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Introduction: A Re-Framing of Stereotypes of Battered Women

About 2 years ago during a conference, I ended up at a lunch table next to a woman who works in a victim assistance program in a southern state. Her state, like many, runs victim assistance programs to help all types of crime victims recover from crime. One service they provide is assistance with the costs of repairs for victims of property crime such as household burglary or vandalism. This woman specifically handled cases involving domestic violence. She offered the following example, "So if a batterer kicks the door down of his ex-partner, then we can pay for the cost of the repair to the door." Brief pause. "As long as she has not reunited with him." I asked her why that was a requirement to receive help. She looked mystified. I asked her if there were any relationship status requirements for assisting other crime victims. "No." Did other crime victims get interviewed about the better choices they could be making? Better neighborhood? Better locks? Why can't a woman get help without having to pass some sort of test? She looked—if I was not misreading her expression—astounded and a little annoyed. To her credit, there did seem to be some conflict registered on her face as she pondered, apparently for the first time, why it made sense to treat battered women differently from *every other category of crime victim.* The moment passed, however, and she insisted the situation for battered women was "different" without making any further attempt to specify how.

Assuming that woman is out there somewhere, I would like to say that I understand the powerful indoctrination into the dominant deficit-focused paradigm for victims of domestic violence. As I describe later in this chapter and elsewhere in the book, for many years the dominant deficit-focused paradigm influenced my own work in this field. I spent many years attempting to master this paradigm, not question it. It seemed clear that this young woman had never encountered a contrary viewpoint to the one that she had heard her entire professional life, which is that battered women deserve help only if they do what professionals tell them to do.

It is well known that many victims of domestic violence do not follow the conventional advice of the advocacy community. They do not call the police. They do not go to shelters, or if they do go to shelters, they leave "early" and return to their batterers. The conventional wisdom says that this is an indication that there is something wrong with these women. It is the thesis of this book that there is something wrong with this deficit-focused paradigm. According to conventional wisdom, battered women are typically helpless, passive, and in denial, and it is up to people like me—psychologists, advocates, and other human service providers—to help them do what they cannot

or will not do for themselves. It took me a long time to realize it, but all the survivors of violence who I have encountered in emergency rooms, in shelters, in my life, and in the pages of strengths-based scholarship have taught me something important and under-recognized: Battered women are stronger than you know.

Battered women protect themselves in many ways. The stereotypes of battered women as passive and in denial are based on a mistakenly narrow view of battered women's lives. Many people, both professionals and the general public alike, assume that battered women's protective efforts should focus on the risk of further violence. This perspective is limited, however, because the threat of further violence is only one threat created by battering. Battering threatens many domains of a woman's life: her financial well-being, the stability and well-being of her children, her social status and her risk of being stigmatized, her psychological well-being and sense of self-worth, and her hopes and dreams for her future. The threats to these domains can be even greater than the threats of physical injury or pain. Not every woman is alike. Because of cultural, social, and economic differences, among others, these complexities play out differently for different women (Garfield, 2005; Goodmark, 2012). To understand women's protective responses requires a holistic view of their lives.

Victims respond to violence with a variety of protective strategies, but it is important to remember that victims are never responsible for the battering perpetrated against them. Batterers are responsible for their own violence and responsible for controlling their own aggressive impulses, no matter what stresses or frustrations they may face. People must cope with negative events, however, regardless of the cause, including not only accidents and natural disasters but also other people's bad behavior. Likewise, women respond to battering and the numerous threats posed by battering, including but not limited to the threat of bodily harm. Unfortunately, women cannot always protect themselves from all harms simultaneously or even spread harm reduction equally across threatened domains. Rather, acts that protect against one harm can exacerbate others. In particular, the unintended consequences of leaving, especially leaving abruptly in an emergency context, are underacknowledged by many scholars and advocates (for exceptions, *see* Davies, 2008; Goodman & Epstein, 2008). Escaping the violence as soon as possible may seem like an obvious choice. Reality, however, can be much more complex. Because of the risks of separation violence and a host of other factors, fleeing on an emergency basis does not always represent good coping.

Unfortunately, the focus on crisis responses to domestic violence and the organization of many domestic violence services around emergency shelter has made it difficult to recognize all of the ways in which battered women protect themselves and their loved ones. The goal of this book is to broaden the definition of *what* women are trying to protect and *how* they go about trying to protect it. Although many of these protective strategies are known to advocates and have been previously documented, there is still a gap between women's lived realities and the public stereotypes about battered women and the menu of services offered to support them (Goodmark, 2012). I hope that this book will be a further step in expanding perceptions of battered women and the services offered to women who cope with violence in the home. Although these issues also can apply to battered men, the stereotypes, services, and research are largely focused on battered women. Although some men are battered, most victims of battering are women (Fox & Zawitz, 2010; Hamby, Finkelhor, Turner, & Ormrod, 2011; Truman, 2011) and they are the focus of this book (*see* Chapter 3 for more discussion of gender and violence).

