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# The Resource Utilization of Women Who Use Violence in Intimate Relationships

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Studies have found high rates of help seeking among domestic violence victims. However, little research has investigated the help-seeking patterns of women who use violence (many of whom are also abused). Understanding the resources utilized by women who are violent toward their partners may aid in designing interventions that will reduce the women's violence, as well as reduce the victimization they may be experiencing. This study examines the resource utilization of 108 women who used violence against a male partner (94% of whom also experienced victimization). Findings revealed that (a) almost all of the women utilized community resources in an attempt to manage the violence in their relationships; (b) victimization was related to resource utilization via self-defense motives, avoidance coping, and post-traumatic stress symptoms; and (c) greater resource utilization was related to lower levels of women's violence against their partners. Findings suggest that community resources may help prevent women's violence.

**Keywords:** *women's violence; resource utilization; intimate partner violence*

Understanding the resources women use to maximize their safety is essential in designing interventions to aid women experiencing intimate partner violence (IPV; Gondolf & Fisher, 1988; Goodman, Dutton, Weinfurt, & Cook, 2003). The current study examines resource utilization among a sample of women who used violence against male intimate partners. Women who use violence are, in many ways, not very different from

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those who have been identified in previous research as victims of domestic violence. In fact, the groups may overlap significantly. Studies have found that the percentage of domestically violent women who also experienced violence from their partners ranges from 64% (Straus & Gelles, 1990) to more than 90% (Stuart et al., 2006; Swan, Snow, Sullivan, Gambone, & Fields, 2005). Like IPV victims, women who use violence also have high prevalence rates of posttraumatic stress, depression, and physical injuries (Anderson, 2002; Leisring, Dowd, & Rosenbaum, 2003; Swan et al., 2005) due to their victimization.

The present study addresses the following questions: Do women who use IPV seek resources to try to reduce the violence in their relationships, as has been found in studies of abused women (Goodman et al., 2003)? How does their victimization relate to their help-seeking behavior? When women who are experiencing domestic violence use resources, are they less likely to use violence themselves? The purpose of the present study was to assess the extent to which women who used IPV sought help from a broad spectrum of community resources in response to the violence in their relationships. In this study, we take a comprehensive approach to help-seeking behavior, examining not only women's use of domestic violence services but also social support networks, criminal justice resources, counseling, housing resources, and services for children. Path modeling is used to explore the relationship between women's victimization by their partners and their use of resources, and the extent to which use of resources lowers the frequency of women's violence. Variables that may indirectly affect the relationship between victimization and resource use are explored, including self-defensive motivations for using violence, coping, and symptoms of posttraumatic stress.

*Self-defensive violence.* As violence becomes more frequent and severe, women increase their efforts to stop the violence (Gondolf & Fisher, 1988; Goodman et al., 2003). In some cases, these efforts include using violence (Burke, Gielen, McDonnell, O'Campo, & Maman, 2001). For example, in a study of domestic violence victims seeking help from community resources, 82% fought back physically (Goodman et al., 2003). Self-defense is a common motive for women's violence against male partners (Fernandez-Esquer & McCloskey, 1999). In a previous article examining women's motives for using violence, conducted with the same sample used in the present article, 75% of women said that self-defense was a motive for their use of violence (Swan & Snow, 2003). We expect that women who are victimized more frequently will be more likely to indicate that their violence is for reasons of self-defense, and that they will be more likely to turn to outside resources for help (Gondolf & Fisher, 1988; Raghavan, Swan,

Snow, & Mazure, 2005). If a woman has so little control over her relationship that she must use violence to defend herself, she may be more likely to realize that she can no longer manage the situation and that she needs help. For example, DeKeseredy, Saunders, Schwartz, and Alvi (1997) found that women who stated that their violence against intimate partners was always in self-defense were more likely to have sought help from police or a women's center than women who stated that self-defense was not a motive for their violence.

