

THE EVIDENCE IS IN THE TELLING: THE WORDS OF WOMEN SURVIVORS OF
NON-PHYSICAL ABUSE IN INTIMATE PARTNER RELATIONSHIPS

by

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ABSTRACT

Woman Abuse is recognized as a serious issue that is epidemic in Canadian society; women of any ethnicity, race, education, and socio-economic status are at risk. Although non-physical abuse is harmful, in the absence of physical abuse, it is often overlooked or minimized by potential helpers. Consequently, in the absence of physical abuse, understanding that the abuse is unacceptable and requires action, and having the abuse taken seriously by potential helpers, is more difficult. The purpose of this study was to better understand how women who have experienced non-physical abuse in an intimate partner relationship use language to describe, interpret, and evaluate their experiences, and how they communicate their understanding to others.

In this qualitative study, the narrative method was used to examine how women use language to make meaning from their abuse experiences tempered by current personal, family, sociocultural, and environmental norms. Five women who self-identified as having experienced non-physical abuse in an intimate partner relationship participated in this study.

Data analysis of in-depth interviews included an examination of the telling of the narrative, then an analysis of form and subsequent graphic depiction of the overall structure of the narrative. The content analysis that followed derived six overarching themes that formed the basis for new understanding in four key areas: categorization of abuse constrains understanding for women survivors of abuse and potential helpers; the evidence is in the telling: listening creates connection and enables recognition of abuse across categories; recognition of the state of “Death” of Self clarifies and deepens understanding of the impact of abuse; and education, employment, and support networks can mediate the effects of abuse.

The findings emphasize the need to view all forms of abuse as abuse, and to view women who may be experiencing abuse in intimate partner relationships as capable, competent, and worthy. Connection and engagement is a vital step to providing access to care and support, and the most helpful interventions for women who experience non-physical abuse in intimate partner relationships may be those that are decided upon collaboratively with the woman, when the potential helper chooses to listen first.

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DEDICATION

This thesis is dedicated to all survivors of intimate partner abuse, and to everyone who personally encouraged me to stick with this topic for my thesis.

and

For all women who told me I had to do it because their story had to be told; this is for you.

CHAPTER I: INTRODUCTION

Prologue

Unlike most cycles of violence, there was no honeymoon period in my marriage. I was told that if I hadn't acted the way I did this would not have happened. My reality was turned upside down. I had become a prisoner of war. I lost confidence in myself and felt unsafe in the world.

When I think of the final straw, or our last day together, it was just before the holiday season. We had decided to go into the city to shop for holiday gifts. Just as he was starting to park the car, I noticed a street sign that said "Street Cleaning: Tow Area- No Parking 4 – 6 PM." I told him not to park in that spot. He got angry and said, "You are so stupid, you don't know anything. I don't care what it says; I am still going to park here." When we returned to the car after dinner, it was not there. It had been towed. Then the screams began, "If you hadn't been so inconsiderate and stupid this would not have happened. You never pay any attention to anything." As people were walking by, he was in a rage, jumping up and down and yelling for me to make the phone call to find out where the car was.

After a taxi took us to the car, we paid a huge fine and headed home. The verbal abuse never stopped for the forty-minute ride home and as we entered the house. It was at that point that I asked him to leave the house and not come back. Before I could say anything else, he went over and picked up a plate in his hand. This was from a very special collection of dishes and crystal. These things were the connection to my mother and grandmother who had died. One by one he held each one up and said, "Do you like this?" and then smashed it across the wooden floors and against the walls. Each one was a slap. Each one was intended to hurt. It was a form of torture. He had broken the things that were the physical connection to my mother and grandmother. There was broken glass everywhere.

In the affluent community that I lived in you never heard the words domestic violence. It just didn't exist. People did not accept the fact that it happened. (Posner-Silverman, pp. 8-9).

When I first worked as a hospital-based domestic violence nurse educator, I believed the common stereotypical thinking that domestic violence concerned the cohort of young to middle-aged women with children who were physically beaten by their male partners. This compartmentalized my thinking to the extent that I thought it was clear to me what “domestic violence was,” and what “domestic violence wasn’t.” This “knowledge” also made the solution appear clear and simple: the woman somehow had to be convinced to leave. After all, if she wasn’t living with him, there wasn’t a problem. In retrospect, I am amazed by my naïveté. Since that time, my mind-set has been dramatically changed because I have gained an education from the experts – the women survivors of intimate partner abuse.

I recall talking with a young woman who had been severely physically abused by her ex-partner. This woman graciously donated her time to speak to health care professionals about her experience with domestic violence. I found the extent of physical violence she had endured at the hands of her ex-husband overwhelming. When I expressed feelings about her amazing strength and resilience she looked at me, paused, and then said, “Jude, I could take the beatings. At least then I could look in the mirror and what I saw confirmed the fact that this man was hurting me. No doubt about it. The blood would be cleaned up, the broken bones would mend, and the bruises would heal. But, it was the constant day-to-day destruction of my spirit that showed no wounds and left no physical evidence that hurt me more than the beatings. That damage was invisible to all but me. I was defined by him as stupid, ugly, frigid, pitiful, and a loser. He threatened to kill me if I left him. I am still trying to recover from that. I don’t know if I ever will.”

I was shocked, and then I heard a similar story. This time, the woman I was speaking with tentatively told me of the emotional and psychological abuse she had

endured with her ex-partner. She told me how difficult it was when she told anyone, the response was always, “Well, at least he doesn’t hit you.” She vowed never to tell anyone again. This reaction made her feel guilty and ashamed, and she believed that she should just try to be a better partner and the relationship would improve. After all, she wasn’t beaten, so it wasn’t abuse.

I listened to many stories like these and wondered how many women living with non-physical intimate partner abuse are “invisible,” and how many abuse experiences consequently are overlooked or minimized by friends, family, health care and other providers because of the absence of physical violence. Once I understood the magnitude of the effects of non-physical intimate partner abuse on these women’s lives, I began to wonder how these women find a way to be heard and to have their experiences taken seriously.

Without physical abuse, women’s experiences are often not believed to be seriously problematic. This view is shared by family, friends, potential helpers, abusers, and the women themselves. I thought that women experiencing non-physical intimate partner violence may need to define their experiences as abuse to themselves first, before they are able to consider their experience as abusive and unacceptable and know the words to use to communicate their evaluation to others.

I have included brief stories that women who have lived with physical and non-physical intimate partner abuse have told me to help me understand what their lives had been like. These women, who had experienced both physical and non-physical abuse, emphasized the seriousness and the impact they experienced from non-physical abuse. It seemed to me that women communicated their understanding of their intimate partner relationships as abusive by sharing the stories they tell themselves and others about their relationship events, and also by the manner in which they tell these stories. Perhaps if

nurses and other potential helpers listened to how women talk and use language to describe their abuse experiences, rather than asking subjective questions, they may gain a new understanding of the impact of non-physical intimate partner abuse and its consequences on the women who endure it.

The following newspaper article suggests that listening to a woman's words and how she tells her story may be important to understanding her life situation and what she needs to help herself and to keep herself safe.

Sherry's Story

Inquest hears shooting victim's taped voice pleading for help.

Relatives of a woman shot dead by her husband sobbed at the inquest yesterday as her taped voice expressed fear for herself and her loved ones.

"I don't want him to come near us, me or my family," Sherry Heron said in a police interview recorded a week before her May 2003 murder.

Bryan Heron, 52, shot Sherry, 41, and her mother, Anna Adams, 68, in the head with a .357 Magnum handgun at the Mission Memorial Hospital, hours after a restraining order was issued ordering him to stay away from Sherry.

Bryan shot himself to death three days later as police closed in on him.

Bryan, a corrections officer, was served with the restraining order at the Fraser Regional Correctional Centre, and then called a colleague into his office to say he was going home sick.

"When I walked in and first saw him, I had a chill go up my back" said corrections officer Dean Crocker. "To see that amount of emotion a) coming out, and b) being restrained, I was quite shocked."

Earlier yesterday, Sherry's sister, Lisa Thompson, testified she was shocked when she learned that her sister and mother were dead in spite of her efforts to obtain police protection for Sherry.

"I never thought they wouldn't do anything for her," Thompson said. "There have got to be steps to take for people when they're in that situation."

Those steps are outlined in the "violence in relationship" policy for B.C.

RCMP, testified RCMP Cpl. Fred Bott, who was a watch commander with Mission RCMP when the killings occurred.

Complaints about domestic violence require an investigation, an assessment of risk to extended family members, and a firearms check, Bott said.

A firearms registry search on Bryan, done the day Thompson told the RCMP about her sister's fears and threats to her, showed he owned five guns.

RCMP Const. Mike Pfeifer took Thompson's complaint, visited Sherry at the hospital and recorded his interview with her.

"[Bryan] said, 'You're not going to leave me, and if anybody interfered, like your family or anyone, that he'd probably hurt someone,' Sherry said on the tape.

She related an incident in which her husband grabbed the steering wheel while she was driving and drove them into a post. She also said he hit the phone out of her hand when she was trying to call an ambulance to take her to hospital for MS (multiple sclerosis) treatment.

Bott said Pfeifer briefed him on Sherry's situation.

"He had told me there had been no **violence and no threats**," [bold text added] Bott said.

Lawyer Parmjit Virk, who obtained the restraining order on behalf of Sherry, testified that police typically "don't want to get involved" in such disputes. "They say go get a restraining order."

Virk said he had been worried a judge wouldn't grant a restraining order for Sherry, because **her affidavit didn't describe physical violence**. [bold text added]

"It wasn't a blood and guts affidavit," Virk said. "there was no broken skin, no blood."

By Ethan Baron, Staff Reporter. THE PROVINCE: Wednesday, September 29, 2004.

"Her affidavit didn't describe physical violence." "It wasn't a blood and guts affidavit." These words echo the often-cited societal belief that physical violence is definitional of abuse. This newspaper article highlights several of the issues that make it

difficult, if not impossible, for women experiencing non-physical intimate partner abuse to be viewed as having a problem that merits intervention. In Sherry's case, the police could not intervene if there was no evidence of physical violence but they could suggest, "go get a restraining order." Sherry's lawyer was concerned that a judge might not grant a restraining order without evidence of physical violence. The law exists to protect everyone equally, even her estranged husband, so it is a reasonable conclusion that nothing could be done to protect Sherry, because her estranged husband "hadn't done anything" yet.

This is a striking example of the paradox of non-physical intimate partner abuse and how tragically ironic it is that the first known act of physical violence could be femicide. I have read countless reports in the media documenting the first public reaction to a femicide such as this that occurs without prior reports of physical violence. Newspaper articles describe friends and neighbours saying they are surprised and shocked because they thought the perpetrator was a "nice guy," a "family man," and besides, there had been no reports of intimate partner abuse and the police were never called to the house. How then, does this happen? Can there be abuse in the relationship if no one knows about it, and the police have not been involved, and the alleged perpetrator is a "nice guy?" Throughout this story, Sherry's words were clear. Even in the brief newspaper article, it was reported that Sherry had anticipated the danger her estranged husband posed and what potentially could happen. Police officers and Sherry's lawyer were involved in her case, but no one who could have helped her appeared to have really listened to, heard, or believed the seriousness of Sherry's concerns. Only she anticipated the potential lethality of her situation. Sadly, those who could have helped her were constrained by the questionable seriousness of the alleged abuse without physical evidence.

This story, plus the many stories women have told me, convinced me that people who could advocate for these women often fail to listen, hear, and consider the potential seriousness and consequences for women living with non-physical intimate partner abuse. I was motivated and encouraged by women survivors of non-physical intimate partner abuse to study, as the basis for my thesis, how they talk, tell stories, and come to see their experiences as abusive and unacceptable in hopes that nurses and other help providers will learn to be able to listen better, understand, and subsequently provide better care for these women.

Prevailing attitudes shape what nurses, health care professionals, survivors, and society in general believe about intimate partner violence/abuse. Non-physical intimate partner abuse is poorly understood by persons who could be a source of support and perhaps life-saving intervention to women living with abuse in their intimate partner relationships. Negative myths, stigma, and stereotypes influence interpretation of the abuse experience by the women themselves, their families and friends, their health care providers, other potential helpers, and their abusers. In the case of non-physical intimate partner abuse, in the absence of physical battery as evidence, the situations are often not labeled as abuse. Thus, the need for the presence of “physical abuse” criteria often leads nurses, health care professionals, other potential helpers, survivors, and society in general to minimize the severity of the experience and to create barriers to taking meaningful supportive action.

Woman Abuse is recognized as a serious issue that is epidemic in Canadian society (Health Canada, 2002). Women of any ethnicity, race, education, and socio-economic status are at risk. The adverse health effects of woman abuse include increasing risk of acquiring physical and mental illness, as well as the impact and cost associated with long term consequences of physical and mental illness. (Health Canada,

2002). The high incidence of child abuse, present in up to 70% of families where woman abuse occurs, is also a serious issue with immediate and long-term consequences (Edelson, 1999). The impact of woman abuse is felt in many ways, and there are far-reaching implications for individual, family and community health (Jones, Hughes, & Unterstaller, 2001; Katz & Arias, 2000; Kelly, 2004; Straight, Harper, & Arias, 2003; Health Canada, 2002).

The question of whether intimate partner violence (IPV)/woman abuse is a problem worthy of concern remains an issue. When I was teaching nurses, or discussing intimate partner abuse with colleagues or friends, I often heard, “I would never let that happen to me.” The women survivors with whom I spoke used similar words, only they said, “How could I let that happen to me?” The abuse survivors who weren’t hit told me how difficult it was for them to believe that what they were experiencing in their intimate partner relationships really was abuse. They also said that if they confided in friends, family, or clergy, they sometimes felt patronized by the listener, who minimized the abuse and encouraged them not to complain, but instead be grateful for what they had. For example, women were told to be grateful for “a roof over her head, food on the table, the clothes on her back.” The statement “at least he doesn’t hit you” often accompanied the list of things for which they should be grateful. When others redefined the woman’s feeling that her partner’s behaviour was wrong as ungratefulness, it created a cognitive dissonance that fostered guilt and further prevented her from constructing what she was experiencing as abuse.

Women who were physically abused, as well as women who experienced non-physical abuse in their intimate partner relationships whom I’ve encountered in my personal and professional life used the word “belief” and emphasized their need to be “believed.” In this sense of the word, the women are not referring to an absolute truth;

they are instead referring to “belief” as being a necessary personal conviction of their experiences as “abusive.” Not being believed by others and not believing the experience to be abusive herself; and thus wrong or unacceptable, was often cited as the most serious barrier to accessing support or help.

Definition of Terms

For the purpose of this study, the terms are defined as follows:

Intimate Partner Abuse: Abuse that includes, but is not limited to, the physical, sexual, psychological, verbal, social, spiritual, and financial abuse occurring within an intimate partner relationship (Health Canada, 2002).

Physical Intimate Partner Abuse: Abuse that includes beating, burning, slapping, choking, kicking, pushing, biting, rape, or assault with a weapon (Health Canada, 2002).

Non-Physical Intimate Partner Abuse: Intimate partner abuse that is characterized as a pattern of coercive control to maintain the relationship power imbalance, of one partner over the other by means of non-physically abusive behaviours (Kelley, 2004). Non-physically abusive behaviours include, but are not limited to the following:

Emotional or Psychological Abuse: includes constant yelling, screaming, name calling, insults, threats, humiliation or criticism, excessive jealousy or suspiciousness, threatening or harassing a woman (or her children, family members, friends, or pets), isolating a woman from neighbours, friends, or family, or depriving a woman of love and affection, stalking, or willfully destroying or damaging a woman’s property (Health Canada, 2002)

Sexual Abuse: includes unwanted sexual touching, sexual harassment, sexual exploitation, or forcing women to participate in any unwanted, unsafe, degrading,

or offensive sexual activity, denying or ridiculing a woman's sexuality or controlling her reproductive choices (Health Canada, 2002),

Economic or Financial Abuse: includes preventing a woman from working, controlling her occupational choices, preventing her from achieving or maintaining financial independence, denying or controlling her access to financial resources, or exploiting her financially, or failing to provide the necessities of life (Health Canada, 2002).

Spiritual Abuse: includes preventing a woman from participating in spiritual or religious practices, ridiculing her beliefs, or using spiritual beliefs to justify controlling her (Health Canada, 2002).

Belief: "conviction of the truth of some statement or the reality of some being or phenomenon especially when based on examination of evidence" (Merriam-Webster Dictionary, 2003).

Language: "**1 a**: the words, their pronunciation, and the methods of combining them used and understood by a community **b (1)**: audible, articulate, meaningful sound as produced by the action of the vocal organs **(2)**: a systematic means of communicating ideas or feelings by the use of conventionalized signs, sounds, gestures, or marks having understood meanings **(3)**: the suggestion by objects, actions, or conditions of associated ideas or feelings" (Merriam-Webster Dictionary, 2003).

Violence: "**1 a**: exertion of physical force so as to injure or abuse (as in warfare effecting illegal entry into a house) **b**: an instance of violent treatment or procedure. **2**: injury by or as if by distortion, infringement, or profanation **3 a**: intense, turbulent, or furious and often destructive action or force **b**: vehement feeling or expression, also: an instance of such action or feeling **c**: a clashing or jarring quality" (Merriam-Webster Dictionary, 2003).

Problem Statement

In research and academic literature, abuse in intimate partner relationships is predominantly associated with physical violence. Although non-physical abuse is harmful, it is overlooked, dismissed, denied, and minimized by nurses, health care professionals, family, friends, other potential helpers, society in general, and by the women experiencing this abuse. There are many social dynamics that create and increase barriers to evaluating the experiences as problematic and as requiring action by the women experiencing the abuse and by potential helpers. Thus, in the absence of physical abuse, understanding that the abuse is unacceptable and requires action, and having the abuse taken seriously by others, is more difficult.

Assumptions

Assumptions are “basic principles that are accepted as being true on the basis of logic or reason, without proof or verification” (Polit & Hungler, 1999, p. 695) For the purpose of this research study, I made the following assumptions:

1. Women who have experienced non-physical intimate partner abuse are prone to believe the same myths and to have the same stereotypical thinking about abuse as other women in their society and do not immediately identify their experience as abusive.
2. Women who have experienced non-physical intimate partner abuse need to test the safety of disclosing their situation by using language carefully and purposefully when interacting with family, friends, health care providers, and other potential helpers.
3. Knowing how women who have experienced non-physical intimate partner abuse use language to communicate their experience to themselves and others may offer

insight to nurses and other help providers so that they may be more accessible as non-judgmental and supportive listeners.

Purpose of the Study

The purpose of this study was to better understand how women who have experienced non-physical abuse in an intimate partner relationship use language to describe, interpret, and evaluate their experiences; and how they communicate their understanding to others. A goal of nursing education is to encourage nurses to use evidence-based knowledge to enhance their clinical decision-making and their delivery of care in patient-centred practice. Sackett, Strauss, Richardson, Rosenburg, and Haynes (2000) define evidence based medicine as very careful use of the best current research combined with clinical expertise in making decisions about patient care. Clinical expertise is said to include understanding of patients' personal views of their situations as well as their rights and preferences regarding care. Skott (2001) states that "the study of narrative communication, in the context of care provision, can reveal features of how interpersonal understanding is created in the interplay among language, environment, and personal experience" (p. 249). Thus with greater understanding of how women use language, nurses and other potential helpers might feel encouraged to listen more effectively, identify cues to understanding, validate the woman's evaluation of her experience, and learn how to offer more meaningful support to women survivors of non-physical intimate partner abuse in their care.

Research Questions

For the purpose of this study, the questions for investigation are:

1. How do women survivors of non-physical intimate partner abuse talk about the experience of living with non-physical abuse in an intimate partner relationship?

2. How do women survivors of non-physical intimate partner abuse use language to re-evaluate the relationship and the abuse they experienced?

Thesis Structure

In Chapter I, I provide an introduction to the research study and include definitions of terms that are applicable to the study content. Also included in Chapter I is the problem statement, three assumption statements relating to the focus of the study, the purpose of the study, and the research questions.

In Chapter II, I present an overview of relevant literature that I examined to comprehend the scope of research and current understandings surrounding the diverse issues associated with woman abuse in intimate partner relationships. The literature is presented to reflect the content of the statement of the problem for this study.

In Chapter III, I discuss the choice of narrative method, as well as the recruitment of the sample, the process of data collection, and associated ethical considerations.

In Chapter IV, I present the findings from the analysis and describe how the women's verbal and non-verbal performance of the narratives, as well as their use of literary devices, phrasing and pacing added meaning to the words and enhanced the telling. Next, I constructed two graphs to depict the ten structural events and to visually illustrate the form of the narrative, as well as show some of the associated events and content from the narratives. Following this, I describe the findings from Phase I of the analysis and use excerpts from the women's stories to provide associated meaning to the structure of the form of the narrative. I complete this chapter with the findings of Phase II of the analysis and use examples of the rich and descriptive content from the women's stories to round out the six overarching themes.

In Chapter V, I begin with a discussion of the limitations of the study and then provide an overview of the four key areas of new understanding derived from the analysis presented in Chapter IV. I conclude with suggested implications from the results of this study for nursing education and future directions for nursing research.

Following Chapter V is the Epilogue, which contains a story written by Eve, one of the study participants. After her study interview was completed, Eve told me about a story of her abuse that she wrote during the year after leaving the relationship. Eve's story, "Chains," is included as the conclusion to this thesis.

CHAPTER II: LITERATURE REVIEW

Introduction

This chapter presents a review of the literature related to what is known about non-physical abuse in intimate partner relationships. The reviewed literature is organized into the following sections: what is non-physical intimate partner abuse?; prevalence of intimate partner abuse in Canada; barriers to recognizing non-physical abuse; and recognizing non-physical abuse in the health care context. I conclude with a summary of research regarding non-physical intimate partner abuse, and the implications contained therein for this study.

A preliminary search of the literature yielded very little research that directly addressed the issue of non-physical abuse per se; therefore I expanded the search to literature that included physical and non-physical abuse, then narrowed the focus to include topics that were related to non-physical abuse in intimate partner relationships.

What is Non-Physical Intimate Partner Abuse?

Although researchers agree that non-physical abuse is a form of serious intimate partner abuse, the wide range of abuse behaviours included in the construct of non-physical abuse poses a clarity problem for research in this field (Kelly, 2004; Follingstad and DeHart, 2000). Ambiguity exists in that non-physical abuse involves investigations into psychological abuse and emotional abuse and other factors that may be associated with either or both of these abuse labels. The ambiguity lies with non-physical abuse research being investigations into psychological abuse and emotional abuse and other factors that may be associated with either or both of these abuse labels. This difficulty is articulated by Follingstad (2007) who states “psychological abuse has not been adequately defined, validated, or conceptually anchored in a way which provides a sound

basis for its measurement, or which allows for conclusions to be made and applied to real-life settings” (p. 439). This statement may also apply to other abusive behaviours that are labeled psychological abuse, emotional abuse, and non-physical abuse. Gondolf, Heckert, and Kimmel (2002) state that “non-physical abuse has been relatively neglected in studies of domestic violence” and go on to define “non-physical abuse generally refers to controlling behaviours, verbal abuse, and threats, and is frequently identified as psychological abuse because its intent and effect is often to diminish another person’s self-esteem and mental well-being” (p. 294). This definition adds the notion that outcome is part of the definition of non-physical abuse.

For the purposes of this literature review, non-physical intimate partner abuse is characterized as a pattern of coercive control to maintain the relationship power imbalance of one partner over the other by means of non-physically abusive behaviours (Kelly, 2004). Non-physical abuse includes emotional abuse, psychological abuse, sexual abuse, economic/financial abuse, and spiritual abuse (Health Canada, 2002). This broad description will be used to acknowledge the range of non-physical abuse research that is currently available.

Non-Physical Abuse and Physical Abuse

Little is known about non-physical intimate partner abuse in relationships as a separate entity without accompanying physical violence. Warshaw (1995) argues that while many studies address all aspects of non-physical abuse in relationships, they tend to emphasize physical battering as the primary abusive behaviour. She argues that “there is invariably a psychological component to any form of partner violence” and goes on to state that “for many researchers, moreover, psychological abuse by a partner without at least one episode of physical or sexual abuse, or threat thereof, does not meet the definition of partner violence” (p. 2). The idea that physical abuse or sexual abuse are

defining factors constrains understanding for women and potential helpers that non-physical intimate partner abuse, without the accompanying form of physical abuse, is a harmful and serious form of abuse.

In an article for the New England Journal of Medicine, Eisenstat and Bancroft (1999) state “Domestic abuse, or battering, is a pattern of psychological, economic, and sexual coercion of one partner in a relationship by the other that is punctuated by physical assaults or credible threats of harm” (p. 886). This definition emphasizes physical battery and credible threats of harm. This characterization foreshadows many of the problems that women who do not experience physical abuse cite as impeding their access to help, in that in the absence of physical abuse, the determination of a credible threat may not be known until after the threatened incident has taken place.

Thompson et al. (2006) report high rates of intimate partner abuse among women seeking medical care with a lifetime prevalence of 44%, including 15% currently experiencing abuse in a relationship. Bonomi et al. (2006) have shown that both physical and psychological abuse have significant mental and physical health consequences, and that as duration of abuse increases, severity of abuse increases. Thus, due to the immediate and long-term health care needs of women experiencing intimate partner abuse, they may present to the hospital emergency department, their doctor’s office, walk-in clinic, or community health centre for treatment (Campbell et al., 2002; Frank & Rodowski, 1999).

Non-Physical Abuse in its Own Right

Henning and Klesges (2003) state that very little is known about the prevalence and impact of non-physical abuse in intimate partner relationships in conjunction with, or separate from, physical abuse, while there is thirty years of research devoted to physical abuse. In the introduction to their study on the prevalence and characteristics of

psychological abuse reported by court-involved women (the assaultive partners had entered the legal system), Henning and Klesges (2003) cite four important reasons to study psychological abuse in intimate partner relationships: psychological abuse almost always accompanies psychological aggression; psychological abuse may represent a common pathway or a precursor to physical violence; compared to physical aggression, psychological abuse may have a more detrimental impact on the victim's emotional functioning; and psychological abuse appears to influence women's perceptions of their relationship and their response to domestic abuse (p. 858).

Thompson et al. (2006) conducted research using a telephone survey with a random sample of English-speaking women aged 18 to 65 years of age. There were 3,429 respondents in total. The survey included questions for physical, sexual, and non-physical intimate partner abuse, and reported results for types of abuse experienced during lifetime, past five years and past year separately. The questions addressing non-physical abuse included one question concerning fear due to a partner's anger or threats, and one question concerning put-downs, name-calling, and controlling behaviour. Their findings showed that of women experiencing any type of abuse in the last five years $n = 401$, women experiencing threats or anger or both, and other abuse $n = 163$; 22.1% experienced this type of non-physical abuse alone; and women experiencing controlling behaviour and other abuse were $n = 307$ and 45.6% experienced this type of non-physical abuse alone. The researchers suggested that their overall finding showed that "a picture emerges of both physical and non-physical IPV as very common, chronic, intergenerational, and present in overlapping forms" (p. 455).

In a study to assess the role of emotional abuse in physically abusive relationships Follingstad, Rutledge, Berg, Hause, and Polek (1990) noted that few researchers have investigated psychological abuse alone and go on to state that "although physical forms

of violence have certainly been more compelling to address in the research, psychological forms of abuse can also be devastating” (p. 108). In this study of 234 women with some history of physical abuse, the researchers found that 229 reported experiencing at least one episode of emotional abuse. Seventy-two percent of the women reported four or more types of emotional abuse; 53 of the women (24%) reported two or three types, and six women (4%) reported only one type. Their findings showed that of the entire sample, 99% of the women experienced emotional abuse. As well, 72% of the sample claimed that the emotional abuse they experienced had a more negative impact than physical aggression. These findings prompted the researchers to recommend that further research should be conducted to investigate the role of emotional or psychological abuse or both in intimate partner relationships where there is no physical abuse reported as well as when there is physical abuse reported.

In a study investigating the effect of psychological abuse on physical health with a sample of college women, Straight et al. (2003) determined that psychological abuse was predictive of illegal drug use, negative health perceptions and cognitive problems after statistically controlling for physical violence. These and other studies report the impact of emotional/psychological abuse after controlling for the impact of physical abuse (Aguilar & Nightingale, 1994; Arias & Pape, 1999; Sackett & Saunders, 2001; Smith, Thornton, DeVellis, Earp, & Coker, 2002). These studies illustrate that the prevalence for non-physical abuse in intimate partner relationships may be missed when physical abuse is viewed as the defining feature.

Non-Physical Abuse May Be Invisible

A different research perspective with non-physical abuse is reported by Gondolf et al. (2002) in a study of the occurrence of non-physical partner abuse among batterer program participants. Initial findings reported a decrease in non-physical abuse (verbal

abuse, controlling behaviour, and threats) with men who attended the batterer program. However, the researchers qualified the results by reporting that the decrease of non-physical abuse may not have been as extensive as first thought. Although the re-assault rate was reduced by 60%, the threats rate was decreased by 42%, controlling behaviour was reduced by 30% and verbal abuse was reduced by 58% over the entire fifteen-month program, “nearly three-quarters of the men verbally abused their partners sometime during the follow-up and 44% did so in the final three months of the fifteen-month program” (p. 311). In this case, although the physical abuse decreased from 96% at intake to 36% during the program, and the verbal abuse rate decreased from 82% to 44%, the reduction of verbal abuse was not as dramatic, because 44% of the men were still using verbal abuse throughout the last three months of the program. Thus, if physical assault was the only abusive behaviour being studied, the high rate of verbal abuse at the end of follow-up may have been missed. This study highlights the invisibility that may accompany acts of non-physical abuse.