WHEN PARADIGMS BECOME BLINDERS

I am a clinical psychologist and I am also a scientist. I believe in the power of science and that the world is a better place because of the scientific method. One of scientists' most important activities is noticing when a paradigm is not fitting all observations. The deficit-focused paradigm that has created a stereotype of all (or virtually all) battered women as passive and in denial does not accurately describe many battered women. An alternative to this deficit-focused paradigm is offered—one that focuses on women's protective strategies and takes a holistic approach to understanding women's lives. Battered women are making a careful calculus and considering the myriad factors that ought to go into any decision to make a major life change. They are not "compromised," to use the word of an indignant listener responding to a presentation (Hamby & Clark, 2011) about victimized women having "strengths," "options," and "ideas." Battered women are in difficult, stressful, and sometimes frightening situations and doing their best to figure out how to deal with them.

I have made a concerted effort to find as much data as possible to document battered women's protective efforts. Science requires accurate description of phenomena. However, survivor's strengths are greatly understudied. In 2012, a search in PsycInfo, the major reference database for psychologists, produces more than 40,000 results for publications including the terms "domestic violence," "partner violence" or "battering" (and variants). Searching just for "domestic violence" alone produces more than half a million hits in Google Scholar, an even larger database of scholarly materials. Yet, for some protective strategies in this book, I have struggled to find more than one or two data sources. By looking only for evidence that confirms stereotypes and fits within the bounds of the dominant deficit-focused paradigm, we have missed the opportunity to tell another story about survivors of domestic violence. Despite the relative inattention to battered women's protective efforts, I do believe that momentum is building for a positive re-framing of women who have experienced battering. A number of scholars have made important contributions to this re-framing, including Jill Davies, Ed Gondolf, Lisa Goodman, and Beth Richie (Davies, Lyon, & Monti-Catania, 1998; Gondolf & Fisher, 1988; Goodman & Epstein, 2008; Richie, 1996). Many authors cited in this book have helped raise awareness of battered women's efforts to protect themselves and their loved ones. By creating a framework for understanding protective strategies, identifying the full range of risks these strategies are designed to counter, and gathering evidence of battered women's protective strategies, I hope to add to this momentum.

As a clinical psychologist—and a person—I understand that there are many, many aspects of life and of relationships that are barely touched on by the methods of contemporary social science. I have tried to bring that insight to bear on the points in this book as well. I have tried to relate existing data to the real-world concerns of victims, advocates, and other front-line professionals. I have wrestled with the challenges of bringing these two sources of knowledge together. My goal is to offer both informed and nuanced insights about the lives of those who have experienced domestic violence. I am certain that there is room for improvement in the result, but I hope that at least some of what appears here will be useful to others.

It has taken me a long time to come to the views I present here and a long time to learn to approach the research literature with a strengths-based focus. I was trained in the dominant domestic violence paradigm and I was at one time immersed in it.

Thinking back now, I realize that disconfirming evidence was apparent from my first experiences in the field of domestic violence, but it took me a long time to realize this. The first time I went to a battered women's shelter was as a research assistant, when I was a student. Most of my work on the project involved administering questionnaires to a "control" group of women who had not experienced violence. Surprisingly, the control group was the hardest to recruit, because it turned out that approximately three-fourths of the community women had a history of domestic violence, although few considered themselves to be victims because of mostly minor incidents that occurred long ago (Drown, 1986). We were expecting sharp lines between "victims" and "nonvictims," because the paradigm says battered women are unlike other people. Rather, we found a continuum.

In the years following, I spent many hours, including some in the wee hours of the morning in an emergency room, counseling battered women with the standard safety planning and standard advice. I recommended leaving. I predicted that other options were not viable and that there was little, if any, hope the batterer would change. I used the commonly available tools for dangerousness assessment and safety planning. I told more than a few that they were in danger for their lives, in part because I gave insufficient consideration to the very high rates of false-positives in dangerousness assessment tools (more on that in Chapter 2). I seldom looked beyond the violence to make a more comprehensive and nuanced assessment of risk.

Back in those days, when I was doing a lot of crisis counseling with battered women, I did not have children myself. Now I have two: a daughter and a son (12 and 9 years old, respectively, at the time of this writing). My perspective has changed dramatically since having children of my own. Back then, there were numerous instances when I called every shelter within a 200-mile radius and found none that had room for children or would take adolescent sons. It was even hard to find a shelter who would take a boy older than age 6 years because the boys were perceived to be potential threats to other residents. In my experience, shelters are completely inflexible about these rules, regardless of the situation or the particular boys in question. So—and it is difficult to admit—I would suggest to women that they leave without their children. Often I would suggest first that perhaps the children could stay with the woman's mother or even her mother-in-law, although the practicality of that seldom worked out. Some women do not have the sort of parents or in-laws who are suitable to leave children with. Perhaps even more importantly, these women knew that even if they did manage to drop their children off with relatives, most relatives would have little personal and no legal recourse if the perpetrator showed up at the doorstep to claim them. In reality, these steps are no more protection than leaving children with the perpetrator.

