

School of Public Health

**Beyond Survivor: The Reconstruction of Self Following
Intimate Partner Violence**

Simonetta Cavilli

**This thesis is presented for the Degree of
Doctor of Philosophy
of
Curtin University**

November 2017

Declaration

To the best of my knowledge and belief this thesis contains no material previously published by any other person except where due acknowledgment has been made.

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university.

The research presented and reported in this thesis was conducted in accordance with the National Health and Medical Research Council National Statement on Ethical Conduct in Human Research (2007) – updated March 2014. The proposed research study received human research ethics approval from the Curtin University Human Research Ethics Committee (EC00262), Approval Number #.HR 121/2010.

Signature:

Date: 28th November 2017.....

DEDICATION

This thesis is dedicated to my 3.5-year-old son, Max – a gardener, an explorer, an engineer, an architect, a handyman, a mechanic and a gourmand.

*'May you my baby
Follows the rivers
And wander the mountains
And walk in the wild.

May you grow sleepy at sunset,
Sing to the stars,
And drift into dreams.
And may you, my baby,
Be kissed by the moon'.*

(Alison Lester – Kissed by the Moon)

ACKNOWLEDGEMENTS

First and foremost, I would like to express my deepest gratitude towards my parents, sister and brothers who were inspirational, philosophical, humorous and above all, supportive towards the completion of this thesis.

To my incredibly patient partner, Tym. Without all your emotional, intellectual and IT support, this thesis and the researcher, would be lost in the ether!

To my principal supervisor, Professor Rosemary Coates, an intelligent and diligent mentor who advised and encouraged me throughout the entirety of this academic journey. Without your encouragement, this thesis would only be in the realm of possibility.

To Professor Jaya Dantas and Associate Professor Sharyn Burns, your guidance, knowledge, patience and insight were imperative. I would not have been able to complete this thesis without your unwavering reassurance and direction.

To Professor Bruce Maycock, Associate Professor Maryanne Doherty-Poirier and Dr Gareth Merriman, all your encouragement was fundamental to my research and greatly appreciated. I am very fortunate to have such knowledgeable supervisors - thank you all very much.

Finally, to the resolute and astonishing women whom entrusted me with their journeys. Without your fortitude, this thesis would not be and for this, I am sincerely grateful. I hope this thesis illustrates your noteworthy resilience and unwavering hope for a better future.

Contents

ABSTRACT.....	1
CHAPTER 1 – INTRODUCTION	2
1.0 Introduction	2
1.1 Researcher’s Motivation and Interest	3
1.2 Background and Rationale for the Study	4
1.2.1 Global Significance of IPV Research.....	4
1.2.2 The Continual Need for IPV Research.....	6
1.3 Aims and Objectives.....	6
1.4 Methods.....	7
1.5 Brief Overview of Key Findings	8
1.5.1. Lack of Knowledge	8
1.5.2 Factors Contributing to Recovery of Self	8
1.5.3 Factors Contributing to Well-Being.....	9
1.5.4 Recommendations Contributing to Recovery of Self and Well-Being post IPV.....	9
1.6 Significance	10
1.7 Thesis Overview	11
CHAPTER 2 – Literature Review: Reconstruction of Self following IPV	12
2.0 Introduction	12
2.1 Defining Intimate Partner Violence	12
2.2 The complexity of IPV	13
2.3 Global Prevalence of IPV.....	15
2.3.1 UN Women and WHO Global Plan of Action	17
2.3.2 Australian Response to IPV	17
2.4 Health Consequences of IPV.....	19
2.5 Gender Roles.....	23
2.6 Gender, Culture and Sexual Norms.....	25
2.7 The Conceptualisation of Identity within an IPV Relationship.....	26
2.8 Coping Strategies within an IPV relationship.....	27
2.9 Leaving as a Process.....	29
2.10 Chapter Summary	31
CHAPTER 3 – METHODOLOGY	32
3.0 Introduction	32
3.1 Aims and Objectives.....	32
3.2 Research Design.....	33

3.2.1	Rationale for use of Qualitative Research	33
3.2.2	Grounded Theory – An overview	34
3.2.3	Symbolic Interactionism and Grounded Theory	37
3.2.4	Reflexivity and Reducing Researcher Bias	41
3.3	Research Methods	42
3.3.1	Participant recruitment.....	42
3.3.2	Ethical Issues	43
3.3.3	Data Collection Tools	45
3.4	Research Rigour	46
3.5	Data Analysis	48
3.6	Chapter Summary	50
CHAPTER 4 – PARTICIPANTS INTERVIEWS – The Abusive Relationship.....		51
4.0	Introduction	51
4.1	The Participants	51
4.1.1	Demographic Profile of the Participants.....	51
4.2	Violence and Distress: The Abusive Relationship	52
4.2.1	Initial Phases of the Relationship & Attractive Qualities	53
4.2.2	Changes within the relationship	54
4.2.3	Characteristics of the Abusive Relationship.....	54
4.3	Changes to Self & Identity within the relationship.....	59
4.3.1	Characteristics prior to entering the relationship.....	59
4.3.2	Changes to self within the relationship	60
4.3.3	The Decimation of Self & Identity.....	61
4.4	The Violent Relationship	68
4.5	Effects on the Children.....	71
4.6	Coping Strategies within the Relationship.....	74
4.7	Justification for Remaining Within the Relationship	77
4.8	Leaving an Abusive Relationship.....	79
4.9	Justification for Leaving an Abusive Relationship.....	82
4.10	The Process of Leaving	84
4.10.1	Cognitive Turmoil	85
4.10.2	Identity	88
4.10.3	Conflict	89
4.10.4	Exhaustion and Relief.....	90
4.11	Chapter Summary	91
CHAPTER 5 - PARTICIPANTS INTERVIEWS – Recovery and Well-Being.....		92

5.0	Introduction	92
5.1	The Process of Recovery	92
5.1.1	Psychological Detachment.....	92
5.1.2	Extrication from 'False' Identity.....	93
5.1.3	Financial Independence and Rewarding Employment	94
5.1.4	Strong Interpersonal Relationships.....	97
5.1.5	Self-Acceptance.....	98
5.2	Back to the Future – Well-being and Identity after IPV.....	99
5.3	Interventions and Strategies – A Retrospective Appeal	101
5.4	Beyond Survivor	102
5.5	Chapter Summary	103
CHAPTER 6 – Discussion, Recommendations and Conclusions		104
6.0	Introduction	104
6.1	Overview of the Research Design	104
6.2	Objective 1 - Factors leading Australian Women to end their Abusive Relationship	105
6.3	Objective 2 – Explore prevailing attitudes, intentions and behaviours of participants' retrospective to their experience of their abusive relationship.....	106
6.3.1	Changes to self and identity.....	106
6.3.2	Self-Esteem and Identity.....	110
6.3.3	Coping Strategies within the Relationship.....	111
6.3.4	Justification for Remaining Within the Relationship	112
6.4	Objective 3 – Explore the process of leaving and identify the transition these women experience that precipitates their permanent disengagement from the abusive relationship	113
6.4.1	The Initial Process of Leaving an Abusive Relationship	113
6.4.2	Justifications for Leaving an Abusive Relationship	115
6.4.3	The Aftermath of Leaving an Abusive Relationship.....	116
6.5	Objective 4 - Develop a model describing construction of a healthy concept of self and identity post separation of the abusive relationship.....	118
6.5.1	The Process of Recovery	119
6.5.2	Beyond Survivor - Well-being and Identity after IPV	121
6.6	Recommendations from the Study (Objective 5 and 6)	123
6.6.1	Recommendations for the promotion to women and children's safety after experiencing IPV.....	124
6.6.2	Recommendations for the promotion women's well-being and recovery after experiencing IPV.....	127
6.7	Future Research	129
6.8	Significance of the Study	129

6.9	Limitations of the Study	130
6.10	Conclusion.....	131
Appendix A	173	
Appendix B	175	
Appendix C	176	
Appendix D.....	177	
Appendix E	179	
Appendix F	180	

ABSTRACT

One in three women in Australia have experienced violence committed by an intimate partner and this intimate partner violence (IPV) is one of the primary causes of death for Australian women.

IPV is a serious contravention against human rights and affects women regardless of their age, ethnicity, culture and socioeconomic background and despite international efforts and strategies, violence against women persists in all nations.

Universally, IPV is considered a social quagmire and the consequences of the violence pervasive including persisting physical and psychological injuries to the abused women additionally adversely affecting their families and communities.

This thesis describes the results of qualitative research that documented and analysed the narratives of 29 Australian women who have endured IPV and their process of recovery. Semi-structured interviews with abused women were conducted in Perth, Western Australia. These interviews were recorded, transcribed and analysed via grounded theory methodology with a symbolic interactionist perspective. Comprehensive interviews granted the women examination of their identity, behaviour and perspective of the abusive relationship and their subsequent processes of recovery. This thesis analysed intimate partner violence experienced by a small cohort of Australian women, their decimation of self and identity and their process towards psychological, physiological and emotional recovery and well-being after the abuse. The analysis of their narratives promotes the attainment of well-being after abuse.

Extensive and in-depth analysis identified factors that assisted with recovery and produced a theoretical model outlining this recovery after IPV, entitled “Beyond Survivor – Well-Being”. This model illustrates the oscillating journey of gaining well-being after abuse via five components – disengagement, connectivity, identity, autonomy and fortitude. IPV is an intense ordeal that affects dignity, self-regard, self-assurance and integrity, hence recovery is an arduous and prolonged process yet attainable. The study recommends providing education, health care and support to women who have experienced IPV as the collective responsibility of government, non-government organisations, community and extended family.

CHAPTER 1 – INTRODUCTION

1.0 Introduction

Intimate partner violence (IPV) against women is a violation of human rights and is one of the most common forms of violence against women. This includes physical, sexual, financial and emotional abuse and other controlling behaviours by an intimate partner. IPV transcends geographic boundaries and occurs among all socioeconomic, religious and cultural groups. According to the World Health Organisation (WHO), approximately 10-69% of females claim that they have experienced a form of IPV before the age of 49 (Devries et al, 2013). In Australia, national statistics show 1 in 4 women have experienced a form of IPV by a current or former partner (Australia's National Research Organisation for Women's Safety [ANROWS], 2014).

This study presents original data from in-depth interviews conducted with Australian women IPV survivors. The initial focus of the study was to document the main challenges and stressors faced by women who had experienced IPV. The second focus was to identify the key strategies used by these women to manage these stressors and begin a process of recovery. The overarching aim of the study was to identify the process of well-being and recovery after the experience of IPV. This research contributes to evaluating and clarifying strategies and mechanisms employed by Australian women whom have experienced intimate partner violence (IPV) and their steps toward their recovery and well-being. As one of the few studies that outlines the perspective from each woman from her initial attraction to her abusive partner to their process of recovery following relationship termination, this thesis presents the challenges and coping processes used by the women.

Drawing on analysis of in-depth interview data and literature review, practical recommendations for commencing recovery, promoting well-being and strengthening resilience after the experiences of IPV, are outlined. A context-specific model is also proposed, designed to guide further research and potentially assist in the recovery and well-being following IPV.

This chapter commences by providing an overview of my motivation for the study, recognising the importance of a multidisciplinary approach when attempting to discuss the merits of the study. Background information on my academic and professional employment in different areas, personal experiences and rationale is discussed, before outlining the aims, methodology and limitations of the research.

1.1 Researcher's Motivation and Interest

My interest in women's recovery and well-being following their experiences of IPV is a result of the increasing number of Australian women and children suffering IPV in their family home (Australian Bureau of Statistics [ABS], 2012; Parliament of Australia, 2015). Although my academic and professional background is predominately within the pure sciences, I have always been interested in the behavioural sciences and during my employment as an Experimental Sciences educator, I became increasingly interested in neuroscience, psychology and human behaviour.

While employed in the education sector, I noticed the devastating effects of IPV on friends, colleagues, parents and children. I observed their different coping strategies and skills. Some individuals utilised different mechanisms to slowly adjust to a different life without their partner, others sadly, found each day more difficult than the one before. However, each one was completely bewildered by their situation and were unsure of their next step.

Additionally, my academic employment in tertiary education allowed me to discover that many students, staff and colleagues were unaware of the statistics of violence against women and children, the agencies and government bodies that were working to assist women and children subjected to IPV, their legal rights as Australian citizens and the interventions associated with education, law, social justice and human rights. Also, I discovered many students, staff and colleagues were unaware of the impact of IPV and its influencing determinants. My role as an academic in the School of Public Health in the area of Sexology requires use of multidisciplinary approaches towards health issues which align the aim of my research into recovery and well-being, following IPV.

In short, addressing a gap in the literature and my personal and professional experiences highlighted the need for further research and evidence about well-being following IPV. Hence, I sought to produce empirical research that could be used by people in different sectors to promote support, well-being and recovery among women who had experienced IPV. My experience in these different fields provided the underlying interest, and the motivation throughout the research journey. Hence, my thesis is underpinned by a Public Health perspective encompassing a multidisciplinary approach.

1.2 Background and Rationale for the Study

1.2.1 Global Significance of IPV Research

Every culture has its proverbs and adages about the security, affection and emphasis of a loving home. However, for many women, their home is a place of pain, humiliation, degradation, and violence (Decker, 2015; Palermo, 2013; Šimonović, 2014; Stöckl, 2013). There are many women who suffer at the hands of their male domestic partner and experience abuse in a myriad of forms.

The WHO defines IPV as 'behaviour by an intimate partner that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours' (World Health Organisation [WHO], 2013). Examples include 'acts of physical violence (including slapping hitting, kicking, beating), sexual violence (including forced sexual intercourse), psychological abuse (including insults, belittling, intimidation, threats of harm) and controlling behaviours' (including isolating a person from family and friends, monitoring their movements) (WHO, 2012). In Australia, IPV also includes economic and spiritual abuse (Department of Social Services, 2009).

A report published by WHO (2014), describing intimate partner violence IPV rates, cites 10-69% of women experience IPV via their male partner during their lifetime and the consequences can be diverse, ranging from short-term physical injuries to long- term psychological problems (Devries et al, 2013; Ellsberg, Jansen, Heise, Watts & Garcia-Moreno 2008; Garcia-Moreno, 2006; WHO, 2016).

IPV exists and persists worldwide (Ellsberg et al, 2008; Watts & Zimmerman, 2002; WHO, 2016, 2014). It is an important public health and social issue in high, middle and low-income countries (Alhabib, Nur & Jonees, 2010; Krahé & Abbey, 2013). Since the adoption of the United Nations General Assembly Resolution Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (United Nations Entity for Gender Equality and the Empowerment of Women [UN Women], 1979), the acknowledgement that all forms of discrimination against women is an global human rights concern, has encouraged governments to introduce national policies and endorse research investigations into IPV and Gender Based Violence (Devries et al, 2013; Ellsberg et al, 2008; Palermo, Bleck & Peterman, 2014; WHO, 2012, 2005). The WHO acknowledges that IPV is not only a private domestic issue but also a global public health issue as the impact of the violence, and the effects, can be protracted and/or permanent (WHO, 2014).

There are global efforts to address violence against women. The 2013 United Nations Commission on the Status of Women addressed the prevention and elimination of all forms of violence against women and girls; the UN Secretary General's UNiTE Campaign proposed ending violence against women and in 2015; the UN Sustainable Development Goal 5 explicitly asserts the promotion of gender equality and the empowerment of women and Council of Europe's Istanbul Convention criminalising gender violence is the most inclusive international treaty and the first legally binding treaty that criminalises gender-based violence (European Parliament Research Service [EPRS], 2017). The UN estimates more than 600 million women live in countries where IPV is not an illegal act, for example Afghanistan, Angola, Haiti, Hungary and Uganda (UN Women, 2011).

IPV research (Dillon, Hussain, Loxton & Rahman, 2013; Ellsberg et al, 2008; Parliament of Australia, 2011; Sanjel, 2013; WHO, 2005, 2002) proposes that the repercussions of IPV persist long after the violence and abuse of the relationship has ended. The more violent the abuse, the longer the psychological, emotional and physical ramifications have on the abused woman. The experience of IPV, the controlling relationship, the severity of the abuse and the extinction of a happy future all contribute to the continual depression of the abused woman, however, the women are resilient and learn to navigate life within the difficulties they face. This ongoing depression may take years to overcome, if at all (Ahmadzad-Asl, Davoudi, Zarei, Mohammed-Sadeghi, Rasoulian, et al, 2016; Ross, Saenyakul, & Kleman, 2015; Wong, Tiware, Fong & Bullock, 2016).

There is much IPV literature associated with surviving abuse via criminal justice, police response, social services, family support (Estrellado & Loh, 2014; Finnbogadottir, Dykes, Wann-Hansson, 2014; Stork, 2008; Watkins et al , 2014) and the crisis of leaving (Baly, 2010; Edwards et al, 2012; Enander, 2010a; Enander & Holmberg, 2008; Halligan, 2013), however scant literature exists describing the experience of women who have separated from their abusive male partner and how they achieve some stability, establishing a new life separate from their abusive partner. Additionally, there is little research focusing on how women can claim a future no longer defined by the abuse or the survival experience.

Although some women eventually do leave their abusive partner/s (Enander, 2011; (McDonald et al, 2013; Scheffer Lindgren & Renck, 2008), there is limited research on the psychological and physical health effects of IPV on women who have left their abusive partners permanently (Dillon et al, 2013; Ford-Gilboe et al, 2009; Sanchez- Lorente, Blasco-Ros & Martinez, 2012) or of their search for resources and support to assist them regain a healthy well-being (Rizo & Macy, 2011; Simmons, Farrar, Frazer & Thompson et al, 2011).

1.2.2 The Continual Need for IPV Research

A considerable body of research has focused on factors addressing an abused woman's decision to either leave the relationship, thereby relinquishing hope for a better future with her partner or stay in an abusive relationship with the hope that it will eventually improve (Eckstein, 2011; Panchanadeswaran & McCloskey, 2007; Rhatigan, 2005). Additionally, IPV research has focused on the processes involved in arriving at that decision (Bell, Goodman & Dutton 2007; Enander, 2010a; Shurman, 2006).

An abused woman's need for protection from further abuse, practical assistance and other interventions does not end when she separates from her abusive partner. In fact, such requirements are most likely to increase (Ford-Gilboe et al, 2009; Meyer, 2012; Nurius et al, 2003). Currently, the overlap between research with abused women who have permanently left their abusive partner and the coping mechanisms they use to regain psychological, emotional, financial well-being remains limited (Alexander, 2009; Baly, 2010; Hou, Ko, & Shu, 2013; Lindhorst, 2011). For women to heal from psychological, emotional and physical pain and re-establish their identity considering their past abusive relationships, they need to grieve and regain their sense of self in the aftermath of the violence (Anderson, Renner & Danis, 2012; Cobb, Tedeschi, Calhoun & Cann, 2006; Olson, 2004; Roepke & Seligman, 2014). Globally, IPV is complex and challenging and research has a significant role in understanding it. The analysis and examination of IPV can assist with potential interventions for women that have experienced IPV.

1.3 Aims and Objectives

In recognising the gaps in knowledge about the recovery process from women's experiences of IPV, the focus of this research was twofold with overarching aims. The initial focus was to document the main challenges and stressors faced by women who had experienced IPV. The second focus was to identify the key factors used by these women to manage these stressors and begin a process of recovery. The information gained was based on the perspective of the women interviewed. Specifically, the study objectives were to:

1. Identify the psychological, emotional, personal and social factors that precipitate Australian women to terminate their abusive relationship;
2. Examine prevailing attitudes, intentions and behaviours of participants' retrospective to their experience of their abusive relationship;
3. Examine the process of leaving and delineate the transition these women experience that precipitates their permanent disengagement from the abusive relationship;

4. Establish a model describing construction of a healthy concept of self and identity post separation of the abusive relationship;
5. Propose recommendations aimed at promoting the safety of women and children experiencing IPV;
6. Propose recommendations for women experiencing IPV aimed at promoting their own recovery and well-being.
7. As a result of the findings of the research, a model and practical recommendations for promoting and supporting the recovery and well-being of women whom had experienced IPV was developed.

1.4 Methods

A qualitative grounded theory approach was chosen to allow a symbolic interactionist perspective on the research data and to provide context and depth (Corbin & Strauss, 2008; Denzin, 1985). This methodology has been well applied in the health research field (Handberg, Thorne, Midtgård, Nielsen, Lomborg, 2015; Ragava, Iyengar & Wurtz, 2015; Salazar, Goicolea & Ohman, 2016). Qualitative data were collected from in-depth semi-structured interviews with 29 Australian women whom had experienced IPV. Key categories explored in the interviews included the challenges facing the women whilst in the abusive relationship, coping strategies utilised both within the relationship and post separation, advice for other Australian women who have left an abusive relationship and recommendations for support. NVivo 9 ® computer software was used to manage the data and support the coding of the interview data based on the constant comparative method of analysis central to grounded theory (Corbin & Strauss, 2008). The detailed research methodology utilised in this study is described in Chapter 3

1.5 Brief Overview of Key Findings

To date, scant research and information exists about women who have separated from their abusive partners and have been able to regain a healthy equilibrium in their current lives. The findings of this study emphasise the recovery and well-being of women whom have experienced IPV through several key factors. Also, recommendations in supporting recovery for those whom have experienced IPV are delineated. These condensed key findings are summarised below as part of the overview of the study, assist to justify the significance of the research in Chapter 6.8 and are discussed in detail in Chapters 4 to 6.

1.5.1. Lack of Knowledge

A considerable body of research has focused on factors addressing an abused woman's decision to remain or leave an abusive relationship (Cravens, Whiting, Aamar, 2015; Estrellado & Loh, 2014; Gharaibeh & Oweis, 2009; Messing, Mohr & Durfee, 2015b) and the processes involved at arriving at that decision (Baholo, Christofides, Wright, Sikweyiya, & Shai, 2015; Enander & Holmberg, 2008; Murray, Crowe & Flasch, 2015).

However, an abused woman's need for protection from further abuse, practical assistance and other interventions does not end when she separates from her abusive partner. In fact, such requirements are most likely to increase (Domenech Del Rio & Sirvent Garcia Del Valle, 2016; Deriviere, 2015; Kruse, Sorensen, Bronnum-Hansen, & Helweg-Larsen, 2011; Varcoe et al., 2011). Currently, the overlap between research with abused women who have permanently left their abusive partner and the coping mechanisms they use to regain a healthy well-being remains limited. Additionally, there is limited research available on the factors affecting recovery and well-being post IPV.

1.5.2 Factors Contributing to Recovery of Self

For women who experience IPV, there are many challenges that threaten their individual identity and well-being. Post separation, regaining a healthy well-being has proven to be a very complex and difficult process. Interviews with the participants revealed five key factors which contributed to the eventual recovery of self:

- Psychological detachment
- Extrication from false identity
- Financial independence and rewarding employment

- Strong interpersonal relationships
- Self-acceptance

Of significance, all participants cited these five factors as key determinants to their recovery of self. However, the journey towards their recovery of self was not linear and each factor was discussed multiple times throughout the interviews.

1.5.3 Factors Contributing to Well-Being

The findings of this study revealed five factors contributing to recovery and well-being post IPV, alongside the determinants of identity. Despite the constant challenges and ongoing distress, many of the individuals reported personal growth, resilience and a positive outlook whilst discussing their journey towards recovery. All participants identified personal coping strategies used to mitigate stress and their journey towards well-being and recovery was an oscillating and long process.

The five key factors which contributed to their well-being were:

- Disengagement from the relationship
- Connectivity with other people
- Self-Identity
- Autonomy
- Fortitude

For most of the participants, their journey towards recovery was an ongoing process and each factor was discussed multiple times throughout the interviews. The findings are further expanded in Chapter 4, 5 and discussed in Chapter 6.

1.5.4 Recommendations Contributing to Recovery of Self and Well-Being post IPV

Providing education, health care and support to women who have experienced IPV is the collective responsibility of government, non-government, community and extended family. While individuals and families can work together to promote their fortitude, resilience and well-being, there is a need to further resources so that women have access to education and resources made available in several areas, including legal, medical, social and educational services.

The education sector is particularly relevant, across all areas, where women learn about self-identity, consent, respectful relationships, autonomy and healthy behaviours. Educational institutions should have a principle role in providing young individuals with current information

concerning healthy relationships with others and self to ensure individuals can promote their own well-being and identity in healthy relationships. These recommendations are discussed in Chapter 6.6.1 and 6.6.2.

The research findings revealed that most participants were unaware of government or independent agencies that provided support whilst experiencing IPV, their individual legal rights, healthcare services and/or financial aid that may be available that could promote well-being and autonomy.

Additionally, participants expressed lack of knowledge and critical analysis of IPV. Hence, most of the participants were unsure of any support mechanisms in place to assist with regaining a healthy equilibrium prior to leaving the abusive relationship. Hence, the decision to leave the relationship was hindered by lack of knowledge of support services. All participants advocated for improved social and healthcare services and support, improved education concerning healthy relationships and stronger legislative measures concerning IPV. These recommendations are discussed in Chapter 6.6.1 and 6.6.2.

1.6 Significance

Following an extensive literature review, this research appears to be one of the few studies conducted on Australian women who have experienced IPV and whom have discussed the key factors that assisted with their recovery of self and well-being. A key finding emerging from the data was the widespread recommendation for consistent, comprehensive and strong messages concerning IPV into a cross-section of the community, including education, legalisation and social services. This thesis proposes specific recommendations for educational curricular and pedagogical strategies to include prevailing information concerning healthy relationships aimed at gaining and maintaining a resilient identity for all individuals.

This study shows maintaining healthy well-being, a resilient identity, strong interpersonal relationships and a working knowledge of community support mechanisms can assist with recovery and well-being following IPV. Additionally, promoting individual stability, denouncing abusive behaviours and enhancing assistance-seeking behaviours can improve the lives of many individuals that have experienced IPV.

This research is also significant to myself, as a researcher, educator, spouse and mother. Prior to commencing the study, I recognised the lack of knowledge of IPV, strategies available and critical requirements in a cross-section of sectors could assist those suffering IPV. Hence, there is a greater responsibility to share the results with fellow researchers, students and colleagues.

1.7 Thesis Overview

Chapter 1 provides the motivation of this research, important background for the study and an outline of the aims and methodology of the research. A brief overview of the key findings has been summarised along with their significance.

Chapter 2 introduces the literature pertinent to the present study on the reconstruction of self-following IPV. Dominant themes include: the health consequences of IPV; the global prevalence and prevention strategies concerning IPV; gender roles; identity and coping strategies within the IPV relationship.

Chapter 3 describes the research approach, justifying and explaining the application of the grounded theory method used. The collection and analysis of interview data from the participants is explained. Data collection tools and procedures are described and strategies to ensure rigour and ethical research practices are addressed.

Chapter 4 and **5** present the main findings from the interviews. Included in these chapters is demographic information about the participants.

Chapter 6 discusses the literature, comparing and contrasting with other published findings. This chapter also draws on theoretical learnings, summarises the research, the key findings from the interviews and responds to each of the research objectives. This includes the proposal of a model for well-being and recovery after IPV and recommendations for practice and policy. Suggestions for future research and limitations of the research are also discussed.

CHAPTER 2 – Literature Review: Reconstruction of Self following IPV

'There is one universal truth, applicable to all countries, cultures and communities: violence against women is never acceptable, never excusable, never tolerable.'
United Nations Secretary-General, Ban Ki- Moon, 2008

2.0 Introduction

The focus of this research is on the challenges and coping strategies of women that have experienced intimate partner violence and their journey towards recovery and well-being and the reconstruction of self. Given the small amount of literature concerning this specific topic, this chapter provides background contextual information on the topics of the complexity of IPV, the health consequences of IPV, the global prevalence of IPV, global prevention strategies, gender roles, the conceptualisation of identity within an IPV relationship, coping strategies within an IPV relationship and leaving as a process. This research is relevant to multiple academic disciplines, including; public health, medicine, psychiatry, law, education, social sciences and counselling.

Although the focus of the study is the reconstruction of self-post IPV, the research also explores the experiences of the participants prior and during the relationship preceding the separation. The focus of the literature review aims to provide context to the research findings. To inform the reader of a detailed journey towards recovery and well-being, the reconstruction of self and identity post IPV, the rationale informing the reader potentially why women remain with abusive men alongside the psychological and physical health consequences of IPV is important. The journey towards recovery post IPV is complex and long and usually begins before the physical separation of the relationship. The areas presented in this chapter begin with the complexity of IPV and guide the reader towards the recovery and well-being after the relationship has ended. Chapter 2 provides readers with context for interpreting the research findings and highlights gaps in the literature. This chapter is divided into ten sections.

2.1 Defining Intimate Partner Violence

Both nationally and internationally, there are various ways to define violence by an intimate partner. These include IPV (WHO, 2013) and domestic or family violence (Department of Social Services, 2014). The WHO defines IPV as 'behaviour by an intimate partner that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours' (WHO, 2013). The United Nations (UN) defines violence against women (VAW) as 'any act of gender-based violence that results in,

or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life' (United Nations General Assembly [UNGA], 1993). Per the Australian Government's Department of Social Services, the most pervasive form of violence experienced by Australian women is violence perpetrated by an intimate partner or family member (Department of Social Services, 2014). Domestic violence may include physical, sexual, financial, emotional or psychological abuse (Department of Social Services, 2014). It can also include spiritual abuse (Department for Child Protection and Family Support, 2015a).

Legislation in NSW, Victoria, Queensland, Western Australia, the ACT, the NT and South Australia define domestic violence as occurring between intimate partners, family members, relatives, children and between people who are dating (Department of Social Services, 2011). In an Australian context, family violence is a term referring to violence between family members as well as intimate partners (Department of Social Services, 2012). It is usually used in relation to Indigenous people, encompassing their kinship and marital arrangements. Tasmania is the only Australian state where family violence is only considered in the context of a spouse or partner relationship (Department of Social Services, 2011).

There are various ways to describe violence against women, including gender-based violence. Per the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, gender-based violence against women is defined as 'violence that is directed against a woman because she is a woman or that affects women disproportionately' (Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, 2011a). Similarly, violence against women (VAW) is defined as 'a violation of human rights and a form of discrimination against women and shall mean all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life' (Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, 2011b).

2.2 The complexity of IPV

IPV is difficult and complicated to describe succinctly. It is associated with many physical and psychological health outcomes, yet the rationales for women remaining in these abusive relationships are diverse and can be individual to the relationship (Eckstein, 2011; Enander, 2010). IPV can have long-lasting effects on the woman within the relationship, children within the relationship and other family members (McDonald et al., 2016; Band-Winterstein, 2014;

Bair-Merritt, Zuckerman, Augustyn & Cronholm, 2013). The violence experienced can overshadow any positive actions, which can lead to long-term depression, anxiety and inaction, thereby describing any journey towards recovery as complex (Anderson et al,2003; Baly, 2010; Estefan, Coulter, & VandeWeerd, 2016).

Globally, IPV is a major contributor to the distress and debilitation seen in women that have experienced such abuse (Ellsberg et al, 2008; WHO, 2013; Watts, 2002;). Historically and culturally, IPV has been discussed and analysed via various rationales (Pinker, 2011; Stark, 2007). For example, IPV has been accepted as commonplace domestic politics where the violent transgressions were catalysed by the culpable female partner (Lila, Gracia & García, 2012; Pavlou, 2001); as a patriarchal social norm within a marriage where brutality was exercised by the male partner to control his wife (Harris, Palazzolo & Savage, 2012; Allen, Swan & Raghavan, 2009); violence thinly veiled to demonstrate love and passion within the relationship (Franiuk, Shain, Bieritz, & Murray, 2012; Power, Koch, Kralik, Jackson, 2006); as a sexual strategy by the female partner, where the abuse she endured was desired or as acceptable behaviour within the relationship which could be stopped by the female partner whenever she wanted the violence to end (Kelly, 2011; Stark, 2007; Witte, Schroeder & Lohr , 2006). Each example exhibits IPV as a contravention within the relationship that criticises the female partner and exonerates the male partner's behaviour.

IPV is not a misdemeanour within a relationship or an accepted violation, IPV is a human rights contravention. Many democratic governments and a growing social advocacy recognises IPV as a leading contributor to intimate partner homicide (Pereira, Vieira, & Magalhães, 2013; Pilger & Watts, 2013; Stöckl et al, 2013). Persistent public health measures and interventions have assisted women who have experienced abuse within their relationship. International law and policy in IPV has evolved through the continual efforts of the United Nations (UN), World Health Organisation (WHO) and other international authorities. Through their actions, there is unquestionable judgment that IPV is a violation of human rights and a criminal offence.

The consequences of IPV are pervasive, increased by the continual anxiety and despondency experienced by the abused woman, long after the physical separation from the abusive relationship. The aftermath of IPV also can have dire consequences for any children that evidence it or even experience it. In accordance with the WHO (WHO, 2005, foreword, p. vii).

'It shames states that fail to prevent it (IPV) and societies that tolerate it. Violence against women is a violation of basic human rights that must be eliminated through political will, and by legal and civil action in all sectors of society'

IPV is a complex area of analysis and investigation. However, to promote and implement comprehensive intervention against IPV and facilitate women to regain equilibria, achieve well-being and reconstruct their identity, continuing research is imperative.

2.3 Global Prevalence of IPV

This section describes IPV as a global public health issue and briefly outlines the international and national prevalence of IPV. Also, current worldwide and national key prevention strategies are briefly discussed. Overall knowledge of global and national IPV statistics and strategies is essential when considering the challenges of regaining equilibrium post IPV.

Violence against women and sexual violence are major public health concerns and a violation of women's human rights. Research conducted by the World Health Organisation, the London School of Hygiene and Tropical Medicine and the Medical Research Council Global estimated 30% of women, aged 15 years and older, have experienced physical, psychological and/or sexual violence in their lifetime, with rates ranging from 16.3% in East Asia to 65.64% in Central sub-Saharan Africa (Devries et al, 2013; Garcia-Moreno, 2006; Garcia-Moreno, Jansen, Ellsberg, Heise & Watts, 2005; Palermo et al, 2014; WHO, 2012; UN Women, 2011). Additionally, 38% of all homicides of women are committed by intimate partners (WHO, 2013).

The pervasiveness of IPV has been the focus of a number of international population- based research papers (Alhabib et al, 2010; Garcia-Moreno et al, 2005; Palermo et al, 2014; WHO, 2002; Watts & Zimmerman, 2002). The conclusions have delineated that among women who have ever experienced an intimate relationship:

- 13-61% have experienced physical or severe physical violence by a partner;
- 6-59% have experienced sexual violence by a partner;
- 20-75% have experienced emotional/psychological abuse by their partner; (Garcia-Moreno et al, 2005)

According to the Australian Bureau of Statistics (ABS) 2012 Australian Personal Safety Survey, 41% of all women aged 18 years and over had experienced violence since the age of 15 (Australian Bureau of Statistics, 2012). Of which, 16.9% of women experienced violence via a current or former partner. Additionally, according to the survey, the current national estimate of women experiencing violence is 5.8%. Except for the Northern Territory, where women experienced violence at a higher rate (8.1%), no statistically significant difference was seen in the prevalence of violence for women in each State/Territory compared to the national estimate (Australian Bureau of Statistics, 2012).

In response to the need for data on the prevalence of violence and sexual assault in Australia (Department of Social Services, 2011), the survey was conducted under the authority of the Census and Statistics Act 1905, with interviews being conducted with persons aged 18 years and over. 41,350 households were randomly selected and only one person was interviewed per household. The interviews were conducted in private, due to the sensitive nature of the topic and ensuring confidentiality and participation in the interviews was not compulsory.

The survey collected information regarding the nature and extent of violence, experienced by both men and women since the age of 15. Given the voluntary nature of the survey, a final response rate of 57% was achieved, with gendered response rates of 57% for females and 56% for males (Australian Bureau of Statistics, 2012). Generally, there is no agreed or accepted standards for what constitutes violence. However, in developing the concepts for the survey, the ABS were assisted by an advisory group which consisted of members with both legal and criminology backgrounds. Hence, the definitions of violence used in the survey were based on what actions would constitute offences under State and Territory criminal law (Australian Bureau of Statistics, 2012).

The WHO (WHO, 2013) describes rates of IPV are highest in African, Eastern Mediterranean and South-East Asian zones (37%), proceeded by regions in the Americas (30%). Prevalence was lower in economically stable territories (23%), including those in Europe and the Western Pacific (25%). Notably, IPV prevalence is described by young women (15-19 years of age), as occurring quickly in romantic relationships. Prevalence of IPV then advances to peak in older women (40-44 years of age). Scant data exists for women experiencing IPV post 50 years of age, hence the prevalence rate in this category is unsound (Keeling, Smith, & Fisher, 2016; Roberto, McPherson, & Brossoie, 2013; Yan & Chan, 2012; Zink Regan, Jacobson & Pabst, 2003). Surveys and other IPV research methodologies mostly analyse women aged between 15-49 years, hence there is limited information available for other age categories.

Discrepancies of IPV prevalence within distinctive communities and societies emphasise that IPV is not inevitable and is avoidable, especially when countries use strategies that prohibit and impede IPV (WHO, 2013). Interventions which prevent IPV, need to be evaluated and evidence-based strategies promoted to decrease the global prevalence of IPV. Global collaboration endeavours to decrease the prevalence of IPV and assist women experiencing violence (UN Women, 2017; WHO, 2014).

Prevailing literature proposes the differences in global prevalence of IPV can be explained via anthropological, national and political action that fosters IPV (Ali & Naylor, 2013; Allen et al, 2009; Harris et al., 2012; Pedersen & Strömwall, 2013; WHO, 2014). Behaviour that supports IPV needs to be acknowledged and criticised. In particular, criticising any patriarchal

philosophy that accepts violence against women and male domination within a relationship; promoting women's economic and democratic rights; assisting children that are in domestic violent environments and amending discriminatory IPV legislation are all approaches that need improving (Coffe, 2010; Dorius, 2010; Hudson, Bowen & Nielsen, 2011; Insetta et al, 2015; MacMillan & Wathen, 2014; Pulerwitz et al, 2014; Schober & Winter-Ebmer, 2011). As IPV is pervasive, focal points need to address primary prevention alongside health services post the abusive relationship, as the aftermath of violence can be crippling.

2.3.1 UN Women and WHO Global Plan of Action

Globally, UN Women work in conjunction with many inter-governmental bodies, such as the General Assembly and the Commission on the Status of Women (CSW) to increase the awareness of violence against women, promote the need for shifting gender roles and behaviours of both men and boys and supporting women's rights and gender equality. UN Women support access to multi-sectorial necessary services for women and children whom have experienced violence. These services include medical assistance, healthcare, shelter and legal services. Additionally, UN Women work with national government bodies developing meaningful and sustainable action plans to address and prevent violence against women (UN Women, 2013, 2017).

In 2014, the 67th World Health Assembly (WHA) ratified a comprehensive resolution (WHA 67.15) that defined IPV as a pervasive public health problem (WHO, 2014b). The WHO established a multinational scheme reinforcing the significance of national health systems principally concerning IPV against women and children. The WHA requested a global plan of action to strengthen the role of the health system to address IPV, primarily concerning women and children. The scope of the global plan was guided by resolution WHA67.15. The plan advocates that all nations deliver public health measures that are effectual, economical and accessible to individuals injured by violence (WHO, 2016; 2014a).

2.3.2 Australian Response to IPV

The Australian Government acknowledges IPV as a serious national concern and the present response is a diverse political and civil strategy inclusive of IPV prevention programmes, assistance for victims and their families, firm law enforcement and peremptory legal mandates throughout the country (Parliament of Australia, 2015). For many years, the major Australian political parties have considered IPV as a priority concern within the country. In 2009, the National Plan to Reduce Violence against Women and their Children 2010-2022 was endorsed by the Council of Australian Governments (COAG) (Department of Social Services, 2011). Via a series of four three-year Action Plans, the National Plan recommended a framework for

social change and unified government responses. The objectives of the National Plan include stopping IPV before it commences, supporting women and children whom have experienced IPV and stopping men from committing IPV (Department of Social Services, 2011).

The First Action Plan lay the infrastructure for long-term national changes. This included support for authority to inform future policy and engaging community for reducing IPV (Department of Social Services, 2012). The First Action Plan established major initiatives including Australia's National Research Organisation for Women's Safety (ANROWS) and 1800RESPECT, a national service to support women whom had experienced IPV.

The Second Action Plan built from the First Action Plan and delineated five national priorities including community action to prevent violence, understanding experiences of violence and improving perpetrator interventions. The Second Action Plan aligned governments to agree with the national priorities addressing IPV and supported links with other national reforms concerned with violence towards women and children (Department of Social Services, 2014).

The Third Action Plan was launched in late 2016 and delineates six national priority areas including prevention and early intervention of violence, sexual violence and responding to children living with violence (Department of Social Services, 2016). Additionally, one of the priority areas is keeping perpetrators accountable across all systems. This priority area targets perpetrator interventions, including programs delivering long-term change by designing and evaluating interventions models in different settings. As addressed in the Third Action Plan, it is not possible to keep women and children safe from violence without focusing on the perpetrators and the examining the interventions and strategies associated with keeping perpetrators accountable for their actions (Department of Social Services, 2016). Numerous Australian stakeholders and experts provided consultation to inform the Third Action Plan, including COAG's Advisory Panel on Reducing Violence against Women and their Children. Additionally, two significant reports, Special Taskforce on Domestic and Family Violence in Queensland and the Victorian Royal Commission into Family Violence greatly informed the Third Action Plan.

The overarching objective of the National Plan is to achieve 'a significant and sustained reduction in violence against women and their children' (Department of Social Services, 2011). Currently, there are national strategies which align with the National Plan. These include the Victorian Respectful Relationships education program which was introduced into Victorian state schools in 2016; Respect.gov.au - the current national campaign highlighting disrespectful behaviour towards women and the potential for the cycle of violence; Australia's National Research Organisation for Women's Safety Limited (ANROWS) - an independent, not-for-profit organisation established under the National Plan which assists with the reduction

of IPV via measures for policy and practise, and strong public advocacy by IPV survivors including Rosie Batty (Australian of the Year, 2015) and Dr Ann O'Neill (WA Australian of the Year Nominee, 2011). Although international and national governing bodies continue addressing IPV as a public health concern, communicating effective strategies to the public need to be strengthened, including effective and sustainable programmes for perpetrators (Day, Chung, O'Leary & Carson, 2009; Carson, Chung & Day, 2012). This study examines the reconstruction of women's identity and well-being following the experience of IPV and outlines the necessity for effective IPV measures.

2.4 Health Consequences of IPV

This section describes the psychological and physical health consequences of IPV. Many women, whom experience IPV, have ongoing effects from the abuse experienced and their journey towards recovery and well-being can be hindered by the long-lasting effects. As a public health issue, addressing and understanding the health consequences of IPV is vital when assisting with recovery and well-being. Additionally, as the psychological and physical health consequences of IPV can be severe and long-lasting, it is essential that interventions which aim to move women from survivor to healthy identity address these issues.

The relationship between IPV and a range of negative health outcomes and decrease to quality of life (Costa et al., 2015; Leung, Leung, Ng, & Ho, 2005; Mechanic, Weaver & Resick, 2008; Ross et al, 2015) has been firmly established (Insetta et al., 2015; Sanchez-Lorente et al, 2012; Vives-Cases, Ruiz-Cantero, Escriba-Aguir, & Miralles, 2011; Weiss, Dixon-Gordon, Duke, & Sullivan, 2015). Acute and chronic health effects of IPV may manifest as a result of physical and/or sexual violence (Campbell, 2002; Kelly, 2010; Pico-Alfonso et al, 2006) and from women's physical and psychological response to trauma (Coker et al, 2002; Lamy, 2009; Pico-Alfonso, 2005; Plichta, 2004; 2002).

A developing body of literature describes the link between IPV and physical and psychological health consequences. Psychological health complications include depression, post-traumatic stress disorder (PTSD), anxiety, paranoia, suicide or self-harm, insomnia and other sleep disorders (Adkins & Kamp Dush, 2010; Devries et al, 2011; Ellsberg et al, 2008; Ishida, Stupp, Serbanescu, Goodwin, & Melian et al, 2010; Martinez, Sánchez-Lorente, & Blasco-Ros, 2010; Pico-Alfonso et al, 2006). All the research listed was conducted internationally, focussed on women over the ages of 15 and all studies used mixed method research designs.

Physical health complications include chronic back pain, neck musculoskeletal problems and body disorders (Jansen, Heise, Watts, & García-Moreno, 2008; Loxton, Schofield, & Hussain, 2006; Vives-Cases et al, 2011; Wuest et al, 2010; Wuest et al, 2008). Most the research listed

was conducted internationally, focussed on women over the ages of 15 and all studies used mixed method research designs. Loxton et al focussed on Australian women over 47 years of age (Loxton et al, 2006).

Consequently, some women who experience IPV require health-care assistance (Coker et al, 2004; Rivara et al, 2007; Vun, Ostergren, & Krantz, 2009), pharmacological assistance (Prosman, Lo Fo Wong, Bulte, & Lagro-Janssen, 2012; Taft, Bryant-Davis, Woodward, Tillman, & Torres, 2011) and psychiatric aid (Comeau & Davies, 2012; Jaquier, Hellmuth & Sullivan, 2013; Weiss, Dixon-Gordon, Duke, & Sullivan, 2015). Additionally, among women whom experience IPV, their sexual health can be affected as some women engage in risky sexual practises which can compromise overall well-being. These include a decrease in prophylactic use, unplanned pregnancies and complications associated with pregnancies, sexually transmitted infections, blood borne viruses and sexual dysfunction (Moya, Chávez-Baray, & Martínez, 2014; Laanpere, Ringmets, Part, & Karro, 2013; Sutherland, Fantasia, & Adkison 2014).

A cross-sectional survey conducted by Laanpere et al (Laanpere et al, 2013) showed IPV was an important contributor to contraceptive non-use, the use of unreliable contraceptive methods, repeated induced abortions and chronic STIs amongst Estonian women, aged between 16-44, whom have experienced IPV. Surveys conducted by Thaller & Messing (Thaller & Messing, 2016) investigated the occurrence of reproductive coercion in IPV relationships in American women ages between 14-45 years of age. Thaller & Messing reported 15.5 percent of their respondents had experienced reproductive coercion with pregnancy coercion and birth control sabotage significantly correlated ($p<0.01$).

In comparison, research via discourse analysis conducted by Wigginton et al (Wigginton, Harris, Loxton, Herbert, & Lucke, 2015), showed in young Australian women aged 18-23 years of age, less than 4% did not use any contraception in their sexual encounters. Additionally, surveys conducted by Richters et al (Richters et al., 2016) showed in Australian women, aged between 16-49 years, over 81% were using some form of contraception. Of the 19% not using contraception, pregnancy, infertility and menopause were the some of the reasons listed for not using contraception. However, IPV was not one of the cited reasons.

Some women who experienced sexual violence reported gynaecological difficulties. These include: bleeding after intercourse, pain during urination, pain during intercourse, high rates of STIs, cervical cancer, pregnancy complications and abnormal Pap smear results (Cook & Dickens, 2009; Cripe et al, 2008; Dude, 2011; Roelens, Verstraeten, Van Egmond, & Temmerman, 2008; Sanchez et al, 2008; Stephenson, Koenig & Ahmed, 2006; Vos et al, 2006). A review conducted by Cook & Bewley (Cook & Bewley, 2008) cited 12.9% of 481

women at antenatal booking assessment in Ireland gave a history of experiencing intimate partner abuse; In India, 18% of 2199 women experienced domestic violence during their last pregnancy; 27.7% of 612 Ugandan pregnant women screened in their second trimester reported domestic violence during that pregnancy; 17% of 475 pregnant women surveyed in the north of England reported a history of physical, emotional or sexual abuse; 5.4% of 279 pregnant women surveyed in Japan reported domestic violence and 9.7% of 217 women surveyed in Turkey reported being beaten by their partner in their last pregnancy.

