



CHANGING SYSTEMS  
TRANSFORMING LIVES



**DEFENSE**

NATIONAL DEFENSE CENTER  
FOR CRIMINALIZED SURVIVORS

# COPING & SURVIVAL STRATEGIES

## BASIC PROPOSITIONS

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# BWJP

**The following excerpts from social science literature discusses some common ways survivors cope with and implement strategies to mitigate the harms of intimate partner violence (IPV). This literature can help those who work with survivors of gender-based violence (GBV) to better understand the myriad ways survivors resist victimization to try to keep safe, which ultimately may or may not be successful.**

## **Most Survivors Actively Strategize for Safety**

“Clearly, battered women’s analyses and decisions are complex and change over time. They vary with the individual characteristics of the women, their partners, and their perceptions of the relationship; the individual, social, and organizational resources available; and the frequency, type, severity, and meaning of the abuse they experience” (Davies, Lyon, & Monti-Catania, 1998).

“Women who are battered may be unable to bring a battering relationship to an end, but they may be constantly planning and asserting themselves – strategizing, in ways that are carefully hidden from the batterer, to contribute to their own safety and to that of their children” (Schneider, 2000).

“Battered women respond to abuse in ways ranging from passive and active self-defense to formal help-seeking strategies (M. A. Dutton, 1992). The stress and coping literature proposes that coping responses are influenced by the specific person–environment interaction, including ontogenetic factors, social resources, and life stressors (Lazarus & Folkman, 1984; Moos, 1995)” (Sabina & Tindale, 2008).

“[Research shows] most battered women are far from passive. They call the police, they go to social workers or mental health agencies, they flee to shelters or the homes of friends or parents, and they fight back. But, in many ways, women are constrained by social forces from permanently leaving a violent relationship...” (Gelles & Cornell, 1990).

# Survivors Often Engage in Multiple Strategies for Safety

“[M]ost often, women used a combination of strategies designed to decrease the abuse in the relationship. The strategies were chosen through an active, conscious, evaluative process of decision making, revising, and choosing new strategies when old ones failed. The women monitored the effects on their partners, their children, and themselves...A group of strategies that emerged in terms of women working to achieve nonviolence were categorized as active problem solving, in direct response to the abuse. Examples included (a) calling the police, (b) seeking advice or help from others, (c) fighting back or hitting first, (d) leaving, (e) financial actions, (f) self-talk, (g) acts of finality, and (h) avoiding or hiding” (Campbell, Rose, Kub, & Nedd, 1998).

“M. A. Dutton’s (1992) model of women’s response to battering includes the following mediators of the relationship between abuse and women’s responses to abuse: institutional response, personal strengths and resources, tangible resources and social support, personal historical factors, additional life stressors, and positive aspects of the relationship with the abuser. Gondolf and Fisher (1988) proposed the survivor hypothesis that states that battered women increase their help-seeking efforts as violence increases. They further suggest that resources available to women, commitment to the relationship, presence of children, and past abuse experience mediate this relationship” (Sabina & Tindale, 2008).

“A common trend, however, is that informal help-seeking sources are tapped more often than formal help-seeking sources (Bowker, 1983; Horton & Johnson, 1993; cf., Gondolf & Fisher, 1988). Battered women might feel more comfortable talking to someone first before seeking formal help that might entail unanticipated or unsolicited repercussions (e.g., mandatory arrest; see Ferraro, 1989)” (Sabina & Tindale, 2008).

“The present study found five broad areas of safety and coping strategies including ongoing communication, appeasing the abuser, exposure reduction, partaking in soothing activities, and fostering independence. Similar to previous research, our findings suggest that children exposed to domestic violence are not powerless; instead, they can and do oppose the abuser’s violence in ways that are useful for safety planning with mothers and children (Callaghan & Alexander, 2015)” (Winfield, Hilton, Poon, Straatman, & Jaffe, 2023).



# Compliance and Placating

“One of the most common strategies, especially in the early stages of abuse, is to placate the abuser, particularly when the abuser is the husband. This is done by trying to do what he wants, praising him, apologizing to him, wearing the clothes he likes, cooking what he desires, and generally engaging in the activities most perceived as minimizing the abuse” (Abraham, 2000).

“The majority of mothers (n = 25, 66%) reported appeasing their abuser to protect both themselves and their children. Mothers would appease to avoid triggering their abuser’s violence and to protect their children from exposure to physical or emotional violence” (Winfield, Hilton, Poon, Straatman, & Jaffe, 2023).



“One of the many ways children and mothers appeased their abuser was by listening to commands. This survival tactic was reported by almost two-thirds of the survivors interviewed. There were many ways in which survivors showed this behavior. Women and children commonly discussed how their safety was a direct result of them remaining silent, saying ‘yes’ to requests, and avoiding conversations that would spark an argument” (Winfield, Hilton, Poon, Straatman, & Jaffe, 2023).

