

**REBUILDING LIVES AFTER INTIMATE PARTNER
VIOLENCE IN AOTEAROA:
WOMEN'S EXPERIENCES TEN OR MORE YEARS AFTER
LEAVING**

A thesis submitted to Auckland University of Technology in partial fulfilment of the
degree of Master of Health Science

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December 2006

I wish to acknowledge and honour the women participants of this study and all other women who are survivors of intimate partner violence, including any who may read this thesis.

ACKNOWLEDGEMENTS

I wish to express my thanks and appreciation to my friends and family who have supported and encouraged me on the journey of writing this thesis. In particular I want to acknowledge my father Peter, who now at ninety one years old, has always shown me love and support, and believed in my abilities.

Thank you to my supervisor Jane Koziol-McLain, who has helped me negotiate the intricacies of qualitative research and supported me so warmly and enthusiastically.

Thank you to the Eastern Institute of Technology, Napier and the New Zealand Association of Psychotherapists for their financial contributions to support this research.

Thank you to Mary Anne Eyles for editing help and Jillian Johnstone for assistance with referencing. Thank you to David Parker for academic writing support at the beginning of my work on this thesis.

I wish to acknowledge Tony MacCulloch for introducing me to the possibility of semi structured individual interviews followed by a focus group interview.

Finally I want to acknowledge with love, my grandchildren Dahlia, Gabrielle and Ariella. I wish for each of them, a life-time free from violence.

Ethical approval for this thesis was granted by the Auckland University of Technology Ethics Committee on November 25, 2005. AUTEK reference number 05/206.

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Attestation of Authorship

“I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the qualification of any other degree or diploma of a university or other institution of higher learning, except where due acknowledgment is made in the acknowledgements.”

ABSTRACT

My research focused on five women in Aotearoa naming and defining their experiences ten or more years after leaving an intimate partner violence relationship. An increasing amount of literature has been published reporting the prevalence of intimate partner violence among women in our society, including surveys documenting devastating short and long-term health effects. However, little has been published about the long-term experiences of women who have survived such abuse. I was interested in making more visible the experiences of long-term survivors of intimate partner violence. I wondered what the challenges and legacies from experiences of intimate partner violence are and what contributes to women rebuilding their lives after intimate partner violence.

In this research I utilised a participatory action research approach informed by a critical feminist theoretical perspective. I selected two data collection methods, individual interviews followed by a focus group interview bringing the participants together.

The findings identified nineteen themes emerging from the individual and focus group interviews. Some expressed the long-term challenges and legacies of intimate partner violence, such as feelings of powerlessness, guilt and shame and feeling silenced. Others reflected ways women rebuilt their lives, such as empowerment, resilience, courage and the importance of education and meaningful work. Interpreting the findings, empowerment was often juxtaposed with powerlessness, living side by side within the inner world of the long-term survivor of intimate partner violence in equal tension.

This study affirms that challenges and legacies from intimate partner violence continue to affect women many years after leaving violence. Despite these challenges and legacies, women work very hard to rebuild their lives, care for their children and attain autonomy, independence and control of their lives. Women spent time and energy to recover 'well enough' from such violence, in order to lead a productive and functioning life.

CHAPTER 1 INTRODUCTION

In 1987 Ginny NiCarthy wrote a book called *The ones who got away: Women who left abusive partners*. Her title reminds us that there are some women who do not get away. We were tragically reminded of this in 2004 in Aotearoa, when Wendy Mercer and her six month old son were killed by her estranged husband in her Dunedin home. Sheryl Hann, policy research adviser for the National Collective of Independent Women's Refuges said at the time:

She had a safety plan organised for the children, a protection order, a burglar alarm: she'd called the police and talked to her neighbours, friends and family. There was nothing more she could have done other than move town or to another country which some women do (as cited in Wane, 2004, p. C1).

One of the reasons I chose this research topic is that I am one of the ones who got away. I fled to another town with my children twenty-eight years ago and began rebuilding my life. Wendy Mercer will not be able to share her story to assist understanding about what it is like for the woman who has suffered intimate partner violence. As a survivor 'who got away', I hope to make visible what Wendy cannot.

The focus of this research project is about the long term consequences for women rebuilding their lives after intimate partner violence in Aotearoa. I am interested in their experiences, thoughts and feelings ten or more years after leaving a violent partner.

In describing her research about how women define their experiences of violence, Liz Kelly (1988) makes the following observation:

For women, naming and defining experiences of physical, sexual and emotional violence is not a simple process. It may not take place until many years after an abusive experience has occurred. This process, regardless of its timing, is a crucial and empowering one involving claiming one's experiences, coping with its effects (p. 129).

I believe the personal is political. It is this tenet of feminism that I purposely apply to this research. Feminist authors have noted that women do not tend to differentiate between their work and personal values, or between theory and practice (Stanley & Wise, 1993). Feminism captures the idea that, for many women, their private lives cannot be separated from public existence. It is from this position that I am overt about my own experiences of intimate partner violence.

I choose to make visible that the writing of this thesis (as well as being a contribution that will help and inform others), is also part of a 'survivor mission' for me. Judith Herman (1992) refers to this particular concept in her book *Trauma and recovery*, which provides an in-depth discussion on post traumatic psychological injuries including those from intimate partner violence. She states that while there is no way to compensate for an atrocity, there is a way to transcend it, by making it a gift to others. The trauma is redeemed only when it becomes the source of a 'survivor mission'. Herman quotes Sarah Buel, once a battered woman and now a district attorney in charge of domestic violence prosecutions who says:

I want women to have some sense of hope, because I can remember just how terrifying it was not to have any hope, the days I felt there was no way out. I feel very much like that's part of my mission, part of why God didn't allow me to die in that marriage so that I could talk openly and publicly and

it's taken me many years to be able to do it...about having been battered
(p. 209).

I regard my own experiences of surviving intimate partner violence and its consequences as a valuable asset to doing this research. Reinharz (1992) states that feminist researchers generally consider personal experiences to be a valuable asset for feminist research. Unlike mainstream research where personal experience is considered irrelevant or thought to contaminate a project's pseudo-objectivity, feminist authors and researchers frequently begin their writing with 'the personal connection' they have to the research topic. Researchers who adopt this view draw on a new 'epistemology of insiderness' that sees life and work as intertwined.

Ann Oakley (1981), a British sociologist, wrote that the conventional approach that a researcher be "detached, objective, and 'value neutral' was often simply a cover for patriarchy" (p.140). Other feminist scholars agree, such as biologist Ruth Hubbard, who stated that what passes for 'objective' is actually the position of privileged white males (Hubbard, 1979).

Joyce Leyland (1987) is one of many feminists who merge the 'public' and the 'private'. She writes that her motive for studying the masculinity of gay men stems from her being the mother of a gay son and a straight son. She identifies with both sons and is angered by homophobia. As a sociologist she is trying to convert her anger into research that might show that gay men are ordinary members of society. Writings such as this are not considered 'biased' as it would be labelled in a positivist framework. Rather, it is an explanation of the 'researcher's standpoint' in a feminist framework.

It is important to note that feminists have not converted the 'epistemology of insiderness' into the principle that women should study only from their own experience, as women are entitled and able to study anything. Likewise, it is not required that we have personal experience of something in order to study it. The premise is that as women, if we study something we think we do not share, we actually find that we do share it in some way. For example, Susan Brownmiller (1975) found this to be the case in discovering that rape affects all women. She had initially thought that neither she nor the women's movement had anything to do with women who had been raped. She wrote, "I wrote this book because I am a woman who changed her mind about rape" (p.139). Her book *Against our will* made the powerful point that all women are vulnerable to rape, and that this shared vulnerability is one foundation of sisterhood.

Nevertheless, I also acknowledge that the position of 'starting from ones own experience' could have its limitations, particularly when doing cross-cultural research. It is important to be aware that if researchers are not culturally sensitive and astute, their research could easily verge into ethnocentrism.

I am a qualified counsellor and psychotherapist with twenty years clinical experience. I also work in tertiary education, teaching counselling and psychotherapy students. My current practice also includes a role as 'clinical team leader' in a therapeutic community, which works with women with complex trauma histories. Sometimes these histories include intimate partner violence.

In my psychotherapy practice over the past twenty years, I have encountered women who have kept silent about their experiences of intimate partner violence and have not had support until they sought therapeutic assistance.

Initially, they sought help with other presenting problems such as depression, family, relationship and health (psychological) issues. There are many women who have gone through the experience of surviving intimate partner violence, leaving partner violence and coping with its legacies with little or no support. They told stories of isolation, with no social consciousness of the problem in the media or community to validate their experiences.

I wish to make visible the long-term consequences of intimate partner violence for women and to foster community and professional understanding and support for women who have been affected by intimate partner violence in their life histories. From this research I would like to develop a community-based therapeutic model of group work to empower adult women survivors in the later stages of recovery.

My personal and professional experiences inform my commitment to this research project. Researching the experiences of women may provide insight into the long-term health consequences for women survivors, such as clinical depression, alcohol and drug problems, post traumatic stress disorder and traumatic stress symptoms. These consequences of intimate partner violence inhibit well-being and healthy functioning.

In the following paragraphs I will outline beliefs of feminism which inform my research and then make evident my experiences and biases as the researcher, outlining my perceptions about researcher self-disclosure.

Tenets Of Feminism

The four tenets of feminism which I am applying to my research are outlined by Schneider, Elliot, Lo-Biondo-Wood and Habner (2003).

The Personal Is Political

As stated earlier in my introduction, feminism captures the idea that, for many women, their private lives cannot be separated from public existence. This is not to say that the political is limited to the personal but rather, that personal, individual experiences are the beginning point from which feminists facilitate women's ways of knowing and being visible, and thereby challenge dominant structures oppressive to women (Tong, 1995; Weedon, 1987).

Raising Awareness: Feminist Consciousness Raising

In order to develop the understanding necessary to provide relevant and women-centred care, it is essential to have an awareness of issues of concern for women. Reinharz (1992) describes consciousness raising as "a political, therapeutic, or educational activity" (p. 221). Its product is usually not a publication but a new way of thinking, relating, naming or acting. Key aspects of feminist theory are derived from consciousness raising which include understanding the value of women's experiences as authoritative sources of knowledge and a recognition that the experience of being oppressed permeates all aspects of life (Humm, 1989). I hope that as the women name and identify their experiences that their awareness of the political, educational and therapeutic aspects of their stories will increase. Informed by my own personal and professional experiences, many women survivors feel their experiences of intimate partner violence, which primarily

take place behind closed doors, are invisible to the outside world. They feel the isolation 'of being the only one'.

Subjectivity And Knowledge

Feminists do not accept the notion of objective knowledge and a single truth, rather knowledge and truths are seen as constructed (Jackson & Rathes, 1997; Tong, 1995). The personal perspectives and understandings that people bring to their work, and the futility of researchers attempting to suppress their subjective selves, are acknowledged and accepted (Jackson & Rathes, 1997; Speedy, 1987).

Throughout this research project, I make overt, at times, my thoughts and my feelings as the researcher and as co-participant with the women I am interviewing.

Acknowledging Commonality And Diversity

Feminist researchers and scholars are continually developing ways to make women's experiences and concerns visible, and to represent the diversity as well as commonality of women and women's experiences. My research focuses on a group of women's individual experiences and their collective experiences which will bring to light themes they have in common and themes which illustrate difference.

I think that the above feminist beliefs are essential for women survivors of intimate partner violence in underpinning and affirming the personal importance of their experiences. They assist in raising their awareness and the community's awareness about their experiences and honour their subjective realities as valid knowledge, highlighting the participants' commonalties and differences.

Researcher Self-Disclosure

Several studies argue that researcher self-disclosure is good feminist practice. Elissa Melamed (1983) writes that when she studied aging, women denied they were fearful until she told them she was afraid. Researchers Ann Bristow and Jody Esper (1988) told potential interviewees that one of them had been raped. They found that this disclosure put the women at ease. US Sociologist Terry Arendell (1986) studied mothers during the aftermath of divorce while a divorced mother herself. Referring to her interviews as 'partially structured conversations', she saw herself as similar to the women she studied, and this, in turn, promoted meaningful conversations between them.

Reinharz (1992) believes that researchers who self-disclose are reformulating the researcher's role in a way that maximises engagement of the self but also increases the researcher's vulnerability to criticism. My protocol regarding self-disclosure for this research is to reveal clearly in this thesis and to my participants, that I am a survivor of intimate partner violence and to make overt that this is a motivating factor for my choice of topic. My psychotherapeutic training teaches me to be thoughtful about my use of self-disclosure within the therapeutic relationship, and to consider how it may or may not benefit my client. I acknowledge the parallel process I have with my women participants, yet know to minimise risk by not allowing my responses to dominate the interview process, thus lessening the fullness and potency of my interviewee's story.

This research offers women survivors, including myself, an opportunity to participate in social action drawing upon our qualities of initiative, energy and resourcefulness. It is worth noting that some people do have positive adaptations

to trauma, using their experience as a source of motivation. For example, one of the men who was most troubled by traumatic memories of war became president of the USA. This was John F. Kennedy (van der Kolk, McFarlane, & Weisaeth, 1996). As stated previously, Herman (1992) refers to the concept of a 'survivor mission'.

Summary

In this chapter I have outlined the focus of my research. I have identified where I position myself as the researcher personally and professionally and identified the feminist philosophical lens which underpins my research. I have also outlined my practice around researcher self-disclosure. These aspects provide a 'backdrop' to the following chapters.

Aim Of The Study

My study purpose is to focus on a small sample of women in Aotearoa naming and defining their long term survivor experiences after intimate partner violence. The participant group will include women who have left a male abusive partner ten or more years ago. My research does not focus on the crisis situations of the immediate violent relationship or the acute stage of physically leaving. I am curious about the women's wisdom, courage, creativity, resourcefulness and the challenges involved in rebuilding their lives ten or more years after intimate partner violence.

Definition Of Intimate Partner Violence

For this research project I define intimate partner violence as the use of physical force by a man against his intimate cohabitating partner. This force can range from pushes and slaps to coerced sex, to assaults with deadly weapons (Yllo & Bograd, 1990). Although many women suffer psychological and emotional abuse from their partners such as humiliation and verbal degradation, for this research I am focusing on women with a history of physical and/or sexual violence within an intimate partner relationship. By their very nature, these forms of abuse inevitably also include emotional abuse, but I have not focused on women with a history of emotional violence on its own.

Significance Of The Study

Over the last fifteen years an increasing amount of literature has been published documenting the prevalence of intimate partner violence in our society. Little, however, has been published about the long-term experiences of the woman who has survived such abuse, other than surveys of short and long-term health

effects. I wish to make more visible the long-term consequences of intimate partner violence for women and to foster community and professional understanding and support for women who have been affected by intimate partner violence in their life histories.

Structure Of The Thesis

Chapter 1 has outlined the focus of my research. I have identified where I position myself as the researcher personally and professionally, and the feminist philosophical 'lens' which underpins my research.

Chapter 2 presents a critical review of the literature relevant to intimate partner violence, leading to identifying the gap in the literature that this research project addresses.

Chapter 3 restates my research purpose and describes the methodology, methods, emergent design and data analysis which I have applied. I also discuss issues of rigour, Treaty of Waitangi considerations and ethical concerns.

Chapter 4 presents the findings of the study. I present the results of my data analysis illustrating the dominant themes which emerged. I use some of the participants' own words to illustrate these themes, emphasising the importance of their narratives.

Chapter 5 discusses the findings of this study and my conclusions are considered. I briefly discuss my personal reflections concerning the impact the interviews had on me as the researcher, and also a long-term survivor of intimate partner violence. Strengths and limitations are deliberated, and relevance to

literature reviewed. I discuss implications for practice, policy, education and for future research. I finish with the conclusion.

CHAPTER 2 LITERATURE REVIEW

Introduction

There is a growing body of literature pertaining to intimate partner violence. Although I have looked at some literature citing quantitative research methods, I have focused on literature addressing women's experience, most often derived from qualitative methods. I will investigate the following themes:

- Frameworks to explain intimate partner violence
- Incidence and Prevalence of intimate partner violence
- Health effects of intimate partner violence
- 'Trauma Theory' including the prevalence of PTSD
- Women's experiences in violence, leaving violence, and long-term post - violence experiences.

I will offer some critique of the literature and identify gaps which have led me to choose my particular focus. At times, I will support or challenge some of the literature findings by offering pertinent points relating to my personal and professional experiences, making use of the 'epistemology of the insider experience' which I bring to this research.

Frameworks To Explain Intimate Partner Violence

At various times, social reform groups have recognised intimate partner violence as a serious threat to the safety, health and well-being of women, children and families. For example, concern for the plight of abused women and children was intertwined with the primary goals of the suffragists in Great Britain and the United States, of those who promoted temperance in the late 1800s, and of those

who promoted family planning and women's reproductive rights in the early and mid-1900s (Pleck, 1987). Abuse was blamed on poverty, drunkenness and 'brutish' men.

The second wave of the women's movement in the 1960s raised awareness that violence against women was more prevalent than had been realised, and that attributions to poverty and alcohol could not account for the abuse experienced by women from all walks of life. Many theories have been offered to explain the social structures, cultural traditions and personal behaviours that create and perpetuate abuse and violence. I will outline some of the theories of causation that attempt to explain intimate partner violence as discussed by Humphreys and Campbell (2004).

