unique and contrary voices were also noted. For each layer of analysis, the first and second authors conducted the initial sorting and coding independently,

then compared their results and resolved any discrepancies. Women’s responses to these qualitative questions provide meaning and context to the IPVSI results and offer insight into why women viewed certain help-seeking activities as helpful or unhelpful.

## Results

Women in the study reported high levels of physical and nonphysical IPV (Table 1). All but two women were above the clinical cutoff score of 10 on the ISA physical abuse subscale, and 142 (94.67%) were above the cutoff of 25 for the ISA nonphysical abuse subscale. Sample means for the PMWI dominance-isolation and emotional-verbal abuse subscales were 27.09 and 30.30, respectively (range for each subscale = 7–35). Finally, the mean score on the WEB scale was 52.15 (range of 10–60). We performed one-way ANOVAs to explore differences between women residing in metro, urban, and rural areas for their mean scores on the IPV victimization measures. We found no statistically significant group differences.

## IPV Strategy Use

The first research question focused on what strategies women used to prevent, stop, or cope with IPV. The women in this study used an average of 21.13 ( $SD = 6.21$ , range = 4–35) different strategies (Table 2). Most women (75.33%;  $n = 113$ ) used at least one strategy from each of the six IPVSI categories, but no individual strategy was used by every woman. Thirteen women used no strategies from the formal network category, 9 used no legal strategies (before their current services through ILA), 16 used no safety planning strategies, and 11 used no informal network strategies. One woman used no resistance strategies, and another woman used no placating strategies. The most used categories of strategies (based on percentage of mean number of strategies used and total number of strategies per category) were placating (84.2% of these strategies were used,  $M = 4.21$ ;  $SD = 1.02$ ), resistance (72.71% used;  $M = 5.09$ ;  $SD = 1.42$ ), informal networks (67.75% used;  $M = 2.71$ ;  $SD = 1.05$ ), and legal supports (62.0% used;  $M = 2.48$ ;  $SD = 0.98$ ). The mean helpfulness scores do not, however, match the most frequently used categories of help-seeking strategies. Women reported resistance ( $M = 2.39$ ;  $SD = 0.92$ ) and placating ( $M = 2.40$ ;  $SD = 0.98$ ) strategies to be the least helpful.

Examining individual strategies per category (Table 3), the most used strategies were “Tried to avoid an argument with him” (94.63%, placating) and “Ended (or tried to end) the relationship” (94.63%, resistance). The least used strategies were “Tried to get help for yourself for alcohol/substance use” (10.95%, formal) and “Stayed in a shelter” (14.60%, formal).

**Table 2** Use and helpfulness of strategy categories ( $N=150$ )

Category	Number (%) who used at least one item in category	Number of strategies possible	Range of strategies used	Mean number of strategies used (S.D.)	Mean score of helpfulness (S.D.)
Formal Network	137 (91.33)	9	1–9	3.14 (1.59)	2.70 (1.13)
Legal	141 (94.00)	4	1–4	2.48 (.98)	3.25 (1.29)
Safety Planning	134 (89.33)	10	1–10	4.69 (2.34)	3.36 (1.11)
Informal Network	139 (92.67)	4	1–4	2.71 (1.05)	4.01 (.90)
Resistance	149 (99.33)	7	1–7	5.09 (1.42)	2.39 (.92)
Placating	149 (99.33)	5	1–5	4.21 (1.02)	2.40 (.98)
Total IPVSI	–	39	4–35	21.13 (6.21)	2.94 (.59)

## Perceptions of Helpfulness

The second research question focused on how helpful or unhelpful women perceived the strategies they used to prevent, stop, or cope with IPV. For women who used them, the informal network category had the highest ‘helpful’ ratings across all four strategies (84–97%). A majority of women in the sample used these strategies (54–76%). Two safety strategies used by two-thirds of women that were deemed helpful were “kept important phone numbers to use for help” ( $M=3.93$ ;  $SD=1.30$ ) and “hid important papers from him” ( $M=3.72$ ;  $SD=1.43$ ). Less than one-third of the women used the following strategies, but they rated them as helpful to very helpful: “developed a code so others would know you were in danger” ( $M=3.76$ ;  $SD=1.32$ , safety planning), “stayed in a shelter” ( $M=4.05$ ;  $SD=1.32$ , formal network), and “kept an extra supply of basic necessities for myself/children” ( $M=4.21$ ;  $SD=1.10$ , safety planning).

