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A Qualitative Study of Survival Strategies Used by Low-Income Black Women Who Experience Intimate Partner Violence

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Abstract

Women who experience intimate partner violence (IPV) are often portrayed as helpless victims. Yet many women who experience IPV implement strategies to help them survive the abuse. This qualitative study sought to explore the survivor strategies used by low-income black women who experience IPV. Authors used a semistructured interview guide to survey 26 survivors who reported being in an IPV relationship in the past two years. Thematic analysis revealed three types of survivor strategies used by low-income black women: (1) internal (use of religion and becoming self-reliant), (2) interpersonal (leave the abuser or fight back), and (3) external (reliance on informal, formal, or both kinds of sources of support). This article informs social work practitioners of the strategies used by low-income black women in surviving IPV so that practitioners can develop interventions that support these strategies.

Keywords

black women; intimate partner violence; low income; survival strategies

Approximately four out of every 10 non-Hispanic black women have experienced intimate partner violence (IPV) in their lifetime (Black et al. 2011). Compared with white women, black women experience higher rates of IPV (Catalano, Smith, Snyder, & Rand, 2009). Research suggests that structural inequalities are to blame for the higher rates of IPV among black women (West, 2004). This is particularly true for low-income black women as the risk of experiencing IPV increases when living in low-income communities (Bent-Goodley, 2011). As a result, black women are more likely to be killed at the hands of their abusers (Office for the Prevention of Domestic Violence, 2011).

In addition to death, other consequences of IPV include adverse physical and mental health effects (Dillon, Hussain, Loxton, & Rahman, 2013; Ellsberg, Jansen, Heise, Watts, & Garcia-Moreno, 2008). Women in abusive relationships experience more physical ailments such as broken bones, chronic disorders, diseases, and gynecological problems that affect their daily functioning (Dillon et al., 2013; Ellsberg et al., 2008). When women are pregnant, physical harm is a risk for them and their unborn child (Bailey, 2010; Leone et al., 2010; World Health Organization, 2011). In addition, women in abusive relationships experience poorer mental health such as higher levels of posttraumatic stress disorder, lower levels of self-esteem, and higher levels of anxiety (Afifi et al., 2008; Ellsberg et al., 2008; Sabri et al., 2013; Straus et al., 2009). As a result, women who experience IPV are at an increased risk of substance abuse (Fowler, 2007) or becoming suicidal (Devries et al., 2011; Ellsberg et al., 2008; McLaughlin, O'Carroll, & O'Conner, 2012) compared with women who have not experienced IPV.

With the many negative effects listed earlier, it is understandable that women experiencing IPV are often defined by their trauma and portrayed as passive victims of violence. Yet many women who experience IPV are not helpless victims, rather, they implement strategies to survive the violence inflicted on them by their intimate partners (Brabeck & Guzman, 2008). In this article we do not seek to minimize the traumatic impact of IPV in the lives of women. Instead, we wish to shed light on the strategies that women use to survive violence even in the midst of feeling helpless. The aim of this study is to understand the survival strategies of low-income black women experiencing IPV so that helping professionals can develop interventions that support these strategies.

LEARNED HELPLESSNESS VERSUS SURVIVOR THEORY

Some have hypothesized that trauma imposed by IPV leads to learned helplessness. Learned helplessness is a phrase coined by Lenore Walker (1977), which suggests that women in abusive relationships experience low self-esteem, self-blame, guilt, and depression. As a result, women experience psychological paralysis that prevents them from engaging in help-seeking strategies. Thus, the impact of trauma may lead to passive victims of IPV. Although many women have demonstrated adverse effects of IPV that may act as barriers from seeking help (Sabri et al., 2015), many women also adapt to abuse and develop strategies that promote survival in the midst of traumatic experiences (Abraham, 2005).

Survivor theory, developed by Gondolf and Fisher (1988), postulates that women experiencing severe abuse develop innovative coping strategies. In contrast to the theory of learned helplessness, survivor theory states that women actively engage in help-seeking behavior. Some have argued that survivor theory more accurately captures the realities of black women than the theory of learned helplessness (Allard, 2010). Because black women are often stereotyped as "angry," they do not fit into a mainstream image of the passive, weak, and fearful victim (Allard, 2010). Regardless of race, women experiencing IPV may develop a range of coping strategies from learned helplessness to seeking social support or using inner resources such as self-protection, hope, and spirituality (R. E. Davis, 2002; Fowler & Hill, 2004). Unfortunately, we know more about the negative outcomes of IPV than we do about resiliency (Anderson, Renner, & Danis, 2012; Humphreys, 2003). This

study adds to the literature by using survivor theory as a lens to understand the survival strategies, strengths, and resilience of low-income black women in abusive relationships.

