

**The Mosaic of a Superhero: A Ricoeurian
Hermeneutic Construction of Life and Identity after
Intimate Partner Violence**

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A thesis submitted to Auckland University of Technology in fulfilment of
the requirements for the degree of Doctor of Philosophy

June 2016

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Abstract

This thesis is a hermeneutic interpretation of how women constructed a life and identity after intimate partner violence. The hermeneutical philosophy of Paul Ricoeur formed the methodological framework of the thesis; and the threefold concept of mimesis 1, mimesis 2, and mimesis 3 was used to interpret the women's narratives.



This is the story of 15 women who experienced the power and control of intimate partner violence. They suffered pain and fear, and lost their sense of self and their identity, while they struggled with the shame and the stigma of intimate partner violence. It is also the story of how these women came to a moment in time, an anagnoritic moment, when they imagined a life that could be and knew they had to cross over the bridge to that other world where there was no violence. They plotted and planned and let go of all that they had worked for and held dear just to get to the other side. They were stalked and threatened and despaired of ever making it; but they crossed that bridge and, on the other side, took small steps forward to rebuild their shattered lives.

These women took back their sense of self and reclaimed their power and control. With each step and action a new tile was laid into a mosaic that embodied the story of their lives. The mosaic held significance and meaning, and all the actions they took to gain a new identity of a superhero. The stories these women have shared of the journey to constructing a new life offer insights to all those who work or come into contact with women who have experienced intimate partner violence and reaffirms that interpersonal violence concerns us all.

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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 (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.”

Signed: _____

Sandra Marcia Thaggard (formerly Simpson)

Date: _____

Acknowledgements

This study would not have been possible without the participation of the women who so generously shared their stories with me. I would like to acknowledge each and every one of them for entrusting me to do justice with their pain and their triumphs, as contained in the narratives of their lives. I am humbled by their desire that this story be used to help others.

I thank my supervisors, Dr. Tineke Water and Dr. Andrea Gilkison, for their endless patience with my irritation and impatience with myself. This has been a journey that we three shared and I needed you both for objectivity whenever I fell into the mire of overwriting, as I often tended to do. I am grateful for your knowledge and guidance. I also needed you both to tell me I was great, for this affirmed me when I felt overwhelmed by it all. Thank you for the caring and compassion, and for the hugs when I needed them.

I would like to thank Dr. Shoba Nayar for her excellent editing and Donna Jarvis for proof reading and encouragement. Professor Liz Smythe and Professor Jane Koziol-McLain, thank you both for your feedback and encouragement.

My grandson carried me through my Masters' thesis with his love and his delight in the world. He is a teenager now and still carries me through the world with love, and gives my life meaning. It is for my grandchildren, Alex and Isabella, I wish to instil that nothing is impossible; and if you can see it you can do it.

My data gathering and beginning of analysis were made possible with the time afforded by the Vice Chancellor's Scholarship from AUT. Those six months were invaluable; as was the time given by Dr. Stephen Neville to finish my last chapter. Thank you.

Ethical approval for this study was granted by Auckland University of Technology Ethics Committee on 3 October 2013; approval number 13304.

Chapter One: Construction of a Life and Identity after Intimate Partner Violence

Introduction

This study examines the experience of women who have constructed a new life and identity after leaving a violent intimate relationship. Following women's stories, from the time that they first enter into a relationship that will go on to be violent, to leaving and the construction of a new life and identity, the uniqueness of this study is that it presents the whole journey. It begins with women's experiences of violence, the erosion of their identity and sense of self, the process they went through to imagine a life that could be free from violence, the leaving process, and the construction of their imagined life. It recounts the journey women made from victim to survivor to superhero; creating a meaningful life in which they could find fulfilment despite the scars that remained. A hermeneutical methodology, based on the philosophy of Paul Ricoeur, was used to interpret women's narratives, guide the research methods, and underpinned the ethics of the study.

International multidisciplinary attention has focused on intimate partner violence (IPV) as a global public health problem and there is extensive documented evidence that links IPV to harmful psychosocial, economic, long term mental and physical health effects for women (World Health Organisation [WHO], 2005, 2012). These studies show how pervasive the adverse effects are; effects that can persist long after a woman leaves her abusive relationship. Literature has, primarily, focused on the negative effects with little attention given to recovering and making a new life. Largely hidden, therefore, are the narratives of women who, despite these adverse effects, go on to construct a new and meaningful life and identity. This study interprets the women's narratives as they look back on the negative effects of violence, the leaving process and the actions they took to construct a new life and sense of self in the aftermath. What distinguishes this study is the construction of a new identity that is more positive than the one of just survivor or victim. Ricoeur's hermeneutic philosophy has also brought out the interplay between each stage of the women's lives, which became their unique story.

There are several important issues that need to be addressed in order to set the scene for this work. First the background and the rationale for the research is discussed; followed by the focus, aim and the research question, and the significance of the study. Finally, it is essential that I explain the fundamental concepts of Ricoeur's philosophy that guide the research. Next, a definition of the essential key issues, followed by the structure of the thesis, is presented.

Background and rationale

My idea for this study grew while teaching a paper on family violence as a component of an undergraduate nursing degree. Through teaching students about the chronic health effects I began to realise how these effects would pose serious adjustment difficulties to women's lives. This was mainly due to the negative impact of IPV upon women's health and wellbeing and the psychosocial and economic problems of adjustment after leaving a violent relationship. The initial WHO (2005) study found women who had experienced IPV had significantly higher levels of emotional distress than women who had not experienced IPV. A further report sponsored by WHO, undertaken by Garcia-Moreno et al. (2013), found clear evidence to support exposure to violence as a determinant of poor health. Indeed, Lawrence, Orengo-Aguayo, Langer, and Brock (2012) reported "victims of psychological and physical abuse experience more physical injuries, poorer physical functioning and health outcomes, higher rates of psychological symptoms and disorders, and poorer cognitive functioning compared to nonvictims" (p. 406). The original multi-country research on women's health and domestic violence instigated by the WHO (2005, 2012) found that women who have been victims of IPV suffer chronic physical and psychological problems which include posttraumatic stress disorder as a consequence of IPV, as well as social and individual factors that present obstacles to pursuing a life in the aftermath (WHO, 2012).

I was particularly interested in the fact that between 33-39% of women in New Zealand experienced some form of physical and/or sexual violence. This number increased to 55% if psychological and emotional forms of violence were included (Fanslow & Robinson, 2004, 2011). As a senior lecturer in the mental health component of the Bachelor of Health Science nursing degree program at AUT, I found it became relevant and, even more so, disquieting how IPV is associated with mental health problems that can persist long after the violence is over. The consequences are alarming and far reaching for the mental health of one in three women in New Zealand, and symptoms range from anxiety

disorders related to PTSD, sleeplessness, depression and suicide (Fanslow & Robinson, 2004).

While reviewing the literature I became aware of the enormity of the problem that women may have in rebuilding a life after leaving a violent relationship. This was mainly due to the damaging health effects of IPV and social adjustments that would present challenges in healing and recovery. I began to understand that perhaps survival is the priority and how constructing a new life would be a lifetime effort. I also wondered what emotional scars remained; and if those scars prevented women from pursuing a fruitful life. I became interested in exploring narratives of how women overcome adversity and construct meaningful lives despite their past experiences of IPV.

Although my academic and professional interests initiated this study topic, I was also influenced by my personal history. This is a history that I had somewhat disassociated from and was reluctant to acknowledge, except to divulge a little to some colleagues. For the most part I deflected, avoided, or minimised any questioning. I felt I had, after all, survived and moved on from my past, and was aware of the stigma that is often attached to victims of abuse. Stigma is associated with having a deviant trait or personal flaw (Goffman, 1963), and the stigma of having been in a violent relationship stems from the victim-blaming attitude that feeds into the theory that an individual must have such a flaw and is, therefore, responsible for the violence inflicted upon her (Mitchell & Vanya, 2009).

I felt thankful that I had been able to escape with my life and fortunate to have been able to assemble a life filled with meaning and purpose. I wondered how many other women had also been successful in a life far removed from IPV, for the literature on life after the leaving process seemed scarce. As my professional and academic life converged with my personal history I was forced to look at my own life, with the complexities involved as a survivor of IPV, to enable me to pursue this study. The study was born from this convergence.

Aim of the study and the research question

The aim of the study was to find out how women constructed a new life and identity after leaving a violent relationship. In pursuing this aim I was interested in exploring the following objectives:

- how women lost their identity through violence;
- whether the lives that women constructed after violence could be, from their perspective, thought of as meaningful. I wanted to understand what meanings they placed on their lives and whether these meanings gave them a sense of fulfilment.
- how the women now saw themselves in the light of all that they had experienced.

These objectives seemed important given the attached stigma of disclosure and the adversity that surrounds the topic.

Thus, the study seeks to answer the question, ‘how do women construct a life and identity after experiencing IPV?’

Definition of key terms

Intimate partner violence (IPV)

Intimate partner violence is the physical, verbal, and psychological mistreatment that occurs between two people in an intimate relationship (Breiding, Basile, Smith, Black, & Mahendra, 2015). Literature describes IPV as a pattern of abusive behaviour used by a partner in an intimate relationship to manipulate and gain power and control over the other (Cavanaugh, 2012; Kelly, 2011; King, 2012; WHO, 2005). Abusive behaviour ranges from emotional, verbal, and psychological harm, to all forms of physical maltreatment, including extreme violence, that would cause the other partner to fear for his/her life, or result in death (Breiding et al., 2015; Kelly, 2011; King, 2012; WHO, 2005). IPV can occur between heterosexual couples, couples of the same sex, in any relationship committed or casual, for example a dating relationship, or even in a terminated relationship; and in any age from adolescence to old age. IPV exists along a continuum from a single episode of violence to on-going battering (Breiding et al., 2015; Centers for Disease Control and Prevention, 2012).

Construction

Construction for this study means putting together broken pieces of a life destroyed by violence. Construction of a life connotes assembly, building, and fortifying, and can also mean creating. The construction of a life after IPV figuratively draws upon these words, building and assembling and fortifying, in all human dimensions, and in the sense of creating a new narrative identity; the construction of self along with a new life.

Identity

Identity in this study is located within Ricoeur's (1992) philosophical concept of narrative identity. According to Ricoeur, "the person, understood as the character in a story, is not an entity distinct from his or her experiences. Quite the opposite: the person shares the condition of the dynamic identity peculiar to the story recounted" (p. 147). What this means for this study is that in constructing the story told by the women "it is the identity of the story that makes the identity of the character" (p. 148). Therefore, the narratives of their story have constructed a narrative identity as characters within which the main story evolves, and this can be called their narrative identity. This concept runs throughout the women's narratives showing how their identity is found within the narratives of their abusers, which they, in turn, internalised to become their own narrative identity, until they could forge a new identity of their own.

Significance of this study

The dominant discourses in the literature focus on the damaging effects of IPV, and portray women as survivors, with the connotation of someone who is hanging on to life, or victim, which elicits pity. This study explores an essential alternative narrative that contributes to a different discourse; thereby producing a more positive identity, one that has meaning and value and encapsulates the courage and strength of a superhero rather than a victim or survivor of IPV. The approach taken in this study was to explore women's stories from the very beginning to where they are today, having survived and constructed a new life without violence. The details that go into constructing life and the meanings assigned to these details are depicted as parts coming together to form a mosaic that captures the whole. The significance of this study is that it acknowledges the loss of identity and self-worth through violence; thus contributing to women's studies of IPV and providing the opportunity to explore an alternative narrative to the negative stories of adversity.

It is anticipated that findings may provide a pathway for women embarking on similar journeys of freedom and new constructions of life and self. Understanding the participants' journeys in making a new life that is violence free will add to studies of how humans construct a new way of being in the world without violence, and add to other violence and trauma studies beyond IPV.

The philosophical framework for this study

The hermeneutic philosophy of Paul Ricoeur forms the methodological framework, directs the methods, and informs the ethics for this study. A hermeneutic methodology is the activity of extracting and articulating the meaning of texts (Smythe, 2012). The women's narratives, articulated in this thesis, are a hermeneutic interpretation of what the construction of a new life and identity means to them; their understanding of the ways that construction of a new life makes sense for them. It is how they have interpreted and made sense of their life and identity after violence. Ricoeur's hermeneutic methodology is most appropriate for this study for three reasons. First, Ricoeur's (1992) theory of narrative identity is a hallmark of his philosophy and is fitting for a study that asks how women construct a life and identity after IPV. Ricoeur's narrative identity is an essential aspect of this study to track how the woman's identity changes over time.

The second reason is that Ricoeur's narrative identity runs alongside links to Ricoeur's theory of interpretation of time – past, present, and future (Ricoeur, 1984, 1985, 1988). This is important because women, in telling their stories, locate their experiences in time past as they recount the violence, time future when they narrate their hopes, and present time which is where they are located in the narrative. They go back and forth in time in the telling of their stories.

The third reason, and especially fitting, is Ricoeur's (1984, 1985, 1988) mimetic framework that represents three stages of action referred to as Mimesis 1, 2 and 3. This trilogy shows the relation between time and narrative, and life as a narrative in the construction of a life and identity after IPV. Mimesis 1, what Ricoeur referred to as the prefigured world, is made up of assumptions and of history, traditions and culture. It is in this prefigured world that the background and context of IPV is situated and the women's narratives begin. This prefigured world in the women's narratives relates to the participants' past experiences of violence and of leaving a violent relationship for a configured world without violence. The second mimetic process is the world of action, which Ricoeur referred to as configuration and entails following the causal relationships between events in the narratives that shift forward to the beginning of a new life. Ricoeur described the third mimetic process as refiguration; the world of the author/researcher who is also the reader of the text, adding further reflection, interpretation and perspective.

This framework of mimetic interplay allows for the interpretation of women's narratives throughout all stages of constructing a new life. Metaphors portray the participants' reality through conceptual images and symbols, thereby adding new interpretative meaning and poetic portrayal of their thoughts and actions. Ricoeur's philosophy of time, his three mimetic interplays, and narrative identity, all contribute to understandings of how women construct a new life and identity after IPV. This hermeneutic philosophy, and the interpretation of mimetic action appropriated from Aristotle's *muthos*, which means to make something look like another (Ricoeur, 1984, 1985, 1988), has its history in ancient philosophy as the interpretation of text, and combines metaphors, images and symbols to convey the interpretation of women's narratives. Use of metaphor, imagery and symbolism to capture women's emotions and interpret the women's meanings and motivations, and the actions they took to construct a life after IPV, also aligns with my inclination toward poetic prose, archetypes, and metaphor. Hence, the methodological approach of Ricoeur's hermeneutical analysis is consistent with the aims of this research, and is able to capture the research participants' experiences and perspectives of IPV.

Structure of the thesis

This rest of the thesis is organised as follows:

Chapter Two: introduces the social, political, and historical context of IPV as viewed through Ricoeur's philosophical anthropology, and his representation of time and narrative.

Chapter Three: introduces the categorising, measuring, quantifying, and screening that describes IPV as prevalence statistics and incidence data, as well as the impact and long term consequences of IPV upon a variety of women.

Chapter Four: provides theoretical explanatory constructs of IPV and women's experiences, in relation to this study.

Chapter Five: describes the hermeneutic methodology of Ricoeur's philosophy underpinning the study.

Chapter Six: explains the methods and process for data collection, the consultation, the safety aspects and ethical considerations, and ways that methodological rigour was ensured.

Chapter Seven: explores Ricoeur's first prefigurative mimetic stage with the participants *Looking Back To Go Forward In Time And In Narrative*, of events that led to constructing a new life and identity.

Chapter Eight: examines *The Shame Of It All* and loss of self and narrative identity.

Chapter Nine: introduces *Anagnorisis* as the catalyst for leaving their violent relationships with the the subthemes of *the last straw* and *augenblick*.

Chapter Ten: considers Ricoeur's second mimetic interplay of configuration and the metaphor *Imagining A Life That Could Be-A Bridge Crossing*; and major themes of *Plotting And Planning To Leave* and *Counting the Loss and Paying The Cost Of Leaving*.

Chapter Eleven: continues to examine Ricoeur's second mimetic process of configuration and the *Mosaic Of An Embodied Life And Identity* with the major themes of *Regaining Personal Power And Freedom: The Tiles Of The Mosaic*, and *Reconceptualising And Reconstructing Self And Identity*.

Chapter Twelve: explores Ricoeur's third mimetic process of refiguration that has occurred *In The Fullness Of Time*, where *The Mosaic Continues* and their narrative identity of *Some Scars Remain But I'm A Fucking Superhero Now*.

Chapter Thirteen: is titled *Postscripts From The Other Side Of The Bridge*. This chapter presents the women's insights and advice to agencies, the public, and to health professionals and the judiciary.

Chapter Fourteen: brings together *The Mosaic Of A Superhero: A Ricoeurian Hermeneutic Construction Of Life And Identity After IPV*, a conglomerate of tiles within the mosaic of their lives taken from each of the three mimetic stages. Similar studies in relation to each mimetic stage are examined along with strengths and limitations of the current study, followed by recommendations for further research.

Chapter Two: The Social Political, Historical Context of IPV in New Zealand

Introduction

The purpose of a hermeneutic study is to understand and interpret human action contained in texts, and the social, cultural, and political worlds that text opens and reveals (Ricoeur, 2008). Ricoeur (2008) focused on textual interpretation as the medium of human experience, and a philosophical anthropology toward understanding life and the self. Central to this reflective philosophy is the dimension of time; “understanding the present by the past, and understanding the past by the present” (Ricoeur, 2004, p. 170). History is, after all, “past human life as it happened” (Ricoeur, 2004, p. 179), and the understanding of the present can be constructed from the world as it was in history. Ricoeur’s representation of the ways that humans experience time within his reflective philosophy is the integration and orientation of cosmological time, which is marked by the hours and days from birth to death, and phenomenological time, which we experience as past, present and future and is not necessarily linear (Ricoeur, 1988). The purpose of this chapter is to show how the context of New Zealand’s social, cultural, political, and legal understandings of IPV have been shaped, over time, by the histories of colonisation and gender inequality. Events that took place in the historical, cultural, and political landscape of IPV in New Zealand are reassembled to gain perspective of how the past may have contributed to this present day level of violence against women. Such perspective is important because hermeneutics is always located in time, history, social and political contexts (Ricoeur, 1995).

Historical landscape

The history of IPV, in conjunction with Ricoeur’s (1984, 1985, 1988) time and narrative of past, present, and future, is important to trace to understand the changes that intervals of time contributed to present time understandings of IPV. The emphasis that history places on the intervals that distinguish change, and the phenomenology of action within those intervals affecting change, are significant to understandings of IPV. History shows that violence against women has existed for many centuries and is linked to all forms of violence between the powerful and powerless, the dominated and dominant (Dobash & Dobash, 1979, 1992). That the dominant and powerful in society were men made for a patriarchal structure in which all forms of power dynamics thrived (Dobash & Dobash,

1979, 1992). This is borne out early, as in the biblical texts of Deuteronomy 22:13-21 where the chastity of women was seen as a commodity to be controlled in the law of Moses (Thompson, 1964).

The social structure of 19th century New Zealand was shaped by European immigrants who were of similar background and beliefs regarding gender, class and religious values (Erai, 2007). Within this construct, socially acceptable violent acts, like wife beating, were collectively understood as appropriate in the acquisition of land, in trade and in colonial expansion (Erai, 2007). The battle for and with the land, during the early New Zealand pioneering era, produced men of ingenuity and toughness of spirit (Ritchie & Ritchie, 1993). Patriarchy and socially prescribed acceptable behaviours of ownership and expectations of a woman's role did little to affirm their value in society except as mother and wife (Swarbrick, 2012). Women were not social, legal or economic equals and had little alternative other than to endure an abusive marriage (Swarbrick, 2012). Domestic violence was cloaked in the attitudes and legal constraints of that era alongside all forms of violence (Erai, 2007; Swarbrick, 2012).

Alcohol abuse played a dominant factor in domestic violence; wives could be beaten with a stick as long as it was not any thicker than her husband's thumb; there was no penalty for rape; and divorce was socially unacceptable (Erez, 2002; Swarbrick, 2012). There was very little a woman could do to provide earnings for herself and her children and, even if she could, her husband could claim ownership to her earnings and custody of the children (Swarbrick, 2012). Ricoeur (2008) stated that "retelling the text of the past is part of the reality of the present-part" and that "histories of the past uncover the buried potentialities of the present" (p. 17). Perhaps the potentialities of the present are not always the realities that we wish to see and experience in the present time, as traces of New Zealand's colonial past are uncovered within high statistics of violence; particularly within Māori communities.

Māori women and violence

During the oppression of women, in the era of colonisation, all things Māori were oppressed, with particular discrimination toward Māori women (Erai, 2007, 2011). Prior to colonisation violence toward women, along with all forms of family violence, was not acceptable to Māori (Durie, 2001; Te Puni Kōkiri, 2010). The enactment of colonial value systems and British law in New Zealand assimilated domestic abuse and alcohol

generated violence, thereby facilitating domestic violence for Māori women (Durie, 2005; Jackson, 1987; Ritchie & Ritchie, 1993). Prior to colonialism and the legal imposition of their own value system Māori women enjoyed social standing and all rights to their personal property (Durie, 2005; Jackson, 1987).

Violence toward women arose with the assimilation of colonial values that governed social gender roles and expectations of manly behaviour, and the submissive role of women, along with the patriarchal expectations of a colonial settler society (Mikaere, 1999). Women were expected to play a subordinate role to men who were placed in positions of authority, thereby throwing their own cultural norms and family structures into disarray (Dobbs & Eruera, 2014). New Zealand present day violence and gang affiliation that contributes to the level of Māori violence can be linked to early colonial violence when Māori land, resources, autonomy, pride, tribal structures and value systems were almost destroyed (Jackson, 1987; Ritchie & Ritchie, 1993). This historical link to the past directly links to present day high statistics of Māori women affected by IPV. Mikaere (1999) and a Ministry of Health (2015) document reported that Māori women are disproportionately affected by IPV, family violence and intergenerational violence, and Balzar, Haimona, Henare, and Matchitt (1997) contended that all forms of violence, including IPV for Māori, needs to be viewed within the historical context of colonisation. A second historical context within which to consider IPV is that of social change for women in Western society.

Women's movement for social change

The discourse of history moves closer to the phenomenon of social change as social action, swept in by women's movements, like the suffragists in Britain and the United States, who were concerned with the health of women and children. The Women's Christian Temperance Union campaigned from 1885 to 1893 for the right to vote hoping that this legal recognition would lead to social change and legal recourse for domestic violence (Ritchie & Ritchie, 1993; Swarbrick, 2012). During this time concern for children's safety led to organisations like the Women's Christian Temperance Union and the National Council of Women to call for political and legal action on women's issues (Ritchie & Ritchie, 1993; Swarbrick, 2012). Domestic violence became the predominant concern lobbied by the Society for the Protection of Women and Children, which later became the Home and Family Society, and extended assistance to battered women who suffered extreme violence (Swarbrick, 2012). With the exception of violent battering,

violence was trivialised and women were encouraged to maintain the sanctity of marriage at all costs; with the belief that some women deserved and even provoked abuse (Swarbrick, 2012).

The 20th century brought about the women's liberation movement and marked the beginning of social and cultural change. The movement of women in the 1960s first ushered in social and cultural changes by raising the awareness of the prevalence of violence, and seeking to dispel the attribution of violence to poverty and alcohol (Fishwick, Campbell, & Taylor, 2004). The growing evidence of physical and emotional abuse against women, in 1970s America, gave rise to the concept of the battered woman (Straus, Gelles, & Steinmetz, 1981; Walker, 1979, 2000). In New Zealand, the women's liberation movement in the 1970s considered not only battering, but all forms of violence against women, to be unacceptable; and women's organisations formed rape crisis centres and refuges (Swarbrick, 2012). Thus began the National Collective of Independent Women's Refuges (NCIWR) in 1981 with separate refuges set up for, and run by, Māori and Pacific women. These were soon followed by refuges for women by and for other ethnic groups (Ritchie & Ritchie, 1993; Swarbrick, 2012).

Prior to the women's liberation movement, domestic violence was considered a family matter and largely ignored within the justice system. Women were reluctant to report violence for fear of not being taken seriously and police were reluctant to get involved (Cross & Newbold, 2010; Swarbrick, 2012). Thus, acknowledgement of family violence as a serious social issue with consequences has been slow. It was not until the establishment of the New Zealand Domestic Violence Act in 1995 that victims had lawful recourse to pursue protection.

Legal movement for change

Ricoeur's (1988) phenomenological orientation of past and future time traces how New Zealand society has responded to IPV. This response has been shaped by legal definitions, interpretations and enactments of the law, and explanations of New Zealand's legal history that reveal how the changes to law either assisted or hindered women's escape from IPV. For example, changes, such the 1969 legal aid bill and the 1973 Domestic purposes benefit, assisted women's escape and survival from a violent home and access to the justice system (Swarbrick, 2012) The Domestic Protection Act of 1982 was the first law to address women's safety by providing recourse to non-molestation and non-

violence orders that could be applied for in the district or family court (Swarbrick, 2012). Non-violence orders meant a person could be arrested and held for 24 hours and non-molestation order meant that the person could be prevented from stalking and entering the property. Occupancy orders were also available that enabled the applicant to remain in a shared home. However, it was not until 1985 that rape within marriage became a criminal offence (Swarbrick, 2012). In 1987, recognising that victims may suffer retaliation from the abuser, the police began to arrest suspected offenders rather than wait for a complaint and referred the victim to Women's Refuge (Cross & Newbold, 2010; Swarbrick, 2012).

Ricoeur's (2008) hermeneutics of time and culture within a political context showed the history of New Zealand's legal system which now viewed domestic violence as a crime with a perpetrator and a victim and, as such, a criminal act to be treated like any other assault (Cross & Newbold, 2010). There were problems, however, in enforcing this act, as training manuals were not widely employed or employed inconsistently and not all police treated domestic violence as a criminal act (Cross & Newbold, 2010).

The replacement of the Domestic Protection Act of 1982 with the 1995 Domestic Violence Act was deemed an improvement in the law as it stood for the protection of women. The 1995 Domestic Violence Act offered greater protection and eligibility with the inclusion of psychological abuse as grounds for seeking protection (Ministry of Justice, 1995, 2007). Under the 1995 Domestic Violence Act protection was offered to a wider range of relationships, recognising that anyone in a living situation close to the victim, such as family members or flat mates, could be violent (Ministry of Justice, 2007); and protection orders replaced the 24-hour non-molestation and non-violence orders of the 1982 Domestic Protection Act. Notably, the 1995 Domestic Violence Act has made the protection order permanent unless applied for removal in court and with penalties for breaching the order (Ministry of Justice, 2007). There was also the expectation in the 1995 Act that offenders attend a non-violence program (1995, 2007). An additional safety feature allowed all children living with the applicant to be covered by protection orders or, if needed, an application for protection made by a representative of the child on the basis that witnessing domestic violence is, in effect, violence against the child (Ministry of Justice, 2007).

The changes in the legal system were deemed improvements in the law as it stood for the protection of women and were supposed to bring about awareness, and sanction the right to seek safety and protection for women and children; but there were many challenges with enforcement (Ministry of Justice, 2007; Swarbrick, 2012). In 2007, a review of the 1995 Domestic Violence Act found that between 1995 and 2007, there were over 200 deaths of women and children in domestic violence related homicides (Ministry of Justice, 2007; Swarbrick, 2012). Courts were not enforcing the attendance of offenders in non-violence related programs and men, who were breaching the permanent protection orders, were rarely convicted or followed up by police. Some men even gained custody of children with the protection order in place (Ministry of Justice, 2007).

A woman is able to apply for, and obtain, a family protection order and remain in the house with her abuser or she can apply for an occupation order which means the abuser must move out (Ministry of Justice, 2007; Swarbrick, 2012). The police can issue a Police Safety Order (PSO) if there are reasonable grounds to suspect that someone is being abused or if there is violence being perpetrated or likely to occur within the home (Kingi, Roguski, & Mossman, 2012). PSOs were introduced by the Domestic Violence Amendment Act 2009. They took effect from 1 July 2010, and followed the introduction of similar orders in Australia (Kingi et al., 2012). The protection of the PSO stays in force until the expiry date specified in the order, but not exceeding five days. The offender is ordered to stay away from the person protected by the order, to surrender any firearms, and to not harass or intimidate the person protected by the order in any way (Kingi et al., 2012). Although a woman may choose to apply for a protection order and continue to live under the same roof as her abuser, if there is physical or sexual violence involved, and an immediate risk of danger, women are urged that the safest plan is to escape the home to seek safety (National Collective of Independent Women's Refuges, 2013).

In 2009 the Violence (Enhancing Safety) Act was established to enable the police to remove the offender from the home for up to 5 days on the basis that though they may have insufficient evidence of violence to arrest, they have sufficient evidence to believe it could turn violent (Ministry of Justice, 2007; Swarbrick, 2012). Judges issued protection orders when sentencing an offender and penalties for breaching these orders were enforced and reinforced with harsher penalties. Courts also had the power to imprison any offender for up to 6 months who failed to take a court ordered program (Ministry of Justice, 2007). Despite these legal changes the rates of IPV have continued

to rise to where New Zealand now has the worst rate of family violence in the developed world (Leask, 2016, May 9b).

The police, the justice system and underreporting

Ricoeur (1998) asserted that the interpretation of human experience within time is in the narrative of prefigured time, configured and refigured time, and in the connection of human action and events over time. Ricoeur's prefigurative time understands itself in the objects, symbols and cultural rituals of whatever system they belong. In this present time IPV is understood through systems that have their own cultural symbols and objects. Some systems use prevalence data and statistics; others use survey and screening as part of their symbolic system but they are all parts of a whole interpretation of IPV.

In New Zealand IPV has been shaped by legal definitions that have cultural systems rooted within institutions like the justice system that belong as parts of the symbolic whole that represent IPV. There are also systems that use images to persuade and bring about change and these can be found in media campaigns and pamphlets that call for a cultural change in the ways that society views IPV. Campaigns such as 'It's not OK' and 'Shine' have brought about some change with an increased awareness of domestic violence and funding for agencies to support women and children, but statistics of family violence remain high (Campaign for Action on Family Violence, Family and Community Services, & Ministry of Social Development, 2011; Leask, 2016, May 9b). The textured medium of pamphlets and media from 'It's not OK' and 'Shine' urge for cultural change, with the use of symbols overlaid with persuasion for men to change and for the public to report domestic violence. New Zealand police estimate that only around 20% of IPV incidents are reported (Ministry of Social Development, 2013; New Zealand Family Violence Clearinghouse, 2012; Shine, 2013). The most likely reason for underreporting is police not being called as women living in an abusive relationship very often hesitate to involve the police (Gulliver & Fanslow, 2012; New Zealand Family Violence Clearinghouse, 2012). Underreporting means that it is likely more numbers of women are being abused than what is known. Thus, despite the legal changes and increased social awareness, via the media and public figures paving the way for agencies to campaign violence against women in New Zealand, family violence statistics are still underreported. Tusha Penny, from the New Zealand Police, reported that family violence is by far the biggest crime in New Zealand and that Police are responding to family violence call for help every five minutes (Leask, 2016, May 9a).

Research by Fanslow and Robinson (2010; Gulliver & Fanslow, 2012; New Zealand Family Violence Clearinghouse, 2012) also found evidence of under reporting in a representative sample of New Zealand women where only 12.8% of women said they would speak to the police about the violence they experience. Some women hesitate to involve the police out of mistrust of the effectiveness of the legal system to keep them safe (Abrahams & Murray, 2010). There is also a sense of shame and self-blame reinforced by the slow response of the justice system to enforce legal sanctions against the offender (Giles, Cureen, & Adamson, 2005). An Australian study found women were hesitant to involve the criminal justice system due to experiences of victim-blaming attitudes and inadequate understanding of how to address their needs (Meyer, 2011). Feeling shame, feeling blame, being hesitant to contact police, and having no faith in the justice system were all reasons for not leaving and choosing to remain under a family protection order.

Ricoeur's refigurative stage for social and legal change

Against the backdrop of safety and protection, the New Zealand Police (2006) proposed the first national family violence standard for screening, risk assessment and intervention for agencies working with victims and perpetrators of family violence. The introduction of a risk assessment tool was to assist in processing changes and improve intervention in the way that police respond to family violence (Nimmo, 2012). It was argued that this would be part of an on-going refinement to distinguish between IPV and non IPV occurrences (Nimmo, 2012). The police family violence response team would also collect and share risk information with relevant agencies involved with children in all family violence situations (Nimmo, 2012). The introduction of the new Police Family Violence Response team was a timely response to the Family Violence Death Review Committee's (FVDRC) recommendations in their third annual report (FVDRC, 2013). In the FVDRC (2013) report recommendations were made to improve inter-agency collaboration and information sharing in high-risk family violence cases, to improve stopping violence programs and improve response to victims in the aftermath of violence homicides. A move to improve morale and show women that they are valued came into force through the Domestic Violence Amendment Act on 1 October 2014 (Ministry of Justice, 2014). The Domestic Violence Amendment Act brought in: a tougher maximum sentence for breaching a protection order (from two to three years in jail); recognition that financial and economic abuse is also a form of psychological violence; new contracts and a new Code of Practice for existing domestic violence service providers; and safety services to

people at the time they apply for protection orders (rather than only once they are in place) and to victims in the criminal court. The landscape for women to have a voice and to be valued in society is showing some promise with the introduction of the Domestic Violence Amendment Act (2013) (Ministry of Justice, 2014), and by making strangulation a crime (Law Commission Report 138, 2016). It is hoped this will improve the situation for women by enabling the safe passage of leaving which will in turn assist with the construction of a new life and identity.

Conclusion

This chapter used Ricoeur's (1984, 1985, 1988) time and narrative to situate the three dimensions of past, present, and future, to provide background insight in the ways IPV was constructed historically and legally in New Zealand, to the evolvement of the country's current legal redress for women, and toward future proposals for change. The social, cultural, and legal constructs of IPV, viewed through Ricoeur's (2008) prefigurative lens of time, focused upon the cultural influences of early European patriarchal values that influenced societal behaviour toward women. In particular, the effect upon Māori women through the law as it stood in the past helps to understand why IPV is higher in Māori women today. Women lobbied for change within colonial European patriarchal values that influenced societal behaviour and brought about changes to the protection of women and to the way that IPV is understood and dealt with within the legal system. The legal system, as it stands today, is viewed through the cultural systems and competencies of the police and the justice system; yet with all the systems in place for women's protection, there is still underreporting and the statistics are muddled because there is no one agency responsible for collection. IPV is still being reported as an assault charge of man assaults female as there is no current answerable charge of IPV. Many women are still too scared to leave a violent relationship, and still women appear in police statistics of IPV related homicides.

Chapter Three: Categorising, Measuring, Quantifying, Screening IPV

The previous chapter located IPV within historical, social, cultural, and legal frameworks. Although social and cultural changes have generated greater awareness of IPV, and lead to changes within the legal system, New Zealand still has high rates of IPV. In this chapter, Ricoeur's prefigurative world refers to the preunderstanding of IPV gained through texts that describe the way in which the field of IPV is already prefigured and constructed with certain basic competencies, symbols and structures. According to Ricoeur (2008) the way that we understand anything is to situate it within its cultural symbols and rituals in order to understand the meaning behind the values and belief systems that provide the context for interpreting human action. This chapter will discuss IPV within prevalence and incidence in New Zealand in order to understand the cultural meanings and language of how IPV is viewed, measured, and researched. The impact and longer-term consequences of IPV upon a wide range of victims and ages, as well as the longer-term consequences, are discussed, followed by risk and protection factors for IPV.

Violence as a public health problem

During the early and mid-20th century, as the morbidity and mortality from infectious diseases in many developed countries began to wane, violence took its place as the leading cause of death (Centers for Disease Control and Prevention, 2009; Dahlberg & Mercy, 2009). Throughout the 1970s and 1980s violence in the form of suicide and homicide, as well as violence towards women, began to increase; and was highlighted as a priority for public health organisations and agencies (Dahlberg & Mercy, 2009). The United States' Centers for Disease Control and Prevention (CDC) set up the world's first violence epidemiology department, and global recognition of violence as a public health problem grew (Dahlberg & Mercy, 2009; WHO, 1996). This led to the World Health Assembly establishing violence as a public health priority in 1996, to be defined and categorised by epidemiologists into different types of violence (WHO, 1996). The classification of violence into different types dictated the type of funding for research and, eventually, community organisations and policy-makers internationally began to use research and other related findings to inform the development of interventions to target the different types of violence (WHO, 2010).

CDC Classification of IPV

The CDC took on the task of producing a consistent definition of IPV to ensure information was collected in a systematic manner that allows surveillance and monitoring of trends over time. They have defined the term “IPV” into four main types: physical violence, sexual violence, stalking, and psychological aggression (including coercive acts) by a current or former intimate partner (Breiding et al., 2015). This definition was produced in 2015 with a set of recommendations designed to promote consistency in the use of terminology and data collection related to IPV.

International perspectives

Ricoeur (2008) stated “the first function of understanding is to orientate us in a situation” (p. 64). IPV is predominately situated within the cultural context of prevalence and statistics which are important because they help maintain awareness of how IPV causes multiple health problems for women, represents a breach of human rights, and needs multidisciplinary attention and intervention. This chapter will explore IPV in the context of epidemiology so as to understand how IPV is defined and the extent of the problem internationally and in New Zealand.

The first organisation to conduct a large study to determine the prevalence of IPV worldwide was the WHO which collected IPV prevalence rates from 10 countries (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). The WHO study, initiated by the United Nations Fourth World Conference on Women (1995, as cited in WHO, 2005), identified violence against women as an area that needed further attention with intervention programs and policies. Participating in the study were 24,097 women from Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia, Thailand and the United Republic of Tanzania. These countries were selected because they lacked prevalence data but were able to implement policies and procedures to address findings in the report. The study focused on prevalence of violence against women and the health outcomes and coping strategies, and risk and protective factors. A base questionnaire, in which women were interviewed and asked questions about physical, sexual, and controlling behaviours (WHO, 2005), with different predictive variables and types of violence was used. Results showed that between 15% and 71% of women reported physical and/or sexual violence at some point in their lives. Ethiopian women reported the highest prevalence (Garcia-Moreno et al., 2006; WHO, 2005).

The second large study was conducted by Garcia-Moreno, Pallitto, Devries, Stockl, Watts, and Abrahams (2013) who furthered the original work of WHO (2005) and compiled global and regional estimates of violence against women. They found the most common form of violence was identified as IPV at 30% with more than 38% of female murders being perpetrated by an intimate partner (Garcia-Moreno et al., 2013). Garcia-Moreno et al.'s study was replicated in 56 countries and used 77-prevalence studies, including the previous WHO studies as a model. The findings were for global and regional estimates of IPV, as well as non-partnered sexual violence, and revealed that 35-38% of the global average of violence was against women. All women who reported physical or sexual violence were found to have higher rates of health problems than women who had not experienced violence (Garcia-Moreno et al., 2013). The questionnaire used by WHO and adapted by other countries addressed profiles for risk and protective factors and defined prevalence of emotional abuse, as well as the relationship between health and other aspects of women's lives and the effect of violence upon their children. The questionnaire also reported women's experiences of IPV to further understand the nature and consequences of violence in order to promote national strategies for intervention and develop primary prevention. The findings of the WHO (2005, 2013) study have been influential in highlighting the extent of the problem of IPV internationally. The areas which were not investigated by WHO (2005, 2013) were how many times women had left and returned to a violent relationship and how many women had successfully left and stayed away. Neither study sought to address the question of how women who had left a violent relationship reconstructed their lives.

International research has revealed different perspectives. In the United States, the CDC reported the 2010 prevalence data for IPV in 90,000 women and 7421 men in relation to being stalked, physical, and/or sexual violence and the impact upon physical and mental health (Black et al., 2011). Findings were gathered through a randomised telephone survey. The CDC reported that 1.3 million women in the United States, within a relationship, had suffered rape, attempted rape or had sex forced on them in the previous year to the survey (Black et al., 2011). This report also showed that the prevalence rate of women being stalked and who had physical or sexual violence in their lifetimes was 35.6%. This figure increased to 48.8% when emotional/psychological abuse was taken into account (Black et al., 2011; CDC, 2012).

Data collected by the CDC showed many similarities with international trends and highlighted some differences. The main difference was that previous large-scale surveys of IPV had examined only certain aspects (e.g., physical or sexual violence) or examined these forms of IPV within the context of crime or public safety; whereas the CDC surveyed the whole spectrum of IPV including sexual violence, emotional/psychological abuse, and stalking. The CDC, however, suggested there exists a far wider scale of IPV than was previously realised; reporting that as many as 29 million women say they have suffered severe and frightening physical violence from an intimate partner. Physical violence included being choked, beaten, stabbed, shot, punched, slammed against something, or hurt by hair-pulling. The number would grow to 36 million if slapping, pushing, and shoving were to be counted (CDC, 2012).

The findings of the CDC are helpful to highlight the enormity of IPV worldwide but do not show the voices of women who made successful lives after leaving. Ricoeur (1998) contended that the answer to finding oneself in the world displayed by text is to appropriate oneself in front of the text and in this way be open to the meanings that unfold. The meanings found in the text of prevalence data is that women are being subjected to intimate violence as an everyday reality in many places throughout the world.

Although the United States has provided insights regarding how IPV was understood and measured, the close geographical proximity of Australia to New Zealand, and the similarity in many of the health care contexts, makes examination of the Australian context pertinent. The Australian prevalence data drawn from the 2012 Australian Bureau of Statistics Personal Safety Survey (ABSPS) informs that 1 in 6 Australian women, since the age of 15, experienced physical or sexual violence from a current or former partner (Australia's National Research Organisation for Women's Safety (ANROWS), 2014). The ABSPS also found 1 in 4 women had experienced emotional abuse by either a current or former partner. The ABSPS surveyed men for the same information and found that 1 in 19 men had experienced physical or emotional abuse by a current or former partner, and 1 in 7 had experienced emotional abuse. After surveying both sexes ANROWS found that women were over represented in intimate partner homicides, more likely to experience sexual assault, and that men were the perpetrators of both violence against women and violence against men (ANROWS, 2014). These findings fit with both New Zealand and international statistics that suggest women are over represented as victims and that men are the main perpetrators of IPV.

Hegarty et al. (2013) surveyed 19,879 women, aged between 16-50 years, and sourced from 52 general medical practices in Australia, to screen for lifestyle issues as well as IPV. Women who reported being afraid of their partners in the last 12 months were surveyed for associations between type of abuse and the severity, as well as their health, quality of life, and help seeking. The response rate was 70.5% (272/386). Findings revealed that 31.6% of participants reported poor or fair health and 67.9% poor social support. In the last year, one third had seen a psychologist (36.6%) or had 5 or more general practitioner visits (34.3%); 14.7% contacted IPV services; and 24.4% had made a safety plan. What has become evident through the global, United States and Australian data is the focus on measuring and quantifying information of those affected by IPV. In contrast Hegarty et al. (2013) sought the same statistics and gathered a more comprehensive representation of how IPV can have ongoing effects on women's health. Although women who escaped from IPV to begin a new life were not surveyed, the findings did show that women who experience the combination of severe physical, emotional, and sexual abuse have poorer quality of life with more mental health issues than women experiencing other abuse types.

The global prevalence and statistics of IPV, in countries like Australia and the United States, reveal the larger landscape of IPV. The prevalence could be emotionally distanced if it is viewed as something out there on the global scale but not touching lives within New Zealand. New Zealand has a large historical migratory pattern of Pacific peoples, and Auckland is home to one of the largest Pacific populations in the world (194, 958), with at least 7% of people identifying with at least one Pacific ethnic identity (Statistics New Zealand, 2015). The likelihood of interethnic marriages in New Zealand, with intimate partners that influence social and cultural norms toward IPV, is inevitable. With this in mind, data showing the prevalence of IPV were gathered from Tonga, Samoa, and Fiji as they represent the biggest nations of the Pacific with larger migratory patterns and populations in New Zealand (Statistics New Zealand, 2015).

The link between Pacific Island studies and the interpretation of text in Ricoeur's prefiguration stage is the referential relationship of human history and present experience. Jansen, Johansson-Fua, Hakofa-Blake and Ilolahia (2012) used a mixed methodology with case studies and the WHO questionnaire for an estimate of Tongan women's experience of IPV. Jansen et al. (2012) found a 45% lifetime prevalence of IPV in Tonga in 3% of the eligible population of 634 women between the ages of 16 and 49; with a

higher proportion (68%) of women who experienced either physical or sexual violence by a family member or a teacher. Although this study had ambitions on a large scale, only 3% responded which may have something to do with the population of people on a small island who share bloodlines and a community lifestyle, which could prove challenging for measuring statistics of IPV. Tongan cultural norms have traditional values of respect for the elderly and anyone in authority, and for the head of the household to be male in gender, which may account for the 68% of women who experienced abuse from someone other than their intimate partner. The relevance of this study, as for all Pacific studies of IPV, is the contribution of cultural norms to the New Zealand cultural context and present experience of IPV.

In Samoa the methodology of the WHO (2005) *Multi-country Study of Women's Health and Domestic Violence* as part of the *Pacific Multi-site Study of the Effects of Violence against Women on Family Health and Safety* was also used. This study was a joint research initiative of the Secretariat of the Pacific Community and the United Nations Population Fund. The research was carried out with the assistance of the Samoan Ministry of Women Affairs. A culturally adapted questionnaire, to enhance language understanding, was used to survey 1646 women between 15-49 years. Findings revealed that 46% experienced some form of physical and/or emotional and/or sexual violence by an intimate partner (Secretariat of the Pacific Community United Nations Population Fund Samoa, 2006). The questionnaire did not enquire about leaving a violent relationship after IPV. There is a large population of Samoans in New Zealand and their cultural influences are widely recognised within New Zealand society; therefore these findings are relevant to the statistics of IPV in New Zealand.

The prevalence of violence against women in Fiji is of particular interest for me given my Fijian ancestry and the experience of IPV from a partner of the same birthplace and ancestry. It is alarming, but not surprising, that every day in Fiji 43 women are injured, 1 is permanently disabled, and 71 lose consciousness (Fiji Women's Crisis Centre, 2013). Fiji Women's Crisis Centre, funded by the Australian Government's aid program, also replicated the WHO Multi-country Study on Women's Health and Domestic Violence Against Women. The survey found 64% of women who have ever been in an intimate relationship experienced physical and/or sexual violence by a husband or intimate partner in their lifetime. Prevalence rates for IPV are very high in Fiji with 24% of women

currently suffering from physical or sexual partner violence and 44% being subjected to extreme physical violence including the use of a weapon (Fiji Women's Crisis Centre, 2013).

Countries such as Fiji, who share common bloodlines between people and province as well as a strict affiliation to religion, also share a historical understanding where individuals relate to each through their collective social reality that may not be accurate. Ricoeur (1998) noted that when we relate to one another and to our collective tradition through the figures of ideology and utopia, these figures are not mere distortions of social life but constitutive of the social bond itself. Ricoeur further stated that “If utopian thought expresses a critical distance from social reality, such distance is possible only because that reality is first integrated through an ideology which preceded critical reflection and which transmits a collective tradition” (p. 16). There is a complex interplay between the official tourist slogan depicting a utopian Fiji as: “Fiji the way the world should be”; and values of the past to the real world representation of violence, which converges with the ideology of religion in Fiji. The transposition of some Pacific traditional social values into New Zealand, such as familial bonds, respect for the elderly and for authority, add richness to New Zealand culture and contribute to an ordered society. These cultural values are marred by a conduct toward women that is complicated by religious fervour and dictated by religious law that see women relegated to the backbenches of society, and which has the potential to add to New Zealand statistics of IPV as discussed in the next section.

New Zealand context of IPV

The New Zealand context is complicated by the lack of one administrative governing body for the collection of IPV statistics; therefore IPV is very often reported as domestic violence and imbedded in the family violence statistics and results (Gulliver & Fanslow, 2012; New Zealand Family Violence Clearinghouse, 2012). The difference between IPV and domestic violence is that domestic violence may involve other family members or flat mates living in a domestic situation who may not be intimate partners. Currently the law does not delineate the relationship between victim and perpetrator (New Zealand Police, 2012). Therefore, IPV can come before the courts as physical assault or as male assaults female, very often without highlighting or naming the assault as IPV, which affects reporting intervention and accuracy of statistics. IPV can occur between dating couples or arise from a previous intimate relationship where one is stalking the other

verbally or physically. To gain an understanding of the scale and extent of IPV in New Zealand the following statistics were gleaned from population based studies and incidence reports from administrative or service sources such as police data summaries, government agencies such as the FVDRC and non-government organisations for example the Women's Refuge.

Incidence and homicides

The statistics around the number of homicides gives weight to the gravity of the situation and an idea of the scale of the problem for women in New Zealand who require police intervention or are killed by their violent partners. The New Zealand Police reviewed statistics for 2014, and found 62,923 family violence investigations and 5,118 applications for protection orders (Curtis, 2012). Recent media reports demonstrate how the rates of family violence that police attended have risen from 62,923 in 2014 to 105,000 incidents in 2015 (Leask, 2016, May 9a). Police estimated that if all incidents were reported they would have attended to at least 525,000 calls for help, 279 calls each day; and that is only the tip of the iceberg as 80% of family violence incidents are not reported (Leask, 2016, May 9a).

Data collected by the FVDRC (2014) reported 139 people died from family violence and family related homicides in the years 2009 to 2012. The IPV related deaths broke down into 44 women killed by their male partners, with two women killed by another woman, making a total of 46 women killed in an intimate relationship in the three years from 2009-2012. A recent media report by Anna Leask of the New Zealand Herald reported that on average 13 women are killed each year as a result of family violence (Leask, 2016, May 9a). The findings of the review committee also reported the process of leaving a violent relationship as unsafe; 50% of IPV deaths occurred at the time of leaving or intended leaving (FVDRC, 2014). The FVDRC reviews all domestic violence deaths in order to improve systems policies and practices that may assist in prevention. These incidence reports do not represent the topic of this study but they do represent the prefigured world of violence from which the woman in this study escaped. Important to note is that some of the women who do not make it out of a violent relationship may end up in the homicide statistics.

To gain a different viewpoint of prefigured IPV, the National Collective of Independent Women's Refuges (NCIWR) also keeps statistics. NCIWR rose out of history during the

groundswell of the women's movement, and is a cultural icon influential around framing the views of IPV. NCIWR is the principle supportive agency for women seeking sanctuary with systems in place to assist women in New Zealand who need to escape violence. Their service offers free advice and advocacy as well as emergency accommodation for women and their children seeking shelter and protection from violence. Women do not necessarily see themselves in the prevalence data or in the population studies or in police incidences but they may be able to see themselves in the phenomena of having to go to a refuge. Women's Refuge received 78,161 calls from women in crisis in 2013/14 and provided physical help, advice and counselling services to 16,178 women seeking refuge and services and 11,014 children (Ministry of Social Development, 2013; NCIWR, 2014).

Statistics gleaned from NCIWR and the New Zealand police convey that family violence is still gender specific; men are the dominant perpetrators with 76% of IPV deaths perpetrated by men and 24% by women (FVDRC, 2014; Leask, 2016, May 9b; Ministry of Social Development, 2013). In New Zealand 78% of partner homicides are men killing their current female partners or their ex female partners in contrast to 2% of females killing their male partners (FVDRC, 2013; Leask, 2016, May 9a). A wider perspective is provided by the New Zealand Glen Inquiry report that estimated costs related to child abuse and family violence at between \$4.1 billion and \$7 billion annually, including \$3.6 billion related to ongoing and long term pain and suffering (Kahu & Snively, 2014).

Population based prevalence surveys

In New Zealand, population based surveys, such as the WHO Multi-Country Study on Women's Health and Domestic Violence Against Women (2005), in which New Zealand participated, found that 38% of women in New Zealand had suffered some form of physical violence (Garcia-Moreno et al., 2006; WHO, 2005). Fanslow and Robinson (2004) replicated the Multi-Country Study on Women's Health and Domestic Violence Against Women (WHO Multi-Country Study; Garcia-Moreno et al., 2006), in a sample group of 2960 women from urban and rural areas between 18-64 years and found 1 in 3 (35.4%) ever-partnered New Zealand women reported having experienced physical and/or sexual IPV in their lifetime. When psychological/emotional abuse was included, 55% reported having experienced IPV in their lifetime. In the 12 months prior to the survey, 5.2% had experienced physical and/or sexual IPV. When psychological/emotional abuse was included, 18.2% had experienced one or more forms

of IPV (Fanslow & Robinson, 2011). Fanslow and Robinson (2011) found controlling behaviour to be associated with physical or sexual violence. Fanslow, Robinson, Crengle, and Perese's (2010) exploratory study of ethnic-specific differences and similarities in women's attitudes took data from a cross-sectional survey of 2,674 women who had ever been partnered and found high rates of IPV over all ethnic groups. Fanslow et al. (2010) found Māori women disclosed 57% lifetime prevalence. Prevalence rate of IPV in European/Other women was found at 34.3%, Pacific women as 32.4% and Asian women had a prevalence rate of 11.5% (Fanslow et al., 2010). Prevalence statistics arise from epidemiology whereby a proportion of a population is measured as in Fanslow and Robinson's (2004) study to measure the frequency that IPV occurs over a given period of time (Mitchell & Anglin, 2009). The reporting of IPV is often embedded in the wider context of family violence and this, at times, can make interpretation of statistics difficult. However, national screening guidelines may be one pathway to increasing the reporting of IPV.

National screening guidelines

Screening for IPV has been seen as one approach that may curb the rates of IPV in New Zealand. The language of screening is posited within the cultural meanings of identify and intervene. Identify through screening and then intervene is recommended by the New Zealand Ministry of Health (2002) and includes annual screening for IPV as an essential component of clinical care for all females aged 16 years and over. The New Zealand Ministry of Health intervention guidelines recommend screening be undertaken in every emergency department visit, during a hospital admission and discharge, and in every prenatal and postpartum visit, during gynaecological visits, during well child assessments, at clinics like family planning, abortion and STI clinics, and in mental health settings for current and lifetime experience of physical or sexual abuse (New Zealand Ministry of Health, 2002). International screening recommendations vary in confidence and value of screening women for IPV and have, therefore, been a subject of debate. O'Doherty, Hegarty, Ramsay, Davidson, Feder, and Taft (2015) searched relevant databases, two trial registers, articles and websites of relevant organisations, and 13 trials that recruited 14, 959 women for IPV screening within diverse healthcare settings, to review for effectiveness of the screening process. The aim was to determine screening identification, referral, re-exposure to violence, and health outcomes for women, and to determine if screening causes any harm (O'Doherty et al., 2015). Findings of the study demonstrated insufficient evidence to show that screening increased referrals or increased

women's engagement with supportive services, and/or reduced violence and positively impacted on women's health and wellbeing (O'Doherty et al., 2015). On this basis O'Doherty et al. concluded that there was insufficient evidence to recommend asking all women about abuse in healthcare settings. Rather, it may be more effective to train healthcare professionals to enquire about abuse from women who show signs, or who are in high-risk groups, and provide them with information and to plan with them for their safety (O'Doherty et al., 2015). In contrast, the United States Preventative Services Task Force, (USPSTF) commissioned a systematic evidence review on screening women for IPV and elderly and vulnerable adults for abuse and neglect and found adequate evidence to recommend screening women of childbearing age for IPV, even extending this to women who do not have signs or symptoms of abuse (Moyer, 2013).