Psychobiological Perspectives

Until the 1970s, studies of intimate partner violence, generally from the field of psychiatry, tended to focus on the individual psychopathology of both the abuser and his victim. A notion of masochism dominated early explanations of intimate partner violence, with abuse conceptualised as deliberately provoked by women who required this behaviour to meet their need for suffering (Humphreys & Campbell, 2004). For example, Snell, Rosenwald and Robey (as cited in Humphreys & Campbell, 2004) discuss a response to twelve case studies by a group of psychiatrists, who concluded that the husband's aggressive behaviour was freeing masochistic needs of the wife and was necessary for the wife's (and the couple's) equilibrium. It is worth noting that as late as the early 1990s this viewpoint was offered to me by a male psychiatrist to whom I was going for treatment for symptoms relating to my experiences of past intimate partner

violence. Feminist critiques remind us that focusing exclusively on individual and couple dynamics fails to explain why so many women are abused by their intimate partners (Humphreys & Campbell, 2004).

Alcohol And Drugs As Causes Of Intimate Partner Violence

The use or abuse of alcohol has consistently been noted in connection with intimate partner violence. Individuals are excused or forgiven for violent behaviour that occurs while drinking. According to Kub, Campbell, Rose and Soeke's study in 1999, abused women report, however, that batterers are not always drunk when abusive, and not always abusive when drunk (as cited in Humphreys & Campbell, 2004). It appears that alcohol and drugs generally potentiate abusive tendencies in batterers but do not cause them.

Social Learning Perspectives

Much attention has been given to the idea that abusive behaviour is behaviour learned in childhood, which is a notion derived from social learning theory. The hypothesis states that children observe and imitate the behaviour that adults model for them. These can become entrenched in adulthood, especially if those behaviours are constantly reinforced by the broader society. Social learning theory suggests that boys who are raised in violent homes learn to use aggression to cope with a variety of negative feelings. This leads to long-term consequences of becoming an abusive parent or spouse or developing other criminally abusive behaviours in adulthood (Maxfield & Widom, 2001; Straus & Gelles, 1990).

Family Systems Theory Or Family Stress Theory

In the family systems approach, the family is viewed as a dynamic organisation comprising of individual family members and subsystems, in constant

interaction with the broader community and social systems. Explanations of intimate partner violence rooted in family systems theory tend to analyse the behaviour of both the perpetrator and the victim, often apportioning responsibility to each partner. Interventions such as couples' counselling arise from a family systems perspective.

Cunningham (1998) criticises this approach for its tendency to minimise the responsibility of the male perpetrator and to exaggerate the responsibility of the victim (as cited in Humphreys & Campbell, 2004). In general couples' counselling, which is based on the assumption of dual responsibility for relationship difficulties, has been found ineffective in resolving intimate partner violence, and may place the woman at risk of further harm from her batterer.

Feminist Or Power Imbalance Theories Validating Women's Experience

Yllo and Bograd (1990) state that feminists take as a given that male domination influences everything from brief interpersonal exchanges to the most abstract theories of human nature. Ideology and knowledge are shaped by the interests of the dominant class (Jagger & Struh, 1978; Spender, 1980). When men's lives, values and attitudes are taken as the norm, the experiences of women are often defined as inferior, distorted or rendered invisible. To counteract this, feminists believe that a basic step towards understanding the factors contributing to wife abuse is illuminating the experiences of women from their own frames of reference (Yllo & Bograd, 1990).

Feminists are concerned with the numerous ways that women are blamed for or implicated in the violence. In contrast to dominant views of battered women as helpless victims or as provocative women who ask for the abuse, feminists

approach battered women as survivors of harrowing, life-threatening experiences, who have many adaptive capacities and strengths (Yllo & Bograd, 1990).

Feminist theories of intimate partner violence emphasise the need for power and control on the part of the batterers, and the societal arrangements of patriarchy and tolerance of (not support for) violence against women. This model also uses aspects of social learning theory, with the premise that perpetuating abusive behaviour is a choice to use a set of learned behaviours. Not all boys or girls who are abused in childhood choose violent behaviour as adults.

It is difficult to prove the individual abuser's assimilation of these more abstract premises. However, the continuing gender differences in perceptions about intimate partner violence (Klein, Campbell, Soler, & Ghez, 1997), as well as the historical and international record of violence against women associated with cultural norms of male ownership of women and lack of equal power relationships within homes, are evidence in support of this theoretical framework (Counts, Brown, & Campbell, 1999; Levinson, 1989).

The following example from NZ culture with regards to continuing different gender perceptions of intimate partner violence is disturbing. The aim of 'Masculinist Evolution New Zealand' (2003, unpaginated) is to "promote a clearer understanding of men's experience". This organisation discredits completely the concept of 'battered woman syndrome' introduced by Lenore Walker (1979), who states that women living in violent relationships suffer a cycle of violence and can experience 'learned helplessness' which prevents them from leaving the relationship. I find the attempt to promote a clearer idea of men's experience by discounting the experiences of women survivors of intimate partner violence

alarming. It is now well understood that 'learned helplessness' and 'battered women syndrome' are very real states of traumatic stress and post-traumatic stress disorder suffered by women who are exposed to life-threatening violence (Herman, 1992; van der Kolk et al., 1996).

Such attitudes expressed by 'Masculinist Evolution New Zealand' continue to support the oppression of women by failing to understand the very real experiences of women in abusive situations. By speaking against research that has furthered understandings of victims of intimate partner violence, they perpetuate ignorance, tolerance and silence about male violence towards women.

An opposite view is reflected in Paul Flannagan's comments, a male counsellor in Hamilton who works with Family Violence. "Many of the negative images about men are warranted, particularly their contribution to violence statistics, and all men have to make an effort to dispel them" (Flannagan, 2004, p. 5).

Incidence And Prevalence Of Intimate Partner Violence

In this section I will review rates of intimate partner violence reported in the literature. I will also offer some reflections, pertaining to the literature.

Partner violence is all too common an experience for women worldwide. Until the late 1970s clinical attention to the issue was rare (Campbell, Moracco & Saltzman, 2000). Societal recognition of domestic violence began with the growth of the women's movement in the 1960s and the early 70s. The feminist movement established grassroots networks of community based interventions in the early 1970s (Campbell et al., 2000). Since then women's advocacy groups around the world have been working to bring the attention of society to violence against

women (Campbell et al., 2000; Gelles, 2000; Heise, Ellsberg & Gottemoeller, 1999). However, I questioned how much attention society does currently pay to violence against women, when the Gisborne Herald quoted police saying they were called to a 'domestic incident' ("Man on murder charge", 2005). Language such as 'incident' in no way portrays the seriousness of intimate partner violence. In this particular scenario, the woman was killed by her intimate partner.

One of the most frightening aspects of abuse of female partners is its connection with homicide of women. This danger for women is verified by U.S. Crime Report data, which indicate that one third of all female homicide victims were murdered by a husband, an ex-husband, or a boyfriend (Greenfield, 1998). The percentage is even higher (40% to 50%) if ex-boyfriends are included among the perpetrators. The strongest risk for femicide in battering relationships occurs when women take deliberate action to sever a dangerously abusive relationship (Wilson, Johnson & Daly, 1995). Therefore, women frequently remain in the relationship because of the realistic fear of life-threatening consequences should they attempt to leave, but their fear has not always been treated as valid by the public (Langford, 1996).

In 1978, I was required to attend mediation counselling sessions ordered by the Family Court. I had to convince them with considerable effort that I did not want a couples' session with my ex-husband and that I had fled to another city to escape his violence. I remember feeling that the professionals with whom I came in contact did not understand I was afraid of being murdered by my ex-husband nor did they validate that fear as a reality.

According to Bachman and Saltzman's study in 1995 in the USA (as cited in

Ratcliff, 2002), women suffer five million violent assaults and 500,000 rapes annually. Up to one third of women who go to emergency hospitals do so because of injury or stress from living in an abusive situation. Ratcliff (2002), makes the important point that feminists and those who understand these crimes know that they do not result from individual pathology, but from the structure of a social order that condones the exercise of power by men and their control over women.

In 1998, approximately 900,000 U.S. women reported physical or sexual assaults by intimates in a criminal justice survey (Rennison, 2001). According to Sampsel (1991) one in every ten women encountered in a healthcare setting in the USA is currently in a violent relationship.

In the 2001 New Zealand National Survey of Crime Victims, among 2,526 ever-partnered women, one in four reported having experienced a violent behaviour by a partner at some time in their life (Morris & Reilly, 2003). In another population-based survey using the WHO Multi-Country Study on Women's Health and Domestic Violence against Women methodology, 33% of ever-partnered women in Auckland and 39% in Waikato reported having experienced at least one act of physical and/or sexual violence by an intimate partner in their lifetime (Fanslow & Robinson, 2004).

Surveying women seeking care in an Auckland emergency care centre, 44% of women reported a history of intimate partner violence (Koziol-McLain et al., 2004). The higher intimate partner violence rates found when surveying women in the healthcare setting is likely linked to both the short and long term health consequences of intimate partner violence.

In New Zealand the total cost of family violence is estimated to be between \$1.2 billion and \$5.3 billion annually. This includes healthcare costs to the Government (\$141

million annually) and individual healthcare costs of \$113 million annually (Snively, 1994).

The prevalence of intimate partner violence is also indicated by the Women's Refuge statistics. The first women's refuge in New Zealand was established in 1973, followed by one in Auckland in 1975, and one in Dunedin in 1976. By 1981 there were 17 refuges nationwide, and by 1987 there were 48 refuges affiliated to the National Collective of Independent Women's Refuges (Ritchie & Ritchie, 1990). Today the NCIWR is the main organisation working in this area. In the year 2000 / 01 a total of 7766 women and 9241 children received NCIWR services (National Collective of Independent Women's Refuges, 2000).

Finally, it is important to understand that intimate partner violence has deep historical roots, and continues to be condoned and even legally sanctioned in many societies. In their classic early study of wife-beating, Dobash and Dobash (1979) placed abuse in its historical context as a form of behaviour that has:

existed for centuries as an acceptable and, indeed, a desirable part of a patriarchal family system within a patriarchal society, and much of the ideology and many of the institutional arrangements which supported the patriarchy through the subordination, domination, and control of women are still reflected in our culture and our social institutions. (p.31)

In my opinion, in order to contribute to reducing the prevalence of intimate partner violence, one must continue to challenge institutions in our society where male power is dominant and women's voices are less visible. For example, within some church cultures men are overtly given power over women. Such beliefs continue to collude with a power structure which condones 'male privilege' and reduces the role of

women to one of inappropriate submission to another human being, simply because he is male.

Health Effects Of Intimate Partner Violence

Numerous studies attest to both short and long-term health consequences of intimate partner violence. Women exposed to intimate partner violence are at higher risk for a compendium of health ills including fractures and trauma injuries, depression, anxiety symptoms, low self-esteem, memory loss, difficulty concentrating, substance abuse, injuries while pregnant, spontaneous abortions, psychophysiological complaints, suicide attempts, headaches, undiagnosed gastrointestinal symptoms, palpitations, sexual difficulties, lack of sexual desire, pain with intercourse, pelvic pain, joint pain or other areas of tenderness, especially at the extremities, chronic pain, pelvic inflammatory disease, neurological symptoms (Golding, 1999; Humphreys & Campbell, 2004). Pregnancy related consequences of intimate partner violence include unwanted pregnancy, abortion, unsafe abortion, pregnancy complications, miscarriage and neonatal death (Heise et al., 1999; Webster, Chandler & Battistutta, 1996).

That health consequences continue long after abuse has stopped is supported by Fanslow and Robinson's (2004) recent study documenting that women who disclosed a life time history of intimate partner violence were two times more likely to have visited a healthcare provider in the four weeks leading up to their participation in the population based survey.

While we know there are significant long term health consequences of intimate partner violence, consequences that continue well after the abuse has

stopped, we have little understanding of why that is so. Trauma theory provides a possible explanation.

Trauma Theory

Judith Herman's (1992) groundbreaking book *Trauma and recovery: The aftermath of violence – from domestic abuse to political terror*, written from a feminist perspective, provides an in-depth discussion on post-traumatic psychological injuries sustained from traumatic events, including intimate partner violence. She explains the impact of traumatic stress for the survivor of trauma, including Post Traumatic Stress Disorder (PTSD). The symptoms of PTSD can be mild or moderate to severe and may occur throughout the survivor's life-cycle. Herman (1992) states: "Issues that were sufficiently resolved at one stage of recovery may be reawakened as the survivor reaches new milestones in her development. Marriage or divorce, a birth or death in the family, illness or retirement, are frequent occasions for a resurgence of traumatic memories" (p. 211).

Herman (1992) claims that for most of the 20th century it was the study of combat veterans that led to the development of a body of knowledge about traumatic disorders, as a consequence of being exposed to traumatic events. Not until the women's liberation movement of the 1970s was it recognised that the most common post-traumatic disorders are those not of men in war but of women in civilian life. She offers this viewpoint:

The real conditions of women's lives were hidden in the sphere of the personal, in private life. The cherished value of privacy created a powerful

barrier to consciousness and rendered women's reality practically invisible. To speak about experiences in sexual or domestic life was to invite public humiliation, ridicule, and disbelief. Women were silenced by fear and shame, and the silence of women gave license to every form of sexual and domestic exploitation. (p. 28)

Matsakis (1996) explains the impact of trauma on the psyche. She refers to the severity of wounding of a survivor's emotions, her spirit, her will to live, her beliefs about herself and the world, her dignity and her sense of security. The assault on her psyche is so great that her normal ways of thinking and feeling and the usual ways she has handled stress in the past are now inadequate.

When one considers the mental health consequences for survivors of intimate partner violence the following research about rape victims is worth noting. Holmstrom and Burgess (1972), a sociologist and psychiatric nurse respectively, embarked on a study of the psychological effects of rape. They arranged to be on call day or night to interview and counsel any rape victim who came to the emergency room of Boston City Hospital. In a year they saw 92 women and 37 children. They observed a pattern of psychological reactions which they called 'rape trauma syndrome'. They noted that women experienced rape as a life-threatening event, having generally feared mutilation and death during the assault. They remarked that in the aftermath of rape, victims complained of insomnia, nausea, startle responses, and nightmares, as well as dissociative or numbing symptoms. They commented that some of the victims' symptoms resembled those previously described in combat veterans.

This information provokes three important questions for me about the experiences of women trapped in domestic abuse. Firstly, if this happens for women who have experienced a single rape experience, what must it be like for women trapped in domestic abuse who are raped and fear mutilation or death regularly at the hands of their partners? Secondly, what are the long-term consequences of this particular psychological trauma for women survivors of intimate partner violence? Thirdly, how do the experiences of intimate partner violence parallel the experiences of being in a war zone, with the victim continually being frightened of mutilation, death and /or rape? If they are similar, as is indicated by the research (Holmstrom & Burgess, 1972; Herman, 1992), one must challenge why little recognition of this is given to women survivors of intimate partner violence. Once they leave the relationship and have some practical support initially provided by social service agencies perhaps, they are generally expected to just get on with it and resume their lives. This is what men were expected to do who came back from the 2nd World War and the Vietnam War. Now with the help of political lobbying, there are Vietnam War Support Groups and a War Veterans Association in New Zealand, which recognise the affect of traumatic stress on these war veterans. Medals for bravery and courage are given to men in war. There is no Association for Women Survivors of intimate partner violence, or medals for bravery recognising the atrocities they have suffered in the war zone of their homes, and the consequential long-term traumatic stress.

In 1985, in most of the states in America a man could not be prosecuted for raping his wife. Legally he could sexually assault her and no matter what the degree of indignity, humiliation, or brutality he may impose on her, he would not be

jailed for committing a rape. In their book *License to rape* Finkelhor and Yllo (1985) give some horrifying accounts of marital rape and the affects on women. They say that when they began their research in 1979 there was little more than speculation about the nature and scope of marital rape. They wanted to know whether it was a crime that affected many women or just a few; whether it was violent or frightening to the victim and whether women were traumatised by it.

Finkelhor and Yllo (1985) define types of coercion used in marital relationships to get women to have sex which are unpleasant and demeaning. Two categories can be clearly defined under intimate partner violence. *Threatened physical coercion* can range from an explicit threat to kill a woman if she doesn't comply, with the implied threat that she could get hurt if she doesn't co-operate. This resulted in women doing what they could to avoid more abuse, and abiding by their husband's sexual wishes. *Physical coercion*, involves a man physically subduing his wife or striking her to get her to comply.

The authors decided to limit the term 'rape' to these two categories whilst acknowledging that other kinds of force is also frightening and traumatic. They make the point that the idea of coercion or rape within marriage accepts the idea that wives are independent people with rights over their own bodies. This challenges much of society's cherished images of marriage sexuality, and the ideology of obligation. Sex is part of the sacred glue of this union. For some people this makes the concept of rape or coercion in marriage unthinkable. "Sex goes along with being married. I just can't even think of there being rape in marriage" one interviewed college student said (Finkelhor & Yllo, 1985, p. 90). The social acknowledgement that husbands do rape their wives and sexually abuse

them is still limited. There are many embedded messages in our society around the 'sanctity of marriage'. In such a climate, a survivor of sexual violence from her partner finds it very shaming to name her experiences.

Herman (1992) states that rape survivors have high levels of persistent post-traumatic stress disorder, compared to victims of other crimes. One can conclude therefore, that for a woman trapped in intimate partner violence, where frequent rape by her partner is prevalent, the extreme discomfort of constant traumatic stress would be another issue she contends with, by its very nature often invisible and difficult to articulate. There has been little visibility given to the long-term consequences of sexual abuse and rape for the survivor of intimate partner violence, who has been sexually abused and raped many times as an adult within the context of a marital relationship (de-facto or legally married) .

Informed by my personal and professional experiences, I believe the consequences of sexual abuse and rape within intimate partner violence are frequently overlooked by professionals and helping agencies, and women survivors are understandably reluctant and feel ashamed to talk about such matters.

Post Traumatic Stress Disorder.

