

# Women's Use of Physical and Nonphysical Self-Defense Strategies During Incidents of Partner Violence

William R. Downs

Barb Rindels

Christine Atkinson

*University of Northern Iowa, Cedar Falls*

Two incidents of partner violence are investigated using qualitative methodology to discover strategies women use to protect themselves and examine women's use of violence. Data were collected from 447 women (age 18 or older) from 7 domestic violence programs and 5 substance use disorder treatment programs in a midwestern state. Women were found to have developed numerous self-protection strategies, some using nonphysical means only, others using physical means only, and others combining nonphysical and physical means. Women often used a variety of strategies in the same incident. Few women initiated violence against partners. Implications for theory and research are discussed.

**Keywords:** *partner violence; self-defense; women*

Quantitative studies using large samples and act-based measures have consistently indicated women are at least as likely as men to use violence within relationships (e.g., Archer, 2000; Chase, O'Farrell, Murphy, Fals-Stewart, & Murphy, 2003; Straus & Gelles, 1995). However, these studies cannot be used to examine the strategies women have developed to protect themselves during incidents of domestic violence, nor do they differentiate between offensive and defensive uses of violence (Walker, 2000). Consequently, they cannot be used to address women's use of violence in self-defense and women's initiation of violence. These issues have important implications for policy and practice and, ultimately, the lives of women. The purposes of this study were to examine 203 incidents of domestic violence using

---

**Authors' Note:** This research was supported under award number 96-WT-NX-0005 from the U.S. Department of Justice, National Institute of Justice, Office of Justice Programs. Points of view in this article are those of the authors and do not necessarily represent the official position of the U.S. Department of Justice. The authors thank the agencies that allowed us access to their clients and especially the women who shared their stories with us. The authors also wish to acknowledge the very helpful suggestions of two anonymous reviewers.

qualitative analysis to discover the strategies women report using for self-protection during the incident and to examine women's use of violence in self-defense and initiation of violence.

There have been many criticisms of quantitative studies of domestic violence. Act-based measures of violence undercount men's violence by failing to include sexual violence (O'Leary, 2000; White, Smith, Koss, & Figuerdo, 2000). Quantitative studies that use act-based measures underestimate the impact of the violent act (Dobash, Dobash, Wilson, & Daly, 1992) by being based on narrow conceptualizations that exclude the negative social, emotional, and mental consequences of violence (White et al., 2000). These studies have also been criticized as failing to take into account the context of the violence (Dasgupta, 2002; Kimmel, 2002) or gender differences in motives for violence (Hamberger & Guse, 2002; Kimmel, 2002; Saunders, 2002). The conclusion that women are as violent as men in relationships has been questioned as being incongruous because men's violence is much greater than women's violence in all areas outside the home (Worcester, 2002).

Counting acts of violence over a given time period cannot inform us on what actually happens during an incident of domestic violence. Kimmel (2002) suggested that the use of act-based measures could lead to the mistaken conclusion that women's violence is greater than men's under certain circumstances, for example, if she pushes him away after he has sexually assaulted her. Use of act-based measures may also err in assessing what actually had been a woman's self-protection strategy as instead having been her initiation of domestic violence. Dasgupta (2002) pointed out that if a woman throws something at her partner when he is approaching her, she may be assessed for initiation of violence. However, she may have recognized behaviors that reliably predicted his severe violence in the past and may have been acting to protect herself (Dasgupta, 2002). As Kimmel so succinctly stated, "Context matters" (p. 1342). In failing to examine the context of domestic violence, quantitative research has failed to address the basic research question of women's development of self-protection strategies. It is as if women's use of domestic violence has been assumed to have the same reasons and motives as men's use of domestic violence.

Researchers have criticized this exclusion of the gendered nature of partner violence as resulting in weak conceptualizations of this problem (Smith, Smith, & Earp, 1999). Women use violence to try to gain control over the immediate situation or to express emotion (Hamberger & Guse, 2002). Men use violence to induce fear in a partner (Hamberger & Guse, 2002) with the instrumental goal of increasing control over her over the course of the relationship (Kimmel, 2002). Act-based measures fail to assess these differences, the greater power and control that men derive from violence, and the terror that women feel between violent incidents (Dobash et al., 1992; Smith et al., 1999).

To avoid weak and inaccurate conceptualizations of partner violence, Smith et al. (1999) recommended grounding these conceptualizations in women's experiences of partner violence. Counting acts of violence provides no data on how women experience that violence. For example, act-based measures represent an attempt to assess individual acts of violence during a given period. They do not inform us on how women experience the combination of different violent acts during a single incident. They also do not inform us on the gender-based differential severity and impact of a single act of violence. For example, a woman's verbal threat to kill her male partner in self-defense might be counted the same as his lengthy explanation of how he is going to kill her and take specific actions to make sure her decomposed remains will never be identified. Analysis of how women experience individual incidents of domestic violence can inform us on these issues and on the strategies that women have developed to protect themselves from their partner's use of violence on them.