*Coping.* Coping is another important factor related to the help-seeking behavior of women experiencing IPV. Studies relating coping to psychological outcomes have found that avoidant strategies are generally related to poorer outcomes, such as depression (Mi Sung, Puskar, & Sereika, 2006). Among IPV victims, avoidance coping has been related to the development of psychological difficulties (Foa, Cascardi, Zoellner, & Feeny, 2000). Furthermore, avoidance coping has been found to decrease the likelihood of seeking counseling (Vogel & Wester, 2003). In contrast to avoidance coping, support-seeking coping is usually related to positive outcomes (Daniluk & Tench, 2007). Waldrop and Resick (2004) suggested that greater social support may encourage women in violent relationships to engage in problem-solving kinds of coping strategies. Support-seeking coping may be beneficial to women who are victims of IPV and who also use violence themselves. A study of women who used violence against partners and who were victims of IPV found that support seeking coping predicted resource utilization (Illangasekare, 2005).

*Posttraumatic stress disorder.* The level of posttraumatic stress disorder (PTSD) among battered women is estimated to be approximately 40% (Dansky, Byrne, & Brady, 1999; Kocot & Goodman, 2003). Similarly, among a sample of women who used IPV, 32% met criteria for PTSD (Swan et al., 2005). Evidence suggests that PTSD symptoms may be related to help seeking, as studies have found greater help-seeking behavior among women with PTSD as compared to those without PTSD, both among domestic violence victims (Lewis, 2003) and nondomestic violence victims (Amaya-Jackson et al., 1999; Lewis et al., 2005).

## Resources Utilized by Women Experiencing IPV

Women who are experiencing IPV use a variety of resources in response to the abuse, including calling the police, seeking advice or help from others,

calling a hotline, or seeking refuge in a shelter (Bennett, Riger, Schewe, Howard, & Wasco, 2004; Burke et al., 2001; Campbell, Rose, Kub, & Nedd, 1998; Coker, Derrick, Lumpkin, Aldrich, & Oldendick, 2000). These resources may be specifically related to IPV (e.g., calling a domestic violence hotline) or not (e.g., receiving counseling or substance abuse treatment), and women may seek help from trained professionals (e.g., domestic violence providers) or from informal sources (e.g., family or friends). Social support from family and friends may consist of material support, such as money and a place to stay, and supporters may guide women toward other resources, such as legal aid and counseling. In one study, the majority of women seeking resources for IPV talked to family members about the abuse, and more than half stayed with family or friends (Goodman et al., 2003).

The criminal justice system has become the primary system for responding to domestic violence in the United States. The National Violence Against Women Survey (NVAWS) found that 27% of women who experienced IPV reported the incident to the police, and 16% obtained a restraining order (Tjaden & Thoennes, 2000a). Police officers increasingly serve as referral agents for victims (Miller & Krull, 1997). In the NVAWS, 25% of the women who reported their assaults to the police said that the police referred them to services (Tjaden & Thoennes, 2000a).

Domestic violence services are often linked with the criminal justice system through victim advocate programs, and have been found to be effective. A study of sheltered women randomly assigned to either a victim advocacy or no advocacy condition found at the 2-year follow-up that women who worked with advocates experienced less violence, reported higher quality of life and social support, and were better able to obtain the resources they needed (Sullivan & Bybee, 1999).

Many women experiencing IPV do seek mental health services. The NVAWS found that over one fourth of the female victims in their survey received mental health counseling (Tjaden & Thoennes, 2000b). Goodman et al. (2003) found that almost one third of the women in their study called a mental health counselor, and one quarter received alcohol/substance use services.

The negative consequences of exposure to IPV for children has been documented in several studies (Groves, 2002; Holden, Geffner, & Jourlies, 1998; Rossman & Ho, 2000), but few have examined women's seeking of resources specifically for their children. One study of mothers using victim services found that more than half sought help because of their children (Zink, Elder, & Jacobson, 2003), whereas another study of women participating in a

health survey found that 16% of IPV victims sought help for their children (Hathaway et al., 2000).

Finally, safe and stable housing is a significant need for many women experiencing IPV, particularly for women with low incomes who leave their partners. Sullivan and Rumpitz's (1994) study found that 6 months after IPV victims left a shelter, over half had moved at least once, and over one third were dissatisfied with their housing situations. Similarly, 79% of women in the Goodman et al. (2003) study left their homes to get away from the abuser.

In the present study, rather than focusing on the usage of one particular service (e.g., domestic violence services or police), we were interested in how many of these different types of available resources women actually used in response to IPV. We conceptualize the number of different resources women are using as an indicator of how much effort they are putting into trying to reduce the violence in their relationships, as well as its negative impact on themselves and their children. Therefore, we collapsed across the different types of resources and calculated a sum of the number of resources women used. This sum allowed us to examine the factors related to women's use of resources, and the effect of using resources on women's own violent behavior.