Robinson (2010) used a phenomenological approach to examine the nurse's role in IPV screening and found that nurses were screening based on their own stereotypical image of a battered woman, rather than on standard protocol. Robinson did not identify the gender of the nurses in the study but did identify that nurses felt frustrated when not seeing any immediate result or benefits. Other barriers to screening could be the lack of awareness and sensitivity training needed to challenge nurses' perceptions of what a battered woman looks like. Other barriers could be the lack of safety awareness training and training in the interpersonal communication skills needed to enable a safe environment for disclosure. However, given all of these barriers and constraints, not screening may be more harmful than no screening at all. Important to note is that even if all women were to be screened all of the time in all of the encounters they have with health professionals, women still need to feel fully assured and believe that they will be protected from any repercussion from the abuser due to their disclosure.

New Zealand screening assessment and measuring for IPV

A New Zealand study screening for IPV (Koziol-McLain, Gardiner, Batty, Rameka, Fyfe, & Giddings, 2004) found one in five women seeking emergency health care reported partner violence during a random four hourly time block of selected shifts. A structured interview including screening for partner violence and identification of high risk, along with lifetime prevalence, showed lifetime rates of IPV of 44%, including 40% exposed to physical violence, 20% to sexual violence and 33% who felt unsafe. One-year rates were lower at 21% overall, with 15% experiencing physical violence, 3% sexual violence, and 13% feeling unsafe (Koziol-McLain et al., 2004). Participants had a mean age of 38.1

years (SD=17.9) and ranged in age from 16 to 88 years with 50% of the participants self-identifying as New Zealand European, 22% Māori, and the remaining 22% identifying from the Pacific region (Koziol-McLain et al., 2004). Not all women coming through the emergency department were screened due to lack of English or privacy or being too ill to participate; therefore prevalence rates could differ for women who were not included (Koziol-McLain et al., 2004). These rates are higher than other estimates of prevalence in the general population because women who have been subject to violence are likely to be over-represented in the pool of women seeking emergency medical care. Although women who have experienced violence are more likely to be seeking emergency medical care this report from 2014 highlights the rise of IPV to where New Zealand is now, in 2016, as having the highest rates in the developed world (Leask, 2016, May 9b).

The prevalence of IPV runs alongside family violence in general and the growing burden of health, making IPV very much a global public health concern. Disclosure of IPV indicates a willingness to divulge information when in targeted areas. There is, however, cultural dynamics associated with shame, secrecy and fear that may lead to underreporting, which then leads to difficulty in determining prevalence (Gulliver & Fanslow, 2012).

A descriptive retrospective study conducted over four years in a New Zealand provincial hospital explored the prevalence of IPV disclosure during routine screening (Higgins, Manhire, & Marshall, 2015). Interestingly, whereas doctors screened less often, patients actually disclosed more readily and often to doctors than they did to nurses (Higgins et al., 2015). Higgins et al. (2015) surmised this may be due to the perception that doctors have more power and can do more for the patient who discloses than nurses. Enrolled patients disclosed in 10% as opposed to casual patients who positively disclosed in 13.7% of instances (Higgins et al., 2015). A statistical analysis of screening data taken from 5668 women 15 years and over revealed an overall ever-positive disclosure rate of 11.1% with a high rate of disclosure from Māori women of 21.6% and Pacific women 13.2%, compared to 8.9% for NZ European/Other women. The impact of such high rates of IPV in Māori and Pacific women warrant further investigation, and are the guiding threads of the next paragraphs.

The impact of IPV

Māori women

The impact of IPV on Māori women is that they are more likely to be hospitalised for attempted homicide and assault, and 1.6 times more likely to die from an IPV incident than other women in New Zealand (Leask, 2016, May 10; Ministry of Health, 2015). Māori women predominate in the family violence and IPV prevalence statistics, as they are twice as likely to experience family violence and IPV related injuries and deaths than non-Māori (Dannette & Ferguson, 2008; Leask, 2016, May 10; Ministry of Health, 2015). The CDC uses a social-ecological model of health, which views violence on four levels, for preventive strategies and protection (Dahlberg & Krug, 2002). The social-ecological model interacts at the individual level, in combination with relationships or the family, alongside the broader societal/institutional level, to assess the likelihood of violence and address factors that put women at risk. Māori women fill the risk factors on all levels of the ecological model. As well as being socially marginalised they have less resources and less family support due to the effects of family trauma (Ministry of Health, 2015). They are also institutionally at risk due to racism and economically at risk due to poverty (Ministry of Health, 2015). These risks are attributed to social and economic structural disparities that Māori women experience; they are more likely to have children at a young age and experience social exclusion through poverty, lower levels of education, and poor housing (FVDRC, 2015). Māori women are also less likely to experience equality or esteem within society, and are more likely to experience intergenerational trauma, related to the effects of colonisation and loss of social standing (Jackson, 1987). It can be deduced that if Māori women are disabled, lesbian, transgender, or intersex, there is an accumulative risk for IPV compounding the legacy of colonisation.

The difficulty in leaving a violent relationship, for Māori women, are discriminatory barriers when seeking help from services and agencies, as well as the structural inequities of unemployment, housing, and basic essentials like food, transport, and money (Ministry of Health, 2015). All of these factors trap Māori women within violent relationships, alongside the difficulty of breaking away from the gang culture if an intimate partner is known to belong to a gang (Leask, 2016, May 10; Ministry of Health, 2015). If a Māori woman has a partner affiliated with a gang then the challenge of leaving and constructing a new life is related to all of the above, as well as the pervasive gang social network that could track her down thereby posing some very real difficulties of escape necessary to

construct a new life and identity. Deductions can be made from all of the above that the impact of IPV on Māori women holds more risk, is a lot more pervasive and life threatening for her and her children, and could potentially perpetuate intergenerational abuse and trauma.

Pacific Island women

The impact of IPV on Pacific Island mothers is that it contributes to maternal psychological distress, smoking, and high-risk alcohol use at 24 months postpartum, and repeated victimisation of physical violence and verbal aggression (Gao, Paterson, Abbott, Carter, & Iusitini, 2010). During screening for IPV Koziol-McLain et al. (2004), and Higgins et al. (2015) found a high representation of Māori and Pacific women in prevalence data for IPV. Findings from the Pacific Islands Families (PIF) prospective longitudinal study, that followed a cohort of Pacific children and their families living in New Zealand, found IPV prevalence rates were high for a sample of general married or cohabiting females, with overall physical violence victimisation rates of 22.9%, and perpetration of severe violence rates of 37.1%. Eleven percent of mothers were victims of severe violence from their partners, but 19.3% perpetrated severe violence against their partners (Paterson, Feehan, Butler, Williams, & Cowley-Malcolm, 2007). The findings of this study showed that although the perpetration of violence within Pacific families by women may be more prevalent toward their male partners, the violence perpetrated was less severe than the violence perpetrated by their male partners and that women were more likely to suffer injury and seek medical care (Paterson et al., 2007). Although the study is dated, its longitudinal nature may mean more data arises in the future.

IPV was found to be common among Pacific Island partners, and mothers were as likely to enact violence as they were to be on the receiving end of violence. However, reporting patterns were different between the sexes and between ethnic groups (Paterson et al., 2007). Mothers of Pacific children who were victims of any physical IPV in the previous 12 months were more than twice as likely as those who were not victims to report postnatal depressive symptoms at 6 weeks postpartum, after controlling for a range of other risk factors (Gao et al., 2010). The social-ecological model of health looks at the broad societal factors that help create a climate in which violence is allowed to thrive, and includes the social and cultural norms that support violence as an acceptable way to resolve conflicts (Dahlberg & Krug, 2002). The prevalence of violence seen in the Pacific nations can be linked to IPV in New Zealand, only in as much as the social cultural norms

of violent behaviour that carry through generationally. The risk factors in New Zealand were found when fathers who had experienced physical abuse in their own childhood were found more likely to physically discipline their children with smacking and objects, thus perpetuating IPV and intergenerational violence (Schluter, Tautolo, & Paterson, 2011).

While not wanting to generalise, for this comes down to the individual family's parenting style, there is an issue of using physical punishment for childhood transgressions which is considered acceptable within the Pacific Island culture (Mageo, 1988; Schoeffel et al., 1996). This type of physical punishment is also found in my own Fijian culture and when Pacific Island cultural values are collectively viewed through Ricoeur's (2008) prefiguration lens for the level of required analysis in interpretation of texts, there is a need to look at the cultural values and beliefs that drive IPV. IPV is also kept secret in Pacific Island families for it brings shame and dishonour upon the family status through the gossip generated within the community if IPV is reported (Wurtzburg, 2003).

When viewing IPV through the cultural traditions that weave through Ricoeur's prefiguration of IPV for Pacific women and families in New Zealand, and all this entails, there is the risk of normalising IPV. This normalisation may continue to affect the future of children to the extent that their children become enculturated to the violence and perpetuate violent behaviours within their own intimate relationships. There are much larger societal factors on the social-ecological model that further put people at risk for perpetuating or experiencing IPV, and this includes the health, educational and social economic inequalities between groups in society (Dahlberg & Krug, 2002). Pacific Island people are in the high risk level of the ecological model as they have higher levels of poverty and unemployment, and less educational achievement than New Zealand Europeans (Marriott & Sim, 2014). If the gap of inequality between Pacific people and New Zealand Europeans grows, the risk factors for IPV are likely to increase. This will, in turn, likely increase the risk and impact of IPV in future generations of Pacific women and families. Although the risk of IPV in Māori and Pacific women are unique to New Zealand, IPV impacts all women who are at risk in New Zealand and internationally, and more so the migrant woman, the lesbian and bisexual, as well as the disabled, the very old and the very young as well pregnant women and children.

Migrant women

Whereas the reported incidence of IPV in the New Zealand migrant community is no higher than for other women, this may be due to fear of reporting (Boutros, Waldvogel, Stone, & Levine, 2011). There are also traditional values that may normalise cultural roles of male dominance with the impact of silencing a woman and thereby keeping her isolated in her situation. The isolating effect could mean she has no knowledge of how to report, or may fear reporting due to an inability to understand New Zealand laws (Boutros et al., 2011). Even if a migrant woman realises that she is in a vulnerable and suffering situation she may lack the ability to access resources due to a language barrier, or fear that contact with the police may result in deportation, more so if she is dependent upon her husband's immigration visa. An additional stress, to which she is exposed, is the increased risk for developing STIs and other diseases that could affect her reproductive health as well as her psychological wellbeing. The longer term impact will be on her children who may have normalised the traditional role of dominance and control over women.

Lesbian, bisexual, transgender and intersex (LBTI)

Data indicates the frequency and incidence of same sex IPV is at least as high as that of heterosexual IPV; however there may be a reluctance to report due to the fear of prejudice or discrimination that lesbians and gay men experience (Greenwood, Relf, Huang, Pollack, Canchola, & Cantania, 2002). The impact of IPV upon lesbian and bisexual women, and people of intersex are the same for everyone else, but of particular risk is the threat of their sexuality being disclosed if they wish to keep this private (Ministry of Social Development, 2013). For anyone in a violent relationship there is the added risk of forced sexual activity that is likely to cause trauma or STIs including HIV. If that should occur then withholding anti-retroviral drugs for HIV treatment could occur by a controlling partner. For LBTI there is also the risk of controlling access to hormones if this is needed for gender sexual transition (Ministry of Social Development, 2013). In addition to gender issues, disability is another risk factor in relation to IPV.

Disabled women

A large survey from the National Epidemiologic Survey on Alcohol and Related Conditions in the United States found a higher risk of IPV victimisation in women and men who have physical and mental health impairments in comparison to those without such impairments (Hahn, McCormick, Silverman, Robinson, & Koenen, 2014). The impact of IPV upon a woman with physical disabilities, that require a considerable

amount of assistance from an intimate partner, is her inability to refuse sexual impositions out of fear that there could be reprisal from her abuser or the fear that she could lose the only person she relies upon most for her care (Smith, 2007). Women with disabilities experience IPV nearly twice as often as women without disabilities. Additionally, being dependent upon an intimate partner and being young, and also being unemployed increases the risk for IPV and the likelihood of impact in women more so than men (Smith, 2007). There may also be the lack of ability to physically escape or the financial means, or lack of knowledge of where to escape. Combined with social isolation these factors could further compound the impact of IPV, more so if the woman also has a cognitive impairment (Barrett, O'Day, Roche, & Carlson, 2009).

Older women

The impact of IPV upon older women is that the physical health consequences from IPV are far more likely to have accumulated and compounded due to the aging process (Band-Winterstein & Eisikovits, 2009, 2010); therefore the impact is far more serious. This makes the need for screening more important in older women to rule out IPV rather than attributing health complaints to the aging process. There is also the impact that IPV has upon adult children who need to care for an aging parent, who may be the perpetrator, along with an aging parent who is the victim; despite their own trauma history of growing up in such violence (Band-Winterstein, 2014). Older women whose formative years were influenced by patriarchal family values may view IPV as part of marriage expectancy, as do women from immigrant cultures who are surrounded by patriarchal family values, which makes education about IPV difficult. Because older women may have internalised IPV as acceptable common behaviour within marriage, such as within my own culture, support may be needed for safety within the home rather than expecting an older woman to leave. In addition to age, youth is another risk factor in relation to IPV.

Adolescent women

Data from the National Intimate Partner and Sexual Violence Survey conducted in the United States by the CDC during 2010 found that 23.2% of women first experienced physical, sexual violence, stalking and other forms of violence from an intimate partner before the age of 18 (Breiding et al., 2014). The survey found that 23.1% first experienced IPV at ages 11-17 (Breiding et al., 2014). The impact of IPV at such an early age puts young women at risk for HIV, STIs, mental health problems such as anxiety and depression, antisocial behaviour and substance abuse, as well as risk for suicide (Breiding

et al., 2014). IPV is played out through bullying behaviour over contraceptive use and what they wear, what friends they see, and how they behave around social media and all forms of technology, like posing nude, which puts them at risk for blackmail and further repercussions at a later stage in life (CDC, 2016). The impact for young women is the future vulnerability to further episodes of IPV, and the susceptibility of manipulating power and control tactics in later life.

Pregnant women

The impact of IPV upon pregnant women may be greater when the pregnancy is unplanned or unwanted, which can cause greater risk for violence and/or abuse (Fanslow, Silva, Robinson, & Whitehead, 2008). Another key risk is jealousy or possessiveness and the partner feeling threatened with the impending birth of a child (Echeburúa, Fernández-Montalvo, de Corral, & López-Goñi, 2009). Women who were abused prior to pregnancy continue to suffer psychological and physical abuse; however some women begin to also experience sexual abuse (Izaguirrea & Calvete, 2014). Women who are pregnant and being abused have the risk of injury to the foetus and problems related to labour and delivery, with an increased risk for placenta abruption (Ellsberg, Janse, Heise, Watts, & García-Moreno, 2008; Leone et al., 2010). Not only are there severe health problems associated with injuries and having low birth weight babies but women are twice as likely to experience depression and sexually transmitted diseases in comparison to women who are not exposed to IPV (Garcia-Moreno et al., 2013).

Data gathered from a Pacific Islands family study of mothers with Pacific infants born in Auckland, New Zealand reported that women who were victims of IPV had double the risk of postnatal depression (Gao et al., 2010). Sexually transmitted diseases and urinary tract infections are just some of the health effects which result from IPV, with the most detrimental effects resulting in death for mother and foetus from physical abuse (Campbell, 2002). An early study by Lutz (2005) found that when women are pregnant and experiencing abuse they feel shame in relation to the abuse and stigma that this should be happening to them, so they isolate themselves from others, which can predispose women to postnatal depression after delivery. Another study by Rose et al. (2010) found that women blamed themselves for the abuse or for allowing it to continue and reacted by shutting down and believing and internalising the negative messages from their abuser. Women coped with IPV during pregnancy by detaching themselves from the situation, which took a toll for women who began to 'walk on eggshells' and believe that they were

“nothing” (Rose et al., p. 7). The impact of the injuries that women sustain from IPV, as well as the long-term effects, are mitigating factors that may put constructing a new life on hold.

Children

The impact of IPV upon children who are living in a violent home is that they experience behaviour perpetrated by one caregiver toward another in a variety of traumatic incidents that can affect their attachment relationships (Carpenter & Stacks, 2009). Children are exposed to behaviours that range from suicide threats, from either parent, or threats to take them away; or they may witness violent physical and sexual acts, and may even witness homicide (Carpenter & Stacks, 2009). There are women who endure the abuse because they want to maintain the children’s relationship with their father (Lutz, 2005). The women in Rose et al.’s (2010) study tried to keep their children out of harm’s way by de-escalating the situation or using behaviours that would prevent or contain the abuse. Even if children are not coming under direct physical violence, they are visually or audibly witnessing the effects of violence upon their mother, which can negatively impact their personal growth and development (Carpenter & Stacks, 2009; Family Violence Focus Group, 2002). Undesirable developmental signs manifest as clingy behaviour toward their mothers while avoiding contact with others, or aggressive acting out with other children (Levendosky, Bogat, & Martinez-Torteya, 2013). This is especially true for very young children as due to their close proximity and emotional dependence they are more vulnerable than older children to their mother’s exposure to IPV, putting them at risk for the development of PTSD (Levendosky et al., 2013). Children are also affected by the mental health of their abused caregiver, the stress and trauma of IPV that has impacted upon their caregiver, and the effect this has upon their parenting (Carpenter & Stacks, 2009). Children exposed to violence between their parents is a risk factor for perpetrating violence or becoming a victim to IPV in later life (WHO, 2002). The impact of IPV upon adult children has been discussed under the impact upon older women. It is important to stress that the impact upon children becomes an ongoing struggle into adulthood, to integrate the trauma of IPV as children into their relationship with aging parents, and how this violence impacts and shapes their own life (Band-Winterstein, 2014).

Consequences of IPV

The previous section reviewed the more immediate impacts of IPV; this section considers the ongoing consequences. Although there is no visible delineation, and some of the consequences were discussed previously under impact, the difference is that the bigger consequences are at times invisible and pervasive and happen over time. One of the difficulties in constructing a new life after IPV lies in the ongoing health problems as a result of the violence; therefore, this section will first briefly discuss the immediate injuries related to IPV and their long lasting effect. The Multi-Country Study of Health and Domestic Violence Against Women provided the prevalence data and published the initial results of women's physical, mental, sexual and reproductive health in association with WHO (2005). The study found physical injuries ranged from bruises, abrasions, cuts, punctures and bites, to more serious injuries of broken bones, injuries to ears and eyes (WHO, 2005). It also found IPV during pregnancy can induce miscarriages and have long lasting effect on reproductive health.

High levels of mental and emotional distress following exposure to IPV result in psychological, biological, neurological, behavioural, and physiological alterations in health as well as social and economic challenges for all women regardless of social and ethnic backgrounds (Campbell, 2002; Dichter & Rhodes, 2011; Dutton, Green, Kaltman, Roesch, Zeffiro, & Krause, 2006; Edmond, Bowland, & Yu, 2012; Lacey, McPherson, Samuel, Powell Sears, & Head, 2013; Lee & Hadeed, 2009; Zolotor, Denham, & Weil, 2009). The all-important factors in understanding the impact of IPV is that by the time women who are abused present in health-care settings, with many different physical health problems such as chronic pain and gynaecological and gastrointestinal problems, they are generally in poor health (Campbell, 2002).

Mental Health

The consequential psychological damage of IPV has been reported widely in studies (Black, 2011; Davidson, Levendosky, Von Eye, Theran, & Bogat, 2003; Dutton et al., 2006; Pico-Alfonso, 2005). Rather than looking for and treating an acute injury, mental health relates to what disorder has been caused by the trauma and how this trauma would fit the diagnostic statistical manual (DSM) qualifying list of diagnosis. The consequences of IPV upon a woman's mental health is, at times, debated for cause and consequence of which came first – the psychopathology of her diagnosis or the role of IPV as a causative factor in that psychopathology (Warshaw, Brashler, & Gil, 2009). For example, there are

women who may have experienced personal multiple traumas or seen their mothers being abused; whereas there are other women who do not experience trauma until they experience it in their own intimate relationship. Women who have been exposed to high levels of violence in a variety of ways and on multiple levels may develop what is referred to as complex trauma, especially when compounded with the trauma of violence and abuse in an intimate relationship (Briere & Scott, 2015; Warshaw et al., 2009). Complex trauma is the psychological damage from on-going stress that can manifest as suicidal ideation as well as PTSD, and cause somatic conditions such as chronic pain and fatigue, to mental health disorders like depression, and substance abuse (Black, 2011; Campbell, 2002; Dutton et al., 2006).

PTSD, as defined by the DSM (5th edition) includes 4 clusters or symptom dimensions: re-experiencing of the traumatic event; avoidance of trauma-relevant stimuli; numbing, negative cognitions and mood; and hyperarousal and hyperreactivity (Briere & Scott, 2015). The physical and psychological impact of IPV on women's mental health has the potential to place a large burden of care in the mental health system and the healthcare system in general. For some women, coping behaviours like using drugs and alcohol to numb the pain plus the years of physical violence and emotional abuse result in long term physical and mental health problems (Abrahams & Murray, 2010). While IPV may increase the use of drugs and alcohol, there is always the risk that drugs and alcohol could place a woman in danger and increase the risk for IPV. Another consequence of IPV is that a woman's mental health history can be used against her in a custody battle or by protective services, or by systems and agencies that are designed to protect her, which can then be used by her abuser to exert more control (Warshaw et al., 2009).

STIs and HIV

The consequence of IPV on a woman's reproductive health lies in the risk of coercive unprotected sex, either from a current partner or former intimate partner. The 2010 National Intimate Partner and Sexual Violence Survey (NISVS) found 35.6% of women in the United States experienced rape, physical violence, or stalking by an intimate partner in their lifetime; and 5.9% or 6.9 million women suffered all of that same behaviour in the year prior to the survey (Black et al., 2011). While there is a known risk for STIs, the risk for HIV can be especially devastating. Behaviours that pose a risk for women experiencing IPV are not using a condom, which may very well occur during a rape, or anal sex or sharing drug paraphernalia, even forced sexual activity that leaves cuts scrapes

and lacerations that make it easier for STIs including HIV entry (Black et al., 2011; Campbell & Soeken, 1999). Women who have controlling and violent partners are more at risk for HIV based on the premise that abusive men are more likely to have HIV and are more likely to force women into risky sexual behaviour, such as prostitution (Dunkle, Jewkes, Brown, Gray, McIntyre, & Harlow, 2004). The overlap of HIV and IPV could pose difficulties for women in accessing health care due to the cost and the lack of transport, lack of knowledge around resources, as well as the controlling behaviours of their abuser (Campbell, Baty, Ghandour, Stockman, & Francisco, 2008). The intersection of IPV and HIV can cause an increase in violence and trauma, low self-esteem, and low self-efficacy behaviour (Black et al., 2011; Campbell et al., 2008). There are some common correlations between sexual victimization, substance abuse, depression, PTSD, and anxiety in relation to either childhood sexual abuse or adult sexual assault in IPV (Taylor, 2011).

The psychosocial and economic consequence of IPV

Years of attending to the needs of everyone else first, trying to keep the children safe, and the effects of physical or sexual violence take a toll emotionally, physically, psychologically, and psychosocially (Abrahams & Murray, 2010). This toll has a marked effect on the energy and readiness needed to construct a new life. The cost of IPV nationally is estimated to be approximately NZ\$1.2 and 5.3 billion (Snively, 1994); whereas the economic cost to a woman is immeasurable given that the repercussions of IPV affect her ability to pursue a career and manage continual employment, when she has lost days due to injury (Rayner-Thomas, Fanslow, & Dixon, 2014). There are also adverse psychosocial factors that manifest such as decreased social support (Davidson et al., 2003; Guruge, Ford-Gilboe, Samuels-Dennis, Varcoe, Wilk, & Wuest, 2012). One of the protective factors during IPV is social support and is usually an avenue that the abuser seeks to cut off (Davidson et al., 2003; Guruge et al., 2012). This lack of social support further isolates the woman and compounds the psychological damage and physical distress making it more difficult to leave the abusive relationship and construct a new life (Blasco-Ros, Sanchez-Lorente, & Martinez, 2010; Campbell, 2002).

Risk and protective factors for IPV

With information gathered about the impact of IPV and the longer-term consequences, one might wonder what it is that puts some women at risk for IPV and if there are some preventative strategies that could be put in place. Although the answer is culturally bound

it is not generalisable to one particular demographic. While there is no single reason why violence against women is higher in some countries, there are factors to consider like social and cultural inequalities between genders that sanction women having a lower status without a political voice (Abeya, Mesganaw, & Alemayehu, 2011). The myriad of complexities in relation to cultural practices could be considered to make women more at risk, such as polygamous households or households where men are expected to be dominant and women subordinate, or when women are disadvantaged both in education and economically (Abeya et al., 2011). Whereas there may be some similarities of risk factors to be found in countries like Japan where sociocultural and legal factors preclude women from reporting or leaving an abusive marriage, for it is expected that a man be given respect and deference within households, and women are socialised to be “emotionally dependent” upon men, and to try everything to make a marriage work (Naga & Dancy, 2010, p. 7). The onus is on the woman to not cause shame or embarrassment to her husband and to the wider hierarchical family structure (Naga & Dancy, 2010). Therefore, the low rates of IPV in Japan may be due to under reporting, as seeking help is not socially or culturally supported (Naga & Dancy, 2010).

Risk factors for IPV are especially high when violence towards women are considered standard masculine behaviour, as may be customary for some countries within their own cultural contexts. Alternatively, protective factors may be the positive regard displayed toward women in a different cultural context. Institutional risk factors such as schools and religions that may not support IPV, but neither do they challenge the behaviour, have the absence of a more affirmative approach toward women. Intergenerational IPV and other forms of violence is always a risk for perpetuation especially when confounded by poverty, unemployment, and low levels of education (Heron, 2009). Risk factors that indicate future risk for becoming a victim of IPV are low self-esteem, low income and education, being young, depression, having a disability or a history of mental illness, emotional insecurity, social isolation with few friends, being physically or sexually victimised as a child, having a mother who is a battered woman (Briere & Scott, 2015; Heron, 2009; UN Women, 2013; WHO, 2002). Not all of these risk factors need apply and some contribute to a male or female becoming either a perpetrator or victim of violence (Briere & Scott, 2015; UN Women, 2013; WHO, 2002). There are also inequalities supported by wider social cultural and structural values that believe in delineating gender roles where a woman is confined to the home chores and mothering, while the man is the dominant partner in a relationship (UN Women, 2013; WHO, 2002).

It is in this context that women are expected to submit to male authority. There is, however, a risk factor when belonging to a marginalised group as well as a combination of social and cultural, and relational factors that may pose a risk of vulnerability. These are guidelines that outline certain vulnerabilities that predicate a risk to IPV but at all times there is a need to look at the wider sociocultural values that consider some forms of abuse toward women as standard social behaviour. A high social or economic standing and educational background is no guarantee for not becoming a perpetrator or a victim of IPV (UN Women, 2013; WHO, 2002). However, protective factors, which although not a guarantee, can help lower the risk of IPV. These include, social and economic autonomy, education attainment past primary level, delaying marriage until of an age that would enable emotional independence, and social, cultural, and legal support (Heron, 2009; UN Women, 2013).

Conclusion

This chapter found a tension between the world of measuring, categorising, and quantifying IPV in terms of its prevalence and the world of women who escaped IPV to make a life free from violence. These women's stories are not heard within epidemiology prevalence and incidence. The statistics are important to understand the extent of the IPV problem in New Zealand, which is that between 33 to 39% of New Zealand women experience physical and /or sexual violence from an intimate partner in their lifetime. The figure rises to 55% when psychological/ emotional abuse is included. The New Zealand police have indicated that on average 13 women are killed each year, and that the leaving process is the most dangerous time for this to occur. New Zealand has the worst rates of IPV in the developed world and the figures rise each year with an estimated cost of \$4.1 billion to \$7 billion to the country each year. There were both similarities and differences of how IPV impacted in a variety of women. The differences related to aspects such as culture, age, ethnicity, sexuality, child bearing and disability. Interpretations of the extent of the issues were also closely aligned with an examination of the physical, psychological and social impacts of long term consequences this had on women and the risk and protective factors, which all shape a background to understanding IPV.

The deductions made in this chapter are that despite the hiddenness of IPV, what comes through is the human experience; and the human experience of IPV does not vary greatly, and neither does the long-term consequences. What does vary are the social and cultural

contexts in which IPV either thrives or drives underground and remains buried under silence; hence the under reporting of statistics. The much longer-term effect upon women, children and society lie in the normalisation of IPV so that another generation become susceptible and perpetuate the behaviour. Women's health, and the social and economic factors that occur in the longer term from IPV have an impact and consequence upon the women themselves and children, as well as upon the cost to society as an ongoing public health concern.

Chapter Four: Literature Review

Introduction

The purpose of a literature review, in a hermeneutic study, is to gain an understanding of the topic through relevant individual texts, as parts of the whole body of literature, so as to understand the whole in relation to the parts (Boell & Cecez-Kecmanovic 2010; Smythe & Spence, 2012). To review literature within a hermeneutic study is to engage with literature that has informed the way in which IPV is known and expressed across disciplines. A hermeneutic engagement with literature is to also seek out ways that the themes have been shaped, formed, and expressed across time, and in society and culture. This is to gain a wider perspective of the topic rather than a standard review of current literature (Smythe & Spence, 2012). To this end, the current chapter reviews explanatory frameworks that offer different theoretical perspectives as part of the whole picture of how violence is viewed and construed within an intimate relationship. A brief critique of individual pathologies and the sociological perspective is provided; followed by a review of the social ecological model, family systems, and feminists' perspective.

Chapter Two contextualised the shaping of IPV through the history of social and political power that allowed IPV to flourish. That this power was mainly held and exercised through men in New Zealand society, directs, as part of the hermeneutic whole, a review and critique of the current constructions of masculinity in New Zealand. Chapter Three explored how IPV has been shaped by historical, social and political contexts and the role of gender within such contexts. This current chapter explores the constructs of masculinity in New Zealand society as part of the topic IPV.

Staying within the tradition of a hermeneutic review and focusing on the parts that make up the whole experience of IPV for women, a pertinent combination of reasons for why some women do not leave has been included. This is followed by a review of literature that looks at how women leave, as well as the experiences of women who do leave and the problems they may encounter. Within these studies are examples of challenges that women confront when trying to stay away from a violent partner or make a new life after leaving. These aspects will be reviewed for relevancy to this study so as to draw out the main themes of life after violence. There is a vast body of literature citing the prevalence and incidence of IPV and its detrimental effects; few studies explore how women have re-constructed their lives after IPV. This small body of literature will be reviewed in the

final section of the chapter. While it may appear that this literature review relies on references 10 years or older, this is because they were the primary theoretical sources that have been cited in the newer literature.

Theoretical constructs of IPV

As noted in Chapter Three, in 2015 the CDC defined IPV to drive research and inform interventions. The way that IPV is defined, is further drawn from one's discipline, personal experience, political agenda, and research methodology. A particular perspective informs how IPV is measured and how conclusions are obtained and acted upon, but may be limited; for instance, only measuring IPV in women, or making assumptions of risk based on gender, or on the severity of the violence, or measuring IPV on a sampled population such as a refuge or shelter (Nicolaidis & Paranjape, 2009). Therefore, theoretical perspectives toward IPV vary depending upon how data is gathered, in which population this occurs, and from which discipline is generating the findings.

Hence, over the years, several IPV theories have been proposed that offer differing explanatory frameworks and which, in turn, influence IPV research. IPV is further complicated by the stigma (Goffman, 1963) that surrounds the topic, and complexities generated between genders and within ethnic communities that have certain gender hierarchal cultural practices; as well as theories that propose the bi-directional aspect of both partners being perpetrators (Nicolaidis & Paranjape, 2009). Hence, the theoretical perspectives provided in this review are by no means exhaustive or definitive, for it is beyond the scope of this thesis which is looking at how women construct a life and identity after IPV. On offer are theoretical viewpoints from different perspectives, with critique based on my own experience, discipline, and methodological stance.

Individual psychopathology

Previously the cause of men's violence toward women was thought to be bound in personality traits and psychological disorders of individual pathology (Mitchell & Vanya, 2009). Furthermore, women were blamed for provoking their partner's violence (Kirkwood, 1993). Other explanatory frameworks have linked neurochemical imbalances, drugs and alcohol, genetic heritability, and the aggressive outcome of PTSD or a traumatic brain injury (Mitchell & Vanya, 2009) with IPV. If the cause of IPV is viewed as a psychopathology, such as a mood disorder or any of the personality disorders,

this may account for some of the incidences of violence and even homicide; but could never account for the actions of all of the perpetrators all of the time. Neither could the explanation of IPV be attributed to the psychoneurological effects of traumatic brain injury or conduct disorders that result in aggressive behaviour; for the same reason that it would not be restricted toward intimate partners but extend further afield to perpetrate violence on a wider scale toward others. More recent perspectives view IPV through different constructs, some of which are explored in the following paragraphs.

Sociological perspective

Violent behaviour within intimate relationships, through the theoretical lens of sociology, is considered an expression of conflict within the family and wider social structures (Johnson, 2006; Kelly, 2011; Lawson, 2012). A sociological perspective of IPV, as a symptom of deeper sociocultural conditions, gives credence to the idea that high levels of unemployment, consumer debt, social and gender inequality, racism, and marginalisation of those who have mental health issues or other serious illnesses contribute to feelings of frustration and hopelessness. Wider sociocultural factors, in turn, manifest in behaviours such as alcoholism and drug abuse that decrease inhibitions and increase the likelihood for violence (Gelles, 1999). The assumption that alcohol, drug abuse, high unemployment, and debt may lead to violent behaviour for a group of individuals who happen to be on the lower end of the socio-economic scale may be misleading. This assumption may breed prejudice for those who already struggle with social inequality and conceal other groups that engage in IPV, rendering their actions as less visible or under less surveillance.

Another sociological perspective for understanding IPV is social learning theory which is a broad based theoretical framework of human behaviour (Wekerle & Wall, 2002). Social learning theorists posit that using drugs and alcohol and becoming aggressive are learned responses to coping with stressful life events which are influenced by peers, society and one's family of origin and culture (Wekerle & Wall, 2002). This learned response is transmitted through intergenerational exposure to the same patterns of behaviour of violence and aggression and/or substance abuse behaviour; or the behaviour is reinforced through social-cultural modelling by peers or by institutional power (Wekerle & Wall, 2002). Although social learning theory may account for IPV not being confined to a lower socioeconomic group and that respected and high profile professionals also perpetuate illegal, anti-social or violent actions, this knowledge does

not help prevent IPV. Such knowledge would need to transmute into interventions weakening structural and institutional power bases that are very often complex. Recognising the structural and contextual influences, which damage vulnerable human beings and, in the process, facilitate dysfunctional behaviour, may help in the reduction of IPV so that those who have been affected are not further victimised through prejudicial attitudes from, or within, the ranks of power.

Family systems perspective

Family systems theories purport IPV to be caused by relational and situational factors within a relationship that lead to conflict (Anderson & Schlossberg, 1999; Straus, 1973); taking into account patterns of relating to each other as well as the biological, societal and ecological systems that may contribute to the family dynamics of IPV. From this perspective, each partner is a responsible contributor to abuse within the relationship. Within a family systems theory framework, interpersonal factors are just as likely to be gender balanced symmetrically to both men and women (Anderson & Schlossberg, 1999; Lawson, 2012; Straus, 1973). Sociological theory and family systems theory do not fully address power differentials of traditional gender roles and status that promote male privilege. Neither do these theories address the social, political, and cultural context that legitimises and reinforces traditional gender roles (Anderson & Schlossberg, 1999).

Feminist perspective

Feminist theory addresses both traditional gender roles and the social, political, and cultural contexts of power variances, within a relationship, that can give rise to IPV. Feminist theory identifies violence as gender based, and biased toward women from men who seek to dominate and control within a patriarchal society (Kelly, 2011; Lawson, 2012; Marin & Russo, 1999). Although feminist theory advocates gender equality, IPV is predominately gender specific in that it is women who suffer the most serious harm of threats, intimidation, and rape (Braaf & Meyering, 2013; Hague & Sardinha, 2010; Johnson & Leone, 2005; Kelly, 2011). The on-going gender symmetry debate concedes that violence is perpetrated by the dominant partner within a relationship (Braaf & Meyering, 2013; Straus, 2008), and that men's experiences of the severity and impact of violence is likely to be different within an intimate relationship (Braaf & Meyering, 2013). This fact does not lessen the impact of violence perpetrated by women on men. However, it is women who suffer the most serious post separation violence and are most likely to be killed by a current or former male partner (Braaf & Meyering, 2013; CDC,

2012; Hague & Sardinha, 2010).

After 40 years of feminist influence and pay equality legislation, there remains within traditional marriage arrangements, matriarchal childrearing and housework, and patriarchal breadwinning, a social system that reinforces and maintains women in subordinate positions of power (Giles et al., 2005). The genesis of violence, from a feminist viewpoint, lies in historical social, political, and cultural factors that influence entrenched attitudes of patriarchal entitlement and beliefs of power and control (Dobash & Dobash, 1979; Kelly, 2011; Marin & Russo, 1999). Within an intimate relationship there is the fear of losing control and power that is allowed to perpetuate within the wider sociocultural context, and of refusing to adapt to changing social and cultural norms (Harway & O'Neill, 1999; Marin & Russo, 1999). Violence against women, with all the intrinsic and historical malaise, is still acceptable behaviour within many societies (Kelly, 2011). The link between patriarchy and violence against women remains inextricable; as is all forms of violence of the powerful against the powerless (Dobash & Dobash, 1979; Kelly, 2011; Marin & Russo, 1999).

Masculinities of the present-day New Zealand male and IPV

Although this study is about women constructing a new life after IPV it is mainly men's behaviour that impacts on women; therefore, it is fitting to review if men, in present day, are any different from their historical counterparts reviewed in the previous chapter. The social construction of what it is to be a man has varied contextually and is viewed differently amongst cultures over historical periods of time (Pringle, Hearn, Ruspini, & Pease, 2011). Historically, masculinity was shaped by British values and a pioneering spirit needed to colonise a harsh environment, which in turn influenced the sense of ownership toward all that was conquered – including land, chattels and wives. Over time, the influx of immigrants, from the Pacific and other countries, has introduced variation of cultural values. Thus, the New Zealand male is no longer a hybrid of the British social class system or the Māori warrior of old. Hokowhitu (2007) revealed that Māori masculinities need a space for balance beyond limited colonial constructions, and this balance lies within their own culture rather than what is defined for them by others. Bray and Hutchinson (2007) asserted that the development of boys' masculinities are socially shaped to conform to toughness, and repression of tender emotions which leads to the acceptability of anger. The ideal aspects of a New Zealand male, as defined by his peers, is one based on early pioneering values of toughness and the repression of tenderness in

order to be a good soldier and rugby player (Abdinor, 2000). Murphy (2009) found that although men would like to be caring and loving toward their partners, there is pressure to conform to the dominant masculine view held by New Zealand society. This view is to be physically strong, good providers, and financially successful. Although men should be in control of women, they should also be their protectors; and at the same time always be independent and in control (Murphy, 2009).

Regardless of social constructions of maleness, throughout the centuries, gender-based violence and inequality of power still exist and are cited as leading causes of IPV where women are the primary victims. In general, men are considered perpetrators of this type of violence; but they can also be victims and are sometimes met with disbelief when attempting to gain protection from a partner (Dutton & White, 2013). Dutton and White (2013) pointed out that the low profile of men as victims of IPV are because men are less likely to see it as a crime, so are less likely to report it. The 2010 national survey by the CDC (2012) reported that over 40% of severe physical violence was directed at men by men or by their female partners. Despite this knowledge, services in New Zealand are not as readily available or visible to male victims of IPV, as they are for women. Similar to women, men who experience IPV are also prone to chronic diseases like asthma, diabetes, irritable bowel syndrome; as well as headaches, sleeping difficulties and poor physical and mental health, in comparison to those without a history of IPV. Recommendations from the Family Violence Prevention Fund (2002) are to screen men in heterosexual relationships as well as men in same sex relationships. The challenge will be to distinguish the perpetrator from the victim if both attend emergency together claiming to be victims.

This section has positioned IPV from psychopathology, social, cultural, and feminist constructs, alongside New Zealand male masculinities, to enable a wider view of some of the reasons IPV occurs and continues to exist despite the education campaigns and resources for prevention. The next section considers the perspective of women's experiences of IPV and some reasons why women do not leave; followed by the experiences of women who leave and how this is managed.

Women's experiences of IPV

The effects of IPV on women's physical, mental, sexual, and reproductive health impacts on an emotional level. Kirkwood (1993) has described six components that reflect women's experiences of abuse. The first is felt as degradation; a deep pain and shame

when told that they are “stupid, ugly, inadequate mothers, inadequate sexually, and incompetent” (Kirkwood, p. 46). Degradation is felt in the continuous criticism which, although at times may be of a low level, erodes women’s sense of self and self-value to the degree that she is unable to maintain her sense of self-worth (Kirkwood, 1993). Kirkwood described how any resistance is worn away when she begins to lose her sense of self-value and accepts the values imposed by her partner, as a “slag or whore”, so that over time her worth is determined by the abuser’s value of her and his ensuing behaviour (Kirkwood, p. 48). The second component is fear (Kirkwood, 1993). Fear is the anxiety felt for the potential of physical damage and is accompanied by terror. Knowing that their lives are under the abuser’s control, but not being able to predict when or how the next attack will occur, engenders an atmosphere of imminent danger and anxiety, so that relief is felt when an attack does occur. Kirkwood’s study is considered a seminal work and is often cited in newer literature.

Objectification, when one is viewed as an object and not human, is the third component. The message of objectification is one of ownership and possessiveness that restricts all activities, and leads to enacting property rights for example, check on her at the workplace or restricting her activities (Kirkwood, 1993). In response to her partner’s criticisms a woman will try and change everything about her appearance, including facial expressions, in order to suppress and, therefore, reduce her ability to express herself in any way. Deprivation is the fourth component of emotional response to abuse. Women begin to feel the demanding, controlling, behaviour as depriving them economically and socially so that they are cut off from any sort of freedom and are unable to buy the necessary food to feed the children or pay the bills (Kirkwood, 1993). Kirkwood termed the fifth component of emotional abuse the overburden of responsibility, due to the tremendous energy required to maintain relationships with the family and all other burdens. Eventually she becomes overwhelmed and withdraws further or becomes immobile and unable to function. The sixth component is the distortion of subjective reality whereby women lose all sense of reality and perceptions become distorted, which only exacerbates their vulnerability to control (Kirkwood, 1993).

Kirkwood’s (1993) seminal study is often cited for the comprehensive account of how women’s intrapsychic experiences of IPV erode their sense of self and the process of losing all reality to their situation. Understanding how abuse is inflicted and the way a woman responds, in progressive components, enables deeper insight of the phenomenon as it happens. There is also the experience of grief and mourning for the loss of what was

meant to be a loving, and caring relationship, as well as sadness, depression, and suicidal ideation that accompanies grief and loss (Messing, Mohr, & Durfee, 2012).

Cerulli, Poleshuck, Raimondi, Veale, and Chin (2012) provided insight into the long term replay effect of the abuse experience on women's lives. Cerulli et al. (2012) interviewed 31 women from women's shelters, family courts, and community support groups, for their experiences of abuse, pain, and depression in relation to IPV. The authors found the psychological effects of IPV lasted beyond the physical pain inflicted and the criminal conviction of their partners. Depression, panic attacks, paranoia, and flashbacks of the abuse, alongside unrelenting nightmares and stress, led the women to consider suicide. A chance encounter with the abuser would trigger the past, sending the women into panic, so that the violence was relived both in body and mind, as in a crime scene where they remained the victim (Cerulli et al., 2012). Women were in physical and emotional pain; frustrated with the loss of their lives that were previously free from abuse, but were in constant crisis trying to just get through each day and unable to renew their former identity or create a new one (Cerulli et al., 2012). The women's experiences demonstrate just how difficult it is to construct a new life and identity in the light of flashbacks that transport women back in time and place so that the violence is replayed in their minds and bodies.

Why women do not leave

"Why don't women just leave?" is a common question asked by family and friends, and those who have no experience of IPV or understanding of what it means to live in fear. Leask (2016, May 10) suggested that the reasons women do not leave are very often fear of retaliation, losing their home and other possessions, and losing their children (Leask, 2016, May 10; NCIWR, 2014). Paramount to all of those reasons is the fear that no safety is to be found wherever they go. Meyer (2012) conceded this may be especially true for women who do not trust the ability of the police or the legal avenues to keep them safe from their abusers. Although Police Safety Orders (PSO) offer protection, women do not trust the process and are hesitant to call the police for fear that they may expose themselves to more violence and intimidation from the abuser (Meyer, 2012). The fear of retaliation is very real, especially if she feels unprotected or that the police would not arrive in time. Therefore, if the woman perceives that the children are not being physically, sexually, or verbally abused, and there are threats of further violence and intimidation from the abuser if he is exposed, such as "you will never see your children

again” or “I will kill you”, then a woman may not want the police involved. She may, instead, try to appease the abuser in order to keep the family intact (Meyer, 2012). Other reasons women do not ring the police is the concern of wanting to keep the relationship going and feeling responsible for keeping the family together (Family Violence Focus Group, 2002; Jury, 2009; Smith, 2003). There is also the shame and inadequacy of not living up to socially constructed notions of gender, family, and mothering (Jury, 2009).

A woman in an abusive relationship expends most of her energy surviving and trying to protect her children (Smith, 2003). Trying to avoid the abuse while protecting and worrying about her children leaves little time and energy to form a plan of leaving (Smith, 2003). A woman may not want to be perceived as a bad mother, with the risk that exposing the abuse may lead to her children being removed (Stark & Flitcraft, 1996). For some women, leaving may also mean depriving the children of a father (Jury, 2009). The risk of retaliatory action, lack of finances, and the upheaval involved in moving children and possessions out of the family home, outweigh the benefits of leaving immediately (Meyer, 2012); especially if they lose faith in a system that should keep them safe and in their own ability to keep themselves safe and survive after leaving (Crichton-Hill, 2013).

Walker (1979, 2000) described a three phased cycle theory of violence that occurs in an abusive relationship. The first phase is a build-up of tension that may last for weeks, or even years, before the outbreak of serious harm. In this phase, women try to offset the violence through placating behaviour and appeasement, until the tension breaks. The second phase is when the tension breaks and the battering events occur. This is followed by the third phase of remorse, and loving behaviour with promises to reform (Walker, 1979, 2000). The third phase of the cycle reinforces women’s hopes that the beatings will end and her partner will change. Walker’s underlying theory is that the sporadic relief of abuse, interspersed with loving contrition, leads to intermittent reinforcement and traumatic bonding. Traumatic bonding is when strong emotional ties form between two people, with one person intermittently abusing, threatening, beating, or intimidating the other (Dutton & Painter, 1993).

During this three phase cycle of tension building, violent behaviour, and loving kindness, a power imbalance builds (Walker, 1979, 2000). The power imbalance is favoured toward the perpetrator of violence with the abuser gaining more power and control over the victim; this power gathers intensity over time, during each phase of the cycle. The

dynamics in this situation is that the victim develops a negative self-appraisal, lowered self-esteem, becomes less capable of making decisions and taking care of herself and the children, and becomes more dependent upon her abuser (Dutton & Painter, 1993; Walker, 1979, 2000). This three-phase cycle repeats itself many times until the third phase occurs less often and a woman is trapped between the cycling of the first and second phase (Dutton & Painter, 1993; Walker, 1979, 2000).

Walker's (1979, 2000) cycle of violence could account for situations of entrapment in which women find themselves and has similarities to Stockholm Syndrome. Stockholm Syndrome is named after a bank raid in Stockholm, Sweden where the captors took human hostages. Isolated from all but their captors, the hostages began to assimilate their captors' identity and identified with them to the extent of aiding and abetting further robbery attempts. Such was the hold the captors had over them that they did not escape, even when an avenue for escape was presented, for fear that their captors would find them. Testament to the extent of the bond developed was that none of the hostages would testify in court against their captors and one of the hostages married her captor (Graham et al., 1995; Graham, Rawlings, & Rimini, 1988). The similarities of Stockholm Syndrome with traumatic bonding occurs as in Walker's (1979, 2000) cycle of violence when a victim finds it in her best interest to appease the abuser because her survival is dependent upon keeping the peace and making him happy.

Other similarities between traumatic bonding and Stockholm Syndrome are the isolation of captivity, the intermittent acts of kindness and the need to survive. Graham and Rawlings (1991) believed that the same dynamics of Stockholm Syndrome are likely to occur in IPV when women are isolated, under severe and prolonged threats to survival and believe there is no way out of the situation. Women experiencing Stockholm Syndrome within IPV begin to have cognitive distortions whereby they form an attachment and alliance with their abuser despite the violence and attribute any acts of kindness as demonstrations of the abuser's real nature and love for them (Graham & Rawlings, 1991). According to Graham and Rawlings coping with threats to survival, when prolonged and severe, causes the victim to internalise the dynamics of abuse and rationalise and justify the abuse through blaming themselves for the violence, and believing the narratives of their abuser. Internalising the dynamics of abuse result in a change of interpersonal functioning and cognitive distortions that produce survival strategies similar to characteristics of a borderline personality disorder (BPD) such as

“splitting, displaced rage, intense push-pull dynamics, and the loss of sense of self” (Graham et al., 1995, p. 4). Graham and Rawlings suggested numerous cognitive and perceptual distortions develop as a defence against terror, including denial, rationalisation, and minimisation of abuse.

The traumatic bonding that Stockholm Syndrome produces could account for why some women stay in a violent relationship or return after leaving. A woman who has developed survival strategies, such as minimising and rationalising the abuse or even denying the abuse, is coping with the violence from the psychodynamics of bonding with the abuser (Graham & Rawlings, 1991). My own deductions suggest that because this coping method is not transferable to a world where there is no abuse, it may be cause for her to find the leaving process far more frightening than living with the abuser and the dynamics of IPV. In the psychodynamics of IPV and traumatic bonding she has developed methods of functioning that in time create and reinforce strategies for survival. That those coping strategies are no longer required or are unworkable in a world outside of IPV may contribute to a fear of leaving a situation of IPV, terrible as it is, but where she has learned to endure with a degree of survival. Traumatic bonding, as in Stockholm Syndrome, is a form of emotional and psychological entrapment that is especially pertinent when there is prolonged and severe abuse and isolation from all but the abuser who maintains rigorous control over everything in a woman’s life to the extent that she believes there is no escape other than death (Graham et al., 1995).

Studies of survival and recovery after trauma provide helpful means to answer the question of ‘why doesn’t she just leave’? The relational aspects of IPV to trauma are when the trajectory of leaving is to survive after leaving; and in surviving one must endure, or as Brison (2002) wrote: “How does one go on with a shattered self, with no guarantee of recovery, believing that one will always stay tortured and never feel at home in the world?” (p. 66). The most extreme examples are found in Holocaust survivors who, after surviving the death camps, felt compelled years later to take their own lives (Brison, 2002). The ability to feel at home and survive in a world that feels alien to the one in which one has already learnt strategies for coping, such as in the Stockholm Syndrome of IPV, requires a reason to go on surviving after leaving. Brison contended that one must believe that despite the horror life has some undiscovered pleasure. “One remakes oneself by finding meaning in a life of caring for and being sustained by others” (Brison, p. 68); especially when one has harnessed and employed all creative powers to survive and endure in a terrible situation that, in the process, acquires a degree of normalcy. The

strategies that one employs to survive a violent relationship may not be transferable to a world without violence. The aftermath trauma is embodied in memory and physical reminders that have long-term consequences (van der Kolk, 2014).

Abrahams (2007) conducted interviews with 23 women aged 21 to 68 years as part of a project for the Women's Aid Federation of England. Most of the women had experienced abuse for between 5 and 10 years, with some women longer and with one woman over 40 years of emotional abuse. Although some of the women were still living in a shelter, others were living independently; some with permanent damage from the physical and sexual violence, and some with such mental and emotional damage that they feared they would never recover (Abrahams, 2007). Women reported feelings of shame and guilt, how their world narrowed as all their activities were censored and timed. Some women were forbidden to use the phone or to have outside contacts and others had lost jobs due to the control exacted over every aspect of their lives; one woman wrote "he stole my hopes and my dreams, and my reach for the stars" (p. 20). Abrahams noted how it took courage for women to leave after being told how they were worthless and a waste of space for the constant denigration and abuse resulted in a loss of confidence, self-esteem, and self-respect. Women were fearful of leaving and believed that "if he finds me, I'm dead". This is not an unlikely situation; women in New Zealand are mostly likely to get killed when seeking help or when leaving (FVDRC, 2015). Similarly, data from Abraham and Murray's (2010) study showed that most women in England and Wales were killed by their ex-partner when making plans to leave or upon leaving, or after leaving.

How do women leave

Women may need to go through a process of leaving and returning a number of times before the final decision to permanently leave is made. The women in Abrahams (2007) study reported the overriding reason behind leaving was the need to feel safe from harm. Some women feared imminent death, some women had an anger that drove them to leave and find a life for themselves, some had been thrown out on numerous occasions and decided not to go back, or had come directly to the refuge upon hospital discharge. All women knew that they would find a safe haven when admitted directly into a woman's refuge. Leaving and returning seemed to be a process for the women in Abraham's study, a type of thinking and testing cycle that the women needed to go through before the realisation that they had to leave. When this realisation arrived it was as a moment of clarity.

Similar to Abrahams (2007), other studies have found leaving a process whereby women have progressed toward a conclusion that appeasing and complying with the demands of the abuser is ineffective (Johnson, 2008) and there is no point keeping the family intact if the children are being affected by the abuse (Stark & Flitcraft, 1996). There is also the realisation that no amount of love and understanding will change or redeem the abuser (Towns & Adams, 2000).

Leaving is a complex process as depicted by Bruton (2015) who interviewed 12 women in Victoria, Australia regarding their experience of separating from an abusive intimate male partner. She also brought in the perspectives of 19 support workers via in depth interviews and focus groups (Bruton, 2015). The women were aged between 25 and 59 years, and reported a range of partner tactics, from physical violence to threats of murder, to prevent them from leaving. Despite fearing for their safety these women decided to leave when the violence became directed at their children (Bruton, 2015). They used a variety of methods to conceal their decision to leave such as planning ahead and modified their manner of behaving so as to not confront or escalate the violence prior to leaving.

Studies which have explored how women leave abusive relationships agree that the process of leaving an abusive relationship requires first coming to terms with it and letting go, prior to moving on (Baly, 2010; Weiss, 2004; Wuest & Merritt-Gray, 1995). Crichton-Hill (2013) found the turning point was the realisation that the violence would not stop and may escalate to include the children; or they are exhausted, defeated, and frustrated with broken promises.

What women needed to help them stay away and, in essence, begin a new life, was social support. Davidson et al. (2003), Ford-Gilboe, Wuest, and Merritt-Gray (2005), and Guruge et al. (2012) all found that in owning the decision to leave, emotional and social support in the form of family, friends, church and agencies, was essential for the process of leaving, letting go, helping the woman stay away through the continuing challenges. Social support was found to be necessary to enable women to access information, such as support groups and professional psychological intervention, as well as financial assistance and shelter needed to stay away (Abrahams, 2007; Abrahams & Murray, 2010; Guruge et al., 2012).

Social and spiritual support plays a significant role during and after the leaving process and is needed for growth and resilience during recovery. Although various forms of social support act as a protective factor, while a woman is in an abusive relationship it is usually the first social interface the abuser cuts off; compounding the isolation and lack of support which in turn makes the process of leaving that more difficult. Even with all of the obstacles around health and social economic factors presented thus far, and the lack of perceived safety and protection, many women do leave. Yet, the ending and leaving is only the first step. There is still a journey ahead and women may still encounter difficulties in navigating a life without the abuser.

