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Beaten into Submissiveness? An Investigation into the Protective Strategies used by Survivors of Domestic Abuse

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Abstract

The aim of the study was to identify the prevalence and perceived helpfulness of a variety of protective strategies that were used by female survivors of domestic abuse and to explore factors that may have influenced strategy usage. Forty participants were recruited from a voluntary sector domestic abuse service, commissioned by an outer London local authority in the UK. The measurement tools used were the Intimate Partner Violence Strategies Index and the CAADA Domestic Abuse, Stalking and 'Honour'-Based Violence (DASH) Risk Assessment Checklist. The average age was 33 (*SD*=7.9, range: 20-57), half reported to be of Asian ethnicity, 37.5% White and 12.5% Black or Mixed ethnicity. The average DASH score was 9.8 (*SD*=13.2, range: 0-18) and an average of 18 (*SD*=6.7, range: 1-29) protective strategies were utilised by each participant. All of the most commonly used strategies were from the Placating category. Though Safety Planning strategies were rated as the most helpful by all participants, Placating strategies were also rated as helpful by two-thirds of participants. Stepwise multiple regression showed that Placating was the only significant predictor of DASH score (β=0.375, p<0.05) and accounted for 14% of the variance of DASH score. Findings showed that women utilized a diverse range of protective strategies with placating strategies being most intensely used and rated as helpful. However, placating strategy usage could be a risk factor as opposed to a protective factor. This study has also demonstrated that greater placating strategies were used by White than South Asian women, and women who were employed used more formal strategies. This research has extended the knowledge base of protective strategies that professionals can draw from to underpin decisions and interventions when working with domestic abuse survivors.

Introduction

A quarter of women and one in seven men report having been in an abusive relationship (Farmer & Callan, 2012). Domestic abuse has serious and sometimes fatal consequences, accounting for 35% of murders in England and Wales (Richards, 2006), with an average of two women per week killed by a current or former partner (Coordinated Action Against Domestic Abuse (CAADA), 2012a; Farmer & Callan, 2012). Despite the potential for serious harm and death, women remain in an abusive relationship for an average of five years (CAADA, 2012a), inciting two commonly asked questions of 'why do women stay?' or 'why don't they leave?' (Hoff, 1990).

These commonly asked questions have been heavily criticized especially by feminists who argue that they arise from the patriarchal tendency to place the onus on the women to end the abuse, absolving the perpetrator of responsibility (Bograd, 1988). Early literature suggested that professionals should instead question why men abuse women and what societal failings permit abuse to continue (Bograd, 1988; Gondolf & Fisher, 1988; Hoff, 1990). More recent studies have demonstrated that domestic abuse is not an isolated phenomenon as it interacts with many factors including prejudice, class, class stratification, gender, gender inequality, sexual orientation, and heterosexist bias (Sokoloff & Dupont, 2005). Intersectional and structural approaches to domestic abuse reject the one-size-fits-all explanation to why women stay or leave abusive relationships.

Women may face practical constraints to leaving, such as financial dependence on the perpetrator, lack of alternative housing and scarcity of social support, which may be exacerbated by deliberate social isolation by the perpetrator in an effort to increase their power and control (Bybee & Sullivan, 2005; Lempert, 1996; Peled, et al, 2000; Sullivan &

Bybee, 1999). Therefore, literature suggests that formal help, such as social and legal services, is particularly important to support women to end the abuse, regardless of whether they stay or leave the relationship (Sayem, Begum & Moneesha, 2015).

A substantial volume of evidence has demonstrated that separation is a strong predictor of escalated violence, serious harm, and murder (Cavanagh, 2003; Richards, 2003, 2006; Se'ver, 1997). Feminists argue that the act of leaving threatens the perpetrator's perception of control, triggering an escalation of abusive behavior designed to reassert power and authority (Sev'er, 1997). Arguably, professionals expect women to leave abusive relationships because they equate this with refusal to accept abuse; such a belief mistakenly assumes leaving to be commensurate with safety and staying with inaction or passivity (Brabeck & Guzman, 2008; Cavanagh, 2003; Mahoney, 1994). In fact, there is no linear relationship between leaving abusive relationships and safety of women (Burman & Chantler, 2005). Research suggests that women who remain in abusive relationships do so because of their knowledge of the perpetrator and assessment of the likely response that leaving will provoke (Peled, et al, 2000; Richards, 2003).

Women who do not leave abusive relationships are heavily stigmatized (Brabeck & Guzman, 2008; Cavanagh, 2003; Dunn, 2005; Peled et al, 2000). The perception that staying equates to passivity can result in child protection social workers labeling these women as 'failing to protect' their children (Lien-Bragg, 2003; pp.12). Such misinformed perceptions disregard risk and additional barriers of leaving a relationship, unfairly blame the domestic abuse survivor rather than the perpetrator and disregard the protective strategies that women employ to protect themselves and their children (Cavanagh, 2003; Lein-Bragg, 2003). Such perceptions also disregard the complexities inherent within an abusive relationship in which

abuse and fear are often experienced in parallel with love, affection and a hope that abusive behaviour will cease (Lempert, 1996).