An additional issue is women's use of violence in self-defense. The literature lists self-defense, retaliation for prior violence or emotional hurt, and first strike (in recognition of imminent physical violence from a partner) as motives for women's violence (Hamberger & Guse, 2002; Saunders, 2002; Worcester, 2002). Hamberger (1997) found that women arrested for domestic violence were less likely than male partners to initiate domestic violence and reported self-defense or protection as the most likely reason for using violence against male partners. Despite this literature, Adams and Freeman (2002) stated that there is a paucity of data to support women's self-protection as a reason to use violence. Conversely, DeKeseredy and Schwartz (1998) found that in dating violence women are more likely to use either minor violence or severe violence against male partners in self-defense and to fight back instead of initiating the violence. Act-based measures have been criticized for missing self-defense as the meaning of women's use of violence (e.g., Dobash et al., 1992; Smith et al., 1999). In addition, act-based measures do not assess the sequence of violent acts during a single incident, for example, which partner initiated the violence, in what context, and how the other partner responded. We were interested in whether women's use of violence is in self-defense and whether women initiate violence against partners. Analysis of individual incidents can be used to address this issue as well.

The major purpose of this article is to examine two incidents of partner violence, a typical and the most harmful incident, using qualitative methodology to discover strategies women use to protect themselves during the incident and to examine women's use of violence in self-defense and initiation of violence. Based on Smith et al. (1999), we grounded the conceptualizations of these incidents in women's experiences and perceptions of them. We obtained two samples of women ( $N = 447$ ), one sample in treatment for substance use disorders from five treatment programs in a midwestern state ( $n = 225$ ) and one sample receiving services for domestic violence from seven domestic violence programs in the same state ( $n = 222$ ).

## Method

### Recruitment of Respondents

Women were recruited for interviews at the end of group meetings, after staff and male clients left the meeting, to protect women clients' confidentiality. One of the interviewers briefly described the study to the women, reported the informed consent procedures, informed the women that volunteering for the study did not mean they had to answer all questions, informed the women that those who volunteered to be interviewed would be paid \$20, answered questions the women had, and asked women interested in being interviewed to sign up on a schedule sheet. In the case of the domestic violence agencies, women were recruited primarily from support groups. However, an additional method of recruitment was also used in 5 of the 7 domestic violence programs. Flyers describing the study were posted in prominent places in the shelter with a toll-free number to call to have an interview scheduled.

### Informed Consent Procedures

Before the interview, interviewers reviewed the informed consent procedures with the potential respondents. Women were also asked if the interview could be tape-recorded for purposes of accuracy. All women agreed to the tape recording. Tape recorders were placed on the table in front of the women. After the potential respondent had an opportunity to process this information and ask questions, she was again asked if she wanted to be interviewed. If she agreed, she was asked to sign the informed consent form. The interview could not proceed unless women signed the informed consent form. Also, before the interview, women were paid the \$20 and signed receipts for this money. After the interview, the interviewer transported all materials directly back to the research office, where they were placed in locked file cabinets. The name-to-identification number sheet, hard copies of the interviews, and tapes were all kept in separate locked file cabinets.

### Interview Questions on Experiences of Partner Violence

Women were first asked a section of questions based on "a typical verbal conflict or argument with any partner in which there was physical violence."<sup>1</sup> Next, women were asked a section of questions about a "specific violent incident that upset her the most or was the most harmful to her." In both of these two sections, the time frame for the question was the past 12 months. Women described an incident in the past 12 months approximately 78% of the time. For the remaining 22% of the incidents, women described a violent incident that they recalled most vividly, even though it was not in the past 12 months.

Within each of these sections, women were asked a series of open-ended and multiple-choice questions about their experience. First, women were asked to describe what happened during the incident. Next, they were asked the question “Were you able to protect or defend yourself in some way?” (1 = yes, 2 = no) and (if she responded yes) “What did you do?” Other open-ended questions used in the analysis included “How did the argument begin?” “Why did the argument/conflict become violent?” and “How did the violence end?” None of these specified whether the woman or the partner initiated the violence. That was left neutral and up to the women’s perception.

## Qualitative Data Analysis

Three coders participated in the process of open coding: the first author, the second author (who also conducted approximately 100 of the interviews), and one additional interviewer. These coders used an interpretive and qualitative methodology with the goal of understanding the respondent’s perspective and reporting this perspective to the reader without intentionally imposing the researcher’s viewpoint on the data (Sands & McClelland, 1994). The main purposes of the analysis were to discover strategies of self-protection and to examine women’s use of violence in self-defense and initiation of violence in these two incidents of partner violence with themes as the unit of analysis (Berg, 1998).

Each coder examined transcripts for a set of 20 separate incidents selected randomly (a total of 60 incidents). After reading and coding the first 60 incidents, the coders met and discussed and compared the emerging set of patterns. This meeting was followed by each coder’s examining 20 additional transcripts selected randomly and then a second meeting to discuss and compare any new variations in the patterns that had been discovered. After the second meeting (now based on 120 incidents), an additional 20 transcripts per coder were read and reread, followed by a final meeting to discuss any new variations of the categories that had been discovered. Thus, the final codes were based on 180 incidents.

During this process, the coders continually asked of the data a specific set of questions regarding how the conflict began, who initiated the violence, did both partners use violence and in what context, and the strategies women reported using to try to protect themselves.<sup>2</sup> Once the coders agreed on the content characteristics of the themes and the coding frames, the next step was to specify the rules for identifying these characteristics and the rules for assigning cases to each category of self-protection.