Based on the literature reviewed above, we developed the following hypotheses:

*Hypothesis 1:* The relationship between victimization and use of resources will be mediated by self-defense as a motive for violence. Specifically, women who are highly victimized will be more likely to use violence in self-defense, and women who state that self-defense is a motive for their violence will be more active in utilizing resources.

*Hypothesis 2:* The relationship between victimization and use of resources will also be mediated by avoidance coping. Women who are highly victimized will have a greater likelihood of using avoidance coping strategies, and women using high levels of avoidance coping will use fewer resources.

*Hypothesis 3:* The relationship between victimization and use of resources will also be mediated by posttraumatic stress symptoms. Greater victimization will be related to more symptoms of posttraumatic stress, and in turn, more posttraumatic stress symptoms will be associated with more resource utilization.

*Hypothesis 4:* Women who engage in greater support-seeking coping will use more resources.

*Hypothesis 5:* Women who use resources will be less likely to perpetrate violence against their partners.

## Method

### Sample

Women were recruited from a court-mandated domestic violence program, an inner-city health clinic for low income residents, family court, and a domestic violence shelter. To participate, the women had to have used physical violence against a male partner within the past 6 months. Most of the 108 women in the sample (73%) were patients of the inner-city health clinic. Seventy-one percent of the participants were African American, 14% were White, 10% were Latina, and 5% used other categories to describe themselves (2 bicultural, 3 Other). Most participants (62%) were between the ages of 25 and 40, 18% were younger than 25, and 17% were older than 40. Twenty-six percent had not completed high school, 42% did complete high school, 8% graduated from a vocational school, 18% had attended some college, and 6% had a college or graduate degree. Most participants were very poor: 68% earned less than US\$10,000 per year, 19% earned between US\$10,000 and US\$19,999, and 13% earned US\$20,000 or more. Seventy-five percent were unemployed, 11% worked part-time, and 14% worked full-time. Eighty-four percent had children, whereas 65% had children living with them. Almost half of the sample had been with their partners for 1 to 5 years, with 38% together for 5 to 20 years, and 27% together for less than 1 year.

### Measures

The two dimensions of women's violence and victimization assessed in the current study were physical abuse (e.g., punch or hit with something that could hurt) and sexual coercion (e.g., insist on sex when partner did not want to) using items from the Revised Conflict Tactics Scale (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996). Because of time constraints, it was not feasible to administer the entire CTS2. Items that had high item-total correlations and that represented a diverse range of abusive behaviors of varying levels of severity were selected from the CTS2 (Straus et al., 1996). Eight items were drawn from the CTS2 Physical Assault subscale (4 minor and 4 severe items) and 2 items were derived from the CTS2 Sexual Coercion subscale (1 minor and 1 severe item).

A referent time period of 6 months was used to assess a participant's abusive behavior toward her partner, and the partner's abusive behavior toward the woman. The response scale ranged from never, once, twice, 3 to

5 times, 6 to 10 times, to more than 10 times in the past 6 months. Items were recoded so that the value of the variable was the midpoint of the frequency range (i.e., *never* = 0, *once* = 1, *twice* = 2, *3-5 times* = 4, *6-10 times* = 8, and *more than 10 times* was conservatively coded as 11). The CTS has been used in numerous studies with diverse participants and has shown good internal consistency and validity (Straus et al., 1996). The women's victimization and women's violence variables were created by summing the physical abuse and sexual coercion scales. Alpha reliability coefficients for all measures are shown in Table 1.

Avoidance coping (e.g., I avoided being with people in general) and social support coping (e.g., I confided my fears and worries to a friend or relative) were measured using their respective subscales from the Coping Strategy Indicator (CSI; Amirkhan, 1990). Participants were asked to think about a recent problem that occurred in their relationships with their partners, and to rate each item in relation to that problem on a scale from 1 (*not at all*) to 3 (*a lot*). Amirkhan has found that the measure has good reliability and validity. The coping scales were created by summing the 11 items for each scale.