The purpose of this study is twofold: (1) to contribute to the body of IPV scholarship that examines the survival strategies of women experiencing IPV and (2) to inform helping professionals about how to build on the strengths and efforts of survivors in overcoming IPV.

METHOD

This qualitative study is part of a large multisite cross-sectional case-control study of women of African descent from Baltimore, Maryland, and St. Thomas and St. Croix, U.S. Virgin Islands (USVI). Women were recruited from primary care, maternal child health, and family planning clinics. Inclusion in the parent study was restricted to women ages 18 to 55 years, who were English or Spanish speaking, of African descent, and reported being in an intimate relationship in the past two years. Women who consented to participate in the study completed a 30-minute, audio computer-assisted structured self-interview (ACASI). A \$20 gift card was provided as incentive for those who screened into the study and completed ACASI. Women who participated in the qualitative interviews were provided with an additional \$20 for participation. All study procedures were approved by the institutional review boards of Johns Hopkins University, the University of the Virgin Islands, and the National Institute on Minority Health and Health Disparities.

Measures

The semistructured interview guide included open-ended questions with additional probes for deeper exploration of major life events, lifetime abuse experiences (during childhood and adult intimate partner relationships), abuse disclosure to health care providers, and overall health. The interview guide was developed by two members of the research team using existing literature and members' past experiences with research on abused women. The guide was further developed and revised based on feedback from expert members on the team. After the interview guide was finalized, all interviews were digitally recorded and transcribed verbatim.

Women who reported lifetime and past-two-year experiences of physical and sexual abuse from an intimate partner, with or without psychological abuse, were categorized as abused women ($n = 543$). Of the abused women, 29 completed semistructured in-depth interviews ($n = 20$ from Baltimore and $n = 6$ from the USVI). A purposive sampling approach was used to select women for in-depth interviews. All in-depth interviews were conducted by two trained interviewers in Baltimore and four trained interviewers in the USVI. The interviews focused on questions about major life events, childhood experiences, relationships including sexual partners, abuse disclosure to health care providers, and sexual health. All interviews were transcribed verbatim by professional transcriptionists.

Data Analysis

Qualitative data were coded using methods proposed by MacQueen, McLellan, Kay, and Milstein (1998). First, a codebook was developed by six research team members. The research team reviewed the qualitative interview guide as well as two transcripts from the

USVI and two transcripts from Baltimore. For each identified theme, a code name, brief definition, full definition, statement of when to use the code, statement of when not to use the code, and an example of text that would be coded using a specific theme were established. Second, each team member was assigned a partner and a set of transcripts to code. Each member of the team, using the developed code book, coded their assigned transcripts individually and then met with their partners to review and reconcile their codes. In addition, the full team of six members met regularly to discuss the possibility of adding more codes, expanding the definitions of codes, or particular sections of the text in which individuals or partners were unsure of how to code. Using multiple coders ensured reliability and validity through intercoder agreement. The final code dictionary resulted in 33 codes. The coded transcripts were merged using ATLAS.ti (version 7) (2013).

Of the 33 codes, one of the codes, survivor strategies, was analyzed for the present study. Using thematic analysis, five team members analyzed only the sections of transcripts that were identified as survivor strategies by the previous team of coders. The team members independently identified themes of survivor strategies and added quotations from study participants to better represent the themes. The team of coders met regularly to discuss the themes and reconciled any discrepancies in the coding between the team members.

RESULTS

The average age of women in our study was 35 years. Women in the sample were predominantly low-income. Individual incomes ranged from less than \$400 per month (42 percent) to between \$400 and \$1,200 per month (37 percent). Most of the participants had a high school education or less. For example, 26 percent had a ninth-grade education or more but did not graduate high school, and 32 percent were high school graduates or received their GED. Almost a quarter (26 percent) reported some trade school, some vocational school, or some college. Qualitative analysis revealed three types of survival strategies used by abused women: internal, interpersonal, and external (see Table 1).