In a study of 175 husbands who, along with their wives and children, participated in a study of the effect of marital conflict on children (not a study of intimate partner abuse), Margolin, John, and Foo (1998) found that the results highlighted the importance of examining both emotional and physical abuse when investigating intimate partner abuse. They found that although there is an association between physical and emotional abuse, these are not overlapping variables. Of the men who perpetrated severe physical abuse, 89% perpetrated emotional abuse. Of the men who perpetrated emotional abuse, 31% perpetrated severe physical abuse, and only 46% perpetrated any physical abuse. Thus, 54% of the men perpetrated emotional abuse without any physical abuse. These findings suggest that if emotional abuse is not assessed in a study of intimate partner abuse, it is likely that there will be emotionally abusive men present in the group who are

considered to be non-abusive. Non-physical abuse such as emotional abuse or psychological abuse has been shown to be predictive of physical abuse; however, the findings from this study demonstrate that emotional aggression has been identified as a serious form of abuse in its own right.

These studies suggest that research of non-physical abuse in intimate partner relationships includes great and diverse complexity. Thus future research studying non-physical abuse may add insight and meaning to the body of knowledge that currently exists in the field of abuse in intimate partner relationships.

Intimate Partner Abuse is Difficult to Label as Abuse

Women often do not interpret non-physically abusive behaviours as abuse, and even many women who experience physical abuse by their intimate partners do not consider that what they are experiencing is abuse (Lempert, 1997). Women may interpret abusive behaviours as being part of being in a relationship, and “may believe that the abuse is caused by their own failings or shortcomings” (Carlson, 1997, p. 293). When physical abuse is a component of the overall experience of abuse, women have tangible evidence that they are being abused and may feel more confident that if they access health care providers or other potential helpers they can present visible evidence to support their claims of abuse. In the absence of physical abuse, being able to consider the behaviours as abusive or convince others of the unacceptable and harmful nature of abusive behaviours is more difficult for these women.

Family, friends, and other potential helpers often do not see non-physical behaviours as abusive. With reference to physical abuse, Lempert (1994) states that when women tell others about the abuse, they are attempting to share the experience in order to access other perspectives about the abuse and engage alternative problem-solving;

instead, “they often encounter(ed) the same resistance from others that they themselves experienced initially, that is, shock and disbelief” (p. 296). In the absence of physical abuse, the reaction of family, friends, and other potential helpers to a woman’s telling of non-physical abuse may be a redefining of the behaviour as “not abuse”. Carlson (1997) and Lempert (1997) report that women’s abusers and others often redefine the abuse in terms of the abuser being blameless, and the cause of the abuse being a deficit within the woman.

Women, their families, friends, and other potential helpers have difficulty understanding abuse, both physical and non-physical, as serious abuse, and as being unacceptable, harmful and requiring support and intervention. The complexity of understanding and defining the construct of non-physical abuse with regard to research adds to this problem. Thus said, for women who experience non-physical abuse, describing, interpreting, and evaluating the experience as abuse and communicating their understanding to others remains a challenge.

Prevalence of Intimate Partner Abuse in Canada

The 1999 General Social Survey (Canada) estimated that 7% of women respondents (549,000) in a current or previous spousal relationship encountered spousal violence during the prior five-year period. Previously, the Statistics Canada Violence Against Women Survey (1993) reported that of women aged 18 to 65 years, 36% of ever-married women in British Columbia have experienced violence in a current or previous marriage (29% was the national average); 21% of women abused by a current or previous spouse were assaulted while pregnant; one in five women assaulted by a former partner were assaulted during or after they separated from their partner and in one-third of the

cases, the violence increased at the time of separation; and 43% of all wife assaults result in medical attention.

Prevalence of Non-Physical Abuse in Canada

In 1995, the Canadian Women's Health Test found that of 1,000 women over the age of 15 years, 39% percent reported verbal/emotional abuse in a relationship within the past five years (Health Canada, 1996). Bunge and Levett (1998) found that 35% of all women (aged 18 to 65 years) who responded for the Statistics Canada Violence Against Women Survey, who had ever been married or lived with a man in a common-law relationship, had been subjected to some form of emotional abuse. Further, emotional abuse "can include: verbal attacks, ridicule, isolation from family and friends, jealousy and unwarranted accusations about infidelity, possessiveness, damage to or destruction of property, torture or killing of pets, and threats to harm children or other family members" (pg. 15). Notably, this definition of emotional abuse does not indicate physical harm to women but does include behaviours that constitute vicarious abuse to the woman through witnessing the physical harm of others and inanimate objects. The Statistics Canada Violence Against Women Survey also reported that 18% of women surveyed reported experiencing emotional abuse but not physical abuse in a relationship, and 77% of women reported emotional abuse in combination with physical abuse (Health Canada, 1996, p. 3).

Impact of Intimate Partner Abuse

Intimate partner abuse has significant physical, psychological and social consequences for women (Health Canada, 2002). The physical health consequences can include a range of immediate and long-term health illnesses, including chronic disease, that involve all body systems. The same can be reported for the impact of intimate

partner abuse and psychological and psychiatric consequences, which include a range of immediate and long-term mental health disorders that also may become chronic. The impact of intimate partner abuse also extends beyond the women's experiences and also may involve their children who witness abuse and may also be abused themselves (Health Canada, 2002).

Physical Health Consequences of Physical and Non-Physical Abuse

Research concerning the health consequences of woman experiencing intimate partner abuse has been conducted with the population of women who experience both physical and non-physical abuse in their overall experience of abuse (Cascardi et al., 1992; Coker, 2006; Thompson et al., 2006). These studies have demonstrated that non-physical abuse has effects on physical health as well. There is very little research investigating the physical health consequences of non-physical abuse alone; however, the link between non-physical intimate partner abuse and negative health outcomes and subsequent negative health status is emerging (Thompson et al., 2006).

Campbell et al. (2002) used two surveys to measure the general health and the abuse-specific health problems in a sample of women who had experienced physical or sexual abuse and a random sample of never abused women. The researchers found that in the sample of women who experienced abuse there was a 50 to 70% increase in gynecological, central nervous system, and stress related problems. Although a non-physical abuse group was not isolated for measurement within the sample, the researchers suggested that the higher rate of physical symptoms such as hypertension, chronic bowel disorders, colds and flu might be caused by physiological responses to abuse-induced stress. These finding may have implications for women whose abuse experience is non-physical and also accompanied by abuse-related stress. The researchers also go on to say that while the presence of injuries has long been the obvious indicator

of physical abuse in clinical settings, they caution that injuries may not identify women who are experiencing long-term health consequences of abuse.

Using a cross-sectional survey design, Coker et al. (2002b) recruited a sample of women aged 18 to 65 years from family practice clinics, and screened them for intimate partner violence (IPV). The results showed that of the entire sample of 1,152 women, 53% reported experiencing any type of partner violence, and 13.6% experienced psychological IPV without physical IPV. Those who experienced psychological IPV were more likely to report poor physical and mental health. The results also showed that psychological IPV was associated with several adverse health outcomes, including: disability preventing work, arthritis, chronic pain, migraine, other frequent headaches; stammering, sexually transmitted infections, chronic pelvic pain, gastric ulcers, spastic colon, frequent indigestion, diarrhea, or constipation. The overall findings suggested that psychological IPV only was as strongly associated with the majority of adverse health outcomes as was physical IPV (p.465).

Coker et al. (2002a) analyzed data from the National Violence Against Women Survey (NVAWS) of women (n = 6790) and men (n = 7122) aged 18 to 65 years of age. The NVAWS comprised questions about violent victimization and health status indicators; the researchers analyzed the results to assess the physical and mental health consequences of both physical and psychological intimate partner violence among women and men victims. The researchers reported that their findings were consistent with both a direct and indirect impact of IPV in that “this study indicates that higher psychological IPV scores were more strongly associated with the majority of health outcomes than were physical IPV scores” (p. 266). It was also noted that this study revealed that 14% of women experienced psychological abuse alone during their lifetime and almost half of IPV among the women was psychological IPV which would have

been missed if the component of psychological partner abuse (non-physical abuse) had not been included. Further, the researchers state that psychological IPV was as strongly related to the range of health outcomes as physical IPV.

Physical Health Consequence of Non-Physical Abuse

Although psychological abuse in intimate partner relationships has long been studied as co-occurring with physical abuse, psychological abuse may occur in relationships where there is no experience of physical abuse. Thus, the study of psychological abuse as a distinct entity may show that health dynamics and health consequences of psychological abuse may differ from those of physical abuse (Follingstad & Dehart, 2000).

Researchers have investigated specific health disorders and have identified the impact of non-physical abuse on health. In contrast to previous research that emphasized sexual abuse as highly associated with eating disorders, Kent, Waller, and Dagnan (1999) found, using a non-clinical sample, that when sexual abuse, physical abuse, and emotional abuse were statistically evaluated, emotional abuse (as a child and adult) was the only one of the three variables that predicted levels of eating disturbance. Further, they reported evidence that anxiety and dissociation developed as a mediating factor of the emotional abuse; and concluded that emotional abuse might be the most powerful element of interpersonal trauma because when all three forms of trauma (physical, sexual, and emotional) were statistically evaluated, only emotional abuse predicted levels of eating disturbance.

In other eating disorders research, Waller, Corstorphine, and Mountford (2007) state that in their clinical experience, emotional abuse results in “two types of beliefs that are clinically relevant – a) conditional assumption about the acceptability of expressing one’s emotions, and b) negative core beliefs about the self” (p. 318). They also mention

that there is likely to be greater severity of the eating disorder and greater incidence of co-morbidity associated with the eating disorder that is reflective of the level of emotional abuse.

Johnson et al. (2006) conducted a study to examine the prevalence of emotional abuse and its association with gynecological symptoms with a sample of 825 respondents attending a gynecology clinic.. In the introduction to the study publication, they included a comprehensive definition of intimate partner violence but also stated, “while physical violence can result in injuries, (non-physical abuse) emotional and psychological abuse may lead to other health problems that are not directly linked to acts of violence” (p. 95). Johnson et al. (2006) conducted questionnaire-based research and determined the prevalence of emotional abuse to be 24% (198 of 825 respondents). Of these 198 respondents, 68% experienced physical abuse as well and 32% experienced emotional abuse only. It was further determined that, “of the fifteen presenting symptoms reported by the women; referral for termination of pregnancy, cervical smear abnormality, worry about cancer and urinary incontinence were significantly more common in the group who reported emotional abuse” (p. 99). Their findings also indicated that women experiencing emotional abuse (with or without physical abuse) had significantly more clinic visits, and concluded that emotionally abused women “may appear to function well, but the effect on health status and health behaviour may be substantial and long-lasting” (p. 99). The scope of physical health consequences of intimate partner abuse research is growing and becoming more comprehensive and, as a result, is causing health care professionals to rethink traditional ways of attending to women’s health care needs.

Mental Health Consequences of Non-Physical Abuse

Research to investigate the consequences of intimate partner abuse on mental, physical, and physiological health has mainly focused on physical abuse. Research to

investigate the consequences of intimate partner abuse on mental health, as with impacts on physical and physiological health, has had its focus on physical abuse. There is a small body of research that has investigated the negative impact of psychological abuse on mental health. Katz and Arias (1999) studied the effects of two types of psychological abuse, emotional/verbal and dominance/isolation, on depressive symptoms with a sample of 82 dating women who were not physically abused, and found differential effects on the women's emotional well being mediated by the women's level of perceived interpersonal control.

In another study sample of 93 women who self-identified as having experienced severe psychological abuse in an intimate partner relationship with either serious, moderate, or no physical abuse, McKibbin (1998) studied self-concept (self-esteem, interpersonal competence, problem-solving confidence and depression proneness). Findings showed that subtle psychological abuse was a predictor of women's depression, anxiety, problem-solving ability and somatization regardless of the presence of violence or overt psychological abuse.

Murphy and Hoover (2001) investigated the level of emotional abuse, physical aggression, social response bias, interpersonal problems, and attachment in a sample of 157 single female college students who were currently in a dating relationship. Emotional abuse was measured using a fifty-four item measurement scale. The results suggested that there are four types of emotional abuse: Dominance/Intimidation, Denigration, Hostile Withdrawal, and Restrictive Engulfment, and that there are relationships between emotional abuse and physical aggression, specific interpersonal problems, and difficulties with attachment. Sackett and Saunders (2001) found that low self-esteem was significantly related to the occurrence of psychological abuse in a sample of 60 women who reported both physical and non-physical abuse. They also

found that physical and psychological abuse contributed independently to the level of self-esteem, and psychological abuse alone predicted fear of being abused.

Non-Physical Abuse and Post Traumatic Stress Disorder

The largest body of research examining psychological abuse and mental health consequences has been done with post-traumatic stress disorder (PTSD). Street and Arias (2001) studied PTSD among battered women and found that when the effects of physical abuse were controlled statistically, the effects of shame and guilt were important variables in the development of PTSD. Further, they recommended that more research needs to be conducted with a focus on psychological abuse as a predictor of PTSD.

In a study investigating the relationship of the intensity of abuse to the intensity of PTSD symptoms, Jones, Hughes, and Unterstaller (2001) found that psychological abuse may be as damaging as physical violence. Also, in a study sample of 127 women, 75 women who had experienced physical abuse and a control group of 52 women who had not experienced abuse, Pico-Alfonso (2005) studied the contribution of different types of violence to the development of PTSD. The findings suggested that when the roles of psychological, physical, and sexual aspects of IPV were considered separately, the major predictor of PTSD in abused women was psychological IPV, followed by sexual and physical. These findings were supported by a later study, which found that psychological IPV was as detrimental to mental health as was physical IPV and that psychological IPV was the only factor contributing to PTSD and PTSD/depression comorbidity (Pico-Alfonso et al., 2006).

Research studies investigating many negative consequences of psychological abuse on mental health have been conducted with samples of women experiencing non-physical and physical abuse as well (Aguilar & Nightingale, 1994; Cascardi, O'Leary, & Schee, 1999; Ovara, McLeod, & Sharpe, 1996). However, a paucity of research

addressing mental health consequences for women experiencing non-physical intimate partner abuse exists.

Consequences of Non-Physical Abuse on Children

There is a growing body of literature addressing the impact of intimate partner abuse on children who suffer overt and vicarious trauma through witnessing abuse of their mothers and suffering abuse themselves. Edelson (1999) reports that woman abuse and child abuse overlap and children are abused in up to 70% of families where woman abuse occurs. Levendosky, Lynch, & Graham-Bermann (2000) studied mothers' perceptions of the impact of woman abuse on parenting using a thematic analysis of semi-structured interviews which asked questions about physical and psychological abuse, including threats and verbal abuse, with 95 women. This was a diverse group of women and 11 were still living with the abusive partner, 47 had been in a physically violent relationship in the past year, and 37 had experienced physical violence in their children's lifetimes. The researchers found that 23 of the women felt that abuse had no effect on their parenting, and the remaining responses included the women not having enough emotional energy to devote to their children, feeling more prone to being angry with their children, as well as being violent with their children. Notably, 22% (21/95) of the women reported emotional challenges such as being "upset, depressed, overwhelmed, unhappy, distracted, or frustrated as interfering with their ability to parent" (p. 260). Changes in emotional health were reported by the women in terms of isolation and loneliness due to consequences of abuse in their relationships. Also, 24% (23/95) stated there would be no difference in their parenting if they were not or had not been in abusive relationships. The findings from this study provide insight into women's perceptions of how abuse affected them and their parenting. These responses are

indicative of effects on women's emotional well being, and suggest implications for women who experience non-physical abuse and their children.

Based on a review of literature on children's reactions to the effects of child maltreatment, community violence, and interparental violence, Margolin and Gordis (2000) found that through exposure to violence the child may feel that the world is not safe, and the child is not worthy. Their review considered child outcomes of witnessing family violence with regard to sequelae such as aggression and other externalizing problems, depression and other internalizing problems, PTSD, cognitive consequences, and peer relations. Outcomes for the child are affected by exposure to abuse at different ages and stages of development as well as the mediating effects that social environment and socioeconomic status have on the overall abuse experience. Campbell, Moracco and Saltzman (2000) mention that even if the mother is not physically injured, witnessing the abuse may result in the child suffering ongoing stress, depression, and other negative sequelae, and this may be exacerbated by fear for the mother's survival.

Consequences of Non-Physical Abuse on Social Well Being

Intimate partner abuse has a social consequence for women who experience non-physical abuse. Threats made by the abusive partner to the woman, her children, her family or anyone dear to her can cause feelings of terror and extreme vulnerability (Stephens, Hill, & Gentry, 2005). Women who experience intimate partner abuse may be prevented from social interaction and access to social support by means of physical and psychological control tactics that are part of the constellation of abuse behaviour that makes them feel trapped (Clements, Sabourin & Spilby, 2004; Levendosky et al., 2000).

Control of finances, as well as of denial of employment or school attendance, can limit many social interactions and empowerment. Women experiencing partner abuse

may be employed, yet their jobs and the accompanying social opportunities may be thwarted by a partner who denies transportation, turns off their alarm clock or makes demands that keep her from attending work or school, or exacts consequences when the woman returns home from work or school (Lempert,1996). As well, the abusive partner may meet the woman when she returns home from school or work with verbal tirades shown as accusations of infidelity, other false accusations, and expressions of extreme jealousy. Denigrating, name-calling and excessive criticizing all serve to isolate the women and curtail attempts at socialization. Threats of negative consequences as well as incessant repetition of demoralizing, degrading, and abusive language can serve to isolate the woman from friends, family, and others. Frank and Rodowski (1999) state that although physical or sexual abuse seems to be the most relevant dimension to the problem, emotional abuse often has a more troubling and lasting effect.

Stephens et al. (2005) discuss the idea that a person's body, mind, personal traits, material possessions, home, friends, and family are perceived as parts of the self. Women who experience intimate partner abuse often are often subjected to loss of control and/or destruction of any of the previously mentioned "parts of the self". Stephens et al. contend that "when a batterer systematically destroys the possessions that are both means to and symbolic of his partner's autonomy, he is getting rid of proof of her agency" (p. 51), the consequences of which cause feelings of terror, loss of dignity and control, as well as ongoing fear caused by the unpredictability of destructive attack. In turn, isolation and resultant stress may seriously impinge on social activities in that women may avoid visiting with family and friends, or may not become or remain involved in other group activities such as religious groups, exercise groups, child-centred groups, and others. Thus, ongoing isolation may lead to cognitive dissonance in that the woman's world and

everything and everybody in it becomes defined by her partner (Carlson, 1997; Lempert, 1996; Lempert, 1994).

These findings add to the results of other studies that have demonstrated the link of non-physical intimate partner abuse effects to long term overall health status, negative physical and mental health outcomes, negative effects on social well being, and effects on parenting. Thus, the consequences of non-physical intimate partner abuse on the women's physical, psychological, and social well being are multidimensional, far reaching, and have implications deserving of further research.

Barriers to Recognizing Non-Physical Abuse

Many barriers exist to recognizing non-physical abuse without physical abuse as harmful, serious, and requiring intervention. Physical violence is generally seen as definitional of abuse. Government-issued health publications, national statistical reports on family violence, and academic articles and publications have increased societal awareness of the serious public health and wellness issues associated with domestic violence. Domestic violence (DV) and intimate partner violence (IPV) are the most commonly used terms to denote abuse incurred in intimate partner relationships.

“Violence” refers to “exertion of physical force so as to injure or abuse” as well as “intense, turbulent, or furious and often destructive actions or force” (Merriam-Webster Dictionary, 2003). The words “violence” and “battering” are used to describe abuse in intimate partner relationships and imply that without the component of physical abuse, there is no abuse.

Myths, Stigma, and Stereotypes About Non-Physical Abuse

Myths, stigma, and stereotypes concerning abuse in intimate partner relationships fuel social dynamics that create and increase barriers to evaluating non-physical abuse in

intimate partner relationships as harmful and serious. Family, friends, co-workers and others who women encounter in the course of their everyday lives can be a potential source of much-needed support. As well, family and social connections can be pivotal to supporting the woman in labeling the abuse as unacceptable, and can mediate the effects of isolation and depression experienced by women (Bybee & Sullivan, 2002; Carlson, McNutt, Choi, & Ross, 2002; Coker, 2002). Although being a potential source of help, family, friends, and others can also be a source of misinformed appraisal of the abuse and a projection of negative myths and stereotypes regarding the woman's role in the abuse. Blaming, criticizing, minimizing, normalizing the abuse behaviours, and shaming are some of the responses women receive from persons whom they thought would understand the abuse and support them (Frank & Rodowski, 2005; Goodkind, Gillum, Bybee & Sullivan, 2003; Lempert, 1997).

A serious barrier to recognizing non-physical abuse is the predominance of negative myths surrounding intimate partner abuse that abound in our culture. Harrison and Esqueda (1999) provide examples of negative myths and stereotypes concerning abused: "battered women are perceived to be helpless, vulnerable, ashamed, weak, passive, dependent, unassertive, depressed, defenseless, and predominantly White" (p. 131). Disempowering labels such as these are part of a societal belief system that skews understanding of women's lived experience of abuse.

"If a woman stays in a violent relationship, she can be accused of being masochistic or having provoked the abusive behaviour; and if a woman seeks intervention or leaves the relationship, she is considered to have failed in her role and responsibility to preserve the marital relationship" (Alexander, 1993). Thus, even though women may be living and experiencing abuse in their intimate partner relationships, they may also be influenced by these pervasive societal myths and may be judging that the

abuse is a “regrettable but acceptable part of marriage” (Harrison & Esqueda, 1999, p. 131)

Goodkind et al. (2003) report that “women are faced with family and friends who do not believe them, who blame them for the abuse, and/or who are too frightened themselves to intervene” (p. 349). Also, social support networks may begin to limit or withdraw their support if women leave the abusive relationship and return many times, and are therefore judged as not being serious about leaving. These dynamics apply to women who experience both physical and non-physical abuse. For women who experience non-physical abuse and have no evidence of their claims, these responses from potential helpers may be more devastating, foster further feelings of disempowerment, and provide barriers to women who may need access to support networks to be able to be safe and to leave.

Negative Myths, Stigma, and Stereotypes and the Media

The manner in which intimate partner abuse is portrayed by the media is another source for potentiating negative myths, stigma and stereotypes; these may serve as a barrier for women experiencing non-physical abuse to be able to affirm their abuse as abuse. Television, radio, and print media exert a profound influence on people’s lives, and ostensibly exist to entertain and connect people to local, national, and global events; yet “the media do not present life as it is lived” (Health Canada, 1993). Abuse in intimate partner relationships is most often labeled “domestic violence” in media reports. In instances where acts of domestic violence are deemed newsworthy, the media generally portrays this news in one of two ways. It may be communicated in a way that has the potential to accurately educate the public about the seriousness of domestic violence and serve as a source of validation to survivors, or it may be portrayed in manner that serves to further abuse and stigmatize the survivor.

Examples of media influence on societal interpretation of domestic violence are contained in A Guide for Journalists Reporting about Domestic Violence created by the Washington State Coalition Against Domestic Violence (2002). This report describes instances where inadequate or judgmental reporting perpetuated an inaccurate view of domestic violence and reinforced myths. Victim-blaming language, labeling domestic violence as a relationship problem, and describing domestic violence as being culturally located are types of inaccurate reporting that can serve to further disempower women who experience intimate partner abuse. Further, when acts of domestic violence end in femicide, media reports often direct the reporting in the same manner as other acts of violence, and do not include input from domestic violence experts who may add sensitivity and accuracy to the report. Instead, the news is communicated through police reports and interviews with bystanders, who are given expert status by the media, and whose opinions are revered as truth. This serves to obscure the issue that domestic violence is a usually a factor in spousal murder. This manner in which intimate partner abuse is portrayed in the media may serve to deter better understanding of the overall experience for women and other potential helpers, and may also de-emphasize the harm, seriousness, and potential lethality that exists for women who experience non-physical abuse in intimate partner relationships.

Negative Myths, Stigma, and Stereotypes and the Criminal Justice System

Women who experience intimate partner violence may be impeded by broad societal myths, stigma, and stereotypes that are also embedded within the criminal justice culture and which in turn may create a barrier to women's access to help and safety. Rigakos (1995) conducted an exploratory study with a sample of 13 police officers and 8 justice officials for opinions regarding the efficacy of Criminal Code peace bonds and Family Relations civil restraining orders (in a city in Canada) and found that neither the

police nor the courts treated either order seriously. She argued that the “occupational culture of the police leads to exaggerated patriarchal notions of women, marriage and family that are conservative, blame the victim, point fingers at other institutions, foster images of women as manipulative, and produce a fictitious narrative of battered women” (p. 227). Other findings from this study reported that the justice officials perceived the batterers as misunderstood or whose violent actions were a response to life stressors. Police do not often regard domestic violence as serious (Tolan, Gorman-Smith, & Henry, 2006). Involving police can be seen as ineffective in that it is unlikely that the abusive partner can be kept away permanently (Rigakos, 1995), and as such may perpetrate retaliative abuse upon the woman, her children, extended family members and/or friends. Women experiencing intimate partner abuse also report difficulty with access to police and the legal system in that they feel blamed for causing the abuse and are judged as being inadequate in some way because they stay in the relationship and don’t leave (Harrison & Esqueda, 1999).

In the Canadian justice system, physical assault and criminal harassment are two chargeable offences associated with intimate partner abuse; and the granting of a restraining order requires evidence of harm or substantiated threat of harm (Ferris, Nurani, & Silver, 2002). Due to the fact that many abuse behaviours do not constitute physical abuse or criminal harassment, the police are constrained from action in these cases. Abusive actions are legally chargeable based on the adequacy of evidence and in the case of non-physical abuse, evidence is usually lacking. The necessity of evidence is central to accessing help and protection. Consequently women in intimate partner abuse relationships who do not have evidence of physical battery are even more seriously disadvantaged with regard to accessing protection within the Criminal Justice system.

The Myth: “Leaving the Abusive Partner Means the End of Abuse”

A key myth that serves as a significant barrier to women experiencing intimate partner abuse is that leaving the abusive partner ends the abuse. However, abuse often increases after the woman leaves the abusive partner. Fleury, Sullivan, and Bybee (2000) found that the number of times women experiencing abuse in intimate partner relationships contacted the police while in the relationship and before leaving was not related to violence perpetrated by the women’s ex-partner after leaving the relationship. However, the frequency of threats against the women prior to leaving was related to an increased risk of violence perpetrated by the ex-partner after leaving.

Stalking, a type of non-physical abuse, has potential for lethality for women after they leave the abusive partner. In a study to investigate the relationship of stalking and threatening behaviours to attempted or actual femicide, McFarlane, Campbell, and Watson (2005) found that women who were followed or spied on were twice as likely to become attempted or actual femicide victims; whereas women who received threats by the abusive partner to harm the children if the woman did not return to the relationship had a nine-fold increase in risk for attempted or actual femicide. Women who feel that leaving their abusive partner has ended the abuse may misinterpret stalking behaviour by their ex-partner as being part of his personality, and not as abuse, and not as abuse that has the potential to be lethal.

Women who leave their abusive partner may also feel abused by those people whom they felt would support them. Changes to standard of living due to alteration in financial income, child custody and access issues with the ex-partner (Varcoe & Irwin, 2004), emotional and financial difficulties associated with help-seeking such as accessing legal help, police protection, housing and others (Wuest, Merritt-Gray, & Ford-Gilboe,

2004), as well as exhaustion and coping with physical and mental health consequences of living with abuse (Campbell et al., 2002) create barriers to successful leaving. In addition to eliminating intimate partner abuse from their lives, women need support systems to affirm their experiences as abuse, as harmful, and as still exerting influence on many aspects of their lives even after leaving.

The negative myths, stigma, and stereotypes related to physical and non-physical abuse create formidable challenges to women while they are living with their abusive partners; and barriers to accessing help, support, and safety while in the process of leaving, and after leaving the relationship.

Recognizing Non-Physical Abuse in the Health Care Context

Failure of health care providers to recognize women who experience physical and non-physical intimate partner abuse when they access health care is another barrier that women confront. Nurses and other health care providers can be integral to providing non-judgmental care, support, and education to women experiencing intimate partner abuse (Coker et al. 2002; Davis & Harsh, 2001, Yam, 2000). Davis and Harsh (2001) suggest that women experiencing abuse who present to hospital emergency departments for medical care may be expecting to be able to access help for abuse issues in a supportive environment. Despite hospitals and health care agencies developing programs intended to provide access to help and to services for survivors of abuse through screening and education, health care providers tend to disregard the fact that domestic violence is a serious health care issue. In an ethnographic study of nursing practice in relation to violence against women conducted in two hospitals' emergency departments, the "one size fits all" approach using medical model diagnosis may be in effect. Varcoe (2001) reported that identification of abuse was obscured by nursing practice influenced by

stereotypical thinking, physical problem focus, and the expectation of rapid patient processing.

Health care providers in health facilities can assist in identifying and offering supportive intervention to women survivors of intimate partner abuse, yet this avenue of support is often not offered due to the influence of long held negative myths. Some of these myths are that a person's partner relationship is private, and that if the health care staff intervenes it will be their responsibility to provide responses and solutions to woman abuse issues for which they are not trained (Alexander, 1993; Allison, 1982; Rodriguez, Bauer, McLaughlin, & Grunbach, 1999; Thompson al., 2006; Yam, 2000). In an Australian study with general practitioners attending education sessions to learn about domestic violence intervention, Taft, Broom, and Legge (2004) described the numerous barriers to asking about intimate partner abuse that the doctors encountered. Many doctors expressed an aversion to working with partner abuse due to long hours, and expressed frustration with non-compliant patients. Other responses were expressing understanding, feeling frustrated with not being able to effect change, or feeling that women would prefer to talk to female doctors. Some doctors expressed confusion about the boundaries beyond which normal conflict becomes abuse. The study participants were all general practitioners who sought out domestic violence training in order to provide better care to their patients. The difficulties experienced by these physicians provide some insight into why health care providers find it difficult and are reluctant to ask questions about abuse to women who come to them for health care.