Explicit rules developed for assigning cases to the self-protection categories described below were as follows: (a) Did she use physical means only, nonphysical means only, or both physical and nonphysical means? (b) If she used physical means at all, did she or the male partner initiate the violence? and (c) If she initiated violence, what was her motivation for initiating violence? Women described using different physical means of self-protection, but most of the acts they described involved pushing a partner away from them or throwing something at a partner. A few women reported

hitting their partner back or kicking their partner. Each of these acts would count as violence on a quantitative, act-based measure, and so we included them in our definition of women's violence for the purposes of categorization into nonphysical or physical means of self-protection. Women typically did not report threatening to harm their partner, with the exception that some women did threaten to kill their partner. Based on their descriptions, women's violence (or physical means of self-protection) was defined as physically touching a partner (e.g., pushing him away, hitting him back, kicking him), throwing an object at a partner, or threatening to kill a partner.

Although we asked first for the typical violent incident, women often discussed first the most harmful incident because of its greater salience. When describing the typical violent incident, women frequently combined several incidents into one incident. Women described a total of 456 violent incidents. Of these 456 incidents, women said they could protect themselves in 203 ( $n = 91$ , substance use disorder treatment sample; and  $n = 112$ , domestic violence program sample). Further data analysis is based on these 203 incidents. We had more data on self-protection strategies for these 203 incidents than for the remaining 253 incidents. Furthermore, we believe that the sample size ( $N = 203$ ) is sufficient for our purpose; in fact, this database is larger than that for most qualitative analyses. The percentages for each category of self-protection (described below) and initiation of violence also were similar for both the typical and most harmful incidents. Thus, these two incidents were combined for further analyses.

## Results

### Demographics and Sample Overlap

Most of the women in the study (77.4%) had been married at least once previously, with 12.1% of the women married and 6.2% cohabiting at the time of the interview. Most of the women in the study were separated (20.6%), divorced (25.6%), or single (33.9%) at the time of the interview. Most of the respondents were Caucasian American (77.6%), reflecting the population of the midwestern state in which the study was conducted. However, 16.8% were African American, and 5.5% were classified as Other (Mexican American, Native American, Asian American, Latina, or mixed). The median age of the sample was 33.54, with 21.7% between the ages of 18 and 25, 34.1% between the ages of 26 and 34, 20.6% between the ages of 35 and 39, and 23.5% aged 40 and older.

Most of the women were not fully employed; 17.5% of the women were employed full-time, 12.0% were employed part-time, 38.6% were unemployed and looking for work, and 31.8% were unemployed but not looking for work. Most of the women had a high school education or less; 22.0% had not graduated from high school, 39.4% had graduated from high school, 32.3% had some post-high school

education but not a college degree, 4.8% had a college degree, and 1.6% had some postgraduate education.

There was considerable overlap between the two samples. Based on the Abusive Behavior Inventory (Shepard & Campbell, 1992), 67.2% of women in the substance use disorder sample reported at least one act of physical violence and 93.2% at least one act of psychological abuse from a partner in the 6 months prior to treatment. Based on the Comprehensive International Diagnostic Interview (World Health Organization, 1997), 26.2% of women in the domestic violence program sample had a lifetime diagnosis of alcohol dependence, considerably higher than the 4.57% of women found for alcoholism in the general population (Helzer, Burnam, & McEvoy, 1991). Based on the Index of Alcohol Involvement and Index of Drug Involvement (Hudson & Associates, 1996), 60.5% of women in the domestic violence program sample had a problem with alcohol or drugs, or both.

### Categories of Self-Protection

*Protect or defend herself nonphysically.* Women reported that they attempted to protect themselves in various ways that did not involve their use of violence. Nonphysical means of self-protection included running away from her partner, locking herself in another room, running away from the place at which violence was taking place, calling or threatening to call others for help (friends, family, or police), talking to her partner with the intent of motivating him to stop the violence, and compliance with what she perceived to be her partner's wishes. Women used only nonphysical means of self-protection in 26.4% (24 of 91) of the incidents described by women in the substance use disorder treatment sample. For the domestic violence program sample, the percentage was 57.1% (64 of 112 incidents). In the following example, a woman from the domestic violence program sample used two different verbal strategies to avoid severe violence. When threatening to call the police did not work, she used verbal compliance.

All of a sudden he's like, "I know you have a boyfriend. You used me." Then he started talking crazy, threatening to blow up my house some night with me in it. He told me how he can make a bomb, and "I'm going to blow you and your house up." And I said, "You've got to leave or I'm going to call the police." And he goes, "Call them, I don't care." So then I started using psychology, "Ok, you're the man, you're special." I agreed with him. That to me was just a point of survival.

In the following example, a woman from the domestic violence program sample pretended to be unconscious until her partner left the room, and then was able to escape, but only at considerable cost.

I was gone again, too long I guess. He times me every time I go out the door. He didn't give me any time to explain what happened. He just punched me dead in my face, and

I blacked out. When I woke up blood was everywhere, so I was acting like I was in a daze. He went to the kitchen yelling about getting a wet rag to put over my face, and when he was gone I jumped out the [upstairs] window.

In the following example, a woman from the substance use disorder treatment sample kept running until she was able to escape, even though her partner used her own car to pursue her.

He found out that I was going out with [name]. He stopped me in traffic. I let him in [the car] because if I didn't open the door he was going to break the window. He made me stop [the car]. When we stopped [and got out] he acted crazy, happy one minute, and then chasing me the next. Finally, he hit me and I took off running. He was driving around [in my car] looking for me.