Additionally, surveys conducted by Quinlivan & Evans (Quinlivan & Evans, 2001) on young Australian women found a higher incidence of puerperal and neonatal morbidity observed in those who had experienced IPV compared to Australian young women whom hadn't experienced IPV ($p < 0.007$). The link between on-going health consequences post termination of the abusive relationship has been cited in the literature (Beecham, 2014; Miller et al, 2014; Laanpere et al, 2013). The literature indicates the abused women can experience physical health consequences post separation of the relationship. These include: headaches, dizziness, coronary palpitations, spasms, fibromyalgia and fatigue (Ellsberg et al, 2008; Nerøien & Schei, 2008; Wong & Mellor, 2014; Wong, Fong, Lai, & Tiwari, 2014; Woods, 2008). Healthcare provision is vital post separation with many women seeking healthcare assistance long after the abuse has ended. Unfortunately, medical and healthcare assistance is under-utilised to assist with healthcare seeking post termination of IPV relationships (Coker et al., 2012; Jae Yop & Ji Hyeon, 2010). Additionally, sexual health issues have only recently begun to be frankly discussed with obstetrician– gynaecologists and their patients, so comparative data within the general population is difficult to obtain (Leslie, 2017; Lucke, Herbert, Watson & Loxton, 2013; Mengesha, Perz, Dune & Ussher, 2017).

Psychological consequences of IPV include: post-traumatic stress disorder (PTSD), anxiety and depression amongst abused women (Dillon et al, 2013; Jordan et al, 2010; Mechanic, 2008; Weiss et al, 2015). Additionally, IPV is associated with suicidal ideation, societal dysfunction, insomnia and abuse of alcohol and other narcotics (Burnette et al, 2014; Flanagan et al, 2014; Peters et al, 2012; Pico-Alfonso et al, 2006). A cross-sectional survey conducted by Wolford-Clevenger et al (Wolford- Clevenger & Smith, 2017) confirmed past findings (Cavanaugh et al, 2011; Leiner et al., 2008) and demonstrated women seeking shelter from IPV display symptoms related to a negative view of self which contributed to their suicidal ideation. A cross- sectional study conducted by Rees et al (Rees et al., 2011) showed among a nationally representative sample of Australian women, IPV was significantly associated with mental health disorder, dysfunction, and disability. Their results showed in Australian women ($n=139$) exposed to different forms of IPV, the rates of mental disorders were 77.3%, anxiety

disorders were 52.5%, mood disorder was 47.1%, substance use disorder was 56.2% and 34.7% for suicide attempts.

Research has found psychological violence to be equally detrimental as physical violence to a woman's well-being (Dillon et al., 2013; Jansen et al., 2008; Pico-Alfonso et al., 2006). Women who have experienced psychological IPV are just as likely to experience mental health problems as those women whom experienced both psychological and physical abuse. Interviews conducted by Pico-Alfonso et al (2006), showed psychological IPV was just as detrimental as physical IPV on the mental health of women whom had experienced either forms of IPV. The research was conducted on Spanish women whom had experienced IPV ($n=130$), comparing women whom had experienced both physical and psychological IPV ($n=75$) versus those whom had experienced psychological IPV ($n=55$). The study aimed to determine the impact of IPV on mental health via mixed-methods and determined no differences were found on the poor mental health between women exposed to physical/psychological IPV and those exposed only to psychological IPV.

Additionally, a cross-sectional study was conducted by Wong et al (Wong et al., 2011) on Chinese women ($n=200$) whom had experienced abuse. Their findings reported the more frequent the psychological abuse experienced, the higher the level of depression experienced by the abused women. The result was not the same in those women whom had also experienced physical abuse. These analyses are critical as psychological trauma in IPV relationships can be considered as a lesser outcome and accordingly receives less attention when acknowledging trauma from IPV (Follingstad, 2007; O'Leary, 1999).

Some researchers have questioned the impact of psychological trauma in IPV relationships. O'Leary et al (O'Leary, 1999) questioned the definition of psychological abuse and hence the difficulty in legal purposes; Follingstad et al (Follingstad, 2007) stated the field of IPV research was in a difficult position to try and analyse data 'regarding a phenomenon that has been inadequately conceptualized' (p. 441). With discrepancy within the field, women whom have experienced psychological abuse alone may not seek or receive the required assistance.

The psychological and physical health consequences of IPV are equally harmful and requires careful consideration from healthcare, legal and government administration to assist women whom have experienced IPV (Beeble, Bybee, & Sullivan., 2010; Coker et al., 2002; Hill & Ousley, 2017). The reconstruction of self, following IPV is an arduous process for some women, especially if they experience chronic psychological and physical effects from the abuse (Lindhorst & Beadnell, 2011; Matheson et al., 2015; Smith, 2003)

2.5 Gender Roles

Global and individual perspectives have always influenced sentiment concerning IPV, particularly violence towards women (Ali & Naylor, 2013; Allen, 2009; Meyer, 2016; Pedersen & Strömwall, 2013). These perspectives include perpetrator behaviour, victim behaviour and societal understanding of IPV (Eckstein, 2016; Eigenberg & Policastro, 2015; Harris, 2012; Kelly, 2011; Policastro & Payne, 2013). There are many factors that determine attitudes towards IPV. IPV research describes gender and culture as two influential components that can affect social and political policy (Ackerman & Love, 2014; Baldry, Pacilli, & Pagliaro, 2015; Flood & Pease, 2009; Laharnar, Perrin, Hanson, Anger, & Glass, 2015; Lila et al, 2012; Salazar & Öhman, 2015).

Individual and collective IPV ideologies can be essential to the perpetration of violence against women. IPV literature indicates that some men with orthodox, patriarchal and misogynistic gender-role principles can have an acceptance towards IPV (Boesten, 2012; Crittenden & Wright, 2013; Hunnicutt, 2009; Zakar, Zakar & Kraemer, 2013). Young men who advocate sexual aggression and engage in sexual coercion with women, may acknowledge their own behaviour as heteronormative (Abbey, Jacques- Tiura, & LeBreton., 2011; Coy & Horvath, 2011; Eaton & Matamala, 2014). A mixed- methods study conducted on a heterosexual Hispanic population (n=555) by Easton et al (Eaton & Matamala, 2014) found in both men and women, heteronormative beliefs was positively correlated with the personal acceptance of sexual coercion strategies. Qualitative research conducted by Hird & Jackson (Hird & Jackson, 2001) found adolescents, in New Zealand and England, viewed engaging in sexual coercion by males as heteronormative, a part of masculinity.

Consistent with IPV literature, one of the most significant indicators of justification towards IPV is philosophy concerning conventional gender role observance (Barker & Ricardo, 2005; Conroy, 2014; Eriksson & Mazerolle, 2015; Flood & Pease, 2009; Ulloa, 2012; Yamawaki, 2012; Yount, Miedema, Martin, Crandall, & Naved, 2016). Some theorists have proposed heterosexist norms and gender roles can negatively affect romantic relationships via male sexual coercion (Adams-Curtis & Forbes, 2004; Eaton & Matamala, 2014; Reidy Berke, Gentile, & Zeichner, 2014). A review by Adams-Curtis & Forbes (Adams-Curtis & Forbes, 2004) confirms rigid gender roles and traditional sexual scripts are major contributors to sexual coercion in heterosexual relationships. Moreover, quantitative research has found observance to gender roles, by both men and women (n=325), are more accepting of the use of physical

coercion in romantic relationships, especially to gain sexual activity from women (Haworth-Hoeppner, 1998).

Additionally, some abused women acknowledge and accept the violence within the relationship, as their subjugation is predicated upon their own attitude, and that of their peers, towards IPV (Dietrich & Schuett, 2013; Enander, 2010a; Rehema & Prisca, 2016; Reich et al., 2015; Ting & Panchanadeswaran, 2009). IPV research indicates women whom attribute IPV to flawed behaviour by the female partner are more likely to experience IPV and sexual assault. They are less likely to notify family members, friends or police and, as a result of self-blame, are likely to experience psychological distress (Mannell, Jackson & Umutoni, 2015; Mugoya, Witte & Ernst., 2014; Overstreet & Quinn, 2013; Pedersen & Strömwall, 2013; Sullivan, Schroeder, Dudley & Dixon, 2010).

This thesis uses a public health perspective to discuss women's identity and well-being post IPV, examining gender roles within the context of abusive relationships helps recognise the importance of the woman's identity before, within and after leaving the relationship. How women move beyond survivor after the experience of abuse can be dependent on their role within and beyond the relationship. International and local perspective regarding gender roles and IPV can limit the women's well-being after their experiences (Fanslow, Robinson, Crengle, & Perese, 2010; Fisher, 2013; Joshi & Childress, 2017).

There are various studies investigating news media representation and social modelling which demonstrate women whom are quiet, modest and noble present as the quintessential partner (Collins, 2011; Lauzen, Dozier & Horan, 2008; Rudy, Popova & Linz, 2010; Scarduzio, Carlyle, Harris, & Savage., 2017). Research conducted by Scarduzio et al (Scarduzio et al., 2017) critique the role of news media influencing public understanding of IPV and also the formation of gender stereotypes. Their research involved interviewing U.S. college students ($n=296$) discussing characterises of male and female perpetrators of IPV. Via qualitative analyses, the results indicate U.S. dominant gender norms were reflected in the results. For example, female perpetrators commit IPV in self-defence or provocation; male perpetrators are the initiators of the violence. A commentary by Collins (Collins, 2011) regarding gender role analyses in media describes the portrayal of women in a range of media and settings. Overall, women were under-represented across a range of media and settings. When women were portrayed, it was in a circumscribed and negative manner. For example, women were subordinated via their facial expressions or body positions, also women were portrayed as homemakers, wives, mothers, non-professionals.

Women whom display these attributes and possess conventional expectations concerning gender roles are less likely to disclose incidents of IPV (Enander, 2010a; Estrellado & Loh, 2014; Odero et al., 2014). Research conducted by Odero et al (Odero et al., 2014) cited financial barriers limiting disclosure of IPV via some East African women, as they depended on their partner for all financial resources. Research conducted by Estrellado & Loh (Estrellado & Loh, 2014) on Filipino women (n=40) cited gender roles, inter and intrapersonal factors and lack of resources as the main reasons to remain in the abusive relationships. Additionally, women whom have conventional expectations of themselves and their partners are less likely to identify IPV and unlikely to identify their relationship as abusive (Flanagan et al., 2014; Meyer, Wagner, & Dutton, 2010; Sullivan et al., 2010). This study examines the healing and recovery process after IPV. For this journey to commence, some women need to detach from their conventional identity and gender role within the relationship.

2.6 Gender, Culture and Sexual Norms

There are individual and collective IPV perspectives concerning women, gender and sexuality. Some IPV research delineates that certain perceptions of IPV towards women is founded on patriarchal behaviour. These male partners occupy the commanding position in the relationship and display physical and psychological oppression. Furthermore, some men that display patriarchal behaviour consider women dishonest, malicious and require governing. Hence, marriage assures financial security and therefore, sexual consent (Flood & Pease, 2009; Harris et al., 2012; Hunnicutt, 2009; Reed et al., 2015; Pedersen & Strömwall, 2013; Zakar et al., 2013). Some IPV research describes social structures where women are economically dependent on men and patriarchal norms regarding gender roles force women to internalise feelings and rationalise the abuse within the relationship (Bauman, Haaga, & Dutton, 2008; Eckstein, 2011; Estrellado & Loh, 2014; Mugoya et al., 2014; Waldrop & Resick, 2004).

These convictions can be observed in many cultures, including Western culture, and can be affirmed by certain judicial, government and social rule (Hiner & Azocar, 2015; Strid, Walby & Armstrong, 2013; Tang & Wang, 2014). Globally, many women whom endure IPV, blame themselves for their partner's abusive behaviour and consider their efforts ineffective to maintain a happy partner and a healthy relationship (Eigenberg & Policastro, 2015; Mugoya et al., 2014). The collective perspective concerning gender roles can greatly influence the woman within the abusive relationship and diminish her ability to end the relationship (Fanslow et al., 2010; Jayatilleke et al., 2011; Kennedy & Prock, 2016). Socio-cultural factors can also instil judgement towards gender behaviour and IPV. Usually, cultural factors include social class, ancestry and nationality, however there are other significant collective aspects that

influence individual attitude towards IPV. IPV literature describe socioeconomic factors, legislative and governmental elements, public opinion and societal evolution as crucial components (Fisher, 2013; Lee, 2013; Montoya & Rolandsen Agustín, 2013; Pain, 2014a; Postmus, 2015).

Despite some prevailing attitudes of IPV, there have been improvements in some countries including Australia, the USA and countries in Western Europe in recent decades. Pro-equality and feminist perspective have helped women to identify an abusive relationship and have accelerated the ending of the relationship (Htun & Weldon, 2012; Nayak, Byrne, Martin & Abraham, 2003; Schwartz, 2005; Villanueva Sainz-Pardo, 2014; Wu, Button, Smolter & Poteyeva, 2013). As this study examines the healing and recovery process after the experience of IPV, it was important to examine the reasons why the women felt it necessary to remain in the abusive relationship. For their healing journey to begin, some women needed to discard some psychological, emotional, personal and social factors associated with their relationship including a socio-cultural perspective.

2.7 The Conceptualisation of Identity within an IPV Relationship

Within the context of abusive relationships, a woman's identity is construed and developed via social interrelationships with others (Becker, 1997; Charon, 2010; Goffman, 1959), especially those with whom she is emotionally attached (Allen- Collinson, 2011; Baly, 2010; Denzin, 1985; Miller, 2007). When a woman experiences an abusive relationship, the totality of the events she encounters, and the interpretation of these episodes influence her dominant identity, possibly deconstructing her present individuality and constructing a more guarded, submissive identity (Becker, 1997; Denzin, 1985; Goffman, 1959). Therefore, when a woman who has experienced IPV, decides to terminate the abusive relationship, the judgement a woman attributes to her resolutions and incidents needs to be acknowledged. These resolutions assist in the reconstruction of her identity and in the negotiation of coping strategies to gain well-being (Baly, 2010; Leitão, 2014; Vatnar & Bjørkly, 2014; Zakar, Zakar & Kraemer, 2012).

IPV literature indicates that enduring IPV can result in a disconnect from identity and community (Baly, 2010; Ellsberg et al., 2008; Romito & Grassi, 2007; Romito et al., 2005). Alongside classical literature regarding selfhood by Goffman (1959), an abused woman requires affirmative validation within social interactions to preserve her individuality. However, the pressure of pacifying her abusive partner is incompatible towards a positive healthy identity. Avoiding friends, restricting social opportunity with family and limiting employment curtail the factors of validation. Consequently, as the variants of identities diminish, the

woman's identity is dependent to the identity of spouse and/or mother (Burnett et al., 2016; Laney, Hall, Anderson, & Willingham, 2015; Laney, Carruthers, Hall, & Anderson, 2014). These surviving identities can also be overwhelmed via the abuse experienced and overturned by the abusive partner (Anderson, 2007; Becker, 1997; Charon, 2010; Denzin, 1985; Goffman, 1959).

According to established literature, the dissipation of an identity does not signify a loss of self (Mills, 1985; Walker, 2009). However, the surrendered characteristics are not replaced by other favourable ones and the remaining identities are undermined. Hence, the destruction of approved social identity can lead to a subjugation of self- forcing some women to perceive themselves as passive 'zombies' within the relationship (Anderson, 2007; Baly, 2010; Leitão, 2014; Mills, 1985; Olson, 2004; Vatnar & Bjørkly, 2014). The reconstruction of identity, after experiencing IPV, can be a lengthy and painful process. However, it is the reconstruction of identity that precipitates well-being. This study examined the process of reconstructing identity after IPV and how this reconstruction assists with recovery and well-being.

2.8 Coping Strategies within an IPV relationship

The focus of this study is the reconstruction of self after IPV. Coping strategies, within and post relationship, are important to a woman's reconstruction of self and well- being. Coping strategies are mechanisms by which an individual constrains psychological and superfluous demands which are detrimental to their well-being (Bauman et al., 2008; Hollander, 2002; Sullivan et al., 2010). According to the literature, an individual's adoption of coping strategies evolves through interrelationships and negotiations within their environment (Lazarus, 2006; Meyer et al., 2010; Moe, 2007). These mechanisms are influenced via the acknowledged verbal and visual cues that are gathered from these interactions (Lazarus, 2006; Moos & Holahan, 2003; Sullivan et al., 2010).

IPV is acknowledged to be a unique and turbulent environment (Dutton, 2006; Flood & Pease, 2009; Stark, 2007; Waldrop & Resick, 2004), therefore any coping strategies employed by the women within the violent relationship are particular to those conditions (Craparo, Gori, Petruccelli, Cannella, & Simonelli, 2014; Roberto et al., 2013; Sullivan et al, 2010; Ting, 2010) and are correlated by the influence and degree of violence endured. Coping mechanisms include interventions where physical measures are used to end the violence; public assistance where mediations are used or strategies where psychological and physical disengagement techniques are used (Goodman, Dutton, Vankos, & Weinfurt, 2005; Kaukinen et al., 2013; Powers & Simpson, 2012; Sullivan et al, 2010).

According to the literature, the variety of interventions abused women use determine their overall well-being (Bauman et al., 2008; Meyer et al., 2010; Moe, 2007; Sullivan et al., 2010). An abused woman's fortitude and identity can be moderately safeguarded if her coping mechanism/s involve community assistance and services, as this assistance will expedite the dissolution of the abusive relationship. Abused women whom experience IPV victimisation, have rare significant relationships with others, have few friends and use avoidance techniques as their main coping strategies to conserve their identity and well-being (Baly, 2010; Calvete, Corral, & Estévez, 2008; Flanagan et al 2014; Lilly & Graham-Bermann, 2010; Olson, 2004).

However, some of the literature suggests some coping strategies disadvantage the abused woman as some strategies encourage her to remain in the relationship which can intensify the violence (Eckstein, 2011; Enander, 2010b, 2011; Sullivan et al., 2010). Women whom experience IPV need to identify the violence experienced as it breaches the expectations of safety and dependence within non-violent relationships. To understand the inconsistency within the relationship, the abused woman revises her ambitions for the relationship and endures the abuse, thereby influencing pragmatic decision-making abilities. Such a coping strategy disadvantages the woman as she remains in the violent relationship (Ahmad, Rai, Petrovic, Erickson, & Stewart, 2013; Drumm et al, 2014; Wong & Mellor, 2014; Meyer, 2011; Zink et al., 2003).

If the violence escalates, some abused women use avoidant, retaliatory or pacifying coping techniques in preference to legal or social assistance (Leone et al., 2014; Kaukinen et al., 2013; Powers & Simpson, 2012; Goodman et al., 2003). These strategies suggest abused women may feel responsible for the violence and self- assistance may be the only effective strategy. This may be due to isolation from others, confusion about the relationship and/or anxiety towards social services (Li et al., 2015; Messing et al., 2015a; Sayem et al., 2015; Mojarrro-Iñiguez et al., 2014; Sullivan et al., 2010). IPV research describes the relationship between coping strategies and psychological effects observed in abused women (Lilly & Graham- Bermann, 2010; Bauman et al., 2008; Loxton et al., 2006; Waldrop & Resick, 2004). Women who used coping strategies that aided self-sufficiency were less likely to experience depression and PTSD. Behaviour endorsing psychological and physical well-being included; problem-solving, decision-making, preservation of identity and conservation of stamina contributed to positive self-advocacy, a lower rate of depression and more resolute to end the abusive relationship (Anderson et al., 2013; Hayes, 2013; Critelli, 2012; Yount, 2011; Goodman et al., 2003; Nurius et al, 2003).

IPV literature proposes women who used such coping strategies diminished their risk of further violent behaviour within the relationship. Consequently, rebuilding the relationship, rational analysis of the circumstances, being assertive and using community-based support are factors concerning the preservation of identity and reducing the violence within the relationship (Ahmad et al., 2013; Iverson et al., 2013; Kuijpers et al., 2012; Moe, 2007; Perez, Johnson, & Wright, 2012; Shanthakumari, Chandra, Riazantseva & Stewart, 2014; Zakar et al., 2013). By using these coping mechanisms, distress can be reduced. Effective use of individual and community services may assist abused women with safeguarding identity, attaining and preserving well-being and acquiring refuge post relationship. The reconstruction of self, after experiencing IPV, can be a lengthy and painful process. However, coping mechanisms and strategies within the relationship and post relationship can assist with recovery and well-being. This thesis examines the process of reconstructing self after IPV and coping strategies are an integral part of this reconstruction.

2.9 Leaving as a Process

Ending an abusive relationship is considered a varied process involving cultural, economic, legal and psychological difficulties and various decisions and actions taking place over months, even years (Alexander et al., 2009; Baly, 2010; Brown, Trangsrud, & Linnemeyer, 2009; Burke, 2009; Shurman, 2006; Smith, 2003). According to IPV research, relationship termination commences with psychological changes prior to the beginning of physical departure which, eventually, is achieved (Enander & Holmberg, 2008; Estrellado & Loh, 2014; Martin et al., 2000; Pain, 2014b).

Ending the relationship is dependent on various interconnected factors. These include; the abused woman's apprehension towards unfamiliar future prospects (Barnett, 2001; Clough, Draughon, Njie-Carr, Rollins & Glass, 2014; Scheffer Lindgren & Renck, 2008), anxiety of escalating violence post departure (Bell, Goodman, & Dutton, 2007; Jaquier et al., 2013; Scheffer Lindgren & Renck, 2008; Valdez, Lim & Lilly, 2013), angst concerning inability to access financial assets (Antai, Antai & Anthony, 2014; Barnett, 2000; Hetling, Stylianou, & Postmus, 2015; Sanders, 2015; Ting & Panchanadeswaran, 2009), family and community stigma and humiliation (Overstreet, 2013; Ragusa, 2013; Rizo & Macy, 2011; Taft et al., 2009), spiritual and identity barriers (Drumm et al., 2014; Barnett, 2001; Hassouneh-Phillips, 2003; Humbert, Bess & Mowery, 2013) advancement towards self-analysis (Kanagaratnam et al., 2012; Valdez et al., 2013), increase in self-awareness and increased resentment (Baly, 2010; Lacey, Saunders, & Lingling, 2011; Oke, 2008; Scheffer Lindgren & Renck, 2008).

Continual perseverance and awareness is usually required for abused women to initiate examination of their individual circumstances. IPV research discusses this when abused women experience their perspective deviating. When a woman becomes aware of the hopelessness of the circumstances, this deviation can occur either suddenly or gradually (Enander, 2011; Enander & Holmberg, 2008; Kearney, 2001; Olson, 2004; Shurman, 2006; Smith, 2003; Wuest & Merritt-Gray, 2001). The deviations have been found to be usually prompted either by; deliberate external intervention (Estrellado & Loh, 2014; Kearney, 2001; Panchanadeswaran & McCloskey, 2007; Scheffer Lindgren & Renck, 2008), an undeniable egregious act by the partner (Enander & Holmberg, 2008; Shurman, 2006; Smith, 2003; Salazar, Höglberg, Valladares & Öhman., 2012), the internal accumulation of distress and disappointment that outweighed any improvement (Bell & Naugle, 2005; Alexander et al, 2009; Enander, 2011; Scheffer Lindgren & Renck, 2008;) or an increase in self-worth that expedited autonomy (Baly, 2010; Oke, 2008; Olson, 2004; Peralta & Tuttle, 2013).

Phases of re-characterising the abusive relationship were defined by distinct stages (Alexander et al, 2009; Enander, 2010a; Häggblom & Möller, 2007; Landenburger, 1989; Scheffer Lindgren & Renck, 2008) and ending the relationship was primarily dependent on revisions in the subjective context of the abused woman's circumstances (Bell et al., 2007; Burke, 2009; Campbell, 1999; Enander & Holmberg, 2008; Wuest & Merritt-Gray, 2001). IPV literature characterises the process of leaving as a development when the abused woman departs from being a compliant, yielding partner to a deliberating individual who resolves to end the relationship (Song, 2012; Baly, 2010; Oke, 2008; Olson, 2004; Wuest & Merritt-Gray, 2001).

The process of leaving an abusive relationship is complex and consists of several different factors. The process of leaving also initiates the reconstruction of self and well-being. Hence, examining this process contributes to the core of this thesis. Analysing and presenting the factors that assist with the reconstruction of self, recovery and well-being after the experience of abuse can assist women who are struggling with the idea of ending the relationship. It can also assist with empowering women to end the relationship or begin to detach within the relationship, thereby assisting with their reconstruction before their physical departure. Empowering women with autonomy, strength and resilience is a practical and long-term requirement for recovery and well-being (Kelly, Sharp, & Kelin, 2014).

Understanding the complexity of achieving well-being after IPV is a difficult task. This study describes the behaviour of abused women via their own experiences. Their narratives described the circumstances they endured and how the process of leaving and disengagement occurred. Hence, analysing information that lead to the woman's

reconstruction of self, often before the act of leaving, allowed for the establishment of stages during the process of leaving advancing towards well-being. Additionally, the information defined elements contributing to the process of recovery after ending of an abusive relationship.

2.10 Chapter Summary

The focus of the literature review was to provide context to the research findings. The journey towards recovery and well-being after the experience of IPV can be lengthy and complex. Informing the reader of potentially why women remain with abusive men, the complexity of IPV, the psychological and physical health consequences associated with IPV, conceptualisation of identity and leaving as a process are important to address. The areas presented in this chapter began with the complexity of IPV and guided the reader towards the recovery and well-being after the relationship ended.

CHAPTER 3 – METHODOLOGY

3.0 Introduction

This chapter presents the study aims and objectives, the underlying methodological approaches used in the study and outlines the specific data collection methods used. This qualitative research study adopted a Grounded Theory methodology and a Symbolic Interactionist perspective. Finally, the ethical considerations and quality criteria of the study are discussed.

3.1 Aims and Objectives

The overarching aim of the study was to identify the process of well-being and recovery after the experience of IPV. The initial focus was to document the main challenges and stressors faced by women who had experienced IPV. The second focus was to identify the key strategies used by these women to manage these stressors and begin a process of recovery. The information gained was based on the perspective of the women interviewed.

Specifically, the study objectives were to:

1. Identify the psychological, emotional, personal and social factors that lead Australian women to terminate their abusive relationship
2. Explore prevailing attitudes, intentions and behaviours of participants' retrospective to their experience of their abusive relationship
3. Explore the process of leaving and identify the transition these women experience that precipitates their permanent disengagement from the abusive relationship
4. Develop a model describing construction of a healthy concept of self and identity post separation of the abusive relationship
5. Propose recommendations aimed at promoting the safety of women and children experiencing IPV
6. Propose recommendations for women experiencing IPV aimed at promoting their own recovery and well-being

3.2 Research Design

3.2.1 Rationale for use of Qualitative Research

IPV and DV literature has periodically analysed post physical separation of the abusive relationship. The research questions and my theoretical and philosophical orientations, which also developed from the literature, influenced the research design process. Foremost, a qualitative approach was selected given such methods are very well suited to research questions that ask ‘how’ and ‘what’ questions when analysing personal experiences and these experiences are unable to be quantified (Rossetto, Manning & Kunke, 2014; Silverman, 2016). Qualitative research allows the researcher to explore the topic in a flexible manner, providing for rich in-depth descriptions of complex experiences, the interpretations of these experiences and concurrently allow for the potential emergence of a theory (Corbin, 2008; Silverman, 2016).

Different qualitative research methods exist based in underlying philosophical beliefs and assumptions. These methods include discourse analysis, ethnography, Grounded Theory and survey research (Berg, 2012). Qualitative methods are particularly useful when studying women in abusive relationships and those whom have left these relationships. Women in IPV relationships interpret their own situations and examining meaning and coping mechanisms within and the aftermath of IPV relationships is appropriate via qualitative research methods (Lim, Valdez & Lilly et, 2015; Valdez et al., 2013).

This study applied Grounded Theory methodology for the analysis of the data collected. This methodology has been well applied in IPV research. Kearney (2001) used Grounded Theory methodology to analyse women’s experience of IPV, Wuest & Merritt – Gray (2008, 2001) utilised Grounded Theory methodology to produce theory and improved insight concerning IPV relationships with respect to child custody policy. Additionally, Scheffer Lindgren & Renck (2008) applied constructivist Grounded Theory methodology to improve understanding concerning the process of leaving violent heterosexual relationships.

Constructionist Grounded Theory methodology was chosen for this study. Constructivism is defined as ‘a social scientific perspective that addresses how realities are made. This perspective assumes that people... construct the realities in which they participate’ (Bryant & Charmaz, 2010, p.607). This methodology is appropriate to study women within IPV relationships and the aftermath of the terminated relationship as this research addresses the gap in IPV literature by examination of the women who have permanently left their abusive partner. Additionally, the data was examined, analysed and interpreted from a Symbolic

Interactionism (SI) perspective within a Grounded Theory (GT) methodology to address the challenges faced in the post-separation period. The following section will present an overview of Grounded Theory methods, the origins and development, defining components of Grounded Theory, the rationale for using constructionist Grounded Theory and symbolic interactionism in this research.

3.2.2 Grounded Theory – An overview

Origins of Grounded Theory

Grounded Theory, as a research method, was founded on the seminal book 'The Discovery of Grounded Theory' by Glaser and Strauss (Glaser & Strauss, 1967). Glaser and Strauss emphasised the need to generate theory which arises from social research. They believed these theories would be 'more successful than theories logically deduced from a priori assumptions' (Glaser & Strauss, 1967, p.6). They asserted aligning theory construction with social research would produce a strong hypothesis grounded in research. Hence, Glaser and Strauss pioneered a methodology that bought together theory and empirical research (Glaser & Strauss, 1967, p.2). The purpose of which was to discover an underlying theory from the rigorous analysis of data. The researcher arrives at a hypothesis, at the conclusion of the research, which encapsulates the primary concern of the study. This hypothesis is in the form of a theory.

Glaser and Strauss acknowledge the researcher approaches the study inductively to unearth the primary concern of the participants. Accordingly, the researcher approaches the study objectively and without a hypothesis to prove or disprove, as per the scientific method. The methodology would lead the researcher to the overall concluding hypothesis grounded via the data analysis, without researcher bias or informed predictions. Overall, Grounded Theory is an inductive approach to research and data analysis with the overall aim of conceptualisation rather than verification (Glaser & Strauss, 1967, p.1).

Glaser and Strauss emphasised the data collection and analysis was to be carried out together and needed to be conducted via specific techniques of theoretical sampling, coding, constant comparison, saturation and memo writing (Glaser & Strauss, 1967). These techniques were designed to ensure as the data was collected and analysed, the theory will emerge. Hence, the methodology combines theory and research, as the theory is grounded in the data and refined by the systematic approach. Additionally, as the theory emerged from the particular data, competing theories or additional data were moot concerns. The emergent theory was unique to the data analysed (Glaser & Strauss, 1967).

Initially, Grounded Theory was not well received in research and academia as the methodology emerged when qualitative research was considered incapable of being verified (Corbin & Strauss, 2008). However, decades later, Grounded Theory is applied by researchers in various fields, including anthropology (Stebbins, 2014), business (Annabel-Mauve, 2014), education (Gregory & Jones, 2009), information systems (Birks, Fernandez, Levina & Nasirin, 2012), medicine (Adams, Goyder, Heneghan, Brand & Ajawi, 2017), nursing (Reyes, Andrusyszyn, Iwasiw, Forchuk, & Babenko-Mould, 2015) and social work (Oliver, 2012). The development of qualitative research was profoundly influenced by the emergence of Grounded Theory (Charmaz, 2014). Glaser and Strauss were able to prove qualitative research could be methodological, rigorous and able to generate theories closely connected to the data collected (Charmaz, 2014).

[The Development of Grounded Theory](#)

The evolution of Grounded Theory precipitated a professional and methodological divergence between Glaser and Strauss. Both Glaser and Strauss published books separately discussing the evolution and direction of Grounded Theory in qualitative research (Glaser, 1978; Strauss, 1987). In 1990, Strauss published with Corbin refining particular features of Grounded Theory, known as original (classic) Grounded Theory. They altered the original principle of Grounded Theory, the emergence of theory from the data, a theory discovered by the researcher. Their alterations led to an analytical and prescriptive framework for coding, designed to deduce theory from the data via data analysis. This framework is strongly underpinned by the philosophical nature of symbolic interactionism and pragmatism.

This alteration of Grounded Theory was highly criticised by Glaser and demanded Corbin and Strauss withdraw their altered version of Grounded Theory. Corbin and Strauss did not withdraw their version of Grounded Theory and published *Basics of Qualitative Research; Grounded Theory Procedures and Techniques* (1990). Following which, Glaser published *Basics of Grounded Theory Analysis: Emergence vs Forcing* (1992). In this book, Glaser followed the precise chapter sequence of *Basics of Qualitative Research; Grounded Theory Procedures and Techniques* so readers would be able to accurately and easily compare the two techniques.

In the following decades, Corbin, Strauss and Glaser continued in their divergent evolution of Grounded Theory. Glaser identified his version as 'Classic Grounded Theory' or 'Glaserian Grounded Theory' (2005). As Glaser spent many years publishing, developing and defending Classic Grounded Theory against Straussian Grounded Theory, Classic Grounded Theory grew in clarity in qualitative research. The tumultuous and contentious divergence in Grounded

Theory by both Glaser and Strauss was maintained both personally and professionally until Strass' death in 1996 (Birks & Mills, 2011). However, the divergence in Grounded Theory did not cease with Strass' death. A third variation was established by Kathy Charmaz - constructivist Grounded Theory.

[Constructivist Grounded Theory](#)

Charmaz was influenced by both Glaser and Strauss, not constrained by either of their variations of Grounded Theory and concentrated on interpreting Grounded Theory within a constructivist paradigm which became Constructivist Grounded Theory, the third variant of Grounded Theory (Charmaz, 2014). Charmaz revised many of Grounded Theory's assumptions and tenets and cited 'we construct our grounded theories through our past and present involvements and interactions with people, perspectives and research practices' (Charmaz, 2006, p.10). Additionally, Charmaz revised Strauss' rigid coding process to one with a more flexible approach which allowed the data to guide the researcher through the analysis, rendering the researcher to more than impartial observer (Charmaz, 2014).

The third variation of Grounded Theory was highly criticised by Glaser and he rejected many of the tenets of constructivist Grounded Theory, in particular the lack of the abstraction, conceptualisation and systematic theory generation, as these were principle characteristics of classic Grounded Theory (Glaser, 2002). Glaser's criticisms were challenged and reinforced Charmaz's position, that the Grounded Theory researcher would influence the data analysis with their interpretation and would construct the theory not discover the theory (Bryant, 2003). Additionally, constructivist Grounded Theory was an example of the evolution of Grounded Theory (Bryant, 2003). Contrary to Glaser, Corbin and Strauss accepted constructivist Grounded Theory as this variant exemplified the contemporary evolution of Grounded Theory, which they had always affirmed was a characteristic of Grounded Theory (Strauss & Corbin, 1994). The evolution of Grounded Theory has not ceased and continues to change within the scope of qualitative research.

[Rationale of the Use of Constructivist Grounded Theory in this Research](#)

This research sought to move beyond just describing the factors affecting the reconstruction of self, following the experience of IPV. In Grounded Theory methodology, the approach is on social processes and works with participants who have lived the experience in different circumstances (Charmaz, 2006). This research sought to describe leaving an abusive relationship as a process to include the aftermath of separation, the mechanisms of disengagement and the reclaiming of psychological, emotional and physical well-being after

the experience of IPV. Given these factors and the lack of existing research on this topic, Grounded Theory was considered the preferred research methodology.

As I had previously reviewed some of the literature in the area being researched, I approached my study with some predetermined questions. Constructivist Grounded Theory is interpretive in nature, and constructivist grounded theorists seek to understand difference and variation among research participants and to co-construct meaning with them (Charmaz, 2006). Appreciation of this approach influenced my decision to use constructivist Grounded Theory for my study. Additionally, coming from a Public Health perspective, I prefer pragmatic focused research and constructivist Grounded Theory makes it a useful method to pursue critical qualitative inquiry. Pragmatism proposes ways to think about critical qualitative inquiry, constructive Grounded Theory proposes strategies for doing it (Flick & Charmaz, 2017). Additionally, the results of Grounded Theory studies are usually expressed as formal theory development (Sbaraini, Carter, Evans, & Blinkhorn, 2011). The aim of this research was to identify a model and offer recommendations for women whom had experienced IPV and were needing assistance with their recovery and well-being.

Defining Components of Grounded Theory

Grounded Theory methodology emphasises inductive analysis. Induction analyses move from the particular to the general and develops theory from observations (Sbaraini et al, 2011). There are principles within Grounded Theory which underpin the research conducted and analysed. Charmaz cited these principles as ‘defining components’ (Charmaz, 2006, p.5). These principles are: concurrent data collection and constant comparison analysis, theoretical sampling, theoretical saturation and memoing.

3.2.3 Symbolic Interactionism and Grounded Theory

Grounded Theory has its origins in pragmatist philosophy and symbolic interactionist sociology (Charmaz, 2006), it provides the researcher with a set of sensitising concepts. Pragmatism is a humanistic movement in philosophy which emphasises the role of the person in meaningful and objective reality (Åge, 2011). It is considered a “practical sort of philosophy” (Mead, 1936, p.352), a precursor of symbolic interactionism (Reynolds & Herman-Kinney, 2003).

Symbolic interactionism is a social scientific perspective of human conduct within their groups (Blumer, 1969). The conceptualisation of symbolic interactionism (SI) developed during the mid-20th century where meaning, concept of self, action and interaction are principal interconnecting themes within SI (Denzin, 1992). SI provides some initial windows within which the researcher can consider the data being collected, hence giving rise to more theoretical

codes available (Milliken & Schreiber, 2012). Using SI, the researcher can move beyond pre-established understanding and is more sensitive to interactions and hidden meanings behind the data collected (Milliken & Schreiber, 2012). Placing the research methodology within SI allows the researcher to investigate not only the social world but also the processes by which humans interact and engage within their social world. Hence, to develop a fully Constructivist Grounded Theory of human lived experiences, it is necessary to use the tenets of SI.

[The Nature of Symbols](#)

A fundamental principle in SI is that human beings distinguish between themselves by their use of symbols (Blumer, 1969). Symbols are representations of social objects used for communication between people. As social action and interaction are symbolic in nature, people interpret the objects in their environment and the behaviours of others and respond accordingly. Although symbols arise from social interaction, they also shape the interaction and create social realities (Charon, 2010; Blumer, 1969). In Grounded Theory, language as a symbol system is a key component of data analysis. The experiences are recorded, analysed and interpreted via language. Language is the only means to communicate understanding of the social actions and interactions (Milliken & Schreiber, 2012). Hence, in Grounded Theory, it is of the upmost importance to analyse the meanings of the words chosen and used by the participants, without imposing the researcher's meanings to those words.

Data analysis requires clarification of the words used within the data. Coding begins with assigning codes to words and phrases that might represent concepts in the data collected, from which many codes may be presented at different levels of abstraction (Milliken & Schreiber, 2012). By comparing these codes, the researcher determines whether they represent the same, similar or different concepts. This is constant comparison. Hence, the researcher strives to use language carefully, so the data is carefully translated into emerging theory.

[The Interaction of Perspectives](#)

Qualitative research always being from the perspective of the researcher who needs to move beyond their understanding if analysis is to be as objective as possible. One of the ways to move beyond the perspective of the researcher is to enter the world of the participants, beginning their research as outsiders (Blumer, 1969). Grounded Theory incorporates perspectives other than the participants, allowing this methodology to be different from other qualitative methods. As the researcher gains a better understanding of the participants' perspective of their experiences, the researcher can bring in other perspectives to develop the

emerging conceptualisations (Milliken & Schreiber, 2012). The emergent theory is a construct of the phenomenon studied but is not completely bound by the explicit experiences of the participants as it represents the views of the participants. The researcher examines and shifts perspectives among the participants and his/her own emerging clarity. From a SI perspective, this is considered 'minded behaviour' (Charon, 2010).

The Mind

One of the core concepts in SI is the mind, which develops with the self (Charon, 2010). In SI, the mind is the process of internal dialogue with self. This dialogue evolves from communication with others within the social environment from which symbols, definitions, meanings and perspectives are internalised and analysed (Mead, 1936). Through experience, people select relevant symbols and ignore others, not through conscious choice but still to shape their own environment. That is, problem-solving leads to predetermined choices based on potential outcomes, an outcomes-based act (Mead, 1936).

Each participant in this study developed meanings about their experiences to understand what had occurred to them within their environment. Although each participant will have different stories, different details, the unique meaning of their experiences led each participant to particular acts (Charon, 2010; Mead, 1936). The process of analysing the data and the emerging theory involves the researcher in SI whom is more likely to be attuned to any data that evidences the psychological state of the participant, this will assist with constant comparison and further data collection (Milliken & Schreiber, 2012). A SI perspective allows the researcher to become more discerning about particular concepts within the study, some concepts becoming more important and others less.

The Self

Another principle concept of SI is the self. The self is a term used to describe how a person acts socially in their own company and in the presence of others, a view of self as a process (Blumer, 1969; Denzin, 1992; Kotarba, 2014; Oliver, 2012). Individuals can view themselves in many ways and this view of self is developed through social interactions and gradually determines how the individual interacts with others (Carter & Fuller, 2016).

The self is composed of 'I' and 'Me'. The 'I' is the self as subject, the 'Me' is the self as object (Mead, 1936). According to Mead (Mead, 1936), the 'I' part of self-responds with autonomy, creativity and spontaneously. In contrast, the 'Me' has expectations, beliefs, structured and perspectives of self-developed over time. The part of self is the part the individual is aware of. Hence, 'Me' exercises self-control, conformity; arises from social expectations and lived

experiences. An individual's identity is associated with 'Me' (Denzin, 1992; Milliken & Schreiber, 2012;). This can be illustrated in women's experiences with depression and recovery (Carr, Gilroy & Sherman, 1996; Schreiber & Hartrick, 2002).

Women who had experienced depression recounted expectations of self as mothers, wives and partners alongside feelings of self-doubt. However, the recovery from depression involved listening to their 'I', their own personal needs (Carr et al., 1996; Schreiber & Hartrick, 2002;). Using SI in data analysis, it is difficult to distinguish between the mind and self as they are both linked in analysis and interpretation (Reynolds & Herman-Kinney, 2003). The mind is engaged in understanding the meaning of the data and the self is engaged with assessing the adequacy of the understanding (Milliken & Schreiber, 2012).

[Social Interaction](#)

The third major principle in SI is society (Blumer, 1969; Mead, 1936), where society is viewed as an ongoing process of interactions between individuals. Each individual learns the intentions of others by interacting and subsequently understands their own responses to these intentions (Blumer, 1969; Mead, 1936). To understand intentions, the individual must be able to translate symbols and gestures used within the interactions. From the translation, the individual acts and responds accordingly, based on past interactions and anticipated future interactions (Blumer, 1969; Mead, 1936). Classically, SI views human society as a commonality of intentions, with shared meanings, working towards collective changes (Blumer, 1969; Mead, 1936; Reynolds & Herman-Kinney, 2003).

Interactions within society provide the context within which experiences and actions occur. Using symbolic interactionism with Grounded Theory allows the researcher to uncover the meanings behind the participants' actions and how societal interactions have shaped these actions (Corbin & Strauss, 2008). Action and interaction are framed within the social structures, meanings and value systems of the participants' particular society. Hence, when analysing the data collected, SI allows the researcher to consider the meanings of the actions and interactions of each participant and assist with the complex nature of their social context (Milliken & Schreiber, 2012). SI provides a useful perspective when analysing data with Grounded Theory. Social experiences are complex, and analysis requires a perceptive to describe the complexity. The interweaving interactions between and within the data, researcher and self and researcher and participants can be understood if SI is applied as the foundations to Grounded Theory. SI is not only intrinsic but is fundamental in Grounded Theory (Milliken & Schreiber, 2012).

3.2.4 Reflexivity and Reducing Researcher Bias

Reflexivity in qualitative research is affected by whether the researcher shares the participants' experiences. It is a major strategy in the process of generating knowledge by qualitative research (Berger, 2015). Reflexivity is part of a broader debate about the ontological, epistemological and axiological components of the self, intersubjectivity and the knowledge gained from the research (Berger, 2015). However, it is often viewed as the process of continual internal dialogue and critical self-evaluation of the researcher's position alongside the explicit acknowledgment this position may affect the research process and outcome (Bradbury-Jones, 2007; Stronach, Garratt, Pearce, & Piper, 2007). That is, turning the researcher lens onto oneself to recognise one's own place within the research, the questions being asked, the interpretation of data and the participants being selected. Additionally, acknowledging how these are affecting the research itself, if at all. Hence, reflexivity challenges the notion the research is objective (Berger, 2015).

Researcher's positioning can include gender, age, sexual orientation, personal experiences, beliefs, ideological and political stances and emotional responses to participant experiences (Bradbury-Jones, 2007; Hamzeh & Oliver, 2010). The researcher's position/s can influence the research in several ways. Firstly, their position/s can affect access to the field as participants are more likely to share their experiences with a researcher genuinely interested in their story (De Tona, 2006). Second, the position/s may influence the researcher-participant relationship. Female participants may be more willing to share their experiences with a female researcher than with a male participant (Berger, 2015). Finally, the worldview, experiences and background of the researcher may influence the way he or she constructs the questions, interprets the answers and uses language. This may shape the findings and conclusions of the study (Dorsten & Li, 2011).

In qualitative research, reflexivity is used to monitor the pressure between the involvement and detachment of the researcher. It is used to enhance rigour of the study (Bradbury-Jones, 2007). As cited by Horsborough (Horsburgh, 2003, p.309), "Given that the researcher is intimately involved in both the process and product of the research enterprise, it is necessary for the reader to evaluate the extent to which an author identifies and explicates their involvement and its potential or actual effect upon the findings".

The underlying values I brought into the research process in relation to women whom had experienced IPV included the importance of support structures and strategies the women had in place to assist with their recovery. Assumptions I held prior to the research process included the scant information including the definitions of IPV, the recovery processes after the

experience of IPV and the support mechanisms available for those whom had experienced violence. These values and assumptions were invaluable in assisting to identify potential bias in the research process.

Conducting this research involved a personal journey of learning, reflection and becoming more focused in my career trajectory. At times, the interview responses resonated with me from my own experiences and conversations with friends and family, male and female. At other times, the interview responses were enlightening. I learnt strategies and thought processes which I present to students and colleagues while discussing recovery and well-being after IPV. Beyond providing me with insight into the recovery process of women whom have experienced IPV, I have been able to incorporate their experiences, wisdom and knowledge into educational programs that I deliver to secondary and tertiary students. Additionally, drawing from the perceived inadequacies of Western Australian legislation in the context of IPV, I am studying a Bachelor of Laws.