An early theory to describe women's responses to domestic abuse was 'Battered Women Syndrome' (Walker, 1979), which described a psychological state of 'learned helplessness' in which, following prolonged abuse, women become convinced that their efforts to stop or escape the abuse are futile so cease trying and consequently become passive (Bargai, Ben-Shakhar & Shaler, 2007; Palker-Correll & Marcus, 2004; Walker, 1979). However, the more recently developed perspective of Trauma Theory, argues that the traumatic experience of domestic abuse itself rather than an inherent vulnerability prevents women from making effective use of their coping resources to tackle external threats (Tseris, 2013). Trauma theorists suggest that the focus of eliminating the psychological effects of traumatization should be on sociocultural and structural issues that hinder the development of domestic abuse survivors' social identity (Richmond, Geiger & Reed, 2013).

Theories developed in response to early views of Learned Helplessness include 'Survivor Theory', which argue that women are active survivors utilizing creative strategies to reduce harm, which intensify as the severity of abuse increases but who are met with inadequate responses to their efforts from formal and informal sources (Gondolf & Fisher, 1988). Survivor Theory disputed the concept of learned helplessness, associated beliefs of passivity, and assertions that women are 'beaten into submissiveness'. This is supported by a growing body of evidence arguing that women manage domestic abuse through actively recruiting an extensive range of strategies (Anderson, Renner & Bloom, 2014; Goodkind, Sullivan & Bybee, 2004; Kocot & Goodman, 2003; Ridell, Ford-Gilboe & Leipert, 2009). Managing abuse is not synonymous with accepting it but involves trying to reduce risk and may also

involve trying to escape the relationship (Cavanagh, 2003). Arguably, seemingly passive strategies should not be mistaken for abuse acceptance but rather are strategic, self-preservatory actions that arise from conscious, rational decision making derived from knowledge, experience and evaluation of how their response may exacerbate abuse (Bargai, Ben-Shakhar, & Shaler 2007; Campbell, et al, 1998; Cavanagh, 2003; Lempert, 1996).

Coping is a multidimensional process and humans are believed to implement a range of strategies to adapt and reduce stress arising from traumatic situations. Strategies are often differentiated as active (observable behaviours such as confronting the stressor) or passive (also known as avoidant), which create distance from the stressor (Lee, Pomeroy & Bohman, 2007; Waldrop & Resick, 2004). They can be further classified as behavioral, which involve trying to modify the stressor itself or cognitive (or emotional), which involve an internal reappraisal of the situation rather than changing the stressor itself (Waldrop & Resick, 2004). Psychological coping strategies, such as minimizing (the process of omitting some information about the abuse when disclosing it), appear to have attracted less research; but one study showed that just over a third of women sampled demonstrated minimization, which was related to abuse severity (Dunham & Senn, 2000). Other cognitive strategies may include denying abuse severity, trying to ignore it, using humor and trying to be optimistic (Brabeck & Guzman, 2008).

Research has consistently demonstrated that domestic abuse survivors use unobservable (sometimes referred to as private) strategies, namely resistance and placating strategies with a higher degree of prevalence (Anderson, Renner & Bloom, 2014; Goodman, et al, 2003; Ridell, Ford-Gilboe & Leipert, 2009). Resistance strategies aim to reduce or eliminate perpetrator's abusive behaviors, including direct confrontation of the perpetrator and ending

the relationship. However, the effectiveness of resistance strategies depends on the availability and accessibility of formal and legal services, the women's personal resources such as income and education, and their informal support network (Paterson, 2009). Placating strategies, on the contrary, endeavor to change the abuser's behavior without direct confrontation (Goodman, et al, 2003; Ridell, Ford-Gilboe & Leipert, 2009). They include, for example, trying to avoid the perpetrator or avoiding situations that could trigger a negative response.

The evidence consistently demonstrates that safety planning and public strategies (often grouped as formal, legal and informal strategies) are used to a lesser degree (Ridell, Ford-Gilboe & Leipert, 2009). Safety planning is the dominant response to risk in domestic abuse among practitioners (Jenny et al, 2014). It involves the survivor pragmatically assessing how different actions may reduce or exacerbate risk and constructing plans to facilitate rapid escape from escalating violence (Davies, Lyon & Catania, 1998). This includes, for example, keeping important papers hidden or developing a code to alert others to danger (Anderson, Renner & Bloom, 2014; Goodkind, Sullivan & Bybee, 2004; Ridell, Ford-Gilboe & Leipert, 2009). Formal strategies may include getting the perpetrator counselling for violence or staying at a refuge; legal strategies may include calling the police or getting a non-molestation order. Informal strategies include talking to or staying with family or friends. Further examples of specific strategies and their categorisation can be viewed in Table 2. Women at the greatest risk of harm have been shown to more intensively use a greater spectrum of strategies (Goodkind, Sullivan & Bybee, 2004). Yet, there does not appear to be a uniformly helpful strategy for managing abuse.