Some individual strategies used by most women were perceived as unhelpful. For example, 94.63% of the participants reported that they “tried to avoid an argument” with their partner (placating); however, this strategy was not especially helpful ( $M=2.33$ ;  $SD=1.29$ ). Similarly, the women who “refused to do what he said” (80.54%, resistance) and “fought back verbally” (85.23%, resistance) reported these strategies to be unhelpful (refused:  $M=1.67$ ;  $SD=1.02$ ; fought back:  $M=1.94$ ;  $SD=1.23$ ).

## Type of IPV and Strategies Used

The third research question focused on the relation between IPV types that women experienced and the strategies they used to prevent, stop, or cope with IPV. The IPV women experienced was positively associated with the total number of IPVSI strategies used (Table 4). Although the correlations between IPV types and the six IPVSI categories were weak, we found some statistically significant correlations. Higher scores on the ISA-P ( $r_s=0.239$ ,  $p<0.01$ ), ISA-NP ( $r_s=0.184$ ,  $p<0.05$ ) and PMWI E/V ( $r_s=0.172$ ,  $p<0.05$ )

were significantly associated with women’s use of more formal network strategies. Scores on the ISA-P ( $r_s=0.177$ ,  $p<0.05$ ), ISA-NP ( $r_s=0.247$ ,  $p<0.01$ ), and PMWI D/I ( $r_s=0.219$ ,  $p<0.01$ ) were significantly associated with the use of more informal network strategies, and scores on the ISA-P were significantly associated with the use of more resistance strategies ( $r_s=0.173$ ,  $p<0.05$ ). Statistically significant associations were found between all five IPV measures and the number of safety planning strategies and placating strategies ( $p<0.001$  for all correlations; data not shown). No type of IPV victimization was significantly associated with the number of legal strategies used.

## Strategy Use and Helpfulness by Demographic Variables

We performed independent samples t-tests to explore differences among women’s race/ethnicity (non-Hispanic White versus all other racial/ethnic identities), education level (high school diploma or less versus some college/degree), and employment status (currently working versus not working) for the mean number of strategies used per IPVSI category and mean level of helpfulness per category. One statistically significant difference was found for race/ethnicity ( $t=-2.76$ ,  $p=0.007$ ) as women who identified as non-Hispanic White used a higher number of legal strategies ( $M=2.45$ ;  $SD=1.04$ ) compared to women with all other racial and ethnic identities ( $M=1.83$ ;  $SD=1.32$ ). One statistically significant difference was found for education level ( $t=-2.54$ ,  $p=0.012$ ) as women who had at least some college education used a higher number of formal strategies ( $M=3.11$ ;  $SD=1.77$ ) compared to women who had a high school diploma or less ( $M=2.33$ ;  $SD=1.58$ ). For women who used at least one placating strategy, there was a statistically significant difference among racial/ethnic groups on average helpfulness ( $t=2.27$ ,  $p=0.025$ ). Women who identified as non-Hispanic White reported a lower mean level of helpfulness for placating strategies ( $M=2.31$ ;  $SD=0.95$ ) compared to women with all other racial and ethnic identities