In the following example, a woman from the substance use disorder treatment sample had described prior severe violence (partner had given her a concussion). Based on this experience, this woman decided that compliance with her partner's demands to avoid further severe violence would be the best strategy for self-protection:

I wanted to go out and do something and he didn't, so we got in a big argument and [he] slapped me and said you better start listening to me. He said that he wanted to be more dominating in the relationship. [Interviewer: In that situation were you able to protect or defend yourself?] I kept my mouth shut and agreed with him. [Interviewer: So if you comply with what he is saying there is no threat of violence?] Yes.

*Protect or defend herself physically.* Women reported that they attempted to defend themselves in various ways that did involve their use of violence. In many cases, the partner had trapped the woman in a room with only one exit, such as a bedroom or bathroom. Women used only physical means of self-protection in 25.3% (23 of 91) of the incidents described by women in the substance use disorder treatment sample. For the domestic violence program sample, the percentage was 21.4% (24 of 112 incidents). In most of the incidents, the respondent said she pushed her partner away from her. In other incidents, women described fighting back (slapping, hitting, or threatening to hit her partner with her fist or an object) or kicking her partner. In most of the incidents, partners responded to women's use of violence with even greater violence, although on some occasions women's use of violence in self-defense ended the violence.

In the following example, a woman in the domestic violence program sample was trapped in the bedroom and described pushing her partner away after he pushed her several times.

He pushed me down on the bed and I got up. He pushed me down three times. I finally pushed him back, and he shoved me into the corner of a metal file cabinet. And it hit me right here, and down my forehead and the corner of my eye.



In the following example, a woman in the substance use disorder treatment sample described being trapped in the bathroom and throwing objects at her partner:

Well we got into a fight once, and he had me cornered in the bathroom, and he wouldn't leave, and he shoved me up against the bathroom window and it broke. Then I ended up throwing stuff at him, he ended up almost pushing me out the bathroom window, and it was an upstairs bathroom.

In the following example, a woman from the substance use disorder treatment sample describes alternately giving up and fighting back, meaning slapping her partner:

He kept me locked in a basement room for like 2 days. He would leave and then return and sit on me. I said please let me go to the bathroom. He wouldn't let me go. He made me wet my pants. He [kept] telling me how ugly and gross I was and how he was never turned on by me. [Interviewer: Were you able to protect or defend yourself in any way?] Sometimes I would fight back. I tried to get him off me or if I could get an arm free I would smack him.

In the following example, a woman from the domestic violence program sample describes how fighting back (hitting her partner) sometimes helped and sometimes did not:

As soon as I said that I didn't [do what her partner accused her of], I would get smacked. All I had to do was deny what he was accusing me of. [Interviewer: Were you able to protect or defend yourself?] Most of the time. [Interviewer: What did you do?] I fought back. [Interviewer: Did that seem to help?] Sometimes it did, sometimes I would hit him back and that would stun him, and he would quit for a week or two. Sometimes I would be able to stop him and sometimes I wouldn't. If I didn't have the nerve to fight back, I probably would have been in a lot worse shape.

*Both nonphysical and physical means of self-defense.* In this category, the woman used both nonphysical and physical means to protect herself. In some cases, the woman either left the situation or would not let her partner into her residence, but then had to resort to physical means to protect herself. In other incidents, the woman combined verbal means (talking to her partner, screaming at him, or screaming for help) with physical means of protecting herself. In some incidents women would try to defend themselves but then would stop and wait until the partner finished the violence. Women used both nonphysical and physical means of self-protection in 24.2% (22 of 91) of the incidents described by women in the substance use disorder treatment sample. For the domestic violence program sample, the percentage was 17.9% (20 of 112 incidents).

In the following example, a woman in the substance use disorder treatment sample described how she wouldn't let her partner into her apartment. In this case, the

woman and the partner's actions would have been counted as equally violent on an act-based measure of domestic violence.

He beat me up the day before, and he was on charges the next day. He had to go to court for domestic violence. He came to my house and broke the window [because I wouldn't let him in]. [He] threw the window at me from outside. My son was standing next to me and my little girl was sitting in a chair away from the window. My son could have got . . . he could have just . . . it was crazy. [Interviewer: Were you able to protect or defend yourself?] Yeah. [Interviewer: What did you do?] I picked up my son's baseball bat and started swinging at the window to make him stay out or he would have climbed in and who knows what he would have done?

In the following example, a woman from the substance use disorder treatment sample described trying to run away from her partner. When that was not successful, she used physical means of self-protection:

I left him. He got me back to his sister's house and was beating the crap out of me, and I got to the bedroom so I could get out the window, and he lunged in the bedroom and was choking me and saying that it was my day to die, banging my head against the bedroom wall. [Interviewer: Were you able to protect or defend yourself in some way?] I was trying to, hitting and kicking and screaming.

In the following example, a woman from the substance use disorder treatment sample described alternately talking with her partner and using physical means to defend herself. Although her partner was extremely violent to her, her physical means of self-protection was to grab her partner while he was punching her. This action is defensive in nature, to lessen the effect of her partner's punches. The example in the introduction regarding gender-based differences in severity of threats to kill is derived from this case.