Due to various factors, it can sometimes take years before a woman leaves a violent relationship and even then there may be more hardships in store including years of insufficiency in the area of employment, finance, housing and healing. The next paragraph reviews existing studies that explore problems after leaving a violent relationship.

Problems after leaving

Once a woman leaves a violent relationship, problems related to years of abuse, as well as financial insufficiency due to intermittent employment history, impact on her ability to realise self-sufficiency and achieve personal and vocational aspirations (Black, 2011; Brown, Transgrud, & Linnemeyer, 2009; Dichter & Rhodes, 2011). Bruton (2015) found that after leaving women were being choked or strangled, intimidated and stalked, harassed with phone calls and abusive mail, threatened with harm that included the use of weapons and threats of taking the children away. There were false allegations of child abuse and threats from their abusers of suicide and property damage. This constant interference from the abuser is echoed in a feminist grounded theory study by Ford-Gilboe et al. (2005) who found the central problem faced by families is intrusion. Intrusion is the basic social problem women faced once they had left an abusive partner and involves unwanted interference in everyday life that stems from abuse and its fallout (Ford-Gilboe et al., 2005) including, harassment and abuse or using the children to enact continuing control (Wuest, Ford-Gilboe, Merritt-Gray, & Berman, 2003). The intrusions of health problems from years of abuse and the intrusions of the abuser in the life of women who had left were overcome by strengthening capacity in order to create a meaningful future (Ford-Gilboe et al., 2005).

The focus for women in moving beyond the daily crisis of survival was to create a better future for their families (Ford-Gilboe et al., 2005). Over time women were able to position for the future by strengthening their capacity to limit intrusion and realise long term dreams; as well as renewing and restoring potential while rebuilding a sense of security, safety, and belonging for the family (Ford-Gilboe et al., 2005). Depending on the degree of intrusion, the focus of strengthening capacity shifts between practical goals of surviving and more proactive efforts directed toward positioning for the future. The process of strengthening capacity to limit intrusion happened over four sub processes: providing, regenerating family, renewing self, and rebuilding security (Ford-Gilboe et al., 2005). Brison (2002) contended that in the aftermath of trauma one needs to protect against any type of intrusion. Strengthening capacity to limit intrusion for Brison meant not to resist but to acknowledge. Emil Fackenheim (as cited in Brison, 2002, p. 64) argued that resistance means to move beyond theory or an attempt to understand and move instead toward acknowledging and resisting - that is, the refusal to let it happen again. The similarities in Ford-Gilboe et al. (2005) grounded theory study to Fackenheim's Holocaust survival philosophy of resistance is in the desired result of overcoming trauma and, in the final analysis, positioning for the future. Both desire a future outcome of moving beyond theoretical understanding to a place where one resists intrusion and allowing it to ever happen again.

Despite the barriers that women may encounter upon leaving, they maintain expectations for meaningful work and a healthy satisfying life, with a focus on gaining employment, an education, a new healthy relationship or re-establishing a relationship with their children (Brown et al., 2009; Ford-Gilboe et al., 2005). Some of these concepts are explored in the following paragraphs.

Construction of life and self after IPV

This study asks, how do women construct a life and identity after IPV? The question is layered with multiple questions: how did they go about doing it? What parts of their life needed construction? What sort of a life was it that they constructed? Why did they need to construct a new identity? These questions seem more pertinent in the light of the previous chapters that explored the pervasiveness of violence in all aspects of a woman's life during the abusive period and after leaving.

Studies of survival and recovery after trauma reveal insights into how one builds a life in the aftermath of IPV. Brison (2002) wrote a personal account of her trauma after a horrific sexual assault, and found telling her story significant to her survival. Brison found that retelling the past allowed the opening of possibilities to reconfigure a future and reconstruct self. To build a life after trauma one must remake oneself, which lies in the hope of finding a meaningful future; and a meaningful future is found in connection with others. As Brison commented, “one remakes oneself by finding meaning in a life of caring for and being sustained by others” (p. 66).

Brison’s (2002) story telling approach to healing and a sense of purpose gained through helping others are themes supported by Oke (2008) who interviewed 11 Mongolian and 11 Australian women for their stories of survival, recovery and remaking of self, following IPV. Oke used her research data as a form of narrative therapy to enable the women to make sense of their lives after leaving and establish relational links to their experiences. Prominent themes were: gaining independence and an autonomous sense of self, developing empathy, and acquiring a sense of purpose through helping others (Oke, 2008). Both Mongolian and Australian women told of gaining life purpose through their experiences. Oke found that all the women had lost their narrative identity and a sense of continuity because of the abuse experience; yet when asked to tell their stories, with a dominant plot that entailed survival and recovery, women became empowered. Women were given the opportunity to reflect on their stories through either spoken or written forms of narrative, and power and agency came through as the overall theme of recovery and remaking self (Oke, 2008)

Similarities to Brison’s (2002) essential remaking of oneself is found in the process of personal growth as related in a phenomenological study by Farrell (1996) that explored the lived experience of healing in seven women who had been abused. Four major themes of healing were identified: flexibility, awakening, relationship and empowerment. *Flexibility* involved acknowledging the past, modifying relationship boundaries, and increasing self-awareness and resiliency. *Awakening* was a turning point that enabled a search for meaning through dealing with their feelings, inner strength, hope, spirituality, and finding inner peace. In this theme women referred to the scars they carried from the abuse and learning to cope with them in a peaceful existence. The theme of *relationship* involved all aspects of their relationship with others through connection with themselves, foremost, through trust. Finally, *empowerment* is the ability to make choices through

valuing themselves, and self-determination to make future plans for a sense of accomplishment. Farrell asserted that the process of healing began by putting the abuse into perspective and reconnecting fragmented pieces of self in order to help produce a sense of wholeness. Fragmented pieces of self were identified as aspects of self that were fragmented by the abuse (Farrell, 1996). Similar aspects were found to Brison, in that the women in Farrell's study identified interaction and support in connection with others as central to their healing. Women in Farrell's study also found that not allowing previous abuse to determine the present was essential to healing.

The *awakening* theme in Farrell's (1996) study, consisting of finding hope, spirituality, and inner peace, has similarities with Senter and Caldwell's (2002) phenomenological study. Senter and Caldwell found spirituality central to maintaining change after leaving an abusive relationship. All nine women in Senter and Caldwell's study shared an affiliation with religious institutions; therefore not surprisingly, spirituality was a main focus as core for healing and recovery. This same study found that the early stages of leaving required energy and attention to be focused on healing before it could be refocused on to a new life (Senter & Caldwell, 2002).

Smith's (2003) existential-phenomenological study investigated the healing process of 15 women and their experience of recovery from IPV. The thematic structure of a woman's journey is comprised of three distinct, but connected, phases of her life: the abusive past, the struggles of freeing herself physically and emotionally from the abuse/past, and finally the healing/growth that occurs as a woman releases herself from the bitterness and anger of the past (Smith, 2003). Most of the women in this study were able to experience the peace and healing that occurs with recovery; whereas some women, after years of abuse, remained emotionally unable to release their pain, hurt, anger, and bitterness, and did not recover. This study demonstrated that physical injuries heal and may leave scars that fade in time; however, some emotional and psychological injuries may need much more attention. There is also the question of whether the healing women experienced was commensurate with the violence; that is, if it was short lived as opposed to women who had sustained violence over many years and therefore did not fully recover. A further point to consider would be the sort of environment in which women were living while struggling to free themselves from the violence. Women who are interviewed while still in shelters would most likely be still struggling with breaking free from psychological and emotional abuse; therefore, to focus solely on violent acts excludes the verbal and

psychological abuse that some women report as being worse than physical violence and more difficult to recover from (Blasco-Ros et al., 2010; Johnson, 2008).

A grounded theory study of women's experiences, from the beginning of an abusive relationship to leaving and recovery, identified growing through adversity as the basic psychosocial process of recovery from an abusive relationship (Giles, 2004). Giles (2004) interviewed 10 women who had previously been abused in order to clarify their post separation healing process. She found that participants interviewed during the earlier phase of her study recounted their history of abuse; therefore an interactive core category included their whole experience of finding a way out of their relationship toward developing themselves and their identity in the process. Growing through adversity comprised three interactive core categories that encompassed the women's experiences of abuse: finding a path beyond abuse, getting a life, and becoming myself. The third category, *becoming myself*, was related to women's experiences of developing themselves and their identity through the process of growing through adversity. During this phase, women let go of the past to look toward a future; a finding similar to Farrell's (1996) phenomenological study and Brison's (2002) trauma study of not letting the past define future possibilities. Giles found women were able to make some long-term goals, had a sound sense of what they valued, and pride in their strength. The participants in Giles' study found that through the survival process of an abusive relationship they achieved personal growth as an outcome. Giles raised the question of whether personal growth caused participants to end the abusive relationship or whether the experience of being in an abusive relationship and the process of separating caused personal growth.

Lewis (2006) interviewed five women to define survivors' long-term (10 years or more) experiences of IPV after leaving an abusive relationship. Lewis used a participatory action research approach informed by a critical feminist perspective and found that women lived with empowerment and powerlessness in equal tension. The trauma of IPV carried over into their lives as fear, anxiety, and trust issues. Equally dominant were themes of resilience, courage, and empowerment that enabled women to rebuild their lives (Lewis, 2006). Lewis's study found that women could overcome mental and social health problems to gain autonomy and take control over their lives in order to rebuild and have productive and functioning lives.

The theme of reclaiming self, from that which appears lost or fragmented (Farrell, 1996), is seen in a classic feminist grounded theory study conducted with 15 survivors of IPV in rural Canada (Wuest & Merritt-Gray, 1995, 1999, 2001). This study involved a cyclical four-stage process: counteracting abuse, breaking free, not going back, and moving on. The women were in various stages of the process; some were in the final stage of moving on, one participant was in the stage of breaking free, the remaining four women were in the stage of not going back (Wuest & Merritt-Gray, 1999). This study found leaving a violent relationship involved *reclaiming self* as the central social psychological process. *Reclaiming self* suggests that the victims self-had been lost (Wuest & Merritt-Gray, 1995, 1999, 2001). The first stage of the process found women relinquishing parts of self, as a survival tactic and strategy for *counteracting abuse*. The abuse was “relentless and erratic” and left them “fearful and shamed” (Wuest & Merritt-Gray, 1999, p. 117). When the women were being abused they “relinquished parts of themselves and assumed their abuser’s image” (Wuest & Merritt-Gray, 2001, p. 89)

In *breaking free*, women’s freedom was tested and there was a going back and forth in a “tortuous”, “repetitive”, pulling back and then returning to the familiar situation of abuse (Wuest & Merritt-Gray, 2001, p. 118). The two stages of the model that address survivors’ experiences after they have left the relationship are called *not going back* and *moving on* (Wuest & Merritt-Gray, 1999). In the *not going back* stage, survivors created new boundaries to separate themselves from their abusers, and established and maintained features of a life of their own.

Moving on is where women realised that there was nothing that they could have done to make a difference in the relationship. In this stage, survivors created a life no longer defined by their past abuse and instead nurture a new self-image (Wuest & Merritt-Gray, 2001). No longer allowing the abuse to define them was a process of *putting it in its rightful place*. *Taking on a new image* is the process of leaving behind the old image as a victim (Wuest & Merritt-Gray, 2001). *Moving on* also included women *figuring it out* in the search for reasons why they stayed so long in their relationship (Wuest & Merritt Gray, 2001). It was a reflective process that involved more pain, isolation, and sorrow for the loss of their hopes and dreams and material possessions, and their sense of self (Wuest & Merritt-Gray, 2001). During *figuring it out* women blamed themselves and questioned what it was about themselves that made them vulnerable to an abusive attachment and whether they were ever able, in the future, to have a relationship with a man that was not abusive (Wuest & Merritt-Gray, 2001). During this process, and even after a long time of

separation, some women freely admitted to still being in love with their abusers (Wuest & Merritt-Gray, 2001).

The process *reclaiming self* involved both internal and external dynamics of how the women viewed themselves and their connection to the world around them. *Reclaiming self* is the social psychological process through which survivors leave abusive relationships and establish safe nonviolent lives and new relationships. The process of *reclaiming self*, after leaving their abusive relationships, also involved establishing new boundaries and features that formed a life of their own. During this process women still had painful memories that could resurface but their self-image began to take a new form as they became aware of their own personal power and control (Wuest & Merritt-Gray, 1995, 1999, 2001). Wuest and Merritt-Gray (2001) suggested findings of their study reveal a shift of terminology from victim to survivor believing the survivor label emphasises women's strengths.

Another study of women losing self and needing to reclaim or reconstruct what they had lost is found in the phenomenological study by Hou, Ko, and Shu (2013) who examined the experiences of eight Taiwanese women as they recovered from a past abusive relationship. The recovery process was described as *reconstructing the self*. The themes involved in *reconstructing the self* were: *feeling shame*, *creating mastery*, *recognizing the imperfect self*, and *embodying the self by helping others* (Hou et al., 2013). Feeling shame related to their negative self-image and feeling of failure in their marriage. The reconstructing process involved self-acceptance of the changes they experienced internally and reconnecting with others. Other common experiences were building autonomy and flexibility in their lives, accepting personal limitations, reaching out for support, and making meaning of their experiences by helping others. Making meaning was the sub theme of *embodying the self by helping others*. Participants expressed the need to create a life of significance; a life of self-worth and meaning in existence, which found this through the process of helping others. Helping others involved sharing their experiences and supporting other women through suffering (Hou et al., 2013). The process of narrative therapy; that is, the need to tell their story and find a meaningful life through connection with others resonates with Brison (2002) and many of the studies reviewed.

The distinguishing aspect of Hou et al.'s (2013) study was the social cultural context in which the study took place and how this was identified by the researchers as having an impact upon the participants' experiences. The researchers identified the cultural context of this study as a patriarchal society that tolerates male violence with consequential relational links to women feeling shame and blame for the failure of their marriage (Hou et al., 2013). Women isolated themselves and due to cultural expectations of being a good wife and mother, with a duty to maintain the family, found they could not confide in anyone (Hou et al., 2013). Relational links can be found in the conclusion of Chapter Three (p. 42) in that despite the collective experience and hiddenness of IPV, there is a social cultural context in which IPV becomes normalised. Although all women collectively feel pain, loss, and shame, what individualises the experience of IPV is the cultural context where patriarchal ideology thrives and drives the women's experiences of IPV underground.

In summarising this section, similar themes run through all studies that seek to understand the process of recovery for women who have come out of IPV. For instance, the understanding that during the abusive period women lose fragments of themselves that need putting together after leaving, and for a considerable period, in order to gain a reconstructed self and identity. Women also need support in the form of narrative, which could be telling their stories to a therapist, through a written account or any other creative format, or through a supportive social environment, preferably with other women, to gain perspective of the past and a vision towards future possibilities. Although many studies identified that women needed to gain a life that held some significance or meaning, not all of them did. Some women need to have a spiritual component to healing and recovery, and all women needed to be in control of their lives after they had either relinquished control or the control had been taken away. Restoring this control either in the form of gaining self-worth or finding a purpose or meaning, is a feature of reconstruction. Finding their identity by reclaiming or reconstructing parts of what they had given over to their abuser was a means for survival and a similar theme across studies where participants identified a loss of self.

Conclusion

This chapter has examined the theoretical constructions of IPV, and found the feminist perspective of IPV far more explanatory for the gender-based violence and imbalance of power relations in which IPV is found. Within the masculinities of the present-day New

Zealand male there is still pressure to conform to the toughness of the pioneering male of old, which is considered socially acceptable behaviour by peers. There is also the pressure to conform to the repression of tender emotions in order to be physically strong and in control.

The heading of 'women's experiences' in this chapter goes beyond the physical and encapsulates the way IPV impacts women psychically and emotionally to show the process of losing self and identity. Reasons why some women do not leave, how women leave, and the problems they encounter on leaving, were also encapsulated under the heading of 'women's experiences'. A suggestion that traumatic bonding, coupled with Stockholm Syndrome, might have relational links to the complexity of leaving and staying away from an abusive relationship was proposed to explain the complex challenges involved.

The last section of this chapter reviewed the known literature related to this study in respect to women's lives after leaving, in order to understand what is already known about constructing a life and identity after violence and to situate the context for this study. The deductions made from these studies are that women lost parts of self through the process of surviving in the abusive relationship. That they had to regain these areas of self, that were lost or relinquished, was found in studies that sought the women's stories from the beginning of leaving to the beginning of a new life. Most studies found women gained empowerment and regained their sense of self, and a sense of power and control as they transitioned from 'victim' to 'survivor'. Some studies found that women valued finding a purpose either through the growth brought about from their suffering or through connections with themselves and with others. Whilst some studies have explored women's experiences of leaving a violent relationship, none of the studies reviewed have explored the way that women have reconstructed their lives and identities following IPV.

This current study has followed the participants through their experience of violence to demonstrate the erosion of their sense of self and identity through their experiences IPV and how power and control suppressed their personal agency. It has provided their leaving process and all the actions they took that reconstructed their sense of self and a new identity and beyond, toward a life that redefines the women as superheroes.

Chapter Five: Ricoeur's Philosophy as a Methodological and Theoretical Framework

Introduction

Ricoeur's hermeneutic approach underpins the philosophy, methodology, and method of this thesis. This chapter presents the philosophical framework of Paul Ricoeur, beginning with the theoretical underpinnings of hermeneutic philosophy, as well as Ricoeur's theory of interpretation; before going on to describe the interpretation process. The key ideas of Ricoeur's contribution to hermeneutics are presented to enable the reader to follow the application of Ricoeur's theory of interpretation in the thesis. The chapter further establishes Ricoeur's hermeneutic philosophy as the appropriate methodological approach that will uncover how women construct a new life and identity after IPV.

Hermeneutic philosophy

Hermeneutics, the philosophy of understanding and the science of textual interpretation, emerged from theology and assumes that we know, experience and understand the world through language (Dowling, 2004). Hermeneutics, as a philosophical tradition, "analyses the text as the medium which links human subjects to their world and to their past" (Tilley, 1990, p. 54). The task of hermeneutics is to project this language of the text into a representation of the real world, a world that real people can inhabit, relate, and find their being (Baynes, Bohman, & McCarthy, 1996; Ricoeur, 1998).

Hermeneutics, as the theory of interpretation and understanding texts and utterances, can be traced back at least as far as ancient Greece (Makkreel & Rodi, 1996). The interpretation of texts began as an *exegesis* with reference to the drawing out of meaning within biblical scripture and the texts of the Koran (Kakkori, 2009). The Reformation with its shift of responsibility for interpreting the Bible from the church to individual Christians brought a new focus on hermeneutics, especially in Germany (Makkreel & Rodi, 1996). The German philosopher Edmund Husserl is considered to be the father of modern phenomenology whereas Hans-Georg Gadamer is known as the founder of hermeneutics (Lavery, 2003). Phenomenology involves studying the essence of text while hermeneutics involves the study of interpretation of text (Lavery, 2003). Martin Heidegger and Edmund Husserl developed the discipline and philosophical tradition of phenomenological inquiry based on the premise that objects and events form the basis of

reality and that these ‘phenomena’ are perceived and understood only in the human consciousness (Kakkori, 2009; Lavery, 2003). Heidegger was a student of Husserl’s; whereas Gadamer was a student of Heidegger (Moules, 2002). Thereby Heidegger became the link between Husserl’s phenomenology and Gadamer’s hermeneutics (Lavery, 2003; Moules, 2002). The key hermeneutic philosophers and scholars including Heidegger were Wilhelm Dilthey, Max Weber, Karl Mannheim and, more recently, Edmund Husserl, Hans-Georg Gadamer and Paul Ricoeur (Moules, 2002).

The hermeneutical philosophy of Paul Ricoeur

The hermeneutical philosophy of Paul Ricoeur forms the methodological framework for this study. Ricoeur’s philosophy is most appropriate because the nature of self-hood runs through his works alongside his two philosophical questions, “Who am I?” and “How should I live?” (Ricoeur, 1992). These questions relate to his concept of narrative identity and to the question formed for this study “How do women construct a life and identity after IPV?” Ricoeur’s concept of narrative identity is fitting for the story of a life constructed after violence for “It is the identity of the story that makes the identity of the character” (Ricoeur, 1992, p. 148). Ricoeur’s (1984, 1985, 1988) concepts of muthos as mimesis in Aristotle’s Poetics and his work with metaphor and time form the basis for his philosophy. Muthos and metaphor appeal to me, as writer and researcher, both for the fit for this study and because Ricoeur acknowledged the metaphysical complexities and heterogeneous tensions that make us human.

The framework Ricoeur used to represent our humanity and the field of human action is the three stages of interpretation appropriated from Aristotle’s muthos (Ricoeur’s 1984, 85, 88). These three stages of action correspond to mimesis 1 (the prefigured world of action) where the narrative world of the participants is already prefigured as in their existing history and cultural context. Mimesis 2 (the configured world of action), where the prefigured world of the participants and heterogeneous events in their narrative come together as a narrative whole called emplotment. Emplotment is the imaginative ordering of events in the same way as one would a plot of a story to bring together different elements to make a whole. Mimesis 3 is refiguration, and this is where the narrative integration of events already told in mimesis 1 and mimesis 2 intersect the world of the text and reader. Refiguration imitates the continuity of life because it offers opportunity to reflect and reorder events in the passing of time and with new experiences. These experiences change personal identity through narrative telling that holds endless

possibilities of re-imagining and reconstructing that is as limitless as life itself. Ricoeur's triple mimesis, as an interpretive framework for women's narratives, will show how women journeyed from violence to construct a new life and identity by bringing together and ordering events and actions from their past situation of violence toward the future, and to their current situation. This is similar to the circular and cyclical nature of human life and action and relates well to the hermeneutic circle.

Also fitting for this study is Ricoeur's (1992) teleological ethical reasoning that our mutual vulnerability is tied up with the fate of others and within just institutions. Especially appealing are the themes of how corruption and/or perversion of Ricoeur's ethical ethos can lead to self-loathing and the destruction of self-esteem, which goes hand-in-hand with harm to others and injustice perpetrated by the abuser. This is all relatable to the enactment of IPV and the aftermath of IPV for the women in this study. Further fittingness of Ricoeur's philosophy for this study will be shown during explanation of the mimetic process of interpretation for women's narratives.

The development of Ricoeur's hermeneutic philosophy

Paul Ricoeur was born in 1927 in the southern French province of Valence. By the time of his death in May 2005 he had published a wide range of philosophical ideas in some 300 books and 500 articles (Ricoeur, 1998). Ricoeur's fledgling career had barely began when he was imprisoned for five years during the second world war (Reagan, 1998). While a prisoner Ricoeur discovered the phenomenological writings of Edmund Husserl the German phenomenologist (Reagan, 1998). During this time of incarceration and extreme hardship Ricoeur studied the works of Heidegger, as well as Husserl and Karl Jaspers, and helped set up a makeshift university in the prison camp whereby prisoners would lecture and collaborate with each other (Reagan, 1998; Ricoeur, 1996; Sims, 2003). As paper was very scarce, Ricoeur translated Husserl's famous work *Ideen I* (Ideas) into French by writing in the margins (Reagan, 1998; Sims, 2003). With a fellow prisoner, Mikel Dufrenne, Ricoeur began a comparative study of Karl Jaspers and Gabriel Marcel who were German existential philosophers and the first major influences on Ricoeur's thinking and writing in the early post war years (Ricoeur, 1998).

Ricoeur and Dufrenne went on to publish Karl Jaspers "*et la philosophie de l'existence* (1947) followed by Ricoeur's own study of *Gabriel Marcel et Karl Jaspers* (Reagan, 1998; Ricoeur, 1998). Ricoeur then became known as a leading authority on phenomenology when he published his translation and commentary of Husserl's *Ideen I*

(Reagan, 1998). His appointment in 1948 as chair of the history of philosophy, in the University of Strasbourg, came at a time when Husserl's phenomenology and the existential phenomenology of philosophers like Jean-Paul Sartre and Maurice Merleau-Ponty were popular (Reagan, 1998). Ricoeur, however, extended his thinking beyond the popular works of phenomenology and absorbed the works of Plato, Aristotle, Kant, Hegel and Nietzsche; alongside Heidegger, Freud and Saussure who were also influential to his thinking (Ricoeur, 1998).

These influences led to Ricoeur gradually moving away from strict phenomenology toward a more reflective philosophy of the will, concerning guilt and symbolism, whereby existence could be understood through freedom as an integral part of human existence (Ricoeur, 1998). Following on from his appointment of Dean at Nanterre, and subsequent appointment at the University of Louvain, Ricoeur developed a "hermeneutics of suspicion," exemplified by Marx (1818-83), Nietzsche (1844-1900), and Freud (1856-1939) (Ricoeur, 1998). This steered Ricoeur into deepening the task of interpretation by adding new levels so that the deeper meaning and thoughts hidden in the surface of text, as well as those underlying, could be expounded with deeper explanation (Ricoeur, 1970). Consequently, although Ricoeur recognised the link between phenomenology and hermeneutics, he also expressed some difference and offered his own working definition of hermeneutics as "the theory of the operations of understanding in their relation to the interpretation of texts" (Ricoeur, 1998, p. 43).

Ricoeur considered that a dialectic tension or a conflict would arise and that understanding and interpreting would be insufficient without analysis. Hence, for Ricoeur the task of hermeneutics was not to search for meaning, as in a phenomenological study, but to interpret the text itself. For it is in the language of the narrative that an event can be understood (Ricoeur, 2008). Therefore, when an event occurs within a narrative, the event, no matter when or how it occurs, relates to the unfolding of the narrative and is "already articulated by signs rules and norms" (Ricoeur, 1984, p. 57). This means that there is a beginning, then an ordering of events that can change the course of action, and an ending. Ricoeur (1984) stated that "Time becomes human time, to the extent that it is organised after the manner of a narrative, narrative becomes human time, because human time is organised after a narrative" (p. 3). Therefore, it is in the process of interpreting our lives that narratives become an interpretation of our life and our world (Ricoeur, 1984).

Texts are embedded in human actions; and human actions are contextual and socially and historically construed in several different ways. Therefore, reading and interpretation of the text needs to “proceed from naïve interpretations to critical interpretations, for surface interpretations to depth interpretations, through structural analysis” (Ricoeur, 2008, p. 162). Within that same context Ricoeur (2008) went on to say “it is the depth interpretation that gives meaning to the whole process” (p. 162). In other words, analysis of the text is embedded in the structures; therefore, explanation should always be directed toward analysing the structures of the text, then the movement progresses toward grasping the meanings in the text. Ricoeur told the reader that “Ultimately, the correlation between the explanation and understanding, between understanding and explanation is, the hermeneutic circle” (p. 163).

Ricoeur sought to understand the meaning behind the words to the end of discovering human existence within the text. The aim was to expose or disclose the social, cultural and historical realities of the text, the author, and the audience, that will lead to better understanding of self and subject. Ricoeur (2008) believed interpreting the text should “culminate in the self interpretation of a subject who henceforth understands himself better, understands himself differently or simply begins to understand himself” (p. 114).

The aim of this research is to understand how women have constructed a new life and identity after IPV. The exposure of the social and cultural realities of constructing a new life, as disclosed in the text and the understanding of the self in narrative of how women have constructed an identity in common with a new life, is the interpretation of self-identity and personhood, and can be found in Ricoeur’s hermeneutics of the self (Ricoeur, 1992). To assist with the interpretation and understanding, and subsequent analysis, the exposition of mimesis taken from Aristotle and reclaimed by Ricoeur is explained in the following section.

Ricoeur’s hermeneutic mimetic process

Ricoeur appropriated mimesis from Aristotle’s mimetic action found in Greek classical theory of making one thing look like another (Sims, 2003). It is not an imitation, rather a representation of an action or a deliberate creation (Ricoeur, 1984; Sims, 2003). Ricoeur applied Aristotle’s mimetic action in metaphorical language to be able to see things in a new light, which is a crucial instrument for the concept of emplotment or ‘*muthos*’ (Ricoeur, 1984; Sims, 2003). Ricoeur’s mimesis employs metaphorical language as the

imitation and language of action within an interwoven plot of past, present, and future temporality; referred to as the circle of triple mimesis (Ricoeur, 1984; Sims, 2003). Hence, Ricoeur's concept of metaphor is important as it is the means by which mimesis becomes '*muthos*' (Ricoeur, 1984; Sims, 2003). The threefold concept of mimesis 1, mimesis 2 and mimesis 3, for interpretation of narratives in this thesis, is conveyed in the following paragraphs.

Mimesis 1 prefiguration

Ricoeur referred to mimesis 1 as prefiguration. Prefiguration requires some preunderstanding of a woman's life world that would motivate a woman to construct a new one after IPV. To bring preunderstanding to interpretation of narratives involves semantic, symbolic, and temporal understandings. Mimesis 1 is prefigured time and when applied as temporal understanding, in application to this study, will locate experiences that are not always chronologically sequenced or consciously figured. For example, when looking at the 'how' women construct a life after IPV, the implication is that there is memory of past events that lead to future expectations; and when asking 'what' then the assumption is that the "what" is the expectation of a life that is, "foreseen, foretold, predicted, proclaimed beforehand" (Ricoeur, 1984, p. 11). The asking of 'why' is the prediction and expectation of a future without violence. Future expectation is located in past events that assist in the construction of a life without violence. Prediction is assigned "memory of the fate of things past, and to expectation, that of things to come" (Ricoeur, 1984, p. 11). Exploring preunderstandings within temporality is the assumption that women do something after leaving a violent relationship and if that is the construction of a life without violence, then that is the prefigured event of temporal understanding. Exploring these assumptions will uncover implied narratives of self-construction that are not as yet consciously figured but will come into play within the threefold circular interpretation.

Mimesis 2 configuration

Ricoeur (1984) referred to mimesis 2 as the "configuring of time" or emplotment. Emplotment brings together the events of prefigured time in mimesis 1 and the refiguration of time in mimesis 3 in a series of meaningful related events so that women's narratives can be seen as a whole (Ricoeur, 1984; Sims, 2003). Time is still temporal and linked to mimesis 1 but is going somewhere; in the sense that there is an understanding of how and why women acted in a certain way. This is an action that flows from the past

into the future to interpret reasons for their action, and action flowing from the past toward the future is to understand how women construct a life after IPV. Ricoeur (1984) related this as “reading the ending in the beginning and the beginning in the ending, we also learn to read time itself backwards, as the recapitulation of the initial conditions of a course of action in its terminal consequences” (p. 68). To understand the preceding events that support the motivation of an action in mimesis 1 is essential to emplotment in mimesis 2, and only through emplotment does time become human time configured through narrative mode as construction of a life and self-identity after IPV.

Mimesis 3 refiguration

Mimesis 3 traverses the text with the world of the reader to influence the reader in a refiguration of time within the hermeneutic circle of mimesis (Ricoeur, 1984). The human action in human time is the result of “prefigured time that becomes refigured time through the mediation of a configured time” (Ricoeur, 1984, p. 54). How the reader constructs and re-constructs stories is guided by memories of the past and hopes and fears for the future to include present time construction of a life in the here and now. Emplotment, within mimesis 2, aids understanding of narrative as human actions and the mimetic of real life in that initially the interpreter has a superficial grasp of the whole of the text, whereupon understanding deepens to include parts of the text in relation to the whole and the whole of the text in relation to its parts as a hermeneutic circle. In other words, the mediating function of emplotment in mimesis 2 pulls together temporal events and incidents into a transformation or refiguring of the whole event to configure and refigure a story. A story that captures past and future time with emerging circumstances, goals, and characters, to take on real meaning in the here and now time.

The movement of cycling back and forth between texts and other symbols is emphasised and negotiated by emplotment within the circle of mimesis (Ricoeur, 2008). Clarification of the circular movement of Ricoeur’s mimesis, to this study of construction of a life and identity after IPV, is a study of self re-construction in the construction of a life and will employ distancing in dealing with the text as text, appropriation, explanation, and understanding, followed by reflection. Interpretations are linked back to Ricoeur’s mimetic framework in conjunction with Gadamer’s hermeneutics of interrelating the whole in relation to the parts; the hermeneutic circle (Ricoeur, 1984; Sims, 2003). In this way hermeneutic interpretation can achieve congruency between philosophy, methodology, and method. The narratives gathered from interviews are a hermeneutic

project, in the sense that women's narratives are a hermeneutic interpretation of what construction of a new life and identity means to them – their understanding of the ways that construction of a new life and identity makes sense for them. It is how the women have interpreted, and made sense of, their life after violence.

Narrative identity

Ricoeur's (1992) theory of narrative identity is significant for the study of self-identity in women's narratives, and runs alongside–past present and future time (Ricoeur, 1984, 1985). Ricoeur's narrative identity emerges in each mimetic process revealing the ways that women's narrative identity changed, and how these changes occurred in the construction of a life after IPV.

Ricoeur's set of rules for the interpretation of text

Ricoeur's hermeneutic theory employs a set of rules that govern the interpretation of a text. These rules are Ricoeur's (1973, 1974, 1991, 1995) concepts of temporality, distanciation, emplotment, appropriation, explanation, understanding and reflection, and the use of metaphors. There is a dialectic tension of explanation and understanding that Ricoeur described as phases of a “unique process” (Ricoeur, 1976, p. 74). He explained this phase “first as a move away from understanding to explaining then as a move from explaining to comprehension” (Ricoeur, 1976, p. 74). These concepts are implemented within Ricoeur's hermeneutic conceptual framework of mimesis to interpret and understand how women construct a new life after IPV, and are explained in the following paragraphs beginning with Ricoeur's use of metaphor.

Metaphor

Ricoeur's philosophy, and the methodology for this study, combine the traditions of Greek, Anglo Saxon, and German philosophy and language, influenced by semantics and metaphorical language. Ricoeur's mimesis employs metaphorical language as the imitation and language of action within an interwoven plot of past, present and future of temporality, referred as the circle of triple mimesis (Ricoeur, 1984; Sims, 2003). Throughout the mimetic process of prefiguration, configuration, and refiguration, metaphors portray the participants' reality through conceptual images and symbols; thereby adding new interpretative meaning and poetic portrayal of their thoughts and actions. Metaphor requires that we use language in such a manner as to convey imaginary objects, perceptions or functions to project human action and metaphor functions “to

transpose the meanings of ordinary language by way of unusual uses” and to let “new worlds shape our understanding of ourselves” (Ricoeur, 1998, p 181). The power of metaphor also lies in the root of modern poetry, and in our imagination (Ricoeur, 1979, 1998). The issue of pre-understanding needs clarity and is, therefore, addressed prior to the function of emplotment and temporality and the concepts of appropriation and distanciation.

Pre-understanding and interpretation

Heidegger (1962/2008) spoke of a fore-structure of consciousness (*vorstruktur*) in relation to the fore-having (*vorhabe*) that I, as the researcher, bring with me when I approach the text. This *vorhabe* is the knowledge I have in advance of the topic and the fore-conception (*vorgriff*) of the research question. Whereas *vorsicht* is the fore-sight of what I see in advance; my own horizon or world. The text, meanwhile, has the horizon of its author and as I read the text I enter the world of the author and that text is transformed (Heidegger, 1962/2008). My own pre-understandings are informed by my experience of IPV that I have previously disclosed. Ricoeur (1998) acknowledged Heidegger’s fore-structure and promoted the hermeneutic position of having knowledge of the topic in advance. That the researcher has a history and therefore can never be fully distanced from her own fore-structure in relation to the text is acknowledged thus: “history precedes me and my reflection; I belong to history before I belong to myself” (Ricoeur, 1998, p. 68). This is a reiteration that we bring with us a history, culture, and traditions, in the reading of the text; and it is in the reading that the understanding of self occurs.

Ricoeur’s hermeneutic function of emplotment and temporality

Ricoeur (1991) retained the concept of *muthos* from Aristotle’s poetics and translated *muthos* as emplotment. Emplotment is situated in the intermediary position of mimesis 2, referred to as configuration in the triple interplay. Emplotment arranges and synthesises events that are part of a narrative into a central pivotal context. These events represent human action and are configured within the framework of temporality (Ricoeur, 1984, 1988).

What this means is that “time becomes human to the extent that it is articulated through a narrative mode, and narrative attains its full meaning when it becomes a condition of temporal existence” (Ricoeur, 1984, p. 52). Therefore, temporality is the movement of time in the telling of a story and relates to actions past and present. Time and narrative

are integral elements to the human condition and add to our own understanding. Thus, temporality is pivotal to Ricoeur's use of the concept of emplotment or '*muthos*' and is the focal point of Ricoeur's *Time and Narrative volumes 1 to 3*. Emplotment means moving back and forth between events within a story and plot structure to give meaning to the human experience of time and narrative identity and is essential to the whole story (Ricoeur, 1984).

The text in this study is the narratives of women who have provided their stories of IPV. The self-understanding that the reading of text provides is the understanding of self in front of the text. However much this may be true is offset by the freeing of the text from this fore-having (*vorhabe*) that I bring. "So I exchange the me, master of itself, for the self, disciple of the text" (Ricoeur, 1998, p. 113). What this means is that I bring my history and culture in front of the text and self-understanding occurs, but the act of distanciation frees me as the master of the text. Distanciation "places the meaning of the text at a distance from the meaning of the author, but also places the reference of the text at a distance from the world articulated by everyday language" (Ricoeur, 1998, p. 112). Distanciation is explained in more detail in the next section, along with the concept of appropriation.

Ricoeur's hermeneutic function of appropriation and distanciation

Two other terms that describe the results of explanation and understanding the interpretation of the reader and the writer are the concepts of appropriation and distanciation. Appropriation has its foundations in Gadamer's (1979) notion of 'play' and is Ricoeur's (1998) translation of the original German *Aneignung*; *Aneignung* meaning to "make one's own what was initially alien" (p. 185). Whereas distanciation is to distance oneself from the text in order that the text is able to become one's own (Ricoeur, 2008). Ricoeur referred to this, in a sense, as "what is appropriation from one point of view is disappropriation from another" (2008, p. 35). Distanciation, as part of the hermeneutic process, is when the interpreter stands back from the text and becomes detached when analysing interview transcripts; for although there may be commonality of experiences within texts, the language used is an expression of each woman's unique experiences (Ricoeur, 1998). This pulling away, or distance, frees the text from its temporal, contextual, and historical context, and can occur during structural analysis. This process also creates distance between the interpreter and her own pre-understanding or fore-structures.

Appropriation responds to the text as text. Through the process of making what was 'initially alien one's own' and then drawing back to create distance we are constantly interpreting and reinterpreting and responding to the meaning that the text unfolds (Ricoeur, 2008). Although Ricoeur (2008) suggested distanciation in order to distance the reader from the text, this distance was difficult for me to attain in this study because of the connection and shared experiences of IPV that I had with the participants. Their narratives were very similar to my own experiences, which meant that distancing myself was highly complex. At first the connection I felt with the women's narratives was extremely beneficial as they opened up honestly with me and shared experiences in depth knowing I fully understood their stories. The step of appropriating the text as my own was already occurring, but the challenge was in the drawing back to create distance and it was likely improbable that I was fully able to do this as Ricoeur (2008) has suggested. This demonstrates the tension of doing insider research. However, knowing the meaning of the women's stories may have contributed to a far richer interpretation.

Conclusion

This chapter presented the philosophy underpinning the methodology of Paul Ricoeur, and Ricoeur's three-fold mimetic interplay for the interpretation of women's narratives. This chapter also explained the role of pre-understanding and the concepts of appropriation and distanciation, and emplotment and temporality of time, in relation to Ricoeur's mimetic framework and of interrelating the whole in relation to the parts. The significance of Ricoeur's (1992) theory of narrative identity running alongside the temporality of past, present, and future time was recapped for the interpretation of women's identity in each mimetic stage and within the triple circle of mimesis. Due to my own history of IPV I found it extremely challenging to pull away from my own pre-understanding or fore-structures to create the distance required for distanciation; however I believe my knowledge added greater depth of meaning to the women's stories.

Chapter Six Methods

Introduction

The previous chapter presented the hermeneutic philosophy of Paul Ricoeur and how his mimetic process has guided the methodology for this study. This chapter explains how Ricoeur's philosophical framework has directed the undertaking of ethical considerations, data collection and analysis, and rigour.

Participants

Invitation to participate in this study was offered to women through professional and social networks via flyers and posters. Four women contacted me after seeing a flyer on the Auckland Women's Centre Facebook page, where I was invited to post the flyer (refer Appendix A) and a participant information sheet (refer Appendix B). Eleven women were approached through professional networking and all consented to participate making a total of 15 women that participated in this study. They ranged in age from 35 to 55 years. Participants represented the ethnic diversity of women in New Zealand; five women identified as Māori, two of whom had mixed Māori and Pacific Island heritage, two women identified as Asian and eight women were European. The criterion for inclusion were:

- a) Participants had left violent relationships at least 2 years prior to commencing the study. This was to allow reflective retrospection of their journey so that their narratives would reveal the ways that they had reconstructed their lives;
- b) Women could speak in English;
- c) Women lived in New Zealand;
- d) Women were currently living in a safe environment.

Consultation and preparation for the study

Constructing a life after violence requires first the survivor of IPV to process the journey of moving on and out of a violent relationship. The primary concern in this study was to ensure that women felt psychologically and emotionally safe in telling their stories. Prior to establishing the specific methods for this study a period of consultation and consideration of the ethics involved was paramount. I felt that to explore the experiences

of women who have reconstructed their lives and identity after IPV would enable valuable insights; however ethical considerations were required and have been set out below.

Ethical approval

Ethical approval was essential prior to the gathering of data for this study. After all ethical considerations were considered and developed, and the Māori committee approved the study, formal ethical approval was sought through the Auckland University of Technology Ethics Committee (AUTEC). Approval was granted on the 3rd October 2013 with the proviso of providing clarification of how recruitment would occur, including identification of how the recruitment flyer would be used. The second proviso was the provision of counselling services contact details in the participant information sheet. These points were clarified and full and final approval was granted in November 2013, number 13304. (Appendix C).

Maintaining participant safety

Ethical decision-making occurred throughout and although this study did not involve participants still living with IPV, full ethical consideration was given to the possibility of re-awakening past trauma in the telling of their stories. Therefore, all women, prior to and after interviewing, checked in with the interviewer with an account of their emotional states in order to maintain safety. Women were informed that they could stop the interview process at any time and participants were followed up within a week of interviewing to ascertain that no rebounding harm had occurred from the re-emergence of memories when telling their stories. To add further to participants' emotional safety, they were reminded that, in the event the telling of their story re-awakened any past trauma while taking part in this study, professional counsellors were available without cost at AUT Health and Counselling (refer Appendix D). Participants were also told that the researcher would be happy to make contact with the counselling service if they felt uncomfortable or unable to make contact themselves. Imperative to this study were the ethical principles of justice, beneficence, non maleficence, and human dignity. These principles are integrated in the next paragraph with Ricoeur's philosophy and ethos of seeing ourselves in others, and the ethical intention of aiming for justice and doing no harm.

Ethics of justice and beneficence and respect for human dignity

As this study narrates the personal stories of women in vulnerable situations there is an imperative to do no harm. Ricoeur's (1992) philosophy recognised the mutual vulnerability of ourselves and others, and how our self-esteem is coupled with the fate of others. To the ethical perspective of doing no harm (non maleficence), Ricoeur proposed there is a fundamental correspondence in our duty of care for ourselves that is equivalent to our duty of care for others. He reported how "fundamentally equivalent are the self esteem of the *other as a oneself* and the esteem of *oneself as an other*" (p. 194). This imperative extends to the women participants in this study whereupon the ethical principle of justice involves a non-judgemental attitude to their life stories of IPV, with the aim of living well "in just institutions" (Ricoeur, p. 194). What Ricoeur meant by 'in just institutions' is the concept of belonging to, and living within, our common humanity under the duty of justice within institutions of justice. Alongside Ricoeur's concept of 'just institutions' is the ethical aim of "living well or the good life" (Ricoeur, p. 194). Ricoeur's central concept of his ethical ethos is "aiming at the good life with and for others in just institutions" (p. 194). Ricoeur's ethical perspective of beneficence is to aim for the good life and his ethical principle of justice is tied up with the principle of non-maleficence; meaning to do no harm.

Leiblich, Tuval-Mashiach and Zilber (1998) suggested that exploring people's stories can elicit emotional responses. Ethical considerations of non-maleficence were the impetus in the provision of safety and protection for all participants to ensure no harm would occur in the telling of their stories. Therefore, a semi-structured guide of questioning prompts (Appendix E) was provided prior to the interview so that participants were prepared and aware of any emotional response to the prompts. This allowed participants to consider their involvement as a catalyst that would enable them to raise any initial concerns about the study in general and to enable informed consent. The design of this study allowed participants to choose the stories they shared, minimising potential for emotional harm. To further reduce risk of harm, and to provide a safe environment for participants, I remained reflexive throughout the study, a process that is imperative to ensure an awareness of others' experiences (Jootun & McGhee, 2009). An environment of mutual respect and rapport was fostered with some parts of women's interviews being interactive and conversational with moments of shared laughter and tears. Allowing rapport to develop enhances the quality and veracity of data (Streubert & Carpenter, 1995). Rapport was able to be established as disclosure of my IPV personal experience was given to all, which in turn gained trust from the participants that I would understand any emotional

pain being recounted. Participants were advised that they could choose not to answer any questions. Participants also had the opportunity to review the transcripts to ensure congruence with their perception of the story they shared. The returning of their transcripts also allowed women to provide additional narratives or to remove data. Three women were reminded of additional information that they wanted to share and sent this information in via email and some women corrected the timing of events in their original narrative. One participant removed a whole page to ensure she would not be identifiable by her past abuser. This exercise of returning narratives and complying with the insertions or deletions ensured beneficence. *Beneficence* is a concept in research ethics which states that researchers should have the welfare of the research participant as a goal of any clinical trial or other research study (Pellegrino, 1988). Beneficence in this instance was to ensure that the participants knew that I had their best interests at heart. Safeguarding their best interest was also a way to ensure doing no harm.

Ethics of informed consent and confidentiality

In obtaining informed consent participants were provided with an information sheet that contained the study design, its purpose, potential for benefit, and risks, and the reiteration that their privacy and confidentiality would be protected (refer Appendix B). After any questions or concerns were addressed, participants were then asked to confirm their desire to participate by signing the written consent form (refer Appendix F). Verbal consent was renegotiated throughout the study. At no time was coercion used, for participants were advised that they could withdraw at any time during the interview or after the return of their transcripts. This process ensured that after reading and reflecting upon their transcripts participants would have further opportunity to withdraw their consent. Participants were asked to return their transcripts with any alterations they wished and that the return of their transcripts would indicate full and final approval of the veracity of their interview with consent to go proceed. In this way further evidence of written and verbal consent was gained.

The study involved participants sharing personal stories within the context of their experience of IPV. To maintain privacy and confidentiality, it was made clear that the participants were free to have any or all of their story withdrawn from the study prior to the completion of data analysis with no adverse consequences. This was reiterated when their transcripts were returned for verification of their interview data. Before returning data to the participants, details that were clearly identifiable were lined through to show the participants that those areas would not be used. This was to reassure them of

confidentiality and anonymity. Any other sensitive information that was told during the interview, as part of the whole story or to explain why an action occurred, was withheld or altered during the re-storying process. This was due to some areas that were only told to me as a form of explanation but came with a proviso that unless it was absolutely necessary they would prefer that information to be excluded. Withholding data information in this way maintained participant anonymity without losing the essence of their stories. This action demonstrates positive regard for, and valuing of, participants' confidence, while ensuring that no individual families or healthcare practitioners were identifiable through the stories being told. All data created during this research was filed and stored in a secure location with only researcher and supervisor access. The data will be stored in this manner for 6 years and thereafter shredded. All participants chose to use a pseudonym of their choice rather than a number. This process further ensured that anonymity would be maintained.

Māori consultation and ethical approval

Ethical approval for this study was gained prior to the gathering of data, and part of the ethical consideration process was consultation with Māori. Māori are the indigene of New Zealand, and Māori women have a higher lifetime prevalence and risk of IPV than any other ethnic group in New Zealand (Fanslow et al., 2010; Koziol-McLain, Rameka, Giddings, Fyfe, & Gardiner, 2007). The likelihood of acquiring participants in this study, who identify as Māori, created the desire to ensure cultural sensitivity and safety would be maintained for these participants. There was also the wish to observe and honour the principles of partnership, participation and protection inherent within the Treaty of Waitangi¹. Therefore, advice and support was sought in the form of an oral presentation to the members of *Kawa Whakaruruhau Komiti* at Auckland University of Technology (AUT). The *Kawa Whakaruruhau Komiti* was formed to advise such matters of cultural protocol within the School of Clinical Sciences at AUT University and provide guidance and advice, along with support, for research that is undertaken with Māori. Full and on-going support was given by the committee for this research upon assurance that Māori women would be included as participants and that there would be provision of counselling services for women who may choose to avail themselves of such services. The inclusion of Māori in this study and the provision of counselling requested by the *Kawa Whakaruruhau Komiti* for this study were respected as detailed above. Consultation with

¹In 1840 William Hobson representing the British Crown and 500 Māori chiefs representing their iwi (Māori tribes) signed the Treaty of Waitangi to establish British law and the guarantee that Māori would retain full rights over their lands, forest, fisheries and culture (Orange, 1987).

Kawa Whakaruruhau Komiti confirmed the appropriateness of the topic and the appropriateness of the methodological approach. For verification of this consultation process with *Kawa Whakaruruhau Komiti* please (refer Appendix G).

Cultural safety, dignity and respect for All participants

Consultation with Māori was necessary, not only through courtesy to the Tangata Whenua² of New Zealand, but to honour the Treaty of Waitangi principles that sit within Ricoeur's ethical ethos. The Treaty of Waitangi principles of participation, protection, and partnership were honoured with the five Māori participants and followed through to ensure the ethical considerations of cultural safety, dignity, and respect were provided for all participants. The principles within the Treaty of Waitangi are integral to successful completion of the study. These principles apply to all participants of research within New Zealand and, ontologically, within this proposed study, participants are deemed to be co-constructors of the narrative and are, therefore, engaged and participating on a level that is respectful of the knowledge they possess; for this is their story. The findings are only possible because the research is co-constructed through the relational experience between participant and researcher, thereby keeping the participants culturally safe (Clandinin & Murphy, 2009).

Data gathering and interviewing process

Data were gathered through semi-structured, in-depth face-to-face interviews that were audio recorded and then transcribed into narratives. Narratives form the cornerstone of Ricoeur's philosophy and are, therefore, essential to the methodology and the central tenets of narrative identity. It is in women's narratives that their voices are heard and their stories told. Interview lengths ranged from 1 hour to 2 hours with the average time being 90 minutes. The duration and length of the interview process was determined according to participant choice. Interviews took place at a time and place suitable for the participants. Nine participants requested interviews to be conducted in the AUT University research room. Three participants preferred their own homes, and 3 participants requested an interview in a public place in proximity to their place of work. A safety plan was devised to ensure that my supervisors were aware of all interview schedules including time, date, and place of the interview, by sending a text message to

²Tangata whenua is the Māori term of the indigenous peoples of New Zealand and literally means "people of the land", from tangata, 'people' and whenua 'land'.

supervisors at the beginning and end of the interview (See researcher safety protocol, Appendix H).

As appropriate with the methodology an information sheet was developed to explain my intention, with an outline of questions as a guide rather than a directive. Interviews were not a series of defined questions; rather a semi-structured guide of open-ended questions intended to create an environment that allowed participants to share their stories in their own way of telling. I also took in to the interview a question guide as a prompt sheet to facilitate the participants telling of their stories. Such facilitation promoted and supported participation and is representative of a partnership that values the participants' knowledge and experience. The prompt sheet was made with the aim seeking what Riessman (2008) described as an extended account that can more fully explore the diversity of overarching themes and plots. Holloway and Freshwater (2007) described this process as ensuring genuineness and an atmosphere of unconditional positive regard. This atmosphere ensured participants' right to choose whether or not to answer questions or whether they wanted to remain in the study.

Data gathering essentially depended upon participants' willingness to contribute and was a negotiated process. None of the participants declined to participate or answer any of the questioning prompts. During the narration of their stories participants deviated from context but returned with extra depth and insight to add to their stories. This is borne out in research that indicate how this diversion in context changes through the telling of their stories, participants may provide or gain insights previously unrealised (Clandinin, 2007; Polkinghorne, 1988). Many participants referred to how the 'telling' of their stories reminded them of how far along the journey they had come in constructing a life free from IPV, and was therefore a positive factor and part of the mimetic process.

Once interviews were transcribed the transcripts were returned to participants within two weeks. Five of the interviews were transcribed professionally and a transcriber confidentiality agreement was drawn up and signed by the transcriber to ensue privacy of data and participant confidentiality (Appendix I). Once participants returned their interview transcripts this was taken as further and final consent. Although interview data were sent out in a timely manner for participants to verify, or to add or change their interview and provide final consent, there was a considerable time lapse in return from many of the participants and analysis was suspended for duration of this time. Waiting

for participant verification of their interview data allowed time to further listen to the interviews. Thereupon I realised that I preferred to do my own transcribing with the remaining 10 audiotaped interviews. This was in order to catch certain emotional nuances in their voices and to reflect upon their stories, take notes and begin journaling that would enable the mimetic process of interpretation within the triple circle of mimesis. The researcher listened to all audiotaped interviews again and the transcripts were checked for accuracy.

Ricoeur's theory of interpretation: A framework for analysis

Women's narratives were primarily analysed through Ricoeur's (1984, 1985, 1988) theoretical framework of prefiguration, configuration, and refiguration, to ensure methodological consistency. Ricoeur's (1973, 1976) concepts of distanciation, appropriation, explanation, and interpretation were also integral to this process. Once interviews were transcribed each of the participants' transcripts were colour coded to differentiate them. The first step involved in analysis was naïve reading of the narratives to get a feel of the text and categories found from data that represented repetitive constructs. Morse (2008) and Ryan and Bernard (2003) provided valuable insights that enabled the process of analysis through the use of categories and themes in the analysis of women's narratives in this study. Constructs can be expressions grouped together as themes of conceptual linking (Ryan & Bernard, 2003). The guidelines outlined by Ryan and Bernard reiterate how themes can be more focused in linking certain topics. According to Morse, themes run through the data and are the essence of the topic. Whereas, categories are the collection of similar data arranged to identify, define, and describe the phenomena, that are then compared and contrasted with other categories (Morse, 2008). Both of these processes were used initially because the narratives needed the arranging of similar phenomena to describe and define the essence of the topic.

Ricoeur's philosophy underpinned analysis by placing narratives within the concepts of prefigured/refigured world, which is congruent with the mimetic process. This was essential because the narratives went back and forth between the acts of violence, the process of leaving and the present time, and were not always in linear progression. Women's stories were circular in their telling without actually going straight into the construction of a life and identity after IPV. So although initially the data were grouped into categories, the themes easily emerged from those categories and were sorted into sub themes. Names of sub themes were taken from the participants' own words. Sub themes

were then converted to themes. When sub themes were closely matched with each other the arrangement was solved by providing an overarching theme or a metaphorical overarching theme that could embody the essence of meaning within the text. An example of the categories, sub themes and overarching themes is provided in the example below (refer Table 1).

