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Safety Strategy Use Among Women Seeking Temporary Protective Orders: The Relationship Between Violence Experienced, Strategy Effectiveness, and Risk Perception

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Abstract

This study examined safety strategy use in relation to intimate partner violence (IPV) victimization, perceived effectiveness of the strategies, and perception of danger from IPV among 197 abused women. More than 90% of the women used 1 or more strategies in the 6 months prior to their interview. Severe physical and sexual violence were significantly associated with an increased use of placating strategies. Perceived effectiveness of the strategies was high yet not associated with strategy use. Increased perception of danger from IPV was significantly associated with increased use of safety planning strategies. The findings suggest that safety planning should be tailored to fit women's specific contexts. Safety planning discussions should focus on strategies that reduce women's risk of continued violence and build on women's strengths.

Keywords

intimate partner violence; domestic violence; help seeking; safety planning

Intimate partner violence (IPV) remains a serious public health problem, with 24 people per minute, on average, reportedly physically assaulted, raped, or stalked by an intimate partner in the United States. This means more than 12 million women and men are victimized by their partners annually (Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2013). Although both women and men experience violence in their intimate relationships, their experiences differ both "qualitatively and quantitatively" (Tjaden & Thoennes, 2000). Women are more frequently victims of IPV, they are more likely to suffer from serious physical injury, and they are more likely to be killed by a current or ex-partner than their male counterparts (Breiding, Black, & Ryan, 2008; Tjaden & Thoennes, 2000; Weston, Marshall, & Coker, 2007). A recent estimate of lifetime IPV is that 36% of women in the United States have experienced rape, physical violence, and/or stalking by an intimate partner (Black et al., 2011). Annual rates of IPV indicate that about 6% of women experienced rape, physical violence, and/or stalking by an intimate partner.

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Early in the exploration of challenges faced by abused women when seeking help or leaving abusive relationships, it was hypothesized that women suffered from “learned helplessness” (Walker, 1984). This notion of women as passive recipients of abuse has since been discredited because several studies have found that women use a range of strategies to protect themselves (Campbell, Rose, Kub, & Nedd, 1998; Duterte et al., 2008; Gondolf & Fisher, 1988; Goodkind, Sullivan, & Bybee, 2004; Liang, Goodman, Tummala-Narra, & Weintraub, 2005; Shannon, Logan, Cole, & Medley, 2006). Women are now viewed as being actively engaged in creating or finding safety for themselves (Gondolf & Fisher, 1988; Goodman, Dutton, Weinfurt, & Cook, 2003). Women’s use of safety strategies is highly dependent on context, and therefore, the safety planning experience must be tailored to women’s unique and ever-changing circumstances. Given this, it is important to understand the relationship between safety strategy use, strategy effectiveness, experience of violence, and perception of danger from IPV.

The social cognitive theory (SCT; Bandura, 1977, 1986) and three stages of help seeking by Liang et al. (2005) were used to frame our understanding of safety strategy use. The SCT suggests that behavior is the result of the dynamic relationship between personal, behavioral, and environmental influences (Bandura, 1977, 1986). One concept from the SCT that is particularly relevant to this study is outcome expectations, which reflects the idea that a given behavior may result in a particular outcome (McAlister, Perry, & Parcel, 2008). For example, a woman’s belief that obtaining a temporary protective order (TPO) will lead to a reduced risk of future violence is an outcome expectation. If a woman believes that using this safety strategy will protect her and her children, the probability that she follows through with obtaining the TPO should increase. In contrast, if her outcome expectations are low, the woman may be hesitant to obtain the TPO.

Liang et al. (2005) proposed the stages abused women go through in their help-seeking decision-making process. There are three and they include defining the problem, deciding to seek help, and choosing a source of support. Help seeking is not a linear process, although the stages are described as being distinct (Liang et al., 2005). Instead, the stages together “form a dialectical process with each informing the other in an ongoing feedback loop” (Liang et al., 2005, p. 74). In the first stage, a woman evaluates and defines her experiences with a current or ex-partner. How she interprets and characterizes her situation influences the safety strategies she will use to protect herself and her children. Similarly, a woman’s willingness to use safety strategies may in turn influence her characterization of the situation. As such, in the second stage, a woman decides whether or not she is going to use the safety strategies. According to Liang et al., for an individual to decide to seek help, two conditions must be met: (a) acknowledgment of an unfavorable problem and (b) acknowledgment that the unfavorable problem will likely not go away without the help of others. In the third stage, a woman chooses a safety strategy or selects a help provider after having identified a problem and choosing to seek help. Individual, interpersonal, and sociocultural factors influence each of these stages (Liang et al., 2005). In working to end the violence in their relationships, women move through these stages multiple times, with safety strategy use changing and fluctuating over time.