Although numerous strategies may be employed by women with the intention of protecting them from harm, not all are effective in achieving that goal. Paradoxically, many of the most commonly used resistance and placating strategies are consistently deemed to be the least helpful (Anderson, Renner & Bloom, 2014; Goodman, et al, 2003; Ridell, Ford-Gilboe & Leipert, 2009). For example, the use of placating strategies may be associated with lower quality of life and a higher level of depression (Goodkind, Sullivan & Bybee, 2004). Regardless of the complexity of choices and dilemmas that women face between leaving and staying with the abuser, Lindhorst, Nurius and Macy (2005) argued that the intent for safety planning strategies is to leave the abusive relationship. However, there is a lack of consistent evidence showing the actual effectiveness of safety planning in minimizing violence and improving safety (MacMillan, Wathen & Varcoe, 2013).

Consistent with wider literature in this area, the present study concentrated on the experiences of abused women due to the overwhelming propensity for abuse to be perpetrated by men against women (McCue, 2008; Sandel, 2003; Sev'er, 1997). However, there are few reliable and valid instruments measuring women's usage and perceived helpfulness of each coping strategy in dealing with the violence (Goodman et al, 2003; Ridell, Ford-Gilboe & Leipert, 2009). Therefore, the paper will report updated data about the nature and extent of women's strategic response to violence and their perceived helpfulness towards each strategy in the UK by using the well-developed 'Intimate Partner Violence Strategies Index' (Goodman et al, 2003). The study has also used a recently developed tool, the DASH Risk Assessment Checklist (CAADA, 2012b). The study aimed to add to current understandings of the prevalence and perceived helpfulness of a variety of protective strategies that were used by female survivors of domestic abuse and to explore factors that may have influenced strategy usage in a UK sample.

According to Bauman, Haaga and Dutton (2008, p.27), perceived helpfulness of coping strategies is "how well the strategies modify the way a battered woman attends to or changes the relational meaning of her experience with IPV [interpersonal violence]". Literature shows that a better understanding of how women use and perceive the helpfulness of different coping strategies can facilitate service providers develop effective interventions to support them and end the domestic abuse. Therefore, the hypotheses for this study were:

1. Women will utilize a large range of protective strategies but placating and resistance strategies will be employed to a greater degree.
2. Women will perceive a large range of protective strategies helpful.
3. Ethnic differences and employment will have statistically significant impact on strategy usage.
4. There will be an interaction between DASH and resistance and placating strategies.

Method

Sampling

The present study was a cross-sectional survey design. Forty participants were recruited from a voluntary sector domestic abuse service, commissioned by an outer London local authority in the UK. All of them were female, over eighteen years old and were being supported by the domestic abuse service at the time of the research. Participants were not excluded on the basis of the type of sexual relationship in which they were engaged and varied in ethnicity and risk level. The participants were approached by their caseworkers to participate in the study and completed a survey which they placed into an envelope and sealed. Their risk assessment score was then recorded by the caseworker. Women engaging with domestic abuse services may do so covertly without engaging with other formal services and as such recruitment from

a domestic abuse service aimed to reduce artificial inflation of formal or legal strategies seen in previous research studies that have recruited women from police or court initiatives. Although it is very difficult to access and recruit from this population of women, this sample can provide valuable insight into behavior, despite still comprising a 'visible' sample (Lempert, 1996). Due to the inherent difficulties with accessing and engaging this population it was necessary to use non-probability purposive sampling. Restrictions such as the inability to send information to clients' homes and a consequent reliance on caseworkers to recruit participants meant that recruiting a large, randomized sample would have been extremely difficult. Ethical approval was granted by the Ethics Committee of the University where the study was developed.

Measurements

1) Intimate Partner Violence Strategies Index (IPVSI)

The 'Intimate Partner Violence Strategies Index' is a standardized instrument that has been developed to assess strategy use and effectiveness, which comprises 39 coping strategies grouped into six categories: resistance, placating, safety planning, legal, informal and formal (Goodman et al, 2003). Participants of this study were asked to reflect retrospectively as to the coping strategies they had used when experiencing domestic abuse and to rate their helpfulness using a Likert scale of 1-5. Scores of 3 and above indicated helpfulness and suggested that the strategy could effectively modify the experience of domestic abuse. The variable 'Strategy used' was calculated by the total number of coping strategies used divided by the number of coping strategies. The variable 'Strategy helpfulness' was calculated by the number of coping strategies rated 3 or above divided by the total number of coping strategies used. The terminology was adjusted to ensure applicability and amended to be gender neutral because the IPVSI is

an American tool and some of the language was not transferable for use with a British sample. The inter-rater reliability, content, convergent and ecological validity of the IPVSI have been previously evidenced (Anderson, Renner & Bloom, 2014; Goodman et al, 2003; Goodman et al, 2005). The present study found the IPVSI to have strong overall reliability with Cronbach's alpha of 0.87, which is above the recommended 0.7 (Pallant, 2013).

2) CAADA Domestic Abuse, Stalking and 'Honour'-Based Violence (DASH) Risk Assessment Checklist

The DASH was used to establish the risk of serious harm posed to each survivor. The DASH contains a number of questions that are scored to give an overall risk assessment score which, in conjunction with professional judgment, grades survivors as standard, medium or high risk. Scores above 14 are considered to be high risk. There is less direct guidance over medium and standard risk and this may be interpreted at a local level and based on professional judgment (CAADA, 2012b). This tool was selected because the DASH model was implemented as the standard risk assessment tool in 2009 by UK police forces and partner agencies. The model is evidence-based having been developed through analyzing risk factors associated with domestic murders and attempted murders (Richards, 2010).