Qualitative research involves constant reflexivity and self-awareness. As I wanted to ensure the final model and recommendations generated reflected not only my interpretation of the data, seeking feedback from the was a major part of my research process. In addition to presenting my findings to my supervisors, I presented the findings in classes, lectures at different universities and at international conferences (World Association for Sexual Health, 2011, 2013 & 2015). I continue to be encouraged by the discussions my findings have generated with students, health workers, lawyers and politicians.

3.3 Research Methods

The data collection utilised was intensive in-depth and semi-structured interviews with 29 Australian whom had experienced IPV. The research methodology was reviewed via the Curtin University's Human Ethics Research Committee (HREC) and approved in 2010 (approval number HR 121/2010). Ethics approval was obtained before commencing data collection. The following section details the recruitment procedures, data collection tools and data analysis processes used for in-depth interviews with women whom had experienced IPV.

3.3.1 Participant recruitment

Grounded Theory research utilises purposeful and theoretical sampling (Charmaz, 2006; Sbaraini et al, 2011). Purposeful sampling involves gaining information from participants who can contribute to the aims of the research (Coyne, 1997) and also where the researcher can

identify the main issues of importance for the study (Patton, 1990; Suri, 2011). Theoretical sampling is the process of data collection where the researcher concurrently collects and analyses the data to refine the emerging theory (Coyne, 1997). Several selection criteria were established to guide the selection of suitable participants. These participants had a good understanding of the study itself and the aims of the study (see Appendix A-D). Inclusion criteria for this study included:

- Australian adult women (citizens)
- English-speaking
- To have been married or lived with an abusive male partner for more than 1 year (Senter, 2002; Shurman, 2006).
- older than 18 years of age
- In the process of recovering or had recuperated from their experiences of IPV.
- relationship termination at least 18 months prior to interviews to demonstrate the permanent separation of the relationship (Ford-Gilboe et al., 2009).

The participants were recruited through media communications, community associations and domestic violence shelters for women. Participants were recruited via newspaper articles and radio announcements (see Appendix F). These announcements described the focus of the research, the requirements of the participants and how the research data was to be collected. These recruitment strategies gave the best possible access to participants for purposeful sampling.

3.3.2 Ethical Issues

Strategies and procedures were designed to ensure the participants identity and mental health were protected. These strategies and the research methodology were reviewed via the Curtin University's Human Ethics Research Committee (HREC) and approved in 2010 (approval number HR 121/2010). The study also adhered to the National Health Research Medical Council's (NHMRC) Australian Code for the Responsible Conduct of Research (NHMRC, 2007).

Strategies were used to ensure the quality of research data and to acknowledge concerns for the safety of both the participants and myself throughout the research process (WHO, 2002). The participants may have found the recollection of their experiences distressing unless support was provided. However, in this study, none of the participants expressed they had needed to use the list of counselling services I had provided. WHO guidelines address ethical and security issues when conducting research concerning IPV and explain these

considerations are not only ethically essential for obtaining high quality data, but specifically because of the possible impact on the participant's disclosure (Garcia-Moreno et al., 2005).

This research adhered to Curtin University Human Research Ethics Committee guidelines, which include:

- Confidentiality – participant interviews were transcribed with all references to names of individuals deleted;
- Informed Consent – consent/permission forms (Appendix B) was explained, discussed and signed prior to the commencement of interviews with participants;
- Participation – participation was voluntary, and no coercion was utilised;
- Researcher Support – all my supervisors were well skilled in debriefing on matters that may have arisen throughout the interview process, data collection and analysis. In the event of anxiety, the university Student Counselling Services were made available;
- Right to withdraw – participants had the right to withdraw from the research at any time and the right for their interview transcript not to be included in the analysis;
- Storage of Data – all interviews, recording equipment and transcripts were kept in locked storage and computer files were protected by password. I was the only person with access. Once transcribed, all interview recordings were erased;
- Unintended Consequences – all participants were given a list of debriefing/counselling services (Appendix C) should the research raise unintended issues or if distress was experienced.

A one-page information sheet was provided to all participants prior to seeking their informed consent to proceed with the interview/s (See Appendix A and B). Two mock interviews were conducted with two participants whose data was not included in the data collection. The two participants chosen were not part of the participants interviewed for the data collection. The participants in the mock interviews agreed to take part in the trial form of the data collection to assist with the interview experience, questions, documentation and clarity of information. Prior to each interview, the participants were reminded their participation was voluntary, they could withdraw at any time, the interviews were recorded, and anonymity was assured.

To ensure anonymity, I assigned a pseudonym to each participant and a letter to each of their interviews for data storage, collection and analysis (e.g. – Sue A). Chapter 4 provides summary demographic information about the participants (see Table 3) providing contextual relevance and understanding to the interviews. A one-page information sheet outlining metropolitan counselling services and centres was provided to all participants prior to proceeding with the interview/s (See Appendix C). These forms were trialled and revised during the mock interviews ensuring the information was accurate. Prior to the research being

conducted, I contacted a number of these services to ensure the services were functioning and willing to co-operate.

Additionally, I have a strong educational background, I am well skilled in interview techniques relating to sensitive topics via a number of supervised and revised simulated interviews prior to interviewing the participants. The simulations included trialling the questions to be used in the study interviews. These simulations were conducted with mock participants whom were happy to assist with the research however their data was not included in the data collection. The purpose of the simulated interviews was to refine questions and interview technique.

3.3.3 Data Collection Tools

Intensive, in-depth interviews allow for deep exploration and analysis of a particular topic with an individual who has had experience with the topic (Charmaz, 2006; Dworkin, 2012). Semi-structured, in-depth, open-ended interviewing was used as the preferred research method as it is consistent with Grounded Theory methodology, informal and allows the participants to elaborate their experiences and interpretations of the experiences. Additionally, it allows the responses to be clarified and explored.

The semi-structured interview schedule (Appendix D) was guided by the research objectives, the literature review, my professional and personal experiences in the area of IPV and feedback from trial interviews I had conducted. The interview schedule consisted of a number of questions structured from the following themes:

- setting the current scene/building rapport between the participant and myself;
- describing life prior to the abusive relationship;
- describing the abusive relationship;
- describing identity within the abusive relationship;
- discussing support structures within the relationship;
- discussing permanently leaving the relationship;
- describing life after the relationship; and
- discussing any public health strategies assisting with IPV.

Flexibility was encouraged throughout the interviews. Questions were continually added/asked based upon the answers given and the sequencing of questions varied between participants, dependent upon their experiences. Additionally, each participant was interviewed at least twice allowing for more data collection, analysis, transferability and enhancing credibility of data (Corbin & Strauss, 2008). A total of 29 face-to-face interviews were conducted at Curtin University, Perth, Western Australia.

Each interview was:

- an average of 1.5 hours each in length, ranging between 1 to 3 hours;
- conducted in a safe environment;
- conducted twice minimum per participant, with a minimum of 6 weeks between interviews;
- held at a time that was convenient to both myself and participant; and
- digitally recorded.

A semi-structured interviewing technique allowed me to engage in a conversation with the participant, allowing each participant to feel at ease and the familiarity to ask any questions. The timing between the original and subsequent interviews varied, however a minimum of six weeks was preferred allowing time for participant composure, post-interview analysis and any further clarification of their experience, which included member checking. Due to the precarious nature of the interview material, participants were presented a list of community debriefing/counselling services (Appendix C) had the participant experienced distress or if the research had initiated unintended issues.

All interviews were transcribed by a professional transcription agency soon after each interview. I checked every transcription against the recording and made any necessary corrections. After each interview, I made memos of any outstanding interview reflections, observations, emotional responses, emerging categories or other relevant options. These memos assisted in tracking and guiding the research and with the data analysis. To reduce bias and enhance dependability and confirmability the themes were discussed with the research team (supervisors) (Charmaz, 2006; Sandelowski, 2011; Sbaraini et al., 2011) (see Table 1).

3.4 Research Rigour

Rigour in qualitative research is essential (Baillie, 2015; Jootun, McGhee, & Marland, 2009) and trustworthiness is foundational to strengthen rigour in qualitative research (Connelly, 2016). Lincoln and Guba (1985) outlined the criteria of trustworthiness as credibility, dependability, confirmability, and transferability, later adding authenticity (Lincoln & Guba, 1985). Trustworthiness is also dependent on the sampling technique and data analysis are aligned with the methodology being used in the research. Table 1 provides a summary of the techniques used to ensure trustworthiness in this study.

Table 1: Techniques to ensure trustworthiness

Trustworthiness Criteria	Techniques Used to Address Criteria
Credibility	<p>Triangulation of data sources (participants) and data methods (interviews, literature review)</p> <p>Consistent evaluation of research methods and analysis, ensuring analysis was aligned with Grounded Theory and SI</p> <p>Memo writing during literature review, after interviews and during analysis ensuring memos complement data and codes</p> <p>Conducting mock interviews (2 face-to-face) before commencing data collection to refine interview technique and interview running sheet.</p>
Transferability	<p>Detailed descriptions of participants experiences allowing for codes and concepts emerging from the data</p> <p>Checking responses with participants in subsequent interviews</p>
Confirmability	<p>Use of semi-structured interview techniques to assist with data collection</p> <p>Verbatim transcription checked and revised on several occasions, edited when necessary</p> <p>Themes discussed with supervisors (research team)</p>
Dependability	<p>Detailed description of research methods</p> <p>Participants confidentiality ensured</p> <p>Meetings with my supervisor/s to ensure the emerging codes and categories from the data analysis were in keeping with the research</p>

3.5 Data Analysis

The interview transcripts were analysed using an inductive multi-stage coding process similar to that defined by Charmaz (2006). According to Charmaz, “coding is the pivotal link between collecting data and developing an emergent theory to explain these data. Through coding, you define what is happening in the data and begin to grapple with what it means” (Charmaz, 2006, p.46). Coding occurs in stages. In initial coding, the researcher generates many ideas from the gathering of the initial raw data. In focused coding, the researcher follows a selected set of particular codes identified throughout the raw data. These particular codes are carefully selected as prominent themes throughout the data. In theoretical coding, the researcher refines the final categories in their theory and compares them to each other (Sbaraini et al, 2011).

After the first few interviews, I had a large amount of data and many initial codes. Initially, I began with 52 nodes and reduced to 10 final nodes. Initial coding involved line-by-line coding, a strategy which allowed the data to be carefully analysed and aiming to withdraw as many initial codes as possible (Sbaraini et al, 2011). The coding became more focused as the initial codes were re-categorised into more specific and related codes. By comparing codes against codes and data against data, identifying focused codes was followed using the constant comparison method (Charmaz, 2006). This process was essential to identify the categories emerging from the focused codes.

The data analysis and interviewing participants were concurrent processes and they each influenced the other. Any data gained from the interviews were coded as well as influencing subsequent interviews. The coding process and the emergent categories was continually revised and discussed with my supervisors until theoretical saturation was reached (see Table 2). This process reduced bias and enhanced confirmability.

Table 2: Example Coding Process

Raw Data	Initial Coding	Focused Coding	Coding for Model Development
<p>Q: How do you see yourself and your future?</p> <p><i>'I'm actually free, I don't have any boxes to tick, I'm free to choose to be whatever I want to be, to define myself. The life in front of me is whatever I choose it to be. And it can be daunting if I choose it to be, but I'm not daunted. I don't need to have a partner to help me make the decisions in the future; I'm more than capable of doing that myself, and I'll take my children with me to make those decisions. I've got a good support... friendship group to give me advice; some of it I'll think is rubbish and I won't listen to it but it's my future, I'm looking forward to it'.</i></p>	Confidence Freedom Sense of being a survivor Self-discovery Inner Strength Optimism Looking forward to future Knowing self Support	Growth through adversity Belief in self	Autonomy Fortitude Connectivity Identity
<p>Q: How do you see yourself and your future?</p> <p><i>'I'll take my little grandson, who's two, to my Saturday afternoon jazz and we'll get up and dance, and he loves it; he tries to copy everything I do. And I just live my life the way I want to, and that's important to me. There are those constraints that... always there with my children and what's gone on before, but I'll live my life now the way I want to'</i></p>	Family Freedom Optimism Looking forward to future Not letting past define future Looking forward to future Letting go of past	Growth through adversity Belief in self	Autonomy Fortitude Disengagement

The analysis of this research was concluded when all data sources had been thoroughly exhausted and when all data could be accounted for in the identified codes, categories and subcategories. When the data was rich enough to identify prominent codes and subsequent categories, data collection was concluded. Additionally, the data collection concluded when the aims and objectives of the research could be addressed, and my supervisors agreed with the emergent categories and research aims.

Throughout the study, interview-based and conceptual memos were taken. These memos contained information about the participant, their experiences, their emotions and my reactions. These memos provided information to record my thinking, if/how my thinking changed, what the consequences were (if any) and how these memos influenced the codes and categories throughout the analysis.

The final stage of the data analysis focused on coding for model development. As the nodes were identified, refined and reviewed categories and subcategories relationships between codes emerged. Relationships between these nodes were used to develop a theoretical model. My model, 'Beyond Survivor – Well-Being' developed from the data describes the relationships between key themes and helps understand recovery and well-being after IPV. NVivo V10 software was used to electronically store, manage, and analyse the data related to this research (Hoover & Koerber, 2011; Richards, 1999).

3.6 Chapter Summary

This chapter has provided the aims and objectives for the study, the study design and the qualitative methods and perspectives used. It has also described the way I maintained research rigour and participant inclusion and confidentiality in the research.

CHAPTER 4 – PARTICIPANTS INTERVIEWS – The Abusive Relationship

4.0 Introduction

One of the main objectives of this research was to document the main challenges and stressors faced by women who had experienced IPV. This chapter addresses this objective as well as: 1) providing information about the participants (demographic data); 2) outlining the factors that lead the participants to end their relationship; 3) outlining the abusive relationships; and 4) outlining the transition experiences of permanently leaving abusive relationships.

4.1 The Participants

4.1.1 Demographic Profile of the Participants

The majority of participants were 35-50 years of age (n=16), were born in Australia (n=21) and identified as medium socio-economic status (n=26), had attained higher education degrees or certificates (n=19) and were currently employed (n=23). The majority of participants had children (n=26), however most participants were not in a serious relationship (n=23) (see Table 3 for a summary of participant demographic profiles). To protect participant confidentiality throughout Chapter 4 and 5, interview quotations are referenced with a pseudonym. Please see Appendix E for participant number and assigned pseudonym.

Table 3: Demographic Profile of the Participants

<i>Participant's Age</i>	
18-35 years	2
35-50 years	16
> 50 years	11
<i>Participant's Nationality</i>	
Australian	21
European	4
New Zealand	3
South African	1
<i>Children</i>	
Participants with children	26
Participants without children	3
<i>Relationship Status</i>	
Separated	2
Divorced	13
Single	8
Married/Partner	6
<i>Employment Status</i>	
Employed	23
Unemployed/Retired	6
<i>Highest Level of Education Achieved</i>	
High School	11
TAFE/University	18
<i>Current Socio-Economic Status</i>	
Medium	26
Low	3

4.2 Violence and Distress: The Abusive Relationship

The following sections present the dominant aspects of the abusive relationship: 1) initial phases of the relationship; 2) changes within the relationship; 3) changes to self and identity; 4) the violence within the relationship; 5) the effects on the children; 6) the coping strategies within the relationship and 7) reasons for staying in the relationship. Each participant disclosed the ordeal of maintaining an intimate relationship with an abusive partner. For most of the participants, the results show the initial stages of the relationship were promising which quickly progressed to abusive once commitment and loyalty had been achieved.

Each participant described the gradual evolution of violence, distress and despair within the relationship and how each participant abandoned optimism and surrendered identity via the escalation of despondency. Their interviews describe the initial charming characteristics of their partners, the beginnings of a potentially promising relationship which then converted to

confusing, coercive and abusive. Many of these sections are discussed in further detail in Chapter 6.3 as they address the second objective of the study.

4.2.1 Initial Phases of the Relationship & Attractive Qualities

For the majority of the participants, the initial stages of the relationship were promising. Their partners showed intriguing qualities which enticed each participant to continue with their potential spouse and commitment to the budding relationship. The participants discussed their connections to their partners. For many, their partners were initially charming, romantic and fun to be with as highlighted by the following:

'He started taking me out in his car which was something really exciting too, that I had someone who wanted to take me out in their car. And so, we started going out, but it became, well, very sexual almost immediately, and I really didn't have any defences against him because I was very much in love with him to start with. He was attractive.'

Emma

'He was very romantic, absolutely. No doubt about it. He was like my soul-mate. He was fun. He was just, there you know there was a side of him that he was quite passionate about his work and where he was going in life, kind of thing, so he was focused on getting a house and you know, advancing himself and not being a bricklayer for the rest of his life and he had, he did have a lot of friends and I've always - but at that age it was more so, what I - what attracted me to him was the bad boy thing.'

Mary

Other participants characterised an understated, casual and compatible quality to their relationship:

'So, to start off with we... I can't believe we were like that, we were just... we got on so well to start off with, we never ever, ever argued; we were in each other's pockets the whole time but not really lovey-dovey, we'd be just...always together and It's just bizarre how it turned out really.'

'We saw each other for about six months before we decided to move in together. But, yes, it wasn't anything in particular the very first time. But then, you know, a couple of, like, the groups meeting up together again and, sort of, seeing him and then again and then I think it was about the third time I met him that I thought, "oh, yes" ... and we got talking and I thought, "oh, he's not that bad, you know, he's okay."

4.2.2 Changes within the relationship

Despite diversity outlining the inception of the relationships, all interviews were similar when discussing the transformation of the relationship from one of familiarity to a one of confusion and abuse. As the relationships progressed, many of the participants discussed particular distressing aspects of the abusive relationship, including physical violence, economic abuse and emotional abuse:

'Within 12 months of us moving in together he pulled a shotgun on me. I bolted and took off and I didn't come home until very late that night and he beat me up pretty bad.'
Jan

'I think there was, and it started probably after one month and it started with trying to alienate my friends, very domineering of my time, financially, starting to ask for money very, very, early on, being controlling about my contact with my family and being controlling over I guess, the number of hours I was working, which prior to him was quite high because I felt the need to.' Wendy

'I'm starting to sleep down the end of the house. You can have this end.' He said, "I'm never leaving this house and you can't get me out. I said, "Fine." I said, "What you've done to me is a form of abuse and I've rung the domestic hotline and I've spoken to someone today." "What I've done to you is not abuse. I'm allowed to treat you however I like. And you need to remember that. Oh, I can do whatever I like, and women have this happen to them and that's life.'" Sally

'We drove back to his house and he dragged me out the car, this is all in front of his mom and dad and he was yelling and screaming and calling me a slut and calling all these, like he basically thought I was cheating on him.' Kate

4.2.3 Characteristics of the Abusive Relationship

Aggression and Control

All the participants explicitly stated aggression and control as constant characteristics within the relationship resulting in distress and trauma for themselves and their young children, if parents. The effect on the children is discussed further in Chapter 4.5

'And he, at one stage, wasn't able to keep up with the mortgage and so he demanded that I give over this money for the mortgage. Now I realise it was an absolute lie because it never happened again, he just didn't want me to have the money. And he just... He really yelled at me and abused me and told me to fuck off then.' Emma

'I withdrew physically even to the point of -- he'd get very abusive and start screaming things at night and didn't matter if I -- and the youngest one was only eight and he was -- they were all vulnerable at that age and all my boys have been very sensitive and just -- it was very hard for them and he would just storm into, if I went and stayed in a room with Billy, he would just storm into the room and start hurling abuse at all times of the night, banging doors, which would wake them up, they didn't get any sleep, they had school the next day, you know, that this sort of thing.' Molly

Fear and Intimidation

Many of the participants expressed the coercion they experienced in the relationship and how these terrorising tactics led to extreme anxiety, despair, and eventually for some, desperation and chronic turmoil:

'I stepped out of line... This was a silent thing, you know. This was the unspoken thing. And it's so dangerous because you suppress everything. You never say what you want to say because you're frightened. You know it's going to flare him up and you don't want him to flare up and you've got kids, you've got those two kids by then. You know, I don't want the kids to see all this nonsense in the house.' Annie

'Obviously when I had the near-death situation where he staged my - well he tried to murder me, he actually staged it, then obviously then that's when I got the police involved and so forth and that's when I knew that this is no dream, this is real.' Brenda

Although the participants were discussing the fear they felt within the relationship, their experiences were also underpinned with deception, enhancing the hopelessness of the situation:

'I think I was scared for my own safety. I was thinking, hoping, that my son was big enough to punch hell out of shithead. And that didn't happen. But my daughter wasn't in the house at the time; that was another step. Then it became our friend coming around more and more and more; this was the nurse coming around more and more and more. Me crying, crying, crying. Because she was there, she was a woman, she'd listen. Not fully knowing that there was an affair going on at this stage, just knowing'

that she worked with him and she was coming around the home scene. But, by that stage, he'd had so many affairs, so I knew the signs, but I didn't care anymore.' Kelly

Tyranny and Violence

All the participants explicitly addressed the psychological and emotional violence they experienced within their relationships. Most of the women interviewed were subjected to physical violence throughout the relationship and some had experienced sexual violence:

'Well, he dragged me by the hair, slammed me up against the wall. This is the first physical attack and, this is what I've always wanted to do to you. And that was very interesting because every time that we ever did intimacy, that's what he did, grabbed me by the throat. I didn't know that. Things got really, really bad, I tell you. He used to come in with my hair and say, look, I've been attacking your hair and I'm going to make... do a crime and this hair's going to go right up there; or he'd say, when mum dies, I'm going to be serial killer and that's when I'm going to get all you women.' Jenny

'Within 12 months of us moving in together he pulled a shotgun on me. He... I bolted and took off and I didn't come home until very late that night and he beat me up pretty bad.' Jan

'While we were having sex, he went very, very quiet and I wondered what was going on. And then I felt all this warm coming all over my body and wondered what the hell was going on. And I asked him what it was, and he said, 'Oh, I just wanted to see if I could keep a fat and piss inside of you at the same time.' Emma

'And then the next morning I was so hung over, I was so sick when I woke up, and he raped me. He apologised afterwards, he had to. And then when he finished I threw up; I don't know whether it was disgust or just the hangover to be honest. And that was the end of the marriage.' Jill

4.2.3 Characteristics of the Abusive Partner

All the participants suffered subjugation through various coercive acts exhibited by their partner, including intimidation, emotional manipulation, objectification, physical violence and threats towards life. These violent actions created an oppressive environment that impacted the participant's identity and welfare:

Intimidation

All the participants discussed the intimidation experienced in the relationship, rendering the participants constantly fearful:

'He used that place was just to stalk and I think to keep control, and he used to keep watching every time I'd go out for coffee with a girlfriend and he would just put his head in around the corner and grin at me and say, grumpy, I'm not far away, you know, so there was that sort of thing. If I'd go shopping, I'd feel this down my neck and turn around and he's right behind me, and he was much bigger than I was, just sort of glaring down at me and it was constantly to let me know he was always there.' Emma

'And he was yelling his threats; said, "Well, if you leave, I'll get everything, the house, the car, the money, the kids. I'll stand up in court and tell everyone you're mad, you know, and bodies can be put down a disused mine shaft and if you burn the body they can't find the DNA and..." As an ex-police officer, of course, it was very convincing for me.' Sue

Emotional Manipulation

All the participants discussed the emotional manipulation experienced in the relationship, rendering the participants in a state of self-blame and guilt for the violence experienced:

'And there I am, obediently, with this lovely meal for ten people and, you know... I don't know, being the hostess, I suppose, and making sure everyone's happy and all... Obviously, having to put on a smile, because if I'm not happy then I'm a problem. And what do you want to be with her for? And, you know, I'm trying to maintain at all times, some sort of normalcy because you are then the one that is frowned upon, you're the one that is the problem' Emma:

'And he got all defensive and huffy and thing, and then he insinuated that perhaps when I got back from work he wouldn't be around. And I can't remember the words that he used, but I took it from that that he would probably be dead.' Peta

Objectification

All the participants cited they felt objectified within the relationship, a possession that could be controlled, an entity without rights:

'So there was always this awareness that if I ever cheated on him, he was - has the right to murder me and that is kind of like a family culture thing, like to them, that's just normal because we are possessions you know, when you married, it's like you own them, it's nothing like them being their own individuals and you are joined together and yeah, then that's when things started to get really serious.' Mary

'I think the first time it became understood to me that he didn't actually love me, he needed me there, but he didn't actually love me, and that he was going to keep me there by any means, foul or fair; and he let that out in his behaviour. And I started to sense the anger and almost hatred underneath everything he was saying and doing.'

Emma

Physical Violence

Most of the participants experienced physical violence within the relationship:

'I wasn't a cliché of a domestic violence victim. I never had bruises on my face or my upper body, or anything that you could physically see, but he attacked me... he used to beat me with weapons. When I say weapons, I mean things like shovels and brooms or, you know, he would kick me and things like that, but always below the belt so this is how I became isolated.' Laura

'He was incredibly strong for a slim person, and he would drag me into a corner, put his knee in my chest and use me like a punching bag. He actually beat me so badly that I had muscle spasm to the extent where I thought I was paralysed, and I didn't know whether I was paralysed or not.' Kelly

Threats towards life

Many of the participants experienced physical threats to their life within the relationship also:

'And then he took a knife and told me to phone the police. The children were screaming and going mad, the little... My son went off, the oldest one went off. The two middle ones, the second and one took the youngest son, they went off. And my daughter was just in the bedroom screaming. Like, trapped in the bedroom. And he said I had to have

the phone and phone the police to say he's going to murder me. And he took the knife and he just like cut my neck but, like, just touched it like this so that the blood was dripping down. And I had to phone the police and tell them I was being murdered.'

Olivia

'I ended up being in hospital and I was told how lucky I was to be alive. All I remember was he gave me something because I don't do anything at all.' 'He gave me something and he just waited for me to die and he was holding me like that and all I remember was I kind of felt that I was melting away and I was like in a black hole, it was just nothingness and I just felt I was dying and all I remember is, I was in – I ended up being in a hospital bed.'

Brenda

All the participants discussed their disillusionment that any initial excitement or happiness experienced in the infancy of their relationship quickly progressed to confusion and abuse. The unrelenting violence and coercion experienced by all the participants contributed to their increasing distress, desolation and insignificance. All the participants explicitly expressed that the persistent abuse influenced their escalating perceived inability to physically depart from the relationship.

4.3 Changes to Self & Identity within the relationship

4.3.1 Characteristics prior to entering the relationship

All the participants discussed their defining characteristics prior to the commencement of their relationship and most of the participants discussed their independence, autonomy and their positive self-regard:

'A decent life, a self-sufficient life. I was very independent. I've always been very staunch, very strong and capable. I've been a crocodile handler, I've owned my own surf shop. I've been very decent in my home with my sons, sit at the dinner table every night, you know. Always had a motto; no violence, no drugs in my home. And I live by that.'

Jenny

'I was a loyal friend, a lot of fun, opinionated, strongly opinionated and just a laugh, I guess, because that's, like in hindsight, I just remember a lot of laughter, laughter, and mucking around and that's how I was. 'I saw myself as a good friend definitely and I knew I was having a good time. I don't know if I saw myself as you know, funny or whatever but at the time I looked back and I think, I yeah, well, I was a laugh'.

Wendy

However, a few of the participants expressed their insecurities, low self-confidence and unknown sense of self prior to meeting their partner:

'I didn't really know who I was, didn't know what I wanted to do, and I just always assumed that I would get married, and I would live on a property and be a farmer's wife.' Jill

'Then somebody else gets hold of it, and you've had multiple abusers, and then you get an abuser in your marriage, it's extremely hard to recover your self because you've had no self.' Liz

One of the participant's described her experience with her ex-partner as being 'taken' young, not being given the opportunity to know her sense of self prior to meeting her partner:

'I didn't even know what my self was. I had no idea what my self was. I didn't even know myself sexually because he got me when I was 15 and, basically, I went along with everything.' Emma

4.3.2 Changes to self within the relationship

Although this section is discussed in greater detail in Chapter 6.3.1 and 6.3.2, some participants discussed their stubborn character and self-identity and used these characteristics to preserve their sense of self and children from further harm. This was done by ignoring the abuse experienced or verbally and physically defending self. An alternative way of protecting self was via introversion and silence thereby preserving their identity, although diminished

'By shutting myself off from him, made it easier for me but then he turned around and accused me of being cold and when I got to the stage where I thought, well, I've got me and that's all I've got left, is me. And so, to me, that is my little temple and I wouldn't let him... When I knew what was happening outside and the way he treated me, that was my little temple, so I was then accused of being cold and frigid and all of those things but by then I didn't care because I thought, you have taken so much from me, you're not going to take me.' Abby

'I don't think I changed. It's funny, because I, sort of, knew you were going to ask me something about my identity. I knew you would ask me about my identity... It's why I didn't ask you any questions before, because I didn't want to prepare myself, you know, to answer any of your questions, but this was one I thought of... I think I fought, that whole time, to hold on to my own identity; I was determined to not let him take that away.' Emily

Many of the participants whom discussed their resolute characteristics prior to meeting their partner, did acknowledge their involuntary transformation from determined to a subjugated shadow of their former selves:

'I felt that I changed but I felt that relationships were full of compromise. And I look back now, and I think that I compromised, and I changed, and I did everything whereas he really didn't do that. And I look back and I don't like the person that I was. Being in it, I think it's very difficult to see how different you are.' Sally

Some of the participants cited distrust in themselves as the constant abuse within the relationship left them with an eroded sense of self:

'I just, just didn't trust my own decisions, you know. I didn't trust myself... I'd been... I was so eroded. I remember thinking, how did I get here? I didn't used to be like this. I recognised that I'd changed, and I recognised that this is really shit but I didn't really know how I'd gotten there. I'm educated and stuff. How did I get to this point?' Lily

'But I also got to the point where I had to lower myself to his behaviour to deal with it, so... and I've had... I'm still having to do that, I'm having to fight by his rules, and then turned into a person I don't like, who I don't... who's not me, who I don't want to be, just to cope. And, you know, there are times when I... That did occur to me, not because I sat down and talked to friends or family, and they said, oh, look you've changed, or anything like that, or do you really want to be this person, whatever. I could see it myself that I wasn't happy with who I was because I was having to use his strategies to keep up.' Peta

4.3.3 The Decimation of Self & Identity

All the participants cited their partner displayed emotional and psychological abuse throughout the relationship and for some, this constant criticism contributed to strong notions of emptiness and insignificance. The constant criticism impacted identity invalidated any positive self-regard which resulted in decimation of their familiar sense of self and was interchanged with a submissive, apologetic subordinate. Additionally, some of the participants expressed they believed they had changed into the insignificant, worthless serfs their abusive partner criticised them for being.

Worthlessness & Depression

All the participants cited the constant psychological abuse experienced contributed to strong feelings of worthlessness. This resulted in chronic sadness, depression and suicide ideation:

'I would be just incapable of being any different. I just cried all the time and wanted to hurt myself just because I didn't think I was worth it, I had to punish myself. I was 'you are so crap, you know, you need to be damaged'. But I knew also that was not okay. I definitely knew that I wasn't originally like this, but I did believe that I was crap and that I didn't deserve anything else'. Lily

'My depression had been getting worse and it was about this time, I was actually feeling miserable. I was walking to pick up the car that had been serviced and I just had got to the point, I thought, "if I just took two steps sideways, I'd get flattened by a car and just go to sleep and I can just have a nice long sleep, wake up in a hospital bed, very sedated and have a nice long sleep.'" Angela

'All your space is the immediate... what you have to do: breakfast, kids, clothes, shopping, make sure everything's perfect. It's got to be perfect because he's going to find something to pick on so you... I was totally occupied but thinking about the future was so far away. I was scared to think about it in case he thought he knew you were thinking about it. That's how he made me. He made me scared of myself.' Annie

Decimation of Self

All the participants interviewed discussed their perception of self during the abusive relationship. For a majority of the participants, their identity continually changed throughout the relationship with many citing their principal identity/ies as dutiful, yet subjugated, partner, a possession or a nonentity.

'My identity became what he saw me as, as a really terrible mom. I'd left my mom - my kids at like a young age. Someone that was just a slut and my only purpose in life was to just flirt with other guys and someone that had no respect for his family or things that he viewed as being respectful.' Mary

'I was his meal ticket and his wife and his... did everything for him, and there was nothing left for me at the end of the day, financially, emotionally, materially; in any sense, there was nothing left for me at the end of the day.' Wendy

'I was nothing. I just...like that, would be in tears but I wouldn't cry in front of him, I'd go off and cry. And he used to ridicule me. He would do awful things, he just did just awful... and said disgusting things to me. I felt I was nothing. I was just nothing; there was nothing of the old me left.' Abby

Injustice and Inequality

Injustice, maltreatment and inequality were constant themes that were discussed by all the participants. Many of the participants acknowledged the abuse within the relationship but deemed themselves incapable of executing change or simply terrified of their partner:

'I was really quite scared of the abuse in a way in that I didn't want it to happen, I didn't want him to hit me, all the rest of it, but I did also get to a point where, if the argument would start, I would in my head, I'd go, just hit me because all this will be over. You know, just do what you're going to do, it'll be over'. Jan

'I almost couldn't acknowledge to myself because there was almost no way out to me, so I had to, sort of, settle to what I had. My mother used to say, well, you made your bed, you lie in it, you know.' Emma

'I was just thinking, my God, what am I going to do? There were great big red marks around my neck, half an hour and people were arriving. I had a little strappy top on. I thought, what the hell am I going to do? So, I ended up putting a linen shirt on because it was in the heat of the summer and turning the collar up. And I just thought, well, if anybody says anything I'll just, sort of, say, you know, it's a new fashion, you know, with the collar, I'm trying to be trendy or whatever. And it was awful, that half an hour was the longest half an hour of my life and then people arrived. And every time he came near me... because he was still trying to... I was like a cat on a hot tin roof. I was, yes, what do you want? And I was so scared that people were going to see that I was petrified of him.' Annie

The Possession

A majority of the women cited that a main component of their identity within the relationship was the understanding of being owned by their partner, a possession without freedom or entitlements. Accordingly, their sense of self and fortitude was negatively impacted, dissolving any assurance or hope in the relationship:

'I was 100% an object and he owned – I had no right to leave him. I think, wife was defined to me as well as being a slave, and being his possession, and whenever he wanted sex he would pretty much get it on demand.' Mary

'I was definitely a housemaid; because, apparently... Well, anyway, I was definitely a housemaid. I was just somebody for him to, you know, lever his goals in life, I suppose. I was, sort of, the leverage. You know, he stood on my shoulders to get there, where he wanted to get, so I was just part of that.' Laura

'He said he wanted no part of me except he wanted me to offer him his conjugal rights, and that started three weeks after I had the twins. I'd haemorrhaged, my kidneys had stopped, I had been torn; the twins were 14lb, just a baby, let alone placenta and amniotic fluid. I was massive, I've been in hospital for three and a half weeks, and he insisted on his conjugal rights.' Zoe

Sexual contrasting principles – The 'Madonna – Whore' Identity

Many of the participants described their sexual identity as confusing as their sexual roles within the relationship would oscillate. These participants expressed their partner would control and dominate sexual activity within the relationship, from forced sexual assault to refraining from any sexual desires and pursuit:

'I'd think of what I could do; maybe if I had sex with him or something, you know. And it always worked; sex always worked because that was how he demonstrated anything to me, just through the sex act and nothing else, and there was never any love in it, never any warmth or affection.' Emma

'I was the catalyst, by which means he got approval because he was enacting against me. That was what I was. I was also somebody that I had to offer him his sexual rights. And those were the two things I had to do.' Zoe

'I was his wife, so you don't do any... I mean, I wouldn't have anyway. I did... Would no way... I wasn't that way inclined anyway. I mean, I was just what I figure, just an ordinary person. You know, I'm not like that and not adventurous or anything like that. I'm not like that. I mean, maybe that's why he went somewhere else, I don't know. 'But then, he wouldn't want me being bloody weird anyway, would he? Because that's his wife, that's his thing, you know. You know about being pure. Pure; whatever that is. Pure.' Annie

The Role of Guardian and Saviour

A majority of the women cited their critical role in the relationship was to be the emotional provider for their partner. Although their partner frequently engaged in vicious attacks, destructive behaviour and sadistic cruelty, the majority considered the relationship to be salvageable via caring for their partner and being aware of their partner's significant emotional requirements:

'And I actually loved him. I felt this, kind of, compassionate [sic] very often for him as well because I recognised what kind of a family he'd grown up in; a very cold, distant father and a mother who was totally neurotic, and misogyny [sic] as well.' Emma

'I think that changed very early and I just did the... what do you call it when you live a thing, you know? You're like you're living this lie, I suppose. But I tried to leave many times, but I could never get away; he never wanted me to go. Like, he... I was probably the only anchor he ever knew and that was not going anywhere.' Annie

'And I took that thought and so I felt like, well, I can't let this person down, I can't just abandon him, you know, they're clearly not well.' Lily

Spouse and Mother

Closely aligned with the role of protector, all the participants explicitly cited their role of spouse and/or mother was vital in maintaining some integrity to their collapsing identity throughout the relationship. These women expressed although their partner was abusive, their obligation as committed spouse was a fundamental factor in removing some liability for the maltreatment experienced. Additionally, all the participants who had children to their partner considered their capacity as mother superior to their duty as spouse and ensured that their children were consistently prioritised, despite the verbal attacks on their capability as a competent parent and spouse.

Nonetheless, every participant cited their identity within the relationship was of either dedicated partner and/or mother. A minority of the participants indicated that their sense of self had been retained following the violence experienced. However, the majority of participants cited their evolving self-identity was foreign, unlikable and unrecognisable:

Role as Spouse:

'The wife first, then the mother. Everything had to be done to keep the bloody peace for him. No, there was no respect in the house; I didn't respect my kids. Everything had to be done to keep the peace for him so, therefore, was wife first then mother.' Kelly

'I like resolving things, working out puzzles, you know, working on things. So, this was just another thing like that. I can make it work, I'll try this to make it work, I'll try that to make it work. Yes, just kept trying different things until I realised there wasn't anything.'

Anna

'And there was no way out really. I tried working a few times, like, menial jobs. Right at the very beginning, when I only had two children, and my mother died when my son was seven months old; it was another sad thing. All the time, I was trying all the time to please my husband and it was my husband's birthday and Mother's Day at the same time. And my son was only seven months old and we had no money. My husband was an apprentice at that stage and we were staying with my mother. Instead of buying my mother a Mother's Day card, I mean I wish I could forget, I forever regret... I bought a card to dad from my son, for my husband and a card from myself for his birthday, and nothing for my mother; which was I think on the same day, yes. And my mother died later that year.' Olivia

Role as Mother:

'When my son came along, and I don't know why, but he just didn't bond with my son at all. It was when my son was little, he was six - seven months old, and I sensed there had been this shift. You know, that he was... he wouldn't stop at hurting me [sic]. Yes, because by staying I... I just couldn't live like that anymore, but I couldn't leave them [the children] there either because I knew that he would hurt them.' Jan

'I had my own children because I wanted to be a better mother and I couldn't; it was very, very frustrating. I was totally aware of it all the time, totally trying to fix up me as a mother, as a woman, as a whatever, that would make things better for everybody around me.' Emma

'[He was a threat to] my son's emotional safety, just as much as his physical safety because I had seen the effect that my husband had on his other children and I don't know... particularly his other son, who's 14 now... I don't know why that didn't click to me previously that his children were scared of him; because they absolutely were.'

Wendy

'I wasn't working, I was pregnant, and I had a little baby... and I was being a really good mum, and I was determined to be a good mum. I was assertive, and I would say, you know, I did nothing wrong, I was looking after our child, you know. By this stage I knew something was wrong, but I thought, I'm here, I've got to actually deal with this

as best I can, I'm going to be a good mum. So, I think, slowly but surely, I was starting to feel I was losing myself by then, but I was determined to be a good mum.' Abby

Questioning Self - The Nonentity

The majority of the participants expressed following continual humiliation, violence, degradation, subjugation and coercion experienced within the relationship, any psychological well-being had been decimated. These women considered their identity disintegrated and interchanged with a besieged nonentity:

'Every now and then she [the participant's selfdom] popped out but, yes, not very often. It didn't... If I did, I wasn't there for long.' Kelly

'So, I think at the end I was just physically and mentally drained and I think I was so busy with just surviving that... I mean, I wasn't conscious that I disappeared, but I knew I wasn't myself and it wasn't safe to be myself. And then once you leave it's, kind of, like, who am I? Can I ever go back to be that person? And you're changed.' Sue

'It's all stripped away. I didn't know who I was. Yes, there was nothing in there that was me. That was a really pivotal moment that really stuck out for me. It was just going to my wardrobe and saying 'I don't know who this... You know, this doesn't belong to me'. None of this fits who I am.' Mel

Inner Strength

Despite the participants expressing an unhappy aspect to their identity during the relationship, a majority of the participants also cited positive aspects to their identity which were integral in preserving elements of their self. According to the participants, these positive aspects assisted with coping within the relationship:

'I'm strong and he knew it. And I think that was part of the problem all along, that I was stronger than him and he couldn't hack it. Which is stupid, you know, because everyone's got strengths, you've just got to, you know, use them and everybody's got strengths that other people haven't got, you know.' Annie

'I said 'If you ever lift a hand to me like your father did to your mother, I'm going to leave. Ever. And that was it.' Abby

'I became more confident in myself, because each time he raised the bar I met it. I think I always tried to project a likable image, perhaps. I don't know that I've ever been... When I say I grew more confident, I certainly did, but inside I'm not really sure that I ever was totally confident but, that's okay. I learned that if you project that you are, that works remarkably well.' Jill

'I know. Why? Isn't that crazy. So, it just goes beyond all logic, doesn't it? It was more important for me to take control of my own body, regardless of his consequences.'
Mary

Stigma

Characterising self as victim of IPV has serious implication to the participants beliefs within the relationship. Some of the participants interviewed stated they initially denied the abuse within the relationship to avoid the stigma and reality of the abuse experienced. One third of the participants interviewed did not regard the relationship as abusive prior to separation, specifically to preserve some positive identity:

'Because I was in denial to myself about how bad it was. Yes. Utter denial. I didn't want to believe that I was such a bad person, and that's how it felt.' Jan
'Yes, there was no means for me to access anything. There was a sense of disbelief about what was actually happening to me. I felt like... In a sense it was I was dreaming some of it because if I'd tell somebody about it, they didn't really want to believe it.' Zoe

'I felt guilty because I was using the Domestic Violence Support Team at the court were helping me, and I felt guilty, I thought I don't belong here. I felt guilty taking the help, you know.' Emily

4.4 The Violent Relationship

All the participants discussed their experiences of the violence within the relationship. For the majority of participants, experiences of IPV ranged from physical abuse (kicking/punching/choking/throwing the victim and using weapon/objects to inflict severe harm), emotional abuse (death threats, isolation from friends/family, humiliation, emotional blackmail and screaming/yelling), sexual abuse (rape, sexual assault, sexual sadism) and economic abuse (control of finances and limiting/preventing employment opportunities).

Throughout the relationship, most of the participants discussed an escalation in the severity and frequency of psychological, physical and often sexual abuse, predominately at the end of the relationship. Many of the participants experienced physical and emotional abuse towards

themselves, their children, friends and colleagues when the participant ended the relationship, however evidence from transcripts will account the violence was sustained within the relationship. The violence sustained within the relationship greatly impacted identity and sense of self.

Physical Abuse:

'But there was a huge ditch across from the golf club, a very deep, sort of, whatever you call it that ran all the way along the golf club. And these houses backed on to the golf club and we walked along that road to get to the street that we lived in. And on the way home he had pushed me into that thing so many times and kicked me like a football, all the way home.' Laura

'When I say weapons, I mean things like shovels and brooms or, you know, he would kick me and things like that, but always below the belt so this is how I became isolated.'
Laura

'He was incredibly strong for a slim person, and he would drag me into a corner, put his knee in my chest and use me like a punching bag. He actually beat me so badly that I had muscle spasm to the extent where I thought I was paralysed, and I didn't know whether I was paralysed or not.' Jamie

'My daughter was born premature. So, she was in hospital for a while. And didn't have the car. I had told him that I wanted the car on this particular day. It was a Sunday; I wanted to go in and see her. Please be home by such and such because if he wasn't, and I had been through this before, I would catch the bus. And he wasn't, so I called the bus. When I came home by bus, had been asleep, obviously had been drinking all day. And he was ropable – let me in and promptly walloped me, my daughter is still in the hospital as a baby then.' Pat

Emotional Abuse:

All of the participants cited they had experienced forms of emotional abuse in the relationship. This was exemplified by swearing, rejection, death threats, isolation from friends/family, humiliation, emotional blackmail and screaming/yelling. The emotional abuse sustained by the participants impacted their identity. After experiencing persistent abuse and manipulation, many of the participants constantly questioned their sense of self and doubted their own self-worth and sanity.

'He bundled his friend into the passenger seat. We all went out to the car and I was waiting on the driver's seat side, and he went around to the passenger seat side and opened that up, bundled his friend in, put his seat belt on him and whatnot, came around to the driver's seat and just pushed me out of the way, got into the car, locked the car and left me. There was nobody else in the car park and I was just left in the town by myself in the middle of the night.' Laura

'He said, you hang up this phone and I'm going to come around, blow your head off. You know, this is after all the smashing up. So, I thought, I've got to get out of the salon, right now.' Annie

'Oh, you're ugly and you're stupid; you're stupid and you're ugly, and you're ugly and you're stupid and nobody will ever want you.' Jamie

Sexual Abuse:

Most of the participants cited they had experienced sexual abuse in the relationship which further impacted their sense of self. This was exemplified by marital rape, sexual assault, violent or forced sexual acts and sexual sadism.

'He'd come around behind the bar and he'd stick finger up my vagina, like that. And, of course, I'd jump, you know, and people on the other side didn't know what had happened. But it was some kind of game that he'd got a reaction out of me and I would growl at him later and say, don't do that, don't keep doing that, you know. It took ages for him to stop that kind of behaviour.' Emma

'I mean the sexual was the worst, I agree, but sexual is just you know, it's more the rape connection, it's like I used to fear getting raped by a stranger and now I've realise, my own husband raped me.' Mary

'There were times when we were in the act of sex and he would then make me do things that I really didn't want to do, or he'd surprise me with something that I didn't know was going to happen. So, yes, and that was, I suppose, a way of forcing it. And I'd say, 'No, I don't want to do that' and it would be just 'We're doing it now'. So, tough luck, sort of thing.' Emily

Economic Abuse:

Some of the participants cited they had experienced economic abuse in the relationship. This was exemplified by their partner preventing access to joint financial assets, limiting employment opportunities, withdrawing financial support and coercion to sign contracts/bank

guarantees. The economic abuse experienced further impacted sense of self as any autonomy experienced by the participants was rejected. The economic deprivation experienced impacted identity as the participants citing feeling helpless and economically stranded.

