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Sarah Jayne Parkin  
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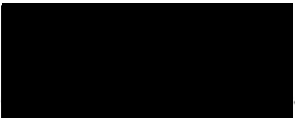
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Survival After Violence: The Post-Separation Journey of Women who have Experienced  
Intimate Partner Violence

Sarah Jayne Parkin

This thesis is submitted in partial fulfilment of the requirements for the degree of Doctor of  
Philosophy (Clinical Psychology)

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### **Abstract**

Intimate Partner Violence (IPV) is a complex social issue that remains highly prevalent in communities across the world. The impact of IPV includes short-term and long-term psychological, physical, financial and social consequences for women who experience it as well as their immediate and extended families, networks and communities. As research has continued to evolve there has been a move towards exploring the interaction of systemic factors that influence the occurrence of IPV and consequences of IPV long-term. Although researchers have identified that the long-term outcomes for women after leaving an IPV relationship can vary, it appears more research is required in order to understand how women's post-separation experiences may influence their long-term wellbeing. In particular, it is not yet clear how women conceptualise their post-separation journeys or how such journeys are facilitated by support networks and services. This research project aimed to generate a theory that explains the post-separation journey of women from the perspective of both women who have experienced IPV and individuals who work in the area. In addition this research project aimed to identify which components of the post-separation journey contribute to positive long-term wellbeing for women as well as explore how formal support workers and external factors influence women's post-separation experiences.

In order to achieve these aims a qualitative grounded theory design using semi-structured interviews was utilised. Grounded theory was considered the most appropriate approach for the current research as it involves concurrent data collection and analysis procedures that allow theory to emerge from participant's experiences. The participant sample consisted of 40 individuals: 17 women who have experienced IPV, 15 formal support workers, and 8 women with both personal and professional experiences of IPV.

Based on the data a model emerged that identified four main components of a woman's journey after leaving an IPV relationship: grounding, rebuilding, reflecting, and developing. Each component consists of individual processes identified by both women and formal support workers as key in contributing to a woman's acceptance of her experiences and sense of wellbeing post-separation. The results indicated that individual post-separation journeys were influenced by women's interactions with other people, situations, services, communities and the cultural context. Therefore, the model of the post-separation journey of women was positioned within the context of an ecological perspective in order to explain the external processes that participants identified as influencing women's post-separation journeys. The model assists to enhance what is currently understood about women's post-separation experiences with important implications for policy, practice, and future research.

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I am incredibly lucky to be surrounded by friends and family who have walked alongside me in this journey over the last twelve years. Through the good moments, the bad moments and the utterly lost moments I have never been alone. Mostly I must thank my parents, Jeanette and Owen, for supporting me, listening to me, loving me and believing in me. Both of whom have always been proud and supportive no matter what I achieve. Shout out to my Aunty Chrissie who has always been my leading cheerleader, thank you for being you. Lastly, to my entire family; considering our joys and our pain, we have not always had it easy, but I wouldn't have it any other way. I am who I am today because of the experiences I have shared with each of you, and I am forever grateful for that.

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## CHAPTER 1: INTRODUCTION

### Overview

Intimate partner violence (IPV) is a highly complex social issue that remains prevalent in communities across the world, and has a reverberating impact on the communities in which it occurs. The systemic impact of IPV includes short-term and long-term psychological, physical, financial and social consequences for women who experience it, their immediate and extended families, networks and communities. Although a vast amount of research exists in the IPV area it appears that there is not enough known about women's experiences after leaving an IPV relationship. In this chapter I will provide an introduction to the focus of the current study to demonstrate the significance of the research and identify the aims for the project. I will outline the historical perspectives of IPV including how such perspectives have influenced the conceptualisation of IPV and use of terms before defining the terms used in the current study, and ending with an overview of the subsequent chapters.

*'I was really getting worse, and worse, and worse. Not actually getting healthier, not actually getting better, so the resilience was not there, and there was no such word as resilience in my head then. I certainly wasn't. It was really just going from sunrise, to sunset. Which is what I call it now, I didn't call it that back then but. In my mind it was a, right so I'm here, that's definitely there. That kind of feeling. It's very surreal. It's very difficult to do. But in the moments when you are under pressure, so if someone spoke to me, I had trouble not crying, all the time, you didn't know where that came from. Anything at all would actually spark tears, because you are just so fragile, so, so, so fragile. It's unbelievable. It's believable to me because I lived through it, but upon reflection that's the pain that you have, everything is*

*tearful, everything is painful, everything reminds you of it, the child that you have reminds you of it, the furniture that you sit on, everything. And I was terrified of him...*

### **Introduction to the Problem**

Intimate partner violence (IPV) is a commonly occurring and well-recognised national and global social issue (Phillips & Vandenbroek, 2014; WA Department for Communities, 2006; World Health Organization, 2013). IPV has an ongoing impact on women who experience it and causes a significant economic cost to the communities in which it occurs (National Council to Reduce Violence Against Women and their Children, 2009). Results from a national Australian study demonstrated that 17% of women who had ever been married or in a de-facto relationship had experienced violence by at least one partner in their lifetime, and 24.5% had experienced emotional abuse in at least one intimate relationship (Australian Bureau of Statistics, 2012). In a global study conducted by the World Health Organization (2013) it was estimated that 30% of women are likely to experience violence and/or sexual assault during at least one relationship in their lives. Significant evidence has been provided demonstrating that IPV harms individuals who experience it as well as family members, workplaces, and communities (Bowman & Rich, 2005; Braaf & Meyering, 2011; Franzway, Zufferey, & Chung, 2007; Helfrich & Rivera, 2006; Howell, Barnes, Miller & Graham-Bermann, 2016; Humphreys & Thiara, 2003; Karakurt, Smith & Whiting, 2014; National Council to Reduce Violence Against Women and their Children, 2009; Roberts, McLaughlin, Conron, & Koenen, 2011; Swanberg, Macke, & Logan, 2007; Wong & Mellor, 2014; World Health Organization, 2013). However, despite our knowledge of the deleterious effects of IPV and the numerous community approaches to reduce IPV it still remains highly prevalent in communities across the globe (World Health Organization, 2013). Due to the prevalence and negative systemic consequences of IPV it has continued to be a focus of research.

The focus of IPV research to date has included exploring risk factors that contribute to IPV, differentiating typologies of IPV, characteristics of perpetrators and victims, the impact of IPV on individuals, families and communities, and the process of leaving an IPV relationship. As a result of such extensive literature it is evident that IPV is a highly complex issue, influenced by personal, relational, contextual and socio-cultural factors. However, it appears that the literature does not adequately address the post-separation experiences that contribute to a woman's long-term wellbeing after leaving an IPV relationship. The research that does exist indicates that women's outcomes post-separation will differ; with some women reporting no changes to their wellbeing whereas others report an improvement or decline in their wellbeing long-term post-separation (Bell, Goodman, & Dutton, 2007; Young, 2007). However, due to the complexities involved in defining wellbeing and conceptualising women's post-separation experiences predicting outcomes for women post-separation is problematic (Ferkany, 2012). Some researchers have found a systemic framework helpful in conceptualizing risk factors that contribute to IPV and the impact of IPV on the community (Bell & Naugle, 2008; Capaldi, Knoble, Shortt & Kim, 2012; Dutton, 2006). Considering women's post-separation experiences from a systemic perspective may contribute to the understanding of why women's wellbeing post-IPV may differ.

As individuals' experiences of IPV are influenced by personal, relational, contextual and socio-cultural factors, it is likely that their post-separation journeys will also be influenced by these systemic factors (Bell, Goodman, & Dutton, 2007; 2009; Young, 2007). Although research examining the influence of internal (e.g., self-worth) and external (e.g., financial stability) factors on women's outcomes post-separation has become more prevalent, it appears that further research is still required as there is not yet a clear understanding of the influences on women's post-separation experiences, and how these link with long-term wellbeing (Bell & Naugle, 2008). It has been documented that support networks and service

providers are a crucial influence on women's wellbeing; negative experiences with service providers can be detrimental to women's wellbeing post-separation yet positive support experiences can enhance long-term outcomes for women (Allen, Bybee, & Sullivan, 2004; Boyd, Scharer, Baliko & Mackey, 2009; Bradley & Davino, 2007; Flink, Paavilainen & Astedt-Kurki, 2005; Giles & Cureen, 2007; Hague & Mullender, 2006; Lynch, Keasler, Reaves, Channer & Bukowski, 2007; Pennington-Zoellner, 2009; Swanberg, Macke, & Logan, 2007; Westbrook, 2009). However, such research has not yet explored how support networks and service providers conceptualise women's post-separation journeys. It is likely that the understanding that support networks and service providers have of women's experiences after ending an IPV relationship will influence the types of support they offer, and consequently influence whether women find them helpful or unhelpful post-separation. The gap in current literature highlights a need to understand women's post-separation journeys from the perspective of women who experience them as well as from the perspective of support networks and service providers. A better understanding of women's post separation experiences may assist support networks and service providers with meeting the needs of women post-separation, and potentially reduce the psychological, physical, social and financial costs associated with IPV for women, families and communities in the long term.

### **Theoretical Perspectives of IPV**

Over the past 30-40 years, researchers from different theoretical and socio-political perspectives have contested the way IPV is conceptualised. The conceptualisation of IPV adopted by a researcher impacts on the structure, focus, interpretation and terminology of the research they conduct (DeKeresedy, 2000; Dutton, 2006; Winstok, 2007). The two most traditional theoretical perspectives of IPV are the feminist perspective and the gender inclusive perspective. Historically there has been much debate between these two

perspectives. It could be argued that the feminist perspective is perceived as taking a strong position in the area of IPV, sometimes labelled as ‘radical’ by opposing perspectives (DeKeresedy & Dragiewicz, 2007; Dixon & Graham-Kevan, 2011; Dutton & Nicholls, 2005; Straus, Hamby, Boney-McCoy, & Sugarman, 1996; Winstok, 2007). However, such strong feminist perspectives can be understood in the socio-political context of communities with a high prevalence of disempowerment and violence against women. Due to the complex nature of IPV, researchers have continued to seek ways to integrate various perspectives, and work towards a more systemic conceptualisation of IPV (Bell & Naugle, 2008; Capaldi, Knoble, Shortt & Kim, 2012, Dutton, 2006; Winstok, 2007). Although it is beyond the scope of the current study to provide an in-depth analysis of various theoretical perspectives I will briefly outline the most common theoretical perspectives to demonstrate how the understanding of IPV has developed over time. The theoretical perspectives that will be discussed include the feminist, gender inclusive, family violence, and interactional perspectives. The terms selected to describe these perspectives are those used by previous researchers in the literature cited (Bell & Naugle, 2008; DeKeresedy, 2000; Dixon & Graham-Kevan, 2011; Dutton, 2006; Winstok, 2007). Each of these theoretical perspectives will be briefly outlined before providing an explanation of how differences between theoretical perspectives have influenced the use of terminology regarding IPV.

### **The Feminist Perspective**

Traditionally the feminist perspective has focused on violence being perpetrated by men against women as a result of patriarchal values that encourage male superiority (Dixon & Graham-Kevan, 2011; Dutton & Nicholls, 2005). Although researchers from the feminist perspective have traditionally focused on attempting to alter patriarchal systems that maintain IPV, more recent research has recognised patriarchal values as only one risk factor of IPV amongst others such as life stress, family history, support, and relationship issues

(DeKeresedy & Dragiewicz, 2007; Dixon & Graham-Kevan, 2011; Graham-Kevan, 2007).

Although researchers from a feminist perspective do not deny that violence against men does occur, they argue that men use violence in relationships more frequently and women are limited in their options for taking action to change the situation due to social inequalities that exist between genders (Dobash & Dobash, 2004).

### **The Gender Inclusive Perspective**

A common source of criticism of the feminist perspective is its focus on patriarchal values as a predictor of IPV. Researchers who subscribe to a more gender inclusive perspective argue that statistics indicate that women may use violence in relationships as often as men (Dutton & Corvo, 2006; Dutton & Nicholls, 2005; Hamel, 2005). Research that has emerged from the use of psychological instruments such as the Conflict Tactics Scale has provided evidence that the use of violence in relationships is more symmetrical than previously thought i.e., women and men are similar in their use of violence in relationships (Dutton & Nicholls, 2005). Straus and colleagues developed the Conflict Tactics Scale (CTS) with the aim of collecting data about the incidence of violence in relationships (Straus, 1979; 1990; Straus, Hamby, Boney-McCoy & Sugarman, 1996). The Conflict Tactics Scale focuses on individual incidences of violent behaviour such as physical attacks, injury, psychological aggression and sexual coercion (Straus, 1979; 1990; Straus, Hamby, Boney-McCoy & Sugarman, 1996). However such findings, which suggest that there may be potential complexities in how we construe the issue of gender in IPV, are certainly open to criticism. In particular, the CTS does not examine the context or intent of violent behaviour so it provides limited information about the use of violence by men and women i.e., a woman may use physical violence with the intent of protecting herself or with intent of controlling her partner (DeKeresedy, 2006).



Researchers from the gender inclusive perspective have argued that feminist researchers attribute all female to male violence as occurring in response to male violence (e.g., as revenge, in self-defence, or to reduce the attempt to control by the male; Dutton & Corvo, 2006; Dutton & Nicholls, 2005; Hamel, 2005). Dixon and Graham-Keven (2011) argue that such a perspective justifies women's use of violence within a particular context. Although male to female violence appears to be more frequent, this may be due to underreporting, sampling from services for women (i.e., women's shelters), and the focus of research on male instigated violence rather than female instigated violence (O'Leary, Slep & O'Leary, 2007). Research has provided evidence that a range of psychological factors contribute to the occurrence of violence in relationships such as attachment styles of the couple, mental health issues, and drug or alcohol use (Bartholomew, Henderson & Dutton, 2001; Graham-Kevan & Archer, 2005). Bi-directional violence is often reported by couples who present for therapy (Hamberger, 2005; Hamel, 2005). However, in research comparing violence between men and women in IPV couples Dobash and Dobash (2004) concluded that women use violence less frequently against men, and the consequences for men's safety and wellbeing were less severe.

### **The Family Violence Perspective**

Some researchers, classified as aligning to a family violence perspective, conceptualise IPV as a method of conflict resolution in relationships (Straus, Hamby, Boney-McCoy, & Sugarman, 1996; Winstok, 2007). Straus argues that the behaviour of both individuals within the relationship must be considered for IPV to be fully understood (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). Researchers from the family violence perspective argue that violence within the family occurs as a result of conflict between people or as a result of other issues within the family. Such views are not held by feminist researchers who criticise the family violence perspective on the grounds that it fails to

acknowledge gender inequalities in relationships and that it attributes equal blame to the victim of IPV (DeKeseredy, 2000). Accordingly, feminist researchers argue that responsibility for abuse cannot be shared equally between partners due to the social inequalities experienced by women (Dixon & Graham-Kevan, 2011; Dobash & Dobash, 2004; Graham-Kevan, 2007).

### **The Interactional Perspective**

Over time other researchers have aimed to develop a model that is able to integrate feminist, family violence, and gender inclusive perspectives as well as consider the influence of individual, relational and contextual factors on the use of abuse in relationships (Dutton, 2006; Heise, 1998; Winstok, 2007). In an attempt to incorporate each of these traditional perspectives of IPV Winstok (2007) developed the integrative and structural model of violence. This model has also been termed the interactional perspective on IPV. By doing so Winstok (2007) attempted to shift focus from conceptualising individuals as either perpetrators, victims or survivors to instead focusing on ‘interactions in which violent behaviours occur’. Such a shift recognises the numerous individual, relational, situational and socio-cultural factors that influence the occurrence of violence, as well as minimising the use of terms that may have associated stigma e.g., victim. Other researchers have also considered a more interactional perspective of IPV. Bell and Naugle (2008) developed a contextual framework for understanding IPV which considers influences such as motivating factors, antecedents, consequences, environmental stimuli and verbal rules on the use of violence in relationships. The nested ecological model developed by Dutton (2006) also considers the influence of a range of social and psychological factors on the occurrence of IPV. The evolution of IPV research to integrate traditional perspectives on IPV as well as consider contextual influences has allowed for a better understanding of the systemic influences on

IPV. Such research highlights that in order to understand IPV it may be necessary to consider the context of the relationship, and the pattern of behaviour between partners over time.

## **Summary**

The overview provided of the theoretical perspectives of IPV highlights the complexity of conceptualising IPV and the implications this has for the structure, focus, interpretation and terminology of research in the area. As the understanding of IPV continues to develop through research and theory it influences the socio-cultural representation of IPV within communities. The movement towards a more systemic conceptualisation of IPV is important to consider in the current research project as it highlights that individual, relational, situational and socio-cultural factors not only influence the way IPV is conceptualised, but are also likely to influence women's post-separation experiences. In addition, such theoretical perspectives have influenced the use of terminology used to refer to IPV experiences in literature, services, and the community.

## **Terminology**

In order to explain the terminology adopted in the current research project I will firstly provide an overview of the history of terminology regarding IPV. The term domestic violence was originally utilised by feminist researchers, and has become well known and commonly used in literature, services, and among the community (DeKeseredy, 2000). Some women who have experienced IPV reject the term 'domestic' as they feel that it normalises the behaviour as a household problem, and minimises the seriousness of the abuse. However, the use of the term domestic violence has since evolved and is seen to encompass abuse between any family members, within heterosexual or homosexual couples, and for violence which is perpetrated against a man by a woman. Other common terms that are used to refer to IPV include family violence, relationship violence, gender-based violence, marital/spousal abuse, intimate terrorism (Dunn & Powell-Williams, 2007). The broad range of terms used to

describe violence or abuse in relationships can lead to a lack of clarity about what is being described when one of terms, as listed above, is used. The choice of terms can also lead to assumptions about those being referred to. For example, the use of the term gender-based violence could lead to the assumption that a man has perpetrated violence against a women due to her gender. This highlights the importance of considering the choice of terms carefully, and clearly defining the individuals and situation that is being referred to.

The use of the terms ‘victim’ and ‘perpetrator’ can also be considered problematic in the understanding of IPV. Firstly, both women and men who use violence in relationships have been known to refer to themselves as ‘victims’ (Eisikovitis et al., 2002). The term victim can be linked with negative social stigma. Although it was originally utilised to emphasise the social inequalities that lead to violence against women and to highlight that women are not responsible for IPV, the term is also frequently associated with powerlessness and inertia (DeKeresedy, 2000). This has led to many advocates in the area of IPV promoting the use of the term ‘survivor’; as this is more likely to result in a view that women can and do overcome their negative experiences of IPV. However, some women do not feel that terms such a survivor fit well with their experience, depending on their subjective perception of their own wellbeing (Evans & Lindsay, 2008). Both terms lack consistent definitions, as the experience of being either a victim or survivor is subjective. Often victim and survivor are represented as two positions on the spectrum of recovery. If a woman is labelled by others as a victim it could be assumed that she is less recovered than a woman who is labelled a survivor. The choice of terminology regarding IPV has important implications for not only how women make sense of their own IPV experiences, but also how they are perceived by others. Therefore, careful consideration has been given to the selection of terms used in the current study.

### **Definitions of Terms used in the Current Study**

While reviewing prior research or literature the researcher will use terms consistent with the literature reviewed. However, when discussing the current study the researcher will use the following terms.

#### **Intimate Partner Violence (IPV)**

As the current study was conducted within Western Australia it must be stated that the Western Australian government defines Intimate Partner Violence (IPV) as a pattern of behaviour involving the use of violence, economic subordination, threats, isolation and other control tactics by one partner with the intent to dominate, control, and cause fear in the other partner potentially resulting in serious physical and mental health consequences for the victim (Phillips & Vandebroek, 2014; WA Department for Communities, 2006). The definition of IPV, as held by the Western Australian government, is consistent with national and international definitions of IPV (World Health Organization, 2013). The definition of IPV is broad and encompasses specific behaviours that can be organised in four categories; physical violence such as slapping, hitting, kicking, and beating; sexual violence such as forced sexual intercourse or other forms of sexual coercion; emotional or psychological abuse such as insults, belittling, humiliation, intimidation, destroying property, threats of harm, threats against children or pets; and controlling behaviours such as isolation from family and friends, stalking, monitoring a partners' movements, and restricting access to financial resources, employment, education, transport, or medical care (Phillips & Vandebroek, 2014; WA Department for Communities, 2006; World Health Organization, 2013). The term IPV will be used in the current research to refer to an intimate relationship in which any form of abuse occurs, consistent with the definition provided above (WA Department for Communities, 2006). Terms such as domestic violence and family violence are often used to refer to abuse in intimate relationships, but are also used to describe abuse in other family relationships e.g.,

an adolescent being abusive towards a parent. The term IPV was considered most appropriate for the current study as it specifies that the primary focus of the research is intimate relationships rather than any other form of family relationship.

### **Woman**

When discussing the current study the term woman will be used to refer to the female participant who had experienced IPV in the past.

### **Ex-partner**

When discussing the relationships of the women who participated in the research the term ex-partner will be used to refer to the men who were in an IPV relationship with the women who participated in the study.

### **Formal support workers**

This term will be used to refer to any individual who was employed or volunteered in a position that focused on assisting women, children, or men involved in an IPV relationship.

### **Informal supports**

The term informal supports will be used to refer to any individual who has provided support to women who have experienced IPV in an informal context i.e., friends, family, colleagues, neighbours.

### **Formal Supports**

This term will be used to refer to services or organisations that exist to provide support to others in need, including but not limited to IPV services i.e., General Practitioners, counsellors, and welfare support agencies such as the Australian government agency Centrelink.

## **Significance of Study**

Based on the prevalence and significant impact that IPV has on individuals, families, and communities it is considered an acute global issue (National Council to Reduce Violence

Against Women and their Children, 2009; World Health Organization, 2013). Although the vast amount of IPV research conducted over the last three decades has enhanced our understanding of IPV, it none the less remains a highly prevalent issue in cultures across the world (World Health Organization, 2013). The focus of IPV literature over time has included exploring the possible causes of IPV, typologies of IPV, the impact of IPV, the process of women deciding to end an IPV relationship, and women's long-term outcomes after IPV (Bell & Naugle, 2008; Bensley, Van Eenwyk & Wynkoop Simmons, 2003; Dutton, 1995; Haggerty & Goodman, 2003; Holtzworth-Munroe & Stuart, 1994; Riggs & O'Leary, 1996; Tyler & Cauce, 2002; White, Merrill & Koss, 2001; Whitfield, Anda, Dube & Felitti, 2003). Such extensive research has provided evidence that women's experiences in an IPV relationship are influenced by individual, relationship, situational and socio-cultural factors. Previous researchers have demonstrated that an ecological framework is useful in understanding the systemic influences on women's IPV experiences including how IPV occurs, and how it may be maintained by a variety of subsystems within a community. Hence, it may also be important to consider the systemic influences on women's post-separation experiences and how this may impact on women's long-term wellbeing after leaving an IPV relationship.

Often the end of an IPV relationship is seen as an ideal outcome by support services as well as informal supports such as family and friends. Some researchers have focused on the process of leaving an IPV relationship in order to understand what factors influence such a decision for women (Haggerty & Goodman, 2003; Lerner & Kennedy, 2000; Paluso, 2003; Taylor, 2005; Tyler & Cauce, 2002). However, for most women the end of the IPV relationship is not the end of their IPV journey (Anderson, 2001; Mertin & Mohr, 2001). Outcomes for women after leaving an IPV relationship are complex. Some women will experience improved wellbeing after separation, whereas others may experience no change or

a decline to wellbeing post-separation (Bell, Goodman, & Dutton, 2007; Learner & Kennedy, 2000; Young, 2007). The research exploring women's post-separation experiences is limited but the research that does exist highlights that women's post separation journeys are a complex non-linear process influenced by a variety of internal and external factors, which will be explored in depth in further chapters (Boyd, Scharer, Baliko & Mackey, 2009; Buehler, 1994; Giles & Cureen, 2007; Kearney, 2001; Landenburger, 1989; Merritt-Gray & Wuest, 1995; Mills, 1985; Smith, 2003; Wuest & Merritt-Gray, 1999). Most researchers exploring women's post-separation experiences have focused on what factors contribute to recovery for women after ending an IPV relationship (Farrell, 1996; Humbert, Bess & Mowry, 2013; Javaherian, Krabacher, Andriacco & German, 2007). Some researchers argue that the concept of recovery is not an adequate representation of women's experiences, but that the process of incorporating IPV experiences into sense of self may be a more accurate description of women's post-separation experiences (Evans & Lindsay, 2008; McDonalds & Dickerson, 2013). A common finding of prior research is that formal supports have a significant role in facilitating or assisting women throughout their IPV experiences (Davis, Taylor & Furniss, 2001; Hague & Mullender, 2006; Wuest & Merritt-Gray, 1999). Research exploring the role of formal supports in women's post-separation experiences has only recently begun to emerge. As formal supports can be crucial in facilitating women's journeys post-separation it is necessary to consider what is understood of women's post-separation experiences from the perspective of those who work in the area. This will assist to increase our understanding of what factors formal support workers identify as contributing to women's long-term wellbeing post-separation. A better understanding of women's experiences after leaving an IPV relationship may identify potential opportunities for intervention or prevention approaches and reduce the ongoing costs associated with the impact of IPV on women and communities. In addition, understanding women's experiences



from a systemic perspective may increase knowledge regarding external influences on the outcomes for women post-separation.

### **Research Aim**

The aim of the current research is to explore the experiences of both women who have experienced IPV, and formal support workers in order to generate a theory that explains the post-separation journey of women after leaving an IPV relationship. Therefore, the research questions are as follows;

- What is the post-separation journey for a woman after leaving an IPV relationship?
- What components of a woman's post-separation journey contribute to positive long-term wellbeing?
- How do formal support workers conceptualise and facilitate women's post-separation journeys?
- What external processes influence women's post-separation journeys?

### **Explanation of Thesis Structure**

In chapter 2 an overview of intimate partner violence will be outlined to provide a context for the current research. The research that demonstrates the significant negative impact that IPV has on individuals, immediate and extended family, and communities will be summarised. This will be followed by an exploration of relevant literature providing an overview of how IPV research has developed over time: including research that has examined the risk factors associated with IPV, the decision to stay or leave an IPV relationship, and the typologies of IPV.

Chapter 3 will focus on the impact of post-separation experiences on women's long-term wellbeing after ending an IPV relationship. This will include outlining current research findings and theoretical perspectives of resilience, coping, recovery, re-victimization and

post-traumatic growth. The limited research that does exist regarding women's post-separation experiences will be explored to understand how such experiences are currently conceptualised in the literature, and the implications this has for the current study.

Chapter 4 will explore the contribution of formal supports to the post-separation wellbeing of women. The literature provides evidence that both informal and formal supports will influence the likelihood of positive outcomes for those who have experienced IPV. However, not all women's needs are the same, therefore the services they access and the perceived helpfulness of such services are likely to differ. In particular this chapter will focus on how women's needs differ post-separation, including their decision to seek formal support, barriers to accessing appropriate formal support, community responses to IPV, and the perceived effectiveness of such supports.

In chapter 5 the design of the study will be outlined including the philosophical position and the personal experience of the researcher. The qualitative Grounded Theory methods utilised in the study will be described as well as the participant details, procedure and ethical considerations.

Chapter 6 will present the first component of the results; the grounded theory of the journey of women after leaving an IPV relationship. The model was developed based on the data that emerged from both women who had experienced IPV and formal support workers who participated in the study. A summary of the model will first be presented to provide a framework for understanding the in depth explanations of each component of the model that will follow. The model consists of four main components comprising of individual processes that influence a woman's wellbeing post-separation. Each of these processes will be explained in depth, illustrated by quotes from participants.

In chapter 7 the second component of the results will be presented; the post-separation journey of women in the context of an ecological perspective. This chapter will explore the

influence of other people, situations, services, community and the cultural context on women's post-separation journeys. In order to better understand how the interaction between a woman and her environment influences long-term wellbeing the findings will be organised and explained using Bronfenbrenner's ecological systems theory. In this chapter the researcher will outline the factors in the microsystem, mesosystem, exosystem, macrosystem and chronosystem identified in the current study as influencing women's post-separation journeys and consequently their long-term wellbeing.

The final chapter will provide an overview of the current research including its contribution to existing knowledge and implications for policy and practice. The research questions will be revisited, with a summary of how the current research was successful in achieving the research aims. The chapter will include recommendations based on the research findings. The strengths and limitations as well as suggestions for future research will be discussed before the final conclusion.

## CHAPTER TWO: AN OVERVIEW OF INTIMATE PARTNER VIOLENCE

### Overview

Intimate Partner Violence has been a significant focus of research over the past 40 years. In the following chapter I will begin by summarising what is known about the prevalence and impact of IPV. Due to the complex impact of IPV, Bronfenbrenner's ecological systems theory will be used to structure a discussion of the consequences of IPV for the individual as well as within the microsystem, mesosystem, exosystem, and macrosystem. I will then provide an overview of IPV research including risk factors associated with IPV, the process of leaving an IPV relationship and differentiating typologies of IPV, as each of these research areas has assisted to evolve the current understanding of IPV and provide a context for the current study.

### Prevalence of Intimate Partner Violence

Intimate Partner Violence (IPV) is a highly prevalent social issue within Australia as well as globally. Recent statistics published by the World Health Organisation (2013) estimate that globally 30% of women experience violence and/or sexual assault during at least one intimate relationship. The global data compiled estimated that prevalence is slightly higher (approximately 37%) in African, Eastern Mediterranean and South-East Asian regions across the world (World Health Organization, 2013). Additional research demonstrates that women are likely to experience more than one form of IPV within a relationship. Thompson et al. (2006) found that 78.7% of the women who had experienced IPV reported physical violence as well as at least one other form of IPV (e.g., psychological, sexual or controlling).

### The Impact of Intimate Partner Violence

It is evident that IPV has a significant negative systemic impact on women, their families, communities and society as a whole (Braaf & Meyering, 2011; Buchanan, Power, &

Verity, 2013; National Council to Reduce Violence Against Women and their Children, 2009; Wong & Mellor, 2014; World Health Organisation, 2013). Due to the large amount of research available in this area the following review will not exhaustively describe all research findings but will instead provide a brief overview of the consequences of IPV on an individual and societal level. An ecological perspective will be used to structure the discussion of the impact of IPV, as previous researchers have demonstrated that such a model is useful in understanding how IPV occurs in communities and how it is maintained by a variety of subsystems within a community (Carlson, 1984; Dutton, 1996; Riger, Raja & Camacho, 2002).

The ecological systems theory emphasises the bi-directionality of experiences; not only are an individual's experiences influenced by the larger context in which they occur but the wider systems are also influenced by an individual's experiences (Bronfenbrenner, 1994). According to Bronfenbrenner there is constant interaction between an individual and their microsystem (individuals' immediate context and relationships), mesosystem (interactions between parts of microsystem e.g., partner and children), exosystem (systems the individual is not directly involved in e.g., partners workplace) and macrosystem (socio-cultural context). In order to better understand the reverberating impact of IPV, research regarding the impact of IPV within each of these subsystems will now be explored.

### **Individual; The Impact of IPV on Women who have Experienced It**

Women who experience IPV are more at risk of physical, psychological, social, and financial issues while in the IPV relationship as well as after separation (Bonomi et al., 2006). The physical impact of abuse often includes immediate physical injury that can be related to long-term issues with physical capacity, disability, or illness (Wong & Mellor, 2014). Experiences of IPV have been linked with increased risk of a range of physical issues for women across their lifespan such as brain injury, memory loss, seizures, pregnancy

complications, gastrointestinal problems, chronic pain, arthritis, sexually transmitted infections and nutritional deficiency (Campbell, 2002; Roberts et al., 2006; World Health Organization, 2013).

The experience of IPV can contribute to a range of non-fatal outcomes for women. However, in some cases the final outcome can be fatal. Between 2007-2008, 80 of the 260 homicides in Australia were classified as intimate partner homicides (Australian Institute of Criminology, 2010). An intimate partner homicide is defined as the murder of one person by a person they currently or previously had an intimate relationship with. The victims of intimate homicide were mostly women (62) compared to men (18). In five of those cases the offender suicided after the homicide. Between 2008-2010 there were 122 incidences of intimate partner homicide in Australia. Of these cases four included the murder of a child, three included the murder of another non-related acquaintance, and twelve of the offenders suicided following the homicide. Such statistics demonstrate the potential for ongoing risk of fatal harm for women and children even after ending the relationship.

In addition to the physical impact of IPV women often experience psychological issues as a result of abuse within a relationship (Karakurt, Smith & Whiting, 2014; Kilpatrick & Acierno, 2003). Overall, depression and Post-Traumatic Stress Disorder (PTSD) are commonly linked with experiences of IPV (Afifi et al., 2009; Bonomi et al, 2009; Humphreys & Thiara, 2003). It is estimated that 63.8% of women who have experienced IPV have PTSD as a result of their experiences, which is significantly higher than the estimated PTSD rates of 1-12% in women in the general population (Golding, 1999). Women who have experienced IPV are four times more likely to experience depression or attempt suicide (Karakurt, Smith & Whiting, 2014). Mertin and Mohr (2001) estimate that 40-60% of women who experience IPV will experience symptoms of PTSD. Other common mental health issues associated with experiences of IPV are anxiety disorders, phobias, panic disorders, obsessive compulsive

disorder, somatization, suicidal ideation, and substance abuse related disorders (Campbell, 2002; Coker et al., 2002; Evans, 2007; Fowler, 2007). The prevalence and impact of psychological trauma related to IPV establishes IPV as a significant public health issue for women (Rhodes & Levinson, 2003).

Women who have experienced IPV are also more likely to be at risk of homelessness and have difficulty gaining or maintaining study or employment (Australian Institute of Health and Welfare, 2013; Braaf & Meyering, 2011; Commonwealth of Australia, 2008; Franzway, Zufferey, & Chung, 2007), which further impacts on their physical, psychological and financial health. One in four homeless women identified IPV as the cause of their homelessness, and 50% said they had experienced IPV at some stage in their life (Australian Institute of Health and Welfare, 2013).

### **Microsystem; The Impact of IPV on Immediate Contexts and Relationships**

Although IPV occurs within an intimate relationship each of those individuals is connected to others outside of the confines of the IPV relationship. The impact experienced by those connected to either individual in the IPV relationship may include psychological, physical, or financial consequences (Carlson, 1984; Dutton, 1996). Riger, Raja, and Camacho (2002) concluded that IPV can impact on a woman's relationship with her children, family and friends. A woman may depend on family or friends to assist with housing, finances, or child care due to IPV, and family or friends may experience threats or violence by the perpetrator (Riger, Raja & Camacho, 2002). As previously mentioned, IPV can impact on a woman's ability to maintain employment or study. The physical/psychological impact of IPV or perpetrator involvement at the workplace or educational institution can reduce a woman's engagement, attendance, and performance (Braaf & Meyering, 2011; Franzway, Zufferey, & Chung, 2007). If IPV has a negative impact on a woman's employment or study this may further impact on her wellbeing i.e., no employment may reduce a woman's financial security

and increase social isolation (Bowman & Rich, 2005; Helfrich & Rivera, 2006; Swanberg, Macke, & Logan, 2007).

The impact of exposure to IPV on the development of children has been a common focus of past research (Howell, Barnes, Miller & Graham-Bermann, 2016). Australian statistics indicate that 39% of women who had experienced IPV reported that children had witnessed it (ABS, 2006). Being exposed to IPV can have a significant impact on the cognitive, psychological, and social development of children, even if they do not experience or witness the abuse directly (Gewirtz & Edleson, 2004; Holt, Buckley, & Whelan, 2008). Children who witness IPV are also more likely to experience emotional, physical or sexual abuse in their lifetime (Australian Institute of Criminology, 2001; Carr & Vandersen, 2002; Howell, Barnes, Miller & Graham-Bermann, 2016). Experiencing IPV can impact on a mother's parenting capacity due to the emotional or physical impact of the abuse, as well as have a negative impact on attachment (Buchanan, Power, & Verity, 2013). Women may have difficulty meeting the emotional and physical needs of children due to resources being occupied by psychologically coping with abuse or due to physical injury (Cunningham & Baker, 2007; Evans, 2007). In some cases a woman's relationship with her children is impacted by the child taking on more responsibility in the family, acting as a support to the mother, or trying to counteract IPV (Riger, Raja, & Camacho, 2002). Children who are exposed to IPV are more likely to experience emotional difficulties, delays to cognitive development, issues with social functioning, learning difficulties, separation anxiety, sleep dysregulation, behavioural issues, and difficulty developing future intimate relationships compared to children who have not been exposed to IPV (Rossman, 2001). For young children and infants being exposed to violence, even if they are not the direct target, can lead to delays in neurological growth and symptoms consistent with post-traumatic stress (Buchanan, 2005). It has also been found that there is a link between exposure to IPV in



childhood and mental health issues or perpetration of violence in adulthood (Edelson, 1999; Laing, 2000; Markowitz, 2001; Schumacher et al., 2001).

### **Mesosystem; The Impact of IPV on Interactions Between Microsystems**

With respect to the mesosystem, a prominent concern of women identified in past research was the impact that an abusive partner can have by interacting with other people or contexts she is connected to. Some examples of this may include the perpetrator of IPV interacting in a negative manner with the children, children's school setting, or the woman's friends, family, neighbours, or workplace (Riger, Raja, & Camacho, 2002; Swanberg, Macke, & Logan, 2007). Perpetrators interactions with the woman's other microsystems may further impact on the wellbeing of the woman and the children i.e., an ex-partner harassing others at a woman's workplace may result in her losing her job and impact on her ability to provide for herself and the children.

In addition, a father's interactions with his children will impact on the children's development and wellbeing over time (Laing, 2010). Research into the fathering practices of men who have perpetrated IPV has produced mixed results. Some men express an awareness of the impact that IPV has on children and demonstrate motivation to be a good parent (Fox & Benson, 2004; Perel & Peled, 2008). However, although men who perpetrate abuse against an intimate partner often perceive themselves as 'good' fathers, they often have more accepting attitudes towards violence and authoritarian parenting styles which may put the children at risk e.g., a father may use physical discipline as a form of punishment which may result in injury to the child or impact on the father-child relationship (Guille, 2004; Harne, 2011, Howard-Belle, 2015). In particular men who were abusive, neglectful, manipulative or authoritarian in their role as fathers were found to be unlikely to focus on building positive relationships with their children (Bancroft, Silverman & Ritchie, 2012; Harne, 2011). The physical and psychological risk to children as a result of their relationship with their father is

often a concern for mothers; mothers feel responsible for managing this relationship and protecting their children (Chang et al., 2010; Scott & Crooks, 2007; Stanely et al., 2012).

In addition to concern for the wellbeing of children, often there are risks to others not involved directly in the IPV relationship (Chang et al, 2010). It has been found that family members, friends or colleagues attempting to support a woman may also be the target of abuse from a perpetrator. Women have identified this as a reason why they minimise the involvement of others or may not seek help (Riger, Raja & Camacho, 2002). Or in turn, individuals who become the target of abuse from a perpetrator may no longer offer to support the woman due to risk to their own safety or property, which leads to the woman becoming more isolated (National Council to Reduce Violence Against Women and their Children, 2009).

### **Exosystem; Impact of IPV on Systems in which a Woman is not Directly Involved**

The economic costs incurred as a result of IPV are greater than the cost of any other type of violence within our communities (National Council to Reduce Violence Against Women and their Children, 2009). The economic burden of IPV impacts on federal and state/territory governments, the women and families of those who have experienced IPV, employers, businesses, and local communities (National Council to Reduce Violence Against Women and their Children, 2009). In 2009 the total cost of pain, suffering, and premature mortality resulting from IPV was estimated to be \$3883 million. This included the estimated cost of depression, anxiety, suicide, alcohol, tobacco, drug use, femicide, injuries, cervical cancer, eating disorders, and sexually transmitted diseases associated with IPV. The overall health costs associated with IPV were estimated at \$445 million per year (National Council to Reduce Violence Against Women and their Children, 2009). This report outlined that the economic cost of IPV was mostly covered by the Australian federal and state/territory governments (68%), with a portion covered by the victim/survivor of IPV (20%), the

community (11%), and the perpetrator (1%). The impact of IPV on industry productivity was an estimated \$609 million loss for employers (39%), the community (28%), the victim/survivor of IPV (18%), and the perpetrator (15%). Second generation costs refer to those related to the impact of IPV on children such as increased adult crime, increased juvenile crime, child care, out of home care, relocation, and remedial education. The secondary costs associated with IPV are estimated at \$280 million per year. Overall, the total estimated cost associated with IPV is \$9883 million each year compared to the estimated cost of other types of violence (i.e., assault, robbery etc.) which has been found to total \$5694 million (National Council to Reduce Violence Against Women and their Children, 2009).