Internal Strategies

The internal strategies, referred to as the behavioral and psychological/emotional states of the survivor, included use of religion and becoming self-reliant. Many of the women shared that their belief in God, their religion, or both helped them endure or overcome the violence experienced at the hands of their abusers. When asked about how she dealt with her abusive relationship a survivor replied, “Jesus” (Tiffany, age 47, Baltimore). Another survivor discussed how she used religion to handle arguments and disagreements with her abuser. She said, “I take everything to prayer and whatever I can’t handle I just turn it over to God and I’m not going to stress myself out about it”(Jaylin, age 44, Baltimore). In addition to prayer, women identified people in the church who they could talk to about the abuse. One survivor mentioned that she did not open up to most people about the abuse. She stated,

I held in a lot. Until I got old enough I started to go to church again.... I was talking to my bishop’s wife and she said, “You got a lot of things you need to let off. I can look at you and tell. You need to do something about your spirit; it’s so heavy.” I got in the car and told her everything. She calls me every once in a while. We talk

on the phone and it actually feels good to let all of that out. (Mya, age 24, Baltimore)

According to one survivor from Baltimore, women who experience violence are on drugs because they do not believe in God. She believed that if women who experience abuse would turn to God they would find inner peace. According to her, women who are on drugs yet say they believe in God do not really believe in God or they would turn to God for healing and not drugs:

I look at a lot of women who *have* been raped before and [say], “That’s why I’m on drugs.” I [would] be looking at them, like, that’s because you haven’t made peace with yourself. A lot of people that don’t believe in God, the same thing too, they say, “Oh, I believe in God.” So it’s like, do you really? (Shaina, age 34, Baltimore)

Another internal strategy used by women was self-reliance. Many of the women identified strategies to gain independence, such as getting a job or working toward a degree. Women attributed obtaining independence to getting out of the relationship, as reflected in the following quote:

I knew it was abusive, and I would have to end the relationship, but I knew I would have to put myself in that position to end the relationship.... I was pregnant and I just wanted to get over the pregnancy and get through it and I knew I did have to come out of it. So all I wanted to do was to get back a job, get myself together, get my own apartment and stuff like that, which I did. (Pamela, age 34, USVI)

After the baby was born, she found a job. Seven months after finding a job she was able to get her own apartment. According to Pamela, she “stopped depending on him” and “this is when the relationship ended.”

A few women attributed learning how to drive as a way to get out of abusive relationships. For example, a survivor stated,

He [abuser] didn’t want me to get a driver’s license, but I was persistent and I got it. I knew he was upset when I got it, but [he] acted as if he was happy for me. And then I got a car and then I was able to do some things alone. Some kind of ways we broke apart and now I’m here. I’m still here. (Monica, age 25, Baltimore)

Similarly, a survivor from USVI shared,

It took me years to figure that out, but I finally learned to drive. And so it all goes along with where I want to go now. I had to learn to be independent. I was dependent on a lot of men... and just because they made me that way. So I find time for myself. I feel it’s time for me to develop myself, get myself in order before I jump into anything. I feel that’s a good decision to make. (LaLa, age 21, USVI)

Interpersonal Strategies

Interpersonal strategies included strategies that involved interaction between survivors and their abusers, such as threatening to leave the abuser or fighting back. The majority of women reported that the strategy they used to resist and overcome IPV was to leave their abusers either temporarily or permanently. To keep themselves safe, some women

temporarily left their abusers at the onset of an abusive situation. For instance, a survivor said, “I just let him know that’s what I was going to do; he would be arguing with me and I would just leave” (Jaylin, age 44, Baltimore).