**Table 3** Use and helpfulness of individual strategies ( $N=150$ )

Category/Strategy	% who used strategy +	% who used strategy and found it helpful <sup>^</sup>	Helpfulness Mean (S.D.)
<i>Formal Network</i> (n = 137)			
Tried to get him counseling for violence	62.04 (n = 85)	20.00 (n = 17)	1.67 (1.14)
Talked to someone at DV program, shelter, or hotline	59.12 (n = 81)	79.01 (n = 64)	3.73 (1.36)
Called a mental health counselor for yourself	45.26 (n = 62)	72.58 (n = 45)	3.29 (1.32)
Tried to get him help for alcohol/substance abuse	41.61 (n = 57)	15.79 (n = 9)	1.51 (1.02)
Talked to doctor or nurse about abuse	31.39 (n = 43)	67.44 (n = 29)	3.00 (1.38)
Tried to get help from her employer or co-worker	24.82 (n = 34)	79.41 (n = 27)	3.41 (1.23)
Tried to get help from clergy	24.09 (n = 33)	57.58 (n = 19)	2.73 (1.42)
Stayed in a shelter	14.60 (n = 20)	85.00 (n = 17)	4.05 (1.32)
Tried to get help for yourself for alcohol/substance use	10.95 (n = 15)	73.33 (n = 11)	3.93 (1.58)
<i>Legal</i> (n = 141)			
Filed petition for CPO	84.40 (n = 119)	85.71 (n = 102)	4.13 (1.34)
Called police	78.01 (n = 110)	53.64 (n = 59)	2.85 (1.64)
Filed or tried to file criminal charges	57.45 (n = 81)	48.15 (n = 39)	2.65 (1.60)
Sought help from legal aid	27.66 (n = 39)	56.41 (n = 22)	2.92 (1.71)
<i>Safety Planning</i> (n = 134)			
Kept money or other valuables hidden	64.93 (n = 87)	64.37 (n = 56)	3.02 (1.49)
Kept important phone numbers to use for help	63.43 (n = 85)	88.24 (n = 75)	3.93 (1.30)
Hid important papers from him	61.19 (n = 82)	80.49 (n = 66)	3.72 (1.43)
Hid car or house keys	53.75 (n = 72)	50.00 (n = 36)	2.62 (1.57)
Changed locks or somehow improved safety	49.25 (n = 66)	66.67 (n = 44)	3.38 (1.67)
Worked out escape plan	47.01 (n = 63)	74.60 (n = 47)	3.46 (1.39)
Removed or hid weapons	35.07 (n = 47)	65.96 (n = 31)	3.34 (1.56)
Kept extra supply of basic necessities for myself/children	35.07 (n = 47)	91.49 (n = 43)	4.21 (1.10)
Put a knife, gun, or other weapon where you could get it	32.09 (n = 43)	51.16 (n = 22)	2.74 (1.47)
Developed a code so others would know you were in danger	27.61 (n = 37)	89.19 (n = 33)	3.76 (1.32)
<i>Informal Network</i> (n = 139)			
Stayed with family or friends	76.26 (n = 106)	89.62 (n = 95)	4.22 (1.11)
Talked to your family or friends about what to do to protect yourself and your children	71.22 (n = 99)	83.84 (n = 83)	3.80 (1.33)
Made sure there were other people around	69.06 (n = 96)	86.46 (n = 83)	3.76 (1.18)
Sent kids to stay with friend or relatives	53.96 (n = 75)	97.33 (n = 73)	4.45 (.87)
<i>Resistance</i> (n = 149)			
Ended (or tried to end) the relationship	94.63 (n = 141)	53.90 (n = 76)	2.78 (1.66)
Left home to get away from him	87.25 (n = 130)	68.46 (n = 89)	3.24 (1.54)
Fought back verbally	85.23 (n = 127)	28.35 (n = 36)	1.94 (1.23)
Refused to do what he said	80.54 (n = 120)	18.33 (n = 22)	1.67 (1.02)
Slept separately	71.81 (n = 107)	50.47 (n = 54)	2.59 (1.45)
Fought back physically	69.80 (n = 104)	33.65 (n = 35)	2.04 (1.25)
Used/threatened to use weapon against him	20.13 (n = 30)	33.33 (n = 10)	1.90 (1.32)
<i>Placating</i> (n = 149)			
Tried to avoid an argument with him	94.63 (n = 141)	41.84 (n = 59)	2.33 (1.29)
Tried to avoid him	89.26 (n = 133)	43.61 (n = 58)	2.30 (1.26)
Tried to keep things quiet for him	88.59 (n = 132)	50.76 (n = 67)	2.55 (1.34)
Did whatever he wanted to stop the violence	76.51 (n = 114)	57.02 (n = 65)	2.71 (1.42)
Tried not to cry during violence	71.81 (n = 107)	28.97 (n = 31)	1.93 (1.28)

+ Percentage is based on the number of women who used at least one strategy in the category

<sup>^</sup> A score of 3, 4, or 5 indicates that the strategy was helpful



**Table 4** Correlations between strategy use and type of IPV ( $N = 150$ )

	IPVSI total
IPVSI total	–
ISA-P	.461**
ISA-NP	.451**
WEB	.419**
PMWI D/I	.398**
PMWI E/V	.381**

Note: IPVSI=Intimate Partner Violence Strategies Index; ISA-P=Index of Spouse Abuse-Physical; ISA-NP=Index of Spouse Abuse-Non-Physical; WEB=Women's Experience with Battering; PMWI D/I=Psychological Maltreatment of Women Inventory Dominance/Isolation subscale; PMWI E/V=Psychological Maltreatment of Women Inventory Emotional/Verbal subscale

\*\*  $p < .001$

( $M = 2.77$ ;  $SD = 1.03$ ). There were no statistically significant differences by education level for the mean number of strategies used per category or the mean level of helpfulness of strategies in any category.