I suggested just that plenty of times too. I can still picture some of their faces, morphing from disbelief to guardedness in a flash. They were unfailingly polite, almost all of them. "Thank you for the suggestion, but I don't think that would work out." That response did not deter me. I felt it was my duty to press for "safety"—their safety. I would encourage them to re-think, assure them that it would just be temporary. By "temporary" I usually meant no more than the 30 to 60 days one might be able to stay in a shelter until something else could be worked out. A couple of times regarding adolescent boys I even raised the possibility of a homeless shelter as an alternative living arrangement. The mother and her female children could go to the shelter for battered women while her teenage boys stayed in the closest homeless shelter. This plan would get everyone away from the batterer. No one ever took me up on that, perhaps

recognizing better than I did that exposing a teen to a stay in a homeless shelter could be dangerous and traumatizing. There was also the suggestion to let the children stay with their father. They were already living with him anyway, so in that respect it would not really be different, and often they were not a target of violence themselves, or so I told many women—and myself.

As a mother now, the main thing that impresses me about all of those encounters is the unfailing politeness. I wish someone had been less polite and spelled out the limitations of these plans. I look at my son and I can hardly conceive of being away from him for 60 days, much less leaving him for *2 months* or with people I do not know or trust. I have never done that and I hope I never have to. I would gladly give up my own personal safety if I thought it would minimize the chances that my son or daughter would be left undefended with a dangerous person, and so would all of the mothers I know. I have made this statement at a number of conferences and there is always widespread nodding and murmurs of agreement among the other mothers in the room. It is my view now that it ought to be illegal for any federally or state-funded service agency, including any shelter that gets any public money, to refuse to serve minor children. A solution that does not involve looking after the children is no solution at all. The foster care solution, so widespread now in some jurisdictions for families in which domestic violence has occurred, also has far more adverse consequences for children than are generally acknowledged—adverse consequences above and beyond those created by the initial disadvantage leading to placement (Viner & Taylor, 2005). I do not like to endorse identity politics, but there is almost nothing about helping battered mothers that I do not view differently now that I have children of my own. There are many other lessons I have learned from battered women—lessons about realistic timelines for starting over and lessons about the possibility of achieving change from within a relationship. It took a long time, but I finally recognized that the standard paradigm needs a critical examination.

LOOKING BEYOND "WHY DO WOMEN STAY?"

The question "Why do women stay?" still drives a lot of the discourse around battered women (for recent examples, *see* Kim & Gray, 2008; Koepsell, Kernic, & Holt, 2006; Lacey, 2010), and practitioners, researchers, and the media still often focus on the perceived deficits of victimized women. This arises from a narrow definition of the problem and unfortunately contributes to a victim-blaming orientation. A person is not inherently a "victim" (Leisenring, 2011). This is not some essential quality of a person; victimhood is a socially negotiated status. At any given time, virtually every so-called "battered woman" could also be described with multiple other identity labels, not only family-related identities such as mother, daughter, and wife but also other social identities such as employee, volunteer, or athlete. There are also the personal identities associated with their residence (New Yorker, Southerner, Londoner), their religion, their sexual orientation, their race, and other characteristics. These different identities, each with different degrees of privilege and oppression, intersect in ways that affect women's responses to violence (Crenshaw, 1991). When we call someone a "victim," we are singling out that aspect of their life and centralizing it. To understand women's decisions, including their decisions to remain in or terminate a relationship, requires recognizing the other aspects of their lives.

THE NEGATIVE FILTER IN SERVICES FOR BATTERED WOMEN

More than 40 years after domestic violence began to be widely recognized as a social problem, providers and advocates of all types still routinely apply treatment plans that amount to little more than "You should leave right now." I have seen women pressured and even berated in the emergency room at 3:00 A.M., bleeding and bruised, asked to not just figure out what to do that very night and cope with the emergency but to make a long-term commitment to stay at the shelter "for the whole program" and decide then and there "that they are never going back." I have a personal policy of avoiding major life decisions at 3:00 in the morning, to say nothing of making them while bleeding. No one else in the emergency room is being asked to make major life changes. The man in the next bed hacking up his lungs from 50 years of smoking is not being belittled because he will not commit to quitting cold turkey then and there. Diabetics receiving emergency insulin are not threatened with lack of further medical care if they do not stop eating cake. Moreover, these people are directly contributing to their medical condition—presuming that no one is making them smoke or deviate from their recommended diet.

THE NEGATIVE FILTER IN RESEARCH ON BATTERED WOMEN

The deficit-focused paradigm permeates the research literature, too. There are numerous ways that battered women are disparaged in the research literature. It is so common that an entire book could be written on that topic. A few are highlighted here to help flesh out how the dominant deficit-focused paradigm manifests in contemporary research. The research field still has a way to progress.