### **Macrosystem; Impact of IPV on Socio-Cultural Beliefs**

Earlier researchers have emphasised the contribution that socio-cultural beliefs about women and violence have on the occurrence of IPV in communities (DeKeseredy, 2000). However, the impact that the occurrence of IPV has on the socio-cultural beliefs of others is less widely researched. Overall, the perceptions and beliefs of others regarding IPV can differ significantly depending on the socio-cultural context e.g., location, religion, nationality, education (Flood & Pease 2006; 2009; Australian Institute of Criminology, 2009; National Council to Reduce Violence against Women and Children, 2009; VicHealth, 2009). It is likely, from an ecological perspective, that the occurrence of IPV will not only impact on the socio-cultural beliefs in a community but that the socio-cultural beliefs will consequently impact on the experiences of individuals and reverberate through all other systems in a bi-directional manner (Button, 2008; Thapar-Bjorkert & Morgan, 2010; Uthman, Lawoko & Moradi, 2009; Wendt, 2009). This can be better understood by considering how research influences practice, and vice versa. Research that enhances the understanding of IPV may influence approaches to managing it, yet practical attempts to manage IPV inform further research. One example of this is the differentiation of typologies of IPV that was developed

in response to the frequency of IPV occurring in different contexts (e.g., separation instigated violence versus coercive controlling violence; Johnson, 2008; Johnston & Campbell, 1993; Pence & Dasgupta, 2006). Such bi-directional influences highlight the need to consider the systemic interactions that influence social issues such as IPV. The research demonstrates that IPV is a pervasive public health issue which has a significant negative effect through communities impacting on women, their families, and the larger society.

### **An Overview of Research on Understanding Intimate Partner Violence**

Due to the significant impact that IPV has on individuals, families and communities an immense amount of research has been conducted with the aim of better understanding the occurrence of IPV and examining methods to reduce its prevalence (Bensley, Eenwyk & Simmons, 2003; Dutton, 1995; Munroe & Stuart, 1994; Walker, 1984). Based on a review of the literature it appears that IPV research can be divided into four main areas; the impact of IPV which has been explored earlier in this chapter, understanding risk factors of IPV, the decision to stay or leave an IPV relationship, and defining or differentiating IPV. Early researchers focused on identifying the risk factors that predict IPV with the aim of reducing prevalence or preventing its occurrence (Leonard & Senchak, 1996; Sagrestano, Heavey, & Christensen, 1999; Straus, 1976). Over time the stay-leave decision became the focus of research to answer the common question of why women stay in IPV relationships (Haggerty & Goodman, 2003; Lerner & Kennedy, 2000; Paluso, 2003; Taylor, 2003). However, in more recent times a move towards attempting to better define and distinguish between different patterns of violence in relationships, termed typologies of IPV, has emerged (Boxall, Rosevear & Payne, 2015; Johnson, 2008; Johnston & Campbell, 1993; Pence & Dasgupta, 2006). Each of these research directions has served to provide a more complex perspective on what constitutes IPV. Within this chapter the research on understanding the risk factors of IPV, the decision to stay or leave an IPV relationship, and the typologies of IPV will be

briefly summarised before the next chapter explores in depth the research regarding women's post-separation experiences, and how this relates to long-term wellbeing. Due to the vast amount of research available this section will not exhaustively analyse all the research available but will provide an overview to link the current research project to what is presently understood about IPV in the literature.

### **Understanding Risk Factors of IPV**

As research in the area of IPV has evolved, various theories have emerged in an attempt to better understand IPV and explain why IPV occurs. Early IPV research focused on the possible sociocultural factors that may contribute to the occurrence of IPV (Bell & Naugle, 2008). Patriarchal values or norms in society have been found to contribute to the incidence of IPV in our communities (Leonard & Senchak, 1996; Sagrestano, Heavey, & Christensen, 1999; Straus, 1976). Although perceptions of gender roles have evolved considerably over the years, at a societal level some norms or values that maintain female dependence on males remain prominent and contribute to difficulties for women attempting to leave an IPV relationship (Anderson & Saunders, 2003; Dobash & Dobash, 1977; Lenton, 1995; Walker, 1984; Yllo, 1988). Other researchers have attempted to explain how individual characteristics such as genetics, personality, attachment history, past experiences and psychological issues may increase the likelihood of an individual using violence in an intimate relationship (Bensley, Eenwyk & Simmons, 2003; Dutton, 1995; Munroe & Stuart, 1994; Riggs & O'Leary, 1996; White et al., 2001; Whitfield, Anda, Dube & Felitti, 2003). For example, men with insecure attachments to their primary caregiver or a history of violence may be more likely to use violence in relationships (Bensley, Eenwyk & Simmons, 2003; Dutton, 1995; Munroe & Stuart, 1994; Riggs & O'Leary, 1996; White et al., 2001; Whitfield, Anda, Dube & Felitti, 2003).

However, more recently research and theory attempting to explain why IPV occurs has considered contextual influences on the incidence of IPV including individual, situational, and sociocultural factors (Bell & Naugle, 2008; Capaldi, Knoble, Shortt & Kim, 2012, Dutton, 2006). A comprehensive systematic review with 228 research articles provided an overview of research that has examined risk factors associated with IPV (Capaldi, Knoble, Shortt & Kim, 2012). The review concluded that interactions between a range of factors including situational factors of the individual (demographics, neighbourhood, community, and schooling), developmental characteristics of their partner (family, peers, psychological, behavioural, cognitive factors) and relationship patterns predicted IPV. Other researchers have also begun conceptualising IPV from an ecological perspective; Bell and Naugle (2008) developed a contextual framework for understanding IPV and Dutton (2006) developed the nested ecological model. The significance of such models is that they highlight how IPV research has evolved significantly over the last 20 years. The understanding of the risk factors associated with IPV from a systemic perspective has led to significant advances in the understanding of IPV and approaches to reducing its prevalence.

### **The Decision to Stay or Leave an IPV Relationship**

In addition to researchers attempting to understand the risk factors that contribute to IPV, they have also sought to examine the factors that influence a woman's decision to stay in or leave an IPV relationship (Brown et al., 2005; Cauce et al., 2002; Haggerty & Goodman, 2003; Lerner & Kennedy, 2000; Paluso, 2003; Taylor, 2003). An empirical review conducted by Anderson and Saunders (2003) examined common predictors of leaving an IPV relationship (see review for an extensive analysis of qualitative and quantitative studies on leaving an IPV relationship). The reviewed studies supported the hypothesis that the more frequent and/or severe the violence in a relationship the more likely the woman is to leave (Lerner & Kennedy, 2000). Other factors such as prior exposure to abuse, positive feelings

for the partner, traditional or religious values or beliefs, and indicators of commitment were predictors of women staying in an IPV relationship (Cauce et al., 2002; Paluso, 2003). The majority of studies included in this review demonstrated that women with higher external resources such as economic independence, employment and social support were more likely to end an IPV relationship (Anderson & Saunders, 2003). Experiences with formal supports were also linked with the likelihood of a woman leaving a relationship; as women who attempted to access help but did not receive it or received negativity or blame were less likely to leave the relationship at that time (Anderson & Saunders, 2003; Brown et al., 2005).

Although early research findings provide evidence that certain factors are likely to influence a woman's decision to end an IPV relationship, later researchers conclude that such a decision is more commonly the result of a process that occurs over time rather than due to a single factor or event (Burke, Mahoney, Gielan, McDonnell & O'Campo, 2009; Murphy & Rosen, 2006). Based on a review of relevant research, Anderson and Saunders (2003) concluded that women progress through common stages before leaving an IPV relationship. Although the terms used to describe this process differ in each study they are similar in describing the recognition of abuse, changes to woman's perception of self, minimising abuse, counteracting or managing the abuse, a turning point of reconsidering the relationship and leaving the relationship. The Transtheoretical Model of Change (TTM; Prochaska & DiClementes, 1984) has been applied to the process of leaving an IPV relationship to represent it as a series of stages leading up to the final decision to leave, where leaving and returning to the relationship is a normal occurrence (Burke, Gielen, McDonnell, O'Campo & Maman, 2001; Burke, Mahoney, Gielan, McDonnell & O'Campo, 2009). These stages are pre-contemplation, contemplation, preparation, action, and maintenance. Specifically in regard to IPV the pre-contemplation stage involves a woman not recognising that the violence in the relationship is an issue, and therefore not recognising a need for change. In the

contemplation stage a woman is able to recognise that the violence is an issue, and begins to consider the pros and cons of making a change. The preparation stage involves a woman developing a plan to make changes to the relationship in the near future, and the action stage is when such changes are made. The maintenance stage involves a woman who has successfully made changes, and is taking steps to prevent the situation from returning to the way it was before.

Other researchers who have examined the application of the Transtheoretical Model of Change (TTM) to women's experience of IPV have stated that it may not be the best model to accurately depict the process of leaving an IPV relationship (Chang et al., 2006; Cluss et al., 2006). IPV is considered a 'dynamic' stressor as it is unpredictable and changing over time. Due to the nature of IPV women are constantly engaging in different behaviours in an attempt to manage the situation. These behaviours may be misperceived as being related to certain stages of change when the woman has no intention of making changes to her relationship. For example, a woman seeking advice from an IPV service may be perceived as wanting to leave the relationship when she may be seeking information on how she can approach the relationship differently.

The Psychosocial Readiness Model (Cluss et al., 2006) outlines readiness to change as a dynamic process involving the balance of internal factors such as awareness and self-efficacy that are affected positively or negatively by external (e.g., income), interpersonal (e.g., perceived support) and situational factors (e.g., recent loss of job). The model describes change as a continuum, in which many factors can influence where a woman is on that continuum at any given time. If a woman is aware that the relationship is unsafe, that her partner is unlikely to change, and that her friends and family will be very supportive but she believes she will be unable to successfully make any changes then her position on the continuum of change will be closer to maintaining the status quo than to change. This model



presents the decision to leave an IPV relationship as a dynamic long-term process that is influenced by internal and external factors. Similar to the way in which research examining risk factors of IPV progressed to recognise the systemic influences on the occurrence of IPV, it is evident that research exploring the process of leaving an IPV relationship also evolved to recognise the systemic interactions that can influence this process for women.

Although the focus of much research has been on the impact of IPV and the process of leaving an IPV relationship, there is a portion of women who choose to stay in an IPV relationship even if some form of abuse continues (Lempert, 1996; Zink, Jacobsen, Pabst, Regan & Fisher, 2006). Women may make the decision to remain in an IPV relationship based on their assessment of what is best for them at the time. This may be related to positive feelings towards their partner, increased ability to satisfy basic needs when with the partner (e.g., housing, food), risk of escalated abuse if the woman leaves and the belief that the woman will be more able to manage the IPV while remaining in the relationship rather than consider the uncertainty if she leaves (Bell, Goodman & Dutton, 2007; Butts Stahly, 2000; Peled et al., 2000; Rhodes & McKenzie, 1998). Leaving an IPV relationship is not consistently linked with better outcomes for women and children as abuse or risk may increase after separation or living conditions may decline (Lempert, 1996; Zink, Jacobsen, Pabst, Regan & Fisher, 2006). Consequently, for some women the decision to stay in the relationship is considered the safest option at that time (Herbert et al., 1991; Johnson & Hotton, 2003; Kemp et al., 1995; Learner & Kennedy, 2000).

### **Typologies of Intimate Partner Violence**

As the understanding of IPV has continued to evolve based on the research discussed above, questions have been raised about whether all IPV relationships are the same. Prior IPV research indicates that various interrelated factors influence the occurrence of IPV, which may also suggest that such factors may influence the presentation of IPV (Boxall, Rosevear

& Payne, 2015; Johnson, 2008; Johnston & Campbell, 1993; Pence & Dasgupta, 2006).

Therefore, some researchers have shifted from focusing on individual violent behaviour i.e., hitting, to conceptualising patterns of IPV behaviour within a relationship. Researchers have concluded that an individual's pattern of behaviour within an IPV relationship may differ based on gender, motivation, severity, and impact (Johnson, 2008; Johnston & Campbell, 1993; Pence & Dasgupta, 2006). The different patterns of behaviour, termed as typologies of IPV, have been identified and expanded on by social and psychological researchers (Boxall, Rosevear & Payne, 2015; see Table 1 for comparison of IPV typologies). Rather than focus on specific incidences of behaviour that may be defined as abusive (i.e. hitting), it may be more important to consider the pattern of behaviour in a relationship over time in order to better understand the context and presentation of IPV.

Table 1

*Comparison of typologies of IPV as identified by various researchers.*

	Johnston & Campbell, 1993	Pence & Dugupta, 2006	Kelly & Johnson, 2008
Typology 1	<i>Ongoing or episodic battering by males</i> ; Long term use of different forms of violence by a man to control his partner, which is likely to continue post-separation.	<i>Battering</i> ; Pattern of emotionally abusive intimidation, coercion and control including physical violence.	<i>Coercive controlling violence</i> ; Pattern of emotionally abusive intimidation, coercion and control including physical violence.
Typology 2		<i>Resistive/reactive violence</i> ; The use of violence to resist or in reaction to coercive controlling violence used against them.	<i>Violence resistance</i> ; The use of violence to resist or in reaction to coercive controlling violence used against them.
Typology 3	<i>Female-initiated violence</i> ; Violence used by women due to dissatisfaction with male partners' behaviour e.g., using violence to		

	prompt male action.		
Typology 4		<i>Situation violence</i> ; Violence that occurs in a specific situation that is not motivated by control.	<i>Situational couple violence</i> ; Violence that occurs in a specific situation that is not motivated by control.
Typology 5	<i>Male-controlled interactive violence</i> ; Violence used in the context of a specific disagreement by the male to gain compliance of the female partner.		
Typology 6	<i>Separation or post-divorce violence</i> ; Violence that occurs in response to separation where no prior history of IPV existed.		<i>Separation instigated violence</i> ; Violence that occurs in response to separation where no prior history of IPV existed.
Typology 7			<i>Mutual violence control</i> ; Both partners using violence in an attempt to control the other partner.
Typology 8		<i>Pathological violence</i> ; The use of violence due to mental health issues or alcohol or other drugs use in which violence would stop when issue was addressed.	
Typology 9		<i>Anti-social violence</i> ; An individual who has a history of using violence in other contexts as well as in intimate relationships.	

Although the typologies of IPV as reflected above only focus on physical abuse, the classification proposed by researchers is useful in identifying contextual factors that should be considered in understanding an IPV relationship (Anderson, 2001). Typology 1 in the table reflects the use of violence in an attempt to control a partner, which is a factor that is

historically associated with ‘traditional’ views of domestic violence (e.g., ongoing or episodic battering by males, battering, and coercive controlling violence). This typology of IPV has been linked with more negative consequences for women than other typologies of IPV e.g., situational couple violence (Johnson & Leone, 2000). Evidence has been provided indicating that emotional or psychological attempts to control are identified by women as more psychologically damaging than physical attempts (Schneider, 2000; Schwartz, 2000). Kelly and Johnson (2008) also highlight that both partners may attempt to establish control by using coercive controlling violence against each other, although there is limited research that has focused on exploring this (Typology 7; mutual violence control). Johnston and Campbell (1993) found that individuals may use violence to trigger a certain reaction from their partner (e.g., female-initiated violence; Typology 3, or male-controlled violence; Typology 5). In other contexts the intent of abuse may not be to control the partner. Typology 2 in the table reflects a situation in which an individual may use violence in order to protect themselves from violence directed towards them by a partner (e.g., resistive/reactive violence or violence resistance). Typology 4 represents violence that may occur in the context of a specific disagreement and is not related to an attempt to control the partner (e.g., situation violence or situational couple violence). Situational violence is hypothesised to be the most common type of IPV and is believed to be equally perpetrated by men and women, but can still result in serious injury (Graham-Kevan & Archer, 2003; Jacobsen & Gottman, 1998; Johnson, 2008).

Violence may be triggered by separation for individuals who have no prior history of IPV (Typology 6; separation or post-divorce violence or separation instigated violence). This has been identified as a risk factor for intimate partner homicide, as it may be difficult to predict the risk of violence or homicidal behaviour in men who have no prior history of IPV (Dalton, 1999; Mouzos & Rushforth, 2003). Other factors such as mental health issues, drug or alcohol use or use of violence outside of the relationship may increase the risk of violence

being used in an intimate relationship (e.g., Typology 8; pathological violence or Type 9; anti-social violence). The statistics regarding prevalence of typologies of IPV are inconsistent, but overall suggest that typology 4 (situational couple violence) may be more common than typology 1 (battering of coercive controlling violence; Graham-Kevan & Archer, 2003; Jacobsen & Gottman, 1998; Johnson, 2008). Some researchers suggest that 1 in 200 men arrested for IPV engage in violent behaviour which is consistent with the description of typology 1 (Dutton & Nicholls, 2005). Winstok (2007) found that 80% of couples who presented to therapy reported bi-directional violence consistent with typology 4 (situational couple violence). Dutton and Nicholls (2005) concluded that the differentiation of typologies by support networks and services may be important as typology 1 (battering or coercive controlling violence) may be more dangerous for women as well as more difficult to address.

The differentiation of typologies of IPV has important implications for policy, assessment, intervention and decision making for those involved in the field of IPV. The most significant implication is that a one size fits all approach is not suitable for families in which IPV occurs (Boxall, Rosevear & Payne, 2015). The differentiation of typologies of IPV also has important implications in family court and legal settings (Altobelli, 2009; Chisholm, 2009; Ver Steegh & Dalton, 2008). The assessment of typologies may improve decision making processes regarding children in family court proceedings (Jaffe et al., 2008; Wangmann, 2011), or assist to link men who use violence in relationships with appropriate interventions (Murphy & Meis, 2008). The most recent best practice principles for the Family Court of Australia and the Federal Magistrates Court of Australia currently recognise that different typologies of family violence do exist and will influence legal decisions regarding the family (Family Violence Committee, 2015). For example, if situational couple violence is identified in a family the legal decisions may be quite different to those made if coercive

controlling violence is revealed. The four categories of ‘family violence’ outlined in the family violence best practice principles are based on those by Johnson (2008); coercive controlling violence, violence resistance, situational couple violence, and separation-instigated violence (Family Violence Committee, 2015). However, it is recognised that violence is not always physical, and can be purely psychological in nature (see Family Violence Best Practice Principles; Family Violence Committee, 2015 for a full outline of the definitions). Although an understanding of IPV typologies has begun to be recognised in policy initiated by the Australian Government it is not clear how well these typologies are differentiated in professional practice or perceived by the Australian community.

Recent Australian research examined the awareness and use of typologies in various services such as by police, legal representatives, IPV victim support services, and IPV perpetrator programs (Boxall, Rosevear & Payne, 2015). Of the 34 participants none currently use typology categories in the assessment or treatment of clients, and 28 participants said there were significant issues in doing so namely the risk of inconsistent assessment. A small number of participants (9) recognised that typologies may be useful but required further development to ensure they are representative of different groups of people, more consistent, and linked with potential interventions. Many participants identified that typologies would be most suitable if used in collaboration with other information such as history of perpetrator, standardised assessment tools, organisational guidelines, and professional judgment. Overall, most of the participants identified that they did not feel adequately trained to rely on the use of typology categories to guide decision making or treatment. Such concerns have been identified in prior research in which highly trained professionals were found to make inconsistent judgments regarding typology identification (Lohr et al., 2005). Although the development of IPV typologies has evolved the conceptualisation of IPV, it appears that further clarification and development may be

required before such typologies could be effectively incorporated into the current practices of individuals who work in the area (Boxall, Rosevear & Payne, 2015; Lohr et al., 2005).

### **Summary**

In summary, the reviewed research in relation to IPV has examined possible causes of IPV as well as literature exploring the decision to end an IPV relationship. In addition, research has begun distinguishing between typologies of IPV, and how this may influence the policies, assessment and intervention for those involved in IPV relationships. The review of the previous research assists to emphasise that the occurrence, presentation, and impact of IPV is influenced by a complex interaction between individual, relational, situational and socio-cultural factors. In most cases the process of ending an IPV relationship occurs over a long period of time, and for some women the decision will be to remain in the relationship. The following chapter will summarize the literature examining what happens for women after leaving an IPV relationship, focusing on how post-separation experiences may influence long-term wellbeing for women.

## **CHAPTER THREE: THE RELATIONSHIP BETWEEN POST-SEPERATION EXPERIENCES AND WOMEN’S LONG-TERM WELLBEING**

### **Overview**

Intimate partner violence (IPV) is highly prevalent and often leads to negative outcomes for the health and wellbeing of those who experience it. However, researchers have found that the post-separation outcomes for women after experiencing IPV vary. Further analysis of the post-separation experiences of women may help identify which factors contribute to positive wellbeing after separation and reduce the ongoing costs of IPV for women and communities. In this chapter I will begin by discussing the complexity in defining post-separation wellbeing before reviewing the research that exists regarding women’s post-separation experiences. As the research regarding women’s post-separation experiences is limited I will explore how other areas of psychological literature may be used to provide a framework for understanding women’s post-IPV journeys.

### **Understanding Women’s Post-IPV Experiences**

The wellbeing of women after experiences of IPV can differ greatly in the short-term and long-term. Although the negative impact of IPV is well documented in the literature there remains a lack of clarity about the definition of wellbeing adopted, and limited information about what post-separation experiences for women may contribute to long-term wellbeing. In this chapter I will review the research that exists regarding women’s post-separation experiences in order to demonstrate why further research is required in the area.

One area of focus within IPV research, which was explored in the previous chapter, has been the decision to stay or leave an IPV relationship (Landenburger, 1989; Merritt-Gray & Wuest, 1995; Mills, 1985; Smith, 2003; Wuest & Merritt-Gray, 1999). Although this research did not focus on women’s post-separation experiences directly some of the data that



emerged provided insight into phases, categories, dimensions or themes of recovery or healing for women after leaving an IPV relationship. Such research represented recovery as the goal for women post-separation, as an indication of positive long-term wellbeing. However, within the research there were some inconsistencies in women's perceptions of recovery which suggests that the concept of recovery may not be an adequate representation of all women's post-separation experiences.

Other areas of psychological research have examined factors that may contribute to wellbeing after adversity, such as resilience and coping. Resilience research may be useful in providing a framework for understanding research regarding women's post-IPV experiences, as certain factors have been linked with increased resilience in women after leaving an IPV relationship and are hypothesised to predict positive long-term wellbeing (Bradley & Davino, 2007; Davis, Taylor & Furniss, 2001; Flink, Paavilainen & Astedt-Kurki, 2005; Goodman, Dutton, Weinfurt & Cook, 2003; Hage, 2006; Lynch, Keasler, Reaves, Channer & Bukowski, 2007). The use of effective coping strategies has been identified as an important component of increasing individual resilience, and has been explored in IPV research in the past. Effective coping strategies can mediate the negative impact of IPV, and promote positive wellbeing for women (Lempert, 1996; Zink, Jacobsen, Pabst, Regan & Fisher, 2006). Due to the subjective nature of wellbeing there exists the potential for all women, irrespective of their current psychological wellbeing, to regard themselves as recovered from their experiences and demonstrate resilience (Boyd, Scharer, Baliko & Mackey, 2009; Bradley & Davino, 2007; Lynch, Keasler, Reaves, Channer & Bukowski, 2007).

A review of the IPV literature highlights that there is not yet a clear representation of women's post-separation journeys. This is partly due to the subjective nature of wellbeing, but also due to the differences within the research regarding women's experiences and perceptions of recovery, growth and healing. Although resilience and coping literature assist

to enhance the understanding of what may influence wellbeing, it appears that such research does not alone account for the outcomes for women after experiences of IPV. This has prompted researchers to explore possible alternative representations of women's post-separation experiences. Evans and Lindsay (2008) state that the term 'incorporation' may be more suitable for describing a woman's journey post-separation. The concept of 'incorporation' involves women incorporating their experiences of IPV into their sense of self. Evans and Lindsay (2008) described the process of incorporation as an ongoing journey without a destination; highlighting that women outline a shift from IPV experiences being central to their existence to becoming less central over time. It is considered that this incorporation of IPV experiences may have a positive influence on women's wellbeing long-term (Evans & Lindsay, 2008).

In this chapter I will firstly address the difficulty in defining post-separation wellbeing. The research that conceptualises women's post-separations experiences as a process of recovery will then be outlined, while highlighting that such a framework may not adequately represent all women's experiences. The concept of resilience will then be explored in order to better understand IPV research that has examined factors that may be linked to improved wellbeing for women post-separation. This will include an exploration of coping literature as coping strategies have been linked with increased resilience, and coping strategies have commonly been explored as contributing to wellbeing in IPV literature in the past. I will then present the concept of incorporation; the process of incorporating experiences of IPV into sense of self after separation as an alternative way of understanding women's post-separation experiences, and how this may link with ongoing wellbeing. A review of the literature in this area will highlight that although a vast amount of research exists in the IPV area it appears that there is not enough known about how women's experiences after leaving an IPV relationship impact on long-term wellbeing.

### **Defining Post-Separation Wellbeing**

Wellbeing is defined differently depending on the academic context (Ferkany, 2012). In the psychological literature subjective wellbeing refers to how an individual perceives his or her own wellbeing and may depend on his or her cognitive assessment of satisfaction with life, positive affect or feelings of happiness (Australian Institute of Health and Welfare, 2003; Easthope & White, 2006). Wellbeing has been defined as being related to an individual's quality of life, quality of relationships, achievements and values (Dodge, Daly, Huyton, & Sanders, 2012; Triandis, 2000). Although wellbeing is considered subjective, numerous psychological tools have been developed to measure various outcomes or predictors of wellbeing. These may examine overall wellbeing (Ryff Scales of Psychological Wellbeing; Ryff & Keyes, 1995), use of coping resources (Coping Responses Inventory; Moos, 1995), adjustment (Katz Adjustment Scale; Katz & Lysterly, 1963), physical or mental health (Mental Health Inventory; Viet & Ware, 1983, Sf-36, General Health Questionnaire; Goldberg, 1978), symptoms of trauma (Trauma Symptom Inventory; Briere, 1995) or a measure of resilience (Connor-Davidson Resilience Scale; Connor & Davidson, 2003, Resilience Scale for Adults; Friborg, Hjemdal, Rosenvinge, Martinussen, 2003). Such a vast range of measures highlights the variety of factors that have been linked with wellbeing in prior research and reflect the diversity in respect to the definition of wellbeing. Although wellbeing can be signified by the presence of positive outcomes (i.e., adjustment) or the absence of negative outcomes (i.e., trauma symptoms) it is still considered subjective. An individual's perception of what is important for their own wellbeing is likely to differ, which is why reliance on existing measures to define indicators of wellbeing for women may not adequately capture what women have experienced as contributing to their own wellbeing after leaving an IPV relationship.

Women who leave an IPV relationship are likely to experience an initial period of adjustment after separation that may include difficulty coping, psychopathology, or a decline in wellbeing (Learner & Kennedy, 2000). However, predicting the long-term wellbeing of women after leaving an IPV relationship can be difficult due to differences in women's outcomes, as some women experience no change to wellbeing post-separation while others may experience a decline or an improvement (Bell, Goodman, & Dutton, 2007; Young, 2007). In some cases women report psychological growth as a result of IPV experiences, referred to Post-Traumatic Growth (Tedeschi & Calhoun, 2004; Young, 2007). Depression, PTSD and trauma symptoms for women post-separation can be equal to, or greater than those of women who remained in an IPV relationship (see review by Anderson & Saunders, 2003), indicating that wellbeing (as defined by the absence of psychological disorders or distress) does not increase for all women after leaving an IPV relationship (Anderson, 2001; Mertin & Mohr, 2001). One possible explanation for women not experiencing positive changes to wellbeing after separation is ongoing abuse by the same partner or a new partner. Although it is often assumed that leaving an IPV relationship will end abuse, research demonstrates that abuse frequently continues or escalates after separation (Fleury, Sullivan, & Bybee, 2000; Hardesty, 2002; Hardesty & Chung, 2006; Johnson & Sacco, 1995; Wilson & Daly, 1993). A study conducted by Baker, Cook and Norris (2003) found 97% of 110 women reported minor violence after ending an IPV relationship, 87% reported severe violence, and 64% reported some form of sexual abuse within the year following separation. Factors such as low levels of individual resilience, lack of formal or informal support, lack of resources, and unemployment are correlated with increased risk of re-victimisation following separation (Bybee & Sullivan, 2005; Foa, Cascardi, Zoellner & Feeny, 2000; Kujipers, van der Knaap & Lodewijt, 2011). After separation women must continue to assess and manage risks to their wellbeing and the wellbeing of their children.

The negative impact of IPV on the wellbeing of women is well documented in the research, however some women will experience an IPV relationship and not develop symptoms of psychopathology such as depression, PTSD or other trauma symptoms (Herbert et al., 1991). In fact, a proportion of women post-separation report positive personal growth as the result of IPV experiences; this is referred to as Post-Traumatic Growth (PTG) in the literature (Tedeschi & Calhoun, 2004; Young, 2007). A model developed by Calhoun and Tedeschi (1998; 2004; 2006) describes PTG as growth that occurs from a traumatic event triggering an individual to reassess themselves and how they have been impacted on by the trauma. A study of 60 women from a shelter found that 67% of women reported a moderate degree of growth as measured by the PTG Index, which is a scale developed to assess PTG (Cobb, Tedeschi, Calhoun & Cann, 2006). An interesting finding of the study was that some women with symptoms of depression also reported PTG, indicating that positive psychological growth and perceived wellbeing are possible even when negative mood states are also present.

### **The Process of Recovery in IPV Literature**

The shift from viewing women as survivors rather than victims has aligned with a shift in the research examining post-separation experiences of women. The concept of ‘recovery’ has been used in IPV literature to refer to women who are considered ‘survivors’ of IPV; with researchers attempting to identify what post-separation experiences assist women in recovering from IPV. In such research, recovery is represented as the goal for women post-separation as a predictor of positive wellbeing; if a woman is recovered it is assumed the experiences of IPV no longer have a negative impact on her. Women’s post-separation experiences are often represented as an ongoing process that occurs slowly over time, eventually leading to women experiencing some form of healing or recovery as they

work through such processes. However, the term ‘recovery’ is not well defined and is used in literature to represent different processes and outcomes.

In psychological literature the term recovery is used to refer to an individual who has experienced psychopathology for a period of time following adverse experiences before recovering and returning to the pre-trauma state (Browning & Johnson, 2010). The definition of recovery in IPV literature differs to that generally found in psychological literature; with recovery post-IPV being defined as women coping well with changes to their life, the end of the IPV relationship, and acceptance of past negative experiences (Smith, 2003).

Landenburger (1998) defined recovery for women who had experienced IPV as a process of learning to survive on their own, grieving the losses associated with the relationship and incorporating experiences of IPV into their understanding of their life.

A popular focus of prior IPV literature has been exploring the decision making process of women when considering whether to end an IPV relationship, as outlined in the previous chapter (Landenburger, 1989; Merritt-Gray & Wuest, 1995; Mills, 1985; Smith, 2003; Wuest & Merritt-Gray, 1999). Although initially research in this area focused on reasons women may stay or leave an IPV relationship it then evolved to conceptualise leaving an IPV relationship as a complex process that occurs over a long period of time rather than a single decision (Boyd, Scharer, Baliko & Mackey, 2009; Buehler, 1994; Giles & Cureen, 2007; Kearney, 2001). Such studies explored the experiences of women who had already left an IPV relationship; with most researchers examining women’s entire journeys from prior to the relationship until after the relationship had ended. Even though these investigations did not primarily focus on recovery post-separation, they have however provided some insight into women’s experiences after leaving an IPV relationship.

A review of the literature identified 7 studies that examined the process of leaving an IPV relationship; with each study outlining a group of phases that women progress through

over time. The phases identified across studies consist of similar themes, as well as being represented as interrelated and nonlinear. All of the studies reviewed consisted of some post-separation phases that women will progress through leading to individual growth, improved wellbeing or recovery. In the table below the phases identified in the studies are represented next to the phases of other studies that they correspond with. Only the phases related to post-separation experiences are depicted as this is the area of focus for the current research.

Table 2

*Comparison of qualitative studies that explored post-separation processes (only those phases relating to post-separation are displayed).*

Mills, 1985	Landenburger, 1989; 1998	Buehler, 1994	Merritt-Gray & Wuest 1995; 1999, 2001, 2002	Smith, 2003	Giles & Curren, 2007	Boyd, Scharer, Baliko & Mackey, 2009
Re-evaluating the violent relationship; redefining the situation, identifying triggers and making the spur of the moment decisions to leave	Disengaging; labelling, seeking help, reaching the breaking point, emerging self.		Breaking free; building up to leaving relationship over time.	Struggles of freeing self physically and emotionally; leaving, asking for help, freedom, feelings, regrets, grieving losses.	Securing a base; struggling under stress, breaking away, getting safe, getting help, securing a base.	Gathering strength to escape; recognition of abuse, overcoming shame, fear, revaluing self, trigger to leave
			Not going back; getting situated, claiming and maintain territory, justifying, harnessing system.	The healing/growth; finding voice, self-reliance, forgiveness, helping others, letting go.	Making sense of it; balancing the base, staying safe, making sense of it, becoming separate person.	
Restructuring the self; survivor or victim identity. Identity, role, social support.	Recovering; struggling for survival, grieving, searching for meaning.	Healing	Moving on; figuring it out, putting it in its places, launching new relationships, taking on a new image.		Being myself; constructing me own future, monitoring safety, being myself, and moving on.	



As highlighted in the table above, women may progress through different phases as they recover or heal from their experiences of IPV. The studies have demonstrated a similar journey involving processes such as recognising the IPV, preparing to leave the relationship, leaving the relationship, establishing new living circumstances, then reflecting on and understanding experiences in the context of their sense of self with a focus on achieving recovery or healing at the end of this journey.

Other researchers have chosen to represent their findings as categories/dimensions/themes of healing, rather than phases, to emphasise that wellbeing post-separation is influenced by an interaction of various factors in a nonlinear process (Farrell, 1996; Humbert, Bess & Mowry, 2013; Javaherian, Krabacher, Andriacco & German, 2007). The studies in the table below explored women's lived experience of survival or healing rather than focusing on the process of leaving an IPV relationship. The themes that were identified are represented in the table below.

Table 3

*Studies that have identified areas of a woman's recovery/growth/healing post-separation.*

Farrell, 1996	Javaherian, Krabacher, Andriacco & German, 2007	Humbert, Bess & Mowry, 2013
Flexibility; boundaries, resiliency, increased self-awareness, and acknowledging past.	You owe yourself a life	Relationships; Significant relationships & shifting relationships.
Awakening; inner strength, hope, inner peace, dealing with feelings, spirituality.	It's really about connecting the dots	Starting Over; goals and plans regarding future.
Relationship; harmony, trust and connection.	I don't have an ounce of time to myself	Spirituality; Faith, hope & refuge.
Empowerment; valuing self, self-determination, and sense of accomplishment.	It gets hard	Expansion of Self; development and appreciation of self-identity and self-value.
	That was the road I travelled but this is now the road that I'm on	

		Forward Movement; a theme through all other themes. The focus for women of accepting experiences of IPV and moving forward.
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Each of the areas highlighted above were identified by researchers as contributing to personal growth, healing or recovery for women after leaving an IPV relationship (Farrell, 1996; Humbert, Bess & Mowry, 2013; Javaherian, Krabacher, Andriacco & German, 2007). Improvement in areas such as relationships, accomplishments, identity, self-worth, and spirituality were found to positively contribute to recovery, and consequently long-term wellbeing. In addition, the researchers in the studies reviewed above recognised the significant contribution that formal and informal supports make in relation to women's growth in each of these areas as well as overall wellbeing (Farrell, 1996; Humbert, Bess & Mowry, 2013; Javaherian, Krabacher, Andriacco & German, 2007).

In the research studies reviewed above, recovery or healing was represented as a desired post-separation outcome by researchers (Farrell, 1996; Humbert, Bess & Mowry, 2013; Javaherian, Krabacher, Andriacco & German, 2007). However, it appeared there were some differences in how women and researchers conceptualised recovery/healing. The women who participated in the reviewed research studies differed in respect to the length of time since separation; with some being separated for less than 6 months (Farrell, 1996; Humbert, Bess & Mowry, 2013; Javaherian, Krabacher, Andriacco & German, 2007). With the process of recovery post-separation being described as an ebb and flow the women in the studies above were found to be at different points of their own process of recovery. It appeared that there were sometimes inconsistencies in the perception of recovery which suggests that the concept of recovery may not be an adequate representation of all women's post-separation experiences. Some women who participated in research within the first year

after separation refused to answer interview questions about aspects of their lives they felt they weren't coping well with at the time (Javaherian, Krabacher, Andriacco & German, 2007). Some women who identified themselves as 'recovered' for the purposes of research recruitment were later identified by a researcher as telling a story of 'non-recovery', indicating discrepancies between the women and the researcher's conceptualisation of recovery (Smith, 2003). Smith (2003) found that some women who participated in interviews about recovery were stuck in a phase of 'struggling to free themselves' which involved bitterness, anger and pain towards the past and difficulty rediscovering self, finding purpose and feeling self-compassion. It is such discrepancies that have led some researchers to argue that the concept of recovery or healing as a goal for women post-separation does not adequately account for individual differences in women's post-separation journeys (Evans & Lindsay, 2008; McDonald & Dickerson, 2013). The desired outcome of being recovered, or healed may be unrealistic, as some women may feel they never reach that stage, or even when they do they may be perceived by others as not recovered. This highlights the subjective nature of wellbeing, emphasising that the perception of self as recovered may differ greatly to the perceptions of others. As the concept of recovery does not adequately represent all women's experiences it may be important to consider research from other areas of psychological research in order to reflect on other factors that are known to contribute to wellbeing after adversity. The influence of resilience on IPV experiences will now be explored followed by an exploration of coping approaches in the context of IPV to identify what these areas of research can contribute to our understanding of women's post-separation experiences and influence on long-term wellbeing.

### **The Influence of Resilience on IPV Experiences**

Resilience theory and research aims to explain how individuals differ in their psychological outcomes following adverse experiences. Resilience research has made

valuable contributions to many areas of psychological research, and may be useful in providing a framework for understanding the findings from research investigations on women's post-IPV experiences. The resilience perspective of psychological wellbeing is one that focuses more on the ability of humans to cope with adverse experiences by focusing on strengths rather than deficits. Over the last three decades there has been significant interest in the area of resilience as research exploring this concept has continued to develop (Masten & Wright, 2010). Early investigations on resilience focused on attempting to define resilience by researching the negative impact of adversity (Masten & Wright, 2010). A second wave of resilience research explored specific variables related to resilience. This began with identifying and measuring individual factors linked with positive outcomes following adversity (e.g., intelligence; Kaplan, 1999), but then expanded to include external protective factors that contributed to positive outcomes despite adversity (e.g., maternal warmth; Masten & Wright, 2010). Research then further developed to examine resilience from an ecological perspective, focusing on resilience as an outcome of interactions between individuals and their environment (Rutter, 2006). The third wave of resilience research focused on specific interventions related to resilience and the outcomes of such interventions. The current wave of research is focused on expanding our understanding of resilience as a complex process. According to Ungar (2008) resilience can be defined as:

“In the context of exposure to significant adversity, whether psychological, environmental, or both, resilience is both the capacity of individuals to navigate their way to health-sustaining resources, including opportunities to experience feelings of well-being, and a condition of the individual family, community and culture to provide these health resources and experiences in culturally meaningful ways.” (p.225)

Many resilience based investigations have supported the view that resilience is a multidimensional construct. Individual adaptation following adversity is an interaction

between an individual and their changing environment. Although resilience research often involves developmental aspects and transition points (e.g., resilience through adolescence), these aspects are not included in most definitions. Research indicates that resilience does not remain stable but may fluctuate across the lifespan, or be influenced by significant events (e.g., natural disasters, emigration or the death of a loved one). Therefore, Pooley and Cohen (2010) propose an alternative definition to Ungar (2008) that highlights the developmental component of resilience:

“The potential to exhibit resourcefulness by using available resources in response to different contextual and developmental challenges.” (p.34)

Such a definition of resilience considers the contextual influences on wellbeing across the lifespan, which may be important to consider in the current study as it aligns with the evolved understanding of IPV. As the conceptualisation of IPV has also begun to recognise how the interaction of systemic factors influences the occurrence and presentation of IPV.

### **Risk and Protective Factors**

A portion of researchers in the IPV area have focused on identifying factors that may increase resilience for women in an IPV relationship, as increased resilience may positively influence women's post-separation wellbeing. Protective factors may help an individual overcome adversity in the presence of risk factors (Luthar, Cicchetti, & Becker, 2000). Risk factors may be defined as personal or environmental factors which increase the likelihood that an individual will experience poor outcomes in various aspects of their life (Harvey & Delfabbro, 2004). Examples of risk factors include limited maternal education, low socio-economic status, low intelligence, low self-esteem, family disorganisation, and difficult temperament (Brooks-Gunn, Duncan, & Aber, 1997; Cicchetti & Toth, 2000; Luthar, 1999; Rutter, 1985). Meichenbaum (2008) noted that risk factors are accumulative, and the number of risk factors present at any one time may influence an individual's psychological wellbeing.

Arguably the more protective factors present in an individual's life, the less impact risk factors will have upon their future psychosocial functioning (Alvord & Grados, 2005).

Various protective factors include good physical health, high intelligence, easy temperament, high levels of parental warmth and support, high levels of family adaptability, high socio-economic status, good social support, and stable, positive relationships outside of family (Martinez-Torteya, Bogat, Eye, & Levendosky, 2009; Masten, 2001; Rutter, 2006).