A significant barrier to recognition of non-physical abuse is the fact that physicians, nurses, and other health care providers who use screening tools to identify domestic violence often regard injuries caused by physical abuse to be the physical evidence that defines intimate partner abuse. Non-physical forms of intimate partner

abuse are acknowledged as emotional/psychological abuse, but are seen as adjunctive to and not definitive of intimate partner abuse (Eisenstat & Bancroft, 1999). Wathen and MacMillan (2003) found that system-based training of Emergency Department professionals might improve the identification of and response to violence against women. However, they note that there are a significant number of abused women who present to emergency departments without trauma, and that more research is required to assess whether this type of approach to screening and identification of abused women will be successful with all cases. Also, if health care providers screen for IPV only when the woman presents with injuries, many women who have long-term health consequences from abuse may be missed (Campbell et al., 2002). Smith, Thornton, DeVellis, Earp, and Coker (2002) cautioned that in findings from studies investigating screening tools and measurement instruments used for detecting intimate partner abuse, abused women may be classified as not abused if the screening tool or measurement instrument does not capture all aspects of abuse, and if the clinical screening tools rely on indicators of physical abuse, then abused women who are experiencing non-physical abuse may not be identified.

Summary

Although there is an emerging body of literature related to the non-physical aspects of woman abuse, the majority of investigations are still focused on physical abuse or place physical abuse as the priority factor, while other forms of abuse are viewed as adjunctive. Notably, throughout the literature there is a call for more research to be conducted in the area of non-physical woman abuse in its own right.

There is an important relationship between physical and non-physical woman abuse in intimate partner relationships, yet non-physical abuse occurs in intimate partner

relationships that do not have the component of physical abuse. Hardesty (2002) states that current trends in research are to study violence against women in the context of health, in the context of the family, and other associated contexts, rather than study the women's experiences throughout their lives; and she argues that "this lack of integration contributes to the invisibility of violence against women and prevents a comprehensive understanding of woman abuse" (p. 1). This idea supports the need for research designed to study women's overall experience of intimate partner abuse, investigated through asking women to talk about their how they interpret the meaning of the abuse in their lives and to further direct research through their experience.

The literature identifies that intimate partner abuse overall is not recognized and understood to be serious and harmful by help providers and others, and this is even more difficult for non-physical intimate partner abuse alone. For women experiencing non-physical abuse, the need for evidence makes barriers to recognition more problematic, and help-seeking more challenging. Therefore new ways of recognizing and understanding non-physical abuse in intimate partner relationships without physical abuse are needed.

In recent years there has been more research conducted in the area of non-physical abuse in intimate partner relationships, but there is little that has been reported from the women survivors' perspective. Davis (2002) notes that, "much can be learned by listening to what abused women have to say," and further states that,

Until women can acceptably use their voices to tell what they know about abuser behaviours, we will continue to find reasons why abused women are using faulty judgment in choosing partners. Not only does listening provide a vehicle for catharsis, it also validates women's experiences, allowing them to build even stronger inner

resources. The collection of women's voices is pivotal for successful research studies related to domestic violence issues. (p.1261)

This study proposed that women's narrated processes and storied descriptions of their non-physical abuse experience might help develop a better understanding of non-physical intimate partner abuse, and a more empathic and useful way for nurses, other health care providers, and other potential helpers to provide care and support for women living in non-physical abuse relationships. Thus, the purpose of this study is to better understand how women who have experienced non-physical abuse in an intimate partner relationship use language to describe, interpret, and evaluate their experiences; and how they communicate their understanding to others.

In Chapter Three I will present the process I used to invite the women participants in this study to tell their stories, and to conduct the analysis.

CHAPTER III: RESEARCH METHOD

The design for this study was selected to optimize circumstances for women who have experienced non-physical abuse in an intimate partner relationship to tell their stories and in so doing, provide rich data for analysis. Lieblich, Tuval-Mashiach, and Zilber (1998) state that people are inherently storytellers, and their stories provide coherence and connection to their experience and play a prime role in communicating their experience to others.

The purpose of this study was to better understand how women who have experienced non-physical abuse in an intimate partner relationship use language to describe, interpret, and evaluate their experiences and how they communicate their understanding to others. Narrative inquiry, a form of qualitative research, was used to study how the women use language to understand and communicate their experiences. Through analyzing the form and content of the narratives, I hoped to discover within the stories the women gave about their lives how they understand and construct meaning from their experiences.

Why Narrative?

My decision to pursue this focus of research for study came from the stories I heard during three years as a domestic violence educator in a hospital setting, spending two years as a research interviewer for a study investigating the effects of domestic violence on women's health, during two years as a member of a sexual assault response team, and during my last ten years of nursing practice in a range of contexts including psychiatry, intensive care, emergency, and clinical research. During this time I interviewed and counseled hundreds of women survivors of domestic violence, sexual assault, and family violence, and I became aware that the women I encountered were the

experts of their own experience. They knew what their lives were like, what they should or could do, and what they should or could not do. They were eager to tell their stories to an interested listener, to tell how their experiences of abuse impacted their lives during specific points in time, and how their interpretation of the stories was woven into their ongoing life and experiences of relationship. Due to the relative invisibility, severity, and consequences of non-physical abuse, and my concern with women's articulations of their experience, a narrative method was the ideal choice. I anticipated that the way in which the women told their stories would be as important as the content of the stories in helping to understand their experiences, and to provide a basis for suggesting ways to better support such women.

Qualitative research, of which narrative inquiry is one form, can be described as having an emergent design: it develops in an ongoing fashion to reflect what is learned as the study progresses (Polit & Hungler, 1999). The emergent design constitutes “a reflection of the researcher's desire to have the inquiry based on the realities and viewpoints of those under study – realities and viewpoints that are not known at the outset of the study.” (Polit & Hungler, 1999, p. 239). The holistic nature of the emergent design and narrative inquiry has the flexibility to foster the openness of expression by participants that was required in this study.

A narrative can be written or oral, and may occur during an interview or a conversation. It can be a short subject-focused story or an extended narration as in a life history. The first systematic model to examine narratives contained in interviews was proposed by Labov and Waletzky (1967) who suggested that ordinary people's spoken narratives of their everyday lives were in themselves worthy of study. This first work by Labov and Waletzky suggested that narratives are a specific form of discourse characterized by six common elements. This characterization of overall narrative

structure transformed the study of narrative. Contemporary narrative researchers felt constrained by the narrowly structuralist formulation, yet used this structural basis as a starting point for their own explorations of the sociolinguistic attributes of oral discourse. “Many contemporary narrative researchers embrace the idea that how individuals narrate experience is as important to the meaning they communicate as is what they say” (Chase, 2003, p. 656). Since the publication of the “Overall Structure of Narrative” (Labov & Waletzky, 1967), the scope of this method has grown to include more complex and diverse modes of application and analysis (Mishler, 1986; Riessman, 1990, 1993; Gubrium & Holstein, 1998; Lieblich & Josselson, 2002; Elliott, 2005).

With the narrative inquiry method, the story itself is the object of investigation (Riessman, 1993). Elliott (2005) talks about the three key features of narrative:

a) Narratives are chronological in that they are representations of sequences of events; b) they are meaningful and communicate meaning through evaluative statements; and c) they are inherently social and produced for a specific audience. This is not to say that these features are separable; in fact, they interrelate to produce the meanings underlying the narrative. Analysis involves looking at how the story is arranged, the linguistic and paralinguistic features of the telling, the cultural and personal resources that are drawn upon, as well as the way the narrator tells the story to convince the listener of its authenticity (Riessman, 1993).

The narrative method is one that is used to ask the person to tell his or her story and to speak in his or her own voice. There are powerful societal scripts that may shape the way that women describe their own experience, thus I wanted to ensure that the women in this study were free to say what they wanted to say. The participants in this study wanted to tell their stories for personal and for altruistic reasons. They wanted to help other women who may be suffering non-physical abuse in their intimate partner

relationships as well as inform potential helpers of the severity and relative invisibility of this kind of abuse. A copy of this thesis will be given to each woman, as per her request. This will also serve to share her valuable contribution to the body of research concerning abuse in intimate partner relationships.

The narrative method in this study was used to direct attention to both what women said and how women use language. By noting the grammatical structure, word choices, and literary devices contained in the stories as well as non-verbal expressions accompanying the telling and the content of the stories, I was able to describe how the women made meaning from their experiences. Meaning is derived not only from the women's experiences, but also from their interpretation of the abuse experiences tempered by current personal, family, sociocultural, and environmental norms to which they subscribed at the time of the interview.

Sampling Process

The sample for this study was self-selected. I intended to recruit using an advertisement poster (Appendix A) displayed at community locations accessed by women such as fitness centres, health clinics, women's resource centres, and so on. Instead, women interested in study participation were recruited by "word of mouth" through my personal and professional contacts. During the first telephone contact with the women, I described the details of the study and emailed a copy of the Letter of Information (Appendix B) as well as a copy of the Informed Consent Form (Appendix C) for each potential participant to review in her own time. Together we negotiated a time for me to contact each potential participant by telephone for the final decision regarding study participation. During second telephone call, I answered all outstanding questions and set a date, time, and location for the interview.

Ethical Considerations

I obtained approval from the Behavioural Ethics Review Board at the University of British Columbia (Appendix D) before any aspect of the study was implemented.

The ethical principles that guide research with human subjects must include: respect for free and informed consent, respect for human dignity, respect for human vulnerability, respect for privacy and confidentiality, and the awareness of the potential for harm (Emanuel, Wendler, & Grady, 2000). During the informed consenting process I described the purpose of the study and the extent of participant involvement expected. I gave potential participants as much time as they needed to read the Letter of Information and the Informed Consent Form and to discuss these documents with their family doctor, any other doctors and counselors, and family members, should they wish to do so. I gave them time to ask any questions and be satisfied with the answers before signing the consent. I also made them aware that their signature on the consent did not bind them to study participation and that consent was voluntary and ongoing and could be withdrawn at anytime without consequences (Smythe & Murray 2000). Together we discussed all concerns about confidentiality in advance of any aspect of study participation. Each woman chose a code name for confidential identification use in interview transcriptions, data analysis, and results reporting. All information files were coded and all computer files were stored on a removable storage drive (memory key) which were kept in a locked cabinet accessible only to me and the members of my thesis committee.

Women who have survived a relationship in which they experienced intimate partner abuse may feel fragile and suffer from residual effects from the abuse experience. It follows that recalling the experience and retelling the words may evoke distressing feelings as profound as those felt during the original experience (Langford, 2000). I

discussed the possibility of this happening with each woman prior to her providing consent. Also, before beginning the interview, I reassured each woman that if she felt distressed during the course of the interview, I would stop the tape and the decision whether to resume the interview or not would be hers (Smythe & Murray 2000). During the interviews, there were times when some women became tearful or upset, and the tape was stopped. Although the option was given, none of the women chose to completely stop the interview or withdraw consent.

I have completed many interviews with survivors of intimate partner abuse as a nurse educator, counselor, and research assistant, and know and use safety protocols routinely (McCosker, Barnard, & Gerber, 2001; Langford, 2000; Paterson, Gregory, & Thorne, 1999). I included and emphasized safety planning in case any participant became distressed at any time during or following the interview (McCosker et al., 2001). I have also worked as a nurse with survivors of sexual assault and intimate partner abuse, and am aware of how the experience of trauma affects survivors in a myriad of ways, even long after the event has passed. In this research study, the physical, psychological, and emotional safety of the participants was my priority. At the completion of each interview I conducted a debriefing session that included an assessment for residual distress that may have been evoked by retelling the abuse experiences.

Method of Sampling

Sample size selection followed the guidelines for qualitative research as “one that permits – by virtue of it not being too large – the deep, case-oriented analysis that is a hallmark of all qualitative inquiry, and that results in – by virtue of not being too small – a new and richly textured understanding of experience” (Sandelowski, 1995, p. 180). I had planned to interview four women, but when the four interviews were completed I

decided to add diversity to the sample and subsequently included one more woman who was younger, had not been married, and who did not have children. The final number for sample size was decided from ongoing analysis of the data, including in-depth review of each participant interview. The five transcribed interviews yielded an extensive amount of rich and diverse data for the scope of the analysis that was required for this study.

Sample

The data for this study comprised interviews with five women who self-identified as having left an intimate partner relationship in which there was the experience of non-physical abuse. Characteristics of the sample are described in Table 4.1 (Chapter IV p. 75.)

Setting

Four of the five women requested to be interviewed in their homes, and one woman, who had teenaged children, requested that the interview take place outside the home for privacy reasons. This interview was completed in a private office, a setting that was agreeable to the woman. The participants all lived in the Greater Vancouver area.

Data Collection

Prior to starting the interview I asked each woman to review the Informed Consent Form once more and raise any questions. I emphasized the voluntary nature of study participation and then discussed the method of data collection and audiotaping. I also reassured each woman that if there was anything said that she wanted erased, if she wanted the tape to be turned off for a period, or if she wanted to terminate the interview, this was her right, and her wishes would be respected.

Two copies of the Informed Consent form were signed by each woman and witnessed by me. Each woman was given one of the signed copies for her records. Once the consent was signed and witnessed, I told the women that I was interested in listening to each of them tell me about their personal experiences with non-physical abuse, as a way of introduction to the study. I then collected their demographic data and asked each woman to confirm her choice of pseudonym, which would be used in place of her own name for confidentiality purposes.

I explained to each woman that this was solely an invitation for her to tell me her story and that I was interested in listening to whatever she had to share. I explained that I may at times ask her to “tell me more” in relation to information she was sharing, but there would be no direct questioning. Mishler (1986) states that an interview directed by a schedule may alienate participants and influence their responses. With this in mind, an interview guide of specific questions was not used because my intention was to invite the participants to choose what stories they would like to tell and how they would like to tell them.

The interview, including consenting and collecting demographic data, lasted approximately two to two and one-half hours. I requested permission to make telephone contact twenty-four hours post-interview (as stated in the Informed Consent Form) to allow for further clarification by the participant, additional information sharing, and debriefing as necessary.

Setting and Beginning Process

Because I completed four interviews in people’s homes, I planned how I would do this in a manner that respected their privacy and fulfilled my role as guest and not as intruder. I asked each woman’s permission for where the tape recorder should be placed

and plugged in, where I should place my additional papers, as well as where I should place myself. For the office interview, I allowed the woman to choose where she wanted to sit and where she would like the study materials placed. I also provided a choice of juice or water, placed a box of tissues on the table, and showed her where the rest room was located. The topic for interview and the fact that the words were being taped could be construed as intrusive, so I felt it was imperative that each woman was given a choice for the interview location setup.

What I had expected was far from what actually happened. I had expected apprehension and some anxiety as the interview time arrived, yet the four women interviewed in their homes greeted me, took my briefcase, sat me down, and were very pleased to see me. They started by telling me how important my work was and how grateful they were that someone was talking about non-physical abuse. In fact, when they mentioned my work, it was in reverent tones. They all took time to see to my comfort. Tea, coffee, juice, or water was offered and in two cases the tea or coffee was already made and set out. Homemade cookies or muffins were offered and one woman had baked me an apple pie to take home. I had anticipated that I would have to invite each woman to create the interview setting after I arrived. Each woman, however, had made all of the setting decisions in advance and once I arrived, they implemented those plans. The woman who met me in a private office appeared tentative on arrival, but once she made her selection of refreshments and seating location, she relaxed and was eager to start the interview. It seemed to me the atmosphere for the interview was set on each woman's terms of comfort and familiarity.

Before I turned on the tape recorder, I explained that I might at times glance at my watch or check the status of the tape, and this action was not a cue to hurry along. I also reiterated that it would not be a question and answer interview. I restated that to

qualify to participate in the study, a participant had to have experienced non-physical intimate partner abuse in a prior relationship, and for the interview I wanted to listen to each woman tell me about it. I said that I would ask each woman to tell me her story and that by “story,” I meant anything she felt she wanted to tell. I reiterated that there was no right or wrong, and that I was not looking for anything specific; I was interested in what each one of the women had to say. I repeated the direction that I was “interested in what each woman had to say” or words to that effect several times to reinforce in each woman’s mind that this would not be a question and answer session or a survey set of questions. I told each woman that I had previously done a lot of reading and talking about the issue of abuse in relationships, and now I wanted to listen, because her story was one I had not heard before. It appeared that this statement produced some unease, because all of the women, in their own way, expressed the feeling that they might somehow let me down, that they might not have enough to say, that what they had to say might not mean anything, and other similar statements. At this point I reassured each woman that she could say as little or as much as she wanted, and that my only expectation had been that she would have the time to meet with me, and that expectation had already been met.

Looking back, I realized that the women felt a personal responsibility in agreeing to participate in the study and that they felt it was their duty to make an important contribution. This reflects back to their feelings expressed about “my work.” In fact, all of the women said that they hoped that their words, as the basis for the thesis, would make a difference for other women. To this end, none of the women had difficulty having enough to say.

Each interview ended when the woman either verbally or non-verbally indicated that she was finished. Before turning off the tape recorder, I always asked if there was

anything else that she would like to say. There was always more to say. The woman would either continue on about another aspect of her story or something she'd just remembered, or, after I turned the tape recorder off, she would start talking again. When this occurred, I asked permission to turn the tape recorder on again, and in two circumstances, the women just motioned for me to resume taping.

When the women eventually confirmed the interview was complete, I took a little more time to show respect and to debrief for safety. I used this time to thank each woman for the gift of her time, for her generosity in sharing her personal story, and also to confirm that her contribution was valuable. A time for the follow-up phone call was set and I ended by asking direct questions to be sure that talking about painful times was not a threat to her well being.

After I left the interview, I taped my field notes immediately. I used field notes to comment about non-verbal communication, facial expression, body language, characteristics of the setting and other observations that would not be accessible from audiotape. I also recorded some of the feelings that I had with regard to certain parts of the interview and things that I noticed about myself that occurred during the interview. These were things I wanted to take into account in my analysis so I could examine how the experience shaped my understanding of the stories.

Data Preparation

I transcribed all audiotapes verbatim. Prior to transcription, I re-listened to the audio-tapes several times to increase my awareness of sighs, pauses, tone, pacing and other aspects of language delivery to ensure that I heard the complete interview experience. All transcriptions included notations that would indicate the way in which the words were delivered. Elliott (2005) states that it is important to record the delivery

of speech in a more detailed way when the focus of the narrative is not only on content but also in the way it is recounted. I reread the transcripts repeatedly in preparation for in-depth analysis.

Data Analysis

The narrative for analysis consisted of the language and the delivery of several stories of each woman's choosing that created the structure and content of the narrative that the woman wanted to tell. I prepared by first looking at the way each woman performed her narrative, including voice tone, choice of words, use of literary devices, and dynamics of vocal and story delivery. This preparation was important, as Chase (2003) states that narratives are socially situated performances which are unique productions of data influenced by the performance of the interviewee and the context of the interview situation.

The analysis was done in two phases. For Phase I of the analysis, I used the "Holistic Analysis of Form" (Lieblich et al., 1998, p. 88) to organize how the women used language to describe and understand their experiences into ten structural events. These structural events provided the framework for the findings presented in Chapter IV. For Phase II of the analysis I used the "Categorical Content Perspective" (Lieblich et al., 1998, p. 112) to analyze six overarching themes¹ derived from the content of the stories contained in the narrative, to discover how the women used language to evaluate their experiences and how they communicated their understanding to others.

Phase I

As I began, I planned to organize each narrative using six common elements as outlined in the "Overall Structure of Narratives" (Labov and Waletzky, 2003):

¹ Categories will be referred to as themes.

1. Abstract: Summary of the subject matter
2. Orientation: Orients the listener to person, place, time, and behavioural situation
3. Complication: Includes an event or series of events which comprise the complication action. These events may lead to a climax or one complication event may be the climax
4. Evaluation: Includes those parts of the narrative which reveal the narrator's attitude towards the importance of some events as compared to others
5. Resolution: Includes those events which transpire as a result of evaluation
6. Coda: Includes the narrator's telling of how the story leads to the present circumstance (pp.4-6).

I soon realized that I preferred to stay close to the structure of the women's stories rather than impose a formal structure upon them, which using this framework in a proscribed manner would do. Therefore, I used the six elements listed above to initially guide my analysis of the structure of the women's narratives, but described the structure using the women's words. Following this, I used Holistic Analysis of Form (Lieblich et al., 1998) to construct two graphs to visually depict the overall form of the narratives (See Chapter IV, Figures 4.1 and Figure 4.2, p. 85). Hall (2003) suggests that "to represent linguistic material (narratives) in visual form can reveal basic interrelationships and patterns and can underscore the diversity and complexity of narratives, while maintaining access to patterns" (p. 504).

When using narrative analysis, the structure, as well as content, express the identity, perceptions, and values of the story teller (Riessman, 1993). So, by drawing on the stories within the women's narratives, I was able view the large amount of narrative material from the five interviews and define the following ten structural events:

1. Setting the Stage
2. Relationship Development
3. Turbulence and the Need to Sustain Normal
4. Unable to Sustain Normal
5. Key Validating Moments: Self-Validation/Empowerment
6. Hope
7. Unable to Sustain Hope
8. Loss of Self
9. The Path Out
10. Leaving the Relationship, and Post-leaving.

Phase II

Once the structure of each narrative was organized, I used the Categorical Content Perspective as described by Lieblich et al. (1998) to complete the analysis. I used this method and the following steps for analysis of the substantive content of the narratives:

1. Selection of the Subtext: Using the research question as a basis, the relevant sections of the text were marked and assembled as the content universe of the study. Each interview was coded using coloured markers which corresponded to the ten structural terms from Phase I.
2. Definition of the Themes: Categories are themes that are derived from the text. I reviewed the colour-coded content including non-verbal and performance attributes across all interviews. I noted and colour-coded similar and differing flows of ideas and linkages within the stories of each narrative. Six themes were defined.

3. **Sorting the Material into the Themes:** Selected content (words, phrases, sentences, as well as non-verbal contributions) from all of the interviews was assigned to the defined themes.
4. **Drawing Conclusions from the Results:** The contents assigned to each theme were used to descriptively formulate a picture of the “content universe” for this study group of women (pp. 112-114).

In summary, I used the stories and supporting content language associated with the ten structural events defined in Phase I of the analysis to formulate six overarching themes, which were used for Phase II of the analysis.

I chose to use analysis of both form and content so I could evaluate how the women constructed their narratives, together with looking at the content so I could better understand how the women derived meaning from specific events and experiences.

Rigour in Narrative Analysis

The issue of rigour in research predominantly focuses on the issues of reliability and validity. Reliability refers to the replicability of research findings. Validity is defined as internal validity, which looks at whether findings reflect the issue of interest, and external validity, which measures whether the findings can be applied to a broader population. These definitions originate in quantitative research and although the terms are important for all research, replication and measurement take on different meanings with qualitative research methods. In the case of this research study, the question is not whether rigour is necessary but rather how is rigour constructed in relation to the narrative method.

Davies and Dodd (2002) state that it is important for qualitative research to be reliable, but not in the sense of being replicable over time and across contexts. The goal for reliability rests with data based on consistency and care in research practice, and on the analysis and conclusions reflected in open accounts that remain mindful of the partiality and limits of the research findings. Validation is the process that articulates the trustworthiness or persuasiveness of the interpretations made using narrative analysis, and is also critical to assessing the rigour of narrative research (Mishler, 1986; Riessman, 1993).

The issue of rigour in this study is informed by four criteria (Lieblich et al., 1998, p. 173) for the evaluation of narrative studies:

1. Width: The Comprehensiveness of Evidence. This criterion refers to the quality of the interview or the observations as well as to the proposed interpretation or analysis. I designed the study using one research question to invite each woman to tell her story. My aim was to enable the women to tell their own stories in a context in which they felt comfortable exploring their feelings and experiences. I shifted responsibility for story telling to each woman so she could relate her experiences, shift back and forth, reflect on her words and create meaning as the story unfolded. Cox (2003) suggests that this way of interviewing enhances validity because people are allowed to pattern the timing, sequence and context of topics discussed. I chose this way of “interviewing” because the focus of the research was on each woman’s subjective interpretations, on the meanings attached to the woman’s experiences, and how those experiences were communicated to others. I used analysis of form and structure to provide a comprehensive investigation of the data and used many quotations to show how the women used similar and differing ways to communicate their experience.

From this I described how I used their words to define the structural events of form and the thematic content categories for the basis of the analysis. I have included a clear description of how I conducted the study, analysed the data, and reported the findings. I have also included the role of field notes in conjunction with data collection and analysis.

2. Coherence: The Way Different Parts of the Interpretation Create and Complete a Meaningful Picture. This criterion includes internal evaluation in terms of how the parts fit together and external evaluation against existing theories and previous research. I re-listened to the audiotapes and reread the transcripts many times to hear how the stories were told and language was used. This practice enabled me to visualize and remember the circumstances of each interview. I kept a record of all stages of data analysis, my rationale for how each stage progressed to the next, and how I interpreted the data at each stage, including the influence of current research and theoretical methods for narrative analysis. I consulted with my thesis supervisor and committee members at different stages of the analysis to share my interpretation of the data and also to consider other possible interpretations.
3. Insightfulness: The Sense of Innovation or Originality in the Presentation of the Story and Its Analysis. This criterion asks whether reading the analysis of the narrative has resulted in greater insight regarding the reader's own life. I can only speak for myself as study analyst and analysis reader, and I have definitely gained insight into the narrator's experience. Even though I professed to not have expectations of certain results, I now know that I did. I have been surprised with what I have learned from the analysis of the data from this study. The design for the study interview did not imply a request for repetition of an anecdote or

exemplifying detail but rather I gave each woman a unique opportunity to provide an extended, relatively uninterrupted account of a life experience. However, I did not want to collect a preformed data set or invite a report. Instead, this invitation to the participant to make sense of experiences can be better understood as a site for the production of knowledge (Elliott, 2005).

4. Parsimony: The Ability to Provide an Analysis Based on a Small Number of Concepts. This criterion is related to the written presentation of the narrative and its analysis. In qualitative research it is common to interview a small, relatively homogeneous sample from a local geographic area. This suggests that the data collected for analysis may be small and that usefulness of the results may be limited. For this study, five women were interviewed and the data generated from the interview were extensive. The analysis not only looked at the internal life of the women but also the aspects of human experience that are socially constructed. Chase (1995) argues that narratives do not only provide evidence about individuals' lives but provide a means to understand the broad culture shared by a community of individuals. Elliott (2005) goes on to suggest that if narrative research provides insight into how the cultural framework within which individuals make sense of their lives is also considered together with the individuals' experiences and the meanings they make of them, then the analysis of a relatively small sample may well produce knowledge that is shared by a community. I used structural and content analysis along with contextual and individual considerations to yield three points for discussion. These three points address new ideas that are apparent from the analysis. I considered limitations to this study and became aware of new directions, suggested by the words of women in this study, for domestic abuse research.

Reflexivity

Reflexivity refers to the influence that the interviewer's presence exerts on the data collected (Russell & Kelly, 2002). With the narrative method, the influence of the interviewer is intrinsic to data collection and analysis. Meaning is co-constructed by the interviewer and the interviewee. I paid particular attention to creating an atmosphere of respect for person and attention to each woman's comfort during the interview and in this way created a positive, non-judgmental presence.

To account for rigour in narrative research I will indicate the possible effects my past experience on the interview process. Prior to starting the study interviews, I was aware that the most serious threat to my interviewing ability during this study was my past experience, and my passion for this work. I have worked as a counselor with the issues of domestic violence and other trauma and have trained myself to listen and watch the person I'm working with to analyze the process and mirror information back to the person. I knew that with my experience and desire to work with the women in the study, I might unconsciously revert to a counseling type relationship and unknowingly direct the content of the interview. To this end, I took it upon myself to be aware of when I might be inclined to do this and also to practice listening without giving feedback. I currently conduct quantitative interviews with women who have been in abusive relationships; while these interviews have a question and answer structure, I consciously listen to what I say during the interview, and note what triggers a counseling response from me. Often the women in this study needed to tell a story of their past or present experience. I used these opportunities to listen attentively and not to comment. During this study, often the women needed to tell a story of their past or present experiences. I used these opportunities to listen attentively and refrained from commenting or counseling.

In September 2006, Dr. Judith MacIntosh, University of New Brunswick School of Nursing, asked me to recruit and interview a cohort of ten women in Vancouver for a research study concerning Workplace Bullying. I used these interviews as an opportunity to practice narrator and self awareness. In particular, I focused on interaction with the environment, verbal and non-verbal behaviour communication, and body language of both the narrator and myself. I practiced refraining from interrupting while the woman was telling her story. I also developed an awareness of my body language and non verbal-communication, realizing that I could unknowingly convey expectations or influence. I endeavoured to be aware and non-reactive.

Summary

In this chapter I discussed the narrative method of analysis as applied to the narratives told by the women in this study. I found that an analysis of structure first, and an analysis of content second, provided a way to carefully examine the large amount of interview data.

In Chapter IV, I present the findings from this twofold analysis. I discuss the ten structural events, supporting content that resulted from the Phase I analysis, and the six comprehensive themes that were identified from the Phase II analysis. The stories that form the narratives used for this analysis are an interpretation and representation of how each woman viewed her experience at the time. Narrative analysis is not only a way of finding out about how people frame, remember, and report their experiences, but is also a way of generating knowledge that disrupts past understandings and helps us to glimpse something of the complexities of human lives, selves and endeavours (Sclater, 2003). These interpretations may change in as many ways as they are told and retold for different purposes. Still, the narratives that were told and enacted by the women served to

exemplify how they used words to communicate meaning at a particular point in time,
which was the basis for this study..