Name-calling and insults in the published "scholarship" on battered women. Although we might like to think that scholarship on victimized women no longer includes openly disparaging comments such as labeling victimized women "compliant zombies" (Mills, 1985) and "Downtrodden Dorothy" (Gayford, 1976), this still occurs. Authors have described battered women with phrases such as "intentional game players" (MacEachen, 2003). MacEachen (2003) even suggested that women with a history of child sexual abuse often "provoke rape and battery in order to satisfy [their] needs . . . " (p. 127). Battered women are said to have "masochistic self-states" (Stein, 2012). The learned helplessness model compares women to shocked, caged dogs (Walker, 1979, 1984, 1993). Similar models also rely on conceptualizations of victimized women's cognitions and behaviors as distorted, irrational, and pathological (Dutton, 1995; Graham, Rawlings, & Rigsby, 1994). A psychiatric diagnosis was invented specifically for battered women (Walker, 1984, 1993), again suggesting that there is something unique about battering even in relation to other traumatic, life-threatening events. It is suggested that their problem is insufficient motivation to change in a burgeoning literature on the "stages of change" (Burke, Mahoney, Gielen, McDonnell, & O'Campo, 2009; Burkitt & Larkin, 2008; Chang et al., 2010). In a recent critique of the positive psychology literature, battered women are used multiple times as exemplars of people for whom forgiveness and other normally positive thoughts and gestures should be viewed negatively and discouraged (McNulty & Fincham, 2012). The stubborn

persistence of negative and even disparaging attitudes and the implicit professional acceptance of them as indicated by their publication in peer-reviewed journals and scholarly books are telling evidence of the adverse effects of the dominant paradigm about battered women. It is wrong to talk about other human beings this way. It would even be wrong to talk about perpetrators this way, but it is especially unfathomable to talk about victims of violence this way.

The problem with "stages of change" applied to victimized women. One example, important because research in this area appears to be increasing, is the problematic application of motivational theory to battered women. It is far from clear that it is appropriate or helpful to extend the transtheoretical model (TTM) to victimizations. The TTM model, including its best known component, the stages of change, was developed for addictions, particularly smoking cessation (Prochaska & DiClemente, 1983). The five stages begin with *precontemplation*, which is characterized by denial and reluctance to make changes and move progressively until individuals get to seriously addressing a problem over the long term, called *maintenance*. Although the stages of change have been used for many problematic behaviors, it is questionable whether the model is appropriate for coping with *someone else's* behavior. Addictions are very different from the situations faced by victims of violence. Presumably there is no one threatening the smoker or the alcoholic with bodily harm or financial ruin if they do not take another smoke or drink. Some researchers gloss over the distinction between being unmotivated and unable to change, but there is a world of difference between those circumstances. The "decisional balance" between the pros and cons of responses to victimization are seldom a matter of motivation; these decisions frequently involve avoiding even greater personal danger, homelessness, and threats to loved ones. Given the long and unfortunate history of attributing women's victimization to their own masochism, there surely can be no reason to use a model associated with addictions.

This is all the more true given that TTM is, at best, modestly effective for smoking, substance abuse, diabetes management, and other conditions for which it has been studied extensively (Sutton, 2001; West, 2005). TTM has been the focus of several very cogent critiques that raise serious questions about whether it is a helpful model even for individuals' own problematic behaviors (Adams & White, 2005; Riemsma et al., 2003; Sutton, 2001; West, 2005). Further, studies that applied this model to victimized women nonetheless found considerable evidence for protective strategies. For example, one study found women in all "stages" were engaging in active pro-safety behaviors, which is especially impressive given that more than three in four said they needed help with housing, food, and other basic needs (Burke, et al., 2009). There is little evidence that motivational issues are primary in coping with victimization, and given the lack of evidence, it is more important to avoid needlessly victim-blaming or personality-based approaches to working with victimized women.

Should battered women forgive? A more nuanced approach to character traits, as recently recommended in a critique of positive psychology (McNulty & Fincham, 2012), would doubtless be good for the field of psychology. The question of whether battered women are in some wholly unique circumstance that makes positive characteristics especially problematic for them is, not, however, an accurate reflection of common life experiences. These authors have suggested: "Rather than thinking and behaving so charitably, such women [those experiencing domestic violence] may benefit from (a) attributing their partner's abuse to his dispositional qualities rather than external sources, (b) expecting the abuse to continue, (c) not forgiving the

abuse, (d) remembering the abuse, and (e) being less committed to the relationship. In other words, so-called positive processes can sometimes be harmful for well-being, whereas processes thought to be negative can sometimes be beneficial for well-being. Of course, most people do not face severe interpersonal abuse, leaving it possible that these and other so-called positive psychological processes are beneficial for most people." (McNulty & Fincham, 2012, p. 102)

Experiencing interpersonal violence, however, is actually a very common experience across the lifespan. Estimates suggest more than one in three women will experience domestic violence, rape, or stalking by an intimate partner (Black et al., 2011). More broadly, the National Survey of Children's Exposure to Violence shows that 1 in 10 children experience injurious violence *every year* and 1 in 3 have experienced injurious violence by late adolescence (Finkelhor, Turner, Ormrod, & Hamby, 2009). In these cases, too, most perpetrators are known to the victim; many are family members. It is simply not true that severe interpersonal violence is rare. Would that it were so.