Protective factors can differ according to gender, race, and culture (Meichenbaum, 2008).

With respect to gender Bernard (1995) concluded that for females strong relationships are an important protective factor, whereas for males problem solving skills are a more important protective factor. Werner and Smith (1992) believe that cultural background is likely to influence which protective factors are regarded as helpful for an individual. For example, faith and spirituality are significant protective factors, but are only significant in some cultures.

The presence of such protective factors in the lives of women who have experienced IPV may influence how they cope with IPV experiences and improve long-term wellbeing (Boyd, Scharer, Baliko & Mackey, 2009; Bradley & Davino, 2007; Flink, Paavilainen & Astedt-Kurki, 2005; Lynch, Keasler, Reaves, Channer & Bukowski, 2007). Factors such as informal support, positive relationships, positive experiences with formal supports, a high degree of self-awareness, sense of self, goals for the future and faith were identified as enhancing survival for seven women after leaving an IPV relationship (Flink, Paavilainen & Astedt-Kurki, 2005). Hage (2006) emphasised that social and cultural factors are an important component of understanding a woman's experiences in an IPV relationship, including the decision to end an IPV relationship and post-separation experiences. In particular, Hage interviewed women who had experienced IPV, and were members of marginalised populations (six African American and four European American women), to

identify what processes assisted them to ‘rebound’ after ending an IPV relationship. Similar to those factors identified by Flink, Paavilainen and Astedt-Kurki (2005) women in the study disclosed that formal and informal support, self-agency in surviving the abuse and previous experiences of abuse were linked with their perception of how they recovered or rebound after IPV (Hage, 2006). Due to the cultural background of women in the study, spirituality and social support from their cultural community were identified as important factors that assisted recovery (Bauman, Haaga, & Dutton, 2008; Hage, 2006; Haj-Yahia & Uysal, 2008; Warner, 2010).

The Multidimensional Trauma and Resilience Scale (Liang, Tummalanarra, Bradley & Harvey, 2008) has been used to compare individuals’ strengths and weaknesses across different areas of life in the context of individual resilience (Bradley & Davino, 2007; Lynch, 2007). Certain factors have been linked with increased resilience in women after leaving an IPV relationship and are hypothesised to predict positive long-term wellbeing or recovery. A list of such factors identified in IPV literature has been presented in Table 4 (Bradley & Davino, 2007; Davis, Taylor & Furniss, 2001; Flink, Paavilainen & Astedt-Kurki, 2005; Goodman, Dutton, Weinfurt and Cook, 2003; Hage, 2006; Lynch, Keasler, Reaves, Channer & Bukowski, 2007).

Table 4

*Factors that have been linked with increased individual resilience in women after IPV.*

- |   |
|---|
| <ul style="list-style-type: none"> <li>• Ability to trust others and build positive relationships</li> <li>• Managing feelings &amp; self-soothing</li> <li>• Integration of traumatic events</li> <li>• Attributing responsibility of IPV onto perpetrator</li> <li>• Self-esteem</li> <li>• Recognise and enforce own needs</li> <li>• Developing autonomous sense of self</li> <li>• Accepting responsibility for own life and future</li> </ul> |
|---|

- Developing empathy
- Sense of purpose
- Utilize opportunities for success
- Recognising own skills and competencies
- Coping strategies

The consistent findings of prior research indicate that certain protective factors present in women's lives post-separation may increase personal resilience and contribute to positive wellbeing long term. Some researchers in the IPV area agree that the factors listed above contribute to a woman's process of healing, recovery, or rebounding after her experiences of IPV (Boyd, Scharer, Baliko & Mackey, 2009; Bradley & Davino, 2007; Flink, Paavilainen & Astedt-Kurki, 2005; Lynch, Keasler, Reaves, Channer & Bukowski, 2007). As identified above, the use of effective coping strategies has been identified as an important component of increasing individual resilience. Coping has also been a focus of IPV research in the past. Therefore coping theory and research will now be explored further in order to highlight how it may contribute to the understanding of women's post-separation experiences and long-term wellbeing.

### **Coping Approaches in the Context of IPV**

Women will utilise various strategies to cope with IPV while in the relationship as well as to cope with the impact of IPV after ending the relationship. As defined by Lazarus and Folkman (1984), coping consists of cognitive and behavioural responses aimed at managing internal or external stressors. Such strategies may be successful or unsuccessful in assisting individuals to respond to stress (Compas & Epping, 1993). The effectiveness of the strategies adopted by an individual may influence both their short-term and long-term wellbeing (Lazarus, 1999). Coping strategies can be divided into two categories; emotion-focused coping strategies and problem-focused coping strategies (Folkman & Moskowitz, 2004; Lazarus, 1999). Emotion-focused coping strategies are those which use emotions and



cognitions to modify how a person understands or responds to the stressor in order to regulate the distress associated with the stressor. Whereas problem-focusing coping strategies involve action targeted at modifying the issue. Researchers have suggested that IPV is a ‘dynamic’ stressor rather than a ‘static’ stressor as the use of any type of coping strategy by a woman experiencing IPV may lead to a reaction from the partner that increases the risk to that woman (Bauman, Haaga, & Dutton, 2008; Goodman, Dutton, Weinfurt, & Cook, 2003; Herbert, Silver, & Ellard, 1991).

Emotion-focused coping strategies have been found to be used more frequently and rated as more helpful by women who perceive themselves as having minimal control or ability to change a situation (Folkman & Moskowitz, 2004; Moss, Pitula, Campbell & Halstead, 1997). In particular women who had decided to stay in an IPV relationship long-term recognised emotion-focused coping strategies as more effective than problem-focused coping in regulating the distress associated with the relationship (Lempert, 1996; Zink, Jacobsen, Pabst, Regan & Fisher, 2006). For women who choose to stay in an IPV relationship such emotion-focused coping strategies assist them to manage the occurrence or impact of the IPV (Zink, Jacobsen, Pabst, Regan & Fisher, 2006).

Women also engage in various problem-focused coping strategies to manage and minimise risk while in an IPV relationship. In a questionnaire completed by 400 women it was found that 68% of women who had experienced violence in a relationship used active or problem-focused coping strategies in an attempt to minimise abuse (Ruiz-Perez, Mata-Pariente & Plazaolo-Castano, 2006). An increase in frequency or intensity of IPV was found to increase the likelihood of a woman choosing a problem-focused coping strategy instead of an emotion-focused coping strategy (Gondolf & Fisher, 1988; Lempert, 1996). An individual will choose to utilise a coping strategy based on an appraisal of her situation at that time. Women may experience some strategies as unhelpful and helpful during the relationship,

which will then influence the choice of coping strategies post-separation. If a woman is able to find coping strategies that she perceives as effective it is likely to assist in increasing individual resilience and positively influence her wellbeing long-term.

The use of coping strategies can mediate the negative impact of IPV, as can individual resilience (Goodman, Dutton, Weinfurt & Cook, 2003). Such factors assist to promote positive wellbeing while women are in an IPV relationship, as well as influencing the process of ending the relationship or their experiences post-separation. However, research has indicated that resilience or coping strategies cannot alone explain the variance in women's outcomes after experiencing IPV. Some researchers have argued that the concept of recovery is not an adequate representation of women's post-separation experiences; that it may even be an unachievable goal for some women (Evans & Lindsay, 2008).

### **Incorporation of IPV Experiences into Sense of Self**

Much of the research regarding women's experiences of IPV highlight that women's journeys will differ; with some women not perceiving themselves as recovered or not coping in certain areas long-term after separation (Javaherian, Krabacher, Andriacco & German, 2007; Smith 2003). The concept of recovery, growth or healing as a goal after separation has not been well defined. Many women have difficulty articulating what recovery or survival post-separation means (Boyd, Scharer, Baliko & Mackey, 2009; Javaherian, Krabacher, Andriacco & German, 2007). Due to the subjective nature of wellbeing women with symptoms of psychopathology may recognise themselves as recovered from their experiences and demonstrate resilience (Boyd, Scharer, Baliko & Mackey, 2009; Bradley & Davino, 2007; Lynch, Keasler, Reaves, Channer & Bukowski, 2007). Some women reject the term recovered, as it does not fit with their experiences (Evans & Lindsay, 2008).

Qualitative research focusing on women's post-IPV experiences found that the majority of women rejected the term recovery as a representation of their experiences (Evans

& Lindsay, 2008). Out of 48 women who were interviewed only 11 resonated with the term recovery whereas 23 women said that they did not expect to recover (Evans & Lindsay, 2008). The 23 women who rejected the term recovery described themselves as being changed by their experiences and proud of such changes with no desire to return to pre-IPV selves. Evans and Lindsay (2008) state that the term 'incorporation' may be more suitable for describing a woman's journey post-separation. The researchers described the process of incorporation as an ongoing journey without a destination; highlighting that women outline a shift from IPV experiences being central to their existence to becoming less central over time as they incorporate IPV experiences into their sense of self. The women in the study identified that throughout their lifespan events, internal factors or external factors can trigger IPV experiences, and the IPV experience becomes a central issue for women again for a period of time. Such triggering events might be the anniversary of a significant past event or ongoing contact between a father and children. McDonald and Dickerson (2013) found that women viewed IPV experiences as having a continual influence throughout the lifespan. As women integrate their experiences with their sense of self they are not defined by the IPV experiences but such experiences add a dimensions to their sense of self that would not have existed if not for the IPV experiences (Evans & Lindsay, 2008; McDonald & Dickerson, 2013). Evans and Lindsay (2008) caution against the use of terms such as 'recovery' due to the risk that women who do not resonate with such definitions may dismiss their own experiences, or perceive themselves as a failure for not achieving such an outcome. The use of language within society as well as within services can have a significant influence on women's perceptions of themselves and their own experiences. The use of terms by professionals who assist women, as well as their perceptions of recovery or post-separation experiences, may also influence how they work with women who have experienced IPV (Evans & Lindsay, 2008; McDonald & Dickerson, 2013).

Such findings concur with other research into women's post-separation experiences which has identified that social and cultural factors can have a significant influence on a woman's journey through an IPV relationship; from the decision to begin the relationship, the decision to stay or leave, and the journey after separation (Davis, Taylor & Furniss, 2001; Hage, 2006; Wuest & Merritt-Gray, 1999). An important component of the social and cultural context in which women experience IPV are the formal and informal supports that women engage with during their journey. In each of the studies reviewed within this chapter the researchers concluded that formal supports can have a significant influence on individual resilience, methods of coping, and wellbeing but none of them directly explored the perceptions of formal support providers. The way in which formal support workers conceptualise women's post-separation experiences may influence the support they offer, and consequently influence whether women perceive such support as helpful or unhelpful in assisting with their post-separation journey.

### **Summary**

A comparison of the research regarding women's post-separation experiences allows for some commonalities to be established. It appears that the post-separation journey for women consists of processes that are influenced by both internal and external factors. The post-separation journey has been presented in prior research as a process that is not linear or cyclic but instead appears to consist of interrelated dimensions that may contribute to women's long-term wellbeing after leaving an IPV relationship. Researchers have argued that the concept of recovery as a goal after leaving an IPV relationship may be restrictive as some women do not identify with such terms (Evans & Lindsay, 2008; McDonald & Dickerson, 2013). However, as the understanding of women's post-separation journeys has continued to develop it remains unclear how the knowledge from research is being translated into practice. Formal supports such as professionals or services can be crucial in facilitating women's

journey after leaving an IPV relationship, therefore it may be important to explore the way in which formal supports conceptualise women's post-separation journeys. Understanding how formal supports influence women's post-separation experiences may assist to identify what factors positively contribute to the wellbeing of women after leaving an IPV relationship. The following chapter will explore the research regarding the contribution of services to post-separation wellbeing of women.

## **CHAPTER FOUR: CONTRIBUTION OF FORMAL SUPPORTS TO POST-SEPARATION WELLBEING**

### **Overview**

Formal supports can play a crucial role in contributing to wellbeing for women post-separation. After leaving an IPV relationship women may seek assistance from various sources of support. However, not all women's needs are the same, therefore the services they access and the perceived helpfulness of such services are likely to differ. In this chapter I will explore the decision women make to seek formal support before exploring the barriers women may encounter in accessing appropriate assistance. I will discuss evidence that suggests a community response to addressing IPV may be important in supporting women and reducing the prevalence of IPV. I will then summarise the research that has assessed what support women perceive as helpful in the context of IPV.

### **The Decision to Seek Formal Support**

Women may access a variety of services in response to IPV including their employers, health care practitioners, mental health professionals, child protection services, religious institutions, advocates, counsellors, community agencies, shelters, welfare agencies and legal services. The needs of women in the context of IPV vary, which means that women's experiences of formal supports are also likely to differ. Women may seek different supports and services at different stages post-separation (Allen, Bybee, & Sullivan, 2004; Westbrook, 2009). Prior research conducted by Westbrook (2009) examined the perceptions of individuals who work in shelter or police services and concluded that women progress through three stages of seeking support during the IPV relationship. These stages were described as initial consideration of a life change, shelter or criminal justice engagement and post-shelter or post-police planning (Westbrook, 2009). In the first stage while women are

deciding whether to leave or make changes to their relationship they are likely to seek general information about IPV and consider the options of support available from services. In the second stage after leaving an IPV relationship women may engage with a shelter service or the criminal justice system in order to establish safety and satisfy their own basic needs as well as the needs of their children. Once women have established safety they may begin planning for the future by engaging with services to explore long-term options for housing, employment, child custody arrangements, court or police procedures and ongoing protection from the perpetrator. Women's needs post-separation are likely to differ based on individual circumstances as well as length of time since the separation. Such research highlights that some formal support workers perceive women as progressing through different stages of needs prior to and after ending the IPV relationship. However, such research is limited as the findings were based on information from shelter and police services which does not account for the experiences of women who do not access these or other services post-separation.

Numerous studies present help-seeking as an internal cognitive process in which individuals move between stages of recognising and defining the problem, deciding to seek help, and choosing a source of support (Fox, Blank, Rovnyak, & Barnett, 2001; Greenlay & Mullen, 1990; Liang, Goodman, Tummara-Narra, & Wentraub, 2005; Puvuluri, Luk, & McGee, 1996; Pescosolido, 1992; Svebnik, Cauce, & Bayder, 1996). Although identified as an internal cognitive process each stage is influenced by individual, interpersonal, and sociocultural factors. How women make sense of the IPV relationship is likely to change over time and is related to readiness to change. As women recognise the relationship as abusive or unlikely to improve they may become more ready to make changes to their relationship, or as women feel more able to make changes they perceive their relationship differently. How women define a situation can also vary depending on the responses of those in their support network, as well as social, religious and cultural influences that may challenge them to re-

examine and reframe perceptions about their relationship. For example, pressure from family to end the relationship may challenge a woman to recognise the unhealthy aspects of the relationship and increase the likelihood of her making the decision to leave the relationship whereas cultural beliefs regarding the shame of divorce may challenge the woman's sense of responsibility for improving the relationship making her more likely to take action that doesn't include ending the relationship. In addition, according to Cauce et al. (2002) the decision to seek help is normally related to two factors; recognising that the situation is problematic and identifying that the situation is unlikely to improve without assistance outside of the relationship. A factor that has been found to be linked with the type of support sought by women is the severity of the abuse (Haggerty & Goodman, 2003). Women often seek different types of support as abuse severity increases; attempting to improve the relationship privately before seeking help from informal networks and then finally seeking formal assistance if all other attempts are unsuccessful (Brown, 1997; Goodman et al., 2003; Haggerty & Goodman, 2003). A woman is less likely to seek formal support if she blames herself for the IPV, believes it is her responsibility to resolve it, perceives herself as isolated, mistrusts others, or had negative experiences with formal supports in the past (Brown, 1997; Goodman et al., 2003; Haggerty & Goodman, 2003). Such research indicates that the decision to seek support may be a complex decision for women, which is likely to be influenced by systemic factors.

In many respects the way in which women make decisions regarding the IPV relationship are consistent with conducting a cost-benefit analysis, referred to as The Health Belief Model by Broadhurst (2003). Prior experiences with both informal and formal supports are likely to influence the source of support a woman chooses to access. In addition, a woman is likely to consider any potential risks before selecting a source of support including the risk of loss of privacy, stigma, the reaction of the partner, risks to the safety of



children, and the possibility of child protection removing the children from her care (Busch & Wolfer, 2002; Humphreys, 2008). Such findings provide evidence to suggest that the decision to seek help may be more complicated for women who are experiencing IPV as there are additional risks to consider.

Although some women will choose to access certain services based on their needs there are some barriers or additional factors that may influence which, if any, services a woman is able to access. Factors such as mental health issues, drug or alcohol issues, disability, cultural and linguistic diversity, rural location, situational barriers and past negative experiences with formal supports have been found to be barriers which may prevent women from seeking formal support or accessing services that might be potentially helpful. The inability of women to access suitable formal supports post-separation may increase their risk of re-victimization, influence short term coping and impact on long term wellbeing. Therefore, each of these barriers will now be explored.

### **Barriers to Accessing Appropriate Formal Support**

Women face a multitude of challenges when they decide to leave a violent relationship. These range from very basic needs for survival (e.g., food, shelter) to understanding complex aspects of their situation (e.g., family of origin issues, relationship patterns). As discussed previously, every woman's situation is different, as are her needs. Researchers have concluded that some women will have difficulty accessing appropriate services due to comorbidity, cultural barriers, and geographical isolation (Day, Francisco, & Jones, 2015; Downs & Miller, 2002; Ghafournia, 2011; NSW Office for Women's Policy, 2008; O'Donnell, Smith & Madison, 2002; Zweig, Schlichter & Burt, 2002).

Drug or alcohol issues are common for women who have experienced IPV, with research showing reported rates of 41-80% of women who had experienced IPV using drugs or alcohol (Bennett & Lawson, 1994; Clark & Foy, 2000; Dansky et al., 1995; Downs &

Miller, 2002). Drug or alcohol use in the context of IPV relationships may be related to a variety of factors. Women may engage in alcohol or drug use as a strategy for coping with the impact of the IPV, or substances may have been used as a method of control by the partner against the woman, or women may have a history of drug or alcohol use that began prior to the IPV relationship (Lipsky, 2005; Stuart et al., 2002). Women who are experiencing drug or alcohol issues after leaving an IPV relationship may have difficulty accessing appropriate services that are able to concurrently address the impact of the alcohol or drug issues and the IPV. Research findings identify that common reasons for women with drug or alcohol issues being denied access to a service include concern for the safety of other individuals accessing the services, substance use limiting the ability of the woman to engage in the service, lack of suitable facilities, and lack of trained staff (Miller, Wilsnack & Cunradi, 2000; Zweig, Schlichter & Burt; 2002). Similarly women who have mental health issues may also confront difficulties accessing services (Zweig, Schlichter & Burt, 2002). Service providers may not believe that their service is appropriate for women with multiple needs. Furthermore, the more needs a woman has at the time of separation the more difficult it is to find suitable services (Barron, 2005).

Women with children may have additional concerns about accessing formal support services. Some women with children are reluctant to disclose mental health issues or drug or alcohol use to other services due to fear their parenting capacity will be judged and they may be reported to child protection agencies (Barron, 2005). Zweig, Schlichter and Burt (2002) add that women with a criminal history are also judged more harshly by formal supports when attempting to access services. Similarly, women fear being judged for not protecting their children against exposure to IPV, and attracting the attention of child welfare authorities (Barron, 2005; Zweig, Schlichter & Burt, 2002). Barron (2005) collected data from women's refuges, IPV support services, community mental health teams, substance abuse services,

voluntary organisations, and women who had experienced IPV about how services address the needs of women with mental health or substance use issues. The findings indicated that only one third of mental health workers, and one fifth of substance use workers routinely asked about IPV. Also 25% of workers reported receiving no training in IPV. As a result there is a possibility that a woman seeking assistance from formal supports will only receive support for the issues that that service is focused on addressing rather than all of the needs that might be present at that time.

Women with a physical or intellectual disability may also have difficult accessing appropriate formal support (National Council to Reduce Violence against Women and Children, 2009). IPV is a prevalent issue for women with a disability; research indicates that IPV for women with a disability is likely to be more severe and enduring than for women without a disability due to increased reluctance or reduced ability to disclose abuse or seek help (Milberger et al. 2003; Zweig, Schlichter, & Burt, 2002). The difficulties that services face in providing assistance for women with complex needs are likely to impact on the outcomes for women following separation if they are not able to access appropriate support. Issues such as a lack of specialised services, training, screening and inter-agency co-operation increase the risk that women with complex needs will not receive the help they require (Zweig, Schlichter, & Burt, 2002).

As previously discussed, IPV is prevalent in many cultures globally, meaning that it is important to consider the needs of women from culturally or linguistically diverse backgrounds. The prevalence of IPV in culturally and linguistically diverse (CALD) populations is not clear as some researchers suggest the occurrence of IPV is similar for women of English and non-English speaking backgrounds (Bassuk, Dawson & Huntington 2006; Mouzos & Makkai 2004), whereas other researchers have found much higher levels of IPV against women from non-English speaking backgrounds (O'Donnell, Smith & Madison,

2002). Such figures may not accurately represent the prevalence of IPV in CALD populations as women are less likely to disclose IPV or seek help due to concern that formal supports will not understand or not be culturally appropriate, lack of awareness of appropriate formal supports, and fear of the repercussions of disclosing IPV (Ghafournia, 2011; WA Department for Communities 2006). If formal supports are not able to provide culturally appropriate interpreter services women from CALD backgrounds may not be able to engage with the service, or communicate their needs (Bartels, 2010; Runner, Yoshihama & Novick 2009). In some instances men have used the language barrier as a means to continue control over a woman i.e., he may accompany her to all appointments to serve as an interpreter which prevents her from being able to ask for help if she requires it (Morgan & Chadwick, 2009; National Council to Reduce Violence against Women and Children, 2009). For women who are dependent on their partner for financial, visa or citizenship status there may be additional concerns about ability to support themselves or deportation if they end the relationship or attempt to access help (Pease & Rees, 2008; Westbrook, 2009; WCDFVS, 2006). While there appears to be an increase in the level of understanding and awareness of domestic violence in CALD communities, further research to explore the needs of CALD communities is required (Marcus & Braaf, 2007).

Researchers have concluded that Indigenous women are more likely to experience IPV than non-Indigenous women; with 20% of Indigenous women reporting IPV compared to 7% of non-Indigenous women reporting IPV in 2002 (Mouzos & Makkai, 2004). IPV may be more severe for non-Indigenous women with statistics indicating they are 35 times more likely to sustain serious injury and require hospitalisation as a result of IPV (Day, Francisco, & Jones, 2015; Indermaur, 2001; National Council to Reduce Violence against Women and Children, 2009). They are also more likely to access emergency accommodation and become the victim of a homicide (Al-Yaman, Van Doeland & Wallis, 2006; Chan & Payne, 2013).

Risk factors that increase the likelihood of an Indigenous woman experiencing IPV include being younger in age, removal from their natural family, disability, a higher number of recent stressors and financial difficulties (Al-Yaman, Van Doeland & Wallis, 2006). The high prevalence and severity of IPV for Indigenous women may be exacerbated by their difficulty accessing appropriate formal supports (Willis, 2011). Indigenous women may be reluctant to disclose IPV or seek support due to fear of being identified by close kinship groups, which may lead to repercussions within the family or community such as estrangement or hostility (Commonwealth of Australia, 2011; WA Office for Women's Policy, 2005). In addition, the isolation and lack of appropriate supports available in Indigenous communities reduces the ability to adequately address IPV issues (Memmott et al., 2001).

The impact of geographical isolation may also be a barrier to women accessing appropriate services and supports. Women living in remote and rural areas of Western Australia experience higher rates of IPV compared to those living in metropolitan areas (WESNET, 2000). Individuals in rural or remote communities often have limited access to appropriate services, transport, and telecommunications; all of which may prevent them from accessing assistance for IPV. Due to their geographical isolation and smaller populations there are often less services available, fewer trained professionals, and difficulty maintaining confidentiality which may influence women's willingness to seek formal support and the quality of the support available (National Council to Reduce Violence against Women and Children, 2009; NSW Office for Women's Policy, 2008).

### **Community Responses to IPV**

As IPV research has continued to develop evidence has emerged to suggest that a community response to addressing IPV may be the most effective method of supporting women and children, and reducing the prevalence of IPV long-term (Goodman & Smyth, 2011). Responses of family, friends, or the larger community can vary greatly for women,

either having a positive or negative influence on their wellbeing (Flood & Pease, 2009, Wenat, 2009; Goodkind, Gillum, Bybee & Sullivan, 2003; Trotter & Allen, 2009).

Pennington-Zoellner (2009) suggests that the definition of ‘community’ in approaches to addressing IPV needs to be expanded, and recommends that such approaches focus on women’s needs rather than perceiving the end of the IPV relationship as the desired outcome. Building community approaches that consist of collaboration between legal services, counselling services, the criminal justice system, IPV services, perpetrator programs, shelters, co-workers, employers, family, friends, neighbours, and religious or spiritual supports are likely to lead to more effective support for women who have experienced IPV, and may lead to improvements in community attitudes regarding IPV (Pennington-Zoellner, 2009).

As mentioned above informal supports are an important component of the community response to IPV. Researchers have concluded that a lack of informal support is linked to negative outcomes for women and a higher risk of re-victimisation (Bybee & Sullivan, 2005; Goodman, Dutton, Vankos & Weinfurt, 2005). Goodman and Smyth (2011) recommended a network-orientated approach to assisting women with experiences of IPV. This approach involves services engaging women’s informal support networks to provide information about how they can best support women. Which will lead to a larger support network being built around a woman from whom she can receive ongoing support over a much longer period of time than a service could offer. This is especially important for women who may be considered a minority due to their race, sexual orientation, socio-economic status, or cultural background (Sullivan, 2011). Informal support networks may be one resource that are not adequately prioritised in service provision, but prior research suggests that other services within communities have also been overlooked in contributing to women’s long-term wellbeing post-separation (Goodman & Smyth, 2011).

Women may access a range of formal supports that do not specifically focus on IPV, but may nonetheless be able to provide women with an opportunity for assistance. Women often present with an issue to a non-IPV related service prior to, or rather than an IPV specific service, such as health care services, general practitioners, couple counsellors, or religious supports (Campbell, 2002; Hegarty, 2006; Hegarty et al., 2013; Rees et. al., 2011; Vos et al., 2006). Cobia, Robison and Edwards (2008) state that often couples will seek counselling for issues without disclosing current or prior IPV unless they are specifically questioned about it. Unfortunately despite the prevalence of IPV, assessment for IPV is not routinely conducted in some community health care settings, which may limit the opportunity for women to disclose IPV and potentially be linked with helpful supports (Edwardsen & Morse, 2006; Haggblom, Hallberg & Moller, 2005).

An aspect of service provision often not considered to be relevant in the early detection and prevention of IPV is employment based assistance programs (EAPs). Bowman and Rich (2005) conducted research to examine the role of EAPs in addressing IPV. They found that 37% of women who had experienced IPV reported an impact on work, and in 15% of these cases IPV was deemed as causal in the loss of their employment. The impact of IPV on an employer includes decreased productivity, increased health costs, absenteeism, higher employee turnover, acts of violence occurring in the workplace and increased risk to other employees and property (Bowman & Rich, 2005; Swanberg, Macke, & Logan, 2007). EAPs can play a significant role in identifying IPV as an issue as well as help employers develop an approach to provide training, connect with local services, and implement practices that can support women and their children (e.g., paid leave, transfers, flexitime; Pollock et al., 2010). Such supports in the workplace increase the likelihood that a woman will disclose IPV, which in turn will assist with the provision of support for the woman and reduce the negative

consequences for the workplace i.e., reduced productivity (Swanberg, Logan, & Macke, 2005).

Women who receive support from their workplace are more likely to maintain employment or be employed in the future (Swanberg, Macke, & Logan, 2007). Women may be concerned about disclosing IPV to an employer due to safety concerns, fears about confidentiality, stigma, lack of trust, and cultural values (Pollock et al., 2010). In addition, Pollacks' study identified that EAPs may not screen for IPV due to the perception that they have limited competence, lack relevant training, and lack knowledge about appropriate services and resources for referrals. Women who had utilised EAP services regarding IPV identified that services were helpful for referrals to counsellors, exploring options for work load flexibility, and developing safety plans for at work that may include screening calls, being escorted to a vehicle, and not being left or sent on errands alone (Swanberg, Macke, & Logan, 2007). The availability of such support has implications for a woman's financial, emotional and physical health while in the relationship and after separation as well as implications for employers.

The personal history of individuals working in a formal support role may influence their approach to assisting women, and consequently influence how helpful women perceive the support that is offered. Women have reported feeling more comfortable to disclose and explore IPV with professionals that have disclosed a personal history of IPV (Busch & Wolfer, 2002). Personal experience with IPV is likely to contribute to formal support workers attitudes towards clients, as community attitudes towards women can vary (Saunders, Holter, Pahl, Tolman, & Kenna, 2005). Negative attitudes regarding IPV are likely to influence the way women who have experienced IPV are treated by those within the community, including by those who work in a formal support role (Australian Institute of Criminology, 2009; Flood & Pease, 2009; Wenat, 2009). Women who felt judgement or a lack of empathy from formal



support workers did not perceive services as helpful as women who reported positive interactions with formal supports (Nicholaidis, Curry, & Gerrity, 2005; Saunders, Holter, Pahl, Tolman, & Kenna, 2005). The attitudes and personal experiences of individuals working as formal supports are likely to influence their interactions with women. However, the interactions of formal support workers with women who have experienced IPV are only one factor that may influence whether a woman experiences a service as beneficial. Additional factors that may influence women's experiences of formal supports will now be explored.

### **Helpfulness of Formal Supports**

A review of the research has identified a range of factors that women identify as positive in the approach of formal support workers. In general the reviewed studies demonstrate that positive interactions between women and formal support workers increased the likelihood that women considered support helpful. The factors that women considered helpful in formal supports are presented in the table below.

Table 5

*Factors in formal supports that are considered helpful by women who have experienced IPV.*

<b>Researchers, Year</b>	<b>Participants</b>	<b>Factors considered helpful in services</b>
Busch & Wolfer, 2002	10 women from a shelter interviewed about which aspects of the service they perceived as most helpful	<ul style="list-style-type: none"> <li>• Genuine, compassionate, non-judgemental approach</li> <li>• Knowledge about IPV</li> <li>• Formal support workers with personal experience of IPV</li> <li>• Quick response to emergency situations</li> <li>• Follow ups with clients</li> <li>• Connecting women with other services and resources</li> </ul>
Hathaway, Willis & Zimmer, 2002	49 women who were involved in a IPV program interviewed about what factors eased the disclosure of IPV	<ul style="list-style-type: none"> <li>• Formal support worker with advanced knowledge of IPV</li> <li>• Caring non-judgemental approach</li> <li>• Took time to identify IPV and intervene</li> </ul>

		<ul style="list-style-type: none"> <li>• Prioritise confidentiality and privacy</li> <li>• Connection with woman</li> <li>• Belief in client statements</li> <li>• No pressure to disclose or take action</li> <li>• Acknowledging seriousness of IPV</li> <li>• Responding quickly to safety issues or basic needs</li> <li>• Precise and thorough documentation</li> <li>• Follow ups with clients</li> </ul>
Zweig, Schlichter, & Burt, 2002	20 services throughout the United States that focus on assisting women with multiple difficulties. The workers of these services were interviewed in regard to their experiences and perceptions of working with women with multiple needs.	<ul style="list-style-type: none"> <li>• Allowing more time for women</li> <li>• Collaboration with other services</li> <li>• Address multiple needs concurrently</li> <li>• Provide services despite readiness or location</li> <li>• Non-judgemental</li> <li>• Belief in client statements</li> <li>• Be aware of language use e.g. victim</li> <li>• Ongoing staff training</li> <li>• Accepting of inconsistency in clients</li> </ul>
Battaglia, Finley, & Liebschutz, 2003	27 women who had experienced IPV identified key factors that created trust in client-formal support worker relationship	<ul style="list-style-type: none"> <li>• Not be afraid to discuss IPV</li> <li>• Openly listen to women's stories</li> <li>• Professional competency</li> <li>• Knowledge of IPV</li> <li>• Awareness of clients history</li> <li>• A thorough assessment</li> <li>• Easily accessible services</li> <li>• High levels of confidentiality and privacy</li> <li>• Allowed enough time for the client</li> <li>• Mutual control over the discussion and future decisions</li> <li>• Non-judgemental and caring approach</li> <li>• Connection with woman through emotion or shared experience</li> <li>• Patience</li> </ul>
Chang, Decker, Moracco, Martin, Petersen, & Frasier, 2005	41 women who had experienced IPV interviewed about how health care professionals can explore IPV with clients	<ul style="list-style-type: none"> <li>• Provide reason for asking about IPV</li> <li>• Use the woman's name</li> <li>• Inform woman it is routine to ask all clients about IPV</li> <li>• Only ask about IPV when in a safe and private environment</li> <li>• No not ask when partner is present</li> <li>• Take time to connect with woman</li> <li>• Do not use partner as translator</li> <li>• Display brochures and information in waiting rooms</li> </ul>

		<ul style="list-style-type: none"> <li>• Do not get frustrated if they do not disclose IPV</li> <li>• Provide information about accessing help even if women don't disclose</li> </ul>
Kulkarni, Bell & Rhodes, 2012	Focus groups with 30 survivors of IPV and 24 IPV telephone advocates to explore their perceptions of important component of formal support	<ul style="list-style-type: none"> <li>• Empathy</li> <li>• Active listening</li> <li>• Allowing more time for women</li> <li>• Connecting with woman</li> <li>• Approach to assisting women based on individual needs</li> <li>• Reinforcing clients rights and ability to make decisions</li> <li>• Providing options</li> <li>• Maintaining professional boundaries</li> <li>• Prioritising confidentiality</li> <li>• Ongoing staff training</li> <li>• Collaboration between services</li> <li>• Flexibility with requirements e.g., documentation</li> <li>• Understanding impact of trauma on functioning</li> <li>• Being patient and not expecting consistency e.g., missing appointments or forgetting information</li> </ul>

The research outlined above indicates that the women and formal support workers who participated in these studies identified similar factors as helpful in service provision. However, these studies are limited as they only capture the experiences of women who have accessed formal support. It may be important to consider the experiences of women who choose not to access formal support as they may perceive other factors as helpful in service provision, or there may be important reasons some women avoid formal support. A common finding of research reviewed above is that factors such connection, non-judgmental approach, and an empathic approach by the formal supports workers are viewed as important components of a service being considered as helpful by women. Formal support workers interactions with women are likely to be influenced by their beliefs and attitudes regarding IPV. One aspect of this is formal support workers perceptions of women, including whether

women who have experienced IPV are viewed by the service as either victims or individuals with agency. Research conducted by Dunn and Powell-Williams (2007) explored important concepts about victim ideology and agency ideology in the way formal support workers practice with women who have experienced IPV. The victim ideology presents women as limited in their choices because of both external (e.g., attitudes of others, children, shelter) and internal factors (e.g., emotions about partner or situation, prior negative experiences in childhood, negative self-esteem). The agency ideology encourages women to take responsibility for their own life, and their own choices. Historically when violence towards women first became an issue highlighted in the literature the term 'victim' was used to emphasise that women were not responsible for abuse against them regardless of the situation and to stress the seriousness of the issue to society (Peled et al. 2000). Over time research has provided evidence that women are not passive within IPV relationships, but are instead constantly seeking to understand, manage, and improve the situation to ensure the best outcomes for themselves and their children (Goodman, Dutton, Weinfurt, & Cook, 2003; Ruiz-Perez, Mata-Pariente & Plazaolo-Castano, 2006). Research conducted by Dunn (2005) examined 32 interviews with women's advocates and found that their dialogue often included both victim and agency ideologies, in fact, even both within the same sentence. The societal construction of a victim is associated with weakness and is linked with feelings of shame (Dunn, 2005). In contrast, an individual who is not a victim has agency to make their own decisions, and in the context of a woman who has experienced IPV it is then her choice to remain in an abusive relationship. However, such a view might lead to the woman (or person experiencing the abuse) being blamed. The dichotomous view of a woman as either a survivor or victim presents issues within the way IPV is constructed within society, and has an impact on the perceptions of women who have experienced IPV. Dunn (2005) suggests that a woman is both a victim and a survivor; that a woman is not responsible for abuse

directed towards her but that she is active in the use of survival strategies to resist abuse, to grow, and to build a life for herself and her children, even while in the relationship. The way an issue such as IPV is socially constructed has significant implications for the attitudes and actions of individuals in the community, of the women and the perpetrators, and of formal support workers. Such social constructions may be perpetuated through media, community attitudes, as well as in policies and training within services and organisations (Dutton, 2006; Winstok, 2007).

Another important issue raised in the research is that even though most approaches to IPV are woman-centred and focus on assisting women to make the choices that are right for them at the time, there are still many perceptions about ‘good’ and ‘bad’ choices (Dunn, 2005). ‘Bad’ choices are mainly returning to or staying in the relationship, whereas ‘good’ choices are any that work toward the end of the IPV relationship. This highlights an important issue in encouraging individual agency and validating a woman’s ability to make her own choices. For most people staying in the relationship is judged as a ‘bad’ option, and may be seen as an option only while a woman works towards being ready to leave the relationship for good. It is important to emphasise that societal inequalities do exist that may limit options for women to end an IPV relationship. Women may remain in an IPV relationship due to fear of the consequences of separation, due to psychological or situational factors that limit her ability to leave, due to social values, or because she would prefer to stay in the relationship (Peled et al., 2000).

Such research highlights the need for women who have experienced IPV to be engaged with the development of policies and procedures that guide service provision and can shape community attitudes towards IPV. The overarching policies that influence how services are designed and operated are a significant aspect of the larger context in which IPV should be targeted. Individual services and those that exist as part of larger systems are

informed by policies that exist at a community, state or national level. Research conducted by the Economic and Social Research Council Violence Research Program in the United Kingdom (Hague & Mullender, 2006) found that the majority of services did not consult with women regarding their experiences of utilising various services. Feedback from both women who had experienced IPV and formal support workers suggested that having women involved in higher level policy making was deemed to be beneficial both for the services, and for women themselves. In some cases women's experiences with IPV prompt them to advocate for change by seeking employment in formal support services; it was found that such women make a valuable contribution to IPV services and policy development, although they may not always disclose their history of IPV with colleagues and employers (Hague & Mullender, 2006).

### **Summary**

It is likely that women who have experienced IPV will engage with a variety of formal supports whether directly related to IPV or in regard to other concerns or issues. Formal support workers vary in their goals and approach to assisting women but play a crucial role in facilitating positive wellbeing for women after leaving an IPV relationship. Research indicates that there may be barriers to accessing appropriate and helpful supports for some women, and the types of support accessed or perceived helpfulness of support will differ depending on women's needs. Such information assists to highlight areas of improvement for formal supports, and indicates that post-separation support is a significant contributor to long-term wellbeing. It also highlights, that in the context of the current study it is important to consider not only what contributes to positive wellbeing for women in their post-separation journeys, but also to examine how formal support workers understand and facilitate the journeys of women.

## **CHAPTER FIVE: RESEARCH METHODOLOGY**

### **Overview**

The aim of the current research was to generate a theory that explains the journey of women after leaving an IPV relationship. In the following chapter I will begin by outlining the design of the study and providing a context for the current research by exploring my philosophical position and personal experience in the area of IPV. The qualitative Grounded Theory methods utilised in the study will be described as well as the participant details, procedure and ethical considerations.

### **Research Methods of the Current Study**

#### **Design**

The main purpose of the current research project was to represent the experiences of both women who have experienced IPV and formal support workers in a way that allowed for rich data to be collected but also allowed for participants stories to be understood using their own words. As the researcher responsible for the current study, I determined that qualitative research using grounded theory methods would be most suitable to achieving such aims. The qualitative design of the research allowed participants to express themselves, share their story in a way they were comfortable with, and permitted the focus of data collection to be adapted as the research progressed in accordance with grounded theory. A semi-structured interview schedule was utilised to ensure that I had a guide for conducting the interviews while also allowing flexibility to adjust the questions to suit the individual participants and to expand on the research focus as the research progressed.

Grounded theory principles were considered the most appropriate for the current research due to the emphasis on theory emerging from the experiences of participants rather than applying data to pre-existing theory or research. An initial brief review of the literature

conducted for the purposes of gaining ethical approval highlighted that despite the vast amount of research on IPV there was not a consistent understanding of what contributes to positive outcomes for women through their post-separation journey. Grounded theory principles allowed the current research to begin with a broader topic for investigation e.g., women's experiences following separation, which was then refined as a result of the data that emerged from participants. I considered it important that not only was the research guided by the individuals who participated but that participants' stories were also honoured in the process.