There is a small but growing body of research examining the effectiveness, or perceived effectiveness, of safety strategies at reducing women's risk of revictimization (Davies, Block, & Campbell, 2007; Logan, Shannon, Cole, & Walker, 2006; O'Campo, McDonnell, Gielen, Burke, & Chen, 2002). However, the effectiveness of the range of strategies available to women has not been explored, and the reports of strategy helpfulness available are inconsistent. For this article, effectiveness, perceived effectiveness, and helpfulness mean the same thing. For example, in a study of 329 abused women recruited from a maternity clinic, among the 75 women who had used the police, 51% reported the police as very effective in helping reduce the violence, 21% reported the police as somewhat effective, and 17% reported the police as ineffective and in fact they made the violence worse (Wiist & McFarlane, 1998). In a separate study of 500 women recruited from medical centers, among those having contact with the police, 63% reported the police to be helpful, 28% reported the police to be not helpful, and 8% reported that the police failed to provide them with any help (Davies et al., 2007). In a study that focused on the effectiveness of sources other than the police, it was reported that among 313 women contacted through a random-digit dial survey (and who were victims of IPV), 81% reported talking to someone as helpful, specifically family members (71% reported it as helpful); friends (93% reported it as helpful); doctor or nurse (85% reported it as helpful); mental health counselor (80% reported it as helpful); and domestic violence shelter staff (67% reported it as helpful; Coker, Derrick, Lumpkin, Aldrich, & Oldendick, 2000).

It is evident from few studies exploring perceived effectiveness that contact with the police ranges in terms of its helpfulness (Davies et al., 2007; Logan et al., 2006; O'Campo et al., 2002; Shannon et al., 2006). In contrast, nonlegal safety strategies may be perceived as more helpful to abused women, although they have been examined less frequently (Coker et al., 2000; El-Khoury et al., 2004; Shannon et al., 2006). It is important to build on the research examining women's perceptions of how helpful the different safety strategies are to better understand the relationship between effectiveness and women's use of safety strategies. This information may be used to develop interventions or programs or to tailor the safety planning process in a way that builds on women's experiences in trying to keep themselves safe.

This study sought to examine the safety strategies women use as well as the consequences of using those strategies, using data collected from a sample of women seeking TPOs against their abusive male partners/ex-partners. The specific aims were to (a) describe the safety strategies women reported using; (b) describe the perceived effectiveness of the safety strategies; and (c) examine the relationship between safety strategy use and IPV victimization, perception of danger from IPV, and perceived effectiveness of the safety strategies.

METHODS

Study Population

Data for this study came from the Brief Danger Assessment Prevention Intervention (BDAPI), a quasi-experimental study of women seeking TPOs against their abusive male partners/ex-partners at a legal clinic run by a domestic violence service agency. The purpose

of the study was to evaluate BDAPI, a standardized risk assessment and educational protocol for IPV victims. The study was conducted from 2005 to 2008, and interviews were carried out with eligible women from two urban cities in the mid-Atlantic region who were 18 years of age or older and who had experienced some level of physical violence by a current or former intimate partner. The data examined in this study were restricted to the baseline interviews with the 197 women because of the anticipated intervention effect. The institutional review board at the authors' institution approved all study procedures.

Measures

Safety Strategies.—IPV victims' use of safety strategies was assessed using the Intimate Partner Violence Strategies Index, an instrument developed to measure strategies used by abused women to protect themselves and their children (Goodman et al., 2003). Women reported whether they had ever used 20 different safety strategies and if they had, whether they had used the strategies in 6 months prior to filing for a TPO. Exploratory factor analysis with varimax rotation was conducted using the 20 safety strategies assessed, and it indicated a 5-factor solution as the best fit. The factors and associated reliability coefficients are *safety planning* (Factor 1: 6 items, Kuder-Richardson Formula 20 [KR-20], a measure of internal consistency = .68), *placating* (Factor 2: 4 items, KR-20 = .64), *police involvement* (Factor 3: 2 items, KR-20 = .27), *leaving with informal network assistance* (Factor 4: 3 items, KR-20 = .52), and *domestic violence agency outreach* (Factor 5: 2 items, KR-20 = .36). This shortened version of the Intimate Partner Violence Strategies Index has 17 items and an overall KR-20 of .74. From this point forward, factors are referred to as *dimensions*. Table 1 presents the 17 safety strategies by dimension.

Perceived Effectiveness.—The perceived effectiveness of the safety strategies was assessed by asking women to report whether they thought each item presented would be an effective way to protect themselves from abuse by their partner. Response categories ranged from 1 to 5, where 1 is *not at all effective* and 5 is *extremely effective*. A mean effectiveness score was calculated for the individual safety strategy items, and a mean scale score was calculated for safety strategy dimensions. The scale score also ranges from 1 to 5, with higher scores indicating more effective strategies. Effectiveness scores were calculated for only those strategies women reported using in the past 6 months.