He did another line, I know that is what intensified his anger. There was nothing that I could say that would be right. He got to the point that he was going to kill me. He took my necklace from me because it had my picture in it. He said, "I will tell you why I am taking your necklace." He said a decomposed body still holds the metal and glass, they will know that it was you from your picture. He strangled me and punched me in the face with a closed fist. He grabbed me, and I lost my balance, and I was kicking him, and he grabbed me by the arms and he just started punching my face. Then I cried out, "God please help me," and a couple more smacks and he quit. [Interviewer: Were you able to defend or protect yourself?] As much as I could. I fought back. I would holler at him. And tell him that I am not his punching bag. There were times I would grab him while he was punching.

## **Respondent Initiated the Violence**

In this category, women initiated the violence. Women initiated violence in 20.9% (19 of 91) of the incidents described by women in the substance use disorder treatment

sample. For the domestic violence program sample, the percentage was 2.7% (3 of 112 incidents). Examples, all from women in the substance use disorder treatment sample, include the following:

He was going to break up with me because I was so wasted, and he tried to leave my room and I pushed him back, and he didn't do anything. He is very emotional and started getting upset about it.

We had been at a bar, and he left me for several hours [to use methamphetamine], and when he came back I was angry and I swung at him.

Other women cited different reasons or said they always initiated the violence:

There has always been physical violence with all my partners. I am a very physical person. I would always hit them first. None of them ever hit me first.

In the case of a preemptive strike, the respondent initiated the violence, not in response to a nonviolent action by her partner but based on her anticipation that he was about to become violent with her. Respondents reported that they had experienced his violence many times in the past and recognized indicators of his impending violence or that the partner was threatening violence and she believed his threats. There were four preemptive incidents, three reported by women in the substance use disorder treatment sample and one by a woman in the domestic violence program sample. An example from the substance use disorder treatment sample is as follows:

I had put in 10 hours at work and I was 15 minutes late, and he asked me why I was late, and I said well I was talking to someone after work. He kept hollering at me about this, the bed not being made, the clothes not being picked up. I just stood there and smiled cause I figured that was the best way to keep my cool, just to sit there and listen to him, and when he was done he would walk away. He kept on [about how the respondent only wanted to party and didn't care about the kids]. He brought his arm up, and I thought he was going to slug me so I kicked him, then I hit him and slapped him and kicked him again. He slugged me and threw me out on the porch.

## Discussion

### Women's Strategies for Self-Protection

One of the major findings of this study was the number of different strategies women develop and use to protect themselves from partner violence. Many of these strategies are nonviolent, and most women prefer nonviolent strategies. A majority (57.1%) of the incidents described by women in the domestic violence program sample involved only nonviolent strategies. A majority (50.6%) of the incidents described by women in the substance use disorder sample involved nonviolent strategies only (26.4%) or both nonviolent and violent strategies (24.2%). In the latter

category, women typically used physical means only after the nonphysical means were clearly not helping her protect herself. In addition, male partners usually responded to even her minimal use of violence in self-defense with major escalations of his violence. Based on this evidence, we conclude that under the best of circumstances, women would select for self-protection only optimal nonviolent strategies. By this we mean those nonviolent strategies that would enable the woman (and her children) to escape the immediate violence, reduce the likelihood of future violence, and avoid undesirable entanglements with child protective services or the criminal justice system.

However, women rarely have the luxury of selecting an optimal nonviolent self-defense strategy to partner violence. Rather, as shown in the case examples of this study, women cannot predict when that violence will occur and so find themselves responding to an unpredictable immediate situation that is beyond their control. Dutton (1992) reported 10 different strategies women employ to escape, avoid, and protect themselves against partner abuse, including escape behaviors, hiding and disguising (to avoid the abuser), compliance, and passive and active self-defense (including use of violence). Bowker (1983) reported 7 different personal strategies women use, including talking the partner out of the abuse, hiding from the partner, avoidance, threatening the abuser with nonviolent action such as calling the police, and physical self-defense.

The case examples in this study provide empirical evidence of four different non-physical strategies that women use to protect themselves during the incident of partner violence itself. One strategy is trying to separate herself from her partner, by running away, or if that is not possible, locking herself in a room. A second strategy is threatening to call for help, including threatening to call the police. A third strategy is trying to talk the partner out of perpetrating the violence. Physical violence may not be an option for women because of the partner's superior capabilities with violence, as stated in a number of the case examples in this study, or because she fears she may be arrested and charged with violence. If none of these first three strategies works, and if physical violence is not an option, then what is left for women to try as a fourth strategy is compliance with the partner's demands.

In some incidents, women did combine the use of violence with nonviolent strategies. In this category of self-protection, we found the same four types of nonviolent strategies, typically with the use of violence only after the nonviolent strategies seemed unlikely to protect her (or her children) from her partner's violence. The woman separated herself from her partner, but when it appeared he would come after her anyway, she resorted to violence to try to keep him away from her or her children. Other women threatened to call for help but used physical means for self-protection when their partners initiated violence against them anyway. Other women tried talking the partners out of perpetrating violence but used physical means for self-protection when the partners were violent to them anyway. Conversely, the non-violent strategy of compliance was typically used after it became apparent to the

woman that her use of physical means to protect herself resulted in her partner's escalation of violence to her.