In order to justify the methods selected in the current study I will provide a brief overview of the history of grounded theory including its origins and how the approach has evolved over time. Grounded theory was originally developed by Barony Glaser and Anselm Strauss (1967). Much has been written about grounded theory, and much debate exists surrounding how it has evolved over time (Birks & Mills, 2011). Glaser and Strauss were the first to explore the notion of generating a new theory from data, rather than testing an existing theory. At the time that Glaser and Strauss were developing grounded theory principles, quantitative research methods were favoured over qualitative research methods, as they were regarded as being more reliable, accurate, and scientific. The grounded theory principles developed by Glaser and Strauss were thought to play a significant role in the 'qualitative revolution', as their writings encouraged many others to pursue qualitative research instead of, or as well as, quantitative methods (Charmaz, 2006). By the 1990s grounded theory had become well accepted by quantitative researchers, and known for its rigour and flexibility. The main components identified as essential to the original grounded theory developed by Glaser and Strauss (1967) are based on concurrent data collection and analysis that works to develop codes and categories from the data, not from predetermined hypotheses. The constant comparative methods through each stage of data collection and analysis ensure that data



generation and sampling decisions are always based on what is emerging from the data, with the aim of enhancing the emerging theory. The outcome of grounded theory research should be a theory that explains rather than describes, has emerged directly from the data, has practical implications and is relevant across time (Glaser & Strauss, 1967).

In 1990 Strauss wrote a book with Jules Corbin which brought a shift to grounded theory practices. The book outlined new methods used to conduct grounded theory research, rather than focusing on the comparative methods outlined by Glaser and Strauss (1967). Glaser (1992; 1994; 1998; 2001) produced a series of subsequent publications expressing his disagreement with the new methods outlined by Strauss and Corbin (1990). Glaser's fundamental disagreement centred on the notion that Strauss and Corbin's approach encouraged researchers to force the data into preconceived categories thereby contradicting the original defining features of grounded theory. As a result of the disputes occurring between the original developers of grounded theory confusion emerged among researchers in regard to which grounded theory methods were perceived as being "accurate". Despite Glaser's (2001) continued disapproval of Strauss and Corbin's (1998) approach to grounded theory various additional researchers have demonstrated the effectiveness of such methods in the development of theory (Birks & Mills, 2011; Bryant & Charmaz, 2010; Charmaz, 2014; Gibson & Hartman, 2013; Urquhart, 2012).

Based on the successful application of such methods with prior research, I made the decision to adopt the grounded theory methods congruent with a constructivist philosophical position (Bryant & Charmaz, 2010; Charmaz, 2014). According to Charmaz (2006) basic grounded theory principles and methods can be considered 'neutral'; meaning that the approach can be utilised by researchers from varying philosophical positions. However, as researchers' individual assumptions impact on how research is conducted I will now outline

my philosophical position and personal experiences with IPV in order to provide a context for the research methodology used in the current study.

### **Philosophical Position of Researcher**

The philosophical position of the research is significant as it informs the methodology and methods the researcher will utilise in research. Methodology can be defined as the set of principles and ideas that inform the research design of a study, and methods are the practical techniques used in data generation and analysis (Charmaz, 2006). Birks and Mills (2011) argue that first generation grounded theorists focused on grounded theory as a set of practical strategies to be used in research, rather than being applicable to specific philosophical frameworks. Strauss and Corbin (2008) explored pragmatism and symbolic interactionism as the basis for their own research philosophies in the latest edition of their book. Whereas, Glaser (2005) has continued to state that no particular philosophical position can be applied to grounded theory, as doing so limits the possibilities of grounded theory in itself. Other grounded theory researchers have demonstrated the effectiveness of grounded theory methods applied to a range of philosophical positions (Birks & Mills, 2011; Charmaz, 2006; Denzin & Lincoln, 2005; Guba & Lincoln, 1994).

Beliefs about the nature of reality are central to the philosophical position of a researcher. Within grounded theory, there have been differing views about the nature of reality. Glaser (1992) has expressed a belief in a 'true' reality, although he does not explicitly align himself within a philosophical position, the idea of a 'true' reality is consistent with the post-positivist position. The post-positivist approach operates on the belief that there is an objective reality that exists outside of human experience, but that it is never perceived completely by us. Constructivists and postmodernists assume a relativist position and believe that reality is understood as a 'relative to a specific conceptual scheme, theoretical framework, paradigm, form of life, society, and culture' (Bernstein, 1983, p. 8). Symbolic

interactionism was originally described as sharing the post-positivistic views on reality, but has since been reinterpreted to fit with the constructivist and postmodernist views of reality, in that a world is made real in the minds and through the words and actions of the people in it. Reality is seen as an ever changing construct developed by individuals and their social reference groups. This overview of different philosophical positions highlights that a researcher's beliefs influence their view of the world, and therefore influence the way in which they will choose to explore the world through different research approaches and methods.

Based on my readings and exploration of my own beliefs about how we define self, the nature of reality, the relationship between researcher and participant, and the way we learn from the world I have determined that my own philosophical position is constructivist. Constructivism focuses on the co-construction of meaning between the researcher and the participant, emphasising that it is a subjective experience and that a researcher cannot be completely objective. Therefore, from a constructivist view researchers are a central part of the research process and cannot be separated from it. My constructivist philosophy guided my decision as a researcher to select grounded theory methodology as I believe it acknowledges the influence of the researcher throughout the research process including on research outcomes. To be able to utilise grounded theory with a constructivist approach the researcher must acknowledge that it is not possible to be bias free while still ensuring that the experiences of participants guide the research and emerging theory. A balance must occur between recognising researcher bias and maintaining focus on the perceptions of the participants in order to generate data and eventually develop a theory. Therefore, in the following section I will outline my personal experiences in the IPV area including the possible implications for the current research.

## **Personal Experience of Researcher**

In grounded theory, researchers are encouraged to avoid imposing preconceptions onto the developing theory (Charmaz, 2006). Therefore, as Birks and Mills (2011) state, the researcher must acknowledge existing assumptions, experience, and knowledge of the research area to establish where they stand in relation to the proposed study and to ensure transparency about existing thoughts, feelings, and ideas before the research begins. Grounded theory also emphasises the importance of acknowledging the multiple selves and how these may position the researcher within the research.

As the researcher of this study, I would like to acknowledge that I have indirectly experienced IPV within my family as both my brother and sister were involved in IPV relationships. The abuse in my sister's relationship escalated to the point where her injuries resulted in ongoing hospitalisation and physical disability. The trauma she suffered led to the diagnosis of severe mental health issues and ongoing psychiatric hospitalisation. She continues to struggle with the impact of the physical injuries and psychological trauma more than 15 years later. At present she is unable to care for her children, is unable to work and finds it difficult to maintain relationships with partners, friends and family. My brother was an adolescent when he began a long-term relationship. I witnessed my brother use violence in his relationship on numerous occasions. He and his partner remained together for many years and had three children together. Eventually his partner made the decision to end the relationship and they have now been separated for more than ten years. Although she believes that the relationship continues to impact on her life she has married and perceives herself as having rebuilt her life. As an adolescent having not been exposed to IPV before it was difficult for me to understand how these relationships had developed in such an unhealthy way and it was difficult for me to witness the impact that the IPV had on my sister, my brother, my brother's partner, my nieces and nephews, my parents, my extended family, the

schools and child carers that the children attended and the various people we all met through services or organisations. As time passes I continue to see the impact of IPV on the lives of my sister, my brother, my brother's ex-partner, and my nieces and nephews as I act as a support for them. Personally experiencing the impact of IPV may have a considerable influence on my beliefs about the issue and influence how I connect with other women who have experienced IPV, my views of perpetrators of IPV and my interactions with individuals who work in the area.

I must also acknowledge that I am a student who has studied various aspects of psychology, as well as focusing specifically on issues related to children and their families. Through my education, training, and work experience I have learnt about theories related to IPV and ways of assisting people who have experienced IPV. So before I began the current research project I already had some personal and professional knowledge about the research area.

I must also recognise that I have previously worked with children who have been exposed to IPV, though not in a therapeutic context. I have an understanding of how witnessing IPV can influence the wellbeing of children.

As a researcher, I believe my personal experiences demonstrate where my initial curiosity for resilience in regard to IPV has stemmed from. As from my perspective, although both my sister and my brother's ex-partner have experienced IPV I feel that their current physical and psychological wellbeing are very different. This difference has been evident to me and has made me question what factors have contributed to wellbeing for each of them through their different journeys.

I also believe my experiences have led me to be able to consider different perspectives of IPV; my brother's, my family's, my sister's, my brother's ex-partner, the children involved in both situations, the services we interacted with, as well as my own interpretation of both

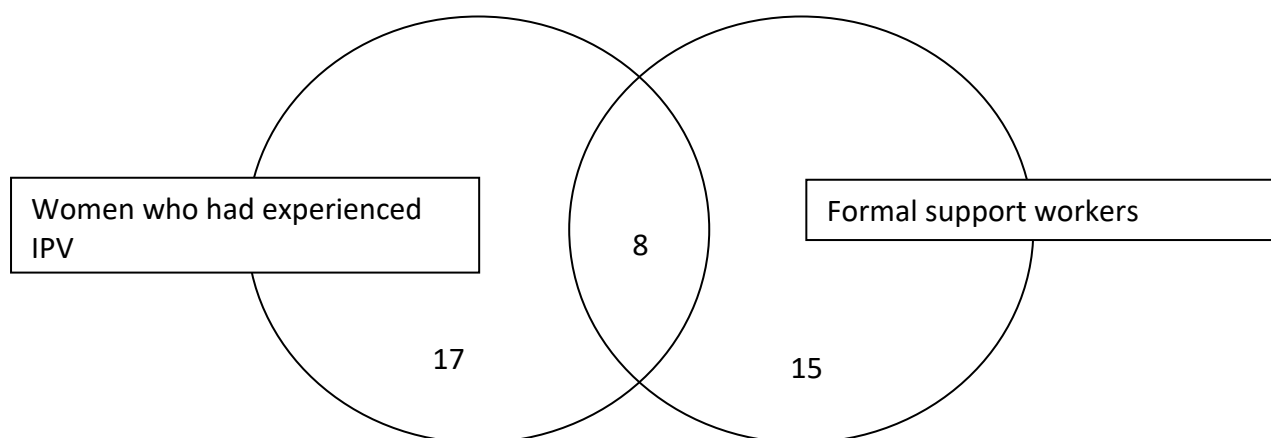
situations looking back now as an adult who has training in Clinical Psychology. I believe that my unique experience having compassion for victims as well as perpetrators of IPV allows me to have an appreciation of the different aspects of this experience and its reverberating impacts. My personal, professional, and academic experience has also influenced my belief that any issue should be explored from a holistic perspective believing that there is no issue that is single in focus, but that all are multifaceted in their causes and consequences. I understand that intimate partner violence is not just about violence against a person by their partner but it is also about that partner, both of those individuals' children, families, friends, the community in which they live, the services that they interact with, and the systems that govern those communities. I would not have these beliefs if not for my personal experiences in this area. And these beliefs will influence the research process, as well as how I engage with women who have experienced intimate partner violence and formal support workers.

### **Participants**

The study sample consisted of 40 participants; 17 women who had experienced IPV, 15 formal supports, and 8 women who had both personal and professional experience with IPV as depicted below in Figure 1. In accordance with grounded theory principles an initial topic of investigation was selected which was then refined as a result of the data that emerged from participants. The initial sample population selected was women who had experienced IPV but had been out of an IPV relationship for at least one year. The process of theoretical sampling was then used to guide further data collection (Birks & Mills, 2011). As a result of the data that emerged from initial interviews with women it was identified that further data collection should include formal support workers. However, the inclusion of women who had both personal and professional experience with IPV was not intentional. These women often

presented to an interview identifying themselves as either a woman who had experienced IPV or a formal support worker but then disclosed their other experiences.

Due to concerns for the anonymity of participants the demographic information will be displayed as a summary rather than individual information. For those individuals who had both personal and professional experience with IPV a summary of the relevant demographic information will be included in both the women and formal support sections below. For the purpose of providing quotes in the results chapters each participant has been assigned a pseudonym and a code. The code pertains to their experience with IPV; 'E' will be used to refer to a woman who has experienced IPV (e.g., Jenny, E10), 'W' will be used to refer to formal support workers (e.g., William, W15), and 'B' will be used to refer to women with both personal and professional experiences with IPV (e.g., Chloe, B3).



*Figure 1.* The sample consisted of 40 individuals that are divided into three groups based on their experience of IPV.

### **Women**

The current study consisted of 25 women over 18 years who had experienced violence in an intimate relationship but had not been involved in a violent relationship for at least a year. A summary of demographic characteristics of women who had experienced IPV is

presented in Table 6. Out of the 25 women, 7 of those had been involved in more than one IPV relationship. Where women were involved in more than one IPV relationship I collected data about each of those relationships which means that data regarding duration of IPV relationships is derived from 33 IPV relationships across the 25 women who participated. The duration of the abusive relationships ranged between 3 months to 24 years, with the average being 7.34 years per relationship. The time since the relationship had ended ranged from 1 year to 32 years, with the average being 7 years since the most recent violent relationship had ended.

Table 6

*Demographic characteristics of participants who had experienced IPV*

<i>Demographic</i>	<i>Number of Participants</i>	<i>Percentage</i>
<b>Age at time of study</b>		
18-25 years	4	16%
26-35 years	7	28%
36-45 years	8	32%
45-55 years	2	8%
56-65 years	4	16%
<b>Time since end of last IPV relationship</b>		
1-5 years	15	60%
6-10 years	4	16%
11-15 years	3	12%
16-20 years	2	8%
>21 years	1	4%
<b>Children</b>		
Yes	16	64%
None	9	36%
<b>Number of IPV relationships</b>		
1	18	72%
2	6	24%
3	1	4%
<b>Duration of IPV relationships (33 in total across 25 women)</b>		
< 1 year	1	3%
1-5 years	17	51%



<b>6-10 years</b>	7	21%
<b>11-15 years</b>	3	9%
<b>16-20 years</b>	2	6%
<b>&gt; 21 years</b>	3	9%

### **Formal Support Workers**

The current study consisted of 23 individuals (3 males, 20 females) who had worked in a formal support position at least 12 months. The participants had worked in a variety of roles for a period of 1 year to 32 years, with an average of 9.78 years in the area. Although the roles may not have been specifically targeted at assisting women who had experienced IPV the participants chose to participate in the study as they recognised that supporting women with IPV was a significant component of their role. Table 7 presents a summary of participant demographics including the roles that individuals had worked in during their career.

Table 7

*Demographic characteristics of formal support workers who participated in the study*

<i><b>Demographic</b></i>	<i><b>Number of Participants</b></i>	<i><b>Percentage</b></i>
<b>Gender</b>		
<b>Male</b>	3	13%
<b>Female</b>	20	86%
<b>Time worked in the area</b>		
<b>1-5 years</b>	12	52%
<b>6-10 years</b>	5	21%
<b>11-15 years</b>	1	4%
<b>16-20 years</b>	1	4%
<b>&gt;21 years</b>	4	17%
<b>Roles individuals had worked in through career</b>		
<b>Victim Support Services</b>	8	
<b>Refuge</b>	6	
<b>Counsellor/Psychologist</b>	10	
<b>Mediation</b>	3	
<b>Child Contact Service</b>	2	
<b>Police Officer</b>	1	
<b>Social Worker</b>	3	
<b>Advocacy Service</b>	4	

<b>Researcher</b>	3
<b>Mental Health Nurse</b>	1
<b>Early Intervention</b>	2
<b>Lawyer</b>	3
<b>Lecturer</b>	4

## **Materials**

An information email was sent to organisations to seek their assistance in the recruitment of participants (Appendix A). Recruitment materials included an information letter (Information letter A; Appendix B, Information letter B; Appendix C) and a flyer to advertise for participants (Appendix E). A consent form (Consent Form A; Appendix D) was also used to gain permission for data to be used in the study, for interviews to be audio-recorded, and for interviews to be transcribed by a third party.

Women who had experienced IPV were interviewed using Interview Schedule B (Appendix G) and formal support workers were interviewed with Interview Schedule A (Appendix F). When women disclosed both personal and professional IPV experiences I utilised aspects of both interview schedules to guide data collection. In accordance with the Grounded Theory approach, the interview questions were adjusted throughout the research process based on the key points emerging through data analysis.

## **Research Procedure**

The research process began with a general interest in IPV based on the personal experiences recounted previously. I first consulted with individuals who worked in the area to brainstorm important areas for research focus in the future. Based on the information gathered from these discussions and consultation with supervisors it was decided that conducting research in the area of post-separation experiences of women would be beneficial.

As is required by the Edith Cowan University Human Research Ethics Committee a research proposal was developed in order to gain approval for the research to be conducted.

Although grounded theory principles dictate that the researcher should begin data generation without defining the constructs of the research (Glaser, 1998) certain procedures were necessary to provide sufficient justification for the research topic and ensure the research project was approved. A brief literature review was conducted to provide justification for the research, an initial sample population was defined, procedures for conducting the research were explained, and sampling techniques were decided upon. Approval from the Edith Cowan University Human Research Ethics Committee was granted in August 2011, and participant recruitment continued until December 2012. I utilised the process of theoretical sampling to guide data collection. Theoretical sampling is a technique that is used to ensure that the information coming from the data is emergent (Birks & Mills, 2011). It involves the concurrent collection and analysis of data, the results of which are then used to inform further data collection (Glaser & Strauss, 1967). The researcher's theoretical sensitivity develops through the concurrent data collection and analysis, improving the researcher's ability to identify important points in the data that are significant for theory development, and identify areas which may need further examination. Theoretical sensitivity is crucial to developing a theory that is grounded in the data. Initial theoretical sensitivity stems from a researcher's insight into themselves. However, it is also a result of a researcher's past experience with and knowledge of the research area. Theoretical sampling is unique to grounded theory, as in other research designs the type and source of data are decided in the planning phase before research has begun. However, the aim of grounded theory is to develop a theory directly from the data so constant comparative analysis allows the researcher to pursue key points as they arise from the data. Theoretical sampling begins with purposeful sampling, which involves identifying an area for research, e.g., intimate partner violence, and then making a decision about how to commence data collection, e.g., interview with a woman who had experienced intimate partner violence. The purposeful sample decided upon for the current research was

women who had experienced IPV but were no longer in an IPV relationship. From the first incidence of data collection it became apparent that services and individuals who work in services were a common thread in the discussions. Therefore, the decision was made to also interview formal support workers regarding their understanding of women's post-separation experiences. In particular women often discussed their experience with police officers and the legal system, therefore I attempted to interview individuals who have worked in a variety of roles and contexts through their career. The benefit of theoretical sampling is that after each incidence of data collection the researcher can analyse the data and then make further decisions about how, where, when, what, and who will be involved in additional data collection to ensure that the research is continuing to be guided by the emerging theory from participant experiences. As the research progressed, if the sampling procedures or target population changed the Edith Cowan University Human Research Ethics Committee was contacted to gain approval for adjustment of the procedures outlined in the research proposal.

Through this time various methods of recruitment were used. Initially organisations who focus on IPV were emailed to seek their participation in the research. In order to protect the privacy of individuals who are employed by these services and the women who may have accessed these services only general descriptions of the organisations contacted will be provided. The organisations contacted consisted of IPV advocacy and support services (9), refuges for women with and without children (14), general counselling services (15), women's health centres (8), community legal centres (4), family dispute resolution services (3), supervised child contact services (2), and doctor practices (6). In addition the research information was distributed word-of-mouth amongst professionals which expanded to private psychologists and counsellors who were not affiliated with the above services. The research was also advertised on the Australian Psychological Society's website and flyers were displayed at Edith Cowan University Campuses in Mount Lawley and Joondalup. Services

were contacted across the Perth Metropolitan areas and the Mandurah/Peel Region in Western Australia. Any organisation willing to participate was forwarded Information Letter A (Appendix B) and Participant Consent Form A (Appendix D) to distribute to staff and Information Flyer A (Appendix E) to display in areas accessible to individuals who meet participant criteria. The organisations and services who agreed to assist did so in different ways such as circulating the information, contacting potential participants directly, and displaying the information in areas accessible to potential participants. Due to the amount of organisations that were contacted, and the various ways they assisted it is not possible to link participants to specific services.

Any individual who was interested in participating in the research contacted me directly via email or phone. I then confirmed with the participant that they met the stipulated criteria, allowed them to ask any questions and then arranged an appropriate time and place for an interview. All participants were asked to sign a consent form before an interview was conducted. After each interview I analysed the data in order to determine whether it was necessary to change the interview questions or seek information from another source. In some circumstances where the interviews occurred within a short period of time (e.g., interviewing more than one staff member at a work place) then the data was not analysed completely, however I took at least 30 minutes to conduct a preliminary analysis of the interview and the field notes in order to determine how to proceed with the next interview. Those who contacted me but decided not to participate did so for reasons such as; they did not actually meet the criteria for the research project, or they could not make a time for an interview due to other commitments. A total of 40 interviews were conducted between August 2011 and December 2012. The interviews with women ranged in length from 32.19 minutes to 2 hours and 16 minutes, with an average length of 69 minutes. The interviews with formal support workers ranged in length from 17.24 minutes to 1 hour and 31 minutes, with an average

length of 46 minutes. All interviews were conducted by me. Before the interview the participants were provided with the opportunity to ask questions and were reminded that he/she may withdraw at any time without any adverse consequences. Most of the interviews took place at a private study room at Edith Cowan University Library. However, some of the interviews took place at the participant's homes and others took place at the participant's place of employment.

I was contacted by some individuals who wished to participate in the research but were not able to attend in person, preferred to participate over the phone, or were not in Perth at the time. Although some disadvantages of telephone interviews can include difficulty establishing rapport, distractions, inability to assess non-verbal communication and risk of misinterpretation (Barriball, Christian, While & Bergen, 1996; Garbett & McCormack, 2001; Sweet, 2002) it was decided that the advantage of having participants contribute to the research outweighed the disadvantages. Research conducted by Sturges and Hanrahan (2004) found that telephone and in-person interviews produced data of similar quality when compared. Participants who agreed to participate in a telephone interview were provided with an information letter (Appendix B or Appendix C) and a consent form (Appendix D) via email before data collection. Participants then provided consent via email and verbally over the phone. A date and time that suited the participant was arranged and I made the phone call from a private office to ensure participant privacy. All telephone interviews were digitally recorded.

A semi-structured interview schedule was used to engage participants, including prompts to expand on discussion depending on the participants responses. However, the interview schedule was flexible to allow participants experiences to be captured, and the questions were expanded on during the course of the research in accordance with grounded theory principles. Interview schedules have been identified as useful for inexperienced

researchers to ensure that there is direction for the interview (Strauss & Corbin, 2008). Based on interview guidelines by Charmaz (2006) I attempted to find a balance between seeking information and being considerate of the emotional needs of the participant, as well as allowing the interview to come to a natural close. As I have been trained as a Clinical Psychologist I was aware of maintaining boundaries in the role of a researcher but utilised the Australian Psychological Society's Code of Ethics (Australian Psychological Society, 2007) to guide all interactions with participants.

I utilised a digital audio recorder to record interviews and field notes to record thoughts, feelings, and main ideas during the interview process. Although Glaser (1998) disagrees with the audio recording of interviews, many other researchers support the use of recording equipment to produce rich data. Birks and Mills (2011) suggest that audio-recording may be important for novice researchers to facilitate the research process and provide verbatim quotes for the benefit of illustrating the final theory. Using an audio-recorder also allows the researcher to maintain focus on the participant, rather than on writing notes (Charmaz, 2006). Charmaz (2006) states that for novice researchers using audio-recordings or transcribed records of data provides clear documentation of what is said and can help the researcher to reflect on their questioning to ensure they are not forcing the data into their own preconceived ideas. Field notes are another important aspect of the data collection process according to Birks and Mills (2011). They are defined as any observations, events, activities, or responses that occur when collecting data. Field notes should be made directly after the interview has been conducted and may include information about the physical environment, researcher responses to the interaction with the participant, notes about non-verbal behaviour observed during the interview, or details of informal conversations. Making notes during the interview may also be important for highlighting specific topic areas the researcher needs to return to, or further directions for interview questions (Charmaz, 2006). Memos were also

used through the research process to record my thoughts as the research progressed.

Memoing began with the first ideas for the research project e.g., IPV and continued until project completion. Memos can be a significant tool for further theory development as the research gets into the later stages, and are often utilised in grounded theory research (Birks and Mills, 2011). The primary function of memos is to ‘map the research activities, extract meaning from the data, maintain momentum, and open up communication’ (Birks, Chapman, & Francis, 2008, p.70). Most importantly memos provided me with the opportunity to freely explore ideas, instincts, and intuition about the research to enhance my conceptualisation of the data. The memos from the current research included notes about my thoughts, feelings, assumptions, philosophical position, readings, and reflections on various aspects of the research.

After conducting 40 interviews I determined that no additional interviews were required as no new concepts emerged from the data. I was confident that the phases and processes emerging from the data were developed enough to consider that saturation had occurred and there was no requirement for further data collection, however any individual who expressed interest in the research was still provided with the opportunity to participate if they desired to do so (Liamputtong & Ezzy, 2005).

### **Data Analysis**

In accordance with grounded theory principles the data analysis and data collection occurred concurrently throughout the research process using constant comparative methods. I utilised the data analysis techniques outlined by Charmaz (2006) which include initial coding, focused coding and theoretical coding. Each interview was transcribed and subjected to preliminary analysis before conducting the next interview where possible. In order to increase theoretical sensitivity and ensure the accuracy of the transcripts I first went through the transcript quickly while listening to the audio recording. Then initial coding strategies were



implemented. I began by using line-by-line analysis which involved each line of data in the transcript being provided with a label that described the action within that segment. The label used was as close to the data as possible or an in-vivo code using the participants' exact words. The purpose of initial coding is to segment the data into participants' meanings or actions while comparing data with data and identifying any gaps. Using line-by-line analysis initially assists the researcher to focus on specific segments of participants' experiences without focusing on the overall interpretation or attempting to fit the data with prior knowledge. The coding of the data is not sequential but instead the researcher moves between the different stages of coding with various transcripts as the researcher engages with the data and the theory begins to emerge. Memos were utilised to explore preconceived ideas and minimise the influence of prior understanding onto the participants' experiences. In accordance with constant comparative analysis segments of data were compared to segments within the same transcript as well as segments of different transcripts to identify similarities and differences.

After initial coding it was possible to begin focused coding. The analytic directions established using initial coding allowed me to begin synthesising larger segments of data. In the current research I began by using the most significant and frequent codes from initial coding to compare to paragraphs from transcripts. This assisted to confirm the adequacy of codes and to begin condensing the data. As in initial coding the codes were compared with larger segments of data within the same transcripts and across transcripts in order to refine the codes. I was actively immersed in the data moving across interviews to compare observations, experiences, actions and interpretations of participants. I continued data collection until the codes were well developed. Any gaps in the understanding of the data were identified and prompted further data collection. Such coding procedures resulted in a selection of refined codes suitable for theoretical coding.

Theoretical coding involves integrating the identified codes in order to examine the relationships between them. This process involved identifying groups of codes and examining how they related to each other and to other groups. This allowed me to identify individual processes within women's post-separation journeys including how these processes may be influenced, structured and experienced by participants. In addition the context of women's journeys was clarified through the connection of individual journeys to the ecological systems in which they occur. I continued to organise the codes into groups and sub-groups to develop the dimensions of women's experiences, and then integrated such groups with each other. Memos were utilised in this stage of data analysis to examine the relationships between groups and their dimensions. Diagramming was also used to depict and examine the emerging theory, leading to the emergence of the grounded theory of the journey of women after leaving an IPV relationship, and its position within ecological systems (Charmaz, 2006).

### **Evaluation of Grounded Theory Research**

Although the standards for assessing research will vary between individuals, researchers, disciplines, or professionals, grounded theorists have emphasised the importance of four qualities in grounded theory research; credibility, originality, resonance, and usefulness (Charmaz, 2006). Credibility refers to whether the research project has provided enough information to allow others to understand the research conclusions, and whether the data provides enough evidence for these conclusions. Originality is the degree to which the research adds new information to the existing body of literature in the area. Research that is true to the participant's experiences, fits with how they see their situation, and yet offers them more insight into their experiences is an important component of grounded theory research, as it aims to explain individual's experiences rather than just describe them. This is referred to as resonance; the conclusions of the research must resonate with those whose experiences it was built on. In terms of usefulness, the end result of grounded theory research should be

an explanation that contributes to the understanding of a process, but that is also useful in a practical sense. These characteristics should all be identifiable in the final theory developed through the use of grounded theory methods.

In order to ensure that the research project was consistent with such standards and demonstrated methodological rigour I utilised the following strategies. As described previously I utilised memos to document the research process to ensure transparency and to aid with the development of theory. In order to minimise researcher bias peer briefing was utilised to allow additional interpretation of the data. I compared transcripts to the audio recordings to ensure accuracy of data, and the process of constant comparative analysis ensured that the meaning of the data was not altered or misinterpreted as the research progressed. It was considered important that the theory that emerged from the research was consistent with participants' experiences, therefore member-checking was used to ensure this. While conducting the interviews participants were asked to provide an email address if they wanted to be contacted once the results of the research were finalised. Of the 40 participants 19 expressed that they wanted to be contacted with the results. These participants were emailed a summary of the results and were given the option of providing feedback via email, telephone or in person regarding how the results fit with their experiences, and if they had any other questions and comments. Of the 19 participants that were distributed with a summary of results 5 provided feedback. Four of these responded via email to say that the results resonated with their post-separation experiences, one participant met with me to give feedback about the grieving process post-separation and the use of the term recovery which I then used to review the findings.

### **Ethical Considerations**

The current research project met all the necessary criteria for approval by the Edith Cowan University Human Research Ethics Committee. Conducting research in the area of

IPV involves concern for many ethical considerations in regard to the privacy and safety of the researcher and the participants. Hence, the following actions were considered necessary to ensure all parties involved felt safe and respected. All documents, computers and the audio recorder were locked in a private office when not in use as well as the computers being password protected. All paperwork or records of participant contact e.g., diary entries, phone numbers, email addresses, meeting times, or places were recorded using initials only and were kept in my locked office. Once the audio recording was transcribed into a word document, all names, places, and other identifying information were either deleted from the data or replaced with a pseudonym. Retelling experiences is potentially distressing for individuals especially when those experiences may include traumatic events such as abuse, violence, grief, or relationship breakdowns. Therefore, I was careful to ensure that all participants knew that their participation was voluntary, they were in no way obliged to participate, could refuse to answer any questions or stop the interview at any time, ask for a break and could choose to share as much or as little as they felt comfortable with. I allowed enough time to ensure participants were not rushed and to allow the interview to come to a natural close. All participants were provided with a list of counselling services and important contacts in case of residual distress following the interview.

To respect the professional ethics of the formal support workers who participated in the study and to ensure the privacy to those they had worked with, no names or identifying information related to clients was mentioned during the interview process. The focus of these interviews was how formal support workers assisted women who had experienced IPV including their own approach, experiences working in the area, and ideas for improvement or future directions for research and services. The questions asked were not related to specific clients or individuals they have assisted in their position.

### **Summary**

This research project aimed to generate a theory that explains the post-separation journey of women after leaving an IPV relationship as well as which components of the post-separation journey contribute to positive long-term wellbeing for women post-IPV. It emerged that it was important to consider the experiences of formal support workers, and the potential influence of external factors on women's post-separation experiences. In order to achieve these aims a qualitative grounded theory design using semi-structured interviews was utilised. The participant sample consisted of 40 individuals: 17 women who have experienced IPV, 15 formal support workers, and 8 women with both personal and professional experiences of IPV. The results of the study will now be explored.

## **CHAPTER SIX: A GROUNDED THEORY OF THE JOURNEY OF WOMEN AFTER LEAVING AN IPV RELATIONSHIP**

### **Overview**

The aim of the study was to generate a theory that explains the post-separation journey of women after leaving an IPV relationship in order to better understand what factors positively influence wellbeing for women post-IPV. An overview of the findings of the current study will be provided then the results will be divided into two chapters. The focus of this chapter will be the model that emerged from the current study explaining the journey of women after leaving an IPV relationship. Then within the next chapter the model will be positioned in the context of an ecological perspective in order to better understand the external influences on women's individual journeys.

### **An Overview of the Findings of the Current Study**

The purpose of the current study was to examine the post-separation journeys of women after leaving an IPV relationship. Although data collection initially focused on the experiences of women, the data that emerged from initial interviews identified that further data collection should include formal support workers. It was identified by women who participated in the study that formal support workers were an important influence on their post-separation journeys. Formal support workers were interviewed to reflect on their understanding of women's post-separation journeys as well as their approach to facilitating positive wellbeing for women after separation. This allowed for additional data to emerge which identified the influence of formal supports and some other external factors on women's wellbeing after separation. Some of the women who participated in the current study were in the unique position of being able to provide reflections on a journey that included personal experiences of IPV as well as experience of being a formal support for

others who had experienced IPV. The inclusion of women with both personal and professional experiences was not intentional, but they often presented to an interview identifying themselves as either a woman who had experienced IPV or a formal support worker but then disclosed their other experiences.

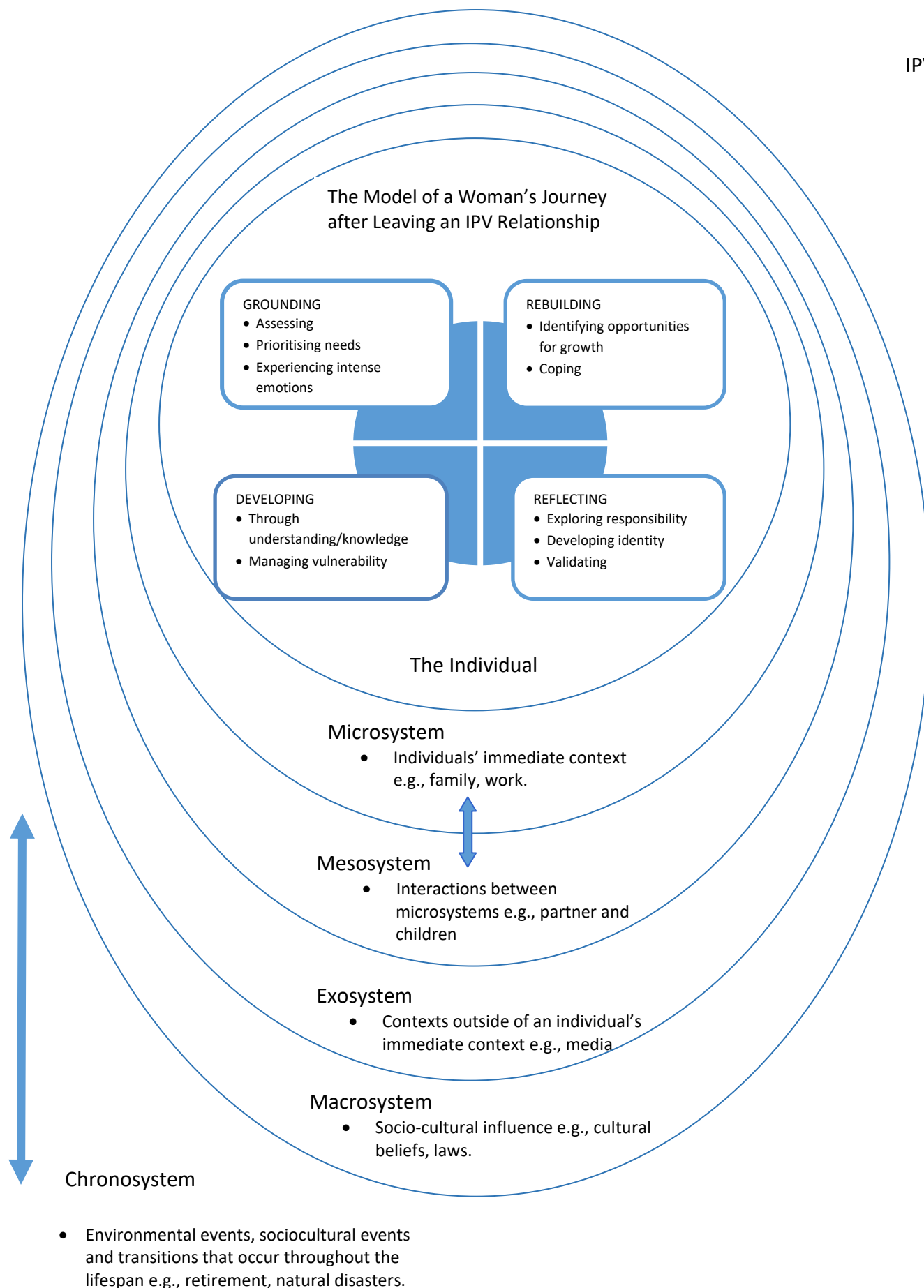
It was found that the key themes and issues identified by women were able to be expanded on by both formal support workers and women who have both personal and professional experiences of IPV. Therefore, in the following discussion of results the data from all participant groups will be explored simultaneously. Where formal support workers or women with both personal and professional experiences of IPV provided information which uniquely added to the data it will be identified and explained within the results chapter, as it occurs.

Overall the comprehensive data from participant groups led to the emergence of a model which not only represented women's journeys after leaving an IPV relationship, but was also able to identify the external factors which may influence women's post-separation experiences, and consequently their long-term wellbeing post-separation. As can be seen in Figure 2 (The model of a woman's journey after leaving an IPV relationship positioned within the context of Bronfenbrenner's Ecological Systems Theory), a woman's individual journey after leaving an IPV relationship is represented as an individual process, which occurs within a larger context. Bronfenbrenner's Ecological Systems Theory was considered the most appropriate method of organising the external factors that participants identified as influencing women's post-separation journeys. Within this model these influences are considered bi-directional; as although women's journeys are influenced by external factors (e.g., laws regarding violence), external systems may also be influenced by women's experiences (e.g., ongoing violence towards women may prompt law reform).

In Figure 2 the centre of the figure depicts the model of a woman's journey after leaving an IPV relationship that emerged from the current study (see Figure 3; the model of a woman's journey after leaving an IPV relationship, for a representation of this journey by itself). Within this chapter a summary of the model will be provided, before being expanded on through in depth explanations of each component of the model. The model consists of four main components; grounding, rebuilding, reflecting and developing, with each component comprising of individual processes that influence a woman's wellbeing post-separation. Each of these processes will be explained in depth illustrated by quotes from participants. The individual processes in each main component of the model emerged from the process of theoretical coding where groups and sub-groups of coded participant data were examined in their relationships with each other. The quotes used in the results chapters were selected to enhance the explanation of the process they represent. Conclusions were drawn from the groups and sub-groups of coded participant data, which included the verbatim quotes in the following chapters.

In the following chapter the model of a woman's journey after leaving an IPV relationship will be considered in the context of the bi-directional influences of external factors. This is represented in Figure 2 as systems surrounding the individual woman (Figure 4 will reiterate this in the following chapter). The external factors which will be discussed are those identified by women, formal support workers, and women with both personal and professional experiences of IPV. Bronfenbrenner's Ecological Systems Theory will be used to organise the many external factors which participants identified as having a significant influence on women individual experiences and long-term wellbeing post-IPV.





*Figure 2.* The model of a woman's journey after leaving an IPV relationship positioned within the context of Bronfenbrenner's Ecological Systems Theory.

### **Summary of the Model of a Woman's Journey after Leaving an IPV Relationship**

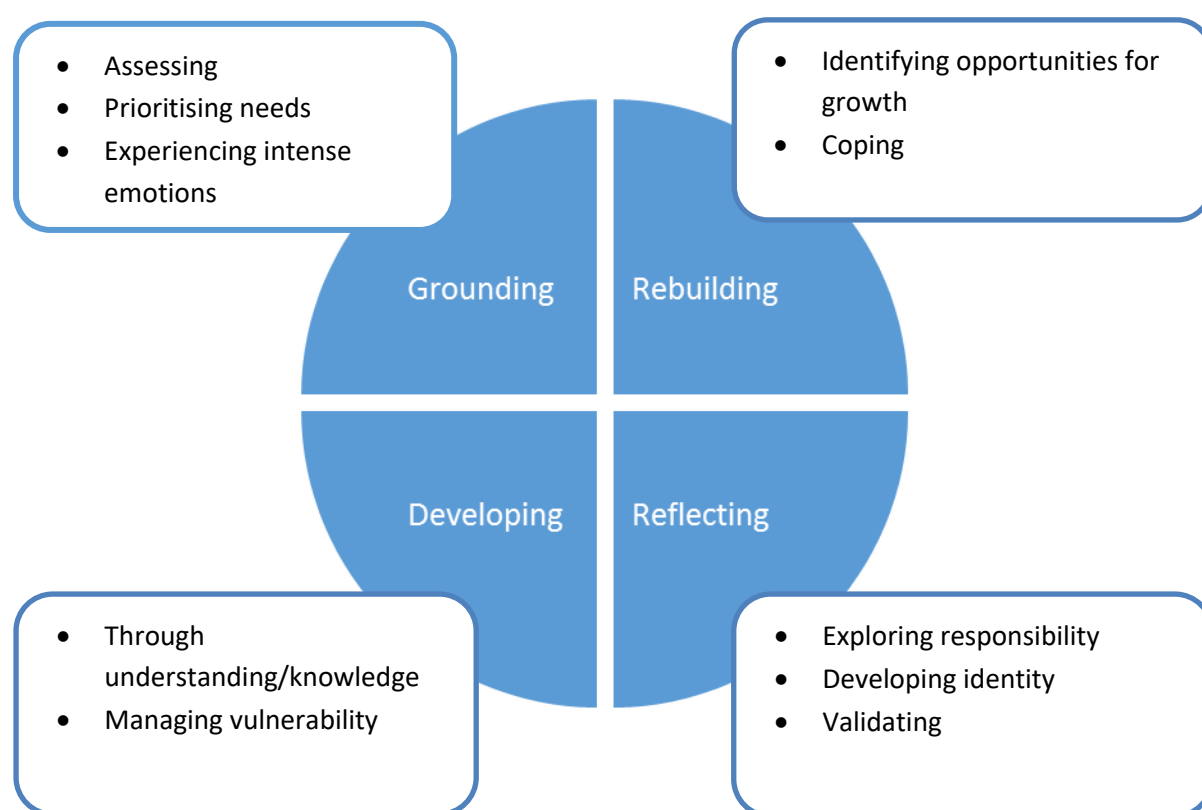
The data that emerged from the current study revealed common elements that were identified as influencing long term outcomes for women post-separation. Overall, the journey of women post-separation was found to be an ongoing process that is likely to differ for each woman. The model that emerged from the findings consists of four main components; grounding, rebuilding, reflecting, and developing. Each of the components consists of individual processes that were found to influence women's long-term wellbeing post-separation. The processes highlighted as part of this model were derived from themes and issues, which all participant groups (i.e., women, formal support workers, and women with experiences of both) identified as contributing to a woman's acceptance of her experiences and development of a sense of wellbeing.