Table 1: Process of data analysis

Over-arching themes/or Metaphor	Themes	Sub-Themes	Categories
Anagnorisis			<u>The final straw came when I was about 5 and half months or six months pregnant Yes that was the final straw I no I cant do it anymore I have this other child coming and I cant stand it I don't want to live like this anymore I 'm sick of it I was like " I just don't want to live like this anymore.</u>
		The final straw	
		That's it	
		Something clicked in me	<u>I looked in the mirror and I said to him I just cant do this anymore and he was a denier and he said 'what's the problem?' and I said these marks on my back and I can see knuckle marks and he said 'what marks?' I just thought I can't do it. When I make a decision I can't go back, when I make a decision I don't go back.</u>
		I cannot do this anymore	<u>Something just clicked in me, and I was just like I cannot do this anymore</u>
		I'm not putting up with this anymore	
	The final straw	Couldn't go back	I think <u>the turning point</u> was after I had my daughter. She was about 10 months he hit me while I was holding my baby <u>that was the turning point</u> . And I knew I just had to go,
	Augenblick the concept of the 'Decisive Moment'	There is no going back	<u>I had really just reached the end of my rope and I knew it was so fucked up and I had to get out and I was fearful for my safety</u>
		Can't fix it –I'm out	<u>I was not taking the risk anymore I'm gone I went home and packed a bag picked the kids up from day-care and went to a hotel. And that's it I never went back</u>
	Turning points	I knew I just had to go	<u>Death was at my doorstep Anyway I decided from that point that I would go, and I had to plan it</u>
	Decision of a moment in time	When I make a decision I can't go back	<u>That was it, what I did made sure that I'm not going to need him ever,. I was at breaking point and I had to get out. That's it.</u>
		When I make a decision I don't go back	<u>I was just like I knew it was over. I'm not putting up with this anymore no I'm done. I knew it would be hard to happen but once it was in my head and I knew it was in my head I couldn't go back and if I went back he would do something.</u>
	Plotting and planning to leave	I had to get out	<u>I just thought, "for god's sake this is ridiculous" Like --- "that's no way to live and its ridiculous" it was that "this has got to stop". -"for fucks sake –I just cant "I cant fix it". "Call it a failing of mine but I'm out". It was like I woke up and went oh, I'm out of here. There was a definite switch, a snap.</u>
		This can't go on anymore	
		This has got to stop	
		This is ridiculous	
		I'm put of here	
		A definite switch, a snap	

The process used in this study is comparable with Morse (2008) who stated that “If we compare these two strategies for creating a category and identifying a theme, a category may appear at one part of a process (or appear in different forms in different stages), while a theme should go right through the data” (p. 728). According to Morse categories identify characteristics and definitions and are, therefore, less individualised and more

generalisable; whereas themes maintain the essence and meaning, and are not so generalisable to all. This concept is referred to further under credibility and fitness in rigour. There was also the need to arrange concepts and themes with relational links to Ricoeur's mimetic theoretical framework to ensure appropriation of phenomena within the interplay of the temporality of time.

The need to determine what is relevant detail in relation to the whole is hermeneutic holism, as well as individuation and 'plurivocity', which means to "determine good guesses among a range of possible interpretations" (Kaplan, 2003, p. 69). To enable plurivocity, women's narratives needed to be read and re-read in their entirety. This activity occurred with recognition that each narrative contained the meaning of each woman's own unique experience prior to the ordering of events into subthemes of themes until an overarching metaphorical theme delivered depth of meaning and recognition of the whole. Throughout this study I chose narratives to portray depth and meaning of metaphors; and narratives which were representative of other women's narratives.

The process of distanciation

At first I found the act of breaking down texts into discrete excerpts representing categories and then grouping them into corresponding themes perturbing. My uneasiness arose because I knew that these excerpts from the data belonged to the whole and if read in isolation I feared they would lose context and meaning. I began to understand that this process of categorising and grouping and thematic appropriation was the beginning of distanciation and that this first process of interpretation does indeed begin with guessing at the intentions of the authors of the texts, who are, in this case, the women participants. This is borne out in the following quote from Kaplan (2003) who reasoned, "the process of interpretation begins with a guess because the reader has no access to the intentions of the absent author" (p. 67). Kaplan continued "the only choice we have is to guess at meaning and then compare and validate guesses until we decide on the superiority or preferability of one interpretation over another" (p. 67). According to Kaplan the interpreter's role is to validate these guesses by finding a meaning that is superior to all others. The way to enable this was to find similar meanings, group them into categories, and then compare and validate the groupings until I found a theme that represented the essence and meaning and an interpretation that was preferable to any other. Ricoeur's (1984, 1985, 1988) theoretical framework of prefiguration, configuration, and refiguration also needed to be the focus of the analysis in order to demonstrate how the

women's narratives journeyed between time, and to capture the events that led to the construction of a new life and identity. Therefore, the categories and themes depicting violence had to be at the beginning of the study, even though women may not have narrated this event first. This is the essence of the circular process of mimesis, connecting the whole in relation to the parts to enable appropriation and emplotment in configuration, and to order events in the third mimetic circular process of refiguration (Ricoeur, 1984, 1995, 2008).

Rigour

Rigour refers to the trustworthiness of the study and will be discussed under the themes of credibility, auditability, and fittingness. The mimetic process involved returning the initial interview transcripts and initial interpretation to participants for comment, clarification, and approval. Women were offered a further interview and discussion or the opportunity to email anything they wished to add on to their narratives. Two women emailed further information they wished to add to their narratives. This was a further way of using the mimetic/circular process to ensure trustworthiness for narratives goes round in circles, changing each time a narrative is told (Ricoeur, 1984, 1985).

Auditability

Auditability is the adequacy of information that would enable the reader to follow the research question through to the narrative of raw data and the steps taken to final analysis (Streubert & Carpenter, 1995). Memos, field notes and a full account of the research process throughout each aspect of the triple mimetic process is made available for readers. Verification of data, in this way, leaves a clear trail to follow and enables the study to be audited. With the emphasis on explanation and comprehension, understanding is done in stages with first the initial naïve reading; whereby the text is superficially understood and meanings are grouped and organised. The second part is critically reading the text in depth to interpret and explain the meanings; then, thirdly, appropriating the text (Ricoeur, 1976). A sample copy from my field notes, and memos are provided as an example in Appendix J.

Credibility and fittingness

Every reader ... reads himself into the book, and amalgamates his thoughts with those of the author. (Goethe, 1749-1832)

Credibility and fittingness is the truth of the findings as judged by participants and others with experience of the phenomena being studied (LoBiondo-Wood & Haber, 1998). Fittingness is the applicability of the findings outside of the study situation (LoBiondo-Wood & Haber, 1998). The sharing of how women constructed a new life and identity may be useful for similar studies of violence and how people recover and find themselves after traumatic events that threaten their life and identity. Credibility will be determined in the final analysis. The mimetic process of refiguration is where the world of the text and the world of reader meet so that credibility is “what is interpreted in a text is the proposing of a world that I might inhabit and into which I might project my own most powers” (Ricoeur, 1984, p 81). Therefore, it is in the final analysis that the reader will judge the readability of the story and receive it according to her own receptiveness of a world that she might inhabit. It is to this end that the actualisation of the text is in its reading, and the understanding is in its capacity to be followed (Ricoeur, 1984). This is verifiable within the method of analysis used for the study. The themes in this study maintain the meaning and essence of the data and contextualise the phenomena across the whole journey to constructing a life and identity after violence. “The tradeoff of contextualising the phenomena is that the resulting phenomenological story is less generalisable than decontextualised forms of analysis, and only generalisable when we recognise ourselves, or can personally identify with the data/stories” (Morse, 2008 p 728). Two participants, who indicated interest in the findings, were given a copy and verified the credibility and fittingness of the data analysis as their story. Fittingness has also occurred during conference presentations when some members of the audience would recognise their own or a family member’s story, and this is referred to as the “phenomenological nod,” a strategy of verification (Morse, 2008, p. 728). The credibility of findings was verified when transcripts were returned to participants and during discussions with my supervisors.

Conclusion

This chapter ensured the safety of women throughout their participation in the study by showing relational links to Ricoeur’s ethical ethos, cultural safety, and the ethics of justice, beneficence, and non-maleficence; alongside confidentiality and respect for their dignity. The method of interpretation for the study was inspired by the hermeneutic philosophy of Paul Ricoeur and his theory of interpretation (1976, 1998, 2008). The method of analysis was shown in relation to Ricoeur’s concepts of distancing,

emplotment and his hermeneutic mimetic interplay (1984, 1985, 1988), to enable interpretation of the construction of life after IPV. The process of interpreting text in relation to the whole needed to encapsulate the entire journey beginning from the dysfunction within the relationship; and to display how life was before the pursuit of freedom, in order for the reader to understand why construction of a life and identity was so essential. Morse (2008) and Ryan and Bernard (2003) enabled the process of analysis alongside the hermeneutic interpretation of the whole in relation the parts, and parts in relation to the whole of the text through the use of categories and themes for this study. Rigour was established through credibility and fittingness and an overview of data analysis was provided to enable auditability. The following seven chapters present the research findings.

Chapter Seven: Looking Back To Go Forward In Time And In Narrative

Introduction

This chapter interprets the events that led the study participants to construct a new life and identity. Their narratives were placed in the context of what their lives had been, against the backdrop of IPV, and the power and control that eroded their sense of self and personal identity. Ricoeur (1984) described the process of placing a narrative within its context as prefiguration. Prefiguration sets the narrative's context, its history, and the people involved. This is the beginning of the participants' prefigured world and sets the scene for configuration in mimesis 2 and refiguration in mimesis 3, in the chapters that follow.

The major theme that emerged in prefiguration was *The Many Faces Of Power And Control*; with sub-themes of *slow unfolding*, *charming face*, *unpredictability*, *manipulating*, *brainwashing*, *banality*, *eroding and disruption of identity*, and *eroding of personal agency*. These sub-themes illustrate the many different ways that power and control appeared in the participants' lives; and the links between the women's loss of sense of self and identity and their own power and control. In presenting the findings, major themes are capitalised and italicised, and sub-themes are lowercase, italicised. Pseudonyms have been used to identify participant quotes.

The journey of a thousand miles begins with a single step and to get through the hardest journey we need only take one step at a time but we must keep on stepping. (Lao Tzu, nd)

Looking Back To Go Forward In Time And In Narrative

Ricoeur (1992, 1988) believed that narrative identity is contained in the stories we tell. Stories are narratives of what happened, who did it, and to whom it was done. Thus, narrative identity is shown in the telling and retelling, in the interpreted and in the interpretations, so that through time the identity of the 'whom' becomes a person's narrative identity. When women recounted their experiences of how they constructed a new life and identity, their narratives were expressed in the circularity of time; not told sequentially. What this means, for this study, is that "time becomes human time to the extent that it is organized after the manner of a narrative; narrative, in turn, is meaningful

to the extent that it portrays the features of temporal experience” (Ricoeur, 1984, p. 3). Temporal experience means that although the events were located in another dimension of time, in this chapter they have been given some sequencing in the present confluence of time, to enable the reader to follow the story. Thus this chapter is the starting point; a referential point of a temporal experience from which to navigate the narratives and women’s reconstruction of their lives. Ricoeur (1984) described temporal experience as “following the destiny of a prefigured time that becomes refigured time through the mediation of a configured time” (p. 54). In the following narratives, women trace the beginning of IPV, how it unfolded and shaped their narrative identity. A person’s biography is in the stories she tells about herself, and Arendt (1998) emphasised that ‘who’ someone is, or was, can only be known if we know their story. Arendt stated that when we disclose an intimate story, which has happened in privacy, that story assumes a reality and intensity that would not have otherwise appeared. In this chapter women disclosed their stories of what was done to them in the privacy of their homes and in the intimacy of their relationships. These stories provide the beginning of needing to construct a new life and identity.

The Many Faces of Power And Control In IPV

Power, for Ricoeur (1992), is broken down into three areas: power to do, power in common, and power over. Power to do is the power to act, and power in common is that power which relates to members of a community who desire to live together. Ricoeur believed that power is attached to violence, in that “violence is the diminishment or the destruction of the power -to -do of others” (p. 220). Ricoeur’s power to do lies in the freedom to act, to have self-determination, and self-agency. The characteristics of power in IPV violate the power to do by someone, to someone else who exerts power over. Likewise, in power over, “The descending slope is easy to mark off, from influence, the gentle form of holding power over, all the way to torture, the extreme force of abuse” (Ricoeur, p. 220). The descending slope for Aroha was in the way that power and control began to turn from the psychological, emotional, and sometimes financial, into violence. The following narrative from Aroha captured this descent.

At first it was good we loved each other, it was intense, then a little bit of control to do this, do that, then abuse just a little bit then it got to lots of types of abuse psychological, emotional, even financial at times, but it was mostly power and control and verbal and psychological control. And then a little bit of violence started to happen and then it was really violent. I couldn’t do anything; he controlled everything and yes it did get worse. It

was horrible. It was really awful he hit me while I was holding my baby. My case manager got me onto getting a Protection Order. First couple of times it didn't work; first 2 times he just breached that. It didn't work out very well. But um, but then it worked, after that, and then I knew that it was going to get worse, and at first I just couldn't escape. It was horrible. It was like torture.

The way that violence happened for women, in this study, was through power and control. Amanda's narrative is a prime example of the slow descending slope of Ricoeur's 'power over' that destroys the 'power to do' of others in power and control. Amanda showed how power and control proceeds gradually and is often mistaken for the intensity of love before it slowly descends into violence.

The major theme for this chapter is *The Many Faces Of Power And Control* because it presents itself in so many different ways. The sub-themes that follow are: *slow unfolding, charming face, unpredictability, manipulating, brainwashing, banality, eroding and disruption of identity, and eroding of personal agency.*

The slow unfolding of power and control

No relationship starts off with violence. On the surface it first appears as love and care or concern; therefore, women do not recognise it. The violence that proceeds is gradual and catches the women off guard. This is the gentle form of holding 'power over' that Ricoeur (1992) spoke of, and can be likened to the gentle influence that Maggie translated as protective and caring. As Maggie's narrative revealed, control is hidden and dressed as care and protection until it is slowly revealed as something else.

Well no one says hi my name is so and so and punches you in the nose because that's no sort of opening line... ...The way it unfolds is interesting and unusual... ...[he was] very protective, very caring, very sort of, "I'll come here with you to do this, go with you and I'll take care of this," like a bear type and it was 'oh that's so nice that he's caring for me', but it was actually that he needed to control this for himself in case I caused some disruption. But interestingly to start with I saw it as very caring and not as control or a loss of freedom. Just saw it as, 'someone wants to be with me that much that everything has to be engineered that way'.

For Maggie the slow unfolding of control made it difficult to recognise. The difficulty is that control can often have two faces; appearing as something it is not. In this case, control and care are closely linked so that it becomes hard to see which it may be. It is disguised as caring and protection and presents to Maggie as the face of being interested and involved. Therefore, the appearance of IPV into Maggie's life was gradual and almost

insidious in how it crept into her life. Heidegger (1962/2008) described appearance as a relationship between phenomena; and appearance as something, which announces itself without showing itself and, therefore, is not as it appears to be. Heidegger (1962/2008) stated “what is closest to us ontologically is at the same time the furthest away” (p. 36). This ontological reality is akin to being close, yet so far away, and may account for women not being able to see the gradual progression of control into all areas of their personal life. The gradual progression announces itself without showing itself and is, therefore, not as it appears to be. As such, control mistakenly appears as something else and, at first, is brushed off as perhaps being too minor to make a fuss about.

The charming face of power and control

Melody’s narrative showed how control can begin through flattery and persuasion. Control appears charming, attentive, and idolising, to the extent that a woman is completely disarmed and open to being influenced. In this form, control happens so slowly that it subtly slips in, hidden in appearance, so that a woman is, at first, unaware that it is happening.

They want to know everything about you and tell you everything that you ever needed to hear; they charm you, they love you so deeply they put you on a pedestal and make you feel like you are the most beautiful, sexy, talented, and intelligent person. It’s like they idolise you but the thing is that they control. It happens so subtly and so slowly.

The taken for granted everyday things can blind us to what may be really happening. Flattery and feeling deeply loved has charmed Melody to the extent that the abuser has power to influence. This has happened so slowly and subtly that Melody is unaware that it is happening. Heidegger (1962/2008) talked about the average everydayness as “that which is ontologically closest and well known, is ontologically the farthest and not known at all: and its ontological signification is constantly overlooked” (p. 69). The charming face of control becomes an everydayness and is, therefore, overlooked for what it is; masked behind the ability to make Melody feel secure in his love for her, so that she relaxes her guard. Feeling so deeply loved is a deception that dazzles Melody and completely disarms her making her easier to control. The control happens so slowly and, as such, women are unaware of the signs. Heidegger stated “the showing-itself-in-itself, signifies a distinctive way in which something can be encountered” (p. 54). The phenomenon in Melody’s narrative is the charming face of control that appeared in the beginning and made her feel deeply loved. Melody felt completely understood as he

showered her with an intensity of interest and adoration. The control announces itself without showing itself for what it really is; for at this stage it is putting Melody up high on a pedestal. The result of this everydayness in appearance is that it can deceive and blind women to what is happening. This is the phenomenon of control that is disguised as charm and flattery, with the attendant possibilities of lies and deception, which makes the discovery of the true phenomena of control difficult.

Unpredictability of power and control

The everydayness to which Heidegger (1962/2008) referred is found in the phenomena of the unpredictable unpredictability. Although Melody tried to predict situations that might flare out of control, the unpredictability of the abuse throws her into confusion. The unpredictable nature of abuse means there is no way of maintaining equilibrium. Living in constant anticipation of the violence, with sometimes little way of predicting when it would happen, meant the women often felt out of control themselves; or, as Melody stated, shifting into simpering submission in order to get some order from the chaos:

It is like waiting for an imminent disaster to occur that you know is going to result in emotional, possibly physical chaos. You try to predict when it will happen and it stretches your nerves to the limit and the longer it goes on the more the fear escalates. I used to find myself wildly fluctuating between intense anger that I suppressed and total simpering submission in order to either have everything become loving again or to reduce the level of violence of the predictable outburst that you continue to always hope won't occur. It was psychological torture. I think the thing that really is the worst is the confusion because you think you're going crazy because it escalates and could happen in one minute, and it could happen in one month or over a period of months it can happen weekly, hourly, daily, god every five minute intervals or one minute. The only predictability was the constant unpredictability.

The charming face of control renders a woman defenceless, able to be emotionally manipulated. In Melody's narrative, control is exerted and maintained through the unpredictability of its appearance. The unpredictability of violence became predictable. Like a lull before a storm there is a build up of tension until it intensifies to a crescendo. The effect on Melody was that she realised there was nothing she could do to foresee how or when the violence would occur. This unpredictability made Melody feel like her nerves were stretched taut and her emotions manipulated as she seesawed along a tightrope of tension. The unpredictable and cyclical nature of the abuse rendered Melody an emotional "simpling" mess. She is reduced into submission in order to get some control out of the

chaos; yet there was nothing she could do to stall, lessen, or eliminate the violence. She was confused and helpless in the face of it. The unpredictability is cyclical in nature; abuse then a honeymoon phase, whereupon everything would be all nice again, until the repeat of the cycle.

The manipulating face of power and control

As is the style in a hermeneutic circle, the women's narratives go round and round. Alex's narrative is again the beginning, where the many faces of power and control in IPV is the duality of love dressed as violence. Alex recalled her experience with manipulation in her previous relationship:

She started kicking and punching me and punched me in the eye and gave me a black eye and I fell on the ground and then she grabbed my head and put it in between the door and the side of the wall and kept smashing the door against my head repeatedly. I lost consciousness for a while and she was still doing it so I moved myself out of the way and then I remember she had the electrical cord and was waving it around her head and I could see in her face she was going to kill me. I had a bloodied lip and a black eye and cuts the next morning I felt really shaken because I had never been beaten like that before. She convinced me it had been my fault. She gave me a massage because of the pain and it was like a kind of power thing. I couldn't pick up the phone. I wouldn't leave the house.

It would seem that even in extreme violence, love and control are confused. The face of violence that Alex saw was so powerful that Alex was staring at death through the eyes of her abuser. The narrative from Alex showed how power was enacted and continually sustained through manipulative tactics by her abuser. Arendt (1970) contended that power is gained through manipulative tactics to ensure that power remains legitimate; and power, once legitimate, ensures power remains in control. This manipulative tactic can be seen in Alex's narrative of her partner massaging the pain away; thereby demonstrating the power to batter and power to take away the pain of the battering. The power is again manipulated when an embargo of all activities, both inside and outside of the house, is placed by her abuser. Thus, not only could Alex not leave the house or use the phone, but she was effectively hostage to her abuser, under her abuser's complete power. The dynamics of power for Alex are seen is the power that her abuser had over her activities and any outside influence, and the power that her abuser had over her body. The power over her body was to apply brute strength and force and through massage. The message this sends to Alex is that her abuser has power to inflict pain and power to massage away the pain. These dynamics are examples of absolute power over someone.

The brainwashing blaming and bullying face of power and control

The unpredictability of the abuse becomes disruptive and causes the inability to think straight. Katie's narrative demonstrated the pervasive nature of control, which she described as "brainwashing". The narrative is Katie looking back, connecting her sheltered upbringing and inexperience with life, and men in general, to her vulnerability of being brainwashed. Katie showed us the importance of learning by looking back and integrating past experiences into new knowledge.

I got into this relationship when I was 22 and he was a few years older than me and at first he was loving and attentive and I thought he was amazing but some people are more cunning and experienced than others and I had been sheltered and had no experience with men or this personality and I believed a lot of things he told me. And now I think he was completely trying to brainwash me so I would conform to be who he wants me to be and he could control me. And I only once realized when I was out of the relationship and I looked back and my behaviour and his behaviour was not normal and it had changed from when we first went out until really one or two years after we divorced to realize what was going on and the unhealthy relationship and he was really controlling and trying to make me something I was not so I would comply with whatever... all I remember is when I left the house and I was no longer under his psychological and mental control I could just see things more clearly.

Katie revealed how when women feel loved but are inexperienced about life they can be particularly vulnerable to believing the messages that they are hearing about themselves. An inner voice that echoes the narratives of her abuser, which Katie called "brainwashing". Katie's narrative takes us back to a time where she could see how over time her identity was being framed by her abuser's comments. "Human time, in short, is always narrated time. We cannot connect ourselves to the past without filling in the intervening time with the outlines of a story" (Dowling, 2011, p. 74). At the time, Katie did not recognise what was happening. It was only when she looked back that she could understand his behaviour as control. Blaming and making a woman feel as if the abuse is all her fault is the ultimate control that Ricoeur (1992) linked to violence as control and control as violence when he said, "violence resides in the power exerted over one will by another will" (p. 220). Katie's narrative is an example of Ricoeur's (1984) temporality of time that he likened to the spiralling of hermeneutic activity that unfolds between time and narrative so that "the world unfolded by every narrative work is always a temporal world" (p. 3). Katie began to understand her life, and the events that touched her life, by interpreting her own life as a narrative of how her abuser tried to "brainwash" her. Ricoeur

(1984) referred to this as the temporal character of human experience that constitutes self-understanding through narrative. Katie's narrative showed us how the potentiality for abuse to occur is first in the abuser's nature and intent to control. The face of control for Katie was the pervasiveness of her abuser's attempts to reshape her thoughts, feelings, beliefs, and personality in order to subordinate, subdue, and ultimately control. The result, for Katie, was that although she felt things were not "normal" she only understood what it was when she looked back in time and in narrative, to see the control for what it was.

Katie shared how even a strong woman can be gradually worn down by the influence of her abuser until she is confused and unable to think clearly. Lack of clarity helped maintain his control over her.

He kicked me out of the car and I had to walk home for hours. When I was under the influence of him I could never think straight and I thought I was a strong person but clearly I wasn't. He was constantly telling me everything was my fault, starting to blame my parents for my behaviour and doing all this psychology on me and I could not understand where that was coming from. And if something went wrong from his work like he lost his temper at work and got in trouble for it, it would be my fault because we had an argument before we left or something. It was all my fault if I was there or not.

Women's narratives showed that blaming in IPV results in, and is maintained through, confusion. Katie got caught up in the anger and the blame that causes confusion. For Katie, the control that her abuser had over her slowly eroded her ability to think straight. Katie felt blamed for everything that caused her abuser to lose control at work and to lose control toward her. Her abuser used psychological control over every aspect of her life and gradually undermined her ability to maintain focus on any plan of action. Katie's narrative showed how the subtleties of control can slowly wear away a woman's reality and clarity of events, even causing her to question her own sanity. Over time the dynamic shifts; control becomes visible and appears as blaming. Control is no longer through 'love' but blame. The abuser blames his partner for his anger – she must have set it off by her behaviour. Blaming makes women feel brainwashed; they start to believe the abuser's narratives that they must be at fault to have caused the abuse. Women try to predict the abuse but because the abuse is unpredictable there is no constant to understand where it is coming from. The unpredictability helps to maintain the abuser's control, causing women to feel helpless and powerless. It disrupts thinking and leads into the next emergent theme where there is an erosion of identity and sense of self.

The banality of power and control

Arendt (1963) introduced the concept 'banality of evil' to argue that when crimes of extreme violence are committed by ordinary people, the violence is not so much emanating from evil intent but that evil has become so common and ordinary it is no longer recognised for what it is. What this means is that the abuser does not recognise IPV as evil and neither does the person recognise it as evil at the time of being abused. The baseline for normal has shifted so far out of the ordinary that women may not recognise just how brutal the beatings have become. Zara talked about her experience of IPV in the form of strangling as bullying.

He would try and strangle me. Afterwards I would say why? And he said I wanted to make you afraid and things like that, so he was weird. He was sort of bullying and hurting me and I remember having bruises on my back where he punched me and I could see the knuckle marks.

Zara referred to the violence as 'bullying'. The strangling was not through a lack of control by the perpetrator but a very controlled show of force. It is as if the strangulation extends his power to show her that he has control over her life. Imprints of his punches and knuckles mark her as belonging to him, which for Zara may act as a reminder that he has power to inflict pleasure and pain; power to allow life; power to take life away. This is the extreme force of violence that keeps women controlled. Similar to Arendt's (1963) banality of evil is the ordinariness that violence has become for Zara so that she no longer sees his violence as brutality but as "sort of bullying". Zara has a threshold for violent behaviour that appears to stretch past the outer limits of normal because of its banality. The women's narratives told of their experience of power and control and the brutality of extreme violence. At this stage they had not yet left their abusive partners. They were also enduring their situation because they were controlled by the violence and had not formulated a plan of leaving. Ricoeur (1992) informed how undergoing and enduring are passive forms of suffering and that suffering is essential to bodily experience. He added, "most of these sufferings are inflicted by humans upon humans. The result is that most of the evil in the world comes from violence among human beings" (Ricoeur, 1992, p. 320). Furthermore, Ricoeur asserted that we are bodies that speak and act and it is our bodies that act as "mediator between the intimacy of the self and the externality of the world" (p. 322). Our bodies provide a sense of belonging to the world and play a role toward the development of our identity as we verbally and physically interact with the world (Ricoeur, 1992).

It was Zara's body that bore the marks of brutality and it is her body that carries her through and anchors her in the world. For it is our physical bodies that move us about physically, anchor us geographically in the world, and embody our experiences of violence (Merleau-Ponty, 1962). It is women's physical bodies that take the brunt of beatings, and other forms of brutality, and it is the suffering of the body that plays a role toward the development of identity. Suffering is also existential in the sense that violence overwhelms and permeates our identity. Ricoeur (1992) called suffering the inequity of power exerted over another to the extent of decreasing the power of the other person to act and exist. This inability to act or think is evident in the women's narratives. The attack on women's bodies was an attack on the very essence of their identity, of who they were, as contained in their narratives.

Ricoeur (1992) stated there are some instances whereby suffering surpasses even physical pain. Katie talked about how she felt her husband was trying to brainwash her so that he could control who he wanted her to be and how those tactics kept her from thinking straight whenever she was under his influence. Katie's term of 'brainwash', in the context of her narrative, means to pressurise someone into adopting a different belief system by using systematic and often forcible means. Power over these women in intimate violent relationships was so strong that it became difficult for them to think 'straight'. The inability to think straight means that they were unable to think clearly or have clarity of thought, and this lack of clarity decreased the power to act. The power and control exerted over the participants took the form of extreme violence so that in the face of power that extended to such brutality some participants questioned their survival. The all-pervasive nature of power is that it blinds people to the situation in a way where they are no longer able to see or think clearly; instead questioning who they are and what do. Women become blinded, as in Zara's narrative, and because the banality of evil becomes normalised, their baseline for everyday behaviour changes and they acquire the ability to normalise the levels of violence. Women's sense of self and identity as, well as their personal power and control, were eroded by the environment of IPV and produced a profound sense of shame.

The eroding and disrupting of identity

In this theme, the loss of identity and sense of self relates to how the stories we tell about ourselves assume a life of their own so that "the subject appears both as a reader and the

writer of its own life” (Ricoeur, 1988, p. 246). Ricoeur (1984) commented that life intersects with memory and history and becomes an interpretation of those experiences. These interpretations are then reinterpreted in the stories we tell. Therefore, narrative identity is constantly evolving for there is always more to be told. Ricoeur (1988) likened this process to a metaphor of cloth woven with human stories, seamless and ever changing. The constant abuse draws women into the abuser’s space and in that space Amanda shared she felt she no longer existed.

He was so controlling about everything and to keep the peace I don't think I realised that I had submitted or submerged myself to his space. We had been like a unit. We became one that's how I thought of it. I blended into him. I blended so much that I lost my own identity

Amanda lost herself in her abuser’s space and took on his identity. Melody also spoke of a sense of losing her identity, and taking on the identity contained in the offensive narratives of her abuser. Ordinary events are controlled and laden with fear. The resulting effect for Melody was that even if she avoided the trap she was still left scrabbling around for a verbal foothold to defend herself.

You'd be sitting there having a nice conversation and then the conversation will take a bit of a turn and then you sense you're getting led into a verbal trap and you're like, and try really hard to change the subject but you get yelled at for changing the subject because "let's stay on track here I'm asking you a question fucking tell me". It disrupts your thinking and then you get scared and so you start babbling, and then they tell you to shut up because you're rabbiting on and then the name calling starts. The chattiness and fun in the beginning becomes rabbiting on stupidly. The kind, loving, generous, forgiving, intelligent, passionate, sexy nature that so intrigued him in the beginning becomes stupid, hopeless, useless, soft, idiot, condescending snob, slut before too long.

The face of control at this stage is the verbal bullying with a tone that threatens violence. Like an animal caught in the headlights Melody felt that her abuser was leading her into a verbal trap. She felt that there was nothing she could do that was right, and could do nothing to redeem herself. The effect this has is confusion and disruption of thinking. She also started to internalise the verbal insults thrown at her. Where she used to be told how wonderful she was, she has now become “*stupid, hopeless, useless, soft, idiot, condescending snob, slut*”. The result, for Melody, was fear, helplessness and confusion. Melody was much easier to control in this state.

Ricoeur (1992) stated that narrative identity is an evolving life story and, at this stage in the study, the women's narratives expressed that they were distressed but had not yet done anything about their suffering. According to Ricoeur, action and interaction is

letting things be done by someone else, sometimes to the point of criminality; as for enduring, it is keeping oneself, willing or not, under the power of the others action; something is done to someone by someone; enduring becomes being subjected, and this borders on suffering. (p. 157)

Ricoeur is reminding us that everything is action; whether we let something be done by someone else or whether we endure and suffer, it is all actions. Ricoeur prompted that "in fact every action has its agents and its patients" (p. 157). How this relates to the women in this study is that their ipse (also known as selfhood) was suffering and enduring the abuse because they were confused and blaming themselves. The participants were experiencing violence to the point of criminality, and were under the power of their abusers' actions. They were absorbing the names that they were called by their abusers, could not think straight, lost their selves and were fearful. At this stage of their lives the participants' narrative identity, as found in Melody's narratives, were of "stupid, hopeless, useless, soft, idiot, condescending snob, slut." The verbal abuse of name-calling eroded their sense of self as they began to fall into the trap of believing their abuser's derogatory narratives.

Eroding of personal agency

Melody believed her abuser's narratives and the change in her narrative identity converged with the loss of personal power and control.

I think if I was to name the one thing that I hate the most about my past is that I unwittingly handed my power to him on a plate and in return was reduced to a hollowed out husk. Such is their power. I would fall into a pit of depression and self-loathing, and the only thing that would make it better was for my ex to be loving and kind again. It was part of the cycle that used to make me so confused because while my logical, intelligent mind knew that I had done nothing wrong, my hurt and self-loathing battered side always believed that there was a grain of truth in every insult hurled at me.

Melody unwittingly handed over her power because of the control and preceding events that were the unpredictability of violence and the abuser's verbal abuse. The dynamics of power for Melody was such that it caused confusion and self-loathing which affected her sense of self and identity. Melody was held hostage by her abuser who now had complete power over her; she had given him her self-worth and happiness. Such is the power of

verbal and psychological abuse that Melody began to find her identity in the narratives of her abuser. Just as the person changes from birth unto death, the story of a life is not fixed in time; it is open to change over a lifetime as is a person's narrative identity (Ricoeur 1988). At this point in time Melody had taken on board the insults of her abuser as her narrative identity which kept her in a state of confusion and self-loathing. As a result, Melody lost all her personal power and control. Control is exerted and maintained through power and power maintains control, and for the women in this study who were caught up in that cycle, the abuser's power over them grows and they lose all sense of self-identity, self-control, personal power, and self-agency.

Melody's narrative illustrated how the dynamics of power and control can lead to the erosion of self, and of identity, personal power, and self-agency for women. Personal power is self-agency, and self-agency requires self-control. Thus, when personal power is relinquished to another, that person is enabled to take control over the other's life and sense of self which is identity. Melody at this stage had no control over her life; she was confused, fearful, depressed and suffering, and yet she continued to endure. Melody was held hostage by her abuser and by the shape of her own thoughts; controlled through words and physical violence. This caused her to lose the ability to think straight, to live in fear and to attempt to appease the abuser and assuage the intensity of violence. The women in this study began to believe the abusers' narratives that they were at fault and had caused the anger.

Conclusion

This chapter was the backdrop of the first mimetic process in this study of constructing a new life and identity after IPV. Women needed to situate their stories within the context of constructing a new life and locate it in some sort of beginning point. They needed to describe the power and control that their intimate partners had over them, and how the loss of power and control over their lives left them too confused, fearful, and distressed to at first do anything about their situations.

The major theme of this chapter is *The Many Faces of Power and Control* which expatiates the women's experiences and reveals the ways that power and control, as a conscious form of IPV perpetrated against the women, entered into their lives. This chapter has shown how power and control over the participants' thoughts and actions were often slow and insidious. Power and control in the form of IPV contributed to

psychological distress, physical injury, and the erosion of their sense of self and identity, further diminishing their self-control. While some women were not physically hurt, women's narratives still contained the distress and disruption that psychological abuse caused in their lives. Women narrated how the violence in the form of power and control affected their innermost selfhood and eroded their narrative identity which was found in the narratives of their abusers, which they came to believe, as "stupid, hopeless, useless, soft, idiot, condescending snob, slut". The impact of being in a violent relationship led to women experiencing shame, which will be explored in the next chapter.

Chapter Eight: The Shame Of It All

The cumulative and compounding effect of power and control, as discussed in the previous chapter, was seen as slowly unfolding, eroding the women's sense of self and personal agency. Running alongside the affective aspects of violence, like powerlessness, disruption and confusion, there is another, just as damaging, emotion: shame. In this chapter, *The Shame Of It All* is the major theme that emerged from the women's narratives with sub-themes of *hiding*, *protecting*, *masking*, *covering*, *silencing*, *isolating*, *internalising*, *nullifying*, and *diminishing*. Shame further erodes the participants' sense of self as they seek to cover and hide the IPV in their lives through covering/hiding/masking the shame causing them to feel diminished/belittled/worthless, which caused a further loss of personal power and identity.

Leon Wurmser (1981), in his classic book *The Mask of Shame*, revealed how the root of the Old High German word *scama* has the term *sceme*, which is to cover or mask. The modern English word *shame* originated from the English root of *scamu*, reconstructed from the Old High German *Scama* and the Old Saxon *skama*, which means to cover oneself. The definition and feeling of shame is guilt or disgrace, dishonour, insult, loss of esteem or reputation; or shameful circumstances, that bring disgrace (Harper, 2015). The experience of shame is to feel defective, dishonourable, unworthy, degraded; and when people feel these painful emotions are exposed they experience the need to cover and hide (Harper, 2015; Wurmser, 1981). These explanations are relevant for this study in relation to the experiences of the participants' narratives of shame. Participants were ashamed of the violence in their relationships, and ashamed that they could not fix it. The feeling of shame lies in the exposure of something that we wish to keep hidden; hence the dimensional aspect of hiding the violence that is occurring in their lives.

Covering and hiding

Melody feared the exposure of all that was happening in her intimate relationship. She desperately tried to contain the violence so as not to expose it to her neighbours. Melody covered the images of violence to maintain the facade of a happy well-functioning family.

I was telling him to calm down and he came up behind me and put his fist through the ranch slider on Xmas eve and the shame of trying to keep a lid on it, trying to get him to be quiet when he was yelling because you don't want the neighbours to hear because of the swearing and the name calling and it's so embarrassing ...you want to have this image of a happy well-

functioning family but it's all a lie, it's a total fucking lie. It's a fairy tale it's like you have your normal but your normal is fucked. You think that you are doing so well and that you are so tough and so courageous 'cos you manage this family and the kids are all doing so well and they're fed and they are clothed and you are going to your job and you are earning money and you are functioning ...and so when they start yelling and screaming and carrying on they are shattering the illusion the dream that carefully secretive illusion and exposing the ugliness that you tried so desperately to hide. You feel that it's your shame, it's their shame but you feel ashamed because what people don't realize is that you're trying to create this perfect illusion. But if the lid had flown off you have failed –you have failed so it's you that should feel ashamed.

Shame, for Melody, lay in the exposure of truth to her neighbours: that her home was not the image that she portrayed. Shame is her reaction to the exposure of the violence; therefore shame keeps the true image hidden and perpetuates the lie. Melody was holding an image within a story that did not match reality. Ricoeur (1988) recounted that our narrative identity is neither stable nor seamless. “Just as it is possible to compose several plots on the same subject of the same incident, so it is always possible to weave different, even opposed, plots about our lives (Ricoeur, 1988, p. 248). In this regard, Melody has created an alternative plot to that of a violent home. An alternative plot within a mythical story of a perfect wife and mother is a fairy tale image that is an illusion but far less destabilising than the real story. Shame leads her to continue with this illusion for shame fears the exposure of the ugliness of violence. The story that Melody was weaving was her desired narrative identity of a well-functioning family but the noise of the violence threatened to shatter the image along with the shattering glass of the ranch slider.

Protecting and masking

The next narrative represents the shame of being injured in an intimate violent relationship, as well as some of the reasons why women may not seek help when they are injured. There is the sense that the shame women feel for being in an abusive relationship leads them into masking the abuse from others. In protecting herself from the shame of people knowing that she was being abused, Emma inadvertently protected the abuser:

There was this big iron mark like this on my back and then he kept doing it and I'm trying to get away and “its on – Its' on- don't do it”. But he kept doing it again and, again. ...It ended up being 3rd degree burns. I was so ashamed it happened I didn't go to A&E because I thought well you don't go to A& E with iron burns on Xmas eve.

Shame for Emma was that she was abused. The result of this shame was that Emma, although severely burned, did not seek help on Christmas day. Emma feared the exposure to hospital staff that her relationship was abusive and violent enough to cause her third degree burns. Shame for Emma was similar to the fear of exposure, with the result of judgement from the staff. The experience of shame makes a person want to cover and hide that of which we are ashamed (Harper, 2015; Wurmser, 1981). Emma hid under a cloak of shame; for seeking help would have exposed the shame of violence that occurred when it should have been a celebratory occasion. Emma felt the need to protect her relationship from judgement but violence is not a respecter of time, place, person, or celebratory days. In covering and hiding the shame of her burns Emma was also covering and hiding her abuser, protecting him from exposure.

There is a direct connection between the custom of wearing masks and wanting to disguise or hide and cover the real self or aspects of ourselves we wish to keep hidden. Peyton's narrative related the methods she used to try and mask the truth by averting her eyes, and not looking at anyone:

My family didn't know anything. I was so good at hiding it they had no idea until about 8 years ago. I felt shame and felt like a fool, no one knew what he used to do to me - no one. I got so good at hiding stuff. I got so good at hiding it that you just become like a professional actor. We would go out, in the end I would stop going out. I would have to look at the ground, couldn't talk to anybody. No one knew what he used to do to me. No one, I got so good at hiding stuff and I just looked at the ground feeling like a fool.

Rather than expose herself and risk judgement that she felt would bring about even more shame, Peyton preferred to remain silent and wore the mask that Jacoby (1996) and Wurmser (1981) referred to as a persona that masks our innermost thoughts and feelings. The word *persona* originated from the Latin expression for the mask that actors in ancient Greek theatre wore and serves in this present day to play certain roles in society without betraying how we really feel (Jacoby, 1996; Wurmser, 1981). The modern German term for shame is *Schemen* meaning shadow or ghost. Peyton thought she was able to hide herself from the world and become figuratively ghostlike and invisible by not communicating with anyone and by only looking at the ground. Peyton became like a professional actor to hide the violence. She became so good at masking her shame that her family had no idea what was happening; all the while looking only at the ground and feeling like a fool.

The inner experience of shame is to feel deficient, forcing people into hiding covering their shame through hiding behind a mask, a persona of cold indifference (Balsam, 2001; Jacoby, 1996; Tigert, 2001; Wurmser, 1981). Peyton masked the shame of her situation by keeping a poker face; she was not about to say anything to anyone that might give her away. The experience of shame for Peyton was that she could not face anyone out of embarrassment and because she felt ashamed of her situation she kept secrets from family and friends. Feeling shame for Peyton was thus about feeling foolish and fearing the judgement of others. The feeling of shame for Emma was about saving face. The feeling of shame for Melody was about preserving face, which is the image of a happy family. Shame for women in this study was also about preserving loyalty and honour. There are shame-based cultures founded on preserving honour to prevent the ignominy, embarrassment, and disgrace; and there are shame based family systems centred on preserving family secrets to the same end.

Silencing and isolating of shame

The following narrative shows how blame that began with the abuser can be internalised by the abused woman, perpetuating stigma and shame. Stigma and shame silences women. Tania's narrative revealed how shame is internalised and compounded by the fear of society's judgement and ensuing stigma. The resulting turmoil has the effect of isolating and silencing a woman, for she is ashamed of the situation, and ashamed of herself for allowing it to happen. All of these emotional undercurrents produce the silence and isolation that Tania shared in her narrative:

No one, there was no one I could turn to because you're ashamed; it's the shame and the stigma. You're ashamed that you allowed it to happen.

Tania's silencing was in the internalisation of stigma and blame both from the perpetrator and society. Tania felt ashamed of herself and ashamed of her situation. Tania also felt the blame by the abuser as the cause of his violence and blame by society that does not understand how a woman could continue to love an abusive man. This was the internalisation of blame that leads to shame, stifling Tania's voice and keeping her silent. Yet how could she stand up for herself? Cloaked in shame Tania could give no voice to her plight because she had isolated herself and had no one to whom to turn. The effect of extreme shame is the sense of being defiled and can lead to imagining that others view you with disdain disguised as pity (Jacoby, 1996). Stigma means shame, disgrace, or dishonor with regard to a visible sign like a blemish that marks you out to be a social

pariah (Goffman, 1963; Jones, Farina, Hastorf, Markus, Miller, & Scott, 1984; Peterson, Barnes, & Duncan, 2008). Stigma can become embodied as a scar that remains in the spirit of a person or just under the skin like stigmata; as in ancient times when a person was marked as a slave, traitor or criminal with marks on the skin (Goffman, 1963). There is the embodiment of the shame of self-judgment or the internalization of blame from others (Peterson et al., 2008). The embodiment of stigma is the shame that that women in violent relationships sometimes retain as a scar.

Internalizing

For the lesbian women in this study the shame they felt was also attached to the double threat of marginalisation and homophobia when their concerns were dismissed or minimised by authorities or agencies. Alex shared her experience of being in a lesbian relationship and how shame impacted on her when she sought help for the violence:

Two days later I went to the police and I said this is what happened, they laughed and when I said it was a woman they didn't take it seriously. And then I told some of her friends what happened and they said why didn't you hit her back. I felt so ashamed. I felt really bad because I thought I caused that. I didn't know what to do so I thought I would ring woman's refuge but I then I thought back then they didn't take lesbians. I think it was because they thought we would hit on other woman. Maybe that's what I believed anyway.

Alex felt shame because she thought she had caused a shameful situation. This feeling of having caused the violence is similar to those of the women in this study who are heterosexual. However, the difference is that the stigma of being lesbian in a society where cultural prejudices may be deeply ingrained can have a real and on-going effect of shame (Tigert, 2001) within the psyche of women when laughed at by the police. Not being taken seriously illustrates the marginalisation of lesbian women from an enforcement and protection agency meant to protect when they minimise the danger and respond with derision. These types of experiences may give rise to and further perpetuate Lesbian women's internalisation of society's homophobia and prescribed violent gay bashing behaviour. Further, Alex conveyed an inner belief of marginalisation when she recounted that the refuge would exclude and leave her on the fringes of sisterhood in case she hit on another woman. Internalisation of homophobia by lesbian women could drive the belief that world is not a safe place for lesbian women, and indeed sends a clear message that there is no place for lesbian women even in places where woman are offered protection. Tigert (2001) suggested marginalisation perpetuates social stigma and social

stigma can drive the shame of internalised homophobia even further into a culture of silence and invisibility.

The next narrative from Cora provided more insight into the stigma of belonging to a minority group (in this case lesbians) that impacts upon help seeking behaviour, and the ensuing isolation.

I couldn't leave because she threw the keys, so I called the police but they were really unhelpful. They basically accused me of wasting their time and that I shouldn't have called them for something so stupid. I didn't really want to explain the whole sordid story so I kind of just left it at that. I always tried to not call the police because I knew there was already a stigma with lesbian couples. That was just as intimidating and scary - not being able to leave as being hit in the face. I also belonged to a minority group being lesbian that had even more stigma that is finally breaking down in the last five years. I was ashamed and became withdrawn and isolated I didn't have any friends. I had to always wear long sleeves and covered clothes.

Cora internalised the homophobic stigma of being in a lesbian relationship. Therefore any violence within the relationship further perpetuated this belief, which was further confirmed through Cora's experience of feeling trivialised by the police. Cora's narrative clearly demonstrated her thoughts as an insider familiar with stigma. Being lesbian for Cora was being different and Goffman (1963) contended that being stigmatised also marks someone as different. There is a close correlation between the awareness of being different and the feeling of shame (Balsam, 2001; Jacoby, 1996; Tigert, 2001). Cora hid herself away and covered the marks of violence with long sleeves and thereby covered her shame. Cora's shame caused her to also hide her sexual orientation from the disapproving gaze of others, from the gaze of judgement and from the inability to be other than who she is. The feeling of shame that both Alex and Cora as lesbian women felt covered, silenced and rendered them invisible to social agencies and legal recourse. Rather than wear a mask to hide her eyes from others or wear a false persona, Cora withdrew to avoid the judgement in their gaze. Sartre's (1943/2001) reaction to being the object of another's gaze and judgment, was "It is shame, which reveals to me the Other's look and myself at the end of that look" (p. 237). What Sartre meant is that the judgment of others can objectify so that we become aware of ourselves through their eyes; thus reflecting a type of mirror image of their objectification we then become self-conscious. Hence, we can perhaps deduce that shame is when we become aware of ourselves through another's look; so that once another's look objectifies me, I become an object for myself

and feel shame. To treat someone as an object rather than a subject with thoughts and feelings dehumanizes the person. Dehumanising a person inhibits and can prevent the person from acting with autonomy; it is another form of power and control by the abuser.

Nullifying/diminishing/belittling of self

Ricoeur's (1992) classic concept of human self and human action in *Oneself as Another* focuses on language, history, time, and space, with reference to ipse and idem as identity. Ipse identity or selfhood develops through life and through time; through actions and through being with others in the world. It is also influenced by what other people think of us. Idem, otherwise known as sameness, is the core of the personality that is stable and unchanging. Although ipse and idem are two different types of identity they dialectically exist between overlapping and disassociating from each other (Ricoeur, 1992). The women in this study had been controlled and verbally abused and some of the women had been brutally beaten. The narrations of their experiences are stories that affect both idem and ipse. Shame with all of its toxic effects has had a compounding effect upon the women's self-worth and the cumulative effects has led to the loss of their personhood. Loss of self has led to loss of control over their lives.

Shame has tentacles reaching far and wide into all dimensions of the participants' lives and has dragged the participants into places of diminishment and belittlement where they feel insignificant. There is also a sense that punishment by the abuser makes a woman feel like she does not exist, invalidating her presence as a person. This was seen in Maggie's narrative when her things were put away, out of sight, thereby nullifying her existence.

What he normally does when I have been bad, which is put my stuff away and we had a row, so I had been naughty and when I got home my photo was away and the bread maker was back in the cupboard and some other thing, and that was a sign that I had been put away and told off. And I remember saying "you know what, I don't care what kind of argument we had but you don't nullify me – you don't do that and you don't put my stuff away – you don't pack me up like I have been naughty because I've had an absolute guts full of it, and you can just stop because its really absolutely fucking ridiculous because this is my home too. ...you look up and you realize that I'm not present in this space, none of this is me and then it actually matters- it actually matters. It actually matters the need to be present in one's own space having been relegated to a non-existent entity. Seriously not being present like physically you're a non-person when you're being treated like that. But when I got into bed that night I was petrified... thinking "what have

I done, what have I done, what have I done, he might kill me in the night or he might lock me in”.

The shame in Maggie’s narrative was the nullifying of her as a person. To nullify is to invalidate and Maggie demonstrated the effective blanketing out of the very essence of her being, and how it is lost after being relegated to a non-existent entity. To be relegated to a non-space is to become invisible and, as Maggie has alluded to, the physicality of a non-person, for nothing exists in the non-space. Maggie had no space allocated for her within her own home contributing to an overwhelming feeling of not being present physically, of free floating through life. Free floating is a metaphor for losing the space in multiple areas in one’s life. The non-occupation of space and place and person, as experienced by Maggie, is to feel invalidated and that you do not exist. For Maggie this was the erosion of self and identity as a person.

The loss of Ricoeur’s (1992) ipse and idem, as in the loss of self and identity, is seen in the diminishing and a belittlement that comes about when someone you love treats you with indifference during a time of crisis. In the next narrative Amanda shared how she felt like a joke and physically small when she realised she did not matter:

And I felt small, I felt really small, and I felt like a joke. I felt really, really, small. And I just thought I didn’t matter no – I didn’t matter to him or his friends. And also, he didn’t come to the hospital when my daughter was born. I was nothing to him, and I felt like nothing.

The shame that Amanda felt was the exposure that she did not matter, was of no significance, least of all to her abuser or to his friends. The result of this shame was that it diminished her. For Amanda to feel insignificant and like a joke was humiliating, and robbed her of all dignity. To be nothing is to not occupy any space or place as a person and to be nothing is to have no sense of self or identity.

Aroha’s narrative revealed how a woman can lose her sense of self and identity when she loses sight of her own needs and subjugates herself to what her partner wants and needs. There is also the sense that if she asserted herself she would get slapped down and put back into a place where she was nothing:

Yep if I did have an opinion I would get something thrown at me or a slap or something, in front of anyone, I felt ashamed and so I really did start to lose myself. Yep I had to stay invisible, keep my mouth shut only speak when

spoken to. I couldn't really express myself. We weren't even friends. Couldn't even have a normal conversation. I had lost so much weight and my personality had changed and I wasn't who I used to be, as carefree as I used to be. My needs and wants were what he needed and wanted and if I ever did try to bring it up then I would get a hiding.

The shame for Aroha in this situation was that she had no presence in her abuser's life other than to serve him. The result was that Aroha became subservient and obedient to the wishes of her partner. The loss of her sense of self was in Aroha's invisibility and inability to be anything else but invisible in his presence. The shame was in the loss of self and the result of this shame is that Aroha lost weight and lost more of herself. Shame and fear shut down her personality and identity so that Aroha was robbed of her self-agency and ability to form her own opinions. The cumulative result was that Aroha became invisible and lost all sense of self and identity.

When women are being subsumed into their abusers' identity, or when they take on the identity that the abuser wishes for them to portray, they then lose any sense of who they are. Aroha continued her story:

Because he wanted me to look a certain way so I had to dress in a particular way they had this mind-set you know how a gang has a certain mind-set a way of thinking and because I loved him so much I tried to be and do everything that he thought was cool so I tried to do that just to keep him. I couldn't be myself. I couldn't joke around and be stupid, felt secondary like I was just his little slave, his trophy piece that I was to be seen and not heard or I'd get a slap. So I couldn't go in where he was, I had to sit in the car for ages and sometimes our daughter was in the back seat of the car while we are sitting outside houses while he was in there smoking P or whatever.

Aroha was completely lost, subsumed into the image her abuser wanted her to portray. Aroha had been nullified and lost all sense of herself and her identity. To not allow a woman a choice in areas of her personal life, like her clothing, is to remove her power and her personal identity. Aroha was held hostage to the fear of being controlled by physical violence; another means to subjugate her will to his and compound his control. Self-worth ties into the way we look and appear to others and can be subsumed into cultural norms and attitudes of what a 'gang man,' who has a projected image of power and control, needs to have hanging off his arm. Aroha moulded herself to this image. To be seen and not heard is infantilising and therefore disempowering.

This type of power over someone else is the face of IPV that seeks to control and disempower. Along this continuum is the subsequence of shame that considers the self to be defective, bad, not worthy and therefore, like Aroha, needs to be ever changing to accommodate someone else's needs and opinions. Aroha's personal identity was shaped by her narratives, as were all the participants, and as their narratives circled back and forth with changes to their circumstances, so did their personal identity. Within this circling and unfolding Ricoeur (1992) noted we are always searching for self-understanding and that "my character is me, myself, ipse; but this ipse announces itself as idem" (p. 121). Aroha's idem does not change, the person remains the same regardless of the changes in her circumstances. An intimate relationship requires us to disclose deeply with another our innermost feelings that can, at times, incur the subsuming into another's ego or loss of our own ego but if it is not reciprocated can cause humiliation embarrassment and shame (Bartky, 1990). Aroha was lost for a time and her identity swallowed up and subsumed into her abuser's; but the essential character of Aroha, her idem, remained the same.

Worthlessness

The accumulation of nullifying, belittling upon the women's psyche was that they began to feel worthless. Aroha's narrative demonstrated that trying to please someone by thinking and acting according to their wishes and demands is self-effacing and self negating. Jess showed how self-negation could arise from a sense of worthlessness. Jess shared how powerful her experience was when she lost her sense of self-worth.

I was not worth anything if you talked to me 2 years ago I would have told you that. I was not worth anything. I was not worthy to drink a cup of coffee because it would be taking resources away from other people because it's taking it away from other people I don't know. I would not be worthy to go to the bathroom because I was taking time from other people.

A depleted sense of entitlement and low self-worth are recipes for the loss of personhood and lead to Jess feeling that attending to her needs was to take away from someone else. Her needs did not matter; just as she was made to feel that nothing about her mattered. The lack of entitlement to the most basic of needs in Jess was in her lack of self-worth and feeling that she had no right to sustenance. The effect of power and control over her life is the self-effacing statement of not being worthy of even attending to her biological requirements because it would use up time best spent on someone else. Ricoeur's (1988, 1992) narrative self needs a story and a reader and the context to situate within a

temporality of time. At that time Jess is the reader and writer of her own life and Jess's narrative identity, her ipse (self), had dissolved into worthlessness.