'He cut me out of the money all together. The only money I got was from the family payment for my children and that, I kept for myself, and I really never told him. I started to learn a few things as the years went by about having a little bit of money here and there, and that sort of thing. But I was never, ever able to build any money up so I never had any money at all that was mine, really, only what I used to... and I'd buy the kids food and pay all the bills on what he gave me every week, which he would hand out to me.' Emma

'He didn't want me to go for six weeks and he put me on such a tight budget, it was embarrassing when I was back here. 'Well', he said, 'I haven't got enough money to send a lot of money with you and, anyway, you're staying with your parents so why do you need money?' Abby

4.5 Effects on the Children

A large majority of the participants had children that were vulnerable to the violence within the family home. The participants varied in their discussion of the effects that the abuse had on their children. Responses included the children were predominately fearful of their father, the violence had adverse effects on the children, the children were protective towards their mother, the violence was additionally directed towards the children and the children blamed their mother for the destruction of the family unit:

Fearfulness of their father:

'My son was at home and the two girls were away at boarding school and it was just my son at home... and my son was terrified of him [of his father]. He was protective of me and terrified of his father.' Jill

'He told the children he's going to take all their beds and their bikes and its mum's fault. You know, he didn't take those, but the kids were terrified. All of these things. So, I was dealing with that trauma of children being continually traumatised.' Abby

'I still to this day don't know what's going on because I think my son knows I would just see red. My son then ran away around the corner, hid under the benches and then crept back. His father, apparently... I'm sure there were other parents around, obviously saw that my son didn't want to see him... and then shot through. My son then

ran back in the classroom and was shaking and crying and said, ‘Call my mum, call my mum’. Sue

‘I would have to take my son to his place when our son would cover himself in dirt, “I can’t go to daddy’s now,” and he was only three.’ Sally

Adverse effects:

Many of the participants with children cited ongoing adverse effects of the abuse. These effects included the continual psychological impact on the children, effects of disrupted education, the fear felt towards their father and the scripts used when discussing their situation with friends:

‘I don’t think that ever goes way. I don’t think you can ever forget all of that, all of that pain, all of that suffering, all of that sadness, the things that happened to your children, how your children turned out because of it, what they had to bear because of it; all of those things.’ Emma

‘Oh, he [my son] idolised his dad because his dad was lovely to him except whenever there was an argument he’d say, ‘Daddy, stop shouting at mummy. Stop fighting’. He was doing that from when he was two and he’s badly affected now, yes. But, anyway, he survived.’ Abby

‘My son just turned 13. So, tough on him and tough on the girls because they refuse to talk about him and acknowledge him. My daughter when she was younger at primary school, she actually told her friends that her father had died.’ Mel

Violence towards the children:

Many of the participants cited the violence experienced towards the children, including pushing, shoving, kidnapping and beating the children:

‘He used to delight in ripping the children out of my arms and he wouldn’t let go so I’m trying to hold on to a child... If I did something to aggravate him he’d go, ‘You’re not a fit mother, call yourself a mother?’ And he’d grab Barnaby, especially, out of my arms and you’d have to let them go otherwise he would have dislocated their arms.’ Sue

‘He kidnapped the children from their primary school, went to court and said that I was a dangerous mother, took VROs out against me on behalf of the children. It took me... what was it? I didn’t see my kids for two months, which nearly killed me’. Sue

Some of the participants with older children cited how the physical abuse impacted the child's relationship with their father leading to estrangement and/or emotional distance from their father:

'And he [my husband] ... my oldest son, he started beating him [my son] too. And I got beaten up many days, like my oldest son on his tenth birthday, he [my husband] was strangling him [my son] and I jumped on him [my husband] ... I was terrified of my husband, jumped on his back and was trying to stop him. And my oldest son never rates his birthdays, doesn't like birthdays. And he has nothing to do with his father.'

Olivia

'He [my husband] did on a couple of occasions break out and hit the oldest one [child]; the oldest one had a hyperactivity disorder, classic case. And he wasn't a nasty child or a delinquent or anything like that, but he was hyperactive. And so, when he didn't understand why the kid was always rushing about and running about, one day he got his belt and really hit him hard, he had marks all across his chest and back, and that really affected him badly. I could see the child never really recovered from that; and their relationship never recovered from that.' Jamie

Protecting their mother:

Some of the participants with children cited that their own children were protecting them against the violence within the relationship. This was evidenced by the child/ren using themselves to shield their mother from their violent father, the child/ren getting assistance from other to protect their mother, the child/ren remaining with their mother in the house to protect her from the violence and the adult child/ren deciding to move with their mother to provide support.

'He [my husband] ran me over, so, he actually did hit me with the car. You know, I had this massive bruise on my hip. So that was a little bit of a wake-up call. My daughter ran inside for protection from my dad. That was a bit of an eye opener for my dad.'

Emily

'And I think our youngest had moved back in again at that stage and she said to me 'I can't stand how he speaks to you'. And I didn't even notice it anymore. It was nothing. Oh god, that's nothing, you know, it's the other stuff that gets to you. And so, I decided to move out. And she said she'd move out with me.' Anna

Attributing culpability towards their mother:

A minority of the participants with children cited that their children attributed the relationship failure to the participant. This was evidenced by the adult children being estranged from their mother, being empathetic and supportive only towards their father and the children idolising their father and showing hatred towards the participant whilst in the family home.

'Yes, because my kids don't talk to me, so, yes, in that regard still to this day, it knocks me around but they're adults, they... I kept a lot of it behind closed doors, so they don't know the full story; he's still lying to them. One day, that's all I can hope for.' Kelly

'Oh, it was all my fault [reasons for the violence]. And the kids said that too. 'Oh, it was all you mum. You know, it's all you, you've done it all, yes.' Jamie

Some of the participants cited that the violence adversely impacted their capability as a parent and considered their role as mother nerve-wracking as their obligation to safeguard and insulate their children from the violence within the home was difficult.

Their identity as a mother was paramount to safeguard their children from the violence within the home. However, for some, this identity was shattered when their children blamed them for the violence and the distress within the home and subsequent break down of the marriage. A majority of the participants expressed their sadness concerning the detrimental effect the violence had on their children and their consequential relationship.

4.6 Coping Strategies within the Relationship

Aligned with Chapter 6.3.3, this section presents different coping strategies which assisted the participants in enduring the abuse. Various interventions and measures were used to decrease the despair and provide some improvement, including psychological detachment (silence, compartmentalisation, and dissociation), social services (police assistance, women's shelters, health practitioners, and friends/family), resolution techniques (assertion, retribution, retaliation, physically leaving). These coping mechanisms provide different ways which the participants were able to gain identity and sense of self within the relationship.

Psychological Detachment

A majority of the participants cited psychological detachment as one of their primary coping mechanisms within the relationship. Psychological detachment was a key component to regaining and retaining self within the relationship. For example, remaining silent, compartmentalising the abuse and cognitive dissonance:

'Keep myself together because I couldn't go crazy and I couldn't collapse; I couldn't have a nervous breakdown, I had to remain [sic]... So, I just [sic]... I suppose I split off in many ways and that's how I survived.' Emma

'I knew I was unhappy, but I thought, 'Well, this is what I've chosen, I can't leave now, I haven't got the emotional energy to leave now.' Abby

'I stopped arguing. Stopped... didn't back answer, kept the peace. I hate that word; I hate saying it now. Keep the peace, anything was done to keep the peace, then if he wasn't angry I didn't get hurt. I always said throughout the marriage in my head, "When my kids are old enough I'm out of here". Kelly

Social Services

A majority of the participants cited social services were essential to their coping within the relationship. These services included police assistance, domestic violence shelters, psychologists, counsellors, doctors and friends/family. These services provided the participants individuals whom they could discuss the relationship with, their options and secure places to stay.

'When he started smashing the windows, and I went to a refuge. Because he used to be so good at it, manipulating and conning, where every time the police come, I'd stay in the dark, in the toilet or bathroom, wherever, ring triple 0. The police would come.'
Jenny

'I'd visited many psychiatrists and psychologists and one of the psychologists at Mental Health Services... Just after my first child was born, I left him. He [the psychologist] had told me that he [my partner] was a psychopath.' Emma

'And this counsellor... I said, 'When will I know that I must leave?' She said, 'As a mother you will know; you will know when you have to leave'. And, slowly but surely,

'she gave me strategies; when he shouts at you, focus on something on a wall, don't give him an audience, don't say things back, ignore him.' Abby

Resolution techniques

All the participants cited different resolution techniques within the relationship. These techniques allowed the participant to restore some of the power within the relationship, which also contributed to some well-being and positive identity. The restoration of power was carried out via the participant being verbally assertive towards her partner, retaliating against the violence within in the relationship, carrying out retribution (e.g. having an affair) and physically leaving the relationship.

'And I was in the kitchen doing the breakfast dishes from the kids, and he screamed at me using foul language, and said where are his clothes. And I turned around, and I just happened to have a kitchen knife, the biggest kitchen knife that we had. At the time, that I was washing up. And I handed it to him and I said, 'If you're going to kill me, do it now, because I can't live like this anymore'. And I was absolutely terrified when I did it, but I was at that stage where it was just kill me or get out, I can't do it anymore.' Jan

'You know, the fight or flight response, mine was normally flight. Occasionally I'd put up a fight but mostly it was flight, and I would fall in a heap and cry or lose the plot entirely. Or lose the plot as in get really verbal back because he's just pushed me too far. Never had a temper until I met him, and I've never had a temper since I've left him.'

Emily

'And I saw him, actually, crumble and break down in tears on the bed in the unit one day. And to me it was, like, "Suffer bastard, you've done that to me so many times. It's not going to work." Jamie

All the participants discussed different coping strategies and interventions throughout their relationship. The effectiveness of their technique/s were dependent on several aspects, including relationship circumstances, partner temperament and participant stamina. Although the coping strategies were different, each one was crucial to maintaining some personal well-being despite the violence experienced within the relationship.

4.7 Justification for Remaining Within the Relationship

Aligned with Chapter 6.3.4, the participants cited a number of reasons for remaining in the relationship. These included; presence of children, protecting a positive self- identity, protecting the idea of their relationship and enduring the abuse as an unavoidable consequence of the relationship:

Presence of children

For some of the participants, the presence of their children was one of the principal reasons for remaining within the abusive relationship. Some participants cited they preferred their children having a close relationship with their father; they wanted to keep the family unit intact and uncertainty about the future:

'And, so, for me, personally, it would be so much easier if I didn't have kids. Easier to leave as well; the kids kept me there for a lot longer.' Mary

'I needed him because of my kids, because I didn't want my kids growing up without their dad. As abusive as he was, I thought it was my responsibility to keep the family together.' Jan

'And I suppose I was frightened at some stage thinking, "Well, if I do leave, how am I going to actually survive with two children?" And I think that may have kept me in it a little bit longer because I thought, "There's no way I'll be able to go back to Australia with the kids and there's no way I'm leaving them, and what am I going to do?" So, I think that, sort of, made me also stay, probably, at that stage hoping it would probably get better.' Abby

'What was happening for me, the only thing I had, the only thing I had was the love for my kids.' Zoe

Protecting Positive Self- Identity

For some of the participants, protecting a positive self-identity was one of the principal reasons for remaining within the abusive relationship. Maintaining an illusion of a strong, confident, mother, wife, professional was integral to the participants self- identity and well-being.

'But I had this thing where I was so protective of him, I didn't want anyone to look down at him. And it was probably where I was when I was a kid. I didn't like people to judge

me and look down at me, and so now that I'd already grown into a woman and had all this self-confidence, I was able to stand up, but I was standing up for him. So, really, there's a lot of psychological stuff goes on here. And, you know, what people would say about me, you know, "What are you doing? You know, you've got to be desperate" and stuff like that.' Jenny

'Because I wanted to be a mum. I didn't really want to be a career woman in England and living on my own forever. So, yes, I suppose, part of me thought, well, maybe this is going to be okay and I can deal with this.' Abby

Protecting the Idea of the Relationship

Aligning with positive self-identity is the protection of the idea of the relationship. For these participants, maintaining an illusion of a happy, successful relationship was also integral to their self-identity and well-being.

'Well, I was prepared to keep going with it because I wanted to see if, maybe if we've got our own home, we can be a family. You know, you're prepared to keep doing it.'
Annie

'I think it's probably, again, society. My mum and dad's marriage broke up and I had a pretty shitty childhood and I didn't want my girls to go through what I'd gone through.'
Emily

'I had envisaged with him that, this was a man. I didn't look for anyone else, he was right for me. I thought that we would create a home, have a family, all of our children got on well and they still do and that we'd have a good life together.'
Molly

An Unavoidable Consequence of the Relationship

For a majority of the participants, self-sacrifice and blame for being female were accepted reasons for remaining in the relationship. This was evidenced by the gender roles and beliefs about relationships cited by these participants.

'Even the day I married him, I knew I was doing the wrong thing. All the while, it was just like I was on... someone had put me on that travelator and said, "You've got to stay there, no matter what".
Emily

'It was very much that relationship that he held the power and it was his duty and his responsibility to discipline me because I was the bad wife.'
Jan

Other justifications for remaining in the relationship were: extreme anxiety attributed to the abusive partner, concern about the future, guilt associated with separation and anxiety about stigma.

4.8 Leaving an Abusive Relationship

Although this section in discussed is greater detail in Chapter 6.4 as it addresses the third objective of the study, many of the participants expressed leaving their relationship was not a linear progression, but a wavering journey with multiple issues. These included; clarity of the relationship, multiple attempts to leave the relationship, assistance seeking, uncertainty and persistent preparation to end the relationship:

Clarity of the relationship

For a majority of the participants, one of the main junctures during the primary stages of leaving their relationship was clarity of the relationship itself. Once the participant understood and believed the relationship to be dangerous towards their own lives, it heralded the beginning of a physical separation. For some participants this revelation reflected a point in time where they were able to reflect on their personal self and identify and take positive action. ‘*So, for me I was still kind of, “This is all going to go away” and it wasn’t until the detective said to me, “You are at high risk of being murdered” that I trusted him and regardless of what my mind was doing, I was trying to just ignore, “All of this might go away”*’. Mary

‘*He threw me across a room and I knew in my work I’d done, you basically had six weeks to do something when it was a crisis; otherwise that six weeks go by and it’s all back. So, I thought “I’ve got to get out of here within this six weeks”*’. Anna

‘*I started to pick myself up and feel a lot more confident and I realised that I was going out with somebody who wasn’t quite right.*’ Laura

Attempts to terminate the relationship

For a majority of the participants, physically leaving the relationship occurred on a number of occasions before the final separation. Reasons for the oscillation experienced included the partner controlling the script, guilt and not being ready to end the relationship:

‘*But he absolutely made it clear that I was not to tell anyone, I was not to tell the kids, that he would come home from work and say goodnight to them and then, after they were asleep, he would leave and go. He was never there in the morning when they got up anyway. And, yes, he made it very clear that this was only a trial separation and*

that I couldn't let on to anyone, or make it known that we were separated. And that only lasted for about four weeks.' Jan

'Because I always had, with my tail between my legs. Other times I'd gone to friends' houses, because he was so horrible to me I'd go to friends' houses, but he'd charm me back.' Abby

'Second time, when the kids were little, I think, again, there was something in the back of my mind knowing that I was still going to end up being back with him, and it was the kids as it used to break my heart. And he used to come in every day to see the girls and I don't think I had the strength to tell him not to and, because they were little, you know, "Daddy, daddy when you coming home?" And it was just all that guilt again, so, yes. So, yes, defeated, and took him back with a feeling of defeat.' Emily

Assistance Seeking

The participants cited different forms of help-seeking to assist with the ending of their relationships. These included; staying with parents and friends and seeking help from doctors, counsellors, women's refuges and police. These actions greatly assisted the participants permanently end their abusive relationships.

'From that point on I was in the woman's refuge, in hiding until I left Perth with the boys, for a whole year.' Mary

'I actually phoned my brother and asked him to come with the truck because I wanted to take some furniture with me. And my husband gave me the keys to the car and told me to piss off. And so, I packed a bag... a box, it's a windmill hat box. I packed it with my most precious possessions, I put a swag in the back of the ute and a suitcase and I drove to Perth. And my eldest daughter had two weeks left on an apartment, she'd just moved into a house with a group of friends, so I phoned her to say I was leaving her father, and I was coming to Perth and could I stay in that unit. And I drove to her place, she gave me the keys, there was nothing said, and I went to her unit and rolled out the swag and slept the night. And the next day I went to Centrelink and they told me I was ineligible for any assistance because I was partner in a business though I wasn't a signatory. I had \$14,000 worth of debt on a credit card and about \$300 in the bank, so, I started looking for a job.' Jill

'My friends took the kids to pre-school, I was at the neighbour's, and my girlfriend who'd been through a similar thing with her ex-husband... she'd escaped from him. She said, "You phone your mum and dad now". So, I phoned my mum and dad from her home.

And she said, “You phone them because if you don’t phone them I know you’ll go back to him”. Abby

Emotional Turmoil

All the participants cited constant emotional turmoil when discussing their process of leaving, especially when considering their future. For many of the participants, their identity and sense of self were intrinsically linked to being within a relationship. Hence, navigating their own lives as an individual was distressing and confronting:

‘And then I started to get a bit frightened as well because I thought, “What am I going to do?” Because I’ll have to leave on my own to go back to Australia because they won’t come with me once they’re teenagers. So, I started to get a bit frightened about my future.’ Abby

‘I was thinking “How I was going to get out of it and what I was going to do?”. One part of my mind said, No. I don’t want to leave” and part of it said, “Yes. I do.”’ Kate

‘I didn’t think what we had was normal because, obviously, I didn’t like what was going on but, I thought, “Okay, well that’s something you’ve got to work hard at and you’ve got to make it work” and all that sort of thing, so I think It’s determination. A lot of times I used to think, “Why there?” and thinking, “God, what the hell am I doing? I just want to get out of this”. Emily

Preparing to leave

Some participants discussed their process of leaving by outlining the preparation involved prior to physically separating from the relationship. Some preparatory work included organising removal vans, secretly packing, organising to stay with family and friends, arranging with friends to assist their leaving, awareness of social services and absconding the home.

‘I know that I had decided that I had to leave; I had realised that I put the priest, and the policeman, and my parents pushing me to leave, I’d separated it and I had this “I have to leave”, and I put it in place so I got a removal van for the kids bits, little table, enough plates for us, and forks and... just took what I absolutely had to and got out because his mum could shoot across the road, his mother was just down the road. I knew I only had minutes. I went to my parents’ place, and I can remember that my guts were in a knot because I knew I couldn’t plan anything. I could not put anything aside, I couldn’t plan, I couldn’t do anything, and that it was something.’ Zoe ‘The day we were

moving and moving out, we had to do it quickly because he turned off the power, he turned off the water and so we were in the dark, so we're packing in the dark.' Molly

'Then on the Monday, I had said to dad, "Dad, I'm actually leaving". Dad was in real estate at the time, and I said "I've organised a truck. Can you organise somewhere for me to go? And the truck came while my partner was at work.' Laura

4.9 Justification for Leaving an Abusive Relationship

The following section presents the initial aftermath of leaving an abusive relationship: 1) reasons for leaving an abusive relationship; 2) the process of leaving the relationship; 3) changes to self and identity; 4) conflict; 5) stigma; and 6) exhaustion and relief. All the participants cited various justifications for leaving the abusive relationship. These reasons are discussed in greater detail in Chapter 6.2 and 6.4.2 as they address the first and third objectives of the study. Justifications included: reclaiming self and autonomy, the relationship had become intolerable, protecting their children and escaping from the fear of death/beings maimed:

Reclaiming self

For a majority of the participants, one of the primary factors towards positive self- identity and well-being was to leave the abusive relationship. Once the decision had been made, the participants found their voice and enough positive self-regard to physically leave the relationship and reclaim their identity.

'Eventually how I got out was, he went to work. I packed my stuff, got in a taxi, got to the airport, rang my mom, and said I am at the airport.' Kate

'He grabbed me by the hair and he shoved me against the wall and I thought, "God, you say what you have gotta say because this is the last time that you are ever going to say it to me again." Mary

Protecting Children

For the participants with children, one of the primary reasons to leave the relationship was to protect the children from further harm, either physical or psychological. Also, to provide the children with a safer and more positive future:

'If I don't leave, he would murder me you know, and so, I had to leave because I then became [sic], "No. I need to raise these kids" and when I had these kids, it was my responsibility to protect them and so I had to leave.' Mary

'Because I could not stand the fact that these children were witnessing abuse; every other time they've heard the shouting, they probably didn't understand the context of what he was doing to their mother emotionally, but they would have heard the shouting, and that was it. That just snapped, that's it; my children are not going to live in this poison, and I went.' Abby

'My son was only two when I left. There was an incident there where he threatened our son. And that enough to make me finally stop and see sense.' Sally

Intolerable Relationship

Many of the participants cited knowing their limit to the violence experienced within the relationship was a principal reason for leaving the relationship. This was evidenced by the participants resolutely deciding the relationship had ended and all that was required was to physically leave. For some of the participants, physically leaving the relationship was done in conjunction with the decision.

'And we had a big blow up and he belted me up again. And I said, "That's it, I'm not... it's over, I can't do this". Jan

'I went out and had to sign a form saying, that I'd left without my baby being checked and I felt like the worst person in the world and I just left that hospital and I just thought, "I can't do this. Oh no, I can do it." In hindsight, it all ended that day in my mind.' Wendy

'And he was just so angry he was blind with fury, and he started just smashing, anything he could see in the house; the kids were terrified. And I got one kid under each arm and I walked out of the house and I never went back.' Abby

'I sat there, and I said to myself, it was one o'clock in the morning, in one of his drunken tirades, "This is the last time". I said this to myself," This is the last time that you are going to do this to me". And it was. I left next day.' Annie

Fear

Many of the participants cited a fear of dramatically negative consequences if they had remained in the relationship. These consequences included an overwhelming fear of being maimed or killed and cited this fear as the critical turning point to leaving their relationship.

'I was going to get out of this. There was only two ways that I was going to get out; I would get out and it would be okay, or he was going to kill me. And though I didn't see 30 years down the track still be being together, I knew, once I'd had my daughter, that it had to happen, and it had to happen soon.' Jan

'I was lying on top of these tools all the way back, he actually went back to our home, and went and got a couple of bottles of port and got back in the car and drove over to where this party was supposed to be, that we were supposed to go to afterwards. And he parked up the top and then I heard voices, and I heard him get out. And I thought, "I've got to do something, I've got to get out of here somehow". I was still, basically, in shock. And heard him get around, and so I got up, and I opened the door and I ran like crazy. I just ran.' Abby

'And that last time, he throttled me, "I thought, if I don't leave this time he is, yes..." Well, I really thought he was trying to kill me that time.' Sue

As seen, the participants cited various justifications for ending their relationship. Additionally, many of the participants expressed oscillating justifications for finally departing including protecting children from the violence, having enough strength to leave and knowing their limit to the violence experienced.

4.10 The Process of Leaving

Aligned with the discussion in Chapter 6.4.3, once the relationship had permanently ended, all the participants experienced a chaotic excision from the physical separation towards the gradual process of recovery and well-being.

4.10.1 Cognitive Turmoil

When discussing their leaving process, all the participants expressed various and oscillating feelings, behaviours and expectations. A majority of the participants cited the initial phase of separation as tiring and seemingly endless with any positive progress delayed by indecision, fear, despondency and blame. Often these feelings were continuing many years after the relationship has ended and for many participants, their process of well-being was impaired by their inability to dissociate from their past experiences:

'I couldn't comprehend it, that someone that you love did this to you. And I felt ashamed, like so embarrassed that this had all happened, and I was this victim, and I wasn't who I thought I was.' Mary

'Sometimes I feel like, you know, it's five steps forwards and one step back. Some days I feel like I'm going ten steps backwards and one step forward but, for the most part, I would say I'm moving forward and continually.' Jan

'I was very angry a lot of the time. There were times when I would go back into that sort of state... it was almost like going into his reality. I'd come back into my reality and then I'd go back into his reality' 'That was one of the things that really hit me later on too, that... and I even said it to myself, "I have to survive from day to day". Emma

Many participants cited fear and anxiety as the main reasons for their inability to psychologically distance themselves from the relationship. These participants detailed the abusive behaviours from their ex-partners which contributed to anxiety and anguish, some citing the escalation of violence and threatening behaviour punctuating their difficult detachment.

'It [life after the relationship] was terrible, I likened it to a gutted fish. You know, everything I lived for I had lost, apart from him [her son]. And it was just, just awful. I be clenched up, and it was just terrible. And I didn't want him [ex- partner] to... He didn't know where I lived for quite a while, because I was scared that he would come after me.' Anna

'He would have breached it [a restraining order]. In retrospect, I don't know that he would possibly really kill me from a distance but, at the time, I was extremely fearful of my ex-husband for a good many years and I still feel that way. If a situation arose that he felt that I had done the wrong thing, he gets into his threat-making, bullying stuff, but for two years I actually lived in fear that he would come after me.' Pam

'I was scared that he was going to come in and take everything out of the house. I was scared that he would come back and refuse to leave; I was scared about that. I was scared he was going to take the kids.' Emily

'I thank God that things worked out and I thank God I had the presence of mind, fear again, just run like a mad rabbit, saved my life. I don't know, he could have just tortured me or... I don't know what he would have done to me.' Annie

Most of the participants cited humiliation, hopelessness, sadness and resentment when discussing their process of leaving. These feelings were also cited when the majority of the participants were describing managing their current situation:

Guilt & Shame

As discussed in Chapter 6.4.1, feelings of grief, uncertainty, guilt and hopelessness when leaving an IPV relationships is not well documented in IPV literature. However, for many of the participants, guilt, shame, hopelessness and resentment were overwhelming and oscillating feelings after leaving their abusive relationships. These feelings impinged on the participants process of recovery and well-being by impacting their positive self-regard and identity.

'I couldn't believe that I'd let this thing happen to me. I... And I've always, sort of, thought, and I used to tell my children this, that you can make mistakes and you can either harp on the error you've made, or you can use that error and go forward to do something better. And I think that I almost felt that I hadn't practiced what I preached.'

Olivia

'Once the marriage finished, I wasn't in a very good way, so it did take me quite some time to think, "Well, it wasn't my fault". And it was only through counselling and my doctor friend, and girlfriends that kept saying "It wasn't your fault". Pam

'It was at least a couple of years after I left the marriage. I still felt very responsible for a long time and, it's funny, if the few conversations that I had with people in the years after my marriage, I always said, "Yes, but it's half my fault because I stayed". I still took that part of the blame for it.' Jan

Hopelessness & Sadness:

'I would see a counsellor and it went through different stages as to why I needed a counsellor. You know, one time it was being referred because I was feeling really, really down. Another time it was because of, you know, the effects of the exiting to just cope with everyday life.' Mary

'Very sad. I was sad, depressed. I'd never been depressed in... Or I never thought I'd been depressed in my life but, actually, for the first time, maybe, admitted that I actually needed help; I needed help. And I was depressed, I was on tranquilizers and like a zombie, really.' Olivia

'I did actually feel sadness and loss because there's that part of me that he gave me that no other man gave me. And so, I was confused. So, I was in love with him in one way but in another way, I completely couldn't stand him.' Brenda

'There's so much that is painful and so much that is sad about the whole thing, it's almost like "What could I have done to have changed it, to have made it?" Emma

Indignation & Resentment:

'I just felt so angry and I couldn't work it out. And all of a sudden, I just went, "He's getting married, and he's moved on before me and that's not fair because he was the bastard and I'm still here by myself", you know. And that was really hard to deal with, the fact that he got to move on and I was still stuck in this limbo that I felt that he had created.' Jan

'It was too hard out there; it hit me that I was the bunny, here's me living without anything and they're all in the home that I have created and made and cooked and sewn, and done everything for, and I'm the stupid one out here. And I lost my job, I was made redundant, and it was, like, well, what's it telling me? Like, everything was... I just felt everything was taken away from me. I wasn't given a chance.' Anna

'When I first found out that he was seeing someone I was angry because I was thinking, "He moves on with his life so easily and he's completely destroyed mine and he's just got a girlfriend and that's it, his life just moved on".' Mar

4.10.2 Identity

Although the relationship with her partner has ended and the woman is no longer experiencing abuse, her identity is still examined. Hence, post relationship termination, some of the participants questioned their flaws and evaluated their identity in the aftermath of the relationship ending. For many of the participants, their identity as being part of a couple or as a partner to another was fundamental to their sense of self. Post relationship termination, examining their identity as an individual autonomous being required much analysis, especially when the participant was trying to regain control of self and of her narrative. For many of the participants, controlling identity was a major shift towards well-being.

'Having to learn that [identity] through other people, not him. So, he [ex- partner] defined that for me, whereas being away from that, you pretty much start questioning who you are. And through that process, in having different friends that aren't completely influenced by him, I started to learn who I was. I couldn't go back to my maiden name. Actually, my surname is a name I picked because my maiden name was so defined with who he... who I was when I met him. Which was this young person who was so naive, and I hated who I was when I met him, and I couldn't go back there.'

Mary

'I had a real attitude shift, I know. It was actually one night at work on the night shift, kind of, three o'clock in the morning, and I just thought to myself, "You know what? Why am I letting someone who controlled me for six and a half years still control me two years after I've gone?" And I remember thinking, "I left him two years ago, soon it's going to be three years ago, and four years ago, and five years ago, and ten years ago, and am I going to still allow myself to feel this crap about someone who didn't care about me? He's not out there worrying about how I'm feeling, or his son, or anyone, for that matter". Wendy

'It [the relationship breakdown] was the most soul-destroying thing. But then, after that, I realised that I had people that actually believed in me, who were friends with me, and I started to see myself.' Zoe

4.10.3 Conflict

For a majority of the participants, conflict and hostility with their ex-partner continued post termination of the relationship which stalled any gain in well-being and interrupted their initial stages of recovery. Some of the participants engaged in legal, social and private services to alleviate the psychological impact of the continual conflict:

'I received great advice from my friend, she said, "You know, he's on parole. It's like he's put his foot on your head and you just can't get up again". And I said, "You're right, that's exactly what I've let him do". So, I gained back my power and I wasn't going to be scared, and I told him that I'd go to the police. I mean, get a violent restraining order on him again, just to get that space from him if he continued to do that.' Mary

'I'd locked him [ex-partner] out, he went away and got bolt cutters and cut the chain on the gate and then stood in the front yard with her [their daughter], hands on her hips, and her chin stuck out. Like, 'We have a right to be here', yelling, "If you don't open this door, I'm going to break it", and it's a big glass door. I just said, "If you do that I'll call the police". And he threatened to do it again, and I just picked up the phone and dialled triple zero. And the cops turned up and they had a talk to him in the front yard.'
Peta

'Then I went to get a lawyer, legal aid lawyer. And the legal aid lawyer said to me, "What about a refuge?" And, also, that being in a refuge makes my whole case a lot stronger, so it was a tactical move.' Olivia

For many of the participants, physical isolation was a crucial component of their leaving process as this enhanced their ability to enhance and develop their identity as an individual. Physical separation from familiar areas allowed for some peacefulness. This included relocating to distant suburbs and regions within the State. It also reduced some of the continual anxiety the participants experienced when anticipating further abuse, judgement and mementos from their former relationship:

'And I got on that bus with this heavy [case]. People must have known... all the bus drivers knew me, because I didn't drive. All those jobs, I had to go on the bus, and they used to say, "Are you off to work?" They all knew me, and they'd watch him at the bus, kiss me, and they'd see him pick me up, and it was like our little... But it was me running away every time, you know, on that bus, getting out of there. This time I was getting on that bus and I wasn't going back.' Jenny

'It was probably after I got up to another area, away from the whole environment [that things became better]. I was harassed the whole time, so, I was still in that... I was still there. The big change came when I left Perth, when I removed myself, really, from the danger. I was really liberated, I can tell you.' Annie

'I think when I first felt independent was when I said to my friends "It's time for me to move out on my own with the boys", when I signed that rental lease and I could then say to people "This is my address". I think that's when I first started leaving the marriage, so I don't think I really left the marriage up until then.' Sue

4.10.4 Exhaustion and Relief

The process of leaving an IPV relationship is long, varied and complicated. It is interrupted with indecision, desolation, antagonism and anxiety. A majority of the participants cited fatigue as the penultimate component in their process of leaving. Exhaustion and relief gave these participants the capacity to deliberately dissociate from their experiences and gradually acknowledge some freedom:

'I think I spent about five years asleep and I think that's absolutely dreadful. I've managed to get myself organised, I've managed to get dinner on the table, I've managed to get the boys lunches, I get them to school but you know, I often go home, and I go to sleep.' Molly

'My doctor had put me on Valium because I couldn't sleep. I was... just exhausted, and she gave me Valium. I was needing about 20mg, which is a fairly reasonable dose, just to sleep, because all this stuff was going through and through and through my head.' Zoe

'I was still very tired because he was still exhausting me even though he was not in the state. He sucking the life out of me every time I had to answer that phone, just wouldn't get that the marriage was over. I don't know how many times I had to tell him, "It's over, it's over, it's over". It was just constantly at me about everything, everything.'
Wendy

Lastly, a majority of the participants described psychological detachment, from their abusive experiences, as the absolute component describing their process of leaving. Additionally, this component was cited as a critical factor in their process of recovery:

'And I could be whatever I wanted to be; I didn't have to be this person any more, this Mrs X. I was me at last, only. Not being shadowed by him or overpowered by him, or controlled, or got to get home because of him. I was liberated to the limit. The big sack just came straight off my shoulders. It was just wonderful.' Annie

'Oh, absolute peace and relief, absolute. I couldn't believe it, it was just wonderful. I had nothing... I remember the first few weeks I stayed in a friend's parents-in-law flat, which was not very nice, and none of our own... a few duvets and a few of the kids' toys and a few books, their books, and those sorts of thing. Their school clothes and whatever, and their clothes and some of my clothes. And that was it, that's all we had, but it was ours, you know.'

'And it was wonderful, it was just wonderful.' Abby

'And I went to Scotland and met my daughter there and we just had three weeks over there together; which was lovely. She had been travelling and her boyfriend had gone on to America and I met her in Scotland, and introduced her to family, and things like that, and it was... that was fun. You know, it was good. And it really was a case of, you know, I think I was able to realise that I didn't need him anymore.' Jill

4.11 Chapter Summary

This chapter presented the demographic profile and experiences of the participants interviewed. Additionally, one of the main objectives of this research was to document the main challenges and stressors faced by women who had experienced IPV. This chapter addresses this objective as well as: 1) outlining the factors that lead the participants to end their relationship; 2) outlining the abusive relationships; and 3) outlining the transition experiences of permanently leaving abusive relationships.

CHAPTER 5 - PARTICIPANTS INTERVIEWS – Recovery and Well-Being

5.0 Introduction

One of the main objectives of this research was to document the process of leaving an abusive relationship and identify the transitions the participants experienced that precipitated their permanent separation from the relationship. Although these results were presented in Chapter 4, this chapter presents the participants experiences of their recovery and well-being from the initial separation to their present day. This chapter address the objective as well as: 1) the process of recovery after IPV; 2) well- being and identity after IPV; 3) participants recommendations; and 4) identity beyond the experience of IPV.

5.1 The Process of Recovery

The following section presents the process of recovery after leaving an abusive relationship: 1) psychological detachment; 2) extrication from false identity; 3) economic autonomy and worthy employ; 4) strong interpersonal relationships; and 5) self-acceptance. This is also discussed in detail in Chapter 6.5 as it addresses Objective 4 from the study.

5.1.1 Psychological Detachment

A majority of the participants identified a permanent change in their outlook which catalysed their psychological detachment from the relationship. This recognised change was a pivotal factor as it began the process of psychological detachment from their ex-partner and initiated their gradual process of recovery. These participants identified the detachment prior to the physical and permanent termination of the relationship. They continued the relationship until the psychological detachment as a dedicated partner had been exhausted. Following which, these participants acknowledged this indicator as the initial progression towards permanently ending the relationship and the beginning of their recovery:

'I really liked this guy and we ended up sleeping together and it was just amazing. It was like complete and utter freedom and it was just like that feeling, it was, "This is my body and I can do what I want with it" and I kind of liked. When I look back, I feel like I needed that at the time because I felt, "He won't want me now.'" Mary

'But I knew then that I didn't... I still didn't want to be there, I just didn't feel strong enough to go. And then I fell pregnant with my daughter and I could never tell her, but

I was devastated because I didn't want to bring another child into that relationship, and I was still wanting to work out how to get out.' Jan

'I'd get a whole plan in my head and then he'd walk back through the door and I'd be so disappointed he was back, and you know, really thinking, "You know what, I'm understanding now that my life is better without him. I don't have to wait for him to be dead. I can go. I don't have to wait for him to die. I can leave.'" Wendy

5.1.2 Extrication from 'False' Identity

Identity has a crucial role in the psychological detachment from an abusive relationship. In this study, a majority of the participants cited extrication from their 'false' identity as the next dominant factor towards recovery. Because of the abuse in their relationships, many of the participants discussed they identified as the person their ex-partner claimed them to be. Therefore, extricating themselves from this negative identity was imperative towards their recovery and well-being.

Well, I was this really terrible person... worthless, no value, slut, bad mother, selfish person that was just living life... yes, selfishly. And now, I'm not that. I'm a caring mum doing the best that I can to raise two kids, work for... to raise them and so focused on helping other people. So, I know that, I want to spend more time to do that but, yes, it's changed massively. And I have friends. I never used to have friends.' Mary

'So little things, trying to find some peace within myself and beginning to actually realise that I had a right to some peace. It was an awareness of... that I am important, that I have some kind of value.' Emma

'And between that... her strategies and talking to me, and making me feel better about myself, together with encouraging me and telling me it's all right to keep this job... yes, I started to get stronger, I started to know how to deal... And I started to realise it wasn't me, I... You know, someone reaffirming I'm not useless, I'm not a bitch, I'm not anything that he's telling me I am.' Abby

A majority of the participants cited the liberation from 'false' identity and the reconstruction of their true identity was a difficult, lengthy, and complex process that predominately began after the termination of their relationship. Additionally, other participants expressed recovery towards their familiar personality characteristics and a healthier well-being was a longer and more tiring process than had been anticipated:

'I would say I still have a fair way to go but I'm a lot better now as it... Yes, in the last two years I've just... I've come on in leaps and bounds. The first, you know, eight to nine years, it was a struggle; every day was hard.' Mary

5.1.3 Financial Independence and Rewarding Employment

All the participants cited one of the most successful components of their recovery from their experiences was being engaged in worthwhile employment. Having a satisfying job assisted with psychological and financial well-being as well as a determined and recovering identity. Many of the participants had either previously been employed prior to relationship or had continued working during the relationship. Additionally, some of the participants interviewed gained employment during the relationship. All the participants cited a satisfying job was a critical factor towards recovery and well-being from IPV and the beginning of reconstructing identity.

'I was working, probably if he had his way I wouldn't be working. I was in disability services and I loved it and so, I guess, with my work, yes, I was able to... in my workplace, maintain myself. At home, absolutely not.' Eva

'I felt that I had come by my job by sheer luck. You know, that it couldn't possibly be that I was good enough for it. And that's only just starting to sink in now; that actually maybe I do have the skills that this job requires.' Jan

'So, my work has helped me, it has helped me a lot. By keeping that assertiveness, I guess because I was that way before [the relationship] and, well, had to be [assertive] with my job because I worked with people with acquired brain injuries for a long time, so, you know, you had to be [assertive] otherwise you weren't going to cope with that.' Wendy

'I remember going to a financial advisor looking at our plans and the financial advisor said to me, "So what is your position?" And I said, "I mainly tutor but do some lecturing at university" and my husband's response was, "Well, really she's only a high school teacher". And, so, even though I did bring in money he would never say, "You know, I'm really proud of my wife", he would actually be pressuring me all the time to get more work and whenever it came up there was never that sense of he was proud of me; if anything, he would belittle the position I had. If I had any sense of self-worth it only came from self; you know, I was proud of what I did.' Angela

After years of subjugation, feelings of worthlessness and depression were common to many of the participants. For those participants who began working during their relationship, the psychological abuse was being overturned by the objective evaluations by colleagues and employers. This was vital for the regeneration of positive identity and self-esteem as self is influenced by interactions with others. The following quotes exemplify how another's perspective can influence and shape sense of self.

'And it wasn't until... really until I started teaching the children that I, sort of, discovered that I had more potential perhaps than I realised, and that people actually seemed to, like... they respected me, do you know. They actually respected my opinions and they seemed to... I don't know that... You know, I suppose I, sort of, I had this, sort of, leadership role I suppose. It started off at school... with the school and, you know, I became the president, school counsellor, all that sort of stuff, and then just moved into local government and I really liked it, you know. I really enjoyed it.' Jamie

'I knew I was exhausted, but I just was lapping up the nice positive environment [of work] and the people saying nice things to me. It was just one of my other little steps of becoming stronger.' Abby

'I started to get an identity because I got this job as a practice nurse at a doctor's surgery, and the patients thought I was the bee's knees, and I started to get some recognition through the feedback from the patients. And it was a very busy practice, we had 4,000 patients; and it was also a relatively small town, 35,000, so everyone knew everybody. I couldn't go ten minutes down the street and I'd run into somebody saying, "Hi, how are you?" You started to feel like you actually had an identity.' Zoe

For many of the participants, the financial autonomy gained from employment was also a critical component in their recovery. Financial independence meant economic empowerment, the prospect of future away from their ex-partner and the opportunity to restart with their children. It also assisted with eliminating feelings of helplessness and feeling trapped in the violent and abusive relationship. It also assisted with gaining a strong sense of self, positive self-regard and direction.

'I had shrunk a lot in my person [sic] and buying a salon was a way, I figured out from what that policeman said to me, because I had to get strong again. I had to get capable again. And believing in myself again. And so, I went and bought a salon. Talked my husband into it and spent \$3,000 on this salon. And that was the way I could get my confidence back.' Annie

'At that stage I thought, financially, I'd probably be okay, I'd have a roof so, at that stage, we're still living in the family home. He [ex-partner] was being an absolute bastard with child support and not paying, my parents were having to support us from Australia, all of these things but, basically, I was in our home, the kids were at school, I had friends and I had a job, and I didn't have him.' Abby

All the participants cited that financial independence was essential for recovery from IPV. They confirmed their recovery and improved self-worth; optimistic future outlook and positive identity were catalysed by being in satisfying employment.

'I didn't buy someone else's business, I just started my own business. Lifted it up off the ground, just in two years. It was just fabulous. I'd found my feet. At long last, I'd found my strength. And having that first salon was what done that, initiated that. I knew what I was capable of.' Annie

'And I've now... I've got a home for my boys and it's safe, I'll get the alarm on, it's in a lovely little street, I know all the neighbours. The kids have got a good education to go to, so I can turn around to them and say, "I've given you every opportunity I've always wanted to". So, yes, that was probably a really powerful moment for me.' Sue

'I bought my home unit two years after I left him. 18 years we had nothing, just a few bits of furniture, two years later I had a new car, I had a home unit that was four years old, I had a job, I had a career, I had an income, I had insurance, I had health; I had everything. And my son said at Christmas when I made lunch for the kids, he said, "We used to think of you as mum but now I see you as a whole person". But he was like that; he was a wonderful, wonderful person.' Jamie

However, all the participants cited the employment needed to be psychologically satisfying, otherwise the futility of the job coupled with abuse within the IPV relationship deteriorated the participant's self-worth and identity and aligned her self-perception with that regarded by her abuser.

'And I think doing the night shift, kind of, set me back a bit because I was just so tired, I was like a zombie, do you know what I mean? And it just almost wiped out just over a year and a half of my life.' Jan

'I went to one job and I didn't like it and so I left it, you know, because it was dragging me down and I had never felt like that for so long. So, it was a case of get out of things that aren't positive because you will get sucked down pretty quickly, I think, once you've been through all this.' Abby

'I'd end up in tears [at the place of employment}, which is really terrible. Even though, I tried my best to, but it was just that had no confidence at all and I now can look back at it and see it is bullying..in the workplace bullying but I couldn't cope. I had no coping mechanisms for it.' Molly

Human beings are social beings and social interactions with others leads to roles, values and rules of engagement being learnt as ways to create and maintain culture, communication and cooperation. Therefore, financial independence and rewarding employment are fundamental factors for operating in a cooperative community as these factors allow for conveying ideas, attitudes, perspectives and evaluations. Being able to communicate shapes positive self-regard and identity.

As evidenced from the interviews, all the participants cited having a job as a crucial factor in keeping or reconstructing identity. Additionally, satisfying employment was essential for positive self-regard which catalysed the participants recovery of dignity and independence.

5.1.4 Strong Interpersonal Relationships

Another major factor in the process of recovery, reconstruction of identity and positive self-regard is the ability to engage and maintain strong interpersonal relationships with family members, friends, work colleagues, therapists or counselling staff. As evidenced from the interviews, when the participants had permanently ended the relationship, most of the participants required support, encouragement and understanding from her family, friends and colleagues. Many of participants cited detachment from their past experiences and focus toward recovery was possible via the use of social services. Many of the participants cited their identity could be reconstructed as any negative perceptions of self were able to be counteracted with positive ones and a better future was able to be seen when these social services were used. All the participants interviewed were adamant that strong and positive interpersonal relationships with others were vital to recovery from IPV as social interactions with others were fundamental to regaining self, positive self-regard and identity:

'And support from those who really love you. They're the most important ones, you know.' Eva

'I suppose in many ways, I'm luckier than a lot of women because I had this person who was there, very understanding and was by my side. And that is what women need someone who will tell them they're okay all the way through it. It's not your fault, it's okay; which is what she did. And she really didn't need any convincing because she'd seen this behaviour, and she'd collected the punch in the eye and that sort of thing, so

she knew what he was capable of, and she knew how trapped I actually was. She gave me a little book once with a rabbit trying to get under a fence and she said, "Getting out from under". Emily

It's always important to have a network of friends and, I think, a good counsellor; because even though you might stop needing that counsellor, I think, it's important to have one set up and still go back for maintenance, even if it's only every six months. So that, if the shit hits the fan again, that person's got the history, they've got where you've picked up from. There's mental health programmes now that, I think, you can get into that are relatively cheap. I mean, I'm lucky, I'm in a position where I can afford it now again, that I can go to a counsellor, but they're there even if you can't really afford them. So, I'd say that's one of the big things, is a counsellor, family.' Kate

5.1.5 Self-Acceptance

All the participants expressed self-acceptance as a main factor which enabled them to be aware they no longer identified themselves as victims of abuse, that their abusive experiences no longer defined their future and they did not blame themselves for the violence experienced. All the participants cited self-acceptance as a significant component of well-being and positive self-regard. Additionally, all the participants expressed self-acceptance as essential for their outlook, understanding their personal characteristics and identity.

'So, having this knowledge gives me great strength of character because now I know when I'm being stupid, and now I know when I've travelled, now I know when I'm not in my best self, which is me. And I just get back to my best self and leave all that rubbish behind.' Kelly

'At this age, I know that there is a bottomless font of strength and courage in me and all I have to do is reach in.' Jenny

'That self-esteem stuff is huge because you just feel like... you feel like shit; you just feel the worst. You're the worst person... because this is what's happened, the worst person, you've now got children in this situation. What were you thinking? Where are you going to go? It does take time and things do get better. To stop and think "I'm here now, and this is not a good place, but do I want to stay here?" "Okay, so if I want to stay here, what am I going to do? Or how am I going to make life better for me and for my children?" And it's okay to think about yourself.' Mary

Most of the participants expressed sadness, resentment, guilt and anger when discussing their past experiences of IPV. When the participants were discussing their recovery and well-being,

most of the participants acknowledged their journey towards self-acceptance as confusing, however, were mostly satisfied about their current sense of self and well-being.