Setting some parameters for what should be forgiven and when is certainly a good idea, but their analysis seems to suggest that forgiveness (and also kindness, optimism, and other positive traits) are only good ideas when confronting minor or acute problems. Surely the suggestion that there is no role for forgiveness or other character strengths when dealing with serious problems or chronic stressors cannot be accurate. At the very least, it is a substantial departure from ethical principles that have been in place for centuries. Far more extreme violence than battering has been forgiven, and this is often perceived as one of the highest expressions of human goodness. For example, one well-known story of forgiveness is the Truth and Reconciliation Commission (TRC) in South Africa, which was designed to help the people of South Africa forgive after the horrors of apartheid and to work to reintegrate perpetrators and victims alike into a single society (Tutu, 1999). Tutu and Mandela have been honored around the world for what is often recognized as an extraordinary achievement. A more plausible alternative hypothesis is that serious problems and the character strengths we use when coping with serious problems are complex processes that are not well captured with group differences on simple self-report measures. Qualitative research has shown that forgiveness can be an important part of the healing process for some victimized women (Yick, 2008). A more nuanced approach is needed in more quantitative research too (*see* Chapter 13 for further discussion about research directions).

When trying hard is bad. Surprisingly, some authors have suggested that using multiple means of coping with the complex problem of intimate partner violence might be maladaptive. As one main premise of this book is that multiple protective strategies are good, this view is worth examining. Women's coping should not be called maladaptive without evidence that their coping strategies are inappropriate to their individual situations, just as forgiveness should not be deemed inappropriate without considering the particulars of a given situation. One study compared abused to nonabused women without specifying the nature or severity of the nonabused women's problems. One important alternative hypothesis is that domestic violence is more complex than many life problems, and thus it should not be surprising that abused women had higher scores than nonabused women for most coping strategies. One would think that more coping efforts would be perceived as good. However, these authors conclude that every type of coping that was more common by victimized women was an inappropriate response to domestic violence. Confrontive coping "may place a woman at risk for more abuse" (Mitchell et al., 2006, p. 1514). Distancing

"does little to empower the woman to gain more control in the relationship" (p. 1515). But self-control is not good either, because "women may experience more abuse and not have a support system because she relied solely on herself" (p. 1515). Accepting responsibility will "evoke negative thoughts about themselves" (p. 1515). But escape avoidance can lead to feeling a "loss of control" and even illicit drug use (p. 1515). One could just as easily present these findings in a positive light and conclude that high rates of most coping strategies indicate that victimized women are mobilizing more resources to address the complex problem of domestic violence. These authors are correct that multiple strategies are the norm. Without the negative filter of the dominant paradigm, this would be seen as a good thing.

Understanding what we know and don't know. As these few examples suggest, there is a lot we do not know about coping with domestic violence. Existing research has by far the most to say on strategies women use to protect themselves and their children against physical violence, to the extent that data on pro-active, protective behaviors are offered at all. The lack of research on other strategies by no means implies they are less frequent or less important —just less studied. In some cases the strengths-based framework used in this book leads to a different interpretation of data than that offered by the original authors. Behaviors that are sometimes interpreted as dysfunctional or passive may be protective of other goals or needs. For example, as discussed in more detail on Chapter 8, choosing not to disclose abuse is often deemed to be denial or some other cognitive distortion. Concealing abuse or other strategies to dis-identify with victimization, however, can just as easily be seen as impression management strategies that are efforts to minimize the social stigma of being publicly identified as a victim or to minimize the shame that would come to the family for revealing a family secret. Such impression management strategies are common among those with potentially concealable stigmatizing conditions (Goffman, 1963; Herek & Capitanio, 1996).

A STRENGTHS-BASED APPROACH TO UNDERSTANDING AND WORKING WITH BATTERED WOMEN

It is easy to critique research and practice in the social sciences. There is no such thing as a perfect study or a perfect intervention. Thus, I have tried to limit my critique of the existing deficit-focused paradigm to the essentials that are needed to understand how a focus on protective strategies is different. My main goal is to develop a viable alternative to this paradigm that improves on deficit-focused views of battered women. I also hope to describe a strengths-focused paradigm in such a way that it will also be relevant for the many victimized women who do not seek services and for friends and family members who are trying to support them. I have drawn from my experience not only conducting research and providing services in the area of domestic violence but also my broader experience with all types of violence and other health and mental health problems. Chapter 2 describes the framework for a strengths-focused paradigm.