Although some women decided to leave abusive situations and return when the situation diffused, others eventually decided to leave the relationship permanently. These women reflected on the many things they endured in the relationship and realized it was time to leave. A survivor from Baltimore had plenty of time to think about the relationship while her abuser was in jail. She said, “He got locked up. I waited for him and waited for him and I just got tired of waiting. I thought about how abusive he was and I left him” (Tiffany, age 47, Baltimore). She got tired of waiting for her abusive partner to be released from jail, and another survivor from Baltimore just got tired of dealing with her abusive partner. She said,

I got tired of being tired and I lost interest because... he was stealing... from me and guys wanted to beat him up. I got tired of really just dealing with him in general, so I decided to move on. (Joann, age 45, Baltimore)

For some women, experiencing IPV during pregnancy made them decide to leave their abusers. For instance, when a survivor from Baltimore first got pregnant, she started to question her relationship. She felt that pregnancy made her mature and made her realize that she cannot change her abuser. Before pregnancy she just wanted to help her boyfriend, but she finally realized that she could not help him. She said,

The last time he hit me, I was pregnant with my five-year-old son, so that was when I realized that he’s just not going to stop or change and he’s going to hit me, he’ll hit the baby, he could even make me lose the baby, and that’s when I realized I had to leave. (Alivia, age 28, Baltimore)

Ultimately, women left because they feared for their lives or thought that leaving was the only way to end the violence. For example, a survivor shared,

Everything was alright and I don’t know what happened. He started drinking again and we ended up fighting again. And [during the] last fight... he tried to choke me again.... It was time for me to get up out of it, because he was trying to kill me. (Veronica, age 47, Baltimore)

Another survivor shared, “It went on until I stopped dealing with him because as long as I wasn’t around him, he couldn’t hit me or fuss or scream at me for no reason” (Nicole, age 27, Baltimore).

Although women in this study eventually left the relationships, many of them reported that while in the relationship they resisted violence by fighting back. Women used defensive violence to either save their lives or to reduce the violence inflicted on them by their abusers. For example, a survivor described how she used violence against her abuser to save her life: “He tried to choke me and I couldn’t breathe because he had me on the floor but when I eventually got up, I grabbed a 32-inch TV off my dresser and cracked his head with it” (Jaylin, age 28, Baltimore). Another survivor explained how unpredictable violence was in her home. She was always prepared to defend herself:

I could be talking with him one minute, going in the bathroom the next. He comes in there and [starts] arguing and next thing I know, we [are] fighting in the bathroom. Of course I would try to fight my way out the bathroom into the kitchen, because the kitchen was right across. I used to throw knives and stuff at him. I didn't cut him or anything. (Tiffany, age 47, Baltimore)

Similarly, using violence as a form of self-defense was the norm for a 52-year-old survivor, who often used violence to get her abuser off of her. She acknowledged that her boyfriend initiating violent disputes and her using self-defensive violence became the nature of their relationship. She described him hitting her with sticks, his hands, and his fists:

It was that type of throw-down fight... but my thing was to fight back so I could get away from him, you know, but then, I would wind up going back with him and that was the crazy thing to do because it just went on even more. (Sonya, age 52, Baltimore)

Self-defensive violence became the norm in some relationships, but other women used violence because they had finally gotten tired of just taking the abuse. Many of them were tired of being hurt and disrespected. They realized that they had sacrificed too much. Using violence was a way of letting out the frustration they were holding inside. A 24-year-old survivor acknowledged that she endured IPV many times without fighting back. It was not until she was pregnant with her daughter and faced with the possibility of losing another child that she fought:

When I got pregnant with my daughter and he grabbed me in front of my mother's house, I went off on him. I fought back—this time I was fixing to put him in the hospital. I was not having it, I got tired of it, I'm like, I'm not going to lose another baby, I'm not going to lose my pride, I'm not going to let you take over my life again, and I just went off on him and after that I guess I scared him because he didn't even want to come back. (Mya, age 24, Baltimore)

External Strategies

External strategies relate to women's reliance on informal and formal sources of support such as family, friends, or community resources. Many of the women reported relying on family or friends. Women relied on siblings, parents, grandparents, cousins, friends, and members of the community. A 44-year-old survivor said,

I always had my sister. She was always there for me. I was going to stay with her one time when I had left him. I had packed up my stuff and moved into her basement. And I stayed there for about a month. (Jaylin, age 44, Baltimore)

Another survivor would often talk to a girlfriend about the abuse. Her girlfriend offered emotional support and even allowed her to stay at her place when needed. She recalled a time when she was tired of the abuse: "I just got tired of everything, and a buddy of mine knew all the stuff that I was going through, so at that time I just ran away and stayed with her for a while" (Melissa, age 34, Baltimore).