'Coming to that [self-acceptance] is a process, really, and it's very hurtful in the beginning. Women who are actually going through it and their children are calling them names or whatever, I just try and encourage them to just be strong and stay with themselves and find things that they like to do, rather than being constantly in turmoil, knowing what's going on themselves and the whole world doesn't seem to.' Emma

'I feel definitely much stronger. And now I feel like I can have an opinion about things whereas before I wasn't allowed to have an opinion, let along whether my opinion mattered, and that's totally mind blowing.' Jan

5.2 Back to the Future – Well-being and Identity after IPV

Although the experience of violence within the relationship had been traumatic and recovery was a complex and continual process, most of the participants cited a positive outlook and were able to see a future not overshadowed by their abusive experiences:

'I am carefree, and I love to be free, I love to experience something new, I love meeting people, it's like this thirst for life, that I just can't get enough of.' Mary

'In the past two years it's more about setting some goals and having a plan for the future and up until two years ago I wouldn't have even considered next week and now I'm looking forward to ten years down the track. I think that it's on the way to who I want to be, and I want to be able to close the door on my marriage, and just get on and be happy with who I am and what I'm doing.' Jan

'I'll take my little grandson, who's two, to my Saturday afternoon jazz and we'll get up and dance, and he loves it; he tries to copy everything I do. And I just live my life the way I want to, and that's important to me. There are those constraints that... always there with my children and what's gone on before, but I'll live my life now the way I want to.' Emma

Some of the participants cited that any well-being gained was hindered by their abusive experiences:

'It makes it really hard for the person who was victimised at the time, once they manage to get away. That still is controlling over that person's life even though you're away from them because you see them as having a successful... you see the perpetrator as having this successful... managing to get on with his life, still has his friends, still

maintains everything that he maintained within the relationship. But the person that was victimised walks away from that knowing that that's not the case and feeling still, sort of, I suppose, threatened... but, well, not threatened by that but, somehow, undermined by that, you know. And being undermined, I think, is the thing that really leads you to... feeling stuck for a long time.' Laura

However, many of the participants cited their new identity and strength had evolved through their continual process of well-being and recovery:

'I'm a lot more assertive, which is good; which had helped me with work because I'm hoping to do management and I'm in HR hoping to be a HR manager, which you need to be assertive to do that job. So that's probably the main thing. I'm still really soft and I still care a lot about what people think. And my husband knows that, and we bounce off each other. Like, I'm really giving, and I call him a tight arse. I feel better, I feel fine, I feel a lot better than what I did four years ago'. Kate

'I've found myself; I've found the real me. Like it was under a few layers there; I wasn't able to come out, I wasn't able to be myself. My mother stood on me and then he stood on me, plus, you know, I learnt a lot of things on the way because I learnt that I allowed that.' Annie

'I feel comfortable travelling overseas, I feel comfortable spending as much money as I like on camera gear or whatever. But I know that I'd be vulnerable if I went into a relationship. I just never will be tough in that way. So, I think on my own I'm okay. So, I think I'm a lot tougher now than I was.' Zoe

Additionally, many participants expressed their abusive experiences and subsequent journey towards well-being could be considered valuable if their narratives assisted others in similar circumstances:

'I'm very much working towards minimising that negative effect anyway. I want to learn from what I went through and, perhaps, if I can help other people through that. But, more than anything, to have a good life and not to allow the choices that I made back then, and the things that happened to me, to have a detrimental effect.' Jan

'All of a sudden, my experiences of divorce and... in effect, rape, and husband dying, or being killed, things like that... all of a sudden, I was able to understand people. Like, old ladies whose husbands died and why they were angry; young girls coming to me and they'd been raped, and they'd have to go through court and I was able just to be there for them. So, all of a sudden, my experiences were worthwhile, they weren't just terrible spin outs of fate.' Zoe

'For me now part of my healing is having the confidence to speak publicly because it validates my feelings. It also validates me as a person that, you know what, I'm not just going to be a little yes'm [sic] and sit in the corner anymore. What you did was wrong. You can just fight 'til the cows come home but I don't want anyone else to have to go through this or, if they are going through it, I want them to be able to see that you don't need to be embarrassed, it is not your behaviour that's causing his behaviour. But you need to do it safely so that you and your children can survive and thrive.' Sue

Most of participants were willing to discuss their experiences of IPV in the hope it would assist others not to experience abusive relationships. The participants also hoped by discussing their experiences, it would assist others in IPV relationships, to be aware of the factors that assisted with recovery and well-being. Most of the participants hoped their own personal experiences were beneficial for future understanding of the physiological, psychological and emotional decimation of one's identity and well-being in IPV relationships.

5.3 Interventions and Strategies – A Retrospective Appeal

Although this is discussed in detail in Chapter 6.6, all participants wanted comprehensive education concerning healthy and respectful relationships, for all ages. Some participants expressed education concerning construction of identity, discussing any social norms relating to violence against women, promoting non-violent behaviours and endorsing healthy interrelationships would be beneficial.

'The whole counselling process of education on domestic violence, why isn't it taught in high school? I couldn't understand it because as soon as you're given the educated understanding of domestic violence, what it looks like what it feels like, it's like, "Oh my God! What was I doing?" Mary

'I think education is probably the key to everything. At, no matter what age it starts, even if it was in school, recognising these things [intimate partner violence]. I think it's got to start young, for people to recognise what abuse is and to know that they don't have to put up with it and say it's ok to say, "I'm not happy" Molly

'Your values and your boundaries always keep them in place; they are who you are. Once you start letting anybody play with your values or your boundaries, they will chip around... chip away and this is how it creeps up and you lose your identity. And you lose your intuition, you can't get in tune because you've got too much chaos going on and you've lost who you are once you lose your values or your boundaries. And this is

how you find yourself again. Again, you find yourself through your values and your boundaries.' Jenny

Furthermore, many of the participants appealed for increased accessible and approachable public health networks which assisted abused women with their psychological, medical and financial difficulties:

'I guess, the one thing that I didn't have that might have been able to help me was a support network. Some of the few people that I had contact with were, like, my doctor and had there been a bit more time with them, or interventions, then, yes, maybe, they could have gotten through. Because I do remember going to my doctor several times and sitting there in tears and saying, "I'm sad and I just don't know why", knowing full well why I was sad, and wanting to tell her but just... I just couldn't do it. So, creating a support network for people.' Jan

'First off there has to be enough incentive for young women with children who are stuck in that situation to get out of it, to have a home of their own, to have all the support they need; that includes psychology, social services. A decent amount to live on. I think government resources to give women the chance to really make a go of their lives away from the type of men who have... well, keep them in that belief system of they are no good and this is all they deserve. And it needs to be about them [abused women] and their growth, how important this is to you and your children, and the future, future children. All of that's very important; that you look after yourself and come through this.'
Emma

'If someone had sat me down, if a professional had sat me down and talked me through, and went through all that, I would definitely have made moves much earlier; yes, definitely. But there was no information, there was no information.' Annie

Despite some of the participants acknowledging aid and public services available for those in abusive relationships, the majority of the participants found these services to be either under-promoted, awkward, difficult to access or futile, hence preferring their own journey towards well-being.

5.4 Beyond Survivor

The results from this research also show an integral part of the recovery process after IPV. Specifically, the participant's priorities changed from the needs of their partner to safeguarding self, reconstruction of identity and resuming healthy relationships with others. Some of the participants cited they were gaining a healthy identity and achieving independence over their

own lives. The participants interviewed in this study discussed their journey from happy partner to subjugated and unhappy nobody. Following which, via strength and endurance, disclosed their progress towards well-being and satisfaction, their identity acknowledged as beyond survivor of IPV.

'I'm actually free, I don't have any boxes to tick, I'm free to choose to be whatever I want to be, to define myself. The life in front of me is whatever I choose it to be. And it can be daunting if I choose it to be, but I'm not daunted. I don't need to have a partner to help me make the decisions in the future; I'm more than capable of doing that myself, and I'll take my children with me to make those decisions. I've got a good support... friendship group to give me advice; some of it I'll think is rubbish and I won't listen to it but it's my future, I'm looking forward to it'. Angela

5.5 Chapter Summary

This chapter presented experiences of the participants interviewed. In particular, this chapter presents the participants experiences of their recovery and well-being from the initial separation to their present day. This chapter also describes the participants': 1) process of recovery after IPV; 2) well-being and identity after IPV; 3) recommendations for IPV prevention; and 4) identity beyond the experience of IPV. Additionally, these results illustrate the long period of recovery necessary for those whom have experienced IPV to recover from the psychological, emotional and physical consequences and reconstruct their identity post their abusive experiences. These participants were able to grieve, regain their sense of self and speak in a newfound autonomous voice while reconstructing identity in the aftermath of their abusive experiences.

CHAPTER 6 – Discussion, Recommendations and Conclusions

6.0 Introduction

This concluding chapter brings together research findings and literature review to support the proposition that maintaining healthy well-being, a resilient identity, strong interpersonal relationships and a working knowledge of community support mechanisms can assist with recovery and well-being following IPV. This chapter begins with a brief overview of the research design following which the research objectives are addressed. Drawn from the analysis of the research, the study proposes a context-specific model and recommendations for women whom have left abusive relationships and require assistance with their well-being and identity following their experiences. Recommendations for future research, the significance of the study and limitations in the research are also discussed.

6.1 Overview of the Research Design

This research utilised a qualitative design by conducting in-depth and semi-structured interviews with participants whom had experienced IPV. This study sought to move beyond describing the lived experience of the participants to exploring and identifying the key factors and process contributing to recovery of self. Also, this study sought to develop a model to assist with understanding recovery and well-being after IPV. This study used constructivist grounded theory: an application of grounded theory. This application differs from traditional grounded theory in that a model was developed and recommendations are proposed. Additionally, coming from a Public Health perspective, I prefer pragmatic focused research and constructivist grounded theory is a useful method to pursue critical qualitative inquiry (Flick & Charmaz, 2017).

The methodology chosen influenced the interview methods, participant recruitment, sampling and analysis of data. The interview transcripts were analysed using an inductive multi-stage coding process similar to that defined by Charmaz (2006) using initial coding and focused coding. In initial coding, many ideas were generated from the initial raw data. In focused coding, I followed a selected set of particular codes identified throughout the raw data. The final stage focused on coding for model development. Relationships between these nodes were used to develop a theoretical model. My model, ‘Beyond Survivor – Well-Being’ developed from the data describes the relationships between key themes and helps understand recovery and well-being after IPV. The model is described in 6.5.2.

6.2 Objective 1 - Factors leading Australian Women to end their Abusive Relationship

Objective 1 sought to identify the psychological, emotional, personal and social factors that lead Australian women to terminate their abusive relationship. This study revealed four specific factors impacting this population that lead to the termination of their abusive relationship. These factors were reclamation of self, protecting the children, intolerable relationship and fear.

These factors are also discussed in the IPV literature. Reclamation of self is discussed by Baly (2010) as a determining factor for women leaving abusive relationships; protecting the children is cited by Murray et al (2015) and Moe (2009) as distinct turning point for women leaving an abusive relationship after realising the impact of the violence on the children; intolerable relationship and fear is also discussed by Murray et al (2015). These authors cite facing the threat of severe violence and changing perspective about the relationship are also distinct turning points for women when deciding to leave their abusive relationship.

From the findings in Chapter 4.8, the sub-theme of reclamation of self suggests participants were drawing from the importance of self-reliance and taking responsibility for their own actions. The sub-theme of protecting the children shows once the participants acknowledged the violence would impact/was impacting the children, this was a turning point to end the relationship. The sub-theme of intolerable relationship shows how sudden or gradual cognitive shifts occurred for the participants. These shifts were related to how they viewed their relationship or their abusive partner. Additionally, these shifts included participants' recognition of the toll the abusive relationship had taken on their lives. For example, feelings of exhaustion and resolve were predominant in the interviews. The sub-theme of fear encompassed both isolated events of severe abuse and ongoing severe and escalating violence. Some of the participants acknowledged the escalating abuse could eventually lead to their own death or the homicidal death of their partner. Once acknowledged, this was one factor which allowed the participants to act, seek legal advice and safety, end the abusive relationship, and begin their process of recovery.

Many women encounter difficulties once separated from their abusive partner including economic hardship (Borchers, Lee, Martolf, & Maler, 2016; Postmus, Plummer, McMahon, & Zurlo, 2013), housing complications (Meyer, 2015; Zufferey, Chung, Franzway, Wendt, & Moulding, 2016), fear from retribution from her ex-partner (Australian Institute of Criminology, 2013; Norman & Bradshaw, 2013), and difficulty with others discussing IPV (Eckstein, 2016). Despite grounds for women to remain within their violent relationship, eventually many women

re-examine their circumstances, the consequences and their capacity to operate within the abusive conditions and opt to end the relationship (Baly, 2010; Enander, 2011). Additionally, despite the difficulties they may encounter post termination, reclamation of self, protecting the children, intolerable relationship and fear were the four reasons most frequently reported by the participants in this study.

6.3 Objective 2 – Explore prevailing attitudes, intentions and behaviours of participants' retrospective to their experience of their abusive relationship

Discussing women's own experiences of IPV is well documented in both literature (McDonald & Dickerson, 2013; Meyer, 2012; Orzeck, Rokach, & Chin, 2010) and books (Allen, 2011; Dugan, 2000; Radford & Hester, 2006). The second objective of this study was to document and explore the overall attitudes, intentions and behaviours of the participants retrospective to their experiences of the abusive relationship.

The findings in Chapter 4.2 through to Chapter 4.7 document the experiences of the participants from the initial phases of the relationship to the participants justifications remaining within the relationship. As discussed in Chapter 2.6, many women whom endure IPV, blame themselves for their partner's abusive behaviour and consider their efforts ineffective to maintain a happy partner and a healthy relationship (Eigenberg & Policastro, 2015; Mugoya, et al., 2014). The collective perspective concerning gender roles can greatly influence the woman within the abusive relationship and diminish her ability to end the relationship (Fanslow et al., 2010; Jayatilleke et al., 2011, Kennedy & Prock, 2016). As this study examined the healing and recovery process after the experience of IPV, it was important to examine the reasons why the women felt it necessary to remain in the abusive relationship. For their healing journey to begin, some women needed to discard some psychological, emotional, personal and social factors associated with their relationship including a socio-cultural perspective.

6.3.1 Changes to self and identity

In intimate relationships, some characteristics of both partners may mature and develop as the relationship progresses (Furler, 2013, 2014) and self-disclosure, for both partners, is a fundamental aspect in achieving and maintaining an emotionally healthy intimate relationship (Gaucher, 2012; Sprecher, 1987), yet the revelation of one's personal details may be problematic particularly when a spouse is abusive.

Within this study, a number of attitudes, intentions and behaviours were identified, including changes to self and identity within the relationship. These changes were outlined in Chapter 4.3. As discussed in Chapter 2.8, enduring IPV can result in a disconnect from identity, self and community (Baly, 2010; Ellsberg et al., 2008; Romito & Grassi, 2007; Romito et al., 2005). Additionally, the abused woman requires affirmative validation within social interactions to preserve her individuality. However, the pressure of pacifying her abusive partner is incompatible towards a positive healthy identity and her identity can diminish to that only of spouse and/or mother (Burnett et al., 2016; Laney et al., 2015, 2014).

In the literature, a determining factor in the ability to function effectively within abusive relationships is associated with personality characteristics, including resilience, positivism, positive self-regard, internal locus of control and tenacity (Baly, 2010; Kim, 2008; Meyer, 2012; Rivas, 2013). Even though these characteristics may assist with well-being post relationship (Baly, 2010; Hayes, 2013; Kim, 2008), the trauma associated with the abusive dyad still increases the risk of depression and feelings of worthlessness and despondency whilst remaining in the relationship (Gleason, 1993; Johnson, 2012; Wong et al., 2014). Although having a resolute personality was part of their identity prior to the relationship, these participants felt this particular characteristic was subjugated as the relationship continued.

Social circumstances allow people to establish and consolidate their identity as the ability to communicate identity information enables one to interpret how they are socially perceived (Goffman, 1959). Communication is a means to configure identity characteristics, hence meanings are attributed to the discourses that are occurring in these social settings (Gergen, 1985) and often, people consider how they prefer to present identity in a social context (Goffman, 1959). Within an intimate relationship, a person's identity is reinforced and further developed via her partner, with whom they are emotionally associated (Allen-Collinson, 2011; Baly, 2010; Miller, 2007; Leitão, 2014). The findings in Chapter 4.3.3 outlines that for all the participants constant criticism contributed to a decimated sense of self and identity. Following which, these participants identified as submissive, apologetic, sub-ordinate and had become the very person they were being accused as functioning as.

IPV literature cites women experiencing IPV examine their identity via their behaviour and expectations within the relationship (Ellsberg et al., 2008; Romito & Grassi, 2007; Romito et al., 2005). For example, remaining within the abusive relationship, remaining silent about the abuse, not seeking assistance, internal coping strategies and maintaining the family entity, may be framed as actions and expectations of successful intimate partners (Leitão, 2014; Vatnar & Bjørkly, 2014; Zakar et al, 2012). Additionally, these women condemn the identity of

failed spouse and will internalise any stigma associated (Kennedy et al., 2014; Overstreet & Quinn, 2013).

Cultural and societal expectations may also influence identity, hence women experiencing IPV may attribute the injustice to her deficits, condemn self and consider themselves exclusively responsible for the success of the relationship and the family unit (Baly, 2010; Enander, 2010a, 2010b; Menaker, 2015). In this study, all the participants discussed their view of self throughout the relationship. As per Chapter 4.3.3, the participants cited their view of self continually changed throughout the relationship. The main identities oscillated from dutiful, yet subjugated, partner, a possession or a nonentity.

This study identified five main identities within IPV relationships:

1. The Possession
2. The Guardian and Saviour
3. The Madonna/Whore
4. Spouse and Mother
5. The Non-Entity

As per Chapter 4.3.3, most of the participants cited a main component of their identity, within the relationship, was the understanding of being owned by their partner, a possession without freedom or entitlements. Also, many of the participants described their sexual identity as confusing. These participants expressed their partner would control and dominate sexual activity within the relationship, from sexual coercion to refraining from any sexual intimacy. Accordingly, their sense of self was negatively impacted, dissolving hope in the relationship.

These findings align with IPV literature. As cited by Jeffrey & Barata (2017), women experiencing sexual coercion in abusive relationships minimised and justified the behaviour which impacted their self of self. Alcalde (2011) discusses instead of leaving the relationship or resisting their partner's sexual violence, the women cope by taking great risks to control the consequences of sexual abuse and coercion. There is discussion concerning gendered roles and attitudes in abusive relationships. Zakar et al (2013) cites their data shows the construct of an "ideal wife" as a "docile bodies" which are subjected to control, discipline, and violent punishment; Adam- Curtis & Forbes (2014) confirms rigid gender roles and traditional sexual scripts are major contributors to sexual coercion in heterosexual relationships.

IPV literature suggests controlling behaviour safeguards the sexual boundaries created and maintains a Madonna ideal of their female partner (Deshong, 2015). This classical ideal of good and evil, unspoiled and marred is constructed via binary identities that abusive men use to exemplify their revered lady/Madonna versus their "whore" (Deshong, 2015; Peralta &

Tuttle, 2013; Próspero, 2008; Sung, 2012). According to Deshong (2015), oppressive and coercive actions, including having multiple sexual affairs within the relationship, allows the male partner to maintain his “ideal wife” (his Madonna) whilst maintaining male dominance within his community. Additionally, this binary antithesis between male sexual freedom and female sexual purity justifies the abuse within the relationship, as it allows the male partner to maintain his patriarchal gendered beliefs (Deshong, 2015; Reidy et al., 2014; Peralta & Tuttle, 2013).

As per Chapter 4.3.3, most of the participants cited their critical role in the relationship was being their partner’s protector. Although their partner frequently engaged in brutal attacks, destructive behaviour and cruelty, these participants considered the relationship to be salvageable via caring for their partner and being aware of their partner’s significant emotional requirements. One major reason women cite as unable to leave an abusive relationship is because of personal beliefs and sociocultural expectations, mainly as her partner’s protector and friend (Eckstein, 2011; Kanagaratnam et al, 2012; Nash, 2005; Waldrop & Resick, 2004).

Closely aligned with the role of protector, all the participants explicitly cited their role of spouse and/or mother was vital in maintaining some integrity to their collapsing identity throughout the relationship. These participants expressed although their partner was abusive, their obligation as committed spouse was a fundamental factor in diminishing some responsibility for the abuse experienced. Additionally, all the participants whom had children to their partner considered their capacity as mother superior to their duty as spouse and ensured that their children were consistently prioritised, despite the verbal attacks on their capability as a competent parent and spouse. These findings align with IPV literature, where an abused women’s identity is examined via her social behaviour and she considers family cohesion her obligation (Jayatilleke et al., 2011; Yamawaki et al., 2012). Hence, any abuse experienced within the relationship should be kept confidential to maintain the relationship for cultural and social identity and/or to comply with gender roles.

As per Chapter 4.3.3, most of the participants cited the continual humiliation, violence, degradation, subjugation and coercion experienced within the relationship, any psychological well-being had been diminished. These women considered their identity disintegrated and interchanged with being a non-entity. A review by Childress (2013) concurred with previous work by Lammers et al (2005), Baly (2010) and Nagae & Dancy (2009), where women described their experiences with violence as devastating to their self-esteem and self-identity and there has been increased interest in exploring the topic of reconstruction of self and identity after IPV (Baly, 2010; Gonzalez-Guarda, Vermeesch, Florom-Smith, McCabe, & Peragallo, 2013; Reich et al., 2015).

6.3.2 Self-Esteem and Identity

There are clear links between self-esteem, identity and psychological well-being (Bajaj, Gupta, & Pande, 2016; Usborne & Taylor, 2010). According to classical and contemporary work, identity is established and construed via relationships and positive interactions with others has considerable influence on identity (Charon, 2010; Denzin, 1992; Denzin, 1985; Olson, 2004). IPV research has shown some women whom experience IPV blame themselves for the violence within the relationship and this further degrades their self-esteem, self-identity and psychological well-being (Gonzalez-Guarda et al., 2013; Reich et al., 2015). As per Chapter 4.3.3, the findings from this study show self-esteem and identity as core components of psychological well-being.

However, despite the participants citing destroyed self-esteem and loss of identity during the relationship, a majority of the participants also cited positive aspects of their identity which were integral in preserving elements of their identity. These positive aspects, such as inner strength, confidence and determination, helped withstand the violence experienced within the relationship. These findings align with work by Critelli (2012), Shanthakumari (2014) and Zakar et al (2012) which show some women discussing their strength, resilience and autonomy during their abusive relationships.

According to work by Baly (2010), Hayes (2013) and Rajah (2007), protecting identity within an abusive relationship is possible. Their research shows some women protect their identity via covert opposition to the violence experienced within the relationship. These actions allowed the women to experience a sense of accomplishment throughout the relationship which made separation or ending the relationship possible. Additionally, using an SI perspective, which emphasises identity is a dynamic process constructed through interactions with self and society (Blumer, 1969; Charon, 2010), the findings in Chapter 4.3.3 show some of the participants expressed maintaining fortitude and autonomy allowed them to withstand the violence and prepare to end the relationship.

The findings in Chapter 4.3.3 also show how the stigma and identity of IPV victims can influence behaviours within the relationship. According to classical and contemporary literature, stigma is acknowledged as a culturally acquired identity, hence the stigma of being an IPV victim can negatively affect well-being (Arnocky & Vaillancourt, 2014; Goffman, 1959; Pescosolido, Martin, Lang & Olafsdottir, 2008; Yang et al, 2007). Some IPV literature shows how identity of being an IPV victim or an individual in an IPV relationship, can hinder assistance-seeking behaviour to contest the reality of the relationship, that is, the identity is too absolute to acknowledge (Dunn, 2005; Quinn & Earnshaw, 2011; Ragusa, 2013).

Additionally, this self-judgement is described in classical works by Cooley (1969). Cooley's 'Looking Glass Self' describes how self- identity is an interplay between self and the imaginary adoption of another's perspective. Self-esteem and self-worth are borne from these imaginary judgements on behaviour (Cooley, 1969). As per the findings in Chapter 4.3.3, some of the participants, prior to separation, did not regard the relationship as abusive, primarily to preserve some positive self-identity and self- esteem.

6.3.3 Coping Strategies within the Relationship

As per Chapter 4.6, there were three main themes which emerged from the data of all the participants when discussing coping strategies within the relationship. These were:

1. Psychological detachment;
2. Use of social services; and
3. Resolution techniques.

Psychological detachment included acts as silence, compartmentalisation, and dissociation. The use of social services included requiring police assistance, women's shelters, health practitioners, and friends/family. Resolution techniques including being assertive within the relationship, seeking retribution, seeking retaliation and physically leaving. The effectiveness of their technique/s were dependent on several aspects, including relationship circumstances, partner temperament and participant stamina.

IPV research shows there are many different coping strategies for women in IPV relationships including the three main themes discussed in the findings. Flanagan et al (2014) discusses the detrimental role of psychological detachment in women within abusive relationships and Foster et al (2015) details different psychological coping mechanisms in IPV heterosexual relationships. Rizo, Givens & Lombardi (2017) and Sayem et al (2015) discuss and examine women's attitudes and behaviours to help- seeking strategies within IPV relationships including informal, formal and legal services. Jones et al (2017) examine mothers' coping strategies in and post abusive relationships, including seeking support from others, changing their thinking and behaviour. Lopez-Fuentes and Calvete (2015) discuss resilience factors with women whom have experienced IPV both within and post relationship. These factors included rediscovering oneself, control over one's life, housing and informal social support. As shown in Chapter 4.6, the coping strategies used by the participants in their abusive relationships are well documented in IPV literature and align with current work.

6.3.4 Justification for Remaining Within the Relationship

In Chapter 4.7, there were four main themes disclosed by all the participants when discussing reasons remaining within the relationship. These were:

1. Presence of children;
2. Protecting a positive identity;
3. Protecting the idea of the relationship; and
4. Enduring the abuse.

IPV research shows there are many different reasons for women to remain in abusive relationships. The main reasons cited by the participants aligns with findings in the literature. The presence of children is discussed by many IPV researchers including work by Radford & Hester (2006), Bach, Weinzimmer & Bhandari (2013) and Jones (2017). The participants with children cited different reasons to remain in the relationship including; they did not want their children coming from a broken home, they did not want their children to grow up without their father, and they wanted to remain being a mother. Mothering in the context of violence is a well discussed topic in IPV literature (Izaguirre & Calvete, 2014; Jones & Vetere, 2017; Kelly, 2009).

As discussed in Chapter 6.3.2, the identity of being an IPV victim or an individual in an IPV relationship, can hinder assistance-seeking behaviour to contest the reality of the relationship (Dunn, 2005; Quinn & Earnshaw, 2011; Ragusa, 2013). For some of the participants, protecting a positive identity was one of the principal reasons for remaining within the abusive relationship. This finding aligned with protecting the idea of the relationship. For some of the participants, maintaining an illusion of a happy, successful relationship was integral to both their self-identity and well-being. This rationale is acknowledged in the literature by Gharaibeh and Oweis (2009) who discuss the implications for divorced women as a reason to remain in abusive relationships; Overstreet et al (2017, 2013) discuss how stigma components hinder IPV help-seeking and Kennedy and Prock (2016) examine self-blame, shame, internalised stigma, and anticipatory stigma for help-seeking behaviours in which whom have experienced IPV.

Gender roles and beliefs about relationships were also major reasons cited by the participants to remain in the abusive relationship. For some of the participants, self-sacrifice and blame for being female were accepted reasons for remaining in the relationship. Gender roles is discussed in IPV literature by many researchers as gender, culture and sexual norms has

been a dominant theme in IPV research. Gage and Thomas (2017) discuss gender norms and gender-role beliefs in IPV relationships with Nigerian women; Jayatilleke et al (2015) examine Sri Lankan women's attitudes towards gender roles within their abusive relationships and Schuler and Nazneen (2018) examine whether there is a decline in IPV where gender roles in Bangladeshi women are changing. Although the findings in Chapter 4.7 cite from Australian participants, gender roles and beliefs, cultural and sexual norms are still ideas based in gender and not geographical location.

6.4 Objective 3 – Explore the process of leaving and identify the transition these women experience that precipitates their permanent disengagement from the abusive relationship

Ending an abusive relationship is considered a varied process involving cultural, economic, legal and psychological difficulties and various decisions and actions taking place over months, even years (Alexander, 2009; Baly, 2010; Brown et al., 2009; Burke, 2009; Shurman, 2006; Smith, 2003). The third objective of this study was to document and explore the process of leaving an abusive relationship and identify the transition these women experienced throughout the leaving process. The findings in Chapter 4.8 through to Chapter 4.10 document the experiences of the participants' process of leaving the relationship. As discussed in Chapter 2.10, ending an abusive relationship is dependent on various interconnected factors and the process of leaving also initiates the reconstruction of self and well-being. Hence, examining this process contributed to the core of this research.

6.4.1 The Initial Process of Leaving an Abusive Relationship

According to IPV research, relationship termination commences with psychological changes prior to the beginning of physical departure which, eventually, is achieved (Enander & Holmberg, 2008; Estrellado & Loh, 2014; Martin et al., 2000; Pain, 2014a). Ending an IPV relationship and the associated process of leaving is not an individual action but a sequence of events including multiple separations, serious preparation and planning, enduring the violence and a difficult extrication process (Baly, 2010; Enander & Holmberg, 2008; Pain, 2014a).

As discussed in Chapter 4.8, many of the participants expressed leaving their relationship was not a linear progression, but a wavering journey with multiple issues. The main themes discussed were:

1. Clarity of the relationship;
2. Multiple attempts to leave the relationship;

3. Assistance seeking;
4. Uncertainty; and
5. Persistent preparation to end the relationship.

According to IPV research, relationship termination commences with psychological changes prior to the beginning of physical departure which, eventually, is achieved (Enander & Holmberg, 2008; Estrellado & Loh, 2014; Martin et al., 2000; Pain, 2014a). Continual perseverance and awareness is usually required for abused women to initiate examination of their individual circumstances. As discussed in Chapter 2.10, when an abused woman becomes aware of the hopelessness of her circumstances, their decision to leave the relationship can occur either suddenly or gradually (Enander, 2010; Enander & Holmberg, 2008; Estrellado & Loh, 2014).

IPV research shows leaving an IPV relationship involves a number of actions, including; naming the problem, regaining control, acknowledgement of trauma and loss, and reconnection with ordinary life (Baly, 2010; Pain, 2014a). Clarity of the relationship is discussed by many IPV researchers including work by Enander (2011), Eander & Holmberg (2008), Scheffer Lindgren & Renk (2008) and Salazar et al (2012). These authors discuss how undeniable critical acts by the abusive partner or deliberate external interventions clarify the relationship for the women which leads to the decision to terminate the relationship. Aligned with the literature, the participants discussed how certain personality traits or ex-partner's acts clarified the abuse within the relationship. Other participants cited external factors as clarifying the relationship. Clarifying the relationship was the initial factor which precipitated the process of leaving the relationship.

Readiness to permanently end an IPV relationship is well discussed in the literature (Anderson et al., 2003; Matlow & DePrince, 2015; Patzel, 2006). Aligned with the literature, all the participants cited it took multiple attempts to permanently end their relationship. Many of the participants discussed their residual guilt, continued feelings for their partner, not being ready to end the relationship and the presence of children as reasons for the multiple attempts to permanently end their relationships.

Assistance seeking is also a well discussed topic in IPV literature (Anderson, Renner & Bloom, 2017; Domenech Del Rio & Sirvent Garcia Del Valle, 2016; Jones & Vetere, 2017; Rasool, 2013). These authors discuss how both formal and informal help-seeking facilitates the permanent separation of an abusive relationship. As cited in Chapter 4.8, the participants document different forms of help-seeking to assist with the ending of their relationships. These included; staying with parents and friends and seeking help from doctors, counsellors,

women's refuges and police. These actions greatly assisted the participants' to permanently end their abusive relationships.

Feelings of grief, uncertainty and hopelessness when leaving an IPV relationships is not well documented in IPV literature (Messing et al., 2015b) and much of the work is dated (Campbell, 1989; Turner & Shapiro, 1986). As per 4.8, emotional turmoil was cited by some of the participants when discussing their process of leaving. These participants were uncertain, throughout the relationship, whether to leave their partner and whether they had the strength to leave the relationship. They also discussed the psychological and emotional distress of being uncertain.

Some participants discussed their process of leaving by outlining the preparation involved prior to physically separating from the relationship. Some preparatory work included organising removal vans, secretly packing, organising to stay with family and friends, arranging with friends to assist their leaving, awareness of social services and absconding the home. This preparatory work aligns with the literature. Baholo et al (2015) discuss how the awareness of shelters and social support was found to be critical in facilitating departure from abusive relationships; Ruiz-Perez et al (2006) discuss the value of help seeking and planning when leaving an abusive relationship and Estrellado & Loh (2014) discuss how social networks and supports are crucial when leaving an abusive relationship.

The process of leaving an abusive relationship is complex and consists of several different factors. IPV literature characterises the process of leaving as a development when the abused woman departs from being a compliant, yielding partner to a deliberating individual who resolves to end the relationship (Baly, 2010; Oke, 2008; Olson, 2004; Song, 2012; Wuest & Merritt-Gray, 2001). In 4.8, the participants described some of the factors involved in their process of leaving which align with findings in the literature.

6.4.2 Justifications for Leaving an Abusive Relationship

Many women encounter many difficulties once separated from their abusive partner including economic hardship, housing complications, anxiety concerning violent retribution from her ex-partner and difficulty discussing their experiences with others (Enander & Holmberg, 2008; Gilroy, McFarlane, Maddoux & Sullivan, 2016). Despite the justifications for women to remain within their abusive relationship, eventually many women re-examine the circumstances, the consequences and their capacity to operate within the difficult conditions and opt to end the relationship (Baly, 2010; Enander, 2011; Enander & Holmberg, 2008). As described in Chapter 4.9, there were four main themes disclosed by all the participants when discussing reasons for leaving the relationship. These were:

1. Reclamation of self;
2. Intolerable relationship;
3. Protecting the children; and
4. Fear

IPV research shows there are many different reasons for women to leave abusive relationships. The main reasons cited by the participants aligns with findings in the literature. As discussed in Chapter 6.4.1, critical acts by the abusive partner clarify the relationship for the women which leads to the decision to terminate the relationship. All the participants discussed the exact tipping point for the end of their relationship, usually characterised by a violent act by the abusive partner. Reclamation of self-following experiences of IPV is discussed in-depth by both Baly (2010) and Taylor (2004) and leaving an abusive relationship to protect any children in the relationship is well documented within the literature (Jones & Vetere, 2017; Moe, 2009; Secco, Letourneau & Collins, 2016). All the participants with children cited their child's protection and safety were paramount and was catalytic to leaving the relationship.

Many of the participants cited a fear of dramatically negative consequences if they had remained in the relationship. These consequences included an overwhelming fear of being maimed or killed and cited this fear as the critical turning point to leaving their relationship. These findings align with IPV literature. Brignone & Gomez (2017), Anderson et al (2017) and Zosky (2011) discuss homicide risks in IPV relationships. In Chapter 4.8, the participants cited four main reasons for ending their relationship. Additionally, many of the participants expressed oscillating reasons for finally ending the relationship including having enough strength to leave and reaching their limit to the abuse experienced.

6.4.3 The Aftermath of Leaving an Abusive Relationship

Once the relationship had permanently ended, all the participants experienced a chaotic excision from the physical separation towards the gradual process of recovery and well-being. According to IPV literature, women who end their abusive relationship meet distinct junctures in the process of leaving (Alexander et al, 2009; Baly, 2010; Bell et al., 2007; Häggblom & Möller, 2007; Scheffer Lindgren & Renck, 2008). As discussed in 6.4.1, it is considered a varied process involving many actions occurring over many weeks, months, possibly years (Burke, 2009; Enander & Holmberg, 2008; Landenburger, 1998; Shurman, 2006; Smith, 2003; Wuest & Merritt-Gray, 2001).

In Chapter 4.10, many of the participants expressed the aftermath of their decision to leave their relationship was hallmarked by several factors. The main themes discussed were:

1. Cognitive Turmoil;
2. Identity;
3. Conflict; and
4. Exhaustion and Relief

As discussed in Chapter 6.4.1, feelings of grief, uncertainty and hopelessness when leaving an IPV relationship is not well documented in IPV literature (Messing et al., 2015). However, for many of the participants, cognitive turmoil was a hallmark component after leaving their abusive relationships. As per 4.10.1, all the participants expressed various and oscillating feelings, behaviours and expectations. A majority of the participants cited the initial phase of separation as tiring and seemingly endless with any positive progress delayed by indecision, fear, despondency and blame. Often these feelings were continuing many years after the relationship has ended and for many participants, their process of well-being was impaired by their inability to dissociate from their past experiences.

These findings align with IPV literature. Enander (2010, 2011), Messing et al (2015b) and van Schalkwyk et al (2014) discuss when the abused woman has decisively physically terminated the relationship, she continues to experience anxiety, uncertainty and scepticism. These feelings keep her psychologically attached to the relationship and her ex-partner, making the process of recovery difficult. The process of psychologically detaching from an abusive relationship is a difficult process which varies according to the woman's personal characteristics, self-assurance, support network and knowledge of social services (Enander, 2011; Messing et al, 2015). Hence, the woman's identity is also impacted.

Although the relationship has terminated, and the woman is no longer experiencing the abuse, her identity is still being examined. As discussed in Chapter 6.3.1, experiencing IPV can result in a disconnect from identity, self and community. The findings in Chapter 4.3.3 outline for all the participants constant criticism contributed to a decimated sense of self and identity. However, the findings in Chapter 4.10.2, show some of the participants had questioned these inaccurate characteristics and evaluated their identity in the aftermath of the relationship termination. These findings show these participants were beginning to reconstruct their identities with the assistance of family, friends, employment, social services and self-discovery.

These findings align with the reconstruction of self and identity discussed in IPV literature. Matheson et al (2015) discuss the journey through and out of IPV via identity deconstruction and reconstruction, and Hou et al (2013) and Baly (2010) discuss women's identity construction of personal strength and agency post IPV. Additionally, identity construction via

interactions others is discussed in classical SI literature (Charon, 2010; Denzin, 1992; Goffman, 1959).

The findings in Chapter 4.10.3 show many of the participants were engaged in conflict and hostility with their ex-partner after post termination of the relationship. These engagements stalled any gain in well-being and interrupted their initial stages of recovery. Some of the participants engaged in legal, social and private services to ease the psychological impact of the continual conflict. The findings also cite for many of the participants, physical isolation was a crucial component of their continued leaving process. Physical separation from familiar areas allowed for some peacefulness. It also reduced some of the continual anxiety the participants experienced when anticipating further abuse, judgement and mementos from their former relationship. These findings highlight the need for safety after abusive relationships in IPV literature. Deprince et al (2012) how discuss women's use of social services following IPV termination decreases their distress levels; Anderson et al (2012) discuss how informal and formal support services were essential for well-being and recovery after IPV and Oke (2008) reports both family, and professional supports were important for recovery after IPV.

The findings in Chapter 4.10.3 also show many of the participants cited fatigue and psychological detachment as the final components in their process of leaving. Exhaustion and relief gave these participants the capacity to deliberately dissociate from their experiences and gradually acknowledge some freedom. King et al (2017) discuss women embracing their freedom and power post IPV relationships. Included in their discussion is the theme of relocating and pursuing fresh living situations, as shown in the findings in Chapter 4.10.3. Hou et al (2013) discuss women acquiring autonomy and discovering new sources of emotional and physical energy after terminating their relationship. IPV research shows healing and recovery after IPV is a difficult and lengthy process with many barriers and challenges. However, the initial aftermath of the relationship termination is especially difficult. Ending an abusive relationship is dependent on various interconnected factors and the process of leaving also initiates the reconstruction of self and well-being, a major theme of this study.

6.5 Objective 4 - Develop a model describing construction of a healthy concept of self and identity post separation of the abusive relationship

One of the main objectives of this research was to document the process of leaving an abusive relationship and identify the transitions the participants experienced that precipitated their permanent separation from the relationship. Although these findings were discussed in 6.4, this section presents the participants experiences of their recovery and well-being after their experience of abuse. Following which, a model describing the construction a healthy concept

of self and identity is described, addressing objective 4. The findings in Chapter 5.1 through to Chapter 5.3 document the process of recovery after the relationship has ended. The process of recovery, well-being and the reconstruction of self after IPV is difficult and lengthy, however understanding the recovery process is necessary in effectively assisting women to recover from abusive relationships and to reconstruct their lives.

6.5.1 The Process of Recovery

As per the findings in Chapter 5.1, the five major sub-themes which contributed to the process of recovery, for this population, were:

1. Psychological detachment;
2. Extrication from false identity;
3. Financial independence and rewarding employment;
4. Strong interpersonal relationships; and
5. Self-acceptance.

From the findings in Chapter 5.1.1, the sub-theme of psychological detachment was a pivotal factor for the participants as it initiated their gradual process of recovery. They continued the relationship until the psychological detachment as a dedicated partner had been exhausted. As discussed in Chapter 6.3.1 and 6.3.2., identity has a crucial role within an abusive relationship. In this study, most of the participants cited extrication from their false identity as the next dominant sub-theme towards recovery. Because of the abuse in their relationships, many of the participants discussed they identified as the person their ex-partner claimed them to be. Therefore, extricating themselves from this negative identity was imperative towards their recovery and well-being.

As documented in Chapter 5.2.2, most of the participants cited the liberation from false identity and the reconstruction of their identity was a difficult, lengthy, and complex process that predominately began after the termination of their relationship. Additionally, other participants expressed recovery towards their familiar personality characteristics and a healthier well-being was a longer and more tiring process than had been anticipated. The findings in Chapter 5.2.2 align with identity after trauma in IPV literature. Flora et al (2015) discusses women's identity reconstruction through an extended process of change after the initial erosion of identity following IPV; Baly (2010) discusses women's re-evaluation of self allowed for personal strength and agency, thereby assisting with recovery after IPV; Woodiwiss (2013) discusses women's identity reconstruction after sexual abuse in which women to construct a self they are happy with whilst also establishing a connection with a past self.

Financial independence and rewarding employment was one of the most salient sub-themes when documenting recovery from IPV, for this population. All the participants cited having a satisfying job assisted with psychological and financial well-being as well as a determined and recovering identity. As discussed in Chapter 5.2.2, years of subjugation, feelings of worthlessness and depression were common to many of the participants, hence objective evaluations by colleagues and employers were vital for the regeneration of positive identity and self-esteem. Additionally, financial independence meant autonomy and the opportunity to restart. Financial autonomy and satisfying employment aligns with IPV literature with respect to recovery from trauma. King et al (2017) discuss how women's work life assisted in empowerment after IPV and their work was positive in nature and supported a developing self-confidence. Borchers et al (2016) described how women whom could completely distance their abusive relationship and their employment used their work as a safe place, finding joy in what they did and found colleagues as supportive.

Previous work by IPV researchers found employment critical to leaving abusive relationships. Women who disclosed IPV to others in the workplace were more likely to receive support by colleagues providing emotional support, helping them physically remove themselves from the relationship and initiating contact with support services (Swanberg, Macke, & Logan, 2007; Yragui, Mankowski, Perrin, & Glass, 2012). Additionally, satisfying employment was essential for positive self-regard which assisted the participants' recovery of dignity and independence. Although financial independence and rewarding employment was one of the most noticeable factors for a participant's process of recovery, it was noted by some participants, the employment needed to be psychologically satisfying. Otherwise the futility of the job coupled with abuse within the IPV relationship deteriorated the participant's self-worth and identity and aligned her self-perception with that regarded by her abuser. Current IPV literature suggests organisations should promote a culture that supports survivors of IPV to enhance employee wellness, safety, and productivity (Glass, Hanson, Laharnar, Anger, & Perrin, 2016; Kulkarni & Ross, 2016).

Another major sub-theme in the process of recovery, reconstruction of identity and positive self-regard was the ability to engage and maintain strong interpersonal relationships with family members, friends, work colleagues, therapists or counselling staff. All the participants were adamant that strong and positive interpersonal relationships with others were vital to recovery from IPV. Many of participants cited focus toward recovery was possible via the use of social services and cited their identity could be reconstructed as any negative perceptions of self were able to be counteracted with positive ones when social services were used. As discussed in Chapter 6.4.1, assistance seeking is a well discussed topic in IPV literature

(Anderson et al., 2017; Domenech Del Rio & Sirvent Garcia Del Valle, 2016; Jones & Vetere, 2017; Rasool, 2013).

The sub-theme of self-acceptance was also a main factor which enabled the participants to be aware they no longer identified themselves as victims of abuse, that their abusive experiences no longer defined their future. As per the findings in Chapter 5.2.5, all the participants cited self-acceptance as a significant component of well-being and positive self-identity. This finding is well documented with literature concerning recovery from trauma. Hemenover et al (2003) cites disclosing and analysing trauma changes self-perception, resulting in a resilient self-concept; Thompson et al (2011) suggest self-acceptance is associated with strong psychological adjustment following traumatic experiences and Saha et al (2011) discusses for some women, after experiencing sexual abuse, therapeutic programmes allowed for a positive sense of self, self-acceptance and self-confidence.

In Chapter 5.3, most participants were willing to discuss their experiences of IPV in the hope it would assist others not to experience abusive relationships. The participants also hoped by discussing their experiences, it would assist others in IPV relationships, to be aware of the factors that assisted with recovery and well-being. Most of the participants hoped their own personal experiences were beneficial for future understanding of the physiological, psychological and emotional decimation of one's identity and well-being in IPV relationships.

6.5.2 Beyond Survivor - Well-being and Identity after IPV

The WHO defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease' and psychological health as 'a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community' (WHO, 2004). As per the findings in Chapter 5.1 to 5.3, women who have terminated abusive relationships and work towards recovery and well-being grapple with the persisting consequences of their experiences.

Trauma literature suggests that distressing life events challenges individual self-assumptions and expectations thereby transforming identity, self-worth and outlook (Draucker, 2001; Lim et al., 2015; Song, 2012; Valdez & Lilly, 2015). Reconstruction of self involves a positive outlook towards the future and is a critical indicator of well-being (Roepke & Seligman, 2014; Weiss, 2014). The findings in Chapter 5.3 show most of the participants cited positive outlook and could see a possible future not overshadowed with experiences from their abusive past.

The reconstruction of identity after IPV is a complex and continual process (Allen & Wozniak, 2010, 2013; Oke, 2008). The findings in Chapter 5.3 show many of the participants cited their identity and strength had evolved through their continual process of well-being and recovery however some cited that any well-being gained was hindered by their abusive experiences. Additionally, many participants expressed their abusive experiences and subsequent journey towards well-being could be considered valuable if their narratives assisted others in similar circumstances. The women interviewed in this study discussed their personal progress towards recovery and were able to provide junctures to demonstrate their recovery progress. Hence, a theoretical model of well-being was developed from these personal narratives which could assist in the understanding recovery and well-being after IPV. This conceptual model is a network of overlapping concepts each fundamental to the process of well-being after IPV.

From my findings, the proposed model was developed through coding processes and the use of the constant comparative analysis central to grounded theory, as discussed in Chapter 3.5. While consideration was given to models used in recovery from psychological trauma (Daley, Newton, Slade, Murray, & Banerjee, 2013; Leamy, Bird, Le Boutillier, Williams, & Slade, 2011), this model specially demonstrates recovery after IPV as described by participants in this study. Consistent with grounded theory, the proposed model of factors influencing recovery and well-being after IPV was developed after reaching theoretical saturation. That is, the emerging concepts were well developed, and no new information was presenting. Drafting versions of this model helped validate the recovery process explaining how the concepts interlinked cohesively.