Intimate Partner Violence.—The revised version of the Conflict Tactics Scale (CTS2-R) was used to measure violence by the women's partners (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). Women were asked to report physical violence (11-item subscale), injury (6-item subscale), and sexual violence (2-item subscale) ever experienced. If they had experienced violence or injury in their lifetime, they were then asked how often it occurred in the past 6 months with the following response categories: never happened, once, twice, 3–5 times, 6–10 times, 11–20 times, more than 20 times, and not in the past 6 months but this has happened before. The CTS2-R is a commonly used, well-validated measure of IPV. It is highly reliable and valid (Straus et al., 1996). According to the scoring guidelines described by Straus et al. (1996) and consistent with prior research, the CTS2-R was scored based on prevalence of the abuse and chronicity (Gielen, McDonnell, & O'Campo, 2002). Prevalence was the proportion of women reporting an experience of one or more acts of violence in

each of the subscales in their lifetime and in the 6 months prior to filing for a TPO, and it was further classified as minor or severe. Chronicity was the average number of acts of violence experienced in each of the subscales in the 6 months prior to filing for a TPO, which was further classified as minor or severe.

Perception of Danger From Intimate Partner Violence.—Perception of danger from IPV was measured using four items developed by Webster and colleagues (Daniel Webster, personal communication, May 22, 2013). Women were asked to report how great the risk is that their partner, in the next year, will attempt to physically assault them, seriously physically injure them, try to kill them, or physically injure someone else whom they care about. Response categories ranged from 1 to 5, with 1 being *low risk* and 5 being *high risk*. A mean scale score for the four items was calculated; scores ranged from 1 to 5, with higher scores indicating higher danger from IPV.

Sociodemographic Variables.—Self-reported sociodemographic variables were also included in the analyses, specifically, age, race, education, monthly income, receipt of food stamps, homeownership status, relationship to children in the household, and the woman's relationship with the abuser.

Data Analysis

Descriptive Statistics.—Frequencies of categorical variables (e.g., race, education, income, receipt of food stamps, homeownership, employment status, relationship to children in the home, relationship to abuser, most severe type of violence experienced, ever and past 6 months) and the means and standard deviations of continuous variables (number of abuse incidents experienced in past 6 months, mean scale scores for perception of danger from IPV) are presented.

Exploration of Safety Strategy Use And Effectiveness.—The percentages of the individual safety strategies used (ever, past 6 months) and the percentages of women who reported using one or more strategies from the different dimensions (ever, past 6 months) are reported. The means and standard deviations of the number of safety strategies used (past 6 months) in each of the dimensions are examined. Mean scale scores for perception of safety strategy effectiveness for individual safety strategies and the dimensions are also reported.

Linear regression models were used to assess whether the average number of safety strategies used in 6 months prior to filing for a TPO, in each of the different dimensions, differed by race, education, income, employment status, relationship to children in the household, and relationship to her abuser. Other variables examined were IPV victimization in the past 6 months, perceived effectiveness of the safety strategies, and perception of danger from IPV. Interactions were examined; however, because they were not significant, the results are not presented. Analyses were carried out using Stata Version 11.2 (StataCorp, 2009).

RESULTS

Sample Characteristics

Most women were between the ages of 18 and 29 years (44%), were Black or African American (77%), and had attended some college or vocational school (54%; Table 2). About 56% of women had a monthly income of $1,200 or less, 29% received federal income support in the form of food stamps, and 48% rented their homes. Half of the women had one or more children in common with their abusive partner (51%), and 61% of women said their abusive partner was an ex-partner, either boyfriend, husband, or common-law. When asked about their risk for future violence over the next year, on average, women scored 2.8 (*SD* = 1.29), on a mean scale of 1 to 5, where higher scores indicate higher perceived danger of future violence. Women experienced high rates of lifetime and past 6-month violence. In the 6 months prior to filing for a TPO, 78% of women were victims of severe physical violence, 19% were victims of severe sexual violence, and 77% experienced a severe injury from IPV. Overall, 19% of women experienced both physical violence (minor or severe) and severe sexual violence (Table 3).

Aim 1: Strategies Used and Strategy Dimensions

Table 1 presents the frequency distributions for the safety strategies from each of the five dimensions and the frequency distributions of using the individual safety strategies. The mean number of strategy types used in each of the dimensions is also reported. In total, women reported using on average 8.2 (*SD* = 3.3) of the 17 safety strategies in 6 months prior to filing for a TPO. Nearly all the women reported using strategies from the placating dimension (95.4%), on average having used 2.6 (*SD* = 1.3) of the 4 strategies (e.g., keeping things quiet from him, trying not to cry during violence). The second most frequently used strategy dimension was leaving with informal network assistance, where 95% of women reported using at least one strategy; on average, 2 (*SD* = 0.99) of the 3 strategies (e.g., staying with friends/family, leaving home to get away from him) were used. Women also used strategies from the safety planning dimension (94%), with women reportedly using on average 2.5 (*SD* = 1.8) of the 6 strategies (e.g., working out an escape plan, hiding important papers). Two strategy dimensions that were used often, but not as frequently as the others, were police involvement and domestic violence agency advocacy; 85% and 62% of women used one or more strategies from these dimensions, respectively. On average, women used 0.89 (*SD* = 0.53) of the 2 police involvement strategies (e.g., calling police, filing/trying to file criminal charges), whereas women used 0.26 (*SD* = 0.5) of the 2 domestic violence agency advocacy strategies (e.g., talking to someone at a domestic violence program, shelter, hotline, staying in a shelter). Overall, the most commonly used safety strategies were ever calling the police (89%; police involvement dimension) and talking to friends or family about what to do to protect herself and her children (85%; leaving with an informal assistance dimension). Staying in a shelter (10%; domestic violence agency advocacy dimension) and removing or hiding weapons (24%; safety planning dimension) were the most infrequently used strategies.