In order to represent a model true to the experiences of women within the current study, the model depicts a post-separation journey rather than focusing on an outcome such as recovery or healing. The women in the current study differed in their perception of themselves as having 'recovered' or being a 'survivor', the feedback from some women was that such terms did not fit with their experiences or perception of themselves, whereas for others it did. One woman described the post-separation journey for her as '*something that is never truly over*'. Another woman emphasised that term recovery didn't resonate with her due to the ongoing influence that past IPV experiences have on her life.

In the diagram the four components are depicted as parts of one circle; each of these components is considered interrelated as development in one component can influence development in another component. The model could not be depicted as stages as women did not follow a predictable journey in either a linear or cyclical manner. Although the women in the current study began their journey in the grounding component of the model it was found that women often moved through and between components of the model

numerous times or simultaneously. In some instances when a woman returned to an IPV relationship, or became involved in a new IPV relationship, her journey may have been interrupted but development within the four components did not necessarily halt. It was found that a woman's experiences both prior to and during the IPV relationship influenced her post-separation experiences.

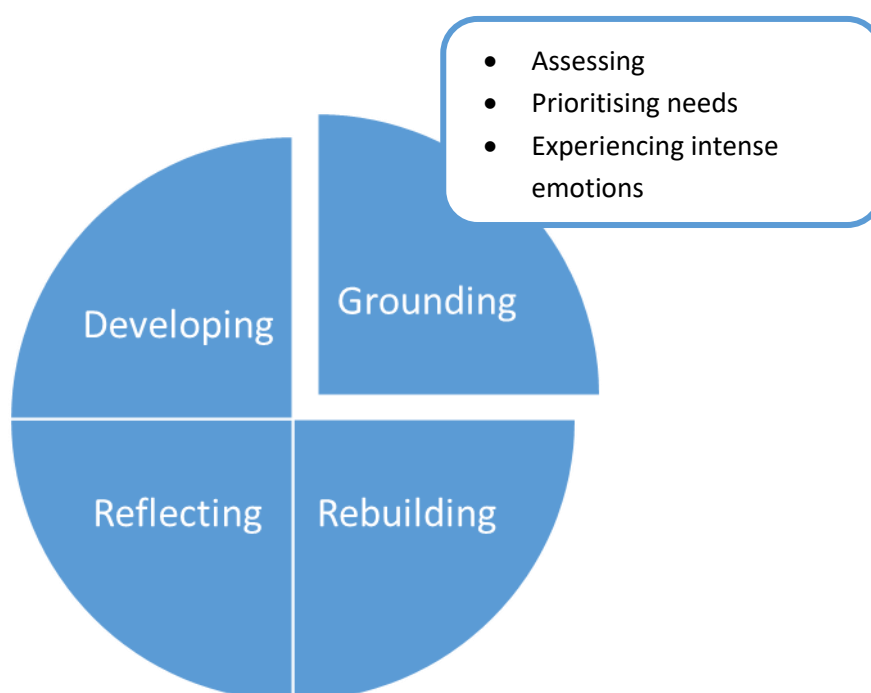
In the following section each component of the model will be explained. The components and corresponding processes will be illustrated by quotes from participants followed by an exploration of how such findings relate to prior research and literature. The components will be outlined in the following order, although it is important to note that this does not necessarily reflect the order in which women experienced them; grounding, rebuilding, reflecting, and developing.



*Figure 3.* The model of a woman's journey after leaving an IPV relationship.

## Grounding

Based on the data provided by both women and formal supports it was found that most women began their post-separation journey in the grounding component of the model. Due to the impact of the IPV, as well as the numerous significant life changes that occurred after ending an IPV relationship, women attempted to find balance and establish a foundation for a post-separation journey that would assist adjustment to new circumstances. The grounding component consists of three processes; assessing, prioritising needs, and experiencing intense emotions. As women progressed through each of these processes they were more able to begin rebuilding aspects of their lives.



## Assessing

It is important to note that leaving the relationship may not be the goal for all women (Dunn & Powell-Williams, 2007). Although the current research specifically related to women who had left an IPV relationship, many women in the study chose to return to the relationship at least once. Consistent with prior research some women in the current study returned to an IPV relationship numerous times before leaving the relationship for the last

time (Burke, Mahoney, Gielan, McDonnell & O'Campo, 2009). The findings of the current study provide evidence that women engage in a process of assessing, which refers to a period of time in which a woman reflects on her situation, her options, and makes a decision about the relationship based on these factors. Although all the women who participated in the current study had decided to leave an IPV relationship, prior research has identified that some women have decided to remain in an IPV relationship due to the assessment that remaining in the relationship would be the best option for them at that time (Bell, Goodman & Dutton, 2007; Butts Stahly, 2000; Herbert et al., 1991; Zink, Jacobsen, Pabst, Regan & Fisher, 2006).

Time away from the IPV relationship may be required during the process of assessing to ensure safety for women to reflect. Formal support workers who participated in the study recognised the importance of this by trying to provide women with time and a safe place to reflect on their relationship. Women identified that it was difficult to reflect on the relationship if they still lived with the partner as they were mentally occupied with being vigilant about the risk of violence or abuse. As one woman described she felt she needed 'time to think about it and, yeah, separate without that constant worry in the back of your mind'.

Some women recognised that it was not possible to work on the relationship while the abuse continued; that it was important that the partner take responsibility for his behaviour and take steps to change it before the woman could begin attempting to reconcile the relationship.

'Just get out. He needs to get help and when he is finished getting help and is good, then by all means negotiate getting back together. But while he is like that, get out, if the physical or the mental abuse, you get out.' *Danielle, E4*

Such findings may be understood by considering the Psychosocial Readiness Model (Cluss et. al., 2006), which describes that readiness to change is a dynamic process that is influenced by both internal and external factors. The likelihood of a woman making a change will depend on the interaction of such internal and external factors. As identified by additional researchers, the decision to end an IPV relationship usually occurs as a result of a process that may continue for months to years (Campbell, Rose, Kub & Nedd, 1998; Brown 1997; Burke, Gielen, McDonnel, O'Campo & Maman, 2001; Patzel, 2001). These researchers suggest that women progress through a series of stages prior to leaving an IPV relationship. These stages included managing the violence, disconnecting from self and others, acknowledging the violence, counteracting the abuse, and ending the relationship (Campbell, Rose, Kub & Nedd, 1998; Brown 1997; Burke, Gielen, McDonnel, O'Campo & Maman, 2001; Patzel, 2001). Such stages include similar issues as those that women in the current study described in the process of assessing.

Women in the current study listed a range of factors that they believed assisted with making decisions regarding the relationship during the assessing process. If the positive reasons to stay in the relationship outweighed the negative reasons to leave the relationship women were unlikely to disclose the IPV to informal or formal networks (Anderson & Saunders, 2003). For the women in the study, as well as in prior research, an escalation in frequency or severity of IPV was linked with the decision to disclose IPV or seek help (Brown et al., 2005; Cauce et al., 2002; Haggerty & Goodman, 2003; Lerner & Kennedy, 2000; Paluso, 2003; Taylor, 2003). As one women in the study said;

‘...it just got to the point where I knew when he assaulted me again...that if I didn’t walk out, the only way I was going out was in a body bag. It had literally got to the point where I was terrified for my life...’ *Faith, B6*

Women in the current study identified that love for their partner, hope that the situation could improve, belief the abuse was due to mental health or substance use issues,

financial dependence, or self-blame for IPV were linked with the decision to remain in the relationship. In comparison recognising the situation was unlikely to improve and having pressure from others to end the relationship increased the likelihood that the women in the study would decide to end the relationship. One woman said her mother became more directive about ending the relationship as the IPV continued;

‘Towards the end of the relationship with him and she would say to me, ‘Come on hun, listen to yourself. Listen to what you are saying to me. You know this isn’t good for you. You are telling me this isn’t good for you. Now, what are you going to do about it?’ *Faith, B6*

Consistent with prior research the current study also demonstrated that children were an important component of the decision making process regarding the end of the relationship (Moe, 2009; Messing, Mohr & Durfee, 2012). Some women remained in the relationship because they assessed that the risks of ending the relationship were higher than the risks of remaining in the relationship, similar to the cost-benefit analysis outlined by Broadhurst (2003).

As a result of the assessing process women considered the factors discussed above in order to make the decision to end an IPV relationship. The formal support workers who participated in the research concurred that such factors were concerns that they focused on when assisting women who had experienced IPV.

### **Prioritising Needs**

The current study identified that the act of leaving an IPV relationship was different for each woman but involved considerable planning, assistance from others, risk, and provoked fear for women. It was found that the context of the separation was related to a woman’s needs post-separation. For example, a woman who left the relationship to live in a refuge may prioritise accommodation whereas a woman whose partner left the home may prioritise legal advice. Overall, both women and formal support workers described that

initially after ending an IPV relationship women may encounter many stressors that require addressing. Some participants in the study described this process as potentially overwhelming; highlighting the importance of prioritising certain needs to assist with coping and decision making.

For some women in the study the prospect of having to take action after separation was overwhelming, as one woman described she would recommend to other women;

‘... to give herself permission to do nothing and to just heal herself because, you know, the pressure sometimes to actually have to do something can also be overwhelming.’ *Kylie, E11*

Consistent with the findings from Westbrook (2009) the women in the current study identified that often the first priority was to remove themselves and their children from the environment i.e., the perpetrator, the home, or shared possessions. As one woman explained, it was helpful to not have emotional triggers regarding the relationship after deciding to leave;

‘...have a clean break and to not have those triggers or reminders or anything during that initial stage’. *Linda, E12*

It was a priority for some women to remove themselves from the environment to prevent the partner from influencing decisions regarding the relationship by use of physical force, persuasion, manipulation, threats or blackmail. As one woman said;

‘It is a pull to go back again. And especially if they find you and it is like, ‘Oh please, oh please come back; I’m going to kill myself if you don’t come back’ and all that’. *Gina, B7*

Another woman described there was fear for her own safety and the safety of her children if she was caught in the process of leaving or after separation;

‘at that crisis point you’ve got the fear of what might occur, so you’ve finally left, but you’ve also got the fear that the ex-partner might come back, and do something, that’s the real critical time, but that’s when if something is going to occur, then it



could occur, like, him take the children in particular, so you need that sort of protection from agencies, the police, or anything like that' *Beth, B2*

Overall safety was identified by both women, and formal support workers, as a priority for most women. It was found that women with children were likely to prioritise the children's physical needs first, followed by their own physical needs, then the children's emotional needs, and lastly their own emotional needs. Similarly, for women without children the physical needs of safety and stability were prioritised over emotional needs.

One woman with children described her focus after separation;

'just looking after the needs of the children, getting stability for the kids, getting consistency, getting something normalised for the children, which still was a long haul' *Deb, B4*

Such findings are consistent with prior research that identified women are likely to prioritise basic physical needs above other needs initially after separation (Allen, Bybee & Sullivan, 2004).

Once physical safety and practical needs had been addressed women found they were better able to focus on the emotional wellbeing of themselves and their children, and explore the psychological impact of the IPV relationship. Formal support workers reported that they often witnessed this transition in women they worked with;

'So there are so many little practical needs...that you don't always think about, but definitely I've seen over time with some people that I have worked with...once one or two of those practical things gets sorted out they actually spend a bit more time thinking about themselves and things that might make them happy.' *William, W15*

One formal support worker identified that although some women are reluctant to examine their own emotional wellbeing and the psychological impact of the abusive relationship, individuals who work in the area believe it is an important component of the post-separation journey for women;

‘I find that their focus is always on their children and they then kind of forget to think about themselves. So often they will have met all their children’s needs and then we have said, ‘What about you? You have obviously been through a traumatic experience. How have you processed that?’ And they have gone, ‘Well, as long as the kids are fine I’m okay’. It is like, ‘Well, you still need to be working on that’. I think that they don’t think that there is a need for that, but as a professional that is something that we think they need.’ *Brenda, W2*

Part of the prioritisation of needs after leaving the relationship also involved having permission, or giving self-permission to put the woman’s own needs above the needs of others. As often in the IPV relationship the needs and preferences of the woman’s partner are the focus. Women identified that prioritising their own needs was a difficult adjustment following separation;

‘So, it is just this, like, roll-on effect of having a negative impact on other people’s lives, just being told that you are allowed to do that, ‘That is okay, you are allowed to put people out’ has been really kind of - - You are allowed to assert yourself. You are allowed to come first before other people.’ *Fiona, E6*

The type of needs identified in the current study that were often a focus for women post-separation included safety, accommodation, material possessions, basic needs such as food, clothing, hygiene, financial concerns, relationships with family members, police interventions, or legal concerns. However, such needs often change over time (Allen, Bybee, & Sullivan, 2004; Westbrook, 2009). Prior qualitative research has also indicated that initially women are focused on leaving the relationship safely, then on the practical issues after separation (e.g., money, childcare, accommodation) before they are able to focus on the emotional and psychological aspects of their journey (Javaherian, Krabacher, Andriacco, & German, 2007). The women and formal support workers in the current study emphasised that women will continue to assess and prioritise needs throughout the post-separation journey.

## **Experiencing intense emotions**

After ending any relationship, abusive or not, it is likely there will be many emotions regarding the separation, the actual relationship, and the future without that relationship. It was found in the current study that women experienced a range of intense emotions from euphoria to depression after separation. Prior research found feelings of guilt, anger, resentment, distrust, failure, and revenge were common and intense for women after ending an IPV relationship (Smith, 2003). As outlined by McCann, Sakheim, and Abrahamson (1988) intense emotions are common when significant life experiences challenge an individual's beliefs about the world. Experiences of IPV are likely to trigger strong feelings of fear, anxiety, intrusion, guilt, shame, anger and negative feelings towards self (McCann, Sakheim, & Abrahamson, 1988; Leviore, 2003).

Initially after separation it was common for women in the current study to attempt to avoid intense emotions in order to cope, whereas as time passed women felt more able to experience emotions, regulate emotions, and accept memories or feelings regarding the relationship. Previous literature identifies that an individual being able to cope with emotions is a predictor of positive wellbeing in the long-term (Bradley & Davino, 2007; Flinck, Paavilainen & Astedt-Kurki, 2005; Lynch, Keasler, Reaves, Channer, & Bukowski, 2007; Madsen & Abell, 2010; Millar & Stermac, 2000).

Women described that the separation included both positive and negative feelings. These included a sense of freedom, relief, independence, fear, grief, loss and self-doubt among others.

One woman described herself adjusting to a sense of freedom after separation;

‘You know, my lunch hour, I could do what I wanted with my lunch hour, so again I’m going back to this freedom and this managing my time as I saw fit and my daughter’s time as I saw fit. I mean, obviously you are a single woman again, so I

started going out with friends and, you know, meeting new people and stuff.’ *Eliza, E5*

Another woman described that the positive feelings regarding the separation were mixed with feelings of self-doubt and vulnerability;

‘So, a new-found independence but on the other hand a vulnerability as well, because as much as I wanted him to go, there was still that sort of thought in my mind, ‘Well, why did he have to cheat on me? What’s wrong with me?’ And I was sort of 27 when he left and he went off with a 19-year-old. So, even at 27, which is pretty young now, you think, ‘God! What’s wrong with me?’ You know, you felt like an old woman because he had gone off with a 19-year-old. So there was an independence but sort of coupled with a vulnerability.’ *Eliza, E5*

For many women in the study a predominant emotion after separation was fear. This involved fear regarding the uncertainty of the future for a woman and her children as well as fear related to the risk that the partner might react to the separation by attempting to kidnap the children, harm the children, harm the woman, harm himself or harm others (e.g., family, friends, colleagues).

Post-separation violence is common, in some cases more severe than while in the relationship (Fleury, Sullivan & Bybee, 2000; Sheehan & Smyth, 2000). Statistics demonstrate that post-separation violence can result in fatal outcomes for women and children. Prior research found that of 60 separated families one third reported physical or sexual abuse from their ex-partner post-separation (Fehlberg & Millward, 2011), as well as 109 incidences of intimate partner homicide in Australia between 2010-2012 (Australian Institute of Criminology, 2015). The women in the study who expressed concern regarding the possibly of serious risk or death to themselves or their children were those women who reported more post-separation violence, and a pattern of unpredictability in their ex-partner due to mental health issues and drug or alcohol use. Research examining the predictors of intimate partner homicide has identified that separation, a history of violence, threats post-

separation, children, a history of criminal or mental health history and history of male using violence outside of the relationship were common factors in intimate partner homicides (Carcach & James, 1998; Campbell, Sharps & Glass, 2001; Duppong, 1999; Eke, Hilton, Harris, Rice & Houghton, 2011; Mazerolle, Eriksson, Johnson & Wortley, 2012; Sheehan, Murphy, Moynihan, Dudley-Fennessey & Stapleton, 2015; Wiltsey, 2008).

As one woman described, fear can have a significant impact on lifestyle following separation;

‘I would not leave my house. I would not go out on the weekends. I was just petrified. I hated who I was. Like, I really did not like myself. I felt ashamed, like, embarrassed. I wasn’t ready to face anyone really. And I was just consumed with fear. Like, I was really scared of even what he might do from being away, even though realistically there was not much he could have done. But I was in this bubble of fear and I couldn’t get out of it, so I wouldn’t go out. Like, I would see friends, but only at the house. I wouldn’t go out to where I would normally go on the weekends’ *Jenny, E10*

Many women described that although the fear reduces over time it often continues across the lifespan.

‘So that is something that I have to live with every day, and it might sound very, very hard, but I can only be free from that when he dies because you hear it all the time now. You know, there is so much revenge now and they do it with the kids, you know, they kill their kids and they kill their ex-partners because they haven’t got anything else to focus their bitterness on.’ *Gina, B7*

Another intense emotion experienced by the women in the study following separation was loneliness. As one woman described loneliness may drive women to seek company from others;

‘Part of the reason you go back is because you are lonely at night and have been used to sleeping with somebody, or you go out and you get a lot of one-night stands because you are missing that.’ *Hannah, E8*

The women in the study identified that initially after separation the intense emotions can fluctuate regularly. Many women described periods of struggling emotionally where they ‘crashed’ or had a ‘breakdown’ referring to a period of time where their current methods of coping were no longer efficient and they experienced a decline in psychological wellbeing;

‘last year it finally caught up with me and I sort of had a breakdown and had to retire from work’ *Gina, B7*

As one woman explained she felt ‘fragile’ after separation;

‘So emotionally and psychologically again you have that to deal with, like learn about it, you never have any money, I never had any money, I was unemployed, mother and child in a very dysfunctional way, and really just going down the toilet, I was really getting worse, and worse, and worse. Not actually getting healthier, not actually getting better, so the resilience was not there, and there was no such word as resilience in my head then. I certainly wasn’t. It was really just going from sunrise, to sunset. Which is what I call it now, I didn’t call it that back then but. In my mind it was a, right so I’m here, that’s definitely there. That kind of feeling. It’s very surreal. It’s very difficult to do. But in the moments when you are under pressure, so if someone spoke to me, I had trouble not crying, all the time, you didn’t know where that came from. Anything at all would actually spark tears, because you are just so fragile, so, so, so fragile. It’s unbelievable. It’s believable to me because I lived through it, but upon reflection that’s the pain that you have, everything is tearful, everything is painful, everything reminds you of it, the child that you have reminds you of it, the furniture that you sit on, everything. And I was terrified of him...’

*Linda, E12*

Prior research indicates that the grief a woman experiences after leaving an IPV relationship is a significant process that impacts on wellbeing (Landenburger, 1998). Researchers have concluded that women progress through stages of grief such as denial and isolation, anger, bargaining, depression and acceptance after separation (Messing, Mohr & Durfee, 2012). Some women in the current study, as well as in prior research, reported feeling the need to suppress grief due to the belief that others will see grief over the end of an

IPV relationship as pathological (Campbell, 1989, Messing, Mohr & Durfee, 2012; Silverman, 1981). Although some researchers have indicated that loss of the partner or loss of the relationship is not a central focus of grief after separation (Smith, 2003; Wuest & Merritt-Gray, 1999), for some women in the current study it was. Such findings highlight the importance of validating the loss and grief associated with the end of an IPV relationship despite the social perception that the end of that relationship is the most desirable outcome. Women in the study also expressed the importance of allowing themselves the opportunity to grieve the losses experienced during and after the relationship;

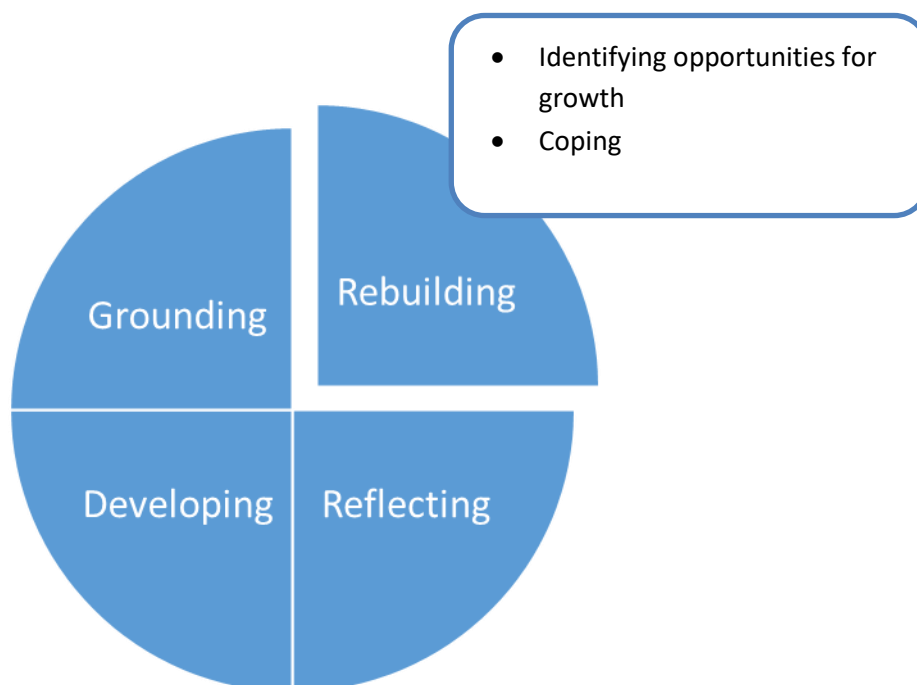
‘And that’s another thing that people don’t understand. I mean, I cried myself to sleep most nights for the first six months, not because I missed him or I had made the wrong choice or whatever. I didn’t want to be with him. I really, really hated him. I hated how pathetic I had become because of his treatment, and how I had allowed that treatment. I used to cry every night. And people don’t get that, you know. And I didn’t want him back, but there was still so much grieving, you know. And I even said that to him at one time. I don’t know why. He said, ‘I’m crying all the time’ and I said, ‘Well, so am I’. You know, he says, ‘But, you are the one who left’. I said, ‘It doesn’t mean I don’t have those feelings, you know’ *Hannah, E8*

The women who participated in the current study identified a range of emotions that could be intense initially after separation. As women went through this process of experiencing such emotions post-separation they learnt more skills to manage, regulate, and accept some of these feelings. Similarly, formal support workers who participated in the research identified that assisting women with intense emotions post-separation is often a focus of the support they provide.

### **Rebuilding**

The rebuilding component of the post-separation journey consisted of the process of identifying opportunities for growth and the process of coping. These processes involved women making changes to their lives post-separation, and finding ways to cope with their

experiences of IPV. The term ‘rebuilding’ was selected as IPV often has a negative impact on many aspects of a woman’s life, which she must then attempt to repair after ending the IPV relationship.



### Identifying Opportunities for Growth

Women and formal support workers identified some common areas that women focused on rebuilding post-separation such as physical health, psychological health, financial health, children, hobbies, new experiences, career goals, education or learning new skills. Such goals for growth could be either internally or externally motivated. Identifying opportunities for growth and achieving goals was found to positively contribute to a woman’s identity and sense of self-worth, as well as providing direction for the future. One formal support worker identified the positive contribution that recognising a woman’s strengths and opportunities for growth can have on self-worth;

‘Their identity, their strengths, personal power, you know, personal abilities, even the smallest. It doesn’t matter. They might not see that they have any abilities, but they will have something, you know, to start with something. To start with first of all, ‘Who am I?’ your identity, your passion. ‘What do you like? Even if you don’t



have an ability, there must be something you like, you like to do, you like to do well' and I would start from there, working from that strength side of things, and then getting them to sort of just start from there and moving their way forward. And as they master that one area, I believe that mastery, sort of, you can actually help that branch out. Women are very capable, you know, on the whole, as are men, and I think just even in anyone, just start with that one sense of something they like and something they feel they are good at. It doesn't matter how important it is. You know, they feel, 'Oh, that is not very important, is it? Well, I suppose I can do that' so you start there. And then that gets that little bud of self-esteem and ability and belief in themselves and something and to go from there and to build on that.' *Ellen, W5*

As identified in Janoff-Bulman's (1989; 2004) theory of adaptation following trauma, often after experiencing and surviving traumatic events individuals are able to identify their strengths and recognise their capacity for growth in new areas. As one woman described, the sense of feeling nurtured by growth assisted her to cope better with other stressors;

'But I felt that I was being nourished again. And little by little as that happened, of course, I felt that I had the strength to be able to cope with whatever else was happening.' *Kylie, E11*

Identifying opportunities for growth involved reflecting on how the current situation aligned with a woman's preferred situation, identifying what may assist in achieving the preferred situation, and setting goals to achieve it. The participants identified that such reflection occurred continuously over time to assist women to keep focused, adjust goals as necessary and guide future decision making. As one women described it was necessary to assess how her approach was helping her achieve her goals and trial different approaches;

'pull back and go, 'right, well I have tried this approach and I've tried this approach and neither of them work. So, now it is time for a plan, so baby steps, getting a job, having a bit of money, you know, getting my independence back' *Edna, B5*

For some women having goals for growth assisted to remove focus from the relationship, maintain distance from the partner, begin rebuilding their life and reduce the likelihood of returning to the relationship.

‘So I think that six month period [after ending the relationship] once I had started to get a job, I moved out of home and into my own place ... and I started a career ... once all the pieces started to fall into place I contacted him less and less until one day I realised I hadn’t spoken to him for a while and he hadn’t contacted me’ *Deb, B4*

Identifying opportunities for growth was a process that involved prioritising certain aspects of life, reflecting, and taking action. As one woman explained it;

‘guess you can kind of think of it from a child’s aspect. Like, putting your life as Lego blocks, you know, kind of separating it into different facets and going, ‘Okay, this block resembles, I don’t know, my identity, I guess’, so you put it here. So you think, ‘Okay, what do I have to build here to make my life better?’ And then you think about, ‘Okay, what if I meet someone? How am I interacting societally? How am I interacting on an intimate level with my family, you know, education and a job and stability and where I want to be?’ I think that was how I had arranged things, you know. That was how I coped with it, like stages overall. I had to kind of evaluate every single facet of my life and go, ‘Okay, how did it impact me here? What have I got to do better? What do I want to do? How is that going to influence me in the future?’ So I had to do that with everything.’ *Olive, E15*

For many women the process of establishing goals for growth involved fear;

‘But I think the whole of me wanting to succeed and run with it and master something and be good at it will hopefully, I think that is a lot bigger than the fear, because I’m trying to push through the fears. But they do consume me. It is probably the only thing that I am not very good with handling is fear of any kind. Every other emotion I can kind of keep in check, but that can consume me quite a lot.’ *Jenny, E10*

The positive contribution of goal setting to recovery in other areas such as physical injury, drug or alcohol addiction, mental health concerns, and trauma is well documented in the literature (Andresen, Oades & Caputi, 2011; Mcgrath, 2005; Mendelson & Herman,

2011; Wing, 1991). In addition, prior research focusing on women who have experienced IPV is consistent with the current research findings in that it verifies that the achievement of personal goals assists women to increase self-worth, cope with the impact of IPV, and continue to rebuild their lives (Bradley & Davino, 2007; Flinck, Paavilainen, & Astedt-Kurki, 2005; Javaherian, Krabacher, Andriacco, & German, 2007; McCann, Sakheim, & Abrahamson, 1988; Oke, 2008).

## **Coping**

The data from the current study revealed that women utilised a variety of coping strategies after separation. Upon reflection women identified which strategies they perceived as helpful and unhelpful in contributing to wellbeing. It was found that the type of coping strategies used varied between individuals. Women were found to test numerous strategies to determine which best suited them. As one formal support worker expressed;

‘it becomes entirely up to the person and their personality type and what they find best in regards to coping mechanisms’ *Dianne, W4*

Coping literature has identified that coping strategies can be categorised as approach/problem focused coping strategies or avoidant/emotion-focused coping strategies (Lazarus & Folkman, 1984). Each individual will have a preferred method of coping but the choice of coping strategy will depend on the characteristics of the particular situation (Waldrop & Resick, 2004). In reference to IPV factors such as severity or frequency of abuse, length of the relationship, available resources, social support, and prior effectiveness of coping strategies have been found to influence a woman’s choice of coping strategy. Both women and formal support workers in the current study identified similar coping strategies utilised by women after ending an IPV relationship, which are listed in the figure below.

Table 8

*The approach and avoidant coping strategies utilised by women post-separation as identified by women and formal support workers.*

Approach Strategies	Avoidant Strategies
<ul style="list-style-type: none"> <li>• Reflecting on and changing old patterns of relating to others</li> <li>• Allowing emotions</li> <li>• Setting and achieving goals</li> <li>• Reflecting on self</li> <li>• Positive affirmations</li> <li>• Being honest with self</li> <li>• Pushing self to try new things</li> <li>• Pushing self to connect with others</li> <li>• Reading self-help books</li> <li>• Grieving</li> <li>• Being assertive with others</li> <li>• Seeking validation</li> <li>• Reminding self of reason for separation</li> <li>• Attempting to control self, others, feelings, or situations</li> </ul>	<ul style="list-style-type: none"> <li>• Focusing on the future</li> <li>• Avoidance of thoughts or feelings regarding relationship or ex-partner</li> <li>• Drug or alcohol use</li> <li>• Increased socialising</li> <li>• Casual sex or new intimate relationships</li> <li>• Exercising for distraction</li> <li>• Other distraction techniques</li> <li>• Remaining emotionally distant from others</li> <li>• Being defensive or hyper-vigilant</li> <li>• Being aggressive towards others</li> </ul>

It was found that the most useful coping strategies were those that contributed to enhancing a woman's self-worth and identity. As one woman described;

‘I have always seen my journey through life as being a survivor, not being a victim. Things happen along the way. Shit happens! You pick yourself up. I had this little thing always on the inside of my bathroom cupboard when I opened it up in the morning to get things out. I had some little sayings and one of them was, ‘Our greatest glory lies not in never falling, but in rising again every time we fall’. And I think that was what kept me going. It is those little affirmations that, you know, yeah, shit happens, we make mistakes, but then we pick ourselves up and get on with it. And it is okay to fall; it is okay to fail. It is okay for things to go wrong. Just get on with it and deal with it and move on. It is the actual getting up again which is the

positive thing. It is the actual growing out of whatever has happened that is the positive thing.' *Kylie, E11*

Focusing on small goals and experiencing success positively contributed to self-worth and identity;

'And take small steps to make you feel better about who you are, yeah, even if it is as simple as putting on make-up and going for coffee with friends, or even just - - You know, I went and did a couple of community classes where I learnt to make soap, and I did a cooking class. Those sorts of things, I could feel better about who I was, because that was what I needed. I needed to feel better about who I was.' *Carla, E3*

Women in the study also described fluctuating between coping mechanisms at opposite ends of the spectrum throughout the post-separation journey. For example; a woman completely avoiding interaction with others then socialising daily to seek connection with others. During the process of testing coping strategies many women were attempting to find balance in the strategies that were effective for them.

One woman described moving from ruminating about the relationship to using distraction to avoid any thoughts about the relationship;

'Because if I didn't do things, then I would think about things and get all messed up. So my healing process, it evolved, to becoming a very busy person' *Linda, E12*

Another woman explained feelings of powerlessness led to a desire to assume control;

'I have had a lot of feelings of feeling scared and hurt, and me wanting to be in control of the relationship came a lot from the relationship with (partner) and other incidences, but, yeah, I just focused on the relationship. I found that I always wanted to be in control of the relationship, control of my emotions. I have always had, I guess, a wall to protect me and to not fully open myself up to anyone because I am always scared of being hurt.' *Amanda, B1*

One woman described aggressiveness that presented due to a desire to be assertive;

‘On the same side, though, when I didn’t really balance it out, like, maybe at the beginning of this year or definitely late last year, I didn’t have a balance so I would get really aggressive and sort of just think that everyone was trying to almost screw me around. So I would stick up for myself but I had almost developed a real hard-core persona, so people were scared. That worked, I guess, because it kept people away, but I knew that I didn’t want to be seen like that. So I needed to do a bit more work.’ *Jenny, E10*

Due to feelings of vulnerability one woman described becoming guarded;

‘At first I resented the fact that I had become hard and I didn’t like that side of myself at all. I didn’t like that side of myself that was hard and too resilient, almost like having a shell.’ *Kylie, E11*

Women described that the helpfulness of coping strategies differed over time; although a coping strategy may be important at one stage of the post-separation journey it may no longer be useful as a woman progresses through her journey. Prior research concurs that individuals develop relational patterns of coping based on their past experiences. In certain instances or relationships such patterns may be adaptive however they may become maladaptive if used rigidly across all relationships (Benjamin, 2003). As one woman explained it helped her to avoid talking about or reflecting on the relationship initially after separation, although later in the post-separation journey it may be important to do this;

‘if I told too much and then people would relay that back to me, it would remind me too much of all that has happened, and at that point I was so gung-ho about ‘Let’s move on’ and that sort of thing that I didn’t want reminders of that’ *Edna, B5*

The participants in the study identified the use of promiscuity, alcohol or drug use as a coping strategy to assist them to ‘feel alive’, ‘fill in that empty feeling inside’, not focus on past negative experiences, occupy time, and help engage with others. It was identified that for some women such coping strategies allowed them to feel ‘noticed’, ‘loved’ and ‘accepted’ by others. Some women identified that such coping strategies could become ‘destructive’ if used too often. Similarly past research has identified that drug or alcohol use

is a common coping strategy utilised by women after IPV, with estimates of 41-80% of women who have experienced IPV also experiencing issues with drug and/or alcohol use (Clark & Foy, 2000; Stuart et al., 2002; Downs & Miller, 2002; Lipsky, 2005). One woman compared such coping strategies to continued abuse;

‘So, really, you are still actually putting yourself in abusive situations even if you are not in a relationship, and that can slow down your recovery because you are still getting abused, you know, because you haven’t found that voice yet and you haven’t found that strength.’ *Hannah, E8*

Some women also identified that the use of such coping strategies may be linked to decreased self-worth after the IPV relationship. One woman explained that having casual sex provided her with feelings of being wanted;

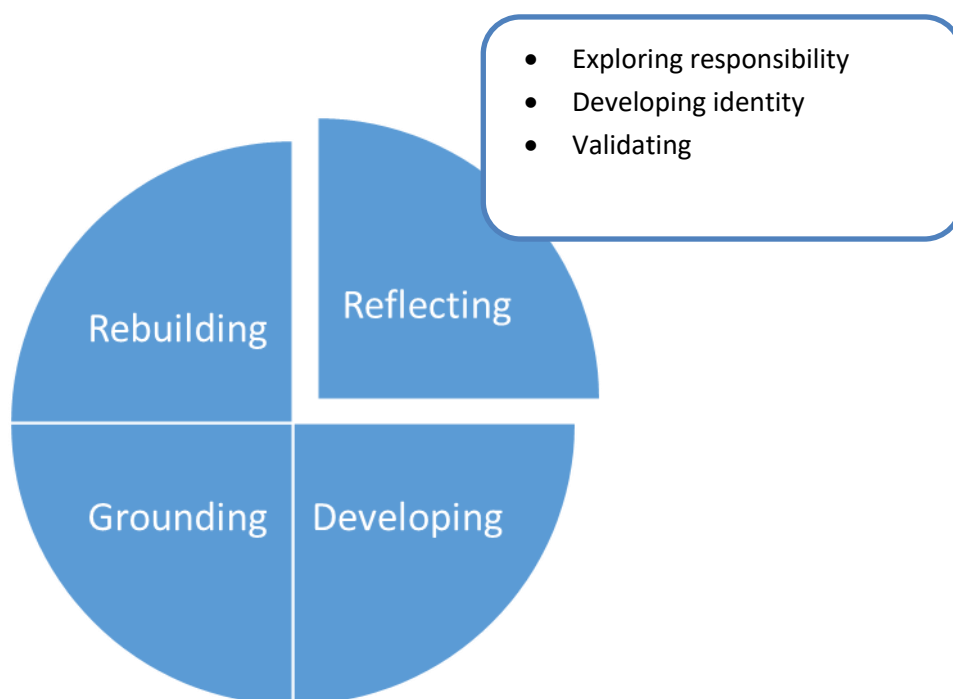
‘Having no self-worth, but then being with them made me feel kind of needed. That was it. When I broke up with him I just wanted to feel needed and wanted, and being with them, even though it was so crap, I just wanted that feeling of being, ‘Someone cares about me, even though they are so crazy’. Not feeling lonely was a huge thing, and they filled that, because they were always there.’ *Amanda, B1*

The process of coping post-separation involves exploring various coping strategies to determine which are helpful or unhelpful for a particular woman. If a woman is able to find helpful coping strategies this will have a positive influence on her wellbeing, and positively contribute to other components of the post-separation journey.

### **Reflecting**

Overall both women and formal support workers who participated in the study identified that reflecting was an important component of the post-separation journey for women. The reflecting component involved a woman examining herself and her own experiences in order to learn. In particular in the current study it was found that women reflected on exploring responsibility, developing their identity and seeking validation after

ending an IPV relationship. Engaging in such reflection was found to be linked with acceptance of IPV experiences and improved sense of wellbeing.



### **Exploring Responsibility**

The women in the study identified that an important part of the post-separation journey was exploring responsibility for past decisions, their role in the abusive relationship, and for future decisions. One part of this was recognising that a woman's future was within her control. This is a theme that has also been identified by women in previous research (Bradley & Davino, 2007; Flinck, Paavilainen, & Astedt-Kurki, 2005; Javaherian, Krabacher, Andriacco, & German, 2007; Millar & Stermac, 2000). The women in the current study reported that recognising control over their own lives gave them more responsibility to make changes to improve their life, which was often a shift from the powerlessness many women felt while in the IPV relationship. This shift occurred at different times for the women in the study; with some experiencing it while still in the relationship, others experiencing it slowly over time, or some experiencing it some time after separation.



Based on the data that emerged it appeared there were two important components of exploring responsibility; a woman accepting responsibility for her decisions and her own wellbeing, and not accepting responsibility for the abuse that occurred in the relationship. As one woman described;

‘But it is not the recovery. I think the recovery—I don’t know—is actually being okay with yourself and not beating yourself up that you made that choice. You know, ‘Okay, I made that choice. That’s alright.’ You know, forgive yourself. Don’t worry about forgiving him. Forgive yourself for it and learn from it, and I think once you start doing that - - I think my recovery happened when I went to that Maori lady who started talking about my mana, you know, and ‘Don’t wake up every morning pissed off that it happened. Wake up in the morning and say “Thank you so much for my daughter because she is gorgeous” you know’. And I think once you turn there I think that’s when the recovery process is kind of over and then you are back on your learning life.’ *Hannah, E8*

Part of this process described by women involved accepting responsibility for past decisions, forgiving self, and using what was learnt from past decisions to guide future decisions.