We performed one-way ANOVAs to explore differences among women residing in metro, urban, and rural areas for the number of strategies used per IPVSI category and mean level of helpfulness per category. We found no statistically significant differences in the number of resistance strategies used among women residing in different locations ( $F(2,146) = 2.50$ ,  $p = 0.779$ ). However, for women who used at least one resistance strategy, there was a statistically significant difference among the groups on average helpfulness of resistance strategies ( $F(2,146) = 5.57$ ,  $p = 0.005$ ). A Bonferroni post-hoc test revealed that the mean level of helpfulness for resistance strategies was statistically significantly higher among women residing in urban areas (2.84) compared to women residing in metro (2.27,  $p = 0.006$ ) and rural (2.19,  $p = 0.032$ ) areas. There were no statistically significant differences between geographic groups for the number of strategies used per category or the helpfulness of strategies in the formal, legal, safety planning, informal, or placating categories.

### What Strategies Were Most and Least Helpful and Why

The fourth research question focused on women's reasons for *why* they perceived specific strategies as most and least helpful. After completing the IPVSI, we asked women, "Overall, which of these strategies were most helpful to you, and why?" and "Overall, which of these strategies were least helpful to you, and why?" Although the women had provided a numeric score to indicate the helpfulness of each strategy they used, the purpose of these questions was to allow women to reconsider all options and select the

strategy (or two) they recalled as being most and least helpful (Table 5) and explain why.

**Most Helpful** The most helpful strategies women reported fell into the informal network and resistance categories, followed by legal and placating strategies. In the informal network category, 30 women found staying with family or sending their children to stay with friends and family to be most helpful. Individual women shared the following reasons why staying with or talking with family or friends was helpful: "My family and friends reinforced that there is help available and support and to not be afraid to leave," "They gave me financial, emotional and physical support," and "They kept telling me I was making the right decision. They were supportive. They were there for me emotionally." Seventeen women reported that sending their children to stay with friends or relatives was most helpful. Women believed this action was helpful because "It kept them from seeing anything or getting hurt," "It made me feel better that he (her son) wasn't exposed to it [the violence] on a daily basis anymore. If I couldn't help myself, at least I could help him," and "He [her partner] would try to take our youngest child and run away. He always threatened me with that."

For women who found resistance strategies most helpful ( $n = 45$ ), they identified ending the relationship ( $n = 29$ ) and leaving home ( $n = 13$ ) to be the most useful. Women who reported that ending the relationship was the most helpful action they took said "It got me and the kids out of the bad situation. I didn't want my kids growing up thinking it was okay," "I am free to meet my goals and don't feel tied down," or "If I hadn't ended the relationship, he would still be beating me up." Women who left home for a while found this useful because "It gave him time to cool down and usually sober up," or "It got me out of the situation, away from him, and I knew my kids would be safe."

Twenty-one women identified legal strategies as most helpful and specifically filing for an order of protection ( $n = 16$ ). Women found these legal strategies most helpful because their partners feared the legal system: "Because he's scared of the law," "Because he knows if he contacts me in any manner he will be arrested," and "Gives me a peace of mind knowing I can call the police if I need to."

A small number of women described placating strategies ( $n = 18$ ), specifically avoiding their partner and/or avoiding arguments ( $n = 10$ ) or doing what their partner wanted ( $n = 7$ ), as most helpful. Women who found avoiding their partner most helpful stated, "We couldn't fight if we weren't around each other" and "If I could stay away from him or avoid him then I couldn't make him mad at me." Women who did what their partner wanted found this most helpful because "It kept him from being angry and I could have more freedom to spend time with family because he was