Research referring to symptoms of Traumatic Stress, or Post-Traumatic Stress Disorder, gives some indication of long-term consequences for women survivors of intimate partner violence. Van der Kolk et al. (1996) discuss the distressing affects of PTSD for the survivor of trauma. Aphrodite Maskarsis (1996) in her book titled *I can't get over it: A handbook for trauma survivors*, offers practical understanding for the long-term survivor of trauma in layperson's

language. Both these books describe PTSD symptoms as mild or moderate to severe in duration and intensity.

People with PTSD experience an inability to modulate their arousal states. They tend to move immediately from stimulus to response without often realising what makes them so upset. They are likely to experience intense negative emotions such as fear, anxiety, anger, rage and panic in response to even minor stimuli. As a result they either over-react and threaten others or shut down and freeze. These hyperarousal states represent complex psychological and biological processes, in which there is a continued anticipation of overwhelming threat (van der Kolk et al., 1996).

Mataskis (1996) refers to criteria required to meet a PTSD diagnosis. This diagnosis (American Psychiatric Association, 1994) fits the events and symptoms experienced by many survivors of intimate partner violence.

- Criterion A: You have been exposed to a traumatic event involving actual or threatened death or injury, during which you respond with panic, horror and feelings of helplessness.
- Criterion B: You re-experience the trauma in the form of dreams, flashbacks, intrusive memories, or unrest at being in situations that remind you of the original trauma.
- Criterion C: You show evidence of avoidance behaviour, a numbing of emotions and reduced interest in others and the outside world.
- Criterion D: You experience physiological hyperarousal, as evidenced by insomnia, agitation, irritability, or outbursts of rage.

- Criterion E: The symptoms in Criteria B, C, and D persist for at least one month.
- Criterion F: The symptoms have significantly affected your social or vocational abilities or other important areas of your life.

Schornstein (1997) names PTSD as one of the secondary outcomes of domestic violence trauma. She cites two diagnostic features particularly relevant when considering the stressors to which a battered woman is subjected. Firstly, the American Psychiatric Association (1994) noted that PTSD may be especially severe or long-lasting when the stressor is of human design. This would include the situations of rape, torture and other violent personal attacks. In the case of intimate partner violence, the stressor, battering and other forms of abuse is always of human design i.e. the violent partner. Secondly, the likelihood of developing PTSD may increase as the intensity of and physical proximity to the stressor increase. In cases of intimate partner violence, the victim is often subjected to repeated attacks that increase in frequency and intensity with time. In terms of physical proximity the victim usually lives with the source of the stress, the batterer. Even after separation she may be forced into repeated contact with the batterer through family or criminal court proceedings, child custody arrangements, or the abuser's continued assaults, threats and harassments (Houskamp & Foy, 1991).

Herman (1992) writes the following description about people who suffer PTSD after a traumatic event or multiple, prolonged traumatic events:

They do not have a normal "baseline" level of alert but relaxed attention.

Instead, they have an elevated baseline of arousal. Their bodies are always

on the alert for danger. They also have an extreme startle response to unexpected stimuli. People with post-traumatic stress disorder take longer to fall asleep, are more sensitive to noise, and awaken more frequently during the night than ordinary people. Thus traumatic events appear to recondition the human nervous system. (p.36)

Mataskis (1997) illuminates this by saying that what to others is just the ring of an alarm clock, is to the trauma survivor the sound of a siren. What to others is the sound of a book falling resembles a thunderbolt to the trauma survivor. She goes on to say that it is as if the buffer between the trauma survivor and the environment has worn thin. Everything is felt more intensely and deeply, like a car that has lost its shock absorbers. Every bump along the road is felt more deeply because the shock absorbers have worn out from overuse.

In considering intimate partner violence, this highlights the experiences of women being attacked frequently by their intimate partner and indicates the response of their nervous system in violence and the consequences of these assaults, post violence.

These post-traumatic symptoms (mild, moderate or severe) are activated by a stressor, which may sometimes be a traumatic stressor that is specifically associated with the trauma or a generalised stressor. These are out of the range of symptoms associated with normal stress. Thus, “one’s own physiology can become a source of fear” (van der Kolk et al., 1996, p. 13).

Herman (1992) describes reliving a traumatic experience, whether in the form of intrusive memories, dreams or actions, as carrying with it the emotional intensity of the original event. The survivor is continually buffeted by terror and

rage. These emotions are qualitatively different from ordinary fear and anger. They are outside the range of ordinary emotional experience, and they overwhelm the ordinary capacity to bear feelings.

From my personal experiences as a long-term survivor of intimate partner violence and from my professional experiences working with clients this is one of the reasons many survivors of trauma including survivors of intimate partner violence, find any kind of stressor very difficult. As a result they may choose to constrict their lives to ward off the risk of intrusive symptoms (van der Kolk et al., 1996). The psychological and physical distress from the physiological and psychological arousal states in their own bodies becomes too much to contend with. This includes the difficulty of articulating their experience to friends and family so they can sufficiently understand the depth of distress and offer appropriate support.

Internal and external safety for the sufferer becomes paramount. Many years later, the survivor can continue to experience the overwhelming feelings of danger and threat in their mind and bodies when faced with specific traumatic stressors and/or generalised stressors (Bloom, 1997). At the time of beginning to write this thesis I was contemplating relocating to another city. I was anticipating all the emotional and practical events associated with change. Relocation is stressful for most people, but for me as a long-term survivor of intimate partner violence with Post Traumatic Stress Disorder symptoms, this stressor activated chronic states of anxiety, fear, terror and panic. They were out of the range of symptoms associated with normal stress. Thus, “my own physiology can become a source of fear” (van der Kolk et al., 1996, p.13).

Sandra Bloom (1997) a psychiatrist who has studied the affects of trauma highlights the following: “People who are traumatised must learn to inhibit their emotional experience, partly because emotional arousal is so disruptive of normal functioning, partly because other people are unwilling to deal with other people who are emotionally upset” (p.46). She goes on to say that victims of trauma recognise that other people pull away and avoid listening to their negative affect, and consequently begin to inhibit their own emotional expression and avoid discussion of the trauma. This goes exactly in the opposite direction of what they need to do. The result: is that victims may be trapped in a complicated dilemma, in which they maximise their social acceptance only at the expense of their personal adjustment (Coates, Wortman & Abben, 1979).

Certain medical research has established that overwhelming life experiences can result in an increase in physical and psychological health problems (Holmes & Rahe, 1967). The literature reviewing the relationship between trauma and health consistently demonstrates an association between catastrophic stress, adverse health reports, medical utilization, morbidity and mortality among survivors. Friedman and Schnurr (1995) comment that PTSD is distinctive among psychiatric disorders in terms of its potential to promote poor health because of both the physiological and psychological abnormalities associated with the disorder. As stated earlier expressing powerful emotional experiences has been found to decrease psychosomatic symptoms, but victims of trauma must contend with the reality that emotional expression is frequently culturally discouraged (Harber & Pennebaker, 1992). One can understand that for a victim of intimate partner violence to express truthfully to others the enormity of

her emotional experiences in response to physical, sexual and emotional violence from her partner, requires great courage to stand against powerful cultural injunctions which discourage this.

Women's Experiences In Violence, Leaving Violence And Post Violence

Some research has focused on the experiences of women during intimate partner violence and their experiences around the process of leaving.

Landenburger (1989) studied the experiences of women being abused within the context of a significant relationship and how the nature of the relationship influenced their choices. Kearney (2001) used a grounded theory approach to interview 282 ethnically and geographically diverse women aged 16-67, in order to discover their responses to violent relationships. Wuest and Merrit-Gray (1995) developed a theory to explain the process of leaving for rural survivors of abusive relationships. The focus on 'in violence', and the acute stage of 'leaving violence', continues to highlight a gap in current literature. What, for example, might be the experiences of these women ten or more years after leaving?

Landenburger (1989) interviewed 30 women who were currently in or who had already left an abusive relationship. She describes the first phase as 'Binding' where the positive aspects of the relationship are the primary focus for the woman and dominate the negative aspects. Warning signals are passed over often because of her need for affection and she is pleased with the attention she has longed for. She believes if she works harder at the relationship the things she feels worried about will improve such as possessiveness, jealousy, demands for

attention, and acts of abuse. If she can succeed in doing everything right, it will be okay.

In the second phase which Landenburger names as 'Enduring', the woman sees herself as putting up with the abuse. She now consciously blocks out the negative aspects of the relationship, and highly values the good times in the relationship. The woman places partial or total responsibility for the abuse on herself. She placates the abuser, and wants to believe him when he says that it will never happen again. The mental anguish that goes on within the woman is overwhelming.

The next phase Landenburger describes as 'Shrinking of Self'. The woman in this phase feels as if her very self is being annihilated. A woman begins to feel 'sucked dry' by the constant demands of her own partner. One woman participant says:

Somebody says jump, you jump. It's the only way that you can survive and even though you're a weak person you learn these survival skills so you can make it through. I think Platoon is a real good movie to see in terms of what its like being hunted down, being frightened to death and running from the enemy and trying just to survive in terrible situations. That's what I think of battering relationships. There's always the hunter and the hunted and that's the way it is (p. 214).

The good aspects of the relationship are overridden almost totally with pain and fear. Her self is defined and controlled by her partner. She feels as if she cannot leave the relationship and if she does not she will not survive. If she stays

he might kill her or she might kill herself. It is this feeling of being trapped that moves her into a different level of awareness of her situation.

The next phase is described as 'Disengaging'. The woman begins to identify with other women in similar situations. This identification may be only through television advertising or stories in magazines, but a woman feels she has a label for what has been and is happening to her. She takes more risks to seek help. She begins to think that she must leave the relationship if she is going to survive. A woman begins to not only fear for her own life but that she might attempt to kill her partner. The feelings of being crazy emerge stronger than ever.

Landenburger then talks about the phase of 'Recovering' as the period of initial readjustment after the woman has left her abusive partner until she gains a balance in her life. She works at understanding the meaning of her past experiences so that she can obtain this balance in her life. A balance must be sought between a woman's experiences and her feelings about the world, especially men. Recognition of others' needs are important, but she must learn to listen to herself.

In my opinion, Landenburger minimises this process of 'recovering' by giving an impression that 'obtaining a balance in her life' is possible for the survivor relatively soon after leaving a violent relationship. I ascertain that the process of recovering after intimate partner violence is a very long term process, which is not made visible in the current literature.

Kearney (2001), using a grounded theory approach interviewed 282 ethnically and geographically diverse women aged 16-67, in order to discover their responses to violent relationships. She hypothesised that the 'shrinking of self,

demoralisation, and immobilisation' that occurs when in a violent relationship lead to health risks seen in women who are /have been abused. She encourages health professionals to pay increased attention to women's depression and substance use as correlates of intimate partner violence. She cites four rationalisations for staying in the violent relationship identified by U.S. women: 1) the salvation ethic (need to care for the abuser); 2) a commitment to the higher loyalties of religion or tradition; 3) denial that the abuse was controllable, that their injuries were real, or that they were blameless victims; and 4) the inability to see practical or emotional alternatives (Ferraro & Johnson, 1983).

Women in the United States, Canada, United Kingdom and New Zealand stayed with or returned to abusers when they continued to feel an emotional bond and hoped to return to a better time in the relationship (Farrell, 1996; Kelly, 1988; Smith, Tessaro, & Earp, 1995; Towns & Adams, 2000).

Immobilisation resulting from isolation, depression, substance abuse, and economic control in violent relationships was seen in both qualitative and quantitative studies (Davis, 1997; Farrell, 1996; Lempert, 1994; Rumpitz, 1995).

I perceive that Kearney does not make visible the possibility that feelings of powerlessness, resulting from symptoms of PTSD as a consequence of physical and sexual violence, are an explanation for women returning to abusers, or a reason for their immobilisation, resulting in women staying in the relationship.

Wuest and Merrit-Gray (1995) concentrated on discovering a theory to explain the process of leaving for rural survivors of abusive relationships. The central process they discovered for these survivors was 'reclaiming of self'. They found that abused women as survivors needed societal support in order to leave,

and raised questions about the roles of lay and professional helpers in facilitating and inhibiting the process of recovery for such women. Women who had been assaulted frequently felt unable to think clearly and needed support.

Fishwick (1993) studied women who lived rurally. She noted the high value that rural dwellers place on independence and solving one's own problems. Rural women are resourceful, but professionals may need to make an extra effort to help survivors become aware of resources and choices open to them. The key point involved in minimising abuse was that no matter how well crafted the survivor's strategies, the abuse was never eliminated. It may have decreased or changed from physical to emotional, but it never stopped. Recognising they were unable to stop the abuse was a critical realisation for women in the process of reclaiming the self.

Wuest and Merrit-Gray (1995) identified 'fortifying defences' as another stage of preparation for leaving and not going back. This included creating space, distancing, enhancing capability, experiencing a caring relationship, making a leaving plan, and surviving crises. These strategies were productive and involved surviving the abuse while getting ready to break free. Breaking free was identified as the transition stage between counteracting abuse and not going back. Survivors explored ways of disengaging and exiting from the abusive relationship while clinging to the hope that the abuse would stop.

Wuest and Merrit-Gray make the important point that this framework adds to the knowledge emphasising the strengths of abused women and the increasing evidence that battered women are survivors who demonstrate remarkable resilience and courage (Campbell, Miller, Cardwell & Belknap, 1994). Wuest and

Merrit-Gray criticise helpers who approach abused women as victims using an almost exclusively intrapsychic orientation, searching for what the woman might be doing wrong and what exists in her past history that attracted her to the abuser (Benzel & York, 1988).

There is a growing body of knowledge (Dobash & Dobash, 1979; Hoff, 1990) that frames woman abuse as a social and public problem, rather than an individual one. Wuest and Merrit-Gray challenge helpers to see abused women for their potential, rather than their deficiencies, and for the proactive reinforcement of fortifying behaviours to become the focus of helper intervention.

A further study by Wuest, Merrit-Gray and Ford-Gilboe (2004) explores the emotional health of mothers and children after leaving violence. They believe a major catalyst for women making the decision to leave an abusive partner is the persistent worry that living in an abusive environment is detrimental to their own and their children's emotional health and development. They name a health-promotion process called regenerating family. This depicts how the mother and her children purposefully work towards replacing previously destructive patterns of interaction with constructive, supportive patterns. This aims to strengthen the emotional health of mothers and children. This moves away from a focus of individual recovery and focuses on recovery that takes place at a family level.

I see one of the limitations of moving away from a focus of individual recovery is to make more invisible the needs and long-term consequences of intimate partner violence for the woman. I believe it is very important not to lose sight of the experience of the inner realities for a woman coping with the aftermath of intimate partner violence, as well as sociocultural and family realities. The

individual recovery of the woman survivor will inevitably benefit her relationship with her children, thus strengthening the family unit.

Lee Ann Hoff (1990) interviewed nine battered women using a collaborative research method in order to evaluate their lives before, during and after battering. Seven of the nine participants were contacted while they were still in a women's shelter, immediately after leaving violence. The other two women were free from violence for less than two years. Hoff states that their own accounts of struggles, pain, joy, hope, victories, and new beginnings once free of the violent relationship provided a broader perspective than could be achieved by focusing primarily on the battering phase of their life-cycle.

This research by Hoff goes some of the way in exploring post-violence experiences for women, but not far enough in my opinion. Less than two years is not a sufficient time-frame to understand the legacies of intimate partner violence for women over a long-term period. It would have been worthwhile to follow up these women ten or more years out of their violent relationship.

There has been very little focus on the long-term recovery experiences of the individual woman intimate partner violence survivor in current research. This gap motivates my particular focus of inquiry.

Focus Of Inquiry

As a result of the above literature review and the gaps I have identified, I have developed the following focus of inquiry:

My study purpose is to focus on women in Aotearoa naming and defining their long-term survivor experiences after intimate partner violence. The participant

group will include women who have left an abusive male partner ten or more years ago. My research does not focus on the crisis situations of the violent relationship or the acute stage of physically leaving. Instead, I am curious about the women's wisdom, courage, creativity, resourcefulness and the challenges involved in rebuilding their lives ten or more years after intimate partner violence.

CHAPTER 3 METHODOLOGY AND METHODS

My research purpose was to define the long-term survivor experiences of women after intimate partner violence. I was curious about the women's wisdom, courage, creativity and resourcefulness and the challenges involved in rebuilding their lives ten or more years after intimate partner violence. In this chapter I outline the philosophical underpinnings informing my research and the methods I used. Included are participant recruitment, sampling plan, data collection, data analysis and issues of rigour. I conclude this chapter with Treaty of Waitangi and ethical considerations.

Philosophies Informing My Research

In this research I have utilised a *participatory action research* approach informed by a *critical feminist* theoretical perspective. This methodology merges feminist and critical theoretical stances (Schneider, Elliot, Lo-Biondo-Wood & Habner, 2003). As explained in my introduction, the feminist tenets which I apply to my research are based on principles outlined by Schneider et al. (2003). These include: the personal is political; raising awareness and feminist consciousness raising; subjectivity and knowledge; acknowledging commonality and diversity.

Critical Feminist Theory

Critical theories have their foundations in social change and hinge on notions of oppression and power (Hall, 1975). When considering which research approach to use, I needed to ensure sufficient compatibility between the approaches I chose in terms of theoretical underpinnings, philosophical

orientations and understandings. Schneider et al. (2003) describes a number of commonalities between critical theory and feminism that enables critical-feminist research to be pursued:

- A strong sense of idealism in seeking a social world characterised in equality for all individuals.
- An emphasis on the importance of subjectivity and the experiences of the individual in making sense of the social world.
- A belief that the ability of the individual to be self-reflective and self-critical are intrinsically important to the process of understanding and knowledge production.
- The need for a strong interconnectedness between theory and practice so that 'what is known' is the same as 'what is done' by individuals in society.
- An acknowledgement of the influence of historical factors in the context of knowledge production. Feminism views women's oppression as 'part of an historically situated totality' needing to be transformed.
- The recognition that the act of communication is fundamentally important in society. Rational communication, particularly verbal communication is regarded as the vehicle by which a new and transformed social world can be attained by providing new knowledge and understanding, with unequal power relationships and inequality being exposed.