Figure 1 demonstrates the process of recovery and well-being after IPV. The model consists of five interlinking concepts: disengagement, connectivity, identity, autonomy and fortitude.

- *Disengagement* is the physical and/or psychological disconnect from the mementos of the relationship. Disengagement initiates the process of recovery and well-being.
- *Connectivity* is the constructive and positive relationships with family members, friends, work colleagues or healthcare professionals. It is essential for an evolving identity which is key to the process of well-being and recovery.
- *Identity* is a fundamental component of recovery and well-being. A strong identity assists with determination and the self-assurance to try new experiences.
- *Autonomy* is significant component of recovery and well-being as it allows for purposeful, advantageous and new opportunities.
- *Fortitude* is the final component of the process of recovery and well-being. Fortitude allows for the acknowledgement of the abusive experiences aligned with the ability to thrive via empowerment and dignity.

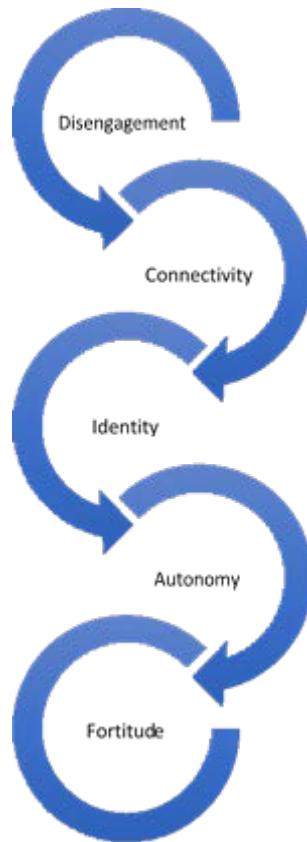


Figure 1 – A theoretical model ‘Beyond Survivor – Well-Being’

The five interlinking concepts describe the journey from the experience of IPV to a position of strength and emotional fortitude. These five concepts are crucial to gaining a healthy self and identity post the experience of IPV. Additionally, the concepts interlink, both forwards and backwards, to provide the oscillation between the different stages of recovery and well-being. Each concept is a discrete and robust component which allows for the development of the proceeding concept until the final component of *fortitude*, which requires elements of the preceding concepts.

An additional credibility check and as a means of further refining the model, feedback was sought and provided from the research team regarding the applicability of this model to women whom had experienced IPV.

6.6 Recommendations from the Study (Objective 5 and 6)

The findings from this study allow for different efforts that can be made to promote recovery and well-being after IPV. This section proposes some key recommendations for a range of relevant stakeholders. Some suggestions may seem ambitious given funding limitations, however the process recovery and well-being after IPV is not well understood.

6.6.1 Recommendations for the promotion to women and children's safety after experiencing IPV

This study has explored the process of recovery and wellbeing after IPV. The experiences described in this study highlight the need for prevention and early intervention strategies. It is advised public health, judicial, educational and social IPV interventions and strategic measures focus on:

- Comprehensive mandatory primary and secondary education programs which include respectful and healthy relationships, construction of identity, zero tolerance of violence against women and children and the promotion of non-violent behaviour.

In 2016, Australian students at Victorian state schools began in a revised curriculum incorporating Respectful Relationships education (Kearney, Leung, Joyce, Ollis & Green, 2016). This acknowledges how essential relationship education is within community and should be considered mandatory within the national educational curriculum (Australian Curriculum, Assessment and Reporting Authority (ACARA)). Relationship education aligns with the Health and Physical Education learning outcomes for K-10 in the Australian Curriculum (ACARA, 2017).

- Increased awareness and accessibility to social, legal and health services which assist abused women and children with housing, legal and medical aid. As per the findings in Chapter 5.4, despite some of the participants acknowledging aid and public services available for those in abusive relationships, many of the participants found these services to be either under-promoted, awkward, difficult to access or futile, hence preferring their own journey towards well-being. It is recognised public health services are often under-resourced (Parliament of Australia, 2009) Although it was beyond the scope of this study to investigate services these findings suggest the need to further explore how the sector can be supported.

Recommendation 10 of the Victorian Royal Commission into Family Violence cites creating (new) websites to provide information to victims of family violence where to seek assistance. Recommendation 11 and 12 cite the provision Support and Safety Hubs and additional funding for specialist family violence support services to ensure victims receive adequate support (Parliament of Australia, 2016).

Implementing programmes which assist with safety and financial benefits to victims of IPV by supporting victims safely remaining in their homes or returning to their own homes. Additionally, monitoring perpetrators by the police and justice systems ensuring the safety of the victims in their own homes, as aligned with Recommendation 13 of the Victorian Royal Commission (Parliament of Australia, 2016).

Priority to funding for counselling, interventions and accommodation for children and young people who are victims of IPV. Additionally, encouraging and promoting the safety of children and young people when sharing information about the perpetrators, including children and young people working with police and other agencies as aligned with Recommendation 23 and 25 of the Victorian Royal Commission (Parliament of Australia, 2016).

- Legislative amendments including facilitating Western Australia's participation in the National Domestic Violence Order Scheme (NDVOS) as proposed by Council of Australian Governments (COAG). This scheme eliminates the need to register such orders across jurisdictional boundaries and enhances victim safety and perpetrator accountability by providing consistent, instantaneous legal protection across jurisdictional boundaries. The second reading of this Bill was tabled on the 31st October 2017 in the Western Australia Parliament (Parliament of Western Australia, Legislative Council, 2017). This amendment aligns with Recommendation 28 of the Victorian Royal Commission (Parliament of Australia, 2016).
- Promotion of State and National Campaigns responding to perpetrator behaviours. These include men's behaviour change programs and programs for perpetrators from specific communities. In 1999, Western Australia's Freedom from Fear was the first state campaign to target perpetrators of IPV (Australian Institute of Criminology, 2000). Currently, it has formed part of the National Plan (Department for Child Protection and Family Support, 2015b). At present, Respect.gov.au is the current national campaign highlighting disrespectful behaviour towards women and the potential for the cycle of violence. This is the first national campaign since 2004.
- Promotion of interventions for perpetrators. These include promoting programs suited to the needs of perpetrators from diverse communities and men's behaviour change interventions/programs. These programs should incorporate cross-sectional workforce measures between public health, legal and drug and alcohol sectors. At present, there are number of national groups that run men's domestic violence programs. For example – Relationships Australia (WA), Centrecare (WA) and Menstime, Anglicare (WA) provide counselling programs to assist men with their behaviour. However, these programs need to be further promoted to assist men, women and children in IPV relationships. These are aligned with Recommendation 85-93 of the Victorian Royal Commission (Parliament of Australia, 2016). Comprehensive IPV/DV formal education programs incorporated in Western Australian tertiary undergraduate and postgraduate degrees such as medical, nursing, psychology, public health, social work and counselling. At present, CQU University offers a Graduate

Diploma in Domestic and Family Violence Practice and UQT offers a Graduate Certificate in Domestic Violence. There are the first of their kind in Australian universities.

- Comprehensive and mandatory workplace IPV training and support measures for all employers and employees. As per Chapter 6.5.1, employment may afford victims of IPV financial security, independence, confidence and, therefore, safety. Additionally, employment is a key factor in enabling victims to leave violent relationships. Therefore, amendments in Employment Law and adequate staff training could assist employees experiencing IPV. These are aligned with Recommendations 190-192 of the Victorian Royal Commission (Parliament of Australia, 2016).

Many of these recommendations require funding from governmental level. This could include:

- State Budget allowances to increase the visibility of IPV/DV in budgetary processes thereby providing assistance to victims and perpetrators;
- Consider changes to State Budgets to better reflect the role of government departments and agencies in preventing and responding to IPV/DV;
- Requiring State Government departments and agencies to collect data on activities relating to IPV/DV prevention and include this information in annual reports;
- Redirecting State Government existing revenue sources towards IPV/DV expenditure;
- Identifying new revenue sources for IPV/DV prevention; and
- IPV/DV prevention advocacy lobby groups hold fundraising events to gain funding and increase visibility of IPV/DV in the community.

6.6.2 Recommendations for the promotion women's well-being and recovery after experiencing IPV

It is advised public health, judicial, educational and social IPV interventions and strategic measures focus on:

- Comprehensive mandatory primary and secondary education programs which include personal strengths, stress management, positive coping, help-seeking and problem solving. The Victorian Respectful Relationships education program incorporates all these concepts (Kearney, Leung, Joyce, Ollis & Green, 2016). This acknowledges how essential positive coping and help-seeking is when encountering life problems and should be considered within the national educational curriculum.
- Increased awareness and accessibility to social, legal and health services

As per the findings in Chapter 5.4, despite some of the participants acknowledging aid and public services available for those in abusive relationships, many of the participants found these services to be either under-promoted, awkward, difficult to access or futile, hence preferring their own journey towards well-being.

Recommendation 104 of the Victorian Royal Commission into Family Violence cites an increase in funding for counselling programs whereby those affected by IPV can access services for as long as is required (Parliament of Australia, 2016).

- Comprehensive and mandatory workplace IPV training and education for all employers and employees in the finance and banking sector. As per Chapter 6.5.1, financial independence was one of the principal factors for well-being and recovery. Banking and financial measures could assist with those whom have experienced economic abuse. This is aligned with Recommendation 111 of the Victorian Royal Commission into Family Violence (Parliament of Australia, 2016).
- Implementation and promotion of financial and housing initiatives for victims of IPV. As per Chapter 6.5.2, disengagement and autonomy was principal factors for recovery and well-being after IPV. Financial and housing initiatives for victims of IPV would promote and assist with recovery after IPV as victims would have autonomy to plan their future. This is aligned with Recommendation 121 of the Victorian Royal Commission into Family Violence (Parliament of Australia, 2016).

- Implementation of a restorative justice program for victims of IPV, including victim-perpetrator mediation. As per Chapter 6.5.2, fortitude was a principal factor for recovery and well-being after IPV. Some victims of IPV may not want to go to court, but want their experiences acknowledged by the perpetrator, which would assist with recovery and well-being. Restorative justice programs have worked in other countries (Parliament of Australia, 2015) and is aligned with Recommendation 122 of the Victorian Royal Commission into Family Violence (Parliament of Australia, 2016).
- Implementation of a Cabinet Domestic Violence sub-committee which examines prevention of IPV, interventions and responses to IPV and supporting victims after IPV. Having a parliamentary committee specifically investigating all matters related to Domestic Violence would assist victims of IPV with their long-term recovery and well-being.

As per Chapter 6.6.1, many of these recommendations require funding from governmental level. This could include:

- State Governments to treat homelessness as a matter of urgency and pursue it alongside the Commonwealth Government to include it within the Federal Budget;
- Royal Commission into the cost of IPV/DV to governments, community and individuals. Thereby allowing budgets to better reflect the expenditure required for all services.
- State Governments providing immediate funding boosts to increase the capacity of specialist IPV/DV and family services to meet demands;
- State Governments investigate options for increasing its capacity to invest in preventing and responding to IPV/DV in primary and secondary educational programmes;
- Identifying new revenue sources for IPV/DV prevention; and
- IPV/DV prevention advocacy lobby groups hold fundraising events to gain funding and increase visibility of IPV/DV in the community.

Overall, the recommendations provided in Chapter 6.6.1 and 6.6.2 could assist with recovery and identity after the experiences of IPV. For example, the findings in this thesis could:

- assist to inform the development of early intervention programmes in primary and secondary education;
- assist health care providers with a structured, evidence-based trajectory when assisting women whom have experienced IPV;

- inform employers with an evidence-based model if an employee is experiencing IPV and how employers can assist; and
- inform the development of perpetrator treatment programmes.

6.7 Future Research

This study focuses on a very specific population, Australian women whom have experienced IPV and their process of recovery and well-being. There is limited research that exists investigating the recovery process after IPV, especially within Australian populations. As such, recommendations for subsequent research include:

- Greater exploration of the lived experiences of women whom have experienced IPV, specifically looking at their coping strategies, their identity and their process of recovery;
- Qualitative, longitudinal studies tracking women whom have experienced IPV over several years or decades, thereby being able to explore recovery processes changing over time;
- Further refine the model of factors influencing an abused woman's recovery process as proposed in the thesis for veracity;
- Research into the factors influencing a woman's identity during the abusive relationship and after the termination of the relationship;
- Recovery and well-being research that draws upon multiple perspectives. That is, data collection from families, children, friends and other support networks.
- Further research into identity and the recovery process after IPV that explores the impact of culture, social norms and gender roles;
- Qualitative, longitudinal studies tracking the decisions of girls, young women and older women whom have experienced IPV, thereby being able to explore factors affecting decisions to remain or leave the abusive partner; and
- Qualitative, longitudinal studies tracking women from different cultural groups whom have experienced IPV. For example, women from CALD communities, including migrants and Aboriginal and Torres-Straight Islanders.

6.8 Significance of the Study

This present study appears to be one of the few studies conducted on Australian women who have experienced IPV and whom have discussed the key factors that assisted with their recovery of self and well-being. As such, it contributes to the emergent field of recovery and well-being after IPV. While others have explored the women's experience of IPV, this study

has specifically explored recovery of self and well-being from a public health perspective. A key finding from the data was the widespread recommendation for consistent, comprehensive and strong messages concerning IPV into a cross-section of the community, including education, legalisation and social services. This study has proposed specific recommendations for educational curriculums and pedagogical strategies to include prevailing information concerning healthy relationships aimed at gaining and maintaining a resilient identity.

This study also shows maintaining healthy well-being, a resilient identity, strong interpersonal relationships and a working knowledge of community support mechanisms can assist with recovery and well-being following IPV. Additionally, promoting individual stability, denouncing abusive behaviours and enhancing assistance-seeking behaviours can improve the lives of many individuals that have experienced IPV. The findings are noteworthy for multiple stakeholders: women whom are in abusive relationships, women whom have left abusive relationships, healthcare professionals, educators, legislators, researchers and professional organisations.

For the multiple stakeholders, the findings are significant on the basis that they:

1. Recognise the challenges and stressors of women in an abusive relationship and the coping mechanisms and strategies others have used to leave the relationship.
2. Identify a number of factors and coping strategies for women whom have left abusive relationships are seeking to recover from their experiences.
3. Provide suggestions for employers to on how to promote IPV education and training for all employees.
4. Provide recommendations to assist women with their process of recovery and well-being.

However, long-term adoption of the recommendations outlined in this thesis may result in improved outcomes for women whom have left an abusive relationship, or for those women in an abusive relationship and are wanting to leave. These recommendations not only assist these women but also the communities they are in.

6.9 Limitations of the Study

Several limitations were inherent in the methodological approach taken. These limitations are acknowledged below.

- **Scope:** I interviewed only women whom had experienced IPV and had left their abusive relationship. This study did not therefore capture the experiences of their families,

friends, colleagues whom may have been able to disclose relevant information about these women recovering from IPV. However consistent with qualitative research (Nagae & Dancy, 2010), it is appropriate to explore a specific target group in-depth.

- **Recall bias:** The data are based on self-reporting and may be subject to some error. Although interviews were checked with participants, recall bias of past events is difficult to limit (Gil-González., Vives-Cases., Ruiz., Carrasco- Portiño., Álvarez-Dardet, 2006; Vives-Cases., Gil-González., Carrasco- Portiño, 2009).
- **Lack of longitudinal research:** While recognising recovery and well-being after IPV is concerned with how women deal with their experiences over time (Rizo et al, 2017), it was outside the scope of this study to track women over a period of time. However longitudinal studies would be beneficial for examining recovery and well-being after IPV.
- **Research conducted on Caucasian female IPV survivors:** Although unintentional, all the participants in this study were Caucasian, as it was these participants whom were able to be recruited for the study. Also, it was beyond the financial resources of the study to interview women who did not speak English fluently. It is clear more research is required regarding recovery and well-being with Indigenous populations and other cultural groups. Additionally, future research is needed with diverse populations, especially with the experiences of young, middle-aged and older female IPV survivors as well as survivors with more diverse income and educational backgrounds. To obtain better results, a larger sample size should be considered alongside a quantitative or mixed-methods approach.
- **Research conducted on heterosexual female IPV survivors:** This study focused on the process of recovery and well-being of female IPV survivors whose abusive relationship was identified as heterosexual. Therefore, this study did not include information on the experiences of male or LGBTQI survivors of IPV. Future studies are needed to examine the process of recovery and well-being among these groups of survivors.

6.10 Conclusion

The present study examined the experiences of Australian women whom had experienced IPV and had terminated their IPV relationships. In particular, this study endeavoured to identify their process of recovery, well-being and identity construction after their relationship had terminated. Findings from study describes the psychological, emotional and physiological recovery from IPV and the construction of a healthy self and identity is a diverse and intricate process. The individual process towards well-being may be a difficult, however the results indicate five prominent factors contribute to this process. These five factors assisted the

women interviewed with their process of recovery and well-being and via these factors, the theoretical model of 'Beyond Survivor – Well-Being' convalescence was developed and presented in the final chapter of this thesis. Additionally, this thesis presents recommendations for a cross-section of the community to assist with recovery and well-being after IPV.

This thesis defends the position that it is essential to assist and support women whom have experienced IPV and want to terminate their abusive relationships. As recommended, it is essential Australian students have mandatory primary and secondary education programs which include respectful and healthy relationships and zero tolerance of violence against women and children and there is increased awareness and accessibility to social, legal and health services which assist abused women and children with housing, legal and medical aid. It is essential there is comprehensive workplace IPV training and education for all employers and employees; legislative changes to assist with prevention of IPV, mediation and restorative justice after IPV and the promotion of financial and housing initiatives for survivors of IPV.

While survivors of IPV often demonstrate incredible resilience whilst in their abusive relationships and after they have left the relationship, arguably there is much more that can be done to promote identity construction, well-being and recovery among this Australian population. The recommendations and model proposed will be presented to Australian students, professional organisations, legislators and researchers and it is hoped they will be incorporated to advocate for pedagogical changes, legislative changes, housing and healthcare changes for survivors of IPV.

References

- Abbey, A., Jacques-Tiura, A., LeBreton, J. (2011). Risk factors for sexual aggression in young men: An expansion of the confluence model. *Aggressive Behavior, 37*(5), 450-464. doi:10.1002/ab.20399
- Ackerman, J., Love, T. (2014). Ethnic group differences in police notification about intimate partner violence. *Violence Against Women, 20*(2), 162-185. doi:10.1177/1077801214521327
- Adams, E., Goyder, C., Heneghan, C., Brand, L., Ajjawi, R. (2017). Clinical reasoning of junior doctors in emergency medicine: a grounded theory study. *Emergency Medicine Journal, 34*(2), 70. doi: 10.1136/emermed-2015-205650.
- Adams-Curtis, L. E., & Forbes, G. B. (2004). College women's experiences of sexual coercion. *Trauma, Violence, & Abuse, 5*(2), 91-122. doi: 10.1177/1524838003262331
- Adkins, K., Kamp Dush, C. (2010). The mental health of mothers in and after violent and controlling unions. *Social Science Research, 39*(6), 925-937. doi:<http://dx.doi.org/10.1016/j.ssresearch.2010.06.013>
- Åge, L. (2011). Grounded theory methodology: Positivism, hermeneutics, and pragmatism. *The Qualitative Report, 16*(6), 1599-1615.
- Ahmad, F., Rai, N., Petrovic, B., Erickson, P., Stewart, D. (2013). Resilience and resources among South Asian immigrant women as survivors of partner violence. *Journal of Immigrant and Minority Health, 15*(6), 1057-1064. doi:<http://dx.doi.org/10.1007/s10903-013-9836-2>
- Ahmazad-Asl, M., Davoudi, F., Zarei, N., Mohammed-Sadeghi, H., Rasoulian, M. (2016). Domestic violence against women as a risk factor for depressive and anxiety disorders: findings from domestic violence household survey in Tehran, Iran. *Archives of Women's Mental Health, 19*(5), 861-869. doi: 10.1007/s00737-016-0626-4
- Ainsworth, M. D. (1964). Patterns of attachment behaviour shown by the infant in interaction with his mother. *Quarterly of Behavior and Development, 10*(1), 51-58.
- Ainsworth, M. D., & Bell, S. M. (1970). Attachment, exploration, and separation: illustrated by the behavior of one-year-olds in a strange situation. *Child development, 41*(1), 49-67.
- Ainsworth, M. D. S. (1967). *Infancy in Uganda: infant care and the growth of love*. Baltimore: Baltimore: Johns Hopkins Press.
- Akers, C., & Kaukinen, C. (2009). The Police Reporting Behavior of Intimate Partner Violence Victims. *Journal of Family Violence, 24*(3), 159-171. doi:10.1007/s10896-008-9213-4
- Akers, R., Jennings, W. (2009). *Social Learning Theory*. In J. Miller (Ed.), 21st Century Criminology: A Reference Handbook. Thousand Oaks, California: SAGE Publications, Inc.
- Alcalde, C. (2011). Intimate inequality: Peruvian women's experiences of sex in abusive relationships. *Culture, Health & Sexuality, 13*, S143.

- Alexander, P., Tracy, A., Radek, M., Koverola, C. (2009). Predicting stages of change in battered women. *Journal of Interpersonal Violence*, 24(10), 1652-1672.
doi:10.1177/0886260509331494
- Alhabib, S., Nur, U., Jonees, R. (2010). Domestic violence against women: Systematic review of prevalence studies. *Journal of Family Violence*, 25, 369-382.
- Ali, P., Naylor, P. (2013). Intimate partner violence: A narrative review of the feminist, social and ecological explanations for its causation. *Aggression and Violent Behavior*, 18(6), 611-619. doi:<http://dx.doi.org/10.1016/j.avb.2013.07.009>
- Allen-Collinson, J. (2011). Assault on self: Intimate partner abuse and the contestation of identity. *Symbolic Interaction*, 34(1), 108-127. doi:10.1525/si.2011.34.1.108
- Allen, C., Swan, S., Raghavan, C. (2009). Gender symmetry, sexism, and intimate partner violence. *Journal of Interpersonal Violence*, 24(11), 1816-1834.
doi:10.1177/0886260508325496
- Allen, K., Wozniak, D. (2013). The integration of healing rituals in group treatment for women survivors of domestic violence. *Social Work in Mental Health*, 12(1), 52-68.
doi:10.1080/15332985.2013.817369
- Allen, K., Wozniak, D. (2010). The language of healing: Women's voices in healing and recovering from domestic violence. *Social Work in Mental Health*, 9(1), 37-55.
doi:10.1080/15332985.2010.494540
- Anderson, D. K., Saunders, D. G., Yoshihama, M., Bybee, D. I., & Sullivan, C. M. (2003). Long-term trends in depression among women separated from abusive partners. *Violence Against Women*, 9(7), 807-838. doi:10.1177/1077801203009007004
- Anderson, K., Renner, L., & Bloom, T. (2017). Exploring protective strategies among rural women in an abusive relationship. *Issues in Mental Health Nursing*, 38(8), 610-618.
doi:10.1080/01612840.2017.1322159
- Anderson, K., Renner, L., Bloom, T. (2013). Rural women's strategic responses to intimate partner violence. *Health Care for Women International*, 35(4), 423-441.
doi:10.1080/07399332.2013.815757
- Anderson, K., Renner, L., Danis., F. (2012). Recovery: Resilience and growth in the aftermath of domestic violence. *Violence Against Women*, 18(11), 1279-1299. doi:10.1177/1077801212470543
- Anderson, K. (2007). Who gets out? Gender as structure and the dissolution of violent heterosexual relationships. *Gender and Society*, 21(2), 173-201.
doi:10.2307/27640958
- Annabel-Mauve, A. (2014). A grounded theory of political intelligentizing in business administration. *Grounded Theory Review: An International Journal*, 13(2).
- Antai, D., Antai, J., Anthony, D. (2014). The relationship between socio-economic inequalities, intimate partner violence and economic abuse: A national study of women in the Philippines. *Global Public Health*, 9(7), 808-826.
doi:10.1080/17441692.2014.917195

- Arnocky, S., Vaillancourt, T. (2014). Sex differences in response to victimization by an intimate partner: More stigmatization and less help-seeking among males. *Journal of Aggression, Maltreatment & Trauma*, 23(7), 705-724.
doi:10.1080/10926771.2014.933465
- Australia's National Research Organisation for Women's Safety. (2014). *Violence against women: Key statistics*. Retrieved from <https://anrows.org.au/publications/fast-facts-0/violence-against-women-key-statistics%20>
- Australian Bureau of Statistics. (2012). *Personal Safety, Australia, 2012* (No. 4906.0). Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0>
- Australian Curriculum, Assessment and Reporting Authority. (2017). *Health and Physical Education*. Retrieved from <https://www.australiancurriculum.edu.au/f-10-curriculum/health-and-physical-education/>.
- Australian Institute of Criminology. (2000). *Freedom from fear campaign against domestic violence: An innovative approach to reducing crime*. Retrieved from: http://www.aic.gov.au/media_library/conferences/criminality/gibbons.pdf
- Australian Institute of Criminology. (2013). Homicide in Australia: 2008–09 to 2009–10 National Homicide Monitoring Program annual report. Retrieved from http://www.aic.gov.au/media_library/publications/mr/mr21/mr21.pdf
- Bach, R., Weinzimmer, J., Bhandari, S. (2013). Motherhood, empowerment, and resilience within the context of intimate partner violence. *Sociation Today*, 11(2).
- Baholo, M., Christofides., N., Wright, A., Sikweyiya, Y., Shai, N. (2015). Women's experiences leaving abusive relationships: a shelter-based qualitative study. *Culture, Health & Sexuality*, 17(5). 638-649. doi: 10.1080/13691058.2014.979881
- Bair-Merritt, M., Zuckerman , B., Augustyn , M., & Cronholm , P. F. (2013). Silent victims — An epidemic of childhood exposure to domestic violence. *New England Journal of Medicine*, 369(18), 1673-1675. doi:10.1056/NEJMp1307643
- Baillie, L. (2015). Promoting and evaluating scientific rigour in qualitative research. *Nursing Standard*, 29(46), 36. doi: 10.7748/ns.29.46.36. e8830
- Bajaj, B., Gupta, R., & Pande, N. (2016). Self-esteem mediates the relationship between mindfulness and well-being. *Personality and Individual Differences*, 94, 96-100. doi:10.1016/j.paid.2016.01.020
- Baldry, A. C., Pacilli, M. G., & Pagliaro, S. (2015). She's not a person . . . She's just a woman! Infra-humanization and intimate partner violence. *Journal of Interpersonal Violence*, 30(9), 1567-1582. doi:10.1177/0886260514540801
- Baly, A. R. (2010). Leaving abusive relationships: Constructions of self and situation by abused women. *Journal of Interpersonal Violence*, 25(12), 2297-2315. doi:10.1177/0886260509354885
- Band-Winterstein, T. (2014). The impact of lifelong exposure to IPV on adult children and their aging parents. *Journal of Family Issues*, 35(4), 439-461. doi:10.1177/0192513x12472657

- Bandura, A. (1977). *Social learning theory*. New Jersey: Englewood Cliffs: Prentice Hall.
- Bandura, A. (1978). Social Learning Theory of Aggression. *Journal of Communication*, 28(3), 12-29. doi:10.1111/j.1460-2466.1978.tb01621.x
- Barker, G., Ricardo, C. (2005). *Young Men and the Construction of Masculinity in Sub-Saharan Africa*. Retrieved from Washington DC:
<http://documents.worldbank.org/curated/en/2005/06/6022525/young-men-construction-masculinity-sub-saharan-africa-implications-hiv aids-conflict-violence>
- Barnett, O. (2000). Why battered women do not leave, part 1: External inhibiting factors within society. *Trauma, Violence, & Abuse*, 1(4), 343-372.
doi:10.1177/1524838000001004003
- Barnett, O. (2001). Why battered women do not leave, part 2: External inhibiting factors—social support and internal inhibiting factors. *Trauma, Violence, & Abuse*, 2(1), 3-35.
doi:10.1177/1524838001002001001
- Bauman, E., Haaga, D., Dutton, M. (2008). Coping with intimate partner violence: Battered women's use and perceived helpfulness of emotion-focused coping strategies. *Journal of Aggression, Maltreatment & Trauma*, 17(1), 23-41.
doi:10.1080/10926770802250942
- Becker, H. (1997). *Outsiders: Studies in the sociology of deviance*. New York: The Free Press.
- Beeble, M. L., Bybee, D., & Sullivan, C. M. (2010). The impact of resource constraints on the psychological well-being of survivors of intimate partner violence over time. *Journal of Community Psychology*, 38(8), 943-959. doi:10.1002/jcop.20407
- Beecham, D. (2014). An exploration of the role of employment as a coping resource for women experiencing intimate partner abuse. *Violence and Victims*, 29(4), 594-606.
doi:<http://dx.doi.org/10.1891/0886-6708>
- Bell, K. (2008). Intimate partner violence theoretical considerations: Moving towards a contextual framework. *Clinical Psychology Review*, 28(7), 1096-1107.
- Bell, K., Naugle, A. (2005). Understanding stay/leave decisions in violent relationships: A behaviour analytic approach. *Behaviour and Social Issues*, 14(1), 21-45.
- Bell, M., Goodman, L., & Dutton, M. (2007). The dynamics of staying and leaving: Implications for battered women's emotional well-being and experiences of violence at the end of a year. *Journal of Family Violence*, 22(6), 413-428. doi:10.1007/s10896-007-9096-9
- Berg, B. (2012). Qualitative research methods for the social sciences. Boston: Pearson.
- Berger, R. (2015). Now I see it, now I don't: researcher's position and reflexivity in qualitative research. *Qualitative Research*, 15(2), 219-234. doi: 10.1177/1468794112468475
- Birks, D., Fernandez, W., Levina, N., Nasirin, S.(2012). Grounded theory method in information systems research: its nature, diversity and opportunities. *European Journal of Information Systems*, 22(1). doi: 10.1057/ejis.2012.48
- Birks, M., Mills, J. (2011). *Grounded theory: A practical guide*. London : SAGE Publications.

- Blumer, H. (1969). *Symbolic interactionism: Perspective and method*. New Jersey: Prentice-Hall.
- Boesten, J. (2012). The state and violence against women in Peru: Intersecting inequalities and patriarchal rule. *Social Politics: International Studies in Gender, State & Society*, 19(3), 361-382. doi:10.1093/sp/jxs011
- Borchers, A., Lee, R. C., Martsolf, D. S., & Maler, J. (2016). Employment maintenance and intimate partner violence. *Workplace Health & Safety*, 64(10), 469-478. doi:10.1177/2165079916644008
- Bowlby, J. (1969). *Attachment and loss*. Vol. 1, Attachment. New York: Basic Books.
- Bradbury-Jones, C. (2007). Enhancing rigour in qualitative health research: exploring subjectivity through Peshkin's Is. *Journal of Advanced Nursing*, 59(3), 290-298. doi:10.1111/j.1365-2648.2007.04306.x
- Brignone, L., Gomez, A. (2017). Double jeopardy: Predictors of elevated lethality risk among intimate partner violence victims seen in emergency departments. *Preventive Medicine*, 103, 20-25. doi: 10.1016/j.ypmed.2017.06.035.
- Bryant, A. (2003). Doing grounded theory constructively - A reply to Barney Glaser. *Qualitative Social Research*.
- Bryant, A., Charmaz, K. (2010). *The SAGE handbook of grounded theory*. London: SAGE Publications
- Brown, C., Trangsrud, H., Linnemeyer, R. (2009). Battered women's process of leaving: A 2-year follow-up. *Journal of Career Assessment*, 17(4), 439-456. doi:10.1177/1069072709334244
- Burke, J. (2009). Defining appropriate stages of change for intimate partner violence survivors. *Violence and Victims*, 24(1), 36-51. doi:10.1177/1077801208317290
- Burnett, C., Schminkey, D., Milburn, J., Kastello, J., Bullock, L., Campbell, J., & Sharps, P. (2016). Negotiating peril. *Violence Against Women*, 22(8), 943-965. doi:10.1177/1077801215614972
- Burnette, C., Cannon, C. (2014). "It will always continue unless we can change something": Consequences of intimate partner violence for indigenous women, children, and families. *European Journal of Psychotraumatology*, 5. doi:10.3402/ejpt.v5.24585
- Calvete, E., Corral, S., Estévez, A. (2008). Coping as a mediator and moderator between intimate partner violence and symptoms of anxiety and depression. *Violence Against Women*, 14(8), 886-904. doi:10.1177/1077801208320907
- Campbell, J. (2002). Health consequences of intimate partner violence. *The Lancet*, 359(1331-1336). doi:[http://dx.doi.org/10.1016/S0140-6736\(02\)08336-8](http://dx.doi.org/10.1016/S0140-6736(02)08336-8)
- Campbell, J. (1999). Women's responses to battering over time: an analysis of change. *Journal of Interpersonal Violence*, 14(1), 21-40. doi:10.1177/088626099014001002
- Campbell, C. J. (1989). A test of two explanatory models of women's responses to battering. *Nursing Research*, 38(1), 18-23. doi:10.1097/00006199-198901000-00004
- Carr, J., Gilroy, F., Sherman, M. (1996). Silencing the self and depression among women.

- Psychology of Women Quarterly*, 20(3), 375-392.doi: 10.1111/j.1471-6402.1996.tb00306.x
- Carson, E., Chung, D., Day, A. (2012). Distant relations: limits to relational contracting in domestic violence programmes. *International Journal of Public Sector Management*, 25 (2), 103-117.doi: 10.1108/09513551211223767
- Carter, M., Fuller, C. (2016). Symbols, meaning, and action: The past, present, and future of symbolic interactionism. *Current Sociology*, 64(6), 931-961.doi: 10.1177/0011392116638396
- Cavanaugh, C. E., Messing, J. T., Del-Colle, M., O'Sullivan, C., & Campbell, J. C. (2011). Prevalence and correlates of suicidal behavior among adult female victims of intimate partner violence. *Suicide and Life-Threatening Behavior*, 41(4), 372-383. doi:10.1111/j.1943-278X.2011.00035.x
- Charmaz, K. (2014). *Constructing grounded theory*. London: SAGE Publications.
- Charmaz, K. (2006). *Constructing grounded theory: a practical guide through qualitative analysis*. London: SAGE Publications.
- Charon, J. (2010). *Symbolic interactionism: An introduction, an interpretation, an integration* (10 ed.). Boston: Prentice Hall.
- Childress, S. (2013). A meta-summary of qualitative findings on the lived experience among culturally diverse domestic violence survivors. *Issues in Mental Health Nursing*, 34(9), 693-705. doi: 10.3109/01612840.2013.791735
- Cobb, A., Tedeschi, R., Calhoun, L., Cann, A. (2006). Correlates of posttraumatic growth in survivors of intimate partner violence. *Journal of Traumatic Stress*, 19(6), 895-903. doi: 10.1002/jts.20171
- Clough, A., Draughon, J., Njie-Carr, V., Rollins, C., Glass, N. (2014). 'Having housing made everything else possible': Affordable, safe and stable housing for women survivors of violence. *Qualitative Social Work*, 13(5), 671-688. doi:10.1177/1473325013503003
- Cochran, J., Sellers, C., Wiesbrock, V., & Palacios, W. (2011). Repetitive Intimate Partner Victimization: An Exploratory Application of Social Learning Theory. *Deviant Behavior*, 32(9), 790-817. doi:10.1080/01639625.2010.538342
- Coffe, H., Bolzendahl, C. (2010). Same game, different rules? Gender differences in political participation. *Sex Roles*, 62(5-6), 318-333. doi:<http://dx.doi.org/10.1007/s11199-009-9729-y>
- Coker, A., Reeder, C., Fadden, M., Smith, P. (2004). Physical partner violence and medicaid utilization and expenditures. *Public Health Reports*, 119(6), 557-567. doi:10.2307/20056729
- Coker, A. L., Davis, K. E., Arias, I., Desai, S., Sanderson, M., Brandt, H. M., & Smith, P. H. (2002). Physical and mental health effects of intimate partner violence for men and women. *American Journal of Preventive Medicine*, 23(4), 260-268. doi:[http://dx.doi.org/10.1016/S0749-3797\(02\)00514-7](http://dx.doi.org/10.1016/S0749-3797(02)00514-7)
- Coker, A. L., Smith, P. H., Whitaker, D. J., Le, B., Crawford, T. N., & Flerx, V. C. (2012).

- Effect of an In-Clinic IPV Advocate Intervention to Increase Help Seeking, Reduce Violence, and Improve Well-Being. *Violence Against Women*, 18(1), 118-131.
doi:10.1177/1077801212437908
- Collins, R. (2011). Content analysis of gender roles in media: Where are we now and where should we go? *Sex Roles*, 64(3-4), 290-298. doi:<http://dx.doi.org/10.1007/s11199-010-9929-5>
- Comeau, J., Davies, L. (2012). Patterns of depressive symptoms and antidepressant use among women survivors of intimate partner violence. *Social Psychiatry and Psychiatric Epidemiology*, 47(9), 1527-1537. doi:10.1007/s00127-011-0459-4
- Connelly, L. (2016). Trustworthiness in qualitative research. *Medsurg Nursing*, 25(6), 435-436.
- Conroy, A. (2014). Gender, power, and intimate partner violence: a study on couples from rural Malawi. *Journal of Interpersonal Violence*, 29(5), 866-888.
doi:10.1177/0886260513505907
- Cooley, C. (1969). Human nature and the social order. New York: Schocken Books.
- Cook, J., & Bewley, S. (2008). Acknowledging a persistent truth: domestic violence in pregnancy. *Journal of the Royal Society of Medicine*, 101(7), 358-363.
doi:10.1258/jrsm.2008.080002
- Cook, R., Dickens, B. (2009). Dilemmas in intimate partner violence. *International Journal of Gynecology & Obstetrics*, 106(1), 72-75.
doi:<http://dx.doi.org/10.1016/j.ijgo.2009.03.011>
- Corbin, J., Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. California, USA: Sage Publications.
- Costa, D., Hatzidimitriadou, E., Ioannidi-Kapolou, E., Lindert, J., Soares, J., Sundin, Ö., . . . Barros, H. (2015). Intimate partner violence and health-related quality of life in European men and women: findings from the DOVE study. *Quality of Life Research*, 24(2), 463-471. doi:10.1007/s11136-014-0766-9
- Coy, M., Horvath, M. (2011). Lads' mags, young men's attitudes towards women and acceptance of myths about sexual aggression. *Feminism & Psychology*, 21(1), 144-150. doi:10.1177/0959353509359145
- Coyne, I. (1997). Sampling in qualitative research: purposeful and theoretical sampling; merging or clear boundaries? *Journal of Advanced Nursing*, 26, 623-630.
- Craparo, G., Gori, A., Petruccelli, I., Cannella, V., Simonelli, C. (2014). Intimate partner violence: Relationships between alexithymia, depression, attachment styles, and coping strategies of battered women. *The Journal of Sexual Medicine*, 11(6), 1484-1494. doi:10.1111/jsm.12505
- Cravens, J., Whiting, J., Aamar, R. (2015). Why I stayed/left: An analysis of voices of intimate partner violence on social media. *Contemporary Family Therapy*, 37(4), 372-385. doi: 10.1007/s10591-015-9360-8
- Cripe, S., Sanchez, S., Perales, M., Lam, N., Garcia, P., Williams, M. (2008). Association of

- intimate partner physical and sexual violence with unintended pregnancy among pregnant women in Peru. *International Journal of Gynecology & Obstetrics*, 100(2), 104-108. doi:<http://dx.doi.org/10.1016/j.ijgo.2007.08.003>
- Critelli, F. (2012). Voices of resistance: Seeking shelter services in Pakistan. *Violence Against Women*, 18(4), 437-458. doi:10.1177/1077801212452104
- Crittenden, C., Wright, E. (2013). Predicting patriarchy: Using individual and contextual factors to examine patriarchal endorsement in communities. *Journal of Interpersonal Violence*, 28(6), 1267-1288. doi:10.1177/0886260512468245
- Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence. (2011). Article 3a. Retrieved from <https://www.coe.int/fr/web/conventions/full-list/-/conventions/rms/090000168008482e>
- Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence. (2011). Article 3d. Retrieved from <https://www.coe.int/fr/web/conventions/full-list/-/conventions/rms/090000168008482e>
- Daley, S., Newton, D., Slade, M., Murray, J., & Banerjee, S. (2013). Development of a framework for recovery in older people with mental disorder. *International Journal of Geriatric Psychiatry*, 28(5), 522-529. doi:10.1002/gps.3855
- Day, A., Chung., D., O'Leary, P & Carson, E (2009). Programs for men who perpetrate domestic violence: An examination of the issues underlying the effectiveness of intervention programs. *Journal of Family Violence*, 24, 203-212.
- Decker, M., Latimore, A., Yasutake, S., Haviland, M., Ahmed, S., Blum, R., Sonenstein, F., Astone, N. (2015). Gender-based violence against adolescent and young adult women in low- and middle-income countries. *Journal of Adolescent Health*, 56, 188-196. doi: 10.1016/j.jadohealth.2014.09.003
- Denzin, N. (1992). *Symbolic interactionism and cultural studies*: The politics of interpretation. Oxford: Blackwell.
- Denzin, N. (1985). Emotion as lived experience. *Symbolic Interaction*, 8(2), 223-240.
- Department for Child Protection and Family Support. (2015a). *Fact Sheet 1 -Forms of Family and Domestic Violence*. Retrieved from <https://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/2015/FactSheet1FormsOffamilyanddomesticviolence.pdf>
- Department for Child Protection and Family Support. (2015b). *Freedom from Fear - Working towards the elimination of family and domestic violence in Western Australia*. Retrieved from <https://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/2015/FFFActionPlan2015.pdf>
- Department of Social Services. (2016). *Third Action Plan 2016–2019 of the National Plan to Reduce Violence against Women and their Children 2010–2022*. Retrieved from <https://www.dss.gov.au/women/programs-services/reducing-violence/the-national-plan-to-reduce-violence-against-women-and-their-children-2010-2022>

- Department of Social Services. (2014). *Second Action Plan 2013-2016 of the National Plan to Reduce Violence against Women and their Children 2010–2022*. Retrieved from <https://www.dss.gov.au/our-responsibilities/women/programs-services/reducing-violence/the-national-plan-to-reduce-violence-against-women-and-their-children/the-second-action-plan>
- Department of Social Services. (2012). *National Implementation Plan for the First Action Plan 2010–2013*. Retrieved from https://www.dss.gov.au/sites/default/files/documents/07_2014/first_action_plan_1.pdf
- Department of Social Services. (2011). *The National Plan to Reduce Violence against Women and their Children 2010 – 2022*. Retrieved from <https://www.dss.gov.au/women/programs-services/reducing-violence/the-national-plan-to-reduce-violence-against-women-and-their-children-2010-2022>
- Department of Social Services. (2009). *Domestic Violence Laws in Australia*. Retrieved from https://www.dss.gov.au/sites/default/files/documents/05_2012/domestic_violence_laws_in_australia_-_june_2009.pdf
- Deprince, A., Labus, J., Belknap, J., Buckingham, S., Gover, A. (2012). The impact of community-based outreach on psychological distress and victim safety in women exposed to intimate partner abuse. *Journal of Consulting and Clinical Psychology*, 80(2), 211-221. doi: 10.1037/a0027224
- Deriviere, L. (2015). Pay now or pay later: An economic rationale for state-funded helping services to assist women leaving an abusive relationship. *Violence and Victims*, 30(5), 770-797. doi:
- Deshong, H. (2015). Policing femininity, affirming masculinity: Relationship violence, control and spatial limitation. *Journal of Gender Studies*, 24(1), 85-103. doi:10.1080/09589236.2013.833087
- Devries, K., Mak, J., Garcia-Moreno, C., Petzold, M., Child, J., Falder, G., Lim, S., Bacchus, L., Engell, R., Rosenfeld, L., Pallitto, C., Vos, T., Abrahams, N., Watts, C. (2013). The global prevalence of intimate partner violence. *Science*, 340, 1527-1528.
- Devries, K., Watts, C., Yoshihama, M., Kiss, L., Schraiber, Lilia Blima., Deyessa, N., Heise, L., Durand, J., Mbwambo, J., Jansen, H., Berhane, Y., Ellsberg, M., Garcia-Moreno, C. (2011). Violence against women is strongly associated with suicide attempts: Evidence from the WHO multi-country study on women's health and domestic violence against women. *Social Science & Medicine*, 73(1), 79-86. doi:<http://dx.doi.org/10.1016/j.socscimed.2011.05.006>
- De Tona, C. (2006). But what is interesting is the story of why and how migration happened. *Forum: Qualitative Social Research*, 7(3).
- Dietrich, D. M., & Schuett, J. M. (2013). Culture of honor and attitudes toward intimate partner violence in Latinos. *SAGE Open*, 3(2). doi:10.1177/2158244013489685
- Dillon, G., Hussain, R., Loxton, D., Rahman, S. (2013). Mental and physical health of intimate partner violence against women: A review of the literature. *International Journal of*

Family Medicine, 2013, 1-15.