The culmination of embodied shame, blame, and stigma, and the feeling of worthless and insignificance culminates so that women begin to further lose their sense of self and ability to control their own lives. Amanda shared this aspect of losing all sense of her physicality and self-agency:

I often tell people the story about myself not owning an umbrella. I bought an umbrella for the first time last year. I realized that I hadn't owned an umbrella since I was about 14. So for the last sort of 17 years, I've been walking around in the rain, getting wet. I didn't mind getting wet or getting sick, because it didn't matter. I didn't matter enough to stay dry.

The result of shame is that we seek to cover and hide that of which we are ashamed of, or feel shame for, but Amanda had lost that ability. Amanda felt so worthless that she no longer had the drive to protect herself. So far removed from herself, Amanda had lost control and the ability to regulate and determine her own body's requirements. Ricoeur (1992) contended "the person understood as a character in a story is not an entity distinct from his or her experiences. Quite the opposite; the person shares the condition of dynamic identity peculiar to the story recounted" (p. 147). Narrative identity in this scenario, for Amanda, is a story about feeling worthless, hopeless and not mattering enough to herself. The story of not having an umbrella is a story of low self-esteem and lack of self-worth and the lack of personal agency over her life.

Maggie, Emma, Jess, Amanda, Aroha, and Peyton all experienced a diminishment of self when they felt belittled, insignificant, invisible, or worthless. According to Douglas (1998) we rely on others to give us a sense of who we are, of how we matter to others. Ricoeur's (1992) philosophy is that the body mediates between ipse (who we are), and idem (what we are), and between our interior and the exterior of our world. Fossum and Mason (1986) noted the result of shame is that we feel humiliated. Humiliation destroys self-respect and self-esteem, which Ricoeur (1992) likened to our sense of self and self-worth – our ipse. The damage to a person's self-esteem can also set the scene for the continuation of power and control.

Concluding shame

The women's stories travelled the road of recollection to show how the effects of shame further compounded the erosion of their sense of self and identity and personal agency. The shame that women felt for being in a violent relationship manifested in wanting to cover and hide the violence and in wanting to wear a mask in order not to expose the violence to others. The women felt so ashamed of the violence in their relationship that they wanted to hide the abuse from others, and in hiding the abuse from others they unintentionally protected the abuser. Women internalised the blame and stigma and felt belittled, diminished and nullified. The nullifying, diminishing effects of shame made women feel worthless and insignificant. Shamed to their very core women were made to feel powerless; further deconstructing their sense of self and identity and taking away their self-agency.

Chapter Nine: Anagnorisis

Introduction to anagnorisis

The unfolding of women's experiences showed how their sense of self-identity was gradually eroded by the context of IPV in which they found themselves, and how their lives were deconstructed by the violence and the shame. When women shared their stories they spoke of when they decided they could no longer tolerate the abuse. Through the overarching metaphor of *Anagnorisis*, Ricoeur's (1984) emplotment captures the coalescing of those pivotal events from the stories that will lead to a configured world and another way of living and being, and of being refigured, which is the reconstruction of their lives. *Anagnorisis* means toward recognition and awareness of their situation, and the point of no return whereby women knew they had to leave. It includes the subthemes *the last straw* and *augenblick*.

The metaphor of anagnorisis

Anagnorisis is a Greek term coined by Greek philosopher Aristotle and refers to the point in the plot of a tragedy where the character, usually a hero, has a sudden awareness of a situation as it really is. *Anagnorisis* is the turning point that captures the moment of lucidity where the participants see a situation differently. This recognition is, in a sense, the turning point in the plot for it can bring about a peripeteia that is a reversal of fate or fortune. In this chapter the participants recognise the truth about themselves and their situation. *Anagnorisis* is the turn in the participants' narratives where *The Last Straw* becomes the catalyst of realisation and they see the truth of the situation in all its ugliness. *Anagnorisis* is also where they see the truth about themselves and the truth is that they have a limit of endurance. Aroha revealed the *Anagnorisis* in the metaphor of *the last straw* in the following section.

The last straw

The final straw came when I was about 5 and half months or six months pregnant and he moved his cousin and the cousin's partner into our house and then I just noticed some things between the girl and him were going on and then one day somebody confirmed for me that they were you know having sex and she was living in my house and I just couldn't stand it anymore. I thought, I've had enough, I'm going to have another baby soon, my daughter has lost all her hair and I just couldn't stand it anymore I've got to go. Yep that was it the final straw you know even for the kids I thought I can handle the beatings and blah blah blah like the

final insult – right under my nose. I thought no I can't do it anymore I have this other child coming and I can't stand it. I don't want to live like this anymore I'm sick of it. I was like I just don't want to live like this anymore.

Aroha used the metaphor of the final straw to describe the one thing that she was not prepared to tolerate. Her partner had beaten her and taken control in most areas of her life but the final insult, when her partner showed disrespect and humiliation by bringing another sexual partner into their relationship, was, for Aroha, *the last straw*. Straw is light, it can float in the wind, bend, is malleable, and easy to hide in a bigger pile of straw, but when continuously piled on top of more straw, can become a load too heavy. Hence the last straw and not wanting to live like that anymore. *The last straw* is a common derivative from the metaphor “The straw that broke the Camel’s back”, hence the choice of metaphor for the series of events that piled up like straw slowly gathering momentum to reach this breaking point. Aroha’s daughter lost her hair and the last straw broke her resolve of trying to make it work; Aroha reached the turning point of her *Anagnorisis*.

Anagnorisis captured the turning point when participants just could not stay in the violent relationship any longer. Zara explained:

I remember having bruises on my back where he punched me and I could see the knuckle marks. I looked in the mirror and I said to him I just can't do this anymore and he was a denier and he said 'what's the problem?' and I said these marks on my back and I can see knuckle marks and he said 'what marks?' I just thought I can't do it.

The anagnoritic moment for Zara was when she looked in the mirror and saw the clarity of her situation in the physical reflection of his knuckle marks. Zara had an anagnoritic moment of insight and saw the denial and the callousness and realised that he would continue to deny the seriousness of this problem. The expression, “I just can’t do this anymore” is a common catch cry of many women who have exhausted all reserves of energy and hope for any future with the person they love. Exhaustion occurs through trying to predict what will make their partners angry or trying to fix everything and make it right. When exhaustion happens they are prepared for the abuser to do their worst. Maggie shared this narrative:

...this has got to stop, I had no more fight, I just had no more fight left in me I was absolutely exhausted – over everything and I had no more fight I couldn't be bothered ... whatever it was this time I just thought, “for

fucks sake – I just can't I can't fix it you know what, fuck this-uggghhh." Call it a failing of mine but I'm out. You know what, do your worst because I have had a gutsful of you and I could not care less, do your worst and I said you know what, I am going. I will leave in the morning, and I am definitely going but for now shut up I thought to myself and said, you know what I just don't care. I just had no more fight left in me I was absolutely exhausted – over everything and I had no more fight. I couldn't be bothered. I absolutely didn't want to go back.

Maggie knew her marriage was not right but she had never failed at much in her life; she was stubborn and tenacious and liked to succeed and she was determined to succeed in her marriage. *Anagnorisis* for Maggie was when she stopped caring anymore, she gave up the fight for her marriage, for her rights. Maggie was exhausted. *Anagnorisis* was the turning point, when Maggie was not going back. Her self-esteem and self-worth had been worn to the stumps; Maggie was full to the brim of it all and no longer cared what happened. Maggie had been beaten down and was resigned to the worst that could happen, for she felt a weariness and had had a 'gutsful'.

Anagnorisis for Peyton was when she realised that he did not care about her, would never care about her, and would not even care about their babies. There was also an eye opening time when she realised that even in an extreme crisis her partner could not be relied upon. Peyton shared this narrative:

My daughter was 11 months old when I got pregnant again. I started bleeding and went to the hospital. While I was lying there having a miscarriage all he was doing was moaning wanting to go home, saying where is the doctor? I want to go home. That's when it really started I think. We were arguing and my daughter felt comfort in it and she would just go to sleep while we were yelling and screaming. I couldn't do it anymore. It was like background noise for her. I was at breaking point and I had to get out. That's it. That was the real breaking point for me and I got really emotional during miscarriage and my daughter was sleeping through it. I was just like I knew it was over. I'm not putting up with this anymore he didn't even give a shit about me I was miscarrying with twins and he didn't care. And it was the arguing with my daughter going to sleep and I thought no I'm done. It wasn't really a hard decision because what happened but I knew it would be hard to happen but once it was in my head and I knew it was in my head I couldn't go back and if I went back he would do something.

The moment of *Anagnorisis* came for Peyton at her breaking point – the realisation that her daughter was comforted by the sounds of their arguing. There was the ignominy of laying on that hospital bed with her hormones in flux and bleeding from a miscarriage.

In the absence of his comfort and care, when *the last straw* floated into her consciousness in that stark hospital room, Peyton realised her breaking point and called it quits. It was *the last straw* and she just could not do this anymore. The lack of care, the lack of love, and the hostility that Peyton felt from her partner did not penetrate her core belief of “that is all I am worthy of” until she miscarried twins. During her miscarriage, while she lay there bleeding, her partner moaned about his own discomfort. Peyton was able to confront her situation and realised that her daughter had become so used to the arguments, that the yelling and screaming had become background noise that sent her to sleep. Once that thought entered her head Peyton could not shake it off. That was her *Anagnoritic* moment. Peyton thought, “No I’m done” and knew she had to leave. Peyton confronted her *Anagnorisis*, her moment of realisation, and never went back.

Another aspect of *Anagnorisis* is the separation point, the turning point and the end of the rope that has unravelled to leave a woman dangling. Cora shared her experience:

Tickets probably cost \$400 and I just gave them to her and said, “I can’t do this, I’m not going, you take who you like” and that was definitely the separation point for me. That was definitely the turning point for me and I don’t think I went back to the house again. I had really just reached the end of my rope and I knew it was so fucked up and I had to get out.

The *Anagnoritic* moment for Cora was when she knew she had to untie the tethers that bound her to her abusive partner. For Cora being at the end of a rope was to choke and hang. Cora had tried and given it her best and was now at the end of her tether. Participants knew that they had to break the tethers that bound them to the dream of a storybook marriage, the fairy-tale, the dream of a soul mate, a lasting love, and the dream of never having to be alone again. The tenacity and resilience had been worn away, and the rose coloured glasses were covered in the grime of numerous arguments, beatings, lies, grubby liaisons and narcissistic indifference to their very being.

There is a moment in time when some participants experienced clarity, a sudden seeing of things for what they were. This is similar to *Anagnorisis* except it takes a while to evolve into action; *augenblick*, on the other hand, is a moment that is clear and decisive, and when this happens the women acted almost immediately to leave the abusive situation.

Augenblick

Augenblick is the concept of the 'Decisive Moment' in 19th- and 20th-Century Western philosophy (Heidegger, 1962/2008). Augenblick is one of the core ideas in Western existential philosophy, alongside such concepts as anxiety and individual freedom. Melody spoke of a lightning bolt moment when she finally realised she must leave:

My lightning bolt moment, the one where it finally started to dawn on me that I had been fucked over, was that course I went to where there were other women there and we wrote down a whole lot of lists on a piece of paper the reasons that men get angry. Reasons like low self-esteem having drunk too much, shitty childhood. The list was very long and the stressors like work stress, money and, kids, boss is a prick, whatever I don't know and we took it up in front of the class and we were so proud "look at our list aren't we just so clever." We took this list and thought we had completed our task that had been set, we appeased the teacher and didn't we do really well and she looked at it and said "that's amazing that's an amazing list –yes it is." Then she took the list and read it all out, read everyone's then ripped it up and tore it into teeny little bits and she said "not everyone who drinks goes home and beats their wife, not everyone who's had a bad day at work comes home and takes it out on the kids – it is a choice. And the thing that devastated me more than anything was to hear that they actually chose to do it.

For Melody *Anagnorisis* came in an *augenblick* moment like a bolt of lightning that her abuser had control over his actions and, therefore, could choose not to be violent. The pleasure she had in compiling a list that would give her the answers for his violence, answers that would help her fix it, was torn up, disappointing her. Melody was good at finding answers and passing hard tests but when the facilitator tore the test into pieces her excuses fluttered to the ground in tiny smithereens and produced an *augenblick* moment. For some women *Anagnorisis* was a critical discovery similar to Melody's that gave them the turning point they needed to see the *augenblick* moment with more clarity.

In the next narrative Maggie had a definite *augenblick* moment. Maggie was asked if it happened all in the blink of an eye and her answer described a decisive moment in time that was fleeting yet momentarily eventful and incredibly significant. The following excerpt, from Maggie, narrated the past present future in a moment, fitting perfectly into *augenblick*:

I just thought, “for god’s sake this is ridiculous” and something in me just went “are you serious?” Like ---“that’s no way to live and it’s ridiculous” and I finally just had that strength where there was absolutely no question, it wasn’t oh maybe I should try and leave, and I hope I will be okay, it was that “this has got to stop”. It was like I woke up and went oh, I’m out of here, it was with struggle, but there was a definite switch, a snap. It was like I’m not staying here anymore.

Augenblick also means when the light switch comes on and illuminates, in this case, all that is ridiculous about the marriage, and women realise that everything is a sham, a parody and that they need to end it all. A switch went on in her brain and Maggie saw what she had to do. *Anagnorisis* is a decisive turning of events so that when women struggle through all the ramifications of shame, like the humiliation and put-downs and the blaming, *Anagnorisis* points towards the exit.

Conclusion

Previously the prefigurative scene of violence as power and control demonstrated how women felt shame for the violence that eroded and gradually deconstructed their sense of self. Although each woman had a different timing of events that occurred within their stories they all described a turning point of no return, when they could not take any more of the violence of being controlled and the shame of it all. In this configured world of Ricoeur’s (1984) emplotment the philosophical realisation of *Anagnorisis* encapsulated *the last straw* and *augenblick*, as the catalyst for leaving their violent relationships. *The last straw* is the occurrences that came to a final insult and the breaking point that the participants arrived at when they felt they could not do it anymore. Whereas *the last straw* happened slowly, as a series of events that gradually led women into leaving, *augenblick* happened a lot faster. *Augenblick* was when the participants found they must leave for self-preservation in a lightning bolt moment. *Anagnorisis* was the turning point whereby they could see the true nature of their situation. Once the women could see it for what it was they could no longer make any excuses or try to fix the violence in the relationship. They were too exhausted or needed to get out for the children’s sake. *Anagnorisis* was the turning point that enabled the plotting and planning to leave that is contained in the next chapter when the participants imagined a life that could be.

Chapter Ten: Configuration: Imagining A Life That Could Be – A Bridge Crossing

Introduction

Configuration, Ricoeur's (1984, 1985, 1988) second mimetic interplay, is used to explore how women were thinking of a life that could be, and that they dared to hope would be. Configuration is about seeing the possibility of, and *Imagining A Life That Could Be*. The metaphorical sub-theme of a *bridge crossing* depicts how the women began the journey across from violence to their new life. Once they knew for sure that they were going to leave they had to plot and plan their leaving, and plan for the cost of their leaving. This is symbolised through the sub-themes of *plotting and planning to leave* and *counting the loss and paying the cost of leaving*. In *plotting and planning to leave* the participants had to use subterfuge, let go of sentiment, and sometimes leave everything behind. The cost of leaving has consequences which *counting the loss and paying the cost of leaving* show as stalking, threats, financial losses, being homeless and in transit, letting go of loss, and the cost of keeping the flame alive.

Imagining A Life That Could Be - A Bridge Crossing

The first step in configuration is *Imagining A Life That Could Be - A Bridge Crossing*. Ricoeur's (1998) philosophy of hermeneutical imagination allows the use of metaphors to imitate action in a poetic manner and will be used in part to interpret women's narratives within this chapter. A life configured comes from Ricoeur's concept of seeing the possibility of a refigured world, and this happens through narrative and metaphorical images (as discussed in Chapter 5, p. 73). Ricoeur (1997) wrote that "images are spoken before they are seen" (p. 129) and that imagination contributes to, and allows us to make sense of metaphorical language. This philosophy of hermeneutical imagining is used to help shape and interpret the women's stories through the metaphorical image of a *Bridge Crossing*. As Emma described:

I always wanted to have a good life. I want to have a normal relationship. I was standing on K road one day and I remember watching the cars going past and this was just after Sky Tower went up and I just had this feeling of "ohhh look at those families I want to be normal there must be something that they've got --- But all I know is what I know so how do I get to go over there?" It's like crossing the harbour bridge I can't swim it because it's too far to swim and there must be a way that I can get over

the bridge. Do I have to hitch a ride; do I have to ask somebody? What am I gonna do? It seemed in my head that night that it was so difficult and I had no knowledge of how I was going to get there.

Ricoeur (1984) referred to configuration as the “kingdom of the as if” (p. 64). Emma’s kingdom lay across the bridge where she imagined a good life to be. Emma used the image of a bridge to depict a crossing from one life to “the kingdom of the as if” where she imagined a better one awaited her. Emma knew she must cross over that bridge but had not yet acquired the knowledge necessary to get to the bridge in order to make the crossing. Emma had to first approach the bridge before she could even think of crossing over it. Making that first step to approach the foot of the bridge is entirely reliant upon the women making the first step to leave their violent partners. The metaphor of a *Bridge Crossing* depicts the crossing of an imaginary bridge that Emma saw as part of her transition to change the circumstances in her life. Ricoeur (1998) said, “a word receives a metaphorical meaning in specific contexts, within which it is opposed to other words taken literally” (p. 170). The metaphorical image for a bridge, in this study, emerged to convey the context of crossing from one life to another, and how the crossing needs a means. The metaphor can be extended to show how there are different types of bridges that depict the many types of crossings away from IPV.

This violence free world requires imagination and the power to dare to dream of a life that could be. Some women had known a life like that previously and were able to go back to the familiar. Women who had only known violence as their familiar had nothing but hope and imagination to give them the entry out of violence and passage to the *Bridge Crossing* to a different life. A bridge with a vantage perch up high lets you pause for a while to look at who you were and who you are becoming; where you came from and where you are going. Some bridges are still being imagined, as yet unstructured, and this is the bridge that Emma imagined. Emma knew that somewhere there was a different life but the location of this life and how to get there was as unfathomable as trying to get across her local harbour to the other side. The other side is an analogy of the other side of life to that intangible something ‘normal’ that other families had.

Seeing a different world

Configuration of mimesis 2 mediates between prefiguration, in the previous chapter of *Anagnorisis*, and the refiguration of a life constructed free from violence. To configure a new life free from violence Jewels required pre-understanding that there is a life

without IPV. Books that depicted other people's lives showed Jewels the possibility of a life configured and the possibility of a life that could be refigured:

I would read these old hard covered books, they were English, It wasn't my life but it took me there. They had families; they had food, tea, cake, holidays and nice clothes. It showed me another life. It was like a dream. If you grow up in one life you have a sense, an intuition there is something else but you don't know if it's true. You have to see it somewhere, whether it's a friend who has a different life or in a movie, TV or traveling to see it.

Jewels found her entry and *Bridge Crossing* in stories of other people's lives and saw a world of difference to her own. Being shown how other people lived free from violence allowed Jewels to imagine herself making that *Bridge Crossing* to a different life to "the kingdom of the as if" (Ricoeur, 1984). The representation of a different world, a world that real people inhabited, related, and found their being, came through verbally and in written language found in books. For Jewels, the medium of language, of dialogue with others, opened up exposure to another world – a world that could be a pathway to refigured freedom. Jewels could imagine the unimaginable and see the possibility of a world without violence. There are bridges that are so high they provide a view of the other side and books were the bridge for Jewels. Books provided a wide angled view of possibility and promise. Jewels was sitting high atop the bridge that spanned the horizon of possibility. Gadamer (1976) defined such a horizon as everything that is seen from a vantage point and because life is never still our horizons are never "utterly bound to any one standpoint" (p. 271).

High on that vantage point Jewels saw the possibility of a new shore through imagining and dreaming about other people's lives in the narratives that she read. This horizon of possibility opened up a world of difference and with possibilities of imagining other ways of living. "It wasn't my life but it took me there" is like being transported to another place, walking through a dream lightly into a life prefigured through text. Having first glimpsed this life is the configuration of a life through a window of hopefulness which came about by imagining the configuration of life's events through the words of another person's life. Such words, in books or through other peoples' narratives, made future possibilities visible. A world of difference for Jewels was seeing a different life configured and refigured without violence.

Coming up with a plan

The next two narratives, from Katie and Alex, exemplified how possibilities of a new life can open through unexpected occurrences that can lead toward a *Bridge Crossing* and *imagining a life that could be*.

Yes I didn't mind the walk actually, I had a lot of time to think about it and just think that something is not right here and I had to do something about it and I had to come up with a plan.

Time away from the abuser can set the imagination free to see other possibilities. Katie had time to think and plan and, in doing so, opened up the possibility of imagining an alternative life. Very often the first steps toward a *Bridge Crossing* through life is a walk through the maze of possibilities of escape. Being able to imagine an alternative is the impetus towards the first step; and the first step is commonly coming up with a plan. Katie walked out and into the first steps of an alternative life plan, and the first steps toward *imagining a life that could be*.

Seeing possibilities

Katie was left on the side of the road after an argument to punish her, and Alex was fleeing from her partner after an argument. Both these women were rebelling against their abusers and therefore pushed toward the bridge of imagining, to the use of circumstances to their advantage.

So I left and went to a nightclub, and it was interesting because I started dancing with this woman and chatting with her and she was a lawyer. I didn't know there were other professional lesbians. And I thought why have I been putting up with this horrible woman I didn't know there were really nice people who were lesbians it sounds so awful but the only lesbians I met were rough and horrible to each other and I thought wow.

According to Ricoeur (1984), prefiguration is seeing the possibility of a different life. For Alex the encounter with another professional woman, who also happened to be lesbian, opened up the possibility that there could be a different life with a different person. After Alex left her partner and went to a nightclub she walked toward a new life and as she stood on that *Bridge Crossing* the horizons of possibilities opened up for her. Alex was able to imagine the possibility of a life that could be.

Going back to the other side

Aroha knew what it was like on the other side of the bridge for she had lived there before. However, she still had to get to the foot of the bridge to make the crossing back over to the other side.

Yes I did know what happy was, all my life was awesome till then, so I knew the difference. I was lucky, really lucky; and I think that if you've had a good solid upbringing then you always go back to what you know. I've found that to be true.

Aroha found being able to imagine an alternative was easy for she had been there before she had traversed from the light to the dark side of violence. Aroha knew how to get back over to the other side, across a solid bridge to her solid upbringing. For Aroha this was the pre-perceptive experience of a life that is “foreseen, foretold, predicted, proclaimed beforehand” (Ricoeur, 1984, p. 11).

Plotting and planning to leave

A theme that emerged was *plotting and planning to leave*. Once women had begun *Imagining A Life That Could Be*, they were able to plan the first step in *Bridge Crossing*, which meant *plotting and planning to leave* the violent relationship and commencing the journey of reconstructing their lives. When women had made up their minds that they were leaving and made a decisive plan to see it through, they needed to plan their leaving carefully to enable getting out alive. Once they were out and up on that bridge it was still a fearful place to be, the bridge was unprotected and there was no guarantee of survival.

Using subterfuge

Participants spoke of times of transition as being fearful, for there is always the abuser under the bridge ready to swallow women, as the myth of trolls. The leaving has to be carefully planned and this is where the metaphor of *plotting and planning to leave* is relevant for women who used all sorts of tactics as a smokescreen for *Bridge Crossing*.

Katie told how she managed this transition period:

I moved my stuff from the previous bedroom and started looking for a place. I realized I had to do something. I knew I could not carry on living like this or he would kill me or I will kill him. We used to fight and I could have easily got a knife and killed him. Our fights were crazy and he is a completely crazy person. I had to plan because you know he's quite

cunning but in some ways wasn't kind of smart so I had to do some reverse psychology on him just so he trusted me and I could leave safely.

The *plotting and planning to leave* for Katie was in her subterfuge. The subterfuge was in planning how to maintain his trust while moving her belongings out of their bedroom. The movement of her belongings symbolised her movement toward leaving. The plotting was in the pretence that she was not leaving. The subterfuge was to prevent a homicide and enable safe passage. In order to leave, and leave safely, and to make a clean *Bridge Crossing* Katie had to figure out a plan to outwit her abuser. This requires planning every move to the smallest detail so as not to make a mistake, trip up, and give the plan away. *Plotting and planning to leave* required extreme resolve to see it through; if the plan is found out prematurely, there is always the threat of extreme and immediate violent retaliation.

Letting go of sentiment

Once a woman has made plans to leave then she must not start until she is determined to see it through, for the leaving is dangerous and, if not carefully planned, can result in homicide. In the next narrative Tania revealed how careful *plotting and planning to leave* could go astray if you turned back:

I pretended to go to the doctors and he said he was going to work late so instead of going to the doctors I left a note saying I had left and that I had had enough. Then I drove down the road a kilometre and I remembered I had left my grandma's clock behind and I had to go back to get it. And in this time he got home and he had read the note and he'd gone out looking for me and I was just driving down the hill after picking up my grandmas clock and he probably was a thousand meters away from me coming to towards me as I was driving. And I knew he wouldn't stop. And he didn't. So I knew I had to go for him, so I moved the car and I was going for the middle of the road as I knew he would target me and try to drive into me so I went as far as I could in the middle and then I swerved around and overtook him and then he stalled his car. I only had this little Japanese and he had this big Ute and he stalled his car and because he was so angry he couldn't start the car, and I kept looking back at him and I was going 170 miles per hour and then he started chasing me and he had a gun and was shooting at me. So he was shooting at me with a gun and I had my baby in the car, I was pregnant.

When *plotting and planning to leave*, the danger was in sentiment; for sentiment caused Tania to look back. Once the plan was made and the course plotted there could be no room for sentiment. There was a corner that had to be turned once Tania actually left

and at that corner Tania had to lay sentiment down and not go back. To turn back is to be not fully committed to the plan. Tania looked back at everything her grandmother's clock symbolised for her, and her escape plan went awry, putting her life and her baby's life in danger. Death was gunning for Tania on that day and all her fears came bearing down on her at 170 miles an hour. Tania diverged from her plan, which meant she had to diverge all over the road to swerve away from the bullets. Tania's narrative has shown that when *plotting and planning to leave* it is imperative for women to have a safe plan of escape and just as important is to not get sentimental about leaving anything behind. To turn back in sentiment, as in Tania's narrative, is to turn away from life and freedom, and this can end in near tragedy. Sadly for some women they do die, and for some women all the *plotting and planning to leave* ends in disaster. Women need to make sure that their plans are as safe and fool proof as possible and not to turn back for anything.

Leaving it all behind

Tania continued her narrative:

In my second attempt I knew had to leave everything, I had to leave my house and all my belongings. I had to plan it really well so he wouldn't have found me, but the sad thing is it takes a very strong woman to stand up for herself and to leave everything behind because a lot of women won't leave material things and don't have the courage or strength to stand up on their own. I was going in and out of the traffic going through red lights and I was praying to God that I would get stopped by a cop but there were no cops so I turned off to a road and it was a dead end and I was so scared so I just sat in my car and I thought he is going to come around that corner any minute now but he never came around so I sat there for about four hours and I thought he's gone.

For Tania *plotting and planning to leave* meant leaving everything behind, including her old self, in order to create a new life. Tania's *Bridge Crossing* was fraught with danger and although she had made it safely to the other side she had a dangerous crossing. Returning for her grandmother's clock left her stranded in a dead end for four hours upon that *Bridge Crossing*, while she played a cat and mouse game that could have easily turned to disaster if she was found. Tania's narrative informed us how difficult it is to be strong, to leave one's possessions behind and to have the courage to determine a plan of leaving through to the end without falter. Leaving requires a woman to renounce sentiment at the door which requires extreme attention to detail in the *plotting and planning to leave*, and this may be difficult to do when one is confused and powerless against the face of control.

While *Imagining A Life That Could Be* and *plotting and planning to leave* women also have to navigate the *Bridge Crossing*. All of this manoeuvring takes courage and clarity of thought, which is why for many women, like Tania, the *Bridge Crossing* requires more than one attempt. In Tania's narrative we saw how leaving requires courage and planning without faltering. Although bridges are meant to connect to the other side, they do not promise safe passage. Bridges are not always solid structures made of steel, standing firm against the tides that swell and threaten to overwhelm the traveller crossing. Some bridges are made of rope and sway with the wind, threatening to overturn in the middle of crossing. The challenge in crossing is in the difficulty of imagining, and lies not in the length but in the leaving. Some bridges span the rivers of uncertainty offering a place to stay awhile, review the past and observe either side. Some women make it over. Some stay too long in the middle and forget which side their crossing began. Tania's story leads into the next metaphor that emerged from the narratives: *counting the cost and paying the loss of leaving*.

Counting the loss and paying the cost of leaving

In the *plotting and planning to leave*, many women have to leave behind possessions or lose their life. *Counting the loss and paying the cost* emerged as a metaphor that encapsulated the narratives of what it cost for the participants to leave and how, in the leaving, losses were incurred that cost them dearly.

Stalking and threats

The next narrative from Alex demonstrated the courage needed to be able to leave; knowing that it is in the leaving that the real threats begin. *Counting the loss and paying the cost* involved the loss of her home and possessions to get away from her abuser. For Alex the threats of revenge and the stalking prevented freedom of movement. It impacted her life in every way possible and Alex was not free from the violence until she left the country.

And then the threats started. She was going to kill my dog, and then the abuse really started. I had moved my stuff back into Mum and Dad's and then she came around and said she would kill herself if I didn't come home. There was also lots of stalking she would appear at places of work when I finally got the courage to leave the house. She would be there and threatening and then when we left the country working for a few years and then we came back it all started again with the threats. The worst of it was the end of it.

Counting the loss and paying the cost for Alex meant the loss of freedom and anonymity. The cost was in putting up with the threats and the stalking. For Alex “the worst of it was the end of it”, she was stalked wherever she went. Leaving the country was the worst of times and the best of times but still not the end of times. The stalking recommenced upon her return and took many more years for it to end. This is the face of control that will not let go; that stalks and continues with threats, for they are not yet completely free.

Maggie made the *Bridge Crossing*; she was successful in finding a place to live and began to experience the freedom of feeling free from his control. But the stalking did not end and she had to fight for her life to stay free.

Like I was in that apartment in town and one day he rang and I was outside having a cigarette and he rang and said, “wouldn’t it be awful if you fell off that 18th floor balcony” and I just remember going “how the fuck does he know I’m on an 18th floor balcony.” ...it was freaky and enough for me when he said “imagine you smashing on to that concrete below.” I remember looking around thinking where is he, where is he, and I stood up to go inside and it’s horrible.

The cost of leaving lay in the threats to the loss of Maggie’s life; the result being that Maggie felt the threat and fear of an invisible stalker. Leaving is very rarely the end of the control and Maggie’s narrative showed how the cost of leaving is so very frightening. *Counting the loss and paying the cost* meant that although Maggie was on the 18th floor, in her imaginings she lay smashed on the concrete floor below. The stalking, threats and fearing for life did not end for Maggie, as with other participants like Alex, for a very long time. Sometimes it does not end until the abusers find someone else to control. Both Maggie and Alex had to battle the fear and shake off the control that continued from afar. These narratives revealed how the control and fear the women felt is the returning to an older narrative of before they left; hermeneutically the spiralling of prefigured, configured, and refigured. Ricoeur (1984) recounted “Thus the hermeneutic circle of narrative and time never stops being reborn from the circle that the stages of mimesis form” (p. 76). The nature of the hermeneutic circle was shown when Maggie was brought back to the older narrative of the fear with which she lived.

Struggling to stay afloat

Alex continued her narrative of *counting the loss and paying the cost* of her leaving. She began to find out just how financially draining the penalty for leaving was as she began to experience the events that had her *counting the loss and paying the cost* of her leaving:

... got me to sign away a lot of money and the consequences of that went on for about five years and I lost about \$300,000 with that. I couldn't imagine a future for myself and there was one point I was earning \$1000 a week that went straight to paying the interest on a loan and I could see that was it for the rest of my life and I thought what was the point?

The loss of money incurred in Alex leaving was a huge penalty, but the worst of it was that the loss of her future was tied up in the loss of her money each week. As Alex struggled to stay afloat her imaginings grew as dim as the future she could no longer imagine. Her hopes of *Imagining A Life That Could Be* were dwindling away with each dollar and each successive year. Alex found the reality in the aftermath of leaving a struggle. The struggle to stay away and remain afloat financially can become almost too overwhelming at times. Alex's narrative was that she struggled to pay the loan and struggled to imagine that this battle would ever end as she began *counting the loss and paying the cost* of leaving.

Homeless in transition

Cora had her own struggles. *Counting the loss and paying the cost* involved trying to get her abuser out of her own house and being fearful for her safety. Cora made the *Bridge Crossing* but struggled at the cost of separating from her abuser for she lost everything except her house. Cora was in transition for a long time; ping ponging between friends' couches and hiding from her abuser.

It was a real struggle because she was living in my house and I had to get her out of my house but she resisted for a very long time. So I spent months very transient living in my car, living with friends, crashing on people's couches, just anything I could do because I couldn't go back, I was fearful for my safety. I sought refuge. It was really scary. If my ex-partner had found out where I was she would probably kill me. I was terrified. She came back to the house and moved everything back in again and I was wondering 'what do I do? She took everything out of the house, every knife every fork everything, she had taken all my stuff too.

Counting the loss and paying the cost meant that for a time Cora lost everything while her abuser took over all she owned. Her abuser did not let go easily and Cora had to pay the cost of this. The loss of her home and belongings meant that Cora was homeless and living on the couches of friends. Cora also had an emotional cost of living transiently and in fear. She had to take extreme measures to get away and this meant that her *Bridge Crossing* to the other side, away from her abuser, took time and struggle. There lies such difficulty in the crossing that many women attempt the crossing a number of times, until they are

successful and there will always be some women who falter or stumble in their imaginings and in their crossings.

Giving up the dream

Counting the loss and paying the cost involves letting go of what might have been, or could be; the dreams that women had worked so hard to achieve. Once women are free from the abuser and the violence, the material goods they had contributed to the marriage are not always divided equally. Maggie's narrative continued as an example of the metaphor *counting the loss and paying the cost*:

I remember my lawyer saying you need to get more than this and me saying I just want it to be over because technically, I lost my house, I lost everything that I'd worked for. My dreams. I really loved that place, it was my dream. I had to give it up. All that money tied up and I lost it. I lost a load of money. But I think part of me leaving was just having to let go to what might be or could be.

Counting the loss and paying the cost for Maggie was in the loss of everything for which she had worked, including her plans and dreams. Leaving cost Maggie everything she had contributed toward, and everything that she held dear.

Persisting and persevering

To continue on the road toward freedom from violence many women have to *count the loss and pay the cost* when they lose everything in order to start all over again. To survive financially some of the women needed to spend a lot more time earning money. They are robbed of the time they need to spend with their children during period time of upheaval when their children need them the most. Sarah, for example, was doing double shifts to retain her home and provide for her child. Sarah's narrative gave an example of this difficulty:

I had to put the business into receivership. I lost the vehicles and the transport. I remember going through a stage and getting really low with financial burden and lonely and going to WINZ and saying this is my situation this is all my debt I can't afford to feed my daughter and in tears ... I wasn't even asking for weekly benefits. I wanted some food or anything but I didn't get anything from WINZ services. What I had to do was work full time in one unit. I had the permission from the charge nurse and then I would start my shift at another unit an hour late and I was working 16-17 hour days 4 days straight and my parents basically raised my daughter from the time I left my husband. I remember feeling a few weeks just low, unmotivated and what got me out of bed was you get up

now or you stay in bed you're done or you get out of bed. I never saw my daughter and I would go home to mum and dad's to check on her and kiss her but of course she was sleeping and I only had her on my days off. And you know, even now I think that is where my residual anger is but "because of your actions you robbed me of that time I could of enjoyed."

Counting the loss and paying the cost meant that when Sarah left her abusive marriage there was a huge financial loss and debt to pay off. Sarah needed persistence, perseverance, and determination to get out of bed and stay motivated in order to work double shifts. The loss involved was the time she would have otherwise spent with her daughter. Women, like Sarah paid a high price to leave.

Keeping the flame alive

Jewels recognised that it was time to leave and if she did not leave the very essence of herself, the flame, would be extinguished. Jewels narrative powerfully conveyed this insight:

I remember times when I felt completely like I didn't exist and there was just this tiny, tiny, tiny little flame inside me and that's how my marriage ended, my first marriage. My husband would threaten to leave and say this and I'll leave you ...I wanted to have a good marriage, and be a good wife so I'd do anything. But it happened so often at one point he threatened to leave because I think it was how I cooked something. He went out the door and I said so silently 'ok'. I just left everything, I gave away things and I don't know it was just being time, it just came time, it was so long I knew if I didn't go that flame would die out.

Counting the loss and paying the cost for Jewels was in either leaving everything behind or giving it away. The loss of material possessions was not as important as losing the flame. The flame is an excellent metaphor for the spirit of life, of life essence. The flame that Jewels recognised was a glimmer of hope and the re-emergence of self. The essence of the flame for Jewels was also the inner compulsion to leave before the flame died. The women in this study all attempted the *Bridge Crossing* due, in part, to their dreaming and *Imagining A Life That Could Be*.

Ricoeur (1991) told "The prehistory of the story is what connects it up to a vaster whole and gives it a background" (p. 30). The prehistory of power and control made it a struggle for all the women in this study to avoid being stalked, to find a safe place where they could avoid the perpetrator. Hence, moving on involved *plotting and planning to leave*. In the leaving they knew that they would be *counting the loss and paying the cost*; yet they kept going until they had completed the crossing to the other side of the bridge.

Ricoeur (1991) stated “the first point of anchorage that we find for narrative understanding in living experience consists in the very structure of human acting and suffering” (p. 28). The participants in this study found that although they had broken away physically from the abuser, it was still the worst of times because they were not yet completely free from the stalking and fear. It was a time of great courage and wisdom as they stayed on course, and it was the time of learning for the women who did not plan well enough. It was a time when they believed that they would make the *Bridge Crossing* and a time of incredulity when they could not quite believe that they had made the *Bridge Crossing*. It was season of light and hope tempered with darkness and despair. Ricoeur’s (1991, 1995) meaning of suffering referred to both painful events and situations of being acted upon. At times women felt that they had everything before them and were going direct to the heaven of being free from violence. The worst of times was when they were being acted upon with threats and stalking and feared going the other way, back to the hellhole of power, control, and violence.

Conclusion

The stories that women told in recounting the control and brutality of past experiences in mimesis 1 were told because they wished to make their past history meaningful. The unfolding of events in mimesis 2 is in *Imagining A Life That Could Be*; a life free from violence in which to begin reconstructing their lives and identity. So they took the necessary first steps by *plotting and planning to leave*. They needed to do this in order to make a successful *Bridge Crossing*.

Bridge Crossing emerged as a metaphor for *Imagining A Life That Could Be*; a life that lay on the other side of the bridge. Women were at different stages of travelling this bridge, so that they were either crossing over or high above upon a vantage point where they could see the other side. Some women had to use subterfuge to deceive their abusers while they continued on their journey toward the *Bridge Crossing*. During their journey toward the *Bridge Crossing* and even after they reached the other side women went through times of despair. It was a treacherous time of being stalked and struggling to stay afloat. Some women experienced homelessness during this time of transition because the abuser would not leave their home; yet the women persisted and persevered while *counting the loss and paying the cost of leaving*. Their imaginings showed them what lay on the other side of the bridge to a new life. The other side of that bridge is explored in the next configuration chapter of mimesis 2 where women related how they went about constructing a new life and identity.

Chapter Eleven: Mimesis 2 Configuration: The Mosaic Of An Embodied Life And Identity

Introduction

The previous chapters explored the world of violence from which women emerged to reconstruct their lives. This chapter reveals how the women constructed their new lives and is Ricoeur's middle mimetic interplay known as configuration. Time is referred to as temporal, linked to dimensions of chronological episodes in mimesis 1, and reveals a going somewhere, in the sense that there is an understanding of how and why women acted in a certain way. This chapter emplots the actions of *what* women did and *how* they constructed a life after violence; it is the configuration of all that was past and all that lay in the future after crossing over the bridge to the other side. The overarching theme for this chapter is *Constructing Life And Identity* with sub-themes that represent the actions women took to construct a new life in order to regain freedom from violence. The imitation or representation of an action is a plot and mimetic interplay shapes the plot; therefore, human action is shaped by the mimetic interplay that unfolds in the plot. Hence the term emplotment (Ricoeur, 2008). The emplotment of this story is the embodied experience, which is lived in, and through, a mosaic of achievements. The mosaic is a metaphor supplied by a participant and adds clarity to viewing the women's journeys. The mosaic symbolises the construction of a life and self after IPV, and the tiles within the mosaic represent the women's actions to achieve their new way of being including the connections they made with others that enabled them to construct a new life and identity. It takes many years to construct a new life and identity, with variances of time for each woman. This is the mimetic interplay of bringing in a new mosaic tile from a new narrative, to embody the construction of a new identity for the participants in this study. Their narrative identity will play out as an identity of personal power and control.

Embodying a life broken and mended

The world breaks everyone, then some become strong at the broken places.
(Ernest Hemingway)

The embodiment of violence in the women's lives began the journey seen as a mosaic that encapsulates an interactive experience of engaging with the construction of a new life and identity. Merleau-Ponty's (1962) philosophy of the body is that it is an instrument

for action and reaction to the world through proprioception and kinaesthetic experiences, and that it can also be a work of art. The mosaic is a symbolic reflection of the women's experience as an abstract expression and as a work of art, and resonates with Merleau-Ponty's theory of the body as a creative schema engaging and interacting with the world. Merleau-Ponty (1964) wrote that artwork "gives visible existence to what profane vision believes to be invisible" (p. 166). Constructing a new life and identity involves tiles that are cemented together with the life force of choice and determination to form a mosaic as an expression of their lives. This mosaic serves as a pathway of life and embodies the trilateral journey of whom they are, whence they have come from and where they desire to go. The mosaic is an evolving image, as the tiles represent their accomplishments, their friends, their sadness and their joy, as well as hopes and dreams for the future (see Figure 1 below).

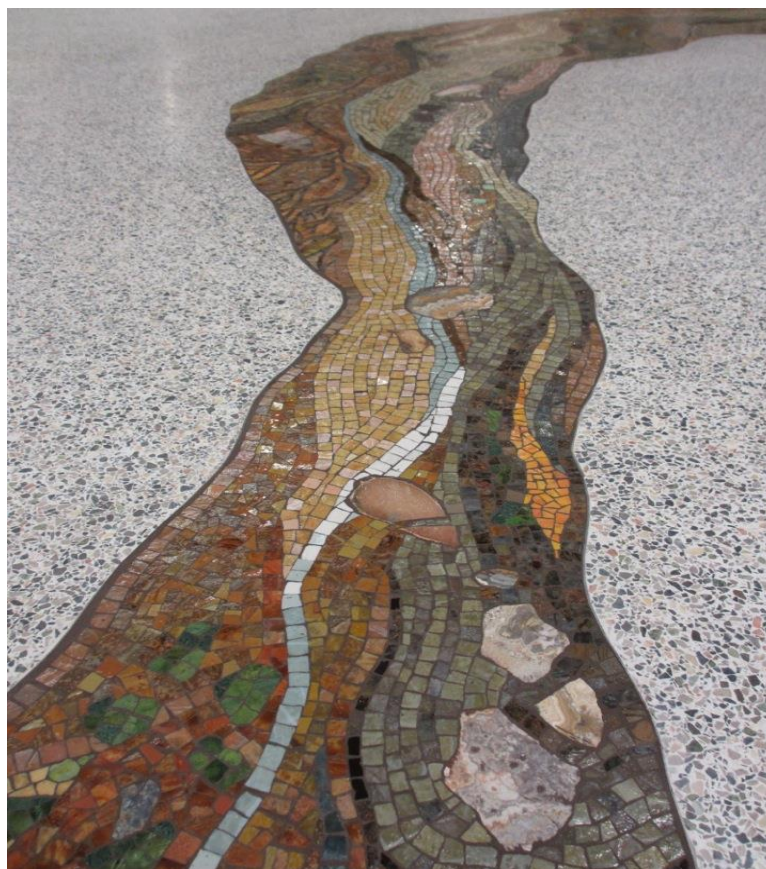


Figure 1: The embodiment of a life broken and mended. From Arroyo at UT Austin for 2013 mosaic arts international, by J. Richey, 2016. Copyright 2012 by Julie Richey Mosaics, LLC. Reprinted with permission.

Small steps forward

Jewels' narrative illustrated the symbolism of a mosaic pathway with little tiles that represented the way she constructed a new life and identity:

I wish I had a better answer; but it just took a long time it was like a mosaic. Slowly, slowly building small tiles; it wasn't like a big walkway that appeared, just small pieces of decades of my life. I think that is still happening bit by bit living the life I wanted to live even if it didn't fit right with other people or when I lived my life for so long according to what my partners wanted me to be I was like learning who I really was without them and that took a long time and it was just being very blessed to have a lot of friends. The majority of who had different lives and spending time with them I got to see this life and that life. They were like little tiles which all came together. Or If I liked that tile I put it in to make a path. I think that is really important to find your own identity after it's been taken or imposed.

Small steps forward toward rebuilding represented the decades for Jewel of slowly building up small tiles that made up a mosaic of her life. The tiles in her mosaic represented her friends who gave her a different perspective on life; a perspective of being in the world without violence and without having to please anyone else but herself. The mosaic also embodied all of the choices she made, choices she was able to make by herself and for herself. The different hues and colours of the mosaic are the embodiment of life and self in construction that is forever evolving.

Rebuilding shattered pieces

For some women, like Aroha, their mosaic began as smooth concreted paving that was broken by the violence and disruption in their lives. Aroha shared this aspect of her mosaic:

My life is like a paving and in the paving there was a bit that was broken up there for a while but I think I've gone back and kinda just filled in all the gaps and mended them even though it's still broken. It's still broken and you can see where it was broken but its feels for me now that its repaired, there is not so much hurt there anymore, like there is, but it's nothing we can't get over and now we can walk over it again, because its been repaired. It's like, you can still tell that once it was broken but I've got back and grouted over it, grouted over the gaps and pushed it all down so you can walk over it, so you can revisit it without too much hurt. Or you can revisit it and learn from it, that kinda thing; like that's one of the biggest things as well I've learnt so much. I think it started as a smooth piece of concrete and then the concrete got smashed up and then after it was smashed up the path stopped and then the mosaic started for me. It's the colourful pieces, it's more hopeful, it's little bits and pieces that you

just put together and it's so much stronger because you've had to come from something so crap. The grouting makes it stronger too with the amount of time that I've gone back and fixed the crumbled up part but still moving on.

Rebuilding shattered pieces of the mosaic meant that although there were some areas that felt very broken, Aroha could see how slowly putting the pieces back together, piece by piece, would bring her to a more whole picture of self. Ricoeur (1992) emphasised the role of narrative identity in the constitution of the self. The substantiation of self, according to Ricoeur, is “in the power to say, and power to do, and the power to recognize oneself as a character in a narrative, in the power, finally, to respond to accusation in the form of the accusative: “It’s me here” (p. 22). Jewels and Aroha recognised themselves in the narrative of their lives, and in the power to change the narrative. Aroha made stepping-stones out of the rubble of her life, and a pathway out of the broken bits. The mosaic is the embodiment of a life and identity through the bits (or tiles) that eventually came together to make a whole. Some tiles were big, some were very colourful, and others were very small and unremarkable. Many of the tiles had been broken and mended and none of the tiles were especially spectacular if viewed alone. For Aroha, each tile represented certain achievements or little steps that made up the configuring of a life or getting it back on track. To understand how this happens, the tiles are cemented together with positive choices, self-esteem, and confidence, then strung along a pathway to be viewed as a majestic mosaic landscape to themselves and for themselves that represents each woman’s life. A mosaic that is not only colourful but in the construction has become stronger.

Regaining personal power and freedom: The tiles of the mosaic

The previous chapter saw the participants trying to get over the metaphorical bridge to freedom and a different life. The pathway that led to this bridge was broken rubble of tiles that represented the areas of their lives that needed to be mended and fixed. We now see in Ricoeur’s second mimetic interplay how women went about fixing that pathway in *small steps forward* and by *rebuilding shattered pieces*. These actions were necessary for a solid sense of self, and because women realised that they needed to put the pieces of their lives that had been fragmented by violence together again. The women reset their sense of reference to the world and themselves and regained freedom through personal power and control. As in every process of the construction women created another tile for their mosaic that embodied a new identity. How women reconstructed their lives is

illustrated in the most important tile of the mosaic, which is regaining personal power and freedom as the cornerstone whereby all other tiles could be laid. When participants spoke about their background of violence, powerlessness, and of being controlled, they also spoke of freedom. They spoke about how they were free before the beatings and control, or how leaving the abuser gave them freedom, or how they now felt free after reconstructing their lives. Aroha reminisced about the freedom she enjoyed before she met her partner and was able to make a comparison:

But then it didn't take long before he started beating me again especially once the P kicked in when he was coming down off the P. I was 21 when I met up with him so before that I had freedom to do whatever I wanted.

Aroha knew the difference between the freedom she had prior to the control that squeezed freedom from her life. Women's attempts to reinstate the autonomy they previously exercised is always a good beginning for reinstating selfhood. Selfhood, according to Ricoeur (as cited in Kaplan, 2003), is "to be understood as embodied agency, inserted into a world of events, capable of initiating and suffering actions imputable to me and to others" (p. 89). Ricoeur revealed that freedom embodies selfhood and that selfhood embodies the self-agency that Aroha remembered she had. Aroha's narrative validated that selfhood, freedom, and agency is recalled and redeemable, even when women enter into a violent relationship at a young age. Here, freedom encapsulates the freedom felt before they began a relationship with their partners. Whereas previously women were controlled in every aspect of their lives and had no choice women were slowly reconstructing their lives and exercising their own freedom of choice.

Women had a remembrance of freedom past, before their violent relationships, and they also spoke of the remembrance of their first taste of freedom once they had left. They spoke about the freedom gained upon leaving, which entailed the remembrance of freedom hard won and fought for, through the actions they took. Freedom to choose gives women freedom from fear and provided some power and control of their own making, for their lives. Amanda recalled the powerful feeling of freedom that she experienced, when she left her abuser.

I felt freedom, and that was really powerful and I didn't have to worry about my phone going where are you, where are you going, what are you doing, or I love you. You know all those stupid fucking messages. I didn't have to worry about any of that drama, and I felt freedom, and that was really powerful. But um, freedom was moving here to this house as well,

because he still doesn't know where we live. I have a protection order. So having that as well made me feel like I had more power.

The fundamental meaning of being free for Amanda extended beyond violence to include freedom from control, surveillance, and manipulation. Freedom from violence was essential to make choices and have the liberty to act upon those choices made; even if some choices led to places as yet unknown. Amanda recalled the headiness of freedom from her abuser as powerful. Whereas she was previously controlled in her movements and in her whereabouts, she recalled that freedom for her was moving away and obtaining a protection order. This is the freedom from fear and control that gives back women, like Amanda, some of the power that the abuser took. Linking freedom to Ricoeur's exposition of the three areas of power, the *power to do* can be seen as freedom to choose (Kaplan, 2003). Amanda was free to choose which messages she would listen to, for her abuser no longer controlled her thoughts and actions. Ricoeur's *power in common* is freedom of authenticity and equality (Kaplan, 2003) and *power over* can be construed as power over fear and control, or to be free of control and fear. Amanda has certainly acquired this freedom.

The freedom of moving away, like Amanda did, and keeping their whereabouts secret from their partners, provided for women the feeling of freedom. Manipulating and controlling tactics used to gain power lies in stark contrast to the power felt in freedom seen as Amanda reflected upon when she left her abuser. Amanda's action of moving house in order to gain freedom has similarities to Merleau-Ponty's (1962) phenomenology of freedom. Freedom, according to Merleau-Ponty, is not fundamental to being in the world but determined by what projects a person has in the world; with freedom to decide which projects or actions can be undertaken.

The very notion of freedom demands that our decision should plunge into the future, that something should have to be *done* by it, that subsequent instant should benefit from its predecessor and, though not necessitated, should at least be required by it. (Merleau-Ponty, 1962, p. 437)

What that means, therefore, is that the essential nature of freedom requires the person to understand that there is an obstacle to freedom that necessitates a project or an action to be overcome, in order to obtain that freedom. Amanda took the action of moving house to escape from violence into freedom. Merleau-Ponty pointed out that it is by taking a stand that freedom provides significance and meaning to action, for "our commitments sustain our power and, and there is no freedom without some power" (p. 528). Amanda

felt the power of freedom after the first action she took, leaving her abusive partner. Thereafter, Amanda felt the expansion and power of freedom in each successive action, when she moved house and again when she obtained a protection order.

Refusing to be a victim

Freedom protects the ability of a person to direct his or her own actions. There is a certain type of freedom that resides when people let go of loss and in the power that of choosing to not be a victim. Alex gave her perspective:

My mother said that I could choose to let this bad thing that had happened to me take over my life and ruin it if I wanted, or I could choose to move on and have a happy positive life. The choice was mine. A psychologist I went to told me it was time to stop being a victim. I heard somewhere, maybe at a movie, that the best revenge is to live a happy successful life. I went to a clairvoyant who assured me that one day all I would feel for her was a bit sorry for her that she didn't get what life was about. It changed my mind-set to realize that I had power to change my life by changing how I perceive the world. I look back at the experience, and while it is one I could have done without, many good things came from it.

For Alex the regaining of her power was in her choices, which came from refusing to be a victim. By choosing to not be a victim Alex was set free to deny the abuser any remnants of power previously held over her. Alex's choice to be happy lay in taking power away from her abuser and was the first step in regaining her own power; for it is in the choosing that the first steps of freedom come after the leaving. The image of a victim, as seen in the women's narratives, is one suffering and enduring, and certainly the participants were groomed to be this way by their abusers. Selectively choosing what to let go and what to let in to her new life, is what Alex was doing; a selective treading, a choosing of which tile in the mosaic that she will put her foot on each day. The next incremental steps after leaving the abuser is choosing to be happy, exercising choice to let go of the losses, and consciously or unconsciously welcoming in the freedom gained from letting go. Alex realised that no one else could choose what she let go and what she let in, and that changing perspective is a choice, changing an attitude is a choice, and exercising choice gives the power to be in control. The moment that Alex stopped being a victim was the moment of reaching toward freedom from her abuser. Alex laid the tile of victorious survivor in her mosaic to look back on, with her new narrative identity.

Letting go and not going back

Counting the loss and paying the cost of leaving in Chapter 10 saw women losing possessions and homes along with their hopes and dreams. Prior to that they had lost their sense of self and identity and self-agency. Maggie's narrative below demonstrated how in the process of rebuilding her life she had to let go of the resentment. There is turmoil in letting go of resentment and choosing to not look back. It was a tussle for the participants but the growth gained provided another tile that served to cement their freedom.

I ruminated under the shower, because I let go of a shitload of money.

I knew when I was leaving I had to let it all go, and I kept on saying, "I'm letting it go, I'm not going back." Part of it was just, um, not forgiving, but sort of coming to terms that yes it was unjust, and yes I've lost this and yes I've lost that but it was what it was and I had to let it go. Like a lot of things, you just got to let it go. Yes, the injustice of loss. It was so exhausting so I had to say to myself, "It is what it is –it ain't changing" because sometimes I thought I should go to court and try and get it back. I used to think this until a few months ago. I now say to myself it is what it is and it isn't changing. Well it was ages, years and years, before I wouldn't spend my showering time rehashing all that stuff. Like I'd say some stuff, I'd relive it, and I'd think about the money I didn't have and I'd get angry. I'd get annoyed that I'd been treated that way and how could anyone treat someone that way and then I'd think about the money I didn't have and it would spoil my whole showering experience and by the time I got out I'd reconciled it all.