Participatory Action Research

Participatory action research is emerging as a self-conscious way of empowering people to take effective action toward improving conditions in their own lives (Park, 1993). Reason (1988) states this is research "with and for people

rather than on people” (p. 1). According to Parahoo (1997) participatory action research consists of three elements: research, adult education, and socio-political action. It emphasises research for the purpose of bringing about change and participation by community members. Through the process of participation community members become empowered to define their own problems and find solutions. The process of participating enables members to build skills, confidence and knowledge (Barnsley & Ellis, 1992). In participatory research participants make decisions rather than function as passive subjects.

The long-term preoccupation of feminist activism and scholarship with women speaking from and about their own experience has influenced participatory action research. The telling of, listening to, affirmation of, reflecting on, and analysis of personal stories and experiences ‘from the ground up’ are potentially empowering action research strategies drawn from women’s organising (Gatenby & Humphries, 1999). The ‘telling’ of stories and experiences is especially relevant for research with abuse survivors. In response to the violence of a battering relationship, silence may have been a consciously chosen survival strategy (Maguire, 1987). The value of telling stories and experiences is the empowerment that can come from ‘finding a voice’ and breaking such silence.

Positioning Of The Researcher

Both critical feminism and participatory action research make room for the researcher as a person with experiences, beliefs and values. This validates the ‘research with and for people’ approach as opposed to the ‘research on people’ position. My own visibility in this research about some of my experiences of intimate partner violence reflects this attitude (see Chapter One). Peshkin (1988)

believes that aspects of our personal biographies, together with the contexts in which we find ourselves, influence which one of our subjective selves will perceive the world at any one time. Each documented perspective enhances the multiple subjective perspectives of others in an ongoing, emergent, creative process (cited in Grbich, 1998). The choice of participatory action research affords abuse survivors (participants and researcher alike) the power and space to decide for and against action, for or against speaking out and breaking silence.

Data Collection Methods

I selected two data collection methods. These were individual semi-structured interviews, followed by a focus group with the participants together.

Individual Semi-Structured Interviews

I invited participants to take part in individual semi-structured interviews. According to Reinharz (1992) the use of semi-structured interviews has become the principal means by which feminists have sought the active involvement of their respondents in the construction of data about their lives. She discusses the value of a woman being interviewed by another woman. A woman listening with care and caution enables another woman to develop ideas, construct meaning, and use words that say what she means. U.S. psychologist Stephanie Riger (1988) argues the perspective that traditional research methods emphasise objectivity, efficiency, separateness and distance and she encourages researchers to consider also, connection and empathy as modes of knowing, and embrace them in our criteria and in our work.

Focus Group

Following the individual interviews I invited the same participants to come together in a focus group to discuss their ideas collaboratively. A focus group is a collectivistic rather than an individualistic research method that focuses on the collective experiences of participants' attitudes, experiences and belief (Madriz, 2003). Compared with the individual interviews, an advantage of the focus group was to make it possible for me to observe the interactive process occurring amongst the participants (Denzin & Lincoln, 2003). Krueger's (1994) view is that focus groups produce qualitative data that provide insights into attitudes, perceptions and opinions of participants. He goes on to say that the focus group presents a more natural environment than the individual interview because participants are influencing and are influenced by others just as they are in real life. The researcher serves several functions in the focus group: moderating, listening, observing, and eventually analysing, using an inductive process deriving understanding from discussion.

This two step process allowed participants to have 'a voice' individually and 'a voice' within the group. The focus group provided opportunity for participants to co-operatively discuss what factors contribute to their capacity to rebuild their lives after intimate partner violence, and what legacies of intimate partner violence still challenge them.

Procedure

Sample And Participant Recruitment

I used a purposeful sampling technique. My selection criteria were women who had left intimate partner violence by a male partner ten or more years ago. The type of abuse suffered was physical and/or sexual violence. I considered ten years an appropriate time frame to consider 'long-term' consequences. I located the participants from Hamilton and Auckland, where I had arranged appropriate counselling services for follow-up if necessary. I initially sought to recruit six women, looking for three Pakeha women and three Maori women. This number of women was realistic to conduct individual interviews as well as to bring together in a focus group. For the purpose of this thesis work, six was an appropriate goal to work with in order to obtain in-depth data.

Exclusion criteria included women who were past or current psychotherapy clients. For reasons of ethical safety I also excluded potential participants with significant on-going mental health issues who required therapeutic psychotherapy, such as those with complex PTSD, borderline personality disorder, dissociative identity disorder or severe clinical depression.

My recruitment strategy was for potential participants to be identified by colleagues such as counsellor/psychotherapy educators, psychotherapists, counsellors, GPs and friends. I first sent a cover note to fellow professionals (Appendix D) asking them to assist in identifying potential participants. For those professionals who agreed, I provided them with the following materials to distribute to potential participants who expressed an interest in the study:

- a) Information sheet including a formal introduction of myself, outline of the research purpose and processes, and an invitation to meet with me to ask questions and have them answered (Appendix A).
- b) Consent forms (Appendix B).
- c) Stamped addressed envelope for return of consent forms.

After locating eight potential participants through some of the above contacts, I spoke to them by phone and confirmed their eligibility or otherwise. I then arranged to meet in person with five women who met my research criteria and to discuss the forms again with them (Appendices A & B). I provided an opportunity for them to ask me any questions. I then posted the Consent Forms for them to sign and return, after they had time to consider their participation. Through this process I confirmed three participants who were Pakeha and two participants who were Maori.

Procedure For Semi -Structured Interviews

Individual semi-structured interviews were conducted to provide information answering the research question “What are the experiences of women in Aotearoa after intimate partner violence, ten or more years after leaving?” An interview guide with framing questions was developed (Figure 1). The questions were intended to be a guide only and did not all need to be asked, or necessarily asked in the particular order. Changes were likely as the interviewing of participants progressed.

Figure 1

Semi-Structured Interview Guide

- ❖ Can you tell me something about the violent relationship you were involved with ten or more years ago?
- ❖ Are there any legacies from intimate partner violence which still affect you?
- ❖ Some women may consider they have 'recovered' from being exposed to abuse, others may not. What about for you?
- ❖ What do you think has contributed to you rebuilding your life after intimate partner violence?
- ❖ What are your choices around talking about your experiences of intimate partner violence or choices to keep silent?
- ❖ What are your current experiences of family, friends and the community attitudes towards you as a survivor of intimate partner violence?
- ❖ What were your experiences of professionals (such as lawyers, GPs, counsellors, psychotherapists, social workers) attitude towards you as a survivor of intimate partner violence?
- ❖ Using your wisdom and understandings at this distance from your own experiences of intimate partner violence, what would you say to other women who are recovering from intimate partner violence?

The participants and I mutually agreed on a time and place to interview. Interviews were tape-recorded and expected to last ninety minutes, with thirty

minutes allowed on either side for 'warming up' and for 'debriefing' afterwards. I planned to record my initial reflections immediately after each interview on audio-tape.

Scheduling and support for conducting the interviews was considered important in this research. Morse and Field (1995) stress that data collection can be an intense experience, especially if the topic that one has chosen has to do with stressful human experiences. The stories that the qualitative researcher obtains in interviews may be of intense suffering, social injustices and other things which will impact the researcher significantly. For this reason they advise pacing data collection very carefully, with no more than two interviews per day. They suggest it is important to have such a relationship with one's supervisor or co-researcher, that one may vent and debrief the feelings arising from the study. It is important to take breaks from data collection, to exercise, and to engage with other activities.

As a new researcher, I planned to conduct a single interview, discuss it with my supervisor and then progress with the remaining interviews. This would allow for debriefing and for improvements to be made if needed.

Following the conducting of the individual interviews and prior to the focus group, which I planned three months later, I wished to prepare a summary of each interview for each participant. These summaries would serve as reminders to the women of the content of their interviews, as well as confirming to them that their words were heard and recorded correctly. I planned to invite each participant to let me know if any content was incorrect, or of any content they wished to delete.

Procedure For Focus Group

I planned for the focus group to provide an opportunity for participants to synthesise thoughts and feelings after they had examined the summary emerging from their individual interviews. I wanted participants to have the opportunity as a group to offer their interpretations of the data and meaning observed in being a long-term abuse survivor.

I hoped that a key strength of the focus group would be that participants could share their experiences and exchange their opinions with each other as part of the research process. I looked forward to observing the interactions between participants and the reactions among different women to each other's stories and hoped that this would extend the richness of the research.

Data Management

Individual interview tapes were given to a transcriber to make a written record of the verbatim. The transcriber was experienced in research transcription and signed a confidentiality agreement (refer Appendix E). The sensitive nature of the interviews was discussed with the transcriber. I audited the transcription for accuracy. I then summarised the interviews and sent them to each participant to check them for accuracy. The focus group tapes were also transcribed and audited for accuracy by me.

While there are software packages available to assist in qualitative data management, I decided to do the coding of the individual interviews and focus group interview by hand, according to a manual thematic method described by Roberts and Taylor (2002).

Data Analysis

Data analysis proceeded consistent with Morse and Field's (1995) *thematic analysis*. *Thematic analysis* involves the search for and identifying of common threads that extend throughout an entire interview or set of interviews. I applied Morse and Field's (1995) principles of data analysis. These include, for example, that qualitative analysis is an active process that requires the researcher to become immersed in and have complete familiarity with the data and that tentative propositions (hypotheses) about relationships within the data will develop as relationships begin to emerge. Roberts and Taylor (2002) describe themes as essences or patterns within the text. I used the manual thematic method as described by Roberts and Taylor (2002), provided in Figure 2.

Figure 2

Steps in manual thematic method (Roberts & Taylor, 2002)

- ❖ I read and re-read the scripts of the individual interviews as a whole.
- ❖ I made multiple copies of the page numbered transcripts, and kept one copy as a guide.
- ❖ I kept in mind my research question and objectives of my research.
- ❖ I began 'coding' for themes by using a 'colour coding' method, marking in colour codes those words, ideas, sections, and/or nuances that appeared to be connected.
- ❖ I found a word or words to capture the ideas represented in each colour.
- ❖ I listed all the words and reviewed them.
- ❖ I reduced the list so that like ideas merged into respective groupings.

- ❖ I reached the limits of the reduction when I could no longer move ideas without losing some of their specialness in relation to the research. These were my themes.

In looking for themes I kept the aims and objectives of my research proposal in mind. I looked for both *explicit* and *implicit* themes (Roberts & Taylor, 2002). *Explicit* themes were apparent because they provided direct answers to my research questions. In other words, they spoke loudly when I was reading the text so it was difficult to miss them. An *implicit* theme can lie like a fine weave in the tapestry of the conversation. When located, you know you have it, because its fine threads are connected with other parts of the text and you will see where they begin and where they finish (Roberts & Taylor 2002).

Issues Of Rigour

In research, 'rigour' means the strictness in judgment and conduct which must be used to ensure that the successive steps in a project have been set out clearly and undertaken with attention to detail (Roberts & Taylor, 2002). The interest is in whether the project's findings can be relied on as reflecting 'the truth' of the matter (Roberts & Taylor, 2002).

Consistent with the feminist philosophical underpinnings of this research, I elected to apply the nine rigour criteria as described for feminist research by Hall and Stevens (1991). I describe these criteria below, including how I applied each criteria in my research.

1. *Reflexivity, by continually critiquing the research process.* Researchers examine their own values, assumptions, characteristics and motivations to see how they affect theoretical framework, review of literature, research design, data collection and interpretation of findings. Feminist investigators do not suppress awareness of their feelings and attitudes. The elimination of bias is presumed to be both impossible and inappropriate. It is the deliberate thoughtful assessment of how researchers themselves participate in creating and interpreting research data that is the mark of adequate feminist inquiry. Christman (1988) identified a series of questions important for the feminist researcher to ask while analysing data: “How is this woman like me? How is she not like me? How is it illuminating and/or obscuring the research question?”

I found these questions useful when it became clear to me through the interviews, that I recognised common themes between myself and the women I interviewed. My dual role as both researcher and co-participant was very evident. I have made this position clear from the beginning of my research (see Chapter 1).

2. *Credibility, by assessing the progress and outcomes through member checks.* A feminist research report is credible when it presents such faithful interpretations of participants’ experiences that they are able to recognise as their own. Member validation is one approach for determining an authentic rendering of participants’ experiences. I achieved this by sending to each participant a summary of their individual interview for them to review and change if they wished, before we met together as a focus group. The focus group also served as a good validation process.

3. *Rapport, experienced as open, trusting group dynamics.* Developing trust in relationship and researcher sensitivity to language, connotation and life-style (Sandelowski, 1986) were elements of rapport on which I particularly focused. I believe my skills as a psychotherapist and the fact I had also experienced intimate partner violence, assisted the rapport and trust I was able to establish with my participants individually. My professional skills and my personal experiences also assisted my facilitation of the focus group, creating a safe, open and trusting environment for the women.

4. *Coherence, by constantly confirming the research process.* Research conclusions are coherent if they are consistent with the raw data, connected in a logical discourse, faithful in principles and interests serving the stories women tell, the behaviours they demonstrate and the sentiments they communicate. An important question I asked myself to ensure coherence was how well are my interpretations related to my research question and my overall research goals? I also frequently conferred with my research supervisor to check coherence.

5. *Acknowledging complexity in the research and its participants.* This involved several tasks: locating the analysis in the context of the participants' everyday lives; and exploring the influences of larger social, political, and economic structures and providing historical background. I attempted to reflect these complexities through my questions to the women and the societal context within which intimate partner violence exists, as noted in Chapters One and Two. I also elaborated meaningful differences in the experiences of variously situated women (e.g. Maori and Pakeha women).

6. *Achieving relevance to women's concerns.* Feminist researchers judge the appropriateness and significance of research by whether the questions address women's concerns and by whether the answers to these questions can serve women's interests and improve the conditions of women's lives.

My research is especially relevant to women's concerns today in Aotearoa. Latest domestic violence statistics indicate that intimate partner violence continues to be an extremely serious problem and political and community groups continue to attempt to address it. Recent statistics from NZ Police state that more than 62,000 children in 2005 were involved in reported family violence. Sixteen women were killed by their partners or ex-partners in the past year (Ryan, 2006). My research findings have the potential to contribute to improving awareness at a community and political level, as to the reality of and implications for women who experience intimate partner violence.

7. *Attaining honesty and mutuality.* Participants are assumed to be truth tellers rather than persons disposed to deceit or intrigue, peers rather than objects of study. Reduction of power inequalities among researchers and participants is a means for preserving the subjective validity of participants' statements, affects and behaviours. Conscious monitoring of power dynamics during data collection provides an important basis for drawing adequate conclusions about the findings.

I asked the women whether knowing that I was also a survivor of intimate partner violence was helpful to them. They all agreed that it was, believing that I would understand and 'get it' with regard to the information they disclosed. I believe this fact assisted the aspect of mutuality and served to reduce power

inequalities between us that benefited the research and assisted the women to 'feel safe' about discussing and naming sensitive material.

8. Naming, using women's own terms and concepts, to denote the project's objectives, processes and outcomes. I consulted with the women regularly about the process of the interviews and the focus group, checking that the process was respectful and congruent for them. I adhered to protocol relevant to tangata whenua, by inviting 'karakia' before the individual interview with the two Maori participants and before the focus group with the five participants. I was sensitive and alert to language and metaphor that my participants used, consciously using language with them that was congruent with the women's terms and experiences. I have paid attention to reporting the findings in Chapter Four, by reporting the women's words as much as possible, using their terms and concepts.

9. Achieving relationality, by forming collaborative interpersonal relationships to challenge ideas and respect differences. The focus group gave opportunity for the participants and me to experience collaborative relationships and to observe sameness and differences in the ideas the women expressed.

Through the use of discussions with my supervisor, I continually critiqued the research process throughout. I assessed credibility by communication with my participants about their individual transcripts as well as by the use of discussions in the focus group, reflecting on their experiences of reading the summary of their individual interviews.

I achieved rapport by open discussion about confidentiality and its limits, disclosing to participants that I also was a survivor of intimate partner violence. I

ensured that my questions were empowering and respectful and that I modelled 'researcher with' dynamics, as opposed to 'researcher done to' dynamics.

Treaty Of Waitangi Considerations

The Health Research Council of New Zealand (1998) expresses commitment to Article Two and Article Three of the Treaty of Waitangi. Article Two articulates the retention of Maori control (*tino rangatiratanga*) over Maori resources including people. Article Three provides a right to a fair share of society's benefits. Thus, the need to consult and collaborative research between Maori communities and non-Maori communities is essential if the principles contained in the Articles are to be adhered to.

I interviewed women who were both *Tangata whenua* and *Pakeha*. The methodology of *critical feminist theory* and *participatory action research* honours the principles of the Treaty of Waitangi by being conscious of disempowerment and oppressive dominant discourses. It is a methodology which recognises a collaborative process and attempts to minimise 'the researcher and the researched' dynamic. I intentionally used *Whare Tapa Wha*, the four cornerstones of Maori health (Durie 1994) to inform me when interviewing Maori participants. This included considering the dimensions of *taha wairua* (spiritual aspects); *taha hinengaro* (mental and emotional aspects); *taha whanau* (family and community aspects); *taha tinana* (physical aspects).