Aim 2: Perceived Effectiveness of Safety Strategies

Table 1 presents the mean effectiveness scores for each of the safety strategies and for the five strategy dimensions. Women reported strategies from the safety planning dimension to be the most effective ($M = 4.4$, $SD = 0.88$), followed by the dimensions leaving with informal network assistance ($M = 4.1$, $SD = 0.99$), domestic violence agency advocacy ($M = 4.1$, $SD = 1.2$), and police involvement ($M = 4.1$, $SD = 1.3$). Strategies from the placating dimension, on average, were viewed as less effective ($M = 3.3$, $SD = 1.2$) compared to the other four strategy dimensions.

Aim 3: Correlates of Safety Strategy Use: Intimate Partner Violence Victimization, Perception of Danger From Intimate Partner Violence, and Perceived Effectiveness

In Table 4, the adjusted correlates of safety strategy use from the five dimensions are presented individually.

Safety Planning Dimension.—Women with children not biologically related to their abusive partners used significantly more safety planning strategies on average compared to women with no children ($\beta = 0.19$; $p \leq .001$). Women who were estranged or separated from their partners used more safety planning strategies compared to women who were currently with their abusive boyfriend or husband ($\beta = 0.13$; $p \leq .05$). Perception of danger was also significantly associated with strategy use, such that as women's perception of danger from IPV increased their use of safety planning strategies on average increased ($\beta = 0.029$; $p \leq .05$).

Placating Dimension.—In this model, experience of violence was significantly associated with use of placating strategies (Table 4). Women who were the victims of minor ($\beta = 0.244$; $p \leq .05$) and severe ($\beta = 0.278$; $p \leq .01$) physical violence in the past 6 months (compared to no physical violence) and women who experienced severe sexual violence ($\beta = 0.113$; $p \leq .01$; compared to no sexual violence) in the past 6 months on average used significantly more placating strategies.

Police Involvement Dimension.—No covariates were significantly associated with using strategies from the police involvement dimension.

Leaving With Informal Network Assistance Dimension.—No covariates were significantly associated with using strategies from the leaving with informal network assistance dimension.

Domestic Violence Agency Assistance Dimension.—Monthly income was significantly associated with strategy use (Table 4). In particular, women who reported a monthly income of between $400 and $1,200 used on average, more domestic violence agency strategies, compared to women with a monthly income of less than $400 ($\beta = 0.226$; $p \leq .01$). Women who were employed part time compared to those who were employed full time used on average significantly more domestic violence agency strategies ($\beta = 0.239$; $p \leq .05$). Women who were estranged or separated from their partners used on average more

domestic violence agency strategies compared to women who were with their abusive partners ($\beta = 0.293$; $p \leq .05$).

DISCUSSION

The extant research examining women's use of safety strategies indicates that strategy use is decidedly dependent on contextual factors (Goodkind et al., 2004). This study extends prior research on women's safety strategy use by examining its association with strategy effectiveness, experience of violence, and perception of danger from IPV. We examined data collected from 197 women seeking TPOs against their abusive current/former partners. In the following text, we consider the findings from this study in greater detail along with potential implications for the results related to women's safety strategy use.

Safety Strategy Use

Women in this sample were highly active safety strategy users who employed a range of strategies to protect themselves. The women also experienced severe abuse; 78% of women experienced severe physical violence, and 19% experienced severe sexual violence. Given the violence the women experienced, we would expect them to be active safety strategies users. This finding is consistent with Gondolf and Fisher's (1988) survivor model, which posits that an abused woman seeks more help in response to increasing levels of violence.

The women used an average of 8 different strategies out of the 17 strategies assessed in the 6 months prior to filing for a TPO. More women used safety planning, placating, police involvement, and leaving with informal network assistance strategies compared to the number of women who used domestic violence assistance service agency strategies. The number of different police involvement strategies used is an underestimate given that the safety strategy "Obtained a temporary protective order" was excluded from the analysis because it was one of the inclusion criteria. A small proportion of women said they stayed in a shelter or talked to someone at a domestic violence program, shelter, or hotline. Prior research has shown that women who sought the support of shelters generally have experienced more severe violence compared to women who did not (Berk, Newton, & Berk, 1986; Krishnan, Hilbert, McNeil, & Newman, 2004). In this study, most women experienced severe physical violence and almost 20% experienced both severe physical violence and sexual violence in the 6 months prior to filing for TPOs. Based on their abuse experiences, it was expected that more women would have stayed in a shelter. Additional investigation into shelter use may be necessary to understand the low use rates.