“Mothers and their children were also aware that modifying their body language could appease the abuser. For example, Tam would often refrain from looking at her abuser in the eye to show that she was not trying to be confrontational and that she was willing to listen to the abuser’s commands” (Winfield, Hilton, Poon, Straatman, & Jaffe, 2023).

“The most effective coping strategy reported by the women was to give in and obey him... More than half of the women victimized by physical IPV experienced that nothing had any effect as a coping strategy, and to ‘give in and obey him’ was reported as the most efficient coping strategy. Three out of four female survivors of sexual IPV reported that nothing they could think of had any effect as a preventive measure. More than half of the women who felt that they could stop sexual IPV reported that in a way they could handle the IPV by ‘giving in and obey him’. This would turn the interaction into a more ‘bearable’ kind of rape, because it protected against being subject to the physical IPV that would follow any resistance” (Vatnar & Bjørkly, 2008).

# Learned Helplessness

“Some theorists have mistakenly applied the concept of ‘learned helplessness’ to the situation of battered women and other chronically traumatized people. Such concepts tend to portray the victim as simply defeated or apathetic, whereas in fact a much livelier and more complex inner struggle is usually taking place. In most cases the victim has not given up. But she has learned that every action will be watched, that most actions will be thwarted, and that she will pay dearly for failure. To the extent that the perpetrator has succeeded in enforcing his demand for total submission, he will perceive any exercise of her own initiative as insubordination. Before undertaking any action, she will scan the environment, expecting retaliation... To the chronically traumatized person, any action has potentially dire consequences. There is no room for mistakes... The sense that the perpetrator is still present, even after liberation, signifies a major alteration in the victim’s relational world” (Herman, 1992).

## Social Support

“Shin and Park (2021) found that positive informal support has a significant impact on the use of formal services and on subsequent capacity of victims to stay safe; this support is often provided by friends and relatives in the form of emotional sustenance (e.g., advice, encouragement, or affirmation) and material assistance (e.g., financial help, babysitting, or a place to stay) (Sylaska & Edwards, 2014). However, there are situations such as in the phase of persistent and escalating violence where support from family and friends may not be enough to prevent the abuse or stop it from continuing” (Puente-Martínez, et al. 2023).

“[In a qualitative study of ten women] all of the participants characterized themselves as mostly isolated and alone during the abusive experience. Despite these feelings of being alone in their experience, most participants spoke of the support of one or more significant friends, family members, or helping professionals who were invaluable in helping them survive the abusive relationship” (Hage, 2006).



# Spirituality

“For many survivors, spirituality and religion are positive coping strategies for dealing with intimate partner violence and healing from its effects (Gillum et al., 2006). In addition to helping survivors cope, religion and spirituality can also provide community, support, and positive beliefs which all can increase survivor safety, mental health, and personal agency (Weber & Pargament, 2014)” (Kelly, 2023).

“Because of the intersection of spirituality, religion, and intimate partner violence, partnerships between anti-violence advocates and spiritual and religious leaders not only strengthens the support system for survivors but brings greater visibility to the issue of intimate partner violence (Crowley, 2023; Gillum, 2009)” (Kelly, 2023).

## Seeking Help

“Further, marginalized survivors in abusive relationships may not seek help due to shame and embarrassment, lack of culturally competent services, language barriers, past experiences with discriminatory services, poverty, and immigration status (Bent-Goodley, 2007; Njie-Carr et al., 2020). These barriers may place marginalized survivors of IPV at risk for repeat IPV, severe IPV, and homicide” (Sabri, Tharmarajah, Njie-Carr, Messing, Loerzel, Arscott, & Campbell, 2022).

## Safety Planning

“Women start the process of safety planning before coming into contact with an advocate, often with their first response to abuser-generated and life-generated risks. Abuser-generated risks include dangers other than physical violence including the effects of staying in or leaving their relationships. Life-generated risks are aspects of abused women’s lives over which they may have limited control, such as financial stress, discrimination, and overall health (Davies et al., 1998)” (Sabri, Tharmarajah, Njie-Carr, Messing, Loerzel, Arscott, & Campbell, 2022).

“Some mothers (n = 9, 26%) noted the importance of fostering independence for future safety planning. Financial independence, the personal control over their own bodies, goal setting, and thoroughly preparing both themselves and their children to leave allowed survivors to gain a sense of independence and freedom in the long-term” (Winfield, Hilton, Poon, Straatman, & Jaffe, 2023).