Some women reported the use of physical means only in trying to protect themselves from the partner. In these case examples, escape or separating themselves from their partners was usually not an option as they had already been trapped in a room with no escape. It was not clear whether they believed threatening to call others, talking to their partners, or compliance were nonviolent strategies that were available to them or, if so, were feasible in that situation. It is also possible that these women believed they were physically capable of protecting themselves. In any case, in almost every situation that women used only physical means of self-protection, their use of violence was much less than that of their partners. Also, their partners typically responded to their use of violence with a major escalation of the partners' own violence to them.

A subcategory of using physical means of self-protection is what we have called the preemptive strike, or first strike in anticipation of the partner's imminent violence to her (Dasgupta, 2002; Saunders, 2002). In this case, the woman recognizes signs that her partner is on the verge of violence and uses violence against him first, for the purpose of trying to gain immediate control of the situation (Hamberger & Guse, 2002) or because she knows he is going to use severe violence on her anyway and she has nothing to lose. The preemptive strike is different from the woman's initiation of violence in that she is responding to what she believes is imminent violence from her partner, not a nonviolent action on his part. This distinction demonstrates the need to examine the context of the violence, as otherwise a woman who uses a preemptive strike might be viewed as initiating the violence and might, in our criminal justice system, be charged as the primary aggressor.

## **Women's Initiation of Violence and Violence in Self-Defense**

A second major finding of the present study is that among cases in which women reported they could protect themselves, in only a minority of cases did women report that they initiated the violence. In the vast majority of cases in the domestic violence program sample (97.3%) and in a majority of cases in the substance use disorder treatment sample (78.9%), women reported that their partner initiated the violence.

To our knowledge, this is the first study that examined women's initiation of violence in a sample in treatment for substance use disorders. Accordingly, it provides a context for the quantitative results reported by Chase et al. (2003), in which the prevalence and frequency of severe violence, prevalence and frequency of specific violent acts, and frequency of violent acts committed by women in alcoholism treatment were found to be higher than those for male partners of these women. Act-based measures, such as the Conflict Tactics Scale used in Chase et al., have been criticized as missing the meaning and context of women's violence (Dobash et al., 1992; Smith et al., 1999). If in fact a large percentage of women's violence is in self-defense, as was found in the

present study, then according to Walker (2000), act-based quantitative measures distort women's use of violence by not differentiating between its offensive and defensive use.

## Differences Between Samples

There were two interesting sample differences. First, women in the domestic violence program sample (57.1%, 64 of 112 incidents) were more likely to describe an incident that involved nonphysical only means of self-protection than women in the substance use disorder treatment sample (26.4%, 24 of 91 incidents). One possible explanation is that women in the domestic violence program sample, having received services from a shelter or safe home program, have developed safety plans that involved nonviolent strategies of protecting themselves. Women in the substance use disorder treatment sample may have not received services from a domestic violence program and may not have developed similar safety plans. Even though a majority of women in treatment for substance use disorders have experienced both violence and psychological abuse from partners, few substance abuse treatment programs work with domestic violence programs to provide these services for female clients (Downs, 2001).

A second finding is that women in the substance use disorder treatment sample (20.9%, 19 of 91 incidents) were more likely to describe incidents in which they initiated violence than women in the domestic violence program sample (2.7%, 3 of 112 incidents). In the case examples for the women in the substance use disorder sample, women typically described initiating violence because of being angry or frustrated with their partner's behavior. In combination with the results on lesser likelihood of nonviolent self-protection strategies, this finding may indicate that a subgroup of women in treatment for substance use disorders are more violent than other women in treatment or women receiving services for domestic violence. This subgroup of women and their partners may use combinations of drugs and alcohol, and their violence may be associated with this use. Further research is needed to examine this issue.

## Implications for Practice

One implication for practice is based on the high percentage of women in substance abuse treatment who have experienced domestic violence and psychological abuse. Prevention and outreach services are needed to address these issues. Based on this need, we have begun the Integrative Services Project. The Integrative Services Project has the goal of domestic violence and substance use disorder treatment program's collaborating to improve services for battered substance-abusing women (Rindels, Atkinson, Wood, Leff, Jones, & Downs, 2006). In this project, domestic violence program staff have provided domestic violence education for substance abuse treatment staff, and substance abuse treatment staff have provided substance abuse education for domestic violence program staff. Based on this education, Integrative Services Project staff have provided joint education to both staffs regarding safety and sobriety

for women and have facilitated development of collaborative services, such as groups co-led by a domestic violence advocate and substance abuse treatment counselor (Rindles et al., 2005). Given the overlap between women's experiences of domestic violence and mental health issues (e.g., Rollstin & Kern, 1998) and maltreatment of their children (Edleson, 1999), we believe this collaboration needs to be extended to fields such as mental health and child protective services.

A second implication is to educate staff in these fields specifically about safety planning and about screening and referral for domestic violence. One reason that women in the domestic violence program sample were more likely to employ nonviolent self-protection strategies is that they had received services from a shelter or safe home program. Most likely, these services included development of a safety plan. Although in some cases women's use of violence in self-defense may be the most effective strategy of self-protection, we believe that in most cases a nonviolent safety plan will be the safest and most effective strategy. Battered women receive services for a number of other issues in many different fields of service. Linkages between the local domestic violence program and these other fields are paramount for education regarding safety planning and screening and referral for domestic violence.