Letting go for Maggie represented letting go of loss, injustice, and resentment that she felt when cheated out of money and property. Letting go also meant not going back. The sense of indignation is intrusive when alone; as for Maggie in the experience of showering, a toing and froing of swinging between adjustments to her loss. Maggie showed that there is such a turmoil in letting go of resentment and choosing to not look back, it was a tussle but the growth gained, provided another tile that served to cement her freedom. The loss of a marriage, the loss of dreams, the loss of all her belongings was traumatising for the soul and was the main factor that Maggie held on to for so long. Maggie found a lot of courage to leave hard earned possessions she had contributed toward, like homes, cars, and businesses, and her hard fought for opulent lifestyle. Going around in circles to rehash loss, Maggie chose to take back control by choosing her perception; and in this action Maggie added an extra tile to her mosaic. Maggie could also lay a tile that said some things remain the same, and that 'it is what it is', and that tile was

called acceptance. Sometimes freedom is having control over what you choose to suffer for.

Finding support and safety

Social services played a part in helping women relocate to safety and Aroha showed how this aided in constructing a new life:

So I went to WINZ and said I was escaping violence and they transferred me and found me a good house and not in the housing neighbourhood either cos he would drive around and look for a housing NZ house. To a really good house and to a street that had hardly any State houses in it so I was like hidden away and ...and so life just took on a whole new meaning.

Finding safety for Aroha was in the support from agencies. Supportive government organisations provided safety and protection, as the house they found for her was out of reach from her abuser. Hidden away and out of sight in a good house in a good street, not in an area that her abuser would have thought to look, is a gesture from society of valuing the worth of women, who come out of violent relationships feeling devalued. This action gave Aroha a new tile stamped with safety, value, and protection. With support from social agencies, life can take on a whole new meaning as a life without violence in a safe neighbourhood.

Renewing relationships

Finding safety and support from government agencies is always therapeutically freeing but finding support in family and friends is therapeutically restoring. The freedom of movement and choice was regained for women when they renewed interaction with family and friends during the reconstructive phase as Alex discussed:

I would not have survived without my parents they were so helpful and supportive. They gave me so much of their money to get me out of the mess. I wouldn't have gotten out of the mess if they didn't sacrifice so much money and time and support. And the other person who came out of the woodwork was an old boyfriend who I was with for 9 years before the bad relationship and he was so supportive and he is still a good friend now. You could just see what a wreck I was. You could see things were getting unfair for me. I had no idea how much my parents loved me and to what lengths they would go to support me. It brought us close together and that is such a blessing.

Renewing relationships got Alex out of the mess she was in; her parents and old boyfriend became an important survival factor. The renewal of her relationship with her parents made

Alex feel blessed. Blessings heal and restore. Nothing is ever fair in an unequal relationship and what Alex did not recognise was that for all women who had been abused and lost everything, ‘things’ were always unfair from the very beginning. The mosaic that embodied Alex’s life came together slowly – a mosaic with tiles of financial and emotional support, compassion and kindness from new and renewed relationships. Alex also recreated the narrative identity “I have parents who love me”.

By seeking support women were letting others into their situation, which meant they were no longer hiding the abuse. Women were untethering the ties that bound them to their abuser, taking back power and control. Previously their abusive partner cut off any ties that women had with family and friends and monitored their every movement. Jewels continued with the mosaic tiles and how this came together:

Some of the mosaic tiles in my life were people – friends that had a different life that came from different families, and they were compassionate. I think education and also therapy, psychotherapy. Long-term regular psychotherapy helped. I wish I had a better answer; but it just took a long time...

Education, therapy, and friends helped Jewels’ tiles come together in a mosaic of life and identity, along with the experience of compassion in the dynamics of other families. Decades may have added only one or two tiles for Jewels, but the tiles were of a substance that held the embodiment of supportive relationships, which glued together the tiles in the mosaic.

Reconceptualising and reconstructing self and identity

Reconceptualising self were tiles lined up along the pathway that sustained freedom for which the women so valiantly fought. The mosaic that represented the construction of a new life and identity embodied a sense of respect and in that process of growth women gained another tile of freedom that moved them further away from the violence, as Jewels explained:

I decided to go to University. And I did my Bachelors and my Masters; I finished a PhD. So although I started a journey in a way I came out the other side thinking ok I have done this but that isn’t what made me better plus I have explored who I am and I have a greater self awareness and I have made different choices, it wasn’t the letters. In a way intellectual freedom and seeing the world in a different way along with sociological freedom and understanding the context of my life and also a practical

freedom because I had a stupidly big wage and I could eat what I want. And it was amazing, I read a bizzillion books, learnt the theories of my life. I had felt bad about myself that I was a bad person and I wanted and saw education as freedom and a pathway to respect.

Reconceptualising self lay in gaining an education and a way of refocusing or learning about herself and the world that enabled Jewels to see things in a different light. In the process Jewels gained financial freedom with autonomy to choose; and reconceptualising provided Jewels with respect of self, and from others, as well as freedom, personal power, and awareness. With the mosaic gaining more tiles the pathway to freedom stretched out further away from the abuser. Jewels gained a new tile for her mosaic and new narrative about herself as an intellectual.

Reconceptualising self, for Peyton, provided the ability to model for her children the attitude of going for what you want to achieve. Previously women were controlled in their choices and now women were able to choose what they wanted to study and role model success for their children.

I did my degree and now I can go anywhere. Paris even, I had no one in my family that went to University and now she (daughter) can go to University and study something and think - look at mum what Mum went through so I can do it too. We have come a long way my daughter and I. I have my nursing career now, which is something that can take my daughter and me anywhere and that's why I did it. I said to my baby no matter where we end up we can go anywhere and if we want to live overseas we can live overseas I can apply for a job and it won't be just picking fruit.

Reconceptualising self for Peyton also came about through education. Education opened up her vision of the world and enabled Peyton to see things in a different light. Metaphorically, for Peyton, the world was her oyster and literally she felt she could go anywhere. Education gave both Peyton and Jewels an opportunity to look back on a prefigured world and gave greater self-awareness of how education opened their minds intellectually and, through different frameworks, into possibilities that they never knew existed. The tile of education laid down on the mosaic also gave them choices, and making choices exercised self-agency, providing a different narrative identity. Peyton carved out a new tile for her mosaic of employment opportunities worldwide and with one in particular titled Paris. Peyton also had another tile she held as a mirror for her daughter to follow, that has reconceptualised her narrative identity as a successful role model.

Education provided opportunities for self-development and another perspective on making choices for themselves, without permission. Katie shared this perspective:

I think it was just meeting new people and them saying I was a nice person and I was bright enough to achieve what I wanted to achieve. So yes, it was initially that and then later on I went to study and still studying and start trying to develop myself and I can do it myself and don't need my ex-husbands permission to do something.

For Katie reconceptualising self also meant pursuing an education which built up her self-esteem and self-identity. Education opened up the world and Katie's eyes to a different view and new ways of thinking. Being told she was a nice person counteracted the previous verbal abuse. The new tile in Katie's mosaic affirmed her new narrative identity as a nice person who could make her own decisions without permission.

Education is so very important; university saved me; education saved me and acknowledgement of small successes and lots of support and encouragement. And it's about affirmations and your self-esteem is so battered you need people to be your self-esteem cheer leaders basically for a while because you have a lot of people telling you that you're worthless.

For Melody reconceptualising her identity meant gaining self-esteem that came about through the educational process and different voices that cheered her on with each success, helping to counteract previous negative narratives. In the acknowledgement of small successes, the tiles grew incrementally along her mosaic. The tile labelled 'battered self-esteem' was diminishing in size, for tiles of achievement now surrounded it to show how she was constructing her life with small successes.

The pursuit of education provided an opportunity for participants to both reconceptualise themselves and the world. With opened horizons and a mosaic of past shards of experiences glued together with support, to make a whole mosaic pathway, Jewels Peyton, Katie and Melody were free to choose their path. Reconceptualising themselves brought freedom to expand their minds and their horizons. Reconceptualising self was an odyssey of self-improvement that brought about knowledge, confidence, self-esteem, and respect and led to these participants gaining power and control over their lives. Reconceptualising self through education also meant gaining qualifications that provided them with prospects for a better paying job and self-reliance; thus opening the doorway for social and economic mobility. Jewels, Melody, Peyton and Katie were able to place the tile of reconceptualising self and gaining respect, self-worth, and freedom through

education into their mosaic. They also reconceptualised a narrative identity of self-knowledge, personal power, and control.

Setting and achieving goals to take back control

Setting goals to work towards, in their lives, were important; for in the achieving those goals, women were regaining control over their lives and environment. For Jess setting and achieving concreted goals was similar to making lists that could be crossed off with each achievement.

Next year is going to be setting goals and practicing goals, and I'm getting into long distance running. I'm not doing a marathon this year but next year I can look at that. I have control. Having that concrete goal I need the inner strength to do it, it's like doing one, I do the other.

In setting a goal Jess hoped to have more control. Setting a goal of strengthening her physical body and mental endurance to enable reaching the end of a marathon is symbolic of the long road to freedom, and feeling strong and healthy on the journey. Jess was setting a goal with the reward that she would become a better, stronger person along the way. The freedom to set personal goals is also the epitome of autonomy and self-agency to actualise full potential and is, in essence, the freedom of being free. Jess had begun the construction of her new life along the pebbled pathway that led to the bridge and to the other side of freedom. Her mosaic was taking shape with her crossing and would be strengthened with her training for the marathon with tiles that shine of inner strength and physical endurance. Jess was reaching for a new narrative of personal power and control to set into her mosaic.

Tania voiced the ways that she took back control by setting goals to construct a life that would heal her emotions and increase her self-esteem and, protect her from any future violence:

It took a lot. It took from me but after a long time I got myself back. I set myself goals. I did martial arts then taekwondo. Then I did Taiaha. I had a lot confidence in my fighting skills and it didn't matter that I didn't need to fight anybody; I didn't want to fight but I knew I could get away from a situation. But in saying that I never put myself in that situation ever again so I have never had to defend myself. All that anger, that hate. So I went back to martial arts and I did really well actually, I got the blue brown belt and I got through really quickly because I was so angry and I was so determined I would make sure no man would ever touch me again. I got more confident at martial arts and my self-esteem grew, as I got

physically fitter. With martial arts you have to be able to control yourself you can't fight when you're angry.

In this narrative Tania set the goal of becoming proficient in martial arts. She chose the Taiaha, a Maori weapon of war, and the use of this weapon is a physical art that builds up inner and outer strength, and wellness, in readiness for warfare. The symbolic gesture of her weapon choice is that Tania had her rage under control and had provided herself with controlled psychological readiness for combat should her abuser try to touch her again. Setting and achieving goals for Tania also meant that she took back control through the use of weaponry, which readies her for warfare, both symbolically and literally. As her proficiency grew so did her self-esteem and her personal power and control. Tania had a new tile for her mosaic to match her newly achieved narrative of a confident self-controlled warrior.

Recovering self-worth

Amanda made a choice to exercise and in the process gained self-worth and control over other areas of her life:

I bought myself a bicycle that was an expensive purchase for me, being low-income. But, I thought why shouldn't I buy it? It's important for me, it's good for me, for my health. And, it's something I like. It's not an empty purchase, you know, I spent thousands and thousands on drugs and alcohol. Why shouldn't I buy myself a bike? I spend money on my daughter I buy her stuff and how about me? I bought an umbrella for the first time, last year...last year I went and brought myself an umbrella, because I matter enough to keep dry.

In exercising and keeping the rain off herself Amanda demonstrated that she valued herself. She had recovered and regained control and power over her addictions, was exercising her freedom and finding that she mattered. Amanda had recovered her self-worth and in the process a new physical awareness. She had a new tile of recovery from addictions and a recovered tile of self-worth with the new narrative identity that she was worthy.

Sustaining freedom

The women in this study spoke of actions they undertook to re-gain what they described as their 'freedom' or their 'power to do'. The first such action was in the leaving. The subsequent actions were in the sustainability of freedom. The narrative from Jewels summed this concept of freedom needing to be fought for and sustained:

I am deeply grateful in my life because I know what it's like not to have peace, freedom and understanding and feeling safe. And over time my savings went and I worked as a cleaner, cleaning people's toilets and nothing seemed like hard work because I was free.

For Jewels freedom was keenly felt and discernible, because of its previous absence, and freedom needed to be continually fought for, to be sustained. Merleau-Ponty (1962) described freedom as a rock being un-climbable and becoming an obstacle only if there were a need get around or over it. The obstacle or the rock that needed climbing in this study was the power and control over their lives, and the brutality displayed by the perpetrator. Merleau-Ponty stated that we are free in so far as the decisions we make and the natural limitations of how our bodies interact with the world, therefore not all actions are free. Thus, for Merleau-Ponty, “free action in order to be discernible, has to stand out against a background of life from which freedom is entirely, or almost entirely, absent” (p. 437). This example is found in the narration from Jewels who was grateful for the freedom she had because she remembered what it was not to have it. That safety equates with freedom is because she remembered the attendant unsafe fear of violence. Merleau-Ponty informed that the impetus of freedom must be of benefit and that we must commit to each successive action in order for freedom to not be undone. Thus, the actions that bring about freedom was, for Jewels, the conceptual notion that freedom, is not free, unless it can stand against her past experience of freedom's absence. The actions that brought about freedom continue in this chapter and make up the mosaic with the tiles of experiences that women went through to claim their freedom, acquire personal power and control, and a sense of self. The women demonstrated the quest for selfhood one tile at a time. Once laid down these tiles were fixed and strengthened to become the mosaic of their lives.

Finding hope and strength in dark places

Another perspective was finding hope in dark places which helped to sustain freedom. The next narrative, from Amanda, contrasted how she previously felt to the hope she now had, which she attributed to her morning routine of prayer and gratitude:

I used to kind of hope I wouldn't wake up one day, but I like getting up now. I like getting up early in the morning, say a prayer, have a cup of coffee, and the moon is still out. I can see the sun coming up. I have to do that prayer in the morning, that prayer in the morning is what sets me up to be open during the day and to have a good day and to pray for strength and pray for tolerance and patience and healing and to have a sober day. Yes it starts to get lighter and I see the sun and the birds, the sun coming

up on the horizon and I can reflect back now. It was a really dark and shameful time in my life. But I think it also made me really strong, and having been in so many abusive relationships over the time, like from when I was 16. Fuck I've learned some really hard lessons, and um, and yeah, that's a dark place, and I won't go back there I know it always ends up the same. You don't even notice anything like that, and that's the best, it's the free stuff that we have a lot to be grateful for aye – each day the sun will rise.

Finding hope means to find light in the dark places, and Amanda was able to reflect on her strength and that she has survived. Finding hope for Amanda was to be at peace with, and learn lessons from, the past, for that is where her strength lies. For Amanda, the best things in life are free, proven in the dawning of a new day and in the sun that dissipates the shame of that dark place. Each day the sun will rise for as the night dies and the day dawns so does Amanda as she awakens to a new life – reborn with the sun to enjoy a new beginning each day, while she allows the pleasures and the nurturing and the sustenance that each day brings to nourish her spirit. Amanda has laid a tile of hope and of healing and another for the strength that she has gained in the process. Amanda has gained the narrative identity of a strong recovering survivor who is grateful for another day.

Conclusion

This chapter looked at the configuration of a life and identity after IPV. The mosaic of a life in construction emerged as a metaphor from the women's narratives to demonstrate how women reconstructed their lives, refusing to be victims, letting go and not going back, finding support and safety, reconceptualising self, setting and achieving goals, recovering self-worth, and by sustaining freedom, finding hope and strength. The experiences that women went through and the actions they took conceptualised the freedom that they felt, which was in contrast to the past when they were not free. Women's quest to sustain this freedom enabled them to acquire self-agency and, in the process, create a new identity of personal power and control. The tiles in the mosaic are a visible construction of the actions they took to reconstruct a new life of self-agency and a new identity of personal power and control.

Chapter Twelve: Mimesis 3 Refiguration: In The Fullness of Time Some Scars Remain But I'm A Fucking Superhero Now

In continuing to build on Ricoeur's threefold mimesis and the configuration of a life constructed after violence, this chapter presents Ricoeur's refiguration. Envisioning the world through the eyes of prefiguration in mimesis 1 was the desire to leave and make a new a life and self. Mimesis 2 configured the construction of all that was needed to build a new life of personal control and freedom, embodied by a mosaic of achievements. The previous chapter demonstrated how women configured the construction of a life and personhood, through the actions they took, to regain self and freedom one tile at a time. Those actions formed the plot of their refigured life. The third mimetic action, presented in this chapter, appropriates mimesis 1 and 2 as a culmination of the parts into a whole for the world of the reader (Ricoeur, 1976). Ricoeur (1976) explained that the move from understanding the text to explaining, then to comprehension, is a circulatory dialectic process, and although there may be more than one way of construal, "the text presents a limited field of possible constructions" (p. 79). Therefore, once freed, the circular analysis of the text within the temporality of time is appropriated in much the same way that construction of life and identity occurred, which is, in the *Fullness of Time*. The result of the interweaving of the past with configuring future possibilities has become the metaphorical representation in this third mimetic interplay as *Some Scars Remain* and *I'm a Fucking Superhero Now*. This has occurred in the fullness of time. The fullness of time is a portrayal of all that occurred in the previous chapter where the actions of *what* women did to construct a life and identity were illustrated, now brought forward with an extra layer of hindsight in this chapter.

The mosaic continues in the fullness of time

The journey from violence to freedom began in the imaginings that took women across the bridge to a new life in mimesis 1. The journey was not a straight and smooth path; nevertheless it was a pathway. In the second mimetic action of configuration women realised the pathway was a broken rubble of tiles that represented the areas of their lives that needed to be mended and fixed. In the fixing women were regaining self and freedom over their lives, and these were tiles of many hues for they represented all the steps that women were taking toward a new beginning. In this chapter of the third mimetic interplay the tiles laid down are fixed and strengthened to become the mosaic of their lives. For some women these tiles were not rubble but scattered and as they came together into a

place to stand, women were able to look back upon their lives that in the fullness of time appeared like a mosaic. This mosaic is symbolically drawn from the actions taken to construct a new life and identity. The coloured mosaic (Figure 2) depicted is a symbolic representation of the tiles that make up the mosaic of a life regained with freedom and self, made stronger with the grouting, broken but repaired. Crumbled but still moving on.



Figure 2: The mosaic continues in the fullness of time. From Arroyo at UT Austin for 2013 mosaic arts international, by J. Richey, 2016. Copyright 2012 by Julie Richey Mosaics, LLC. Reprinted with permission.

The construction of identity sweeps in the actions that embodied personal power and awareness, but first required freedom from violence and second, freedom and autonomy to make choices. These choices enabled women to exercise a range of potential options and possibilities to explore ways of being in the world. This is freedom. Freedom also means to have personal power and awareness, which can be referred to as self-agency (Showden, 2011). A simpler explanation worth utilising is that self-agency means being in charge of your life in such a way that you have a say in what happens to you, and you have some ability to direct your circumstances (van der Kolk, 2014). The women in this study were able to regain control over their lives and gain personal power through the actions depicted in the mosaic tiles of configuration. These women accepted their past, reconceptualised self and refused to be victims. The construction of a life and identity proposed in this study is the embodiment of a mosaic that represents their life and a compendium of actions taken to gain self-agency, attain meaning in their lives, and develop a new narrative identity of superhero after violence. Because its meaning is indistinguishable from its expression, the mosaic is a living work of art. The tiles of the mosaic can be likened to Merleau-Ponty's (1962) perception of seeing and recasting the body as "a grouping of lived through meanings, or the focal point of "living meanings", where it is possible that a new "cluster of meanings" can be formed (p. 177). The tiles of the mosaic hold the cluster of lived through meanings that embody the life experiences and identity of the women in this study.

In the fullness of time some scars remain

There are certain things that can put me straight back into his world again that mind-set with the same insecurities anxious and paranoid and feeling like I had all these scar like memories, like reminders. (Aroha)

For Aroha, certain places and actions were able to transport her back to her prefigured world of violence. The power of the scar in her narrative was the embodiment of all that history. Merleau-Ponty's (1962) account of embodiment distinguishes between the objective body as a physiological entity and the phenomenal body as we experience it. Merleau-Ponty suggested that "I am not in front of my body, I am in it or rather I am it... If we can still speak of interpretation in relation to the perception of one's own body, we shall have to say that it interprets itself" (p. 173). The scars that remain for women after IPV are absorbed into their body schema and become an "area of sensitivity" which extends "the scope and active radius of the touch" (Merleau-Ponty, 1962, p. 165). The

touch is the events and memories that bring back the sensitivity of the scar. The participants were thinking and narrating from the point of view of the scars that remained, and consequently perceived everything in their world through the phenomenal body. There are scars that very rarely fade or go away, and it is fitting to name this section for the scars that remain. Like warriors of old, scars serve as powerful reminders of a life left behind. Scars of the body and scars of the mind bring powerful reminders of lessons learned; reminders of the healing done and the healing yet to come. Physical scars are the first to fade, then the mind. Emotional scars sometimes remain for a while longer, maybe for life, as reminders that a wound without a scar is one that has not yet found healing. Some scars remain bold and powerful to the testament of a character forever changed. The scars that remain in this section are the metaphor for the psychological and physiological scars, which continue to linger even in the absence of violence (as depicted in Figure 3 below).

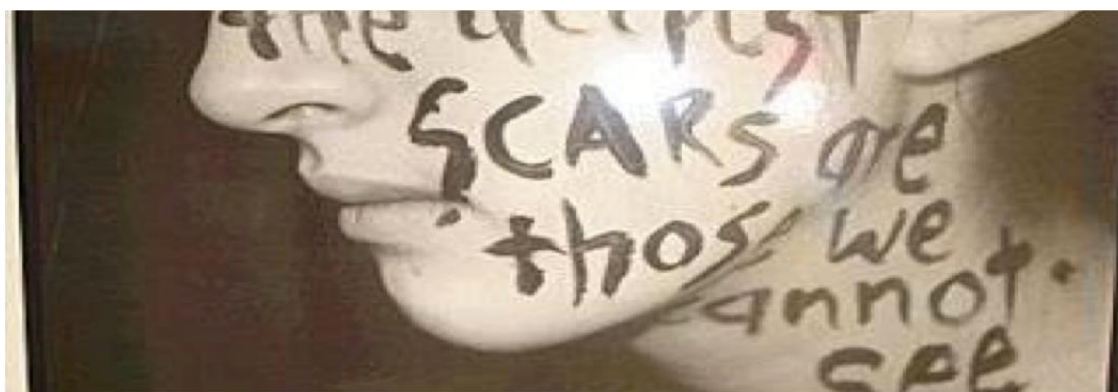


Figure 3: The mark of fear is not easily removed. Retrieved from <https://s-media-cache-ak0.pinimg.com/600x315/62/62/8f/62628fdf128aba7791d41baadb21890d.jpg>

Flashbacks

Women talked about how psychotherapy and counselling had helped; yet the years of self-development had not unearthed every layer. Cora shared her experience of a psychological scar:

I was really mentally messed up for several years and it took me a long time to do things I used to think was normal like wearing a short skirt or being with friends and going out and normal behaviour. I had to get myself back into the flow of that's ok for me to do, it's normal and, it's not something I'm going to get growled at for. Even now if someone raises their arm or picks something up too suddenly I'll still flinch and I still have a frightened flinching thing that still happens.

The scar that remained for Cora was her flinching at sudden movement, which was the psychological alteration to her social interactions and sense of self. For a long time after she was free from her abuser Cora still experienced a psychological alteration to her relational sense of self and initiative. Previously showing initiative exacted punishment so Cora had stretched the yardstick of normal to restrict the clothes she wore and ordinary relational behaviour to others. Although Cora was free from her abuser she still carried the sense that her abuser was present and directing her actions. Her psychological scar was a major alteration in her initiative and capacity to act without fearing punishment. Cora had the hyper arousal and visceral reaction from her scar that reacted to unexpected stimuli like sudden movement and noise and this continues to the present day.

Melody talked about “shutting down”, as the preoccupation with reading signs that could predict an outburst of anger from people around her:

If I'm being yelled at I don't know how to respond I shut down – I'll stop talking cos I need to gauge the situation. I spent a lot of time walking on eggshells so I spend a lot of time looking at expressions on people's faces trying to read their body language trying to read their moods trying to anticipate things.

Melody's scar caused watchfulness and vigilance, and her emotional regulator operated on overdrive due to 'walking on eggshells'. Melody learned to read and observe her partner's moods that were not predictable except for subtleties that she had learned to anticipate. In this respect, Merleau-Ponty (1962) commented “what enables us to centre our existence is also what prevents us from centering it completely, and the anonymity of our body is inseparably both freedom and servitude” (p. 85). Melody was trying to centre herself and find her equilibrium by learning to anticipate, being watchful so as to prevent further aggression in her life. However, the same means that kept her safe also work against her to prevent her from centering completely; she had both freedom and servitude to her past. Melody transferred “walking on eggshells” into the relational events of everyday life, and a raised voice could trigger a state of confusion.

The freedom that the women now possessed was not the freedom to be anyone or have anything they wish; neither did it mean to be free from a chronic condition. Memories are embodied and, in a sense, work against them, so that women when they were trying to find equilibrium, they were thrown off balance as the scar became inflamed. This is seen in Sarah's narrative where she recalled the horror of an episode that still had the power to

assail her senses. There are images that remain forever on the soul, seared into the subconscious, and Sarah shared her particular scar:

To this day there are things that I can't stand and I can't drink. It comes from him and his drinking and the smell of drunkenness and his behaviours. Also to this day I cannot stand having a man raising his voice at me. I shut down and burst into tears, and if a man were drunk and yelling I wouldn't manage at all. One of the biggest things professionally is the fear of needles. My partner was insulin dependent diabetic so when he was drunk and mad he would do is chase me around with needles. It took two or three years of training to be able to draw blood and I never used to be able to do it and I would have full on panic attacks trying I cannot cope giving needles and it's the part of putting needles in someone else's skin I just don't do it.

The scar that remained for Sarah was similar to Melody's, for she too shuts down when under threat and held the unassimilated trauma of events associated with aggression attached to alcohol, raised voices, and needles. The fear that remained overwhelmed her natural capacity to assimilate the associated emotions. While the scar lies dormant and has faded over time a raised voice or having to give an injection still has the power to remind Sarah of the insult and trauma of violence.

For Alex the scar that remained is the memory of perceptual activity and sensation of violence that lodged in her eye.

I had the sensation of a fist coming to my eye for about 20 years and then I went to a psychologist who taught me some exercises and it went away really quickly. And occasionally it will come back and I had a funny sensation in my right eye for years. Something in my brain happened, something weird happened. It was just some experience... and it stuck and it shocked. I had been hit in sport games before but nothing like this violence and from someone who loves you to do that. The PTSD symptoms included agoraphobia and the vigilance and the flashbacks.

Alex had a scar like a replay button that played out the violence of the aggressor in her eye, the organ of seeing and the organ that was punched repeatedly. According to Merleau-Ponty (1962), thought and sensation can only occur against the backdrop of perceptual activity that we have prior experience of, and have, therefore, gained bodily knowledge and understanding of this experience. Alex had prior experience now embodied within her perceptual structures that was, for a time, an embodiment of her view of the world. Alex had PTSD, which occurs in response to a traumatic event

experienced where a person feels helplessness and terror. There are well known links between PTSD and IPV (Dutton et al., 2006; Herman, 1997). There are also links between other psychological and behavioural disorders, as well as biological and neurological problems, that the women in this study experienced, like flashbacks that were triggered by certain behaviours. Alex sought psychological therapy and the scar faded. Agoraphobia is a symptom of anxiety related to panic and phobias, which are all hallmarks of anxiety and PTSD. Agoraphobia is when a person feels that they can no longer go out in public for fear of losing control and not having the ability to escape. The violence of the traumatic event, of her partner repeatedly bashing her, triggered PTSD symptoms in Alex. Melody's vigilance, and Sarah and Cora's flashbacks, are further symptoms of PTSD and similar to the scars that remained for the other women in this study.

Less trusting more sceptical but less naïve and gullible

Marriage or partnership with someone you love means trusting that your partner will not hurt you; that they will be there for you through difficult times, and will respect you. None of those maxims were realised for the women experiencing IPV. These women had been betrayed and had lost trust; and their narratives showed that once trust is lost it is very difficult to regain the ability to trust. Women became more watchful and trust was not freely given. Women talked about how they would test potential partners in order to weed out a potential violent or abusive future partner.

The lack of trust was another scar on their mosaic, and Peyton shared how this has affected her relationships:

My previous partner, he was a big Māori boy, but now I have to go for the skinny white ones as they are a bit of a push over. Since then I have been a bit harsh in a relationship because I just won't let them go out. I will be just like nah I don't care. I just don't want to be hurt, not again.

The scar that remained for Peyton reminded her to protect herself. Peyton mentally associated the physicality of her previous Māori partner with violence, so has chosen a partner that is opposite in appearance and race. Women, like Peyton, have scars around control issues, and in turn is now controlling her partner. Peyton's fear keeps her from trusting again so she would rather be the controller in a relationship and keeps a tight rein on her partner. The tile in her mosaic is lack of trust.

For Zara, protecting her new found freedom, identity, and safety was important. Rather than go through the cycle of falling in love and being slowly manipulated and controlled, some women tested potential partners to see if they would react in a violent manner. Zara shared this aspect of lacking trust:

In some respects I probably look for the worst, I look for the worst and I look for people being like my partners not being genuine in their apologies and a simple I'm sorry is not good enough for me because when I came outside that relationship I was quite violent against men and needed to test out any potential for violence in order to weed them out very quickly, 'don't you speak to me like that' being confrontational and to test the water if they will fire up to my confrontation if they will be abusive. I wanted to weed them out really quick. And I wasn't going to fall in love and go through that again, the trauma of surviving, because it is quite traumatic it is more than just a normal break up.

The scar that remained for Zara was also lack of trust and the need to protect herself. Looking to see if violence will rear its ugly head again Zara goaded it out of hiding for she did not want to waste time. The aggressive behaviour that is acted out on potential partners is assessing the latency for violence. Zara looked for any signs of retaliation. The trauma of surviving a violent relationship is a cut so deep that the scar takes time to heal and can leave a woman unrecognisable for a very long time. The tile in Zara's mosaic is called less trusting; Zara is on guard, ever watchful and defensive.

Building trust is an important part of a relationship; it is the glue that holds it together. Cora shared how she tried to pick a fight with her current partner to test if the glue would hold.

At the start of my relationship there was a bit of pushing her boundaries to see if she would hit me or if she would do something to me. I remember once I had been drinking and out of the blue and we were having a great time and on purpose I started a fight with her out of the blue and I know now I picked a fight to see if she would retaliate in a violent way or if I was really safe with her and of course she didn't and that was a measure to me and I knew I was safe in the relationship because if I did that with my ex it would of revved her up and she would of physically pounded me.

The scar that remained for Cora is the need to test boundaries. Pushing boundaries to test for trust is the scar related to the fear of replaying the dynamics of a previous relationship. The participants in this study preferred the violence to appear early in the relationship, before they invested too much of themselves. Hence the women reported deliberately picking a fight first. Women who have been abused no longer feel safe, and safety and

trust go together. Testing if the next potential partner will be trusted is an art that pushes to the limits the endurance of the other. Trust once lost cannot be replaced, nor easily found again, sometimes never. The testing for trustworthiness is exhausting in expectations and watchfulness for any slip that would again betray. Some trust, like naivety, once lost can never be replaced but must always remain under the watchful eye of betrayal. The tile in Cora's mosaic is called test for trust and this tile is flat and even; but it is a scar nevertheless for having been betrayed in the past Cora will always test for trust.

Cora continued:

I am still hyper vigilant, I am definitely clear on my personal boundaries and on being controlling. I am definitely more empathetic and sympathetic to anyone experiencing violence or any form of control or anything. So that's how I think it has changed me, it has made me more cynical sometimes and I am more sceptical about relationships that I see not going well with friends.

Cynicism is another scar that remained alongside the lack of trust, and is the scar of hyper-vigilance, to always be on the alert for signs of violence in the form of control or abuse. Women reported seeing the signs of potential abuse in the relationships of friends that may well go unnoticed due to the insidious nature of control. Women have a heightened sense of detection like inbuilt radar that alerts to the signs that spell potential danger. Firm boundaries stand guard to protect the perimeters of a heart that has learned never to trust again so simply, for there is nothing that is ever simple again. What may have been simple is forever changed and complicated. The hyper vigilance is another symptom of PTSD that sometimes remains forever like a scar, similar to a keloid, which is a scar that forever remains raised, fibrous, and irregular.

*Now I am probably less confident, less trusting, less happy a bit more wisdom, content rather than being happy. I find it very hard to trust anybody again, I trust D*** and I trust my parents so I haven't lost the ability to trust but I am less naïve and gullible. I'm less trusting. I need to be in control of my finances. [...] is very easy with that but I need to control the finances I would find it very hard to have someone control it again. I would find it very hard to have someone say just sign this or anything like this again. (Alex)*

The scar that remained for Alex was needing financial control. The trauma of a violent relationship is both in the leaving and in the surviving. Although people react in different ways there is always physical and emotional reactions that follow trauma. Becoming less

confident very often comes from the knowledge that there are some situations that we are absolutely powerless to prevent. For Alex, the aftermath of survival was the feeling of not being safe in the world and although the capacity to trust is not lost, there is certainly a diminishment in the ability to trust fully again, or to lose control of everything. The wisdom comes from surviving the previous loss of all she had earned and worked for as well as her loss of trust. Sometimes women just do not feel so intensely about anything again, but there is always the capacity to be content. The needing to control finances is due to the betrayal that has created trauma and becomes generalised to anything that involves money or the signing of documents involving money. This is a power issue and a way of maintaining her self-reliance and independence. The tile in Alex's mosaic is one called less trusting, more controlling to prevent reoccurrence and her scar, although unpleasant, helped prevent its reoccurrence due to conscious awareness.

Intelligent with skills and talents and driven to succeed these women were at times pushed to extremes. Control was such a major debilitating past issue that fear and anxiety remained as a means of maintaining self-control, personal agency, and power. Driven to achieve and to be vigilant of others' motives for trust and control issues were still on the radar to confront and to test. A person's self-concept includes ethnic characteristics as well as personal and professional beliefs, and are about who they are as a person and the future goals and desires. The women in this study were all driven to constant improvement in their personal and professional lives. Anxiety is a PTSD scar that remained, free floating anxiety about anything in general. Yet, for the women in this study, it was driven by fear and, at times, fixated upon the things they loved and feared to lose.

Anxiety the scar that remains

The scar that remains in the form of anxiety is one that drives to succeed and comes from high expectations driven by the fear of failure. Maggie conceded that most abused women would say the same thing about the anxiety that remains; and most of the women in this study talked about the anxiety as a remnant of PTSD. Maggie was an extremely high achiever but admitted she would rather be without persistent anxiety:

Well yeah, I'm a high achiever but the anxiety bugs me, because I'd rather be without it. Most abused women would say the same thing probably. But I think that I spend a lot of time worrying about my children like if I suddenly drop dead what will they do? But I think that that's just

unfortunate when you love someone that's what happens, you get anxiety over them. But I'm completely happy, I'm completely fine.

The scar that remained for Maggie was anxiety. When anxiety enters the familiar ground of what Heidegger (1962/2008) referred to as the everydayness of the familiar, then the secure slips away; for the being of the self is not what we are, but who we are, and who we are is determined by the kind of activities we engage in. “Dying”, Heidegger stated, “is a phenomenon to be understood existentially,” and “death is something that stands before us – something impending,” as the possibility of no-longer-being-able-to-be-there (p. 294). Maggie feared no longer being able to be there for her children, but Heidegger informed “anxiety in the face of death is not fear of death but is Being-in the – world itself (p. 295). Paul Tillich, the existentialist philosopher and theologian (as cited in May, 1977), described anxiety as man’s reaction to the threat of nonbeing. The freedom from violence that Maggie enjoyed was counterbalanced against the anxiety of her children’s welfare should she become a nonbeing. Unable to relax in her freedom from violence Maggie has transferred her anxiety to fixate on the implications should she not be around for her children. The anxiety that Maggie felt is the dread of losing everything alongside the exhilaration of just letting all her fear go, for the fear of death and being a non-person as in a previous narrative has left its scar. Other than the anxiety of becoming nothing, and therefore reducing her children to nothing without a mother, Maggie was happy.

The Danish philosopher Søren Kierkegaard (1813-1855) compared anxiety to the dizziness of freedom and the abyss of nothingness using the example of a man standing at the precipice of a cliff or tall building who feels the dizziness and exhilaration of being on high, until he looks over the edge and becomes focused on the fear of falling. The fear of falling when applied to the fear of failure was seen in the following narratives from Zara and Melody:

I don't like failing and probably have too high expectations in myself, which is hard so I am an excellent planner but I do get quite anxious because of the high expectations. I always feel like I want to be working towards something. (Zara)

I am driven and ... I am a bit of a perfectionist I don't like to feel that I had failed and that is a massive thing for me to fail – to feel like a failure. (Melody)

The fear of failure, and the anxiety that drives to stave off failure, can be likened to the fear of falling into an abyss of nothing. Therein rests the possibilities of freedom, that although we fear the nothingness of the abyss, upon the pinnacle of freedom lies the

knowledge that you are responsible for any action taken, and this knowledge generates simultaneous feelings of dread and exhilaration (Kierkegaard, 1980). Fear of failure spins back to the prefigured world of violence, the failure of not making the violence stop, and of the abusers' narratives of themselves as failures. Perhaps this is also linked to self-esteem that was so badly battered in their prefigured world. Perhaps unconscious forces are at work and anxiety is the fear of not being in control or allowing someone else to take control, and reels back to Heidegger's (1962) anxiety of "Being in the world itself" (p. 295). Ricoeur (1992) believed that self-understanding was not found through introspection but through action and in connection with others. The scars that remained for the women in this study were seen in that they were less trusting, had flashbacks of brutality, reacted to raised voices or sudden movement out of proportion to the event; all of which send them back into that same dark place of their prefigured world. They also talked about how their perspective of life, marriage, and relationships had forever changed. Reclaiming their identity, women found that the scars were not easily removed. But it is because of the scars that they became strong and in their courage they found their new identity of a superhero, reborn out of the scars that remained.

Some scars remain but I'm a fucking superhero now

In Mimesis 1 the mosaic of the women's lives and identity was one of suffering shame and enduring. Their narrative identity in mimesis 2 was one of personal power and control. The construction of a new life and identity in mimesis 2 is a mosaic of actions and connections with others that represent the tiles that led to gaining personal power and control. In the fullness of time women were able to reflect upon the past and *how* they currently felt about themselves, and the journey they embarked upon when they first prefigured a life of freedom. The reference of time in this study is taken from Ricoeur's (1998) integration of cosmological and phenomenological time. This is a succession of time that is linear, as in days and hours that steadily progress from birth to death, and a phenomenological perspective of past present future time that bring together events and experiences from the past that do not always correspond to a linear cosmological sequence. Therefore, for this study, *In The Fullness Of Time* means that with the passing of time new experiences provided some connecting data and events that offered the women with the opportunity for reflection. Mimesis 3 also incorporated the phenomenology of time as the lived experience of constructing a life and identity after violence. *In The Fullness Of Time* women were also able to reflect the scars that remain. The phenomenology of time was the "intersection of the world of the text and the world of the reader" (Ricoeur, 1984, p. 71) when the women's

life stories resonated with the world of the reader and her narrative identity. The following narratives showed how the women concluded that their narrative identity, at this present time is, *Some Scars Remain But I'm A Fucking Superhero Now*. Jess specifically asked that her words be used exactly as said and this became the narrative identity for the women in the study.

This is my experience, this is what I thought and I think I am fucking fabulous and I think I should have the fucking in front of it. What doesn't kill me makes me stronger and I am a fucking superhero now. Something that has been going through my head has been that I am a fucking superhero now. And I insist using the word fucking behind it because it is just a middle finger to everything that went on and I am angry about what happened to me, the system and how it has worked against me and I am angry but it is not getting me down.

This story epitomised the way women described their new identity. The comparison of where they are now to what they have endured enabled them to see their new life and identity as a “fucking superhero.” “The story of a life continues to be refigured by all the truthful or fictive stories a subject tells about himself or herself. This refiguration makes life itself a cloth woven of stories told” (Ricoeur, 1988, p. 246). Narrative identity is constantly evolving infused with life experiences of both happiness and pain. The narrative identity of women in this study has evolved from shame, suffering, and enduring in mimesis 1, to personal power and control in mimesis 2 and now, in the fullness of time, their narrative identity is that they are all fucking super heroes. This has been taken from Jess’s narrative, reviewed, and conceded as *I'm A Fucking Superhero Now*. Therein lies the power, control, and strength that has not forgotten the shame and suffering as the self re-emerges with anger.

All of these experiences have been integrated into their mosaic in the fullness of time. Jess continued:

This is who I am and I like myself better now and I have compassion for myself now and I am objectively fabulous and this needs to be recognized by anyone I am friends with or intimate with that I am more willing to be myself, less willing to compromise, less willing to go along and make nicey, nicey ...I don't think I'm over inflated but I am seeing myself as a worthy human being and worthy of being nice to, I'm worthy of you and other people being nice to me, and more importantly me being nice to me.

Jess has gained self-worth and a sense of self that now, as a strong woman, she wears like a badge of honour. She is not the acquiescent compromising (nicey nicey) little wife and woman that used to negate her own needs for the sake of others' needs. Jess had empathy and respect for herself and was able to stand outside of herself to see that she was now a superhero and deservedly fabulous. Jess needed this to be seen by others and to be treated accordingly. The hero story has origins in Homer's Greek Odyssey, of Odysseus who became famous through his participation in the Trojan War. The word hero symbolises courage and other admirable traits like quick thinking and the capacity to endure suffering to accomplish his goals even in the toughest situations. Arendt (1998) stated that the story of a hero in Homers' Odysseus is the story of anyone who is willing to come out of hiding and to participate in the world for it is in the willingness to disclose and expose oneself and begin one's own story that the story of a hero begins. The women in this study are all heroes for their willingness to disclose their own story. Arendt continued, "courage and boldness are already present in leaving one's private hiding place and showing who one is" (p. 186). Amanda continued the theme of strength and the ability of a superhero:

Oh I've got heaps of insight, loads of insight. I can reflect back now. It was a really dark and shameful time in my life. But I think it also made me really strong, and having been in so many abusive relationships over the time, like from when I was 16. Fuck I've learned some really hard lessons, and um, and yeah, that's a dark place, and I won't go back there I know it always ends up the same.

In Ricoeur's (1984, 1985, 1988), refigurative stage of mimesis Amanda has gained self-awareness and the ability to reflect back and make sense of the times that she suffered, in her prefigured world, when there was no light in her life. Amanda has now gained strength and understanding because she has made her past into a triumph, a triumph over suffering. Like Homer's hero, Amanda has emerged from that dark place with the opportunity to discover herself and her own strength. Amanda wrestled with the darkness and although she has triumphed, never wants to go back there again. Amanda continued:

But now, I'm really independent, I'm a single independent woman, and I like it like that. I like not having to rely on a man to look after me, or give me what I need. I can provide that for myself. I'm a strong mother. I'm a recovering woman.

Amanda liked herself now and her new identity was one of an independent woman. Viktor Frankl (1984) believed that human beings have the capacity to turn suffering and tragedy into something positive and constructive. Amanda had come out of the darkness and found herself strong and independent. She had creatively constructed a life for herself and her daughter as an independent strong woman and mother and like Jess she was a now superhero.

Gratitude is a strong narrative that comes through for many women as seen in Jewels' narrative. The positivity of turning those dark times into triumph was, for Jewels, something she shared with others:

I'm confident, happy and still working on myself, and I feel very blessed. Sometimes I'll wake up and think, how did I get here? From being scared and not speaking because I was so ashamed for whom I was. And now I have gotten to a point where I have made my living by talking and I talk to people through hard times and now ... I feel I am very thankful and I have a practice where I write down three things I'm grateful for because I am so grateful I say it out loud and I post it on Facebook. Because you know that is my life and I am deeply grateful in my life because I know what it's like not to have ... peace, freedom and understanding and feeling safe. It is a lot about the physical safety but the mental safety one can psychologically throw at you or being scared you have to line everything up, or someone is going to be upset, or not worrying if you done something wrong.

The hero story is repeated in Jewels' willingness to come out of her shame – her place of hiding, and having the courage and boldness to speak out that Arendt (1998) referred to as heroic. Threading through her story of triumph is the attitude of gratitude that Jewels has for her life now that she has freedom and safety. Marcus Aurelius (2002), the Roman Emperor and philosopher, urged that we think of what a precious privilege it is to be able to breathe, to think and to enjoy love and life; and how we need to dwell on the beauty in life for our happiness depends upon the quality of our thoughts. Jewels had this attitude of thought for the life she has now, because she has the memory of what it was like previously. The mental and psychological safety of her life is that she has done what Marcus Aurelius advocated: examined all in her life thoroughly and discarded what did not serve the soul, to do justice and to say the truth.

A similar theme was found in Peyton's story of the power of perception and approach in changing her life:

I feel like I look at everything so differently now if I see it, try it and I want it I will get it. I don't let anyone drag me down now, if I want this go for it I want this for my myself and my daughter I will go for it. I was so naive then, I was young. I didn't know who I was. I know who I am now.

From Marcus Aurelius we see that it is the power of the mind rather than external events that give us strength, and that it is our thoughts that give us perspective (Aurelius, 2002). The similarities we can deduce in Peyton's narrative is that she has found her personal mind power, to create her own reality and to give her strength needed to accomplish her goals. Her mosaic held a fullness of colour and vibrancy that embodied experiences she could either choose to tread or not. Peyton had the ability to look at everything that went on in her life with a clearer vision and her approach opened up a whole vista of possibilities. A path that has been broken down for analysis, before looking at the whole array of mosaic and choosing a course of action, is a pathway that is deliberated upon with consideration of where to tread next. Peyton was able to look back and to go forward in the fullness of time, with the strength and ability to go and get what she wanted, like a superhero. The story of a superhero continues with a solid sense of identity.

A superhero with a solid sense of self

Women's narrative identity as a superhero captured the existential experience of having a solid sense of self. The difference to the mimetic refigurative stage, where they needed to regain personal power and control and re-conceptualise in order to gain a sense of self-worth, is seen as gained with strength and independence. Because there is always more to be told, the sense of who they are continually evolves as they engage with the world and reflect upon who they are. The mosaic has gained more tiles of different colours and shapes to represent the actions they took to construct a new life and identity as a superhero. Sara looked back and mused upon her "solid sense of self."

If I look at what I wanted back then I achieved every one of them, my daughter is strong, wonderful and independent, she can relate to anyone and everyone you know I have my home and a good job. It is a huge accomplishment and even I know when I have hard times I think I can do this you did this and you have this to show for it and you can still draw on that stuff as a sense of strength. I have a very solid sense of self now, personal boundaries. ...Now I have an incredible sense of self and strength and independence.

Sarah reflected on her life and her accomplishments, and upon her Ipse. Ipse refers to Ricoeur's (1992) selfhood, which for Sarah reflected an independent emotionally confident professional woman who has an incredible sense of self and strength. Sarah was a goal achieving superhero. Sarah narrated her sense of self as being 'solid'. Solid conjures up an impenetrable force; a superhero is an impenetrable force. Sarah is the indestructible superhero.

A superhero who is finding a meaningful life

Meaning is defined as significant and important, and a meaningful life is one that has meaning, purpose, and value. The meaning of life is different for everyone just as it differs daily and even differs by moment (Frankl, 1984). Viktor Frankl, the eminent psychiatrist and holocaust survivor, believed that the meaning of life is to give life meaning, and that to find meaning we must go outside of ourselves

to something or someone other than oneself... Other ways of finding meaning in life is by experiencing something-such as goodness, truth and beauty-by experiencing nature and culture or, last but not least, by experiencing another human being in his very uniqueness-by loving him. (Frankl, 1984, p. 133).

Peyton had made sense of her suffering, which, as Viktor Frankl alluded, is the search for meaning. Peyton continued with this theme of searching for a meaning:

Everything happens in life for a reason and how hard it gets it will make you stronger and that's how I approach things now but when I was younger I would panic if I was in a dilemma I would panic and shut down and almost get depressed but now I say think about it, break it down and think about it I am strong enough to do that now but before I would never deal with stuff.

Peyton was able to look back and examine what experience has taught, and discard what did not serve her well. She had also used the power of the mind that Marcus Aurelius (2002) alluded to over her circumstances and the mastery that Frankl (1984) described of turning personal tragedy into a particular achievement and triumph. Peyton's philosophy that everything happens for a reason is the need to find meaning in suffering and Frankl stated that "in some way suffering ceases to be suffering at the moment it finds a meaning" (p. 135). Meaning is also a way of integrating past present and future – the prefigurative world of violence to the configuration of leaving and beginning a new life, to the refiguration of self in the present time of mimesis. Peyton was the superhero of integrating adversity.

Women found meaning in service to others, volunteering their support for women going through domestic violence or wanting to support other women. They hoped that by participating in this study their story would help others.

Two years ago I decided to enrol in a seminary in New York and studied online to be an interfaith minister. And now I give services along with my interfaith colleagues and I have a very simple life but I feel very connected to other people. I'm at the soul point to live a life of service to others in a way, which is truly being in a service and not about performance based research, expanding our egos. And I am learning a lot about that. I think that is going to be my best teacher and I am committed to it for the rest of my life. Living a life of service and in a way encourages me to be the best person I can be.

Jewels has found meaning and purpose in a life committed to spirituality and of service to others. Striving to be the best she can be in a life that seeks simplicity and spiritual connection to others is to serve the needs of others. Frankl (1984) also believed that finding meaning happens when we transcend beyond ourselves by serving others or a cause or through loving another human being. Jewels was the spiritual superhero of giving back to others.

The ambition to produce something that has meaning is seen in the narrative from Jess who also wanted to make something of her experience and give back to others:

You do have to move on but one thing I want to do that's in my third year plan is take my experiences and take it more public I want to get it out there. I am a writer and articulate. I can put in words my experiences to help others.

Jess wanted to create meaning in a piece of work that would speak to others about her experiences in order to help other women. Frankl (1984) also spoke about creating something or accomplishing a piece of work and doing a deed for someone as a way of finding meaning in your life. While admitting the need to move on with her own life Jess was also mindful that her experiences could be of value for others. Jess was the superhero of writers and poets that exposed their experiences.

Tania shared the aspect of doing for someone that she wished could have been done for her. In the telling she affirmed the strength needed to construct a new life and identity:

I value my life and I wanna share and I want to be there for others of similar circumstances and to be able to share with them and to role model and to lead for others and to tell them you can be this low but you can get this high, it's possible. I don't want them to think this is the end and there is nowhere else now that they can get whatever they want if they make that decision. The sad thing is it and what I have also learnt is that it takes a very strong woman to stand up for herself and to leave everything behind because a lot of women won't leave material things and don't have the courage or strength to stand up on their own. So they continue to bury it.

Tania would like to demonstrate to other women that it is possible to rise above the violence and to make a stand. Finding meaning by wanting to be there for others, a role model, had arisen because Tania once felt as if she had no value and that there was nowhere to go. Tania has come full circle in her connections with others, wanting to help other women in similar circumstances of violence, and has adding to her mosaic another tile of empathy. Ricoeur (1992) believed loving and understanding others is in effect doing the same for ourselves; therefore when sympathy is extended to the other “equality is re-established only through the shared admission of fragility and finally of mortality” (p. 192). Tania talked about strength and courage needed to stand alone and that some women may not feel able to do that. In effect, Tania wanted to tell them that it is possible. There was also the courage needed to leave behind possessions and that is one of the losses that women felt when crossing the bridge to the other side. If women faltered in the crossing then there was no other recourse but to hide and conceal the violence until the *augenblick*. Tania was the superhero of courage.

Part of being a superhero is about finding meaning. Meaning can be found in giving back to those who have helped with the *Bridge Crossing*:

The job I have gives me a sense of helping people and contributing. Now that my parents are 89 and kind of needing some help it can kind of give me a sense of giving what they gave to me. They don't need much help right now but doing some things can make me feel proper and giving back.

The women who participated in this study genuinely wanted to help others by sharing their story. Alex gave back to the people who supported her and in the near future would be needing her support; this is the full circle of meaning and being a superhero. Alex was the superhero patron of support.

A superhero who is making meaning and healing through motherhood

Superheroes also need to know love and be loved in return, and understand that there is meaning to be found in love. Women with children placed a lot of significance upon being the best mother they could be for their children. Women were trying to lay down a foundation of non-violence and be a source of inspiration for their children, rather than one of helplessness. Loving their children allowed them to get in touch with their own inner child, and an assertion that they were worthy to be loved. Being a parent gave the women opportunity to heal. Having children and keeping them safe was, for many participants, one of the ways that they found meaning in their lives. Loving their children and wanting a better life for them helped restore the sense that life is meaningful and has a purpose.

Zara shared how she has gained strength and inspiration from her daughter and her grandmother. In this study Zara has been given the identity of a superhero suffragist:

I feel like I am in control of the meaning and value of my life now, the meaning I have I suppose is how I impact other people's lives. I do think I have lots to give. And I always feel like I want to be working towards something. I'd like to add having a daughter particularly really inspires me, my grandmother was a champion for women's education, she was quite old fashioned but she wanted women to have an education and profession so they could go out and do it themselves. Going into medicine for my daughter, she can say if my mother can do it at 40 I can do anything and that means a lot to me and it gives me real meaning.

Meaning making for Zara was the desire to be a role model for her daughter. Zara drew strength from her grandmother, a superhero who championed women's rights to be educated and advocated for women's independence—a suffragist superhero. A superhero suffragist inspired Zara, and now Zara was becoming one herself by role modelling the actions of a superhero suffragist for her daughter to emulate. Zara was emulating her grandmother, going into the frontiers of medicine as a superhero suffragist. Zara intended to impact others' lives because she now knew her value and what she had to offer. Zara was the superhero role model suffragist.

Loving and parenting her daughter taught Amanda to love herself:

I think parenting my daughter, she, I've said this to my therapist before. Loving her, has taught me how to love myself. So now if I'm not feeling well, I do the things for myself that I do for her. You know? Like rub Vicks on my chest, and go to sleep early. Or make myself a hot drink and that sort of thing whereas I never used to do those things for myself.

The influential pioneer of the new age movement and spiritual teacher Gary Zukav (1991) stated that love fulfils and heals everything. There is spiritual awakening that comes from love and sacrifice, and the spiritual truth of love is that loving someone else, begins with showing love and kindness to ourselves first, for in loving ourselves, we learn to love another and that love is the energy of the soul (Zukav, 1991). Frankl (1984) aligned with Zukav's (1991) philosophy that meaning making lies in the actions that make loving connections with others possible. Loving her daughter became for Amanda the enablement of loving herself and in that nutshell lay part of the medicine for healing her life. Amanda was a superhero parent.

The theme of superhero continued with love and healing and a sense of self from Tania:

My children gave me a sense of self and knowing now to be able to give your children something to be able to take away from your children what you had by not bringing them up around any violence and my children were growing up and they were good so I was starting to relax and heal with my children. I started to heal with the love and Aroha (love) from my children. Once I had my children they became my priority it wasn't about me anymore it was about protecting them.