My experience of working in an educational setting which consciously explores and seeks to apply treaty-based practice; my professional experience as a *Pakeha* psychotherapist working with Maori clients and other ethnic groups; and

my personal experience in my own whanau with my children and step-children and grandchildren being part NZ Maori and part Cook Island Maori, enabled me to respond within the framework of Treaty of Waitangi principles in my research.

I sought collaboration with a Maori consultant. The information sheet for participants in this research included the name of the Maori consultant (Margaret Morice) with an invitation for participants to use her for their services if they so wished (Appendix A). In this thesis I have included a letter of support for this research from Margaret Morice, Maori Consultant (Appendix G). After the interviews I consulted with her to discuss my process with Maori participants, and any areas of particular interest pertaining to tikanga Maori.

Ethical Concerns

Ethics is concerned with moral questions and behaviour (Roberts & Taylor, 2002). Research participants' rights must be respected throughout the research process. A process of informed consent was used to explain fully the study processes and how the information was to be used. This included discussion and a written Participant Information Sheet (Appendix A) and Consent Form (Appendix B). The study was approved by the AUT Ethics Committee, 25 November, 2005 (AUTEK 05/206). Study processes were developed with two central ethical concerns, safety and confidentiality.

Safety

I considered physical, psychological, emotional and spiritual risks to participants' and researcher's safety, and identified three areas of risk:

1. Participant distress, perhaps due to triggering of memories of former experiences of intimate partner violence.
2. Concern about privacy.
3. Researcher distress.

To mitigate these risks, I identified the following actions:

- As an experienced and qualified psychotherapist I was confident in my ability to identify any mental health issues that may arise during the course of a woman's participation. I would duly stop an individual interview or the focus group interview if there were indications of harm and make the appropriate referrals.
- As a psychotherapist researcher, I was committed to attending to my own personal supervision during the conduct of the study. I planned for ongoing supervision separate from meeting with my thesis supervisor.
- I negotiated with counselling agencies and then informed participants of an option for up to three follow-up counselling sessions at Auckland University of Technology (AUT) Counselling services and at Anglican Action Counselling Services, Hamilton.
- I ensured that participants had an appropriate support system prior to their participation (e.g. family, friends and professional contacts).
- I invited participants to choose a pseudonym to be known by and was transparent about who else apart from me would have access to the tapes and interview transcripts. For this research my supervisor and the transcriber had this access. My supervisor signed a confidentiality

agreement and I had the transcriber sign a confidentiality agreement (Appendix E).

Confidentiality

Sanchez-Jankowski (2002) believes the researcher must assume responsibility for honouring the specifics of the agreement with participants, which includes protecting anonymity and confidentiality. For my research I discussed confidentiality with each participant: its limitations (e.g. discussions with my supervisor and the use of a transcriber) and what they wished to be the boundaries in regard to confidentiality. Before the participants came together in the focus group, I checked with each of them whether they wished to be introduced to the other women by their own name or by their pseudonym. Each chose their own name. Prior to the focus group interview, we agreed together that each was free to discuss their personal experiences of the focus group outside of the group, but not anyone else's experiences.

Summary

This chapter has described the methodology, research design and methods used to explore the long-term consequences of intimate partner violence for women in Aotearoa, who have been out of a violent relationship for ten or more years. Detail of cultural and ethical considerations necessary to conduct the study in a safe way for researcher and participants has been given. The next chapter presents the findings of this study.

CHAPTER 4 FINDINGS

This chapter presents the findings that answer the research question: 'What are women's experiences ten or more years after leaving intimate partner violence?' Firstly, I will discuss the experience of the data collection and introduce the participants. I will present the results of my data analysis beginning with the themes from the individual interviews followed by the themes from the focus group. To illustrate these themes I will use the participant's own words, emphasising and highlighting the importance of their narratives and the power of their 'voices'. Quotations are bulleted, italicized and indented for readability; pseudonyms are included for the reader to be able to differentiate speakers.

The Experience Of The Data Collection

The five participants in this study were recruited through personal connections with known colleagues or friends, rather than through GPs, or agencies involved with Domestic Violence services. The participants were Tia, (Tangata Whenua) aged 56 who has been out of intimate partner violence for thirteen years; Pare (Tangata Whenua) aged 51 years who has been out intimate partner violence for sixteen years; Ann Marie (Pakeha) aged 53 years, out of intimate partner violence for fifteen years; Emma (Pakeha) aged 50 years, out of intimate partner violence for seventeen years and Kellie (Pakeha) aged 32 years who has been out of intimate partner violence for ten years. Each was functioning relatively well in their daily lives, involved in work that was meaningful to them and had attained or was working towards a higher tertiary qualification.

Experience Of Individual Interviews

I conducted a single interview in Hamilton, discussed it with my supervisor and then progressed with the remaining four interviews. The other four interviews I conducted over a period of one week, interviewing two participants on one day in Auckland, and the others two days apart, one in Auckland and one in Hamilton. I allowed two hours for the interview process; thirty minutes for conversation beforehand which included a cup of tea and a talk, explaining the interview process, an hour for the interview, and thirty minutes for debriefing at the end. I felt well prepared and organised for each interview, and the pacing felt appropriate, as described in Chapter Three. I interviewed the participants in a venue in which they felt most comfortable. Three chose their own homes, one her office at her workplace, and another a neutral venue that was suitable for both of us.

Experience Of Focus Group Interview

Nearly three months after completing the individual interviews, the women and I met together at a home in Hamilton. I had organised that we share lunch together as a way of introducing participants to each other and to warm up to the focus group interview. I spent ninety minutes conducting the focus group interview and I allowed thirty minutes at the end for debriefing. The women stayed on for approximately forty-five minutes after debriefing, enjoying the contact they had made with each other.

Results Of Data Analysis

Individual Interviews

Focusing on my research question I looked for the key themes appearing in each individual interview. Consequently I 'coded' for themes with two main groupings in mind: (1) What were the participants' current experiences of challenges and legacies from intimate partner violence and (2) what experiences contribute to rebuilding their lives after intimate partner violence? I coded for words, phrases and paragraphs that collectively built a theme across the interviews. I discovered eight major themes that addressed the current experiences of challenges and legacies from intimate partner violence.

The theme of **powerlessness** appeared throughout all five interviews. In expressing powerlessness, the women spoke of experiences of *fear; anxiety; traumatic stress; lack of trust; and difficulty saying "no"*. All of the women described feelings of powerlessness which affected them at different times.

- *Sometimes in situations with my son and my daughter, I feel powerless, just like I did with my ex-husband. (Pare)*
- *Even now, when I go to particular areas in Auckland, like certain streets, I feel quite uncomfortable. I still feel embarrassed. It's a bit silly that stuff can still come up when I talk about it. (Kellie)*
- *I'm good at recognising it (bullying) at work, but I'm still not good at recognising it when it's coming at me in my personal life though, or I'll still allow it, I think. (Ann Marie)*
- *For some reason people always feel they can speak to me like crap. I must have, you know, 'speak to me like crap' written on my*

forehead. I suppose I have noticed that I do get clumsy, if I get anxious. Then I feel really stupid all the time. (Ann Marie)

- *One of the legacies from violence I still experience is if people yell. I hate it. You know, you just want to run from it. I don't want to hear it. I just want to go. (Tia)*
- *If you're now in a present relationship and somewhere along the line your partner criticises something about you or puts you down, it may trigger something like a 'put down'. That can send you spiralling further down than you probably were in the violent relationship, because all hell just comes on the inside of you. And I think with the strength of that emotion, you've got no power. You know I can't explain it, but I can tell you what it feels like. It feels like you're worthless any time you're walking along, and you would just think about it and tears just roll down and it's the worst thing and you don't even want to look at anybody. It takes you a while to get over that. (Tia)*
- *When I talk about it, the feelings which come up for me are anxiety. I can feel it in my stomach. I definitely identify those feelings of panic and anxiety as traumatic stress. I experience my nervous system going into hyperarousal .(Emma)*
- *It is really hard for me to say "no". I find it difficult to trust my emotions. Lots of self-doubting, thinking, well this is my stuff. (Emma)*

The theme of **guilt and shame** appeared throughout all five interviews. All participants said they still felt ashamed and embarrassed at having been in a violent relationship.

- *I feel embarrassed having had that kind of relationship. It sticks with you, even today. It will stick with you for years and years. (Kellie)*
- *I've never lost that feeling. I know that's not rational but that's still there. I suppose it is shame if you want to put a word in. I still think I should never have been in that. How did I get into that situation? And I've got to live with it for the rest of my life. I still put myself down for being in that relationship. (Ann Marie)*
- *The depth of the violation goes to your heart. That's what it feels like. At conferences I get very shy about standing up because I might get it wrong. It might be shaming. So it's back to the shame thing. Felt like an important bit to add. (Emma)*
- *I felt guilty and still do at times for staying, that long, because of the impact on the children. (Tia)*
- *I thought there was something wrong with me, that I'd gotten into a violent relationship. (Ann Marie)*
- *Sometimes I used to think when I was home by myself that my life was not worth living. (Pare)*

The theme of **anger** appeared throughout all five interviews. This manifested in different ways including *difficulty in expressing anger; fear of others' anger; feeling angry*. Two of the women spoke about feeling angrier since intimate

partner violence, three spoke of feeling frightened of hearing others express anger, and one spoke of her difficulty in expressing her anger.

- *I find myself feeling that I don't actually like men. They just piss me off. They just piss me off. It just pisses me off actually, to still be dealing with the consequences of that violent relationship. (Ann Marie)*
- *I was very scared of my own anger. I'm still scared of my own anger, although much less so. (Emma)*
- *Putting restrictions, that's what really makes me angry. I think that will stick with me because in that relationship that's what happened to me. I don't like any kind of power and control at all. You always have baggage, and the baggage went with me. It was the anger. (Kellie)*
- *I see couples in arguments and hear them calling each other names and I just think 'Ohh'. It's just disgusting. It makes me vomit. I feel absolute hate. I just think, I'd love to pick up a brick and throw it at that guy's head. (Kellie)*
- *One of the legacies from violence that I still experience is if people yell, I hate it. You know you just want to run from it. (Tia)*
- *I felt really angry inside and I wanted to lash out at him and those sorts of things. I feel angry. (Pare)*

The theme of **feeling silenced** appeared in four of five interviews. Four of the participants spoke of finding it difficult to talk about their experiences. One told

me after her interview of how empowered she felt, when I used the word 'atrocities' to describe some of her former experiences. It was as if I validated an experience for her to which she was unable to give 'voice'.

- *I kept the violence about my relationship quite quiet. If I don't feel comfortable around someone or I don't think I can trust them I wouldn't even say anything. It's hard to talk about because it's very private. It's very very private. (Kellie)*
- *I do speak to my partner now. I've told him quite a lot but still he'll never know everything. There are some family members or friends that I would never have conversations like this with. And they would never expect to hear or see me like this anyway. (Kellie)*
- *I suppose I gauge who I'm going to talk to. And I might give part of the story. (Emma)*
- *I did try to talk with my sister at one stage but she just changed the subject. And so I never bothered after that. And I'd never bring it up again. (Ann Marie)*
- *I never spoke to a GP. I don't know why. Probably because I thought they were there to fix up your health, but when it came to mentally, you know, I didn't feel they were the right people to talk to. (Pare)*
- *I mean I'll fight for other people, but I don't know if I could actually get out there and say, this has happened to me, you know. (Ann Marie)*

The theme of **worry about impact on children** appeared in three of five interviews. The other two participants did not have children. All the participants with children expressed concern at the legacy of intimate partner violence for their children.

- *There are legacies from that relationship for me. Two of my children can be quite abusive when they drink alcohol. My eldest daughter who has got five children, and when I see her now it's just like looking at her father. The way she treats her children. She doesn't have time for them. You know she comes first. The alcohol comes first. I try and talk with my daughter about the way she is, but she seems to put the blame onto me. That I let those things happen in those past years, and she can't help the way she is, because of me. (Pare)*
- *I think where I find it most difficult is when I see my children behaving like their father. Or see them damaged by what has happened. There was an incident this morning in the car with one of my boys who's 25, expressing huge anger at how his father's been, at what he remembers from when he was nine. And I find that sad and I keep on wanting to repair that. (Emma)*
- *When my ten children come around they often talk about the past, which I don't find easy because I do still feel guilty. I tell them there was never anywhere to go. (Tia)*

The theme of **sadness** appeared in four of five interviews. The women spoke of feelings of sadness which still affected them.

- *I've done lots of mourning around it. Loss of the dream, all that kind of stuff. (Emma)*
- *When I talk about it, the feelings which come up are tears, and strong emotion, but it's a kind of wobbly emotion. It's not a poignant or tender sad, it's more of an anxious sad. (Emma)*
- *I am quite a lonely person actually. I feel a bit sad but I am quite lonely. I kind of think, 'is this my life', you know. I've got through an awful lot and it is hard to talk about these experiences. (Ann Marie)*
- *You know, some things, even though it happened a long time ago, when I think about them they still make me feel sad. I suppose I'm sad and sorry for not speaking out earlier, for letting my children go through the abuse because you know he didn't just hit me. (Pare)*
- *I think 'oh God why am I getting so upset?' Yes there's something really really deep which comes out and you don't know where it comes from. I get quite upset. If I'm with somebody, they wouldn't even know. (Kellie)*

The theme of **isolation** appeared in four of five interviews. Pare (Tangata Whenua) didn't appear to have the same experiences of isolation, attributed to her connections to her marae, whanau and tupuna (ancestors). She said people in her

whanau still talked about the violence she experienced, but in a humorous way. She felt 'held' by the strength of her marae and her tupuna, her grandfather who had brought her up. It seemed to me that her sense of her 'maori identity' is something that supports her and gives her strength in a way that the pakeha women didn't experience.

- *I still don't really go out a lot to be honest with you. I'll do it but I just do it because I have to, rather than because I want to. (Ann Marie)*
- *Well, it has been a lonely journey. It's been done all on my own. (Ann Marie)*
- *I had lots of years sitting, just by myself a lot. (Tia)*
- *I felt very, very isolated . (Emma)*

The theme of **sexual legacies** appeared in two of five interviews. Two other participants talked about this theme once the tape had been turned off, after the focus group interview. I will discuss this further in the following chapter.

- *And now I still have to make sure that I don't make myself into this sex kitten in order to make sure I please. It's kind of like, if I didn't give good sex, would I still be acceptable? So I don't even let myself go there. So that's a legacy, definitely. (Emma)*
- *There are a couple of other very direct things which are still a legacy for me. That is when M would insist on oral sex with him being on top of my face and forcing it into me and I would sort of be gagging and crying. I still can't quite do that. If I'm going to do*

oral sex I need to be the one on top. So I can't do it that way around. I haven't told my partner that, but that's something I keep to myself. So that I then control the situation and make sure that this happens this way. (Emma)

- *I think that's probably why I don't respect men, because I just thought that was the most bizarre thing. It was more degrading than the physical beatings. I've never actually talked about that. I still don't like talking about it. I just don't understand it. I mean, then you know it's about power. (Ann Marie)*
- *I'm very anti-pornography and anti sort of erotica, you know. I'm a bit straight-laced and I do wonder if that's because of that. So while people think it's healthy for their guys to have pornographic material in the house I just won't tolerate it. I think its abuse of women. I don't know how you can do that. I don't see that it's necessary. People think I'm prudish. Like (name disguised) called me a prude one night and I said," I just don't see the need for it". I guess I am left with a few legacies. I still find that (sexual violence) really hard to talk about in a way. And I still don't understand it to be honest with you. (Ann Marie)*

In addition to the eight themes describing the challenges and legacies from intimate partner violence, seven themes were identified that describe women's experiences rebuilding their lives after intimate partner violence.

The theme of **empowerment, resilience and courage** appeared in all five interviews. The women expressed their feelings of strength in a variety of ways. Emma spoke of recovery, feeling much more real and yet there were some things she would never get over. Tia spoke proudly of how her 'mokos' were now 'clued up' about violence, because of her teaching.

- *I'm becoming much more real. I think that's the thing. I had to pretend for so long. It's taken a long time. (Emma)*
- *I feel like I've recovered. I feel I can talk about it sometimes. But it feels like some things I don't know that I'll ever get over it. (Emma)*
- *My 'mokos' are very clued up now about violence, through learning from their parents and me. If anyone ever does anything they'll come running home and they'll say someone is a girl basher or someone's a boy basher at school. They come back and tell me. (Tia)*
- *The experience of that violent relationship has contributed to me being quite strong. Now it's one of my main things. I have to look after myself. Because in the end when you're single or alone, you have to rely on yourself. I think I'm like three-quarters over it. I suppose everyone's different who recovers. I think if you think about it a lot, and if you talk about it, it helps. (Kellie)*
- *I think I can pick a bad apple normally now. I'm a lot wiser than I used to be in picking boyfriends and friends. Males and females. So I think I'm quite a good judge of people now. (Kellie)*

- *For me it's about being a strong person and knowing what I want. I'm quite a strong person now. I changed all my values and everything when I was in that relationship, but now I've gone back to what I believe. I've just set them in concrete and that's it.*
(Kellie)
- *Earning my own money, buying my own vehicle, you know, that sort of thing. It really makes me feel powerful.* (Pare)
- *I feel that I am recovered now, although you've seen me crying, but I still feel that I've recovered. My life does feel rich and full now.* (Pare)
- *I'm glad to say that I now own this home. You know, that's another accomplishment. I always wanted my own home but I could see I was never going to get one with him.* (Pare)
- *I will say things if I'm in a situation and I see somebody getting a hard time. I'll just say, "Can I help?" I feel the need to get in there and stop it. I don't feel afraid.* (Ann Marie)
- *I function well in the world. You know, I know who I am and I know what I'm doing and all the rest of it.* (Ann Marie)
- *What helped me get through is that I've had some pretty tough things going on in my life and I've had to survive them. There is resilience in me. I'm very resilient.* (Ann Marie)
- *It's like this volunteer work you know. I think being in a violent relationship is what drove a lot of that. I wanted to help the world*

and have my say, in a quiet sort of way. Stop them getting abused by white people, I suppose. (Ann Marie)

The theme of **education/meaningful work** appeared in all five interviews. The women were proud of what they had achieved post intimate partner violence.