A third implication is to educate staff in mental health, criminal justice, substance abuse treatment, and child protective services regarding the multiple strategies women have developed and employed to protect themselves from domestic violence. One current stigma is that women prefer to "stay with the abuser" rather than leave, and a frequent question for battered women is "Why don't you leave?" We believe that battered women have the questions "Why don't you enforce the laws prohibiting domestic violence?" and "Why can't you make him stop hitting me?" In the meantime, while waiting for a comprehensive community response that would in fact enforce laws prohibiting domestic violence, women are quite active in employing multiple strategies to protect themselves.

A fourth implication for practice concerns the increasing number of arrests of women for assaults against their partners (Dasgupta, 2002; Osthoff, 2002). Much of the violence committed by women in the present study was in response to violence initiated by men and was part of women's strategies to protect themselves against men's violence. Women initiated violence in only very few incidents. This is evidence for gender differences in goals and motives for violence. Many arrests of women in domestic violence situations likely involved women's use of self-defense and are therefore inappropriate.

We believe that staff at all levels in the criminal justice system must differentiate between men's and women's goals and motives for violence, specifically offensive and defensive uses of violence. Service providers in community-based programs serving domestic violence survivors, in substance use disorder treatment programs, in batterer intervention programs, and in other community agencies must collaborate with police, prosecutors, defense attorneys, probation and parole officers, and judges to ensure accurate assessments of the context in which domestic violence occurs. In addition, staff in batterer's education programs need to

screen for women's use of violence in self-defense prior to accepting women into the program.

A fifth implication is that institutional changes must be implemented to prevent inappropriate arrests of domestic violence survivors and inappropriate findings of "failure to protect" by child protective services on the part of mothers who are domestic violence survivors. We believe that courts and child protective services need to understand that most battered women are attempting their best to protect themselves and their children from the abuse and that they require assistance in doing so instead of being held responsible for abuse that is often beyond their control.<sup>3</sup>

### **Limitations and Needs for Future Research**

One limitation is that we asked about strategies tied to a specific incident and not about self-protection strategies that women employ in general. Thus, we cannot address the issue of self-protection strategies that women use over time to address patterns of partner abuse. Women likely are constantly strategizing and employing coping tactics for their experiences of partner abuse and to keep their children as safe as possible. Most likely, women create new strategies of self-protection, refine existing strategies, and change their strategies over time as women learn ways to cope with the abuse and as the abuse itself changes over time. Future research is needed to address these issues.

A second limitation is that some strategies are more successful than others. We believe that domestic violence survivors are themselves the experts on which strategies are the most successful or the best and under which circumstances. Future research is needed to address this issue as well. In particular, future research is needed to examine strategies women employ not just to protect themselves during a single incident but also to motivate their partners to reduce violence against them. Future research is also needed to examine women's perceptions of which strategies are the most successful and under which conditions.

### **Conclusion**

The major purpose of this article was to examine two incidents of partner violence, a typical and the most harmful incident, using qualitative methodology to discover strategies women use to protect themselves during the incident and to examine women's use of violence in self-defense and initiation of violence. We found that women employ a variety of both nonviolent and physical means to protect themselves from partner violence. When women do use violence to protect themselves, it is usually after nonviolent means have not been successful. Women initiated violence in only a small minority of the incidents. We recommend additional research using qualitative methodology to understand women's experiences of and responses to domestic violence from their point of view.



## Notes

1. This question was actually based on the family violence model (Johnson, 2001), as part of an attempt to test that model using qualitative methodology and incident-level analysis. We did not find support for that model in these case examples and are planning a separate article on that issue.

2. During the coding, we discovered that some women used multiple self-protection strategies during the same incident, some more successful than others, in their attempts to protect themselves from their partner's violence. Accordingly, we asked of the data for those strategies in which women tried to protect themselves to ensure that we reported all strategies, not just the successful ones.

3. In the state in which this research was conducted, domestic violence can be used as evidence of the mother's "failure to protect" children from abuse and grounds for removal of children from the home.