The sense of self that is Ricoeur's (1992) ipse for Tania was the wounded self, healed by the love of her children, to now become a superhero defender of children. Zukav (1991) noted that love does more than bring peace, it brings light and harmony and a different way of being in the world. He also said that love is not a passive state but an active force, which ties into Ricoeur's philosophy of actions rather than introspection to make meaning and gain self-understanding. Tania actively protected her children from violence, and was a superhero defender of children. Aroha continued this theme of wanting the best for her children:

Yeah – because of my kids. That was the biggest thing looking at them I just want them to have everything, and to do everything – life is short, we only have this one life so I just want them to be happy and have a really good life because I want them to be free and happy not be inhibited by crazy psychological bullshit so I think that was the biggest thing that gave me strength. I wanted the kids to be happy and to have a better life.

Part of constructing a new life is ensuring their children had a new life full of possibilities. Aroha was the superhero who found meaning and purpose in giving her children the best life she could to make them happy and free from inhibiting energies and forces that could

lead them into violent lives. For Aroha making the children her priority added to her freedom and personal power; by putting her children's welfare and happiness first, she gained purpose through the power of living for today, when she realised that today is all we have. Life is short and we only have one life stated Aroha. Aurelius (2002) commented "Think of yourself as dead. You have lived your life. Now take what's left and live it properly" (p. 94). This ties in with Ricoeur's (1984, 1985, 1988) philosophical interpretation of past present and future time, looking back to all that is dead in the past, and then moving forward with wisdom. Aroha realised that everything was temporary and that time is fleeting, and has the determination to make the rest of her life meaningful by giving her children a good and happy life. Aurelius (2002) stated that our lifetime is so brief, and that everything is so transitory and fades so quickly and turns into legend. Aroha was the ephemeral superhero of everything transitory.

Interviewing the participants was, for many of them, the opportunity to honestly gaze at the landscape of their lives. The participants recalled the contours that made up their experiences plus the mountains they had climbed, as well as the valleys into which they had fallen. This appraisal provided an opportunity to revisit the mountaintops to look back and then forward and back again in a hermeneutic circle to the type of person that they had become. Life is for everyone, a mosaic of sorts, but for these women a lot of the tiles were either broken or missing and so they constructed new ones or they grouted and re-grouted and cemented and fixed it in place to form a pathway. A pathway of their lives that you can tell was broken but is now fixed and for the fixing looks stronger and full of character. The scars that remained make for the different hues and although some of the tiles are small and some are big or irregular, they are all different and quite beautiful due to the suffering, which formed them with colours and texture. Their narrative identity as superheroes incorporated for each woman their own distinctive qualities that formed their superhero strength and identity. This was as unique for each woman as is the precious stone that is laid into their mosaic in the shape of a shining superhero star.

Conclusion

This third mimetic chapter refigured the actions of emplotment in mimesis 2 against the background and influence of mimesis 1 and has provided the reflections of a life well lived and an identity reconstructed in the fullness of time as superheroes. The women are superheroes with scars that have remained from IPV, but all have found meaning and a

solid sense of self. At this stage of their lives they have a desire to help others by sharing their experiences. They find superhero pleasure and meaning in keeping their children safe and they have a solid sense of who they are in the world. They are happy with who they are now and how their life has turned out. The mosaic of their lives, although unfinished, has introduced a new shining supersize star in their narrative identity, and it is a special tile of superhero with personal power and control. This chapter has contained the embodiment of all that went before and the narrative identity of *Some Scars Remain But I'm A Fucking Superhero Now*. The narratives of their lives will continue and, as a hermeneutic circle, so too will the days of their lives as they continue to lead a life reconstructed as superheroes in a never-ending story (as depicted in Figure 4).



Figure 4: Some scars remain but I'm a fucking superhero now. Retrieved from <https://s-media-cache-ak0.pinimg.com/600x315/62/62/8f/62628fdf128aba7791d41baadb21890d.jpg>; http://comicvine.gamespot.com/api/image/scale_super/3497480-5533456785-news52.jpg; <https://marciokenobi.files.wordpress.com/2015/10/storm.jpg>

Chapter Thirteen: Postscripts From The Other Side Of The Bridge

Introduction

Postscripts from the other side of the bridge relays messages that women stressed they wanted to be passed on in this study. Women were eager to tell their story, they wanted to be heard, but most of all they wanted to provide advice for other women who were still in violent relationships. Women in this study wanted to give feedback to agencies and provide their own analysis of IPV. The women's voices are left to speak for themselves without hermeneutic interpretation allowing readers to make their own evaluation.

The need to follow up

I rang SHINE the day I left and said I left him what do I do, and they said you can stay at the refuge but they said if I have the money to stay somewhere else, we prefer if you could as we can save the space for someone else and I said ok I would do that. So I went to a hotel. The criticism of SHINE at that point is that they never followed up on me, no one ever rang me back, that's what I wanted, to check in on me in the morning or in a fortnights time whatever, how is it going are you feeling ok? There was no follow up. (Jess)

When professionals don't know what they should

I also asked for a reference on a lawyer and unfortunately they referred me to a lawyer who did not know anything about domestic violence and actually ended up being very hard to me emotionally because she blamed me. Her words were "it wasn't that bad." I ended up staying with her initially because I needed the protection order and so in order to get things going I stayed with her. I ended up staying with her longer then I should of repeating a pattern I think until I realized she was harming my case with my kids. I did the work and found a new lawyer and she's excellent. It was terrifying. I got recommendations, I went with one recommendation and he ended up being the fire not the frying pan and it turned out what I had to do was in my professional circle was to find the highest paying one I could find and I ended up talking to him not to help me but to recommend others and interviewed them. And that cost a lot but was worth not losing my case. (Jess)

All you have to do is ask the right questions and be listening to what I say

I had a court appointed psychologist with a PhD say to me, "why if it was so bad why didn't you leave?" I went to a counsellor and said, "look I've got everything sorted out in my life. I've got great kids, but the one problem is I can't make my husband happy" and she said, "okay, let's brainstorm ways for you to be nicer, let's talk about toys you can bring in to the bedroom." She was great for him. I went to A&E a while back

and the nurses asked me questions about domestic violence and I was there for something that couldn't be caused by domestic violence so if a nurse can do it in 30 seconds then why can't a counsellor who I was spilling my guts out to not pick up on that. Why did she not say what is going on that your husband cannot be happy with you? There was no screening, no nothing. (Jess)

Why did you stay? When professionals blame women

And to people who say why did they stay? And I say, "your normal is not normal anymore." As survivors of IPV we are all aware that for the majority of our relationship we were intentionally blamed for everything, which feeds our lack of self-worth, guilt and shame. It makes us doubt our ability to make sound rational decisions; in fact it makes us doubt our very sanity at times. The judge's comments to me were a reflection of what is a prevalent bias within society. For example, "Why did you stay," "look at what you have done," and takes the focus off the perpetrator of the IPV. It perpetuates the concept of blame as being the woman's complete responsibility. I feel that as a judge is in the ultimate position of power, for them to then turn around and judge us in such a blatant way merely confirms our core belief of worthlessness in regards to ourselves and our ability to parent. (Melody)

The left hand needs to know what the right hand is doing

In my dealings with multi-sector agencies I found, that the left hand often didn't know what the right hand was doing. This led to having to repeatedly go over and over my relationship, the break up and the fall out. This was often accompanied by a judgmental attitude that the people supposedly 'helping' me were unable to hide, adding to the victimization; inappropriate comments, looks and body language. (Melody)

Professionals need to be in it for the long haul

I think early intervention is so important because by the time you finally leave some people are so damaged that they need extensive love and affirmation and encouragement and support and it needs to be long term. A lot of the support in the early days drops away far too quickly and if you have children that need help, that help will continue for a long time but if it is just the women and the children don't need quite so much help it drops off fast. (Melody)

There are no stereotypes

Because I had a picture of myself as "I have a PhD, I'm smart, I'm successful, how can this be my life, and how can this happen to me." You just don't want to admit it, admitting it took some time. I got some help too in doing that by reaching out to Auckland Women's centre first. (Jess)

You need to be very empathetic, non-judgmental and that real saying of you cannot judge a book by its cover. You can't, you can't. You have to ditch every single stereotype you think society can inflict and you have to go people to people. (Sarah)

I thought some people were really shocked. I rang my mum when I was leaving and I said mum I have to leave this relationship things are really fucked up and she said 'why?' and I said because she has been beating me up for the past few years, and mum was like wow! People were very surprised because they didn't fit it – the battered woman, and it also didn't fit with me and the personality that I had. (Cora)

You need to have a plan and get protection

Find safety whatever that looks like. It could be a safety plan if they were to stay. Get a protection order. They never change. It's very, very rare that men do change and it would have to be a sustained long-term change. There are heaps of guys who say, "yeah I can change and I will do that" but if you go back it just ends up the same, well it did for me. I think you just have to make some decisions to empower yourself as a woman like getting a protection order those sorts of things because even if you do have a protection order you can still live in the same house but they you know you've got one and they start beating up on you then you can go next door and call the police. Which is fantastic because even if you do go back you are protected the police would come and take him away. They first have to reach out and trust someone even if that's hard they have to reach out and trust at least one person. (Amanda)

I think you need to have a plan and stick with it to leave. If money is an issue, go to Work and Income, as it's important for women who don't have someplace to go. I have never been to women's refuge but it is so important, and if you are scared go there, not to your parents or friends or somewhere where he will find you. (Peyton)

Colonised and Normalised

I was brought up with my mother who is Māori and my father who is Pakeha and there was a lot of alcohol back then in those days. My mum was not educated so she had gone through all the colonization process and the trauma of losing her language and everything so mum had a big brick wall around herself, never trusted dad so I did see a lot of abuse from my mother to my father a lot of physical abuse and now when I reflect back on it I see how that impacted on me, how it normalized violence for me. So when I was around violence as long as I thought I moved away then they started fighting I thought I would be fine. I didn't actually realize that I had normalized the violence. I wasn't beaten black and blue but I was the oldest and a witness for seeing mum and dad coming home drunk and waking up in the morning and seeing all the mess in the kitchen the frigging mess everywhere and just going out to see my grandmothers and all my uncles and aunties would go down to the pub and then come 12o'clock they're all back at home and I'm the oldest looking after all these Mokos and my sisters and watching them fight like you don't realize, you're hearing it. Because it's been normalized, you have seen it before so you just go pift and you don't realize how it is entering into your subconscious and how it effects self-esteem and identity. (Tania)

Because I have seen that with all these partners that I had they have all had shitty childhoods, shitty, shitty childhoods, I'm sort of into colonization and looking at that and things that have led to the Māori race being at the bottom of the barrel. I try and find ways, intelligent ways through my paintings to give the finger to white people. I know it sounds terrible but I feel so bad that we are at the bottom and that we have to struggle it's not just cos this guys on drugs or whatever, there is much more in the wider picture of it that has brought this kind of thing you know, these partners on drugs there is so much more that has brought our men to this kind of thing. I suppose there was violence back then when we were running around in grass skirts but think not to the degree that it is and the way that's its dealt out now. Women were respected back then in that society now they just feel worthless and there's only one way you gotta hustle. (Aroha)

Is it part of being a woman?

Unpacking the reasons why I stayed for so long and why I then got into another one later on is still on-going and quite evolved and that's about having a very physically violent father, and growing up with his physical violence with myself, my brother and my mother and not knowing as you do when you're a kid that it's not normal. You think it's normal and you take those things on as a woman, as a female; and seeing those things happen to my mother, I guess I associated it a lot with the women's role. Thought a lot about how it was the woman's role and how my mother used to talk about it. She used to say we are strong, we can get through this, men are different to us and she would normalize it, that woman suffer these things and we are strong, because we suffer these things and I realize that that is a lot of the women's stories, you just don't say anything just be grateful that you have someone. Like who do you think you are, to be wanting more than that. I know it's not always men that perpetrate violence on women, as in same gender relationships and women can be violent towards men, but it seems to be predominately men and that somehow, we have the idea that we deserve that, and who are we to deserve more? We are there to save men or help them and be helpful and understanding and be whatever they wanted me to be. (Jewels)

You are responsible too

I think it is the duty of all members of society to actually stand up because they are relying on someone who has been abused and told she is worthless to actually turn around and grow balls the size of elephants and confront and get rid of someone they are deathly afraid of. You want someone who is so afraid – so afraid to turn around when they know the potential for what could happen and you want that person who could easily be killed to grow massive balls and just lay it out after that you can all stand the in the background clapping your hands saying, "how courageous, well done, aren't you amazing?" Well what about you? What about the fact that you're the neighbour that saw it? You were standing right there and you saw it and didn't even say "you shouldn't talk to your wife like that." Or you see a child that's got a whack across their head, "what do you think you're doing?" Why is that you're expecting someone who is so vulnerable at that time, they get stronger

but at that time they are so vulnerable and you're expecting them, it's like asking a child to do it, it's like asking a little kid to do the same thing when it's society's responsibility a civilian duty to actually all band together and stop blaming someone who is constantly blamed and actually say, "It's not okay." (Melody)

Conclusion

This chapter has contained the narratives of women's advice to agencies, the judiciary, and other women, as well as their own musing around society's obligations to prevent violence and stigma. The normalisation of violence in homes around children and between people who love each other and the socialisation of women into that environment is included as perpetuating the myth that it is a woman's role to soothe the rage, as it is to be strong and grateful to have someone to love. Some Māori participants wanted to include their thoughts around colonisation and although not wanting to prolong a victim mentality they put forward the damaging effects on self-esteem and identity as being one of the contributing factors for violence in Māori.

Chapter Fourteen: The Mosaic of a Superhero: A Ricoeurian hermeneutic construction of life and identity after IPV

Introduction

We are ‘superheroes’. In seeking to understand how women constructed a life and identity after the experience of IPV, the participants in this study spoke to assuming a new narrative identity of a superhero embodied within a mosaic that represents the actions taken to attain freedom from IPV, gain self-agency, and find meaning in a new life.

Ricoeur’s triple mimetic process was used to interpret women’s narratives of their journey of leaving their violent relationships to crossing into a new life of freedom, and through to the events and actions that enabled them to gain self-agency as well as a sense of self. This chapter brings together the three mimetic processes and spirals of the hermeneutic circle. Literature from other studies will be compared to gain deeper understanding of how the study findings offer new insights. Recommendations that may further awareness and assistance in the journey from IPV to freedom and reconstruction of life and identity is provided. Above all, this chapter celebrates the triumph of the women whose stories are told in this thesis, and the courage and tenacity of all women who make it to the other side of the bridge to freedom and a new life.

The mosaic of a superhero

The construction of a life and identity in this study is depicted as a mosaic with tiles that represent the actions women took to construct their lives. The freedom tile is one of self-agency and is the cornerstone of the mosaic. Without taking that journey toward freedom from the violence in their lives, women would not have been able to set the other tiles into their mosaic. The mosaic is a display of their lives, of all that they have experienced from the violence to the leaving, and the transition through shame and erosion of self to the finding of self and self-agency, and all the actions taken to acquire this change. The mosaic also represents the pathway that women took in the tiles that hold the meaning of life that these women found after violence. The mosaic holds the tile of a new narrative identity of a superhero set within the mosaic as the shining star of their achievements. The construction of identity sweeps in the actions that embodied personal power and awareness, but required freedom first from violence and second freedom to choose and the autonomy to make the choices. These choices enable women to exercise a range of

potential options and possibilities to explore ways of being in the world. This is freedom, which also means to have personal power and awareness. Personal power and awareness can be referred to as self-agency (Showden, 2011). Self-agency (as explained more fully in Chapter 12, p. 157) means to be in charge of your life with some ability to direct your circumstances. The women were able to redefine their image from survivor to superhero as they repositioned themselves for the future (refer Figure 5).



Figure 5: The mosaic of a superhero. From Arroyo at UT Austin for 2013 mosaic arts international, by J. Richey, 2016. Copyright 2012 by Julie Richey Mosaics, LLC. Reprinted with permission.

Summary of findings for each mimetic stage

The women's narratives revealed that there is no freedom in a relationship dominated by fear because violence is a form of control that subjugates and manipulates the feelings, actions and identity of the person being abused. Ricoeur (1992) believed that change is brought about through actions, not introspection. Ricoeur's mimetic interplay revealed the actions that women took to construct a new life and identity.

Significance of prefiguration mimesis 1: The many faces of power and control. The shame of it all.

The primary point found in the first chapter of findings is that a controlling violent partner traps a woman through slow and persuasive tactics. A woman's baseline for normal shifts as she begins to doubt herself and believe her abuser when he says it is all her fault for making him angry. She tries to predict the violence but it is unpredictable; she begins to experience disruption and confusion and cannot think straight. While she is in this state of fear and confusion she unwittingly hands over her power and her sense of self and identity begins to erode. During this time of abuse she feels shame and is ashamed of what is happening to her, and attempts to cover up and hide the abuse from others. Out of fear of exposure and judgement from others she covers and hides the abuse and inadvertently protects the abuser. To keep the abuse hidden she wears a mask to disguise the abuse from others. She is silenced and isolated in her abuse and begins to feel nullified, diminished, and belittled. She loses more of her sense of self and identity. She begins to question everything about herself, her reality, and her reasoning of what to expect from a relationship. She feels humiliated and worthless. She loses all sense of self. She is completely disempowered. Her identity is found in the narratives of her abuser: "stupid useless sluts who are fearful insignificant no-ones, not worthy of anything."

Significance of configuration mimesis 2: Anagnorisis. Plotting and planning to leave. Imagining a life that could be –a bridge crossing. The mosaic of an embodied life and identity

The metaphor *Anagnorisis* is *the last straw* and *augenblick*, which describe the events and the point where the participants in this study realised they needed to leave. The philosophical metaphor of *Anagnorisis* leads participants into *Imagining A Life That Could Be*, which is a life free from violence. *Imagining A Life That Could Be* requires *seeing a different world*, and required *coming up with a plan*, and *seeing possibilities of a different life*, free from violence. To get to this world without violence women needed a *Bridge Crossing*. Women began using *subterfuge* while *plotting and planning to leave*.

During this time women were *counting the loss and paying the cost of leaving* for they were *letting go of sentiment and leaving it all behind*, which meant letting go and leaving behind everything they had worked for or held dear. The leaving process encompassed *stalking and threats* and *struggling to stay afloat*. For some women this period of time found them *homeless in transition* during which time women were *counting the loss and paying the cost* of *giving up the dream* and enjoying their homes and possessions, but were *persisting and persevering* on the road to freedom. Although it was a time of despair, it was also a time of great courage and insight. Women knew that to have any sort of life they had to make the *Bridge Crossing* before the flame of hope died; material possessions could be replaced but not the flame that held the very essence of self. In *keeping the flame alive* women knew they had to leave before they were like the metaphorical flame also extinguished. While navigating the *Bridge Crossing* some women faltered and some lingered too long in the middle of uncertainty. Although bridges are meant to connect you to the other side they do not guarantee a safe passage.

All the participants in this study made it to the other side of the bridge to *The Mosaic Of An Embodied Life And Identity*. In this stage of Ricoeur's configuration women began to construct their lives, bit by bit, until a mosaic was formed. They do this by *embodying a life broken and mended* with tiles that represent their past suffering and their future dreams, and by taking *small steps forward* along the mosaic that formed as a pathway of their lives. The tiles of the mosaic represent friends and accomplishments and all the choices they make in *rebuilding shattered pieces* of their lives broken up by violence. Further, in the process of construction, women began *regaining personal power and freedom*, which was the most important tile of the mosaic and around which all other tiles could be laid to begin the mosaic of their lives. These tiles represented the actions of: *refusing to be a victim*, and by *letting go and not looking back*. Women were also *finding support and safety* from social agencies and *renewing relationships* with family and friends that their abuser had previously disconnected them from. They began *reconceptualising and reconstructing self*, by gaining an education, which allowed them choices and better prospects for social and economic mobility and self-reliance. Gaining an education opened up a world of possibilities and another tile of freedom. *Reconceptualising and reconstructing self* through gaining an education also gave them self-respect and respect from others which provided a different perspective of themselves, and a new narrative identity. Women gained a new tile in their mosaic as either an intellectual or role model for success, or a nice person and these narratives helped to

counteract the previous negative narratives. Women also began *setting and achieving goals to take back control*. This is the tile of the mosaic that embodies physical and mental endurance through training for a marathon, or training in martial arts to take back personal power and control over their lives. Another tile that women laid along the pathway of their mosaic was *recovering self-worth*. This is the tile where women made choices to recover from addictions or to take care of themselves in areas of their lives that previously had not mattered because they felt unworthy. They did this through *finding hope in dark places*. In the process of *reconceptualising and reconstructing self*, women realised that all the actions they took were for *sustaining freedom*, for although the first action for freedom was in the leaving women realised they needed to sustain that freedom. The tiles in the mosaic embodied the actions that women took to regain their lives, take back control and gain self-agency. The perspective of freedom in this stage of their lives holds significance when seen in contrast to the lack of freedom they had in IPV. Therefore, it is in the pursuit and maintaining of this freedom that they regain their personal power and control, which is self-agency. The tiles in the mosaic are a visible embodiment of the actions they took to regain and maintain that freedom.

Significance of refiguration mimesis 3: In the fullness of time some scars remain but I'm a fucking superhero now

In the fullness of time some scars remain but I'm a fucking superhero now is the title of the last chapter. Fucking is taken straight from a participant's request for that word to remain. *The Mosaic Continues In The Fullness Of Time* depicts Ricoeur's refiguration stage. This stage is open to the actions of prefiguration in the first stage when the women journeyed from violence to freedom and in the imaginings that took them across the bridge to a new life, through to configuration in the previous chapter of actions women took to build their mosaic. In this refigurative stage women looked back on their lives with hindsight, perspective, and wisdom, and realised that they were able to fix and repair the pathway of tiles that made up the mosaic of their lives. Although the fixing has made it stronger, *some scars remain*. The metaphorical interpretation of the psychological and physiological remains of their past experiences of violence is that the mark of fear is not easily removed. Therefore, *In The Fullness Of Time Some Scars Remain* encompasses the sub-themes of *the mark of fear is not easily removed, flashbacks, less trusting more sceptical but less naïve and gullible, anxiety the scar that remains*. The scars are *flashbacks* that retain the ability to transport them back to that dark place of violence or that causes them to flinch with sudden movements or loud voices or shut down. For some women an object or association with something that reminded them of their abuser could

send them into a panic attack. Posttraumatic stress symptoms like agoraphobia and extreme vigilance remained though faded with treatment over time.

Some Scars Remain But I'm A Fucking Superhero now embodied the narrative identity of new shining supersize star that encapsulates the sub-themes of *a superhero with a solid sense of self*, *a superhero who is finding a meaningful life*, and *a superhero who is making meaning and healing through motherhood*.

Refiguration in mimesis 3 holds the mosaic tiles of a life well lived and an identity reconstructed in the fullness of time as superheroes. Viktor Frankl (1984) believed humans have the capacity to turn suffering and tragedy into something positive and constructive. All women in this study are superheroes and, as cited in Chapter 12, the story of a hero is in the admirable traits of courage as depicted in the hero of Homers' Odysseus. Arendt (1998) stated the story of a hero is the story of anyone who is willing to come out of hiding and to participate in the world; for it is in the willingness to disclose and expose oneself and begin one's own story that the story of a hero begins. The women in this study are all heroes' for "courage and boldness are already present in leaving one's private hiding place and showing who one is" (Arendt, 1998, p. 186). The fact that they have scars, yet are still able to participate and contribute in the world, is testament to their courage. Without a scar to show their past there is no gain in being a hero – a hero needs odds to fight against. Mimesis 3 refiguration showed that in the fullness of time the participants found meaning and purpose to their lives and a solid sense of self. They wanted to help other women move out of IPV and wanted to keep their children safe. The women were happy with their lives and the mosaics of their lives held all the tiles that have got them to where they are today. The mosaic of their lives will never be finished for a hermeneutic narrative is like the moments that make the hours of the days, that make the years, that make the whole of the narratives of our lives.

Similar studies in relation to each mimetic stage

Refiguration stage of mimesis 1

The loss of self from the experience of IPV can be found in Kirkwood's (1993) study of women's experience of IPV and in Wuest and Merritt-Gray's (1999) study. Both those studies found women relinquished parts of themselves in order to survive and counteract the abuse. Wuest and Merritt-Gray also found shame as an experience in relation to the abuse; as well as Kirkwood who provided similar links to the degradation and worthlessness that erodes a woman's sense of self from the shame experience. Kirkwood

related similarities to how, over time, a woman begins to accept her abuser's value of her as a "slag or whore" which has similarities to women who take on the narratives of their abuser in this study as "stupid useless sluts who are fearful insignificant no-ones, not worthy of anything". Whereas shame was also found in the women that participated in Hou et al.'s (2013) study, their shame was related to the failure of not being able to make their marriage work.

The process associated with leaving a violent relationship in this thesis is the philosophical metaphor of Anagnorisis that covered different events leading to the last straw whereupon women went through the process of leaving or an event that produced an instant *augenblick* moment when some women knew in the blink of an eye they had to immediately leave. Similarities to the *augenblick* moment can be found in Abrahams' (2007) study where women had a moment of clarity when they knew they had to leave. Similarities to Anagnorisis in this study is found in studies that have a turning point (Crichton-Hill, 2013) or when for a variety of reasons they knew they had to leave (Stark & Flitcraft, 1996; Towns & Adams, 2000). Similarities of plotting and planning to leave in this study can be found in Bruton's (2015) study where women also employed subterfuge to conceal their plans of leaving from their abuser.

Configuration stage of mimesis 2

Studies of women who lose fragments of themselves during the experience of IPV can be found in Farrell (1996) who identified that there were aspects of self that were fragmented and, therefore, needed reconnecting pieces to restore wholeness. Studies that relate the loss of aspects of self during IPV is found in Hou et al.'s (2013) study which identified the recovery process as reconstructing the self. Similarities are also found in Kirkwood (1993) who described the process of healing as entailing the reconstruction of identity and self-esteem, and rejecting all negative images instilled by their abuser. There are some similarities to be found in Giles' (2004) findings of participants developing themselves and their identity through growing through adversity. Most studies that involved self-construction after IPV identified the need for this as a process of healing and recovery (Farrell, 1996; Hou et al., 2013 ; Kirkwood, 1993; Wuest & Merritt-Gray, 2001). Rather than recovery and healing, this current study uses the tiles of the mosaic to symbolically represent the actions that women took to construct a new identity and sense of self, and that the first step that they took toward freedom from IPV is the beginning of self construction. Freedom is the essential tile in the mosaic from which all tiles are laid down for the mosaic of their lives.

Configuration and refiguration stage of mimesis 2 & 3

Studies that similarly identified women needing to gain a life that held significance or meaning included Brison (2002), Hou et al. (2013) and Oke (1998), whose participants found that by helping others they were able to gain a sense of purpose. Similar studies that identified the need to be in control of their lives after IPV or acquire self-agency are found in Lewis' (2006) theme of independence and taking control. Similarities are also found in Oke's findings of gaining independence and an autonomous sense of self, and Giles (2004) who found women's experiences of developing themselves and their identity through the process of growing through adversity. Other than gaining self-agency or independence there is very little substance in these studies of what these lives hold for women or what this means for their identity. There are, however, some similarities to be found in Wuest and Merritt-Gray's (1995, 1999, 2001) process of reclaiming self. During the social and psychological process of reclaiming self, women's self-image began to take a new form in tandem with the actions they took to in order to create a life of their own (Wuest & Merritt-Gray 1995, 1999, 2001). Although Wuest and Merritt-Gray (2001) found the term survivor more empowering than the term victim, they conceded that the survivor label "has the potential to disempower women who are in the process of moving on" (p. 91). They further stated that any label needs to be defined by the women who are able to redefine their experience to take on an image that resonates and positions for their future. Wuest and Merritt-Gray (2001) stated that "taking on a new image is the process of leaving behind the image of abused woman or survivor and taking pride in the person one has become" (p. 89). The self is refigured in the narrative for women in this study, and they have answered Ricoeur's (1992, 1988) call of "who am I and "what have I become" (Ricoeur, 1992, p. 167), for over time and in the telling of their stories they have redefined their identity. What is unique about this study is the image of a superwoman shaped and defined by the women themselves and positioned for the future, with all of the inferences that surround the pride in their accomplishments as a superhero.

Limitations of this study

The limitation of this study is that it is not generalisable to all women for resonance with the themes is found only with identification and receptiveness in the final analysis. The receptiveness of the story lies in the readability and the receiver who might find in the story a world that she might inhabit. The meaning and the essence of the themes contextualise women's experiences of IPV and the construction of a life and identity, and are only generalisable to those who can personally identify with the journey.

Strengths of this study

The strength of this study lies in the women's narratives. The hermeneutic methodology, underpinned by the philosophy of Paul Ricoeur, and the mimetic process enabled me to provide the women's whole story of IPV, which is also strength. The whole story means that this study was able to capture women's experiences of IPV through to the construction of a new life and identity after IPV. The triple interplay of mimesis 1 prefiguration, mimesis 2 configuration, and mimesis 3 refiguration enabled following the journey of women in stages as in a hermeneutic sense of parts that make up the whole. The whole is depicted as a mosaic composed of tiles that embody all that they have experienced. The strength of this study was also in the way that women recounted how the experience of IPV and shame eroded their sense of self and identity, and cloaks what is happening for them. Understanding that shame may cause women to hide their experience of IPV could help agencies shape their approach to women during the screening process. The unique aspects of this study is in the mosaic, which is the embodiment of all they experienced and continue to experience, and all that they were and all that they have become for this gives hope to other women contemplating the same journey. The strength in this study is that it has given women a voice to describe in their own words what they have become; for they have become superheroes with courage, tenacity, endurance and power to overcome.

Discussion and recommendations

Postscripts from across the bridge in Chapter 13 address the participants' need to relate advice to services that they required to be arranged or organised to meet their needs. Therefore, much of the recommendations made in this study were gathered from the participants' own contributions that arose from personal experiences and that would have been helpful in their journey toward freedom and self-agency.

Social service agencies

Jess rang SHINE (Safer Homes in New Zealand Everyday) on the day she left her partner and asked for some directional instructions. Jess went to a hotel but is critical about the lack of follow up to check on her safety and to ascertain if she was okay, was she being stalked or feeling threatened or indeed if she was still alive. The recommendation is for a follow up phone call and/or meeting after women have fled from their abuser to a venue other than women's refuge housing. The importance of such action being that every woman is made to feel they matter.

Women in this study identified that they required greater support in the form of extended counselling under victim support services. Some women have extensive emotional and psychological damage that needs to be understood and addressed with plans made for long-term support. Very often the focus is on ensuring children are supported, without the wider, long term view of supporting their mother so she can continue assisting her children after the professionals have left. The recommendation is for long-term support and counselling with professionals that understand the dynamics of leaving a partner after violence.

Helping professionals

Women put trust in the people they seek help from. Often seeking help is a big step. When this step is not met with concern of engagement from others, the impact is that some women may feel abandoned. Professions dealing with IPV need to be aware of the impact on women when they trivialise their experience, as “it’s not that bad”. The gravity of the violence that they experience when trivialised by those who are supposed to support them has the impact of minimising their experience. Women in this study experienced shame as a consequence of IPV but this shame can be reinforced by the reaction of others. Women who seek advice and counsel need to be assured that violence to enforce control is not their fault but the undercurrents of violence in a relationship need to be identified. Very often the questions are not asked and the women are vociferous that this process should occur. A counsellor who is trained in early detection, family violence awareness, and screening would enable women to get the help they need earlier. There are some pivotal windows of opportunity when a knowledgeable counsellor or health professional can uncover the shame of IPV in a sensitive respectful manner. The recommendations are that all involved in the helping professions need to be aware of how women can fear judgement and how IPV can erode self-worth. It is recommended that all health and helping professionals, including counsellors and psychologists, undertake the screening education process and this becomes a mandatory part of their profession.

Policy

Women in this study found the court system difficult to navigate and that agencies did not appear to talk to each other. They felt taxed with having to repeatedly report details to the different agencies involved with their case. When women are in the process of trying to gain safety and protection, having to repeatedly tell their story to multiple agencies was an experience that led women to surmise that multi sector agencies had no

process of communicating with each other. Taking the focus of the perpetrator and making women repeat their stories has the effect of making the victim feel not believed, or that they are to blame for the violence, with the effect that a woman may feel re-victimised. Recommendations that arose from this experience is that there be a representative from the New Zealand Police, Child Youth and Family, Women's refuge, and Māori women's welfare league, and that these representatives be pooled into one area to share information immediately a woman seeks safety and protection from violence. Recommendations for policy that arose from this study are for a family violence court system staffed with professionals who have had training and education in violence within families and within IPV to speedily and effectively supervise court orders. The recommendation was for mandatory information sharing and for some show of compassion.

Judiciary

Women talked about trusting that others will advocate for them and do their job. When this does not happen the result is reinforcement of lack of trust. Women felt the process of seeking help from the judiciary could have been smoother, streamlined and with less victim blaming. Women who told their stories urged for change to begin with education in law school that raises awareness of victim blaming, and how victim blaming adds to the reluctance of women in asking for help. The recommendation was that the judiciary dealing with victims should undertake compulsory education in the use of language that perpetuates the shame and stigma attached to abuse. If legal advisors are not well informed about the dynamics of IPV then women will be reluctant to come forward.

The lack of knowledge, insight, and compassion from judges and lawyers is summed up as lack of knowledge by the judiciary with regard to why women stay in relationships of abuse and violence, and is a reflection of wider society's prevalence of victim blaming. The women in this study felt that the judiciary through lack of knowledge perpetuates society's stigma and victim blaming therefore prolonging condemnation. Recommendation from women in this study is for the judiciary to be educated around the reasons why women do not always leave an abusive relationship and seek help immediately. They also wanted the legal system to understand the dynamics of men's use of power to control women, and to see perpetrators held accountable.

Implications for further research

Research with marginalised or vulnerable groups

Māori participants in this study wanted to include their thoughts around colonisation in relation to the damaging effects on self-esteem and identity as being one of the contributing factors for violence in Māori. Recommendations from the Māori women is that research be undertaken with Māori men who have a past history of violent offending, and men who have alcohol and substance abuse problems, to examine self-esteem issues and feelings of marginalisation as a contributing factor to violence.

A qualitative retrospective study to capture the voices of the children who grew up in violent homes, but told as adults reflecting on their childhood dynamics around violence and abuse, is a study that I would like to undertake. Such a study would add to research that seeks to investigate the lives of women who experienced violence as children. The findings would add insight to studies of intergenerational violence and trauma. Research around societal attitudes with both men and women to understand how to take away the shame and stigma and uncover the hiddenness of IPV would be another recommendation that has arisen from this study.

Ricoeur's hermeneutics of narrative identity could be used to interpret men's experiences of IPV. Such a study would add to knowledge about the effects of IPV on identity, and contribute to gender studies. Qualitative research could capture men's narratives of their experiences of being a perpetrator of IPV. Research within specific cultural groups using the same Ricoeurian hermeneutic methodology would offer insight into what interpretations women put on the significance that identity and meaning hold within their culture.

Further research may include investigating the ways that women are socialised into their roles. A Ricoeurian hermeneutic methodology would interpret the mind-set of the messages that a lot of women grew up with, of what a woman should be for a man, as in Jewels' narrative (Chapter 13, p. 182). Research to investigate the nature of what expectations men have around a woman's role would be worth undertaking to investigate if there are stereotypical images that men grew up with that could account for their behaviour toward women in IPV.

Final words

This study has taken its toll emotionally and psychologically, and has impacted upon my physical health. Listening to women's stories of abuse, dwelling with their narratives and engaging in the analytic process, reinforced why I have always found it difficult to disengage from human stories of pain and suffering. Additionally, the women's narratives evoked similar personal experiences to my own. Nevertheless, this experience has allowed me to claim a shining superhero star of women's stories.

References

- Abdinor, G. (2000). *Constructions of masculinity in New Zealand national identity* (Unpublished master's thesis). University of Canterbury, Christchurch, New Zealand.
- Abeya, G. S., Mesganaw, F. A., & Alemayehu, W. Y. (2011). Intimate partner violence against women in western Ethiopia: Prevalence, patterns, and associated patterns. *BMJ Public Health*, 11(913). doi: 10.1186/1471-2458-11-913. Retrieved from <http://www.biomedcentral.com/1471-2458/11/913>
- Abrahams, H. (2007). *Supporting women after domestic violence: Loss, trauma and recovery*. London, UK: Jessica Kingsley.
- Abrahams, H., & Murray, J. (2010). *Rebuilding lives after domestic violence: Understanding long-term outcomes*. London, UK: Jessica Kingsley.
- Anderson, S. A., & Schlossberg, M. C. (1999). Systems perspectives on battering: The importance of context and pattern. In M. Harway & J. O'Neill (Eds.), *What causes men's violence against women?* (pp. 147). Thousand Oaks, CA: Sage.
- Arendt, H. (1963). *Eichmann in Jerusalem: A report on the banality of evil*. New York, NY: The Viking Press
- Arendt, H. (1970). *On violence*. New York, NY: Houghton Mifflin Harcourt.
- Arendt, H. (1998). *The human condition* (2nd ed.). Chicago, IL: University of Chicago Press.
- Aurelius, M. (2002). *Meditations* (G. Hays, Trans.). New York, NY: Random House.
- Australia's National Research Organisation for Women's Safety (ANROWS). (2014). *Violence against women: Key statistics*. Retrieved November 15, 2015, from <http://anrows.org.au/publications/fast-facts/violence-against-women-key-statistics>
- Balsam, K. F. (2001). Nowhere to hide: Lesbian battering, homophobia, and minority stress. In E. Kashkak (Ed.), *Intimate betrayal: Domestic violence in lesbian relationships* (pp. 25-37). London, UK: Haworth Press.
- Baly, A. R. (2010). Leaving abusive relationships: Constructions of self and situation by abused women. *Journal of Interpersonal Violence*, 25(12), 2297-2315. doi:10.1177/0886260509354885.
- Balzar, R., Haimona, D., Henare, M., & Matchitt, V. (1997). *Maori family violence in Aotearoa*. Wellington, New Zealand: Te Puni Kokiri.
- Band-Winterstein, T. (2014). The impact of lifelong exposure to IPV on adult children and their aging parents. *Journal of Family Issues*, 35(4), 439-461. doi:10.1177/0192513X12472657.
- Band-Winterstein, T., & Eisikovits, Z. (2009). Aging out of violence: Multiple faces of intimate violence over the life span *Qualitative Health Research*, 19(2), 164-180.
- Band-Winterstein, T., & Eisikovits, Z. (2010). Towards phenomenological theorizing about old women abuse. *Ageing International*, 35, 202-214.
- Barrett, K., O'Day, B., Roche, A., & Carlson, B. (2009). Intimate partner violence, health status, and health care access among women with disabilities. *Women's Health Issues*, 19(2), 94-100. doi:10.1016/j.whi.2008.10.005.
- Bartky, S. L. (1990). *Femininity and domination studies in the phenomenology of oppression*. New York, NY: Routledge, Chapman and Hall.
- Baynes, K., Bohman, J., & McCarthy, T. (Eds.). (1996). *After philosophy end or transformation*. Boston, MA: Massachusetts Institute of Technology.
- Black, M. C. (2011). Intimate partner violence and adverse health consequences. *American Journal of Lifestyle Medicine*, 5(5), 428-439. doi:10.1177/1559827611410265.

- Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., . . . Stevens, M. R. (2011). The national intimate partner and sexual violence survey (NISVS): 2010 Summary Report. Atlanta, GA. *National Center for Injury Prevention and Control, Centers for Disease Control and Prevention*. Retrieved February 23, 2016, from http://www.cdc.gov/ViolencePrevention/pdf/NISVS_Report2010-a.pdf
- Blasco-Ros, C., Sanchez-Lorente, S., & Martinez, M. (2010). Recovery from depressive symptoms, state anxiety and post-traumatic stress disorder in women exposed to physical and psychological, but not to psychological intimate partner violence alone: A longitudinal study. *BMC psychiatry*, 10(1), 98. doi:10.1186/1471-244x-10-98.
- Boell, S., & Cecez-Kecmanovic, D. (2010). Literature reviews and the hermeneutic circle. *Australian Academic & Research Libraries*, 41(2), 129-144. doi:10.1080/00048623.2010.10721450.
- Boutros, N., Waldvogel, J., Stone, G., & Levine, M. (2011). *Family violence in migrant and refugee families and successful models of prevention and intervention: A summary analysis and annotated bibliography*. Wellington, New Zealand: Ministry of Social Development.
- Braaf, R., & Meyering, I. (2013). *The gender debate in domestic violence: The role of data*. Retrieved July 20, 2013, from clearinghouse <http://www.adfvc.unsw.edu.au>
- Bray, P., & Hutchinson, E. (2007). The wild ride from boys to men. *New Zealand Journal of Counselling*, 27(2), 17-34.
- Breiding, M. J., Basile, K. C., Smith, S. G., Black, M., C., & Mahendra, R. (2015). *Intimate partner violence surveillance uniform definitions and recommended data elements version 2.0*. Centers for Disease Control and Prevention National Center for Injury Prevention and Control Atlanta, Georgia. Retrieved March 13, 2016, from <http://www.cdc.gov/violenceprevention/pdf/intimatepartnerviolence.pdf>
- Breiding, M. J., Smith, G., Basile, K. C., Walters, M., L., Chen, J., Walters, M. L., . . . Merrick, M. (Eds.). (2014). *Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization. National intimate partner and sexual violence survey*. Atlanta, GA: U.S. Department of Health and Human Services.
- Briere, J., & Scott, C. (2015). Complex trauma in adolescents and adults. *Psychiatric Clinics of North America*, 38(3), 515-527.
- Brison, S., J. (2002). *Aftermath: Violence and the remaking of a self*. New Jersey: Princeton University Press.
- Brown, C., Transgrud, H., & Linnemeyer, R. M. (2009). Battered women's process of leaving: A 2-year follow-up. *Journal of Career Assessment*, 17(4), 439-456. doi:10.1177/1069072709334244.
- Bruton, C. (2015). Stories of strength, survival and the family violence system; Women's experiences of separating from an abusive, intimate male partner. *Domestic Violence Resource Center Victoria* (2nd ed.; Spring/Summer). Retrieved March 14, 2016, from <http://www.dvrcv.org.au/sites/default/files/Stories-of-strength-survival-and-the-system-Crystal-Bruton.pdf>
- Campaign for Action on Family Violence, Family and Community Services, & Ministry of Social Development. (2011). *Creating change: For people working to prevent family violence in New Zealand*. Retrieved August 17, 2013, from <http://areyouok.org.nz/assets/AreYouOK/Resources/creating-change-toolkit.pdf>

- Campbell, J. C. (2002). Health consequences of intimate partner violence. *The Lancet*, 359(9314), 1331-1336. doi:10.1016/s0140-6736(02)08336-8.
- Campbell, J. C., Baty, M. L., Ghandour, R. M., Stockman, J. K., & Francisco, L. (2008). The intersection of IPV against women and HIV/AIDS: A review. *International Journal of Injury Control and Safety Promotion*, 15(4), 221-231. doi:10.1080/17457300802423224.
- Campbell, J. C., & Soeken, K. (1999). Forced sex and intimate partner violence: Effects on women's health. *Violence Against Women*, 5, 1017-1035.
- Carpenter, G. L., & Stacks, A. M. (2009). Developmental effects of exposure to intimate partner violence in early childhood: A review of the literature. *Child and Youth Services Review*, 31, 831-839.
- Cavanaugh, M. M. (2012). Theories of violence: Social science perspectives. *Journal of Human Behavior in the Social Environment*, 22(5), 607-618. doi:10.1080/10911359.2011.598757.
- Centers for Disease Control and Prevention. (2009). *Leading causes of death, 1900–1998*. Atlanta GA: U.S. Department of Health and Human Services. Retrieved February 12, 2016 from http://www.cdc.gov/nchs/nvss/mortality_historical_data.htm
- Centers for Disease Control and Prevention. (2012). *National intimate partner and sexual violence survey: 2010 summary report*. Retrieved October 12, 2013, from <http://www.cdc.gov/features/nisvs/>
- Centers for Disease Control and Prevention. (2016). *Understanding teen dating violence*. Retrieved May 4, 2016, from <http://www.cdc.gov/violenceprevention/pdf/teen-dating-violence-factsheet-a.pdf>
- Cerulli, C., Poleshuck, E., Raimondi, C., Veale, S., & Chin, N. (2012). What fresh hell is this? Victims of intimate partner violence describe their experiences of abuse, pain, and depression. *Journal of Family Violence*, 27(8), 773-781. doi:10.1007/s10896-012-9469-6.
- Clandinin, J. (2007). *Handbook of narrative inquiry: Mapping a methodology*. London, UK: Sage Publications.
- Clandinin, J., & Murphy, S. (2009). Comments on Coulter and Smith: Relational ontological commitments in narrative research. *Educational Researcher*, 38, 598-602. doi:10.3102/0013189x09353940.
- Crichton-Hill, Y. (2013). Women moving away from violence: Planning it -doing it. *Te Awatea Violence Research Centre; Christchurch Women's Refuge; Family Help Trust*. Retrieved August 13, 2014, from http://www.avivafamilies.org.nz/resources/file/women_moving_away_from_violence_research.pdf
- Cross, J., & Newbold, G. (2010). Presumptive arrest in partner assault: Use of discretion and problems of compliance in the New Zealand police. *Australian and New Zealand Journal of Criminology*, 43(1), 51-75. doi:10.1375/acri.43.1.51.
- Curtis, M. (2012). *Statistical analysis and summary of themes: Family violence death: Reviews of deaths between 2004 – 2011*. Wellington, New Zealand: New Zealand Police. Retrieved September 9, 2013, from <http://www.police.govt.nz/sites/default/files/resources/family-violence-death-review-2004-2011.pdf>
- Dahlberg, L., & Krug, E. (2002). World report on violence and health. In D. L. L. Krug, E. Mercy, J. A. Zwi, & A. B. Lozano (Eds.), *CDC violence prevention: The social-ecological model: A framework for prevention* (pp. 1-56). Retrieved March 28, 2016, from <http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>

- Dahlberg, L., & Mercy, J. (2009). History of violence as a public health problem. *Virtual Mentor, 11*(2), 167-172.
- Dannette, M., & Ferguson, D. M. (2008). Ethnic identity and intimate partner violence in a New Zealand birth cohort. *Social Policy Journal of New Zealand Te Puna Whakaaro, 33*, 126-145. Retrieved March 26, 2106, from <https://http://www.msd.govt.nz/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj33/33-ethnic-identity-and-intimate-partner-violence-in-a-new-zealand-birth-cohort-p126-145.html>
- Davidson, W. S., Levendosky, A. A., Von Eye, A., Theran, S., & Bogat, G. A. (2003). Predicting the psychosocial effects of Interpersonal Partner Violence (IPV): How much does a woman's history of IPV matter? *Journal of Interpersonal Violence, 18*(11), 1271-1291. doi:10.1177/0886260503256657.
- Dichter, M. E., & Rhodes, K. V. (2011). Intimate partner violence survivor's unmet social service needs. *Journal of Social Service Research, 37*(5), 481-489. doi:10.1080/01488376.2011.587747.
- Dobash, R. P., & Dobash, R. E. (1979). *Violence against wives: A case against the patriarchy*. New York, NY: Free Press.
- Dobah, R. E., & Dobash, R. P. (1992). *Women violence and social change*. London, UK: Routledge.
- Dobbs, T., & Eruera, T. (2014). *Kaupapa Māori wellbeing framework: The basis for whānau violence prevention and intervention*. Retrieved April 8, 2014, from New Zealand Family Violence Clearinghouse, University of Auckland, Auckland, New Zealand.
- Douglas, K. (1998). *Invisible wounds: A self-help guide for New Zealand women in destructive relationships*. Auckland, New Zealand: Penguin.
- Dowling, M. (2004). Hermeneutics: An exploration. *Nurse Researcher, 11*(4), 30-39.
- Dowling, W. C. (2011). *Ricoeur on time and narrative: An introduction to temps et recit*. Indiana: University of Notre Dame Press.
- Dunkle, K. L., Jewkes, R., Brown, H., Gray, G., McIntyre, J., & Harlow, S. D. (2004). Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. *Lancet, 363*(9419), 1415-1421.
- Durie, M. (2001). *Mauri ora: The dynamics of Maori health*. Auckland, New Zealand: Oxford University Press.
- Durie, M. (2005). *Nga Tai Matatu: Tides of Maori endurance*. Melbourne, Australia: Oxford University Press,.
- Dutton, D., & Painter, S. (1993). Emotional attachments in abusive relationships: A test of traumatic bonding theory. *Violence and Victims, 8*(2), 283-294.
- Dutton, D. G., & White, K. R. (2013). Male victims of domestic violence. *Male Studies: An International Journal, 2*(1). Retrieved February 24, 2016, from <http://newmalestudies.com/OJS/index.php/nms/article/viewFile/59/59>
- Dutton, M. A., Green, B. L., Kaltman, S. I., Roesch, D. M., Zeffiro, T. A., & Krause, E. D. (2006). Intimate partner violence, PTSD, and adverse health outcomes. *Journal of Interpersonal Violence, 21*(7), 955-968. doi:10.1177/0886260506289178.
- Echeburúa, E., Fernández-Montalvo, J., de Corral, P., & López-Goñi, J. J. (2009). Assessing risk markers in intimate partner femicide and severe violence: A new assessment instrument. *Journal of Interpersonal Violence*(24), 925-939. doi:0.1177/0886260508319370.
- Edmond, T., Bowland, S., & Yu, M. (2012). Use of mental health services by survivors of intimate partner violence. *Social Work in Mental Health, 11*(1), 34-54. doi:10.1080/15332985.2012.734180.

- Ellsberg, M., Janse, H., Heise, L., Watts, C. H., & García-Moreno, C. (2008). Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: An observational study. *Lancet*, 317, 1165-1172. doi:10.1016/S0140-6736(08)60522-X.
- Erai, M. (2007). *In the shadow of Manaia: Colonial narratives of violence against Maori women, 1820-1870*. ProQuest, UMI Dissertations Publishing. Retrieved from <http://aut.summon.serialssolutions.com/link/BYjRR>
- Erai, M. (2011). Criminal sittings, a rape in the colony, New Zealand, 1862. *Journal of Historical Sociology*, 24(2), 186-208. doi:10.1111/j.1467-6443.2011.01395.x.
- Erez, E. (2002). Domestic violence and the criminal justice system: An overview. *Online Journal of Issues in Nursing*, 7(1). Retrieved February 21, 2016, from <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume72002/No1Jan2002/DomesticViolenceandCriminalJustice.html>
- Family Violence Death Review Committee. (2013). *Third annual report: December 2011 to December 2012*. Wellington, New Zealand: Health Quality and Safety Commission. Retrieved, July 22, 2013, from <http://www.hqsc.govt.nz/assets/FVDRC/Publications/FVDRC-3rd-Report-FINAL-locked-June-2013.pdf>
- Family Violence Death Review Committee. (2014). *Fourth Annual Report: January 2013 to December 2013*. Wellington, New Zealand: Health Quality and Safety Commission. Retrieved October 20, 2015, from <https://http://www.hqsc.govt.nz/assets/FVDRC/Publications/FVDRC-4th-report-June-2014.pdf>
- Family Violence Death Review Committee. (2015). *Fifth Report: January 2014 to December 2015*. Wellington, New Zealand: Health Quality and Safety Commission. Retrieved March 25, 2016, from <http://www.hqsc.govt.nz/assets/FVDRC/Publications/FVDRC-5th-report-Feb-2016.pdf>
- Family Violence Focus Group. (2002). *Te Rito New Zealand family violence prevention strategy*. Wellington, New Zealand: Ministry of Social Development. Retrieved date, from <http://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/planning-strategy/te-rito/te-rito.pdf>
- Family Violence Prevention Fund. (2002). *National consensus guidelines on indentifying and responding to domestic violence victimization in health Care settings*. Retrieved February 24, 2016 from <http://endabuse.org/programs/healthcare/files/Consensus.pdf>
- Fanslow, J., & Robinson, E. (2004). Violence against women in New Zealand: Prevalence and health consequences. *The New Zealand Medical Journal*, 117(1206), pages.
- Fanslow, J., & Robinson, E. (2011). Sticks, stones, or words? Counting the prevalence of different types of intimate partner violence reported by New Zealand women. *Journal of Aggression, Maltreatment & Trauma*, 20(7), 741.
- Fanslow, J., Robinson, E., Crengle, S., & Perese, L. (2010). Juxtaposing beliefs and reality: Prevalence rates of intimate partner violence and attitudes to violence and gender roles reported by New Zealand women. *Violence Against Women*, 16(7), 812-831. doi:10.1177/1077801210373710.
- Fanslow, J., & Robinson, E. M. (2010). Help seeking behaviours and reasons for help seeking reported by representative sample of women victims of intimate partner violence in New Zealand. *Journal of Interpersonal Violence*, 25(5), 929-951. doi:10.1177/0886260509336963.

- Fanslow, J., Silva, M., Robinson, E., & Whitehead, A. (2008). Violence during pregnancy: Associations with pregnancy intendedness, pregnancy-related care, and alcohol and tobacco use among a representative sample of New Zealand women. *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 48(4), 398-404.
- Farrell, M. (1996). Healing: A qualitative study of women recovering from abusive relationships with men. *Perspectives in Psychiatric Care*, 32(3), 23-32.
- Fiji Women's Crisis Centre. (2013). *Somebody's life, everybody's business! National research on women's health and life experiences in Fiji (2010/2011): A survey exploring the prevalence, incidence and attitudes to intimate partner violence in Fiji*. Suva, Fiji: Fiji Women's Crisis Centre (FWCC). Retrieved March 28, 2016, from <http://fijiwomen.com/wp-content/uploads/2014/11/1.pdf>
- Fishwick, N. J., Campbell, J. C., & Taylor, J. Y. (2004). Theories of intimate partner violence. In J. Humphreys & J. C. Campbell (Eds.), *Family violence and nursing practice* (pp. 29-57). City, Philadelphia: Lippincott Williams & Wilkins.
- Ford-Gilboe, M., Wuest, J., & Merrit-Gray, M. (2005). Strengthening capacity to limit intrusion: Theorizing family health promotion in the aftermath of woman abuse. *Qualitative Health Research*, 15(4), 477-501. doi:10.1177/1049732305274590.
- Fossum, M., & Mason, M. (1986). *Facing shame: Families in recovery*. New York, NY: WW Norton & Company.
- Frankl, V. E. (1984). *Man's search for meaning*. New York, NY: Washington Square Press.
- Gadamer, H. G. (1976). *Philosophical hermeneutics* (D. Linge, Trans.). London, UK: University of California Press.
- Gao, W., Paterson, J., Abbott, M., Carter, S., & Iusitini, L. (2010). Pacific Islands families study: Intimate partner violence and postnatal depression. *Journal of Immigrant and Minority Health*, 12(2), 242-248. doi:10.1007/s10903-008-9190-y
- Garcia-Moreno, C., Jansen, H. A. F. M., Ellsberg, M., Heise, L., & Watts, C. H. (2006). Prevalence of intimate partner violence: Findings from the WHO multi-country study on women's health and domestic violence. *The Lancet*, 368(9543), 1260-1269. doi:[http://dx.doi.org/10.1016/S0140-6736\(06\)69523-8](http://dx.doi.org/10.1016/S0140-6736(06)69523-8).
- Garcia-Moreno, C., Pallitto, C., Devries, K., Stockl, J., Watts, C., & Abrahams, N. (2013). *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*. Geneva, Switzerland: World Health Organisation. Retrieved July 7, 2013, from http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf
- Gelles, R. J. (1999). Male offenders: Our understanding from the data. In M. Harway & J. O'Neill (Eds.), *What causes men's violence against women?* (pp. 36-48). Thousand Oaks, CA: Sage.
- Giles, J. (2004). *Growing through adversity. Becoming women who live without partner abuse: a grounded theory study*. Unpublished Masters thesis. Auckland University of Technology, Auckland, New Zealand. Retrieved from <http://aut.researchgateway.ac.nz/handle/10292/245>
- Giles, J., Cureen, H. M., & Adamson, C. E. (2005). The social sanctioning of partner abuse: Perpetuating the message that partner abuse is acceptable in New Zealand. *Social Policy Journal of New Zealand*, 26(26), 97-116.
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Englewood Cliffs, New Jersey: Prentice Hall.
- Graham, D., & Rawlings, E. (1991). Bonding with abusive dating partners: Dynamics of Stockholm Syndrome. In B. Levy (Ed.), *Dating violence: Young women in danger* (pp. 119-135). Seattle, WA: Seal Press.