CHAPTER IV: FINDINGS

The purpose of this study was to better understand how women who have experienced non-physical abuse in an intimate partner relationship use language to describe, interpret, and evaluate their experiences; and how they communicate their understanding to others. My hope was that this understanding would provide the basis for a new way of thinking about all types of abuse in intimate partner relationships, how it impacts the lives of women who are living in these circumstances, and how potential helpers, especially nurses, might be able to provide more appropriate support to these women.

In this chapter I present findings from the analysis of the narratives. For the purpose of this analysis “narrative” refers to the entire interview. I begin with a description of the verbal and non-verbal performance and telling of the narratives. Next I will discuss the ten structural events identified in the Phase I analysis of form, and finally I will discuss the six themes identified from the Phase II analysis of content.

Sample

Five women, four Caucasian and one Asian, were interviewed for the study. They ranged from 24 to 56 years of age; two were under 35 years of age and were in the abusive relationship for two and a half to eight and a half years. Three of the women were over 50 years of age and were in the relationship for over 20 years. Four of the women had been married and the youngest woman had been in a dating relationship. All five identified as having experienced non-physical abuse in an intimate partner relationship, and all five had left the relationship. Four of the women had been out of the relationship for three to four years and one had been out for twelve years at the time of interview. Of the four women who were married, two were divorced, one was separated

and one was widowed. Three of the women who had been married had only been married once, and only had children from this relationship. One of the women had been married twice and her children were born from the second marriage. Four of the women were heterosexual and one was bisexual. All of the women had completed high school; two had at least one university degree, and one had a music teacher certificate and had completed some university courses.

Table 4.1. Characteristics of the Women

Pseudonym	Age	Marital Status	Years Married or Common Law	Years since Leaving the Relationship	Highest level of Education	Children
Mae	54	Separated	26	4	Grade 12	2 adult male
Margaret	56	Divorced	20	12	University degree	1 adult female 1 adult male
Eve	51	Widowed	24	4	2 University degrees	2 teenaged male
Shannon	24	Single	2.5	2	Grade 12 + 1 yr. certificate program	0
Dolce	33	Divorced	8.5	3	3 yr University + music teacher certificate	3 elementary school aged males

Verbal Performance and Delivery

I began with the analysis of the first interview and continued until all interviews had been completed. After I listened to the audiotapes and re-read the transcript of the first interview and each subsequent interview, I became aware that the women in this study related meaning not only through their words, but also in a variety

of ways. I noted obvious and subtle similarities and differences throughout the narratives that were conveyed in non-verbal ways. Attention to verbal performance and dynamics of the story telling revealed the presence of paradoxes, apparent contradictions, similar story lines, and unanticipated surprises (to the women) as shown by devices such as mimicry and re-enactment, that contributed to a more informed analysis in Phase I and Phase II.

Body Language

Although all of the women were cheerful, welcoming, and relatively relaxed prior to the tape recorder being turned on; the women's demeanor, voice tone, facial expression, and body posture changed once they began to speak. It seemed as if they were going back to a place they had not visited for a long time. Four of the women chose something to hold, as if holding on to something would keep them grounded or secure. I observed how the women used this object throughout the telling and how this use added to the meaning of the words being spoken. Two women chose to hold a pillow, a decorator type cushion, and often held it close to the chest and sat curled up on the couch with this pillow clutched tightly. One of these women also held a book, a journal that she had kept while in the relationship. This seemed to be a security type object in that she read excerpts from it, from time to time, to add realism to her story by citing details of her experience. Another woman held a coffee cup, a travel mug, long after it was empty. She kept it in one hand, and sometimes in both hands and from time to time used it in a thrusting motion to add descriptive emphasis while speaking. Two women chose to use their hands as the security object. One of these women clasped and unclasped her hands tightly, and at times used her hands in a bold manner and would hold them in fists as if to punctuate what she was telling. The other woman held her hands clasped in her lap, and

would move them to the table in front of her and clasp and unclasp them gently when speaking of futility.

For all women, their body posture, although varied, portrayed feelings of discomfort and the need to hold on, to secure themselves in some way, which reminded me of the colloquial phrase “get a grip.” Although eye contact was relaxed and engaging when I arrived, when the interview began, all of the women sat so they would not be facing me directly, so even if I was sitting beside them I would be looking at one side of their face. This seemed to be a way to control the environment. In this way I would not be privy to their full facial expressions unless they chose to look at me. During the interviews I also noticed that when the women were speaking of the relationship and post-relationship events that were very emotionally charged, they would tend to look straight ahead or look down; and if they turned toward me they would direct their gaze over my shoulder or at their hands, which were often clenched tightly. At times it seemed as if all of the women had difficulty knowing what to do with their hands. I noted that they would frequently clasp and unclasp their hands, pick at their fingers, or rub their hands firmly on their legs. These behaviours were very telling in relation to the words spoken and created a feeling of tangible tension that added to the impact of their particular story.

In contrast, I noticed a change in their body posture when they were telling stories that described empowering events, such as when they had been assertive with empowering results, or describing times where people listened or showed support. They would turn their bodies to face me directly or turn their heads to make eye contact. At these times, facial affect was relaxed, eye contact was direct and unwavering, their bodies uncurled and they stretched out or sat up. There was an obvious release of body tension and they added emphasis to the telling with arm gestures, head movement, eye

expression, and body movement. As much as I tried to refrain from exerting conscious influence during the interviews, I am sure that my body language and nonverbal communication, in response to theirs, was as important to the women in this study as theirs was to me.

Each woman had her own way of using her body to accompany the storytelling. These changes in body language enhanced the meaning of the story telling and consequently greatly helped me to identify the structure and themes of the narratives for the Phase I and Phase II analysis.

Voice Tone

The verbal delivery of the stories proved to be an important adjunct to the analysis. I noticed throughout all narratives that verbal tone communicated enhanced meaning from the words as they were spoken. Some women used a soft voice tone at times as if telling a secret, or as if not wanting to hear or listen to what she was saying. A plaintive voice tone portrayed futility when talking about grappling with seemingly impossible situations. At times, some participants would talk in an almost dreamlike fashion, a monotone, or adopt a singsong rhythm when speaking of hurtful things. This seemed to serve to disassociate the narrator from the words being said, so that she could recount the content without being emotionally invested. This manner of telling was often associated with the absence of engaging body posture and eye contact. Through control of body posture and voice tone, each woman seemed, in essence, to be absent at those moments or to distance herself from the spoken story content. Conversely, when telling empowering stories the women's voices were an excellent measure of the spoken content. Now their voices were bright, clear, louder, and more articulate. They would giggle at times and tell of something that was not particularly positive for them, but with which they were able to relate with a sense of sarcastic or ironic humour.

Phrasing and Pacing

Although the women expressed concern that they may not have enough to say or that they may not say what I wanted them to say; as soon as the tape recorder was turned on they started and did not stop talking until they had finished. The sentence phrasing was notable in that when people speak, they usually pause at the end of a thought or implied sentence. In these interviews, all of the women paused in the middle of sentences or phrases and, rather than pause at the end of a sentence, they would keep on talking.

The participants would often punctuate the telling of an event with a slow indrawing of breath, a sigh, a shrug of shoulders, or perplexed facial expression. This technique served to keep me off balance in a way that I wasn't sure if the woman was finished speaking about a particular incident, if she was going to continue, if it was a sad event, or whether it was a difficult event to speak about. By telling the story in this way, each woman was able to keep herself going as well as maintain some control of the interview by keeping me quiet and listening.

The participants had similar forms of phrasing characteristics. At times they would lift the tone at the end of the sentence as if they were asking a question when they clearly were not. They would also add emphasis to certain words or drag out the speaking of certain words for emphasis, as well as saying "right?" or "correct?" repeatedly at the ends of sentences in which they had already expressed the rightness or correctness in the content of the sentence.

All women repeatedly used the phrase "you know." I started to notice this when transcribing the second interview, and then noticed the frequency with which this phrase recurred in subsequent interviews. At times it would be said twice in a row, interjected mid-phrase, as well as punctuating the end of the sentence. I found when re-listening to the tapes that I, in fact, had missed many places where "you know" was spoken. In

retrospect I believe that I unconsciously edited this phrase out from my hearing due to its frequent repetition. I have since listened to myself and others speak to observe if this is a normal quirk of Canadian speech and I have noticed that this phrase does appear in conversation from time to time but not to the extent that it was used in the interviews. In one instance, the “you know” phrase appeared up to three times in one sentence; on review I found it was said in very emotionally-charged or disturbing moments in the telling, or was introduced at a time where the woman indicated that she had guilt or concern about what she had done. The following excerpt is included in its entirety to illustrate phrasing and pacing:

He's [ex-partner] a rather intimidating man, so, you know, I didn't want to make him upset besides, [loud shrill voice] what it boils down to is that I've seen him get mad, he doesn't do it very often, but like, when he does, it's, I wouldn't necessarily say violent in the colloquial sense, in the, you know, he doesn't [pause] really, you know, start hitting and punching and stuff like that, but it's [pause] VIOLENT [loud voice], it's just, uh, does that make sense, like it would, he'd just really lose it, I remember once somebody cut him off in traffic and so, violent, this is violent, he rear-ended the person on purpose, road rage, yeah, and yeah that was hard, this was before we had kids, the kids weren't in the car [breath] um, and I'd seen him lose his temper at other people so I didn't want to cross him because he'd just bottle it up and keep it all in and then when he got mad he'd blow a lid, completely and I didn't want to [pause] do that to him I didn't want to be on the receiving end of that because I'd seen what he was like with other people [my second son] came along, I'm suffering from severe post partum depression, it was right around the time that, what's her name, Andrea Yates, I think is her name, that mum down in Texas that like drowned her seven kids or whatever because of post partum psychosis and I remember sympathizing with her and understanding exactly what she was going through [pause] because you [pause] you're sitting there rocking this baby trying to get him to sleep and he's just s-o [drawn out for emphasis] colicky and you can sit there and you're thinking I can see why mothers shake their babies [quiet voice], not that you would ever do that [loud], but you can, you, you, you think that I can see why they would do that, you know, and realizing later that this was post partum depression, again I didn't realize that I had post partum depression until after I left the relationship, so [my second son] was really colicky, he would cry a lot [pause] I would cry a lot [pause] I had two little kids to take care of [pause] he [ex-partner] wasn't helping at all [pause] he wouldn't get up in the middle of the night and um do

anything with them. I was expected to be this picture-perfect little biblical wife.

Phrasing and Pacing Changes

The participants seemed to be freed by being able to tell the stories unimpeded. The pacing and repeated phrases and asking for validation lessened and the telling seemed less pressured as the interview progressed. It seemed as if each woman, in her own way, felt that she didn't have to work to control the interview, and that she was reassured that I would listen. Mishler (1986) and Chase (1995) state that all too often interviewers using the narrative method use questions to direct the story they want to hear; or that when doing the analysis, they edit out all but the salient points of the story. They caution that in doing this, important linkages may be missed and the analysis may thus be hampered. For this reason a broad open question was asked so as to not ask for a prepared story, but to invite the woman's own story (Chase 2003). When the interviewee-interviewer situation is changed to create a shift in the balance of power, the respondents are more likely to be empowered and to speak in their own voice and tell their own stories and also "to apply the understanding arrived at to action within their own interests" (Mishler, 1986, p. 119).

I felt strongly that it was important to listen and to follow wherever the stories led. With this in mind, I avoided interrupting to keep the woman "on topic." In fact, during times where it appeared that the narrator was rambling, it was informative for me to consider where she was in the story and what body language accompanied this seeming digression. The women would change the course of thoughts and phrases often when telling a story, as if reacting to a myriad of memories being triggered by the words being spoken at the time. These course changes were often prefaced by, "I remember when..." or "once when we were...he..." It was as if the intruding memory suddenly

took precedence over the story being told at that time. Interestingly, as shown in the preceding quoted passage, the women usually remembered the story they had put aside, and picked it up again once the priority story was told.

Literary Devices

Literary devices such as simile, metaphor, imagery, irony, sarcasm, and others that are used in literature to enhance narrative content were used generously by the storytellers. The women both stated and demonstrated, by mimicking and re-enacting events throughout their narratives, that in the absence of bruises and broken bones, the evidence of abuse is in the telling. Thus the placement and use of such literary devices was an important source of meaningful support to the stories.

When telling the stories, it seemed as if the women were opening a book that they had long ago read and set aside. When this book was once again opened and shared with me, in the form of their narrative telling, at times each woman acted out the roles of other characters, to afford me the most accurate glimpse into the story that they could summon from within themselves. Character development for the major players, and minor players, and their roles in the narrative, were carefully described and played. While quoting dialogue and relating interactions between people, the women enhanced their stories by mimicking voice tone and phrasing. The participants were careful storytellers and this was more apparent as the narratives unfolded. With time, some of the anxiety associated with performance dissipated and the stories became more detailed and rich. The women were privy to the stories' outcomes so they used that knowledge to foreshadow events to come. There was opportunity, inherent in the nature of their stories, for the women to use simile, metaphor, imagery, irony, paradox, personification, sarcasm, and foreshadowing; and the participants used these devices often to enrich the meaning of their words.

He [ex-partner] was very cold [emotionless], it was as cold [emotionless] inside the house as it was outside now [weather].

He was back in the house, it was September and I was, just, uh, the ice [frozen environment, absence of warm family interaction] in the house was so cold, it was, it, little had been said before and even less was being said now.

I, um, there's a country song or something...it used to kind of reverberate in the back of my mind, "we've been together so long," we both need, need resoled [as in worn out shoes], or something like that or "re-soul-ed" [as in worn out souls] I think for us.

He used to be attached to me like glue, I used to say, um I mean not to him, but sometimes I would say like I felt like we were attached at the hip, he would stick with me everywhere and I couldn't figure out why, um, this is years and years later and the jealousy and the accusations at, and cheating at the same time [laughs then long sigh], him accusing me, that that's really got me, I found out, I realized...that he had been cheating and all those years, and I was SO [loud voice] angry...he'd been accusing me all those years of cheating and I never had.

In addition to changing the voice tone of her words during reenactment of the stories, each woman played out and characterized her changing roles as the young woman, the mother, the "good" wife, the "bad" wife, the psychologically beaten and desperate woman, the suicidal woman, as well as the clever woman, the resourceful woman, and ultimately, the resilient woman.

Body language, voice tone, phrasing and pacing, and the use of literary devices were effective ways for the women to add meaning to their words and to control or direct the interview. I was aware that I had become sensitized to their story telling techniques in that I could feel myself relax and tense up, be drawn in and be pushed back just by the manner in which the women were telling their stories.

When I first looked at the interviews for analysis I felt the need to organize the stories to make them chronological. This was frustrating because most women didn't start at the beginning, in the sense of time. I soon realized that the stories really were

chronological in that there was a beginning, middle, and an end, but each woman remembered, told, and made sense of the story that she wanted to tell as she went along. The differing lengths of time each woman devoted to each chronological stage served to make each woman's story distinctive.

Phase I: Findings from the Analysis of Form

For the purpose of this analysis, "narrative" refers to the entire interview. The structure of the narrative was composed of stories told and linkages used by the women to describe and share their interpretations of the abuse experience in a past intimate partner relationship.

I graphed the overall form of the narrative (Figure 4.1) as being defined by ten structural events: Setting the Stage; Relationship Development; Turbulence and the Need to Sustain Normal; Unable to Sustain Normal; Key Validating Moments: Self-Validation/Empowerment; Hope; Unable to Sustain Hope; Loss of Self; The Path Out; Leaving the Relationship; and Post-Leaving. Although all women included descriptions of experiences (Figure 4.2) that fit within each structural event, the time frame and the significance within each varied for each woman.

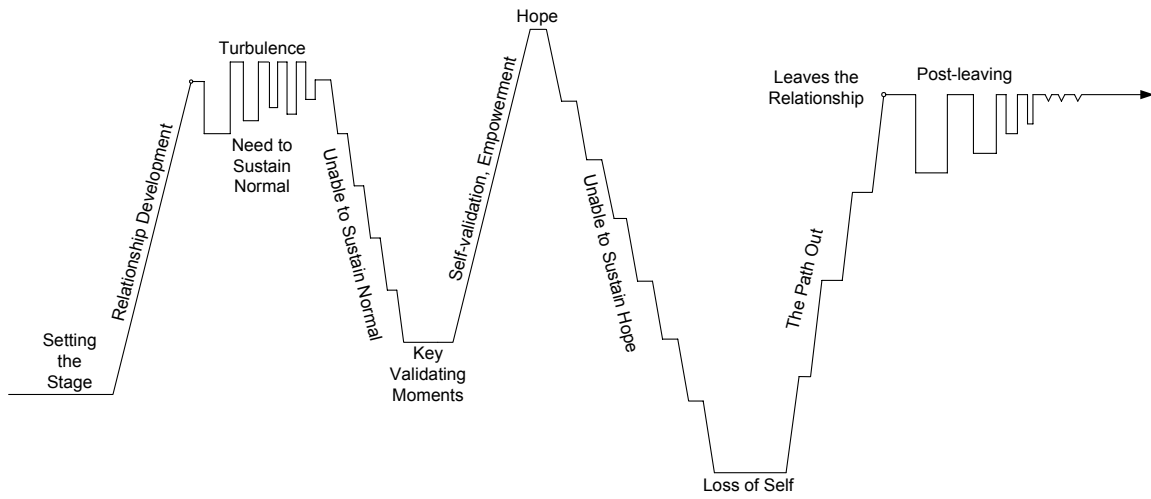


Figure 4.1. Phase I Analysis of Form: 10 Structural Events

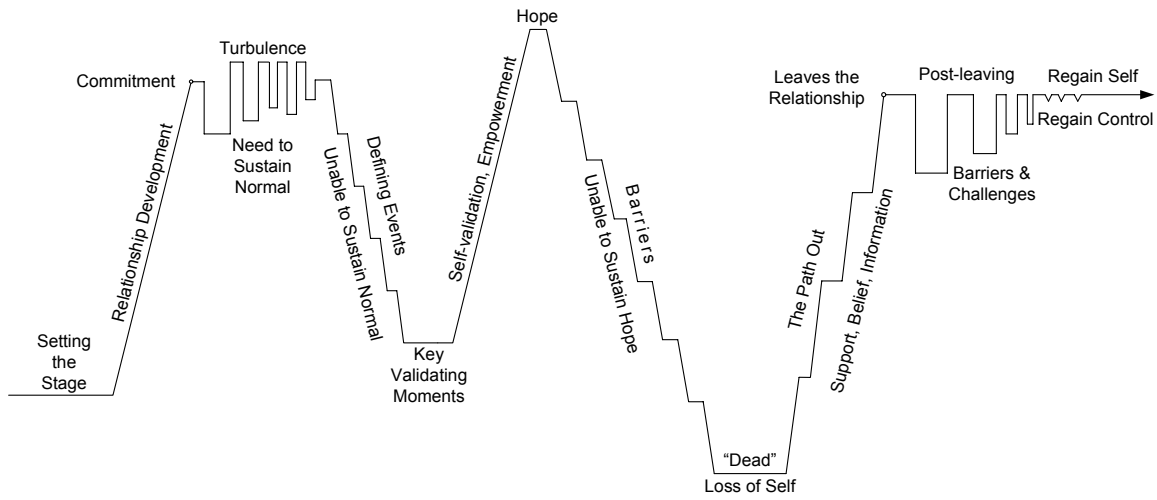


Figure 4.2. Phase I Analysis of Form: 10 Structural Events, Experiences

Setting the Stage

At some point in the interview, the women told stories of how they met their partners, of others who were involved in that meeting, and of thoughts and feelings they had at the time. Although this element was not necessarily recounted at the beginning of the narrative, it served to set the stage and add understanding of the woman's reflective reasoning for why she chose this partner.

I was really young when we met...I hadn't had a lot of boyfriends and so, you know, to have someone pay a lot of attention to you feels really good.

Anyways, um, it well his blue eyes, whatever, his soft-spoken voice, we spoke all week long before we ran out [of things to say]. He just bowled me over.

He used to always be finding things out about me and, you know, asking in-depth questions and everything, and I thought he was just really interested and really cared about me.

At first I didn't find him attractive...but what made me become attracted to him was how nice he was to me...like he wasn't ever rude to me, or didn't talk down to me, and he was from a good family, and that was important to me.

These statements also served to foreshadow the subsequent evaluation of the relationship as normal. It also seemed to me that the women used the language of abuse to describe what was deemed normal, at the time:

Early on, um, my husband never did anything upsetting in a normal way, in a way that, you know was recognizable, he never yelled or anything like that.

I was just like, no, I love him, I love him, you know, it's okay because I love him and I accept it, so it didn't really matter about his bad behaviour because I loved him and that made it all okay.

The issue of when the abuse started was mentioned during this time but seemed to be an afterthought; that is, a naming of the circumstances around the event that had become clear when looking back rather than being cognizant of it at the time.

Like at the time I really didn't think that was abusive, but now, looking back it's just everything he did was centred on making me stay with him because he wanted me there but it's kind of on his terms.

When I first met him, yeah, um, and even up until, we'd probably been married seven years before the first time he actually yelled at me, um before that he had certainly been controlling, um, now that I know all the controlling behaviours.

It was very, so normal, it kind of everything I've ever wanted when I was little, like you imagine yourself getting into a relationship and it was just so wonderful like that and slowly it just came to be not so wonderful.

Relationship Development

From their idea of what was normal at the time, and the evaluation of this man having more positive attributes than negative, combined with the woman's ideas of relationship needs at the time; and despite their better judgment, the relationship was judged worthy, despite misgivings, and allowed or forced to develop.

He started making comments on...the way I dressed, what he approved of, and what he didn't, and, of course it was always in my best interest.

I didn't feel threatened or anything like that, I questioned why we couldn't leave [a party] when I was prepared to leave [but always had to wait until he was ready] but that was the way things were.

I think that's the thing that really kept me in, is that he had been a nice guy, he was a straight guy, [I thought that] he was just acting like a jerk, I didn't realize that he's a jerk that's acting nice, and that, that was the big thing for me, was to get [understand] that um, he really was a jerk and um it wasn't about me, like do I deserve this or not; or I don't deserve to have a decent... it had nothing to do with whether I thought or even whether I had self esteem, it had everything to do with control.

During this time the women evaluated and re-evaluated their life circumstances, and they consistently appraised these circumstances and events as inconsequential, as in, “this is just the way life is.”

I honestly didn't realize that I was in that situation until after I left, because I thought [pause] that becomes normal...it was all my fault.

I used to always question, is it something or was it something my dad did or wouldn't do...my dad would always tend to accommodate my mom, so I guess, I always, my question came when something happened, why didn't [my ex-partner] treat me like that.

[When I made friends] he found any excuse to get them out of my life. He developed this three-strike rule, um, if we invited somebody over and they weren't able to come, for any reason, [pause] if they did that three times, they weren't allowed to be our friends anymore. I can look back now and see that they didn't want to come [in the first place] because they didn't want to see [ex-partner] because he was very racist, he was very sexist, like he was, he was a bigot and he was rude and he had a very crass sense of humour...he was belittling and hurtful to everybody.

The women described experiences and events as well as reactions from family and friends that were quite negative.

You know, my brother kind of, my brother had my ex pegged right from the get go and hated him and tried to do everything in his power to not have me get married, and he goes “I'll bet it's only going to last a year.” So there was that challenge in me, well I'm going to prove it, I'm going to prove everybody wrong I'm going to stick this out, even, you know, no matter how bad it gets, I'm going to stick it out.

My parents, um, my parents never liked him so, they never wanted me to get married.

Despite these negative feelings and comments, the women decided to commit to the relationship. For four of the women the commitment was marriage, and for one, the commitment was an exclusive partnership.

Some of the women overruled the negative feelings because they felt they were needed, or, despite misgivings, there was another reason that attracted her to him or to

some aspect of the relationship: “I know they [his family] really seemed to care about me and in a lot of ways they were my family.”

Turbulence and the Need to Sustain Normal

After the commitment decision, the women all told stories that they defined as “something was wrong.” This was a time characterized by comparing events and feelings to being normal: losing normal, trying to regain normal, regaining normal, losing normal, and cycling through the series again. One woman described this time as “riding a roller coaster.” They knew that sustaining a sense of normalcy was essential to keeping the relationship. They recounted their fears of what would happen if they couldn’t. Each woman stated that it was her responsibility to maintain the status quo, no matter what the cost to her sense of self.

So when you’re in this emotionally abusive relationship it’s just normal, this is the way, maybe uh, then you start thinking that maybe everyone’s like this but they just don’t talk about it.

He began to change, and became more and more violent um, yelling demeaning, um brainwashing me into thinking that um I was no good, I was worthless, and I was a burden to him and the children, um it came to the point where um I’d try different things, we’d walk on, the kids and I would walk on egg shells, and uh, not knowing what his response would be when he came home... and it’s interesting because anything could be a trigger for him.

The language the women used to convey the meaning of losing normal was the language that is commonly used to define non-physical abuse. These stories used words and descriptions of guilt, blame, isolation, and control:

And I felt so guilty when they [friends] would talk about their relationships, because mine wasn’t perfect, and my boyfriend didn’t love me that much, and I was scared to say my boyfriend doesn’t love me, [pause] like I was so ashamed, I remember being so ashamed.

I didn’t want to have a failed marriage, and I was thinking of the social stigma, I was thinking of being a failure again, which is what I felt like as a somebody who fails in marriage, I’m a fail, it’s my fault.

The whole time...I just thought, it was all my fault, pretty much all the blame was to myself [pause] 'cause he made everything that went wrong with our family seem like it was my fault.

The more I contacted them [my family] the more fuel, opportunity it gave him to be angry, and for some reason he hated my mum, he just absolu, he just hated my sister, he hated, you know, it became a female thing, and um...I think they sensed it and they ended up not phoning very often.

Unable to Sustain Normal

This was a time characterized by descriptions of confusion and exhaustion. The women described no longer being able to use rationalization and denial to regain the status quo or to convince themselves that everything was okay. They no longer believed that everything was okay.

I tried doing things, I tried not doing things, I tried saying things I tried not saying things, and it didn't matter I had no control of it, he would just, he would do things like uh, not only the demeaning and the yelling, and sometimes these went on, it went on for a long, long time and I remember three occasions where he was yelling at me and he would throw something at me and I just froze, I was so scared, I couldn't move, um I couldn't leave the room, um I couldn't defend myself and I remember these three different occasions where, um I suddenly felt as if, um, all the warmth from my body left me, and I was freezing cold.

Personal events, and those concerning children, family, friends, and social contacts, emphasized that something was really wrong. At this point, this "really wrong" was a feeling, one that gradually became overwhelming in response to a series of defining events that could not be rationalized or normalized completely. Although the participants described knowing that what they were experiencing and feeling was abuse, they were unable to act to escape; in fact, many did not consider leaving the relationship an option at all.

My husband was just wearing me down, he was just always criticizing me and uh and yelling at me and telling me this and that, and um, it was

just horrible, and um, I finally broke down, and I didn't even know what was wrong, I just knew something was very wrong.

I was too embarrassed or ashamed that I would let this go on, um, so I never really sought, I mean I never sought help, you know it's wrong, you know that a child shouldn't be hit like that.

It was like uh I don't love him, eh eh [like a uh uh as in no, but eh eh instead] it's not happening [laughs nervously], it's not working, something is wrong, but I worked, yeah, I worked really hard to keep that voice [inner voice] quiet.

This steady descent from normal, and failure to regain the status quo, was described in the stories as a time of unbearable chaos that was felt both internally and externally.

He would just, maybe, be mad, for two, three days, wouldn't speak to me, um, and I'd be sick, kind of worried, wondering what's going on, it's just very disturbing to have your, your partner in life, acting that way [sad laugh], that that person that you think is your, you know, your best friend, and actually your only friend, at that point and uh, husband and everything else and to have him behave in that way is like, is really hard, very chaotic, very upsetting, uh, and so [pause], I don't know, it would be, every time it would be upsetting.

I would be all the time trying to, you know, make sure I made a nice supper for him, or something, just to try to, you know, even things, um, smooth things over, and I never really knew, there was nothing really appreciated, nothing said.

Key Validating Moments: Self-Validation/Empowerment/Hope

The Key Validating Moment, the climax of the narrative, can be described as a time when the women knew for sure their reality was the "truth." That moment was, in a sense, their life preserver; they were at sea and in danger of drowning, but they still had a chance to be rescued as long as they hung on to that "moment of truth," and sought to buoy up their confidence.

All of the women described a specific time and event in the relationship where they could no longer deny the severity of their situation.

The one big thing that I remember was [pause] um, the internet pornography [secretive voice] so this was about five or six years ago and I turned on the computer and there was half a hard drive's worth of videos and pictures of pornography and it wasn't just like, I'm not a prude, I've seen this stuff, I've been around, I mean doesn't do anything for me, whatever floats your boat, but there's that line that you just don't cross and that involves underage girls and animals, and that's what he had on the clips that he had that he downloaded from the internet and not just a couple, a whole [slow for emphasis] bunch

I was like a prisoner in, um in the home and um it was getting so bad and I would sleep with my shoes on, uh sleep with my clothes on and my car keys in my pocket, and the window always unlocked and slightly ajar so that if he came at me then I'd have an escape but then you know um I phoned the crisis line or some sort of crisis line and I remember what this lady told me, she, she told me, don't leave without your children, if he, if I left she said, if I left without my children, then the courts would take it that I've abandoned the children, but she said if it's a matter of life and death, you have to get out, and so I started an escape plan.