At the time the study was conducted, there was no established measure of motives for using violence against an intimate partner. Therefore, the Motives Scale (Swan & Gill, 1998) was developed for this study. Self-defense as a motive for using violence was measured with two items from this scale: How often do you use violence to defend yourself from your partner? and How often do you use violence to get him to stop hitting or otherwise hurting you? Responses ranged on a scale from 1 (*almost never*) to 4 (*almost always*) and were summed. Although the measure has not been validated, some evidence for the construct validity of these items was found in another study using the same data used in the present study, in which women with high levels of victimization were significantly more likely to state that self-defense was a motive for their violence than women with low levels of victimization (Swan & Snow, 2003).

Posttraumatic stress symptoms were assessed with 10 items from the 28-item Crime-Related PTSD Scale for women (CR-PTSD; Saunders, Arata, & Kilpatrick, 1990). This scale has been useful in discriminating victims of rape from nonvictims (Saunders et al., 1990). The use of this 10-item subset of items was based on other studies examining responses to interpersonal victimization (Magley, Hulin, Fitzgerald, & DeNardo, 1999; Schneider, Swan, & Fitzgerald, 1997) which found the 10 items to be reliable and valid. Responses ranged from 0 (*no discomfort*) to 4 (*extreme discomfort*) and were summed.



**Table 1**  
**Means, Standard Deviations, Range, and Correlations Among Study Variables**

|                                       | <i>M</i> | <i>SD</i> | Range  | Alpha Reliability | 1     | 2    | 3     | 4    | 5    | 6   |
|---------------------------------------|----------|-----------|--------|-------------------|-------|------|-------|------|------|-----|
| 1. Women's victimization              | 3.60     | 2.19      | 0-8.94 | .86               | —     |      |       |      |      |     |
| 2. Women's violence                   | 3.76     | 1.78      | 1-8    | .80               | .28** | —    |       |      |      |     |
| 3. Self-defensive motive for violence | 2.10     | 1.01      | 1-4    | .79               | .42** | .13  | —     |      |      |     |
| 4. Posttraumatic stress symptoms      | 1.23     | 0.90      | 0-3.8  | .87               | .28** | .19  | .19   | —    |      |     |
| 5. Resource utilization               | 5.4      | 3.68      | 0-14   | .78               | .17   | -.14 | .27** | .22* | —    |     |
| 6. Avoidance coping                   | 23.18    | 4.96      | 11-32  | .80               | .24*  | .18  | .37** | .24* | -.06 | —   |
| 7. Social support coping              | 21.87    | 6.47      | 11-33  | .93               | -.05  | .08  | .05   | .16  | .23* | .10 |

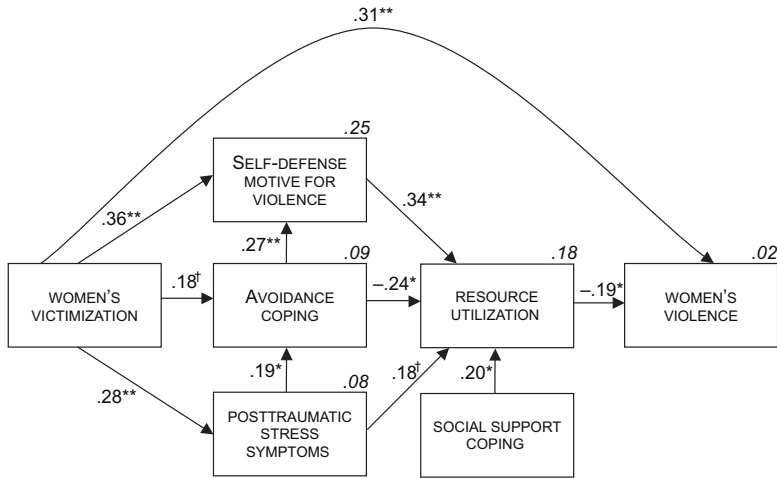
Note: Descriptive statistics for the women's victimization and women's violence variables are shown for the transformed variables  
 \* $p < .05$ . \*\* $p < .01$ .