## References

- Adams, S. R., & Freeman, D. R. (2002). Women who are violent: Attitudes and beliefs of professionals working in the field of domestic violence. *Military Medicine*, *167*, 445-450.
- Archer, J. (2000). Sex differences in aggression in heterosexual partners: A meta-analytic review. *Psychological Bulletin*, *126*, 651-680.
- Berg, B. (1998). *Qualitative research methods for the social sciences* (3rd ed.). Boston: Allyn & Bacon.
- Bowker, L. (1983). Marital rape: A distinct syndrome? *Social Casework: The Journal of Contemporary Social Work*, *64*, 357-352.
- Chase, K. A., O'Farrell, T. J., Murphy, C. M., Fals-Stewart, W., & Murphy, M. (2003). Factors associated with partner violence among female alcoholic patients and their male partners. *Journal of Studies on Alcohol*, *64*, 137-149.
- Dasgupta, S. D. (2002). A framework for understanding women's use of nonlethal violence in intimate heterosexual relationships. *Violence Against Women*, *8*, 1364-1389.
- DeKeseredy, W. S., & Schwartz, M. D. (1998). *Woman abuse on campus: Results from the Canadian National Survey*. Thousand Oaks, CA: Sage.
- Dobash, R. P., Dobash, R. E., Wilson, M., & Daly, M. (1992). The myth of sexual symmetry in marital violence. *Social Problems*, *39*, 71-91.
- Downs, W. R. (2001). *Alcohol problems and violence against women* (Grant 96-WT-NX-0005). Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, Violence Against Women Office.
- Dutton, M. A. (1992). *Empowering and healing the battered woman*. New York: Springer.
- Edleson, J. L. (1999). The overlap between child maltreatment and woman battering. *Violence Against Women*, *5*, 134-154.
- Hamberger, L. K. (1997). Female offenders in domestic violence: A look at actions in their context. *Journal of Aggression, Maltreatment & Trauma*, *1*, 117-129.
- Hamberger, L. K., & Guse, C. E. (2002). Men's and women's use of intimate partner violence in clinical samples. *Violence Against Women*, *8*, 1301-1331.
- Helzer, J. E., Burnam, A., & McEvoy, L. T. (1991). Alcohol abuse and dependence. In L. N. Robins & D. A. Regier (Eds.), *Psychiatric disorders in America: The Epidemiologic Catchment Area Study* (pp. 81-115). New York: Free Press.
- Hudson, W., & Associates. (1996). *Walmyr Assessment Scales scoring manual*. Tempe, AZ: Walmyr.
- Johnson, M. P. (2001). Conflict and control: Symmetry and asymmetry in domestic violence. In A. Booth, A. C. Crouter, & M. Clements (Eds.), *Couples in conflict* (pp. 95-104). Mahwah, NJ: Lawrence Erlbaum.
- Kimmel, M. S. (2002). "Gender symmetry" in domestic violence. *Violence Against Women*, *8*, 1332-1363.
- O'Leary, K. (2000). Are women really more aggressive than men in intimate relationships? Comment on Archer. *Psychological Bulletin*, *126*, 685-689.

- Osthoff, S. (2002). But, Gertrude, I beg to differ, a hit is not a hit is not a hit. *Violence Against Women, 8*, 1521-1544.
- Rindels, B., Atkinson, C., Woods, C., Leff, K. A., Jones, M. B., & Downs, W. R. (2006). *The Integrative Services Project: Fostering collaboration between domestic violence programs and substance abuse treatment agencies*. Unpublished manuscript.
- Rollstin, A. O., & Kern, J. M. (1998). Correlates of battered women's psychological distress: Severity of abuse and duration of the postabuse period. *Psychological Reports, 82*, 387-394.
- Sands, R. G., & McClelland, M. (1994). Emic and etic perspectives in ethnographic research on the interdisciplinary team. In E. Sherman & W. J. Reid (Eds.), *Qualitative research in social work* (pp. 32-41). New York: Columbia University Press.
- Saunders, D. G. (2002). Are physical assaults by wives and girlfriends a major social problem? A review of the literature. *Violence Against Women, 8*, 1424-1448.
- Shepard, M. F., & Campbell, J. A. (1992). The Abusive Behavior Inventory: A measure of psychological and physical abuse. *Journal of Interpersonal Violence, 7*, 291-305.
- Smith, P. H., Smith, J. B., & Earp, A. L. (1999). Beyond the measurement trap: A reconstructed conceptualization and measurement of woman battering. *Psychology of Women Quarterly, 23*, 177-193.
- Straus, M. A., & Gelles, R. J. (1995). How violent are American families? Estimates from the National Family Violence Resurvey and other studies. In M. A. Straus & R. J. Gelles (Eds.), *Physical violence in American families: Risk factors and adaptations to violence in 8,145 families* (pp. 95-112). New Brunswick, NJ: Transaction.
- Walker, L. E. A. (2000). *The battered woman syndrome* (2nd ed.). New York: Springer.
- White, J. W., Smith, P. H., Koss, M. P., & Figuerdo, A. J. (2000). Intimate partner aggression—What have we learned? Comment on Archer. *Psychological Bulletin, 126*, 690-696.
- Worcester, N. (2002). Women's use of force. *Violence Against Women, 8*, 1390-1415.
- World Health Organization. (1997). *Composite International Diagnostic Interview (CIDI): Trainer's manual, core version 2.1*. Geneva, Switzerland: Author.

**William R. Downs** is a professor in the Department of Social Work and member of the Integrative Services Project team at the University of Northern Iowa. His research interests include the interrelationships of alcohol and drug problems with women's experiences of domestic violence and the long-term effects of childhood violence on adult problems for women. His practice interests include the development of integrative services for substance-abusing battered women.

**Barb Rindels** is an advocate for Seeds of Hope, a domestic violence and sexual assault services program in Iowa, and a domestic violence specialist for the Integrative Services Project. From 1997 to 2001, she was a project assistant on a National Institute of Justice grant. Prior to that, she was a domestic violence advocate for 8 years. Her research interests include identifying the strengths and empowerment of women victimized by domestic violence. Her practice interests include development of comprehensive services for women and children victimized by domestic violence and sexual assault.

**Christine Atkinson**, LISW, has an MSW from the University of Northern Iowa. She has 28 years of experience in the areas of community organization, mental health treatment, substance abuse treatment, and program administration. She is in private practice with an emphasis on women's issues and has been a substance abuse specialist on the Integrated Services Project team for the past 3 years. Her research interests include identifying the strengths and empowerment of women victimized by domestic violence. Her practice interests include development of comprehensive services for women and children victimized by domestic violence and sexual assault.