‘So I would say definitely the forgiveness is really, really large, like, loving myself and being okay with the mistakes I’ve made and forgiving myself for them. And definitely knowing my self-worth would definitely be a huge one because that allows me to just not take any crap.’ *Jenny, E10*

Such findings concur with previous research in that attributing blame for the abuse to self rather than the perpetrator may have a negative impact on wellbeing and sense of self (Boyd, Scharer, Baliko & Mackey, 2009; Bradley & Davino, 2007; Lynch, 2007; Meyer, Wagner & Dutton, 2010).

It was found that taking responsibility for rebuilding one’s life after separation and coping with the consequences of the relationship without relying on others positively contributed to a woman’s feelings of self-worth. As one woman stated, she felt that her own

decisions had led to her being involved in an IPV relationship so she felt it was her responsibility to rebuild her life;

‘I felt, ‘I totally got myself where I was today’ and for my own self-esteem and my own confidence and belief in myself I had to get myself back out. And it was a real struggle. It was really difficult, but I did it’ *Penny, E16*

Women described that feelings of self-worth were likely to be low as a result of the abuse during the IPV relationship. Relying on others may not assist to rebuild those feelings of worth.

‘I made it more difficult for myself because I could have just run home to mum and dad and that would have been fine. They would have been fine with that, but I don’t think that would have done anything. I was feeling bad enough as it was. I was feeling useless and weak and guilty and all those feelings of worthlessness, I guess, that I don’t think that would have helped me.’ *Hannah, E8*

Some women discussed a change in mindset; a shift from thinking about the situation in a negative way and instead trying to find something positive in it. For many women the positive aspect of the situation was their children, or what they felt they learnt from the experience. Such findings can be explained by Janoff-Bulman’s (1989; 2004) theory of adaptation following trauma which outlines that focusing on the positive aspects of an experience such as the relationship with children rather than the negative aspects of an experience is linked with better adjustment and sense of wellbeing.

Some women took initiative to expand their current knowledge and skills in order to be able to take more action in their current situation rather than rely on others.

‘going with lawyers, and they would sort of do half a job and you would sort of think, ‘Well, actually, no there is more to it than that’ so I then ended up doing a lot of legwork myself and going and finding a lot of information myself and things. And I think just by merely being able to get information, access resources, intelligence, you know. Not that I’m highly intelligent or anything. It is just that knowing ‘this

isn't good enough, so I have to do something better' so I knew how to go to a source. I would find a source, you know, and that really helped me' *Deb, B4*

Through the process of exploring responsibility women were able to reflect on their involvement in the IPV relationship to clarify the perpetrators responsibility for the abuse that occurred in the relationship, and their own responsibility for taking action in their future. This shift of control assisted in increasing a woman's sense of agency and self-worth.

### **Developing Identity**

Throughout the study both women and formal support workers acknowledged that developing identity was an important component of a woman's post-separation journey. Identity refers to an individual's sense of self; how they perceive themselves and who they believe they are, including strengths, weaknesses and characteristics (Leary & Tangney, 2003). Researchers have demonstrated that identity and self-worth can be negatively impacted on by experiences of abuse or trauma (Bonomi et al., 2006).

It was found that the workers in the current study had perceptions about how the definition of survivor and victim may differ based on outcomes post-separation, the continued involvement in an IPV relationship, and a woman's overall wellbeing. However, the women who participated in the study identified that there was not a clear distinction between victim and survivor. The women in the study varied in their perceptions of themselves. Some considered themselves as having issues with identity and self-worth prior to the IPV relationship, some viewed themselves as a victim while in the relationship;

'So in that way I sort of healed myself a lot through that and began to understand where I was coming from and the part I played in it. Before then it was like, yes, I did see myself as a victim back then, but then when I learnt how I played the part in it, I wasn't the victim.' *Gina, B7*

Whereas some believed that their identity and self-worth were ‘damaged’ as a result of the abuse during the IPV relationship, and others recognised they were in essence a survivor whilst in the relationship;

‘I mean I’m sure I might have been strong when I was in the relationship, but I saw myself as very little and small, like that. But, yeah, I suppose I have had to be strong. It is the only way you survive, and I’m still a survivor. I have still got a lot to do.’

*Helen, B8*

Such findings emphasise the importance of respecting women’s choice of language, as the terms women identify with appear to differ depending on the individual. The representation of women as ‘victims’ and ‘survivors’ in the literature is debated, as the use of such terms has significant implications for the attitudes and actions of individuals in the community, of the women and the perpetrators, and of those who work in the area (Dunn & Powell-Williams, 2007). The dichotomous view of a woman as either a survivor or victim presents issues within the way IPV is constructed as an issue within society, and has an impact on the perceptions of women who have experienced IPV. Dunn (2005) suggests that a woman is both a victim and a survivor; that a woman is not responsible for abuse directed towards her but that she is active with the use of survival strategies to resist abuse, to grow, and to build a life for herself and her children.

It was found that the process of developing identity post-separation involved incorporating the experiences of IPV into a woman’s understanding of herself. The incorporation of experiences into sense of self is a process reported by individuals in prior trauma research (Burke, Stets, & Pirog-Good, 1989; McCann & Pearlman, 1990; Phillips & Daniluk, 2004; Raphael & Meldrum, 1994; Wuest & Merritt-Gray, 1999). Many women in the current study expressed difficulty in recognising themselves as ‘one of those women’; a ‘battered’ woman. For these women their perception of themselves did not fit with how they perceived other women who had experienced IPV. The participants in the study as well as

additional researchers highlight that there is a significant degree of shame and stigma associated with identifying as a woman who has experienced IPV (Flood & Pease, 2009; Lievore, 2003). The acceptance of IPV experiences may assist to reduce women's feelings of shame.

Prior research examining the impact of shame on individuals who have experienced trauma has linked shame with reduced self-worth and long-term wellbeing, as well as impacting on an individual's core perception of themselves (Wilson, Drozdek, & Turkovic, 2006). Women who have experienced sexual abuse in an intimate relationship have been found to have higher levels of shame compared to women who experienced other forms of abuse e.g., physical abuse (Howard, Riger, Campbell, & Wasco, 2003). Often shame is a tool that perpetrators have used through the relationship in order to maintain control, therefore continued feelings of shame after the end of the relationship contribute to the negative impact on a woman's self-worth and wellbeing, and increase the prevalence of PTSD symptoms (Wilson, Drozdek, & Turkovic, 2006).

Some women explained that during the relationship they perceived themselves as an extension of their partner. Women who felt that their identity and self-worth were dependant on their ex-partner had to rebuild their identity after separation.

'I learned that I had no self-worth or very little self-worth. I saw myself through him, so I always had to look good. I always had to behave well. My self-esteem was actually through him.' *Beth, B2*

Some women referred to feeling as if they had lost parts of themselves through the relationship;

'I felt like everything out of me had been drenched out. I felt like a dried out sponge, really, and I had to feed that sponge again and rehydrate it.' *Kylie, E11*

For some women the impact of the emotional abuse that occurred during the IPV relationship was a barrier to developing a positive perspective of themselves after

separation. As identified in prior research it is common for the impact of abuse to continue to have a negative impact on a woman's self-worth and identity after separation (Bennice, Resick, Mechanic, & Astin, 2003).

'I haven't even spoken to him in almost five years and he used to say to me, 'You are a useless ugly stupid lazy fat pommy slut' and I can remember that as though he had said it to me this morning. And I still have a lot of issues around my self-worth and my self-confidence.' *Faith, B6*

Self-worth may be impacted on by experiences prior to the IPV relationship as well as during the IPV relationship. Part of developing identity after separation for the women in the study included learning that self-worth was not dependent on others.

'And I mean my life doesn't depend on affirmation from somebody else anymore. I feel okay about who I am. It has taken a long time for me to get there, because I don't think I was there when I first entered this relationship.' *Kylie, E11*

Following traumatic experiences an individual's understanding of the world is challenged. In particular a woman's schemas regarding safety, trust, power, esteem and intimacy in relation to self and others will be influenced by experiences of IPV (McCann, Sakheim & Abrahamson, 1988). The adaptation of schemas to assimilate but not be dominated by experiences of IPV into an individual's understanding of themselves and their world is linked with positive psychological adjustment or Post-Traumatic Growth (Janoff, Bulman, 2004). Research over time has demonstrated that an individual incorporating their experiences into their sense of self and the world is an important component of healing following trauma (Bradley & Davino, 2007; Channer & Bukowski, 2007; Flinck, Paavilainen, & Astedt-Kurki, 2005; Lynch, Keasler, Reave, Millar & Stermac, 2000; Madsen & Abell, 2010).

## Validating

It was common for the women in the study to seek validation regarding their IPV experiences from others as well as from themselves. Validation can be defined as having one's own emotions and experiences accepted and understood by another person (Allen & Leary, 2010). The literature demonstrates that validation increases self-esteem, facilitates the regulation of emotions, increases focus on goals, improves relationships, and contributes to identity (Linehan, 1997). In the current study it was found that women would seek validation of their positive and negative emotions about the relationship, to justify their decisions regarding the relationship and to confirm they were not responsible for the IPV. Women in the current study sought validation from various sources.

The women in the study identified that it was an important part of the post-separation journey to learn to validate their own experiences and emotions rather than seek validation from others.

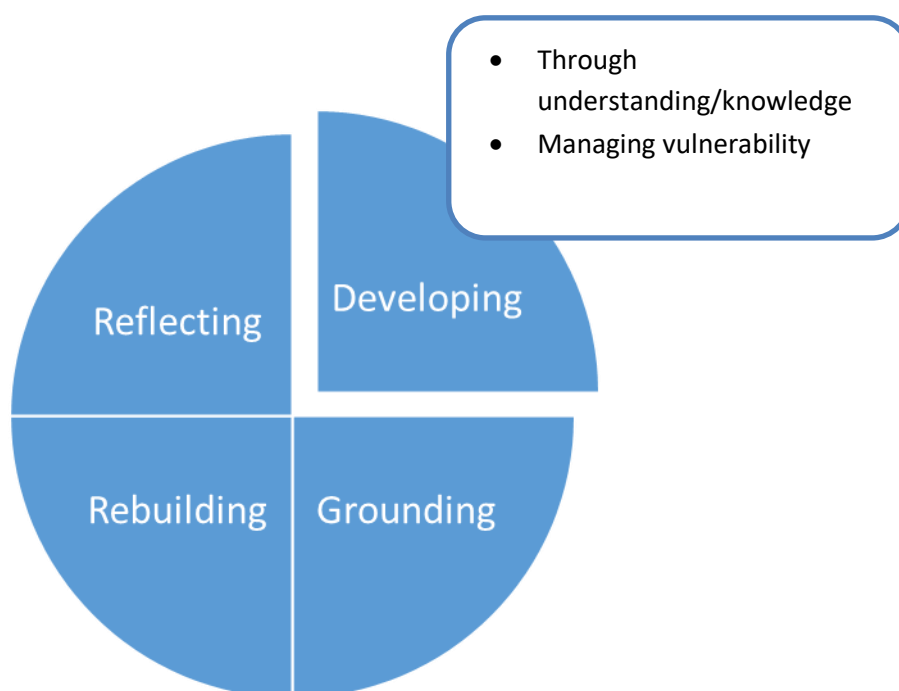
‘I had to sort of really validate, ‘No, it was horrible for me and it was bad for me’  
*Jenny, E10*

Self-validation in the literature has been explored as a particularly significant factor in coping and adaptation (Linehan, 1997). The significance of self-validation compared to receiving validation from others is that an individual learns to accept their own internal experience without relying on the acceptance of others. This assists an individual to build an identity or ‘solid self’ that will remain stable despite changes to context, emotions, thoughts, or relationships. As referred to by Murray Bowen the ‘solid self’ is explained in the context of self-differentiation; that an individual has a clear sense of who they are even within relationships with others. Self-validation is also related to self-compassion (Neff, 2009). Earlier researchers have demonstrated that self-compassion improves identity, self-worth, coping, empathy for others, pro-social behaviours, and long-term wellbeing as well as

reducing PTSD symptoms (Allen & Leary, 2010; Humbert, Bess & Mowry, 2013; Lindsay & Creswell, 2014; Sbarra, Smith, & Mehl, 2012; Thompson & Waltz, 2008).

### **Developing**

The developing component of the post-separation journey focuses on the personal growth that occurs for a woman after leaving an IPV relationship. For some women this may involve an aspect of healing or recovery, for others they perceive themselves as having been changed by their experiences of IPV but not able to return to the person they were prior to those experiences. The two processes in this component, developing through understanding or knowledge and managing vulnerability, were both found to contribute to a woman's individual development and contribute to long-term wellbeing post-separation.



### **Through Understanding/Knowledge**

Many women and formal supports described the desire of women to better understand their experiences, which led to seeking knowledge through formal and informal avenues. The desire to better understand their involvement in an IPV relationship has also been identified as a focus of women in prior research (Javaherian, Krabacher, Andriacco, &



German, 2007; Landenburger, 1998). In the current study common areas women sought to better understand included information about IPV in general, about men who use IPV, about women who have been in IPV relationships, and about the impact of IPV on children.

Women described that increased understanding and knowledge regarding IPV facilitated personal development.

Some women in the study identified that increased understanding and knowledge allowed them to consider their experiences from different perspectives, including from the perspective of the ex-partner;

‘I’m finding it [studying] really helpful because some of the stuff that comes out, it immediately takes me back and it reminds me that, you know, ‘it is not your fault’ or, like, certain instances, ‘that’s not your fault because this is the way he was probably thinking at the time’, by listening to the guys talk about how they think in their own situations, like, what makes them do what they do’ *Edna, B5*

Some women found that by seeking further knowledge and understanding they were able to avoid shame while still learning about their own experiences through the experiences of others.

‘And then when it was my relationship I just veered away from it for a while because it was a bit shameful. But it was really healing to do lots of assignments and research reports and stuff about domestic violence when I was studying’ *Helen, B8*

Women in the study who had prior professional or personal experience with IPV identified high levels of self-blame, difficulty disclosing IPV, and difficulty understanding their involvement in an IPV relationship. As one woman explained she blamed herself more due to the prior knowledge she had regarding IPV and the belief that she should have known better;

‘And I think sometimes we are very hard on ourselves, especially if we have got some knowledge, and I was always really hard on myself. I was beating myself up all the time about the damage I was doing to the children and all sorts of things, the

damage I was doing to my health and all sorts of stuff like that. And sometimes I thought if I had not known as much I probably wouldn't have been so hard on myself, which made it harder dealing with that guilt as well.' *Kylie, E11*

The participants in the study emphasised that the process of seeking understanding and knowledge can occur over many years, and some women believe that it continues through the lifespan.

'So there was a period of 6-7 years of me healing and finding ways of answers. Not necessarily answers to the questions that I wanted, but answers to move on, to move forward.' *Linda, E12*

It was identified that talking with informal or formal networks assisted women to gain a better understanding of their experiences.

'talking about it with my friends, you know, why things happened the way they did, why I was there, what made me stay, what made me leave, talking to other people who had been through the same thing as what I did'. *Olive, E15*

Not seeking knowledge or information about IPV experiences was found to be a significant regret of women in prior research after separation (Fry & Baker, 2001). A better understanding of experiences of IPV may assist women to address feelings regarding the relationship and influence their decisions regarding the relationship.

### **Managing Vulnerability**

Vulnerability can be defined as the risk of an individual being psychologically or physically wounded. The process of managing vulnerability across the lifespan was identified by participants as significant to self-development and long-term wellbeing. It was found that women described feelings of vulnerability before, during, and after the IPV relationship. Each woman was found to differ in her perceived level of vulnerability, but all women reported that feelings of vulnerability fluctuated over time. It is important to note that research suggests that each individual's psychological response to trauma will be unique (McCannm Sakheim & Abrahamson, 1988). Therefore, the information provided may not be representative of all women's experiences. Women in the study recognised that if

vulnerability was not managed there was increased risk of becoming involved in situations that may be detrimental to wellbeing.

Some women in the study identified that they were highly vulnerable prior to the IPV relationship. This may have been due to prior trauma or negative life experiences. The presence of risk factors such as a history of family dysfunction, difficulty coping, and low socio-economic status increase the risk of a woman experiencing IPV (Briere & Jordon, 2004). In addition it is theorised that multiple trauma has a cumulative effect; that prior trauma can increase the risk of experiencing additional traumatic events as well as increase the likelihood of psychological difficulties after the experience (Meichanbaum, 2008).

‘You know, you don’t go in as a strong person. Well, I don’t think so. I think you are already a victim before you go in. And then things happen so quickly and, before you know it, it is six months down the track and suddenly your first bit of violence happens.’ *Hannah, E8*

Many women reported increased feelings of vulnerability initially after separation that impacted on quality of life;

‘I would not leave my house. I would not go out on the weekends. I was just petrified. I hated who I was. Like, I really did not like myself. I felt ashamed, like, embarrassed. I wasn’t ready to face anyone really. And I was just consumed with fear.’ *Jenny, E10*

The impact of the abusive relationship on a woman’s sense of self-worth can continue after separation. Women in the study identified that increased vulnerability after separation increased the risk of becoming involved in additional unhealthy situations. One woman labelled this the ‘danger stage’;

‘you come out of it really vulnerable, really vulnerable and not thinking much of yourself, which can lead to really vulnerable things happening again, so I think that is a really dangerous stage actually. I think there is a danger stage. There is definitely a grief stage, but I think the danger stage stays there for probably a good couple of

years, because you really are quite damaged goods, for want of a better statement.’

*Hannah, E8*

Women also identified that judgement by others after separation increased feelings of vulnerability. Such findings are consistent with prior research that identified that support from others is significant in preventing re-victimisation (Kujipers, van der Knaap & Lodewijts, 2010).

‘whilst I am trying to do the best that I can with a difficult situation, other people’s judgment of me is incredibly damaging, incredibly damaging’ *Faith, B6*

It was found that without managing both the vulnerability prior to, and as a result of, the abusive relationship there was an increased risk that a woman would become involved in other vulnerable situations e.g., another abusive relationship, casual sex, drug or alcohol abuse.

‘Until you are thinking like that again you are going to actually cop a fair amount of abuse, whether it be sleeping with people that you don’t think about or you don’t realise that you are getting in that situation and in that situation then you don’t have that voice to be able to get out. That was probably the hardest thing for me is that I had got out but I didn’t have that voice, so I was still vulnerable... Yeah, I look at it now and I think I was allowing myself to be abused for another couple of years once I got out of that relationship. And I thought I was in control, but I wasn’t. I wasn’t. So, yeah, the intimate violence stops but you still allow yourself to be violated for a lot longer once you are out of that relationship.’ *Gabriel, E7*

Prior research indicates that vulnerability following IPV or other forms of trauma can lead to re-victimisation; by the ex-partner, a new partner or by another individual. Out of 110 women surveyed a year after ending an IPV relationship, 97 % reported at least minor violence, with some women reporting severe violence or sexual abuse (Baker, Cook & Norris, 2003). Many women in the current study reported post-separation violence involving their ex-partner, and some described unhealthy relationships or abuse from new partners. The risk of re-victimisation has been found to be associated with the characteristics of the

IPV, individual psychological factors, and resilience (Foa, Cascardi, Zoellner & Feeny, 2000). Factors such as severity or frequency of abuse, perceived threat, mental health issues, or substance use have been linked with increased risk of re-victimisation. In contrast optimism, good physical health and social support were found to reduce the risk of re-victimisation (Kujipers, van der Knaap & Lodewijts, 2011).

Women identified that the hypervigilance to risk established while in the IPV relationship continued for many years after separation. Hypervigilance began to reduce as women began to feel safe again.

‘You are trying not to be re-triggered, you know. I’m trying to think when that even changed. I don’t remember, but slowly it does. But the funny thing is you do notice it when it does. Somewhere when you are not re-triggered by footsteps, when actually suddenly there is this, not a light feeling, but - - I don’t know what, I have been trying to think what causes that to stop that or to change that, and I’m not sure. It would be a while, quite a while. It would have been six years to still be, quite easily. I wouldn’t have even been able to really done much within six years, and then probably another couple of years. So, yeah, six to eight years it would take to really get that, and even then a situation might occur and you might just go, ‘Oh!’ and re-trigger or something. So it does take a while, particularly if it has been over a length of time.’ *Ingrid, E9*

Women in the current study identified that feeling safe was an important indicator of wellbeing post-separation, although for many women it took a long time to achieve;

‘I had finally got there and that I was safe and that he couldn’t get to me anymore.’  
*Kylie, E11*

### Summary

The first chapter of results presented the model of a women’s journey after leaving an IPV relationship which consists of four components that each comprise of individual processes that contribute to a woman’s acceptance of her experiences and development of a sense of wellbeing post-IPV. Prior research, as well as participants in the current study

identified that external factors influence women's individual processes post-separation. The inclusion of formal support workers and women with personal and professional experiences of IPV served to expand on the data that emerged from women to explain the influence of wider systemic factors on women's post-IPV experiences, which will be explored in the next chapter. The findings from the current study highlighted that although the post-separation journey is unique for each woman there were common individual processes that influenced long-term wellbeing. These individual processes were influenced by that individual's interactions with other people, situations, services, community and the cultural context. As a result, the second chapter of results will position the individual journey of women within the larger systems using an ecological perspective.

## **CHAPTER SEVEN: THE POST-SEPARATION JOURNEY IN THE CONTEXT OF AN ECOLOGICAL PERSPECTIVE**

### **Overview**

This chapter will present the second part of the results of the current study by positioning the post-separation journey of women in the context of an ecological perspective. The purpose of this chapter is to explain the external processes that participants identified as influencing women's post-separation journeys. A woman's post-separation journey is an individual process that is influenced by bi-directional interactions between an individual and other people, situations, services, community and the cultural context. In order to better understand how the interaction between a woman and her environment influences long-term wellbeing post-separation the findings will be organised and explained using Bronfenbrenner's ecological systems theory. In the following chapter I will outline the factors in the microsystem, mesosystem, exosystem, macrosystem and chronosystem identified in the current study as influencing women's post-separation journeys and consequently their long-term wellbeing.

### **The Post-Separation Journey in the Context of an Ecological Perspective**

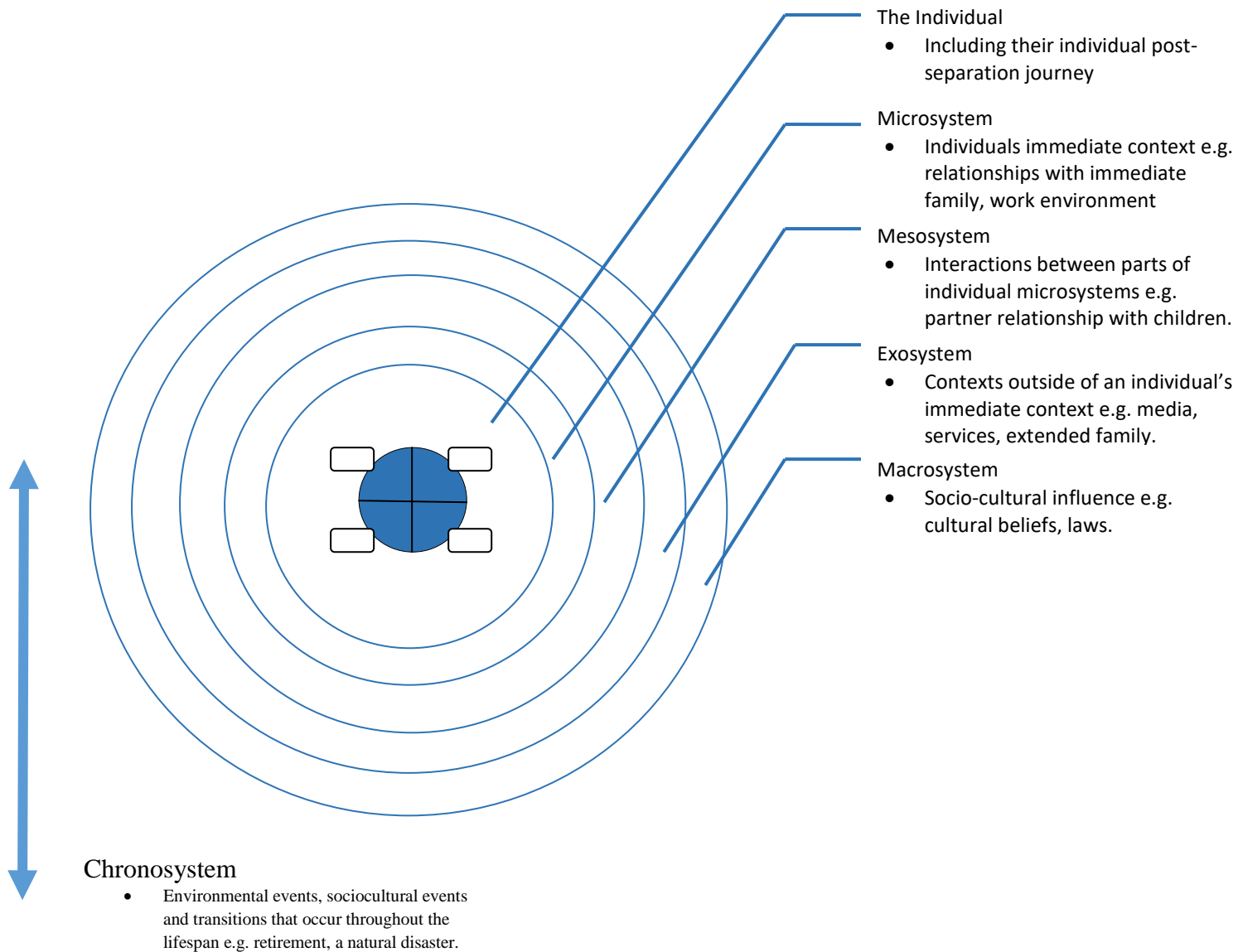
A common finding in IPV research is that a woman's IPV experiences are influenced by her interactions with other people, situations, services, the community, and cultural context. From the beginning of a woman's journey when she first becomes involved in an IPV relationship until long after separation, a combination of internal and external factors influence her experiences across time. Although prior research has highlighted the important role that external factors have in a woman's experience of IPV, rarely have formal supports been involved in the research directly. It emerged from women who participated in the current study that formal supports were an important influence within their post-separation

experiences, hence it was considered important to include formal support workers in the current study to examine their understanding of women's post-separation journeys. Formal support workers may vary in their goals or approach to assisting women but are crucial in facilitating positive wellbeing for women after separation. However, formal support workers are only one aspect of the influences from the wider context. Therefore, the findings of the current research will be examined using an ecological framework, to consider the bidirectional influences between an individual and the environment.

Prior research has demonstrated the effectiveness of using an ecological framework to enhance the understanding of how social issues occur in communities, how they are maintained by a variety of subsystems, and to identify possible areas of intervention (Carlson, 1984; Dutton, 1996; Riger, Raja & Camacho, 2002). In the diagram below the individual, including their post-separation journey, is represented at the centre of the model as there is a bidirectional influence between an individual's experiences post-separation and the systems in which such experiences occur. The ecological systems theory developed by Bronfenbrenner identifies that individuals' experiences differ depending on an individual's interactions with the microsystem, mesosystem, exosystem, macrosystem and chronosystem. In the ecological systems theory it is considered that an individual influences systems as well as being influenced by them. Bronfenbrenner later developed the model further to consider biological influences on individuals, as well as increased emphasis on processes and time; thus developing the Process–Person–Context–Time Model (PPCT). The PPCT model emphasises that 'proximal processes' are the processes between a person and their environment that lead to development. Two central 'propositions' outline the significance of the proximal processes. The first outlines that development results from complex interaction between an individual and their environment, while emphasising that an individual is constantly evolving over time. The next outlines that the form, power, content, and direction



of the proximal processes will differ based on characteristics of the developing person, of the environment, the nature of the developmental outcomes, social changes occurring over time and the historical period during which the person has lived. The PPCT model highlights the importance of understanding a person's development within environmental systems. It further explains that both the person and the environment affect one another bi-directionally. Such theory highlights the relevance of understanding a woman's individual processes within the post-separation journey in the context in which they exist. Within the current research participants identified interactions in each of the systems identified by Bronfenbrenner, which they considered to influence a woman's post-separation experiences and consequently their long-term wellbeing. In the following section I will outline the influences identified by participants within each system.



*Figure 4.* The position of the post-separation journey of women within the context of Bronfenbrenner's Ecological Systems Theory

### **Microsystem; Individuals' immediate context and relationships.**

Within the current study women and formal support workers identified that interactions between a woman and the perpetrator, their children, family, friends, colleagues, employment and additional intimate partners were significant within the post-separation journey. In addition some women sought the opportunity to assist other women with IPV experiences, as part of their post-separation journey. For some women this included being employed as a formal support worker assisting men, women or children with experiences of IPV.

#### **Employment**

The women in the study discussed the impact that IPV had on their employment; describing that experiences of IPV impacted on their ability to function in the workplace, negatively impacted on relationships with colleagues, and that IPV sometimes directly occurred in the workplace. Women in prior research have also identified concerns about safety in the workplace or fear of disclosing IPV to employers (Javaherian, Krabacher, Andriacco & German, 2007). Some women identified support from colleagues and workplaces as significant in assisting them to make decisions regarding the relationship, and reported that ongoing support contributed to positive post-separation experiences. Such findings provide further evidence for the claims of prior research that emphasise the need for support in places of employment (Bowman & Rich, 2005; Helfrich & Rivera, 2006; Pollock et al., 2010; Swanberg, Macke & Logan, 2005; 2007). Prior research has indicated that support such as increased work flexibility, Employee Assistance Programs, employment skills training, and collaboration with IPV related services can improve outcomes for women experiencing IPV (Bowman & Rich, 2005; Helfrich & Rivera, 2006; Pollock et al., 2010; Swanberg, Macke & Logan, 2005; 2007). Women in the current study identified that a lack of employment support contributes to stress and increases the risk of job which consequently

has a negative impact on a woman's financial position as well as her self-worth. As one woman said;

‘It is when you are sitting around on a benefit or just doing nothing that is just so detrimental on so many levels.’ *Melanie, E13*

### **The partner from the IPV relationship**

Many women in the current study identified that interactions with their ex-partner impacted on their post-separation journeys, and ongoing wellbeing. In addition, some women reported that their individual processes influenced their ability to manage a relationship with an ex-partner. Some women described that initially after separation they felt that the ex-partner still had a strong presence in their life;

‘When I get dressed now I like constantly analyse my clothing now. I think, ‘What are people going to think of me if I wear that?’, whereas before I used to just get dressed. It's crazy to have him there still in my head like that. I'm still right now sort of like, ‘Oh my God! Is it ever like going to change?’ you know. I know time does make it get better. Like, I do know that, but.’ *Melanie, E13*

In some circumstances women in the study reported that the relationship with their ex-partner was able to evolve after separation. The possibility of women continuing a relationship with an ex-partner after separation has not often been researched in the context of IPV. It is important to note that for many women in the study this was not possible due to safety concerns. However, some women reported that the relationship with the ex-partner evolved over time to allow them to rebuild a life without fear or abuse, in which men who were fathers could still be involved in children's lives. General research regarding parenting after separation indicates that a positive co-parenting relationship leads to positive outcomes for children (Johnston, Kline & Tschann, 1989; McIntosh & Chisholm, 2008; McIntosh, Smyth, Kelaheer, Wells & Long, 2010; Smyth, 2004; Trinder, Beek & Connolly, 2002). The evolving of the relationship with the ex-partner may assist women to negotiate their children's continued relationship with their father. As prior research and the current study

indicate various factors will influence whether the evolving of the parental relationship is possible for a particular family (Scott & Crooks, 2007; Stanely et al., 2012). Prior researchers have suggested that when women continue contact with an ex-partner regarding children or property they learn to set new boundaries which increase confidence in managing the perpetrator (Wuest & Merritt-Gray, 1999). Although it was more common for women with children to report a continued relationship with the ex-partner, some women without children reported a continued relationship with the ex-partner in order to maintain a friendship. This appears to be a new finding, as although previous literature has explored IPV relationships that continue to be abusive after separation there was no identified research regarding women who remain connected with perpetrators in more positive ways post-separation.

An important aspect of the evolving of the relationship was that the partner was no longer able to control the woman or her situation. Women in the study explained that the evolving nature of the relationship with their ex-partner was a process that occurred over a long period of time. As one woman explained her relationship with her ex-partner was able to improve as a result of her own self-growth after separation e.g., ‘he can’t get to me anymore’;

‘I have got a relationship with him now where we can talk and we can share family get-togethers and things like that, because I’ve moved on. He can’t get to me anymore. And for the sake of the children, even though they are adults, it is nice to have that sort of sense that there is no animosity happening there anymore. But it has been a long journey, as with all of those stories that you get with these sorts of situations. And it is a complex web of control.’ *Kylie, E11*

As one woman summarised she saw both positive and negative aspects of continuing a relationship with her ex-partner after separation. As the woman continued to make sense of her own experiences the continued relationship with the ex-partner became easier to cope with;

‘I don’t think I will ever stop dealing with that, because I still have to have a relationship with my ex-husband. I don’t have to. I could refuse to see him, but we do have a shared history and there are still times that we can laugh about things and reminisce about things that are family things. There is a certain comfort that I have in relating to him. It is absolutely I would never ever go back to any sort of intimate relationship with him or anything like that. It just feels like an acquaintance or a sort of friendship, but nothing more than that. I don’t feel any hatred for him. I don’t feel any love for him. It is like there are no intense emotions there at all, and that is a good comfortable place to be.’ *Eliza, E5*

In some cases women reported that the relationship with their ex-partner evolved to the point where they were able to be a support for the ex-partner e.g., accompanying him to a funeral for emotional support.

Some women in the current study continued to seek validation from the ex-partner, though in different ways. This researcher is aware that such a findings has been reported in only one other study. Boyd, Scharer, Baliko and Mackey (2009) found that some women in their study pursued their ex-partner to discover how he was treating his new partner. The women used such information to attribute blame and responsibility; if the ex-partner was treating his new partner with respect then she felt the abuse was her fault, but vice-versa if he continued to be abusive towards women then she felt justified that he was to blame (Boyd, Scharer, Baliko & Mackey, 2009). Some women in the current study also identified that a lack of change in the ex-partner’s behaviour validated their decision to end the relationship. In other cases women said that separation assisted them to realise that the relationship would not have been satisfying even if the abuse had stopped, which they felt validated their decision to leave. And some women found that reflecting on the relationship with the ex-partner validated that there were some positive aspects to the relationship.

‘used a few months to just see what he had to say, and I think what he had to say, although it was rubbish, I needed to hear it, which was, ‘You were the best thing that has ever happened to me. I made a big mistake. If you ever came back I would be

here. I can't move on. I can't see myself with anybody new.' So it let me know or it made me feel like I wasn't stupid. He did love me. There was a real relationship and connection, and that it was reasonable for me to want to try and work on that relationship for so long'. *Helen, B8*

### **Children**

Similar to prior research the current study identified that women's children were an important consideration while in the IPV relationship as well as post-separation (Messing, Mohr & Durfee, 2012; Moe, 2009). The factors participants identified as important included risk to the children's physical safety, inability to be able to meet the basic needs of children (e.g., no accommodation or money for necessities), and inability to control or manage the influence of the partner or the risks to the children if he were to spend time with the children alone after separation.

Consistent with results obtained from other studies many women in the current study expressed the belief that they were better able to manage the safety and wellbeing of the children if they remained with the partner, whereas what might occur post-separation was unpredictable (Bell, Goodman & Dutton, 2007; Butts Stahly, 2000; Peled et al., 2000; Rhodes & McKenzie, 1998). Women were more likely to end the IPV relationship if the children were involved in a violent incident, appeared to be impacted upon by the IPV, were older, or gave the woman permission to leave;

'The final step was the kids saying, 'You don't have to stay. You don't have to stay for us anymore. You know, make your own life' basically, and that was it.' *Kylie, E11*

Even after women in the study made the decision to end the IPV relationship their relationships with their children were an important focus. Women prioritised the needs of their children but also found that the impact of the IPV relationship sometimes influenced their ability to be emotionally available and supportive for their children. These women

expressed that not being able to address their own emotional trauma led them to feel less able to address the emotional needs of their children. As one woman described;

‘But I um couldn’t help her [daughter], because I was so buried in my own pain at that stage.’ *Linda, E12*

In addition, women in the current study as well as in prior research discussed that prioritising the needs of the children exhausted many of their physical and psychological resources (Javaherian, Krabacher, Andriacco & German, 2007; Wuest & Merritt-Gray, 1999). Women who felt occupied by caring for their children felt they had less resources to invest in self-development, leisure activities or other relationships. Carpiano (2002) concluded that women who have children may take longer to recover from experiences of IPV due to the increased demands of ongoing support that children may require due to the impact of IPV.

In contrast, some women in the study also identified that children were a source of strength and motivation to rebuild after separation (Javaherian, Krabacher, Andriacco, & German, 2007). For the benefit of children many women in the study felt they must make positive changes and continue moving forward with their post-separation journey (Wuest & Merritt-Gray, 1999). Hage (2006) commented that a woman’s identity as a mother was a strong source of strength and self-worth for the women who participated in her research. It was also found that children may become a source of support for women, especially teenagers or adult children (Davis, Taylor & Furniss, 2001).

### **Informal supports**

Often during an IPV relationship women become isolated or disconnected from family, friends, and social supports over time. Prior research has identified that investing in relationships with informal supports, such as family and friends, after separation is important for women as support networks are crucial for healing (Bradley & Davino, 2007; Flinck, Paavilainen & Astedt-Kurki, 2005; Lynch, Keasler, Reaves, Channer, & Bukowski,



2007; Madsen & Abell, 2010; Millar & Stermac, 2000). Being able to connect with others, trust others, and build satisfying relationships has been identified by researchers as indicators of healing or recovery post-separation (Bradley & Davino, 2007; Farrell, 1996; Humbert, Bess & Mowry, 2013; Lynch, Keasler, Reaves, Channer & Bukowski, 2007).

‘Just having that safety network around me is really important because they are my rocks now. If I need to fall back on someone, I can always rely on them to be there. I don’t need that boyfriend to be there anymore.’ *Amanda, B1*

Some women in the study identified that it was difficult to invest in other relationships after separation due to the psychological impact of the IPV relationship. As outlined by Riger, Raja and Camacho (2002) IPV has a first order effect on the woman who experience it but also has a second order effect impacting on a woman’s ability to connect with others and a third order impact on individuals in the woman’s network that were influenced by the IPV indirectly. This has implications for how a woman begins to build relationships with informal supports following separation, and the challenges she may have in doing so.

As the women in the study discussed their relationships with friends and family it became apparent that they experienced certain approaches to support after separation as helpful and others as unhelpful. This is consistent with prior research findings that indicate that the responses from family, friends, and the community are linked with women’s outcomes e.g., the more unhelpful women perceive the responses from informal supports the more likely women are to experience negative outcomes (Bybee & Sullivan, 2005; Goodkind, Gillum, Bybee, & Sullivan, 2003; Goodman, Dutton, Vankos & Weinfurt, 2005; Goodman & Smyth, 2011; Sullivan 2011; Troter & Allen, 2009). The unhelpful and helpful strategies of informal supports identified by women and formal support workers who participated in the study are outlined below. Such findings may assist informal supports to better respond to women’s experiences of IPV.

Table 9

*Perceived helpful and unhelpful responses from informal supports regarding IPV as identified by participants.*

<b>Perceived helpful responses</b>	<b>Perceived unhelpful responses</b>
<ul style="list-style-type: none"> <li>• Giving permission to end the relationship</li> <li>• Reminding of reasons for separation</li> <li>• Non-judgemental</li> <li>• Financial support</li> <li>• Building safety network</li> <li>• Clear and honest advice</li> <li>• Allowing space to 'whinge'</li> <li>• Helping identify &amp; prioritise needs</li> <li>• Respecting own decisions</li> <li>• Not pushing personal opinions</li> <li>• No 'I told you so'</li> <li>• Minimizing negative talk about ex-partner</li> <li>• Asking rather than telling</li> <li>• Brainstorming</li> <li>• Identifying changes to woman's wellbeing or mental health</li> <li>• Others to discuss own experiences of IPV, especially parents</li> <li>• Assistance to physically remove woman from environment</li> </ul>	<ul style="list-style-type: none"> <li>• Reluctance to get involved during critical violent incidences e.g., neighbours not answering the door, others not intervening</li> <li>• Negative attitudes towards IPV</li> <li>• Dismissing positive feelings towards ex-partner</li> <li>• Dismissing seriousness of IPV</li> <li>• Lack of comfort</li> <li>• Pressure to take action</li> <li>• Avoidance of discussions about the relationships</li> <li>• Not showing concern when a woman's wellbeing or mental health deteriorates</li> </ul>

Women identified that it was necessary to assess which relationships with informal supports were positive in order to prioritise which relationships to invest in. Prior research has emphasised the negative impact that IPV has on a woman's relationships, as well as the positive impact that informal supports have on long-term wellbeing thus highlighting the importance of women beginning to invest in positive relationships post-separation (Carlson, 1984; Dutton, 1996; Riger, Raja & Camacho, 2002). Many women in the study discussed ending relationships with people they experienced as unhelpful, focusing on improving the relationship with their children, reconnecting with family or friends that they had been

distanced from as a result of the IPV relationship, seeking out new connections with women with similar experiences, and seeking out other new friendships.