A FEW COMMENTS ABOUT TERMINOLOGY

Terminology is an important element of science, intervention, and policy (Dragiewicz, 2011; Hamby & Grych, 2013). I would like to offer a few thoughts about the terms

I have used. In the domestic violence advocacy field, people who focus on strengths often use the word "survivor." I use this word too, but it is not the only term I use for several reasons. In my experience, "survivor" is an insider word. Some feminists and advocates use it, but few others do. "Survivor" is meant to be more positive and empowering, but it is also more distancing—it dilutes the reference to the violence. Also, "survivor" is almost exclusively applied to women who have left their batterers, and I do not want to imply that "surviving" only applies to women who leave. Finally, "survivor" is not much of an improvement over "victim." As I discuss in detail later in the book, all of these terms make violence a person's "master status" (in Goffman's terminology) and I do not think experiencing a victimization is the most important feature of anyone. I also want to acknowledge that there are other important characteristics of "batterers" as well as "victims." None of us should be defined solely by the worst incidents in our lives. Personally, I like "women who have been victimized" or "women who have experienced domestic violence," similarly to the way that "AIDS patient" was redefined to "person with AIDS" by the gay community in the 1980s. Put the person first and their experience or condition second. So I have used those phrases some, but they are lengthy and I have stopped short of creating an acronym like PWA, again because that seems like inside baseball and I am not sure it ends up being more humanizing than the alternatives.

Creating endless new terms for the same phenomena is an obstacle to communication and an obstacle to science, as John Grych and I have written elsewhere (Hamby & Grych, 2013). The field of domestic violence (or intimate partner violence or spouse abuse or wife-beating or woman abuse…..) is particularly problematic in this regard. As Dragiewicz has pointed out (2011), no term is perfect. My subject is violence and I need reasonably brief, effective ways to refer to the people who have become embroiled in violence. Some colleagues have recently helped me understand these issues better. They let me know that their organization has a policy of always referring to "Alaska Native people," never just "Alaska Natives." In the majority culture, we refer to "American Indians" or "Latinos" far more than we say "Whites" or even "European Americans." It is a subtle but effective way of conveying race privilege. I realized, looking at an earlier draft of this book, that sometimes I referred to "female victims" and subordinated their gender to their victimization status. I have chosen to reverse this, even recognizing that some individuals may not identify as "women" or may reject binary definitions of gender (for a similar approach, *see* Bible, 2011). Thus, "victimized women" and "battered women" are the main phrases I use, because these are brief phrases that make "women" the primary characteristic and use terms for their experience of violence that will be familiar to a wide audience. I hope the result is a balanced approach.

CHALLENGES TO RECOGNIZING BATTERED WOMEN'S PROTECTIVE STRATEGIES

Any paradigm shift faces institutional pressures to maintain the status quo. Although there are many such pressures, a few of particular note are described here.

The need to look in the mirror. This book is intended to prompt people to examine the "usual standard of care," as they say in medicine, and give that standard a critical re-evaluation, even when that means reflecting critically on one's own work in the field.

I know from my own experience looking back on my work that this can be uncomfortable. A few colleagues, after either reading an earlier draft of this book or hearing a presentation I have made on these topics, have responded with varying levels of dismay that I am questioning some of the conventional wisdom about domestic violence. It is easy to use a phrase such as "conventional wisdom"—a distancing phrase that does not really connote that many people spend a great deal of their lives and devote considerable resources to learning the conventional wisdom. Their social status in their profession and in their communities has been tied to their use of standard practices. This is true for me, and it has not been easy to choose to write about it. I can hardly be surprised when people's initial reactions are insistence that these women are impaired and that their years of viewing them and treating them as impaired do not need re-evaluating. I do not doubt people's good intentions in their past work with victimized women.

I honor the courage and the sacrifices of many advocates, researchers, and other professionals who work with victimized women. However, research and intervention skills should never be seen as completed accomplishments (Hamby & Grych, 2013). Knowledge is a constantly moving target. Any advocate, scholar, or provider who has not recently re-assessed what they are doing and why they are doing it is not performing best practices. Science is about change and progress. We know much more about violence and the ways people cope with violence than we did when domestic violence first came to widespread attention in the 1970s. No one uses computers from the 1970s, and most people would be horrified to find their hospital was not offering the latest surgical techniques and the most up-to-date medications. We value the first computers, the first antibiotics, and many other conceptual and technological firsts for the role they played in getting us to the capabilities we have today. In this way, I hope to honor the early approaches to addressing domestic violence, including the shelter movement and the first efforts to create dangerousness assessments and safety planning, while at the same time suggesting possibilities for improving them.