Safety Strategy Effectiveness

Consistent with other studies (El-Khoury et al., 2004; Logan et al., 2006; Shannon et al., 2006), women reported many of the safety strategies as effective at keeping them safe from abuse. Mean effectiveness scores ranged from 4.1 to 4.4 (on a 1–5 scale, where 5 is *extremely helpful*) with the exception of the placating strategy dimension, which was said to be the least effective ($M = 3.3$) compared to the other dimensions. Two specific strategies that received low effectiveness ratings in contrast to the other strategies included filing criminal charges, which was rated as a moderately effective strategy (police involvement

dimension; $M = 3.3$). This is consistent with the existing literature showing that having a violent partner arrested is often associated with reduced subsequent violence, although the differences are not always statistically significant (Jordan, 2004). Similarly, talking to friends and family was rated as moderately effective (leaving with informal network assistance dimension; $M = 3.7$). Although the support of friends and family offers advantages, the type and quality of support offered may unintentionally be harmful to women. For example, in a study examining informal help seeking among African American women in abusive relationships, it was reported that informal networks were willing to provide instrumental support (i.e., financial, material support) but they were not emotionally supportive (Morrison, Luchok, Richter, & Parra-Medina, 2006). Overall, many of the strategies were rated as effective; however, without employing qualitative methods, it is difficult to understand women's experiences using the strategies and to potentially explain the reasons effectiveness ratings vary the way that they do.

Correlates of Safety Strategy Use

Our regression analyses indicated that the correlates of safety strategy use were not consistent across the different strategy dimensions. The correlates included history of violence experienced, women's perception of danger, the abuser's relationship to the children in the home, the woman's relationship with the abuser, monthly income, and employment status.

Women who were victims of minor or severe physical violence or women who were the victims of severe sexual violence in the past 6 months used on average significantly more placating strategies, compared to women who did not experience severe physical or sexual violence in the past 6 months. These results are also consistent with prior research, including a study by Bliss, Cook, and Kaslow (2006), which found that increasing severity of IPV positively predicted use of more placating strategies. Similarly, Meyer, Wagner, and Dutton (2010) found that violence severity significantly predicted use of placating strategies.

A significant positive association between perception of risk from IPV and safety planning strategies was obtained, and previous research shows that women in violent relationships are reasonably accurate at predicting their risk for future violence (Cattaneo, 2007; Cattaneo, Bell, Goodman, & Dutton, 2007; Connor-Smith, Henning, Moore, & Holdford, 2011; Harding & Helweg-Larsen, 2009; Weisz, Tolman, & Saunders, 2000). This finding is consistent with a study that found women's threat appraisal, or threat of abuse, of their abusive partners was significantly and positively associated with help-seeking efforts (Macy, Nurius, Kernic, & Holt, 2005).

The mean effectiveness scores for the different safety strategy dimensions were not significantly associated with safety strategy use. No other studies to our knowledge have included perceived effectiveness as a covariate during regression model building. This is another area that deserves further exploration.

Although not a central focus of this study, the presence of stepchildren and relation-ship status with the abuser as well as employment status and income were associated with strategy use. Women who had children not biologically related to their abuser used on

average more safety planning strategies compared to women who did not have children. Prior literature has linked the presence of children who are not biologically related to the woman's abuser to increased risk of violence and even risk of femicide (Brownridge, 2004; Miner, Shackelford, Block, Starratt, & Weekes-Shackelford, 2012). The women in this sample may have been using these types of strategies in an effort to protect themselves and their children. Moreover, women who were estranged from their partners used on average more safety planning strategies, and women who were no longer with their partners (ex-partners) used on average more informal network strategies compared to women who were currently with their partners. Previous research has found that ending the relationship will not necessarily stop the violence; in fact, many abusive men continue the violence after the relationship has ended (Brownridge, 2006; Fleury, Sullivan, & Bybee, 2000), which may have been the case with this group of women because they were all recruited while seeking TPOs. The literature focused on the association between employment status and safety strategy use is limited. However, it seems reasonable to think that women who spend more time in the home with their abusers may be more inclined to the seek assistance or guidance of a shelter. In comparison, we found one study that reported having a higher income was associated with less frequent use of formal network strategies; the specific strategies examined included use of shelters (Cattaneo & Deloveh, 2008). The results in our study suggested the opposite, women with higher incomes used on average more domestic violence agency assistant strategies.