**Table 5** Women's perception of which strategy was most and least helpful ( $N=149$ )

	Most Helpful Strategy				Least Helpful Strategy			
	Metro (n=95)	Rural (n=20)	Urban (n=34)	Total	Metro (n=95)	Rural (n=20)	Urban (n=34)	Total
	n (%)	n (%)	n (%)		n (%)	n (%)	n (%)	
<i>Formal Strategies</i>				8				10
Get help for him					4 (4.21)	2 (10.0)	1 (2.94)	7
Get help for yourself	1 (1.05)			1	1 (1.05)		1 (2.94)	2
Stay at DV shelter	1 (1.05)			1				
Talk with employer	1 (1.05)		1 (2.94)	2				
Talk with someone from DV hotline or shelter	2 (2.11)	1 (5.0)	1 (2.94)	4	1 (1.05)			1
<i>Informal Strategies</i>				48				4
Have others around	4 (4.21)		2 (5.88)	6	2 (2.11)			2
Send children to stay with family or friends	8 (8.42)	1 (5.0)	4 (11.76)	13				
Stay with family or friends	12 (12.63)		5 (14.71)	17	1 (1.05)			1
Talk with family or friends	7 (7.37)	2 (10.0)	3 (8.82)	12	1 (1.05)			1
<i>Legal Strategies</i>				21				15
File criminal charges		1 (5.0)		1	1 (1.05)			1
File order of protection	13 (13.68)	2 (10.0)	1 (2.94)	16	2 (2.11)		1 (2.94)	3
Call police	3 (3.16)	1 (5.0)		4	6 (6.32)	2 (10.0)	3 (8.82)	11
<i>Placating Strategies</i>				18				37
Avoid	5 (5.26)	2 (10.0)	3 (8.82)	10	14 (14.74)	2 (10.0)	8 (23.53)	24
Do what he wanted	4 (4.21)	3 (15.0)		7	3 (3.16)		2 (5.88)	5
Keep things quiet for him	1 (1.05)			1	3 (3.16)	1 (5.0)	1 (2.94)	5
Try not to cry					1 (1.05)	1 (5.0)	1 (2.94)	3
<i>Resistance Strategies</i>				45				71
End the relationship	20 (21.05)	3 (15.0)	6 (17.65)	29	2 (2.11)		2 (5.88)	4
Fight back verbally or physically			2 (5.88)	2	30 (31.58)	10 (50.0)	14 (41.18)	54
Leave home	7 (7.37)	3 (15.0)	3 (8.82)	13	3 (3.16)			3
Refuse to do what he said					5 (5.26)	1 (5.0)		6
Sleep separately	1 (1.05)			1	4 (4.21)			4
<i>Safety Strategies</i>				9				12
Have an escape plan	1 (1.05)		1 (2.94)	2				
Hide things	2 (2.11)	1 (5.0)		3	3 (3.16)	1 (5.0)		4
Improve home security	1 (1.05)		1 (2.94)	2	1 (1.05)			1
Keep important phone numbers			1 (2.94)	1	1 (1.05)			1
Other	1 (1.05)			1	6 (6.32)			6

One woman residing in a Metro area did not provide responses to the single most/least helpful strategy

content,” and “It reduced the stress and tension for me and was calmer for our daughter.”

Nine women found involving the police to be one of the most helpful strategies. When asked why the police were helpful, women stated, “Because they took it seriously and gave me their cell numbers and were responsive,” “He (partner) went to jail,” “Getting him (partner) arrested stopped the abuse,” and “It was the only thing that worked to stop the

violence.” Few women described formal help-seeking ( $n=8$ ) or safety planning ( $n=8$ ) strategies as the most helpful.

**Least Helpful** Fifty-four women reported the resistance strategy of fighting back (either verbally and/or physically) to be the least helpful strategy. Specific reasons why women found this strategy least helpful were “It just escalated things,” “It didn’t always help. It was not the wisest decision, but it made

me feel better,” and “It made him hit me harder, but I swore I would never let him know I was scared of him so I would go toe-to-toe with him every time.”

Although 10 women stated that avoiding their partner was most helpful, 24 women cited this strategy as one of the least helpful because “It didn’t change anything,” or “I would be so stressed out trying not to upset him, and he always found something to nag at anyway, so it just delayed the violence.” Another woman stated that avoiding her partner and doing what he wanted were both the least helpful strategies she used. She explained that “It (avoiding) didn’t help because it wasn’t benefitting anyone. It was just denying what was going on and staying under his control. Doing what he wanted was being under his control and being someone’s puppet is not effective.”

Eleven women found calling the police the least helpful strategy they used, and the reasons given reflected the inadequacy of the police response: “They didn’t take me seriously,” “They never arrested him and wouldn’t make him leave,” and “The police didn’t take any action besides asking him to leave. They said there was insufficient evidence for a restraining order.”