- *I'm now studying and I've got a vision for the future. What helped was discovering myself again I think. (Kellie)*
- *This is why I do what I do today. I started up that women's group. Help women if they have to come out of a relationship. Our women's group has been going for twelve years and we're getting stronger every year. The women's group has helped me rebuild my life after violence. It still helps me every time. (Tia)*
- *I did a Maori class, which helped me gain some confidence. I did lots of personal development in my degree. It gets you thinking about things. (Tia)*
- *Working as a facilitator in the 'Living without Violence' programmes with the women's groups was very important for me. (Emma)*
- *That job was really a lifesaver for me. I was quite trapped before in the home. (Pare)*
- *I went and did a three year teaching degree and got honours! Yes, I'm quite proud of myself. I never would have thought, you know, looking back to the type of life I had earlier in my marriage, that I would ever have achieved something like this. (Pare)*

- *I feel proud of what I've achieved. Some days I think, 'Shit I'm good'. You don't sort of come out and say, I want to help women that have been involved in intimate partner violence. But I do it through my work, that's my way of just, you know, stopping it.*
(Ann Marie)

The theme of **own women's wisdom** appeared throughout all five interviews. This information was gained through the women talking about what they would like to say to other women who are recovering from intimate partner violence.

- *That it goes very deep. I think it's something about the boundary violation because you've loved this person. You've kind of given your heart. You know you've opened yourself up so much to that person. It's not the same thing as a teacher doing it to you or being mugged in the street. It's something about you've opened up and merged with this person. That's where it can crush your spirit. That's your dangerous kind of thing, and that's how the abuse can work so well because I think it can get into your whole psyche and it's very hard to hold on to your identity. It can take a long time to get this back and you need to keep peeling back the layers. Because I think it goes very deep.* *(Emma)*
- *I'd probably say something like, be kind to yourself, don't judge yourself, it's not about you... it's about power from other people.*
(Ann Marie)

- *I think it's just being there for other women. Listening. If they start to talk about it, don't cut them off. Because I know what that feels like. (Ann Marie)*
- *You know, there are a lot of guys out there that need to understand how to control themselves. As well as us being recognised. (Kellie)*
- *I would say it helped to talk, to get it out of your system, to talk with someone that you can trust. Otherwise it must just eat you up inside if you don't talk about it and things just go round and round in your head. It could just drive you crazy. (Pare)*
- *Don't get straight back into another relationship. You need to look back and think, okay, this is what I've learnt. I need to put that on my list. It's just so important to rediscover yourself and not try and move on too quickly. (Kellie)*
- *I think when you leave a relationship like that, take some time to get to know yourself. Because I didn't do that. No-one ever explained that to me and I do have regrets about that. I think women who have been in intimate partner violence should wait for sometime before entering another relationship. (Tia)*
- *To other Maori women recovering from intimate partner violence, I would say go home. Just go back to your turangawaewae the place where you come from. Go back to your Marae. Just go back, even to your urupa and talk to your tupuna. (Pare)*

The theme of **psychotherapy and counselling** appeared in all five interviews. Some of the women found psychotherapy and counselling helpful. One participant found it not so helpful. Tia spoke of a women's group that she still goes to, as opposed to individual counselling.

- *I've been to counselling and I've done workshops and I've read and improved myself and I've looked at myself and it just drives me crazy that it still affects me. It does still live and it hasn't really gone away to be honest with you. (Ann Marie)*
- *The counselling was good. But having said that it never really worked. It was all about, what can you do to change? No focus on working through the grief and the loss and the trauma of the experience. None of that actually when you think about it. (Ann Marie)*
- *I went to see a woman for counselling. I went about three times. She told me that this will affect you for the rest of your life. It felt like a big hole. It just swallowed me up. It's what I needed to hear I think. (Kellie)*
- *Therapy has been very important in rebuilding my life. Very very important. I've had twelve years altogether with men and women therapists. (Emma)*
- *But – yeah – the doubt that I was okay. Because I'd felt for so long that I wasn't okay – in the other relationship – that it took a lot of therapy to feel differently. It was really good going to my*

therapist and saying, 'Look what's this, you know'. Having that reality check, outside of the relationship. (Emma)

- *Well, I think, having a male therapist who had integrity and he was very protective and he gave me a totally different experience of what a good man could be. This was very important. So that I could feel loved without it being for sex. And without it being kind of conditional or something. That I didn't have to watch my step. So that has been very useful, the last four or five years. (Emma)*
- *The help I was getting from the counsellor was really good. (Pare)*
- *Our women's group has been going for twelve years and we're getting stronger every year. The women's group has helped me rebuild my life after violence. It still helps me every time. (Tia)*

The theme of **marae and whanau** appeared in two of five interviews. This was apparent in Pare's interview particularly, and mentioned in Tia's interview.

- *I could talk to some members of my whanau. I think coming from a big whanau and having that whanau support has really helped me. I could always go back to the marae and there is always someone there to talk to. I would go back to the marae and that would give me strength. That's where I still go to restore myself. My children feel the same about the Marae. (Pare)*
- *I've got a cousin who is really really good. She doesn't judge you at all, and although she's never been through it before, she has a good ear. A good shoulder to cry on. (Pare)*

- *I'd just go into the urupa, our family cemetery and sit there. You know my grandfather is buried out there, and I'd just sit down there, and talk to them (tūpuna).*
- *My upbringing from my tupuna gives me lots of strength. (Pare)*
- *My Aunty helped me get out by giving me some money. That was only how I got out; otherwise I would never have gotten out. (Tia)*

The theme of **current partner** appeared in four of five interviews. Four women spoke of their appreciation of their current partner's qualities. One participant did not currently have a partner.

- *With my current partner I think I appreciate him much more than maybe somebody else who hadn't been in a violent relationship. He's very respectful of boundaries. I can trust him implicitly. He doesn't just dismiss things I say. (Emma)*
- *I notice I feel better as I get older, especially as I've got a good relationship now. (Kellie)*
- *I couldn't have done it without the help of my partner I have now. To have that absence of fear and be able to sit and relax was something I'd never known before. It took me a long time to accept the little things he did for me like cooking me dinner, or just taking me out for a drive somewhere. (Pare)*
- *My husband now, knows a lot about female things. (Tia)*

The theme of **good lawyers** was present in three of five interviews. Although the women's contact with lawyers was in the past, the memory of a good lawyer supporting them during or immediately after intimate partner violence contributed much to the validation of and the rebuilding of their lives.

- *After I left the relationship, I found a female lawyer, after having a couple of male lawyers. I found a female lawyer who was really, really helpful. (Pare)*
- *I remember one of the partners at work who was a matrimonial lawyer and he'd dealt with a lot of people who had obviously gone through divorces and that sort of thing and I went up and saw him because it did start to affect my work. It affected my moods. (Kellie)*
- *I had three lawyers. I got validation from these professional people. I had a woman lawyer and two other men, who I chose quite carefully. I got some good legal reality checks which were useful. (Emma)*

Focus Group Interview.

Addressing the same two areas of groupings of current challenges and rebuilding experiences developed from the individual interviews, I focused on the following two questions (Appendix F).

1) After your individual interviews and reading over your interview last week, how would you summarise the legacies which continue to affect you now ten or

more years after the abuse? Can you share your understanding of this with the group?

2) From what you say, we would all agree there is a legacy we carry with us after experiencing violent abuse. Some would say we continue to recover over a life-time. Perhaps some would say they are 'recovered'. Can you take this opportunity to reflect on what helps you now in the process of rebuilding your lives ten or more years after the abuse?

I 'coded' for themes throughout the focus group interview. I discovered eighteen themes pertinent to challenges and legacies which still affect participants and what they consider is helping them to rebuild their lives. Twelve of these themes were the same as those which emerged in the individual interviews. Six new themes emerged. I have listed these themes in order of the frequency they appeared within the focus group interview in Table 1.

Table 1 **Focus Group Interview Themes**

<u>Theme</u>	<u>New Themes</u>
Anger, including fear of others' anger; difficulty in expressing anger; feeling angry.	
PTSD symptoms including disconnection; dissociation; hyperarousal; startle response; triggers.	✓
Guilt and shame	
Education and meaningful work	
Survivor Mission including desire to bring about change; advocate for others; side effect involved healing of self.	✓
Empowerment, resilience, courage.	
Powerlessness including fear; anxiety; traumatic stress; lack of trust; difficulty in saying "no".	
Worry about impact on the children	
Sadness	
Appreciation of current partner	
Independence including taking control and not liking being told what to do.	✓
Legacy of heart and soul	✓
Recovery is ongoing	✓
Feeling silenced	
Sexual legacies	
Isolation	
Psychotherapy and counselling	
Difficulty in respecting men	✓

New Themes:

The theme of **post traumatic stress disorder** symptoms, with the women speaking of *disconnection; dissociation; hyper arousal; startle response; triggers.*

- *Like there was a little stone that hit the windscreen when I came here and the adrenalin in my arms was just whew... you know, that kind of startled response and the adrenalin is still huge in my body. (Emma)*
- *In the interview you said something that was just so powerful, it was like a trigger. It just triggered a whole lot of emotions. (Tia)*
- *Just listening to everyone here, I hadn't realised that things I do were triggers from the past. (Pare)*
- *I was driving down the street, I got to an intersection and I suddenly felt really ill. I looked and I remember that an incident happened in the car at the end of that street. And I was thinking - that flashback- and I thought 'holy, this is the corner'. And it happened nine years before. (Kellie)*
- *I thought I was fine after the interview (individual), absolutely fine. Super-woman again, you know. I got into the car on my way to therapy and I started disassociating, and I was kind of like reeling. And I got to therapy and bawled my eyes out for fifty minutes. (Emma)*

The theme of a **survivor mission**. The women talked about *desire to bring about change; being an advocate for others; on-going healing of self.*

- *That's one of the things I'm left with. I find it hard to respect men but I work with a lot of them because I think, you know, it's the only way to make change in a way. I think that's why I've chosen the profession that I have. Because I am actually in a position where I can make people confront their behaviours. (Ann Marie)*
- *I honestly try and work with angry males, who are respondents. It took a while to say "Yes", and now it's the best thing I ever did, because I really love the work. It actually helps me because I know that I'm educating them that violence is not the way to go. And if it's Maori I use a Maori model and take them back. It could be three generations down the track. Because I've just worked with another Maori woman down in Wellington and she did a whole thesis on a particular iwi, but they found out all their males went back to six generations to the violence. So I use that and it really works. I think I feel good about it because I want to educate other people and I like to educate women as well. (Tia)*
- *I am advocating every single day. It's my way of giving back to the community, this sort of helping people. Making sure they don't get their rights taken away from them. Stuff like that. (Ann Marie)*
- *It was incredibly healing for me and important, working with the Living without Violence programme. Working with women's groups as facilitator and starting the children's programmes, and the adolescent programmes felt incredibly important for me. (Emma)*

The theme of **independence**. The women talked about *taking control and not liking being told what to do*. Two of the women spoke of not liking automatic payments and the bank taking control of their money in that way.

- *I've got a good relationship now with someone, but it made me far more independent and I've realised that I don't have to ask for someone's permission. (Kellie)*
- *I won't have the bank taking my money in a direct debit. I won't be controlled in any way by automatic payment. I've got to do it, rather than the bank doing it. I know that's still a legacy. (Emma)*
- *I hate automatic payments. I will go and pay cash and I hate people on the phone who ring up and ask for your phone number. So there are lots of legacies. (Pare)*

The theme of **legacy of heart and soul** appeared. The following quotations illustrate very potently the 'invisible' wounds of intimate partner violence.

- *One thing I came to the realisation after the interview was that, that's what makes it different with intimate partner abuse I think. It is that you give your heart. And that's the bit – it's like my heart was lacerated. My heart was beaten. And it's not the same kind of thing as somebody coming into your house and robbing you. It's not the same thing as being mugged in the street. It's not the same thing as a boss harassing you at work. Those are the things which you kind of like remove. You haven't given them your heart. You*

haven't made yourself completely open, vulnerable, your body, your heart, your mind. You know, where you kind of become one with that person and you have your dreams and I think that's the bit that really really got to me. And that's how he could get inside my head. It was through the heart. (Emma)

- *I think you sort of give your whole don't you. Your whole self. (Pare)*
- *It's your spirit. It does get squashed quite considerably. (Emma)*
- *Some women never get out do they? Just can't get out. (Ann-Marie)*

The theme of **ongoing recovery**. While the five participants felt they had 'recovered' to greater or lesser degrees, they all agreed that recovery is 'ongoing'.

- *It feels like ongoing recovery. I don't feel like I've recovered. I don't think I'll ever get over this. I think it will be something that I will get triggered with at times, like coming to an intersection or, you know, those kinds of things. I just manage it better. (Kellie)*
- *People that live in war zones with post traumatic stress are validated, but for us it's like...get over yourself! (Ann-Marie)*
- *Even ten-fifteen years down the track, there's still a lot of stuff there. (Emma)*
- *When I spoke to you in my individual interview and you asked me if I had got rid of all those feelings and I said 'Yes', well I probably didn't quite understand, because its still an ongoing thing isn't it. (Pare)*

- *I've got so many legacies too as well. I met my new partner and ended up getting married, which I've thought about after I probably shouldn't of. I should have waited. I just needed some more time so I think that legacy will follow me. I just rushed in too soon. (Tia)*
- *I've just noticed that I'm always on the verge of tears. And I've noticed that we are all still in that place which I find really interesting. So I don't feel quite so bad/mad now. (Ann Marie)*

The theme of '**difficulty in respecting men**' was spoken of by one participant.

- *And I work with a lot of men and I actually don't really respect men. I know that's a terrible thing to say. (Ann-Marie)*

Reflecting on the themes and considering women's stories, individually and in the group, I was struck by how experiences of powerlessness and empowerment, resilience and courage were equally dominant themes in the individual and the focus group interviews. I will discuss my interpretation of this paradox further in the following chapter.

Participant Reflections Of Research Process

At the end of the focus group interview, I asked the women to say something about what it had been like for them participating in this research. The women spoke of their experiences:

“When I was coming to this interview I’d said to you that I hadn’t sort of got upset about it for a very long time and then when we started talking I was like, Oh no, here come the tears.” (Kellie)

“They say tears are for healing and every time that happens it is.” (Tia)

“After the interview I was much more aware of how difficult I find it to talk in a group. This process has been good as well. But I’m also with people who understand and that’s different to standing up at a conference.” (Emma)

“Thanks for giving me this opportunity to come here today with this group, to give my input. I find that speaking in a group, you can get that feeling of group support. And just listening to the other stories.” (Pare)

“I’m glad I’ve participated because I actually have to face it full on. I think it has brought up a lot of stuff and I am trying to get on with it now and deal with it a lot more honestly. So thank you. It was serendipity that brought us together.”

(Ann-Marie)

Researcher Perspective Of Research Process

I was very moved by the 'voices' of the women, individually and collectively. I observed how empowering the experience was for each woman to find a 'voice', and be heard by me and by each other. I felt honoured to be part of a research process such as feminist participatory action research, which facilitated 'women's truth' in this way. In the following chapter I discuss my personal reflections on how the interviews impacted on me as the researcher, and also, a long-term survivor of intimate partner violence.

Summary

This chapter has presented the findings of the experiences of women ten or more years after leaving intimate partner violence. Findings have been reported about the challenges and legacies after intimate partner violence still affecting the participants and what they consider contributes to rebuilding their lives. A list of the themes is represented in the following table (Table 2).

Table 2 Individual and Focus Group Interview Themes

<u>Theme</u>	<u>Individual</u>	<u>Group</u>
Anger, including fear of other's anger; difficulty in expressing anger; feeling angry.	✓	✓
PTSD symptoms including disconnection; dissociation; hyperarousal; startle response; triggers.		✓
Guilt and shame	✓	✓
Education and meaningful work	✓	✓
Survivor Mission including desire to bring about change; advocate for others; on-going healing of self.		✓
Empowerment, resilience, courage.	✓	✓
Powerlessness including fear; anxiety; traumatic stress; lack of trust; difficulty in saying "no".	✓	✓
Worry about impact on the children	✓	✓
Sadness	✓	✓
Appreciation of current partner	✓	✓
Independence including taking control and not liking being told what to do.		✓
Legacy of heart and soul		✓
Recovery is ongoing		✓
Feeling silenced	✓	✓
Sexual legacies	✓	✓
Isolation	✓	✓
Psychotherapy and counselling	✓	✓
Difficulty in respecting men		✓
Own women's wisdom	✓	

In the following chapter these findings are discussed in relation to my interpretations of the findings and my personal reflections; the relationship of the findings to the literature reviewed in Chapter Two; study strengths; study limitations; implications for practice, health policy, education and for future research. I end with my conclusion.

CHAPTER 5 DISCUSSION

In this chapter I will discuss the findings drawing on my own interpretations from the themes which emerged. I will briefly discuss my personal reflections concerning the impact the interviews had on me as the researcher, and also a long-term survivor of intimate partner violence. This is consistent with a critical feminist philosophy. I will discuss the themes in light of the literature and reflect on the strengths and limitations of the research study. I will discuss the implications of my findings in relation to clinical practice for health professionals; health policy; the education of health professionals and further research. I finish with the conclusion.