3) Demographic information

Participants were also asked to provide socioeconomic demographic information including age, ethnicity, educational attainment, employment status, and information about the abusive relationship.

Statistical analysis

Data was analyzed using Microsoft Excel and IBM SPSS Version 20. The data was initially 'cleaned' by checking the frequency to identify incorrect values and recoding categorical variables. No participants needed to be removed from the main data set because all IPVSI data and DASH scores were present. Univariate data analyses were utilized to establish descriptive statistics such as the percentage of coping strategies used and measures of central tendency such as demographic characteristics of the sample and mean helpfulness. Univariate analyses were also used to calculate the prevalence and helpfulness of individual strategies and overarching categories. Bivariate analyses were used to examine how different variables were associated with protective strategy usage. Pearson correlations, independent samples t-tests, Spearman rho correlation coefficient, and Mann-Whitney U Tests were performed for parametric and non-parametric data. Stepwise multiple regression analysis was conducted to consider the extent to which the variable of risk was accounted for by protective strategies.

Results

Demographic characteristics

The average age of the 40 participants was 33 (SD=7.9, range: 20-57). Table 1 shows that half of them reported to be Asian or Asian British, predominantly Pakistani (n=11) or Indian (n=7) (South Asian) ethnicity, 37.5% White (British or other), and the remaining 12.5% were of Black or Mixed ethnicity. 39% reported to be employed, 28% unemployed but seeking work, and 23% homemakers or carers for dependent children. Not all participants declared their level of educational attainment but, of those that responded, one-third had attained a college level qualification.

The average DASH score was 9.8 (SD=13.2) and overall DASH scores ranged between 0-18. 87% were not in an abusive relationship at the time of completing the research and 77% reported having dependent children present during the abusive relationship. The average age of the commencement of abuse was 24 years old (SD=6.8). The average duration of the relationship was 6 years and 9 months (SD=4.4) and the average duration of abuse was 5 years and 4 months (SD=4.4).

An average of 18 (SD=6.7) protective strategies were employed by each participant with a range of 1-29. The strongest correlations were safety planning strategies with informal (r=0.51, p<0.001) and formal (r=0.54, p<0.01) strategies which were both strongly significant.

Coping strategy usage and perceived helpfulness

Table 2 shows that the most commonly used overarching strategy category was placating (81%, Mean=4.1, SD=1.3) and the least used category was formal (25%, Mean=2.2, SD=1.5). The most used individual strategy was 'Try to avoid them' (90%, placating) while the least used strategy was 'putting a weapon where I could get to it" (5%, safety planning) and 'tried to get myself help for substance abuse' (5%, formal).

A small positive correlation was observed between placating strategy usage and participants of White ethnicity (r_s=0.33, p<0.05) and a moderate negative correlation existed between Asian participants and use of Placating strategies (r_s=-0.42, p<0.01). Consistent with the correlations described above, White participants utilized significantly more placating strategies on average than Asian participants with a moderate effect size (u=84, z=-2.36, p<0.05). The study also identified a small positive correlation between employment and use

of formal strategies (r=0.33, p<0.05), demonstrating that being employed was associated with use of more strategies from the formal category. Consistent with this correlation, formal strategies were significantly less used by women who were unemployed (Mean=1.65, SD=1.34) compared to those women who were employed (Mean=2.87, SD=1.41; $t_{(36)}$ =-2.68, p<0.01).

The greatest amount of helpful strategies came from the placating category (69%, Mean=3.1, SD=1.3) followed by informal (55%, Mean=3.6, SD=1.2) and legal (51%, Mean=3.6, SD=1.2). However, the most helpful individual strategies were 'put a weapon where I could get to it' (100%, safety planning), 'removed weapons from the house or hid them' (100%, safety planning), and 'tried to get help from my employer or someone at work' (100%, formal). The least helpful overarching category was formal 23%, Mean=3.3, SD=1.4) and the least helpful individual strategies were 'tried to get my partner counseling for violence' (33%, formal) and 'tried to get my partner help for alcohol and substance misuse' (44%, formal). The study also found that some strategies within the informal and legal categories, though being rated as helpful, were not used much.

A stepwise multiple regression was completed with protective strategies as the independent variables. Placating was the only significant predictor of DASH score (β=0.375, SE=0.497, p<0.05) and accounted for 14% of its variance (R^2= 0.14, $F_{(1,38)}$=6.2, t=2.49, p<0.05).

Discussion

Participants used a large range of protective strategies, generally employing placating strategies to the greatest extent and formal strategies the least. The majority of the strategies were only perceived to be 'somewhat' helpful with support from a domestic abuse service or

refuge rated most highly. A large number of strategies from the placating category were rated as helpful despite previous research findings that placating (along with resistance) strategies tend to be considered the least helpful.