Some of the least helpful strategies cited by women were not included in the IPVSI strategies. One woman said that keeping the violence a secret and not telling anyone was least helpful because “I could have left the situation sooner.” Two women said the least helpful strategy was putting a weapon where it would be accessible to them (the IPVSI strategy is using or threatening to use a weapon). When asked why this was the least helpful, one of the women stated, “I didn’t pull the weapon when being beaten,” and the other woman said, “He found it, brought it to me, and threatened me with it.” Finally, one woman answered this question by stating that shelters were not a realistic option. She said, “Everybody says there is help for battered women, but it is not realistic. Realistically, taking your kids from another father to a shelter will get your kids removed.” She then said,

Women need money to get out of the house or get him out. You need people who know legally how to get him out. Him getting arrested for abuse will get him out (of the house) for one day, but then he goes back, and the abuse will be worse. A woman has to be stable—financially and emotionally—so the court will support her. But, by that time you’re already cut off from people who could have helped you (friends, family, and any acquaintances he saw as a threat).

### What Other Strategies were Helpful

Finally, we asked women “Have there been any other strategies that you have used (not on the [IPVSI] list) that you feel have been helpful to you?” (Research Question 5). If women responded “yes,” they were asked to describe the strategies.

Forty women described other helpful strategies, although several women described a strategy that closely resembled an IPVSI strategies (e.g., one woman stated she uses “support of good friends,” to remind her she didn’t have to put up with her partner’s behavior which was seen as similar to the IPVSI strategy of “talked to your family or friends about what to do to protect yourself and your children).” Still, some women gave unique information on strategies they found helpful in stopping or coping with IPV. A few women identified education and knowledge as helpful. One woman stated that going to school gave her more confidence and showed him [her partner] that she could succeed. Another woman said that reading self-help books was helpful to her. A third woman found it helpful to educate herself about IPV through an advocacy group because she found that she was not alone, and others had experienced similar things. She also gained information to help her cope and end the relationship. Two women said that involvement in their church was helpful. One stated, “My faith, my prayers, and my church family were helpful to me because it was the only thing I could control or do to keep some sanity.”

One woman stated that having an extra phone and adding a security system were helpful. One woman described how “writing poetry and drawing have helped me come through it,” and another woman said that “volunteering and helping others” was helpful to her. Another woman found keeping a journal to “remind her of how bad things really were” and getting an extra phone that her partner didn’t know about helpful. She also started working to have her own money. One woman explained how a new perspective was helpful to her. She stated that she “tried to be an observer instead of an absorber.” She explained that when she absorbed the violence it made her feel inadequate. She tried to be more analytical and look at things as an outsider. Another woman stated that “Hiding and shutting off my phone” was helpful. She explained that “Going to the shelter is only a temporary option because you have to come out. Therefore, I never went to the shelter, but I have hidden at a friend’s and families’. Also, I used to keep \$100 in my car in case I needed to go to a hotel. I used that option several times.” Another woman utilized the support of a trusted neighbor to help keep her safe. She said what was helpful was “notifying the neighbors that he is not supposed to be here and to call the police if he does show up.” She added that “I also have a plan worked out with a neighbor in case he does show up and tries to break in.” Finally, a woman stated that “Standing up to him was empowering,” and she was “no longer allowing myself to be his victim.”

### Discussion

In this study, we examined the kinds of strategies and helpfulness of these strategies women use to prevent, stop, or cope with IPV. Using the IPVSI, we found women used 21

of the 39 IPVSI strategies, on average, to respond to the IPV in their lives. Placating (trying to avoid an argument, doing whatever he wanted to stop the violence), resistance (fighting back verbally or physically, ending the relationship), use of informal networks (staying with family or friends, sending kids to stay with relatives), and legal resources (calling the police, filing a CPO) were the most used categories of strategies. However, women did not view the utility of all these strategies similarly. Our findings highlight some discrepancies between what is used and what works.

Women experiencing IPV are more likely to reach out to informal supports for help (e.g., friends and family members) than formal service providers (Kaukinen, 2004; Liang et al., 2005; Lipsky et al., 2006). By category, women in our study found informal network strategies to be most helpful and most women used each strategy in this category (53.96–76.26%). Our findings are consistent with prior research that women experiencing IPV commonly use informal supports (Ansara & Hindin, 2010; Coker et al., 2000; Du Mont et al., 2005; Goodman et al., 2003). The benefits of using informal network strategies (e.g., talking to, staying with, or sending their children to stay with family or friends) may explain why women in our study found these strategies to be the most helpful. Informal network strategies are characterized by both tangible and emotional support received from someone other than their abusive partner. For example, women described friends and family as supporting their decisions to leave and being there for them emotionally. They also found sending their children to stay with friends or relatives provided them peace of mind knowing their children were safe and not exposed to the violence.