Women did not discuss abuse with all family and friends. They often identified those they felt closest to. A 52-year-old survivor felt comfortable talking to a girlfriend, her mom, and

her brother. As much as she wanted to speak to her mom and go to her mom's house for reprieve, she said,

I couldn't really go to my mother's because my kids were there. They were living with my mother under foster care. And then I had a brother that lived not too far away. I could walk to his house if I needed to, and I would. (Sonya, age 52, Baltimore)

In addition to their own family and friends, some women spoke to the abuser's family about the abuse. Women hoped that the abuser's family and friends would talk to him about ending the abuse, but this strategy was often unsuccessful. For example, a survivor stated,

The people actually were around, his family members. We lived in, what's the word, a compound like, with several houses in the compound and we lived in one. People would see it. They would tell him about it, but he wouldn't listen to them. His cousin used to tell him that "if you don't behave, or you don't watch out, she is going to leave you." But I never did. (Crystal, age 25, USVI)

In addition to informal support, many women used community resources such as hospitals, domestic violence organizations, police, or other organizations in the community. A survivor from Baltimore described using police to keep her abuser away:

I went straight down to the police station. I asked for ex parte, filed a report, and had them remove him from my house; so he was not able to come to my house. I lived in the corner house and he couldn't be within a hundred feet, but he tried numerous times to come to the house, and every time he came, they arrested him. (Jaylin, age 28, Baltimore)

In addition to police services, some women used domestic violence services. For instance, Jaylin had a restraining order against her abusive partner who was arrested for the abuse. While he was in jail he continued calling and stalking her. When he was released he started coming around where she lived. Jaylin reached out to detectives who relocated her and her children to a domestic violence shelter. Although she believed that the shelter physically protected her from her partner, she felt it took away some of her freedom. She described wanting to return to work, but the domestic violence agency did not allow it. She said,

My job wouldn't let me come back without a consent form, a release from the House of Ruth, and they wasn't giving it to me because they felt it was an unsafe environment and they did not want me to go back. (Jaylin, age 28, Baltimore)

Non-domestic violence organizations were also used by women. When asked the question, "Was there an individual, any person, or any service you found helpful when you were trying to deal with your partner?" a survivor replied, "Nothing but the Y [YMCA]" (Melissa, age 34, Baltimore).

Hospital services were used as a last resort when medical attention was warranted, such as when there was severe physical abuse. One survivor got in an altercation with her boyfriend that left her with serious bodily injuries. She said, "I went to the hospital. The police were called and the charges were pressed" (LaLa, age 21, USVI). Others went to the hospital for health-related reasons besides abuse. For example, a survivor stated,

I was sick at the time, and my doctor said to me, “You got to get rid of the stress because it’s going to kill you.” I made a decision to get rid of the stress. And the stress was my husband. And now that I’m by myself, I’m happy. I take more time with me. I have gotten to know me. And I know what I’m not going to tolerate. (Takisha, age 52, Baltimore)

She realized, without revealing to her doctor the source of her stress, that her relationship was jeopardizing her health.

DISCUSSION

Disputing the stereotype that women who experience IPV are simply passive victims of their abuse, the women interviewed in this study used several internal, interpersonal, and external strategies to deal with their abusive relationships. Women attributed their belief in God or involvement in religion as a way of surviving IPV. Many women prayed about their abuse and shared that God gave them the strength they needed to survive. Some women talked with clergy or members of the church. This is similar to other studies in which women believe their IPV experiences strengthened their faith (Anderson et al., 2012; R. E. Davis, 2002) and that religious communities helped them overcome the abuse (Anderson et al., 2012; Brabeck & Guzman, 2008). Social work practitioners and researchers need to consider the use and effectiveness of faith-based interventions. In addition, social work practitioners can assess clients to determine the importance of faith in their lives. They can encourage clients who embrace faith to incorporate faith-based coping strategies such as prayer, Bible study, and joining small church groups. Furthermore, social work practitioners can partner with faith-based institutions to educate and train staff in working with victims of IPV.

In addition to their belief in God, women in this study used self-reliance through employment and financial independence and education to find reprieve or leave abusive relationships. Social work practitioners should assess what knowledge and skills clients need to obtain independence and then connect them with applicable resources. Social workers can advocate for more policies and programs designed to increase resources and opportunities for abused women. Because this sample consisted of many low-income women, increasing socioeconomic opportunities is extremely important. Further study of the effects of welfare reform on IPV survivors is warranted (D. Davis, 2007).