LIMITATIONS AND FUTURE WORK

This study's findings should be viewed in light of several limitations. The cross-sectional study design limits the ability to establish temporal ordering of IPV victimization, use of safety strategies, and perceived effectiveness of safety strategies. The temporal ambiguity of the exposure and outcome gives rise to the possibility of reverse causation (i.e., using more strategies because they are effective at protecting from violence or using more strategies because the others have been ineffective). A longitudinal study design is needed to determine causality. Five dimensions of safety strategy use were identified using exploratory factor analysis. This enabled the grouping of strategies that measure the same underlying factor and also resulted in the equal weighting of all strategies. However, grouping the strategies in this way should not lead one to conclude that each item within a factor has equal weight or meaning. For example, calling the police (an action many women in this group took) is very different from filing criminal charges (an action very few women in this group took). Similarly, removing or hiding weapons does not have the same meaning as trying not to cry during the violence. Future research should explore how to weight the different safety strategies. All measures were self-report, which may have resulted in response bias. In addition, all women were recruited from a legal clinic while they were seeking TPOs. As a result, the significant findings that were obtained are only generalizable to a comparable population of help-seeking women in other urban settings. Future research studies should consider including special populations including women who identify as lesbian or bisexual and as well as immigrants. Finally, the internal consistencies (KR-20) of three of five safety strategy dimensions were particularly low. However, the grouping of the items was theoretically reasonable.

Despite these limitations, this study contributes to the growing body of literature, which suggests understanding the specific strategies women use to protect themselves and their children from future violence is important. With this knowledge, researchers and practitioners will have a better sense of how the strategies work in women's lives and how effective the women feel the strategies are at preventing future violence. Interventions should be developed and tailored to fit the contexts in which women find themselves, build on the strengths that women already possess, and focus on the strategies that are effective at reducing the risk of continued violence.

CONCLUSION

As this field grows, future research should use study designs and data collection methodologies that allow inferences to be drawn on the effectiveness of these strategies in different contexts and with varied samples of abused women. Qualitative methods should be used to explore women's decision-making processes regarding what strategies they choose to engage in, specifically asking why those strategies and what the consequences of using them were. Longitudinal study designs should be used to explore the relationship between risk for reabuse and use of safety strategies. In the meantime, the results from this study show that the women were increasingly in dangerous situations as a result of a current or former partner and they were attempting to protect themselves using safety strategies with questionable effectiveness. These findings contribute to a small but important line of research aimed at better understanding how context influences women's safety strategy use.

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TABLE 1.

Use of Safety Strategies Ever and in the Past 6 Months and Perceived Safety Strategy Effectiveness by a Sample of 197 Women in Intimate Partner Violence Situations Seeking Temporary Protective Orders

	N (%) Who Reported Ever Using Strategy	*N* (%) Who Reported Using Strategy in Past 6 Months[a]	Mean Number Used (Past 6 Months)[b] *M* (*SD*) Range	Mean Safety Strategy Effectiveness Scores Among Women Who Used the Strategies in The Past 6 Months *M* (*SD*)
Dimension 1: Safety planning	176 (89.3)	166 (94.3)	2.5 (1.8) 0–6	4.42 (0.88)
Kept money and other valuables hidden	131 (66.5)	113 (86.3)		4.5 (0.96)
Worked out escape plan	68 (34.5)	60 (88.2)		4.3 (1.10)
Removed or hid weapons	47 (23.9)	39 (83)		4.2 (1.30)
Kept important phone numbers I could use to get help	121 (61.4)	109 (90.1)		4.5 (0.99)
Kept extra supply of basic necessities for myself/children	69 (35.0)	66 (95.7)		4.6 (0.89)
Hid important papers from him	125 (63.5)	112 (90.3)[c]		4.4 (1.10)
Dimension 2: Placating	184 (93.4)	176 (95.4)	2.6 (1.3) 0–4	3.3 (1.2)
Slept separately (when living together)[d]	145 (73.6)	122 (84.1)		3.5 (1.5)
Tried to keep things quiet for him	160 (81.2)	153 (95.6)		3.4 (1.4)
Did whatever he wanted to stop the violence	148 (75.5)[c]	132 (89.8)[e]		3.2 (1.5)
Tried not to cry during the violence	121 (61.7)[c]	115 (95.0)[c]		3.1 (1.6)
Dimension 3: Police involvement	185 (93.9)	158 (85.4)	0.89 (0.53) 0–21	4.1 (1.3)
Called police	175 (88.8)	158 (90.8)[c]		4.1 (1.4)
Filed or tried to file criminal charges	83 (42.1)	10 (13.2)[f]		3.7 (1.3)
Dimension 4: Leaving with assistance from informal network	186 (94.4)	177 (95.2)	1.9 (0.99) 0–3	4.1 (0.99)
Talked with family or friends about what to do to protect myself/children	167 (85.2)[c]	157 (94)[c]		3.7 (1.20)
Stayed with family or friends	114 (57.9)	88 (77.2)		4.2 (1.20)
Left home to get away from him	154 (78.2)	121 (78.6)		4.3 (1.10)
Dimension 5: Domestic violence service agency assistance	73 (37.1)	45 (61.6)	0.26 (0.50) 0–2	4.1 (1.2)
Talked to someone at a domestic violence program, shelter, or hotline	68 (34.5)	44 (64.7)		4.1 (1.2)
Stayed in shelter	19 (9.6)	7 (36.8)		5 (0.0)
Safety strategies overall			8.2 (3.3) 0–15	

Note. Perceived effectiveness mean scale scores range from 1 to 5; where 1 is *not at all effective* and 5 is *extremely effective.*

[a] Denominator, number of women who reported using the strategy in their lifetimes.