Use of coping strategies

Contrary to theories of learned helplessness and stereotypical assumptions of passivity, women in this study did not appear to have been 'beaten into submissiveness'. Instead, the evidence suggested that they utilized a large range of protective strategies, 18 on average, which is consistent with previous findings ranging between 16-21 (Anderson, Renner & Bloom, 2014; Goodkind, Sullivan & Bybee, 2004). These strategies were not used in isolation but in conjunction with a variety of others, supporting the assertion that placating strategies form part of a repertoire of possible strategies from which women make a strategic and tactical selection based on their knowledge and experience of how their actions may increase or decrease danger (Cavanagh, 2003; Lempert, 1996).

Private strategies of placating and resistance were used the most, consistent with existing literature (Goodman, et al, 2003), although placating strategies were used with considerably greater intensity in this study. Attribution theory suggests that women's attributions for domestic abuse affect their selection of coping strategies, women who blame themselves or other people for the abuse and excuse the abuser tend to use more placating strategies (Meyer, Wagner & Dutton, 2010). It has been suggested that their use of placating strategies was to excuse the violence and appease the abuser in order to minimize the impact of the abuse (Brabeck & Guzman, 2008; Meyer, Wagner & Dutton, 2010). There are two forms of risk in domestic abuse 'batterer-generated', such as physical and psychological harm, and

'life-generated', such as financial risk, and women staying in an abusive relationship may wish to avoid any life-generated risk when leaving their abusive partner (Jenney et al, 2014).

Significant differences in coping strategy use were identified between White and South Asian women with the latter using less placating strategies. This reaffirms previous observations that cultural and ethnic values are integral to women's appraisals of domestic abuse and the protective strategies employed (Flicker, et al, 2011; Sabina, Cuevas & Schally, 2012; Yoshihama, 2002). Although there is limited research in this area, these findings are similar to another study which concluded that White western women used placating strategies (amongst others) to a greater extent than African American women (Meyer, Wagner & Dutton, 2010). However, other research using Asian participants has observed contradictory findings, with Japanese-born women using a greater number of placating strategies than American-born Japanese women (Yoshihama, 2002). Although Yoshihama (2002) sampled East Asian women, similar patriarchal gender values permeate South Asian culture whereby there is a greater expectation for women to appear submissive and adopt a subordinate role in relation to male family members (Gilbert, Gilbert & Sanghera, 2004; Kim, Atkinson & Umemoto, 2001; Pyke & Johnson, 2003). Literature considering coping styles across ethnicities has demonstrated that, in contrast to western participants, Asian participants tend to favor cognitive rather than behavioral strategies (Lam & Zane, 2004; McCarty, et al, 1999). Cognitive strategies appear consistent with emotional self-control and suppression of strong emotions which are valued within Asian cultures (Kim, Atkinson & Umemoto, 2001; Kim & Omizo, 2003; McCarty, et al, 1999). On this basis, the opposite finding may have been anticipated of Asian women favoring placating strategies more than White women.

Research in this area appears to focus on the values and norms associated with ethnic minority cultures, of which female submissiveness and passivity tend to be assigned. The belief that female submissiveness is more associated with ethnic minority communities could lead professionals to incorrectly minimize the extent to which patriarchal values influence the protective strategy usage of White western women. Additional research is required to further understand these findings and address a limitation of this study whereby Asian ethnicities were aggregated, which may have led to within group variations being overlooked for example, Asian-born women may use different strategies to those who were born in the UK.

Employment appears to be associated with more positive outcomes for domestic abuse survivors, arguably resulting from increased access to material resources, financial independence, opportunity to formulate escape plans, and access to formal help such as gaining protection orders (Bybee & Sullivan, 2005; Sabina & Tindale, 2008). Our findings echoed Sayem, Begum and Moneesha's results (2015) that working women were positive in seeking all kinds of formal support when experiencing domestic abuse. This observation is supported by research findings that many women cite lack of employment and associated financial dependence as primary reasons for returning to abusive relationships (Lacey, Saunders & Zhang, 2011; Sullivan & Bybee, 1999). The implication from this research, that formal strategies are more difficult to access for unemployed or socially isolated women, is consistent with Survivor Theory, which argues that women are denied access to resources that are pivotal in facilitating their management or escape from abuse (Gondolf & Fisher, 1988). As accessing employment and related resources appears to be helpful, this should be an important consideration for professionals offering interventions to survivors of domestic abuse.

Helpfulness of coping strategies

When considering the percentage of strategies within each category that were rated as helpful, the placating category contained the most helpful strategies with two-thirds rated as helpful, in contrast with previous research. Arguably, domestic abuse survivors do not leave abusive relationships on account of socio-cultural and gendered conditions (Khaw & Hardesty, 2015) for example they may want to keep the family together to perform their role as a mother (Evans & Feder, 2016), some women may still love their abuser and hope for companionship, intimacy, and change in the future. Critically, there is no guarantee of safety to women after leaving the abuser (Burman & Chantler, 2005). Therefore, women may use placating strategies as a temporary means to mitigate the impact of domestic abuse, hoping that this will result in change (Brabeck & Guzman, 2008).