- Graham, D., Rawlings, E., Ihms, K., Latimer, D., Foliano, J., Thjompson, A., . . . Hacker, R. (1995). A scale for identifying "Stockholm Syndrome" reactions in young dating women: Factor structure, reliability, and validity. *Violence and victims*, 10(1), 3-22.
- Graham, D., Rawlings, E., & Rimini, N. (1988). Survivors of terror: Battered women, hostages, and the Stockholm Syndrome. In K. Yllo & M. Bograd (Eds.), *Feminist perspectives on wife abuse* (pp. 217-223). Newbury Park, CA: Sage Publications.
- Greenwood, G. L., Relf, M. V., Huang, B., Pollack, L. M., Canchola, J. A., & Catania, J. A. (2002). Battering victimization among a probability-based sample of men who have sex with men. *American Journal of Public Health*, 92(12), 164-169.
- Gulliver, P., & Fanslow, J. (2012). *Measurement of family violence at a population level: What might be needed to develop reliable and valid family violence indicators?* Auckland, New Zealand: New Zealand Family Violence Clearinghouse, The University of Auckland. Retrieved March 29, 2016, from <https://nzfvc.org.nz/sites/nzfvc.org.nz/files/Measurement-of-family-violence-at-a-population-level->
- Guruge, S., Ford-Gilboe, M., Samuels-Dennis, J., Varcoe, C., Wilk, P., & Wuest, J. (2012). Rethinking social support and conflict: Lessons from a study of women who have separated from abusive partners. *Nursing Research and Practice*, 2012(738905), 1-10. doi:10.1155/2012/738905.
- Hague, G., & Sardinha, L. (2010). Violence against women: Devastating legacy and transforming services. *Psychiatry, Psychology and Law*, 17(4), 503-522. doi:10.1080/13218711003709410.
- Hahn, J. W., McCormick, M. C., Silverman, J. G., Robinson, E. B., & Koenen, K. C. (2014). Examining the impact of disability status on intimate partner violence victimization in a population sample *Journal of Interpersonal Violence*, 29, 3063-3085.
- Harper, D. (2015). *Online etymology dictionary*.
http://www.etymonline.com/index.php?term=shame&allowed_in_frame=0
- Harway, M., & O'Neill, J. (1999). *What causes men's violence against women ?* Thousand Oaks, CA: Sage.
- Hegarty, K. L. (2006). What is intimate partner abuse and how common is it. In G. Roberts, K. L. Hegarty, & G. S. Feder (Eds.), *Intimate partner abuse and health professionals: New approaches to domestic violence* (pp. 21-37). London, UK: Churchill Livingstone.
- Hegarty, K. L., Feder, G. S., Gunn, J. M., O'Doherty, L. J., Chondros, P., Valpied, J., ... Taket, A. (2013). Effect of type and severity of intimate partner violence on women's health and service use: Findings from a primary care trial of women afraid of their partners. *Journal of Interpersonal Violence*, 28(2), 273-294. doi:10.1177/0886260512454722
- Heidegger, M. (1962/2008). *Being and time* (J. Macquarrie & E. Robinson, Trans., 7th ed.). New York, NY: Harper and Row.
- Herman, J. L. (1997). *Trauma and recovery: The aftermath of violence -from domestic abuse to political terror*. New York: Basic Books.
- Heron, S. (2009). Risk factors for intimate partner violence. In Name (Ed.), *Intimate partner violence a health based perspective* (pp. 105-113). New York: Oxford University Press.
- Higgins, D. M., Manhire, K., & Marshall, B. (2015). Prevalence of intimate partner violence disclosed during routine screening in a large general practice. *Journal of Primary Healthcare*, 7(2), 102-108.

- Hokowhitu, B. (2007). The silencing of Māori men. *New Zealand Journal of Counselling*, 27(2), 63-76.
- Holloway, I., & Wheeler, S. (2002). *Qualitative research in nursing* (2nd ed.). Oxford, UK: Blackwell Science.
- Holloway, I., & Freshwater, D. (2007). *Narrative research in nursing*. Oxford, UK: Blackwell Publishing.
- Hou, W. L., Ko, N. Y., & Shu, B. C. (2013). Recovery experiences of Taiwanese women after terminating abusive relationships: A phenomenological study. *Journal of Interpersonal Violence*, 28, 157-175. doi:10.1177/0886260512448851.
- Izaguirrea, A., & Calvete, E. (2014). Intimate partner violence during pregnancy: Women's narratives about their mothering experiences. *Psychosocial Intervention*, 23(03), 209-215. doi:10.1016/j.psi.2014.07.010.
- Jackson, M. (1987). *The Māori and the criminal justice system: A new perspective: He whaipaanga hou*. Wellington, New Zealand: Department of Justice.
- Jacoby, M. (1996). *Shame and the origins of self esteem: A Jungian approach*. London, UK: Routledge.
- Jansen, H. A. F. M., Johansson-Fua, S., Hafoka-Blake, B., & Ilolahia, G. R. (2012). *National study on domestic violence against women in Tonga*. Nuku'alofa Tonga: Ma'a Fafine mo e Famili. Retrieved March 28, 2016, from <http://www.pacificwomen.org/wp-content/uploads/tonga-vaw-report-final-20121.pdf>
- Johnson, M. P. (2006). Conflict and control: Gender symmetry and asymmetry in domestic violence. *Violence Against Women*, 12(11), 1003-1018. doi:10.1177/1077801206293328.
- Johnson, M. P. (2008). *A typology of domestic violence: Intimate terrorism, violent resistance, and situational couple violence*. Lebanon, NH: University Press of New England.
- Johnson, M. P., & Leone, J. M. (2005). The differential effects of intimate terrorism and situational couple violence: Findings from the National Violence Against Women survey. *Journal of Family Issues*, 26(3), 322-349. doi:10.1177/0192513X04270345.
- Jones, E. E., Farina, A., Hastorf, A. H., Markus, H., Miller, D. T., & Scott, R. A. (1984). The dimensions of stigma. In E. E. Jones, R. Scott, & H. Marcus (Eds.), *Social stigma: The psychology of marked relationships* (pp. 24-79). New York: Freeman and Company.
- Jootun, D., & McGhee, G. (2009). Reflexivity: Promoting rigour in qualitative research. *Nursing Standard*, 23(23), 42-46.
- Jury, A. (2009). *Shame on who? Experiential and theoretical accounts of the constitution of women's shame within abusive intimate relations*. Unpublished doctoral thesis. Massey University, Palmerston North, New Zealand.
- Kahu, S., & Snively, S. (2014). *Measuring the economic costs of child abuse and intimate partner violence to New Zealand. A project commissioned by The Glenn Inquiry*. Retrieved October 13, 2015, from (https://glenninquiry.org.nz/uploads/files/ECONOMIC_COSTS_OF_CHILD_ABUSE_INTIMATE_PARTNER_ABUSE2.pdf)
- Kakkori, L. (2009). Hermeneutics and phenomenology problems when applying hermeneutic phenomenological method in educational qualitative research. *Paideusis*, 18(2), 19-27.
- Kaplan, D. M. (2003). *Ricoeur's critical theory*. Albany, NY: State University of New York Press.

- Kelly, U. A. (2011). Theories of intimate partner violence: From blaming the victim to acting against injustice: Intersectionality as an analytic framework. *Advances in Nursing Science*, 34(3), E29-E51.
- Kierkegaard, S. (1980). *The concept of anxiety* (T. R. Thomte, Trans.). Princeton, NJ: Princeton University Press.
- King, B. (2012). Psychological theories of violence. *Journal of Human Behavior in the Social Environment*, 22(5), 553-571. doi:10.1080/10911359.2011.598742.
- Kingi, V., Roguski, M., & Mossman, E. (2012). *Police safety orders formative evaluation summary report*. Retrieved August 10, 2013, from <http://www.police.govt.nz/advice/family-violence/police-safety-orders>
- Kirkwood, C. (1993). *Leaving abusive relationships: From the scars of survival to the wisdom for change*. London, UK: Sage Publications.
- Koziol-McLain, J., Gardiner, J., Batty, P., Rameka, M., Fyfe, E., & Giddings, L. (2004). Prevalence of intimate partner violence among women presenting to an urban adult and paediatric emergency care department. *The New Zealand Medical Journal*, 117(1206), U1174. Retrieved from <http://www.nzma.org.nz/journal/117-126/1174/>.
- Koziol-McLain, J., Rameka, M., Giddings, L., Fyfe, E., & Gardiner, J. (2007). Partner violence prevalence among women attending a Maori health provider clinic. *Australian and New Zealand Journal of Public Health*, 31(2), 143-148. doi:10.1111/j.1753-6405.2007.00032.x.
- Lacey, K. K., McPherson, M. D., Samuel, P. S., Powell Sears, K., & Head, D. (2013). The impact of different types of intimate partner violence on the mental and physical health of women in different ethnic groups. *Journal of Interpersonal Violence*, 28(2), 359-385. doi:10.1177/0886260512454743.
- Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. Retrieved February 19, 2015, from http://www.ualberta.ca/~iiqm/backissues/2_3final/html/laverty.html
- Law Commission Report 138. (2016). *Strangulation the case for a new offence*. Wellington, New Zealand. Retrieved April 25, 2016, from <http://www.lawcom.govt.nz/sites/default/files/projectAvailableFormats/NZLC-R138.pdf>
- Lawrence, E., Orenge-Aguayo, R., Langer, A. M. A., & Brock, R. L. (2012). The impact and consequences of partner abuse on partners. *Partner Abuse*, 3(4), 406-428. Retrieved October 13, 2015, from <http://ezproxy.aut.ac.nz/login?url=http://search.proquest.com/docview/1267643214?accountid=1267648440>.
- Lawson, J. (2012). Sociological theories of intimate partner violence. *Journal of Human Behavior in the Social Environment*, 22(5), 572-590. doi:10.1080/10911359.2011.598748.
- Leask, A. (2016, May 9a). Family violence: We're better than this, beating. bullying. abusing. Why? *New Zealand Herald*.
- Leask, A. (2016, May 9b). We should be embarrassed. *New Zealand Herald*.
- Leask, A. (2016, May 10). Some people more at risk for abuse: Ministry. *New Zealand Herald*.
- Lee, Y.-S., & Hadeed, L. (2009). Intimate partner violence among Asian immigrant communities. *Trauma, Violence, & Abuse*, 10(2), 143-170. doi:10.1177/1524838009334130.
- Leone, J. M., Lane, S. D., Koumans, E. H., DeMott, K., Wojtowycz, M. A., Jensen, J., & Aubry, R. H. (2010). Effects of intimate partner violence on pregnancy

- trauma and placental abruption. *Journal of Women's Health*, 19, 1501-1509. doi:10.1089/jwh.2009.1716
- Levendosky, A. A., Bogat, G. A., & Martinez-Torteya, C. (2013). PTSD symptoms in young children exposed to intimate partner violence. *Violence Against Women*, 19(2), 187-201. doi:10.1177/1077801213476458.
- Lewis, R. M. (2006). *Rebuilding lives after intimate partner violence in Aotearoa: Women's experiences ten or more years after leaving*. Master's thesis, Auckland University of Technology, Auckland, New Zealand. Retrieved from <http://aut.researchgateway.ac.nz/handle/10292/369>
- Lieblich, A., Tuval-Mashiach, R., & Zilber, T. (1998). *Narrative research: Reading, analysis and interpretation*. Thousand Oaks, CA: Sage Publications.
- LoBiondo-Wood, G., & Haber, J. (1998). *Nursing research methods, critical appraisal, and utilisation* (4th ed.). St. Louis, Missouri: Mosby.
- Lutz, K. F. (2005). Abuse experiences, perceptions, and associated decisions during the childbearing cycle. *Western Journal of Nursing Research*, 27(7), 802-824.
- Mageo, J. (1988). Malosi: A psychological exploration of Mead's and Freeman's work and of Samoan aggression. *Pacific Studies*, 11(2), 25-65.
- Makkreel, R. A., & Rodi, F. (1996). *Wilhelm Dilthey: Selected works. Volume IV hermeneutics and the study of history*. Princeton, NJ: Princeton University Press.
- Marin, A., & Russo, N. (1999). Feminist perspectives on male violence against women: Critiquing O'Neil and Harway's model. In M. Harway & J. O'Neill (Eds.), *What causes men's violence against women* (pp. 18-35). Thousand Oaks, CA: Sage.
- Marriott, L., & Sim, D. (2014). *Indicators of inequality for Maori and Pacific people*. Wellington, New Zealand: Victoria University. Retrieved March 27, 2016, from http://www.victoria.ac.nz/sacl/centres-and-institutes/cpf/publications/pdfs/2015/WP09_2014_Indicators-of-Inequality.pdf
- Merleau-Ponty, M. (1962). *Phenomenology of perception* (C. Smith, Trans.). London, UK: Routledge & Kegan Paul.
- Merleau-Ponty, M. (1964). *The primacy of perception: And other essays on phenomenological psychology, the philosophy of art, history and politics* (W. Cobb, Trans.). Evanston, IL: Northwestern University Press.
- Messing, J., Mohr, R., & Durfee, A. (2012). *Intimate partner violence and women's experiences of grief*. Child and Family Social Work, Arizona State University, Phoenix, AZ, USA. Retrieved February 24, 2015, from <http://eds.b.ebscohost.com.ezproxy.aut.ac.nz/eds/pdfviewer/pdfviewer?sid=4b7e834e-e1df-4063-bd71-b84881684165%40sessionmgr112&vid=1&hid=108>
- Meyer, S. (2011). Seeking help for intimate partner violence. *Feminist Criminology*, 6(4), 268-290. doi:10.1177/1557085111414860.
- Meyer, S. (2012). Why women stay: A theoretical examination of rational choice and moral reasoning in the context of intimate partner violence. *Australian & New Zealand Journal of Criminology*, 45(2), 179-193. doi:10.1177/0004865812443677.
- Mikaere, A. (1999). Colonisation and the imposition of patriarchy: A Ngati Raukawa woman's perspective. *Te Ukaipo*, 1, 34-49.
- Ministry of Health. (2015). *Tatau Kahukura Māori health chart book 2015* (3rd ed.). Wellington, New Zealand: Ministry of Health. Retrieved April 30, 2016 from <http://www.health.govt.nz/system/files/documents/publications/tatau-kahukura-maori-health-chart-book-3rd-edition-oct15.pdf>
- Ministry of Justice. (1995). *Domestic Violence Act 1995*. Wellington, New Zealand: Government Printing Office. September 23, 2012 date, from <http://www.justice.govt.nz/publications/publications-archived/2000/domestic-violence-act-1995-process-evaluation-august-2000>

- Ministry of Justice. (2007). *A review of the Domestic Violence Act 1995 and related legislation: A discussion document (December 2007)*. Retrieved August 11, 2013, from <http://www.justice.govt.nz/publications/global-publications/r/a-review-of-the-domestic-violence-act-1995-and-related-legislation-a-discussion-document-december-2007/part-one-2013-the-domestic-violence-act-1995>
- Ministry of Justice. (2014). *Changes to domestic violence programmes*. Wellington, New Zealand: Author. Retrieved June, 12, 2015 from <https://nzfvc.org.nz/sites/nzfvc.org.nz/files/Changes%20to%20Domestic%20Violence%20Programmes%20-%20final%20-%20Feb%202014%20.pdf>
- Ministry of Social Development. (2013). *Family violence: It's not OK: Recent family violence police statistics*. Retrieved October 28, 2013, from http://www.areyouok.org.nz/files/statistics/ItsnotOK_recent_family_violence_stats.pdf
- Mitchell, C., & Anglin, D. (2009). *Intimate partner violence a health based perspective*. New York, NY: Oxford University Press.
- Mitchell, C., & Vanya, M. (2009). Explanatory frameworks of intimate partner violence. In C. Mitchell & D. Anglin (Eds.), *Intimate partner violence a health based perspective*. Oxford, UK: University Press.
- Morse, J. M. (2008). Confusing categories and themes. *Qualitative Health Research*, 18(6), 727-728. doi:10.1177/1049732308314930.
- Moules, N., J. (2002). Hermeneutic inquiry: Paying heed to history and hermes: An ancestral, substantive, and methodological tale. Retrieved February 23, 2015, from http://www.ualberta.ca/~iiqm/backissues/1_3Final/pdf/moules.pdf
- Moyer, V. A. (2013). Screening for intimate partner violence and abuse of elderly and vulnerable adults: US Preventive Services Task Force recommendation statement. *Annals of Internal Medicine*, 158(6), 478-486.
- Murphy, C. (2009). *Men's intimate partner abuse and control: Reconciling paradoxical masculinities and social contradictions*. Queensland University of Technology, Brisbane, Queensland, Australia.
- Naga, M., & Dancy, B. L. (2010). Japanese women's perceptions of intimate partner violence (IPV). *Journal of Interpersonal Violence*, 25(4), 753-766. Retrieved February 23, 2016, from <http://doi.org/10.1177/0886260509334413>
- National Collective of Independent Women's Refuges. (2013). *Domestic violence: Police*. Retrieved July 17, 2013, from <https://womensrefuge.org.nz/WR/Get-help/Police.htm>
- National Collective of Independent Women's Refuges. (2014). *National Collective of Independant Women's Refuge Inc Annual Report: 1 July 2013 - 30 June 2014*. Retrieved date, from <https://womensrefuge.org.nz/users/Image/Downloads/PDFs/Annual%20Report%202013-2014.pdf>
- New Zealand Family Violence Clearinghouse. (2012). *Data summary: Violence against women*. Retrieved January 17, 2013, from <http://www.nzfvc.org.nz/sites/nzfvc.org.nz/files/violence-against-women-data-summary-2.pdf>
- New Zealand Ministry of Health. (2002). *Family violence intervention guidelines: Child and partner abuse*. Wellington, New Zealand. Retrieved March 23, 2014, from <http://www.health.govt.nz/system/files/documents/publications/family-violence.pdf>
- New Zealand Police. (2006). *Family Violence Standard to reduce harm and enhance victim safety*. Retrieved from <http://www.police.govt.nz/news/release/2452>
- New Zealand Police. (2012). *Police enhance understanding of family violence*. Retrieved August 10, 2013, from <http://www.police.govt.nz/news/release/31365>

- Nicolaidis, C., & Paranjape, A. (2009). Defining intimate partner violence: Controversies and implications. In C. Mitchell & D. Anglin (Eds.), *Intimate partner violence: A health based perspective* (pp. 19-29). New York, NY: Oxford University Press.
- Nimmo, B. (2012). *New police family violence process changes* [PowerPoint slides]. Retrieved date, from <http://www.nzfvc.org.nz/?q=node/661>
- O'Doherty, L., Hegarty, K., Ramsay, J., Davidson, L., Feder, G., & Taft, A. (2015). Screening women for intimate partner violence in healthcare settings. *Cochrane Database of Systematic Reviews* Art No.: CD007007.(7). doi:10.1002/14651858.CD007007.pub3.
- Oke, M. (2008). Remaking self after domestic violence: Mongolian and Australian women's narratives of recovery. *Australian and New Zealand Journal of Family Therapy*, 29(3), 148-155. doi:10.1375/anft.29.3.148.
- Paterson, J., Feehan, M., Butler, S., Williams, M., & Cowley-Malcolm, E. T. (2007). Intimate partner violence within a cohort of Pacific mothers living in New Zealand. *Journal of Interpersonal Violence*, 22(6), 698-721. doi:10.1177/0886260507300596.
- Pellegrino, E. (1988). *For the patient's good: The restoration of beneficence in health care*. London, UK: Oxford University Press.
- Peterson, D., Barnes, A., & Duncan, C. (2008). *Fighting shadows: Self stigma and mental illness: Whawhai atu te whakama te hihira*. Auckland, New Zealand: Mental Health Foundation.
- Pico-Alfonso, M. A. (2005). Psychological intimate partner violence: The major predictor of posttraumatic stress disorder in abused women. *Neuroscience and Biobehavioral Reviews*, 29(1), 181-193. doi:doi:10.1016/j.neubiorev.2004.08.010.
- Polkinghorne, D. (1988). *Narrative knowing and the human science* New York, NY: State University of New York Press.
- Pringle, K., Hearn, J., Ruspini, E., & Pease, B. (2011). *Men and masculinities around the world: Transforming men's practices*. New York, NY: Palgrave Macmillan.
- Rayner-Thomas, M., Fanslow, J., & Dixon, R. (2014). *Intimate partner violence and the workplace*. Auckland, New Zealand: New Zealand Family Violence Clearinghouse, University of Auckland.
- Reagan, C. (1998). *Paul Ricoeur: His life and his work*. Chicago, IL: University of Chicago Press.
- Ricoeur, P. (1970). *Freud and philosophy: An essay on interpretation*. New Haven, Connecticut: Yale University Press.
- Ricoeur, P. (1973). The hermeneutical function of distancing (D. Pellauer, Trans.). *Philosophy Today*, 17(2), 129-41.
- Ricoeur, P. (1976). *Interpretation theory: Discourse and the surplus of meaning*. Fort Worth, Texas: Texas Christian University Press.
- Ricoeur, P. (1979). The function of fiction in shaping reality. *Man and World*, 12(2), 123-141. doi:10.1007/BF01252461.
- Ricoeur, P. (1984). *Time and narrative volume 1* (K. McLaughlin & D. Pellauer, Trans., Vol. 1). Chicago, IL: University of Chicago Press.
- Ricoeur, P. (1985). *Time and narrative* (K. McLaughlin & D. Pellauer, Trans., Vol. 2). Chicago, IL: University of Chicago Press.
- Ricoeur, P. (1988). *Time and narrative* (K. Blamey & D. Pellauer, Trans., Vol. 3). Chicago, IL: University of Chicago Press.
- Ricoeur, P. (1991). Life in quest of narrative. In D. Wood (Ed.), *On Paul Ricoeur: narrative and interpretation* (pp. x-x). London, UK: Routledge.

- Ricoeur, P. (1992). *Oneself as another* (K. Blamey, Trans.). Chicago, IL: University of Chicago Press.
- Ricoeur, P. (1995). *The philosophy of Paul Ricoeur* (K. Blamey, Trans.). Chicago, IL: Open Court.
- Ricoeur, P. (1996). *A key to Edmund Husserl's Ideas I* (B. Harris & J. B. Spurlock, Trans.). Milwaukee, State: Marquette University Press.
- Ricoeur, P. (1998). *Hermeneutics and the human sciences: Essays on language, action, and interpretation* (J. B. Thompson, Trans.). New York, NY: Cambridge University Press.
- Ricoeur, P. (2004). *Memory, history, forgetting* (K. Blamey & D. Pellauer, Trans.). Chicago, IL: University of Chicago Press.
- Ricoeur, P. (2008). *Ricoeur from text to action: Essays in hermeneutics, 11* (K. Blamey & J. B. Thompson, Trans.). New York, NY: Continuum International.
- Riessman, C. K. (2008). *Narrative methods for the human sciences*. London, UK: Sage Publications Ltd.
- Ritchie, J., & Ritchie, J. (1993). *Violence in New Zealand*. Wellington, New Zealand: Huia Publishers.
- Robinson, R. (2010). Myths and stereotypes: How registered nurses screen for intimate partner violence. *Journal of Emergency Nursing*, 36(6), 572-576.
- Rose, L., Alhusen, J., Bhandari, S., Soeken, K., Marcantonio, K., Bullock, L., & Sharps, P. (2010). Impact of intimate partner violence on pregnant women's mental health: Mental distress and mental strength. *Issues in Mental Health Nursing*, 31(2), 103-111. doi:<http://doi.org/10.3109/01612840903254834>.
- Ryan, G. W., & Bernard, H. R. (2003). Techniques to identify themes. *Field Methods*, 15(1), 85-109. doi:10.1177/1525822X02239569.
- Sartre, J.-P. (2001). *Being and nothingness: An essay in phenomenological ontology* (H. Barnes, Trans.). New York, NY: Citadel Press. (Original work published 1943)
- Schluter, P., Tautolo, S., & Paterson, J. (2011). Experience of physical abuse in childhood and perpetration of physical punishment and violence in adulthood amongst fathers: Findings from the Pacific Islands Families Study. *Pacific Health Dialog*, 17(2), 148-162.
- Schoeffel, P., Meleisea, M., Kalauni, D., Kalolo, R., Kingi, K., Taumoevalou, T., . . . Williams, S. (1996). Pacific Islands Polynesian attitudes to child training and discipline in New Zealand: Some policy implications for social welfare and education. *Social Policy Journal of New Zealand*, 6, 134-147.
- Secretariat of the Pacific Community United Nations Population Fund Samoa. (2006). *Samoa family health and safety study*. Noumea, New Caledonia: Author.
- Senter, K., & Caldwell, K. (2002). Spirituality and the maintenance of change: A phenomenological study of women who leave abusive relationships. *Contemporary Family Therapy*, 24(10), 543-564.
- Shine. (2013). Retrieved January 23, 2013, from <http://www.2shine.org.nz/>
- Showden, C. (2011). *Choices women make: Agency in domestic violence, assisted reproduction, and sex work*. Minnesota: University of Minnesota Press.
- Sims, K. (2003). *Paul Ricoeur*. New York, NY: Routledge.
- Smith, D. (2007). Disability, gender and intimate partner violence: Relationships from the behavioral risk factor surveillance system. *Sexuality and Disability*, 26, pages.
- Smith, M. (2003). Recovery from intimate partner violence: A difficult journey. *Issues in Mental Health Nursing*, 24(5), 543-573. doi:10.1080/01612840305290.
- Smythe, E. (2012). Discerning which qualitative approach fits best. *New Zealand College of Midwives Journal*, vol(46), 5.

- Smythe, E., & Spence, D. (2012). Re-viewing literature in hermeneutic research. *International Journal of Qualitative Methods*, 11(1), 12-25.
- Snively, S. (1994). *The New Zealand economic cost of family violence*. Wellington, New Zealand: Department of Social Welfare.
- Stark, E., & Flitcraft, A. (1996). *Women at risk: Domestic violence and women's health*. Thousand Oaks, CA: Sage.
- Statistics New Zealand. (2015). *2013 Census- major ethnic groups in New Zealand*. Wellington, New Zealand: New Zealand Government. Retrieved March 28, 2016, from <http://www.stats.govt.nz/Census/2013-census/profile-and-summary-reports/infographic-culture-identity.aspx>
- Straus, M. A. (1973). A general systems theory approach to a theory of violence between family members. *Social Science Information/Information sur les sciences sociales*, 12(3), 105-125. doi:10.1177/053901847301200306.
- Straus, M. A. (2008). Dominance and symmetry in partner violence by male and female university students in 32 nations. *Children and Youth Services Review*, 30(3), 252-275. doi:<http://dx.doi.org/10.1016/j.childyouth.2007.10.004>.
- Straus, M. A., Gelles, R. J., & Steinmetz, S. K. (1981). *Behind closed doors: Violence in the American family*. Garden City, NY: Doubleday.
- Streubert, H., & Carpenter, D. (1995). *Qualitative research in nursing: Advancing the humanistic imperative*. Philadelphia: Lippincott.
- Swarbrick, N. (2012). Story: Domestic violence: Law and policing changes. In *Te Ara - the Encyclopedia of New Zealand*. Retrieved July 27, 2013, from <http://www.TeAra.govt.nz/en/domestic-violence/page-4>
- Taylor, O. D. (2011). The sexual victimization of women: Substance abuse, HIV, prostitution, and intimate partner violence as underlying correlates. *Journal of Human Behavior in the Social Environment*, 21, 834-848. doi:0.1080/10911359.2011.615682.
- Te Puni Kōkiri. (2010). *Arotake tūkino whānau: Literature review on family violence*. Wellington, New Zealand.
- Thompson, F. C. (1964). *Thompson chain reference bible: King James Version*. Indianapolis, Indiana: Kirkbride Bible Company.
- Tigert, L. M. (2001). The power of shame: Lesbian battering as a manifestation of homophobia. In E. Kashkak (Ed.), *Intimate betrayal: Domestic violence in lesbian relationships* (pp. 73-85). London, UK: The Haworth Press.
- Tilley, C. (Ed.). (1990). *Reading material culture*. Oxford, UK: Basil Blackwell.
- Towns, A., & Adams, P. (2000). If I really loved him enough, he would be okay: Women's accounts of male partner violence. *Violence Against Women*, 6(6), 558-585. doi:10.1177/10778010022182038.
- UN Women. (2013). Virtual knowledge centre to end violence against women and girls. *United Nations Entity for Gender Equality and the Empowerment of Women*. Retrieved February 23, 2016, from <http://www.endvawnow.org/en/articles/300-causes-protective-and-risk-factors-.html>
- van der Kolk, B. (2014). *The body keeps the score: Mind, brain and body in the transformation of trauma*. London, UK: Penguin.
- Walker, L. E. (1979). *The battered woman*. New York, NY: Harper & Row.
- Walker, L. E. (2000). *The battered woman syndrome* (2nd ed.). New York, NY: Springer.
- Warshaw, C., Brashler, P., & Gil, J. (2009). Mental health consequences of intimate partner violence. In C. Mitchell & D. Anglin (Eds.), *Intimate partner violence: A health based perspective* (pp. 147-171). New York, NY: Oxford University Press.

- Weiss, E. (2004). Leaving is a process. *American Academy of Ambulatory Care Nursing Viewpoint*, 26(3), 2-7.
- Wekerle, C., & Wall, A. (2002). The violence and addiction equation: Theoretical and clinical issues in substance abuse and relationship violence. In A. Wall & S. McKee (Eds.), *Cognitive learning models of substance use and intimate partner violence* (pp. 123-149). New York, NY: Taylor Francis.
- World Health Organisation. (1996). *Prevention of violence: A public health priority. Resolution WHA49.25 at 49th World Health Assembly*. Geneva, Switzerland: Author.
- World Health Organisation. (2002). *Intimate partner violence*. Retrieved February 23, 2016, from http://www.who.int/violence_injury_prevention
- World Health Organisation. (2005). *WHO multi-country study on women's health and domestic violence against women: Summary report of initial results on prevalence, health outcomes and women's responses*. Geneva, Switzerland: Author. Retrieved December 17, 2012, from http://www.who.int/gender/violence/who_multicountry_study/en/
- World Health Organisation. (2010). *Violence prevention: The evidence*. Geneva, Switzerland: Author.
- World Health Organisation. (2012). *Understanding and addressing violence against women: Intimate partner violence*. Retrieved October 14, 2015, from http://apps.who.int/iris/bitstream/10665/77432/1/WHO_RHR_12.36_eng.pdf
- World Health Organization. (2013). Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence. Retrieved April 30, 2012, from <http://www.who.int/reproductivehealth/publications/violence/9789241564625/en/>
- Wuest, J., Ford-Gilboe, M., Merritt-Gray, M., & Berman, H. (2003). Intrusion: The central problem for family health promotion among children and single mothers after leaving an abusive partner. *Qualitative Health Research*, 13(5), 597-622. doi:10.1177/1049732303013005002.
- Wuest, J., & Merritt-Gray, M. (1995). Counteracting abuse and breaking free: The process of leaving revealed through women's voices. *Health Care for Women International*, 16(5), 399-412. doi:10.1080/07399339509516194.
- Wuest, J., & Merritt-Gray, M. (1999). Not going back: Sustaining the separation in the process of leaving abusive relationships. *Violence Against Women*, 5(2), 110-133.
- Wuest, J., & Merritt-Gray, M. (2001). Beyond survival: Reclaiming self after leaving an abusive male partner. *Canadian Journal of Nursing Research*, 32(4), 79-94.
- Wurmser, L. (1981). *The mask of shame*. Baltimore, MA: John Hopkins University Press.
- Wurtzburg, S. (2003). Domestic violence and Polynesian families: Providing appropriate interventions. In K. McMaster & A. Wells (Eds.), *Innovative approaches to stopping family violence* (pp. 179-196). Wellington, New Zealand: Steele Roberts Ltd.
- Zolotor, A. J., Denham, A. C., & Weil, A. (2009). Intimate partner violence. *Primary care: Clinics in office practice*, 36(1), 167-179. doi:10.1016/j.pop.2008.10.010.
- Zukav, G. (1991). *The seat of the soul: An inspiring vision of humanity's spiritual destiny*. London, UK: Rider & Co.

Appendices

Appendix A: Invitation to participate in a qualitative research PhD study



“How Do Women Construct A Life After Intimate Partner Violence?”

I am inviting English speaking woman who:

Have been in a long-term abusive or violent intimate relationship but have left that relationship and been away from that partner for at least 2 years to contact me. I am doing a PhD project and hope to find information that would further my study and to help women who are in abusive or violent relationships.

Your participation in this research will help to lessen the stigma attached to women who do not have a voice, because they fear leaving a violent or abusive relationship or they fear being judged for having been in a violent relationship.

I would also like to know how you stayed away from the relationship and what helped you to stay away and what sustained you in your life during the years you have been away. Your story will help to celebrate the survival, strength and courage of women who construct a new life.

I would like to know if you have changed as a person because of your experience. I believe that your story may help some other woman who may be contemplating the journey of leaving an intimate partner who is violent or abusive. Your story may provide hope that there is light at the end of a tunnel for a woman going through the leaving process, and hope for a brighter future.

What will happen in this research?

Interviews

If you decide to take part in this study, it will involve an individual interview lasting approximately 60 to 90 minutes. I have included the questions that I will ask you as a guide for you to consider taking part in this study and as a guide to help you to prepare your own story of how you have made a life that is free from IPV. The interview will take place at a place convenient for you.

Semi structured guide of Questions.

The main question would be -Tell me your story of leaving your partner, of how you stayed away and what has sustained you in your life for the years that you have been away. **Some of my**

prompts might be: "What was the turning point for the moving on from the violence in your life"? , " How long after you moved from violence did you start to pursue freedom?" "What was your reason for choosing to pursue freedom at this stage?" "Tell me about a significant episode or a memory that you remember from this stage?" "Were there significant people for you during this stage, and why? ", "What helped you to continue –to stay on this journey of freedom?" "What kind of a person are you now?" "Have you changed as a person in any way?" "What value or meaning do you place on your life at this place in time?" If you were to describe the person you are now -how would you describe yourself?

With your permission the interview will be tape-recorded and transcribed by the researcher or a typist who has signed a Confidentiality Agreement Form. You will be given a copy of the transcript to read and verify and will have up to 14 days to let me know if you would like me to delete any of the information or not include the interview in the research.

Your privacy will be protected?

You will be asked to give a fictional name that you will be known by during the interview, on the transcripts and in the report, as well as in any publications or conference presentations that we produce from the study's findings. In this way the answers you give will not be able to be tracked back to you. A fictitious name does not guarantee anonymity but all care will be taken to ensure confidentiality.

What are the costs of participating in this research?

The costs of participating in the research will be one to two hours including the interview and travelling time. We appreciate your time is given voluntarily and that petrol for transport to AUT may be an expensive budgetary constraint for you to participate therefore a petrol voucher of \$20.00 is included to alleviate the anxiety of using your household budget to pay for this travel cost. If you do incur any other expenses as a result of the interview please let me know to ensure you are reimbursed appropriately.

How do you participate in this study?

If you like to be part of the study or have any questions, which may help your decision please, contact me on the phone numbers or emails listed below. For more information about the study or about me please contact

Whom do I contact for further information about this research?

Primary Researcher Contact Details:

Sandra Simpson³ sandy.simpson@aut.ac.nz ph. 9219999 ext 7214
or 0274821516

Supervisors:

Dr Tineke Water tineke.water@aut.ac.nz 921 9999 extn 7335
Dr Andrea Gilkison agilkison@aut.ac.nz 921 9999

³ During the course of this study I changed my name from Sandra Simpson to Sandra Marcia Thaggard; however this was done after I obtained ethics approval. Hence, all of the documentation provided in the Appendices has the name Sandra Simpson.

Appendix B: Participant Information Sheet



Date Information Sheet Produced:

30th September 2013

Project Title

How Do Women Construct A Life After Intimate Partner Violence?

An Invitation

My name is Sandy Simpson and I am a registered nurse doing a PhD at the Auckland University of Technology. I am interested in how women make a new life after being in a violent intimate relationship.

You are invited to take part in a research project about how you have made a new life after your experience of intimate partner violence (IPV).

Please remember that:

Your participation in this study is entirely voluntary, and

If you do agree to take part, you are free to withdraw at any time, without having to give a reason.

What is the purpose of this research?

There has been a lot of research around the negative outcomes of intimate partner violence, but very few studies have looked at how women positively construct a new life after experiencing intimate partner violence. The purpose of this study is ask women their stories of how they have constructed a life and self after experiencing intimate partner violence and how they recover, move forward and construct a violence free life.

How was I identified and why am I being invited to participate in this research?

You have received this information sheet regarding the research project because you have been invited through personal and professional networks as being a survivor of intimate partner violence and have been not been in a violent relationship for at least 2 years. You may also have had this information sheet passed onto you by a friend.

What will happen in this research?

If you decide to take part in this study, it will involve an individual interview lasting approximately 60 to 90 minutes. I have included the questions that I will ask you as a guide for you to consider taking part in this study and as a guide to help you to prepare your own story of how you have made a life that is free from IPV. The interview will take place at a place convenient for you. The interview will be like a conversation, with you having an opportunity to share your stories.

The main question would be -Tell me your story of leaving your partner, of how you stayed away and what has sustained you in your life for the years that you have been away. **Some of my prompts might be:** “What was the turning point for the moving on from the violence in your life”? , “ How long after you moved from violence did you start to pursue freedom?” “What was your reason for choosing to pursue freedom at this stage?” “Tell me about a significant episode or a memory that you remember from this stage?” “Were there significant people for you during this stage, and why?”, “What helped you to continue –to stay on this journey of freedom?” “What kind of a person are you now?” ”Have you changed as a person in any way?” “What value or meaning do

you place on your life at this place in time?” “If you were to describe the person you are now -how would you describe yourself?”

With your permission the interview will be tape-recorded and transcribed by the researcher or a typist who has signed a Confidentiality Agreement Form. You will be given a copy of the transcript to read and verify and you will have up to 14 days to let me know if you would like me to delete any of the information or not include the parts of the interview in the research.

What are the discomforts and risks?

We do not anticipate any risks to you from this study. However, an interview in which you share your personal story within the context of IPV may reawaken past trauma and can make a person feel unsafe.

How will these discomforts and risks be alleviated?

You may like to have a support person present during the interview. You do not have to answer all the questions and you may stop the interview at any time. If you feel on reflection after the interview that you have said too much or exposed information that you wish you had not, you may delete any material you do not want to be included in the final work.

I understand that confidentiality and privacy is important to you therefore every care will be taken to remove anything that would identify you and to ensure that your anonymity is maintained.

In the event that the telling of your story re-awakens past trauma while taking part in this study, we can support you in seeking counseling through the AUT staff counseling services. Professional counselors for a maximum of 3 sessions will provide free counseling at the AUT city centre, or on the North shore campus.

You will need to contact our centres at WB219 or AS104 or phone **09 921 9992 City Campus** or **09 921 9998 North Shore campus** to make an appointment

You will need to let the receptionist know that you are a research participant

Please be ready to provide your contact details to confirm this

You can find out more information about AUT counsellors on the AUT website:

http://www.aut.ac.nz/students/student_services/health_counselling_and_wellbeing

If at the time you feel that you are unable to make contact with the counselling service for yourself I will be happy to do this for you

You can withdraw from the study at any time up until data analysis is commenced.

What are the benefits?

The main benefit is that your participation in this research will be that you have had a voice, that you have told your story and that your story will have helped some other woman who may be contemplating the journey of leaving an intimate partner who is violent and or abusive. Your story may provide hope that there is light at the end of a tunnel for a woman going through the leaving process. Your story will help to lessen the stigma attached to women who do not have a voice, women who fear being judged for having been in a violent relationship. Your story will help to celebrate the survival strength and courage of a new life.

How will my privacy be protected?

You will be asked to give a fictional name that you will be known by during the interview, on the transcripts and in the report, as well as in any publications or conference presentations that we produce from the study's findings. In this way the answers you give will not be able to be tracked back to you. A fictitious name does not guarantee anonymity but all care will be taken to ensure confidentiality.

What are the costs of participating in this research?

The costs of participating in the research will be one to two hours including the interview and travelling time. We appreciate your time is given voluntarily and that petrol for transport to AUT may be an expensive budgetary constraint for you to participate therefore a petrol voucher of \$20.00 is included to alleviate the anxiety of using your household budget to pay for this travel cost.

If you do incur any other expenses as a result of the interview please let me know to ensure you are reimbursed appropriately.

What opportunity do I have to consider this invitation?

If you like to be part of the study or have any questions which may help your decision please contact me on the phone numbers or emails listed below or complete the consent form and return to us in the stamped addressed envelope within ten days.

If you want to contact the researcher before then please do so, our contact details are provided at end of this form.

How do I agree to participate in this research?

You can either post the consent form to us in the envelope provided or contact us by phone or email. You will be required to complete the consent form prior to the interview.

Will I receive feedback on the results of this research?

All participants will receive a summary of the research findings at the end of the study. They results will be presented at conferences and published in appropriate journals.

Whom do I contact for further information about this research?

Primary Researcher Contact Details:

Sandra Simpson sandy.simpson@aut.ac.nz ph. 9219999 ext 7214 or 0274821516

Supervisors:

Dr Tineke Water tineke.water@aut.ac.nz 921 9999 extn 7335

Dr Andrea Gilkison agilkison@aut.ac.nz 921 9999 extn 7720

What do I do if I have concerns about this research?

Concerns regarding the conduct of this research should be notified to the Executive Manager/Secretary of AUTECH.

Kate O'Connor

Room WA505E, Level 5, WA Building

55 Wellesley Street East

Private Bag 92006

Auckland 1010

Phone +64 9 921 9999 extn: 6038

Email ethics@aut.ac.nz

Approved by the Auckland University of Technology Ethics Committee -----

Appendix C: AUTECH Approval



A U T E C
S E C R E T A R I A T

15 November 2013

Tineke Water
Faculty of Health and Environmental Sciences

Dear Tineke

Re Ethics Application: **13/304 How do women construct life after intimate partner violence (IPV).**

Thank you for providing evidence as requested, which satisfies the points raised by the AUT University Ethics Committee (AUTECH).

Your ethics application has been approved for three years until 15 November 2016.

As part of the ethics approval process, you are required to submit the following to AUTECH:

- A brief annual progress report using form EA2, which is available online through <http://www.aut.ac.nz/researchethics>. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 15 November 2016;
- A brief report on the status of the project using form EA3, which is available online through <http://www.aut.ac.nz/researchethics>. This report is to be submitted either when the approval expires on 15 November 2016 or on completion of the project.

It is a condition of approval that AUTECH is notified of any adverse events or if the research does not commence.

AUTECH approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

AUTECH grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to obtain this. If your research is undertaken within a jurisdiction outside New Zealand, you will need to make the arrangements necessary to meet the legal and ethical requirements that apply there.

To enable us to provide you with efficient service, please use the application number and study title in all correspondence with us. If you have any enquiries about this application, or anything else, please do contact us at ethics@aut.ac.nz.

All the very best with your research,

Kate O'Connor

Executive Secretary

Auckland University of Technology Ethics Committee

Cc: Sandra Simpson smsimpso@aut.ac.nz

Appendix D: Psychological Support for Research Participants



MEMORANDUM

TO Sandy Simpson

FROM Kevin Baker

SUBJECT Psychological support for research participants

DATE 8th October 2013

Dear Sandy

I would like to confirm that Health, Counselling and Wellbeing are able to offer confidential counselling support for the participants in your AUT research project entitled:

“How do women construct life after intimate partner violence (IPV)?”

The free counselling will be provided by our professional counsellors for a maximum of **three** sessions and must be in relation to issues arising from their participation in your research project.

Please inform your participants:

- They will need to contact our centres at WB219 or AS104 or phone **09 921 9992 City Campus** or **09 921 9998 North Shore campus** to make an appointment
- They will need to let the receptionist know that they are a research participant
- They will need to provide your contact details to confirm this
- They can find out more information about our counsellors on our website: http://www.aut.ac.nz/students/student_services/health_counselling_and_wellbeing

Yours sincerely

Kevin Baker
Head of Counselling
Health, Counselling and Wellbeing

Appendix E: Semi Structured Interview Guide

The main question would be -Tell me your story of leaving your partner, of how you stayed away and what has sustained you in your life for the years that you have been away.

Some of my prompts might be:

- What was the turning point for the moving on from the violence in your life
- How long after you moved from violence did you start to pursue freedom?"
- What was your reason for choosing to pursue freedom at this stage
- Tell me about a significant episode or a memory that you remember from this stage
- Were there significant people for you during this stage, and why?
- What helped you to continue –to stay on this journey of freedom?
- "What kind of a person are you now?
- "Have you changed as a person in any way?
- What value or meaning do you place on your life at this place in time
- If you were to describe the person you are now -how would you describe yourself?
- What were your goals for life when you left –have you fulfilled any of those goals

Appendix F: Consent Form



Date Protocol Produced

30th September 2013

Project Title

“How Do Women Construct A Life After Intimate Partner Violence?”

- I have received and read a copy of the information sheet for this project.
- I have read through the questionnaire sheet.
- I have had time to consider my involvement in this research.
- I understand that my participation is voluntary
- I consent to my interview being audio-taped
- I understand that I may withdraw from this study prior to completion of data analysis
- I know who to contact if I have questions or concerns about the study
- I consent to take part in this project

Participant Signature:

Participant Name:

Contact phone number:

Date:

Whom do I contact for further information about this research?

Primary Researcher Contact Details:

Sandra Simpson sandy.simpson@aut.ac.nz ph. 9219999 extn 7214 or 0274821516

Supervisors:

Dr Tineke Water tineke.water@aut.ac.nz 921 9999 extn 7335

Dr Andrea Gilkison agilkison@aut.ac.nz 921 9999 extn 7720

What do I do if I have concerns about this research?

Concerns regarding the conduct of this research should be notified to the Executive Manager/Secretary of AUTECH.

Kate O'Connor

Room WA505E, Level 5, WA Building

55 Wellesley Street East

Private Bag 92006

Auckland 1010

Phone +64 9 921 9999 extn: 6038

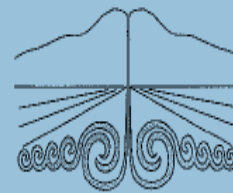
Email ethics@aut.ac.nz

Approved by the Auckland University of Technology Ethics Committee on type the date final ethics approval was granted, AUTECH Reference number type the reference number.

Appendix G: Kawa Whakaruruhau Komiti Correspondence

Kawa Whakaruruhau Komiti
School of Health Care Practice
AUT University
*Disciplines of Nursing, Midwifery &
Paramedic and Emergency Management*

534



The symbol represents the evolving
bicultural relationships within the
School of Health Care Practice

13 August 2013

Kia ora Sandy

Thank you for the very clear and moving reasons for your choice of subject which you presented to the Kawa Whakaruruhau Komiti on 25 July. The Komiti members have asked me to write to you with an offer of full and ongoing support for your proposed research.

The assurance that participants will include wahine Maori and the provision of counselling services for any participants who may choose such services, satisfies any question about whether your findings may truly include and reflect the "partnership, participation and protection" implicit in the requirement to honour and observe the principles of Te Tiriti o Waitangi.

We wish you well with your study and assure you of our continuing awahi.

Na

Tui O'Sullivan (Chairperson)
on behalf of the Kawa Whakaruruhau Komiti

Appendix H: Researcher Safety Protocol



Date Protocol Produced

30th September 2013

Project Title

“How Do Women Construct A Life After Intimate Partner Violence?”

The primary researcher will be undertaking interviews in participants’ homes or workplaces. Whilst it is not anticipated that researcher’s safety would be jeopardized, this protocol has been developed.

The primary researcher will ensure that they are aware of all interview schedules, including the time, date and place where the interview is to be held.

The primary researcher will send a text message to the Supervisors at the beginning and end of each scheduled interview.

When visiting participants in their homes, the primary researcher will always act in culturally and socially sensitive ways, remembering that they are guests and that it is the participants who are doing the researcher the favour by agreeing to participate and share their stories in their own homes.

No interviews with participants will be conducted in the researchers own homes.

Whom do I contact for further information about this research?

Primary Researcher Contact Details:

Sandra Simpson sandy.simpson@aut.ac.nz ph. 9219999 ext 7214 or 0274821516

Supervisors:

Dr Tineke Water tineke.water@aut.ac.nz 921 9999 extn 7335

Dr Andrea Gilkison agilkison@aut.ac.nz 921 9999 extn 7720

What do I do if I have concerns about this research?

Concerns regarding the conduct of this research should be notified to the Executive Manager/Secretary of AUTEK.

Kate O'Connor

Room WA505E, Level 5, WA Building

55 Wellesley Street East
Private Bag 92006
Auckland 1010
Phone +64 9 921 9999 extn: 6038
Email ethics@aut.ac.nz

**Approved by the Auckland University of Technology Ethics
Committee on type the date final ethics approval was granted,
AUTEC Reference number type the reference number.**

Appendix I: Transcriber Confidentiality Agreement



Date Protocol Produced

30th September 2013

Project Title

“How Do Women Construct A Life After Intimate Partner Violence?”

The primary researcher will be undertaking interviews in participants’ homes or in the AUT research room. As the transcriber for these interviews it is essential that the participants in this research will have confidence that their identity will not be jeopardized. With this in mind a privacy and confidentiality protocol has been developed.

- I understand that all data transcribed by me will be kept confidential
- I provide my signature below in recognition of this agreement

Name:

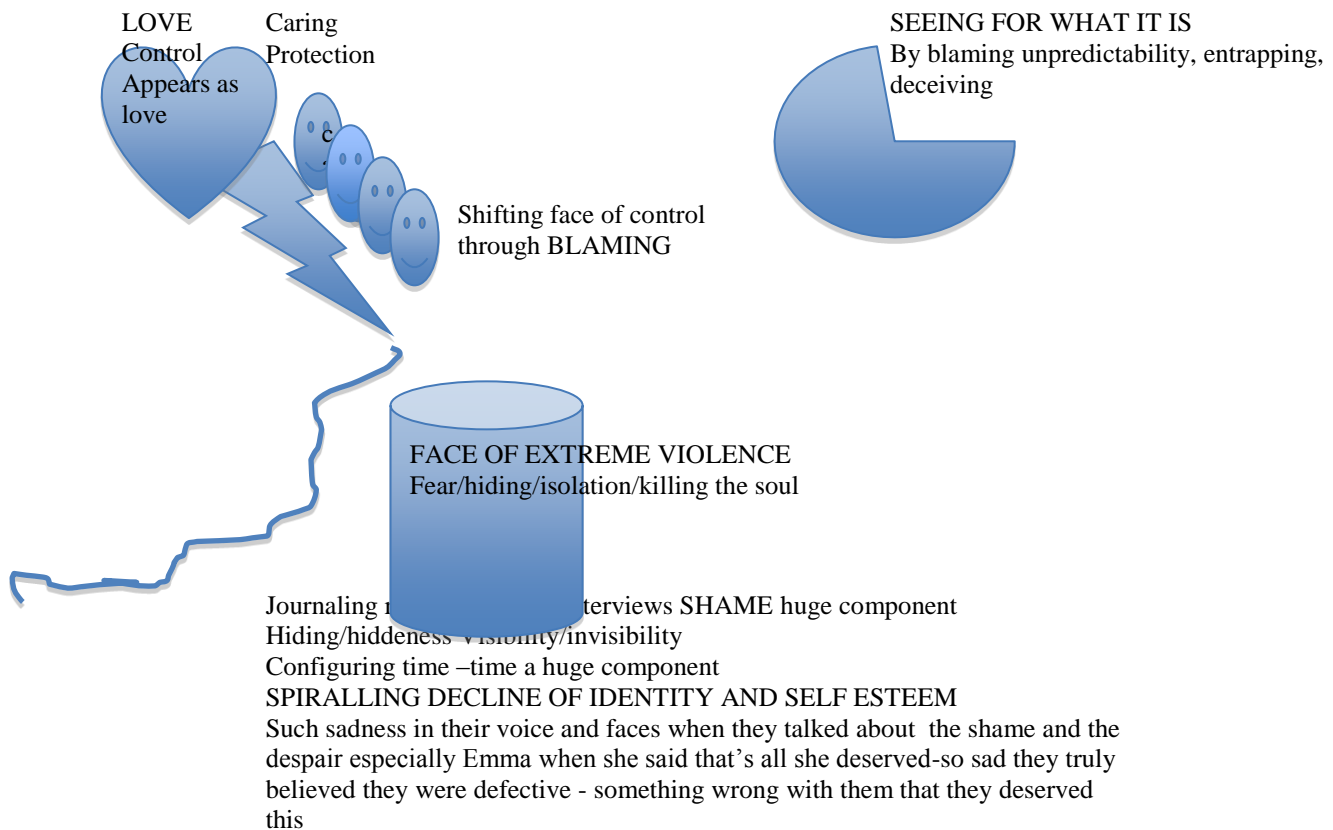
Signature :

Date:

Primary Researcher Contact Details:

Sandra Simpson sandy.simpson@aut.ac.nz ph. 9219999 ext 7214 or 0274821516

Appendix J: Field Notes. Face of Control Mind Map



The Shame of it all	Stigma and Shame	<p>Depressing Despairing Destroying Shaming Embarrassing Feeling foolish Clutching at straws Holding breath No future Losing hope Pretending</p>	<p>I cried, and cried, and cried. I was depressed. And not looking after myself, all that stuff. I was so ashamed and felt scared, really scared all the time and couldn't trust anyone</p> <p>I always tried to not call the police because I knew there was already a stigma with lesbian couples and I was scared of the kids being taken away I lost some friends because of that because there must have been something wrong with me, the stigma that's all I deserve, that is all I'm going to get, and its such an ingrained feeling that it has a real heavy sadness to it and now when I look back to who that girl was I can cry for her because I think you poor thing, you actually, it was like you were holding your breath all the time its got to get better, its got to get better. It's just got to get better and you know you really want to believe that.</p> <p>I felt really shaken because I had never been beaten like that before. I felt so ashamed So I didn't know what to do so I thought I would ring woman's refuge but I then I thought back then they didn't take lesbians</p> <p>I couldn't imagine a future for myself and there was one point I was earning \$1000 a week that went straight to paying the interest on a loan and I could see that was it for the rest of my life and I thought what was the point</p> <p>I was so ashamed for whom I was clutching at straws really ..just to survive I was so ashamed I just felt like a fool, felt like an idiot, felt so weak. I was 22 and it completely dumbled me. He was like just you wait you'll be back you'll be back. He is going to destroy me and I still have to sort of have a smiling face to the boys and of course they knew it. It was the hardest time at that time</p>
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