[b] Denominator, $N = 197$.

[c] Missing one woman's response.

[d] Twenty-one women recoded as "no" because they reported never living with their partner.

[e] Missing two responses.

[f] Missing seven women's responses.

TABLE 2.

Sociodemographics for Sample of 197 Women in Intimate Partner Violence Situations Seeking Temporary Protective Orders

Variable	*N*	%
Age		
18–29 years	86	43.7
30–39 years	57	28.9
40 years and older	54	27.4
Race		
Black or African American	151	76.7
White and other[a]	46	23.4
Education		
Did not graduate high school	28	14.2
High school graduate/GED	41	20.8
Some college or vocational school	107	54.3
4-year college graduate	21	10.7
Income (monthly)		
<$400	36	18.3
$400–$1,200	74	37.6
$1,201–$2,000	46	23.4
>$2,000	41	20.8
Receives food stamps		
No	140	71.1
Yes	57	28.9
Homeownership		
Owns home	49	24.9
Renting	95	48.2
Other living arrangement[b]	53	26.9
Employment status		
Full time	97	49.2
Part time	36	18.3
Other[c]	64	32.5
Relationship to children in household		
No children	54	27.4
Has children, but not with abuser	42	21.3
Has children, one or more are in common with abuser	101	51.3
Relationship with abuser		
Current partner: boyfriend, husband	44	22.3
Ex-partner: boyfriend, husband, common-law	121	61.4
Estranged or separated from partner	32	16.2
Perception of danger from IPV[d]		

Variable	*N*	%
Mean (*SD*) range	2.79 (1.29)	1–5

Note. GED = general educational development; IPV = intimate partner violence.

[a]White and other includes White non-Hispanic (*n* = 32), Hispanic (*n* = 8), and other (*n* = 6).

[b]Other includes living in a shelter (*n* = 6) or staying with someone else (*n* = 47).

[c]Other includes homemaker (*n* = 15), disabled (*n* = 13), unemployed (*n* = 28), and other (*n* = 8).

[d]Perception of danger mean scale score ranges from 1 to 5; where 1 is *low risk* and 5 is *high risk*.

TABLE 3.

Prevalence and Frequency of Abuse Experienced Among a Sample of 197 Women in Intimate Partner Violence Situations Seeking Temporary Protective Orders

	Prevalence of IPV (Ever) Among Total Sample		Prevalence of IPV (Past 6 Months) Among Total Sample		Frequency of IPV in Past 6 Months (Chronicity)	
	N	**%**	***N***	**%**	***M***	***SD***
Physical violence						
None	5	2.5	13	6.6		
Minor	17	8.6	30	15.2	3.5	4.7
Severe	175	88.8	154	78.1	1.4	2.2
Sexual violence						
None	149	75.6	160	81.2		
Severe	48	24.4	37	18.8	5.11	6.3
Physical and sexual violence						
None	5	2.5	13	6.6		
Physical violence only (severe/minor)	144	73.1	147	74.6		
Sexual only (severe)	0	0	0	0		
Both	48	24.4	37	18.8		
Injury						
None	21	10.7	46	23.4		
Severe	176	89.3	151	76.7	1.41	1.95

Note. IPV = intimate partner violence.

TABLE 4.

Relationships Between Average Number of Safety Strategies Used in the Past 6 Months and Sociodemographics, Violence Experienced, Perception of Danger From Intimate Partner Violence, and Perceived Effectiveness of Safety Strategies: Adjusted Results From Multivariate Linear Regression Analyses