### **Intimate relationships**

Many women in the study discussed investing in a new intimate relationship. It was found that new intimate relationships were sometimes difficult due to the impact of the IPV relationship, but that new partners were also a significant source of support. Some of challenges of investing in a new intimate relationship included being more reactive towards their partner, being ‘over-sensitive’ to issues in the relationship, feeling ‘damaged’, feeling ‘scared and hurt’, a desire to ‘control’ the relationship, being ‘overpleasing’ towards partner, keeping emotionally distant from partner, over-apologising, seeking ‘permission’, feeling reluctant to engage in intimate affection, being ‘distrustful’ and ‘cautious’, feeling unlovable, and being hyper-vigilant to risk. One woman summarised the impact of the emotional abuse on her future intimate relationships;

‘It was like the wounds that the words he had used had caused me were just festering. It was like all these little jabs and little digs at me and that kind of thing were like sticking pins into a voodoo doll, and those had festered, and I think to some extent they probably are still festering because the relationship that I ended this year had lasted for years. He would tell me that he loved me and all that kind of stuff but I was just looking at him going, ‘I don’t even believe in love anymore’. Like, ‘Whatever!’’ *Faith, B6*

There has been minimal research exploring women’s experiences in intimate relationships after leaving an IPV relationship (Neustifter, 2009). The research that does exist has shown that non-violent intimate partners post-separation can be a significant source of support for women in their post-separation journey (Coker, Smith, Thompson, McKeown, Bethea & Davis, 2002). Research conducted with 11 women who had experienced IPV but were currently in a non-violent relationship identified a process of transitioning from the

IPV relationship, to being single, then beginning a new intimate relationship (Neustifter, 2009). Prior experiences of abuse or trauma are likely to impact on schemas about relationships, which continues to influence an individual's future interactions with others (Valdez, Lim & Lilly, 2013). Over time schemas will continue to be adapted based on experiences, therefore the patterns of relating to others that were developed during the IPV relationship may eventually be adapted based on positive experiences in new relationships (Bulman, 2004; McCann, Sakheim & Abrahamson, 1988).

Some women post-separation were able to reflect on and recognise individual patterns of relating to others. Women identified this as an important component of being able to improve patterns to develop more satisfying relationships with others in the future. Understanding past patterns of relating to others can reduce the risk of victimisation with an ex or new partner (Lynch, Keasler, Reave, Channer & Bukowski, 2007; Woodtli, 2001). Learning to enforce clear boundaries in relationships was identified by participants in the current study as an important component of women's post-separation journeys (Laing, 2010). Farrell (1996) stated that women being able to develop and maintain boundaries that were flexible depending on the situation or relationship was an indication of healing after an IPV relationship.

The definition of an unhealthy relationship differed between participants. Through reflecting on past experiences women in the study were able to begin assembling their own understanding of what patterns they consider unhealthy in an intimate relationship.

‘I think it got to the point where I realised that this technique of trying to have love and companionship and that sort of stuff was, you know, not healthy and definitely not working’ *Edna, B5*

The women in the study explained that patterns of relating to others may have been problematic prior to the IPV relationship, and may have continued after the IPV relationship.

‘I suppose I was pretty worn down before I went into the relationship because I had been through a lot of trauma, so I was very needy. So I was looking for somebody to need me and for me to look after...then even though I had got away from the violence, I still went with people who still weren’t emotionally available, but neither was I really, if you know what I mean. It was like I was very needy. They were obviously needy. I wanted to look after people still.’ *Gina, B7*

One woman believed that a lack of identity may have contributed to being involved in an IPV relationship;

‘Yeah, I lost sight of who I was, yeah, absolutely, because my friends who had been my friends didn’t like me, so what was wrong with me? So I need to be like somebody else and then I need to be like someone else and then I need to be like someone else, and then suddenly you get to a point where you look at yourself and you go, ‘Oh! Who am I? I don’t actually know who I am.’ And then that leads you into meeting someone who is a real dickhead, you know. I look back now and I think, ‘Oh yeah! I can see how that happened’ but at the time - - *Hannah, E8*

As a result of understanding past IPV experiences the women in the study described that they felt better prepared to recognise and deal with abusive situations in the future.

‘recognise signs in a relationship where something is going wrong, and realising when something is going really well, is great. It’s kind of like a defence mechanism as well. I feel that I’m more in control now because I can pre-empt strikes on anything’ *Alison, E1*

Many women felt that understanding why they had become involved in an IPV relationship could assist them to make better decisions in the future. The process of reflecting on relational patterns was identified as an ongoing and experimental process that involved continuous reflection over time;

‘well trying something new so you that’s a bad behaviour in your head, that’s not good, that’s doesn’t work for me, not bad, can just be not working for me, not making me healthy, making me moving forward, so you try a new behaviour. But that’s only the beginning because this pattern has been set somehow in your head. Somehow in your life, somehow. And you kind of step back and do that again every

so often, and you go ahh shit, no, no, no, let's go move forward, go back up here again. So you're constantly in one step forward, two steps back.' *Linda, E12*

Post-Traumatic Growth literature also highlights the significance of women using past negative experiences as an opportunity to adapt their view of the world, which then increases the likelihood of experiencing positive growth after trauma as well as improve their ability to build positive intimate relationships in the future (Calhoun & Tedeschi, 2006).

### **Helping others**

It was identified through the study that a portion of women found helping others a significant component of healing themselves. Of those who participated in the study 8 women had personally experienced IPV as well as had been employed in a position where they provided formal support to women who had experienced IPV. The women in the study highlighted that helping others assisted them to better understand their own experiences, increased feelings of self-worth, helped them to learn to cope with and address their own experiences, encouraged self-growth and allowed them to use their experiences to guide others. Women in the study were involved in helping roles such as generically working in a helping career (e.g., nurse, carer, teacher), working directly with women who had experienced IPV, working with men who have used IPV in relationships, and working with individuals who may be at risk for experiencing IPV e.g., youth, women.

Women identified that in order to help others it was necessary to confront their own experiences;

'going through it again was kind of healing for a short term, but my work more than anything and the women that I met in my job because they were just really empowering and a lot of them had come from trauma or abuse and that was what brought them to community work or that was what brought them to the centre, and then some of the women that I met through my work. All of that was healing,

because in order to learn about it I had to kind of confront everything I had been through or seen or witnessed' *Helen, B8*

The participants also explained that helping others allowed them to confront their experiences in a somewhat indirect way that also ensured any issues could remain separate from family, friends, and supports.

'external from, like, my social group, like, family and friends and that sort of thing, it is a way of me dealing with what I went through without it being too revealing or obtrusive' *Edna, B5*

Women found that having a shared experience with others served to validate their own experiences and emotions. The women in the study believed that they were better able to assist, understand and support others due to shared experience. Prior research has also found that some women would prefer to receive assistance from women who have also experienced IPV (Humbert, Bess & Mowry, 2013).

'I always said that unless I had been there and done that myself I wouldn't expect to be able to pass that onto somebody else. So, because I had, I could empathise; not sympathise. I could actually empathise because I would know, you know, how awful that feeling is and how relieved sometimes you are when it is over.' *Gina, B7*

However, it was also found that shared experience may be problematic if a woman strongly identified with a person she was trying to assist. Therefore, women discussed the importance of being able to use their own experiences to assist others while remaining impartial. Below a woman who had experienced IPV and was later employed as a formal support for women explained this challenge;

'that was a little bit tricky in terms of making sure I wasn't sort of projecting my experiences onto them, but I think that was where the professionalism, the objectivity and rationalisation sort of comes into it, and your training comes into it in terms of my role was mainly just the first point of call and to refer on, and mainly supporting other staff that were doing the same thing. So, it was more that was completely separate to my experiences, but one thing it did teach me from a

professional practice is that you can never judge anyone's experience because it is all so totally different based on their own. Yeah, all the elements are always very different for every single case, so you can never just say, 'Oh well, this is this, and you need to go to there'. You need to listen wholly to all the experience before you can, not even step in their shoes, but you have just got to be able to listen to what they are trying to get from you and feedback the right avenues for support.'

Many women in the study felt that due to their own experiences post-separation they were able to be an example to women by demonstrating that positive growth was possible. In addition the experience of helping others served to provide some women with a sense of purpose in their life and positively contributed to identity and self-worth, as identified in previous research (Buehler, 1994; Lynch, Keasler, Reaves, Channer & Bukowski, 2007).

'talking to other people does help you put another little piece in that puzzle, because it is all just like a big jigsaw puzzle and, you know, a few little bits here and a few little bits there and eventually you start to make sense of life. After all, that is what our journey is about, isn't it, to try and make sense of why we are here and what we are doing here and having some meaning, hoping that our life has had some meaning. And I guess by helping other people you are feeling good about yourself.'

*Kylie, E11*

'Giving back as well built me up, because that is who I am. It was finding that self-identity again and that on top of knowing what I wanted to do'. *Olive, E15*

It has been recognised in prior literature that individuals may be driven to assist others due to personal experiences (Hayes, 2002). Research comparing the childhood histories of women working in mental health professions compared to other professions identified that those working in a mental health profession had higher incidences of physical or sexual abuse, parental alcohol or mental health issues, family deaths and family dysfunction (Elliot & Guy, 1993). This indicates that personal experiences can be a powerful motivator to help others. Psychologist Carl Jung used the term 'wounded healer' to described the notion that an individual with particular 'wounds' would be able to recognise



such wounds in others and build a relationship that would lead to ‘healing’ for both (Sedgwick, 1994). The term ‘countertransference’ is used to describe the projection of a therapist’s emotion onto a client, triggered due to similar conflicts, shared experiences, or recognition of similarities between therapist and client (Hayes, 2002). Although such terms are commonly used to refer to therapists they can be used to understand the motivations and issues for any individual who chooses to help others that may have similar experiences to themselves. Although shared experience is not necessary in order to be an effective helper, it can increase an individual’s ability to have insight into another person’s experiences, as well as increase empathy and connection (Hayes & Gelso, 2001). The research conducted by Elliot and Guy (1993) concluded that although there were more childhood issues present in the lives of mental health workers compared to other professions, they were found to have lower prevalence of anxiety, depression, dissociation, sleep issues, and relationship issues in adulthood. Such research provides evidence for the possibility that although individuals may be motivated to help others due to issues in their personal history the act of helping others may lead to self-growth and the acquisition of strategies to reduce the impact of such issues on wellbeing in the future.

### **Mesosystem; Interactions between parts of microsystems.**

In the current study women identified that the most common interactions in the mesosystem that impacted on their post-separation journey were those that involved the ex-partner. For women with children it was found that the interaction between a father and his children was a predominant focus. However, it was also found that women were concerned that the ex-partner may harm or endanger friends, family or colleagues after separation. In addition some women in the study identified that the ex-partner negatively impacted on their employment by calling to harass the woman or colleagues, or stalking at the workplace.

Participants in the current study identified that at times family or friends were important supports by assisting to care for and support the woman's children or by engaging with the ex-partner. Women considered it helpful when family or friends would communicate with the ex-partner on their behalf, assist the women to engage with services, or confront the ex-partner about his behaviour. Earlier researchers concur that family and friends are often involved in enforcing boundaries with the ex-partner i.e., being present or responsible for the handover of children or possessions (Wuest & Merritt-Gray, 1999).

Many women in the current study as well as in prior research expressed support for the father-child relationship post-separation (Laing, 2010). Many women in the current study were willing to facilitate such a relationship as long as the child was safe, even if the woman was exposed to further risk or abuse as a result. Such a finding fits with prior research representing the separation of men's roles as fathers from their roles as partners; allowing a man to be perceived as a good father despite being a poor partner (Heward-Belle, 2015; Laing, 2010). Humphreys and Absler (2011) argue that the fragmentation of men's roles leads to women being held primarily responsible for parenting and men not being held accountable for their behaviour including within their role as a father. However, research indicates that the positive and negative influence that men have on child development and family functioning is related to both their behaviour as a partner and as a father (Heward-Belle, 2015; Humphreys & Absler, 2011). Researchers suggest that further research is required for a better understanding of the multiple identities of men who are fathers who have perpetrated abuse against a partner, as well as considering the cultural and societal representation of these identities (Heward-Belle, 2015; Humphreys & Absler, 2011; Laing, 2010).

For many women in the current study ongoing contact between their children and ex-partner was a source of stress. As one woman identified that coping with her own experiences allowed her to manage the relationship with her ex-partner;

‘so it is a long journey, and then the journey doesn’t end when you leave, because then I had to really start to renegotiate how I was going to handle my relationship with him. And that has been a long process, too. I mean, it has been about ten years now, nearly ten years that we have been separated, nine years and a bit. Obviously there was a lot of anger that I had to work through to start with, and hurt, and I mean even now when I think about those issues, like when I have been talking to you, I feel hurt. But I have come to the point where it is something that happened then and it is not ongoing anymore, so he can’t hurt me anymore.’ *Bianca, E2*

Due to the frequency of intimate partner homicides in Australia (Australian Institute of Criminology, 2014), many women reported concern that the partner may attempt to hurt the children after separation;

‘fear of not only the physical abuse, but the ongoing emotional abuse, but the physical abuse, trying to prevent that, and worrying if that’s going to be inflicted on the children as well, you know, as a bit of a side thing, but um but underlying that, the threat of taking the children is a massive one, so put that right at the top of the list, so I feel that women who are trapped in those, and I would say trapped, in those relationships, feel very, very vulnerable about their children, and they stay, rightly or wrongly, to protect them from the fear of them being taken away, or of being killed. Pretty much. Or you know serious injury on themselves. I think that the serious injury on a person’s self is a lesser, much lesser, far lesser thought than the fear of what could happen to the children if they were abducted and taken away. And I find that so many men, threaten that, and use that as the main key into keeping the women there, because of that fear, whether it is unreasonable or not, staying there and thinking oh well maybe he won’t do that, but that risk is just not enough to take.’ *Beth, B2*

A mother expressed concern that her daughter was learning negative behaviours because of her time with her father;

‘she was definitely learning behaviours from her father, and, yeah, that was a scary thing as well. It was like, ‘I don’t want you to be like him and end up like him’ and I guess that was the thing that hurt me the most’ *Chloe, B3*

It was found that some women valued the role of the ex-partner as a father, which encouraged the evolving of the parental relationship after separation.

‘I was always adamant to him. I said, ‘Whatever happens between you and me has got nothing to do with what happens between you and your daughter or me and your daughter. That is completely separate. It is irrelevant. You are her dad. It doesn’t matter how much I don’t like you. You are still her father and I’m not going to take that away from you. That is your right. You know, you love her’, although he has a funny way of showing it in terms of he didn’t try to protect her from the violence and seeing it. I know he still loved her so I didn’t try and stop that.’ *Nadia, E14*

Some women in the study described that after separation minimal contact and conflict between parents allowed for the ex-partner to focus more on his relationship with the children. The women in the study who experienced this reported that their children’s relationships with their father improved as a result.

Women also reported that as the relationship with the ex-partner evolved they felt more able to assess the situation and enforce appropriate boundaries to protect themselves and the children.

‘So it has come to the best place it can be, but as far as me with him, I am fine. I know I can certainly stop him coming, you know, and we can see when he is going like this and so we sort of just make sure - - And he actually does to a certain degree now, too, because I have discussed it with him and I have said, ‘You know mate, you have to make the call. If you are feeling bad, don’t come over. You know, you become responsible.’ So we sort of talk quite differently now, too.’ *Deb, B4*

For some women in the study the fear and risk associated with children having ongoing contact with their father did not reduce over time;

‘there were a number of years where it was very hard because he did get contact with the children, but in that I just had to teach them personal resilience because the

minute they went with him, sort of sometimes I would wave them goodbye and not know if you saw your children again. So you had to sort of learn that strength, too. You just had to learn to accept.' *Chloe, B3*

Research exploring the capacity of fathers who perpetrated IPV to be child focused found mixed results; although some fathers were attuned to children's needs and identified children as motivation to improve some used continued contact with the child to manipulate the mother or were uninterested in building a relationship with their children (Scott & Crooks, 2007; Stanely et al., 2012). Prior research findings indicate that fathers who have perpetrated IPV can be authoritarian and controlling, abusive and neglectful, lack warmth and empathy, have an exaggerated sense of entitlement, perceive themselves as superior to the mother or have limited involvement in the children's lives (Bancroft, Silverman & Ritchie, 2012; Guille, 2004; Harne, 2011; Lapierre, 2010; Radford & Hester, 2006). Other researchers argue that it is important to consider individual differences in the parenting practices of men as some express shame, guilt and remorse regarding their behaviour and have a desire to build positive relationships with their children (Fox & Benson, 2004; Perel & Peled, 2008; Rothman, Mandel, & Silverman, 2007; Sailbury, Henning & Holdford, 2009). After interviewing men who had perpetrated IPV about fathering practices Heward-Belle (2015) concluded that all participants presented some type of risk to children due to their perceptions of violence and parenting. Considering the best interests of the child, continued exposure to abuse has a negative impact on long-term wellbeing as can the breakdown of a child's relationship with their father (Stover & Margos, 2013). Research conducted with children who have witnessed IPV found that children often have conflicted feelings towards the father regarding the abuse and their continued relationship (Peled, 1998).

It was also found that the ex-partners interaction with his environment could indirectly impact on women or children. In the current study participants outlined that changes to ex-partners circumstances such as alcohol or drug use, employment changes, or

loss could negatively impact on his interactions with a woman and children. For example, a father losing his job could impact on his ability to provide financial support for the child.

**Exosystem; Systems the individual is not directly involved in.**

Throughout the research it emerged that the exosystem was a significant influence on the post-separation journey of women. In this study it was evident that engaging with formal supports could impact on a woman's sense of wellbeing post-separation. The types of formal supports that women in the study engaged with included the domestic violence unit at a police station, psychiatrist, General Practitioner or other medical professional, hospital, police, criminal court, family court, lawyers, self-help groups for women, women's refuges, general domestic violence services, Centrelink, Department of Child Protection, counselling for self and children, services at children's school, TAFE, university, religious institutions, mental health services and mediation services. Some women in the study accessed many services, whereas some women accessed none. This depended on their individual situation. Such findings are represented in previous research examining the types of services accessed by women, and indicate that it may be common for women to not seek any assistance from services following IPV (Young, Byles, & Dobson, 2000). Of 493 women who participated in the Australian Longitudinal Study on Women's Health 60 % reported that they did not engage with any services following experiences of IPV, and 19% did not disclose IPV to anyone including their informal support networks (Young, Byles & Dobson, 2000).

One of the findings of the current study was that engaging with formal supports assisted women with numerous individual processes in their post-separation journey. Some women accessed services prior to ending the IPV relationship to assist in decision making regarding the relationship. It was found that some women had difficulty making decisions regarding the relationship due to what some women termed 'the fog', which is a state of feeling cloudy, unclear, unable to reflect on the situation and the inability to make decisions

for themselves as a result of the emotional trauma of the abuse and control throughout the relationship. At this stage women found it helpful to engage with supports or services in order to clarify needs and identify possible action.

‘I wasn’t in a sort of state of *compos mentis* in order to be able to actually make decisions or to think through what I needed to do. I really do think that if I had been spoon-fed and molly-coddled a little bit that that might have made a difference because the level of depression was so great that I literally couldn’t see past the fog that my head was in. It was like when you get a really tall hill and there are like clouds at the top and you can’t see. It was like that. It was like a pea soup fog of black cloud around my head with the depression and I just couldn’t see through it or beyond it.’ *Faith, B6*

Formal support workers identified that the level of assistance women required to make decisions or prioritise needs depended on the individual woman and her circumstances. As one formal support worker said;

‘there were referrals where you would just say, ‘Go call so-and-so’ and then there were referrals where - - And particularly in these situations I would never say, ‘Just go and call so-and-so’. I would always ring ahead and say, ‘I’ve got this person. This is their issue. What can we do or what can you do for them?’ So, for these situations it was always a ‘warm referral’.’ *Grace, W7*

Prior research suggests that women may choose to access different types of formal support depending on class, culture and religion (Cauce et al., 2002). The results of the current study indicated that a woman’s perception of herself influenced which, if any, support she sought. Prior literature has identified that feelings of shame and stigma regarding IPV are often a barrier to disclosure of IPV and help-seeking (Liervore, 2003).

‘I knew where there were battered women’s shelters, but that surely didn’t apply to me.’ *Carla, E3*

Earlier researchers have demonstrated that women are more likely to seek support from informal networks before considering formal supports (Brown, 1997; Goodman et al.,

2003; Haggerty & Goodman, 2003). If informal supports are perceived as unhelpful or the abuse increases in severity women are then more likely to approach formal support services for assistance (Broadhurst, 2003). The women in the current study identified that an escalation in abuse frequency or severity was often a trigger to seek help, but some women chose to seek assistance only from formal support providers rather than informal networks. The reasons for this included stigma, not having close family or friends, geographical distance from family or friends, to avoid emotionally burdening family or friends, protecting the safety of family or friends from the partner, to ensure that others still had a positive opinion of the partner and the preference to address the issue alone. Such findings are consistent with prior research indicating that women will consider the costs and benefits of seeking help from formal and informal supports, prior to making decisions (Broadhurst, 2003). In addition participants in the current study and previous research identified that a woman's needs will change over time (Allen, Bybee, & Sullivan, 2004; Westbrook, 2009).

The women in the current study discussed many of the barriers outlined in prior literature which women may encounter when deciding to seek help. These included reluctance to seek assistance based on prior negative experiences with services, fear of stigma, language or cultural barriers, fear that engaging with a service will lead to Department of Child Protection involvement, fear of negative repercussions, a lack of knowledge about available services, belief that services will be ineffective and the inability for services to address multiple needs e.g., mental health needs as well as substance use issues (Barron 2005; Busch & Wolfer, 2002; Cauce et al., 2002; Milberger et al., 2003; Mouzos & Makkai, 2004; National Council to Reduce Violence against Women and Children, 2009; WCDFVS, 2006; Zweig, Schlichter & Burt, 2002). Some women in the study were also reluctant to seek assistance from formal supports due to familial beliefs;



‘I come from a family that is, you know, ‘Push your problems under the rug and build a bridge and get over it. You don’t need a counsellor. They are for wusses and cry babies.’ *Edna, B5*

Formal support workers in the current study as well as in previous research have identified that women with mental health issues, drug or alcohol issues, or a disability have additional needs that may not be met by the services they attempt to access (Meichenbaum, 2008). This was identified as a significant issue by formal support workers in the current study who recognised that most services are not able to concurrently address multiple issues. One woman described her struggle with depression;

‘I think when you get depressed and you get stuck, you can stay in the house and the house will close you in and that can be very bad for the children and, you know, it could have been for me.’ *Deb, B4*

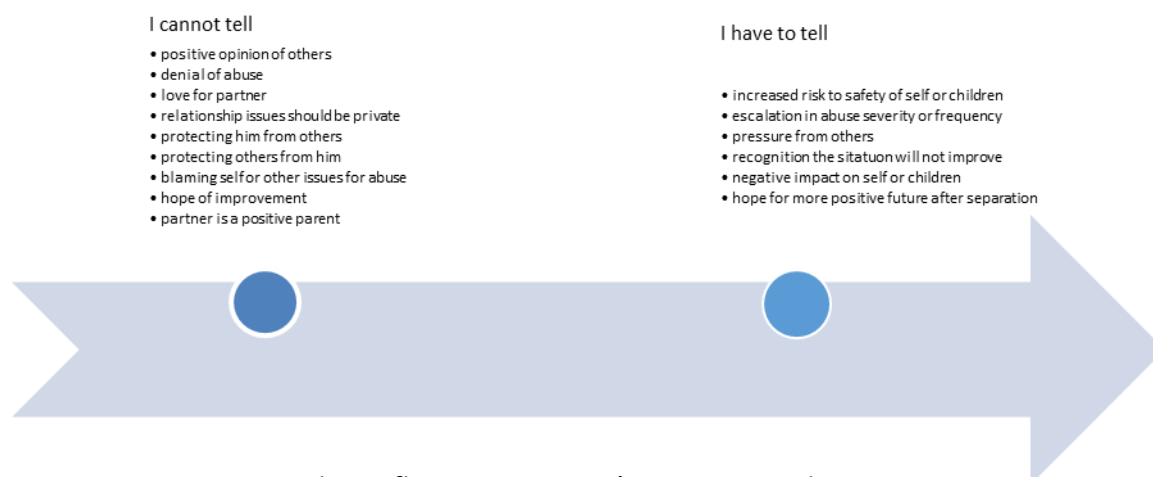
Women living in Australia who have emigrated from other countries or cultures often encounter barriers to addressing their needs. Consistent with prior research both women and formal support workers identified that factors such cultural beliefs regarding marriage, stigma, isolation, financial reliance, language difficulties and cultural exclusion may make it difficult for women to access support (Briere & Jordon, 2004). Although no Aboriginal or Indigenous Australians participated in the current study findings from prior research have identified that Aboriginal and Indigenous women may differ in their needs and require additional support compared to non-Indigenous women (Al-Yaman, Van Doeland, & Wallis, 2006).

As one formal support worker identified;

‘...particularly for those women who - - I have had a couple of New Zealanders who aren’t entitled to Centrelink and then can’t even access any money at all. So, I would say just those basic needs for survival is really what they need. Obviously they need emotional support and stuff, but for them I think it is really about making sure their

kids are okay first and for that they need money for food and something over their heads'. *Brenda, W2*

Seeking help has been defined in the literature as a complex internal process in which women will recognise a problem, define the issues, decide whether to seek help, and then choose a source of support (Fox, Blank, Rovnyak & Barnett, 2001; Liang, Goodman, Tummara-Narra & WenTraub, 2005). Women in the current study differed in that some accessed formal support, whereas others accessed no support. The factors depicted in the diagram below are those identified by women and formal support workers as influencing a woman's decision to disclose IPV to formal supports. Participants in the current study identified that as risk to self or children, severity or frequency of abuse, pressure from others, and negative impact on self or children increased women were more likely to disclose IPV to formal supports. In addition as feelings of hope and the likelihood of the situation improving decreased women were more likely to disclose IPV to formal supports.



*Figure 5.* Factors that influence a woman's position on the continuum to disclose IPV to formal supports.

As identified in previous literature as well as the current study women reported more negative associations with the police, child welfare services, and the family law system than other types of services (Baker, Cook, & Norris, 2003; Barron, 2005; Humphreys, 2008;

Shepard & Raschick, 1999; Trujillo & Ross, 2008). Women in the current study who had negative perceptions of certain formal supports, i.e., police, were less likely to disclose IPV or seek help from such supports. The women in the study described beliefs that such systems were ineffective, re-traumatising, judgmental, were blaming of the victim of IPV, and may lead to negative repercussions e.g., ex-partner retaliating, ex-partner imprisoned, children removed from woman's care. However, despite the perceptions of women in the current study prior research has identified that such services can be effective. Earlier researchers suggest that children are not removed from women's care as often as women may fear. Shepard and Raschick (1991) found that out of 24 cases involving IPV only 3 led to the removal of children from parental care. The Australian Longitudinal Study on Women's Health found that for half of the women who had experienced IPV police and legal involvement was found to prevent further violence (Young, Byles & Dobson, 2000). Such results indicate that women may be reluctant to seek the support from some services based on negative social perceptions, even though such services are likely to contribute to safety following IPV.

Women in the current study identified that responses from professionals in hospitals or other health services was not always perceived as helpful. The feedback that women provided was that they felt judged and felt that professionals did not take IPV seriously, which corresponds with the findings of previous research (Barron, 2005; Zweig, Schlichter & Burt, 2002). Individuals who work in settings that are not specifically related to IPV may not be adequately trained in addressing or screening for IPV (Cobia, Robison & Edwards, 2008; Habblo, Hallberg, & Moller, 2005; Edwardsen & Morse, 2006). As identified in prior research it is important that non-IPV related services are aware of the possibility that women experiencing IPV will access the service and have appropriate procedures to support such women.

The data collected from both women and formal support workers in the current study identified what factors were perceived as important in service provision and in the individual approach of those who work in the area to facilitate positive post-separation experience for women. Such factors were consistent with those identified in previous research (Baker, Cook & Norris, 2003; Battaglia, Finley & Liebschutz, 2003; Busch & Wolfer, 2002; Ham-Rowbottom, Gordon, Jarvis & Novaco, 2005; Kulkarni, Bell & Rhodes, 2012; Nurius, Macy, Nwabuzor & Hold, 2011).

Table 10

*Recommendations for working with women who have experienced IPV based on data collected from both women and formal support workers in the current study.*

<b>What is Important in Services</b>	<b>Individual Approach as Worker</b>
<ul style="list-style-type: none"> <li>• Experienced supervisors</li> <li>• Experienced staff</li> <li>• Ongoing professional development</li> <li>• Adequate salary for staff</li> <li>• Resources</li> <li>• Funding</li> <li>• Strong interagency communication</li> <li>• Positive staff attitudes and approach to clients</li> <li>• Enough services to meet demands of clients</li> <li>• Ongoing practical training</li> <li>• Services able to minimise language and cultural barriers</li> <li>• Networking between services</li> <li>• Organisations that adapt to new approaches over time</li> <li>• A match between the woman's goals, interest, needs and the services available</li> <li>• Means to identify women and men who attempt to manipulate the system for personal gain</li> </ul>	<ul style="list-style-type: none"> <li>• Seek information or advice from more experienced staff or supervisors</li> <li>• Identify own biases and separate these from clients</li> <li>• Assess each case individually</li> <li>• Address clients emotions prior to client needs</li> <li>• Network with other service providers</li> <li>• Be involved in work that has meaning for you</li> <li>• Recognise limitations; you will not be able to help everyone</li> <li>• Give clients more consultation time</li> <li>• Ensure you address what they are asking you for help with</li> <li>• Work at the clients pace</li> <li>• Be directive but not judgemental or dictating</li> <li>• Compassion</li> <li>• Recognise clients' freedom to choose from the options you provide.</li> </ul>

In addition to the factors mentioned above the participants in the current study also highlighted that the definition of a healthy relationship differs between individuals. One's perception of what is unhealthy versus healthy in a relationship is likely to influence the goals for that relationship. This may be particularly important if the perception of what is

healthy in a relationship differs between a woman and the formal support she accesses. For example, a woman may present to a service wanting to reduce physical violence in her relationship but is accepting of the verbal abuse that occurs during arguments, whereas a formal support worker may identify both of these behaviours as unhealthy and encourage her to end the relationship. In a scenario like this it is possible that both the woman and formal support worker develop different goals. Formal support workers often perceive the end of the IPV relationship as an ideal outcome for women (Dunn, 2005). Both women and formal support workers in the current study outlined that although it was important that formal support workers were not accepting or dismissive of violence it was also important that women did not feel pressured to leave a relationship. The women identified that it was helpful for formal support workers to explore options rather than give instructions while women are contemplating how to proceed with the relationship. Although all the women who participated in the study had ended an IPV relationship many women emphasised that ending the relationship was not always a goal for seeking help, whereas many formal support workers who did not have personal experience with IPV identified the end of the IPV relationship as a desired outcome. As one woman explains;

‘And that’s the difference. It is not, ‘You need to get out because that is the right thing for you to do for yourself and/or your children.’ It is, ‘If you want to get out, then we’ll help you do that. If you want to stay, then that’s fine as well and we’ll do everything we can to improve the situation at home by looking at your partner and changing his thoughts about it’, which I think is a big difference from, you know, people thinking everyone has to get out of that situation and they are silly for staying.’ *Edna, B5*

Such findings concur with previous research in that the response of services and supports have a significant influence on a woman’s decision making process (Anderson & Saunders, 2003). If the response of informal or formal supports is perceived as unhelpful by a

woman then she may decide not to seek help, may not feel informed, may feel blamed, may be less likely to leave the relationship, and may not be clear about decisions.

Participants in the current study listed a range of areas that formal support workers could focus on when working with women. These included providing general information and connecting the woman with others through ‘warm referrals’ and building informal support networks. Formal support workers who focused on empowering women, identifying strengths, and prioritising needs were recognised as helpful. Participants reported that long-term therapeutic work that focused on looking at patterns in the woman’s family of origin, encouraging an internal focus, integrating IPV experiences with identity, and helping women learn to identify ‘red flags’ in intimate relationships were also helpful. Reflecting on and understanding past experiences will increase a woman’s ability to build mutually satisfying and supportive relationships with others in the future (Madsen & Abell, 2010; Bradley & Davino, 2007; Flinck, Paavilainen & Astedt-Kurki, 2005; Lynch, Keasler, Reaves, Channer & Bukowki, 2007; Millar & Stermac, 2000). Formal supports within the exosystem are likely to influence women’s individual processes in their post-separation journey, and perceived helpful supports can facilitate positive long-term wellbeing.

### **Macrosystem; Sociocultural context.**

The socio-cultural beliefs about intimate relationships were found to influence many aspects of a woman’s post separation journey including her individual processes and her interactions with people, services, and the community surrounding her. Participants indicated that traditional beliefs about the sanctity of marriage and the belief that family issues should be resolved privately decreased the likelihood of women ending an IPV relationship or disclosing IPV to others. The results from the current study confirm the findings of earlier research indicating that cultural or religious ideals regarding family or the role of women and children impact on women’s decisions about relationships, the attribution of blame, and

contribute to the IPV relationship being maintained (Boyd, Scharer, Baliko & Mackey, 2009; Hage, 2006; Wuest & Merritt-Gray, 1999). Overall, the participants identified that continued exposure to stigmatisation from others regarding IPV had a negative impact on a woman's identity, self-worth, and overall wellbeing. As identified in prior research, women were often exposed to comments from others which increased shame about their involvement in an IPV relationship (Boyd, Scharer, Baliko & Mackey, 2009). As one woman described;

‘And it is so easy to lose that six months that you have really built on and felt really good about yourself because you have made that decision. And in one comment you have been stigmatised as still being that really weak person that you were when you were getting abused, yeah, very dangerous. Just so dangerous for someone who is trying to recover that it could just, depending on where you are in your recovery, you could just lose it completely and go back, or worse still get involved with someone else.’ *Hannah, E8*

The participants in the study as well as additional researchers highlight that there is a high amount of shame and stigma associated with identifying as a woman who has experienced IPV (Lievore, 2003; Flood & Pease, 2009).

‘I knew that it was probably the lowest point of my life to have ended up with children in a refuge, embarrassment, shame. The person who I had been before, I never grew up with a history of abuse or violence. There was none of that in my background. I always had been a very independent person, sort of a very sort of pretty much do my own thing. But somehow I ended up in this situation and there I was in a refuge where people go who I never thought I was one of those people.’  
*Deb, B4*

It was found that women often compared their own experiences to the experiences of others or to stereotypical perceptions of women who have experienced IPV. The women in the current study explained that such comparisons could be either validating or invalidating. Some women in the study reported that comparing their experience to others reduced isolation and self-blame as well as validated their thoughts, emotions and behaviours. Other

women reported that aspects of their relationship felt minimised by comparison to others experiences or stereotypical perceptions of IPV. For example, positive aspects of the relationship, such as love for the partner, were often dismissed by others because of the social perception that positive aspects could not exist in the presence of IPV. Similarly, the abuse experienced may be considered less severe than other women's experiences of IPV and consequently may be minimised or dismissed even though the experience was significant for that woman.

### **Chronosystem**

A woman's journey post-separation cannot occur in isolation from other circumstances or events. Participants in the current study identified that as a woman progresses through her post-separation journey she must still manage her changing life circumstances across the lifespan. For most of the women in the study the passage of time was an important component of their post-separation journey. The passage of time allowed women to progress in each of the individual processes identified in the current study as contributing to a women's acceptance of her experiences and post-separation wellbeing. The passage of time may involve fluctuating needs after separation, new life events, loss, lifespan transitions, environmental events or changes to relationships that may influence the woman's journey post-separation. The approach that women have to managing such fluctuations will impact long-term wellbeing.

'So when I do have setbacks, I might give myself 24 to 48 hours to cry and gnash my teeth and throw a tantrum, but then I will sit down and reflect and be objective and think, 'This has happened. What are the steps I need to do to change it? Is this because I'm not doing the right thing? Maybe there is a reason why I need to go in a different direction. You know, this maybe isn't the direction I should go in, or friends I need to be, people I need to be around.' So, yeah, I have been able to sort of logically analyse the situation and use it as a building block to move forward and to progress. I don't let it shackle me down.' *Ingrid, E9*



Various research studies in the area of resilience, adaptation and coping highlight that overall wellbeing is predicted by complex interactions between an individual and the socio-cultural context (Agaibi & Wilson, 2005; Alvord & Grados, 2005; Martinez-Torteya, Bogat, Eye & Levendosky, 2009; Masten & Wright, 2010; Meichenbaum, 2008; Rutter, 2006; Ungar, 2008). According to resilience literature during the lifespan there will be numerous risk factors such as unemployment, low self-esteem and trauma that may have a negative impact on wellbeing (Masten, 2001). According to Meichenbaum (2008) these risk factors can be accumulative, and will vary over time. Protective factors such as social support, good physical health and high family adaptability can assist to reduce the impact of risk factors (Luther, Cicchetti, & Becker, 2000). As outlined by Pooley and Cohen (2010), as individuals encounter different ‘contextual and developmental challenges’ across time they must endeavour to use available resources to cope. Although individuals will vary in their capacity to utilise resources, the ability to do so appears to be linked with future wellbeing. Similarly, the adaptation literature emphasises that psychological adaptation is an ongoing process as growth in one aspect of a person’s life will promote growth in other areas (McCann, Sakheim & Abrahamson, 1988). Specifically McCann, Sakheim and Abrahamson theorise that with each new experience individual schemas adapt which then influence how an individual’s makes sense of themselves and the world and influences further experiences which then continue to influence the adaptation of schemas. Overall, consistent with prior research the current study identifies that long-term wellbeing after negative experiences, such as IPV, will be influenced by the interaction of individual, relational, situational, and socio-cultural factors.

### **Summary**

The four components of the post-separation journey of women that emerged from the current study involved individual processes that influenced a woman’s acceptance of her

experiences and sense of wellbeing post-separation. However, it was found that the individual journey of women post-separation does not occur in isolation, it occurs as the result of interactions between a woman, other people, situation, services, community and cultural context. By considering the results of the current study from an ecological perspective I was able to identify the factors that participants identified within the microsystem, mesosystem, exosystem, macrosystem and chronosystem that influence women's individual post-separation journeys and subsequent long-term wellbeing. Such findings have important implications for the understanding of women's post-separation journeys, and the approach of informal and formal supports in assisting women with such experiences.

## CHAPTER EIGHT: CONCLUSION

### Overview

In order to conclude the current research I will provide a summary of the study including research aims, and the outcomes of the research. I will then highlight the contribution of the current study to knowledge in the area, as well as outline what implications the research findings have for policy and practice. I will outline the recommendations for utilising the research findings, as well as explore the strengths and limitations of the current study and suggestions for future research before providing a final concluding statement.

### Study Summary

The aim of the current research was to explore the experiences of both women who have experienced IPV, and formal support workers in order to generate a theory that explains the post-separation journey of women after leaving an IPV relationship. The research questions were as follows;

- What is the post-separation journey for a woman after leaving an IPV relationship?
- What components of a woman's post-separation journey contribute to positive long-term wellbeing?
- How do formal support workers conceptualise and facilitate women's post-separation journeys?
- What external processes influence women's post-separation journeys?

A qualitative study was conducted with women who have left an IPV relationship and formal support workers in order to explore the post-separation journey of women after leaving an IPV. A total of 40 people were interviewed in depth regarding their experiences;

17 women who had experienced IPV but had not been in an abusive relationship for 12 months, 15 individuals who had worked in a position that assisted women who had experienced IPV, and 8 women who had both experienced IPV personally and had worked in the area. The process of theoretical sampling allowed the participant sample to expand from being only women who had experienced IPV, to include formal support workers. In addition, some women identified as having both personal and professional experiences of IPV. Although these participants were not intentionally sampled they provided unique data which aided to enhance the data that emerged from other participants. The study utilised grounded theory methods and principles to develop a model of the post-separation journey of women.

The model of a woman's journey after leaving an IPV relationship that emerged through the current study has enhanced our understanding of post-separation experiences for women as well as identifying which factors may contribute to positive wellbeing after separation. The decision to include formal support workers was made after women continually identified them as a significant influence on their post-separation experiences. Interviews with formal support workers allowed for important data to emerge regarding the way they conceptualise and facilitate women's post separation experiences. The model was positioned within an ecological perspective to emphasise that women's post-separation journeys are influenced by a complex bi-directional interaction between women and relational, situational, and socio-cultural factors. The results of the current study make a significant contribution to knowledge in the IPV area, as well as have important implications for policy and practice. In order to demonstrate this I will summarize the results of the study with reference to each of the research questions above.

What is post-separation journey for a woman after leaving an IPV relationship?