I told him [ex-partner] this; I'm going down to pick up some brochures from this, uh school. So I went down there and I, I punched half an hour into the meter, went in, got the brochures, came back out, I been there maybe twenty, maybe fifteen minutes, actually, because I remember looking at the meter, as I always do, and then I went back home, so I couldn't have been gone more than half an hour, and he was SO angry, uh, he didn't say he was angry, he just left the house... he came back and he starts telling me...you were gone for two hours....And I said, "I wasn't gone for two hours, I was gone for half an hour," [then he said] "well what were you doing?," "well I told you, I went down, to get, some brochures, I told you that before I left." "No you didn't tell me." And it was so bizarre because he could rewrite it for me because I knew, the only thing I could hold on to was I had plugged in only half an hour on my meter, I could not have been gone, I didn't even use up the half an hour, it only took ten minutes to get downtown and there was no way I was gone for two hours and how could he possibly think I was gone for two hours, when it was a half an hour and it was so crazy and so illogical.

I remember waking up one morning and I sat up in bed and I said out loud, I was by myself, I said "I don't love [ex-partner]" and that totally sent me into fits of hysterics, like I cried, I cried, I called my therapist and I had an emergency session with him and I was like "why did I say this" and he just didn't have any answers for me, and I think it was because I loved him but I didn't love what he was doing to me.

Until now they had been able to avoid the stark reality of the sequelae and the pathological effects of the life they were living by minimizing, self blaming, and

convincing themselves that they were responsible and therefore could fix the relationship.

The women described the Key Validating Moment as the ultimate validation. For all of the women, these events served to unequivocally convince them that what was happening was wrong, and potentially lethal; they had no choice but to act to leave. The effect of the Key Validating Moment facilitated a complete turnaround in thinking. They described essentially taking inventory of the debilitating and demoralizing notions they believed about themselves and how they shattered these false beliefs by thinking back and finding the reality they had been denied by their partners.

I was raised in a fairly progressive upper middle class lifestyle, and here I am, kind of, in this completely opposite world that was just very surreal [no breath] I wasn't even allowed to buy my own clothes, he bought all my clothes for me and they're very frumpy, dowdy, modest, kind of really ugly clothes actually nothing that I would have chose for myself but I wasn't all, and it was always in the guise of a gift [pause] "Oh look honey I bought you something," it's uh this, this is what you're going to wear, this is your uniform.

I have this ...cousin ... and he said to me he's like, "so, is your boyfriend treating you properly?" and he was kind of joking and I remember saying there's like, "I'm not really sure if he's my boyfriend anymore," and I'm like, "is my boyfriend treating me properly?" and "I'm like no, no, he's not." He's not being a boyfriend, so he doesn't deserve to be mine [my boyfriend]. And it just was kind of a turning point for me.

It was just that battering down of my [pause, sigh] spirit and I said that I would never let [ex-partner] take that away. At the very end, I just said, "that's enough, I'm not going to do this anymore," it was just that fine line of my spirit, I just needed to hold onto it, and that's when I, that's it, out the door.

The women no longer believed their partners. This gave them an added sense of hope because they felt that their newfound belief in themselves and determination to leave negated their partners' power and control and weakened the obstacles to escape.

Unable to Sustain Hope

Inspired by their newly-regained sense of power, the women described feeling that their partners were less powerful, and as a result they felt that potential helpers, as well as family and friends, would be understanding and support them.

The opposite of what the women hoped for played out during this stage. Rather than experiencing sustained hope and progress towards extracting themselves and their children from the experience of abuse, there was steady erosion of hope; for help, belief, and support from family, friends and others. The women described their attempts to tell and their attempts to leave, and the barriers they encountered from potential helpers.

I even had a therapist, and he never [pause], like I told him everything and he never seemed to kind of catch all of it or suggest that I was being abused...he never really saw it at all.

I was going to the doctors, the specialists, and they were saying that “you could end up with kidney failure and internal organ failure,” and this is be, because I was so traumatized and um, I wasn’t hit, he didn’t touch me, it was an invisible touch, such that I was slowly dying, and um a doctor of internal medicine, a cardiologist doctor, he was saying, um, I had to do something or else I would die, so I wasn’t hit, it, it’s like now I’m isolated, my friends and my family aren’t, you know, really involved in my life and um, but I knew that I had to do something because it was certainly harming the children...the strength of the individual [meaning herself] has waned, I weighed seventy-five pounds and him, taking a, sucking up all of our financial assets, and the isolation, um, and then you know, it’s like spirituality, the person [referring to herself], a person has no spirit, they, uh, the soul seems to have just gone.

One of the women described an incident in which she called the police after her husband disciplined the youngest (teenaged) son by choking him. They were required to go to counseling. She felt that counseling would help them as a couple and as a family and was sad to realize that this was not to be:

The last time we went into this counseling, um the second to last time we went into this counseling, they wanted to promise me, or wanted me to promise that if it should ever happen again, that [ex-partner] required to physically chastise one of the kids for whatever they’ve done, that the

police wouldn't be called...I would not make that promise, could not make that promise, if something happened and the police needed to be called, I would do that, I'm not going to make that promise.

Loss of Self

In Figure 4.1, I graphed the Loss of Self point lower than the Key Validating Moment" point to make the distinction that the women attached a more profound and debilitating meaning to their life situation at this time. The inability to sustain hope and the resulting "Loss of Self" for the women in this study affected their lives much more than the previous inability to sustain normal. "Loss of Normal" described a loss of relationship perception. "Loss of Self" described a loss of identity.

These experiences and the accompanying return of self-doubt, self-blame, and guilt served to whittle away any hope or sense of self and power that may have remained. One woman described a sense of giving over all power to her partner. She described allowing him to make all decisions, as if she were an automaton there only to do his bidding. "I really didn't have a place in his life except for what he gave [allowed] me, so I was in his life on his terms and that was it." She later described:

I remember when I did get pregnant, although we weren't really sure I had a miscarriage, it was like shortly after [sigh] um, I remember him saying to me like "if you don't get an abortion, I'm going to leave you"...I had no resources, I had no experience, I had no, um, anything [pause] so I said, [matter-of-factly] "oh, okay, if I'm pregnant, I'll get an abortion", and then I didn't have to make a choice, it was made for me. [She later miscarried]

After telling this story she reflected back and said, "I've always been pro-choice, but not for myself...I don't think I could have an abortion, really...life is too precious."

All women described this as a time of loss of self, and described themselves as if "dead." Some of the women interviewed for this study had suicidal thoughts but none

had acted on those thoughts. They instead described a sense of knowing that they must carry on, but as feeling unable to invest emotionally any longer.

I wasn't worthwhile either and I remember sometimes I like wanted to die and sometimes I just didn't want to "be" anymore...I just wanted to stop existing and I didn't want to die per se, I just didn't want to "be" and it's kind of weird to me to want to be invisible, to kind of just disappear.

I certainly didn't love him anymore, I was just trying to survive, I was trying to keep the home together until the kids were old enough and then I would leave him and I shut down all my feelings, I couldn't even remember like [exasperated sigh] what colours I liked, um I was dressing in clothes that looked like what my grandmother would dress in, cause that's what he was happy with, there was no beauty, there was no prettiness in my life, there was just, there was just, um either being sad, which didn't feel very good, so I would just pull away from that, and so it became just being empty, um, no feelings were better than feeling badly, so I think I was probably able to dissociate which was actually a way of surviving.

The Path Out

Following each woman's description of this profound sense of self loss, I heard stories of how the women were able to gain release from this "dead" plateau of "Loss of Self." They described unexpected or serendipitous events that "snapped them out of it" and emphasized the urgency of "getting out now." The events took many forms: a magazine article, a supportive word from a friend, a health care professional who took the time to listen and more. All of the women described a feeling of being "believed", as if they finally had the evidence to qualify for being given the tools to get out.

I've another friend...she's kind of self aware...she was in an abusive relationship [this made her opinion trustworthy]...she always seemed to think there was something odd about my relationship with [ex-partner], but she was, I think, the only person, out of all my friends, who didn't like what was going on...she couldn't say anything because there's no evidence, she couldn't say "[ex-partner] he's abusing you," all she could do is **impress upon me** [bold for emphasis] that I was deserving of better.

I'd done everything I could...I knew there was nothing more I could do...I was going to need to get out, that was all there was to it, and that was a horror, on its own, whatever, and I was afraid, because I knew,

[pause], I had done a deal, with the, uh [Abused Women's group], and they had told me that um there was a chance he could be violent because he had a bunch of, you know, markers for possible violence, uh, because he had previous violent, uh, things like smashing things and uh, he had most of the markers for a very controlling person so I knew [that I had to leave]

I found a magazine article...and it went into a description of verbal abuse and I...I was looking at it and I thought OH MY GOD [capitals added to depict loud voice], this is me, this is what's happening in my life...I just, holy smokes, this is my life, this is what was wrong...I fall into this magazine which just happens to have this article about uh [ironic chuckle] verbal abuse in relationships, I thought WOW [loud exclamation] and I, you know, reading it and then it took only, oh, talked to a few people, I talked to [Abused Women's group], they sent me some information about abuse, abusive relationships, and I would never have thought of phoning [abuse support organization name], um, because I wasn't being hit.

I have a cousin in the [part of the province], who's now a Judge, he used to do family law...and I phoned him and I said, "what am I to do?" And he said, "I don't know, you sound really stressed, you don't sound like your usual self," he suggested that I talk to a lawyer in town and have [ex-partner] removed from the house. His [this cousin the Judge] wife counseled and uh, counseled couples so I talked to her forever and we decided that perhaps the best thing was to get a lawyer.

Each of these opportunities served as a glimmer of light to illuminate the "Path Out." With each successful step, feelings of confidence returned. The steps along the path out were opportunities that were presented. Whether the women acted upon the opportunities or not did not seem to be as important as the fact that these opportunities were there for the taking.

Leaving the Relationship

The experience of leaving was different for the woman who wasn't married to her partner. She described growing feelings of ambivalence toward her partner. He had announced to her that he "applied to a university [out of province]" and when she asked about the relationship he said, "[If accepted] I'm going and I don't want you following

me.” The relationship continued and she felt unable to leave until an incident, three months later, made her decision firm and immediate.

I went away, spent a week with my family, didn't call him for an entire week, and I came back and I saw him that night and the first thing he said to me, he said “you didn't call me,” and I just remember thinking, like “why would I?” That's all he wanted to hear, I was surprised that he even cared, that he was even bothered by that, and we went downstairs to his room and started making out and then I said “I'm NOT [loud voice] doing this!” and like I'm not doing this anymore. Like this is it, this is over, and I left.

She described events where she had re-evaluated the relationship while she was away with family, and when he expected her to fall back into line, she realized that she had had enough.

It [the review of past events] kind of gave me motivation to jes' say “NO” [loud voice], I'm not doing this for another two months, I'm not going to kill myself and cry everyday for another two months, and watch you leave [for university], it's not fair, so “F” that, you know.

For the other four women, there was a tremendous emotional investment accompanying the decision to leave or have him leave which made the planning excruciating. The decision was firm and the plans were made, but the circumstances of the relationship were unchanged; in fact, for some of the women they were worse. There had been threats made by their partners of what their fate, and often the fate of the children and others would be “if you ever try to leave me.”

I remember driving to my parents' place and it was like my whole guts were getting ripped out, it was just crazy, I was terrified, I could barely drive, and I had to drive for about an hour and a half, and wow, it was, that was the hardest thing I ever did.

I was far too afraid because I knew he would be really, really angry at me for leaving. I knew that for sure so I did go to a transition house, I didn't even go to my parents' house cause I was afraid he might come over, and I didn't want them hurt because of us, or of me, so I needed to make sure they were safe, and the kids were safe, and I was safe, so we went to a transition house.

It always makes me remember that fear I had, uh, just the children and I just grabbing what we could and just running out the door, and then being so afraid that he was right behind us and that he was going to grab us.

Post-Leaving

There is a common societal idea that once a woman leaves an abusive partner, all is well. However, these women's narratives contradict that notion, showing it to be overly simplistic. In the case of leaving an abusive partner relationship, the remedy is not as easy as just getting out. The fear experienced by some of the women at the time of leaving continued, with additional fears of how they would cope on their own with the barriers and challenges that lay ahead. All of the women described these feelings of uncertainty because some feared consequences from unpredictable ex-partners, and they all faced living with the aftereffects of abuse.

I think the worst for me probably in terms of abuse is after, and dealing with the fact that friends and family don't believe you (voice tone up at the end)...and because what you suffered, they don't have any evidence of, they just...like you know...we looked happy.

I went back to work on a following Tuesday...and I explained to my administrator because I felt at any time he [ex-partner] could come to the [name of work], my work site, and he didn't believe me...they don't seem to understand that a violent incident could happen at the work site.

[After the relationship had ended and he was not living in the house] He waited until I was away...and he uh, came to the house and took everything he could.

I told him when I would be away, 'cause we were still parents [joint custody], I thought that it was important that when I was away that the [teenaged] boys' dad [ex-partner] should know that they're home alone and that he should be there for them, he looked at that as the time, when, this is the time that we raid the cookie jar, we'll go, we'll get the boat, we'll get this we'll get that, take away things, he'd said to the boys, I guess he'd say, "here's a list, go get 'em.

There were many variables that affected the leaving process for the women. New barriers and challenges threatened the woman's ability to stay out, cope, and feel successful.

For the first few months after I left I wasn't really present, I was there, but I wasn't able to really, my mum and dad pretty much raised them [children] for the five months that I was living with them.

It took three years to get my belongings out of the house [exasperated laugh], it took me three years, and I remember being so afraid that um, my family and friends were going to help us retrieve some, some of our belonging, um I didn't want them to be endangered in any way, so I went down to the RCMP station and explained my situation to the officer, and I said that I would like an officer to be at the door, to make sure he's [ex-partner] not there, and I remember her, saying to me, and this was a lady saying to me, "why do you want your things?" A female RCMP officer said to me, "why do you want your things?" and I was totally befuddled, and she, she also said, "we don't have the time for that," I guess I got kind of angry [laughs], I got angry and said, "I'm noting down your name, the date, and the time; I'm telling my friends and family, who will be there, to help me get my things and I'm also telling my lawyer so that if anything happens, there should be a consequence for inaction," and at that point she said that she would get someone to be there.

We had no child support, and um, I didn't want to work full time, financially it was extremely difficult for at least five years, I remember having two hundred dollars in the bank to last a month.

I remember for us, at least for me, sex was the only time I really felt he cared about me and like he was actually kind of interested in me and I don't just mean attracted, but like in my person, in myself, and it's given me, I think, if anything, that's given me a lot of problems.

Despite the barriers and challenges, the women all related stories of feeling that no matter how bad it was "being out", it was so much better than "being in".

Once, once on my own [post leaving] I felt like, we could do this because you know the huge obstacle, like whatever we encountered, as soon as we entered our home, when we were away, when we were living in the apartment [first place after leaving], I remember how ecstatic the kids were, when I showed them the apartment and I said now, this is where I think is a good home.

The difference for the women now was that they gained strength with every obstacle that they were able to pass or at least hold at bay, and gradually they learned to deal with the stressful events of post-leaving as just being a part of life.

[Now] I've gotten control of my life, uh my life. I can't even describe it, it's a hundred times better, 'cause when you're at zero [big sigh] it doesn't work but, um, it's the uh, difference is enormous um, I have a life, um I have friends, um I've had a relationship with a kind man, a real kind man, I've figured out what that's like.

All of the women who participated in this study have remained out of the relationship and have made positive strides in regaining what they had lost of themselves. "I have time to have a life now, I'm thinking of buying a house, um, er, a condo, um [pause] I became me."

It was at this final stage, of staying out and staying strong, that they were able to tell stories of how they realized that they had in fact lost themselves and were able to describe how they were able to regain their sense of self and take back their lives.

[Now] I have friends...I go out...I have fun...I'm much more rested...I making wise decisions about things, I went through a huge learning process, where I had to back and figure out who I was, I had no idea who I was anymore.

At the conclusion of the analysis of the structural events, the data were again reviewed and analyzed for the Phase II thematic content analysis. Phase I of the analysis highlighted the events that formed the shape of the narrative. Phase II examines the meaning of the content within the form of the narratives.

Phase II

I identified six overarching themes from the Phase I narrative analysis of form: Hit vs. Not Hit, Cognitive Dissonance, Death of Self, Significance of Self-talk, Attempts to Tell Fall on Deaf Ears; and The Irony of Life after Leaving. These themes were woven

throughout the stories, and were described repeatedly in emphatic detail. These themes stress the impact and importance of the women's words through descriptions of events, responses, and outcomes that implied serious consequences.

Hit vs. Not Hit

One of my assumptions for this study was that women who experience non-physical abuse in intimate partner relationships do not immediately identify their experience as abusive. The women's stories told of this, yet at the same time another issue came to light. It seemed that the cardinal feature was: "he didn't hit me." As simplistic as it sounds, it was implied, as one woman said, "If he hit me, that would be the deal breaker." The salient point here was that the abuse would be deemed valid only if she were hit and visibly injured. The issue of visibly injured was implied because the women always added the words "evidence" or "proof."

Even though these five women self-selected as experiencing non-physical abuse only in an intimate partner relationship, each woman described her ex-partner perpetrating some form of physical abuse.

Well, the police were called, um because I'm out of the room, [ex-partner] grabbed [youngest son] by the throat...when I came back into the room, no one would tell me but [youngest son] wanted to get out of the house so we went out ...I was worried that we wouldn't be able to get back into the house so we went to the police station to get a police escort to go back to the house.

I remember once somebody cut him off in traffic and so, violent, this is violent, he rear ended the person on purpose, road rage.

He [ex-partner] never bonded with him [middle son] and so would hit him with a plastic cooking spoon, um to the point where once the spoon broke when he hit him. He'd also put hot sauce in his mouth, you know how little kids sit around and blow raspberries and things like that, if [middle son] did that [ex-partner] would put hot sauce in his mouth and would...make him stand in a freezing cold shower. When we were [potty] training him, if he had an accident, his punishment was standing in a freezing cold shower for ten minutes.

I don't know why he, he was mad about something, and he actually, I felt like I had been raped, ...he just kind of got on top of me and just started, you know, doing it, it you know the way he wanted...oh and anal sex too, that was a, he knew I hated it and it hurt me, and everything, he would always insist on trying it, and it always was a misery, and he would get mad at me 'cause I would start crying, and uh, I just hated it, and it hurts and he just did it, I think he actually did it to hurt me, I realize, he used to tell me, well, "tell me if I'm hurting you," and I'd say, "you're hurting me" and uh, uh, it wouldn't matter, he'd carry on.

You know that someone should not be picking a child up by their arm and throwing them in a room or throwing them down the stairs.

He once threatened me with a hammer, swung it over my head and I was terrified...I knew he was deciding if it should hit me or not.

And although he never hit me, he put a, hole or two in the wall, he broke a few ironing boards, uh, and a few lamps and things like that, there was always a kind of underlying feeling of violence, when he was angry...like when someone's raging and who's slamming their hand or their fist into an ironing board, and twisting it and breaking it.

I remember I talked about it the night he got high on drugs and he'd never gotten high on drugs ever before.... And he attacked me...I was in a new apartment that [person] and I were moving into and she was out of town and he was staying with me to kind of keep me safe. I picked him up [downtown] and he told me that he had done some 'shrooms [magic mushrooms: hallucinogen] but didn't think they affected him. ...then he started tripping out really bad and saying the "world is ending...and the cops were going to kill him" and then he tried to get a knife from the kitchen...and I'm like "don't do this, like lay down and go to sleep...it's fine"...and then he started touching me and I'm like..."go to sleep" and "stop it" and then he like got on top of me and I had to fight him off and like I ran into the bathroom and locked the door, and I started crying and he was on the other side of the door saying "what's wrong?" He had no clue and I was on the other side of the door bawling my eyes out. The next day he stayed home to make sure I was okay. Later I wanted to talk about it because it upset me so bad and he didn't want to talk about it, [ex-partner said] "look it's done, it's over let's just put it in the past." Didn't want to discuss it, so, and a week later I had a miscarriage.

The dramatic issue here is that there was physical violence, but the women renamed and defined it as "he did not hit me." In so doing, paradoxically, the women managed to normalize any form of sex (including non consensual acts, including rape) in marriage is normal; child abuse (disciplining children) is normal, violence with inanimate

objects, other persons, and threats of harm to persons (expression of anger) is normal; but hitting (me) is not.

Cognitive Dissonance

Cognitive dissonance is a psychological term describing uncomfortable tension that may result from having two conflicting thoughts at the same time, from engaging in behavior that conflicts with one's beliefs, or from experiencing apparently conflicting phenomena. Festinger (1957) first proposed the theory of cognitive dissonance and states that contradicting cognitions serve as a driving force that compels the mind to acquire or invent new thoughts or beliefs, or to modify existing beliefs, so as to reduce the amount of dissonance (conflict) between cognitions.

The women described circumstances in which their partners essentially reinvented the women's sense of reality and their concept of self. At first they related reactions of disbelief, as in "how could he say that" or "think that" or "he must be tired" or "mistaken" or "not feeling well" or "crazy" or "just nuts", when presented with accusations or statements that were in conflict with reality. As their partners continued this reinterpretation of reality, the conflicting statements and false accusations became more frequent, devastating, and threatening; the women began to doubt their own reality, and at times questioned their sanity (Strube & Barbour, 1983). The women described their concept of reality eroding to the point where they no longer knew what was real or trusted what they believed to be real. As time passed, they became progressively more anxious, confused, and unable to trust their memories and perceptions.

As the women told these stories, I saw their angst played out in tortured facial expressions when they were describing their frustration. It seemed to me that while telling, they were reliving the futile experience of trying to understand why their partners had done this. Even after many years had passed, feelings of frustration, pain, distress,

and anxiety were communicated as the women described the struggle to grapple with the incongruity of how their reality was reinterpreted by their partners for them.

I had no, nobody, I, I couldn't go to my parents' house and look at them and say, and think, oh, they don't do that, my dad doesn't do that, my mother doesn't do that to my dad, um, you know, I, I just didn't have those reality checks, I had just had him, telling me what the world was, and um, it's not that I was stupid or didn't know, um, it's just he was painting reality, the way, he wanted it to be, um for himself and for me, and um, I believed him and I, had no outside reality checks anymore, had no friends.

And I think my sense of reality just couldn't handle the two different things, I could not make sense of it, I had to just forget it, um, and then life would carry on again.

This is the person who is supposed to love you and you love them, him, and so, it, it makes a person a little bit crazy in the sense of: what is reality?

It had everything to do with the control in the relationship; the mind control, and it, it's as if you're in a little prison camp, you're isolated, you have nobody else giving you input. I compared um, prisoners of war with people who were abused at home, and the similar, um and the similarities are, uh, like the correlations is like, it's there, um the brainwashing technique, it's done in a POW [Prisoner of War] camp, the brainwashing at home, the isolation at home, um, the uh, loss of your dignity, in both situations, but the prime difference is the prisoner of war knows that the individual that's doing that to them is an enemy, the person living a home and if it's the husband that's doing it, this is the person that is supposed to love you, and you love them.

While we were married, he would do one thing [sigh] and um, rewrite it and it, it, retell it in a way that wasn't the way it had happened, but because I trusted him and I believed that he was thinking in, uh, that he cared about me, he wouldn't do anything to harm me, so I just believed him, and um, and he said he cared so much about me and everything else, that I couldn't think of why he would say something, that wasn't true, uh, and that would harm me in any way.

The experience of resolving cognitive dissonance by the women was described in Phase I of the analysis as defining events that led up to the Key Validating Moment.

These defining events represented flickers of reality that revived the women's perceptions and enabled them to confidently question the altered interpretations that had

been thrust upon them by their partners. These were the moments that hinted that what was being purported to be true by their partners really wasn't.

The stories of cognitive dissonance were the most difficult for the women to tell. There was a sense of abject despair and despondence. They portrayed in words, tone, phrasing, and non-verbal language a sense of being psychologically beaten and lost.

“Death” of Self

The literature describes the devastating effects of psychological and emotional abuse on the woman's self-concept or self-esteem (Aguilar & Nightingale, 1994; Cascardi & O'Leary, 1992; Lynch & Graham-Bermann, 2000). The stories the women in this study told went further, and in effect described a “death of self.” Not only did they not feel good about themselves; they lost touch with their identity. Although this seems a rather dramatic statement, each woman, in her own way, described a sense of detachment and disassociation, and referred to this state as “death.” It seemed that in order to survive in the relationship they had to stop feeling and as one woman put it “if you stop feeling, you are not alive.” When reflecting back and telling of this time, it seemed to me that the women felt this to be a surprising and sad realization.

I was just kind of going through it dead.

If I wasn't with him, who was I? I structured my life around him, like I did everything to further our relationship, so what was I without him?

I was a master of [sigh], what do you call it, what's that word, where you kind of, slip out of yourself, um, dissociation....I was a master at it, that was my only way to survive, I had, that was the way I survived, I knew I was out of myself, I mean I, not severely that I was delusional, but I would just step out of it, uh, the pain, the hurt.

But anyways, over time, I, um, didn't like it, I didn't feel I was being heard, I felt that I didn't count anymore, that, uh, I don't know, I don't know, I think I just wasn't anything anymore.

I had a tendency to go off in my own little world at times and not always give my children the attention they needed, I was always there to supervise them to make sure they weren't getting in trouble...I was a zombie, that's the best way to describe it.

After I had left, and it was in the Fall, and I remember driving down this hill and seeing the Fall colours, and I was in shock, I couldn't believe, the colours were almost fluorescent to me, and I, um, I became aware of colours and movement, and it was almost as if, um, my senses had been dulled for so long that now that I was free of that situation I was able to see things and it was, it was amazing, it was like I had been blind and then all of a sudden I could see.

During the Loss of Self low point of Phase I analysis, one of the women in particular repeatedly used the phrase "survival mode," and another woman used the metaphor of being a "prisoner of war." The women described this feeling of detachment as being a survival tactic in that if they weren't "anything" or didn't "feel" or were "blind" or "dead," they would somehow be able to negate the reality of their day to day lives and in so doing conserve enough energy to keep on in "survival mode."

Significance of Self-Talk

The women in this study described self-talk as a way of understanding, or finding meaning in their experiences, when telling their stories. They all spoke of being exhausted, being controlled, and being isolated from family and friends. They also described the loneliness that comes from knowing that the one person they felt should be their best friend and primary confidante, was their abuser, and therefore never emotionally available. Thus, they chose to self-dialogue (speak to their "self"), the one person who knew their circumstances intimately, and who would listen and keep the secret.

The nature of self-talk changed over time. At first, during the "Setting the Stage" section of the Phase I analysis, it was used to rationalize negative events in the relationship and to appraise the cognitive dissonance of what life was like in relation to

what was expected. Next, self-talk was used to normalize, fix, or at least try to fix what was “wrong” in order to carry on. Later, self-talk played an important part in helping the women in this study to understand the impact of the “Key Validating Moment.” The role of self-dialogue that resonated through the entire telling was that each woman used it to derive meaning throughout all stages of her narrative of abuse experience. Self-talk served to keep her in place at times, as well as to facilitate progress through the structural events as described in the Phase I analysis of form. In a sense, self-talk seemed to be the mechanism by which the women stayed sane while living through “crazy circumstances.”

And he would not listen, and over time it was just like, I would ask myself well, what have I, well, why me, you know and what have I done [frustrated laugh] how come, why can't you respect me, [pause] you know and I wondered, I would say to myself all the time, if I'd done things differently before, would they still be the same way now?

So they [women in a church group] said “if you were just a better Christian wife, then maybe he would be a better husband”; so it made me think that maybe all husbands are like this and this is just the way it is and I should accept it and just be a good little wife.

You know, like intelligent women in abusive relationships and the whole self-talk thing like I knew I was smart, [I told myself] I'm intelligent, you know, I can't let people know I'm putting up with this because I should be smarter than this.

For one of the women, self-talk took the form of journal writing. In fact she held onto one journal during the interview and at times would read from it. She showed me pages of lists describing how she could better herself, to the extent that she had lists for almost every aspect of her being. She used the journals to analyze almost every aspect of the relationship on a daily and sometimes hourly basis.

I'd read through a lot of my old diaries...and I remember looking through them and there's not a day goes by that we haven't fought...then there's this entry that I said “I'm lucky to have such a caring boyfriend”...and a couple hours later I have a fight with him and then I write that I don't like fighting with him because he's the world's biggest jerk.

I tried so hard, like if I look at my journals, there's pages and pages of plans I'm going to do, and goals, and like, um stuff that I'm going to do so that I'm perfect. Like daily plans, like I had my life planned down to like, the half hour, the fifteen minutes so that I could perfect my life and be organized like him, of course it never worked cause I'm not like that, I mean that's not the person I am...it's so absurd, like I had Excel spreadsheets, I had a little website that I made for myself so that I could go and look at it no matter where I was, if there's a computer I could go look at it and know what I was supposed to be doing...everything, meals planned out, exercise times...I mean, not even movie stars follow some sort of absurd plan like this so extremely.

Self-talk in its various forms served to give the women voice when they were in circumstances where they had no one they could safely talk to, there wasn't anyone available to listen, or they were too ashamed or embarrassed to tell anyone.

Attempts to Tell Fall on Deaf Ears

The notion that women who experience any intimate partner abuse in relationships "don't tell" is an often-heard stereotypical statement in Western society. In the situation of non-physical violence and abuse, the women in this study assumed that if there is no physical evidence, even if a woman did tell or did leave, it wouldn't matter because no one would believe her.

I had no evidence, I had absolutely no evidence. If I had wanted to go to the police and say he's abusing me, they would say, "Well, what evidence do you have?" I didn't have any.