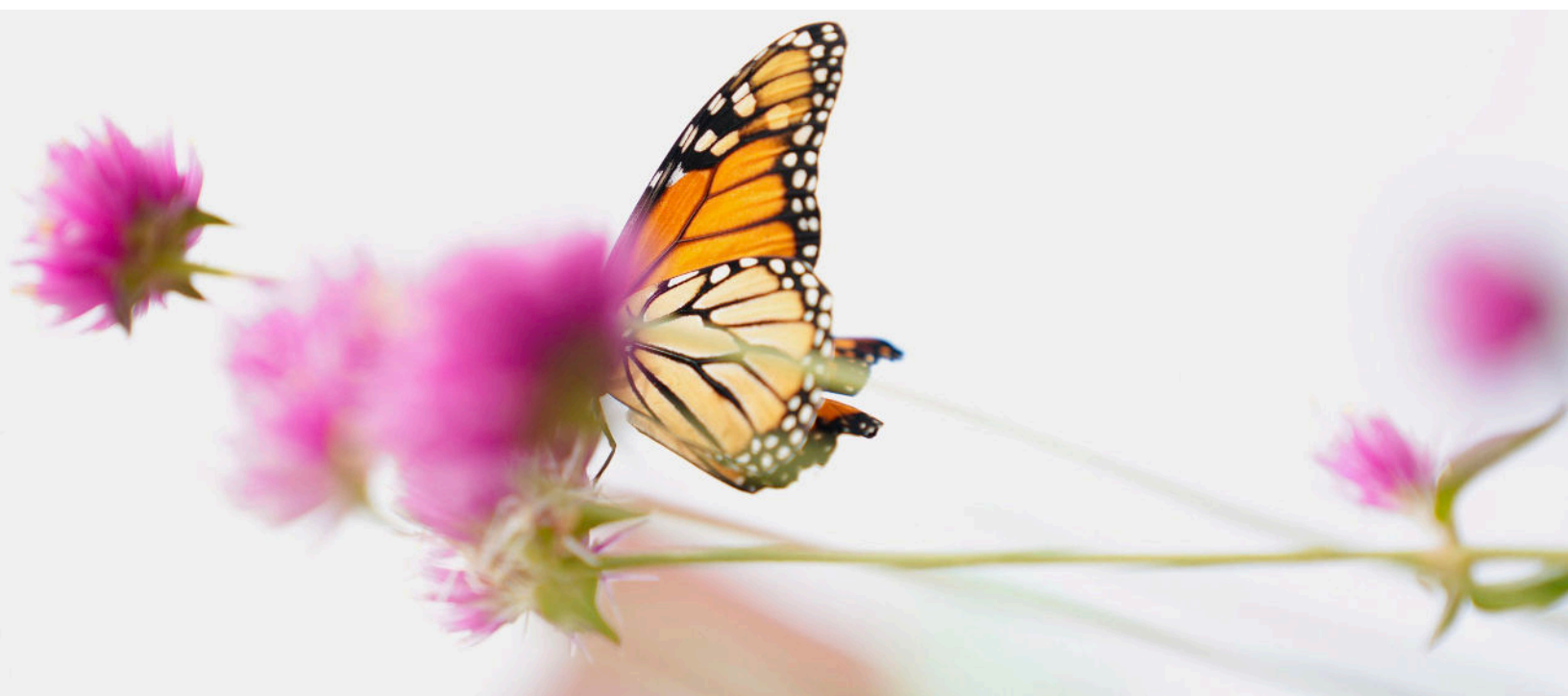


“Hamby (2014) discusses the importance of a strengths-based approach rather than a deficit-based approach to safety planning. Since women not only face threat to bodily harm due to IPV revictimization, but also face threat in other domains (e.g., financial well-being, stigma by the community, mental health), it is critical to take a holistic perspective in identifying women’s safety needs and understanding their protective strategies (Hamby, 2014)” (Sabri, Tharmarajah, Njie-Carr, Messing, Loerzel, Arscott, & Campbell, 2022).

## Suicidal ideation

“Intimate partner violence (IPV) and suicide risk are two deeply challenging issues for survivors and clinicians alike. In clinical practice, IPV and suicide risk are often evaluated and addressed as separate challenges, yet survivors of IPV may have suicidal thoughts or behaviors. Given this overlap, and because IPV is also a risk factor for suicide, it is important to address the problems jointly when they co-occur” (Suicide Prevention Resource Center 2023).

“When escape tactics fail, in desperation some women contemplate or attempt suicide. Usually this occurs when women are feeling extremely depressed, isolated, and appear to have lost hope of either changing the relationship or getting out... Contemplation of or attempting suicide demonstrates the sense of desperation that some of these women feel and their perception that death will release them from their abuse. Suicide here is an extreme strategy of resistance, and a tragic one. Some women contemplate suicide because they see it as the only remaining means of ending the abusive relationship. This is especially the case when women perceive themselves as having absolutely no external alternative support system” (Abraham, 2000).



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