The findings of the current study highlighted that although the post-separation journey is unique for each woman, there were common individual processes that influence long-term wellbeing. The model of a woman's journey after leaving an IPV relationship that emerged from the current study is based on data from women who had experienced IPV, formal support workers, and women who have both personal and professional experience of IPV. The model consists of four components that comprise of individual processes that were identified as contributing to a woman's acceptance of her experiences and development of a sense of wellbeing post-separation. The model depicts a journey rather than an outcome such as recovery or healing as such outcomes did not resonate with the experiences of women in the current study. The four components: grounding, rebuilding, reflecting and developing are represented in the model as parts of one circle, as each of the components is considered interrelated as development in one component can influence development in another component (see page 101 for Figure 2. The model of a woman's journey after leaving an IPV relationship). Overall, the journey of women after ending an IPV relationship was found to be an ongoing process which is neither purely linear nor cyclical.

What components of a woman's post-separation journey contribute to positive long-term wellbeing?

The four components that were found to contribute to a woman's acceptance of her experiences and development of a sense of wellbeing post-separation were grounding, rebuilding, reflecting and developing. Each of these components consists of individual processes that both women and formal support workers identified as contributing to post-separation wellbeing. The grounding component consisted of the process of assessing the IPV

relationship, and identifying options for change as well as prioritizing needs after separation and experiencing intense emotions such as relief, shame, loss. The rebuilding component refers to areas of a woman's life she must attempt to repair after the IPV relationship has ended, this included the process of identifying opportunities for growth, and finding ways to cope with the impact of IPV. Both women and formal support workers identified the reflecting component of the journey as very important for all other components within the journey. This component included women exploring responsibility for their past decisions, their role in the IPV relationship and control over future decisions while recognising that the abuse that occurred in the relationship was not their responsibility. This process involved self-compassion which contributed to other processes in the reflecting component, such as developing identity and sense of self in the context of IPV experiences, and seeking validation about experiences from others as well as learning self-validation. The developing component encompasses the ongoing growth women experience after leaving an IPV relationship including the process of increasing understanding and knowledge about their own experiences of IPV, or IPV in general through informal and formal networks (e.g., university studies). The developing component also includes the process of managing vulnerability across the lifespan as women discussed various levels of feeling vulnerability prior to, during, and after the IPV relationship which if managed post-separation assisted with self-development, improved long-term wellbeing, and protection against future unhealthy relationships. Overall, women and formal support workers who participated in the study identified that the individual processes involved in each of these four components contributed to a woman's acceptance of her experiences and development of a sense of wellbeing post-separation.

How do formal support workers conceptualise and facilitate women's post-separation journeys?

Prior research has demonstrated the important role formal support workers can have in assisting women with experiences of IPV, but rarely have formal supports been involved in research directly (Bradley & Davino, 2007; Davis, Taylor & Furniss, 2001; Flink, Paavilainen & Astedt-Kurki, 2005; Goodman, Dutton, Weinfurt & Cook, 2003; Hage, 2006; Lynch, Keasler, Reaves, Channer & Bukowski, 2007). The current study interviewed formal supports workers in order to identify how they may conceptualise women's post-separation journeys. An important finding of the study was that the key themes and issues identified by formal support workers were similar to those outlined by women, allowing for a cohesive conceptualisation of women's post-separation journeys to emerge. Therefore, in reference to the first part of the research question above it was found that formal support workers conceptualised women's post-separation experiences in a similar way to women who had experiences of IPV.

In reference to the second part of the research question as outlined above, it was identified by both women and formal support workers that the individual approach of formal support workers can differ depending on their personal experiences, training, and area of work. The women who had both personal and professional experiences with IPV highlighted that personal experiences with IPV were a significant influence on their approach to assisting women, and often part of their decision to seek a formal support role. This highlights that formal support workers may differ in their individual approach to facilitating women's post-separation journeys. Through the current study the participants identified a range of factors which were perceived as positively contributing to women's wellbeing post-separation, as well as a range of factors in formal supports which were perceived as unhelpful (see page 167 for Table 10. Recommendations for working with women who have experienced IPV based

on data collected from both women and formal support workers in the current study). As individual women's needs differ, their experience of whether a formal support is helpful is also likely to differ. One issue identified by women that was not identified by formal support workers, was the concept of leaving the IPV relationship as the desired goal for women. Although both women and formal supports workers identified the importance of providing women with options without pressure to leave the relationship, it appeared that formal support workers still viewed the end of the relationship as the goal whereas sometimes women's goals were to manage the relationship. Women who had both personal and professional experiences of IPV appeared to be less likely to focus on the end of the IPV relationship as the desired outcome when providing formal support due to their own experiences, which provides further evidence that individual experiences of formal supports workers may influence their approach to supporting others. Overall, it was found that women identified instances where formal support workers positively contributed to each component and process within the model, and that perceived helpful formal supports can facilitate positive long-term wellbeing. The findings of the current study support and add to prior research which concludes that the approach of formal supports can serve to either help or hinder women's wellbeing post-separation (Battaglia, Finley, & Liebschutz, 2003; Kulkarni, Bell & Rhodes, 2012; Nicholaidis, Curry, & Gerrity, 2005; Saunders, Holter, Pahl, Tolman, & Kenna, 2005).

<p>What external processes influence women's post-separation journeys?</p>
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Not only did the current study lead to the identification of the individual processes involved in women's post-separation journeys, it also highlighted the bi-directional interactions of women's experiences with external factors. The inclusion of formal support workers and women with both personal and professional experiences of IPV enhanced the data provided from women regarding the external factors which may influence women's



post-separation experiences and long-term wellbeing. The individual journey of women post-separation was found to occur as the result of interactions between a woman, other people, situation, services, community and cultural context. Formal supports were generally found to be only one important external influence on women's post-separation journeys and this influence was acknowledged by both women and formal support workers. In order to highlight all the external influences identified by participants the individual post-separation journey of women was positioned within context using an ecological perspective. The factors in the microsystem, mesosystem, exosystem, macrosystem and chronosystem that influence women's post-separation journeys and subsequent long-term wellbeing were identified (see page 142 for Figure 4; The position of the post-separation journey of women within the context of Bronfenbrenner's Ecological Systems Theory). Within the microsystem the main external influences identified were employment, the woman's ex-partner, children, informal supports, other intimate relationships and helping others. Factors such as the ex-partners interaction with children, friends, family or workplaces were the main external influences identified within the mesosystem which concurs with prior research (Javaherian, Krabacher, Andriacco & German, 2007; Messing, Mohr & Durfee, 2012; Wuest & Merritt-Gray, 1999). Within the exosystem numerous formal supports such as medical professionals, police, family court, and women's refuges were identified as significant influences on women's post-separation journeys, specifically the data that emerged from participants identified what aspects of these formal supports were perceived as positively or negatively influencing women's wellbeing post-IPV. The socio-cultural beliefs about intimate relationships were the main factor identified in the macrosystem. Within the chronosystem it was identified that throughout the lifespan other events can occur which may influence a woman's post-separation journey. By positioning the model of the post-separation journey of women within an ecological context it allows for the external influences identified in the current study to be

understood in their interaction with each other as well as with women in their post-separation journey. The model that emerged from the current study has significant implications for the current understanding of women's experiences after leaving an IPV relationship, and will be useful in a variety of contexts for supporting women at any stage in their post-separation journey.

### **Contribution to Body of Knowledge**

A significant amount of research in the area of IPV has been conducted over the last four decades. Although the understanding of IPV has greatly increased over this time it is still a highly prevalent social issue that exists in many communities worldwide. The negative impact of IPV on women, children, families, and communities is well documented (Braaf & Meyering, 2011; Campbell, 2002; Coker et al., 2002; Evans, 2007; Gewirtz & Edleson, 2004; Holt, Buckley, & Whelan, 2008; National Council to Reduce Violence Against Women and their Children, 2009; Roberts et al., 2006; Swanberg, Macke, & Logan, 2007; Thapar-Bjorkert & Morgan, 2010; World Health Organization, 2013). Although the potential negative impact of IPV is clear, some women do not experience negative outcomes post-separation (Bell, Goodman, & Dutton, 2007; Young, 2007). The variance in women's outcome post-separation has prompted researchers to explore women's post-separation experiences; with some focusing on the process of leaving an IPV relationship (Boyd, Scharer, Baliko & Mackey, 2009; Buehler, 1994; Giles & Cureen, 2007; Kearney, 2001; Landenburger, 1989; Merritt-Gray & Wuest, 1995; Mills, 1985; Smith, 2003; Wuest & Merritt-Gray, 1999), or factors that increase resilience (Boyd, Scharer, Baliko & Mackey, 2009; Bradley & Davino, 2007; Flink, Paavilainen & Astedt-Kurki, 2005; Lynch, Keasler, Reaves, Channer & Bukowski, 2007), or the concept of recovery for women post-separation (Farrell, 1996; Humbert, Bess & Mowry, 2013; Javaherian, Krabacher, Andriacco & German, 2007). However, some researchers have argued that a major limitation of such research is that

the focus of recovery as an outcome post-separation does not fit well with all women's experiences (Evans & Lindsay, 2008; McDonald & Dickerson, 2013). Evans and Lindsay (2008) suggest that the concept of women incorporating IPV experiences into their sense of self may be a better representation of women's post-separation experiences. In addition, although all the studies above identified the crucial role of formal supports in women's experiences none have explored formal support workers perceptions of the post-separation journey for women. The major contribution of the current research is that it has resulted in a conceptualisation of women's post-separation journeys that represents women's experiences as well as the role of formal support workers in understanding and facilitating such journeys. The focus of the current study on post-separation experiences allowed for rich data regarding the long-term journeys of women to be represented in the model presented in this thesis. The model presents four main components of the post-separation journey of women after leaving an IPV relationship each consisting of individual processes that influence a woman's acceptance of her experiences and sense of wellbeing post-separation. However, women's individual journeys do not occur in isolation. The current study is unique in considering women's post-separation journeys from an ecological perspective, thus providing knowledge about the bi-directional influence of women's individual journeys and other people, situations, services, the community and cultural context which has not been addressed in prior research. By considering the results of the current study from an ecological perspective the researcher was able to identify the factors that participants identified within the microsystem, mesosystem, exosystem, macrosystem and chronosystem that influence women's individual post-separation journey and subsequent long-term wellbeing. Such findings have important implications for the understanding of women's post-separation journeys, and the approach of informal and formal supports in assisting women with such experiences.

The current research has the potential to contribute to literature in other areas such as resilience, coping and recovery. Although no specific measures were used in the study both women and formal support workers provided valuable information about what factors are seen to contribute to positive wellbeing post-separation. The coping strategies that women and formal support workers identified will contribute to a better understanding of coping in IPV situations. A range of factors such as positive relationships, positive experiences with formal supports and high self-awareness were identified by women and formal support workers as contributing to positive outcomes for women, which were consistent with protective factors found to increase resilience (Boyd, Scharer, Baliko & Mackey, 2009; Bradley & Davino, 2007; Flink, Paavilainen & Astedt-Kurki, 2005; Lynch, Keasler, Reaves, Channer & Bukowski, 2007). The current study contributes to new directions for the concept of recovery in the IPV literature, as it was found that recovery as an outcome for women post-separation is often not achieved and some women do not feel that the concept of recovery fits with their experiences. Such findings concur with other researchers who argue that the process of incorporating ones experiences may be a more accurate representation of women's post-separation journeys (Evans & Lindsay, 2008; McDonald & Dickerson, 2013).

### **Implications for Practice and Policy**

The model developed through the current research that represents a woman's journey after leaving an IPV relationship has significant practical implications. The model has four components each consisting of individual processes that both women and formal support workers identified as contributing to a woman's acceptance of her experiences and long-term wellbeing. Although as part of this model it is recognised that each woman's post-separation journey will be unique, it identifies the key issues for women post-separation. The model can be used by women who have experienced IPV as well as formal or informal

supports to assist in validating the woman's experiences, identifying potential strengths and detecting areas that require additional support.

Although the understanding of IPV has continued to develop through research over the last four decades, it remains unclear if such an evolved understanding is currently represented in services, organisations, the media, governmental departments or by others within the community. Specifically, although the research has begun to conceptualise the causes and consequences of IPV as a complex interaction of numerous individual, relational, situational and socio-cultural factors, the participants in the current study identified there continues to be somewhat "simplistic" perceptions of IPV in friends, family, colleagues and some formal supports. This lack of understanding contributed to women experiencing stigma, fear of disclosing IPV, a lack of support, and pressure to end the relationship despite the individual circumstances of the relationship. Such findings have a few implications. Not only is it important that women who have experienced IPV continue to be actively involved in informing research, policy, and practice but there is also a greater need for new knowledge to be incorporated and represented in our communities. The conclusions from ongoing research are crucial in reflecting and improving on current practices within service provision, local council, and policy development (Hague & Mullender, 2006).

In the current study formal support workers identified issues within current service structures that they believed impacted on their ability to support women through their post-separation journeys. These included lack of collaboration with other services, issues with funding and allocation of resources, high turnover in staff, and being restricted by client inclusion criteria. Such difficulties emphasised the need for a more integrated approach to addressing IPV within communities, which will involve improved relationships between all systems in order to better support women. An important component of this is appropriate training and collaboration with health care services including mental health services, doctors,

nurses, and hospitals. Women often present to health care services even though they may not be specifically seeking assistance related to IPV issues; it is an important opportunity for IPV screening, referrals or advice. Such findings are consistent with research conducted by Pennington-Zoellner (2009) who emphasised that a 'community response' to IPV needs to involve informal support networks, individual support services, therapeutic services for women, children and perpetrators, legal services, child protection departments, criminal and family law departments, religious and spiritual supports, employers as well as community services such as schools, General Practitioners, child care services, and other community groups. Within the current study factors such as alcohol or drug abuse, mental health issues, disability and culturally or linguistically diverse backgrounds were identified as areas that require more collaboration between services in order to address the multiple needs of clients. A collaborative community approach will better support women, men and children who have been involved in IPV relationships, and is more likely to lead to a change in community attitudes. Therefore, continued reflection on current practices within services and possible areas of improvement should endure.

A consistent issue identified in the current study was the use of different terms to refer to women who have experienced IPV, and the difficulty in defining such terms. The significance and implications of terminology has been explored in prior research (Anderson, 1997; Eisikovitis et al, 2002; Winstok, 2007). In both the current study and prior research it has been found that women and formal supports are not consistent in the way they represented women as victims of IPV or individuals with agency, often fluctuating between both perspectives (Dunn & Powell-Williams, 2007). Each of these perspectives can have implications for the attribution of blame, the target of the intervention, and attitudes towards women. The dichotomous view of a woman as either a survivor or victim presents issues with the way IPV is constructed as an issue within society, and has an impact on the perceptions of

women who have experienced IPV. Dunn (2005) suggests that a woman is both a victim and a survivor; that a woman is not responsible for abuse directed towards her but that she is active with the use of survival strategies to resist abuse, to grow, and to build a life for herself and her children. Overall, as the meaning of such terms can differ and the implications can be significant it is recommended that individual women be consulted about the terminology that best represents their experiences and perceptions of self. This also has implications for policy and practice in regard to organisational structure and staff training, as the socially constructed perceptions of IPV are often maintained over time unless such perceptions are reflected on and actively advanced. It is considered that the model developed through the current research facilitates reflection on the impact of socio-cultural perceptions of IPV, as it recognises the bi-directional influence of such perceptions and women's individual post-separation journeys allowing for such issues to be identified. Socio-cultural perceptions of IPV require ongoing reflection as such perceptions are linked with the experiences of individuals in an IPV situation, community attitudes, policies and procedures, and the approach of services.

As each woman's journey will differ it is important to acknowledge that not all women will choose to leave an IPV relationship. Some women will choose to remain in an IPV relationship based on positive feelings towards their partner, increased ability to satisfy basic needs when with the partner (e.g., housing, food), risk of escalated abuse if the woman leaves and perceived better ability to manage the IPV while remaining in the relationship (Bell, Goodman & Dutton, 2007; Butts Stahly, 2000; Peled et al., 2000; Rhodes & McKenzie, 1998). Leaving an IPV relationship is not consistently linked with better outcomes for women and children as abuse or risk may increase after separation or living conditions may decline. Consequently, for some women the decision to stay in the relationship is the safest option at that time (Herbert et al., 1991; Johnson & Hotton, 2003; Kemp et al., 1995; Learner & Kennedy, 2000). Participants in the current study identified that there is a socio-cultural

belief that the woman leaving the IPV relationship is the ideal outcome. Formal support workers recognised the importance of supporting women and improving their situation until they were ready to leave. However, some women expressed feeling pressure by informal and formal supports to end the relationship even if this was not their goal. For some women this led to them seeking support without disclosing IPV e.g., seeing a counsellor to reflect on themselves in an attempt to improve the relationship. Such findings emphasise the importance of considering the individual characteristics of a relationship in shaping the support provided. Although the current research was conducted with women who have left an IPV relationship it is believed that the model can be utilised to support women currently involved in an IPV relationship to address negative experiences, encourage personal growth, ensure personal safety, and assist women to make decisions regarding their relationships even if they do not want to end the relationship. However, further research to determine the applicability of the model to women who remain in an IPV relationship would be required.

### **Recommendations**

The previous section has outlined the contribution of the research to current knowledge regarding IPV as well as its application to policy and practice, the following recommendations will build on what has been discussed based on the data that emerged from the participants.

1. The model of women's post-separation journeys as identified in this thesis can be used by women, friends, family, colleagues, workplaces and other community representatives such as local government officials in order to better understand women's experiences after separation from an IPV relationship. The perceived helpful and unhelpful responses from informal supports (See Table 9, p.g. 149) may assist informal supports to improve their approach to supporting women who have experienced IPV, which may lead to improved wellbeing for women.



2. The model of women's post-separation journeys can be used by formal supports to assess a woman's current needs, strengths, and focus areas for assistance while taking into consideration that the end of the relationship may not be the woman's goal. Recommendations for working with women who have experienced IPV (Table 10, p.g. 167) may assist to inform the approach of services and formal supports workers to better suit women's needs, which may positively influence women's post-separation journeys and subsequently their long-term wellbeing.
3. For all services, regardless of their target clientele or service focus, to have a good understanding of IPV, how to assess for IPV, and how to assist women within their services capabilities i.e., warm referrals at General Practitioners or other medical services. This may require a review of current education within services to assess whether it is consistent with the most recent research in the area. This could include targeted education about women's post-separation experiences, and the complex interaction of systemic factors that can influence women's long-term wellbeing after IPV. This recommendation is an implication of the findings that emerged from participants, but some women and formal supports workers explicitly expressed they would benefit from such information.
4. Participants indicated the importance of continued reflection on community approaches to addressing IPV. As this is an issue identified in prior research, and was identified by participants in the current study it may be important to continue to work towards building networks of collaborative services that can assist to support women with a multitude of needs that cannot be addressed in one service. These would include therapists, group programs, skills programs, support groups, child protection services, financial support providers, women's shelters, programs for children, child care services, mothers groups, schools, legal services, accommodation assistance,

local police stations, health care professionals, cultural services, interpreters, disability services, drug and alcohol services, mental health services and other. Some methods for improving this may include regular scheduled network meetings with representatives from each service within a community area, established referral pathways between services, processes for sharing client information between services to ensure a collaborative approach, and review of service approaches or gaps in services that may require improvement.

5. Increase the involvement of women who have experienced IPV in the development and assessment of services, as well as prevention strategies or policies regarding IPV to ensure that the approach of supports is consistent with the needs and experiences of women. Within the current study some women expressed a desire to continue to advocate for improvement of support for other women who had experienced IPV, and some formal support workers reflected that the involvement of women was helpful in clarifying their support approach. Reflecting on how women who have experienced IPV could be involved in the development of policies, procedures, or services may be valuable in improving the support available for women in the future.
6. To target community understanding of IPV including increased awareness of the complexities of IPV, the interaction of systemic influence that may influence the occurrence, presentation and consequences of IPV, women's post-separation journeys, socio-cultural perceptions of IPV, and the use of terminology. By increasing community awareness of the complexities of IPV it may lead to a reduction in stigma for those who experience it. Both women and formal support workers identified ongoing issues with negative stigma regarding IPV, which was signalled as a potential barrier to women seeking support or disclosing IPV. Reflecting on the way IPV is

understood within communities may assist to reduce stigma, which may then increase the opportunities for women to seek helpful support.

### **Strengths and Limitations**

It is acknowledged that the current research is considered to have both strengths and limitations. Overall the choice of grounded theory methodology is considered well suited to the purposes of the current research, and has contributed to the strengths of the research. The concurrent data collection and analysis methods allowed for the researcher to be closely connected with the data and the women's experiences consequently leading to both richness in the emergent theory and the ability of the research to evolve in accordance with the data. It also allowed for participants experiences to be honoured in the emergent theory rather than fitting participants experiences to existing theory or literature.

The use of in-depth interviews is considered a strength of the research as it allowed for rich data to be collected from participants. As only one researcher conducted all the interviews it also allowed for the researcher to become immersed in the data and to continue evolving the research questions based on what emerged from each interview. However, interviews can also be limited in that participants may present their experiences based on how they wish to be seen, or based on what they believe the researcher expects from them (Sturges & Hanrahan, 2004). It is also possible that personal bias may influence the subjectivity of the research. However, grounded theory principles identify that it is impossible for a researcher to be completely subjective during the research process. Hence, the importance of examining one's own opinions, prejudices, and values prior to the research beginning. The ongoing use of a reflective journal prevented such bias from influencing the research. The importance of empowering women to express their experiences in depth in their own words led to qualitative interviews to be determined as more appropriate for the current research than quantitative techniques.

As previously mentioned, women will each experience a unique post-separation journey. Due to the highly emotive nature of the study it is likely that many women would not volunteer to participate in the study if they believed they would not be able to psychologically cope with retelling their story. Therefore, it could be argued that the results of the current research may only be applied to women who have ended an IPV relationship and perceive themselves as having positive wellbeing. However, the inclusion of formal supports workers in the current study allowed for a broader, slightly different angle on women's post-separation experiences to emerge which improves the applicability of the model to a wider population of women. Further research would be required to determine if the model of women's post-separation journey is relevant to women who are still involved in an IPV relationship or do not recognise themselves as currently having positive wellbeing. However, based on the retrospective nature of the research it is likely that women at any stage of their journey will be able to recognise some aspects of their situation in the current model as the women in the study described their journeys from prior to the IPV relationship to up to 32 years post-separation.

The current study included no empirical measurement of wellbeing of the women who participated in the study. As mentioned previously, a range of empirical measures exist to examine various factors linked with wellbeing (Dodge, Daly, Huyton, & Sanders, 2012; Viet & Ware, 1983; Ryff & Keyes, 1995; Weiss, & Marmar, 1996; Connor & Davidson, 2003). Although such measures are valuable in providing data thereby allowing for comparison with other research using the same measures the majority of the studies focusing on women's post-separation experiences are qualitative in nature. Due to the subjective nature of wellbeing it was believed that a woman's own perceptions of herself, her current wellbeing, and what contributed to positive outcomes post-separation would provide a more

valuable representation of women's unique journeys than empirical measurements, and allows for the appreciation of the complexities associated with the experience.

The scope of eligibility criteria in the current research allowed for participants from a range of backgrounds and experiences to participate in the study. Recruitment was targeted at a range of services and local community areas around Perth, which further assisted in recruiting an array of participants who may have differed in their experiences. This is a significant strength of the current research as traditionally research with women who have experienced IPV recruit through specific services such as women's shelters. The participants in the current study were found to vary in their experiences accessing support; some had accessed no formal or informal support and others had accessed many services. Although limited demographic information was collected from women, it was observed by the researcher that there were women and formal support workers from a variety of ages, and cultural backgrounds. The women also differed in terms of the time since the relationship had ended, and this assisted in providing information on how women may progress through the post-separation journey long-term. Although the research was a Perth based study some of the women and workers had moved to Perth from other states, and countries; sharing their experiences of IPV in different areas of the world. The variance in the participant sample is considered a strength as it allows for a range of experiences to be considered.

The majority of formal support workers that participated in the study were female. The three males who participated in the research had legal backgrounds. The workers that participated in the study had experience in roles that can be defined as professional or scientific services, education or training services, or healthcare and social assistance services in accordance with the Australian Bureau of Statistics (2013). Census data indicates that in Australia approximately 44% of individuals employed in the professional or scientific industry are females, 70% of those employed in education or training are females, and 78%

of individuals employed in healthcare or social assistance are females (Australian Bureau of Statistics, 2013) . Although theoretical sampling was utilised in the current study, statistics indicate that having a larger percentage of female workers participating in the current study would be expected as it is representative of the population.

The retrospective nature of the study meant that the recollections of events portrayed by women and formal support workers may be influenced by the time passed and the influence of events that have occurred since. However, as the purpose of the research was to identify individual's experiences, the retrospective nature of the study is not considered to be a significant limitation. Upon reflecting on the current research additional areas that may be of focus in future research can now be identified. The previously outlined strengths and limitations, recommendations, implications, and contribution to knowledge can assist to determine aspects of the literature and research that may still require further focus.

### **Suggestions for Future Research**

Based on the findings of the current research the following possibilities for additional research are considered to be important in further developing the understanding of IPV and the post-separation journeys of women. The current research indicated that some women may encounter additional challenges in accessing appropriate supports and resources to facilitate long-term wellbeing post-separation. In particular women with a disability, mental illness, drug or alcohol use issues, language barriers, cultural barriers or issues associated with immigration status are specific groups of women whose experiences need to be further researched and better understood in order to ensure informal and formal supports are able to address such additional needs. The researcher was also contacted during the recruitment by a woman who had been in a lesbian IPV relationship. Although she did not participate in the current research it highlights the need for further research to be conducted

on IPV in gay, lesbian, bisexual and transgender relationships, including any unique needs or processes in their post-separation journeys.

Within the current study there were a portion of women who chose not to seek formal support. The women who participated provided a range of individual reasons why they did not chose to seek formal support but further research in this area may be beneficial. Further research could begin to compare women who do and do not seek formal support, and how this may influence their post-separation journeys and long-term wellbeing.

It may be of benefit to conduct longitudinal research with women potentially before they leave an IPV relationship, or initially after leaving an IPV relationship to explore their post-separation experiences over time. Such research will also allow for empirical evidence of wellbeing to be collected over time to examine how wellbeing may fluctuate through the post-separation journey.

As highlighted in the current study women's individual post-separation journeys are influenced by many other people and systems within the community. Although the current research examined women's experiences and the experiences of formal support workers further research could aim to examine the experiences of children, family members, friends, colleagues, workplaces and other community representatives such as local government officials to better understand their knowledge, experiences and approach to IPV and how that may influence women's post-separation journeys.

Through the current research a unique finding emerged that some women described an evolving of the relationship with an ex-partner post-separation. Especially for women who had children, continued involvement with the perpetrator was common. It may be significant to further examine IPV relationships that evolve post-separation in order to understand what contributes to a more positive relationship.

Through the current study it emerged that participants had a lack of understanding about the typologies of IPV. It appears that community perceptions of IPV focus on defining individual behaviours as abusive i.e., hitting, without recognising the importance of assessing the pattern of behaviour in the relationship over time. The recognition of typologies of IPV has implications for the assessment of IPV and the treatment approaches e.g., the treatment approach for situational couple violence is likely to be different than that for coercive controlling violence. Further research that focuses on the definition, assessment and treatment of typologies of IPV may be beneficial in improving the understanding of IPV. In addition, research examining community awareness of typologies may assist to identify areas for future education and intervention.

### **Final Conclusion**

The current study aimed to examine the post-separation journey of women after leaving an IPV relationship in order to better understand what factors contribute to positive wellbeing for women post-separation. It is unique in that it considered how formal support workers conceptualise and facilitate women's post-separation journeys to determine if the approach of formal supports was consistent with women's experiences and needs. Overall it was found that the key issues identified by formal support workers were similar to those identified by women, allowing for both perspectives to contribute to the emerging model. Based on the data that emerged a model was developed consisting of four main components, each comprising of individual processes that both women and formal support identified as contributing to a woman's acceptance of her experiences and sense of wellbeing post-separation. The study identified that the post-separation journeys of woman are influenced by complex bi-directional interaction between individual processes as well as relational, situational and socio-cultural factors. The model adds to the existing literature in the area of IPV as well as contributing to the application of resilience, coping and recovery literature to



the experiences of women post-separation. A better understanding of the multiple influences on women's post-separation journeys represented in the current study will allow women, friends, family, colleagues, workplaces, services, and professionals to better identify a woman's current needs, provide appropriate supports and assistance, and better facilitate long-term wellbeing post-separation. The model is the first to comprehensibly explore women's individual journeys in the context of an ecological perspective in conjunction with considering the perspectives and experiences of formal supports. Such a model not only adds to the literature but has important practical implications for enhancing the understanding of the experiences of women after leaving an IPV relationship, as well as focusing intervention and assistance to better suit a woman's particular needs.

'It is good to have an end to journey toward: but it is the journey that matters, in the end'

-Earnest Hemingway

## Appendices

### Appendix A: Information Email

#### Seeking Research Participants - Survival After Violence

Hello,

The following email is seeking the participation of your service in research currently being conducted by Edith Cowan University. I would greatly appreciate if you could forward this information onto the appropriate member of staff.

My name is Sarah Parkin and I am currently completing a PhD in Psychology at Edith Cowan University. As a part of this degree I will be conducting research that aims to explore the factors that contribute to the wellbeing of women who have experienced intimate partner violence. The proposed research has been approved by the Edith Cowan University Human Research Ethics Committee.

I am seeking your assistance to recruit participants for this research. Specifically I wish to talk to individuals who have worked with women victims of intimate partner violence for at least twelve months. I also wish to talk to women who have experienced intimate partner violence.

I would greatly appreciate any assistance your organisation may be able to provide with the recruitment of participants for this research. If you are in agreement, you will be invited to distribute an information letter to staff about the research, and post a recruitment advertisement in areas accessed by women who may have experienced intimate partner violence. If you would like to participate please contact me and I will forward the relevant documents. I am also available to meet with you if you would like to discuss this further.

If you have any questions or concerns about the research please feel free to contact me via the details below. Alternatively, you may contact either of my supervisors of this research, Associate Professor Lynne Cohen on 6304 5575, Dr Elizabeth Kaczmarek on 6304 5193. If you wish to discuss this project with an individual independent from the project, please contact the ethics research officer Kim Gifkins on 6304 2170.

If your organisation is willing to participate or would like further information, I can be contacted on the details below.

Thank you for taking the time to read this email. I look forward to hearing from you soon.

Yours sincerely,

Sarah Parkin  
BA (Psych) Hons  
0448530030 (m)  
[sparkin0@our.ecu.edu.au](mailto:sparkin0@our.ecu.edu.au)

## Appendix B: Information letter A

Edith Cowan University  
100 Joondalup Drive  
Joondalup, WA 6027



Dear Potential Participant,

Thank you for your interest in my study. My name is Sarah Parkin and I am currently completing a PhD in Psychology at Edith Cowan University. As a part of this degree I will be conducting research that aims to explore the concept of surviving intimate partner violence. This research aims to understand which factors contribute to the wellbeing of women who have experienced intimate partner violence.

For the purpose of this study I am seeking individuals who have worked with women victims of intimate partner violence for at least twelve months. Individuals interested in participating in this study will be asked to attend an interview, at a convenient time and place, which will last approximately 30-60 minutes.

The proposed research has been approved by the Edith Cowan University Human Research Ethics Committee. To ensure the accuracy of the data collected I am seeking consent to audio-record the interview. In accordance with ethical guidelines all information collected during the interview will remain confidential. The completed project will contain no identifying information. Transcribed data will contain pseudonyms and all written records will be kept in a secure location. Participation in this study is completely voluntary and you are able to withdraw at any time.

If you have any questions or concerns about the research please feel free to contact me via the details below. Alternatively, you may also discuss any queries you may have with the supervisors of this research, Dr Elizabeth Kaczmarek on 6304 5193, or Dr Deirdre Drake on 6304 5020. If you wish to discuss this research with an individual independent from the project, please contact the ethics research officer Kim Gifkins on 6304 2170.

If you are interested in participating or would like further information, I can be contacted by telephone or email on the details below.

I look forward to hearing from you.

Yours sincerely,

Sarah Parkin  
BA (Psych) Hons  
0448530030 (m)  
[sparkin0@our.ecu.edu.au](mailto:sparkin0@our.ecu.edu.au)

## Appendix C: Information letter B

Edith Cowan University  
100 Joondalup Drive  
Joondalup, WA 6027



Dear Potential Participant,

Thank you for your interest in my study. My name is Sarah Parkin and I am currently completing a PhD in Psychology at Edith Cowan University. As a part of this degree I will be conducting research that aims to explore the concept of surviving intimate partner violence. I hope that by talking to women who have been victims of intimate partner violence, I will be able to understand what is most helpful when trying to recover from such experiences.

I wish to talk to women over 18 years, who have experienced violence in an intimate relationship, and have not been involved in a violent relationship for at least a year. Please note: if you are currently in a violent relationship or still involved with the person who perpetrated violence against you then you are not suitable for this research, but I can provide you with a list of appropriate services if desired. If you are interested in participating, you will be asked to attend an interview at a time and place convenient to you, which may last 30-60 minutes.

The proposed research has been approved by the Edith Cowan University Human Research Ethics Committee. In accordance with ethical guidelines all information collected during the interview will remain confidential. The completed project will contain no identifying information. To ensure the accuracy of the data collected I am seeking consent to audio-record the interview. Transcribed data will not contain your real name and all written records will be kept in a secure location. Participation in this study is completely voluntary and you are able to withdraw at any time. If you choose not to participate in the research, it will in no way impact on services you may be currently receiving.

If you have any questions or concerns about the research please feel free to contact me via the details below. Alternatively, you may also discuss any queries you may have with the supervisors of this research, Dr Elizabeth Kaczmarek on 6304 5193, or Dr Deirdre Drake on 6304 5020. If you wish to discuss this project with an individual independent from the project, please contact the ethics research officer Kim Gifkins on 6304 2170.

If you are interested in participating or would like further information, I can be contacted by text message, phone call or email using the details below.

I look forward to hearing from you.

Yours sincerely,

Sarah Parkin  
BA (Psych) Hons  
0448530030 (m)  
[sparkin0@our.ecu.edu.au](mailto:sparkin0@our.ecu.edu.au)

## Appendix D: Consent Form A

I \_\_\_\_\_ have read the information sheet provided and agree to participate in the research study conducted by Sarah Parkin of Edith Cowan University. I understand the aims of the study and am participating voluntarily. The researcher has provided me with the opportunity to ask questions and all questions I may have had have been answered to my satisfaction. I consent for the information collected during the interview to be used for this research project and understand that the results may be published. I understand that any information that may identify me will be omitted from the final project. I realise I have the right to refuse to answer any questions and may withdraw at any time. I also grant permission for the interview to be audio recorded as I understand that the tapes and de-identified records will be kept in a secure location.

**Participants Signature**\_\_\_\_\_

**Date**\_\_\_\_\_

**Contact Number**\_\_\_\_\_

**Researchers Signature**\_\_\_\_\_

**Date**\_\_\_\_\_

## Appendix E: Flyer seeking participants

**Have you experienced intimate  
partner violence?  
OR  
Worked with women who have ex-  
perienced intimate partner vio-  
lence?**

As part of my PhD in Clinical Psychology at Edith Cowan University, I am interested in talking to people over the age of 18 years, who have experienced violence in an intimate relationship, but have not been involved in a violent relationship for at least a year OR individuals who have worked with women victims of intimate partner violence, currently or previously, for a period of at least 12 months. This would involve an interview that may last up to an hour, at a time and place convenient to you. All information will remain confidential, and you may withdraw from the research at any time.

I hope that by talking to individuals who have an understanding of intimate partner violence I will be able to determine what is most helpful when trying to recover from such experiences. If you are interested in participating in this research, or require any more information please call or text Sarah Parkin on 0448530030 or email [sparkin0@our.ecu.edu.au](mailto:sparkin0@our.ecu.edu.au).

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## Appendix F: Interview Schedule A

### Interview Schedule A

---

Topic:

Time:

Interviewee's initials:

---

#### Before interview-

- Greet participant at the door, and lead them to their seat
- Researcher sits opposite
- Researcher introduces herself
- Researcher thanks the participant for attending, acknowledging that it may not be easy to do.
- Ensure confidentiality
- Remind participant of expected duration of interview
- Seek written consent to participate and to audio record the interview
- Researcher provides brief description of the research rationale
- Researcher provides opportunity for participant to ask questions, which are answered to the best of the researcher's ability
- Participant is reminded that their contribution is voluntary and they may withdraw from the study at any time

#### Data collection-

- Demographic information is collected from the participant.
- The participant is informed they will now begin the interview questions, and audio recording begins.
- Researcher then proceeds using the interview questions, prompting where appropriate.

#### After the interview-

- The participant is thanked sincerely for their participation in the research.
- Each participant is provided with a list of counselling services in case the issues discussed upset them.
- The researcher farewells the participant.

## Interview Questions

I am interested in your experience working with women who have experienced intimate partner violence.

1. Can you tell me about your experiences with intimate partner violence?

Prompts:

- What is your position/job responsibilities?
- How long have you been working in the area of intimate partner violence?
- Why did you decide to go into this field of work?

2. Thinking about women who have experienced intimate partner violence, how would you describe a survivor?

Prompts:

- How is a survivor different to a victim?
- What factors contribute to the wellbeing of women after experiencing intimate partner violence?

3. What do you believe is helpful to women when trying to separate from a violent relationship?

Prompts:

- People? Immediate family, extended family, friends, neighbours etc.
- Services? Types of services?
- Personality characteristics?

4. What do you believe makes it most difficult for women to leave a violent relationship?

Prompts:

- Is there anything you think would make the experience less difficult for women?

5. What do you believe are the main reasons women return to violent relationships?

Prompts:

- Why do some women return and others do not?
- What factors do you believe help women sustain separation?

6. In your professional opinion what do you believe is most helpful in assisting women to overcome their negative experiences with violence?

Prompts:

- What factors help some women cope with their experiences better than other women?
- Important factors?
- People? Immediate family, extended family, friends, neighbours etc.
- Services? Types of services?
- Personality characteristics?
- What positively contributes to their wellbeing?



## Appendix G: Interview Schedule B

**Interview Schedule B**

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Topic:

Time:

Interviewee's initials:

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**Before interview-**

- Greet participant at the door, and lead them to their seat
- Researcher sits opposite
- Research introduces herself
- Researcher thanks the participant for attending, acknowledging that it may not be easy to do.
- Ensure confidentiality
- Remind participant of expected duration of interview
- Seek written consent participate and to audio record the interview
- Researcher provide brief description of the research rationale
- Researcher provides opportunity for participant to ask questions, which are answered to the best of the researchers ability
- Participant is reminded that their contribution is voluntary and they may withdraw from the study at any time

**Data collection-**

- Demographic information is collected from the participant
- The participant is informed they will now begin the interview questions, and audio recording begins.
- Researcher then proceeds using the interview questions, prompting where appropriate.

**After the interview-**

- The participant is thanked sincerely for their participation in the research.
- Each participant is provided with a list of counselling services in case the issues discussed upset them.
- The researcher farewells the participant.

## Interview Questions

I am interested in your experiences of intimate partner violence.

1. Thinking about women who have experienced intimate partner violence, how would you describe a survivor?

- How is survivor different to a victim?
- What factors contribute to the wellbeing of women after experiencing intimate partner violence?

2. Do you consider yourself a survivor of intimate partner violence?

- Why?

3. Can you tell me about your personal experience with intimate partner violence?

Prompts:

- Boyfriend/husband?
- How long were you in the relationship?
- Was it primarily physical abuse, or emotional, sexual, and financial as well?
- What made you decide to end that relationship? And how did you do that?
- How long has it been since you were in a violent relationship?

4. When you were attempting to leave that violent relationship what was most helpful to you?

Prompts:

- What was most difficult about leaving that relationship?
- Were there important people who helped you?
- Did you access different services during this time? Types of services? Were they helpful?
- Is there anything that you can think of that may have made the experience of leaving less difficult?
- Did you think about returning to the relationship at this time? Were there any reasons that made you consider staying? What were the main reasons that helped you stick to your decision to leave?

5. Can you tell me what your life was like after the relationship ended?

Prompts:

- What was most difficult about adjusting to life following separation?
- What did you find helpful in getting you through those times?
- Were there important people who helped you?
- Did you access different services during this time? Types of services? Were they helpful?
- Is there anything that you can think of that may have made the time following separation less difficult?
- Did you think about returning to the relationship at this time? Were there any reasons that made you consider going back? What were the main reasons that helped you stick to your decision to leave?

6. How do you feel at this point in your life about your experiences?

Prompts:

- To what extent do you feel your experiences with intimate partner violence have shaped who you are?
- To what extent do you feel like you have overcome your experiences with intimate partner violence?
- To what extent do you feel like you are still trying to cope with your experiences with intimate partner violence?
- To what extent do you feel like your experiences with intimate partner violence still have a significant impact on your life? Would you consider that this impact to be negative or positive?
- When you think about your history with intimate partner violence, what emotions come to mind?
- If there was one thing you could tell other women out there, what would it be?

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