Between 71.81–94.63% of women in the study used placating and resistance strategies (except only 20.13% of women reported using a weapon against their partner). The effectiveness of resistance or placating strategies depends on changing an abuser's behavior or challenging the abuser's sense of control (Goodman et al., 2005). Women reported resistance and placating strategies as the least helpful. But when asked what they viewed as the most helpful strategies overall, they provided an interesting distinction between different resistance and placating strategies. They found leaving their home temporarily or ending the relationship, which involved taking control to extricate themselves from the relationship, to be more helpful than resistance strategies that exacerbated or escalated their abusers' behaviors (e.g., fought back verbally or physically) where they could not control the outcome. A placating strategy they found most helpful was actively avoiding their partner. Even women who found doing what their partner wanted to be useful described this as giving them more freedom to spend time with family or reducing their stress or tension. Thus, the perceived helpfulness of resistance or placating strategies may depend

on the costs and benefits of using these strategies for women's safety or self-esteem (Goodman et al., 2005; Liang et al., 2005), and whether women perceived they could control the outcome of the strategy.

Other helpful individual strategies were similarly proactive. Although infrequently used, women who used a code so others would know they were in danger ( $n = 37$ , 27.61%) or stayed in a shelter ( $n = 20$ , 14.60%) reported these strategies were very helpful. Interestingly, when asked what other strategies not included in the IPVSI were helpful, women described active or proactive strategies focused on themselves, such as continuing their education, reading self-help books, or educating themselves about IPV, rather than reactive strategies used to respond to their partners' behavior. Again, these were strategies under their control with direct benefits to them.

Our findings suggest that perceptions of costs, benefits, and control influence women's choice of help-seeking strategies. However, the context of the abuse and women's characteristics undoubtedly affect their choice of strategies. Consistent with prior research, we found more severe physical abuse was significantly associated with women's use of more formal supports (Ansara & Hindin, 2010; Coker et al., 2000; Duterte et al., 2008; Tenkorang et al., 2017) and resistance strategies (Goodkind et al., 2004), despite the lower perceived helpfulness of these strategies. More severe violence may "force women's hands" to use more resistance in response to a violent episode. Using more formal network strategies is likely due to a greater need for external interventions to help keep them safe (Ansara & Hindin, 2010).

Women's demographic characteristics also influence the choice of strategies. Non-Hispanic White women in our study used more legal strategies compared to women of other racial and ethnic identities, and women with some college used more formal strategies than women with a high school diploma or less. Choosing formal strategies may be influenced by women's intersecting identities (Barrett & St. Pierre, 2011). Monterossa (2019) examined how the 'strong Black women stereotype' affected Black women's help-seeking. Black women holding this stereotype perceived they did not need help and should be able to handle the violence on their own. Black women in Monterossa's study also described how racism influenced their decisions to use external help, such as the police, because they did not want to subject their community to further oppression. Women with more education have also been shown to use more formal supports (Coker et al., 2000; Tenkorang et al., 2017). Having more educational opportunities may help women feel more confident navigating more complex formal supports such as legal systems. Although all the women in this study had low-incomes, education may also intersect with income to allow women greater access to supports such as counselors and medical care.

Finally, women's geographic location may also affect their strategy use. Our findings are consistent with studies using only rural samples that found women use a variety of different strategies (Anderson et al., 2014, 2017), and resistance and placating strategies are used most often but found to be least helpful (Anderson et al., 2014; Riddell et al., 2009). Women in our study residing in rural and metro areas rated the helpfulness of resistance strategies to be even lower than women living in urban areas. Riddle et al. (2009) suggest that the ineffectiveness of rural women's use of resistance strategies may be due to the context of male power and control specific to rural settings. Women in their qualitative study described growing up in abusive rural homes where they were socialized that the man was the head of the household, and spousal relationships often objectified women as "the wife." Rural women also reported their own family, particularly their fathers, to be more supportive of their abusers, and they were encouraged to stay in the relationships. As such, women may have found resistance strategies to be futile because they not only risked exacerbating their abusers' behaviors, but they would find limited support in their informal networks for resisting the abuse.