While I listened to the stories I became aware that the women had made many attempts to tell, and also many attempts to leave. Ironically, it seems that if the women's attempts to tell had been heard, accepted, and supported, the attempts to leave may have been more successful. The attempts to tell often "fell on deaf ears," or even worse – the attempts to tell were met with abusive statements from the potential helper. Still, the attempts to tell, even to those who would be dismissive or worse, seemed to have been

used as an avenue for the woman to test herself to tell what she knew to be true, and to practice telling. This testing and practice seemed to serve to empower the woman to act on her own, when help to leave was not available.

I remember saying to him [therapist] once “Oh and I only see him [partner] a couple of times a week. And he said, “how do you feel about that?” And I’m like, “oh, you know, it’s normal, isn’t it?” [she didn’t think it was normal, she felt lonely and neglected and hoped the therapist would support her feelings] And he’s like, “Yeah, some people have relationships where they only see each other a couple of times a week and they’re happy with that.” But I wasn’t happy with that and so I just figured, it’s normal, so there’s something wrong with me. I’m not happy with it so it’s my fault, and that was a lot of kind of what [ex-partner] said a lot, you know, if you’re not happy it’s your problem and that’s just too bad for you.

I remember in [year] I actually phoned, I phoned a [job related] assistance program because I couldn’t take it, I, I needed, I just needed to talk to somebody, and I was so scared to be phoning them on it... I’m a fail, it’s all my fault, I was a failure, so um, but anyway, there was no one there when I phoned, and I didn’t, and then he changed, he became nice again... when I was phoning them, I was just reaching out for some help, but there was a phone message, and I could not leave the number and have them phone me back because he would’ve freaked out, so I just let it go.

I remember trying to get some help for my children, because I wanted them to have some counseling and I phoned one number, and I was told to phone another number, and I had to explain at each point, um, and I think during that morning I phoned four numbers, the fourth number I phoned, I was telling my story for the fourth time and I was in desperate need of my children getting counseling, I broke down and started crying, and the reaction of this person on the other line was “lady get your act together and your kids will be better off,” and so I, I couldn’t respond, I couldn’t explain to her that I’d told the story four times and got the runaround, you know.

My second son had really bad eczema and we were taking him to doctors all the time. I had a paediatric dermatologist told me, tell me that his eczema was a result of my bad parenting, yeah, um, and that sometimes, sometimes kids are just bad, and it’s their parent’s fault, you know, it has nothing to do with the eczema, it was just terrible, so that’s when he [ex-partner] started abusing [middle son] and that became physical.

If you don’t come forward, you’re blamed, and if you do come forward, your reality is denied, you think you’re going crazy; I often thought I was going crazy because some people would say, “Oh, it

couldn't be that bad." You know, I revealed to them what was happening, and yet, I, I was living that experience and I was told I was not living that experience.

The women described attempts to leave the relationship in a similar fashion in that when they talked about leaving, sometimes the rationale "fell on deaf ears" and in some cases the "deaf ears" were those of the women themselves. These attempts to leave also seemed to be a means for the women to test and practice leaving before the time and circumstances were conducive to leaving permanently. The women in this study told their stories of attempting to leave and leaving in a positive and more empowered manner. It seemed to me that this feeling of success was present because all five women had successfully left their relationships and had remained out for at least two years, at the time of interview.

I started an escape plan and I finally broke down and told my sister, brother, sister in law and my good friend, um my family seemed to realize, yes, that I was in, something was wrong, and they were very supportive, it's interesting my friend, um, she said to me, "Have you told him that you're going to leave?" And I found that really strange because if I told him that I was going to leave, I wouldn't be able to leave.

December [year] when my [middle son] was a baby was the first time I tried to leave and...it was like, I can't do this anymore, I'm not happy, I'm miserable...so one day when he was out I called my Mum and said, "Mum, I'm leaving, can you come and pick me up?" So I went back to my Mum and Dad's house with the kids and everything, then he convinced me, he came and said "Oh I'll be better, I'm sorry..."; and I went back home because you know I took my marriage vows seriously, my parents had a successful marriage and I knew it wasn't an easy thing to do...so I was going to stick with it and make it.

I had started seeing, checking in with [Program for Abused Women] and you know getting an idea and when they told me that he could be violent, I uh, I started making plans to go to a safe house and stuff like that and that's what I did...and it was the hardest thing I ever did... I was taking that step that I was scared to death to take, that I'd, you thought about leaving years before, and I knew this was, is, this was the step.

These women's words underscore the need for a better understanding of the women's needs. It seems that the most prominent need is access to someone who will listen and understand what is being said. One of the women summed it up well by saying:

I think people have to realize that the very systems, judicial system, medical system, um, they, they give, they, create so many barriers that [sigh] you know, it's almost like you want to say, oh just get out of my way, let me go and I will be fine, I will, I will, I can overcome this.

The Irony of Life After Leaving

Leaving the relationship is often touted, in common social understanding, as the end of abuse and the beginning of a better life. "Why doesn't she just leave" is an often-heard mantra deemed to be the solution to any abusive relationship, physical or non-physical. Remove yourself from the abuse and the abuse is gone. Leaving can be the most dangerous thing to do. I began this thesis by quoting a newspaper article that told of a woman and her mother who were murdered by her estranged husband. The abuse in that relationship was non-physical, yet after she left, there was one physically violent act and that physical violence resulted in the deaths of two people. Two of the women interviewed for this study made firm their decisions to leave after being told that their husband's behaviour indicated a potential for serious violence. They had mistakenly believed that if they were not being hit, they had nothing to fear.

For these women, abuse didn't end after leaving. This is ironic because for four of the women in this study the abuse took a different and potentially violent form. For three of the women, there was a real possibility of physical violence being inflicted on them or their families. For the four women who were married, the harassment, legal issues, child custody issues, financial issues, social isolation and so on, at times made them feel, in retrospect, that leaving may not have been an intelligent decision. The one woman who

had not been married and did not have children described conflicting feelings of self-doubt and empowerment after leaving. During this time she also experienced harassment, in the form of ambiguous verbal and email communication, from her ex-partner. At the time of interview, all of the women had been out of the relationship for at least two years and they all described their lives as better. Most of the women implied that they believed leaving the relationship would be the end of the abuse, and went on to describe incidents and struggles that they had not anticipated prior to leaving.

I wasn't totally successful overnight, it took a good year, year and a half, two years before I was kind of okay again, and I decided that I was going to do stuff with my life.

I went to this lawyer to get an interim custody order and I told her what she needed to write on the affidavit...and I'm telling her what happened, and afterwards, um when I'm finished with it, she actually managed to say something like...I can't remember her exact words but it was something to the effect of..."you know you have to say something, it, it couldn't have been that bad" or something along those lines. She really wanted me to spice it up...I think she was trying to put together a restraining order...And I said I just wanted a custody order. Another lawyer later told me she wouldn't be making any money, \$80 versus \$1500 so that's why. I remember telling her [the other lawyer], after I finished with that lawyer, I felt like I had a big "V" on my forehead for victim, I was just, you know, after being put down and everything all those years and then to have it happen with the lawyer that's supposed to me helping me, it was just devastating.

When I first left, my lawyer insisted that we go down to the RCMP station and open a file. I guess that's a good thing to do...because then if something else happens it can be referenced. I had to wait because the police officer that was in charge of domestic abuse...had been out on a traffic incident and she came back, and as I was recounting my story to her, and in the middle of the story, I had waited forty-five minutes to an hour for her to be available, and I was recounting my story to her and in the middle of my story, when I started crying and explaining and I wasn't sobbing or anything but some tears were starting to form and roll down my cheek she said, "Oh I forgot to add something to my report" and she got up and left...I would never do that...I went to the police because I was hopeful, and yet it's almost as if, um, the hope crashed down and I got to the point where the only way I could survive, was not to hope. If I didn't hope then I wouldn't be crushed again...there's only so many times you can get crushed and build yourself up again.

Even though I am no longer married to him, he's finding ways to control us still and even though I am legally divorced, I am still dealing with the courts about the division of assets and property.

But as far as the divorce is concerned, this, the longer that the grief part, I'm still not through the, I still haven't been back to see the lawyer, I have no idea what divorce means [sarcastic laugh] whether there really is a piece of paper or anything like that, no other issues have been settled, I'm not sure, some days I'm, I'm uh madder than stink cause [ex-partner] got basically everything except for half his cost of the house and I started all over and um the one thing that I've noticed is that starting all over has put me about sixty thousand dollars in debt whereas I had no debt prior to that. And that, that's the hard part, that I have to live with, you know, face it at my age but it's MY [capitals added to denote emphatic voice] starting all over. I guess I've got to live to a hundred and ten [laugh] to pay off my debt. But um, that's good, I'm really happy, really happy about that now, and I feel every day is a better day. I want to make smart choices.

Everything did not magically fall into place after leaving and none of the women voiced that they expected things to be perfect. There were many unexpected circumstances that they had to deal with, but I don't think any of them really expected it to be easy.

Words to the Wise

At the end of the interviews, the women took the time to make suggestions for potential helpers, including health care professionals, so they might be better equipped to understand and help women who are surviving abuse in intimate partner relationships. These suggestions were summed up in citing their beliefs about several things: the lack of evidence of abuse in the absence of physical abuse; the mediating effects of education, employment, and family and social networks; and statements about listening, watching, hearing, and not judging as a way to provide support to women in these circumstances.

Lack of Evidence

The words "lack of evidence" were mentioned repeatedly throughout the interviews. The women related feeling frustrated and powerless; without the evidence of

physical battering, they doubted their reports of abuse to potential helpers would be “believed.” Also, they felt unable to make plans to leave and feel supported by family and friends, or to contact police and access support for safety issues.

So had I been physically abused, I would’ve been able to go to the police with evidence, with bruises, I could’ve gone and got a hospital report [pause], you know, all that wonderful stuff [sarcastic voice]. My doctor would’ve believed me...there would’ve been support.

It’s just that emotional abuse is a lot easier to hide. And I had no evidence, if I had wanted to go to the police and say he’s abusing me, they would say, “well, what evidence do you have?”

No one would have believed me ’cause I didn’t have any proof.

Mediating Effects of Education, Employment and Family and Social Networks

The women I interviewed had altruistic motives for participating in this study. They wanted to help other women who were living with non-physical abuse in intimate partner relationships. They were especially determined because they expressed “how hard it must be” for women who, unlike them, did not have an education, were not employable, or did not have support from family and friends.

He keeps, just keeps trying to control me [post leaving] and if it wasn’t for the fact that I have a good support network, I wouldn’t, um, I wouldn’t be able to deal with it. I’m really fortunate that I have that support network, I worry about other women that don’t though.

I was lucky because I had a chequing account that was my own and um, I think people who are listening to women who are in these situations have to realize that not all women have what I had, like I had family and friends who were supportive and I had, um, a means of um, income, working, a stable permanent job with benefits and I could take sick days and still get paid and a lot of women don’t have that, in fact, and I guess they [potential helpers] have to realize that a lot of women leave and go back because they have no resources.

There’s wars in Afghanistan and all over, you know, and we go and try to help people in other parts of the world but right here in our own community, country, province, city, community, all these wars are happening and it’s like these women who are in these situations are fighting the war alone, this, you know, many of them are alone, there’s no

support, there's no relief for them at any time and they have to keep up this battle cause it's either them that survives, or they either live or they die.

Listen, Hear, Observe, and Don't Judge

The women interviewed for this study were also clear that there were people they had encountered in their daily lives who could have made a difference if only they had listened, or had given them non-judgmental attention and time to tell.

Well, women don't make this stuff up. People need to listen, and not judge or think of what they'd do, just listen to the person.

I would walk down the street with my eyes on the ground, and that's why I can understand, I can see other women that are in abusive relationships, even if they're not getting beaten, if I see a woman with her face, completely emotionless, and her eyes on the ground, I know damned well, that she's in an abusive relationship, that whole shut down look.

I always kept myself on the outside [of a Mums and Babies group where there was a public health nurse available], look for those women who isolate themselves...there's a reason for her isolating herself, pushed and afraid to form a relationship.

I want people to know that um, when they are listening to a person, um, I hope they realize that every culture has this [abuse in relationships], every socioeconomic group has this, you know.

I think people have to realize that if you give a woman a chance, uh, she would make it, if a woman is able to have a job, you know, decent child care, you know, you just, just assist that person and that person can take care of it, you know.

One of the women told of feeling personally validated by two health care professionals who found time to listen and offer support when she collapsed while having a diagnostic test.

[They] showed compassion, and compassion comes in two parts: it's the ability for a person to empathize with one, with another person; but it's also compassion, is only compassion when you act, when you see a person in need, and you act upon it, and those two people acted.

For one of the women, the messages given by television media about abuse in intimate partner relationships, in particular, Dr. Phil and Oprah Winfrey made her very angry. The Key Validating Moment for her was reading about verbal abuse in an issue of Oprah magazine and while she felt these television shows had the opportunity to provide accurate information to women who were “trapped” in abusive relationships, they failed, and in fact gave potentially harmful messages.

Like Dr. Phil is trying to get them back together, just talk some sense into that old boy and you know, and you know, it's better to stay in the relationship, and uh, try to fix this because there's kids, well he's so wrong because that relationship actually damages the kid, um, it would be nice if uh, that person was different, but he's not, and to tell them, to tell the wife, um, oh “what's your part in this?”...I mean “what's her part in it!,” she's so screwed over and screwed up, she has no control over what's going on, she had not given over her power, she had just, it has been taken from her s l o w l y [word dragged out slowly for emphasis], day by day by day, and to think that she's just going to get out of that relationship or she's going to be able to do something better to fix it, is just dreaming, and he [Dr. Phil] doesn't get it and I feel really sorry.

The scary thing for me is when I see Dr. Phil, is that he's telling the guy everything he shouldn't be doing, so the guy goes home and doesn't do this stuff, but he'll change his tactics and then he'll say, “well, what's her problem, I stopped doing that,” you know, “I don't tell her this or that” but he's doing other stuff, maybe more subtle or God forbid, Dr. Phil, like she goes and just decides to leave him, and she want to do the right thing and the honest thing, and tell him she's leaving; well she could end up dead!

And Oprah...she brings these women on ...the thing I don't like about her [show] is that, [pause] I'm glad that she's exposing it [pause] um, but, I wish she didn't always, like usually she brings on those people who have had their face burned off or, you know, been shot six times and survived. Well that's the, that's the minority of women, the majority of women, um, are just living in this hell, this nightmare of uh, verbal abuse and manipulation and psychological and emotional abuse...like if you want to expose it, if you want to teach people, you have to show them that it's not just about the end result when people get beaten up so badly that you can't recognize them, it's it's in, it's in that earlier time, you know.

She spoke for a long while about how she feels media have “got it wrong.”

She went on to say that if “they” [any media] just show or talk about women who have been beaten,

It gives people the wrong idea; abuse is way down there, the psychological, the emotional abuse, even though that doesn’t sound like a lot, that’s got a huge impact economically, that’s got a huge impact, um, socially on, um people that um, don’t just expose it at that extreme level as “okay, that’s abuse” well, yes, that [battering] is, that is abuse absolutely and that is horrible, and um, but don’t just concentrate on that, try to bring down the level and say “look, this [non-physical] is abuse too,” and yeah, yeah, I don’t know, there’s no difference between it, it all depends on how far the man is willing to go.

She expressed the belief that these television shows choose sensational content so people will watch, but they do not to educate the viewing public. She feels that because of the numbers of people who watch these shows, the television production people “should be in it” to educate and help all women suffering abuse, and not to exploit them for high viewer ratings or to sell magazines.

Summary

In this chapter I presented the findings from a detailed and in-depth analysis of the five women’s narratives. Through this study I am looking at the way women who have experienced non-physical abuse in an intimate partner relationship use language to describe, interpret, and evaluate their experiences, and how they communicate their understanding to others. From the overall analysis, I noted that the verbal performance and delivery of the women’s narratives added individual meaning to each of their stories, and enriched the telling throughout. I became aware that the tone, phrasing, body language and so forth added meaning in particular contexts as well as in each narrative in total.

First, I used the findings from the Phase I analysis of form to represent the course of the narrative graphically, and to highlight ten structural events. These ten structural events stood for stages in the relationship and were derived from the stories contained in

the narratives. The women's vivid descriptions and emotionally-charged words were assigned to the ten events, and although experientially different, depicted a similar course throughout the narratives of abuse. To complete the analysis, I used the findings from the Phase II analysis to highlight six themes that recurred, as descriptive stories, throughout the narratives. The six themes that I derived from the content of the narratives described, using the women's words, the most overwhelming issues the women in this study had to face and overcome.

I completed the description of findings by including "Words to the Wise," which were specific ideas and comments some of the women in the study wanted to talk about to help other women who may still be suffering from abuse from their partners.

In Chapter V, I will discuss the limitations of this study and four relevant issues derived from the findings. I will also talk about future directions for woman abuse research, and the implications this study has for nursing practice.

CHAPTER V: DISCUSSION AND IMPLICATIONS

The purpose of this study was to better understand how women who have experienced non-physical abuse in an intimate partner relationship use language to describe, interpret, and evaluate their experiences, and how they communicate their understanding to others. The women's stories within the narratives were expressed not only by the words and phrases used, but also by the manner in which they were told.

Van Manen (2006) states:

Qualitative writing may be seen as an active struggle for understanding and recognition of the lived meanings of the lifeworld, and this writing also possesses passive and rhetoric dimensions. It requires that we be attentive to other voices, to subtle significations in the way that things and others speak to us. In part, this is achieved through contact with the words of others. These words need to touch us, guide us, spur us. (p. 713)

The way the women used their words and told their stories illustrated their evolving understanding of their experiences. The five women interviewed for this study provided narratives that showed a similar structure. Each woman's narrative encompassed ten structural events. The form of the narratives was organized around these events although the time invested surrounding each structural event varied within each of the women's telling. Even though each narrative contained a beginning, middle, and an end, each woman's stories took a unique course of moving back and forth in time to communicate how the events she was expressing played out within her life in particular. I further identified six overarching themes, which represented the most important issues woven throughout each of the women's narratives. The six themes were: Hit vs. Not Hit, Cognitive Dissonance, Death of Self, Significance of Self-talk, Attempts to Tell Fall on Deaf Ears; and the Irony of Life after Leaving.

Study Limitations

All five of the women in this study were English-speaking, educated, and westernized; they lived within the Greater Vancouver area. Although the one Japanese-Canadian participant did have a Japanese cultural adjunct to her Canadian culture, all five women were similar culturally and linguistically. This is a limitation in that the experience of immigrant women, rural women, women with little education and resources, as well as women who do not have facility with the English language are not represented in this study. These women are further disenfranchised, and their experiences are likely to differ from the experiences of the women in this study in ways that would be important to understanding how experiences of intimate partner abuse are storied. Also, the four women in the study with children have children from this relationship only. This is a limitation because women who have children from a previous partner, women who are mothering the children of their abusive partner, and women who are mothering children from another partner and children from their abusive partner are not represented in this study. This variation in family composition would likely affect how women tell stories about mothering, and how they talk about their experiences of abuse in the relationship.

I feel that the most noteworthy limitation to this study is that all five of the women have been successful in leaving, staying out, and feeling positive about being out of the abusive relationship. The women told stories of serious barriers and numerous challenges they had to overcome after leaving. However, all of the women had been out of the relationship for at least two years, and at the time of interview felt that they had weathered the worst they would have to face and felt successful in their life after leaving. One of the women returned to the relationship once after leaving. Thinking back, she said

that this first leaving had been part of the process of finally being able to leave for good. The stories would have been told differently if any of the five women had returned to the relationship and stayed, were still being stalked by their former partner after leaving, had other experiences of abuse in an intimate partner relationship after leaving, or were living with abuse in a new intimate partner relationship at the time of interview.

The narratives were told retrospectively and I found that the women in this study all had a relatively positive viewpoint. At the time of interview, when the women looked back at what they endured despite all the barriers and challenges, they had been and continued to feel successful.

Overall, generalizations cannot be made from this study because it was based on a small sample of women from very similar circumstances. However, despite the small sample size, important insights can be gleaned from the findings of this narrative study. These insights can be useful for highlighting new directions for nursing education and practice, as well as policy making and resource planning with respect to the care for women experiencing abuse in their intimate partner relationships. Langellier (1989) states that the personal narrative involves the social world in that the course of people's lives is a reflection of their social circumstances and cultural values. Even though the sample for this study was small, each woman's telling can stand alone as a narrative of abuse experience that derived personal meaning from within each woman's society and culture.

Discussion

The analysis of the women's words and the subsequent findings of ten structural events and six themes presented in Chapter IV offers new understanding in four key areas:

Categorization of abuse constrains understanding for women survivors of abuse, and potential helpers.

The evidence is in the telling: listening creates connection and enables recognition of abuse across categories.

Recognition of the state of “Death” of self clarifies and deepens understanding of the impact of abuse.

Education, employment, and support networks can mediate the effects of abuse.

Categorization of abuse in intimate partner relationships constrains understanding for women survivors of abuse, and potential helpers.

We all live in a social world where abuse in intimate partner relationships is, for the most part, defined by the presence of acts of physical violence. Intimate partner violence (IPV) is often studied as categories of different abuse types, such as physical, psychological, emotional, sexual, financial, and spiritual (e.g., Miller, 2006; Thompson et al., 2006; Eisenstat & Bancroft, 1999). Educational programs for health care professionals and other potential helpers often use abuse categories to define the severity of experiences that qualify as relationship abuse (e.g., Phelan, M., 2007; Wathen & MacMillan, 2003). This is helpful for research because the entire spectrum of behaviours associated with abuse in intimate partner relationships is differentiated and studied. Furthermore, the sequelae of abuse experiences in intimate partner relationships can be identified and further researched, and the mental and physical health consequences can be linked to and associated with the different types of abuse (e.g., Dutton, Green, Kaltman, Roesch, Zeffiro, and Krause, 2006; Campbell et al. 2002; Marshall, 1996). In this way, consequences of abuse other than broken bones and the physically apparent results of physical assault can be considered.

However, fragmenting the abuse in intimate partner relationships experience into categories (e.g. emotional, psychological, physical, sexual) can obscure its recognition by women, potential helpers, and society in general, in situations where physical abuse is not the dominant “defining” feature. The dominant view of abuse seems to be that physical abuse is central, with all other forms of abuse being seen as possible accompaniments to the physical abuse. The physical aspect is seen as the red flag for intervention. This way of understanding abuse serves to minimize other abuse experiences as being “not that bad” if physical battering is not present as well. Page-Adams and Dersch (1993) state that an exclusive focus on physical abuse may preclude identification of women experiencing other forms of abuse and may also unnecessarily limit prevention or intervention efforts by health care providers.

This emphasis on physical abuse in understanding and explaining abuse has significant implications for women and for potential helpers. I found that the women in this study equated “valid” abuse as being abuse that specifically includes physical battering that leaves a bruise, broken bone, or other visible physical evidence. In this sense, valid abuse is abuse with physical evidence that can be reported, or for which help can be accessed. For these women, the absence of this physical factor was a barrier to help-seeking in two important ways. First, they stated, using many different examples, that no potential helper would believe them without evidence of physical battering being proof of abuse. Without evidence, they “can’t tell.” This prevented the women from confiding in friends, family, employers, and health care providers who may have been able to provide support. They were reluctant to involve police or lawyers due to the same belief, that without physical evidence of abuse it would be seen as a “he said, she said” issue and there would be no possibility of a positive outcome. This reluctance on the part of women is borne out by the literature, which reiterates that women who experience

psychological abuse (a type of non-physical abuse) without physical abuse may have difficulty identifying the experience as abuse (Loring, 1994). Women may also have difficulty defending against and recovering from abuse that is not as easily labelled abuse, as when there is evidence of having been physically abused (Marshall, 1996).

Second, I found that the women in this study were hesitant to define what they were experiencing in their relationship as abuse. Because the women weren't hit they believed that they must be the problem in that they were lazy or stupid or not pretty enough; and believed all of the labels their abusers used to define them as part of the pattern of coercive control in the relationship. I found that the women misinterpreted the abuse experience at first and felt the cause was internal (within themselves) and not external. Thus, because they couldn't call what they were experiencing "abuse," they felt that changing this experience was within their power by working harder at the relationship. After coming to understand that something in the relationship, something external to themselves, was wrong, they went through a period of trying to rationalize and normalize these abusive events without success. It was only after experiencing definite instances (Key Validating Moments) that confirmed in their minds that what was happening was definitely wrong, external, and not within their control, that they were able to name this experience as abuse. This feeling of ambiguity created a lot of distress for the women in the study because they somehow felt that they were "bad" in accusing their partners of being abusers. They frequently second-guessed themselves when trying to determine whether their experience constituted abuse or not.

My findings suggest that women who self-identify as experiencing non-physical abuse may minimize the potential for harm. Two of the women in this study were surprised when an advocate impressed upon them that their partners had the potential for serious violence. Their own categorization of abuse gave them the false understanding

that without physical violence, abuse is not serious. These dynamics may in part explain why, for example, femicide sometimes occurs without previous instances of abuse being reported to police. A multisite study (Campbell et al. 2003) researched risk factors for femicide in abusive relationships and showed that physical abuse was the primary risk factor. Of 307 femicide cases, 70% had been physically abused by the same intimate partner who killed them. However, these researchers also found that the abusive partners' controlling behaviours, verbal aggression, threatening behaviours, and stalking were also significant risk factors. Indeed, 30% had not been physically assaulted. Intimate partner stalking and threatening behaviours were also found to have implications for potential or actual lethality (McFarlane et al., 2002). Another femicide study showed that of the 311 femicide victims' cases studied; 66% had been abused by their partners, and 41% had used health care centres for treatment of injury, physical health, or mental health problems during the year prior to their death (Sharps, Koziol-McLain, Campbell, McFarlane, Sachs, & Xu, 2001). In the recent publication, "Family Violence in Canada: A Statistical Profile 2007," it states that nearly three-quarters of spousal homicide perpetrators had no prior contacts with police for spousal abuse and this led to the assumption that "potentially lethal violence can sometimes occur without prior police knowledge or warning" (p. 11). For women who experience non-physical abuse and believe that they cannot contact police for support without evidence, it follows that risk for potential lethality may be high within this group.

Programs that women access are based on the medical model that favours diagnosis (Warshaw, 1989). There are universal screening programs for domestic violence in place in hospitals as well as domestic violence intervention training programs for family doctors, social workers, and other health care professionals including nurses in hospital and in the community. In the medical model, physical evidence is often taken to

be the primary symptom, and if there is physical evidence of abuse, then the diagnosis is abuse. Health care providers are trained to look for clues, which primarily include physical evidence such as bruises and broken bones. They are trained to assess the person to diagnose the abuse and provide referral to a social worker, the police, or other agencies as deemed necessary. Inherent in screening programs are the assumptions that women suffering in abusive relationships are reticent to disclose or seek appropriate help and need to be directed (Phelan, 2007). The emphasis on looking for clues highlights the “evidence is proof” statements made by the women in this study. Thus, health care providers as potential helpers are thwarted by the imperative “to look” for abuse and the implied notion that all abuse has a physical and visible component. In a study looking at the role of emotional abuse in physically abusive relationships, Follingstad et al. (1990) were surprised to find that 99% of the women in their study had experienced psychological abuse when only 25% percent of their sample had experienced “only a small number of physical incidents” (p. 116). In this dominant view, the physical aspect of abuse in intimate partner relationships is seen as the primary clue for which to look. Therefore, without evidence the women “can’t tell”, and without evidence, health care professionals as potential helpers “can’t see.”

Health care providers are an important potential source of help to women experiencing abuse in intimate partner relationships. Existing research, some of which may use categorization of abuse as a basis, is important in that it serves to educate and provide information about the many and varied abuse experiences. In so saying, it is important for potential helpers to understand that, although there are many forms of abuse in intimate partner relationships, it is essential to be inclusive and consider the overall range of experiences of abuse and how they impact upon the lives of women. It follows that the ideas to “look for clues and “do something,” as is done in an illness-

diagnosis model, may not be what is needed. An engaging approach may be more effective; this may require that the health care provider understands that the abuse experience is complex and that many forms of abuse can co-exist, and be prepared to listen and give women time to talk about the experience. In this way, implied pressure to “tell” and to “do” may be prevented and women may feel willing to talk about more than symptoms. The women in the study talked about instances where the family doctor asked, “how are things going with...” leaving them an opening to talk about what was happening in their lives. When the family doctor demonstrated willingness to listen, the women felt able to disclose real issues and real difficulties with which they were coping.

Sherry Heron’s story, which opens this thesis, exemplified how the lack of evidence of physical violence, and the lack of a level of violence that seemed to be required for a meaningful police response, defined the abuse in the relationship as not serious. In Sherry’s case, categorization of her experience of abuse as a type that was not serious limited her credibility with people who could help her. Researchers, potential helpers, and society in general need to understand that all categories of abuse should be considered as abuse with the same potential for harm to physical and mental health and for potential lethality. If so, deaths such as Sherry’s and her mother’s might be prevented.

Abuse in intimate partner relationships exists in all forms; different forms may co-exist, and physical abuse is not always one of the forms. Abuse in intimate partner relationships is characterized by abuse that is based on the existence of behaviours that perpetrate coercive control over one person by another. Differentiating the experience of abuse in intimate partner relationships, by employing categories in a hierarchical manner where physical violence is seen as the defining and dominant feature, risks overlooking or minimizing the presence of abuse and creates barriers to help seeking for women, and to help provision for potential helpers.

The evidence is in the telling: listening creates connection and enables recognition of abuse across categories.