At the time the study was conducted, there was no established measure of utilization of resources for women experiencing domestic violence. Therefore, the Resource Utilization Questionnaire (RUQ) was developed for this study (Swan & Gill, 1998). The RUQ is a 24-item self-report measure of participants' utilization of resources in their current relationships "to deal with the violence in your relationship, to keep yourself safe, or to deal with other problems in the relationship" (p. 1). Response options were *no* (coded as 0) and *yes* (coded as 1). The scale assesses a broad range of resources that women experiencing IPV may utilize, including (a) social support (talked to someone for support, stayed with a friend or family member); (b) criminal justice (called the police; someone else, such as a neighbor, called the police; police provided referrals; talked to a court-appointed family relations counselor; obtained a restraining order; obtained a protective order); (c) counseling or self-help (substance abuse treatment, 12-step group, faith-based group, women's group, family counseling, couples counseling); (d) domestic violence (domestic violence hotline, domestic violence shelter, domestic violence group); (e) children's services (Child Protective Services [CPS], home visits from CPS worker, parenting skills training provided by CPS, services provided by child's school, child counseling); and (f) other (Infoline, a telephone service that provides information about community resources; help finding housing). For the purposes of this study, total resource utilization was operationalized by creating a sum score of the number of different types of resources women used. Therefore, the resource utilization score had a potential range of 0 to 24 and reflected the total number of types of resources used.

## Data Analysis

All variables were normally distributed except women's victimization and women's violence, which showed mild levels of skew. Normal distribution of these variables was achieved by performing square root transformations (Tabachnick & Fidell, 1996). Correlations, means, and standard deviations of the variables examined in the path model are shown in Table 1. The mean frequency of women's violence and victimization did not significantly differ ( $t = 0.71$ ,  $df = 107$ ,  $p > .05$ ). A path model assessed the relationships shown in Figure 1, using the AMOS 6.0 program (SPSS Inc., 2005). A model that provides a good fit to the data has a root mean square error of approximation (RMSEA) value of less than .05 with a  $p$  test for closeness of fit for RMSEA of .50 or greater, a nonsignificant chi-square, and/or a relative chi-square ( $\chi^2/df$ ) that is less than 3 (Byrne, 2001). Mediation was

**Figure 1**  
**Standardized Coefficients for the Path Model**



Note: Squared multiple correlations are shown in italics.

\* $p < .05$ . \*\* $p < .01$ . † $p < .10$ .

tested using a Sobel test enhanced by bootstrapping, recommended for smaller samples (Preacher & Hayes, 2004).

## Results

### Descriptive Findings

All but 7 of the 108 participants used at least one of the community resources assessed in this study. The average number of resources used was 5.4 ( $SD = 3.68$ ). Social support was the most frequently used resource: 87% of the women talked to someone about the violence, 62% said that people in their support network helped in other ways, and 60% stayed with family or friends to keep themselves safe. The second most frequently used resource was calling the police (64%), and 41% of women said that someone else called the police. Other frequently used services included receiving help to obtain housing (such as Section 8 housing; 50%); talking to a court-appointed family relations counselor, 44%; substance abuse treatment, 42%;

obtaining a protective order, 42%; and individual counseling, 41%. Relatively few women used domestic violence services: 14% called a domestic violence hotline, 9% used a domestic violence shelter, and 5% attended a domestic violence group. Sixty-five percent of study participants had children living with them. Among the women living with their children, 60% reported that their children received services. The most frequent form of services was from the state department of CPS (63%). Fifty-four percent of children received counseling, 39% received home visits, and 21% of the mothers received parenting skills training.

## Path Models

A preliminary model was the same as that in Figure 1, except it did not have paths from avoidance coping to self-defense motives, nor from post-traumatic stress symptoms to avoidance coping, as these relationships were not hypothesized. The model had a poor fit to the data. The bivariate correlations (Table 1) indicate positive correlations between posttraumatic stress symptoms and use of avoidance coping, and between self-defense motives and avoidance coping. Based on these correlations and indices of model fit, paths between these variables were included in the final model. The final model is presented in Figure 1. Fit statistics indicate an excellent fit of the model to the data;  $\chi^2(10, N = 108) = 10.48, p = .40$ ; CFI = .99;  $\chi^2/df = 1.05$ ; RMSEA = .021, with a 90% confidence interval (CI) from 0.00 to 0.11 and a  $p$  for test of close fit = .608.