The horror story approach. Similarly to other efforts to ameliorate social problems that rely heavily on charitable contributions and other uneven sources of revenue, the battered women's advocacy movement is strongly invested in depicting the problem as an ongoing crisis (Hamby & Gray-Little, 2007). Although a crisis mentality is typical of the approach to many social problems, it does have costs (Wang, 1992, 1998). One cost is the suppression of good news. It is rare to hear a story about a man who hit his partner, but the couple worked on the problem and he learned to control his angry impulses, although treatment outcome studies indicate this can occur (O'Leary, Heyman, & Neidig, 1999; Stith & McCollum, 2011) and numerous anecdotal reports indicate men can learn to be nonviolent. Indeed, in the latter case, some of these men go on to become advocates for nonviolence (Paymar, 2000). Although I recognize that the crisis mentality has political benefits, it also has costs. People can tire of efforts to address a problem that never seems to get better. Alternatives need to be explored. Making progress on a problem and having effective solutions can also be arguments for continued financial support. For example, the Centers for Disease Control has recently started a "winnable battles" campaign for many public health problems (http://www.cdc.gov/winnablebattles/). Domestic violence can be a winnable battle. Otherwise we risk eventually burning out and discouraging people from allocating dollars for the important problem of domestic violence.

A lightly trained workforce. I know many advocates who I consider heroes. Their bravery and their stamina are truly awe-inspiring. Many of them are born "natural helpers"

who have acquired formidable gifts in being an authentic advisor and guide from their own life experience. At conferences, congressional hearings, and other national venues, it is largely those advocates who are present. The reality is, however, that services for battered women are so woefully underfunded that most advocacy positions are filled by paraprofessionals who often have as little as 1 week of training before being thrust in the field. Salaries are so low that many advocates have no background or education in counseling or health care at all. Many are also young and in their first jobs. Turnover among advocates and volunteers is often high (Logan, Stevenson, Evans, & Leukefeld, 2004), and many of them serve as the lone advocate on-call during nights, weekends, or holidays, despite having little experience.

The result is that there are many advocates out there who understand little about the counseling role and the challenges that role entails. Knowing how to recognize and control your own emotional response to the occasionally frustrating actions of clients is a difficult but essential clinical skill that does not get mastered (or often even covered) in a 40-hour training session. With specific regard to recognizing protective strategies, one main tenet of feminist therapy is that you should not place yourself above the client. As Laura Brown has stated, "What is inherent in feminist therapy is the radical notion that silenced voices of marginalized people are considered to be the sources of greatest wisdom" (Brown, 2010, p. 2). Looking down on your clients as passive or "compromised" is not a therapeutic position.

"White savior syndrome" (helping those seemingly less fortunate to elevate your own self-esteem) is a similar phenomenon that is observed across the charitable world but is never a good thing (Cammarota, 2011). These are not problems with individual advocates. These are systemic problems. Advocates need more training and agencies need more staff. The chronic underfunding of this important public health issue is a major obstacle to progress. Regarding the need for a strengths-based approach, a lightly trained workforce is problematic because brief trainings cannot possibly present everything that is needed to understand the full context of women's lives and the full range of their coping strategies. Brief trainings can only present the most minimal information on local resources and policies, dangerousness assessment, and safety planning without a thorough and contextualized approach to understanding women's lives.

Serious psychological difficulties of some victimized women. I recognize that there are some battered women with serious mental health issues. Psychological problems, even serious psychological problems, are not that rare, and in any sufficiently large group of people, some will have experienced clinical levels of psychological distress. There are literally millions of battered and formerly battered women, and any group this large will always include people with the most serious psychological problems, including psychotic disorders such as schizophrenia and bipolar disorder, major developmental problems including autism spectrum disorders and mental retardation, and personality disorders. As is well documented, many of these victimized women also suffer from symptoms of post-traumatic stress. However, the women with the greatest psychological difficulties should not be used as exemplars for the whole group. It is unscientific to pick the most psychologically impaired victimized women to represent the whole group of people who have sustained violence in a close relationship. We do not use the lowest functioning members of a group to represent those who have been through other extreme events. We manage to recognize that many soldiers need help for post-traumatic stress without painting all soldiers as helpless. We acknowledge that

many survivors of 9/11 or Hurricane Katrina wrestle with enormous losses incurred during those tragedies without suggesting they are weak or passive. It is not logical to paint a group that numbers in the millions with a single brush of denial and passivity and helplessness. Many women exhibit extraordinary strength and resilience when confronted with a violent partner. All battered women, including those with the greatest psychological difficulties, could benefit if we better understood how these resilient women dealt with their victimization.

A strengths-based approach can help with these and other issues by providing a fresh take on the problem of battered women and guidance on what changes need to be made. The advantages of a strengths-based approach that focuses on protective strategies outweigh the disadvantages. The field has stagnated somewhat, and in recent years there have been relatively few innovations in services or research, but a shift to a strengths-based approach suggests numerous possibilities for positive change. It is my hope that the material highlighted in this book can serve as a foundation for future progress.