While women actively employ strategies to manage abuse, this does not assume they always make the best decisions as their actions may unintentionally have the opposite effect of increasing risk (Campbell, et al, 1998). Wider research in this area revealed that more severe abuse has been associated with greater recruitment of strategies from across the spectrum including placating (Goodkind, Sullivan & Bybee, 2004). In addition, placating and resistance strategies have been positively associated with increased risk of future abuse (Goodman, et al, 2005), supporting the assertion that placating strategies may be risk factors instead of protective factors (Goodman, et al, 2005). Findings of our regression model showed that placating strategy usage was a determinant of DASH score, suggesting that the use of placating strategies may increase the risk of harm directly arising from domestic abuse. Although placating strategies only accounted for a small proportion of the variance of risk, suggesting that risk may comprise other factors, this finding has important implications because of the high intensity with which placating strategies were used by survivors.

Research has indicated that domestic abuse victims seek help from formal and legal services because these strategies are deemed helpful (Vasiliauskaite, 2015). Concurring with previous research of Goodkind, Sullivan & Bybee (2004), participants in this study also perceived 'staying in a refuge' and 'talking to someone from a domestic abuse service' most helpful. However, most of our participants did not use these formal strategies, possibly implying that they were difficult to access. This finding has also been demonstrated in previous research (Goodman, et al, 2003), indicating that service providers' characteristics and their locations may affect the accessibility of services (Macy et al, 2013). In addition, the interactions between service providers and domestic abuse survivors also influence the perceived helpfulness of a strategy (Parker & Gielen, 2014). An absence of integrated and consistent approaches in formal care is also a suggested barrier to women in accessing formal strategies and research has evidenced the value of specialist services co-produced with service users (Aldridge, 2013). It is, therefore, concerning that most UK domestic abuse services are voluntary sector managed and are threatened by substantial funding cuts (Towers & Walby, 2012).

We found that slightly more than half of our participants rated legal strategies as helpful, although less than half of them actually used these strategies. For example, only 40% of our participants 'filed or helped file criminal charges'. This may be because some dimensions of domestic abuse cannot be resolved by legal interventions and sometimes these can exacerbate domestic abuse (Wardle, 2003). Furthermore, research has suggested that women from ethnic minorities were afraid of cultural stereotyping and racism and may feel reluctance to using mainstream services (Burman & Chantler, 2005). Two-thirds of our participants were Black,

Asian, and minority ethnic women and a fear of racism may have prevented access to formal and legal support.

The least helpful and least used individual strategy was from the formal category which was 'tried to get my partner counseling for violence', implying that changing the perpetrator's behavior may not be an effective way to reduce risk. Such findings have been demonstrated previously (Anderson, Renner & Bloom, 2014) and concur with the critical perspective that methods focusing on treating individual pathology of perpetrators will be unsuccessful as they fail to address the wider social structures that cause and maintain abuse. Violence in adulthood may arise from a complexity of issues such as disruptions in attachment, child abuse victimization, and intergenerational transmission, which cannot be resolved by standard psycho-educational interventions (Corvo, 2006).

Previous literature encourages the adoption of safety planning strategies (Richards, 2006) however, they were least used by the domestic abuse survivors in the present study. For example, two of the safety planning strategies rated highly- 'removing weapons from the house' and 'putting a weapon where I could get to it' were almost the least used strategies amongst our participants. This may be due to the unknown effectiveness of these safety planning strategies in reducing violence (MacMillan, Wathen & Varcoe, 2013). Despite the promotion of safety planning by practitioners, women's selection of different coping strategies depends on their perceived levels of violence they encountered and their relationships with the perpetrators (Goodkind, Sullivan & Bybee, 2004).

Slightly more than a half of our participants used resistance strategies to manage the domestic abuse however, only two-fifths of them rated these strategies as helpful possibly because

resistance strategies, which involve direct confrontation, may escalate the abuse and put women at increased risk of reabuse (Brabeck & Guzman, 2008; Parker and Gielen, 2014). In fact, the onus of controlling the perpetrators' behavior and ending violence should not be placed on women by using resistance strategies, rather it should be the responsibility of the perpetrators and the political, socio-economical, and structural systems that create and maintain the discrimination and oppression (Paterson, 2009).

We found that perceptions of helpfulness were highly subjective and individual. A strategy deemed helpful by one woman, no matter whether the effect is long-term or short-term, may be unhelpful for another, which is consistent with previous research (Goodkind, Sullivan & Bybee, 2004). This is perhaps the most important and clinically useful finding for practice and suggests that professionals should co-produce interventions with domestic abuse survivors to recognize the individual differences and uniqueness of their needs. This study challenges assumptions that certain strategies will be universally helpful or unhelpful. For example, placating strategies were seen to be helpful for many participants in this study despite previous research that has found them to be generally unhelpful (Anderson, Renner & Bloom, 2014; Goodman, et al, 2003).