Interpersonal strategies of women in our study include leaving the abuser and fighting back. Many women got to the point where they were tired of dealing with the violence or realized that leaving was the only way to stop the violence. This finding is similar to other research findings suggesting that women eventually leave the relationship, although, on average, it may take five to seven incidences before they leave for good (Halket, Gormley, Mello, Rosenthal, & Mirkin, 2014). Social work practitioners can help clients identify places where they could reside if they desire to leave their abuser. They can also educate women to incorporate the strategy of temporarily leaving their abuser in the midst of an altercation to diffuse the situation. Furthermore, they can help women reflect on the pros and cons of their relationship to determine if they want to stay, specifically when the abuser is in jail or during pregnancy.

Those who remain in abusive relationships may fight back in an effort to stop the violence. This strategy was used and found to be effective by many women in our study. This finding differs from findings in studies that do not include majority black samples. Abraham's (2005) study of abused South Asian women found that only a few women used this strategy. Abraham speculated that the majority of women may have been too fearful or thought fighting back would exacerbate the abuse. Similarly, abused women of Mexican origin reported that they had used fighting back as a strategy but felt this strategy was extremely ineffective (Brabeck & Guzman, 2008). Social work practitioners can discuss with women their use of violence and determine in what instances it may be effective to use violence and in what instances another strategy may be more appropriate. Social workers can also educate women on dual arrest policies and possible consequences of using violence.

The use of violence as an effective strategy among black women has significant policy implications. Studies have found that multiple oppressions of black women are associated with higher rates of IPV victimization and perpetration (West, 2007). Black women are at an elevated risk of IPV and are more likely to use violence as a survival strategy, thus they are more likely to be victims of mandatory arrest laws (West, 2007). Social workers should challenge dual arrest laws that victimize survivors of abuse and can result in a loss of access to victim services.

Last, women identified formal and informal supports in helping them survive IPV. As in other studies, women mentioned that they went outside their relationship to find support (Abraham, 2005; Hayes, 2013). Social workers should help women identify sources of emotional and practical support. Williams and Mickelson (2004) found that family and friends could increase anxiety in women experiencing IPV if they did not deem the abuse inappropriate. It is important for social workers to educate family and friends of women experiencing IPV about the negative impact of abuse on women and how to intervene in situations of IPV. Bystander intervention programs might be a great option. In addition, if family and friends are accompanying loved ones to the emergency room, IPV education offered to family and friends by social workers in hospital settings should be considered. Women in our study mentioned using community resources such as hospitals, shelters, police, and the local YMCA. All staff in community agencies, whether or not they specialize in IPV, should be educated in working with women experiencing IPV in the event a survivor walks through the door.

LIMITATIONS AND CONCLUSION

This study contains a few limitations. First, this study consisted of survivors of African descent residing in Baltimore and the USVI. Thus, the findings of this study cannot be generalized to populations beyond those included in the sample. Second, this study relies on self-report, so bias and inaccuracy may be present. Nevertheless, the findings are important in shedding light on the strategies women use to survive IPV and provide implications for social work practice.

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Table 1

Survival Strategies Used by Low-Income Black Women Who Experience Intimate Partner Violence (IPV) and Social Work Practice Implications

Survival Strategies	Social Work Practice Implications
	Internal
Use of religion	Assess clients' faith Incorporate faith-based coping strategies Partner with faith-based institutions
Becoming self-reliant	Determine what clients need to achieve independence and connect them with applicable services Advocate for more policies and programs to increase resources and opportunities for low-income abused women
	Interpersonal
Leaving the abuser	Help clients identify places they could go if they desire to leave their abuser Educate women on leaving their abuser in the midst of an altercation as a way to diffuse violence Help women reflect on pros/cons of the relationship to determine if they want to stay, specifically when the abuser is in jail, during pregnancy, or both
Fighting back	Discuss with women their use of violence and in what instances it would be beneficial to use violence and when another strategy may be more appropriate Educate clients on dual arrest policies and possible consequences for their use of violence Challenge dual arrest laws
	External
Reliance on informal sources of support	Help women identify informal sources of emotional and practical support Provide IPV education to family and friends
Reliance on formal sources of support	Social workers in all fields of practice should be equipped with the knowledge and skills to work with victims of IPV

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