The first hypothesis states that the relationship between victimization and use of resources will be mediated by a self-defensive motive for violence, and was supported. Women who were highly victimized were more likely to use violence in self-defense. Women who stated that self-defense was a motive for their violence were also more likely to use resources. The Sobel test, enhanced by bootstrapping (Preacher & Hayes, 2004), revealed that the self-defensive motive did significantly mediate the relationship between victimization and resource utilization: The (unstandardized) mean indirect effect of victimization on resource utilization through the self-defense motive was .0079 (95% CI = 0.0018 to 0.0155). Thus, the impact of victimization on resource utilization was indirect only. Women experiencing greater victimization sought more resources only if they were also using violence in self-defense.

The second hypothesis, that the relationship between victimization and resource use will be mediated by avoidance coping, was not supported. The path from victimization to avoidance coping strategies was nonsignificant,

but did closely approach significance in the predicted direction. However, the Sobel plus bootstrapping test revealed that the mediation effect of avoidance coping was not significant: the (unstandardized) mean indirect effect of victimization on resource utilization through avoidance coping was  $-.0016$  (95% CI from  $-0.0059$  to  $0.0020$ ).

The third hypothesis, that the relationship between victimization and use of resources will also be mediated by posttraumatic stress symptoms, was supported, although the caveat that one of the hypothesized paths did not reach significance must be noted. Women who were highly victimized were more likely to suffer from symptoms of posttraumatic stress. Although the path from posttraumatic stress symptoms to resource utilization in the path model was nonsignificant, it did very closely approach significance in the predicted direction. Preacher and Hayes (2004) indicated that mediation is possible when an independent variable does not significantly predict a mediator or when a mediator does not significantly predict an outcome. In fact, the Sobel plus bootstrapping test revealed a significant mediation effect: the (unstandardized) mean indirect effect of victimization on resource utilization through posttraumatic stress symptoms was  $.0035$  (95% CI from  $0.0002$  to  $0.0079$ ). Again, these results support the hypothesis that the impact of victimization on resource utilization was indirect.

The fourth hypothesis, predicting that women who engage in greater support seeking coping will use more resources, was supported. The resource utilization scale contains two social support items, "Talked to someone about violence in the relationship" and "Stayed with family or friends to keep myself safe." We examined the possibility that the path in the model between social support coping and resource utilization is inflated because of these two items. We removed these two items from the resource utilization scale and reran the model shown in Figure 1. The path coefficient from support coping to resource utilization remained the same as in the original model. Other path coefficients and model fit were also very similar to the original model. The final hypothesis predicts that women who use resources will have a lower frequency of violence perpetration against their partners, and was supported.

## Discussion

This study provides further evidence that the population of women who use violence against their partners overlaps with the population of women traditionally thought of as domestic violence victims (Swan et al., 2005).

Participants entered the study because they used violence against their partners, yet, 94% were also victims of violence. Almost all (94%) of the women in this study actively sought and used a range of community resources in response to the violence in their relationships, as has been found in studies of domestic violence victims (Gondolf & Fisher, 1988; Goodman et al., 2003). Two thirds of participants called the police, indicating that although these women used violence, many experienced the violence from their partners as out of control and necessitating police intervention.

A key finding of this study is that use of resources reduced the likelihood of women's perpetration of violence. This finding suggests that women experiencing domestic violence who have access to resources—even those who use violence themselves—will use these resources and will then be less likely to resort to violence themselves. Furthermore, the relationship between being victimized and using resources is mediated by the motive to use violence in self-defense, suggesting that when a woman's motive for violence is defensive (as opposed to wanting to control the partner or get revenge), she may realize that she is unable to manage the partner's violence herself, and so must seek outside help. A complementary explanation is that, using a stages-of-change framework, women who fight back in self-defense and who seek resources may be at an action-oriented stage in which they are moving toward ending the relationship (Burke et al., 2001).