Practice Implications

Professionals' management of the complexities of domestic abuse have been criticized and professionals have been accused of reinforcing the stigmatization of women in abusive relationships by harboring reductionist, simplistic beliefs that leaving is the only acceptable action (Cavanagh, 2003; Peled, et al, 2000). These findings suggest that remaining in an abusive relationship is not commensurate with passivity because women use many strategies, including seemingly passive ones to protect themselves. To implement anti-discriminatory

and anti-oppressive practice, practitioners should challenge their own assumptions, critically consider the extent to which their practice may be permeated by stereotypes of passivity and reflect on the evidence pertaining to how separation increases risk before assuming that staying is riskier than leaving. Directive approaches that impress an agenda of leaving a relationship at a point in which the woman does not feel ready or able could jeopardise the relationship with the practitioner. Instead, the transtheoretical model of change (TTMC) has been recommended to practitioners and systematically reviews women's readiness to change and co-produces interventions with women to protecting them from future violence (Parker & Gielen, 2014). It is essential to facilitate recognition of the long-term abusive relationship before risk assessment and risk management strategies can be developed in the subsequent stages. TTMC has been proven effective in helping abused women to make positive steps towards change (Evans & Feder, 2016).

Safety planning strategies are often adopted by practitioners working with domestic abuse to formulate escape plans with survivors. However, professionals working with domestic abuse survivors routinely face ethical dilemmas such as women requesting help but wishing to remain in the abusive relationship (Peled, et al, 2000). Safety planning claims to be a method of assisting professionals to resolve these ethical dilemmas because it recognizes women's expertise in their own situation including their assessment of likely risk, whilst simultaneously respecting their right to make decisions, even those that may be considered to be 'passive' or unwise to observers such as remaining in the relationship. Yet, practitioners should be critical about their intent in practice and limitations of safety planning (Lindhorst, Nurius & Macy, 2005).

Domestic abuse survivors are likely to have a range of social needs in addition to emotional needs arising from abuse. Holistic practice underpinned by a biopsychosocial approach should include supporting women to access formal resources and support, such as through employment, because accessing resources have been demonstrably effective (Macy, et al, 2005; Waldrop & Resick, 2004). Many health and social care practitioners are in a prominent position to utilize partnership working to connect unemployed or socially isolated women with services to meet their whole spectrum of need (Macy, et al, 2005). Proponents of a critical perspective would urge professionals to challenge wider social and structural issues that maintain oppression, rather than adopting a narrow focus by considering only the psychological needs of survivors.

Conclusion and limitations

This study aimed to investigate protective strategies used by domestic abuse survivors. As hypothesized and consistent with existing literature, women utilized a diverse range of protective strategies with placating strategies being most intensely used. However, a large number of strategies from the placating category being rated as helpful, which was in contrast with previous research. Although the notion of helpfulness was highly subjective, support from a domestic abuse service was rated most highly by survivors. Greater use of placating strategies was predictive of higher risk, suggesting placating strategy usage could be a risk factor as opposed to a protective factor. This study has also demonstrated the influence of ethnicity on strategy usage; greater placating strategies were used by White than South Asian women. Evidence that women who were employed use more formal strategies was also presented, which is believed to be due to increased access to resources. This research has extended the knowledge base of protective strategies that professionals can draw from to underpin decisions and interventions when working with domestic abuse survivors. It has

also offered support to theories of women as active agents in managing abuse and content stereotypes of passivity and views of learned helplessness.

There are several limitations in the present study. Firstly, due to the cross-sectional nature of the research design, cause and effect relationships cannot be established. Longitudinal designs could be used in future to more comprehensively understand the relationship between strategy usage and risk. Secondly, although the IPVSI tool which was used to assess protective strategy usage includes a large array of strategies, it is not an exhaustive list (Goodman, et al, 2003).This research and that of Meyer, Wagner & Dutton (2010) which found greater use of placating strategies by White women than an ethnic minority group both used the IPVSI to assess strategy usage; it is possible that the use of this specific assessment tool may underpin these findings. Although analysis of the placating subscale did not demonstrate any significant ethnic differences in endorsement of individual items, it is possible that this sample was too small to detect this. The IPVSI appears to be biased toward behavioral strategies with cognitive strategies excluded; the items that comprise the placating subscale (e.g. tried to avoid an argument) are avoidant but not cognitive. This could account for this observed finding of reduced placating among Asian women in contrast with cultural expectations. Arguably, its cultural sensitivity is debatable because of its lack of focus on cognitive coping strategies which tend to be favored by participants of Asian ethnicity. Although the IPVSI is not without limitations, it is the only scale that currently enables quantitative assessment of protective strategies and allows for direct comparison between studies. Thirdly, the accuracy of the DASH, like many other measurement tools, is reliant on the information the survivor discloses. Despite the DASH being widely used as a clinical risk assessment tool in the UK, it is not commonly employed in research and consequently, it was not possible to identify information relating to its reliability and validity. This is a limitation

of using the DASH but, due to its precedence in the UK as the primary evidence-based risk assessment tool, it is hoped that the DASH will begin to be more widely adopted in research. Future studies should be able to give insight into its applicability as a research tool. As the participants had already completed a DASH risk assessment, this reduced the burden of having to complete further research instruments. Fourthly, the involvement of the caseworkers in recruiting domestic abuse survivors for this study may cause tensions in the relationship with the women they are supporting; however, the caseworkers were not involved in the design and analysis of data and participants were given clear information about the study and their rights to withdraw from the study if they wished to. Due to the difficulties accessing women in abusive relationships it was felt that this was a necessary aspect of data collection and also ensured that the service user's questionnaire and risk score was completely anonymous to the researcher. Fifthly, there was no control for severity of abuse in this research that would have provided further information about the impact of protective strategies and their interplay with abuse. As a non-randomised, purposive sampling technique was used the generalizability of our findings is limited; the possible dominance of certain participant characteristics may limit generalizability to the wider population of domestic abuse survivors. It is acknowledged that the research did not differentiate between short term and long term helpfulness of a strategy and it would be interesting to gather information about this distinction in future research. Although the sample was ethnically diverse, there were insufficient Black and Mixed race participants to conduct statistical analyses into protective strategies used by these ethnic groups, which would have been valuable. Despite these limitations, clinically useful findings and a number of areas for further research have been identified.