Categorization of abuse in research and education is important to convey that different forms of intimate partner abuse can exist and co-exist; but using categorization as a filter for offering support, understanding or intervention to a woman experiencing abuse in an intimate partner relationship may create barriers and challenges that negate the offer. My findings showed that potential helpers such as health care professionals, family, friends, clergy and others often structured their interactions with women who disclose abuse, from a personal perspective based on negative myths and stereotypes. In a recent study concerning health care providers' communication with patients seen in hospital emergency departments, the findings showed that providers' responses to female patients' disclosures of partner abuse were lacking or poor in that of seventy-seven disclosures only twenty-four were documented (Rhodes, Frankel, Levinthal, Prenouveau, Bailey, & Levinson, 2007). Further, the providers' queries were often perfunctory and did not include follow up queries or open-ended opportunities for the patient to talk. Although a personal viewpoint may not be made explicit, the manner in which any potential helpers respond may convey attitudes that promote a feeling of disempowerment. The most simplistic example is when a health care provider conveys: "If it's that bad, then leave." The personal perspective of the potential helper may be: "if that were me, I'd be out of there," or "I must figure out a way to get her out of there." In this case, the impetus to "do something" may be misplaced. The "do something," in fact, may be to "listen" first.

The findings suggest that listening to women talk may be the element that facilitates making a connection between women and potential helpers. Although the women in this study expressed concern that they might not have enough to say, the

content of the interviews showed that they had a limitless supply of stories to talk about. My findings suggested that the women communicated their feelings about the events of their stories in the way they spoke non-stop at times, and phrased the telling so that they paused in mid-sentence or mid-thought, and not at the end of sentences or phrase. When they reached the end of the sentence, phrase, or thought, they would keep talking and keep me listening. Telling for these women involved more than words; the richness of description and meaning could be observed in their facial expressions and body language as well. Thus the potential helper's listening process can create opportunity to enhance woman-specific understanding. In their study of patient-provider communication about domestic violence, Rhodes et al. (2007) found that the responses of the providers were just as important as asking the right questions, and that encouragement and validation of the abuse and suggestions, not demands, on the part of the health care provider can be life-changing if not presented in a judgmental way. In a study investigating survivors' preferences for response to IPV disclosure, Dienemann, Glass, & Hyman (2005) found that across all focus groups in their study "women asked that health care providers listen without judgment or stereotyping" (p. 223). These findings coincide with a wealth of literature that emphasizes the importance of listening (Rhodes et al., 2007; Enosh & Buchbinder, 2005; Lempert, 1994;).

Diagnosis based on categorization of abuse by type may be useful for the potential helper, but the findings from this study suggest that listening may be the key action that is most useful to women. The mechanically-structured approach of a potential helper using a system that involves a critical path such as, "first you do this (e.g. ask about abuse); if 'yes' then this (e.g. refer to the social worker, or call the police); if 'no' then this (e.g. resume assessment)," for treatment decision-making may elicit mechanically-structured responses by women. If the potential helper is willing to step out

of diagnosis mode and adopt the listen first approach rather than proceed with a predetermined formula, women may feel more able to present their evidence in the form of telling what is happening to them, at this point in time, as they see it. In this way the health care provider may hear what intervention, if any, is requested or needed.

The findings of this study suggest that empowerment of women experiencing intimate partner abuse through listening by potential helpers may be the most appropriate intervention. This implication is supported by extensive feminist research, which underscores the importance of mutuality (Christians, 2005). Christians states that, “although the control version of power considers mutuality a weakness, the empowerment mode maximizes our humanity and thereby banishes powerlessness” (p. 156). Women may be empowered by knowing that the potential helper has chosen to show respect and communicate understanding that what women experiencing intimate partner abuse have to say is important and worth the time to listen. The act of listening may provide the potential helper with an inside view into the woman’s appraisal of her situation, as well as providing clues about interventions that she may be seeking, or that may fit her current circumstances.

The act of listening shifts the emphasis to do something from the potential helper to the woman. In this sense, doing something, for these women, could be something as simple as just being given the opportunity to talk. Women experiencing abuse in relationships describe feeling shame, guilt, and loss of self worth (Clements et al., 2004; Street & Arias, 2001, Cascardi & O’Leary, 1992). The findings of this study suggest that in the case of women who are experiencing abuse in relationships where there is no physical injury to be used as evidence, they feel that what is happening to them does not qualify to be called abuse. Listening to what women have to say first shifts the focus of power from the potential provider to the women and in so doing; the women may feel

regarded as capable, worthy, credible, and as having evidence. There is a paucity of research regarding the issue of giving women who experience non-physical abuse in their intimate partner relationships the opportunity to talk about it; however, there is research that reports health care providers' responses to disclosures of abuse (Chang, Decker, Moracco, Martin, Peterson & Frazier, 2005; Dienemann et al., 2005; Yam, 2000).

Dienemann et al. (2005) found that IPV survivors, following disclosure to health care providers, preferred women-centred responses as well as responses that suggested the value of listening such as listening without judging and listening and suggesting options. In their study of the role of social support in women's responses to battering, Rose, Campbell, and Kub (2000) showed that women identified emotional support from formal and informal sources such as "having someone to talk to," or "having a sense that they would be listened to" (p. 31). Thus, by listening the health care provider is doing something in providing an opportunity for the women to feel support and validation. The women may even feel empowered to seek information that may facilitate the Path Out.

Recognition of the state of "Death" of Self clarifies and deepens understanding of the impact of abuse.

My findings illustrated women's storied descriptions of going through life with abuse as if dead. The stories also contained descriptions of dissociation, used as a survival tactic, woven throughout all of the women's narratives to varying degrees. The women's descriptions of "being dead" were a more profound experience than what can be captured by the idea of having low self-esteem. Even so, the women in this study described these feeling and behaviours in a matter-of-fact way; they saw this state as being the normal consequence of living in their situations. My findings also indicated that the "dead" experience was first present most predominantly during the stage of the

relationship where the women were unable to rationalize, deny, normalize, or recover from the reality of knowing that something was irrevocably wrong in the relationship. The women described this experience of futility as “death” or “dead” or “not feeling” in terms of withdrawing from the realization that they had made a serious mistake that could not be changed. For all of the women, this feeling of futility resolved somewhat after their experience of Key Validating Moments that subsequently fostered renewed feelings of hope. The women again used descriptions of “dead,” “zombie,” “being blind,” and “dissociation” when they reached an even lower point in the narrative, the point where they were unable to sustain hope and felt trapped with no possibility of release.

The women in this study described what this “death” looked like very clearly, and what it meant to them in terms of self, and in terms of the relationship. The literature links negative psychological outcomes such as hopelessness, dysphoria, and low self esteem to a reaction to gratifying batterer’s demands (Dutton & Painter, 1993), loss of trust (Herman, 1992), and disempowerment in the relationship caused by the batterer’s threats of and actual violence. My findings showed that the women in this study remembered the moment when they decided to “step out” of the abuse experience. This experience was not construed by the women to be a reaction to abusive derogation by their partner; instead it was framed as a way to be cognitively removed from the abuse. Some of the women also talked about going through it “dead” as an alternative to suicide when suicide did not fit the woman’s moral value system. The women described these experiences retrospectively and only in the telling did they realize that they had changed during this time. They said that they changed how they dressed, how they thought, what they said, how they talked, how they met their basic needs, and other changes, in order to insulate themselves from the reality of abuse. An important adjunct to this series of changes was that the women judged their basic needs for food, rest, social contact, health

care, and joy to be non-essential. Basic human needs were superseded by the need to keep the relationship together. In essence, they took the genuine “self” out of the equation and replaced it with an emotionless replica. This was a way to protect the “self” and at the same time provide a way to cope with the responsibilities of their self-proclaimed necessary roles –of wife, mother, girlfriend, financial supporter, relationship conserver and others – as efficiently and devoid of emotional investment as possible. Thus, they could go through it “dead.”

These findings suggest that because of this “death” of self, women may present to health care providers with symptoms that may be interpreted as psychopathology. While feelings of depression, anxiety, and low self-esteem did exist for some women in the study, this “death of self” phenomenon was viewed by them as a normal coping mechanism to keep them in the relationship and coping while in the relationship. This apparent paradox may be explained in that the women felt that feelings of being depressed or having low self-esteem was an expected reaction to their life with abuse. The “death” of self was viewed as a useful idea in that they could be “dead” (and thus no longer able to feel anything about the abuse), and yet be alive and able to complete the tasks they felt were their responsibility as preserver of the relationship and family. While this may have been deemed normal by them while in the relationship; the women saw this as “unbelievable” when looking back after leaving relationship. The women understood the full impact of this “death” of self when they told of how they had to find out who they were again after leaving the relationship. Rather than being an indicator of psychopathology in itself, the experience and sequelae of long-term “going through it dead” may be both a way of coping and a precursor to post-traumatic stress disorder (PTSD).

In a study of PTSD in victims of domestic violence, Jones et al. (2001) found that clinicians who are not familiar with the link between PTSD and domestic abuse may misinterpret the presenting symptoms as mental illness and “this focus may not only be ineffective but can be experienced by the survivors as blaming the victim, which reinforces feelings of worthlessness and a sense of lack of control over their own mental status” (p.113). Similarly, the presenting symptoms could be attributed to other system-specific diagnoses. Pre-existing physical health issues such as diabetes, hypertension, arthritis, and migraine; and mental health issues such as depression, sleep disorder, and anxiety may be exacerbated by the “death” of self through the experience of self-denial of fulfillment of basic needs such as food and water, exercise, socializing with friends and family, and feeling loved. As well, the longer a woman experiences this “death of self” the more likely she may be to developing physical or mental illness as consequences of prolonged stress, or prolonged inattention to physical and mental health and well being (Sutherland, Bybee, & Sullivan, 2002).

When women are experiencing intimate partner abuse, the circumstances of their lives shape their presentation, and how they interact with people when they access health care at hospitals or other health care facilities. Health care providers need to know and be alert for the potential of abuse being a part of any woman’s life regardless of whether abuse is known or in evidence. Sutherland et al. (2002) state “physicians typically identify battered women on the basis of the types of injuries they present, yet frequently note that battered women suffer numerous health symptoms that do not necessarily relate to any specific injury or predisposing health problem (p. 610). Thus, all potential helpers, and health care providers in particular, need to be aware of the power of their suggestions and diagnostic questioning with all clinical assessments with women. In all clinical encounters, the most helpful interventions for woman abuse may be those that are

decided upon collaboratively with the woman, when the potential helper chooses to listen first.

Education, employment, and support networks can mediate the effects of abuse.

The findings of this study suggest that education, employment, and support networks can mediate the effects of abuse in that all three systems facilitate feelings of belonging and connection for women experiencing abuse in their intimate partner relationships. The five women who decided to participate in this study did so in part because they hoped the stories that formed this thesis would help other women who are experiencing non-physical abuse in intimate partner relationships. Further into the interviews all of the women mentioned that they “felt sorry” for women experiencing intimate partner abuse who do not have an education, employment, or any support networks because they felt these were crucial factors that influenced their ability to leave and not return to the abusive relationship.

Women who are going to school and have jobs have the opportunity to step out of their abusive relationships into a different, and hopefully healthier, environment. These opportunities may attenuate the effects of the “death of self” in that women are able to get out of the abusive relationship for a period of time that does not require dissociation or self denial. The findings of this study suggest that women who are employed also have the knowledge that they can earn and access money, which in turn can be the most important factor that enables them to leave and not return to the relationship. Also, school and work situations require at least a semblance of engagement, which can decrease their sense of isolation. The women’s presence at school, at work, or in a work-type environment provided many opportunities for “reality checks”. At the very least, they had an identity, felt valued, had some control and had the opportunity to experience

a different view of life in general. These opportunities for the women to be outside the home provided occasions to reflect on how others act and treat co-workers, family, friends, and spouses, as well as how others speak about and regard their relationships. Although some of what they observe may not always be positive, these experiences may demonstrate that there are choices to be made and that people have free will.

The literature has shown that education and employment have an important positive impact on the experience of abuse. Lloyd (1997) reported that women who experience domestic violence have had more unemployment, had held more jobs, had lower incomes, and their ability to be employed and stay employed was negatively impacted by the events of the abusive relationship. Still, some women demonstrated a stronger sense of self, and gained resources both human and other on which to draw due to the positive effect of having a job, going to work, and having access to finances. Research into the needs of women experiencing intimate partner abuse with regard to roles for advocacy and community response has identified the emancipating role of education and employment; it has been determined that exposure to positive experiences outside of the home helps to lessen the impact of the negative experiences inside the home (Lynch & Graham-Bermann, 2000; Lloyd, 1997; Allen, Bybee, & Sullivan, 2004). This literature focuses on the instrumental value of education and employment to provide access to financial and human resources and associated life experiences to negate some of the impact of abuse experience and clear the barriers to leaving the relationship.

The findings of this study concur with these results; all the women in the study emphasized the positive effects of education, employment, or social networks individually, but also felt they received more benefit if they had access to more than one of these resources.

For women with children, the mediating effects of education and employment are dependent upon access to childcare. Women with children require affordable and safe childcare in order to go to work to support themselves and their children. Lloyd (1997) states that women need access to and control over money and other resources to be able to leave the abusive relationship and retain their status as mothers and providers. Lack of access to finances is a serious barrier to women who are trying to leave abuse. The findings of this study showed that women with children had to be sure that they would be able to care for and financially support their children before they could ever consider leaving the relationship. This has implications for childcare policies in that women who are unable to work and do not have access to finances to support their families may not be able to leave, or may be forced to return to abusive relationships for their survival and the survival of their children (Morrow, Hankivsky, & Varcoe, 2004).

Support connections for the women in this study came in many forms such as support groups, online discussion groups, co-workers, employee assistance lines, church groups, mothers' groups, as well as family members, friends and health care providers. Women's connection with support networks can be a double-edged sword because in some instances they can add to the abuse experience (Goodkind et al., 2003; Lempert, 1994) by ascribing to stereotypical beliefs, as well as blaming and rejecting the woman on the basis of fault-finding or not accepting her experience of abuse as serious and unacceptable. The findings of this study demonstrated that that even the negative experiences were important because it was through these unhelpful experiences that the women discovered who or what would be helpful, and who or what would not. The unhelpful connections served to strengthen resolve in that "if they won't help me, I'll find out who can, or I'll do it on my own." It is also important to note that even the

unhelpful support connections sometimes served to inadvertently provide information or clarify questions.

The diversity of the kinds of support networks that are accessible to women experiencing intimate partner abuse provides choices. Lynch (1997) relates the value of family support such as offering their homes, financial resources, providing child care, and assistance to attend school or work, as well as emotional support to assist women to leave the relationship. Rose et al. (2000) state that social support and close family relationships may be critical for women experiencing abuse to resolve the abuse. Lynch and Graham-Bermann (2000) suggested that the social aspects of going to work as well as being successful at work impacted positively on women's sense of self. Hospitals and health care providers may also be a source of support that includes health care and referrals to needed services, or other helpers (Rhodes et al., 2007).

The findings of the study support the idea that for women to negotiate The Path Out, they need to access support, validation of their abuse experience, and information to regain hope and eventually regain faith in themselves. The findings also highlight that women do not want to be rescued; they want to find the tools to change their life situation and be successful in doing so. This process can be influenced and made less difficult by being connected to social networks comprising people who can be the source of these tools. These findings have implications for employers, health care providers, and society in general.

My analysis of the women's stories suggests that the workplace can be a source of positive, immediate, and potential connections for women. These connections can be through positive co-worker and friend relationships as well as access to confidential care in a safe environment. Access to health care support, counseling and other health and wellness promoting services may be available at or through workplace referral.

Employee assistance programs and other support and referral services need to be sensitive to the issues inherent in abusive partner relationships and provide access to viable and accessible options for women. It is crucial that these options be accessible without requiring the woman to disclose abuse. Disclosing intimate partner abuse to people affiliated with the workplace may not be a viable option due to perceived lack of confidentiality. Although not all women experiencing intimate partner abuse are allowed by their partners to go to work, the women in this study were; and for all of the married women in the study, their partners chose not to work for long periods of time. In the case of women whose partners do not work, the ability to be employed was doubly important. For women experiencing intimate partner abuse, working, and leaving the home to go to work may create situations through which they can access needed information in an anonymous way, and thus could be an acceptable and efficient support tool (Lloyd, 1997).

I have previously discussed the need for health care providers to refrain from applying abuse categories in a hierarchical manner which uses physical abuse as definitional. In so doing, women who experience intimate partner abuse may perceive the health care providers they encounter as more effective and useful if the potential helpers ask open ended questions and listen in a non-judgmental and non-diagnostic way. Listening, combined with knowing that women are looking for support, validation of their abuse experience, and information not rescue, may provide a new direction for health care providers as advocates. Some women may choose to disclose abuse and some may not; it remains with the individual to decide whether there is enough trust to be able to disclose abuse safely. Thus the health care provider need not diagnose or search for clues to confirm abuse; instead, based on the women's stories, they can offer support, information and referral to other helpers or agencies as appropriate or requested.

In summary, the contact and connection attributes of education, employment, and social networks for women experiencing abuse in intimate partner relationships, combined with what the contact and connection afford in the way of affirming women's sense of self and reality, may serve to mediate the abuse experience, and pave the way to the "path out."

Implications for Nursing Education

Educating nurses about the role that intimate partner abuse plays in women's lives involves the entire spectrum of health and wellness. The findings from this study demonstrate that for the women in this study, the experience of abuse in their intimate partner relationships which was further constrained by there being no physical evidence, affected them in their roles as partner, mother, daughter, friend, employee, and member of society. Nurses will encounter women similar to those in the study in their personal and professional roles. Nurses may also find, at some point in their lives, that they too experience abuse in an intimate partner relationship. The suggestion of listening first, and having informed listening skills, would be an important emphasis to nursing education, not only as it pertains to women suffering abuse in their relationships, but for all persons who come into their care. Nursing education and the acquisition of knowledge about messages contained in the words of women, and how they use language to present evidence to affirm their abuse experience has the potential to counter current stereotypical ideas. Emphasizing the value of shifting power from the nurse to the woman or patient will foster a more collaborative approach to health care, health promotion, and wellness, and to a more holistic direction in nursing education.

Implications for Nursing Research

Although the women in this study defined their abuse experiences as non-physical, the abuse they described included acts of physical violence toward them, toward their children, to their friends, to strangers, and to inanimate objects. Thus, I learned that the women's changing interpretations of the severity and impact of the abuse experience were based on the varying perceptions of feeling "believed" and supported regarding the presence of abuse in their life circumstances. This knowledge caused me to consider that categorization of abuse into types is not always accurate and often not useful for women experiencing partner abuse, and perhaps several types of abuse exist to different degrees in all abusive intimate partner relationships; and the effects of the abuse experience are only one facet of the lives of these women. I see future research directions and questions as including: a) is physical abuse a component of the relationships of women who self-identify as experiencing only non-physical abuse, in intimate partner relationships?; b) how do women who experience physical abuse in intimate partner relationships talk about the presence and impact of non-physical abuse in their relationships?; c) how do less privileged women talk about abuse in their intimate partner relationships?; d) how do women experiencing abuse in intimate partner relationships, who have children, talk about the effects of witnessing abuse on their children?; and e) how do women who experience abuse in intimate partner relationships talk about the effects of education, employment, and support networks in relation to their experience of abuse? It would also be useful to study how women who are living with intimate partner abuse talk about their relationship experiences.

These suggestions for future research flow directly from the findings in this study. To discover if there is, in fact, an element of physical abuse present in

relationships described as non-physical would require a study with a larger and more diverse sample. I also feel that future research in this area would be served well by the narrative approach I used for this study. I was impressed by the nature of the candid information the women in the study shared; and this led me conclude that listening is essential to woman abuse research. This small sample showed me that the women wanted to talk, and what they wanted to talk about was personal and unique to them and may not be amenable to predetermined research questions. Of course, this is just one approach, but one that served me well for this thesis.

Conclusion

The purpose of this study was to better understand how women who have experienced non-physical abuse in an intimate partner relationship use language to describe, interpret, and evaluate their experiences; and how they communicate their understanding to others. I chose this topic for study because women survivors that I met in my personal and professional life told me that they felt disempowered with regard to help seeking because they weren't physically abused. At that time I thought that there were two types of abusive intimate partner relationships: one in which there was both physical and non-physical abuse; and another in which there was non-physical abuse, without any physical abuse. My motivation for conducting this study was to discover how women who experience non-physical abuse could learn to affirm their abuse experience and feel qualified to access help.

The process of interview, data analysis, and discussing findings has been a significant learning experience for me. The scope of life for women living with abuse in intimate partner relationships is far more complex than is implied by specific definitions of abuse. Still, these women live in a society that understands abuse by means of specific

definitions and the myths, stigma, and stereotypes associated with these definitions. The findings from this study emphasize the need to view all forms of abuse as abuse, and to view women who may be experiencing abuse in intimate partner relationships as capable, competent, and worthy. Connection and engagement through listening is a vital first step to providing access to the care, support, and information some women need to negotiate their path out and to feel successful in their lives.

Following the study interview, Eve, one of the study participants, told me that she felt that it was extremely important for women who experience intimate partner abuse to tell their stories. She mentioned how hard she struggled to believe that she was abused and how challenging it was to try to find others who would also believe her experience when she was in the relationship, and after she left. She then told me that after she left she wrote her story, and she expressed that this helped her to confirm that she had indeed lived through this abuse, and this writing (telling her story on paper) helped her to find a degree of closure. She offered this written story to me to use as part of this thesis. I gratefully accepted this very personal gift and assured her that it would be most definitely included as part of this thesis. I did not read Eve's story until after I completed all of the interviews, finished the analysis and had written the discussion. I then read Eve's story and was captivated by her very thoughtful and visually evocative description of her life in an abusive relationship. Eve's story, "Chains" is presented as a complementary completion to this thesis.

Epilogue

Chains

He drapes the first chain, gently, it looks like a fairy light gossamer scarf. He drops it around your neck so lightly, lovingly, and it is so beautiful, and you hardly feel it at all, you see only its beauty. It's love at first sight he says, he will never find someone like you again. He tells you how great his love is, that his love's so true, while he is putting that first chain on you.

The next chains are so silken, they look like China and India silk, so smooth and fine, colourful, and their beauty captures your eyes and your thoughts. And he is so interested in you, and wants to know everything there is to know about you. He likes to shower you with attention and give you all his time. He says he has dreamed of you all of his life, and that he wants you to be his wife. His generosity, love and thoughtfulness capture your heart, your love. The heat of his love and attention are exciting, warm and comforting, like the warmth of the spring sun on your skin. He fills you with his love, your heart is full of happiness like never before. He is the other half of your whole. He is nice, fun to be with, funny and bright. He seems so perfect for you, too good to be true. But maybe this is him, Mr. Perfect, true love, your soul mate, your one and only, your shining knight, you can't let him get away. And he tells you how great your life will be together with him, he tells you all his plans and dreams and how he wants to take care of you.

And before long he wants to get married, even though you have small doubts, you haven't known him very long, although you feel very close. But you are swept away. So you marry him anyway. And, once in a while, when he does small things that you don't like, that are uncomfortable, that hurt a little, you make excuses for him, look the other way, you think you must have misunderstood. And sometimes he criticizes you, but it's only a little bit, and you are surprised and you don't have anything to say, and maybe he has a point, maybe it's true, although it's something new. And maybe it's for your own good, he says he's just trying to help you, that he's just being honest, because he loves you so much. You think he means well after all, and the truth hurts sometimes, doesn't it?

And you think his wanting to spend all his time with you means his love is so great, so intense. It feels very good. And when you wonder out loud about the things he needs to do, things that don't get done because he spends all his time with you, he says that he has such a strong love he can't stand to be away from you. He says he wants to be with you, to be one with you, for a lifetime. And you know he means it. You think this is because you are newlyweds, it will fade, you just had your honeymoon after all. But you don't know now that his need to be with you has a dark side. That it will grow into a life of jealousy and anger. That he wants all your time and there will be no time for your friends, little for your family, and none for you.

And he is still so giving and kind and loving, and when the next chains come, they are heavier, but still look very pretty and so valuable. How can you say no, or say that you don't really like them? You don't want to hurt his feelings, and he seems so happy to be doing this for you. And you don't want to disappoint him, you might lose him, and you

don't want to lose such a strong and perfect love. And you love him too. These chains are also beautiful, like the ones before, but a bit too heavy for your liking, that's all. Perhaps you'll tell him later, at a better time, you don't want to spoil the moment. Or maybe you'll just put them away, say nothing, you don't have to wear them after all.

The next chains don't look pretty and they are much heavier, and really not you. But he loves you and has been so good, and generous, how can you say no? Maybe he wasn't thinking, or was tired, for him not to see that they are not for you. Or maybe you misled him by not telling him right away, that the last golden chains were not really right for you. He thinks you like these kinds of things now, and it's your fault you didn't tell him before, but what do you do? You don't want to hurt his feelings, he is trying to please you after all, and he loves you. And he has captured your heart, he has captured you.

So again you don't say anything and decide to put them away, but no, he likes these and wants you to wear them most of the time. He doesn't seem to hear or understand you, when you tell him you don't really like them, that they are too heavy and tiring. It seems strange that you can't get him to understand how you feel, no matter how much you try.

He says he likes to see them on you. And you don't want to hurt his feelings, after all. So you wear them more, even though you don't like them. They make you feel ugly, but he says they look so good on you. Well, it's not a big thing, he's not asking you so much. And he does so much for you and loves you after all. He means well, wants only the best for you, and, maybe they do look good on you, you just can't see it, maybe your taste isn't as good as his. He is so smart, he must know better than you.

One day you're tired of them, the ugly chunky chains, and wonder where the beautiful ones are. But they are gone, or forgotten, he doesn't like them anymore. Sometimes he says they aren't pretty enough, or they aren't strong enough, they aren't good enough for you, they're out of style, they're too showy, or not showy enough, too tacky, too gaudy, useless, so why do you want to wear them?

So you say, well, you'd just like to wear them for a change. So he says he will find some other chains for you, better ones than those old ones. And you say, well these ones are just a bit too heavy, and not so pretty, that they make you tired, you don't really like them that much, and did he think about that when he brought them? And he says they suit you, and you are strong enough to wear them, and of course he was thinking about you when he brought them. He says you are just too sensitive, and should be more positive about these things, you would like them if you just tried. You should like them because they are really good, you just don't appreciate them, you don't appreciate him, you don't know what's best for you.

And anyway, he asks, what's wrong with you, that you want to wear those light showy things, who are you trying to impress? He says he knows you are attractive enough without them, so who are you trying to show off for? Is there someone else you are thinking about that you want to wear those things for? If you want, you can wear them at home for him. But outside you should wear the chunky chains because they are more serious, you are his wife now, and others should know that. That you belong to him, and what will others think if you wear those other silly things? He's just trying to protect your

reputation, to help you, to protect you, because he loves you. But he says you don't seem to love him enough anymore or you wouldn't be questioning these things.

Of course you tell him you love him and there is no one else. You think to yourself that in fact you don't go out much anymore because you are getting tired from wearing the heavy chains and you're really not in the mood. And what's the use of arguing with him? You never seem to win. It only causes a fight and you are too tired for fighting, so it's not worth it to you, it's easier to just wear the chains and carry on.

But then there are more chains and some of them are made of iron and you think they are really ugly. You should wear these now, he says, they are much better and suit you even more. And he says he will help carry them if you want. But he never does. And sometimes you wonder who it is you need protection from. And now his criticisms and comments are more hurtful, sometimes cruel, at times piercing you, like a knife twisting in your stomach. And what is really confusing is that he sometimes says the one who is critical and cruel, is you.

He also asks now, why are you so tired and why are you so depressed? You don't know you are also depressed now, and you don't know why. He says, hasn't he given you so many things, and done so much for you and works so hard for you? What's wrong with you, you have so many things. And no one else is so lucky to have him and so many chains. He says he feels very bad when you look sad, because he loves you so much and lives to make you happy. Sure some of the chains are not so pretty, but you have some pretty ones don't you? Why don't you wear those some time, why do you leave them in your drawer all the time? He seems to have forgotten now that it was him who didn't want you to wear them. You don't know anymore why they stay in the drawer because by now, you have forgotten too. And now you often feel confused.

And he says, anyway, the ugly ones are for your own good, he knows you don't see it, but they look better on you. He says he loves you after all, and he wouldn't be so honest if he didn't love you so much, and want the best for you. If he didn't love you so much he would leave, he tells you this quite often now too. And you think of your kids who need their father, a stable family, and you want him to keep loving you, so he will stay. And you think the relationship is worth working on, worth saving. You still remember so many good times. So you tell him you love him. And he says, you will never find anyone who loves you as much as him, and you won't know what you have lost until he is gone. You don't know it now, but he is what makes you sad, is that really the kind of love you deserve?

But you still think that he means the same as you, when he speaks of his love for you. You think it is the generous, comforting, kind, compassionate love, the one you mean when you say, 'I love you'. You don't know that his love is the jealous, possessive love, the ownership love, obsessive love that always needs to be fed. In fact you have learned that you must constantly feed him love, by giving him all your attention, your time, your life. But it is never enough. He always needs more until you finally can't give him anymore. You don't have the energy, you're drained, you have given him all you have. You are now not enough, and nothing you do is right or good enough.

You try to explain that you have other demands, that you get tired, but he doesn't understand, he always gets angry. You have let him down he says, you don't love him. But it's not true you say, you do love him but you're tired, that's all. And you wonder why he doesn't seem to understand. And you try to think of ways to be more clear, to find the right words so he knows how you feel, so he won't be angry. But he is still angry and still doesn't understand. If you truly loved him you wouldn't feel tired, you shouldn't feel tired, he says.

But you are so tired, and tired of the fighting too, and confused and sad, shocked and sick, because now he says he is leaving you for someone who cares. And he does leave for a day or two. You are so filled with a deep dark sadness, that you are not able to think or speak or do. You can only pretend to feel things, because the pain is so deep and the fear so great that you are numb. You need to put those feelings away in your heavy drawer, where these things are put to forget, or are forgotten, with the shutting of that drawer, somewhere beside the pretty forgotten chains.