THE LAYOUT OF THE BOOK

Chapter 2, A Holistic Approach, will make the case for taking a broader view of coping strategies as well as risks. It proposes a holistic coping framework using a process known as multiple-criteria decision making. In many ways, battering is similar to a wide array of other bad things that can happen, and one disservice to battered women is treating domestic violence as a problem that is somehow completely unlike any other. However, like many bad events, ranging from relationship-specific ones such as serial infidelity to other adverse events including conventional crime, the best way to deal with the situation often involves multiple strategies. Further, these strategies might differ quite substantially from one person to the next, depending on the broader context in which each person finds herself. A framework for approaching complex problems and the multiple risks they present leads to recognizing more protective actions.

Although the book will primarily focus on the coping efforts of women in violent relationships, understanding coping requires appreciating all of the challenges victimized women face. Chapters 3, 4, and 5 present the full risk picture. As with protective strategies, it has taken a long time for professionals to realize that it is not just about the violence. Although financial dependence has probably received the most attention of these, there are many others, and comprehensive overviews are hard to find. The risks will be broken down into five broad types: (1) what batterers do to keep victimized women from leaving; (2) money and other financial problems that make it hard to cope; (3) institutional obstacles to leaving violent relationships; (4) social and practical problems that interfere with coping; and (5) personal values that complicate women's choices. Focusing on batterer behavior can raise questions about gender differences, and I make a few points about gender differences in violence in Chapter 3. Some risks disproportionately affect members of politically disadvantaged groups or those with unique needs. Women whose race, ethnic identity, sexual orientation, or country of origin places them in the minority in their current communities often encounter unique risks not faced by more privileged women. Women with physical disabilities and whose age is not that of the typical victim stereotype—too old or too

young—also often have trouble getting useful help. These issues are also addressed in the material on risks.

Chapters 6 through 11 each focus on protective strategies, organized into broad general categories shown in Figure 1.1. Chapter 6 describes immediate situational strategies. Protective strategies can begin as soon as the violence is initiated. Examples include many types of self-defensive moves, including fleeing the house, calling for help, and luring the perpetrator away from rooms with guns and knives. Chapter 7 focuses on protecting children, family, friends, and pets. As shown in Chapter 3, many batterers' most serious threats are aimed at children and other loved ones, not at their partners. Many women prioritize protecting their children or other loved ones and take numerous steps to make sure they are not harmed. The topic of Chapter 8 is reaching out for social support and managing the challenges of the risks of stigma when disclosing negative information about oneself. Chapter 9 discusses the importance of spiritual and religious resources in many women's coping strategies. One of the great disservices of much coping literature is defining prayer as a "passive" (poor) response. Although most social services are appropriately secular, sometimes this secularity comes at a cost of failing to recognize the importance of faith and spirituality to many people—all the more so as they deal with personal crises. This chapter will reframe prayer and other expressions of spirituality as positive coping. Chapter 10 addresses the use of formal services, including legal remedies and services, such as shelters, specifically designed for people who have sustained domestic violence. Chapter 10 also includes the use of traditional health, mental health, and social services. Many women overcome the stigma of help-seeking and financial obstacles to access many health, mental health, and legal services when coping with violence. This will be another opportunity to reframe common perceptions, because sometimes it is assumed that all victimized women should seek formal services and that those who do not are acting

Figure 1.1. The Array of Battered Women's Protective Strategies.

passively or are in denial. Compared to many problems, however, rates of help-seeking among victimized women are similar or higher. Chapter 11 describes "invisible" protective strategies. Research can be a surprisingly conservative enterprise, and despite more than 40 years of scholarship on domestic violence, there are many ways that women cope with violence for which we have little data. For example, saving money is an important step that opens the door to many other coping options, but we know little about it. Other aspects of coping, such as heterogeneity in approaches to coping, have also received little attention. This chapter will encourage providers, support networks, and victimized women themselves to think creatively about both coming up with such strategies and recognizing them when they do occur.

Although the book's primary emphasis will be raising awareness of all the myriad self-protective strategies in which most women engage to cope with the complex risks posed by domestic violence, this framework has important implications for risk assessment, safety planning, and other interventions for battered women. This is addressed in Chapter 12. The form of many of these interventions has changed little in more than 20 years. Beyond recognizing the many protective strategies, this volume will suggest some new directions to take to put together a balanced portfolio of safety planning steps that are woman-centered and cover multiple risks. Finally, Chapter 13, the conclusion, provides a few final thoughts on battered women's protective strategies. The conclusion will summarize the arguments for a reframing of the way that professionals who deal with violence and the general public view battered women. Several suggestions for systemic reform are also presented. Some of the material discussed here boils down to whether you see the proverbial glass as half-empty or half-full. This is an unabashedly half-full book. We will not question why every single woman does not go to the police or seek shelter—rather we will marvel that significant numbers of women do seek such services, often in the face of formidable odds and less-than-ideal service responses. I hope to illuminate the enduring strengths of women who have experienced violence.