Table 1: Demographic characteristics of participants

Characteristics		N	%
Ethnicity (n=40)			
Asian/Asian British	20		50
	Indian	7	17.5
	Pakistani	11	27.5
	Other Asian British	2	5
White	15		37.5
	White English	11	27.5
	White Other	3	7.5
	White Irish	1	2.5
Black	3		7.5
	Black African	2	5
	Black Caribbean	1	2.5
Mixed	2		5
	White and Black African	1	2.5
	White and Black Caribbean	1	2.5
Employment (n=39)			
Employed	15		38.5
	Full Time	8	20.5
	Part Time	6	15.4
	Self Employed	1	2.6
Unemployed	24		61.5
	Unemployed but looking for work	11	28.2
	Homemaker	9	23.1
	Other	4	10.3
Education (n=25)			
	College/A-Level	8	32
	University Degree	5	20
	GCSE	7	28
	Less than secondary school	5	20

Table 2: Coping strategies use and helpfulness

Strategy categories and Items	Strategy used (%)	Strategy helpfulness (%)	Strategies used (%, Mean, SD)	Helpfulness (%, Mean, SD)
Placating			***81%, 4.1, 1.3***	***69%, 3.13 1.31***
Tried to keep things quiet for them	85	68		3.15 (1.33)
Did whatever they wanted to stop the abuse	78	58		2.97 (1.40)
Tried not to cry during the abuse	65	62		2.78 (1.37)
Tried to avoid them	90	81		3.28 (1.23)
Tried to avoid an argument	88	80		3.37 (1.21)
Resistance			***55%, 3.9, 1.5***	***40%, 3.12, 1.36***
Fought back physically	30	50		2.50 (1.09)
Chose to sleep separately from them	68	74		3.07 (1.38)
Used or threatened to use a weapon against them	10	50		2.00 (1.15)
Refused to do what they said	60	50		2.67 (1.13)
Ended or tried to end the relationship	80	78		3.66 (1.41)
Fought back with words rather than physically	80	59		2.88 (1.29)
Left my home to get away from them	60	83		3.68 (1.38)
Informal			***47%, 1.9, 1.4***	***55%, 3.56, 1.23***
Made sure there were other people around me	43	82		3.35 (1.41)
Sent children to stay with a relative	40	81		3.5 (1.26)
Talked with family/friends about what I could do to protect myself/children	58	83		3.61 (1.20)
Stayed with family or friends	48	84		3.74 (1.15)
Legal			***44%, 2.2, 1.5***	***51%, 3.67, 1.28***
Filed an application for a protection order	48	95		3.89 (0.88)
Called the police or asked someone to call the police	70	82		3.54 (1.32)
Filed or helped file criminal charges	40	81		3.56 (1.36)
Tried to get help from legal aid	63	80		3.72 (1.46)

Safety Planning			***41%, 4.1, 2.7***	***40%, 3.53, 1.13***
Put a weapon where I could get to it	5	100		3.00 (0.00)
Kept the car or house keys close by	55	73		3.27 (1.08)
Kept money or other valuables close by	55	77		3.45 (1.22)
Developed a code with others so they would know I'm in danger	23	89		3.78 (1.39)
Worked out an escape plan	38	87		3.87 (1.13)
Removed weapons from the house or hid them so they could not get to them	33	100		3.69 (0.95)
Kept important phone numbers that I could use to get help	63	88		3.52 (1.08)
Kept an extra supply of basic necessities for myself and children	48	79		3.47 (1.31)
Kept important papers hidden from them	60	96		3.63 (0.92)
Changed locks or improved security	30	67		3.33 (1.44)
Formal			***25%, 2.2, 1.5***	***23%, 3.39, 1.40***
Stayed at a refuge	30	92		4.08 (1.16)
Tried to get help from a religious person like a priest, pastor or minister	25	80		3.20 (1.40)
Tried to get help from my employer or someone at work	15	100		3.67 (1.03)
Told a doctor or nurse about the abuse	33	92		3.38 (1.04)
Talked with someone at a domestic abuse programme, refuge or crisis line	50	90		4.05 (1.15)
Called a mental health counselor	13	80		3.20 (1.10)
Tried to get help for myself for alcohol or substance misuse	5	50		3.50 (2.12)
Tried to get my partner help for alcohol or substance misuse	23	44		2.44 (1.67)
Tried to get my partner counseling for violence	30	33		2.42 (1.68)

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