	Safety Planning		Placating		Police Involvement		Informal Network		DV Agency Assistance	
Covariates	**Coef**	**95% CI**	**Coef**	**95% CI**	**Coef**	**95% CI**	**Coef**	**95% CI**	**Coef**	**95% CI**
Age										
18–29 years	Ref		Ref		Ref		Ref		Ref	
30–39 years	0.048	[−0.05, 0.14]	0.072	[−0.02, 0.16]	0.013	[−0.06, 0.09]	−0.039	[−0.15, 0.07]	−0.100	[−0.26, 0.06]
40 years and older	0.083	[−0.03, 0.19]	−0.009	[−0.11, 0.09]	0.029	[−0.06, 0.12]	−0.022	[−0.15, 0.11]	−0.016	[−0.18, 0.21]
Race										
Black or African American	−0.030	[−0.12, 0.06]	0.018	[−0.06, 0.10]	0.003	[−0.07, 0.08]	−0.020	[−0.13, 0.09]	−0.004	[−0.19, 0.18]
White and other	Ref		Ref		Ref		Ref		Ref	
Education										
Did not graduate high school	Ref		Ref		Ref		Ref		Ref	
High school graduate/GED	−0.041	[−0.17, 0.09]	−0.111	[−0.24, 20.02]	−0.001	[−0.11, 0.10]	−0.009	[−0.16, 0.14]	0.002	[−0.22, 0.23]
Some college or vocational school	−0.023	[−0.14, 0.10]	−0.060	[−0.17, 0.05]	−0.014	[−0.11, 0.08]	−0.029	[−0.17, 0.11]	0.114	[−0.06, 0.29]
4-year college graduate	0.043	[−0.12, 0.20]	−0.025	[−0.17, 0.12]	0.106	[−0.03, 0.24]	−0.074	[−0.26, 0.12]	0.156	[−0.06, 0.37]
Income (monthly)										
<$400	Ref		Ref		Ref		Ref		Ref	
$400–$1,200	−0.059	[−0.17, 0.05]	−0.023	[−0.13, 0.08]	−0.004	[−0.09, 0.08]	−0.021	[−0.15, 0.11]	0.226**	[0.07, 0.39]
$1,201–$2,000	−0.058	[−0.20, 0.09]	0.132	[−0.0003, 0.26]	−0.045	[−0.16, 0.07]	−0.032	[−0.20, 0.13]	0.147	[−0.06, 0.35]
>$2,000	−0.139	[−0.29, 0.02]	−0.016	[−0.13, 0.16]	−0.084	[−0.21, 0.04]	−0.001	[−0.18, 0.18]	0.137	[−0.10, 0.38]
Employment status										
Full time	Ref		Ref		Ref		Ref		Ref	
Part time	0.012	[−0.10, 0.13]	0.006	[−0.10, 0.11]	−0.063	[−0.16, 0.03]	−0.061	[−0.20, 0.07]	0.239*	[−0.004, 0.48]
Other	0.041	[−0.07, 0.16]	0.11	[−0.004, 0.22]	−0.054	[−0.15, 0.04]	0.008	[−0.13, 0.15]	0.152	[−0.03, 0.33]
Relationship to children in home										
No children	Ref		Ref		Ref		Ref		Ref	
Children, but not in common with abusive partner	0.19***	[0.08, 0.31]	−0.020	[−0.13, 0.09]	0.006	[−0.09, 0.10]	0.061	[−0.08, 0.20]	0.015	[−0.17, 0.20]
Children in common with abusive partner	0.056	[−0.04, 0.16]	0.012	[−0.08, 0.10]	−0.0004	[−0.08, 0.08]	−0.007	[−0.12, 0.11]	0.093	[−0.07, 0.26]

Covariates	Safety Planning		Placating		Police Involvement		Informal Network		DV Agency Assistance	
	Coef	95% CI	Coef	95% CI	Coef	95% CI	Coef	95% CI	Coef	95% CI
Relationship with abuser										
Current partner: boyfriend, husband	Ref		Ref		Ref		Ref		Ref	
Ex-partner: boyfriend, husband, common-law	0.044	[−0.06, 0.15]	−0.093	[−0.19, 0.0001]	0.002	[−0.08, 0.08]	0.018	[−0.11, 0.14]	0.033	[−0.15, 0.22]
Estranged or separated from partner	0.13*	[0.002, 0.25]	−0.067	[−0.18, 0.05]	−0.065	[−0.16, 0.03]	0.017	[−0.13, 0.17]	0.293*	[0.03, 0.55]
Abuse prevalence (past 6 months)										
Physical violence										
None	Ref		Ref		Ref		Ref		Ref	
Minor	0.107	[−0.10, 0.31]	0.244*	[0.04, 0.44]	−0.077	[−0.23, 0.08]	0.18	[−0.06, 0.42]	0.114	[−0.23, 0.45]
Severe	0.122	[−0.08, 0.32]	0.278**	[0.09, 0.47]	−0.013	[−0.16, 0.14]	0.13	[−0.09, 0.35]	0.214	[−0.10, 0.53]
Sexual violence										
None	Ref		Ref		Ref		Ref		Ref	
Severe	0.075	[−0.02, 0.17]	0.113**	[0.02, 0.20]	0.052	[−0.03, 0.13]	0.059	[−0.05, 0.17]	0.104	[−0.09, 0.29]
Injury										
None	Ref		Ref		Ref		Ref		Ref	
Severe	0.038	[−0.08, 0.16]	−0.024	[−0.12, 0.07]	0.020	[−0.07, 0.11]	0.021	[−0.10, 0.15]	0.05	[−0.12, 0.23]
Mean perception of danger scale score	0.029*	[−0.001, 0.06]	0.020	[−0.01, 0.05]	0.017	[−0.01, 0.04]	0.008	[−0.03, 0.04]	0.061	[−0.11, 0.23]
Mean perceived effectiveness scale score	0.029	[−0.01, 0.07]	−0.002	[−0.03, 0.03]	0.0005	[−0.02, 0.02]	0.011	[−0.03, 0.05]	20.013	[−0.07, 0.04]

Note. DV = domestic violence; Coef = coefficient; CI = confidence interval; Ref = reference category; GED = general educational development.

* $p \leq .05$.

** $p \leq .01$.

*** $p \leq .001$.