The study also found that posttraumatic stress symptoms mediated the relationship between victimization and resource utilization (although it should be noted that the path between posttraumatic stress symptoms and resource utilization was not significant). Women with greater symptoms of posttraumatic stress were more likely to seek help, apparently in an effort to reduce the distressing and debilitating symptoms of PTSD. However, the model also tells another story that illustrates a less adaptive response to victimization. This pathway can be seen in the relationship between avoidance coping and resource utilization. The model suggests that women who are victimized are more likely to use avoidance coping strategies, such as trying to distract themselves from thinking about the stressor, and not talking to other people about the abuse (similar to Mitchell & Hodson, 1983). Women who used avoidance coping strategies were less likely to utilize community resources. The model also suggests that posttraumatic stress symptoms may in some cases lead to avoidance coping and less use of resources. How do we understand that posttraumatic stress symptoms directly predict greater use of community resources, but they also predict avoidance coping and, indirectly, less use of resources? Perhaps the answer lies in the particular cluster of posttraumatic stress symptoms that are

primary in an individual's experience of PTSD. For example, the avoidance cluster includes behaviors such as trying not to think about, talk about, or have feelings about the event (Foa, 1995). Someone experiencing strong avoidant symptoms would be more likely to use avoidance coping, and in turn, would be less likely to seek help, which would compel her to think about the event. In contrast, a different person could have more difficulty with the reexperiencing and hyperarousal symptoms of PTSD. She may be motivated to seek resources to reduce the severity of her symptoms and the associated distress. It is not possible to examine this possibility in the present study, as the posttraumatic stress measure we used did not assess symptom clusters of PTSD.

The relationship between avoidance coping and use of violence in self-defense demonstrates an additional complexity in the model. Even as greater use of avoidance coping directly predicts less use of resources, avoidance coping also predicts a self-defensive motive for violence. Using violence in self-defense, in turn, predicts more use of resources. The complex relationships shown in the model may be a reflection of the dynamic nature of the coping process. Perhaps when women rely on avoidance coping to deny and minimize their partner's violence, they do not develop other strategies to respond to the violence. Lacking other strategies, when faced with violence they may be more likely to have no other option but violence in self-defense. Use of violence in self-defense, in turn, may be a wake up call that indicates to the woman that the violence is out of control and she must seek help.

Consistent with other studies, social support was the most frequently used resource (Goodman et al., 2003; Thompson et al., 2000), and support played an important role in the model as a predictor of resource utilization. Other studies have also found that women who utilize greater levels of social support also tend to seek more resources (Mitchell & Hodson, 1983; Waldrop & Resick, 2004). For example, Lewis et al. (2005) found that receiving informal help and support increased women's readiness to engage in formal help seeking.

This sample of women was extremely poor. Poverty has consistently been found to be related to higher prevalence rates of IPV (Browne & Bassuk, 1997; Holtzworth-Munroe, Smutzler, & Bates, 1997). Poor women's options for help seeking are limited. Few of the women could afford to stay in a hotel or leave town to escape the violence, or hire an attorney. However, the average woman still used about five of the resources assessed here, most of which were available at no or low cost. This study suggests that free or low cost services may be able to prevent violence, and

that communities that provide these resources may receive a payoff of decreased domestic violence.

A limitation of the current study is the smaller sample size ( $N = 108$ ). Study findings should be interpreted with caution given the small sample, and should be considered preliminary. Some of the instruments used in the study (specifically, the self-defense motive measure and the RUQ) were developed for the study and have not been validated. At the time the study was conducted, measures for these constructs did not (to our knowledge) exist. In addition, the self-defense motive was measured with only two items. Future research in this area would be enhanced by the development of validated measures of these constructs. Furthermore, the RUQ is an aggregate measure of a range of different types of resources. A useful next step in future research would be to determine which resources are used more and less frequently, and which specifically relate to victimization and violence, to better inform intervention efforts.

The resources used by women in this study indicated that many of them were not just experiencing domestic violence; many were also coping with poverty, unaffordable housing, substance use, and/or psychiatric problems, and most had young children as well. The majority of women did not use services provided by the local domestic violence agency; rather, more women used services such as the criminal justice system, housing assistance, substance abuse treatment, and therapy. To end domestic violence in our communities, we need to recognize the linkages between domestic violence and other stressors, such as poverty. Furthermore, this study demonstrated that women experiencing domestic violence present in all kinds of service settings, not just domestic violence agencies. In fact, domestic violence services were utilized the least among the resources the women accessed. Therefore, to best meet the needs of women experiencing domestic violence, all service providers, including police, court personnel, housing agencies, substance abuse treatment providers, and therapists, need to receive domestic violence training, screen their clients for domestic violence, link them with domestic violence providers in their communities, and cross-refer across different kinds of services (Hanson, Hesselbrock, Tworkowski, & Swan, 2002).

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