But finally he comes back home, and you are so relieved that he has not really left you, this time, that you don't question where he has been or how strange his behaviour was. You just want to move on, past this terrible time. Forget it because he has, he doesn't even mention it, like it never happened. But the reality of his leaving has cut you so deep, you still can't really think, you're still reeling from the shock, the pain, the fear, that you don't want to live without him. How would you manage on your own with the kids? What about the humiliation, the failure, of being cast aside, no longer worthy of him or anyone? And you still think he is your best friend, the love of your life, you don't want to lose him, lose everything, his dreams, your dreams, your life.

So you now you try harder, spend a lot of time trying to keep him happy, afraid to make him angry, so he won't leave. You carry on for a time, trying not to think, not to cry, not to feel the sick feeling in your stomach, the tightness around your chest and your heart, the tightness of his chains. Eventually you forget his anger, life goes on more happily, more normally, your heart isn't so tight, you start to forget about it. He must have just been angry because he had a bad day, or was too tired, to have left like that. After all he loves you, it was just a gesture done in the heat of the moment, all couples have these spats don't they? And then you forget about it, until the next time.

Then one day he asks, out of the blue, shockingly, meanly, with that tone of his that you have come to know, why are you trying to leave the chains behind you now? He has given these to you, they are gifts of his love, he says, how can you turn your back on him, how can you betray him after everything he has done? Inside you wonder why he is so angry, but you tell him it is just some of the chains you don't like, and it doesn't mean you don't love him, and you think that it is the chains that make you tired and sad, and you need a break from them sometimes. He doesn't hear this and he is so angry that you stop talking, because it seems to make things worse. He is so angry that he grabs the chains and tightens them. He doesn't seem to see how tight the chains are on your neck because he doesn't stop. You are so frightened and sickened and shocked, he has never done this before. He says, why have you made him so angry, why are you trying to make him mad? And all you can do is say you are sorry and cry. You hope he sees how much he is hurting you. You are so afraid and confused, still wondering what made him so mad. But even now you are wondering about how you can explain it, change it or fix it.

He must see he's hurting you because finally he lets go, but he is still so angry. And you think you must have pushed him too far. Or maybe he doesn't love you any more. He asks how could you have betrayed him because he loves you so much after all. And why did you make him so angry, you are to blame, he wouldn't be so angry if he didn't love you so much. And you say, you don't want him to be angry, and of course you'll wear the heavy chains, you need them, and they are important to you, and he is right of course. And you believe him, that he loves you and worries about you, that you hurt him, that's why he was so angry. But he is not happy with what you say, he says he doesn't believe you anymore, and he slams out the door. And he has left again, and you think it is your fault once more. And the sick feeling in your stomach comes back, and you feel so shocked and deeply hurt, and afraid. What if he never comes back? What will you do all alone with the kids? How will you live?

But he does come back this time too, and when he brings more chains for you, you can't say no, because you're afraid to. You don't argue with him anymore, you don't complain. He means well, he just doesn't understand how much you hate those chains. If you could just explain it to him in the right way, he would understand. If you could just explain to him, in the right way, that you have nothing left that you like, and how bad this makes you feel. And explain that sometimes you feel that there is nothing left of you. But it is so hard to find a right way or a right time to talk because he is often in a bad mood. There never seems to be a good time to tell him anything. You have become afraid of him. So afraid to make him angry. So you just wear the chains, it seems so crazy, impossible, but it's true.

You know he must guess how you feel sometimes, because he gets upset more often and tugs the chains, and says why don't you like the chains, don't you love him anymore? He gave them to you and he loves you so much, you should be happy to wear his chains. They are good chains and you just don't appreciate them and don't appreciate him. He says you are crazy or stupid for not liking the chains, and by the way, you never say you love him anymore. And he asks why don't you talk to him anymore, and why, when you make love, you don't seem to be there? But you don't really know why, you have forgotten that you are living in fear every day. You have become so used to fear and pain, it is a part of you, you don't really feel it anymore.

You deny what he says of course, you tell him you love him and you love the chains and that you talk to him every day, that he just doesn't hear you sometimes. And you make love anytime he wants, but it's just that sometimes you are tired. What else can you say, if you want him to stay? What about the kids, without their family, how can you take that away from them? And you squeeze the tears from your eyes and push your mouth into a smile, so the kids don't see the fear and the hurt that you feel. You don't know that they have been seeing it and feeling it all along the way.

And you don't realize this is the same as all the other times. You think this time is unique, that it happened for different reasons than the other times. He just misunderstood you, it was a marital spat. This is because all the shock and hurt and fear, and even the memories of the previous times are locked away in the heavy drawer. And the pain is so great, you can't survive in this, if you are feeling all the pain you have had. And you don't have the energy or the courage to leave, to start anew. And you still know he loves you, so you stay. But you still don't know that his meaning for love is nothing like yours.

You don't know that his love is actually about his control over you, how attentive you were today, how obedient, selfless, how much you sacrificed, how adoring, and how hurt and sad you were when he said he was leaving. How relieved you were when he came back.

And you don't know that for him, love is manipulation, first to lure you to him, and then to keep you. He uses your vulnerability, your human desire for love and companionship. And he knows the love you mean is the compassionate kind. He uses this to keep you trapped. Maybe that compassionate love is what he liked in you because it was missing in him. He needs it to fill the emptiness that is in him. Sadly, you can never fill it because it's like a vacuum, a great black sucking hole. That's why your love is never enough, because his need is so great. Your love is only a pebble floating in his black empty universe. That's why nothing you did was ever enough. Unfortunately, you have no idea about this and you have very little understanding anymore about what love means.

By now you are sad more days than you are okay, and you don't remember what it's like to laugh. You lose weight sometimes and sometimes you gain weight, because so often you are too sick from pain to eat, but most times you eat to fill the emptiness. And you feel so hopeless, you fear him, and feel guilty because you hate him sometimes, the one who was your best friend and the love of your life. You can feel it anytime that he is getting angry, it's usually about the chains, or because you are unhappy about the chains. He says you make him angry because you are upset, that you don't like his chains, you are to blame. He says he can't stand to see you sad, that it makes him angry.

Sometimes he says you are too negative, try to be more positive and try to be happy sometimes. You should think of all the good things that you have, and it's better for the kids that way. He tells you to look at him, how positive he is. So you do try to be happier, somehow. You pretend to smile, and force yourself to laugh as much as you can. You try to find some beauty in your heavy life. If you don't, he will yell again, and you can't bear it anymore. You try to believe him, and you spend a lot of your life shoving more pain into the heavy drawer, and more time and energy trying to keep it there. But you don't succeed, you feel like a failure again, because a few days later he is yelling at you, and you are so scared, sick and in pain.

And you are now very often confused because you don't think you say much about the chains, although he seems to be thinking about them all the time. You are confused about why he is talking about them all the time. You are very careful, in fact, not to bring up the subject of the chains, and you are careful about what you do and say around him, most of the time, you are walking on eggshells, and so are the kids. You now all live in fear of his anger most of the time. You fear him, you fear others, you fear most things now. At times you recover enough to look like you are living normally, but it doesn't happen much anymore. You spend most of your life trying not to make him mad. You don't think of much else, only him and his anger, and how to make him happy. Your whole life is focused on him, you rarely think of yourself or your work, you think of only him and the kids.

Sometimes you're conscious enough to wonder if this is a normal life, or marriage, what is this you're going through? Have you failed so badly as a wife, is this the result of that? Is he right? Where did all this come from? It happened so slowly, you didn't notice it

until it was unbearable. He used to be so nice, but now he so easily gets mad. Are you really such a failure, so bad at loving him? At being his wife? And at times you wish you were dead but luckily an angel comes to you. The angel appears in your dreams to remind you that there is love, every where, on earth and in heaven. You no longer want to die because you know there is that great love all around you. There is peace, kindness and joy, and love and acceptance, so great that it fills emptiness in your heart, it fills your soul. And you know you will survive this. And again you remember the love of your family and kids.

But you are so very tired, tired of living too, you have no life, there is nothing but the chains. Sometimes you have the energy to argue and pull the chains off a little. But he punishes you, he yells at you, he takes back his love, he finds a way to make life worse. He often tells you, you don't love him any more, you're a failure, and he is going to leave you. And you think of the kids. And you can't see surviving without him now because you are feeling so lonely, afraid, empty, exhausted, useless, hopeless, depressed, so low, stupid, undeserving, negative, stressed. How can you survive on your own with the kids? He's right when he says you need him so much, and he is your best friend, your only friend, all you have, the love of your life. And you have no other friends, no supports, no one to talk to.

And you look in the mirror, and you don't see yourself any more. You see a lifeless stranger that you hardly recognize, with dull eyes, no light, no expression, you see only chains, and pain. A small part of you remembers, knows, that you are in there somewhere and you thank God for knowing that. You thank God you are alive, that you have survived, and hope this will end some day, that you don't die. But you forget and carry on because you see no way out. You don't really know or understand what you are in, so how can you get out? You feel so trapped, there's no where to go. You feel there is no hope.

You carry on and survive by forgetting each time, the awful things after they happen. You can't believe it, or handle the craziness, it makes no sense. You have to forget it or go crazy too. And you always blame yourself because he tells you it's you who makes him mad. You should love him more, love him better, try harder, be a better wife and a better mother. And you think again that maybe you should try harder, and you do. This works for a while, until the next time that he gets mad. But again you forget these awful things after they are finished, because you can't do anything else. You need to carry on for the kids. Until the next time, again, and again.

And sometimes you try to remember the happy times, because there were happy times. And you try to focus on the happy times and drink them in, you are someone who is desperately thirsty. There are still some happy times, the times between him getting mad, but they are shorter and happen less often now, and his anger is greater, and you now know these times will always be tainted by his anger later. After each time he's mad, he tells you how much he loves you, until the next time. You believe him because why would he say it if he didn't mean it? He also says he has other reasons of course, for being mad, he had a toothache, a backache, a headache, he was sick, or he was depressed. That's why he got mad and yelled, he was stressed. He never says he's sorry, but he still says he loves you, does small things for you, and says you are great after all. Until the next time. And you believe him, he is very convincing, and you have to, you still have to

survive. You try to think happy thoughts again, think of the kids, your loves, think of what life will be like when things get better. You try not to be so negative, like he says.

You keep believing him, but not so much anymore, and now you're thinking there is some other reason for him to be that way. You have become much stronger, in order to carry the chains, although you are always very tired now. Sometimes you forget the chains. At times you think when things get better or you get stronger, the chains won't feel so heavy and you won't feel them anymore, and you won't get tired and he won't get so mad. But things don't get better, they get worse. He gets mad even more often, and you feel more sad. Now, you live for your kids, or you wouldn't be living at all. You thank God for your kids because they remind you daily of what love is. They help you survive, because, if only for them, you have to stay alive,.

And he often criticizes you for looking so sad. By now he criticizes you, for almost everything you do. You try to defend yourself and try to explain. But then he asks, why are you always defending yourself, why are you always trying to explain? What do you have to hide? And you still don't know why you're sad, and you say maybe you should see someone, a therapist, just to talk to, to confide, maybe they will understand. But he says no, it's not a good idea, they'll take advantage. They'll think you're crazy, they'll make you crazy, what about your job, your reputation, won't that hurt you? And he says they study psychology because they are crazy.

And he says you can't trust anyone, you don't know what they will say, and they won't help, they will make you confused. And he is the one that loves you and can help you best. You feel so weak and can't think, you need him to help you, to think and decide for you. And it seems so useless to argue. So you agree with him because he loves you so much, and why would he do anything bad to you, after all. And he wouldn't stay if he didn't love you, would he, he could leave anytime, this he has told you often enough? And then you forget about it, and it doesn't seem so bad, until he gets angry again, and of course it's your fault. And you don't always see what he is doing as bad, because he says it's for your own good, or he was really trying to do it for you. And you believe him, because you have to, and what else can you do?

But also, now he often accuses you of thinking of someone else, and being with another man. This is the craziest thing of all. How could you think of another man when he takes all your time and energy. What's left goes to the kids, there is nothing left, even for you. What have you done to make him think that? You don't even talk to other men, you have never flirted, how could you be making him think that? And now your eyes are always looking down to the ground, or straight ahead, you never look at people. You are afraid he will think you are looking at another man and get angry again. And you are afraid of people now. And you stop seeing anything, you are so focused on him. You can no longer see the beauty of the world, the colours, the shapes, you see nothing. You have stopped seeing much beyond him.

You defend yourself a lot from him now, although he is supposed to be your best friend, and that is maybe the most painful part. You try not to feel too much because you don't want to feel the pain. Eventually you realize that you can't feel anything at all, you can't feel happiness or joy, you just feel some sadness and emptiness, and anger. You don't see

any beauty, there is just ugliness in your world. But you keep hoping and hoping, and hoping. He must mean well, he really seems to love you, at least he says he does.

But if he loves you, why is he doing this? Are you so bad that you deserve this kind of love? Maybe he has gone crazy, maybe he is depressed, maybe he has some mental disease, should he see a doctor? It must be something like that, that he cannot control, and it's not fair for you to blame him and hate him. For better or for worse, forever after, after all. Even if you want to leave him, you shouldn't, you'll be a failure, you made your bed, it takes two to tango, and what about the kids, they need a mother and a father, don't they? When he accuses you of wanting him to leave, you deny it, you turn away and keep on getting by. You know you are strong, you can handle it, for the kids, it's for the best, after all. But you feel so trapped, hopeless and empty.

And by now, when he says he is going to leave you, you secretly hope he does. By now you secretly wish he'd go away and never come back. You go through this all alone because you are completely on your own. This is your nightmare, your awful secret, you are too ashamed for anyone to know. Only you know, and him and, the kids, and God, if you have any belief or trust in life left in you. You live in a secret, mean world of cruelty that no one else sees, that he even denies its reality. You usually can't believe this is happening to you, because you can't stand it, so you don't believe it, you forget it, it won't happen again, until the next time. The band of fear wrapped around your stomach is so tight, it's all you feel now most of the time.

Finally your exhaustion and fear and isolation and loneliness grow to be too painful. And the chains are so heavy you can't handle it anymore, you need someone to talk to. But long ago you had no friends left, he said they were taking advantage, took too much time, were too jealous, too curious, too interfering, of no use, or too something else. You had no time to make new friends and no energy for them, or for defending them. You saw your family some of the time, but he almost always came along. And he knew you wouldn't tell them anyway, because of your confusion, your shame. And he was usually nice to you before they came. He used to be your best friend but now you can't talk to him, and you don't want to talk to him, you have nothing left to say, and no one to say it to. He has stopped you from hearing and seeing, from feeling and speaking, from being.

You took on his shame and his blame, you believed him. And you believed him when he said he loved you, although now you have no idea what this love is. You believed his constant criticisms, and blaming of you, that you are not a good wife, a bad mother and bad at your job too. You feel like a failure, nothing. You loved him once and you're afraid to hurt him, and wish he wouldn't hurt you. He is the father of your children after all, and they love him and need him. You see other families walking and talking, laughing and happy together, and you wanted the same, and you tried, and then you cried. Because those times were always spoiled by his anger, again, and again, and again.

But you need to talk to someone, and feel like you will die from the overwhelming sadness, the loneliness, the emptiness, and the ache in your stomach, the fear, the grief, the ugliness, the deadness, the pain. But you are all alone. There is no one to tell about your horrible life, and the pain, and the chains. Sometimes you think it's you who is going insane. You still don't understand what is wrong, it's something that you can't name. And the loneliness turns your heart into an empty shell. You look at strangers

hoping they can see your pain, but they have no time to see, no time to care. You think of walking away, just keep going to somewhere else, somewhere alone. Sometimes, despite the angels, you wish you could die. How could this be your life, you were once bright, happy and hopeful. How have things come to this?

Then one day when he is not there, and the pain is too much for you to bear, with your heart pounding and the feeling of fear and betrayal thick in your stomach, you pick up the phone to call someone for help. You are so afraid, but you're not sure why. But you just have to talk about your feelings inside, because otherwise you fear you'll die. You tell someone that you're not sure, but you think you are living as an abused wife. That he never hits you but you always feel bad because he yells at you and criticizes you so much. You tell them some more, and they say yes it sounds like abuse is a part of your life. And you ask how much abuse is too much, at what point should you give up your husband, your soul mate, best friend, your kids' dad, your life? They say any abuse is too much, it's harmful to your soul, your spirit, to you, and your kids too. They say you can talk to them any time, this can happen to anyone so don't be ashamed. And they tell you things will be okay and you will be fine, that there is help for you, and that they help people like you all the time.

It's such an overwhelming relief, because they understand you, and know what you are talking about, and they understand your pain, this isn't just all in your mind. They give you their help from their hearts, and they keep on giving, and helping you. You are amazed that they understand so much, you thought you were the only one going through this nightmare. You need them because you are so numb, so afraid, ashamed, you're crying from grief, from disbelief, you are in shock, and you can't think anymore. You know somewhere inside, that you've lost your love, your life. And you wonder again how this happened to you, you are strong, intelligent, educated, and kind, loving, and patient. How could you have become a battered wife? This shouldn't have happened, you thought you did everything right. All those years he abused you shamelessly, although he never laid a hand on you, you just didn't know what it was about.

You didn't know that this was what they were talking about, when people spoke of control and abuse. He never hit you or told you what to do. You had no bruises, no broken bones and he didn't order you around. You thought he was just hot tempered, hot blooded, and disappointed in you. You didn't know how many scars you were carrying, on the inside, the ones that you would hide, thought were forgotten, the ones that seared your soul. You thought his soul was enough, or it didn't matter for you, you could live his life, with his soul. After all you loved him and were so close to him, as he often said. And you thought you could take it, handle it, if only for the kids. You didn't know then that sticks and stones can break bones, but chains and cruel words shatter souls.

Finally you decide to leave with the kids, and you're still not really sure why it is you left. But you know for sure you couldn't have done anything else. Was it just too much, too many times, too many chains, or was it the look in your kids eyes when they started to live in horror and fear? Which time was the one that was one too many? It was all of this and knowing, finally, what the problem was, and giving it a name. It was all because of his chains, his need to put chains on you. It was knowing that this was not normal, but you are not the only one, this was not your fault, and it was not because of all his excuses

or yours. You find out there are so many others who went through this kind of thing, and you're surprised how much each person's story is different, but so much the same.

You could get out because of talking to others, once strangers, who were there and wanted to help, help save your life. They knew what you were going through. They could understand your pain, and they let you talk, until you could understand. Why, why you decided to leave, why he did that. They helped you by listening because that was what you really needed. Someone to talk to, to help you understand what the problem was.

Do they know how important they are to you, that they are like more angels from God, that their help is saving your life? You still can't believe this is all happening to you. But you start to feel safe, you trust them like you never thought you could trust anyone again, and you start to feel a little bit more sane. You are finally safe with the loves of your life, your kids. And now you can be honest with your family and yourself.

And you start to read books and it all makes sense, that chaos that had been your life was rightly at an end. You find out you were not crazy, or dumb or not something enough. You know you are just right, you are enough of everything. You know that you are loving and strong and caring and kind. You know you are a wise and good mother, and were a good wife.

You take many months and maybe years to heal. At first you feel sad and guilty for all the losses you have, and after that you feel angry for all the hurt he put you through, for the kids losing their family. But slowly you start to remember the young woman you once were, before he came into your life. Slowly life begins to be real, you start to feel. You start to see again, see others, and think of yourself instead of him. And you find your voice, and you start to speak. You begin making friendships and feel happy. Life goes on again, day after day, and you know you're alright, you're doing okay, and amazingly, the kids are also doing fine.

You have to learn how to live life over again, as if you were a child. You have begun to start dreaming again and seeing life in the day. Then one morning you wake up and you feel lighter. You feel better, you feel some joy, you feel good and you feel free, but you are not sure why. It's then that you realize the chains are gone, and you haven't felt so good in years. It's then that you know you can be happy and feel lots of joy again, that someday you'll let go of the pain, that you can be loved, love another, and can love yourself again. You know that there is a reason for everything happening, even half a lifetime of chains. And you know you can make a happy family, even with only three.

- Eve

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APPENDIX A. POSTER



The University of British Columbia
SCHOOL OF NURSING
Principal Investigator:
Dr. Colleen Varcoe, Associate Professor,
UBC School of Nursing.
Co-Investigator: Judith Poirier RN BScN
Masters candidate UBC School of Nursing



Title of Study: The Words of Women who have Survived Non-Physical Abuse
in Intimate Partner Relationships; Implications for Nurses

ARE YOU A WOMAN OF at least 19 years of age
And
HAVE YOU EXPERIENCED

NON-PHYSICAL ABUSE in an Intimate Partner Relationship?

NON-PHYSICAL ABUSE CAN BE WHEN YOU ARE:

- Belittled personally and intellectually,
- Threatened and assaulted verbally,
 - Isolated from family friends,
 - Sexually harassed

Or... other things that might make you
feel helpless and powerless.

A study is being conducted as the basis for a University of British
Columbia

Masters in Nursing thesis. The goal of this study is to better
understand this experience and its impact on the lives of women.

Participation involves one interview, and one telephone call.

If you are interested in learning more about participating in this
study or if you would like more information.....

Call Judith Poirer @ xxx xxx-xxxx

APPENDIX B. LETTER OF INFORMATION



The University of British Columbia
SCHOOL OF NURSING



Letter of Information

Study Title: The Words of Women who have Experienced Non-Physical Abuse in Intimate Partner Relationships; Implications for Nurses

My name is Judith Poirier. I am a registered nurse and I am working toward a Master of Science Degree in Nursing. The purpose of this study is to learn more, and to understand what it's like for women who have experienced non-physical (not beaten) abuse in an intimate partner relationship.

The term “relationship abuse” or “domestic violence” makes people think that women are physically beaten. Power, control, and severe abuse can be a destructive part of domestic violence against women without any physical beating. Non-physical abuse is often not really understood by society, by health care professionals, and sometimes not even by women who are in these relationships. It is almost as if, the abuse is not “real” unless there is physical abuse.

I am interested in this experience of abuse because a woman in such a relationship can suffer for a long time and sometimes for a very long time even after she has left the relationship. This can happen because the woman has a difficult time believing that she is really abused; and, when she believes it, it can be really difficult to get people who could help her to understand.

This letter is to ask you to consider participating in this research study. If you agree, you would be asked to attend one meeting with me and have one telephone call from me the next day. During the meeting I will ask you to tell me about your relationship and your abuse experience. This meeting will be audio taped, so there will be no mistake about what you say, and may take up to two hours. It is important that you have the time you need to tell your story and not feel rushed. The telephone call on the next day will take approximately fifteen minutes to one-half hour. The reason for the telephone call on the day after the meeting is to give you the chance to ask any questions you might have regarding the study.

All study materials will be coded; and your real name will be replaced by a code name, so no one will be able to connect the interview information to you personally. All tapes and reports will be kept in a locked filing cabinet. The three professors on my thesis committee and I will be the only ones who will be able to look at your study details.

Study participation is absolutely voluntary. The fact that you are interested in the study doesn't commit you to do anything study-related. Before you do anything in the study you will read a consent form, which describes everything about the study. I will answer all your questions before you sign the consent. You can change your mind about being in the study at any time.

The study results will be reported in my Masters Thesis document and may be presented at professional conferences or reported in publications. I hope that the results will help nurses to understand what it is like for women experiencing non-physical abuse in intimate partner relationships and also help nurses to provide better care for women who are living in, or recovering from abuse intimate partner relationships.

If you would like to be in this study or would like to talk to me about what it's like to take part in a study, please call me at xxx.xxx.xxxx.

Thank you.

Sincerely,

Judith Poirier RN BScN

APPENDIX C. INFORMED CONSENT FORM



The University of British Columbia
SCHOOL OF NURSING



Informed Consent Form

Title of Study: The Words of Women who have Experienced Non-Physical Abuse in Intimate Partner Relationships; Implications for Nurses.

Principal Investigator: Principal Investigator: Dr. Colleen Varcoe, Associate Professor, School of Nursing. Telephone: xxx xxx.xxxx.

Co-Investigator: Judith Poirier, School of Nursing, Master of Science in Nursing student. Telephone: xxx xxx.xxxx.

This research study is being conducted by Judith Poirier as the basis for a University of British Columbia Master in Nursing thesis. This consent form will give you an idea of what the research is about and what your participation will involve. Please ask the researcher to explain any words or information that you do not clearly understand. You may take home an unsigned copy of this consent form to think about or discuss with family or friends before making your decision. Please be sure to take enough time to read this consent form carefully and to ask all questions you may have about study participation.

Purpose:

The purpose of this study is to describe the experience of women who have lived in relationships with abusive partners where there was no physical violence. The terms “domestic violence” and “relationship abuse” always make it sound like you are not abused if you are not physically hit or beaten. Women can be “beaten” emotionally and psychologically in ways that are as traumatic and terrifying as women who suffer physical abuse. Living with non-physical abuse in an intimate partner relationship can affect you in many ways, such as your physical and mental health. Often nurses do not realize that some symptoms being reported by women are symptoms of their abuse.

Your participation in this study will provide information to be used so that nurses and other health care providers will be more able to really hear and understand the words when women describe the experience and effects of non-physical intimate partner abuse.

Study Procedures:

If you would like to participate in this research study, you will be asked to meet with the researcher for one interview. The meeting will be set for a date, time, and location that is convenient for you and fits your needs for privacy and comfort.

Visit 1:

The purpose of this visit is to be sure that you understand and agree to all of the requirements of the study as outlined in the Information letter and this Informed Consent Form. The consent form must be signed before you are asked to do anything else for this study. You will be given a copy of the signed and dated consent form for your records.

If you consent to study participation, you will be asked to participate in an audio taped interview during which you will be asked to tell the story of your experience of non-physical abuse in an intimate partner relationship. This interview will last up to two hours so that you will have enough time to tell your story without feeling pressured. At the end of this meeting the date and time for the 24 hour follow up phone call will be made.

During the interview, the researcher may ask you to explain or say more about some parts of your story so that she fully understands your experience. You are free to ask the researcher questions at any time, to take a break, or even stop the interview if you need to. You may also ask for the tape recorder to be turned off or for a portion of the interview to be erased.

24 hour post interview follow up telephone call:

The purpose of this call is to answer any questions you might have about the interview and the research study that may have come to mind following the interview.

Confidentiality:

Your identity for the purposes of this study will be kept confidential by the use of a code name and a coded identification number. All tapes and documents that identify you in any way will be kept in a locked filing cabinet. The only people who will be able to look at this information are the three professors who are on the researcher's thesis committee and the researcher, Judith Poirier. No identifying names or information will be used in any written reports.

The study results will be reported in the Master's Thesis document and may be presented at professional conferences or reported in publications.

Benefits:

It is hoped that the results will benefit nurses to better understand what it is like for women who have experienced non-physical abuse in intimate partner relationships, and also help nurses to provide better care for women who are living in or recovering from abusive relationships.

It is also hoped that this will benefit you in knowing that this research could not have been done without your participation.

You may have a summary of the study or a complete copy of the thesis on request.

Voluntary Participation/Withdrawal:

Your participation in this study is voluntary. You may decide not to participate in this study. If you do participate, you may freely withdraw from the study at any time. Your decision will not change your future care in any way.

Contact for information about the study:

If you have any questions or need to know more about this study, please contact Judith Poirier at xxx xxx-xxxx; or Dr. Colleen Varcoe, thesis supervisor for Judith Poirier, at the University of British Columbia at xxx xxx-xxxx.

Contact for concerns about the rights of research subjects:

If you have any concerns about your treatment or rights as a study participant, please contact the Research Subject Information Line in the UBC Office of Research Services at xxx xxx-xxxx.

Consent:

I have read the information in this consent form. All my questions about the study and my participation in it have been answered.

I understand that the information about my experience will be used in the researcher’s Master’s Thesis document, may be presented at professional conferences or reported in publications, and may be used in future research in the domestic violence field.

I voluntarily consent to participate in this study.

Participant Name (printed)

Date

Signature

I certify that I have explained to this participant the nature and implications of this research study. I have answered all of the participant’s questions and I have encouraged her to ask any additional questions at any time during the course of the study.

Researcher Name (printed)

Date


Signature

APPENDIX D. CERTIFICATE OF APPROVAL



The University of British Columbia
Office of Research Services and Administration
Behavioural Research Ethics Board

Certificate of Approval

PRINCIPAL INVESTIGATOR Varcoe, C.	DEPARTMENT Nursing	NUMBER B06-0688
INSTITUTION(S) WHERE RESEARCH WILL BE CARRIED OUT		
CO-INVESTIGATORS: Poirier, Judith, Nursing		
SPONSORING AGENCIES		
TITLE: The Words of Women Who Have Experienced Non-Physical Abuse in Intimate Partner Relationships: Implications for Nurses		
APPROVAL DATE SEP 19 2006	TERM (YEARS) 1	DOCUMENTS INCLUDED IN THIS APPROVAL: Sept. 13, 2006, Contact letter / Aug. 10, 2006, Advertisement / Consent form / Questionnaires
<p>CERTIFICATION:</p> <p style="text-align: center;">The application for ethical review of the above-named project has been reviewed and the procedures were found to be acceptable on ethical grounds for research involving human subjects.</p> <div style="text-align: center; margin-top: 20px;">  <hr style="width: 50%; margin: 0 auto;"/> <p><i>Approved on behalf of the Behavioural Research Ethics Board</i> by one of the following: Dr. Peter Suedfeld, Chair, Dr. Jim Rupert, Associate Chair Dr. Arminee Kazanjian, Associate Chair Dr. M. Judith Lynam, Associate Chair</p> </div> <p style="text-align: center; margin-top: 20px;">This Certificate of Approval is valid for the above term provided there is no change in the experimental procedures</p>		