Review Of Findings

For the long-term survivor of intimate partner violence, challenges and legacies from their experiences of violence continue to impact them. Current advocacy services for women who are victims of physical and/or sexual violence tend to focus on women still in violence or who have recently left violence. The reality that the consequences of intimate partner violence can last for years is a hidden phenomena. Many people believe that once a woman and her children are physically safe, then the work is done. Findings from this study indicate this is not true. One participant states this clearly *“Society validates people that live in war zones with post traumatic stress, but for us it’s like well you know, get over yourself.” (Ann-Marie)*

Survivors of intimate partner violence, with the war zone being the domestic home, is not a recognised category of people such as, for example, the War Veteran’s Association, who recognise that men who return from war are likely to

suffer with long-term symptoms of PTSD. One can also ponder the accolades historically given to men at war, with medals awarded for heroism for fighting the enemy. The woman survivor of intimate partner violence fights the enemy in her own home and escapes if she is lucky, using all her *empowerment skills, resilience and courage* to do so, while being in the most *powerless* situation. Experiences of *powerlessness* and experiences of *empowerment, resilience and courage* were equally dominant themes in the individual and focus group interviews. This leads me to consider a dialectical relationship between these two apparently contradictory states. Benjamen (1988) discusses ideas of Hegel (1952) communicating the concept that dialectical logic sees contradictions as fruitful collisions of ideas from which a higher truth may be reached by way of synthesis. She shares this perspective, “For Hegel every tension between oppositional elements carries the seeds of its own destruction and transcendence into another form... Without this process of contradiction and dissolution, there would be no movement, change, or history” (p. 32). Surviving within intimate partner violence and leaving intimate partner violence requires a particular kind of strength and resilience for the woman survivor of intimate partner violence. To manage the feelings of *powerlessness, fear and anxiety* that accompany living with a violent partner and to find the resources to leave and keep safe requires *empowerment and courage*. I find it interesting that many years on, the women still experience these two apparently contradictory states within themselves. One can hypothesise that the seeds of the opposite are in the other, or that the experiences of *powerlessness* can enable the seeds of power to grow. The findings of this study indicate that experiences of empowerment and powerlessness live side by side

within the inner world of the long-term survivor of intimate partner violence in equal tension. I conclude that women with a history of intimate partner violence can be significantly affected by experiences of powerlessness including fear, anxiety, lack of trust and difficulty in saying “no” years after leaving violence, despite appearances of well-functioning lives, and experiences of empowerment in some aspects of their lives.

The theme of *feeling silenced* indicates long-term survivors of intimate partner violence have difficulty talking fully about their experiences of the reality of violence in their lives, despite current challenges and legacies still impacting them. The private sanctuary of *psychotherapy and counselling* are the safest places to do this, if they are fortunate enough to discover a suitable therapist. Talking with family, friends and their doctor was a less successful experience for the women I interviewed. To talk openly and publicly is still very difficult for them due to feelings of guilt and shame about having been in a violent relationship. This includes their worry about the impact on their children. Van der Kolk et al.(1996) make the following observation:

Most victims who are conscious of the effects of trauma on their lives preserve their self-protective instincts and are highly ambivalent about having people find out what has happened to them. Publicly admitting the reality of domestic violence can be made difficult or impossible by shame about not being loved by one’s spouse, about being unable to protect oneself and one’s children, about failing to bring security and happiness to one’s family, about acknowledging one’s physical and financial powerlessness (p. 31).

The theme of *isolation* was more apparent for the Pakeha women than for the Maori women I interviewed. The importance of marae, tupuna, and wider extended family minimised the isolation for one Maori participant. The knowledge of being spiritually held by her tupuna (ancestors) was significant in her recovery and rebuilding of her life after intimate partner violence. To combat feelings of isolation, I reflect on how a greater sense of community for the long-term survivor of intimate partner violence could be provided? One of my aims as a result of this study is to have information that would assist providing a model of a group process suitable for long-term survivors of intimate partner violence which would include educative and therapeutic components. This could be used by domestic violence agencies as an additional resource, catering for those women who have been out of violence long-term. Such a model could be used also by community mental health workers, psychotherapists, counsellors and social workers who work with women who are long-term survivors of intimate partner violence.

The difficulty of talking about *sexual legacies* emerged. As stated in the previous chapter, more conversation took place in the focus group about this, once the tape had been switched off. The degree of the impact of sexual abuse and rape within intimate partner violence is a research topic that would be useful to explore. (See discussion on future research). Certainly psychotherapists, psychologists and counsellors need to be alert to this potentially difficult area of conversation for the long-term survivor of intimate partner violence.

One area that surprised me in the focus group was that two participants disliked automatic bank payments. The need to 'feel in control' of their money, and not to trust or want the bank to take control in this way, indicates how important the

need is to feel *independent and in control* for women post intimate partner violence.

Education and meaningful work was the second most dominant theme in the individual interviews pertaining to rebuilding lives, and the fourth most dominant theme in the focus group interview. The women all felt proud of their achievements in the work-place, and gained a sense of satisfaction from the meaning of their work. As one woman expressed, *“I went and did a teaching degree and got honours! Yes, I’m quite proud of myself. I never would have thought, looking back to the type of life I had earlier, that I would ever have achieved something like this”*. (Pare) Making educational and training opportunities accessible and available to women who are survivors of intimate partner violence, is clearly important to their well-being and self-esteem.

Personal Reflections

As a long-term survivor of intimate partner violence, I particularly noted how I saw myself in each of the women I interviewed. I experienced myself as a ‘fellow survivor’ as well as the researcher. Conversations that were common to the participants were also common to me, particularly my own vigilance about bullying or any kind of power and control. I recognised also my own difficulty in accessing my anger, my difficulty in saying “no” at times and over-adapting to the needs of others, including my investment in repairing others. I resonated with the difficulty of discerning my emotional territory and my need to get a reality check at times from someone else. I recognised in all of the women and within myself a determination to be resilient and to be strong. We all shared the difficulty of knowing who to talk with and how to express the fullness of the violence we had experienced and the

impact of it upon us. Christman's (1988) suggestions that the feminist researcher ask "how is this woman like me?" illuminated the commonality between me and the participants.

Findings Of Data Analysis In Relation To The Literature

The participants spoke of experiences which indicated symptoms of PTSD and /or traumatic stress. As discussed in Chapter Two, Herman (1992) states that issues of recovery pertaining to trauma can reverberate throughout the survivor's life-cycle. Matsakis (1996) explains the impact of trauma on the psyche. All five participants reflected this and the themes which emerged such as *powerlessness* including feelings of fear, anxiety, hyper arousal, disconnection, startle response and triggers are congruent with the trauma literature I have reviewed.

Holmstrom and Burgess (1972) in their study of the psychological effects of rape describe the symptoms of rape survivors as resembling those of combat veterans. As one participant stated, survivors of intimate partner violence are just expected to 'get on with it' and that people who have spent time in war zones are validated in a way that survivors of intimate partner violence are not. My earlier premise that women survivors of intimate partner violence are reluctant and feel ashamed to talk about sexual abuse and rape within intimate partner violence, is supported by my findings. One participant stated how difficult it is speaking about the sexual violence at all, and another talked of the sexual legacies impacting her and how she still finds it problematic to speak of these with her current partner.

Yllo and Bograd (1990) emphasises the many adaptive capacities and strengths of battered women. Wuest and Merrit-Gray (1995) in their research about

rural survivors leaving violence emphasise the strengths of abused women who demonstrate remarkable resilience and courage. My findings clearly show this, with the dominant theme of empowerment, resilience and courage emerging many times throughout the interviews as a major contributing factor to the women being able to rebuild their lives. Wuest and Merrit-Gray also make the point that helping professionals may need to help survivors be aware of resources available to them. My findings support this opinion, as the theme of *good lawyers* indicates the importance of how validation and support from this profession helped strengthen the women.

I comment in Chapter Two that Kearney (2001) does not cite 'powerlessness' resulting from symptoms of PTSD, as a factor for women staying in violent relationships or returning to the relationship. The fact that all five participants cited symptoms of PTSD and traumatic stress in varying degrees, ten or more years after leaving intimate partner violence strengthens my critique. If women still experience these symptoms years after leaving intimate partner violence, for women 'in violence', the feelings of being trapped by PTSD symptoms would be much more consuming and intense, making it more difficult to leave. This is something of which GPs in particular should be more aware, along with nurses and doctors in accident and emergency settings and in hospitals. The impact of PTSD on women in intimate partner violence, leaving intimate partner violence and post intimate partner violence is a significant factor to consider. Education may be needed for these professionals, as well as workers in domestic violence agencies, women's refuges and mental health facilities, involving understanding the physiological and psychological impact of PTSD. From my own experience of

working as a 'supervisor' for some of these workers, and as an educator who has developed teaching material on working with trauma, including understanding PTSD, I have found there is a need for more education.

Study Strengths

I was pleased that I had chosen participatory action research as a methodology, because it proved to be honouring, empowering and congruent with the needs of participants. Its three elements of research, adult education, and socio-political action (Parahoo, 1987) reflected very well the desire of the participants to see and want the benefits of groups for other women (adult education); and to engage in the possibility of writing a book (socio-political action). My research embraced empowering action research strategies involving the telling of, listening to, affirmation of, reflecting on, and analysis of personal stories and experiences 'from the ground up' (Gatenby & Humphries, 1999).

Participatory action research combined with a critical feminist perspective was ideally suited for this participant group, with its emphasis on collaboration, social change and the awareness of oppression. The feminist principles underpinning my research, honouring personal individual experiences as a beginning point for women to be known and to be visible, thus challenging dominant structures oppressive to women (Tong, 1995; Weedon, 1987), was very congruent with the participant group. The process of participating enabling skill building, confidence and knowledge (Barnsley & Ellis, 1992) was evident from the participants' words as cited in Chapter Four. Participants telling their stories and

experiences in individual interviews and later collaboratively in a focus group was an empowering experience.

Feminist theory honouring connection and empathy as modes of knowing (Riger, 1988) along with the use of semi-structured interviews to assist participants to construct data about their lives (Reinharz, 1992) provided an effective means of finding qualitative data, in which the women's voices and the depths of their experiences were clearly heard. This was able to be amplified in the focus group providing a collective experience for the women, validating and affirming their individual experiences through recognising the parallels and differences they had with each other. Themes emerging from the individual interviews were confirmed and strengthened through the focus group, and new themes became evident.

The belief that participatory action research is 'with and for people rather than on people' (Reason, 1988) is congruent with my position as both researcher and long-term survivor of intimate partner violence. Informed by my own experiences of intimate partner violence, my positioning of being 'with' the women enabled me to establish trust and rapport easily and bring a unique sensitivity to my position as 'researcher'. Knowing that I was also a survivor of intimate partner violence enabled the women to feel that 'I would understand'. This is illustrated by the words of one participant:

"It helped me to decide to do the interview with you. That I was going to be speaking to someone that could relate to what I was going through at the time, and knowing that you were a psychotherapist now and doing this research to help other women." (Pare)

Finally, the findings from my qualitative study can be used alongside quantitative research to offer a depth of understanding, revealing a more authentic experience of women who are survivors of intimate partner violence. This understanding may shed light on the long term health consequences of intimate partner violence, which are demonstrated in quantitative research. Findings which speak about 'the experiences' of women would be useful to bring alongside quantitative research for social policy purposes.

Study Limitations

Data was collected with a small number of participants (five) from two North Island cities. This was a limited number, although realistic for one researcher to elicit in depth material of such potent substance. To further verify the themes which emerged in my study, it would be useful for other researchers to discover long-term consequences for other women living elsewhere New Zealand.

It is also worth noting that my study was limited to women who were currently functioning well on a daily basis. There are many women who are survivors of intimate partner violence, who do not function as well, and have not managed to rebuild their lives as successfully as the women I interviewed have.

My own position as a survivor of intimate partner violence could be argued as a limitation, due to a particular bias I inevitably have. However, I feel I have underpinned my position with an appropriate philosophical base which supports the position I choose to have within this research, as both researcher and long-term survivor of intimate partner violence.

Implications

Clinical Practice For Health Professionals

Psychotherapy and counselling practice can be usefully informed by these findings in order to heighten awareness for the practitioner around the long-term implications of intimate partner violence. The long-term impact of trauma including feelings of powerlessness that may still exist alongside feelings of empowerment is an important awareness for the practitioner to have. Being able to honour and acknowledge the resilient and courageous capacities of the long-term survivor reduces the risk of the practitioner pathologising women who have been victims of intimate partner violence. This awareness of non-pathologising is especially important for health professionals such as psychiatrists, who traditionally have been influenced by notions of masochism, conceptualising abuse as being deliberately provoked by women who required this behaviour to meet their need for suffering (Humphreys & Campbell, 2004). In this study women found psychotherapy and counselling most helpful when they were assisted with a healing process around grief and loss, and the feelings associated with trauma, rather than 'what you can do to change yourself'. One participant noted, "*The counselling was good. But having said that it never really worked. It was all about what you can do to change yourself, I guess. A lot of it, No focus on working through the grief and the loss and the trauma of the experience. None of that actually when you think about it.*" (Ann Marie). In contrast, another said, "*Psychotherapy has been very very important in re-building my life.*" (Emma).

Informed by my own experiences as a psychotherapist with twenty years of clinical experience, the challenges and legacies of intimate partner violence which

participants named are all experiences that have the potential to be helped by the 'talking cure', and the opportunity of developing a trusting relationship with a counsellor, psychotherapist, psychologist or psychiatrist. This is verified by Herman (1992) who states, "the core experiences of psychological trauma are disempowerment and disconnection with others. Recovery can take place only within the context of relationships; it cannot occur in isolation" (p.133). It is important that the practitioner is well equipped in understanding the implications and long-term consequences of trauma. Therefore, the education and training of the practitioners in the fields of working with trauma including the trauma of intimate partner violence, is essential. Aspects of this research can be incorporated into such training. Similarly, social workers can benefit from the knowledge this research offers. Although they may more often be involved in the crisis stages of women being in violence, or leaving violence, their awareness of the possible long-term effects will help them to refer women to other health professionals who can assist with these consequences.

For GPs, nurses and doctors in health care settings, learning about the experiences of long-term survivors of intimate partner violence which have been uncovered in this study would equip them to be alert to the possible deeper histories of their patients who present with symptoms not able to be easily explained by current circumstances. This is supported by a study surveying women seeking care in an Auckland emergency care centre where 44% reported a history of intimate partner violence (Koziol-McLain, Gardiner J, Batty P, et al, 2004). For example, clinical depression may well be a presenting issue to health professionals that has at its base, the sufferer's nervous system being exposed to intimate

partner violence many years before. This is validated by a study saying that women exposed to intimate partner violence are at higher risk for depression and anxiety symptoms, as well as a compedium of other health ills (Golding, 1999; Humphreys & Campbell, 2004). (See Chapter Two)

Other Professions.

The theme of ‘*good lawyers*’ contributing positively to rebuilding lives suggests that it would be useful for the findings of this research to be made available to lawyers working in the family court system. For lawyers, to demonstrate to their clients that they have an understanding and sensitivity to their situation and the dynamics of intimate partner violence, contributes to the empowerment of the survivor. One participant stated, “*I got validation from those professional people. I had a women lawyer and two other men who I chose quite carefully.*” (Emma)

Health Policy

In their article discussing trauma and its challenge to society, van der Kolk et al., (1996) state the following:

The issue of responsibility, individual and shared, is at the very core of how a society defines itself. Will the inescapably traumatic events that befall its members become a shared moral and financial burden, or will victims be held responsible for their own fate and left to fend for themselves? This opens up the issue of human rights. Do people have the right to expect support when their own resources are inadequate, or do they have to live with their suffering and not expect any particular compensation for their pain? Are people encouraged to attend to their pain (and learn from the

past) or should they cultivate a “stiff upper lip” which does not allow them to reflect on the meaning of their experience. (p. 29)

How do government groups hear ‘the voices’ of women survivors of intimate partner violence? The shame of publicly naming the realities of intimate partner violence keep women silent in society. Van der Kolk et al. (1996) describe ‘shame’ in this way: “Trauma is usually accompanied by intense feelings of humiliation; to feel threatened, helpless, and out of control is a vital attack on the capacity to be able to count on oneself. Shame is the emotion related to having let oneself down” (p.15). The theme of current legacies of *guilt and shame* still affecting them, was true for all five women in this study. How can we, as a society decrease such shame and guilt? Unless women are encouraged to talk in a research project such as this, they get on with their lives as best they can. They try and put their experiences of intimate partner violence behind them, managing the legacies and challenges by themselves, including being silent about the reality of the violence they experienced and its impact. This may change if they present to health professionals with symptoms such as depression, anxiety, suicidality and other health related difficulties, and thus receive support.

I could imagine the women in this study for example, being excellent consultants to government and lobby groups attempting to gain better understanding of the realities of intimate partner violence in Aotearoa, for both Maori and Pakeha. However unless encouraged to do so by being assisted to believe that their wisdom is important in these matters, shame around publicly declaring they have been victims of intimate partner violence will remain entrenched within them and keep them silent. Societal attitudes of ‘victim blaming’

continue to contribute to women being reluctant to speak about their experiences of violence. There are many 'silent' women out there, who as long-term survivors of intimate partner violence, could be of assistance to policy makers attempting to stem the alarming statistics of intimate partner violence in Aotearoa. The theme of *women's wisdom* was a dominant theme emerging from the individual interviews. The wisdom of long-term survivors of intimate partner violence could be a valuable resource to such groups as the Ministry of Women's Affairs, and the Ministry of Health.