- Domenech Del Rio, I., Sirvent Garcia Del Valle, E., (2016). Influence of intimate partner violence severity on the help-seeking strategies of female victims and the influence of social reactions to violence disclosure on the process of leaving a violent relationship. *Journal of Interpersonal Violence*. doi: 10.1177/0886260516676473
- Dorius, S., Firebaugh, G. (2010). Trends in global gender inequality. *Social Forces*, 88(5), 1941-1968. doi:10.1353/sof.2010.0040
- Dorsten, L., Li, Y. (2011). More about research in ambiguous, conflictual, and changing contexts: studying ethnic populations in China, Xi'an to Urumqi. *The Qualitative Report*, 16(6), 1465-1476.
- Draucker, C. (2001). Learning the harsh realities of life: Sexual violence, disillusionment and meaning *Health Care for Women International*, 22(1-2), 67-84.
doi:10.1080/073993301300003081
- Drumm, R., Popescu, M., Cooper, L., Trecartin, S., Seifert, M., Foster, T., Kilcher, C. (2014). "God Just Brought Me Through It": Spiritual coping strategies for resilience among intimate partner violence survivors. *Clinical Social Work Journal*, 42(4), 385-394.
doi:10.1007/s10615-013-0449-y
- Dude, A. (2011). Spousal intimate partner violence is associated with HIV and other STIs among married Rwandan women. *AIDS and Behavior*, 15(1), 142-152.
doi:10.1007/s10461-009-9526-1
- Dugan, M. K. (2000). *It's my life now: starting over after an abusive relationship or domestic violence* New York : Routledge.
- Dunn, J. (2005). "Victims" and "Survivors": Emerging vocabularies of motive for "Battered Women Who Stay". *Sociological Inquiry*, 75(1), 1-30. doi:10.1111/j.1475-682X.2005.00110.x
- Dutton, D. (1993). Emotional attachments in abusive relationships: A test of traumatic bonding theory. *Violence and Victims*, 8(2), 105120.
- Dutton, D. (2006). *Abusive personality: Violence and control in intimate relationships* (2 ed.). New York: Guildford Publications.
- Dutton, D. G., & White, K. R. (2012). Attachment insecurity and intimate partner violence. *Aggression and Violent Behavior*, 17(5), 475-481. doi: 10.1016/j.avb.2012.07.003
- Eaton, A., Matamala, A. (2014). The relationship between heteronormative beliefs and verbal sexual coercion in college students. *Archives of Sexual Behavior*, 43(7), 1443-1457.
doi:10.1007/s10508-014-0284-4
- Eckstein, J. (2016). IPV Stigma and its social management: The roles of relationship-type, abuse-type, and victims' Sex. *Journal of Family Violence*, 31(2), 215-225.
doi:10.1007/s10896-015-9752-4
- Eckstein, J. (2011). Reasons for staying in intimately violent relationships: comparisons of men and women and messages communicated to self and others. *Journal of Family Violence*, 26(1), 21-30. doi:<http://dx.doi.org/10.1007/s10896-010-9338-0>

- Edwards, K., Murphy, M., Tansill, E., Gidycz, C., Myrick, C., Probst, D., Corsa, R. (2012). A qualitative analysis of college women's leaving processes in abusive relationships. *Journal of American College Health*, 60(3), 204-210. doi: 10.1080/07448481.2011.586387
- Eigenberg, H., & Policastro, C. (2015). Blaming victims in cases of interpersonal violence: Attitudes associated with assigning blame to female victims. *Women & Criminal Justice*, 1-18. doi:10.1080/08974454.2014.997417
- Ellsberg, M., Jansen, H., Heise, L., Watts, C., Garcia-Moreno, C. (2008). Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: an observational study. *The Lancet*, 371(9619), 1165-1172.
- Enander, V. (2011). Leaving Jekyll and Hyde: Emotion work in the context of intimate partner violence. *Feminism & Psychology*, 21(1), 29-48. doi:10.1177/0959353510384831
- Enander, V. (2010a). "A fool to keep staying": Battered women labeling themselves stupid as an expression of gendered shame. *Violence Against Women*, 16(1), 5-31. doi:10.1177/1077801209353577
- Enander, V. (2010b). Jekyll and Hyde or "Who is this guy?"—Battered women's interpretations of their abusive partners as a mirror of opposite discourses. *Women's Studies International Forum*, 33(2), 81-90. doi:10.1016/j.wsif.2009.09.009
- Enander, V., Holmberg, C. (2008). Why does she leave? The leaving process(es) of battered women. *Health Care for Women International*, 29(3), 200-226. doi:10.1080/07399330801913802
- England, P., & Kilbourne, B. S. (1990). Feminist critiques of the separative model of self: Implications for rational choice theory. *Rationality and Society*, 2(2), 156-171. doi:10.1177/1043463190002002005
- Eriksson, L., Mazerolle, P. (2015). A cycle of violence? Examining family-of-origin violence, attitudes, and intimate partner violence perpetration. *Journal of Interpersonal Violence*, 30(6), 945-964. doi:10.1177/0886260514539759
- Estefan, L. F., Coulter, M. L., & VandeWeerd, C. (2016). Depression in women who have left violent relationships. *Violence Against Women*, 22(11), 1397-1413. doi:10.1177/1077801215624792
- Estrellado, A., Loh, J. (2014). Factors associated with battered Filipino women's decision to stay in or leave an abusive relationship. *Journal of Interpersonal Violence*, 29(4), 575-592. doi:10.1177/0886260513505709
- European Parliament Research Service. (2017). *The Istanbul Convention: A tool to tackle violence against women and girls*. Retrieved from [http://www.europarl.europa.eu/RegData/etudes/ATAG/2017/608671/EPRS_ATA\(2017\)608671_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/ATAG/2017/608671/EPRS_ATA(2017)608671_EN.pdf)
- Fanslow, J., Robinson, E., Crengle, S., & Perese, L. (2010). Juxtaposing beliefs and reality: Prevalence rates of intimate partner violence and attitudes to violence and gender

- roles reported by New Zealand women. *Violence Against Women*, 16(7), 812-831. doi:10.1177/1077801210373710
- Finnbogadottir, H., Dykes, A., Wann-Hansson, C. (2014). Struggling to survive for the sake of the unborn baby: a grounded theory model of exposure to intimate partner violence during pregnancy. *BMC Pregnancy and Childbirth*, 14, 293. doi: 10.1186/1471-2393-14-293
- Fisher, C. (2013). Changed and changing gender and family roles and domestic violence in African refugee background communities' post-settlement in Perth, Australia. *Violence Against Women*, 19(7), 833-847. doi:10.1177/1077801213497535
- Flanagan, J., Jaquier, V., Overstreet, N., Swan, S., Sullivan, T. (2014). The mediating role of avoidance coping between intimate partner violence (IPV) victimization, mental health, and substance abuse among women experiencing bidirectional IPV. *Psychiatry Research*, 220(1-2), 391-396. doi:10.1016/j.psychres.2014.07.065
- Flick, U, Charmaz, K. (2017). The power of constructivist grounded theory for critical inquiry. *Qualitative Inquiry*, 23(1), 34-45. doi: 10.1177/1077800416657105
- Flood, M., Pease, B. (2009). Factors influencing attitudes to violence against women. *Trauma, Violence, & Abuse*, 10(2), 125-142. doi:10.1177/1524838009334131
- Follingstad, D. R. (2007). Rethinking current approaches to psychological abuse: Conceptual and methodological issues. *Aggression and Violent Behavior*, 12(4), 439-458. doi:10.1016/j.avb.2006.07.004
- Foster, E., Becho, J., Burge, S., Talamantes, M., Ferrer, R., Wood, R., Katerndahl, D. (2015). Coping with intimate partner violence: Qualitative findings from the study of dynamics of husband to wife abuse. *Families, Systems & Health*, 33(3), 285.
- Ford-Gilboe, M., Wuest, J., Varcoe, C., Davies, L., Merritt-Gray, M., Campbell, J., Wilk, P. (2009). Modelling the effects of intimate partner violence and access to resources on women's health in the early years after leaving an abusive partner. *Social Science & Medicine*, 68(6), 1021-1029. doi: 10.1016/j.socscimed.2009.01.003
- Franiuk, R., Shain, A., Bieritz, L., Murray, C. (2012). Relationship theories and relationship violence: Is it beneficial to believe in soulmates? *Journal of Social and Personal Relationships*, 29(6), 820-838. doi:10.1177/0265407512444374
- Furler, K., Gomez, V., Grob, A. (2013). Personality similarity and life satisfaction in couples. *Journal of Research in Personality*, 47(4), 369-375. doi:<http://dx.doi.org/10.1016/j.jrp.2013.03.002>
- Furler, K., Gomez, V., Grob, A. (2014). Personality perceptions and relationship satisfaction in couples. *Journal of Research in Personality*, 50(0), 33-41. doi:<http://dx.doi.org/10.1016/j.jrp.2014.02.003>
- Friedman, M. (1985). Where are the Women? In C. G. Harding (Ed.), *Moral dilemmas : philosophical and psychological issues in the development of moral reasoning* (pp. 25-41). Chicago, Ill.: Chicago, Ill. : Precedent Pub.
- Gage, A., Thomas, N. (2017). Women's work, gender roles, and intimate partner violence in

- Nigeria. *Archives of Sexual Behaviour*, 46(7), 1923-1938. doi: 10.1007/s10508-017-1023-4
- Garcia-Moreno, C. (2006). Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *The Lancet*, 368(9543), 1260-1269.
- Garcia-Moreno, C., Jansen, H., Ellsberg, M., Heise, L., Watts, C. (2005). *WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses*. Retrieved from Geneva:
- Gaucher, D., Wood, J., Stinson, D., Forest, A., Holmes, J., Logel, C. (2012). Perceived regard explains self-esteem differences in expressivity. *Personality and Social Psychology Bulletin*, 38(9), 1144-1156. doi:10.1177/0146167212445790
- Gharaibeh, M., Oweis, A. (2009). Why do Jordanian women stay in an abusive relationship: Implications for health and social well-being. *Journal of Nursing Scholarship*, 41(4), 376-384. doi: 10.1111/j.1547-5069.2009.01305.x
- Gilligan, C. (1993). *In a different voice: psychological theory and women's development*. Cambridge: Harvard University Press.
- Gil-González, C., Vives-Cases, C., Ruiz, C., Carrasco-Portiño, C., Álvarez-Dardet, C. (2008). Childhood experiences of violence in perpetrators as a risk factor of intimate partner violence: a systematic review. *Journal of Public Health*, 30(1), 14-22.
- Glaser, B. (2005). *The grounded theory perspective III: theoretical coding*. California: Sociology Press.
- Glaser, B. (2002). Conceptualization: on theory and theorizing using grounded theory. *International Journal of Qualitative Methods*, 1(2), 23-38. doi: 10.1177/160940690200100203.
- Glaser, B. (1992). *Basics of grounded theory analysis: emergence vs forcing*. California: Sociology Press.
- Glaser, B. (1978). *Theoretical sensitivity*. California: Sociology Press
- Glaser, B. Strauss, A. (1967). *The discovery of grounded theory; strategies for qualitative research*. Chicago: Aldine Publishing Company.
- Glass, N., Hanson, G. C., Laharnar, N., Anger, W. K., & Perrin, N. (2016). Interactive training improves workplace climate, knowledge, and support towards domestic violence. *American Journal of Industrial Medicine*, 59(7), 538-548. doi:10.1002/ajim.22601
- Gleason, W. (1993). Mental disorders in battered women: An empirical study. *Violence and Victims*, 8(1), 53-68. doi:10.1007/s10896-014-9655-9
- Gergen, K. (1985). The social constructionist movement in modern psychology. *American Psychologist*, 40(3), 266-275. doi:10.1037/0003-066X.40.3.266
- Gilroy, H., McFarlane, J., Maddoux, J., & Sullivan, C. (2016). Homelessness, housing instability, intimate partner violence, mental health, and functioning: A multi-year cohort study of IPV survivors and their children. *Journal of Social Distress and the Homeless*, 25(2), 86-94. doi:10.1080/10530789.2016.1245258

- Goffman, E. (1959). *The presentation of self in everyday life*. New York: Anchor.
- Gonzalez-Guarda, R. M., Vermeesch, A. L., Florom-Smith, A. L., McCabe, B. E., & Peragallo, N. P. (2013). Birthplace, culture, self-esteem, and intimate partner violence among community-dwelling Hispanic women. *Violence Against Women*, 19(1), 6-23. doi:10.1177/1077801212475336
- Goodman, L., Dutton, M., Vankos, N., Weinfurt, K. (2005). Women's resources and use of strategies as risk and protective factors for reabuse over time. *Violence Against Women*, 11(3), 311-336. doi:10.1177/1077801204273297
- Goodman, L., Dutton, M., VWeinfurt, K., Cook, S. (2003). The intimate partner violence strategies index: Development and application. *Violence Against Women*, 9(2), 163-186. doi:10.1177/1077801202239004
- Gormley, B. (2005). An Adult Attachment Theoretical Perspective of Gender Symmetry in Intimate Partner Violence. *A Journal of Research*, 52(11), 785-795. doi:10.1007/s11199-005-4199-3
- Graham-Bermann, S. A. (2003). Intervention for children exposed to interparental violence (IPV): Assessment of needs and research priorities. *Clinical Child and Family Psychology Review*, 6(3), 189-204.
- Gregory, J., Jones, R. (2009). Maintaining competence: A grounded theory typology of approaches to teaching in higher education. *Higher Education: The International Journal of Higher Education and Educational Planning*, 57(6), 769-785. doi: 10.1007/s10734-008-9175-8
- Grusec, J. E. (1992). Social learning theory and developmental psychology: The legacies of Robert Sears and Albert Bandura. *Developmental Psychology*, 28(5), 776-786.
- Häggblom, A., Möller, A. (2007). Fighting for survival and escape from violence: Interviews with battered women. *International Journal of Qualitative Studies on Health and Well-being*, 2(3), 169-178. doi:10.1080/17482620701296259
- Halligan, C., Knox, D., Brinkley, J. (2013). Trapped: Technology as a barrier to leaving an abusive relationship. *College Student Journal*, 47(4), 644-648. doi: 0146-3934
- Hamzeh, M., Oliver, K. (2010). Gaining research access into the lives of Muslim girls: researchers negotiating muslimness , modesty, inshallah , and haram. *International Journal of Qualitative Studies in Education*, 23(2), 165-180. doi: 10.1080/09518390903120369
- Handberg, C., Thorne, S., Midtgård, J., Nielsen, C., Lomborg, K. (2015). Revisiting symbolic interactionism as a theoretical framework beyond the grounded theory tradition. *Qualitative Health Research*, 25(8), 1023-1032. doi: 1049-7323
- Harris, K., Palazzolo, K., Savage, M. (2012). 'I'm not sexist, but . . .': How ideological dilemmas reinforce sexism in talk about intimate partner violence. *Discourse & Society*, 23(6), 643-656. doi:10.1177/0957926512455382
- Hassouneh-Phillips, D. (2003). Strength and vulnerability: Spirituality in abused American Muslim women's lives. *Issues in Mental Health Nursing*, 24(6-7), 681-694.

- doi:10.1080/01612840305324
- Haworth-Hoeppner, S. (1998). What's gender got to do with it: Perceptions of sexual coercion in a university community. *Sex Roles*, 38(9), 757-779.
doi:10.1023/a:1018821030453
- Hayes, B. (2013). Women's resistance strategies in abusive relationships. *Sage Open*, 3(3), 1-10. doi:10.1177/2158244013501154
- Hazan, C., & Shaver, P. R. (1994). Attachment as an organizational framework for research on close relationships. *Psychological Inquiry*, 5(1), 1-22.
- Hemenover, S. (2003). The good, the bad, and the healthy: Impacts of emotional disclosure of trauma on resilient self-concept and psychological distress. *Personality and Social Psychology Bulletin*, 29(10), 1236-1244. doi: 10.1177/0146167203255228
- Hetling, A., Stylianou, A., Postmus, J. (2015). Measuring financial strain in the lives of survivors of intimate partner violence. *Journal of Interpersonal Violence*, 30(6), 1046-1064. doi:10.1177/0886260514539758
- Hill, S., & Ousley, L. (2017). Intimate partner violence screening behaviors of primary care providers: The necessity for a change. *Journal of Interprofessional Education & Practice*, 8,20-22. doi:10.1016/j.xjep.2017.05.007
- Hiner, H., Azócar, M. (2015). Irreconcilable differences: Political culture and gender violence during the Chilean transition to democracy. *Latin American Perspectives*, 42(3), 52-72. doi:10.1177/0094582x15570884
- Hird, M. J., & Jackson, S. (2001). Where 'angels' and 'wusses' fear to tread: sexual coercion in adolescent dating relationships. *Journal of Sociology*, 37(1), 27-43.
doi:10.1177/144078301128756184
- Hollander, J. (2002). Resisting vulnerability: The social reconstruction of gender in interaction. *Social Problems*, 49(4), 474-496. doi:10.1525/sp.2002.49.4.474
- Hoover, R., Koerber, A. (2011). Using NVivo to answer the challenges of qualitative research in professional communication: benefits and best practices tutorial. *IEEE Transactions on Professional Communication*, 54(1), 68-82. doi: 10.1109/TPC.2009.2036896.
- Horsburgh, D. (2003). Evaluation of qualitative research. *Journal of Clinical Nursing*, 12(2), 307-312. doi: 10.1046/j.1365-2702.2003.00683.x
- Hou, W.-L., Ko, N.-Y., & Shu, B.-C. (2013). Recovery experiences of Taiwanese women after terminating abusive relationships: A phenomenology study. *Journal of Interpersonal Violence*, 28(1), 157-175. doi:10.1177/0886260512448851
- Htun, M., Weldon, L. (2012). The civic origins of progressive policy change: combating violence against women in global perspective, 1975–2005. *American Political Science Review*, 106(3), 548-569. doi:10.1017/S0003055412000226
- Hudson, V., Bowen, D., Nielsen, P. (2011). What is the relationship between inequity in family law and violence against women? Approaching the issue of legal enclaves. *Politics & Gender*, 7(4), 453-492. doi:<http://dx.doi.org/10.1017/S1743923X11000328>
- Humbert, T., Bess, J., Mowery, A. (2013). Exploring women's perspectives of overcoming

- intimate partner violence: A phenomenological study. *Occupational Therapy in Mental Health*, 29(3), 246-265. doi:10.1080/0164212X.2013.819465
- Hunnicutt, G. (2009). Varieties of patriarchy and violence against women: Resurrecting "patriarchy" as a theoretical tool. *Violence Against Women*, 15(5), 553-573. doi:10.1177/1077801208331246
- Hyde, J. S. (2005). The gender similarities hypothesis. *American Psychologist*, 60(6), 581-592. doi:10.1037/0003-066X.60.6.581
- Insetta, E., Akers, A., Miller, E., Yonas, M., Burke, J., Hintz, L., Chang, J. (2015). Intimate partner violence victims as mothers: Their messages and strategies for communicating with children to break the cycle of violence. *Journal of Interpersonal Violence*, 30(4), 703-724. doi:10.1177/0886260514535264
- Ishida, K., Stupp, P., Serbanescu, F., Goodwin, M., Melian, M. (2010). Exploring the associations between intimate partner violence and women's mental health: Evidence from a population-based study in Paraguay. *Social Science and Medicine*, 71(9), 1653-1661. doi:10.1016/j.socscimed.2010.08.007
- Iverson, K., Litwack, S., Pineles, S., Suvak, M., Vaughn, R., Resick, P. (2013). Predictors of intimate partner violence revictimization: The relative impact of distinct PTSD symptoms, dissociation, and coping strategies. *Journal of Traumatic Stress*, 26(1), 102-110. doi:10.1002/jts.21781
- Izaguirre, A., & Calvete, E. (2014). Intimate partner violence during pregnancy: Women's narratives about their mothering experiences. *Psychosocial Intervention*, 23(3), 209-215. doi:10.1016/j.psi.2014.07.010
- Jae Yop, K., & Ji Hyeon, L. (2010). Factors Influencing Help-Seeking Behavior Among Battered Korean Women in Intimate Relationships. *Journal of Interpersonal Violence*, 26(15), 2991-3012. doi:10.1177/0886260510390946
- Jansen, H., Heise, L., Watts, C., García-Moreno, C. (2008). Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: An observational study. *The Lancet*, 371(9619), 1165-1172. doi: [http://dx.doi.org/10.1016/S0140-6736\(08\)60522-X](http://dx.doi.org/10.1016/S0140-6736(08)60522-X)
- Jaquier, V., Hellmuth, J., Sullivan, T. (2013). Posttraumatic stress and depression symptoms as correlates of deliberate self-harm among community women experiencing intimate partner violence. *Psychiatry Research*, 206(1), 37-42. doi:10.1016/j.psychres.2012.09.020
- Jayatilleke, A., Poudel, K. C., Sakisaka, K., Yasuoka, J., Jayatilleke, A. U., & Jimba, M. (2011). Wives' Attitudes Toward Gender Roles and Their Experience of Intimate Partner Violence by Husbands in Central Province, Sri Lanka. *Journal of Interpersonal Violence*, 26(3), 414-432. doi:10.1177/0886260510363420
- Jeffrey, N., Barata, C. (2017). "He didn't necessarily force himself upon me, but . . .": women's lived experiences of sexual coercion in intimate relationships with men. *Violence Against Women*, 23(8), 911-933. doi: 10.1177/1077801216652507.

- Johnson, D., Zlotnick, C. (2012). Remission of PTSD after victims of intimate partner violence leave a shelter. *Journal of Traumatic Stress*, 25(2), 203-206. doi:10.1002/jts.21673
- Jones, A., Vetter, A. (2017). 'You just deal with it. You have to when you've got a child': A narrative analysis of mothers' accounts of how they coped, both during an abusive relationship and after leaving. *Clinical Child Psychology and Psychiatry*, 22(1), 74-89. doi: 10.1177/1359104515624131
- Jordan, C., Campbell, R., Follingstad, D. (2010). Violence and women's mental health: The impact of physical, sexual, and psychological aggression. *Annual Review of Clinical Psychology*, 6(1), 607-628. doi:10.1146/annurev-clinpsy-090209-151437
- Joshi, M., & Childress, S. (2017). A national survey of attitudes toward intimate partner violence among married women in Kazakhstan, Kyrgyzstan, and Tajikistan: Implications for health prevention and intervention. *Social Work in Health Care*, 56(4), 294-319. doi:10.1080/00981389.2016.1268660
- Jootun, D., McGhee, G., Marland, G. (2009). Reflexivity: promoting rigour in qualitative research. *Nursing Standard*, 23(23), 42-46. doi: 10.7748/ns.23.23.42.s50
- Kanagaratnam, P., Mason, R., Hyman, I., Manuel, L., Berman, H., Toner, B. (2012). Burden of womanhood: Tamil women's perceptions of coping with intimate partner violence. *Journal of Family Violence*, 27(7), 647-658. doi:10.1007/s10896-012-9461-1
- Kaukinen, C., Meyer, S., Akers, C. (2013). Status compatibility and help-seeking behaviors among female intimate partner violence victims. *Journal of Interpersonal Violence*, 28(3), 577-601. doi:10.1177/0886260512455516
- Kearney, M. (2001). Enduring love: A grounded formal theory of women's experience of domestic violence. *Research in Nursing & Health*, 24(4), 270-282. doi:10.1002/nur.1029
- Kearney, S., Leung, L., Joyce, A., Ollis, D., Green, C. (2016). Applying systems theory to the evaluation of a whole school approach to violence prevention. *Health Promotion Journal of Australia*, 27(3), 230-235. doi: 10.1071/HE16046
- Keeling, J., Smith, D., & Fisher, C. (2016). A qualitative study exploring midlife women's stages of change from domestic violence towards freedom. *BMC Women's Health*, 16, 13. doi:10.1186/s12905-016-0291-9
- Kelly, L., Sharp, N., Kelin, R. (2014). *Finding the Costs of Freedom*. Retrieved from <http://solacewomensaid.org/wp-content/uploads/2014/06/SWA-Finding-Costs-of-Freedom-Report.pdf>
- Kelly, U. (2011). Theories of intimate partner violence: From blaming the victim to acting against injustice: Intersectionality as an analytic framework. *Advances in Nursing Science*, 34(3), E29-E51. doi:10.1097/ANS.0b013e3182272388
- Kelly, U. (2010). Intimate partner violence, physical health, posttraumatic stress disorder, depression and quality of life in Latinas. *Western Journal of Emergency Medicine*, 11(3), 247-251. doi:10.3109/01612840903312020

- Kelly, U. A. (2009). "I'm a mother first": The influence of mothering in the decision-making processes of battered immigrant Latino women. *Research in Nursing & Health*, 32(3), 286-297. doi:10.1002/nur.20327
- Kennedy, A. C., & Prock, K. A. (2016). "I still feel like I am not normal": A review of the role of stigma and stigmatization among female survivors of child sexual abuse, sexual assault, and intimate partner violence. *Trauma, Violence & Abuse*, 1-16.
- Kennedy, A., Bybee, D., Greeson, M. (2014). Examining cumulative victimization, community violence exposure, and stigma as contributors to PTSD symptoms among high-risk young women. *American Journal of Orthopsychiatry*, 84(3), 284-294. doi:10.1037/ort0000001
- Kim, J., & Gray, K. A. (2008). Leave or Stay? Battered Women's Decision After Intimate Partner Violence. *Journal of Interpersonal Violence*, 23(10), 1465-1482. doi:10.1177/0886260508314307
- King, K., Murray, C., Crowe, A., Hunnicutt, G., Lundgren, K., Olson, L. (2017). The costs of recovery. *The Family Journal*, 25(3), 230-238. doi: 10.1177/1066480717710656
- Kotarba, J. (2014). Symbolic interaction and applied social research: A focus on translational science. *Symbolic Interaction*, 37(3), 412-425.
- Kohlberg, L. (1984). *The psychology of moral development: the nature and validity of moral stages* San Francisco : Harper & Row.
- Krahé, B., Abbey, A. (2013). Guest editorial: Intimate partner violence as a global problem - International and interdisciplinary perspective. *International Journal of Conflict and Violence*, 7, 199-202. doi: 10.1007/s1199-005-4201-0
- Kruse, M., Sorensen, J., Bronnum-Hansen, H., Helweg-Larsen, K. (2011). The health care costs of violence against women. *Journal of Interpersonal Violence*, 26(17), 3494-3508. doi: 10.1177/0886260511403754
- Kulkarni, S., & Ross, T. C. (2016). Exploring employee intimate partner violence (IPV) disclosures in the workplace. *Journal of Workplace Behavioral Health*, 31(4), 204-221. doi:10.1080/15555240.2016.1213637
- Kuijpers, K., Knaap, F., Winkel, L., Winkel, M., Winkel, F., Winkel, W. (2012). Risk of revictimization of intimate partner violence: The role of attachment, anger and violent behavior of the victim. *Journal of Family Violence*, 27(1), 33-44. doi:10.1007/s10896-011-9399-8
- Laanpere, M., Ringmets, I., Part, K., & Karro, H. (2013). Intimate partner violence and sexual health outcomes: a population-based study among 16–44-year-old women in Estonia. *The European Journal of Public Health*, 23(4), 688-693. doi:10.1093/eurpub/cks144
- Lacey, K., Saunders, D., Lingling, Z. (2011). A comparison of women of color and non-hispanic white women on factors related to leaving a violent relationship. *Journal of Interpersonal Violence*, 26(5), 1036-1055. doi:10.1177/0886260510376496
- Laharnar, N., Perrin, N., Hanson, G., Anger, W. K., & Glass, N. (2015). Workplace domestic violence leave laws: implementation, use, implications. *International Journal of*

- Workplace Health Management*, 8(2), 109-128.
- Lammers M, Ritchie J, Robertson N.(2005). Women's experience of emotional abuse in intimate relationships: A qualitative study. *Journal of Emotional Abuse*, 5(1), 29–64.
- Lamy, C., Dubois, F., Jaafari, N., Carl, T., Gaillard, P., Camus, V. (2009). Clinical and psychopathological profile of women's victims of psychological partner violence. *Revue d'Epidemiologie et de Sante Publique*, 57(4), 267-274. doi: 10.1016/j.respe.2009.04.007
- Landenburger, K. (1989). A process of entrapment in and recovery from an abusive relationship. *Issues in Mental Health Nursing*, 10(3-4), 209-227.
- Laney, E. K., Carruthers, L., Hall, M. E. L., & Anderson, T. (2014). Expanding the self. *Journal of Family Issues*, 35(9), 1227-1251. doi:10.1177/0192513X13479573
- Laney, E. K., Hall, M. E. L., Anderson, T. L., & Willingham, M. M. (2015). Becoming a mother: The influence of motherhood on women's identity development. *Identity*, 15(2), 126-145. doi:10.1080/15283488.2015.1023440
- Lauzen, M., Dozier, D., Horan, N. (2008). Constructing gender stereotypes through social roles in prime-time television. *Journal of Broadcasting & Electronic Media*, 52(2), 200-214. doi:10.1080/08838150801991971
- Lazarus, R. (2006). Emotions and interpersonal relationships: Toward a person-centered conceptualization of emotions and coping. *Journal of Personality*, 74(1), 9-46. doi:10.1111/j.1467-6494.2005.00368.x
- Leamy, M., Bird, V., Le Boutillier, C., Williams, J., & Slade, M. (2011). Conceptual framework for personal recovery in mental health: Systematic review and narrative synthesis. *British Journal of Psychiatry*, 199(6), 445-452. doi: 10.1192/bjp.bp.110.083733
- Lee, M. (2013). Breaking barriers: Addressing structural obstacles to social service provision for Asian survivors of domestic violence. *Violence Against Women*, 19(11), 1350-1369. doi:10.1177/1077801213514486
- Leiner, A. S., Compton, M. T., Houry, D., & Kaslow, N. J. (2008). Intimate partner violence, psychological distress, and suicidality: A path model using data from African American women seeking care in an urban emergency department. *Journal of Family Violence*, 23(6), 473-481. doi:10.1007/s10896-008-9174-7
- Leitão, M. (2014). Women survivors of intimate partner violence: The difficult transition to independence. *Revista da Escola de Enfermagem da USP*, 48, 07-15. doi:10.1590/S0080-623420140000600002
- Leone, J., Lape, M., Xu, Y. (2014). Women's decisions to not seek formal help for partner violence: A comparison of intimate terrorism and situational couple violence. *Journal of Interpersonal Violence*, 29(10), 1850-1876. doi:10.1177/0886260513511701
- Leslie, V. (2017). Committee Opinion No 706: Sexual Health. *Obstetrics & Gynecology*, 130(1), 342-e47.doi: 10.1097/AOG.0000000000002161
- Leung, T., Leung, W., Ng, E., Ho, P. (2005). Quality of life of victims of intimate partner violence. *International Journal of Gynaecology and Obstetrics*, 90(3), 258-262.

doi:<http://dx.doi.org/10.1016/j.ijgo.2005.05.010>

- Levendosky, A. (2007). New directions for research on intimate partner violence and children. *European psychologist*, 12(1), 1-5.
- Li, S., Levick, A., Eichman, A., Chang, J. (2015). Women's perspectives on the context of violence and role of police in their intimate partner violence arrest experiences. *Journal of Interpersonal Violence*, 30(3), 400-419. doi:10.1177/0886260514535100
- Liang, B., Goodman, L., Tummala-Narra, P., & Weintraub, S. (2005). A theoretical framework for understanding help-seeking processes among survivors of intimate partner violence. *Am. J. Community Psychol.*, 36(1-2), 71-84. doi:10.1007/s10464-005-6233-6
- Lila, M., Gracia, E., García, F. (2012). Ambivalent sexism, empathy and law enforcement attitudes towards partner violence against women among male police officers. *Psychology, Crime & Law*, 19(10), 907-919. doi:10.1080/1068316X.2012.719619
- Lilly, M., Graham-Bermann, S. (2010). Intimate partner violence and PTSD: The moderating role of emotion-focused coping. *Violence and Victims*, 25(5), 604-616. doi:10.1891/0886-6708.25.5.604
- Lim, B., Valdez, C., Lilly, M. (2015). Making meaning out of interpersonal victimization. *Violence Against Women*, 21(9), 1065-1086. doi: 10.1177/1077801215590670
- Lincoln, Y., Guba, E. (1985). *Naturalistic inquiry*. California: Sage Publications.
- Lindhorst, T., & Beadnell, B. (2011). The long arc of recovery: Characterizing intimate partner violence and its psychosocial effects across 17 Years. *Violence Against Women*, 17(4), 480-499. doi:10.1177/1077801211404548
- López-Fuentes, I., Calvete, E. (2015). Building resilience: A qualitative study of Spanish Women who have suffered intimate partner violence. *American Journal of Orthopsychiatry*, 85(4), 339-351. doi: 10.1037/ort0000070
- Loxton, D., Schofield, M., Hussain, R. (2006). Psychological health in midlife among women who have ever lived with a violent partner or spouse. *Journal of Interpersonal Violence*, 21(8), 1092-1107. doi:10.1177/0886260506290290
- Lucke, J., Herbert, D., Watson, M., Loxton, D. (2013). Predictors of sexually transmitted infection in Australian women: evidence from the Australian longitudinal study on women's health. *Archives of Sexual Behavior*, 42(2), 237-246. doi: 10.1007/s10508-012-0020-x
- MacMillan, H., Wathen, N. (2014). Children's exposure to intimate partner violence. *Child and Adolescent Psychiatric Clinics of North America*, 23(2), 295-308. doi:<http://dx.doi.org/10.1016/j.chc.2013.12.008>
- Mannell, J., Jackson, S., Umutoni, A. (2015). Women's responses to intimate partner violence in Rwanda: Rethinking agency in constrained social contexts. *Global Public Health: An International Journal for Research, Policy and Practice*, 1-17. doi:10.1080/17441692.2015.1013050
- Martin, A., Berenson, K., Griffing, S., Sage, R., Madry, L., Bingham, L., Primm, B. (2000).

- The process of leaving an abusive relationship: The role of risk assessments and decision-certainty. *Journal of Family Violence*, 15(2), 109-122.
doi:10.1023/A:1007515514298
- Martinez, M., Sánchez-Lorente, S., Blasco-Ros, C. (2010). Recovery from depressive symptoms, state anxiety and post-traumatic stress disorder in women exposed to physical and psychological, but not to psychological intimate partner violence alone: A longitudinal study. *BMC Psychiatry*, 10(1), 98. doi:10.1186/1471-244X-10-98
- Matheson, F. I., Daoud, N., Hamilton-Wright, S., Borenstein, H., Pedersen, C., Campo, P. (2015). Where did she go? The transformation of self-esteem, self-identity, and mental well-being among women who have experienced intimate partner violence. *Women's Health Issues*, 25(5), 561-569. doi:10.1016/j.whi.2015.04.006
- Matlow, R. B., & DePrince, A. P. (2015). The impact of appraisals and context on readiness to leave a relationship following intimate partner abuse. *Violence Against Women*, 21(9), 1043-1064. doi:10.1177/1077801215590668
- McDermott, R. C., & Lopez, F. G. (2013). College men's intimate partner violence attitudes: Contributions of adult attachment and gender role stress. *Journal of Counseling Psychology* (1), 127-136. doi:10.1037/a0030353
- McDonald, P., Dickerson, S. (2013). Engendering independence while living with purpose: women's lives after leaving abusive intimate partners. *Journal of Nursing Scholarship*, 45(4), 388. doi: 10.1111/jnus.12044
- McDonald, S. E., Shin, S., Corona, R., Maternick, A., Graham-Bermann, S. A., Ascione, F. R., & Herbert Williams, J. (2016). Children exposed to intimate partner violence: Identifying differential effects of family environment on children's trauma and psychopathology symptoms through regression mixture models. *Child Abuse & Neglect*, 58, 1-11. doi:<http://dx.doi.org/10.1016/j.chab.2016.06.010>
- McHugh, M. (2005). Understanding gender and intimate partner abuse. *Sex Roles*, 52(11-12), 717-724.
- Mead, G. (1936). *Movements of thought in the nineteenth century*. Chicago: The University of Chicago Press.
- Mechanic, M., Weaver, T., Resick, P. (2008). Mental health consequences of intimate partner abuse - a multidimensional assessment of four different forms of abuse. *Violence Against Women*, 14(6), 634-654. doi:10.1177/1077801208319283.
- Menaker, T., Franklin, C. (2015). Gendered violence and victim blame: Subject perceptions of blame and the appropriateness of services for survivors of domestic sex trafficking, sexual assault, and intimate partner violence. *Journal of Crime and Justice*, 38(3), 395-413. doi:10.1080/0735648X.2014.996321
- Mengesha, Z., Perz, J., Dune, T., Ussher, J. (2017). Refugee and migrant women's engagement with sexual and reproductive health care in Australia: A socio-ecological analysis of health care professional perspectives. *PLoS One*, 12(7), e0181421. doi: 10.1371/journal.pone.0181421

- Messing, J., Becerra, D., Ward-Lasher, A., Androff, D. (2015a). Latinas' perceptions of law enforcement: fear of deportation, crime reporting, and trust in the system. *Affilia*. doi:10.1177/0886109915576520
- Messing, J., Mohr, R., Durfee, A., (2015b). Intimate partner violence and women's experiences of grief. *Child & Family Social Work*, 20(1), 30-39. doi: 10.1111/cfs.12051
- Meyer, A., Wagner, B., Dutton, M. (2010). The relationship between battered women's causal attributions for violence and coping efforts. *Journal of Interpersonal Violence*, 25(5), 900-918. doi:10.1177/0886260509336965
- Meyer, S. (2016). Still blaming the victim of intimate partner violence? Women's narratives of victim desistance and redemption when seeking support. *Theoretical Criminology*, 20(1), 75-90. doi:10.1177/1362480615585399
- Meyer, S. (2015). Examining women's agency in managing intimate partner violence and the related risk of homelessness: The role of harm minimisation. *Global Public Health*, 1-13. doi:10.1080/17441692.2015.1047390
- Meyer, S. (2012). Why women stay: A theoretical examination of rational choice and moral reasoning in the context of intimate partner violence. *Australian & New Zealand Journal of Criminology*, 45(2), 179-193.
- Meyer, S. (2011). Seeking help for intimate partner violence: victims' experiences when approaching the criminal justice system for IPV-related support and protection in an Australian jurisdiction. *Feminist Criminology*, 6(4), 268-290.
doi:10.1177/1557085111414860
- Milanowicz, A., & Bokus, B. (2012). Gender and moral judgments: the role of who is speaking to whom. *Journal of Gender Studies*, 22(4), 423-443.
doi:10.1080/09589236.2012.719314
- Miller, A. (2007). *Drama of the gifted child: The search for true self*. New York: Basic Books.
- Miller, L., Howell, K., Graham-Bermann, S. (2014). The effect of an evidence-based intervention on women's exposure to intimate partner violence. *American Journal of Orthopsychiatry*, 84(4), 321-328. doi:10.1037/h0099840
- Milliken, J., Schreiber, R. (2012). Examining the nexus between grounded theory and symbolic interactionism. *International Journal of Qualitative Methods*, 11(5), 684-696.
doi: 10.1177/160940691201100510.
- Mills, T. (1985). The assault on the self: Stages in coping with battering husbands. *Qualitative Sociology*, 8(2), 103-123. doi:10.1007/BF00989467
- Moe, A. M. (2009). Battered women, children, and the end of abusive relationships. *Affilia*, 24(3), 244-256. doi:10.1177/0886109909337374
- Moe, A. (2007). Silenced voices and structured survival: Battered women's help seeking. *Violence Against Women*, 13(7), 676-699. doi:10.1177/1077801207302041
- Mojarro-Iñiguez, M., Valdez-Santiago, R., Pérez-Núñez, R., Salinas-Rodríguez, A. (2014). No More! Women reporting intimate partner violence in Mexico. *Journal of Family Violence*, 29(5), 527-537. doi:10.1007/s10896-014-9610-9

- Montoya, C., Rolandsen Agustín, L. (2013). The othering of domestic violence: The EU and cultural framings of violence against women. *Social Politics: International Studies in Gender, State & Society*, 20(4), 534-557. doi:10.1093/sp/jxt020
- Moos, R., Holahan, C. (2003). Dispositional and contextual perspectives on coping: Toward an integrative framework. *Journal of Clinical Psychology*, 59(12), 1387-1403. doi:10.1002/jclp.10229
- Moya, E., Chávez-Baray, S., Martinez, O. (2014). Intimate partner violence and sexual health. *Health Promotion Practice*, 15(6), 881-893. doi:10.1177/1524839914532651
- Mugoya, G., Witte, T., Ernst, K. (2014). Sociocultural and victimization factors that impact attitudes toward intimate partner violence among Kenyan women. *Journal of Interpersonal Violence*, 1-21. doi:10.1177/0886260514554287
- Murray, C., Crowe, A., Flasch, P. (2015). Turning points: Critical incidents prompting survivors to begin the process of terminating abusive relationships. *The Family Journal*, 23(3), 228. doi: 10.1177/1066480715573705
- Nagae, M., Dancy, B. (2010). Japanese women's perceptions of intimate partner violence (IPV). *Journal of Interpersonal Violence*, 25(4), 753-766. doi: 10.1177/0886260509334413.
- Nash, S. (2005). Through Black eyes - African American women's constructions of their experiences with intimate male partner violence. *Violence Against Women*, 11(11), 1420-1440. doi:10.1177/1077801205280272
- National Health Research Medical Council (2007). *Australian Code for the Responsible Conduct of Research*. Retrieved from: <https://www.nhmrc.gov.au/guidelines-publications/r39>.
- Nayak, M., Byrne, C., Martin, M., Abraham, A. (2003). Attitudes toward violence against women: A cross-nation study. *A Journal of Research*, 49(7), 333-342. doi:10.1023/A:1025108103617
- Nerøien, A., Schei, B. (2008). Partner violence and health: Results from the first national study on violence against women in Norway. *Scandinavian journal of public health*, 36(2), 161. doi:10.1177/1403494807085188
- Norman, R., Bradshaw, D. (2013). What is the scale of intimate partner homicide? *The Lancet*, 382(9895), 836-838. doi:[http://dx.doi.org/10.1016/S0140-6736\(13\)61255-6](http://dx.doi.org/10.1016/S0140-6736(13)61255-6)
- Nurius, P., Macy, R., Bhuyan, R., Holt, V., Kernic, M., Rivara, F. (2003). Contextualizing depression and physical functioning in battered women: Adding vulnerability and resources to the analysis. *Journal of Interpersonal Violence*, 18(12), 1411-1431. doi:10.1177/0886260503258033
- O'Leary, K. D. (1999). Psychological abuse: A variable deserving critical attention in domestic violence. *Violence and Victims*, 14(1), 3-23.
- Odero, M., Hatcher, A., Bryant, C., Onono, M., Romito, P., Bukusi, E., Turan, J. (2014). Responses to and resources for intimate partner violence: Qualitative findings from women, men, and service providers in rural Kenya. *Journal of Interpersonal Violence*,

- 29(5), 783-805. doi:10.1177/0886260513505706
- Oke, M. (2008). Remaking self after domestic violence: Mongolian and Australian women's narratives of recovery. *Australian and New Zealand Journal of Family Therapy*, 29(3), 148-155. doi:10.1375/anft.29.3.148
- Oliver, C. (2012). Critical realist grounded theory: A new approach for social work research. *British Journal of Social Work*, 42(2), 371-387. doi: 10.1093/bjsw/bcr064.
- Olson, L. (2004). The role of voice in the re(construction) of a battered woman's identity: An autoethnography of one woman's experience of abuse. *Women's Studies in Communication*, 27(1), 1-33. doi:10.1080/07491409.2004.10162464
- Orzeck, T. L., Rokach, A., & Chin, J. (2010). The effects of traumatic and abusive relationships. *Journal of Loss and Trauma*, 15(3), 167-192.
doi:10.1080/15325020903375792
- Overstreet, N., Gaskins, J., Quinn, D., Williams, M. (2017). The moderating role of centrality on the association between internalized intimate partner violence-related stigma and concealment of physical IPV. *Journal of Social Issues*, 73(2), 307-321.
- Overstreet, N., Quinn, D. (2013). The intimate partner violence stigmatization model and barriers to help seeking. *Basic & Applied Social Psychology*, 35(1), 109-122.
doi:10.1080/01973533.2012.746599
- Pain, R. (2014a). Everyday terrorism: Connecting domestic violence and global terrorism. *Progress in Human Geography*, 38(4), 531-550. doi:10.1177/0309132513512231
- Pain, R. (2014b). Seismologies of emotion: Fear and activism during domestic violence. *Social & Cultural Geography*, 15(2), 127-150. doi:10.1080/14649365.2013.862846
- Palermo, T., Bleck, J., Peterman, A. (2014). Tip of the iceberg: Reporting gender-based violence in developing countries. *American Journal of Epidemiology*, 179(5), 602-612.
doi: 10.1093/aje/kwt295
- Panchanadeswaran, S., McCloskey, L. (2007). Predicting the timing of women's departure from abusive relationships. *Journal of Interpersonal Violence*, 22(1), 50-65 doi:10.1177/0886260506294996
- Parliament of Australia. (2016). *Royal Commission into Family Violence*. Retrieved from <http://files.rcfv.com.au/Reports/Final/RCFV-All-Volumes.pdf>
- Parliament of Australia. (2015). *Domestic violence in Australia: a quick guide to the issues*. Retrieved from
https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp1415/Quick_Guides/DVinAust.
- Parliament of Australia. (2011). *Domestic violence in Australia - an overview of the issues*. Retrieved from
[https://parlinfo.aph.gov.au/parlInfo/download/library/prspub/1246402/upload_binary/1246402.pdf;fileType=application/pdf#search=%22background%20note%20\(parliamentary%20library,%20australia\)%22](https://parlinfo.aph.gov.au/parlInfo/download/library/prspub/1246402/upload_binary/1246402.pdf;fileType=application/pdf#search=%22background%20note%20(parliamentary%20library,%20australia)%22)
- Parliament of Australia. (2009). *A healthier future for all Australians – Final report*. Retrieved from <http://apo.org.au/node/17921>

- Parliament of Western Australia. (2017). Legislative Council. *Domestic violence orders (National Recognition) bill 2017* - Second reading. Retrieved from:
[http://www.parliament.wa.gov.au/Hansard/hansard.nsf/0/b9a9228cdf10f157482581cd0019a704/\\$FILE/C40%20S1%2020171031%20p5060b-5071a.pdf](http://www.parliament.wa.gov.au/Hansard/hansard.nsf/0/b9a9228cdf10f157482581cd0019a704/$FILE/C40%20S1%2020171031%20p5060b-5071a.pdf)
- Patzel, B. (2006). What blocked heterosexual women and lesbians in leaving their abusive relationships. *Journal of the American Psychiatric Nurses Association*, 12(4), 208-215.
doi: 10.1177/1078390306294897
- Patton, M. (1990). *Qualitative evaluation and research methods*. California: Sage Publications.
- Pavlou, M., Knowles, A. (2001). Domestic violence: Attributions, recommended punishments and reporting behaviour related to provocation by the victim. *Psychiatry, Psychology and Law*, 8(1), 76-85. doi:10.1080/13218710109525006
- Pedersen, S., Strömwall, L. (2013). Victim blame, sexism and just-world beliefs: A cross-cultural comparison. *Psychiatry, Psychology and Law*, 20(6), 932-941.
doi:10.1080/13218719.2013.770715
- Peralta, R., Tuttle, L. (2013). Male perpetrators of heterosexual-partner-violence: The role of threats to masculinity. *Journal of Men's Studies*, 21(3), 255-276.
doi:10.3149/jms.2103.255
- Pereira, A., Vieira, D., Magalhães, T. (2013). Fatal intimate partner violence against women in Portugal: A forensic medical national study. *Journal of Forensic and Legal Medicine*, 20(8), 1099-1107. doi:<http://dx.doi.org/10.1016/j.jflm.2013.09.015>
- Perez, S., Johnson, D., Wright, C. (2012). The attenuating effect of empowerment on IPV-related PTSD symptoms in battered women living in domestic violence shelters. *Violence Against Women*, 18(1), 102-117. doi:10.1177/1077801212437348
- Pescosolido, B., Martin, J., Lang, A., Olafsdottir, S. (2008). Rethinking theoretical approaches to stigma: A framework integrating normative influences on stigma (FINIS). *Social Science & Medicine*, 67(3), 431-440.
doi:<http://dx.doi.org/10.1016/j.socscimed.2008.03.018>
- Peters, E., Khondkaryan, E., Sullivan, T. (2012). Associations between expectancies of alcohol and drug use, severity of partner violence, and posttraumatic stress among women. *Journal of Interpersonal Violence* (11), 2108-2127.
doi:10.1177/0886260511432151
- Pico-Alfonso, M. (2005). Psychological intimate partner violence: The major predictor of posttraumatic stress disorder in abused women. *Neuroscience and Behavioural Reviews*, 29, 181-193. doi:10.1016/j.neubiorev.2004.08.010
- Pico-Alfonso, M., Garcia-Linares, I., Celda-Navarro, N., Blasco-Ros,C., Echeburua, E., Martinez, M. (2006). The impact of physical, psychological and sexual intimate male partner violence on women's mental health: Depressive symptoms, posttraumatic stress disorder, state anxiety, and suicide. *Journal of Women's Health*, 15(5), 599-611. doi:10.1089/jwh.2006.15.599

- Pilger, D., Watts, C. (2013). Global estimates of homicide risk related to intimate partner violence. *The Lancet*, 382(9905), 1625. doi:[http://dx.doi.org/10.1016/S0140-6736\(13\)62357-0](http://dx.doi.org/10.1016/S0140-6736(13)62357-0)
- Pinker, S. (2011). *The better angels of our nature*. New York, New York: Viking.
- Plichta, S. (2004). Intimate partner violence and physical health consequences: Policy and practice implications. *Journal of Interpersonal Violence*, 19(11), 1296-1323. doi:[10.1177/0886260504269685](https://doi.org/10.1177/0886260504269685)
- Policastro, C., Payne, B. (2013). The blameworthy victim: Domestic violence myths and the criminalization of victimhood. *Journal of Aggression, Maltreatment & Trauma*, 22(4), 329-347. doi:[10.1080/10926771.2013.775985](https://doi.org/10.1080/10926771.2013.775985)
- Postmus, J. (2015). Women from different ethnic groups and their experiences with victimization and seeking help. *Violence Against Women*, 21(3), 376-393. doi:[10.1177/1077801214568254](https://doi.org/10.1177/1077801214568254)
- Postmus, J., Plummer, S.-B., McMahon, S., & Zurlo, K. (2013). Financial literacy: building economic empowerment with survivors of violence. *Journal of Family and Economic Issues*, 34(3), 275-284. doi:[10.1007/s10834-012-9330-3](https://doi.org/10.1007/s10834-012-9330-3)
- Power, C., Koch, T., Kralik, D., Jackson, D. (2006). Lovestruck: Women, romantic love and intimate partner violence. *Contemporary Nurse*, 21(2), 174-185. doi:[10.5555/conu.2006.21.2.174](https://doi.org/10.5555/conu.2006.21.2.174)
- Powers, R., Simpson, S. (2012). Self-protective behaviors and injury in domestic violence situations: Does it hurt to fight back? *Journal of Interpersonal Violence*, 27(17), 3345-3365. doi:[10.1177/0886260512445384](https://doi.org/10.1177/0886260512445384)
- Prozman, G., Lo Fo Wong, S., Bulte, E., Lagro-Janssen, A. (2012). Healthcare utilization by abused women: A case control study. *European Journal of General Practice*, 18(2), 107-113. doi: [10.3109/13814788.2012.675503](https://doi.org/10.3109/13814788.2012.675503)
- Próspero, M. (2008). Effects of masculinity, sex and control on different types of intimate partner violence perpetration. *Journal of Family Violence*, 23(7), 639-645. doi:<http://dx.doi.org/10.1007/s10896-008-9186-3>
- Pulerwitz, J., Hughes, L., Mehta, M., Kidanu, A., Verani, F., Tewolde, S. (2014). Changing gender norms and reducing intimate partner violence: Results from a quasi-experimental intervention study with young men in Ethiopia. *American Journal of Public Health*, 105(1), 132-137. doi:[10.2105/AJPH.2014.302214](https://doi.org/10.2105/AJPH.2014.302214)
- Quinlivan, J. A., & Evans, S. F. (2001). A prospective cohort study of the impact of domestic violence on young teenage pregnancy outcomes. *Journal of Pediatric and Adolescent Gynecology*, 14(1), 17-23. doi:[http://dx.doi.org/10.1016/S1083-3188\(00\)00078-4](http://dx.doi.org/10.1016/S1083-3188(00)00078-4)
- Quinn, D., Earnshaw, V. (2011). Understanding concealable stigmatized identities: The role of identity in psychological, physical, and behavioral outcomes. *Social Issues and Policy Review*, 5(1), 160-190. doi:[10.1111/j.1751-2409.2011.01029.x](https://doi.org/10.1111/j.1751-2409.2011.01029.x)
- Radford, L.. & Hester, M. (2006). *Mothering through domestic violence*. London: Jessica Kingsley.
- Ragavan, M., Iyengar, K., Wurtz, R. (2015). Perceptions of options available for victims of

- physical intimate partner violence in Northern India. *Violence Against Women*, 21(5), 652-675. doi: 10.1177/107780121557333
- Ragusa, A. (2013). Rural Australian women's legal help seeking for intimate partner violence: Women intimate partner violence victim survivors' perceptions of criminal justice support.services. *Journal of Interpersonal Violence*, 28(4), 685-717. doi:10.1177/0886260512455864
- Rajah, V. (2007). Resistance as edgework in violent intimate relationships of drug -involved women. *British Journal of Criminology*, 47(2), 196-213. doi: 10.1093/bjc/azl064.
- Rasool, S. (2013). Re-constructing discourses of love to facilitate help-seeking after woman abuse. *Agenda*, 27(2), 56-64. doi:10.1080/10130950.2013.807041
- Reed, E., Donta, B., Dasgupta, A., Ghule, M., Battala, M., Nair, S., . . . Raj, A. (2015). Household debt and relation to intimate partner violence and husbands' attitudes toward gender norms: A study among young married couples in rural Maharashtra, India. *Public Health Reports*, 130(6), 664-671. doi:10.1177/003335491513000616
- Rees, S., Silove, D., Chey, T., & et al. (2011). Lifetime prevalence of gender-based violence in women and the relationship with mental disorders and psychosocial function. *JAMA*, 306(5), 513-521. doi:10.1001/jama.2011.1098
- Rehema, M., & Prisca, K. (2016). The causes of intimate partner violence in Babati District. *International Journal of Innovation and Applied Studies*, 17(4), 1400-1406.
- Reich, C., Jones, J., Woodward, M., Blackwell, N., Lindsey, L., Beck, G. (2015). Does self-blame moderate psychological adjustment following intimate partner violence? *Journal of Interpersonal Violence*, 30(9), 1493-1510. doi:10.1177/0886260514540800
- Reidy, D. E., Berke, D. S., Gentile, B., & Zeichner, A. (2014). Man enough? Masculine discrepancy stress and intimate partner violence. *Personality and Individual Differences*, 68, 160-164. doi:10.1016/j.paid.2014.04.021
- Renner, L. (2006). Intimate partner violence and child maltreatment: Understanding intra-and intergenerational connections. *Child Abuse & Neglect*, 30(6), 599-617.
- Reyes, A., Andrusyszyn, M., Iwasiw, C., Forchuk, C., Babenko-Mould,Y. (2015). Nursing students' understanding and enactment of resilience: a grounded theory study. *Journal of Advanced Nursing*, 71(11), 2622-2633. doi: 10.1111/jan.12730.
- Reynolds, L, Herman-Kinney, N. (2003). *Handbook of symbolic interactionism*. Oxford: AltaMira Press.
- Rhatigan, D., & Axsom, D. (2006). Using the Investment Model to Understand Battered Women's Commitment to Abusive Relationships. *Journal of Family Violence*, 21(2), 153-162. doi:10.1007/s10896-005-9013-z
- Rhatigan, D. L. (2005). The impact of intimate partner violence on decisions to leave dating relationships: A test of the investment model. *Journal of interpersonal violence*, 20(12), 1580-1597.
- Rhatigan, D. L. (2006). Using the investment model to understand battered women's commitment to abusive relationships. *Journal of Family Violence*, 21(2), 153-162.