### Study Strengths and Limitations

Our study expands the understanding of women's IPV help-seeking strategies by examining the strategies used, their helpfulness, and why women perceived specific strategies as most and least helpful. This latter focus is a unique contribution to the help-seeking literature. Our study is also one of few that compares help-seeking among women living in urban and rural communities.

Despite several strengths, our study has some limitations. The sample was predominantly women who identified as non-Hispanic White. The women all had children and reported high levels of IPV. Because they were recruited through legal aid, all the women had sought at least one legal service and had a low income level. Asking women in the sample about the 39 IPVSI strategies infers that the service or support was available to all women. Although we presume women had access to these various strategies, there is no guarantee this was the case. Particularly for formal and legal supports, the intersection of income, education, race, and geographic region could account for differential access to and use of these resources.

Our data collection relied on women's self-reported, retrospective memories of help-seeking strategies, and their global assessments of helpfulness. Women's strategy use may change over time as the abuse becomes more severe or other external life circumstances change, such as women's employment status or child-rearing responsibilities. As such, women's perceptions of the strategies' helpfulness could be

context-specific to a particular incident of abuse, increased concerns about their children's safety, increased access to economic resources, or an idiosyncratic response of a service provider.

### Implications for Practice and Research

Models of help-seeking have evolved from viewing women who experience IPV as passive (i.e., learned helplessness; Walker, 1979) to seeing them as actively engaging in a multitude of private and public strategies to manage, prevent, and escape violence (Gondolf & Fisher, 1988; Goodkind et al., 2004; Goodman et al., 2003; Liang et al., 2005). Liang et al. (2005) posit that IPV help-seeking is contingent on two internal conditions, recognizing that certain behavior is undesirable and acknowledging that the problem is unlikely to go away without help from others. Some researchers have documented help-seeking as a stage model (see Brown, 1997; Goodman et al., 2003). Women begin with private attempts to resolve violence (e.g., resistance and placating strategies) before reaching out to informal supports, such as family and friends. As the violence worsens, they tend to use more formal options.

If women typically turn to informal resources first, it is worth exploring ways to build efficacy among family and friends to equip them to effectively respond to abuse disclosures and best support loved ones who experience violence. Numerous state and federal organizations provide information for how to help a friend or family member experiencing IPV (National Coalition Against Domestic Violence, 2010; National Domestic Violence Hotline, n.d.; Ohio Domestic Violence Network, n.d.; Office on Women's Health, U.S. Department of Health and Human Services, n.d.; Washington State Coalition Against Domestic Violence, 2019). Recommendations include listening to and believing the person, not judging or criticizing them, helping them develop a safety plan, offering to provide child care, transportation or to hide important documents, and encouraging them to reach out to formal domestic violence resources. More formalized trainings, similar to bystander intervention trainings for campus sexual assault or gatekeeper trainings for suicide, could also be developed and utilized to better prepare informal network members to respond effectively to disclosures of IPV and engage in the help-seeking process. Our study's findings further reinforce the importance of advice and support that maximize benefits, or at least minimize costs, and focus on helping women gain or maintain control of their situations.

Theories and models of help-seeking would benefit from additional lines of research to better understand women's thought processes around help-seeking over time. For example, women in our study and others report using various strategies to cope with IPV. Still, it is unclear whether women are using these strategies intentionally in



combination or selecting and then discarding unhelpful strategies to figure out what works best for their situation. We also did not ask how long the abuse lasted before women made their first effort to seek help. Additional research on the sequencing and timing of strategy use related to changes in IPV is needed (Ansara & Hindin, 2010). For example, are women's use of more resistance and formal network strategies in response to more severe physical IPV driven by a greater need to protect themselves from imminent danger? Future research could also examine the relationship between emotion-focused coping strategies (Bauman et al., 2008) and public and private help-seeking strategies. Finally, future research should examine the extent to which women engage in a cost-benefit analysis of the strategies they use (Liang et al., 2005).

**Acknowledgements** This project was supported by Award No. 2010-WG-BX-0009, awarded by the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication are those of the authors and do not necessarily reflect those of the Department of Justice.

We thank Iowa Legal Aid and their AmeriCorps workers their support and contributions to the project. We also thank the research assistants and interviewers, who devoted so much time and effort to the project. Finally, we are grateful to the women who participated in the project. We hope this publication faithfully represents their voices and experiences.

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