Earlier intervention to address the symptoms of PTSD are now known to lessen the duration of intense symptoms (Matsakis, 1996). Studies in USA showed PTSD developed on average in 84 % of battered women in refuges (Figley, 1995; Greene, 1994). In New Zealand the Accident Compensation Corporation (ACC) now fund counselling for women who have been physically abused, sexually abused and raped within intimate partner violence, along with women who have been raped outside of intimate partner violence, and women who have been sexually abused as children. Important questions for the quality of care are: how accessible are these counselling services to women post intimate partner violence, and how well trained are the counsellors? As a counsellor and psychotherapist who has been registered as an ACC counsellor since 1990, I have been part of numerous groups lobbying ACC for more user friendly services for survivors of trauma. The challenge for ACC is for their organization to remain financially viable, while being of assistance to people who have experienced injury. From my experience as an ACC registered psychotherapist, a high turnover of case managers and constant changes to counselling forms, reports and procedures,

makes the process more difficult, for therapists and clients alike. In recent years I know of a number of experienced clinicians who choose not to do ACC counselling work because of their concerns regarding ACC processes not considered to be in the best interests of clients' well-being, safety and therapeutic health. As a result, clients in 2006 have limited access to experienced and well trained practitioners who can provide subsidised counselling through ACC. As a member of New Zealand Association of Psychotherapists and the New Zealand Association of Counsellors, I know that both Associations continue to advocate for the interests of clients who have suffered trauma and attempt to influence ACC health policy.

Education

Results of this study will be useful for tertiary institutions training counsellors, psychotherapists, social workers and clinical psychologists by increasing their understandings of the experiences of women who have a history of intimate partner violence, and women who are currently in violent relationships. Similarly, domestic violence agencies in New Zealand would benefit from in-depth knowledge gained from the participants' narratives about their experiences. In my work as an educator at a tertiary institute, I presented a paper on preliminary findings of this research to a Level 7 psychotherapy class in the Bachelor of Social Sciences degree programme at EIT, Napier.

As a result of this research, the five participants spoke of collaborating to write a book about their experiences to help create awareness for other women survivors of intimate partner violence, as well as for professionals who work with the impact of intimate partner violence. This is a continuation of the themes of *survivor mission* and *education and meaningful work*, which emerged in the study.

Future Research

From the findings of this study, there are three themes which have emerged that I consider would be of particular interest to explore further. Firstly, *the impact of sexual violence within intimate partner violence and its consequences for women survivors and re-claiming sexuality after intimate partner violence*. This was a theme that two of the women named. Once the tape had been turned off in the focus group, this was talked about further by more of the women. From my experience in twenty years of clinical practice, sexual violence within intimate partner violence is not addressed fully within the therapeutic field through practice or the literature. Accompanying this, experiences of sexual abuse as an adult are difficult for women to talk about as indicated from the findings of my research. Sexual healing from abuse is the right of every person who has suffered sexual violence, and to have more literature available on this issue in the field of intimate partner violence would be significant.

Secondly, *the experiences of male current partners who are with women who are survivors of intimate partner violence*. The theme of how male current partners contributed to women rebuilding their lives was evident in my findings. To interview men who are current partners of women who have suffered intimate partner violence, and to find out their experiences and thoughts about the impact of intimate partner violence on their partners and how they see themselves as being helpful to their partner's recovery, or otherwise, would be interesting research. Such research would contribute to challenging other men about their attitudes to intimate partner violence, and assist men to help other men gain more understanding about male violence and its implications.

Thirdly, *the experiences of Maori women who are survivors of intimate partner violence, and the influences and attitudes of marae and whanau towards them and the implications of intimate partner violence upon them and upon whanau.* Two of my participants were tangata whenua. One spoke of the importance of her marae and whanau in assisting her to rebuild her life. Knowing who she was and where she came from provided a 'secure base' experience within herself that strengthened her and assisted her healing after intimate partner violence. In attachment theory the domain of the 'secure base' originally referred to the care-giver to whom the child turns when distressed (Holmes, 2001). This concept seemed to have limited application to adults until it was realised that the 'secure base' can be seen not just as an external figure, but also as a representation of security within the individual psyche (Holmes, 2001). One Maori participant speaks of this experience for her, from her perspective of 'whakapapa'.

"I'd just go into the urupa, our family cemetery. Sit there. You know my grandfather is buried out there, and I'd just sit down there, and talk to them.. You know, I'd talk to him and tell him what my children are doing, what happening in my life. Even now I still feel they're still looking over me... whanau. My upbringing from my tupuna gives me lots of strength. (Pare)

Further research with other Maori women survivors of intimate partner violence, could explore whether they accessed their 'secure base' in this way by valuing tikanga Maori spirituality and related concepts, as well as uncovering whether attitudes of whanau and marae elders towards intimate partner violence were supportive and helpful to them or otherwise.

Conclusion

Challenges and legacies from intimate partner violence continue to affect women many years after leaving violence. This study shows that despite these challenges and legacies women work very hard to rebuild their lives, care for their children and attain autonomy, independence and control of their lives. They see education and meaningful work as very important in this rebuilding process. Their experiences of empowerment, resilience and courage, much of it honed 'in violence' continue to be attributes that they employ in their lives. All the women were contributing to their communities in different ways, attempting to challenge attitudes that condoned violence towards women.

At the beginning of their book *Traumatic stress: The effects of overwhelming experience on mind, body and spirit*, van der Kolk et al., (1996) write the following dedication, "This book is dedicated to Nelson Mandela and all those who, after having been hurt, work on transforming the trauma of others, rather than seeking oblivion or revenge" (p.v). All five participants demonstrated a sense of such 'survivor mission' in their daily lives which included a desire to bring about change, a willingness to advocate for others, and how in this way, the traumas of intimate partner violence which they have experienced, can be transcended and redeemed in some way. It can be made to 'count for something'. However, in admiring and esteeming this quality of resilience in the women I interviewed, one must not forget that these women should not have had to be 'survivors of intimate partner violence' in the first place.

Today as I write the conclusion to this thesis research on 12 November 2006, I read in the Sunday Star Times that sixteen women were killed by their

partners or ex-partner in New Zealand within the past year; 62,713 children witnessed incidents of family violence last year; and the latest available statistics show that in 2004 there were more than 3,100 convictions against men for assaults on women (Boyes, 2006). This was the same year that Wendy Mercer and her six month old son were killed in Dunedin, as described in my introduction to this research.

The contribution of this research is invaluable, as is every study done about the realities of intimate partner violence in Aotearoa. My research findings and the narratives of the women, offer some insights into the amount of time and energy it takes to recover 'well enough' from such violence, in order to lead a productive and functioning life. Yet still the participants, and myself, as researcher and fellow survivor, live with the legacies of feelings of powerlessness in our current experiences, alongside our empowerment, our determination, our resilience and our courage.

Admirably, the women I interviewed who are long-term survivors of intimate partner violence have not and do not let their feelings of powerlessness stop them from making a contribution. Alice Walker (1997) a well known African American activist says:

It has become a common feeling, I believe, as we have watched our heroes falling over the years, that our own small stone of activism, which might not seem to measure up to the rugged boulders of heroism we have so admired, is a paltry offering toward the building of an edifice of hope. Many who believe this choose to withhold their offerings out of shame. This is the tragedy of our world for we can do nothing substantial towards changing our

course on the planet, a destructive one, without rousing ourselves, individual by individual, and bringing out small imperfect stones to the pile...

Sometimes our stones are, to us, misshapen, odd. Their colour seems off.

Presenting them, we perceive our own imperfect nakedness. But also, paradoxically, the wholeness, the rightness, of it. In the collective vulnerability of presence, we learn not to be afraid. I am writing about the bright moments one can experience at the pile. Of how even the smallest stone glistens with tears, yes, but also from the light of being seen, and loved for simply being there (Walker, 1997, p. xxiii-xxiv).

Individual by individual, each of the five participants brought her stone to the pile of this research, willing to make a difference.

As one participant said:

“Somebody said to me, ‘Gosh why are you doing this? You’re putting yourself through this kind of process in the group and it’s very brave of you!’ And I said ‘It’s for the greater good’. That’s what it feels like. If I can contribute towards something that helps your thesis to be taken seriously, for women to have a group and place they go to five years, ten years after the relationship, where it makes people aware that it’s not over when you leave the relationship.” (Emma)

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Participant Information Sheet



Date Information Sheet Produced: 25 November 2005

Project Title: Rebuilding lives after intimate partner violence: women's experiences ten or more years after leaving.

Invitation

My name is Rosalind Lewis. I am a psychotherapist undertaking research to complete my degree of Masters of Health Science (Psychotherapy) at the Auckland University of Technology. You are invited to take part in a research study that will be submitted as my thesis. Please read over the following information carefully to choose whether you want to take part or not.

What is the purpose of this study?

My thesis involves understanding the experiences of women survivors of intimate partner violence ten or more years after leaving. I am interested in women's perspectives at this stage of distance from the violent relationship they were involved in. The main purpose of this study is to discover what women consider their long term recovery process; what legacies of intimate partner violence continue to challenge them; and their experiences of the attitudes of others toward them as a survivor of intimate partner violence.

What happens in the study?

If you agree to participate I will interview you individually for approximately one hour. Then, within about 3 months, I will invite you to join a small group of 5-6 women, all who have been interviewed by me. We will meet to discuss the topic of being a long term survivor as a group. The focus group will take approximately one and a half hours.

Individual and focus groups will be audiotaped and transcribed to allow for a written version of our conversation. You will have the opportunity to review the transcript and confirm your consent for its use.

What are the discomforts and risks?

Due to the sensitive nature of the topic, I am aware that talking about your experiences may stir up memories, thoughts and feelings which may be distressing. Before we begin I will discuss thoroughly with you your resources and support. I will conduct the interviews as sensitively as possible, with attention given at all times towards your safety and well-being. You are free to stop the interview and to withdraw from the study at any time. If I feel the interview is causing distress I will suggest we stop the interview and talk about referral options for on-going support. As a research participant three free counselling sessions are available through AUT Health and Counselling Services (in

Auckland, North Shore) and through Anglican Action Counselling Services, Hamilton.

What are the benefits?

The aim of this research is to make more visible the experiences of women some time after they have left intimate partner abuse. I wish, with the help of your participation, to contribute to understandings amongst professionals of the long term-consequences of intimate partner violence. I also hope that by participating in this study you may gain benefit from the opportunity of voicing your wisdom and experience concerning intimate partner violence. Your contribution will be highly valued.

While the research processes are developed to be supportive, it is important to realise that the purpose of the interview and focus group is not therapeutic. For some women, individual counselling may better suit their recovery.

How will my privacy be protected?

I will ensure that your name is not used in reports of this study. You will be invited to choose a pseudonym to be used in all written material. I will discuss with you fully the limits and boundaries concerning confidentiality, and who will have access to your material apart from me (my supervisor and a trained transcriber who has signed a confidentiality agreement).

How do I join the study?

If you are interested in being part of this research please contact me to hear more about the study and discuss your participation. If after thinking about the information on this sheet, you are interested in being a part of my research, please contact me now or by 10 May, 2006 at the latest.

What are the costs of participating in the project?

The main cost of participating is your time. I am happy to interview you wherever you would feel comfortable, and will negotiate this with you. The group meeting will

be arranged in an appropriate venue after discussion with participants. If any significant travel costs are involved I will reimburse you.

Participant Concerns

Any concerns regarding the nature of this project should be notified in the first instance to my thesis supervisor, Associate Professor Jane Koziol-McLain (PH 09 921 9670. Email: jane.koziol-mclain@aut.ac.nz).

Concerns regarding the conduct of the research should be notified to the Executive Secretary, AUTEK, Madeline Banda, madeline.banda@aut.ac.nz , 09 921 9999 ext 8044.

If you would like to talk about your participation as a Maori woman you may contact the project Maori consultant, Margaret Morice. She may be reached at: 09 274 6009 ext 8850.

Researcher Contact Details: Rosalind Lewis. P.O. Box 12099, Ahuriri, Napier. Ph. 06 974 8000 ext 5469 or 027 2936908 (mobile). Email : rosl@clear.net.nz

Approved by the Auckland University of Technology Ethics Committee on 25 November 2005. AUTEK Reference number 05/206.

Appendix B



CONSENT TO PARTICIPATION IN RESEARCH

Title of Project: Rebuilding lives after intimate partner violence: women’s experiences ten or more years after leaving
Project Supervisor: Associate Professor Jane Koziol- McLain
Researcher: Rosalind Lewis

- I have read and understood the information provided about this research project (Information Sheet dated 25 November 2005)
 - I have had an opportunity to ask questions and to have them answered.
 - I understand that the interview will be audio-taped and transcribed.
 - I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.
 - If I withdraw, I understand that all relevant tapes and transcripts, or parts thereof, will be destroyed.
 - I agree to take part in this research.
 - I understand that information about me will be reported in an anonymous form.
 - I wish to receive a copy of the report from the research
 - I understand that upon completion of this project the tape of my individual interview will be sent back to me or destroyed.
- tick one: Returned Destroyed

Participant signature:

Participant name:

Participant Contact Details (if appropriate):
.....

Date:

Approved by the Auckland University of Technology Ethics Committee on 25 November 2005. AUTEK Reference number 05/206.

Note: The Participant should retain a copy of this form.

Appendix C

Individual Interview Guide

These questions are intended to be a guide only and may not all be asked, or necessarily asked in this order. Changes are likely as the interviewing of participants progresses.

Focus questions.

- ❖ Can you tell me something about the violent relationship you were involved with ten or more years ago?
- ❖ Are there any legacies from intimate partner violence which still affect you ?
- ❖ Some women may consider they have “recovered” from being exposed to abuse, others may not. What about for you ?
- ❖ What do you think has contributed to you re - building your life after intimate partner violence ?
- ❖ What are your choices around talking about your experiences of intimate partner violence or choices to keep silent ?
- ❖ What are your current experiences of family, friends and the community attitudes towards you as a survivor of intimate partner violence ?
- ❖ What were your experiences of professionals (such as lawyers, GPs, counsellors, psychotherapists, social workers) attitude towards you as a survivor of intimate partner violence ?
- ❖ Using your wisdom and understandings at this distance from your own experience's of intimate partner violence; what would you say to other women who are recovering from intimate partner violence ?

Appendix D

Study Title: *Rebuilding Lives after Intimate Partner Violence. The experiences of women ten or more years after leaving*

Dear Colleague,

This note follows our discussion of my research project on intimate partner violence (intimate partner violence). I have included copies of the Information sheet and Consent form for you to give to potential participants in the study.

I would like to remind you of the point in our discussion about excluding any one you think would be too vulnerable to exploring this topic at the present time. My focus is on the research aspect, and I want to be careful about clinical and personal care.

If you have any additional queries please feel free to contact me (06 8355735; 027 2936908; rosl@clear.net.nz) or my supervisor (Associate Professor Jane Koziol-McLain, 09 921 9670; jane.koziol-mclain@aut.ac.nz).

Sincerely,

Rosalind Lewis

Typist Confidentiality Form

Study Title: *Rebuilding Lives after Intimate Partner Violence. The experiences of women ten or more years after leaving*

Typist confidentiality clause

I(Full name) agree to transcribe the focus group interviews pertaining to the research being conducted by Rosalind Lewis in a confidential matter. I will not discuss the contents of the interviews with anyone outside the research team (Rosalind Lewis and Jane Koziol-McLain). All material, audio-taped and written, will be returned to Rosalind Lewis on completion of the transcription. Pseudonyms will be used in the text of transcripts. The researcher will supply the pseudonyms.

I (Full name) agree to maintain the confidentiality of the material being transcribed.

Signature: _____

Date: _____

Appendix F

FOCUS GROUP INTERVIEW GUIDE. 19-8-06

Karakia

1) After your individual interviews and reading over your interview last week, how would you summarise the legacies which continue to affect you now ten or more years after the abuse ? Can you share your understanding of this with the group?

Possible Probes .

Shame...what level is that ? Can anyone help me get a better understanding ?

Anger...Can anyone say something more about that ?

Powerlessness.....Can you describe that in more detail?

2) From what you say, we would all agree there is a legacy we carry with us after experiencing violent abuse . Some would say we continue to recover over a lifetime. .Perhaps some would say they are 'recovered'.

Can you take this opportunity to reflect on what helps you now in the process of re-building your lives , 10 or more years after the abuse ?

Possible Probes.

Can you tell me more about 'standing up for yourself'?

How do you make a difference 'in your corner of the world' ?

3) Is there something we haven't talked about that you think we should?

Karakia

Appendix G

22 September 2005

Auckland University of Technology
Akoranga Campus
Private Bag 92006
AUCKLAND 1020

Attention: Jane Kozoil-McLain
Associate Professor
School of Nursing

Kia ora Jane

I am writing to confirm my position as Maori Consultant for Ros Lewis specifically with regard to her thesis research – “Re-building lives after intimate partner violence: women’s experience 10 or more years after leaving”.

My hapu is Tuwhakairiora and my iwi Ngati Porou. I have had many years of experience working to sustain Maori communities in Kohanga Reo and Rumaki Reo. I studied in the Psychotherapy Department at AUT and have a Masters in Health Science (Hons). I work as a Counsellor/Psychotherapist in the Health and Counselling Centre at Manukau Institute of Technology and I have a Private Practice in Mt Eden.

I have a particular interest in bringing a Kaupapa Maori perspective to healing relationships and to uphold the positive aspects of biculturalism.

I am both honoured and delighted to be working alongside Ros in her research.

Naku noa na

Margaret Poutu Morice MHSc (Hons)