- Richards, L. (1999). *Using NVivo in qualitative research*. London: Sage Publications.
- Richters, J., Fitzadam, S., Yeung, A., Caruana, T., Rissel, C., Simpson, J. M., & de Visser, R. O. (2016). Contraceptive practices among women: the second Australian study of health and relationships. *Contraception*, 94(5), 548-555.
doi:<http://dx.doi.org/10.1016/j.contraception.2016.06.016>
- Rivara, F., Anderson, M., Fishman, P., Bonomi, A., Reid, R., Carrell, D., Thompson, R. (2007). Healthcare utilization and costs for women with a history of intimate partner violence. *American Journal of Preventive Medicine*, 32(2), 89-96.
doi:[10.1016/j.amepre.2006.10.001](https://doi.org/10.1016/j.amepre.2006.10.001)
- Rivas, C., Kelly, M., Feder, G. (2013). Drawing the line: How African, Caribbean and white British women live out psychologically abusive experiences. *Violence Against Women*, 19(9), 1104-1132. doi:[10.1177/1077801213501842](https://doi.org/10.1177/1077801213501842)
- Rizo, C., Givens, A., Lombardi, B. (2017). A systematic review of coping among heterosexual female IPV survivors in the United States with a focus on the conceptualization and measurement of coping. *Aggression and Violent Behavior*, 34, 35-50. doi: [10.1016/j.avb.2017.03.006](https://doi.org/10.1016/j.avb.2017.03.006)
- Rizo, C., Macy, R. (2011). Help seeking and barriers of Hispanic partner violence survivors: A systematic review of the literature. *Aggression and Violent Behavior*, 16(3), 250-264.
doi:<http://dx.doi.org/10.1016/j.avb.2011.03.004>
- Roberto, K., McPherson, M., Brossoie, N. (2013). Intimate partner violence in late life: A review of the empirical literature. *Violence Against Women*, 19(12), 1538-1558.
doi:[10.1177/1077801213517564](https://doi.org/10.1177/1077801213517564)
- Roelens, K., Verstraelen, H., Van Egmond, K., Temmerman, M. (2008). Disclosure and health-seeking behaviour following intimate partner violence before and during pregnancy in Flanders, Belgium: A survey surveillance study. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 137(1), 37-42.
doi:<http://dx.doi.org/10.1016/j.ejogrb.2007.04.013>
- Roepke, A., Seligman, M. (2015). Doors opening: A mechanism for growth after adversity. *Journal of Positive Psychology*, 10(2), 107-115. doi: [10.1080/17439760.2014.913669](https://doi.org/10.1080/17439760.2014.913669)
- Romito, P., Grassi, M. (2007). Does violence affect one gender more than the other? The mental health impact of violence among male and female university students. *Social Science & Medicine*, 65(6), 1222-1234. doi:[10.1016/j.socscimed.2007.05.017](https://doi.org/10.1016/j.socscimed.2007.05.017)
- Romito, P., Molzan Turan, J., De Marchi, M. (2005). The impact of current and past interpersonal violence on women's mental health. *Social Science & Medicine*, 60(8), 1717-1727. doi:<http://dx.doi.org/10.1016/j.socscimed.2004.08.026>
- Ross, R., Saenyakul, P., & Kleman, C. (2015). A path analysis of intimate partner violence, depression, and the quality of life among Thai women. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 44, S57-S57. doi:[10.1111/1552-6909.12627](https://doi.org/10.1111/1552-6909.12627)
- Rossetto, K., Manning, J., Kunkel, A. (2014). Qualitative research interviews. *Journal of Social and Personal Relationships*, 31(4), 482-489. doi: [10.1177/0265407514522892](https://doi.org/10.1177/0265407514522892)

- Rudy, R., Popova, L., Linz, D. (2010). The context of current content analysis of gender roles: An introduction to a special issue. *A Journal of Research*, 62(11), 705-720. doi:10.1007/s11199-010-9807-1
- Ruiz-Pérez, I., Plazaola-Castano, J., Del Rio-Lozano, M. (2006). How do women in Spain deal with an abusive relationship? *Journal of Epidemiology and Community Health*, 60(8), 706. doi: 10.1136/jech.2005.041624
- Rusbult, C. E. (1980). Commitment and satisfaction in romantic associations: A test of the investment model. *Journal of Experimental Social Psychology*, 16(2), 172-186. doi:10.1016/0022-1031(80)90007-4
- Rusbult, C. E., & Martz, J. M. (1995). Remaining in an Abusive Relationship: An Investment Model Analysis of Nonvoluntary Dependence. *Personality and Social Psychology Bulletin*, 21(6), 558-571.
- Ryan, M. K., David, B., & Reynolds, K. J. (2004). Who Cares? The Effect of Gender and Context on the Self and Moral Reasoning. *Psychology of Women Quarterly*, 28(3), 246-255. doi:10.1111/j.1471-6402.2004.00142.x
- Saha, S., Chung, M., Thorne, L. (2011). A narrative exploration of the sense of self of women recovering from childhood sexual abuse. *Counselling Psychology Quarterly*, 24(2), 101-113. doi: 10.1080/09515070.2011.586414
- Salazar, M., Goicolea, I., Ohman, A. (2016). Respectable, disreputable, or rightful? Young Nicaraguan women's discourses on femininity, intimate partner violence, and sexual abuse: A grounded theory situational analysis. *Journal of Aggression, Maltreatment & Trauma*, 25(3), 315-332. doi: 10.1080/10926771.2015.1081662
- Salazar, M., Högberg, U., Valladares, E., Öhman, A. (2012). The supportive process for ending intimate partner violence after pregnancy: The experience of Nicaraguan women. *Violence Against Women*, 18(11), 1257-1278. doi:10.1177/1077801212470549
- Salazar, M., Öhman, A. (2015). Negotiating masculinity, violence, and responsibility: A situational analysis of young Nicaraguan men's discourses on intimate partner and sexual violence. *Journal of Aggression, Maltreatment & Trauma*, 24(2), 131-149. doi:10.1080/10926771.2015.1002652
- Sanchez-Lorente, S., Blasco-Ros, C., Martinez, M. (2012). Factors that contribute or impede the physical health recovery of women exposed to intimate partner violence: A longitudinal study. *Women's Health Issues*, 22(5), 491-500. doi:10.1016/j.whi.2012.07.003
- Sanchez, S., Qiu, C., Perales, M., Lam, N., Garcia, P., Williams, M. (2008). Intimate partner violence (IPV) and preeclampsia among Peruvian women. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 137(1), 50-55. doi:<http://dx.doi.org/10.1016/j.ejogrb.2007.05.013>
- Sandelowski, M. (2011). Parallelism in constant comparison analysis. *Research in Nursing & Health*, 34(6), 433-434. doi: 10.1002/nur.20455.

- Sanders, C. (2015). Economic abuse in the lives of women abused by an intimate partner: A qualitative study. *Violence Against Women*, 21(1), 3-29.
doi:10.1177/1077801214564167
- Sanjel, S. (2013). Gender-Based Violence: A Crucial Challenge for Public Health. *Kathmandu University Medical Journal*, 11, 179-184.
- Sayem, A., Begum, H., Moneesha, S. (2015). Women's attitudes towards formal and informal support-seeking coping strategies against intimate partner violence. *International Social Work*, 58(2), 270-286. doi:10.1177/0020872813482957
- Sbaraini, A., Carter, S., Evans, W., Blinkhorn, A. (2011). How to do a grounded theory study: a worked example of a study of dental practices. *BMC Medical Research Methodology*, 11, 128. doi: 10.1186/1471-2288-11-128.
- Scarduzio, J. A., Carlyle, K. E., Harris, K. L., & Savage, M. W. (2017). "Maybe She Was Provoked". *Violence Against Women*, 23(1), 89-113. doi:10.1177/1077801216636240
- Scheffer Lindgren, M., Renck, B. (2008). Intimate partner violence and the leaving process: Interviews with abused women. *International Journal of Qualitative Studies on Health and Well-being*, 3(2), 113-124. doi:10.1080/17482620801945805
- Schober, T., Winter-Ebmer, R. (2011). Gender wage inequality and economic growth: Is there really a puzzle? —A comment. *World Development*, 39(8), 1476-1484.
doi:<http://dx.doi.org/10.1016/j.worlddev.2011.05.001>
- Schreiber, R., Hartrick, G. (2002). Keeping it together: how women use the biomedical explanatory model to manage the stigma of depression. *Issues in Mental Health Nursing*, 23(2), 91-105. doi: 10.1080/016128402753542749
- Schuler, S., Nazneen, S. (2018). Does intimate partner violence decline as women's empowerment becomes normative? Perspectives of Bangladeshi women. *World Development*, 101, 284-292. doi: 10.1016/j.worlddev.2017.09.005
- Schwartz, M. (2005). The past and the future of violence against women. *Journal of Interpersonal Violence*, 20(1), 7-11. doi:10.1177/0886260504268087
- Secco, L., Letourneau, N., & Collins, E. (2016). 'My eyes were open': awakened maternal identity and leaving violent relationships for the infant/children. *Journal of Family Violence*, 31(5), 639-645. doi:10.1007/s10896-016-9799-x
- Seligman, M. E., & Maier, S. F. (1967). Failure to escape traumatic shock. *Journal of Experimental Psychology*, 74(1), 1-9. doi:10.1037/h0024514
- Seligman, M. E. P. (1975). *Helplessness: on depression, development and death*. San Francisco: Freeman.
- Senter, K., Caldwell, K. (2002). Spirituality and the maintenance of change: A phenomenological study of women who leave abusive relationships. *Contemporary Family Therapy*, 24(4), 543-564. doi: 10.1023/A:1021269028756
- Shanthakumari, S., Chandra, P., Riazantseva, E., Stewart, D. (2014). 'Difficulties come to humans and not trees, and they need to be faced': A study on resilience among Indian women experiencing intimate partner violence. *International Journal of Social*

- Psychiatry*, 60(7), 703-710. doi:10.1177/0020764013513440
- Shurman, L. (2006). Cognitive-affective predictors of women's readiness to end domestic violence relationships. *Journal of Interpersonal Violence*, 21(11), 1417-1439. doi:10.1177/0886260506292993
- Silverman, D. (2016). *Qualitative research*. London: SAGE Publications.
- Simmons, C., Farrar, M., Frazer, K., Thompson, M. (2011). From the voices of women: Facilitating survivor access to IPV services. *Violence Against Women*, 17(10), 1226-1243. doi: 10.1177/1077801211424476
- Šimonović, D.(2014). Global and regional standards on violence against women: The evolution and synergy of the CEDAW and Istanbul conventions, *Human Rights Quarterly*,36, 590-606.doi: 10.1353/hrq.2014.0040
- Smith, M. (2003). Recovery from intimate partner violence: A difficult journey. *Issues in Mental Health Nursing*, 24(5), 543-573. doi:10.1016/j.whi.2010.11.003
- Song, L. (2012). Service utilization, perceived changes of self, and life satisfaction among women who experienced intimate partner abuse: the mediation effect of empowerment. *Journal of Interpersonal Violence*, 27(6), 1112-1136. doi:10.1177/0886260511424495
- Sprecher, S. (1987). The effects of self-disclosure given and received on affection for an intimate partner and stability of the relationship. *Journal of Social and Personal Relationships*, 4(2), 115-127. doi:10.1177/0265407587042001
- Stark, E. (2007). *Coercive control: How men entrap women in personal life*. Oxford: Oxford University Press.
- Stebbins, R. (2014). *The longitudinal process of grounded theory development: a case study in leisure research*. London: SAGE Publications.
- Stephenson, R., Koenig, M., Ahmed, S. (2006). Domestic violence and symptoms of gynecologic morbidity among women in North India. *International Family Planning Perspectives*, 32(4), 201-208.
- Stöckl, H., Devries, K., Watts, C., Rotstein, A., Abrahams, N., Campbell, J., Moreno, C. (2013). The global prevalence of intimate partner homicide: A systematic review. *The Lancet*, 382(9895), 859-865. doi:10.1016/S0140-6736(13)61030-2
- Stork, E. (2008). Understanding high-hstakes decision making: Constructing a model of the decision to seek shelter from intimate partner violence. *Journal of Feminist Family Therapy*, 20(4), 299-327.
- Strauss, A. (1987). *Qualitative analysis for social scientists*. Cambridge: Cambridge University Press
- Strauss, A., Corbin, J. (1994). *Grounded Theory Methodology—An Overview*. London: SAGE Publications.
- Strauss, A., Corbin, J. (1990). *Basics of qualitative research: grounded theory procedures and techniques*. California: Sage Publications.
- Strid, S., Walby, S., Armstrong, J. (2013). Intersectionality and multiple inequalities: Visibility

- in British policy on violence against women. *Social Politics: International Studies in Gender, State & Society*, 46(2), 224-240. doi:10.1093/sp/jxt019
- Stronach, I., Garratt, D., Pearce, C., Piper, H. (2007) Reflexivity, the picturing of selves, the forging of method. *Qualitative Inquiry*, 13(2), 179-203. doi: 10.1177/1077800406295476
- Sullivan, T., Schroeder, J., Dudley, D., Dixon, J. (2010). Do differing types of victimization and coping strategies influence the type of social reactions experienced by current victims of intimate partner violence? *Violence Against Women*, 16(6), 638-657. doi:10.1177/1077801210370027
- Suri, H. (2011). Purposeful sampling in qualitative research synthesis. *Qualitative Research Journal*, 11(2), 63-75.
- Sutherland, M., Fantasia, H., Adkison, L. (2014). Sexual health and dissociative experiences among abused women. *Issues in Mental Health Nursing*, 35(1), 41-49. doi:10.3109/01612840.2013.836727
- Swanberg, J., Macke, C., & Logan, T. K. (2007). Working women making it work: intimate partner violence, employment, and workplace support. *Journal of Interpersonal Violence*, 22(3), 292-311. doi:10.1177/0886260506295387
- Taft, C., Bryant-Davis, T., Woodward, H., Tillman, S., Torres, S. (2009). Intimate partner violence against African American women: An examination of the socio-cultural context. *Aggression and Violent Behavior*, 14(1), 50-58. doi:<http://dx.doi.org/10.1016/j.avb.2008.10.001>
- Tang, A., Wang, H. (2014). Navigating the domestic violence protection law by Vietnamese immigrant wives in Taiwan. *Affilia*, 29(3), 272-284. doi:10.1177/0886109913519792
- Taylor, J. (2004). Moving from surviving to thriving: African American women recovering from intimate male partner abuse. *Research and Theory for Nursing Practice*, 18(1), 35-50. doi: 10.1891/rtnp.18.1.35.28056
- Thaller, J., & Messing, J. T. (2016). Reproductive Coercion by an Intimate Partner: Occurrence, Associations, and Interference with Sexual Health Decision Making. *Health & Social Work*, 41(1), e11-e19. doi:10.1093/hsw/hlv083
- Thompson, R., Arnkoff, D., Glass, C. (2011). Conceptualizing mindfulness and acceptance as components of psychological resilience to trauma. *Trauma, Violence & Abuse*, 12(4), 220. doi: 10.1177/1524838011416375
- Ting, L. (2010). Out of Africa: Coping strategies of African immigrant women survivors of intimate partner violence. *Health Care for Women International*, 31(4), 345-364. doi:10.1080/07399330903348741
- Ting, L., Panchanadeswaran, S. (2009). Barriers to help-seeking among immigrant African women survivors of partner abuse: listening to women's own voices. *Journal of Aggression, Maltreatment & Trauma*, 18(8), 817-838. doi:10.1080/10926770903291795
- Turner, S. F., & Shapiro, C. H. (1986). Battered women: Mourning the death of a

- relationship. *Social Work*, 31(5), 372-376. doi:10.1093/sw/31.5.372
- Ulloa, E., Dyson, R., Wynes, D. (2012). Inter-partner violence in the context of gangs: A review. *Aggression and Violent Behavior*, 17(5), 397-404.
doi:<http://dx.doi.org/10.1016/j.avb.2012.05.001>
- United Nations Entity for Gender Equality and the Empowerment of Women. (2017). *Ending violence against women*. Retrieved from <http://www.unwomen.org/en/what-we-do/ending-violence-against-women>
- United Nations Entity for Gender Equality and the Empowerment of Women. (2013). *Ending violence against women and girls*. Retrieved from http://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2013/12/un%20women%20evaw-thembrief_us-web-rev9%20pdf.pdf?la=en
- United Nations Entity for Gender Equality and the Empowerment of Women. (2011). *Progress of the World's Women: In Pursuit of Justice*. Retrieved from <http://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2011/progressoftheworldswomen-2011-en.pdf?la=en&vs=2835>
- United Nations Entity for Gender Equality and the Empowerment of Women. (1979). *Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)*. Retrieved from <http://www.un.org/womenwatch/daw/cedaw/text/econvention.htm#intro>
- United Nations General Assembly. (1993). *Declaration on the Elimination of Violence against Women Resolution 48/104*. Retrieved from <http://www.un.org/documents/ga/res/48/a48r104.htm>
- Usborne, E., & Taylor, D. M. (2010). The role of cultural identity clarity for self-concept clarity, self-esteem, and subjective well-being. *Personality & Social Psychology Bulletin*, 36(7), 883. doi:10.1177/0146167210372215
- Valdez, C., Lilly, M. (2015). Posttraumatic growth in survivors of intimate partner violence: An assumptive world process. *Journal of Interpersonal Violence*, 30(2), 215-231.
doi:10.1177/0886260514533154
- Valdez, C., Lim, B., Lilly, M. (2013). "It's going to make the whole tower crooked": Victimization trajectories in IPV. *Journal of Family Violence*, 28(2), 131-140.
doi:10.1007/s10896-012-9476-7
- Valdez, C. E., Lilly, M. M., & Sandberg, D. A. (2012). Gender differences in attitudinal acceptance of intimate partner violence perpetration under attachment-relevant contexts. *Violence and Victims*, 27(2), 229.
- Van Lange, P. A. M., Agnew, C. R., Harinck, F., & Steemers, G. E. M. (1997). From Game Theory to Real Life: How Social Value Orientation Affects Willingness to Sacrifice in Ongoing Close Relationships. *Journal of Personality and Social Psychology*, 73(6), 1330-1344. doi:10.1037/0022-3514.73.6.1330
- van Schalkwyk, S., Boonzaier, F., Gobodo-Madikizela, P. (2014). 'Selves' in contradiction:

- Power and powerlessness in South African shelter residents' narratives of leaving abusive heterosexual relationships. *Feminism & Psychology*, 24(3), 314-331. doi: 10.1177/0959353513514245
- Varcoe, C., Hankivsky, O., Ford-Gilboe, M., Wuest, J., Wilk, P., Hammerton, J., Campbell, J. (2011). Attributing selected costs to intimate partner violence in a sample of women who have left abusive partners: A social determinants of health approach. *Canadian Public Policy*, 37(3), 359-380. doi:
- Vatnar, S., Bjørkly, S. (2014). An interactional perspective on coping with intimate partner violence: counterattack, call for help, or give in and obey him? *Journal of Aggression, Maltreatment & Trauma*, 23(9), 881-900. doi:10.1080/10926771.2014.953716
- Verwey-Jonker Institute. (2015). *Restorative justice in cases of domestic violence: Best practice examples between increasing mutual understanding and awareness of specific protection needs*. Retrieved from http://www.euforumrj.org/wp-content/uploads/2015/02/150216_7388_RJ_Comparative_rep_WS1_final_AW.pdf
- Villanueva Sainz-Pardo, P. (2014). Women and children versus domestic violence. Legal reflections, needs and challenges in Spain today. *The International Journal of Human Rights*, 18(6), 660-713. doi:10.1080/13642987.2014.944812
- Vives-Cases, C., Gil-González, D., Carrasco-Portiño, M. (2009). Verbal marital conflict and male domination in the family as risk factors of intimate partner violence. *Trauma, Violence, & Abuse*, 10(2), 171-180. doi: 10.1177/1524838008331193.
- Vives-Cases, C., Ruiz-Cantero, M., Escriba-Aguir, V., Miralles, J. (2011). The effect of intimate partner violence and other forms of violence against women on health. *Journal of Public Health*, 33(1), 15-21. doi:10.1093/pubmed/fdq101
- Vos, T., Astbury, J., Piers, L., Magnus, A., Heenan, M., Stanley, L., Walker, L., Webster, K. (2006). Measuring the impact of intimate partner violence on the health of women in Victoria, Australia. *Bulletin of the World Health Organization*, 84(9), 739-744. doi:Ref. No. 06-030411
- Vung, N., Ostergren, P., Krantz, G. (2009). Intimate partner violence against women, health effects and health care seeking in rural Vietnam. *The European Journal of Public Health*, 19(2), 178-182. doi:10.1093/eurpub/ckn136
- Wahed, T., & Bhuiya, A. (2007). Battered bodies & shattered minds: Violence against women in Bangladesh. *Indian Journal of Medical Research*, 126(4), 341-354.
- Waldrop, A., Resick, P. (2004). Coping among adult female victims of domestic violence. *Journal of Family Violence*, 19(5), 291-302.
doi:10.1023/B:JOFV.0000042079.91846.68
- Walker, L. (2009). *The Battered Woman Syndrome* (3 ed.). New York: Springer Publishing Company.
- Walker, L. E. A. (1987). Inadequacies of the Masochistic Personality Disorder Diagnosis for Women. *Journal of Personality Disorders*, 1(2), 183-189.
doi:<http://dx.doi.org/10.1521/pedi.1987.1.2.183>

- Watkins, L., Jaffe, A., Hoffman, L., Gratz, K., Messman-Moore, T., Dilillo, D. (2014). *Journal of Family Psychology*, 28(5), 655-665. doi: 10.1037/fam0000018
- Watts, C., Zimmerman, C. (2002). Violence against women: Global scope and magnitude. *The Lancet*, 359(9313), 1232-1237. doi:[http://dx.doi.org/10.1016/S0140-6736\(02\)08221-1](http://dx.doi.org/10.1016/S0140-6736(02)08221-1)
- Weiss, N., Dixon-Gordon, K., Duke, A., Sullivan, T. (2015). The underlying role of posttraumatic stress disorder symptoms in the association between intimate partner violence and deliberate self-harm among African American women. *Comprehensive Psychiatry*, 59, 8-16. doi:[10.1016/j.comppsych.2014.05.018](https://doi.org/10.1016/j.comppsych.2014.05.018)
- Weiss, T. (2014). Personal transformation: Posttraumatic growth and gerotranscendence. *Journal of Humanistic Psychology*, 54(2), 203-226. doi:[10.1177/0022167813492388](https://doi.org/10.1177/0022167813492388)
- Willig, C. (2013). *Introducing qualitative research in psychology*. Maidenhead: McGraw-Hill Education.
- Woodiwiss, J. (2013). Bridging the gap between past and present: Childhood sexual abuse, recovery and the contradictory self. *Women's Studies International Forum*, 38,135.
- Wong, J., Tiware, A., Fong, D., Bullock, L. (2016). A cross-cultural understanding of depression among abused women. *Violence Against Women*, 22(11), 1371-1396.doi: 10.1177/1077801215624791
- World Health Organisation. (2016). *Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children*. Retrieved from <http://www.who.int/reproductivehealth/publications/violence/global-plan-of-action/en/>
- World Health Organisation. (2014a). *The global status report on violence prevention 2014*. Retrieved from: http://www.who.int/violence_injury_prevention/violence/status_report/2014/en/
- World Health Organisation. (2014b). Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children. Retrieved from http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_ACONF1Rev1-en.pdf
- World Health Organisation. (2013). Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. Retrieved from <http://www.who.int/reproductivehealth/publications/violence/9789241548595/en/>
- World Health Organisation. (2012). Understanding and addressing violence against women - Intimate partner violence. Retrieved from http://www.who.int/reproductivehealth/topics/violence/vaw_series/en/
- World Health Organisation. (2006). *Constitution of the WHO*. Retrieved from http://www.who.int/governance/eb/who_constitution_en.pdf
- World Health Organisation. (2005). *WHO multi-country study on women's health and domestic violence against women*. Retrieved from <http://www.who.int/reproductivehealth/publications/violence/24159358X/en/>

- World Health Organisation. (2002). *World report on violence and health*. Retrieved from http://apps.who.int/iris/bitstream/10665/42495/1/9241545615_eng.pdf
- Wigginton, B., Harris, M. L., Loxton, D., Herbert, D., & Lucke, J. (2015). The feminisation of contraceptive use: Australian women's accounts of accessing contraception. *Feminism & Psychology*, 25(2), 178-198. doi:10.1177/0959353514562802
- Witte, T., Schroeder, D., Lohr, J. (2006). Blame for intimate partner violence: An attributional analysis *Journal of Social and Clinical Psychology*, 25(6), 647-667. doi:10.1521/jscp.2006.25.6.647
- Wojciszke, B., & Abele, A. E. (2008). The primacy of communion over agency and its reversals in evaluations. *European Journal of Social Psychology*, 38(7), 1139-1147. doi:10.1002/ejsp.549
- Wolford-Clevenger, C., & Smith, P. N. (2017). The conditional indirect effects of suicide attempt history and psychiatric symptoms on the association between intimate partner violence and suicide ideation. *Personality and Individual Differences*, 106, 46-51. doi:<http://dx.doi.org/10.1016/j.paid.2016.10.042>
- Wong, J., Fong, D., Lai, V., Tiwari, A. (2014). Bridging intimate partner violence and the human brain. *Trauma, Violence, & Abuse*, 15(1), 22-33. doi:10.1177/1524838013496333
- Wong, J., Mellor, D. (2014). Intimate partner violence and women's health and wellbeing: Impacts, risk factors and responses. *Contemporary Nurse*, 46(2), 170-179. doi:<http://dx.doi.org/10.5172/conu.2014.46.2.170>
- Wong, J., Tiwari, A., Fong, D., Humphreys, J., & Bullock, L. (2011). Depression among women experiencing intimate partner violence in a Chinese community. *Nursing Research*, 60(1), 58. doi:10.1097/NNR.0b013e3182002a7c
- Woods, S., Hall, R., Campbell, J., Angott, D. (2008). Physical health and posttraumatic stress disorder symptoms in women experiencing intimate partner violence. *Journal of Midwifery & Women's Health*, 53(6), 538-546. doi:10.1016/j.jmwh.2008.07.004
- Wu, Y., Button, D., Smolter, N., Poteyeva, M. (2013). Public responses to intimate partner violence: Comparing preferences of Chinese and American college students. *Violence and Victims*, 28(2), 303-323. doi:<http://dx.doi.org/10.1891/0886-6708.VV-D-12-00001>
- Wuest, J., Ford-Gilboe, M., Merritt-Gray, M., Wilk, P., Campbell, J., Lent, B., Varcoe, C., Smye, V. (2010). Pathways of chronic pain in survivors of intimate partner violence. *Journal of Women's Health*, 19(9), 1665-1674. doi:10.1089/jwh.2009.1856
- Wuest, J., Merritt-Gray, M. (2008). A theoretical understanding of abusive intimate partner relationships that become non-violent: Shifting the pattern of abusive control. *Journal of Family Violence*, 23(4), 281-293. doi:10.1007/s10896-008-9155-x
- Wuest, J., Merritt-Gray, M., Ford-Gilboe, M., Lent, B., Varcoe, C., Campbell, J. (2008). Chronic pain in women survivors of intimate partner violence. *The Journal of Pain*, 9(11), 1049-1057. doi:10.1016/j.jpain.2008.06.009
- Wuest, J., Merritt-Gray, M. (2001). Beyond survival: Reclaiming self after leaving an abusive

- male partner. *Canadian Journal of Nursing Research*, 32(4), 79-94.
doi:10.1111/j.1365-2702.2004.01073.x
- Yamawaki, N., Ochoa-Shipp, M., Pulsipher, C., Harlos, A., Swindler, S. (2012). Perceptions of domestic violence: The effects of domestic violence myths, victim's relationship with her abuser, and the decision to return to her abuser. *Journal of Interpersonal Violence*, 27(16), 3195-3212. doi:10.1177/0886260512441253
- Yan, E., Chan, K. (2012). Prevalence and correlates of intimate partner violence among older Chinese couples in Hong Kong. *International Psychogeriatrics*, 24(9), 1437-1446. doi:<http://dx.doi.org/10.1017/S1041610212000294>
- Yang, L., Kleinman, A., Link, B., Phelan, J., Lee, S., Good, B. (2007). Culture and stigma: Adding moral experience to stigma theory. *Social Science & Medicine*, 64(7), 1524-1535. doi:<http://dx.doi.org/10.1016/j.socscimed.2006.11.013>
- Young, G. (1991). New psychoanalytic perspectives on masochism and spouse abuse. *Psychotherapy: theory, research and practice*, 28(1), 30-38.
- Yount, K. (2011). Women's conformity as resistance to intimate partner violence in Assiut, Egypt. *Sex Roles*, 64(1-2), 43-58. doi:10.1007/s11199-010-9884-1
- Yount, K., Miedema, S., Martin, C., Crandall, A., & Naved, R. (2016). Men's coercive control, partner violence perpetration, and life satisfaction in Bangladesh. *Sex Roles*, 74(9), 450-463. doi:10.1007/s11199-016-0584-3
- Yragui, N. L., Mankowski, E. S., Perrin, N. A., & Glass, N. E. (2012). Dimensions of support among abused women in the workplace. *American Journal of Community Psychology*, 49(1-2), 31-42. doi:10.1007/s10464-011-9433-2
- Zakar, R., Zakar, M., Kraemer, A. (2012). Voices of strength and struggle: Women's coping strategies against spousal violence in Pakistan. *Journal of Interpersonal Violence*, 27(16), 3268-3298. doi:10.1177/0886260512441257
- Zakar, R., Zakar, M., Kraemer, A. (2013). Men's beliefs and attitudes toward intimate partner violence against women in Pakistan. *Violence Against Women*.
doi:10.1177/1077801213478028
- Zink, T., Regan, S., Jacobson, J., Pabst, S. (2003). Cohort, period, and aging effects: a qualitative study of older women's reasons for remaining in abusive relationships. *Violence Against Women*, 9(12), 1429-1441. doi:10.1177/1077801203259231
- Zosky, D. (2011). A matter of life and death: The voices of domestic violence survivors. *Affilia*, 26(2), 201-212. doi: 10.1177/0886109911405494
- Zufferey, C., Chung, D., Franzway, S., Wendt, S., & Moulding, N. (2016). Intimate partner violence and housing. *Affilia*, 31(4), 463-478. doi:10.1177/0886109915626213

Every reasonable effort has been made to acknowledge the owners of copyright material. I would be pleased to hear from any copyright owner who has been omitted or incorrectly acknowledged.

Appendix A

Information Sheet for Participants

My name is Simonetta Cavilli. I am currently undertaking this research for my PhD at Curtin University through the School of Public Health: Department of Sexology.

My topic is: *The reconstruction of self following IPV*

Research in intimate partner abuse and violence (IPV) has focused on factors related to a woman's decision to leave or stay and the processes involved in arriving at that decision. However, studies on IPV have seldom ventured beyond the point of physical separation and little is known about the experience of women who have permanently left their abusive partners. My research will focus on these women and their coping strategies and extend the concept of leaving as a process to include the aftermath of separation and the psychological, emotional and physical well-being of the women as she constructs her self-identity.

In order to accomplish this research, I will be interviewing English-speaking Australian women who are older than 18 years of age, who have been married or have lived with an abusive male partner for greater than 1 year and had ended the relationship at least 18 months prior to being interviewed. The interviews will be approximately 60- 90 minutes long and each woman will be interviewed twice to consider further issues raised and for me to collate all information to acquire a greater comprehension of this topic.

I will be recording and subsequently transcribing all interviews in order to best achieve use of the information that you provide. Only my supervisors and I will have access to this confidential information and transcripts will be stored in a password protected software file for the length of the analysis. The transcripts will be coded and no identifiable information will be seen by supervisors in the final writing of the thesis. Following which, the transcripts will be placed in secure storage at Curtin University and permanently destroyed after 5 years. **Addendum:** *All recordings will be erased immediately following transcription of interviews.*

This research has been approved by the Curtin University Ethics Committee.

I acknowledge your personal obligations and limited availability however your participation in this research will be greatly appreciated. Nevertheless, your participation is voluntary and therefore you have the right to withdraw at any time during the research without consequence.

My email is: simonetta.cavilli@postgrad.curtin.edu.au

The contact details for my supervisor are:

Dr Gareth Merriman – Forensic Sexologist/Psychologist
Telephone: 08 9266 3707 (Work)/ 0419 196 779 (Mobile)
Email: G.Merriman@curtin.edu.au

You are welcome to contact me or my supervisor at any time should you choose to do so.

I greatly appreciate your consideration to be involved in this research and hope you decide to participate.

Please retain this document for your information.

Appendix B

Informed Consent Form

Title of Research: *Beyond Survivor: The reconstruction of self following IPV*

Researcher: *Simone Cavilli*

I _____ have read and understood all the information related to this research. I acknowledge the identity of the researcher; the issues being examined and the reasons initiating this research.

Furthermore, I understand I will be interviewed and be asked to share my personal experiences and understanding of the issues being researched. Additionally, I understand that there will be 2 interviews and that each interview will be approximately 60-90 minutes in length.

I realise that this research has been approved by Curtin University Ethics Committee, that my participation is voluntary and that I am permitted to withdraw at any time. I accept that all communication in my interview to be voice recorded, transcribed and kept on a protected software file for 5 years and after such time, the file will be permanently destroyed. I also acknowledge that any data that could identify me will be removed from the final report or any publications pertaining to the research.

I understand that I am permitted to contact either the researcher or the supervisor should I choose to do so.

Therefore, I agree to participate in this research.

Name: _____

Signature: _____ Date: _____

Witnessed by:

Researcher: _____

Signature: _____ Date: _____

Appendix C

List of counselling/support services to be given to all participants

A selection of organisations in Perth that provide personal and relationship counselling.

Women's Council for Domestic and Family Violence Services (WA)

PO Box 8437

Perth Business Centre WA 6849

Ph: (08) 9420 7264

<http://www.womenscouncil.com.au/>

Centre Care

Professional counselling, support and family dispute resolution

456 Hay Street

Perth WA 6000

Ph: (08) 9325 6644

<http://www.centrecare.com.au/>

The Patricia Giles Centre

Counselling for women and children affected by domestic violence

Ph: (08) 9300 0340

http://www.patgilescentre.org.au/domestic_violence.htm

Roe St Centre for Human Relationships

70 Roe St

Northbridge WA 6003

Ph: (08) 9228 3693

<http://www.fpwa.org.au/services/roestreetcentre/>

Life Line

Life Line is a free counselling service for people in crisis needing urgent help with suicide prevention and mental health

Ph: 13 11 14

<http://www.lifeline.org.au/Home/default.aspx>

Crisis Care

Crisis Care is a free telephone information and counselling service for people in crisis needing urgent help within the Department for Child Protection

Freecall: 1800 199 008

<http://www.community.wa.gov.au/DCP/>

Family Help Line

The Family Helpline is a 24 - hour telephone counselling and information service for families

Freecall: 1800 643 000

http://www.health.wa.gov.au/services/detail.cfm?Unit_ID=2565

Appendix D

List of prompt questions/question themes to be addressed

1. Describe your current situation, with reference to where you are living, what your profession is, what you enjoy doing when you have free time.
This topic should evoke discussion of current self-image
2. Describe your life prior to the abusive relationship
This topic should address the issue of the woman's self-identity and any influences contributing to the construction of her own self prior to the abuse
3. Describe the violent/abusive relationship that you were in.
 - a. When do you think the abuse initially began?
 - b. What forms of abuse were you subjected to?
 - c. Describe the initial phases of the relationship, what attracted you to your ex-partner
 - d. What coping mechanisms/strategies did you engage to cope with your experience
 - e. What triggered your decision to leave?
This topic should stimulate discussion about important influences during the relationship and the ways which she thought/understood/justified the abuse/violence.
4. Describe your view of yourself within the relationship towards the abuse you endured
This topic should stimulate discussion about the woman's views of herself during the relationship and the justifications of the violence within the relationship
5. Describe why you feel your partner used malevolence toward you within the relationship
 - a. Was it of an emotional, physical and/or sexual nature?
 - b. Did it occur in the presence of others?
 - c. How did this impact your self-identity, esteem and efficacy?
 - d. Did/do you feel any responsibility for the abuse occurring?
This topic should stimulate discussion about the woman's justification for the abusive nature displayed by her partner and when/how it was displayed. Additionally, delineate the woman's culpability within the relationship and how the abuse impacted her sense of self and identity.
6. Describe how your relationships with others (friends/family/work colleagues) were impacted throughout the time you with your partner
 - a. Did you feel isolated from friends/family?
 - b. Did you feel you could discuss your situation with your friends/family?
 - c. Did you actually confide in others about your situation? Why/Why not?
 - d. What was the general response towards your relationship and your partner?
This topic should stimulate discussion about the woman's support network and if she felt her situation actually required assistance from external influences. Additionally, this topic addresses the theme of isolation/dominance within an abusive relationship
7. Describe how you finally permanently left the relationship, how you felt about yourself and your decision to leave
This topic should provide details on the actual physical leaving process that occurred when the woman had decided the permanently end the relationship and her own view of self throughout detachment.

8. Describe your life directly after separating from the abusive relationship
 - a. Did you consider returning/actually return to your abusive partner?
 - b. Who/what assisted you in coping through the experience of separating from your partner?
 - c. What were you wanting to achieve through departure/separating from your partner?
 - d. How did the separation/departure impact your view of self?

This topic should provide details on coping strategies/mechanisms that the woman exercised in order to holistically disengage from the abusive relationship and to delineate possible fragmentation of self.

9. Describe any other relationships that you have had since your departure from the abusive relationship

This topic should stimulate reflection upon the importance of other relationships in the reaching of homeostatic equilibrium

10. Throughout the relationship and post departure, were you aware of any public health interventions or strategies that could have assisted to a more thorough and constructive understanding of your situation/experience?

This topic should portray current attitudes concerning the effectiveness of public health communication/strategies aimed at assisting those who are experiencing/have experienced IPV and DV.

Appendix E

Participants and their pseudonyms

1	Brenda
2	Mel
3	Lily
4	Sue
5	Mary
6	Wendy
7	Zoe
8	Jill
9	Kate
10	Emily
11	Eva
12	Anna
13	Kelly
14	Sally
15	Annie
16	Olivia
17	Laura
18	Angela
19	Molly
20	Jan
21	Peta
22	Jenny
23	Jamie
24	Liz
25	Pam
26	Emma
27	Abby
28	Ally
29	Maddy

RESEARCH TODAY

2011 EDITION
7

A long road to recovery

PhD student seeks domestic violence victims for research, writes Peta Rasdien

They have made the momentous decision to leave a destructive relationship — but how do survivors of domestic violence rebuild their lives?

In the past, much research has focused on the factors involved in a woman's decision to leave or stay in a destructive relationship but less is known about the experiences of women who had permanently left violent partners.

It is on this area that Curtin University PhD student Simona Cavilli plans to focus in her research of intimate partner violence.

She will investigate how women have coped with the aftermath of leaving in the hope that her findings could help shape public health interventions and strategies.

Ms Cavilli said that regaining self-esteem and identity after extricating themselves from damaging relationships was a difficult task for many women.

"It's a slow process depending on the relationship and how long they were in it. It might take five or six years (to recover)," she said.

Women who had emerged from a violent relationship which did not involve children often chose to cut off all contact with their former partner. They relied heavily on a supportive network of family, friends and support agencies such as women's refuges.

Some chose not to pursue counselling but could then find issues re-emerging when they began a new relationship.

Women with children found that they had to rely heavily on support, especially when dealing with the legal ramifications of leaving a relationship.

Ms Cavilli said many women still failed to recognise that emotional, financial and psychological harm were all forms of domestic violence.

"One thing that is coming through loud and clear from the interviews conducted so far is that

women don't recognise intimate partner violence if they are not undergoing physical violence," Ms Cavilli said.

"It's just not in her psyche to say this is a violent relationship. It might be an unhappy relationship or a horrible person they are with but to her, it's certainly not

'Depending on the relationship and how long they were in it, it might take five or six years to recover.'

long for a destructive relationship to strip a woman of her self-esteem and her identity.

"A lot of people seem to be absolutely bewildered as to how a relationship can go from fantastic to terrible overnight and not understand where it fell apart. And they always blame themselves," she said.

Ms Cavilli will conduct a series of confidential interviews with volunteers to find out the strategies that women used to reclaim their self-esteem and identity.

About 30 women are required for the research. Volunteers need to be aged over 18, have been in a relationship with an abusive male partner for more than one year, and have been out of the relationship for more than 18 months.

Those interested in taking part can email simonetta.cavilli@postgrad.curtin.edu.au



Under attack: Domestic violence is not confined to physical harm.

domestic violence. Domestic violence is considered to be physical violence.

"Unless you are actually aware of what an intimate partner violent relationship looks like and feels like, why would you be looking for assistance?"

Ms Cavilli said it didn't take

Appendix F